

ATTENDEES

Council Members: Voting:

- Stacey Strilchuk, BA, Chair
- Richard Buckley, MD, FRCS
- Nicole Cardinal, MD, CCFP, Executive Committee Member-at-Large
- Patrick Etokudo, M.Sc, FSCMP
- Daisy Fung, BMSc, MD, CCFP
- Maryana Kravtsenyuk
- Levonne Louie, BSc., BComm, MBA, ICD.D.
- Jaelene Mannerfeldt, MD MSc FRCSC, Vice Chair (attending online)
- Lyle Oberg, ECA, MD
- Oluseyi Oladele, MD, CCFP, FCFP
- Laurie Steinbach, BSW, BEd (attending online)
- Ian Walker, MD, MA
- Tyler White (attending online)

Council Members: Non-Voting:

- Todd Anderson, MD, FRCP(C), FCAHS, Dean Cumming School of Medicine
- Sarah Cook MBBS(Lon) BSc PgDip(ICR) MRCP(UK) (attending online for a portion of the meeting)
- Brenda Hemmelgarn, MD, PhD, Dean FoMD
- Gareth Jones (attending online)

Additional Attendees:

- Scott McLeod, MD, CCFP, FCFP, Registrar
- Michael Neth, PEng, Chief of Staff
- Sue Welke, MSc, Program Manager, Governance
- Kerry-Ann McPherson, MSc, Senior Executive Assistant, Recorder
- Kimberley Murphy, Executive Assistant, Recorder
- Ed Jess, BA, Chief Innovation Officer
- Gordon Giddings, MD MBA FCFP, Assistant Registrar
- Jeremy Beach, MBBS, MD, FRCPC, Assistant Registrar
- Nazrina Umarji, B.Ed, JD, Hearings Director and In-house Legal Counsel
- Tracy Simons, CPA, CA, Chief Financial Officer
- Charl Els, MBChB, FCPsych [SA], MMedPsych(cum laude), Dip.ABAM, MROCC, DESS, ACBOM, FIAIME, Assistant Registrar
- Dawn Hartfield, Assistant Registrar, Professional Conduct

Regrets:

- Michael Caffaro, MD, Assistant Registrar

Guests: (External)

The Honourable Adriana LaGrange, M.L.A.
Minister of Health

Thursday, September 7, 2023, starting at 0800.

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

IC1 In-camera Session (Council and CPSA 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.

IC1.1 Chair's opening remarks and review of previous Council meeting feedback

IC1.2 Adoption of In-camera agenda and approval of In-camera Minutes

IC1.2.1 Adoption of In-camera Agenda

IC1.2.2 Approval of In-camera Minutes, May 25-26, 2023

Adjournment of In-camera session

1.0 Call to Order of Public Session

1.1 Chair Opening Remarks

1.2 Land 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.

1.3 [Conflict of Interest Declaration](#)

One Council member shared that they have fewer potential conflicts of interest than they had previously, and they will update their Conflict of Interest form. No additional conflicts of interest were declared.

2.0 Adoption of Agenda and Approval of Minutes

2.1 Adoption of Agenda

2.2 Approval of Minutes

2.2.1 May 25-26, 2023 Council Meeting Minutes

Council approved the minutes.

3.0 Consent Agenda

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 adoption of the Agenda. By approving the consent agenda, any individual approvals such as those noted below are considered approved.

3.1 Executive Committee

3.1.1 Meeting Summary Report (for information)

3.2 Governance Committee

3.2.1 Meeting Summary Report (for information)

3.2.2 2022 Committee Annual Reports (for approval)

3.2.3 Indigenous Advisory Circle TOR (for approval)

3.2.4 Indigenous Advisory Circle member appointment (for approval)

3.2.5 Registrar and CEO Performance Review Policy (for approval)

3.2.6 HT/CRC Appointments (for approval)

3.3 Finance and Audit Committee

3.3.1 Meeting Summary Report (for information and 1 item for approval)

3.4 Healthier Albertan Grants (for information)

3.5 Updated Standards of Practice review process (for information)

3.6 PD Council Report – submitted by Levonne Louie (for information)

3.7 Council Meeting Schedule 2025 (for approval)

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

4.0 Executive Reports

4.1 Chair's Report (for information)

The Chair's report, highlighting the Chair's activities since the May Council meeting, was received as information.

4.2 Registrar's Report (for information and 2 recommendations for approval)

Council approved the appointment of Dr. Gordon Giddings as the CPSA Complaints Director.

Council approved the appointment of Dr. Dawn Hartfield as the CPSA Hearings Director, noting that steps should be taken to mitigate any perceived conflict of interest between the Hearing Director's role and her previous role as Complaints Director. CPSA's Registrar stated that much thought has gone into this transition, and measures have been put in place to mitigate the change of roles. The remainder of the Registrar's Report was received as information.

5.0 Department Reports

5.1 Continuing Competence

[5.1.1 PPIP Presentation](#) (for information)

Council received the Physician Practice Improvement Program presentation as information.

5.2 Physician Health Monitoring

[5.2.1 PHMP Realignment and Divestment](#) (for information)

Council received the Physician Health Monitoring Program Realignment and Divestment presentation as information.

GUEST

Official Visit and Greetings - Honourable Adriana LaGrange, Minister of Health
CPSA Council was pleased to welcome Minister LaGrange who expressed her appreciation for CPSA's valuable partnership and emphasized her commitment to working collaboratively. CPSA Council appreciated the opportunity to meet the Minister and looks forward to working with her in fulfilling the CPSA mandate.

5.3 Professional Conduct

[5.3.1 Project Bluebird Update](#) (for information)

Council received the Project Bluebird update as information.

5.4 Registration

[5.4.1 Sponsorship](#) (for information)

Council received a status update of the expanded Sponsorship Model beyond AHS as a sponsor. Council outlined the importance of putting in place safeguards for applicants to the expanded Sponsorship Model.

6.0 Council Committee Reports

6.1 Finance and Audit Committee

[6.1.1 2024 Business Plan and Budget](#) (4 recommendations for approval)

Council approved:

1) the 2024 business plan.

2) an increase in honorarium rates for 2024.

3) 2024 CPSA budget with a physician annual fee of \$2,200.

4) program fee changes for 2024, including:

- **Therapeutic Decision Making (TDM) exam admin fee**
 - **Practice readiness fees**
 - **Radiation equipment annual and registration fees**
 - **Individual Practice Review fees**
 - **Facility private annual & assessment fees**
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6.2 Governance Committee

6.2.1 In-camera Guidelines Policy (for approval)

Council approved the "In Camera Policy" as a CPSA Governance Policy in principle, with a final draft to be presented to the Governance Committee.

6.2.2 Decision-making Outside of Council meetings policy (for approval)

Council approved the CPSA Decision-Making Outside of Council Meetings Policy for piloting when an e-vote for meetings is required and for implementation at the time that the Bylaws are updated.

6.3 Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC)

6.3.1 Meeting Summary Report (for information)

The Report from the Anti-Racism Anti-Discrimination Action Advisory Committee was received as information.

6.4 Indigenous Advisory Circle

6.4.1 Update (verbal) (for information)

The Report from the Indigenous Advisory Circle was received as information.

7.0 Standing items

7.1 Strategic Plan

7.1.1 KPIs Update (for discussion)

The KPIs update was discussed, and the presentation received as information.

8.0 New Business

There was no new business.

9.0 Adjournment of Public session

IC2 In-camera Session

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.

IC2.1 2024 Executive Committee (*for approval*)
(Council and CPSA Team)

Council accepted the results of the Executive Election nomination process and confirmed:

- ***Patrick Etokudo as Council Vice President for 2024***
- ***Daisy Fung as the Executive Committee's Member-at-large for 2024***

(Jaelene Mannerfeldt was confirmed as Council Chair for 2024 at the May 2023 CPSA Council meeting)

IC2.2 Council Only

Friday, September 8, 2023, In-camera session starting at 0800

Topic	
IC3	<p>Call to Order of In-camera session (Council and CPSA Team members and others by invitation)</p> <p><i>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.</i></p>
IC3.1	Chair Opening Remarks
IC3.2	Land Acknowledgement
IC3.3	Cyber Security Update (<i>for information</i>)
Adjournment of In-camera session	
<p>Council Learning: KAIROS Blanket Exercise Facilitated by: Musée Héritage Museum, St. Albert</p>	

Submission to:	Council
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Meeting Date:	Submitted by:
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2023	
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Agenda Item Title:	Conflicts of Interest
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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.
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AGENDA ITEM DETAILS

Recommendation (if applicable) :	
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Background:	<p>Each year, Council members submit their Annual Conflict of Interest Disclosures. At the recommendation of the Governance Committee, these disclosures are being made available to all Council members at each Council meeting (<i>they will only be available through the secure SharePoint site and not shared publicly</i>). While individual Council members are not required to continually disclose this information, it may be valuable for their peers to recognize these potential conflicts during deliberations. If a Council member believes their colleague has a real conflict, they should ask the chair to suspend discussions and consider whether or not a conflict exists and how such a conflict should be managed. This may require deliberations to take place in camera.</p> <p>The following is a summary of declarations made on the forms in 2023:</p> <ul style="list-style-type: none"> • Nicole Cardinal noted the following: <ul style="list-style-type: none"> ○ Zone section lead, IWC, North Zone, AHS ○ Indigenous health Committee member, AMA ○ Clinical Lead of Education, IHIP, Faculty of Medicine, U of A ○ Board Member of the Lakeland PCN • Brenda Hemmelgarn declared conflicts with respect to her position as Dean for the Faculty of Medicine & Dentistry and noted her professional corporation, B Hemmelgarn.
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- **Levonne Louie** has a family member (Howard Louie) who works for Alberta Health and she is a Councillor on the board for the Medical Council of Canada (MCC)
- **Oluseyi Oladele** noted the following:
 - Telus Health and work at Telus Health Care Centre Edmonton (contracted position)
 - AHS and work at the Opioid and Enhanced Addiction Clinic in Edmonton. (contracted position)
 - Board of directors of the Canadian Mental Health Association-Edmonton Region.
 - Governance Advisory Committee of the Alberta College of Family Physicians.
 - CPSA's Complaints Review and Hearings Tribunal Committees until Dec 9, 2022.
 - My wife is a nurse at Radius Health Centre in Edmonton.
 - Member Black Physicians Assoc. of AB.
- **Stacey Strilchuk** declared she is principal consultant and co-owner of 143 HealthCARE Consulting.
- **Ian Walker** declared he holds an administrative role with AHS EMS

- If a Council member believes their colleague has a real conflict:
- Council member asks the chair to suspend discussions
 - Council and/or the chair consider whether or not a conflict exists
 - If a conflict exists, the chair and/or Chief of Staff determine how to manage the conflict.
 - Deliberations to assess the conflict may need to take place in camera.

List of Attachments:

Attendees:

Council Members - Voting:

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

Council Members – Non-Voting:

- Todd Anderson, MD, FRCP(C), FCAHS, Dean Cumming School of Medicine
- Brenda Hemmelgarn, MD, PhD, Dean FoMD (May 26 only)

Additional Attendees:

- Scott McLeod, MD, CCFP, FCFP, Registrar
- Michael Neth, PEng, Chief of Staff
- Gail Jones, BComm, Senior Executive Assistant
- 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

Guests (Internal):

- Dean Blue, Director, Accreditation
- Melissa Campbell, Senior Advisor, Communications
- Chantelle Dick, BA, Standards of Practice Advisor
- Patrick Litwin, Program Manager, PFT and Sleep Medicine
- Keely McBride, BA, MPH, Manager, Policy
- Tanya Northfield, Program Manager, Physician Practice Improvement Program
- Kennedy Schultz, Coordinator, Communications

Regrets:

- Oluseyi Oladele, MD, CCFP, FCFP

Resources for Council Members:

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

- Daisy Fung, BMSc, MD, CCFP
- Maryana Kravtsenyuk
- Levonne Louie, BSc., BComm, MBA, ICD.D.
- Lyle Oberg, ECA, MD
- Laurie Steinbach, BSW, BEd
- Ian Walker, MD, MA
- Tyler White (May 25 only)

- Gareth Jones
- Michael Taylor MD MSc MBA

- Dawn Hartfield, Assistant Registrar, Professional Conduct
- Charl Els, MBChB, FCPsych[SA], MMedPsych(cum laude), Dip.ABAM, MROCC, DESS, ACBOM, FIAIME, Assistant Registrar
- Gordon Giddings, MD MBA FCFP, Assistant Registrar
- Ed Jess, BA, Chief Innovation Officer
- Tracy Simons, CPA, CA, Chief Financial Officer

Guests (External)

- Pierre Chue MBBCh, FRCPsych, LMCC, FRCPC, DABPN, MSc, CCST, Professor, Faculty of Medicine and Dentistry, Adjunct Academic Colleague, Faculty of Pharmacy & Pharmaceutical Science, University of Alberta (attended virtually)

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

Thursday, May 25, 2023, starting at 0800

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

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

2.0 Call to Order and Introductions – public session

Stacey Strilchuk, Council Chair, called the public session to order at 0929.

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.

Maryana Kravtsenyuk, elected member of Council, provided the land acknowledgement and noted that doing so is just one step towards reconciliation. She noted her personal responsibility to acknowledge and make visible the plight of Indigenous peoples, particularly regarding healthcare. She recognizes that words are not enough and committed to working towards equity and justice for Indigenous people.

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

No conflicts pertaining to matters of discussion on this 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, February 23 and 24, 2023, confirmation of approval re: electronic vote, December 30, 2022, confirmation of approval re: electronic vote, May 10, 2023 **(for approval)**
- Executive Committee Meeting Summary Report **(for information)**

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- Registrar Performance Evaluation 2023 Process (**for approval**)
 - Council Effectiveness Evaluation Policy (**for approval**)
 - Finance and Audit Committee Meeting Summary Report (**for information**)
 - Governance Committee Meeting Summary Report (**for information**)
 - Appointment to Anti-Racism Anti-Discrimination Action Advisory Committee (**for approval**)
 - Council Retreat 2024 (**for approval**)
 - Medical Facility Accreditation Committee Meeting Summary Report (**for information**)
 - Standards for Non-Hospital Surgical Facility Accreditation: General (**for approval**)
 - Registration:
 - Currency of Practice (**for information**)
 - Policy – Non-clinical register for limited practice members (**for approval**)
 - Non-accredited approvals (**for information**)

Prior to approving the items on the Consent Agenda, LeVonne Louie, Co-Chair of the Finance and Audit Committee highlighted the following correction to the Finance and Audit Committee’s Meeting Summary Report:

The total unrestricted surplus for 2022, should be listed as \$32,676,435 not \$43,169,000.

MOTION C15-23:

Moved by Richard Buckley and seconded by Jaelene Mannerfeldt that Council approves the agenda and items on the Consent agenda as circulated. Carried.

In passing the above motion, the following items are approved:

- Council minutes:
 - February 23 and 24, 2023 Public Session
 - Confirmation of approval re: electronic vote, December 30, 2022
 - Confirmation of approval re: electronic vote, May 10, 2023
- Registrar Performance Evaluation 2023 Process
- Council Effectiveness Evaluation Policy
- Appointment of Jaelene Mannerfeldt to the Anti-Racism Anti-Discrimination Action Advisory Committee
- Approval that Authentic Indigenous Connections will be the theme for the 2024 Council Retreat

- Approval of the Standards for Non-Hospital Surgical Facility Accreditation: General (version: April 2023 – v2)
- Approval of the Non-Clinical Practice Category (Limited Practice Register- Clinical Surgical Assistant) Policy

And the following items are received as information:

- Executive Committee Meeting Summary Report
- Finance and Audit Committee Meeting Summary Report
- Governance Committee Meeting Summary Report
- Medical Facility Accreditation Committee Meeting Summary Report
- Registration - Determination of Currency of Practice
- Registration – discontinuation of non-accredited approvals

3.0 Reports

3.1 Chair's Report

The Chair's written report highlighting the events and meetings that Stacey Strilchuk participated in since the February Council Meeting was received as information.

3.2 Registrar's Report

The Registrar's written report was received as information. As part of Scott McLeod's verbal report, the following items were discussed:

- As of May 25, 2023, 86 individuals had applied for the Practice Readiness Assessment Pilot Project.
- Registration practices in other jurisdictions
- A new voluntary course for physicians on the topic of race-based micro-aggressions, developed by CPSA, AHS and AMA.
- CPSA support for the Medical Council of Canada (MCC) project to develop a National Physician Registry
- A recently published report on Age-Related Cognitive Decline
- Project Bluebird, the CPSA project underway to improve the Complaints process

ACTIONS:

To ensure Council members are aware of the information in the Micro-aggressions training course for physicians, all Council members will be provided with access to that course before it is shared with the regulated members.

4.0 Committee Reports

4.1 Finance and Audit Committee

- Approval of Audited Financial Statements

MOTION: C16-23

Moved by Levonne Louie and seconded by Laurie Steinbach that Council approves the following audited financial statements:

- ***College of Physicians & Surgeons of Alberta financial statements for the year ended December 31, 2022***
- ***Summary financial statements for College of Physicians & Surgeons for the year ended December 31, 2022***
- ***Pension Fund for Employees of College of Physicians & Surgeons of Alberta financial statements for the year ended December 31, 2022***

Carried.

4.2 Governance Committee

- *Governance Structure and Committees Policy*

As part of the discussions by Council the following motion was proposed:

Moved by Levonne Louie and seconded by Patrick Etokudo that Council approves the CPSA Committees Policy with the following amendment:

- *standing committees of Council are comprised of Council members and other members at large with expertise as required.*

Prior to approving the above motion, a further amendment was voted upon and approved:

MOTION C17-23:

Moved by Levonne Louie and seconded by Patrick Etokudo that their previous proposed motion be amended to include the following:

- **The membership of the Competence Committee and the Medical Facility Accreditation Committee will include two public members appointed by Council on the recommendation of Registrar.**

Carried. (1 opposed)

MOTION C18-23:

Moved by Levonne Louie and seconded by Patrick Etokudo that Council approves the CPSA Committees Policy with the following amendments:

- **Standing committees of Council are comprised of Council members and other members at large with expertise as required.**
 - **The membership of the Competence Committee and the Medical Facility Accreditation Committee will include two public members appointed by Council on the recommendation of Registrar.**
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Carried. (3 opposed)

- *Request to provide Alberta Health and Alberta Health Services with a position on Council.*

Governance Committee Co-Chair Levonne Louie advised Council that the Committee reviewed this request and is recommending that no action be taken to offer a position on CPSA Council to Alberta Health and Alberta Health Services.

- *Outcome of Executive Election Nomination Process for Council Chair*

At the conclusion of the nomination process for a member of Council to serve as Council Chair, the only nomination received was from Jaelene Mannerfeldt.

MOTION C19-23

Moved by Lyle Oberg and seconded by Patrick Etokudo that Jaelene Mannerfeldt be confirmed as the unopposed candidate for the position of Chair for a term of one year commencing Jan. 1, 2024. Carried.

- *Development of a Competency Matrix and an alternative process to populate Council – next steps.*

As recommended by the Governance Review, the Governance Committee was tasked with looking at potential models to use to populate CPSA's Governing Council. Given the importance of this change to the profession, the Governance Committee proposed that broader feedback be requested with respect to the development of the model.

MOTION C20-23:

Moved by Patrick Etokudo and seconded by Daisy Fung that Council approves of a process to consult with regulated members on the following model to populate CPSA Council: a nominations committee will conduct a competency-based review of applicants/nominees for enhanced vetting of individuals (with the assistance of a third-party assessor) and then move to an election by regulated members of CPSA. Carried

4.3 Medical Facility Accreditation Committee

- Psychedelic Assisted Psychotherapy (PAPT) Accreditation Standards

Lyle Oberg, public member of Council, recused himself from this discussion and decision.

Following a presentation by Gordon Giddings, Assistant Registrar, Accreditation and Pierre Chue, Professor, Faculty of Medicine and Dentistry, Adjunct Academic Colleague, Faculty of Pharmacy & Pharmaceutical Science, University of Alberta, regarding psychedelic assisted psychotherapy, Council passed the following motion:

MOTION:C21-23:

Moved by Daisy Fung and seconded by Richard Buckley that Council approves the new Psychedelic-Assisted Psychotherapy Accreditation Standards. Carried. (Laurie Steinbach abstained from voting.)

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- 4.4 Building Fund Initiatives Working Group
- CPSA Healthier Albertan Grant

Council deferred this agenda item to a future meeting.

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- 4.5 Anti-Racism Anti-Discrimination Action Advisory Committee

Daisy Fung, Chair of the Anti-Racism Anti-Discrimination Action Advisory Committee presented the report from the Committee noting a need for additional members to serve on the Committee.

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- 4.6 Indigenous Advisory Circle

Tyler White, Co-Chair for the Indigenous Advisory Circle presented the report from the Circle. He noted the Circle is looking to expand its membership and the current members will be recruiting within their networks. In response to a question from Council, the role of the Circle was clarified as an advisory group to guide CPSA staff and recommend operational changes as necessary.

5.0 Registration

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- 5.1 Update - Alberta Sponsorship Model for Practice Readiness Assessments

Michael Caffaro, Assistant Registrar, Registration, updated Council on the work underway to expand the model currently used to sponsor a regulated member for practice in Alberta. CPSA will begin accepting applications from those interested in becoming a sponsor later this year. As the project moves forward, adjustments may be made based on an assessment of various metrics. He noted that he has been in contact with Alberta Health Services who are the current sole sponsor to ensure alignment and synergy between the programs.

6.0 Annual Report

Melissa Campbell Senior Advisor, Communications and Kennedy Schultz, Coordinator, Communications, shared with Council the next steps relative to Council's approval of the Annual Report. The content for the print copy of the Annual Report as approved by Council is based on legislative requirements. To further tell CPSA's story, additional content is created and shared as part of the digital version available through the CPSA website.

7.0 Standards

7.1 Approving Standards for Consultation

Discussion of this item was deferred to Friday, May 26.

The public session adjourned at 1500.

8.0 In-Camera (Council and Executive Team Members, others by invitation)

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

Friday, May 26, 2023, starting at 0800

9.0 Call to Order and Introductions – 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.

Gail Jones, Senior Executive Assistant and Council support team member provided the Acknowledgement on the second day of meetings. In addition to acknowledging that CPSA offices are on Treaty Six Territory, she also reflected on her learnings around Truth and Reconciliation over the past five years and spoke of her commitment to continue to listen and learn as she moves into retirement.

9.2 **Item 7.0 Standards which was deferred from May 26, 2023**

Approving Standards for Consultation

- Proposal for a new process
- Consultation 026 – approval for consultation:
 - *Establishing the Physician-Patient Relationship*
 - *Responsibility for a Medical Practice*
 - *Terminating the Physician-Patient Relationship*
 - *Restricted Activities*

Michael Neth, Chief of Staff, provided an overview to Council of the current and proposed process for the development or revision of Standards of Practice. The modification to the process is that the Registrar can authorize release of the Standard of Practice for consultation. Council will be apprised of matters going forward for Consultation. The following motions were approved:

MOTION C22-23:

Moved by Levonne Louie and seconded by Richard Buckley that Council approves the proposed modification to the CPSA Standard of Practice Consultation Process. Carried.

MOTION C23-23:

Moved by Levonne Louie and seconded by Laurie Steinbach that Consultation 026 goes out for Consultation under the new process. Carried.

ACTION:

Council will be provided with the proposed timeline for updating Standards of Practice. As emergent items can disrupt the schedule, Council will also be e-mailed prior to a Standard being shared publicly for consultation if it has not already been shared with them on the Consent Agenda of a Council meeting.

10.0 Strategic Plan – follow up from February meeting.

As requested by Council, Scott McLeod, Registrar for the College of Physicians and Surgeons of Alberta, presented a proposal for the visual that will be developed to provide Council with an indication of the performance of the organization relative to four key indicators:

- Regulation
- Finance
- People
- Strategy

He anticipates that Council will be able to drill down from the proposed dashboard for specific data which will be reflected in the overarching indicator. Based on Council's approval of this proposal, additional details will be shared in September.

MOTION: C24-23

Moved by Patrick Etokudo and seconded by Jaelene Mannerfeldt that Council approves the approach for reporting on the 2024 Key Performance Indicators (KPI) and targets. Carried.

ACTION:

Further details about reporting of operational performance to Council will be shared in September.

11.0 Department Presentation – Continuing Competence

- Physician Practice Improvement Program

This item was deferred and will be brought forward to Council as a presentation in September.

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

Council met in-camera first with the Registrar, Assistant Registrars, Hearing Director, Chief Financial Officer, Chief Innovation Officer, the Governance Program Manager, and Program Manager, Policy. This was followed by an in-camera session with only the Registrar and a session of Council on their own.

Gail Jones
Recording Secretary

Submission to:		Council	
Meeting Date:		Submitted by:	
September 7, 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 August 8, 2023 and discussed the following matters:</p> <ol style="list-style-type: none"> 1. September 2023 Council Agenda – The Committee uses the following inputs to develop the agenda: <ol style="list-style-type: none"> a. Minutes from previous meetings. b. Council Meeting Action Items and Follow-up List. c. Data from the May Council Meeting Feedback Survey. d. Ideas submitted by Council members (none submitted for September meeting). <p>As piloted at the May Council meeting, the first day of the September Council meeting will be the public session and the second day will be dedicated to in-camera discussions, including Council education sessions.</p> 2. Council Agreement – the Council Agreement was created by Council members at the 2023 Retreat and has been discussed and refined by Executive Committee and Governance Committee at meetings since then. The text of the Council Agreement will be reviewed at the next Executive Committee meeting with both the current and the 2024 Executive Committee members. The Agreement will be introduced/discussed at the December 2023 Council meeting, and operationalized/put in place in early 2024. 3. Governance Review Implementation – the Committee was provided with an overview of the status of the ongoing work to implement the recommendations from the Governance Review. It was noted that some recommendations are taking 		

longer to implement than planned, however the bulk of recommendations will be completed by mid-2024.

4. It was reported that meetings with provincial officials and other organizations (e.g., AMA) have been ongoing throughout the spring and summer. Engagements have been positive. CPSA is invited to AMA's Rep Forums with observer status and will attend the fall forum.

List of Attachments:

N/A

Submission to:	Council
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Meeting Date:	Submitted by:		
September 7, 2023	Levonne Louie and Laurie Steinbach, Co-Chairs		
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 June 28, 2023, and discussed the following matters:</p> <ol style="list-style-type: none"> 1. Committee Annual Reports for 2022 – All reports are recommended for approval. See consent agenda. 2. Registrar and CEO Performance Review Policy – the Policy was supported to go forward to Council for approval. See consent agenda. 3. Recommendations from the Circle – Governance Committee supported the TOR and appointment to the Circle, to go forward to Council. See consent agenda. 4. CRC/HT Appointments – the Hearings Director presented 4 regulated member applications to be appointed to the CRC/HT, and the Committee supported their appointments. See consent agenda. 5. Feedback from regulated members on Nominations/ Competency-based CPSA Council Member Selection Model – per the May Council meeting decision to establish a two-step process to populate CPSA Council (use of a competencies/skills-based nomination process in which a Nominating Committee vets candidates’ competencies/skills, followed by announcing a slate from which regulated members can elect physician Council members), a request for feedback from members will be issued in Fall 2023. The feedback request will describe the new process and include a Q&A to inform members about the new process.

6. Council observers/non-voting roles – The Committee continued its review of the role of Council observers/non-voting roles, and asked the Secretariat to consider these roles in the context of the new Council skills/competency matrix.
7. Governance Review Implementation:
 - a. The Council Agreement was reviewed (by request of Executive Committee). The Committee supported a Council discussion of the draft Agreement.
 - b. The In-Camera Guidelines (policy document) was supported to go forward to a Council discussion and potential approval at the September meeting.
8. Decision-Making Outside of Council Meetings Policy – The draft Policy was supported to go forward to a Council discussion and is presented under separate cover on the September meeting.
9. Bylaw Review Project – A verbal update was provided and some of the initial changes were presented as an early draft of proposed changes.
10. Council Social Media Policy – Committee agreed that the policy should be changed to a Guidance document, and will review a draft in between meetings.

List of Attachments:

N/A

Submission to:	Council
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Meeting Date:	Submitted by:		
September 7, 2023	Governance Committee		
Agenda Item Title:	2022 Committee Annual Reports		
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 2022 Committee Annual Reports.
Background:	At its June 2023 meeting, Governance Committee’s reviewed the 2022 Committee Annual Reports (developed by each Committee) with a view to “Annually confirm Committee mandates and make recommendations for changes to the structure or mandate of Council and its committees to ensure alignment of purpose, vision and strategy”. Governance Committee comments will be incorporated as the Committee reviews TORs to align with CPSA’s new Committees Policy (approved May 2023).
Next Steps:	<ul style="list-style-type: none"> • Governance Committee will review Committee Terms of Reference and create a new TOR template that aligns with and flows from CPSA’s new Committees Policy. • Council reviews recommendations for changes to Committee TORs at December Council meetings in advance of the new Council year. • Committees will review and discuss their TORs as part of their regular meeting and planning cycle.

List of Attachments:
<ol style="list-style-type: none"> 1. Annual Report ARADAAC 2. Annual Indigenous Advisory Circle Guidance Review 3. Annual Report Competence Committee 4. Annual Report Executive Committee 5. Annual Report Finance & Audit 6. Annual Report Governance Committee 7. Annual Report MFAC 8. Annual Report Leg & Bylaw

ARADAAC’s 2022 Terms of Reference outlined the following Committee purpose: provide advice to CPSA Council and Registrar on priority areas where CPSA has the greatest authority to action and influence change to disrupt racism and discrimination within CPSA as an organization and within regulated member practice.

Roles and Responsibilities (Areas of Focus)	Results
Developing a CPSA Position Statement on Racism and Discrimination.	<ul style="list-style-type: none"> ○ The CPSA Position Statement on Racism and Discrimination was developed by ARADAAC in early 2022, and approved by CPSA Council at its March 2022 meeting. ○ A media release about the Position Statement was issued on April 6, 2022. ○ ARADAAC was provided updates on the reaction to the Position Statement.
Developing a Standard of Practice on Racism and Discrimination.	<ul style="list-style-type: none"> ○ ARADAAC reviewed potential tools to mitigate racism within the regulated profession, and decided to begin with an Advice to the Profession (ATP). ○ ARADAAC reviewed a draft of the ATP and provided feedback and advice on revisions.
Developing an informed understanding and glossary of relevant terms.	<ul style="list-style-type: none"> ○ definitions of “racism” and “discrimination” were in the CPSA Position Statement on Racism and Discrimination. ○ Glossary/definitions are included in the draft AtP.

Roles and Responsibilities (Areas of Focus)	Results
	<ul style="list-style-type: none"> ○ definitions of terms related to micro-aggressions are included in the online Micro-Aggression Training for physicians.
<p>Increasing awareness and identifying individual and systemic bias, both real and perceived.</p>	<ul style="list-style-type: none"> ○ Work began in Fall 2022 on a partnership project with AHS and AMA to develop an online course on Micro-aggressions for physicians. ○ CPSA staff are required to take a one-day course in unconscious bias. The course was offered once in 2022 to CPSA staff. ○ CPSA Council and staff took a Respect in the Workplace online course in 2022. This was part of Council’s 2022 Learning Plan. ○ A test of an anti-racism, anti-discrimination lens was included in CPSA’s Governance Review, and the results were reported to ARADAAC.
<p>Removing barriers to equity, diversity and inclusion and incorporating acceptable, sensitive and culturally responsive concepts, action and language in</p> <ul style="list-style-type: none"> ○ CPSA internal operations, processes, policies and procedures, including <ul style="list-style-type: none"> ● Human resource practices, 	<ul style="list-style-type: none"> ○ Work began on an internal Equity, Diversity and Inclusion roadmap for CPSA staff. ○ A test of an anti-racism, anti-discrimination lens was included in CPSA’s Governance Review, and the results were reported to ARADAAC. ○ Committee received regular updates regarding CPSA’s Strategic Plan development/approval, and the

Roles and Responsibilities (Areas of Focus)	Results
<ul style="list-style-type: none"> • Participation in CPSA Council and CPSA committees, and • Complaints, registration and continuing competence processes. 	<p>work of CPSA Departments in addressing racism and discrimination.</p>
<p>Removing barriers to equity, diversity and inclusion and incorporating acceptable, sensitive and culturally responsive concepts, action and language in</p> <ul style="list-style-type: none"> ○ Guidance provided to regulated members, including <ul style="list-style-type: none"> • Standards of Practice and Advice to the Profession documents. 	<ul style="list-style-type: none"> ○ the Position Statement issued in April 2022 offers guidance to regulated members. ○ ARADAAC reviewed potential tools to mitigate racism within the regulated profession, and decided to begin with an ATP. ○ ARADAAC reviewed a draft of the ATP and provided feedback and advice on revisions
<p>Removing barriers to equity, diversity and inclusion and incorporating acceptable, sensitive and culturally responsive concepts, action and language in</p> <ul style="list-style-type: none"> ○ Communication with regulated members and the public. 	<ul style="list-style-type: none"> ○ Media Release of the Position Statement ○ CPSA shared the University of Calgary “Physician Diversity Census” by Dr. Shannon Ruzycski, on the CPSA website
<p>Identifying training and educational opportunities that may be undertaken by</p>	<ul style="list-style-type: none"> ○ Work began in Fall 2022 on a partnership project with AHS and AMA to develop an online course on Micro-aggressions for physicians.

Roles and Responsibilities (Areas of Focus)	Results
<ul style="list-style-type: none"> ○ CPSA Council and Team; and ○ CPSA regulated members. 	<ul style="list-style-type: none"> ○ CPSA staff are required to take a one-day course in unconscious bias. The course was offered once in 2022 to CPSA staff. ○ CPSA Council and staff took a Respect in the Workplace online course in 2022. This was part of Council’s 2022 Learning Plan.
<p>Determining purpose and means for collecting and reporting relevant data.</p>	<ul style="list-style-type: none"> ○ Committee had a presentation from Dr. Shannon Ruzycki, on the University of Calgary “Physician Diversity Census”. ○ Committee discussed and suggested collecting demographic and other data through using CPSA’s Renewal Information Form (RIF).
<p>Measuring progress.</p>	<ul style="list-style-type: none"> ○ Committee adopted a multi-year Action Plan and qualitative results were tracked and reported on.

This report is to be submitted annually to the Governance Committee for consideration at its meeting prior to the September Council meeting.

Purpose

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

Over the 2022 year, the Circle provided guidance under these roles:

Roles	Guidance Provided
Provides overarching advice to CPSA on Authentic Indigenous Connections	<ul style="list-style-type: none"> • Emphasized the importance of developing an engagement strategy • Advice on how to approach a proposed statement • Stay mindful to step away from pan-Indigenous approach • Incorporate learning from voices along side source materials <ul style="list-style-type: none"> ◦ Due diligence of fact checking, researching, terminology • Terms of Reference and other Circle materials/meetings must include Indigenous ways and protections (i.e., protect Narrative Sovereignty) <ul style="list-style-type: none"> ◦ Indigenous knowledge is also a way of doing, and an Indigenous way of sharing knowledge must be respected by CPSA.
Discusses opportunities for CPSA to act to enhance health care experiences for Indigenous patients and Indigenous health care practitioners	<ul style="list-style-type: none"> • Support the creation of an Anti-Indigenous Discrimination standard <ul style="list-style-type: none"> ◦ Advice provided on best approaches to have meaningful work done • Use of system navigators in Communities and Settlements
Share knowledge and information, experiences and stories—their own or those of their communities	<ul style="list-style-type: none"> • Discussions: disconnection of health system is a challenge to not only the complaints process but overall quality patient care
Provides feedback to CPSA on specific initiatives, programs or projects	<ul style="list-style-type: none"> • Members of the Circle shared perspectives on the complaints process, emphasizing the need to simplify access, integrate processes with other bodies and healthcare organizations, and improve cultural safety by working with Nations and communities across Alberta.

Roles and Responsibilities	Activity Report
<p>The Competence Committee is responsible for general assessment, continuing professional development and competence assessment of regulated members as outlined in the Health Profession Act and the regulations.</p>	<p>The Competence Committee met three (3) times in 2022, all via virtual means. The Committee focus in 2022 was to develop competence Standard of Practice in response to Bill 46. The new Standard of Practice received a motion carried by Council on September 2022.</p>
<p>The Competence Committee may appoint one or more advisory committees that have technical expertise or other relevant knowledge to assist the Committee, subject to any limitations in the Health Professions Act, including but not limited to persons with expertise in:</p> <ul style="list-style-type: none"> ○ General Assessment ○ Physician Health ○ Infection Prevention and Control ○ Physician Prescribing 	<p>The Committee lost (3) members in December 2022. In anticipation of those departures, in the Fall of 2022, the Committee reviewed CVs of several applicants interested in a non-council position. Of those applicants, four (4) were selected to become members for January 2023. The Committee now has representation from academic, rural and Indigenous communities.</p> <p>The Competence Committee continues to oversee the development and reporting of competence programs including:</p> <ul style="list-style-type: none"> • Individual Practice Review • Group Practice Review • Physician Practice Improvement Program • Infection Prevention and Control • Physician Prescribing Performance • Physician Health Monitoring, and • Digitally Enabled Care Working Group

Roles and Responsibilities	Activity Report
<p>The Competence Committee may delegate powers and duties to one or more persons or advisory committees for the purpose of fulfilling its responsibilities.</p>	<p>Effective October 1, 2022, Dr. Charl Els, Assistant Registrar, became the CPSA executive lead for the Continuing Competence program following Dr. Susan Ulan’s retirement on September 30, 2022.</p> <p>The delegations of duties to staff document was edited to reflect the change in delegate roles from Deputy Registrar to Assistant Registrar.</p>
<p>The Competence Committee advises the Council on the Rules under which competence assessments are to be conducted.</p>	<p>The Competence Committee TORs were revised in 2022 to replace the “Deputy Registrar” designation to “Assistant Registrar”.</p> <p>To better align with confidentiality sections within FAC, Governance, and Legislation & Bylaw, a third bulleted item was added under the Competence Committee confidentiality section:</p> <p><i>“The confidentiality and non-disclosure agreement signed annually by all Council members extends to their work and actions on Council Committees.”</i></p>
<p>The Competence Committee reviews the work of its advisory committees and delegates at least annually or at a frequency determined by Competence Committee. Competence Committee makes recommendations to Council in regard to the general assessment program, the continuing professional development program and the competence assessment programs of the College.</p>	<p>The Competence Committee reviewed the Membership and Terms of Reference for each Advisory Committee and received an annual update from each program area.</p> <p>Key highlights included;</p> <ul style="list-style-type: none"> • <u>The Assessment Program Advisory Committee (APAC)</u> : The advisory committee met in March 2022 to provide inputs to the restructuring of PAF and expanding the program to include specialists, helped staff make improvements to the PPIP questions on the 2023

Roles and Responsibilities	Activity Report
	<p>annual Renewal Information Form, and provided inputs on PPIP audit methodologies.</p> <ul style="list-style-type: none"> • <u>Physician Health Monitoring Committee (PHMC)</u>: Two meetings were held in 2022 to discuss ongoing concerns over the changes in workforce and the impact on physician health and patient care. The student and resident representatives at PHMC also provided up to date matters regarding health and wellness from their programs. • <u>Infection Prevention and Control (IPAC) Advisory Committee</u>: Held three meetings in 2022 to contribute to the revisions of the IPAC Standard of Practice and the new Medical Device Reprocessing requirements. The Committee also reviewed and contributed to the development of IPAC guidance documents for the profession including Covid-19 Guidance for Medical Clinics, Animals in Medical Clinics and Qualification of Steam Sterilizers. Work in 2023 will look at guidance for cosmetic and esthetic medicine.
<p>Other activities performed but not captured by the Roles and Responsibilities listed in the Competence Committee's Terms of Reference.</p>	<ul style="list-style-type: none"> • The Committee oversaw the development of CPSA clinic registry model requiring all non-accredited community medical clinics to register at CPSA. • The Committee reviewed current IPR fee and discussed adjustments in light of financial considerations and adherence to the Standard. • Reviewed physician risk and support factor modeling.

This report covers January 1, 2022 to December 31, 2022

Roles and Responsibilities	Activity Report
Establishes the agenda for Council Meetings.	The Executive Committee met 4 times in 2022 to plan the 4 regular meetings of Council.
Follows up and takes actions as necessary with individual Council members based on requests by the Governance Committee regarding the annual sign off of the following documents: Conflict of Interest Declarations, Code of Conduct Agreement, Confidentiality and Non-disclosure Agreement, and Councillor's Oath.	No items of concern were brought forward by the Governance Committee in 2022.
Reviews the results of the Council Meeting Feedback Surveys to make improvements and adjustments to upcoming meetings.	The results of the Council meeting feedback surveys were provided and discussed at all Executive Committee meetings as well as during the in-camera Council meetings.
Reviews the results of the Annual Evaluation of Council Effectiveness and takes actions as required. Council will be kept apprised of the actions taken based on the results from this evaluation.	A Council Effectiveness Survey was not conducted in 2021 and therefore no action was taken relative to this responsibility.
Connects with all Councillors regarding the Registrar's performance evaluation on an annual basis.	In 2022, the Council president oversaw the Registrar's evaluation which included a request for feedback from all Council members as well as the Registrar's direct reports. The feedback was gathered through an anonymous, electronic survey and the aggregate results of the survey were provided to the Council President. The evaluation was discussed with all of Council during an in-camera session led by Council President.

Roles and Responsibilities	Activity Report
Ensures and reviews the succession planning process for the Registrar	No activity was required in this area in 2022.
Addresses urgent, organizational issues between Council meetings and reports back to Council on those issues.	<p>During 2022, the following urgent matters were dealt with between Council meetings:</p> <ul style="list-style-type: none"> • Resignation of two Council members. This necessitated bringing all Council members together to determine the best course of action. • The development of a proposal to offer an additional route to registration for international medical graduates from certain jurisdictions that would enable them to begin practicing sooner. An emergency meeting of Council was scheduled to review the proposal and plan next steps.
Works with the Governance Committee to develop and deliver an orientation program for new members.	In 2022, one orientation session was offered to the incoming student member and this was facilitated by the Chief of Staff. Council President attended and spoke at the session.
Recommends policies and procedures to promote a just and respectful organizational culture through development of, review of, and compliance with Council and organization codes of conduct.	No specific actions were taken by the Committee in this regard. All Council members signed the Code Of Conduct Agreement by March of 2022 and this topic was regularly discussed and addressed at Council meetings.
Promotes ongoing professional development of Council members	Each Council meeting agenda in 2022 was planned to include an educational topic to assist Council members in carrying out their roles and responsibilities.

Roles and Responsibilities	Activity Report
<p>The President is ex-officio on all Committees and should ensure committee work is not being duplicated and that there aren't any gaps not addressed in a committee.</p>	<p>The Council President attended all Committee meetings as able and shared information as necessary to Executive Committee and/or Council.</p>
<p>At Council Retreats, the President or another member of the Executive Committee should provide a formal introduction of any guests and speakers in attendance.</p>	<ul style="list-style-type: none"> • The Council president provided opening remarks at the virtual Council retreat in January, 2022. • The Council president brought greetings at the opening of the Gathering at Siksika in May, 2022.
<p>Represents Council at external meetings</p>	<p>The Council President and/or her designate attended the following external meetings in 2022:</p> <ul style="list-style-type: none"> • Minister of Health Reception following the presentation of the Provincial Budget • AMA RF • Meeting with the Alberta Dental Association and CPSA • Every Child Matters Hockey Game • Meeting with the Rural Health Professions Action Plan • Federation of State Medical Boards Annual Meeting/Conference • Federation Of Medical Regulatory Authorities of Canada Annual Meeting/Conference • Meetings with the Minister of Health • Meeting of the Indigenous ARP • Visit with Mosaic PCN in Calgary • Premier's Address at the Chamber Luncheon
<p>Other activities performed but not captured by the Roles and Responsibilities listed in the Executive Committee's Terms of Reference.</p>	<ul style="list-style-type: none"> • The Committee reviewed the aggregate results of the Self-evaluation surveys completed by Council members in 2021. Based on those survey results, actions were

Roles and Responsibilities	Activity Report
	<p>taken in 2022 to address the following areas of concern as noted in the self-evaluations:</p> <ul style="list-style-type: none"> ○ Team building ○ Decision-making ○ Psychological safety ○ Building trust <ul style="list-style-type: none"> • A gathering at Siksika on May 3, 2022 was organized through the Executive Committee for all Council members. • As part of the Implementation Plan for the Governance Review, the Executive Committee was assigned responsibility for ensuring the plan is implemented within the established timelines.

This report is to be submitted annually to the Governance Committee for consideration at its meeting prior to the September Council meeting.

Roles and Responsibilities	Activity Report
<p>Approves policies concerning honoraria, expenses, grants, banking, fees or any other issue affecting the financial and operational management of CPSA.</p>	<ul style="list-style-type: none"> • Approved the honorarium and expense policy for 2023. • Recommended the honorarium rate increase to \$140/hour to a maximum of \$1000/day for council members and committee chairs and \$115/ hour to a maximum of \$900/day for committee members.
<p>Provides recommendations to Council regarding the operating budget and annual fees.</p>	<ul style="list-style-type: none"> • Reviewed an analysis of the unrestricted surplus in determining the annual fee to recommend to Council for 2023. • Reviewed management’s analysis of the Total Compensation Review. Approved adjustments to CPSA’s salary grids effective October 1, 2022, and provided feedback into the 2023 salary grids and staff benefits incorporated into the 2023 draft budget. • Recommended to Council to approve the draft 2023 business plan and budget with the 2023 physician annual fee of \$2200.
<p>Appoints external auditors, approves the scope of an audit, recommends to Council to approve CPSA’s annual audited financial statements and related documents, reports the results of the annual audit to Council, and assesses the performance of the auditors and their relationship with the Registrar and staff.</p>	<ul style="list-style-type: none"> • Reviewed the CPSA and Pension Fund audited financial statements for the year ended December 31, 2021 with the auditors and management. • Reported the CPSA and Pension Fund audited financial statements for the year ended December 31, 2021 to Council at their May 2022 meeting for Council’s approval. • Appointed PricewaterhouseCoopers LLP (PwC) as CPSA’s auditors for 2022 and will consider to issue a request for proposal (RFP) in 2023 pending results of the 2022 audit. • Accepted the audit plan from PwC for the 2022 audit.

Roles and Responsibilities	Activity Report
<p>Ensures that the Registrar has in place and follows an investment policy which does not vary materially from Prudent Investor guidelines as summarized in Council policy.</p>	<ul style="list-style-type: none"> • Reviewed the CPSA investment performance from the CIBC and TD portfolios for the year ended December 31, 2021. • Reviewed the CPSA Building Fund investments, transferring \$5 million to a high interest savings account in Jan 2022. • Reviewed the pension investment managers for the defined benefit (DB) pension plan for year ended Dec 31, 2021. • Reviewed the Statement of Investment Policies and Procedures (SIPP) for the defined benefit pension assets and recommended no changes were required. • Received an education session from Mercer, CPSA’s actuary, about pension valuations. • Approved the assumptions used for the pension valuation for funding purposes for the DB pension plan. • Approved filing the December 31, 2021 pension valuation report for the DB pension plan. • Approved revisions made to the asset allocation mix in the Investment Policy (non-pension assets), also provided input into the restrictions on investments. • Reviewed the pension investment managers for the defined contribution (DC) pension plan for the Q2 2022 results.

Roles and Responsibilities	Activity Report
	<ul style="list-style-type: none"> Reviewed the Statement of Investment Policies and Procedures (SIPP) for the defined contribution pension assets and recommended no changes were required. No changes were required to the investment option lineup available for CPSA employees for the DC pension plan.
<p>Provides oversight of, and reports to Council concerning, the Registrar's adherence to financial and operational policies in the areas of budgeting and forecasting, financial condition, protection of assets, investment of CPSA funds, and compensation and benefits, including the pension plan.</p>	<ul style="list-style-type: none"> Received 2022 quarterly financial variance reporting and financial forecasts. Reviewed an annual summary of the expenses for the counselling and treatment fund under the HPA. Reviewed the CFO's statutory filing compliance at each FAC meeting. Reviewed a report in November on compliance with the Council policies for Executive Limitations.
<p>Ensures that the Registrar has established a process to identify and manage risk factors relating to the financial and operational management of CPSA, including the prevention, early identification and management of error, misstatement and fraud.</p>	<ul style="list-style-type: none"> Received 2022 quarterly CPSA Risk Register reports. Received semi-annual reports from the internal Security Management Committee which included a year-to-date privacy breach report. No issues of fraud reported by management or PwC, the CPSA's auditors. Received a report on Directors and Officers insurance coverage from Heath Insurance Reciprocal of Canada (HIROC), CPSA's insurance provider, and was satisfied with the level of insurance coverage in place for CPSA. Received a presentation from HIROC on CPSA's results of the risk assessment checklist reporting in the cycle
<p>Considers and reviews, with management and the auditors, the adequacy of the organization's risk management methodology and internal controls, including computerized information system controls and security.</p>	

Roles and Responsibilities	Activity Report
	<p>1, year 2 of FIRMS (FMRAC integrated risk management system).</p> <ul style="list-style-type: none"> Received a Security and Privacy mitigation strategies presentation from CPSA’s Chief Information Officer in June 2022.
<p>Considers and reviews the Safe Disclosure of Work policy and CPSA Compliance Officer Report annually.</p>	<ul style="list-style-type: none"> Received a summary report from CPSA’s Director, People & Culture on the staff policy on Safe Disclosures of Work Violations.
<p>Considers and reviews the priorities and succession plan of CFO annually.</p>	<ul style="list-style-type: none"> Received an update on the CFO priorities and succession plan in Nov 2022.
<p>Other activities performed but not captured by the Roles and Responsibilities listed in the Finance and Audit Committee’s Terms of Reference.</p>	<ul style="list-style-type: none"> Received an Education session on alternative asset classes investing and a refresher training on the ESG/ Sustainable Investing in Feb 2022. A Differential Fees presentation was received from CPSA’s REVU team. Further analysis of models of possible scenarios for differential fee models was received from CPSA’s finance team. FAC provided feedback on the differential fee model to Council. Reviewed the CPSA Contract Review process for education in April 2022. Approved non-pension investment advisors request for proposal (RFP) issued in August 2022 along with criteria to be used in evaluation. Accepted management’s recommendation to select two of the five shortlisted candidates for the non-pension investment advisors RFP.

Roles and Responsibilities	Activity Report
	<ul style="list-style-type: none"> • Reviewed a report on FAC’s compliance with its roles and responsibilities required by the Pension Governance Policy. • Annually reviewed the FAC’s Terms of Reference and determined no changes were recommended to the Governance Committee.

This report is to be submitted annually to the Governance Committee.

This report covers the period from January 1, 2022 to December 31, 2022.

Roles and Responsibilities	Activity Report
Ensures Council practices are in compliance with applicable legislation, regulations and CPSA Bylaws	No specific actions were taken in this regard, though it is a grounding principle for the work of the Committee.
Promotes good governance practices at all Council and Committee meetings	The Committee received regular updates regarding the Governance Review and supported the work of the Governance Review Committee whose purpose was to further the work to promote good governance practices.
Recommends practices and educational opportunities to improve Council effectiveness	The Committee worked with the Chief of Staff and the Program Manager, Governance to develop an education plan that included individual and group learning sessions
Works with the past president to develop the annual Council retreat.	As noted below, the position of past president was vacant in 2022. The Committee worked with the Chief of Staff to develop and deliver the 2022 Council retreat, and explore themes for the 2023 Council retreat.
Develops, recommends and stewards council evaluation programs.	The Evaluation Policy was reviewed and the Committee confirmed the ongoing use of the Self-assessment survey based on the public member assessment tool for use by all Council members. The opportunity to participate in a peer review was offered to all Council members. Additional work in this area was anticipated as an outcome of the Governance Review.
Reviews the annual submissions of the following documents from Council members and forwards any items requiring follow up action to the Executive Committee: <ul style="list-style-type: none"> • Conflict of Interest Declarations, • Code of Conduct Agreement, • Confidentiality and Non-disclosure Agreement • Councillor’s Oath. 	<ul style="list-style-type: none"> • During the annual review of these documents, the Committee recommended developing a new process to ensure all Council members are aware of the conflicts which were declared. The information was made available to all Council members via a password-protected link on the Council agenda.

Roles and Responsibilities	Activity Report
	<ul style="list-style-type: none"> • Work is ongoing to consider consolidating these documents. • No matters were forwarded to the Executive Committee for follow up.
<p>Provides input and support for the orientation program for new members. Promotes the development and use of a reference manual for all Councillors.</p>	<ul style="list-style-type: none"> • See below regarding 2022 Council orientation. The Committee discussed potential improvements to the program with a particular interest in understanding the work done in the various departments within CPSA. • The Reference Manual was reviewed. While the manual is linked to the Council agenda, it was determined that regular reminders to Council members are needed. • In 2022 and with support from the Legislation and Bylaw Committee, a policy was developed to enable Council members to attend a Council Committee meeting even if they were not appointed to that Committee. In this way, Council members would be able to learn about how other Committees function.
<p>As the Committee responsible for formalizing a role for the Past President, the Governance Committee periodically reviews the effectiveness of this position and considers any recommendations to revise the responsibilities of that position. (See below)</p>	<p>As part of the Governance Review, the position of Past President was eliminated and the Governance Committee's Terms of Reference were updated to reflect that change. The revised Terms of Reference were approved in December, 2022.</p>
<p>Facilitates the Executive Election process.</p>	<p>The Committee reviewed the process and, given that there was no Past President, the Governance Committee took responsibility for running the Executive Election.</p>
<p>Reviews the aggregate skills and competencies of the current composition of Council to identify potential gaps in experience, skills and expertise.</p>	<p>No specific actions were taken with respect to this responsibility.</p>

Roles and Responsibilities	Activity Report
Reviews and make recommendations for the annual Physician Member Elections.	The Committee provided feedback regarding the 2022 Regulated Member Elections to fill 4 positions on Council.
Brings forward recommendations for appointments or reappointments to Council Committees, including the listing of physicians to serve on Hearing Tribunals or Complaint Review Committees.	Appointments were made to the various Committees and working groups throughout the year as required.
Brings forward recommendations for appointments of Committee Chairs, based on the following principles: <ol style="list-style-type: none"> a. Each committee has had an open and transparent succession plan b. All councillors have been given an opportunity to express their interest in becoming Chair c. Committee chairs are a Council member unless extenuating circumstances exist to justify the appointment of a Chair who is not a sitting Council member. d. Chairs are appointed for 1 year only. 	<ul style="list-style-type: none"> • The Committee developed a document about the role of a Committee Chair that was circulated to all Council Committees in advance of the request for Committees to bring forward a recommendation for Committee Chair. • Discussions were held at the Governance Committee as well as Council regarding the inclusion of non-Council members who chair Committees and their role
Annually confirms Committee mandates and makes recommendations for changes to the structure or mandate of Council and its committees to ensure alignment of purpose, vision and strategy.	The Committee reviewed the Annual Committee Performance Reviews as submitted by the Committees. No recommendations for changes to individual committees were brought forward. However, based on feedback about this process, the document has since been renamed to an Annual Report.
Ensures that all bylaws, terms of reference, policies and communications are free of barriers which could limit diversity and inclusion on Council.	No specific actions were taken by this Committee to address this responsibility in 2022 as proposed Bylaw changes were already presented with gender neutral language.

Roles and Responsibilities	Activity Report
<p>Roles and Responsibilities – Past President:</p> <ul style="list-style-type: none"> • On an annual basis, run the election to determine members of the Executive Committee. • Participate in new councillor orientation • Develop the annual retreat for Council. 	<p>In 2022, the role of Past President was vacant. As such, these roles and responsibilities reverted to the Governance Committee.</p> <ul style="list-style-type: none"> • The Executive Election was held during an in-camera session on September 9, 2022. The position of President and Vice-President were acclaimed as there was only one nomination for each position. With two candidates for the Member-at-large position, Council cast their ballots using Survey Monkey. Following an initial tie vote, a second vote resulted in the election of Nicole Cardinal to join Stacey Strilchuk and Jaelene Mannerfeldt. • In 2022, one orientation session was offered to the incoming student member and this was facilitated by the Chief of Staff. • The Governance Committee worked with the Chief of Staff to develop the 2022 annual retreat which was held virtually due to the ongoing restrictions to in person gatherings. • The Governance Committee explored themes for the 2023 Council retreat.
<p>Other activities performed but not captured by the Roles and Responsibilities listed in the Governance Committee’s Terms of Reference.</p>	<ul style="list-style-type: none"> • The Committee responded to a request for additional involvement by medical students in Committee work.

This report is to be submitted annually to the Governance Committee for consideration at its meeting prior to the September Council meeting.

Roles and Responsibilities	Activity Report
<p>Advise Council on accreditation standards for the ownership and operation of the following diagnostic and treatment facilities in Alberta;</p> <ul style="list-style-type: none"> • Diagnostic imaging • Medical laboratory • Pulmonary function testing • Neurodiagnostic testing • Non-hospital surgical facilities • Sleep disorders testing • Cardiac stress testing • Hyperbaric oxygen facilities 	<p>Non-Hospital Surgical Facility Standards Revisions These revisions were approved at the October 27, 2022 meeting.</p> <p>NHSF - Off-label use of Sedatives and Anesthesia Standards The final draft of the standards was presented to the Committee for approval. MFAC members unanimous recommended that these standards be forwarded to Council for final approval.</p> <p>Laboratory Medicine Standards Annual Revisions Laboratory Medicine Standards Annual Revisions for 2022 were approved at the April 28, 2022 meeting.</p> <p>Sleep Medicine Diagnostic Standards Annual Revisions Sleep Medicine Diagnostic Standards Annual Revisions for 2022 were approved at the October 27, 2022 meeting.</p> <p>Pulmonary Function Diagnostic Standards Annual Revisions Pulmonary Function Diagnostic Standards Annual Revisions for 2022 were approved at the October 27, 2022 meeting.</p>
<p>Oversee the investigation and inspection of the ownership and operation of such facilities;</p>	<p>In 2022 MFAC approved full accreditation for the following 4 Year facility re-accreditation assessments: Pulmonary Function – 28 facilities</p>

Roles and Responsibilities	Activity Report
	<p>Sleep Medicine – 5 facilities Diagnostic Imaging – 19 facilities Laboratory – 26 facilities Neurodiagnostics – 11 facilities Cardiac Stress Testing – 2 facilities Non-Hospital Surgical – 7 facilities</p> <p>In 2022 MFAC approved full accreditation for the following new facility/new modality assessments: Pulmonary Function – 5 facilities Sleep Medicine – 5 facilities Diagnostic Imaging – 22 facilities Laboratory – 3 facilities Non-Hospital Surgical – 1 facility</p>
<p>Establish, develop, and administer a program of review and assessment of such facilities;</p>	<p>See row above for breakdown of 2022 assessments.</p>
<p>Confirm that the practice of medicine conducted in such facilities and the financial arrangements pertaining thereto are in accordance with the CPSA’s Bylaws and Standards;</p>	<p>Concerns raised regarding Private Diagnostic Imaging Facility MFAC continued to address a concern regarding a private diagnostic imaging facility that originally started in 2021.</p> <p>At the October 27, 2022 MFAC meeting, Committee members unanimously agreed that for:</p> <p>Two of the facilities - They were in support of the continuation of suspension of remotely supervised obstetrical ultrasound imaging until all conditions have been met to the satisfaction of the CPSA.</p>

Roles and Responsibilities	Activity Report
	<p>One of the facilities – They were in support of lifting the obstetrical US imaging suspension in as all submitted evidence has been met the satisfaction of the CPSA.</p>
<p>Grant approvals for physicians requesting privileges to work within accredited facilities and to interpret diagnostic testing modalities as required in the standards</p>	<p>N/A - See below regarding new process for privileging.</p>
<p>Advise Council on procedures to be identified as prescribed health services under the CPSA bylaws as per Schedule 21, Section 8 (g) of the Health Professions Act.</p>	<p>See row below</p>
<p>Advise Council on matters referred to the Committee regarding the qualifications of physicians for medical practice in addition to their recognized specialties.</p>	<p>New Process for Privileging in Accredited Facilities MFAC members were provided the following regarding a change in process for privileging in accredited facilities.</p> <p>CPSA continuously reviews processes to ensure they align with our mandate under the <i>Health Professions Act</i> and support and guide regulated members to proudly provide safe, high-quality care, together with our healthcare partners.</p> <p>As administrative duties of healthcare facilities, credentialing, privileging, and performance management processes are linked to the provision of safe, high- quality patient care. CPSA reviewed the role of MFAC in the privileging and modality approvals of regulated members to work in accredited medical facilities. It was determined that these functions are most appropriately placed with the medical directors responsible for the practice of medicine in these</p>

Roles and Responsibilities	Activity Report
	<p>facilities. Effective Nov. 7, 2022, medical directors are responsible for decisions on credentialing and privileging regulated members within their accredited medical facilities. CPSA will provide support to medical directors to help with this transition through June 30, 2023.</p> <p>This change makes Alberta consistent with other jurisdiction’s privileging and physician approvals in accredited medical facilities. It is also consistent with CPSA's requirements of regulated members in other healthcare settings. Under the <i>Responsibility for a Medical Practice</i> standard, CPSA regulated members are required to ensure all regulated members participating in the practice have appropriate qualifications.</p>
<p>The Committee may do the following in conducting its business and preparing advice for Council:</p> <ul style="list-style-type: none"> • receive and review minutes, reports, and recommendations of consultants and accreditation subcommittees • review scientific literature • review standards in other jurisdictions • receive written and oral presentations from stakeholders 	<p>Designated MFAC Member Audits In 2022 designated MFAC member audits of the following meetings were presented and discussed:</p> <ul style="list-style-type: none"> • Neurodiagnostics • Diagnostic Imaging • Non-Hospital Surgical Facilities • Laboratory Medicine <p>Unconscious Bias Training for Committee Members The Committee was provided with background on the concept of unconscious bias and its multi-factorial impact on many issues, including shaping hiring decisions and the perception</p>

Roles and Responsibilities	Activity Report
	<p>of competence, grant approvals, admissions decisions to postgraduate education.</p> <p>The CPSA’s new strategic directions, of which there are 2 pillars that have been identified that further speak to this are: highest quality care, compassionate and ethical care, enhanced partnerships and innovative approaches.</p> <p>MFAC mandated that all committee members complete the online training module on unconscious bias designed by the Government of Canada for Canada Research Chairs specifically titled: <i>Unconscious Bias and the Peer Review Process</i>, which essentially is what the accreditation process is when the committees are reviewing applications.</p> <p>Appeal of Diagnostic Imaging Committee Decision Regarding Facility Accreditation In 2022 MFAC heard appeals regarding an ongoing issue from February 2019 regarding a diagnostic imaging private facility.</p> <p>Committee members unanimously agreed to the cancellation of accreditation for this facility and noted that, in the decision letter to the medical director, he should be advised that he can reapply for Accreditation at any time and will be subject to all administrative and assessment processes for new facilities.</p>
<p>Other activities performed but not captured by the Roles and Responsibilities listed in MFAC’s Terms of Reference.</p>	<p>Advisory Committee Member Approvals New members replacing departing members for:</p> <ul style="list-style-type: none"> • Pulmonary Function Diagnostics Committee • Diagnostic Imaging Committee

Roles and Responsibilities	Activity Report
	<ul style="list-style-type: none"> • Non-Hospital Surgical Facility Committee <p>Advisory Committee Terms of References (All): The following additions to the Advisory Committee Terms of References were approved:</p> <p>Advisory Committee Chair Resignations</p> <p>The CPSA proposed additions to the Advisory Committee Terms of References, specifically with regard to resignation of an Advisory Committee Chair. These additions were as follows:</p> <p><i>If a Chair resigns from the role after 3 years, they can remain on the committee for the remainder of the regular member term (i.e. resignation after 3 years – can serve remaining 2 years plus option of 1 year extension).</i></p> <p><i>To be considered for the role of Chair, a member is required to have been on the committee for a minimum of 1 year. Current members are provided an opportunity to have their name stand for consideration for this role. At an Advisory Committee meeting, Committee members are presented with the list of potential candidates for chair and requested to vote on their recommended choice. The name of the member with the majority of votes is then forwarded to the Medical Facility Accreditation Committee for its consideration and approval.</i></p>

Roles and Responsibilities	Activity Report
	<p>MFAC members were in unanimous agreement with the above additions.</p> <p>MFAC Recommendation re: Proposed New MFAC Members The following proposed new members were confirmed on MFAC:</p> <ol style="list-style-type: none"> 1. Dr. Maria Bacchus 2. Dr. Jesse Slade Shantz 3. Dr. Nazneem Wahab 4. Dr. Dominic Cave <p>Discussion Regarding 2023 MFAC Chair With Dr. Szabo’s term as Chair coming to an end at the end of 2022, MFAC members were asked to have discussions around a recommendation for the Chair of MFAC for 2023.</p> <p>Dr. Ian Walker was confirmed as the new MFAC Chair starting January 2023.</p>

This report is to be submitted annually to the Governance Committee for consideration at its meeting prior to the September Council meeting.

This report covers the period January 1, 2022 to December 31, 2022

Roles and Responsibilities	Activity Report
<p>Review and update the Bylaws of CPSA to ensure alignment with other legislation, relevance to current practice and clarity.</p>	<p>The Committee brought forward a number of Bylaw changes in 2022 on the following matters:</p> <ul style="list-style-type: none"> • Health Statutes Amendment Act (i.e., Bill 46) requirements • Governance Review amendments required in this timeframe • CPSA Department amendments required in this timeframe • Clarifying Council voting and abstentions • Updates to Part 5 (College Accreditation Programs) • Updates to the Delegation of Council Reviews and Appeals to a Review Panel • Administrative amendments (throughout all sections) • Correct references to legislation and Bylaws • Language, general editing/formatting and numbering as required • Definitions section • All consequential editorial changes
<p>Recommend, review and develop Council policies in collaboration with other Committees as necessary</p>	<p>The Legislation and Bylaw Committee reviewed and recommended changes or the development of a new policy as follows:</p> <ul style="list-style-type: none"> • Executive Elections Policy – revised for clarity • Council Vaccination Policy – new policy • Council Member Attendance at Meetings of Committees to Which They Are Not Appointed as Members – new policy

Roles and Responsibilities	Activity Report
Regularly review the <i>Health Professions Act</i> and develop a list of suggested revisions, should the Act be opened.	The introduction of Bill 46: <i>Health Statutes Amendment Act</i> in 2020 superseded additional work in this area for 2022.
Review and report to Council on proposed amendments to the <i>Health Professions Act</i> . Receive direction from Council regarding amendments.	Regular updates about the Bill 46: <i>Health Statutes Amendment Act</i> were shared with the Committee and implementation plans including the need for Bylaw revisions were provided to the Committee.
Review other legislation that may be in the interests of CPSA and report to Council on same.	<ul style="list-style-type: none"> • The <i>Labour Mobility Act</i> received royal assent on December 2, 2021. The Committee was provided with an update on the work of CPSA to meet this legislation. • The Committee was advised that the introduction of legislation around protecting Women and Girls required the development of a Standard of Practice for Female Genital Mutilation. Consultation and approval of this Standard was completed in early 2023. • Changes to Federal Legislation around Medical Assistance in Dying and the impacts of that legislation on CPSA's Standards of Practice was discussed with the Committee in November. • Information about the ongoing work to update Bylaws and Standards of Practice around the Physicians, Surgeons, Osteopaths and Physician Assistants Profession Amendment Regulation was provided to the Committee.
Review and report to Council on any legislation that may affect the delivery of health services by members of CPSA.	No matters were brought forward to the Committee for discussion in 2022.

Roles and Responsibilities	Activity Report
Other activities performed but not captured by the Roles and Responsibilities listed in the Legislation and Bylaw Committee’s Terms of Reference.	As recommended in the Governance Review, the Legislation and Bylaw Committee was disbanded at the end of 2022. Responsibilities previously assigned to this Committee were transitioned to the Governance Committee.

This report is to be submitted annually to the Governance Committee for consideration at its meeting prior to the September Council meeting.

Submission to:	Council
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Meeting Date:	Submitted by:
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September 7, 2023	Governance Committee
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Agenda Item Title:	Indigenous Advisory Circle 2023 Terms of Reference
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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 <i>Choose an item.</i> Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.
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AGENDA ITEM DETAILS	
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Recommendation:	That Council approve the attached Terms of Reference (TOR) for the Indigenous Advisory Circle (Circle).
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Background:	<p>The Circle was established in late 2021, with the first meeting held February 28, 2022.</p> <p>Over the course of 2022, the Circle met four (4) times. The TOR was refined over the year to ensure that the appropriate ways of doing and processes were captured. The attached version was approved by the Circle to reflect how they will function for 2023.</p>
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Next Steps:	The Circle will revisit the TOR at the last meeting of 2023.
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List of Attachments:

- | |
|---|
| <ol style="list-style-type: none"> Indigenous Advisory Circle Terms of Reference |
|---|

Terms of Reference
Indigenous Advisory Circle
February 7, 2023

Purpose

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

General

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

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

Membership

The Circle will be comprised of up to 13 members, with representation from CPSA Council, Indigenous and non-Indigenous physicians, and members of Indigenous communities, to reflect the lived experiences and diversity among Indigenous Peoples in Alberta. Where possible, the perspectives of Treaty 6, Treaty 7 and Treaty 8 Territory First Nations, Métis people and Métis Settlements, and non-Nunangat Inuit people and communities, including the perspectives of urban, rural, on and off reserve, and on and off settlement Indigenous Peoples will be represented.

Circle membership will include the following representation:

Roles	Representation
Chair(s) <ul style="list-style-type: none"> Up to 2 	<ul style="list-style-type: none"> Selected from members of the Circle
CPSA Council <ul style="list-style-type: none"> Up to 2 	<ul style="list-style-type: none"> Interested Councillors
Elders <ul style="list-style-type: none"> Up to 3 	Identified by First Nations, Métis and Inuit communities or individuals. Note that a community may include urban settings.
Physicians <ul style="list-style-type: none"> Up to 4 	<ul style="list-style-type: none"> Indigenous Individuals Non-Indigenous Individuals
Members at Large <ul style="list-style-type: none"> Up to 4 	Indigenous individuals with lived experience from treaty, rural, urban, First Nations, Métis and Inuit communities and non-Indigenous individuals with experience working with or advocating for Indigenous Peoples

Roles	Representation
Non-voting; by standing invitation	<ul style="list-style-type: none">• CPSA Chair & Registrar/CEO may attend at their discretion
CPSA Executive Sponsor (non-voting)	<ul style="list-style-type: none">• Chief of Staff
Secretariat/Support (non-voting)	<ul style="list-style-type: none">• Recording Administrator• Communications Advisor• Program Manager, Policy

Authority and Accountability

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

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

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

Narrative Sovereignty

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

To maintain narrative sovereignty, CPSA will:

- 1) Verify the knowledge, experiences and stories have been captured in a way that honours and respects the sharer and any persons or communities that may have been represented.
 - a. CPSA will work to frame the content appropriately, and then share it with the Circle for review and revisions.
 - b. Final versions of materials will be shared to ensure appropriateness and accuracy.
 - c. At any time, a member of the Circle, or the Circle as a collective, may:
 - i. withdraw their shared information.
 - ii. direct CPSA to revise, update, or rephrase their shared information.
 - iii. Neither of these scenarios requires advance notice or explanation.
- 2) Obtain consent from the sharer, either the individual or the collective Circle, to communicate the knowledge, experiences and stories:
 - a. To Council, Council Committees, other Committees or Sub-Committees, to enhance guidance to CPSA or increase their awareness.
 - b. To members of, or the collective, CPSA Team to enhance their work or increase their awareness.

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

- c. To stakeholders and partners, to facilitate collaborative work that reflects the needs of Indigenous individuals and communities in Alberta.
- 3) The final version of any content or product will be verified and accepted by the Circle membership prior to any distribution.
 - a. If there is a concern that this process has not been followed, and/or narrative sovereignty has not been respected, members of the Circle shall inform the co-chairs to discuss this with the CPSA Executive Sponsor and the Secretariat to take appropriate action.

Roles and Responsibilities

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

Areas of focus include:

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

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

Meetings

Frequency

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

Procedures

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

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

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

Whenever possible, the Circle will use a consensus model when making recommendations. If consensus cannot be achieved, the Co-Chairs will provide advice on the appropriate

course of action. Advice and guidance will be provided based on the experiences and perspectives shared by the members.

The Circle may determine procedures to use at any meeting.

Records of the Committee

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

Confidentiality

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

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

Subcommittees

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

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

Committee Resources

Council approves the budget of the Circle.

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

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

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

Submission to:	Council
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Meeting Date:	Submitted by:		
September 7, 2023	Governance Committee		
Agenda Item Title:	Indigenous Advisory Circle 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 :	Governance Committee recommends that Council appoint Dr. Nicole Cardinal to Indigenous Advisory Circle (Circle) for the remainder of 2023, and that her participation as an observer in Circle meetings between June and September 2023 be reimbursed as per the CPSA Honoraria and Expenses Policy.
Background:	<p>Council established the Circle in 2022, with the following purpose:</p> <ul style="list-style-type: none"> To provide advice and recommendations to CPSA Council and Team on strategies for CPSA to better understand and support Indigenous Peoples and guide regulated members in providing culturally safe, equitable care to improve health outcomes for Indigenous Peoples in Alberta. <p>At its November 2022 meeting, the Circle confirmed they would like more Indigenous physician members to expand perspectives from that lens in their discussions. After the May 2023 Council meeting, Dr. Cardinal expressed interest in joining the Circle to one of the co-chairs and the Council secretariat.</p> <p>The addition of Dr. Cardinal aligns with the current physician members permitted in the current Terms of Reference (February 2023) and the Circle membership will still be within the 13 spaces available.</p>
Next Steps:	Dr. Cardinal will be a member of the Circle for the remainder of 2023.

List of Attachments:	1. Dr. Nicole Cardinal, CPSA Councillor
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Council Policy

Policy Title	Registrar and CEO Performance Review
Date Revised	June 28, 2023 (for Council approval)
Date of next Review	2025

1. POLICY STATEMENT

The Registrar and CEO is accountable to CPSA Council for the leadership and direction of the CPSA, and this policy describes the annual process for evaluating the performance of the CPSA Registrar and CEO. The following is adhered to throughout the evaluation process:

- The annual objectives include high levels of achievement, growth and mutual benefit.
- The process is iterative, involving a cycle of shared expectations, review, feedback and revised expectations.

2. PURPOSE

A key responsibility of CPSA Council is to evaluate the performance of its one employee, the Registrar and CEO. Implementing the Performance Review provides a common understanding and mutual agreement of:

- Council’s expectations of the Registrar and CEO in fulfilling the employment contract between the two parties; and
- how the Registrar and CEO can continuously improve in leading the organization to meet its strategic objectives.
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3. SCOPE

The policy applies to CPSA Council and CPSA’s Registrar and CEO.

4. RESPONSIBILITIES

CPSA Council

- Establishes the relationship expectations and accountabilities between CPSA Council and the Registrar and CEO.
- Sets and directs the role and responsibilities of the Registrar and CEO.
- Establishes the total compensation for the Registrar and CEO and ensures congruency with the results of the Performance Review process.
- Delegates the role and responsibilities assigned to a Council committee (e.g. Executive Committee) as required regarding the Registrar and CEO performance review with timelines and reporting requirements.
- Reviews and approves recommendations arising from the Registrar and CEO performance review process.

Executive Committee

- Conducts the performance review of the Registrar and CEO, including the achievement of consensus of measurable goals and objectives.
- Recommends Registrar and CEO compensation adjustments, bonuses and/or employment agreement/ contractual changes.
- Manages the performance review, including the gathering of information, negotiating goals and objectives with the Registrar and CEO, conducting performance feedback interviews, preparing written documentation of the performance review outcome, developing recommendations to present to CPSA Council.
- Provides regular information and feedback to the Registrar and CEO and CPSA Council regarding the ongoing performance of the Registrar and CEO.
- Consult with external stakeholders as required.

Council Chair

- Meets with the Registrar and CEO quarterly to develop and review performance goals and objectives and provide feedback to the Registrar and CEO.
- Writes and presents a report to Executive Committee for consideration/discussion at its meeting prior to the final Council meeting of the year.

Registrar and CEO

- Self-evaluates performance relative to the agreed upon goals, objectives, role and responsibilities.

Chief of Staff or Designate

- Provides administrative support to CPSA Governing Council/designated committee (e.g. Executive Committee) and Council Chair
- Schedules the quarterly and annual session between the Council Chair and the Registrar and CEO, as well as the Performance Review process and activities.
- Brings forward the milestones of the Performance Review process to the attention of CPSA Council, Executive Committee as required as well as the Registrar and CEO.

5. PROCESS

CPSA Council is accountable for establishing and prioritizing the goals for the CPSA and monitoring the progress in achieving the goals.

- CPSA Council may delegate the responsibility for the Registrar and CEO performance review process to a committee, such as the Executive Committee.

The performance review process will include the establishment of expectations and the review of performance in three (3) key areas:

1. The roles and key responsibilities outlined in the employment agreement/contract or other mutually agreed upon agreement with the Registrar and CEO.
2. Goals and objectives established and agreed to by CPSA Council or relevant Council committee (e.g. Executive Committee) and the Registrar and CEO at the beginning of the performance review cycle and aligned with the CPSA's Strategic Plan and associated Business Plan and budget.
3. The essential behaviors and characteristics required of the Registrar and CEO. These should be established/confirmed in advance of any performance review period and well-developed, documented and understood by CPSA Council, Council committee (e.g. Executive Committee) and the Registrar and CEO.

Timelines

The activities of the performance review process are scheduled over a 1 year cycle commencing January 1st of each calendar year.

January

- Annual performance goals, objectives and leadership expectations are outlined and agreed upon by Registrar and CEO and CPSA Council Chair.
Lead – Council Chair

February (1st Council meeting of the Calendar Year)

- Annual performance goals, objectives and leadership expectations are approved by CPSA Council.
Lead – Executive Committee

April

- Quarterly performance discussion with Registrar and CEO.
Leads – Council Chair, Registrar and CEO

July

- Quarterly performance discussion with Registrar and CEO
Leads – Council Chair, Registrar and CEO

September

- Annual Performance Review commences and Performance Review tool(s) (e.g. survey of Council and Executive staff), supporting documentation and process is:
 - agreed upon by Registrar and CEO and Council Chair,
 - reviewed by Executive Committee, and
 - approved by CPSA Council.Note: a 360 leadership assessment is completed every 5 years, or in advance of a new employment contract.
Leads – Chief of Staff (or designate), Council Chair, Registrar and CEO

October

- Quarterly performance discussion with Registrar and CEO.
Leads – Council Chair, Registrar and CEO
- Annual Performance Review (performance tools, supporting documentation, process approved in September) is implemented.

- The Registrar and CEO completes a self-assessment.
Leads – Council Chair, Registrar and CEO, Chief of Staff (or designate)

November

- A Summary Report and Recommendations regarding the Registrar and CEO's Performance Review results are developed for Executive Committee and CPSA Council.
Leads – Council Chair, Chief of Staff (or designate)

December

- Registrar and CEO's Performance Review Summary Report and Recommendations are presented to CPSA Council for review, discussion and approval.
Leads – Council Chair, Executive Committee
- Meeting between Council Chair and Registrar and CEO to finalize Annual Performance Review (e.g. Council recommendations).
Leads – Council Chair and Registrar and CEO
- A completed annual performance review confirmation and supporting recommendations and documentation is signed and emailed to CPSA Chief Financial Officer.
Lead – Council Chair

January

- A review of the overall Performance Review Process is conducted with the Registrar and CEO
Leads – Council Chair and Registrar and CEO
- Orientation on the Registrar and CEO Performance Review Process is provided to incoming Council Chair and Executive Committee.
Leads – Council Chair, Executive Committee

6. APPROVAL

CPSA Council approves this policy.

7. AUTHORITY DOCUMENTS (Hyperlink documents for access)

CPSA Strategic Plan, Business Plan and Budget

8. SUPPORTING DOCUMENTS

Performance review tool (e.g. survey) – developed annually

9. DOCUMENT HISTORY

VERSION NO.	Version Date	DESCRIPTION OF CHANGE
1 Registrar and CEO Performance Review Policy	June 28, 2023	Policy formalized in CPSA policy template.
2		
APPROVAL	DATE	Signature

Submission to:	Council		
Meeting Date:	Submitted by:		
September 7, 2023	Governance Committee		
Agenda Item Title:	Registrar and CEO's Performance Review Policy		
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			
Recommendations:	That Council approves the <i>Registrar and CEO's Performance Review Policy</i> .		
Background:	<p>In 2022, CPSA Council agreed to minor revisions of the 2018 Registrar Performance Evaluation Process and there was recognition that the process continues to be relevant and useful. This process was updated for current CPSA language, and was entered into the CPSA policy template. Governance Committee reviewed the <i>Registrar and CEO's Performance Review Policy</i> (Attachment 1) at its June 28 meeting, made some minor revisions, and recommends its approval.</p> <p>A summary of minor revisions follows:</p> <ul style="list-style-type: none"> Tightening up of policy objectives. Executive Committee is recommended as the Committee responsible for the process. timing of 360 leadership assessments is changed from every 3 years to every 5 years, or as necessary. small adjustments were made to the process timeline. 		
Next Steps:	Following Council approval, the Policy will be posted on the CPSA website.		
List of Attachments:			
1. DRAFT CPSA Policy: Registrar and CEO Performance Review Process			

Submission to:	Council
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Meeting Date:	Submitted by:
Sept 7, 2023	Governance Committee

Agenda Item Title:	Appointments to Hearing Tribunal and Complaint Review Committee
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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.
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AGENDA ITEM DETAILS

Recommendation:	<p>That Council approves the appointments of the following regulated members:</p> <ul style="list-style-type: none"> • Dr. Pooja Das Kumar • Dr. Kourosch Dinyari • Dr. Navdeep Dhaliwal • Dr. Shirley Samuel-Haynes <p>for a three-year term on the Hearing Tribunal and Complaint Review Committee (HT & CRC) beginning January 1, 2024.</p>
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Background:	<p>The <i>Health Professions Act</i> directs that CPSA must maintain a membership list of regulated members from which HT and CRC are appointed. The Bylaws of CPSA state that members are appointed to this committee for a three-year term, with an optional further appointment of an additional three-year term for a total of six years.</p> <p>The regulated members recommended for a first term are:</p> <ul style="list-style-type: none"> • Dr. Pooja Das Kumar • Dr. Kourosch Dinyari • Dr. Navdeep Dhaliwal <p>The regulated member recommended for a third term (previous terms being from 2012-2014 and 2015-2017) is:</p>
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	<ul style="list-style-type: none"> • Dr. Shirley Samuel-Haynes <p>The process developed to recommend these members is as follows:</p> <ul style="list-style-type: none"> • The Hearings Director reviewed each member’s resume and completed questionnaire. • The Hearings Director conducted personal interviews. • The Hearings Director also examined each member’s complaint/disciplinary record and vetted the members’ names with the CPSA leadership team. <p>The Hearings Director recommended the appointments to Governance Committee at its June 28, 2023 meeting, and Governance Committee reviewed and recommends the appointment of four individuals to the HT & CRC.</p>
Next Steps:	Recruitment will continue in 2023 to ensure our candidates represent the diversity of Alberta and the profession.
List of Attachments:	
N/A	

Submission to: **Council**

Meeting Date:	Submitted by:		
September 7, 2023	Levonne Louie and Daisy Fung, FAC Co-Chairs		
Agenda Item Title:	Finance & Audit Committee (FAC) Meeting Summary Report		
Action Requested:	<input checked="" 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 type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable):	<p>Motion for Council: To approve the Sponsorship Application Fee at 10% of the maximum assessment costs, starting in 2023.</p>
Background:	<p>The Finance & Audit Committee (FAC) met on June 20, July 18 and August 15 and addressed the following issues:</p> <p>1) 2024 Business Plan and Budget FAC reviewed in detail the draft 2024 Business Plan and Operating Budget for CPSA. Refer to separate memos and recommendations for 2024.</p> <p>2) Review of unrestricted net assets FAC reviews CPSA’s unrestricted surplus levels every few years to determine the appropriate level of planned surplus for the organization.</p> <p>CPSA’s current policy on net assets states: <i>CPSA will continue to plan for an accumulated general surplus with a target of 60% of one year’s operating expenses.</i></p> <p>FAC reviewed the current net assets policy and the underlying assumptions and scenarios about the required level of an unrestricted surplus should a significant event occur, and based on the analysis, the Committee felt that the target of 60% was still appropriate. FAC will continue to monitor the unrestricted surplus.</p>

3) Sponsorship Application fee

FAC received a proposal from Bruce Leisen, CPSA's Director, Registration regarding a new fee structure for sponsorship application fees after conducting an environmental scan.

The fee structure is based on 10% of the program costs, which for 2023 would be \$3500 annually.

FAC supported the proposed new fee structure.

Motion for Council:

To approved the Sponsorship Application Fee at 10% of the maximum assessment costs starting in 2023.

4) Pension education

FAC received a pension education session from Jonathan Mossing and Kristin Smith from Mercer.

The education focused on pension governance, fiduciary obligations, capital accumulation plan governance, recent pension litigation cases and takeaways to consider, new pension regulation with Bill C-228 which elevates unfunded pension liabilities and solvency deficiencies at the date of bankruptcy, and surplus management.

5) Sole Source Contracts

In compliance with the Sole Source Contracting Criteria, any sole source contract greater than \$75,000 is reported to FAC.

FAC received a report to extend the sole source contract for government relations services to continue in 2023. The original 6-month contract was awarded in the fall of 2022. The contract was extended to the end of June to have support through the election. A further extension to December 2023 would be at a cost of \$54,000. The original contract plus the extensions would meet the criteria for a request for proposal that will be considered prior to the termination of the contract in December. FAC approved the sole source contract extension.

6) Network issue

FAC received a report and presentation from Jim Kiddoo, Chief Information Officer at CPSA.

CPSA worked with HIROC, our insurance provider, and referred consultants. Mr. Kiddoo emphasized the ongoing learning and improved security measures from the experience.

7) Investment performance review – pension assets

Mr. Luis Ramierz from Mercer presented his report on the review of the pension investment managers for the defined contribution (DC) pension plan up to June 30, 2023.

The DC pension plan commenced on January 1, 2021. CPSA and employees contribute to the plan each month. The total DC assets at June 30, 2023 was \$6,071,000. The employee chooses the investment option for their registered DC pension assets.

The asset allocation is

Target date funds	71.5%
Canadian equity	6.8%
US equity	9.0%
International equity	5.2%
Fixed income	3.7%
Money market	2.4%
GIC	1.4%

The default option for employees is the target date fund which will vary for each employee depending upon various factors.

Mercer provide an overview for all asset classes and funds of the returns over the 2023 Q2, 6 months, 1 year and 4 years compared to the applicable benchmark. Two investment options did not meet performance objectives and these will continue to be closely monitored by Mercer.

There were no changes recommended for the investment line-up offered for CPSA staff for the DC pension plan.

At the request of FAC, Mercer also provided a mid-year update on two pension managers from CPSA's defined benefit (DB) pension assets. No action was recommended to be taken at this time.

FAC also reviewed the Statement of Investment Policies & Procedures (SIPP) for the DC plan. Approved changes to the plan included adding a section on environmental, social & governance (ESG) factors.

CPSA is cognizant of its primary responsibility to make decisions in the best interests of pension members. CPSA believes that environmental, social and

governance (“ESG”) issues can affect the performance of companies and other entities in which the Plan invests, and should be a factor in the assessment of investment value and mitigation of investment risk.

8) Finance KPI

FAC began reviewing the proposed elements in the Finance key performance indicators (KPI) for 2024 to evaluate the financial health of CPSA.

Further discussion will continue at the next meeting in November.

9) Activity update – Q2 June 2023

a) Business Activity Update

The Business Activity Update lists the key performance indicators (KPI), the associated targets and the actions/ tactics from the approved 2023 Business Plan. The document is broken down by the six business pillars that are in the current Strategic Action Plan.

FAC received a report on the business activity to the end of June 2023.

b) CPSA Risk Register

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

- Financial
- Legal
- Operational/Strategic
- Reputational

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

c) People & Culture Statistics

FAC received a report for information outlining key human resource statistics for Q2 2023 compared to prior years.

d) Financial Results

As of June 30, 2023, there is a year-to-date operating income of **\$2,128,000** compared to the budgeted loss of \$226,000 resulting in more income, or positive variance, of \$2,354,000.

	June 30, 2023	Budget	Variance	
Revenues	(20,487,000)	(18,512,000)	1,975,000	11%
Expenses	18,359,000	18,738,000	379,000	2%
Operating <Income > Loss	(2,128,000)	226,000	2,354,000	
Development Costs	65,000	89,000	24,000	27%
Sub-total after Development Costs	(2,063,000)	315,000	2,378,000	
Amortization	438,000	438,000	0	0%
Accreditation, net	(103,000)	(29,000)	74,000	255%
Sub-total	(1,728,000)	724,000	2,452,000	
Other <income>	(1,383,000)	0	1,383,000	
Net <Income > Loss	(3,111,000)	724,000	3,835,000	

The Other income line items consists of gains in the market value of investments since December 31, 2022 and could change by year end depending upon the market performance of investments at year end.

The total net income to the end of June is \$3,111,000, of which a major portion is due to additional physician registration & annual fees, reduced expenses and a gain in the market value of investments.

e) Additional Expenditures

FAC reviewed and approved the unbudgeted expenses planned to be greater than \$100,000 by year end.

Professional Conduct \$1,880,000

FAC received a report and presentation from Dr. Dawn Hartfield, Complaints Director and Dean Blue, Director Professional Conduct outlining the changes introduced by Project Bluebird and the approach to address the backlog of complaint files.

The original backlog of complaints continues to require additional resources above and beyond our regular capacity. The unbudgeted costs consist of accessing external investigators for outstanding pending files, expert medical opinions, and increased legal costs for the additional files. It is anticipated that with this additional funding, the backlog of complaint files will be greatly reduced by year end 2023 and would require minimal external investigation costs for 2024.

Dr. Hartfield confirmed there are no serious files in the pending queue. The department is in real time for processing serious files.

FAC discussed the short-term vs the long-term costs to support the professional conduct department. The department is staffing its resources based on queuing capacity and when surge capacity is required then external investigation resources are hired.

FAC also reviewed the surplus from the professional conduct dept. over 2021 and 2022 as the Project Bluebird was in the initial 2 of the 3 year project and was not fully staffed, and where additional funds from recovery of costs were received. The total department surplus was \$1.7 million over 2021-2022.

Information Management \$139,000

FAC received a report and presentation from Jim Kiddoo, Chief Information Officer for additional unbudgeted costs for

- a) Backup server implementation costs of \$86,000 for 2023. A request for proposal was conducted in the spring 2023.
- b) VoIP (telephone system) implementation costs of \$53,000 for 2023. A request for proposal was conducted in May 2023.

10) FAC Terms of Reference & committee chair

FAC reviewed its Terms of Reference and also reviewed its succession plan in recommending a chair for 2024.

No changes were recommended for its Terms of Reference. The details including the proposed chair were forwarded to the Governance Committee.

Next Steps: n/a

List of Attachments:

none

Submission to: **Council**

Meeting Date: **Submitted by:**

September 7, 2023 Richard Buckley, Chair Building Fund Initiatives Working Group

Agenda Item Title: Healthier Albertan Grants

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.
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AGENDA ITEM DETAILS

Recommendation (if applicable): N/A

Background:

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.

The Working Group currently consists of the following voting members:

- 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
- Andrea Garland, Director, Communications

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

Awarding of grant funding

The working group identified a total of 10 recipients for the CPSA Healthier Albertan Grant.

Large	1
Medium	6
Small	3
Total	10

Council approved the list of 10 recipients in May 2023.
The recipients are:

Proposal #	Topic	Applicant	Amount Awarded
019	Mobile Comprehensive Diabetes Care for Underserved Individuals in Alberta	David Campbell	\$513,626
029	SMILE: Studying Mind-body In Long COVID & Myalgic Encephalomyelitis Investigating neuroplasticity in individuals with Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) with and without Long COVID	Sunita Vohra	\$996,251
073	Hosting a Health Fair focused on providing knowledge on Preventative Health in a culturally safe and inclusive manner	Kudakwashe Hove	\$50,000
078	Prevalence and gaps in management of anemia and iron deficiency in reproductive age women in Alberta	Haowei (Linda) Sun, Cynthia Wu	\$97,946
100	Using real-world data generated from Alberta's administrative health data holdings, which contain detailed data on medication use along with maternal and infant incomes, we aim to conduct a series of target trials that directly compare the safety of medications used to treat cardiovascular disease in pregnancy to a)	Amy Metcalfe	\$200,000

		non-pharmacologic therapy and b) other medications.		
	133	Bridge Healing: Access to Transitional Housing from the Emergency Department	Kathryn Dong	\$335,218.63
	147	Improving the quality of the Patient Medical Home for patients: Implementing Person-Centred Quality Indicators (PC-QIs) in primary care in Alberta	Maria J. Santana	\$999,200
	166	POWER Program: Personalized Osteoporosis Care With Early Recognition, Fracture Liaison Service in the Outpatient Clinic	Prism Schneider	\$1,221,291
	215	Supporting Patients by Family Education in Psychotic Illness. A Longitudinal Pre-Post Study.	Melanie Robles and Adam Abba-Aji	\$76,475
	276	An innovative model of equitable cancer care: Indigenous Cancer Patient Multidisciplinary Rounds	Jessica Simon	\$423,817
Grant agreements have been drafted with input from legal counsel. CPSA is currently working with each recipient to execute the documents.				
Next Steps:	<p>After the agreements have been executed, the first year funding installments will be dispersed.</p> <p>The Building Fund Initiatives Working Group will meet in 2024 to review progress as reported by the grant recipients on the Interim Report #1 due by Jan 31, 2024.</p> <p>The Working Group will provide a summary to Council for their May 2024 meeting.</p>			
List of Attachments:	N/A			

Submission to:	Council
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Meeting Date:	Submitted by:
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Sept. 7, 2023	Chantelle Dick, Standards of Practice Advisor
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Agenda Item Title:	Standards of Practice – Consultation Process & Update		
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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.
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AGENDA ITEM DETAILS			
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Recommendation (if applicable) :	N/A		
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Background:	<p>At its May meeting, Council agreed to remove the approval for consultation when new/updated standards are drafted.</p> <p>The Registrar will review all drafts and approve formal consultation. The consultation process will proceed as usual, with edits informed by consultation feedback, internal and legal reviews, and a second approval by the Registrar. Final versions will then come to Council for approval for implementation.</p> <p>In order to keep Council informed, a review schedule will be shared annually, with emailed updates should the schedule need to be altered. This will afford Council time to review the timeline and share any feedback or concerns with the scheduled standards or identify emerging issues that may need to be considered.</p> <p>Emails will also be sent in advance to ensure Council is aware of upcoming consultations.</p> <p>Council members are encouraged to participate in the consultation process and are welcome to share feedback on any of the standards at any time with the Standards of Practice Advisor.</p>		
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Next Steps:	Consultation 026 (<i>Ending the Physician-Patient Relationship, Establishing the Physician-Patient Relationship, Responsibility for a Medical Practice, and Restricted Activities</i>) cannot be approved by Council until the Ministry’s feedback is received, which is expected		
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later in September. Consultation 026 will be brought forward in December for approval for implementation.

Consultation 027 (*Conscientious Objection, Informed Consent, and Medical Assistance in Dying (MAID)*) will go out for consultation in October and will be brought forward in March for approval for implementation.

The 2024 Review Schedule will be shared with Council in early January.

List of Attachments:

1. N/A

Submission to:	Council Consent Agenda		
Meeting Date:	Submitted by:		
September 7, 2023	Levonne Louie		
Agenda Item Title:	PD Council 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) :	Use the available Personal Development Funds to advance your knowledge.		
Background:	<p>As you are all aware, the CPSA has made funds available to all sitting Councillors to advance their personal development ("PD"). The PD funds could be used to advance a Councillor's knowledge in any number of areas, be it board skills (for example, governance, financial essentials or risk oversight for board members) or regulatory skills.</p> <p>The PD amount is \$1500 per year which can be combined for a total of \$4500 for a three year term. I used minimal PD funds last year so I combined the funds available to me for the remainder of 2022 and 2023. I wanted to share what I used my PD funds for this year.</p> <p>I attended the 2023 Institute of Corporate Director ("ICD") National Conference held in mid-June in Montreal. The ICD stated Purpose is to "improve trust and confidence in Canadian organizations by developing and activating Directors". Their education programs help members perform their director role effectively so that they can make an appropriate contribution to the boardroom. One of their key programs is the ICD-Rotman Directors Education Program and graduates of this program can go through a written and oral exam to receive their ICD.D designation.</p> <p>The 2023 Conference was the first conference ICD held in person since COVID and it was one of the first conferences I was able to attend in person since COVID disrupted our lives. It was nice to be able to gather in person to renew acquaintances and make new contacts. I did not meet anyone that was specifically in the medical field (or even the regulatory arena) but it was still nice to be able</p>		

to network in person as it was a very diverse group of individuals. However, since there were no more COVID restrictions, I am aware of a few of us that returned home with COVID; it is still here. I guess that is the potential price we pay for having large, in-person gatherings.

The theme of the 2023 conference was "Breakthrough Boardrooms" The focus was on "how leading boards must break through and navigate global and domestic shifts in geopolitics and the economy, dramatic workforce changes, and pressure from stakeholders, to successfully transition to a more sustainable, resilient and innovative future."

The conference was organized with keynote addresses, plenary sessions and concurrent breakout sessions where one could choose a particular topic depending on your area of interest. With approximately 500 registrants, it was a jam-packed few days. The overviews below reflect some of the sessions I attended.

The first keynote address was presented by Rana Foroohar, a global business columnist and economic commentator and her topic was "Governing in an Age of Economic Localization. Her major premise was that where we used to have a "cheap" paradigm due to cheap capital (lowering of interest rates over the past few years), cheap labour (changing because China is changing) and cheap energy, that is all changing, "Cheap" is not always cheap when you take into consideration all the factors. She suggests we are moving to a model where things are more localized or regionalized. This leads to more resiliency versus more efficiency in the prior model. Redundancy and resilience will dovetail with climate change. Along with climate, technology will be a major driver. Companies will be able to do more in the local economy and local hubs will develop. She suggests this will mean there will be a lot more vertical integration and you will see companies focusing on the regional/local economies.

One plenary session was titled Navigating Geopolitical and Trade Uncertainty. Panel members drew on their own experiences to make some statements but really focused on questions. One statement was that the biggest risk facing companies is not changing their global structure; they are moving to a more national focus and politics is back without the global risk. A big risk seen by a couple of panelists is China. While one suggested we can't decouple from China, another asked if we can reduce their influence or dominance? Another panelist saw different coalitions

being formed for different purposes. A panelist directly addressed the change in the Canadian energy scene with the cancellation of LNG. Will there be long term contracts (20 year terms) to allow companies to de-risk the cost of building infrastructure? Where is the transmission capacity? Besides these questions, the impact of ESG is that the cost of capital has increased. Included with this uncertainty is that there may be an increase in restrictive trade barriers and sanctions whereby countries are protecting and holding on to mineral resources that are needed. Things are much more complex economically even without the political impact. The panel left us with "big thinking needed with nimbleness." More questions than answers in this session.

There was then a plenary session on Creating Value through Indigenous Partnerships – Role of the Board. I was hopeful because this was an all-Indigenous panel but this session was a bit disappointing as it covered ground that I was already familiar with. Basic questions were addressed such as what value do Indigenous people bring to a board, where to find Indigenous people for boards and making the statement that if you are missing an Indigenous person at the table, you are missing a lot of the cultural aspect. Perhaps this was tailored to the audience as I got the feeling that not a lot of companies/individuals have gotten in-depth into this issue.

I will only briefly address one of the breakout sessions that was titled Oversight of Emerging Supply Chain Risks. The big takeaway in this session is that supply shifted from the west coast to the east coast during the pandemic. Said another way, they are de-risking by moving away from a dependence on China. There is now a North American supply chain and a China supply chain with the goal being that the North American supply chain does not have any Chinese parts. This shift in thinking is difficult as Canada is not well prepared for "decoupling" from China. When you have a relatively small balance sheet, it is hard to get your head around the redundancies in the market with the two supply chains. There is a need for more collaboration in the shipping industry as large infrastructure around the ports need to be developed and the mindset has to shift from being independently owned to shared storage. They are also seeing a shift from the NIMBY era (Not in My Backyard) to the BANANA era (Build Absolutely Nothing Anywhere Near Anything). Currently, the uncertainty of the process is a major concern.

A highlight for me at the conference was the keynote provided at the Annual Fellowship Awards Gala that evening by Noubar Afeyan. Mr. Afeyan is founder and CEO of Flagship Pioneering. "Flagship is an enterprise where entrepreneurially minded scientists invent seemingly unreasonable solutions to challenges facing human health and sustainability. Flagship has fostered the development of more than 100 scientific ventures resulting in over \$100 billion in aggregate value, thousands of patents and patent applications, and more than 50 drugs in clinical development." Besides being a co-founder or being a board member of numerous other companies, Mr. Afeyan is also the co-founder and chairman of the board of Moderna (NASDAQ: MRNA), the pioneering messenger RNA company addressing the global COVID-19 pandemic, Omega Therapeutics (NASDAQ: During his dinnertime talk, he took us through the process of what happened from when he got the initial call about developing a vaccine against COVID to the time the vaccine was available. He also shared some of the other drugs currently in the pipeline. I was so enthralled that I don't even know how long he spoke for. He kept apologizing for taking up so much of our time during our gala dinner but I could have listened to him for a couple of hours or more. It was absolutely fascinating! Anyone I spoke to who attended the conference agreed that this was the highlight of the event.

Even though I was disappointed in the quality of some of the presentations, the dinner speaker definitely made up for it. We weren't even told who the dinner speaker would be when we registered. Overall, I found the conference was valuable to me; you can always learn something new or see someone else's perspective on an issue.

If you have the time, I'd encourage all Councillors to consider using their PD funds to enhance their board and regulatory knowledge and skills and to expand their thought processes. At the end of the meeting agenda, there is a list of some learning opportunities that we are currently aware of. Please speak to Sue Welke or Michael Neth for more information.

Respectfully submitted,
Levonne Louie
July 9, 2023

Next Steps:

None

Submission to:	Council
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Meeting Date:	Submitted by:		
September 7, 2023	Office of the Registrar		
Agenda Item Title:	Council Meeting Schedule - 2025		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable) :	<p>That Council approves the proposed meeting schedule for Council meetings in 2025 as follows:</p> <ul style="list-style-type: none"> March 6 and 7, 2025 May 29 and 30, 2025 September 18 and 19, 2025 December 4 and 5, 2025 <p>Orientation for new councilors: January 23, 2025 Annual Planning Retreat: January 24, 2025 (full day) and January 25, 2025 (half day)</p>
Background:	<p>In determining the dates for Council meetings, consideration is given to avoiding conflict with the following external meetings:</p> <ul style="list-style-type: none"> Federal State Medical Board AGM –usually end of April/early May Federation of Medical Regulatory Authorities of Canada – usually in early June Canadian Medical Association –typically planned for August. Medical Council of Canada – AGM –September or early October Alberta Medical Association Representative Forums <p>Note, the following are the approved dates for 2024 meetings:</p> <ul style="list-style-type: none"> March 7 and 8, 2024 May 30 and 31, 2024 September 12 and 13, 2024

	<ul style="list-style-type: none"> December 5 and 6, 2024 <p>Orientation for new Council Members: Thursday, January 25, 2024 Annual Planning Retreat: Friday, January 26, 2024 (full day) and Saturday, January 27, 2024 (half day)</p>
Next Steps:	Upon approval of the meeting dates, the schedule of meetings maintained in SharePoint will be updated and the dates will be added to the public website.
List of Attachments:	

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

Prepared for Council – September 7th and 8th 2023.

June 2023

- June 5th Meeting with the Registrar
- June 9th – 12th FMRAC Meetings
- June 20th Finance and Audit Committee Meeting
- June 20th Government Relations Meeting
- June 22ⁿ Meeting with Councillor
- June 27th Meeting with the Minister
- June 28th Governance Committee Meeting

July 2023

- July 10th Emergency Council Meeting
- July 17th Meeting with the Registrar
- July 18th Finance and Audit Committee Meeting
- July 19th CPSA AMA Executive Committee Meeting
- July 31st Council Agenda Planning Meeting

August 2023

- August 8th Executive Committee Meeting
- August 15th Finance and Audit Committee Meeting
- August 25th Meeting with Registrar EA

To: CPSA Council
From: Scott McLeod
Date: Sept 7th, 2023

Introduction

A great deal has happened since our last meeting. We have a new UCP government, a new Minister of Health, and a new Deputy Minister of Health. It's still too early to tell, but there does not appear to be a dramatic shift in the GOA's mandate or direction moving into the Fall. Saying that, the health system is still struggling to get by and with Fall soon upon us another tripledemic would certainly put more strain on an already overburdened system.

Our goal since the election and moving into the Fall has been to build relationships with the new Government and educate them on CPSA's value to Alberta that goes beyond just regulation. Attached are a few fact [sheets](#) that have been developed to share more about what CPSA does.

In addition to that, we've made several changes within the organization. They say that the only constant in today's world is change itself and that is certainly true for CPSA. We have been slowly adjusting and adapting throughout my time with CPSA and I believe we're getting very close to being where we need to be...at least for now.

1. CPSA Organizational Updates

Last year at this time, Dr. Susan Ulan retired from CPSA. Since then we have not had a Deputy Registrar (DR). My intent has been to shift the role of the DR into one that has no responsibility for directly running a department and having more of a strategic leadership role overseeing the regulatory arm of the organization. I did not, however, want to add another senior leadership position to the organization and therefore CPSA has been functioning without a DR for a year.

In late 2022, we also started looking at whether some of what we were doing within the Physician Health Monitoring Program (PHMP) was in breach of Bill 46, which amended the *Health Statutes Amendment Act, 2020*. We therefore sought an expert legal opinion to determine if we were in breach of the new legislation when it came to our PHMP program. That opinion came back stating that we were likely in breach of the legislation and we should consider divesting a significant portion of PHMP to another organization.

As a result of these two organizational requirements, it was determined this would be an opportune time to shift our DR/Assistant Registrar (AR) leadership roles. The result is outlined below:

a. **Staffing Changes:**

- i. **Deputy Registrar:** The reimagining of the DR role and the requirement to change PHMP allowed us to take advantage of merging Continuing Competence and PHMP into one department, thus freeing up an Assistant Registrar position as an offset for the DR position.

An internal competition was held for the DR position. The Selection Committee consisted of myself, two Chiefs and one AR that was not applying for the position. Three of the ARs applied and all three would have been excellent in the position, however after significant deliberations, Dr. Dawn Hartfield was selected as the new Deputy Registrar.

She will be formally taking on this role as of September 11th, 2023.

- ii. **Assistant Registrar changes:** Creating the DR position, merging two departments and selecting Dr. Hartfield as the DR, resulted in the requirement to change some of the other portfolios.

After speaking with all the ARs to know what their preferences would be, I asked Dr. Gordon Giddings to take on the role of AR for Professional Conduct and Complaints Director (CD). I also asked Dr. Jeremy Beach to take on the role of AR for Accreditation.

Pending Council's approval of Dr. Giddings as the CD, they will be taking on these responsibilities as of September 11th, 2023.

Motion 1 – As of September 11th, 2023, CPSA Council approves the appointment of Dr. Gordon Giddings as the CPSA Complaints Director.

- iii. **Hearings Director:** The other important change we made was related to the role of the Hearings Director (HD). The Deputy Registrar held the position of HD when Dr. Ulan was the DR and that is when we hired Ms. Nazrina Umarji as both the Hearings Director and In-House Legal Counsel. Over these past few years, it has become apparent that the In-House Legal Counsel role is itself a full-time job and now that the DR no longer has a department to run, I have asked the DR to take on the role of HD, thus freeing up Ms. Umarji to focus on CPSA legal issues.

Motion 2 – As of September 11th, 2023, CPSA Council approves the appointment of Dr. Dawn Hartfield as the CPSA Hearings Director.

- iv. **CPSA Director of Legal Services and General Counsel:** Due to the increased work related to CPSA legal services, we have changed Ms. Umarji's role to that of Director of Legal Services and CPSA General Council so that her focus can be on the legal requirements of CPSA. She will be reporting to the Chief of Staff.

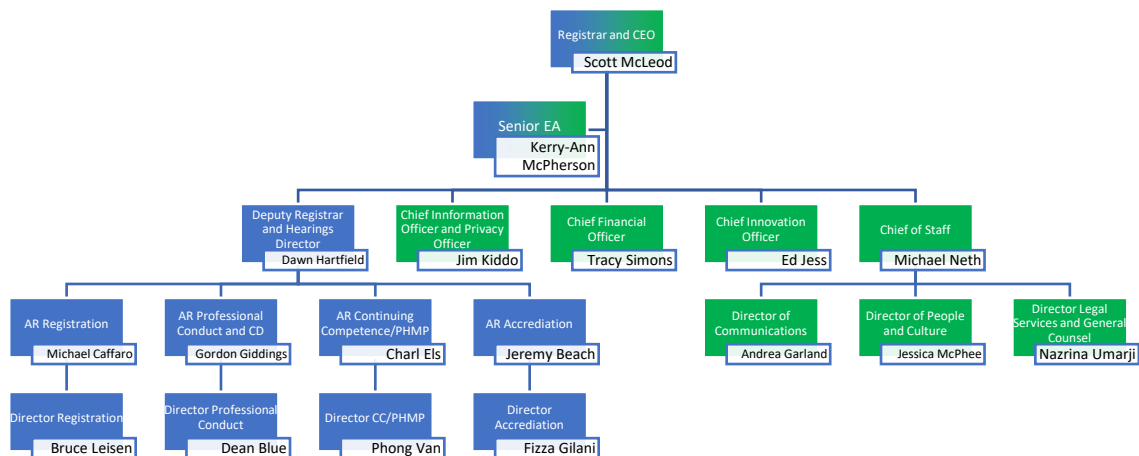
Ms. Umarji will take on this role as of September 11th, 2023.

- v. **Director of Accreditation:** It is also with great pleasure that I announce our new Director of Accreditation, Ms. Fizza Gilani. We had many very talented people apply for this position including several internal candidates. Ms. Gilani is a pharmacist who has been working with CPSA since 2015. Her most recent position was Program Manager, Prescribing, Analytics & Tracked Prescription Program (TPP) Alberta. Ms. Gilani also recently completed her Master of Public Health.
- vi. **Senior EA**

It is with equal pleasure that I welcome Ms. Kerry-Ann McPherson to CPSA as the new Senior Executive Assistant within the Office of the Registrar. Ms. McPherson is joining us after recently moving to Edmonton from Interior B.C. where she was an administrative assistant with the Interior Health Authority.

Prior to moving to Canada, Ms. McPherson, worked with the Jamaica Social Investment Fund where she had extensive experience working with national and international organizations.

Ms. McPherson started her role as Senior EA on August 14th, 2023.



Proposed CPSA Senior Leadership Organization Chart

b. Specialist/Non-Specialist

Currently, CPSA identifies specialist physicians that do not have their Royal College of Physicians and Surgeons credentials as specialist/non specialist. This was only intended to be used as a way of identifying those who have been deemed competent to practice in a recognized specialty of medicine but have not attained their Canadian credentials. It has been brought to our attention that this has led to a differential in how these physicians are being financially compensated by Alberta Health and has also had a negative impact on recruiting physicians to Alberta.

Since CPSA is striving to become an anti-racism anti-discrimination organization, we have reviewed the situation through an anti-discrimination lens and determined that our approach needs to change. The attached briefing [note](#) provides more details, but in summary, we have decided to stop using the categorization of specialist/non-specialist. We will be referring to all physicians based on their practice discipline they have been deemed competent to practice.

This will be a significant change for many people and it will require a robust communications strategy but, we feel it is in the best interest of everyone moving forward that we make this change.

c. Engagement Survey

We will be doing a pulse check survey this Fall to see if there has been any change in staff engagement since we did the larger survey in May of 2022.

d. Registration updates

Attached is a fact [sheet](#) that has been developed for Government which provides a summary of how CPSA currently supports international medical graduates (IMGs) coming to Alberta.

i. Criminal Records Checks

CPSA's current policy states that when applying for a license, an applicant must provide a valid criminal record check (CRC) from within Canada if they have resided in Canada for over 90 days; and provide a valid criminal record check from any jurisdiction outside of Canada where they resided for over 90 days within the last 10 years.

The exception is when applying for the accelerated Practice Readiness Assessment (PRA) trial that was initiated in January of 2023. Under that process the applicant only requires a CRC from all locations where the individual has practiced for more than 90 days in the last 5 years.

When CPSA originally determined that we required 10 years' worth of CRCs, it was early after the *Act to Protect Patients* was introduced and we were being conservative. Since that time we have become comfortable with a shorter time requirement for a CRC. For that reason we will be reducing the 10 year requirement to 5 years.

ii. Subspecialist Examination Affiliate Program (SEAP)

The Royal College of Physicians and Surgeons of Canada has a program where they will grant affiliate status to physicians who have passed a Royal College subspecialty exam. If a physician has successfully completed a Royal College subspecialty examination through the Subspecialist Examination Affiliate Program (SEAP), they can become a Royal College subspecialist affiliate.

Currently CPSA does not grant licensure to those with affiliate status, because they don't have the primary Royal College fellowship. Some other medical regulatory authorities in Canada have been accepting the subspecialist affiliation status for restricted licensure, and therefore CPSA has reviewed our policy and we believe we can start accepting the SEAP credentials for licensure restricted to their subspecialty. This will be pursued in the coming months and we will update Council at the December meeting.

iii. Resident Elective Permit

Residency electives are an excellent way for physicians in training to find locations they would like to practice once they have completed their training. In order for Alberta to be seen as an attractive location for electives, CPSA will be investigating the impact of having no registration fees for residents here on a limit time for an elective.

Based on current numbers, that would result in a loss of revenues of approximately 30K per year.

iv. US Certified Physician Assistants

The US has been training physician assistants (PAs) for decades and this could be a rich environment to recruit PAs to Alberta. For that reason CPSA will be accepting the US PA certification and registering them on the Provisional Register without a PRA.

v. Expanded PRA Trial to include US Board Specialists

The accelerated PRA route for eligible IMGs trial that is ongoing currently does not include US board Certified non-family medicine specialists, mainly because their training is typically one year less than the Royal College requirements in Canada. Now that we are becoming more comfortable with the trial and the workload associated with it, we believe it would be low risk for us to expand eligibility for this trial to US Board Certified Specialists. This can be accomplished this Fall.

e. Artificial Intelligence

This November, CPSA will be partnering with the Canadian Medical Protective Association (CMPA) to host a symposium on artificial intelligence and how we can

best provide guidance to the profession during the rapid evolution and introduction of this technology into healthcare.

CPSA's Chief Innovation Officer (CINO), Ed Jess, has been leading the development of this symposium with CMPA and we are looking forward to learning from experts and identifying the work required moving forward. The invitation list will be small and focused on the area of regulation.

I look forward to sharing what we learn from this symposium and how it will not only help Alberta doctors, but hopefully doctors across Canada.

f. CPSA Approved Services

As we continue to evolve and focus the organization on our strategic priorities, it's important to identify the things we have historically been doing and question their value moving forward. If something is not in alignment with our priorities, does not add value to the work we do or potentially puts the organization at risk, we need to consider changing or stopping these activities.

One of these activities is related to CPSA "approved services." At the present time, CPSA's website documents whether a physician has "approval" to provide certain services such as:

- Anti-tumor necrosis factor
- Clinical hypnotherapy
- Mesotherapy
- Transcranial doppler
- Transcranial magnetic stimulation

Currently CPSA has no way of assessing a physician's competence in these areas and we rely on physicians self-reporting whatever training they have completed. This can lead to the false perception that these physicians' practices are "endorsed" by the CPSA.

We believe this is a significant liability to the organization, has no added value and does not align with CPSA's strategic direction.

The externally facing Physician Directory on cpsa.ca and the internal DOC database currently have 226 active records of physician approvals relating to a range of services for which CPSA will no longer provide approvals. Existing approvals will be removed from the Physician Directory and an end date will be set in DOC to confirm CPSA is no longer assuming responsibility for these approvals. The result will be that starting Dec. 31, 2023, these approvals will no longer appear externally on physician profiles on the Physician Directory or the CPSA portal. The 226 member approval records will display with a Dec. 31, 2023 end date in the DOC internal database. All members affected will be notified of the changes.

2. The Profession

a. Alberta Medical Association (AMA) has a new Executive Director

Ms. Athana Mentzelopoulos has been chosen to replace Mr. Mike Gormley as the ED for the AMA. Beginning September 1, she will start her transition from Mike then Athana will formally assume the role October 1, 2023. You can read more at the following [link](#).

CPSA thanks Mr. Gormley for his many years of service to the medical profession in Alberta and forging a strong relationship with CPSA.

b. Block Fees

In July of this year, the Marda Loop Clinic in Calgary attracted significant attention when they sent a notice to patients that they were going to charge a membership fee. They are not the first clinic in Alberta to do this, but it became a hot topic very fast. We had a media release that essentially outlined what our *Standard of Practice* is related to billing for uninsured services.

Many people have asked what the role is for CPSA in such situations. Our SOP is very clear about the responsibilities a physician has around billing for uninsured services and not for insured services, but the challenge comes down to what is defined as insured vs uninsured. The Government determines what services are insured and AMA negotiates the remuneration for those services. I suspect not everyone agrees as to what falls into insured vs uninsured services, but making such a determination is not the role or the responsibility of the CPSA, and therefore we should not be making such determinations.

We do, however, clearly state in our standard that a physician cannot charge for preferential access to insured services.

This issue will continue to be a serious concern for many physicians, and we believe this is an area for Alberta Health and AMA to provide some clarity on.

3. Provincial Update

a. Meeting with the Minister of Health

CPSA Council Chair, Stacey Strilchuk, and I met with Minister LaGrange shortly after she took over her new portfolio and had a very productive conversation. We talked about how CPSA has been working hard to meet our mandate, but also identify new and innovative ways to improve the registration of IMGs while maintaining the regulatory safeguards in place to protect Albertans. The Minister had a good understanding of the need to ensure we don't register just anyone and that we need the safeguards to help ensure Albertans get the quality of care they deserve.

We also shared how we recognize that having qualified and competent physicians is essential to driving the economy in some Alberta communities and that we recognize the work we do at CPSA goes beyond just the health care system. That is why we have reviewed all of the mandate letters sent to Cabinet Ministers to find areas of shared interest that align with CPSA's mandate and strategic direction. This will allow us to proactively connect with government leadership to demonstrate the value CPSA brings to Alberta.

b. Meeting with Deputy Minister of Health

Myself, and Michael Neth have had two meetings with the new Deputy Minister of Health, Mr. Andrew Tremblay, and both have been very positive. The focus has been on how we can work together to better support Albertans. In the coming months we will be developing more definitive actions.

c. Meeting with the Deputy Minister of Mental Health and Addictions

Myself, and Michael Neth also met with Mr. Evan Romanow. We had a very good discussion that centered on current and upcoming policies/legislation. This was also a great chance to share the great work we are doing with the Tracked Prescription Program and the machine learning project Analytics, Innovation and Research (AIR) has been actively involved in.

I believe we can and will have a strong working relationship with the department.

d. AFRHP – New CEO

The Alberta Federation of Regulated Health Professions has a new Executive Director. Glenys Reeves-Gibbs started on May 15, 2023.

4. National Updates

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

i. FMRAC Incoming President

At the last FMRAC Meeting of the Members, Dr. George Carruthers, CPSPEI Registrar, was elected into the position of President-Elect. He will be taking on the role of President in June of next year.

Congratulations to Dr. Carruthers!

ii. FMRAC Meeting and Conference

The FMRAC meeting in Halifax was a very productive and successful meeting. The theme was "Access to Safe, Competent Care: What Can the Regulator Do?"

We started off the conference talking about what “risk” is and how we approach our regulatory decision making through the lens of understanding risk, the psychology of risk and mitigating risk.

The following session was focused on “experiences and lessons learned from evolving practices in international jurisdictions.” We heard the perspectives from Dr. Humayun (Hank) Chaudhry from FSMB and Ms. Nisha Patel from New Zealand. This provided us with a wider view of how others are tackling things such as the registration of international graduate and enhancing physician mobility.

We then moved on to new territory by having a world café approach to understanding some of the current regulatory challenges we’re all facing and then we turned that into a half day of working groups to look for tangible actions that could be used by the FMRAC Board for future planning.

Having these two valuable days to help shape discussions at the FRMAC Board strategic planning session was key to the productive conversations that unfolded. One key item discussed extensively was the concept of the CMA proposed Pan-Canadian licence. With the perspective of the Federation of State Medical Board (FSMB) Compact for physician mobility and the newly created Atlantic Registry it was determined that FMRAC would work towards a solution that addressed the key concerns that came from the Canadian Medical Association (CMA) Pan-Canadian Licensure Survey, which included the cost of holding multiple licences and administrative burden, and learn from the experiences with the FSMB Compact and the Atlantic registry.

FMRAC is currently looking at options for multijurisdictional licensure as opposed to a Pan-Canadian Licence because we feel there are solutions that are in alignment with Canada’s Constitution and provincial legislation.

iii. **FMRAC Governance**

As part of FMRAC’s renewal process the overall governance of the organization has been reviewed and actions have been taken to streamline and clarify the key governance roles of the organization.

First of all, the board meetings have been streamlined to focus on the Board’s fiduciary responsibilities of the organization and establishing the strategic direction for FMRAC. This meeting is chaired by the FRMAC President and the Directors continue to be the Registrars of all the member organizations.

The Executive Committee and the Nominating Committee have been joined into one larger Governance Committee with a broader mandate. That Committee is chaired by the FMRAC Immediate Past President therefore I am the Chair of that Committee. The other members include:

- President – Dr. Nancy Whitemore, CPSO Registrar
- President-Elect – Dr. George Carruthers, CPSPEI Registrar

- Immediate Past-President (Chair) – Dr. Scott McLeod, CPSA Registrar
- Chair of Finance Audit and Risk Committee – Dr. Gus Grant, CPSNS Registrar
- Member at Large - D^{RE}. Isabelle Tardif, CMQ Registrar

The Finance, Audit and Risk Committee has changed its membership to having a Chair, who is a Director, plus two more Directors as members of the Committee and an external expert (CFO). The new positions are:

- Chair – Dr. Gus Grant – CPSNS Registrar
- Member – Dr. Laurie Potter – CPSNB Registrar
- Member – Dr. Anna Ziomek – CPSM Registrar
- Member – Ms. Tracy Simons – CPSA CFO

iv. FMRAC Executive Director

FMRAC is currently searching for a new Executive Director to help the organization be a focused, valued added organization with a mission of “Supporting medical regulators, advancing medical regulation”. The goal is to select the next ED by the end of October or early November. If you know of anyone who may be interested, please send them to the following [link](#).

b. Medical Council of Canada (MCC)

Dr. Viren Naik has been appointed as the new MCC CEO as of January 1st 2024. You can read more about him and his appointment at the following [link](#). I know Dr. Naik, and I’m confident he will do an excellent job!

A big thanks to Dr. Maureen Topps for her leadership during her tenure as the MCC CEO.

At the end of September, Ms. Kate Wood will be taking over as the MCC President and Chair of Council. Many of you may know Kate from her time with CPSA and as the CPSA President in 2017 and 2018. I’m sure she will provide excellent leadership as the President and she will work well with Dr. Naik.

I will be stepping down as a MCC Councillor after 6 years with MCC. During that time I have helped with that organizations governance transformation and I believe I have made a positive contribution, but it’s now time to let others gain that valuable experience.

c. College of Family Physicians of Canada (CFPC) – Nothing to report

d. Canadian Medical Association (CMA)

A big thanks to Dr. Alika Lafontaine for his leadership as the CMA President over this past year. I’ve enjoyed connecting with Dr. Lafontaine in that role, but CPSA will continue to stay in close contact with this exceptionally talented physician leader!

CMA's new President is Dr. Kathleen Ross. You can read more about Dr. Ross in the following [link](#).

e. Royal College of Physicians and Surgeons of Canada – Nothing to Report

f. Association of the Faculties of Medicine of Canada – Nothing to Report

5. International Updates

a. International Association of Medical Regulatory Authorities (IAMRA) –

Nothing to report.

b. Federation of State Medical Boards (FSMB) – Nothing to Report

Conclusion

There are lots of changes in healthcare locally provincially, nationally and internationally. This means that CPSA must remain vigilant to these changes and be prepared to adapt. This adaptation must however be done with our eyes open to the risks associated with what we're doing and looking for new and innovative approaches to understanding risk and mitigating risk.

I firmly believe the CPSA team is ready to take on any changes or challenges that come our way, because they have proven they have the resilience and expertise to succeed. Whether that was adapting to the changes that came with the pandemic or dealing with a cyber-incident that briefly brought our organization to a halt, everyone stepped up to deal with the challenge and stepped in to help and I know the same will happen moving forward.

Submission to:	Council
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Meeting Date:	Submitted by:
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September 7, 2023	Dr. Michael Caffaro
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Agenda Item Title:	Removal of 'Specialist' versus 'Non-Specialist' designation
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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.
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AGENDA ITEM DETAILS	
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Recommendation (if applicable) :	CPSA will identify registered physician members only by their practice <u>discipline</u> in registration notifications to Alberta Health and on the CPSA Physician Directory (Summary tab).
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Background:	<p>CPSA's Assessment and Registration processes allow internationally trained physicians to practice in their discipline absent full Canadian credentials. On entry into a Supervised Practice Assessment, CPSA issues written notification to AH of both the specialty status and the discipline in which the physician practices. Both are public information on the member's practice permit, and certifications remain public information on a member's permit.</p> <p>AH parses the 'specialist vs. non-specialist' status and, despite CPSA approval of practice discipline, excludes non-specialist practitioners from certain fee codes and/or remuneration for physician services at the same rate as a specialist colleague practising in the same discipline.</p> <p>Alberta is currently struggling to attract and retain key specialists; this policy may be one barrier to attracting talent to Alberta. IMG physicians are financially disadvantaged through the application of CPSA's definition of 'non-specialist' by Alberta Health.</p> <p>The resulting differential payment may be viewed as discriminatory and incongruent with CPSA's Strategic Plan and the Anti-Racism Anti-Discrimination strategic direction. Retention and recruitment of IMG physicians are impaired by a fee differentiation that purports to pay the IMG at a 'discount' rate.</p>
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Next Steps:

CPSA and Alberta Health will ensure that the change in designation is recognized by AH information systems. CPSA communications planning will require outreach to members, Alberta Health, Alberta Health Services, Alberta Medical Association, College of Family Physicians of Alberta and the Royal College of Physicians and Surgeons of Canada for awareness, as well as review the consequences of removing specialist designation from the publicly viewable practice permit.

List of Attachments:

Internationally-Trained Physicians in Alberta

Statistics

35% International medical graduates (IMGs) make up 35% of all of Alberta physicians.

X Insufficient training and/or English skills are the main reasons applicants are ineligible.

94% 94% of PRA-AB candidates pass their assessment.

323 CPSA received 323 IMG applications in 2022.

International & domestic trained physicians in AB (2022)



Average Timeline

- 1** CPSA reviews qualifications
 1 week
- 2** CPSA makes interim eligibility decision
 7 days
- 3** Applicant submits required documents
 Applicant has 1 year to complete
- 4** CPSA makes final registration decision

The alternative path to licensure

IMGs who do not meet the criteria for the CPSA General Register may be eligible for the Provisional Register via an assessment program called Practice Readiness Assessment (or PRA-AB in Alberta).

Generally, the PRA process consists of 2 parts: a Preliminary Clinical Assessment (PCA) of 3 months, followed by a Supervised Practice Assessment (SPA) of 3 months.

PRA's are performed in 7 provinces across Canada as a route to licensure for IMGs.

Practice readiness assessments



About CPSA

The College of Physicians & Surgeons of Alberta (CPSA) is the regulator for physicians and physician assistants in Alberta. We play an essential role in protecting the public, ensuring doctors in Alberta are knowledgeable, professional, and ethical in their professional practice. We do this in many ways, such as licensing physicians and physician assistants, investigating and resolving complaints, accrediting diagnostic and non-hospital surgical facilities, and ensuring our processes are as efficient as possible to support our partners in attracting doctors to our province.

Governance

CPSA is governed by a [Council](#) made up of equal numbers of physicians, elected by their peers, and public members appointed on the advice of the Minister to represent Albertans. The role of Council is to set the strategic direction for CPSA, approve resources, set standards for physician practice, and monitor outcomes against CPSA's legislated mandate. Daily operations are the responsibility of the [Registrar and CEO](#).

Core Functions

Registration: When physicians and physician assistants apply to practise in Alberta, CPSA ensures they have the training, knowledge, and skills to provide safe and competent care to Albertans.

Currently, International Medical Graduates (IMGs) make up 35% of all of Alberta's physicians. IMGs complete a [Practice Readiness Assessment \(PRA\)](#) before practising independently in their communities. In 2022, CPSA initiated 106 PRAs—more than any other province in Canada.

As part of our role in helping to address the challenges that communities continue to face with physician shortages, CPSA developed a new [additional route to registration](#) that consists of a condensed PRA for IMGs who have training comparable to that obtained in Canadian universities. Since launching the program in January, we have already received 109 applications (as of Aug. 3, 2023) from physicians who appear to qualify for this route, pending document verification.



Did you know? CPSA publishes [quarterly physician statistics](#) on our website (cpsa.ca/statistics) that show the inflows and outflows of doctors in our province. We also publish yearly statistics for all core departments in our [Annual Report](#).

Protecting Albertans by guiding the medical profession

Professional Conduct: CPSA investigates complaints and applies discipline as needed. Prioritizing an educational approach, CPSA works with physicians and physician assistants to help them learn and improve the care they provide to patients.

As part of an ongoing project to modernize CPSA’s complaints process and enhance the experience for both complainants and regulated members, CPSA’s Professional Conduct department began a comprehensive review of all our complaints-related procedures in 2021, restructuring internal workflows, and collaborating with our partners in health care on access to medical records. This has streamlined the process and allows for faster response times and earlier resolution when appropriate—71 per cent more complaints were closed in 2022 than in previous years as a result of these improvements.

Professional Conduct is also in the process of implementing an online complaints form, to allow patients to submit complaints electronically and receive updates through a secure, online portal. This is expected to launch in 2023.

Hearings: If a complaint proceeds to a formal disciplinary hearing, an independent Hearing Tribunal, made up of an equal number of physicians and public members appointed by government, considers the evidence, and determines whether the physician or physician assistant is guilty of unprofessional conduct.

As CPSA favours an educational approach to complaint resolution, when possible, less than two per cent of complaints progress to a formal disciplinary hearing. To ensure easy accessibility and transparency, hearings are held virtually and are [open to members of the public](#) who wish to attend. Hearings can also be held in person by request.

Continuing Competence: CPSA works with physicians and physician assistants to enhance their quality improvement and professional development. We offer targeted, flexible support and self-assessment tools for both individual and group practices, so they can identify opportunities for improvement and continue to advance their skills.

In 2020, CPSA shifted our approach to continuous quality improvement with the launch of the Physician Practice Improvement Program (PPIP), through which physicians must complete three activities (two quality improvement and one personal development) at least once every five years. CPSA has several tools through which physicians can meet these requirements, to improve their practice and ultimately the care they provide their patients.

Analytics, Innovation & Research: CPSA uses evidence-based research, data and analytics to provide physicians and physician assistants with practice-specific resources in support of informed, high-quality patient care.

Protecting Albertans by guiding the medical profession

As part of CPSA's commitment to data-driven innovation and improvement, CPSA administers the province's Tracked Prescription Program, [TPP Alberta](#), which monitors the use of prescription medications prone to misuse. The data gathered through this initiative is used in the development of resources like CPSA's MD Snapshot-Prescribing, a quarterly report for physicians with personalized data on their opioid, benzodiazepine, and antibiotic prescribing. In 2022, we distributed MD Snapshot-Prescribing to over 10,000 physicians, who are encouraged to use the report to optimize their prescribing and the care they provide to their patients.

CPSA also supports TPP Alberta with the production of their annual [opioid & benzodiazepine](#) and [antibiotic](#) atlases, each containing prescribing and dispense data from across the province. The information available in the atlases can be used to inform health policies, strategies, and programs across Alberta.

Accreditation: CPSA ensures the safety and quality of diagnostic and non-hospital surgical facilities and services by developing accreditation standards, assessing and accrediting these facilities, and registering radiation equipment.

Physician Health Monitoring: We work with physicians and physician assistants whose ability to practise may be affected by a health issue to ensure they can continue providing patients with high-quality care.

Standards of Practice: CPSA's *Standards of Practice*, along with the *Code of Conduct* and *Code of Ethics & Professionalism*, outline the minimum standards of professional behaviour and ethical conduct expected of all physicians and physician assistants.



Did you know? CPSA also provides [Advice to Albertans](#) documents, inspired by standards that are often of particular interest or concern to patients, and we plan to develop more of these resources as we update our *Standards of Practice*.

Get in touch!

There are several ways for Albertans to interact with and get in touch with CPSA. Outside of our website, [cpsa.ca](#), members of the public can find us on social media ([Twitter/X](#) | [Facebook](#) | [LinkedIn](#)). We also encourage Albertans to join the conversation about their healthcare experiences through our [Conversations site](#).

If Albertans have questions about the CPSA or are looking for support, they can reach out to our Customer Experience team at support@cpsa.ca or by calling 780-423-4764 or 1-800-561-3899 (in Canada).

Our Role

The College of Physicians & Surgeons of Alberta (CPSA) is responsible for guiding safe prescribing practices through education, resources, and setting minimum expectations of professionalism and ethics through our *Standards of Practice*.

Standards of Practice

Prescribing: Drugs Associated with Substance Use Disorders or Substance-Related Harm

There are important risks associated with prescribing opioids, benzodiazepines and other drugs associated with substance use disorders or substance-related harm. These risks include the development of a substance use disorder, poisoning or overdose, impaired function, associated injuries, or the diversion of medication to others.

CPSA's [standard of practice](#) outlines the requirements that regulated members must follow when prescribing drugs associated with substance use disorders or substance-related harm, such as documenting evidence of a patient's initial assessment and reassessments, reviewing the patient's medication history and discussing the best medication choice with the patient, considering different treatment options available and potential side effects of the medications.

To further support physicians who prescribe opioids, benzodiazepines and other drugs associated with substance use disorders or substance-related harm, CPSA has an [Advice to the Profession](#) document with additional resources and prescribing information.

Safe Prescribing for Opioid Use Disorder

Opioid Use Disorder (OUD) is one of the most challenging forms of addiction and a major contributing factor to the rise in opioid-related morbidity and mortality. In recent years, the non-medical use of pharmaceutical opioids and the emergence of highly potent, illegally manufactured opioids have increasingly impacted the landscape of opioid use.

CPSA's [standard of practice](#) provides regulated members with clear requirements that allow for safe and responsible management of OUD with evidence-based, full opioid agonist drugs (not including buprenorphine/naloxone). Regulated members are expected to provide care based on the latest evidence-based guidelines and practices, and in compliance with legislation (NTS requirements).

Prescribing & Substance Use/ Opioid Use Disorders

Physician Prescribing Practices

The *Health Professions Act* (HPA) requires CPSA to establish a Continuing Competence Program requiring participation from regulated members to maintain their competence and enhance the provision of professional services throughout their careers. As part of Continuing Competence, CPSA operates [Physician Prescribing Practices](#)—an educationally focused program that engages physicians through collaboration and advice to support safe patient care through better prescribing practices.

We share prescribing data in several ways (reports, letters, etc.) to encourage self-reflection and help physicians identify opportunities for improvement. Our goal is to connect physicians to information, tools, and resources to promote best practice and support safe and effective care for their patients.

MD Snapshot-Prescribing

Using Alberta Netcare/Pharmaceutical Information Network (PIN) data, CPSA provides physicians with a [customized quarterly report](#) outlining relevant and timely information about their opioid, opioid-naïve, benzodiazepine/z-drug and antibiotic prescribing. Each report is accompanied by additional resources and information to support safe prescribing practices.

TPP Alberta

CPSA administers the province's Tracked Prescription Program, [TPP Alberta](#), which monitors the use of prescription medications prone to misuse.

CPSA also supports TPP Alberta with production of their annual [opioid & benzodiazepine](#) and [antibiotic](#) atlases, each containing prescribing and dispense data from across the province. The information available in the atlases can be used to inform health policies, strategies, and programs across Alberta.

Submission to:	Council
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Meeting Date:	Submitted by:
September 7, 2023	Dr. Charl Els, Assistant Registrar, Continuing Competence Ms. Tanya Northfield, GPR/MSF/PPIP Program Manager

Agenda Item Title:	Presentation by Continuing Competence Department
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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.
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AGENDA ITEM DETAILS

Recommendation (if applicable) :	None
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Background:	<p>The Continuing Competence (CC) Program, mandated under the Health Professions Act (HPA) requires regulated members to participate to maintain their competence and enhance the provision of professional services throughout their careers (i.e., quality improvement [QI]). Failure or refusal to comply with the CC Program requirements is considered unprofessional conduct and may result in sanctions. As part of the General Assessment, the Physician Practice Improvement Program (PPIP) was launched on January 1, 2021. Details on how to fulfill the requirements of PPIP are captured in the CC program manual, and consists of participation in three activities, at least one in each category, over a period of five years:</p> <ol style="list-style-type: none"> 1. A QI activity using objective data; 2. A QI activity utilizing the CPSA's Standards of Practice (SOP), and; 3. A personal development activity. <p>The cycle mimics the MOC/Mainpro+ cycle and physicians are expected to report the PPIP activities on the annual Renewal Information Form (RIF). Although the 2022 RIF data suggests a favourable degree of self-reported knowledge among members, participation requires further optimization. The first wave of audits (600) to corroborate participation was recently initiated. The CC department remains actively engaged in</p>
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	<p>supporting members to achieve the requirement of lifelong learning and member engagement in PPIP and has launched a brief video series in addition to numerous presentations to practice settings. Ongoing discussion is underway to streamline tracking of participation with the involvement of the CFPC and the RCPSC. Further, active efforts are made to deduplicate reporting of QI activities.</p>
<p>Next Steps:</p>	<p>Ongoing member engagement to meet legislative mandate under the HPA.</p>
<p>List of Attachments:</p>	
<p>1. PPIP Elevator Notes</p>	



PHYSICIAN PRACTICE
IMPROVEMENT PROGRAM

Elevator Notes

CPSA's Physician Practice Improvement Program (PPIP)

- Participation in PPIP fulfills CPSA's legislative requirements—as set out in the *Health Professions Act* and CPSA's [Continuing Competence](#) standard of practice—to ensure competence in regulated members. PPIP falls under general assessment of members, and details on how to fulfill the requirements are in CPSA's [Continuing Competence Program Manual](#).
- PPIP was launched on Jan. 1, 2021¹ and requires physicians to participate in three activities, at least one in each category, in a five-year cycle (mirroring their MOC/Mainpro+ cycles):
 - A [practice-driven](#) quality improvement activity using objective data.
 - A quality improvement activity using [CPSA's Standards of Practice](#) (SOP) as a benchmark.
 - A [personal development](#) activity.
- Each PPIP activity requires data, reflection/facilitation and development of an [action plan](#). Quality improvement methodology should be used to test the proposed action and measure the outcome. Facilitation is required for the personal development activity.
- Physicians report their PPIP activities to CPSA annually on their Renewal Information Form (RIF), in the Physician Practice Improvement Program (PPIP) section.
- PPIP strives to enable learning, foster reflection and empower change by having physicians regularly and proactively engage in quality improvement and personal development activities.
- PPIP is self-directed so physicians can engage in activities that are appropriate to their scope of practice, as well as relevant and meaningful to themselves and their teams.
- PPIP challenges physicians to continually strive for small improvements in their practice. Collectively over time, these changes will improve care for all Albertans. Recognizing that personal factors and system stressors influence physician performance, PPIP also focuses on enhancing physician personal growth and wellness.
- PPIP recognizes that many physicians have been doing quality improvement work all along, which might meet requirements for one or more of the three activities.
- CPSA is collaborating with several organizations towards alignment with continuing professional development requirements, to minimize duplication of work for physicians.
- PPIP videos:
 - [An overview](#) (3.36 minutes)
 - [The Why](#) (10.50 minutes)
 - [The What](#) (7.55 minutes)
 - [The How](#) (16.42 minutes)

Take a look on our website at cpsa.ca/ppip for more information

¹ Previously the Physician Achievement Review (PAR) program, which was discontinued in 2016.

Submission to:	Council
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Meeting Date:	Submitted by:		
September 7, 2023	Dr. Jeremy Beach & Dr. Charl Els		
Agenda Item Title:	Physician Health Monitoring Program Realignment & Divestment		
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>As a result of the <i>Health Statutes Amendment Act, 2020</i>, CPSA sought a third-party legal review of the Physician Health Monitoring Program (PHMP). It concluded that there are areas of PHMP that were not in compliance with legislation.</p> <p>CPSA has established a working group to:</p> <ol style="list-style-type: none"> 1) recommend changes to PHMP’s function and a divestment plan of non-regulatory activity, 2) develop a short-term organizational plan to merge PHMP with Continuing Competence, and 3) create a longer-term plan to support realignment of resources with PHMP functional changes. <p>A formal project management office and governance structure has been implanted to manage the consolidation of PHMP and Continuing Competence and divestment.</p> <p>Effective Sept. 11, 2023, the PHMP department and its functions will fully transition into a program within Continuing Competence. Responsibility for the program will fall under the Assistant Registrar for Continuing Competence.</p> <p>Alberta Health and the Alberta Medical Association have been notified of CPSA’s intent to divest regulated member fitness-to-practise assessments and health monitoring activities to trusted</p>

	third-party assessors (using a Memorandum of Understanding (MOU)).
Next Steps:	<p>Finalize the revised function of PHMP within Continuing Competence. (Sept–Oct 2023)</p> <p>Update and review relevant changes with stakeholders. (Sept 2023)</p> <p>Develop MOUs for divested activity. (Sept – Oct 2023)</p> <p>Assess internal requirements (e.g., resourcing). (Sept 2023)</p> <p>Execute MOUs with independent third parties that meet the requisite criteria. (Nov–Dec 2023)</p> <p>Begin transition of physician files to third parties in a phased approach based on stratification of risk. (Dec 2023)</p> <p>Transition CPSA team members to other roles as resource needs shift and opportunities become available in other areas of CPSA. (Jan–Mar 2024)</p>
List of Attachments:	

Submission to:	Council
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Meeting Date:	Submitted by:		
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September 7, 2023	Dawn Hartfield		
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Agenda Item Title:	Project Bluebird Update		
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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.
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AGENDA ITEM DETAILS			
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Recommendation (if applicable):	N/A		
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Background:	<p>The backlog of complaints was an area of concern for CPSA and Council, and in 2020, Council received a comprehensive overview of the complaints process and the issues contributing to delays in managing complaints.</p> <p>In March 2021, Project Bluebird was introduced to Council and a full overview of the project was shared at the September 2021 Council meeting. At that time Council approved the commitment of resources required to support this project.</p>		
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Next Steps:	The presentation at the September Council meeting will provide an update of the current state of the work and plans for transition from project mode to continuous quality improvement as part of routine work.		
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List of Attachments:			
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N/A			
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Submission to:	Council
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Meeting Date:	Submitted by:
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September 7, 2023	Dr. Michael Caffaro
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Agenda Item Title:	Sponsorship - update
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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.
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AGENDA ITEM DETAILS	
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Recommendation (if applicable):	N/A
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Background:	CPSA staff have outlined a process for sponsor application inclusive of sponsor obligations (financial, clinical oversight and otherwise). International Medical Graduates (IMG) physicians would follow current eligibility, registration, and Practice Readiness Assessment (PRA) process.
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Next Steps:	Council's approval of the 2024 budget will allow staff to finalize resources and open the new sponsor application process.
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List of Attachments:

1. Sponsorship process update

Attachment 1

Sponsorship process update – 2023 September CPSA Council Meeting

This process applies to initial applicants for sponsorship. The plan is to have an annual renewal of the approval that will include a review of performance as a sponsor as well as plans for further sponsorship. Cost for this renewal process is yet to be determined.

- Application outline:

Information for Sponsor

Sponsor's financial obligations outlined:

- Initial application fee (\$3500 plus GST on required at the time of application)
 - Covers initial Sponsor application review/approval
 - Covers review/approval of all proposed sponsored positions for approved term
 - 50% refunded if application refused
 - Assessment costs – approximately \$35000
 - Proof of insurance coverage – liability, workers compensation...
- Expectations of any sponsored positions
 - Practice discipline (year one limited to Family Medicine)
 - CPSA orientation requirements
 - University of Calgary - PRA orientation learning modules for IMG candidates
 - University of Calgary – live on line orientation workshop
 - Patient Relations learning module 1
 - Patient Relations learning module 2
 - "My College" information module
 - Orientation, Communication and Culture Competence modules (Medical Council of Canada) or reasonable alternative
 - New Registrants orientation module (future work)
 - Sponsor expectation to support applicant through educational, training, and mentorship to ensure applicants successful transition to practice
 - Integrated paneled patient care (HQCA panel and similar)
 - Not episodic care
 - Applicant will pursue AHS privileging appropriate to the community in which they have been sponsored
 - Reporting required to CPSA
 - Quarterly confirmation of chart review for first year from clinical lead
 - Performance evaluation confirmation

- Proposed physician compensation model (salary, FFS, ARP...)

Application information

- Type of sponsor (Individual, Corporation, Municipality, Clinic, etc.)
- Clinical oversight
 - Name of the CPSA regulated member assuming oversight responsibility
- Sponsor Business Case
 - Proposed number of sponsored positions
 - Position location, scope, discipline, and practice type
 - Demonstrated need for positions i.e. number of physicians accepting new patients within the service area, current panel sizes, unattached patient count
 - Proposed form of educational opportunities, community orientation and oversight
 - Request for additional positions after initial approval
 - Approved sponsor submits new application as an “approved sponsor” – only business case and clinical lead for additional positions required (no further application fee)

Application Approval Process

- Application Review
 - Sponsor approval decision to be determined by Registrar or delegate on recommendation of review committee
 - Review committee including the Registrar, Deputy Registrar and a minimum of Assistant Registrar
 - Rolling intake – sponsor applications reviewed as they are received at Assistant Registrar “rounds”
 - Appeal process – file to Council committee (TBD) for review
- Post approval
 - Sponsor contract signed
 - Sponsor posts positions (*Doctorjobsalberta.com* or similar)
 - Applicants requiring sponsorship follow existing eligibility review process
 - Sponsor submits applicant sponsorship form to CPSA as per existing AHS process (Successful physician applicants then follow existing registration and PRA process)
 - Update contract (addendum) for returning sponsor/change in position number

Submission to: **Council**

Meeting Date:	Submitted by:		
September 7, 2023	Levonne Louie and Daisy Fung, FAC Co-Chairs		
Agenda Item Title:	Finance & Audit Committee Report – 2024 Business Plan and Budget		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item . Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable):	<p>It is recommended that Council approve:</p> <ol style="list-style-type: none"> 1) The proposed 2024 Business Plan. 2) 2024 CPSA budget with a physician annual fee of \$2,200. 3) Program fee changes contained in Appendix C, Fee Changes for 2024. <ul style="list-style-type: none"> · Therapeutic Decision Making (TDM) exam admin fee · Practice readiness fees · Radiation equipment annual and registration fees · Individual Practice Review fees · Facility private annual & assessment fees 4) Honorarium rates for 2024. 		
Background:	<p>General Background</p> <ul style="list-style-type: none"> · Council approved its new Strategic Plan at the May 2022 meeting. CPSA leadership developed a 5-year Action Plan to support the new strategic plan. · The business plan for 2024 is the first year under the new strategic plan. 		

- Leadership is currently developing key performance indicators (KPI) for CPSA and will be presented as a separate discussion for Council in December.

Business Plan Background

The Business Plan incorporates the five strategic directions from the Strategic Plan:



CPSA leadership developed the business plan highlighting activity for 2024. The plan also highlights the budget implication for the actions planned for 2024 and management’s risk assessment of not carrying out the action/tactic.

From the internal risk assessment, management prioritized the activity to include in the business plan. The items listed on the business plan that have been identified as “strategically required” or “must have” have been incorporated into the draft budget for 2024. The draft budget for 2024 also includes some “nice to have” items.

The proposed 2024 Plan has undergone a thorough internal review, resulting in a focused set of 55 prioritized actions out of an initial pool of over 93 identified across the organization. Among these actions, 19 are continuing initiatives, while 36 represent new items.

Each of the 5 strategic directions has actions planned for 2024.

The 2024 plan places a strong emphasis on accomplishing many of these actions within the first three years. Some new staff resources will be required to deliver the results outlined for the 2024 business plan allowing the organization to meet the strategic objectives outlined by Council.

One appendix complements this document:

Appendix A - Business Plan 2024

The document lists the actions/tactics that are planned for 2024.

Recommendation #1

FAC has reviewed the draft 2024 Business Plan and recommends Council approve the plan.

Budget Background

In preparing the 2024 budget the following principles are of importance:

- Meeting the statutory purpose of the CPSA.
- Enacting the strategic directions of the Council strategic plan and the more specific actions/tactics flowing from it in the 2024 business plan; and supporting/completing previous Council-approved activities that could not be cancelled or deferred for 2024.
- Complying with the CPSA's policy of net assets.

The CPSA will continue to plan for an accumulated general surplus with a target of 60% of one year's operating expenses.

- Complying with CPSA's *Total Compensation Philosophy* to attract and retain skilled, qualified staff to carry out the business plan.

Draft 2024 budget

The full proposed 2024 budget is shown in Appendix B, CPSA Draft 2024 Budget spreadsheet but highlights are described below. The draft 2024 budget, with a physician annual fee of \$2,200 (no change from 2023) reflects a net income of \$1,619,000.

Physician Assistant annual fees are based on 25% of physician annual fees. No change to the formula is planned for 2024. For 2024, that equates to \$550.

	2024 Budget
Revenues	41,605,000
Expenses	39,799,000
Income from operations	1,806,000
Amortization & rental inducements	481,000
Sub-total	1,325,000
Other income = change in FV of investments	0
Accreditation programs, net <surplus>	<294,000>
Net Income	1,619,000

There are many assumptions behind the draft 2024 budget. Key assumptions are included in Appendix C, Fee Changes and Appendix D, Budget Process and Risks & Assumptions for 2024.

Included in the 2024 budget are the following CPSA honorarium rates and overnight expenses.

Honorarium rates:

Honorarium rates will increase for 2024 by 2.15%.

Rates per day	2018-2022	2023 *	2024 Budget *
Council member	\$960	\$140/ hour to a maximum of \$1,000/ day	\$143/ hour to a maximum of \$1,020/ day
Committee chair	\$960	\$140/ hour to a maximum of \$1,000/ day	\$143/ hour to a maximum of \$1,020/ day
Committee member	\$864	\$115/ hour to a maximum of \$900/ day	\$118/ hour to a maximum of \$920/ day
Note: Travel time applicable for committee members. CPP also applicable	Rates to match above based on distance traveled.		

*Daily maximum is reached after working 6 hours.

Expenses:

Mileage rates will increase for 2024.

Expenses	2021	2022 - 2023	2024 Budget
Mileage	\$0.55/km	\$0.59/km For first 5000 km, \$0.53/km subsequent	\$0.68/km * For first 5000 km, \$0.62/km subsequent
Overnight expenses (includes hotel, meals and reasonable incidentals)	\$300	\$310	\$310

*CRA limit \$.68/ km for the first 5,000 km driven, \$0.62/ km subsequent.

Five appendices complement this document relating to budget:

1. **Appendix B: CPSA Draft 2024 Budget spreadsheet** – itemizes revenues and expenses by program areas, including actual results for recent past years.
2. **Appendix C: Fee changes** – a list of the program fee changes incorporated into the draft budget.
3. **Appendix D: Budget Process and Risks & Assumptions for 2024** – a summary document highlighting the process followed to develop the 2024 budget, the assumptions and highlights behind the budget, and potential uncertainties that could affect our financial results.
4. **Appendix E: Financial Charts** – graphs summarizing the financial activity for the CPSA
 - a) Financial results 2010 – 2023 plus draft 2024 budget
 - b) Breakdown of Expenses
5. **Appendix F: New Priority Costs 2024** – a summary of the new costs included in the 2024 business plan.

FAC has reviewed the process used by management to develop the 2024 business plan and budget, and the assumptions incorporated into the budget details. FAC supports the budget, the fees, and honorarium recommendations included in the draft 2024 budget.

Recommendation #2

FAC recommends Council approve the 2024 CPSA budget with a physician annual fee of \$2,200.

Recommendation #3

FAC recommends Council approves Program fee changes contained in Appendix C: Fee Changes for 2024.

- Therapeutic Decision Making (TDM) exam admin fee
- Practice readiness fees
- Radiation equipment annual and registration fees
- Individual Practice Review fees
- Facility private annual & assessment fees

Recommendation #4

FAC recommends Council approved Honorarium rates for 2024.

Next Steps:

- 1) Business plan
CPSA will report to Council quarterly in 2024 on the progress towards the targets identified for the key performance indicators.
- 2) Budget
 - a. The physician Renewal Information Return (RIF) for 2024 to be prepared.
 - b. Communication of fees to the applicable audiences.

List of Attachments:

- Appendix A - [Business Plan 2024](#)
- Appendix B - [CPSA Draft 2024 Budget](#)
- Appendix C - [Fee Changes 2024](#)
- Appendix D - [Budget Process and Risks & Assumptions for 2024](#)
- Appendix E - [Financial Charts](#)
- Appendix F - [New Priority Costs 2024](#)

CPSA 2022-2026 Strategic Plan

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 make informed decisions.
- We empower people.
- We collaborate.
- We are innovators.
- We enjoy and find meaning in our work.



HOW WE GOT HERE & WHAT'S NEXT



CPSA Business Plan | 2024

GENERAL SUPPORT

General Support										
ID #	Action	Lead	Impact on Objective	New or Continuing	Budget 2024*	Risk				Priority Level
						Category	Likelihood	Impact	Risk Level	
BP-86	Hire additional staff for Accreditation Dept to support private & public facility assessments and program support. (Two CLXT). Staffing costs are offset by program revenue.	Accreditation		New	-	Operational/ Strategic	3 - Medium	3 - Medium	9 - Medium	Strategic required
BP-87	Hire net 0.3 FTE permanent role within Operations to support the growing payroll needs. Net increase in FTE for the operations team to address increase in workload in the payroll team and reduced need in the admin team. Changing 1.0 FTE admin to a 0.5 FTE admin (JB3) and 0.8 FTE in payroll (JB4). Net increase 0.3 FTE.	Operations		New	30,539	Operational/ Strategic	4 - High	5 - Very High	20 - Very High	Strategic required
BP-88	Research and implement accounting software. CPSA currently uses Great Plains (GP) accounting software (version 2018) which was installed Dec 2021. Every 3 - 4 years, the accounting software is reviewed to assess if CPSA upgrades to the new version of GP or considers alternative accounting software. GP changes will be driven when Microsoft no longer supports the 2018 version of software. The software is currently meeting our needs. 2024: Evaluate accounting needs 2024 / 2025: Review accounting software and identify options for evaluation. 2025: Implement chosen software.	Operations		Continuing	-	Operational/ Strategic	2 - Low	3 - Medium	6 - Medium	Strategic required
BP-89	Comprehensive review and re-write of CPSA Bylaws.	Office of the Registrar		New	50,000	Legal	3 - Medium	4 - High	12 - High	Must have
BP-90	Develop Council member and Committee member recruitment processes using the CPSA's competency matrix and use the recruitment process to populate Council (and committees). (note: this is pending a Council decision).	Office of the Registrar		New	15,000	Operational/ Strategic	4 - High	4 - High	16 - High	Must have
BP-93	To support the Professional Conduct team through 2024 for QI (continue the work from 2021-2023).	Professional Conduct		Continuing	24,000	Operational/ Strategic	2 - Low	3 - Medium	6 - Medium	Nice to have

*New net funding

CPSA Business Plan | 2024

Highest Quality, Compassionate & Ethical Care

ID #	Action	Lead	Impact on Objective	New or Continuing	Budget 2024*	Risk				Priority Level
						Category	Likelihood	Impact	Risk Level	
Objective: Increase the quality and safety of care provided by Alberta regulated members during the continuum of their career.										
BP-01	Establish a mandatory CPSA orientation for new registrants - focusing on practice in AB, including culture, resources, standards of practice...	Registration	High	New	10,000	Legal	3 - Medium	2 - Low	6 - Medium	Nice to have
BP-02	Provide a phone line for physicians to proactively contact CPSA, without fear of disciplinary action, to ask questions related to SOP, ATP and their practice.	CX	High	Continuing	-	Reputation	2 - Low	4 - High	8 - Medium	Nice to have
Objective: Increase efforts to proactively identify high-risk regulated members to help their development.										
BP-19	Establish a data sharing process with Alberta Health on patient outcomes to incorporate into our risk models, help inform our Continuing Competence Programs and potentially other departmental objectives (New Data Analyst 1.0 FTE)	AIR	High	New	121,566	Reputation	4 - High	4 - High	16 - High	Strategic required
BP-20	Establish/acquire data sets that can be queried to allow analysis Hire TPP data entry	IM	High	Continuing	-	Reputation	1 - Very Low	2 - Low	2 - Low	Nice to have
BP-91	Need additional TPP Data Entry Clerk to keep up with manual entry of prescriptions for TPP program, including office supply, compounds, and veterinarians.	AIR	Low	Continuing	-	Reputation	3 - Medium	3 - Medium	9 - Medium	Strategic required
Objective: Increase the number of regulated members who use clinical-appropriateness guidelines.										
BP-21	Promote clinical practice guidelines through PPIP and continue to embed these guidelines in competence assessments	Continuing Competence	High	New	-	Operational/Strategic	2 - Low	3 - Medium	6 - Medium	Nice to have
Objective: Enhance competencies for regulated members in their non-medical expert roles.										
BP-24	Assess the value of MCC360 in assessing roles of communicator, collaborator and professional	AIR	Low	New	-	Reputation	3 - Medium	3 - Medium	9 - Medium	Nice to have
Objective: Support regulated members and their professions to learn from the complaints process and as a result, improve the care provided in the future.										
BP-28	Continue to help with reporting tool for complaint trends	IM	High	Continuing	-	Reputation	1 - Very Low	3 - Medium	3 - Low	Nice to have
BP-29	Establish new communication methods for common complaints (outside of the hearing decision process)	Communications	High	New	-	Reputation	3 - Medium	2 - Low	6 - Medium	Nice to have
BP-30	1. Establish statistical information tracking and systems to provide information on the complaints process and use statistical analysis in order to see patterns in learning and improvements and use the data to continue to improve the complaints process. 2. Share learnings with regulated members through Messenger articles and annual report.	Professional Conduct	High	Continuing	-	Reputation	3 - Medium	3 - Medium	9 - Medium	Nice to have
Objective: Improve the responsiveness of the registration and assessment process, to meet the changing health care needs of Albertans.										
BP-06	Refine and update specialist assessment processes	Registration	High	New	-	Reputation	4 - High	4 - High	16 - High	Strategic required
BP-08	Move current long term contract for Assessment Coordinator to full time permanent position.	Registration	High	New	13,404	Reputation	5 - Very High	5 - Very High	25 - Very High	Must have
BP-09	Expanding the sponsorship model so AHS is no longer the sole sponsor for provisional register. Depending on what the model looks like that is approved by Council, there will be resourcing requirements. The costs below are for development, then manpower requirements on top of that are not indicated, and will depend on model approved. (new staff 0.5 SMA, 1.0 Admin staff, 1.0 Assessment coordinator)	Registration	High	New	-	Reputation	5 - Very High	5 - Very High	25 - Very High	Strategic required
Objective: Improve engagement with patients and families, incorporating their input into CPSA policies and processes.										
BP-16	Increase opportunities for engagement with Albertans (conversations site, omnibus surveys, research, etc.) that provides CPSA with insight into the patient perspective and informs CPSA decision making related to our policies and Standards of Practice.	Communications	High	Continuing	10,000	Reputation	3 - Medium	3 - Medium	9 - Medium	Strategic required

*New net funding

Enhanced Partnerships

ID #	Action	Lead	Impact on Objective	New or Continuing	Budget 2024*	Risk				Priority Level
						Category	Likelihood	Impact	Risk Level	
Objective: Strengthen partnerships with provincial, national and international regulatory organizations to improve the consistency and quality of regulatory standards at all levels.										
BP-32	Formalized ad hoc student program.	AIR	Low	New	53,908	Operational/Strategic	2 - Low	2 - Low	4 - Low	Nice to have
BP-33	Actively seek out and participate in key boards/committees, such as the Community Physicians Communications Working Group and Non-AHS Community Physician Advisory Group, fostering knowledge sharing (e.g. best practices for patient safety) in a way that improves regulatory practices across the province and country.	Communications	High	Continuing	-	Operational/Strategic	2 - Low	3 - Medium	6 - Medium	Nice to have
BP-34	Continue to lead, influence and collaborate with health partners	Continuing Competence	High	Continuing	100,000	Operational/Strategic	2 - Low	4 - High	8 - Medium	Nice to have
BP-35	Continue to actively engage in partnerships at international, national and provincial levels to enhance and improve the complaints process.	Professional Conduct	Medium	Continuing	-	Operational/Strategic	3 - Medium	3 - Medium	9 - Medium	Nice to have
BP-38	Research into "right-touch regulation" with a lens on Alberta specific results to enhance CPSA work, as well as overall regulation work (health sector or otherwise) to drive system change.	Office of the Registrar	High	New	-	Operational/Strategic	2 - Low	3 - Medium	6 - Medium	Nice to have
BP-39	Explore options for research with Alberta specific results to enhance CPSA work, as well as overall regulation work (health sector or otherwise)	AIR	High	Continuing	-	Operational/Strategic	2 - Low	3 - Medium	6 - Medium	Nice to have
Objective: Strengthen partnerships with our provincial, national and international health system organization partners, to expand research efforts and improve health system performance and patient outcomes.										
BP-92	Support Choosing Wisely Alberta Steering Committee Funding	Continuing Competence	High	Continuing	50,000	Operational/Strategic	3 - Medium	4 - High	12 - High	Strategic required
Objective: Enhance CPSA's consultative framework to authentically engage with regulated members, government, healthcare partners and Albertans on such things as standards of practice, policy development and advice documents (to the profession and Albertans).										
BP-41	Refine the SOP consultation process to include options to have more targeted engagement from relevant audiences for SOP development.	Governance & Policy	High	New	-	Operational/Strategic	2 - Low	3 - Medium	6 - Medium	Nice to have
BP-42	Focus on outreach with rural Alberta groups/partners to share info on PRA process, support PRA assessor recruitment and showcase how we're playing our part in physician workforce	Communications	Peripheral	Continuing	-	Reputation	3 - Medium	3 - Medium	9 - Medium	Nice to have
Objective: Achieve and maintain a non-partisan, professional relationship with government to influence health policy and improve health outcomes.										
BP-45	Enhancing CPSA Team's capacity to be aware of and respond to government policies and priorities that impact medical regulation in Alberta and nationally, and our ability to be a resource and support to government and the ministry when they are looking to make sound policy decisions affecting medical practice.	Office of the Registrar	High	New	4,800	Operational/Strategic	2 - Low	5 - Very High	10 - Medium	Strategic required
Objective: Strengthen partnerships to proactively recognize and support the health and wellness of regulated members as a core component of providing safe, high-quality health care.										
BP-46	Assess opportunities to collaborate with partners on initiatives within our mandate (note: this was in reference to the anti discrimination and anti racism projects identified through ARADAAC and the Circle).	Office of the Registrar	High	Continuing	-	Operational/Strategic	2 - Low	3 - Medium	6 - Medium	Nice to have

*New net funding

Proactive & Innovative Approach										
ID #	Action	Lead	Impact on Objective	New or Continuing	Budget 2024*	Risk				Priority Level
						Category	Likelihood	Impact	Risk Level	
Objective: Build on CPSA's reputation as a creative, proactive and innovative organization by developing, sharing and promoting innovative approaches to self-regulation involving CPSA partners, Albertans and regulated members.										
BP-48	Hire Communication Advisor role.	Communications	High	New	121,566	Operational/Strategic	5 - Very High	4 - High	20 - Very High	Strategic required
BP-50	Continue the initiative already underway to improve the internal and external customer service experience at CPSA through the CX Hub.	CX	High	Continuing	17,000	Reputation	2 - Low	4 - High	8 - Medium	Nice to have
BP-51	Redesign PHMP to adhere to Bill 46, outsource remediation and support to partners such as AMA and/or contractors.	Continuing Competence	High	New	-	Operational/Strategic	3 - Medium	5 - Very High	15 - High	Must have
BP-52	Team Culture initiatives aimed at making positive changes to support team members. Work will be supported and in some instances led by the culture crew. Annual team engagement survey or pulse check survey to evaluate ongoing engagement results.	People & Culture	High	Continuing	37,000	Operational/Strategic	4 - High	4 - High	16 - High	Strategic required
BP-53	Collaborate across CPSA teams to build and maintain an integrated social media approach that enhances our marketing/awareness/ engagement efforts using current and future relevant social media channels/tools.	Communications	Peripheral	Continuing	-	Reputation	3 - Medium	3 - Medium	9 - Medium	Nice to have
BP-55	Use of Machine Learning & Artificial intelligence to identify at risk patients. Expand to other departments like Registration, Professional Conduct and PHM as new learnings lend themselves to application for other CPSA work.	AIR	High	New	25,000	Reputation	3 - Medium	3 - Medium	9 - Medium	Strategic required
BP-56	Hire an additional CX Specialist to support inquiries in the CX Hub. Includes Zendesk software \$1800 each year	CX	Low	New	81,140	Operational/Strategic	2 - Low	4 - High	8 - Medium	Nice to have
BP-57	Hiring a new staff person for OTR to support Sue and Keely	Office of the Registrar	High	New	91,607	Operational/Strategic	3 - Medium	3 - Medium	9 - Medium	Nice to have
BP-58	Sourcing, implementation and maintenance of a new HCM (human capital management) system.	People & Culture	Peripheral	New	124,500	Operational/Strategic	3 - Medium	3 - Medium	9 - Medium	Nice to have
Objective: Use research and knowledge translation to enhance CPSA's regulatory work.										
BP-60	Collaborate with Researchers to evaluate what data may predict complaints later in practice e.g. MCC, family practice residency data	AIR	Low	New	-	Operational/Strategic	2 - Low	3 - Medium	6 - Medium	Nice to have
BP-62	Re-evaluate CPSA's media analytics/reporting to understand what's important to report on and how to more accurately reflect public sentiment (both through traditional and social media).	Communications	Peripheral	New	-	Reputation	3 - Medium	3 - Medium	9 - Medium	Nice to have
Objective: Support new approaches to medicine and health system improvement, including embracing learning opportunities that come from unsuccessful initiatives.										
BP-61	Promote standards-based virtual care policy, workflow, and technology alignment across the health sector that promotes quality patient care. Help create the conditions needed to achieve quality-based virtual care service by promoting the alignment of patient-centric virtual care governance, policy, governance, and workflow in Alberta	AIR	Medium	New	-	Operational/Strategic	2 - Low	4 - High	8 - Medium	Strategic required

*New net funding

Anti-Racism & Anti-Discrimination										
ID #	Action	Lead	Impact on Objective	New or Continuing	Budget 2024*	Risk				Priority Level
						Category	Likelihood	Impact	Risk Level	
Objective: CPSA will become an anti-racism and anti-discriminatory organization, in part by developing specific initiatives to address these issues.										
BP-66	Add questions to the annual RIF regarding ethnicity, race, gender self-identification	AIR	High	New	-	Operational/Strategic	2 - Low	3 - Medium	6 - Medium	Strategic required
BP-67	Develop new standards and revise the assessment of compliance (AOC) questions to require cultural sensitivity, awareness and competency in all accredited facilities.	Accreditation	High	New	-	Reputation	2 - Low	3 - Medium	6 - Medium	Strategic required
BP-68	1. Design methods to improve access to filing a complaint and communication during the complaints process for those who cannot access the portal or have other logistical, physical, mental or visible minority challenges. 2. Provide additional supportive training to department staff specific to complaint intake/investigations and managing bias within the complaints process.	Professional Conduct	High	Continuing	-	Reputation	3 - Medium	3 - Medium	9 - Medium	Strategic required
Objective: CPSA will integrate equity, diversity, and inclusion principles in all we do, and develop specific initiatives and actions that address our equity, diversity and inclusion opportunities.										
BP-71	Create tools for regulated members to address racism and discrimination in their practice. (cross reference B6.2 which speaks to developing tools with partners).	Governance & Policy	High	New	-	Reputation	2 - Low	4 - High	8 - Medium	Nice to have
BP-72	Utilize our engagement channels to listen to the experiences of equity deserving communities and share with regulated members utilizing a learning approach.	Communications	High	New	-	Reputation	3 - Medium	3 - Medium	9 - Medium	Nice to have
BP-73	Six lunch and learn series are hosted over the course of a year for CPSA Team members to increase their awareness and knowledge. These sessions are focused on themes and topics related to anti-discrimination and/or EDI.	Office of the Registrar	High	New	10,800	Reputation	4 - High	4 - High	16 - High	Strategic required

*New net funding

Authentic Indigenous Connections										
ID #	Action	Lead	Impact on Objective	New or Continuing	Budget 2024*	Risk				Priority Level
						Category	Likelihood	Impact	Risk Level	
Objective: Authentically engage with and listen to Indigenous Peoples, incorporating their wisdom into our work and processes.										
BP-76	Engage Indigenous Communities and representatives to participate in the Circle and other feedback mechanisms to guide CPSA's work.	Office of the Registrar	High	New	5,000	Operational/Strategic	4 - High	4 - High	16 - High	Strategic required
BP-77	Incorporate questions on MCC 360 tools providing regulated members opportunity to reflect on these topics in their practice.	Continuing Competence	High	New	-	Reputation	1 - Very Low	3 - Medium	3 - Low	Nice to have
Objective: Acknowledge the historical health inequities that have and are experienced by Indigenous Peoples, and use our legislated mandate to reduce these inequities, improving the quality of care provided by our regulated members.										
BP-80	Implement MOU with Siksika Nation and assess outcomes and options for other Alberta Nations	Office of the Registrar	High	New	12,000	Reputation	3 - Medium	3 - Medium	9 - Medium	Nice to have
BP-82	Provide competence program support/direct to resources to regulated members who provide healthcare to Indigenous peoples or have a large Indigenous patient panels.	Continuing Competence	High	New	-	Reputation	4 - High	5 - Very High	20 - Very High	Strategic required
BP-83	Originally conceived as a broader comprehensive resource of CPSA's history, it is recommended that the project focus on the history of Indigenous peoples' in Alberta's health system. Deliverables could be: 1. a public apology for wrongs done unto Indigenous peoples and Communities within Alberta's health system 2. a history resource that documents systemic Indigenous-specific racism and discrimination in care provided by physicians in Alberta **cross reference with initiative of engaging with Indigenous communities Intended to be done in a cost/effort sharing partnership with other organizations, which may include AMA, indigenous-serving groups, or others. Est. costs reflect assumption of cost sharing.	Office of the Registrar	High	New	20,000	Reputation	3 - Medium	3 - Medium	9 - Medium	Strategic required

*New net funding



College of Physicians & Surgeons of Alberta
Income Statement
Financial Budget
2024 Budget

	2021	2022				
	ACT	ACT	2023 BUDGET	2023 Q2 Forecast	2024 BUDGET	
Revenues						
Physician Annual Fees	(26,319,114.39)	(22,515,008.74)	(27,614,800.00)	(28,004,812.50)	(28,336,000.00)	
Physician Registration	(721,200.00)	(885,000.00)	(837,000.00)	(985,000.00)	(947,400.00)	
Professional Corporation Fees	(1,876,100.00)	(1,908,900.00)	(1,841,400.00)	(1,942,500.00)	(1,949,300.00)	
Continuing Competence Fees	(272,946.32)	(423,531.18)	(550,000.00)	(437,999.32)	(895,000.00)	
Analytics, Innovation & Research	(1,850.00)	0.00	0.00	0.00	0.00	
Practice Readiness Fees	(2,444,662.02)	(3,375,293.90)	(2,534,570.00)	(4,057,586.96)	(5,781,997.00)	
Grant Funding	(721,929.39)	(768,148.98)	(991,955.00)	(968,129.36)	(1,047,195.00)	
Recovery of Investigation & Hearing Expenditures	(308,434.69)	(841,784.76)	(360,000.00)	(1,782.21)	(250,000.00)	
Physician Health Monitoring Fees	(92,075.24)	(79,236.11)	(158,148.00)	(123,909.50)	(8,289.00)	
Physician Assistant Fees	0.00	(27,862.50)	(21,800.00)	(25,950.00)	(26,700.00)	
Miscellaneous	(590,328.55)	(898,905.03)	(740,900.00)	(1,057,272.76)	(918,652.00)	
Sponsor Application Fee	0.00	0.00	0.00	0.00	(35,000.00)	
Investment Income	(799,705.74)	(1,466,201.84)	(692,000.00)	(2,040,405.40)	(1,410,000.00)	
Total Revenue	(34,148,346.34)	(33,189,873.04)	(36,342,573.00)	(39,645,348.01)	(41,605,533.00)	
Expenditures						
	Schedule					
CPSA Activities	A	18,715,602.62	21,542,274.91	23,312,756.00	25,749,084.90	25,401,905.00
Administration		3,471,505.47	3,503,796.59	4,433,841.00	4,120,644.39	4,257,273.00
Salaries - vacancy		0.00	0.00	(365,000.00)	0.00	0.00
People & Culture		596,200.27	945,642.51	930,798.00	1,312,216.18	1,507,227.00
Information Management & I		3,162,000.89	3,135,667.53	3,374,758.00	3,818,173.30	3,509,804.00
Governance		1,089,665.96	1,213,637.49	1,538,611.00	1,345,181.90	1,396,067.00
Office of the Registrar		1,448,990.08	1,743,622.13	1,833,504.00	1,790,342.14	2,417,329.00
Communications		1,064,571.26	996,416.46	1,213,512.00	1,136,918.06	1,309,257.00
Total Expenditures		29,548,536.55	33,081,057.62	36,272,780.00	39,272,560.88	39,798,862.00
Income From Operations		(4,599,809.79)	(108,815.42)	(69,793.00)	(372,787.13)	(1,806,671.00)
Development Costs						
Assessment Program Advisory Committee (APAC)		8,868.62	2,970.47	48,060.00	0.00	0.00
Competency Enhancement Development Cost		200,000.00	205,000.00	65,000.00	65,000.00	0.00
DOC Development		25,170.37	0.00	0.00	0.00	0.00
Subtotal Development Costs		234,038.99	207,970.47	113,060.00	65,000.00	0.00
Sub-total after development costs		(4,365,770.80)	99,155.05	43,267.00	(307,787.13)	(1,806,671.00)
Amortization & Rental Inducements		554,207.26	553,479.06	540,284.00	544,284.08	481,284.00
Sub-total		(3,811,563.54)	652,634.11	583,551.00	236,496.95	(1,325,387.00)
Fair value changes in investments		(2,333,267.51)	3,493,650.10	0.00	(1,382,699.77)	0.00
Investment Income Building Fund		(1,126,350.78)	0.00	0.00	0.00	0.00
Accreditation Programs						
Revenues		(3,454,318.49)	(3,444,399.10)	(3,840,323.00)	(4,153,237.82)	(3,713,613.00)
Expenses		2,944,602.42	3,273,288.43	3,587,057.00	3,743,692.68	3,419,891.00
Net Accreditation Program		(509,716.07)	(171,110.67)	(253,266.00)	(409,545.14)	(293,722.00)
<NET INCOME> LOSS		(7,780,897.90)	3,975,173.54	330,285.00	(1,555,747.96)	(1,619,109.00)

College of Physicians & Surgeons of Alberta
 CPSA Activities
 Financial Budget
 2024 Budget

Schedule A

	2021	2022			
	ACT	ACT	2023 BUDGET	2023 Q2 Forecast	2024 BUDGET
CPSA Activities					
Expenditures					
Register Physicians					
Registration	2,505,463.17	2,516,671.39	2,825,181.00	2,800,413.51	2,902,352.00
Practice Readiness	2,250,233.36	3,249,626.22	2,693,078.00	4,004,826.27	5,386,757.00
	4,755,696.53	5,766,297.61	5,518,259.00	6,805,239.78	8,289,109.00
Investigate Complaints					
Professional Conduct	4,047,783.85	5,080,500.19	5,690,505.00	7,305,304.37	6,267,199.00
Hearings Director Office	1,023,435.65	1,031,350.73	902,932.00	1,039,440.14	988,962.00
	5,071,219.50	6,111,850.92	6,593,437.00	8,344,744.51	7,256,161.00
Provide Clinical Review					
Continuing Competence	3,868,394.34	4,126,071.45	4,826,046.00	4,489,577.28	4,882,068.00
Analytics, Innovation & Research	2,235,758.93	2,439,451.86	2,866,413.00	2,813,541.72	2,977,644.00
TPP Alberta	890,055.86	938,924.29	1,068,975.00	1,007,659.53	1,144,025.00
	6,994,209.13	7,504,447.60	8,761,434.00	8,310,778.53	9,003,737.00
Monitor Physicians					
Physician Health Monitoring	1,628,949.08	1,802,703.71	2,071,760.00	1,870,891.71	380,401.00
Practice Conditions Monitoring	265,528.38	356,975.07	367,866.00	417,430.37	472,497.00
	1,894,477.46	2,159,678.78	2,439,626.00	2,288,322.08	852,898.00
Total Expenditures excluding Accreditation	18,715,602.62	21,542,274.91	23,312,756.00	25,749,084.90	25,401,905.00

College of Physicians & Surgeons of Alberta
Expenses by Nature

202212								
	ACT	FORECAST 2023 Q2		2024 BUDGET		Change over prior year		
	Total			Total		\$	%	
Expenses		% of total expenses		% of total expenses		% of total expenses		
Salaries and Benefits		% salaries		% salaries		% salaries		
Salaries	17,291,025.59		19,249,098.66		20,229,977.00		980,878.34	5%
Benefits	1,968,720.71	11%	2,745,685.53	14%	2,881,442.00	14%	135,756.47	5%
Pension	2,007,085.36	12%	2,722,488.20	14%	3,001,558.00	15%	279,069.80	10%
Professional Development	380,913.57	2%	345,211.69	2%	413,724.00	2%	68,512.31	20%
Salaries and Benefits	21,647,745.23	58%	25,062,484.08	57%	26,526,701.00	61%	1,464,216.92	6%
% Salaries and Benefits as Total Expenses	58.32%		57.45%		60.70%			
Bank and Interest Charges	716,120.13	2%	665,353.59	2%	711,000.00	2%	45,646.41	7%
Travel, Meals, Accommodations	524,287.76	1%	770,767.48	2%	500,218.00	1%	(270,549.48)	-35%
Consulting	7,042,766.09	19%	8,986,854.08	21%	8,402,263.00	19%	(584,591.08)	(2.19)
Honorariums	785,882.16	2%	829,189.08	2%	913,925.00	2%	84,735.92	10%
Amortization	553,479.06	1%	544,284.08	1%	481,284.00	1%	(63,000.08)	-12%
Grants and Scholarships	186,122.99	1%	176,119.00	0%	228,992.00	1%	52,873.00	30%
Legal	1,227,594.71	3%	1,511,836.36	3%	929,000.00	2%	(582,836.36)	-39%
Programs Activity	1,106,152.64	3%	1,389,862.19	3%	1,355,543.00	3%	(34,319.19)	-2%
Printing, Supplies and Telephone	707,704.81	2%	879,885.07	2%	722,378.00	2%	(157,507.07)	-18%
Other	889,583.14	2%	986,309.56	2%	1,020,264.00	2%	33,954.44	3%
Office Facilities	1,728,356.86	5%	1,822,593.06	4%	1,908,469.00	4%	85,875.94	5%
Total Expenses	37,115,795.58	100%	43,625,537.64	100%	43,700,037.00	100%	74,499.37	0%

**2024 Budget
Fee Changes**

Department	Group	2023	2024
Registration			
	TDM Exam Admin Fee	\$2405 + GST	\$2,405 + GST (Jan - Mar) \$2,640 + GST (Apr - Dec)
	TDM Exam Recheck Fee	\$256 + GST (Jan-Mar) \$270 + GST (Apr-Dec)	N/A
	Practice Readiness		
	SPA only admin fee	\$5,650 + GST	\$5,650 + GST
	PRA admin fee	\$7,885 + GST (Jan 2023-Mar 2024)	\$7,885 + GST (Jan - Mar 2024)
			\$7,955 + GST (Apr 2024 - Dec 2024)
	PCA per week	\$2,000/ week	\$2,000/ week
	SPA per hour	\$200/ hour	\$200/ hour
Accreditation			
Radiation	Equipment	Registration fee per piece of laser or x-ray equipment	\$51.50 + GST
			\$53.00 + GST
		Annual renewal fee per piece of laser or x-ray equipment	\$51.50 + GST
			\$53.00 + GST
Continuing Competence			
	IPR - fees	R1 - \$5,000 + GST R2 - \$10,000 + GST	\$15,000 + GST
	Accelerated IMG Program Fee	n/a	\$20,000 + GST

**Accreditation
Facility Private Annual Fees ***

Group		2023 Fee	2024 Fee	Var. (\$)	Var. (%)
CEST		1,302.00	1,393.00	91.00	6.99%
Imaging	1 Modality	805.00	861.00	56.00	6.96%
	2 Modalities	1,609.00	1,722.00	113.00	7.02%
	3 or more Modalities	4,827.00	5,165.00	338.00	7.00%
	Mobile Imaging Services	108.00	116.00	8.00	7.41%
Hemodialysis		-	-	-	
HBOT		1,296.00	1,387.00	91.00	7.02%
Lab	High	5,529.00	5,916.00	387.00	6.54%
	Moderate	2,901.00	3,104.00	203.00	6.54%
	Basic	1,613.00	1,726.00	113.00	7.01%
	Specialized	2,821.00	3,018.00	197.00	6.98%
Neuro	1 Discipline	2,017.00	2,158.00	141.00	6.99%
	2 Disciplines	3,694.00	3,953.00	259.00	7.01%
	3 Disciplines	5,541.00	5,929.00	388.00	7.00%
	Mobile	536.00	574.00	38.00	7.09%
NHSF	Dental/Anesthesia	3,671.00	3,928.00	257.00	7.00%
	Surgical/Day Stay - Local	4,818.00	5,155.00	337.00	6.99%
	Surgical/Day Stay - GA/IV	8,259.00	8,837.00	578.00	7.00%
	Surgical - Extended Stay	25,237.00	27,004.00	1,767.00	7.00%
Pulmonary	Level II	1,421.00	1,520.00	99.00	6.97%
	Level III	2,842.00	3,041.00	199.00	7.00%
	Level IV	4,263.00	4,561.00	298.00	6.99%
Sleep	Level 1	1,848.00	1,977.00	129.00	6.98%
	Level 2	1,368.00	1,464.00	96.00	7.02%
	Level 3	1,368.00	1,464.00	96.00	7.02%
	Level 1 & 2	2,310.00	2,472.00	162.00	7.01%
	Level 1 & 3	2,310.00	2,472.00	162.00	7.01%
	Level 2 & 3	2,310.00	2,472.00	162.00	7.01%
	Level 1, 2, & 3	2,772.00	2,966.00	194.00	7.00%
Vestibular Testing		1,775.00	1,899.00	124.00	6.99%

*Billing cycle April 1 - March 31

**Accreditation
Facility Private Assessment Fees ***

Group		2023 Fee	2024 Fee	Var. (\$)	Var. (%)
CEST		2,040.00	2,183.00	143.00	7.01%
Imaging	1 Modality	2,678.00	2,865.00	187.00	6.98%
	2 Modalities	3,078.00	3,293.00	215.00	6.99%
	3 Modalities	3,478.00	3,721.00	243.00	6.99%
	4 Modalities	3,878.00	4,149.00	271.00	6.99%
	5 Modalities	4,278.00	4,577.00	299.00	6.99%
	6 Modalities	4,678.00	5,005.00	327.00	6.99%
	7 Modalities	5,078.00	5,433.00	355.00	6.99%
	8 Modalities	5,478.00	5,861.00	383.00	6.99%
	9 Modalities	5,878.00	6,289.00	411.00	6.99%
	10 Modalities	6,278.00	6,717.00	439.00	6.99%
	11 Modalities	6,678.00	7,145.00	467.00	6.99%
HBOT		2,415.00	2,584.00	169.00	7.00%
Lab	High	6,306.00	6,747.00	441.00	6.54%
	Moderate	3,256.00	3,484.00	228.00	6.54%
	Basic	1,829.00	1,957.00	128.00	7.00%
	Specialized	2,926.00	3,131.00	205.00	7.01%
Neuro	1 Discipline	2,656.00	2,842.00	186.00	7.00%
	2 Disciplines	3,452.00	3,694.00	242.00	7.01%
	3 Disciplines	3,983.00	4,262.00	279.00	7.00%
	Mobile	105.00	112.00	7.00	6.67%
NHSF	Dental/Anesthesia	2,819.00	3,016.00	197.00	6.99%
	Surgical/Day Stay - Local	3,960.00	4,237.00	277.00	6.99%
	Surgical/Day Stay - GA/IV	4,950.00	5,297.00	347.00	7.01%
	Surgical - Extended Stay	11,190.00	11,973.00	783.00	7.00%
Psychedelic Assisted Psychotherapy (PAPT)		2,116.00	2,264.00	148.00	6.99%
Pulmonary	Level II	1,810.00	1,937.00	127.00	7.02%
	Level III	2,534.00	2,711.00	177.00	6.99%
	Level IV	2,534.00	2,711.00	177.00	6.99%
Sleep	Level 1	2,755.00	2,948.00	193.00	7.01%
	Level 2	2,002.00	2,142.00	140.00	6.99%
	Level 3	2,002.00	2,142.00	140.00	6.99%
	Level 1 & 2	3,444.00	3,685.00	241.00	7.00%
	Level 1 & 3	3,444.00	3,685.00	241.00	7.00%
	Level 2 & 3	26,980.00	28,869.00	1,889.00	7.00%
	Level 1, 2, & 3	4,133.00	4,422.00	289.00	6.99%
Vestibular Testing		2,250.00	2,408.00	158.00	7.02%

*Billing cycle April 1 - March 31

Budget Process and Risks & Assumptions for 2024

CPSA leadership has prepared the 2024 budget within the following framework:

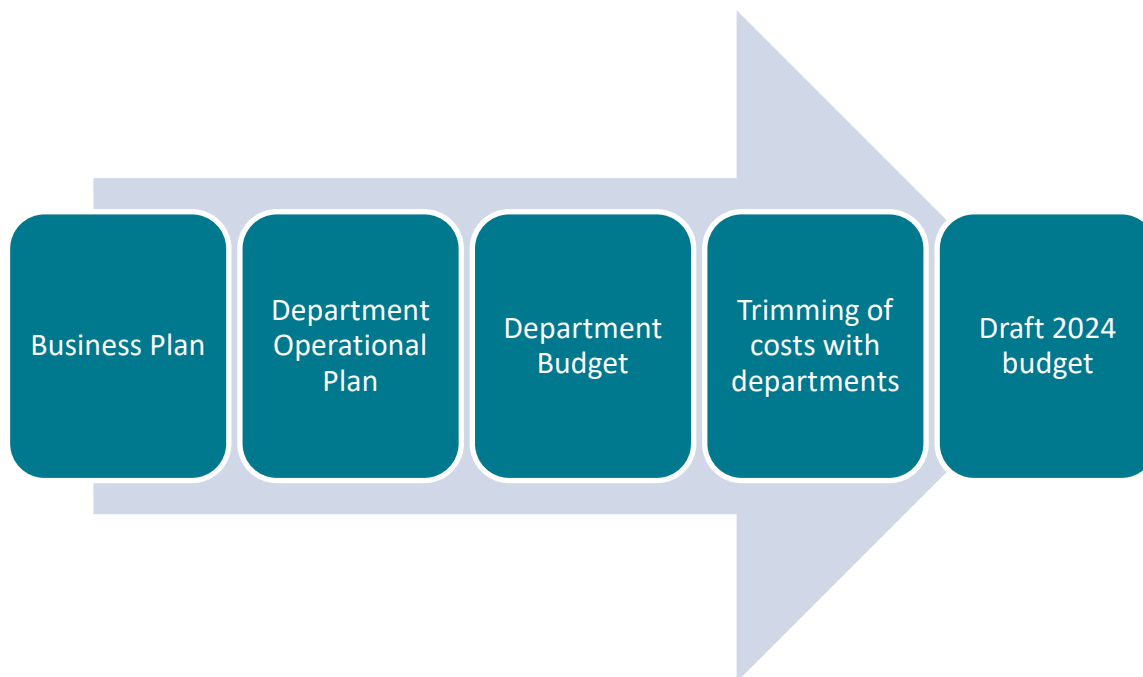
- Meeting the statutory purpose of the CPSA.
- Enacting the strategic directions of the Council strategic plan and the more specific actions/tactics flowing from it in the 2024 business plan; and supporting/completing previous Council-approved activities that could not be cancelled or deferred for 2024.
- Complying with the CPSA’s policy of net assets.

The CPSA will continue to plan for an accumulated general surplus with a target of 60% of one year’s operating expenses.

- Complying with CPSA’s *Total Compensation Philosophy* to attract and retain skilled, qualified staff to carry out the business plan.

Budget Process

CPSA Leadership has assembled the draft 2024 budget using the following approach.



Business Plan

The leadership team developed the draft Business Plan based on the 5 strategic objectives. New program costs were identified and initiative summaries were prepared for each action. The initiative summary outlined the strategic direction alignment, outcomes expected, measures, risks of not completing the initiative, resources required (both dollars and staffing), and the method of measuring progress.

The CPSA directors and chiefs considered the impact to their department staffing and also considered support departments workloads to assess any capacity issues to support the initiatives.

The Chiefs and the Registrar then identified the risks of not including the activity in the business plan and ranked the priority of the initiative between the following:

1. Must have
2. Strategically required
3. Nice to have
4. Defer/delay

The team then further ranked the Nice to Have items based on the organizational benefit and the impact to resources.

Department Operational Plan

The leadership team next developed their department operational plans incorporating their program activity and the new priority activity from the business plan. The operational planning included what activity could stop or what new approaches could be taken for existing work.

Department Budget

The leadership team then prepared the cost of their operational plans.

Trimming of costs with departments

The CFO or Senior Accountant/Financial Analyst met with each department to review budget assumptions and challenge costs proposed for 2024.

Each director/chief was provided with a four-year historical analysis of their budget vs actual results for their program. The analysis was reviewed with each leader to identify where their budgeting could be tightened up based on actual costs to run the program.

The Chiefs and the Registrar met to review the consolidated budget and reviewed the new priority costs. The new non-staffing "must have" and "strategically required" items are included as Priority A, and the "nice to have" items are included as Priority B.

FAC review and feedback

The draft budget was presented to FAC for their review in June with a final draft budget reviewed in August. The August draft budget included the assumptions for divesting the physician health monitoring non-regulatory functions.

FAC also reviewed CPSA’s net assets concluding the budget was in line with the net asset policy.

Draft 2023 Budget

The draft budget is presented to Council for approval.

Assumptions & Risks that Impact CPSA’s Business and Financial Performance

Significant Assumptions in the 2024 draft budget:

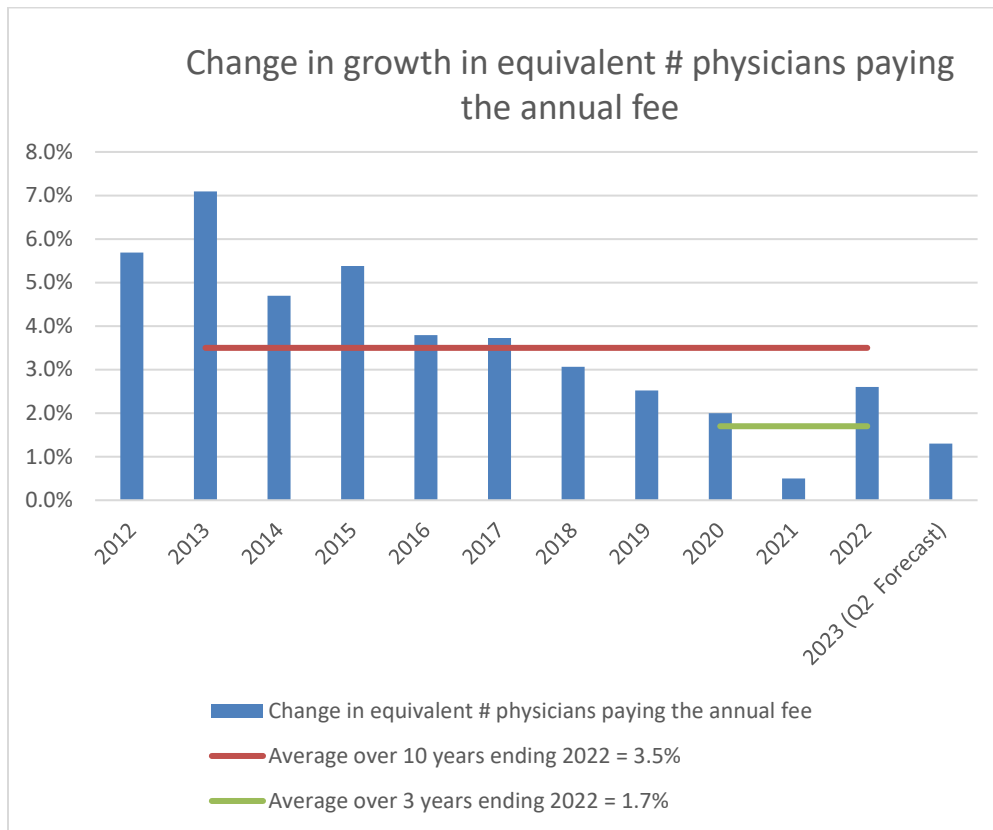
- 1) **Number of physicians** - The rate of growth in the number of physicians in Alberta has been decreasing over the past years. The number of physicians registered at CPSA and paying annual fees is based on 0% increase in members for 2023.

Year	Growth in physician member equivalents paying the annual fee (excluding post grads & students)
2015 actual	5.1%
2016 actual	3.9%
2017 actual	3.9%
2018 actual	3.1%
2019 actual	2.8%
2020 actual	2.4%
2021 actual	0.3%
2022 actual	2.0%
2023 forecast	1.8%
2024 budget	1.0%

Physician member equivalents is calculated as the total annual revenue (excluding the post grads and students) divided by the physician annual fee for that year.

The growth in number of physicians registered at CPSA had been decreasing since 2015 then saw an increase of 2% in 2022. The assumption for 2023 is the physician numbers will increase by 1.8% and 1% for 2024.

The chart below includes post-grads and students.



Physician membership growth occurs each year. The actual rate of growth varies from a low of 0.5% in 2021 to a high of 7.1% in 2013.

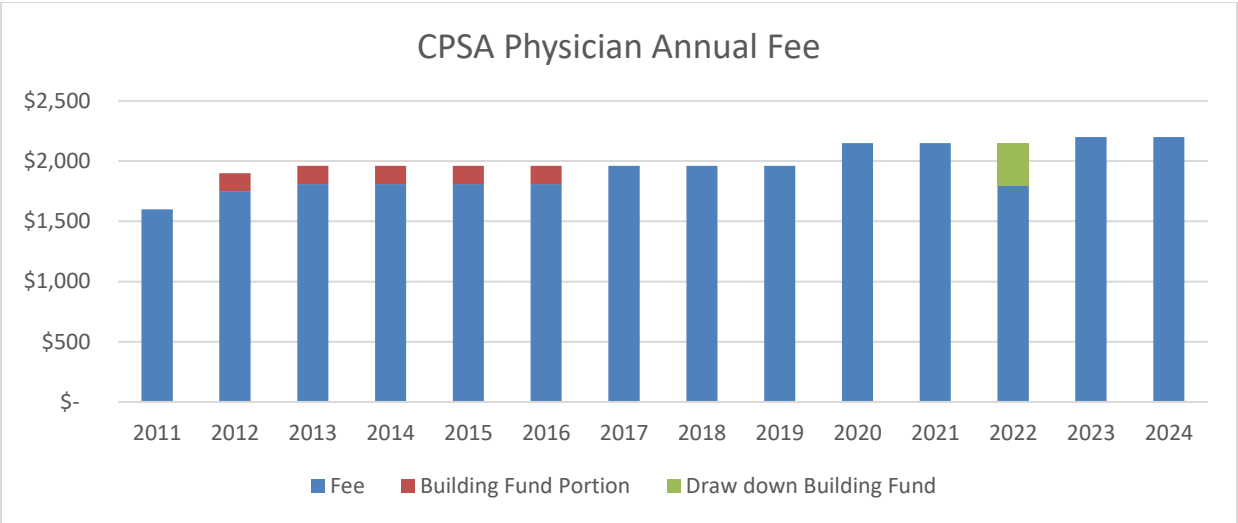
The equivalent number of physicians is determined by taking the total physician member annual revenue divided by the annual fee. The annual revenue includes member, student and postgraduate fees.

The average growth over the past 10 years is 3.5% (down from 3.8% the prior year); the average growth over the last 3 years is 1.7% (consistent with the prior year).

Based on total revenues recorded Jan - Mar 2023, the forecasted growth for 2023 (including student and postgrads) is 1.3%, the forecast excluding students & postgrads is 1.8%.

The assumption included in the 2023 budget is a 1.0% growth in the number of physicians registered in Alberta.

- 2) **Physician annual fee** - The physician annual fees are proposed to remain at \$2200 for 2024.



The total fee collected for years 2013 – 2019 was \$1960; the fee increased to \$2150 for years 2020 and 2021.

\$150 of the annual fee was collected for the building fund from 2012 to 2016. For 2022, \$358/physician from the building fund was allocated to operations. The effective annual fee in 2022 was \$2150.

The annual fee increased to \$2200 for 2023. The budget proposes to keep the annual fee at \$2200 for 2024.

3) **Physician Registration Fees** – Physician registration fee revenue is based on 1% change in revenues for 2024.

Year	Growth in Registration fees over prior year
2015 actual	2.9%
2016 actual	<10.0%>
2017 actual	4.3%
2018 actual	<12.0%>
2019 actual	0.0%
2020 actual	<6.2%>
2021 actual	<1.8%>
2022 actual	22.7%
2023 forecast	6%
2024	1%

The physician registration fees are proposed to remain at \$800 for the General Register for 2024.

- 4) **Professional Corporations** – Professional corporation revenue is based on 1% increase in revenues for 2024.

Year	Growth in PC fee over prior year
2015 actual	11.9%
2016 actual	6.3%
2017 actual	0.7%
2018 actual	0.0%
2019 actual	32.6% (fee increase from \$150 to \$200)
2020 actual	< 0.3%>
2021 actual	0.9%
2022 actual	1.7%
2023 forecast	1.1%
2024	1.0%

There is no change in the PC initial permit and registration fee of \$500 + GST or the annual fee of \$200 + GST.

3) Number of files – Assessments

Department	Program	Budget files for 2024	Notes
Registration	Summative Assessments	12	
	Other (return to practice, change in scope)	2 Return to Practice 6 Change in Scope	
Practice Readiness	PCA	138	
	SPA only	94	Includes 80 new IMG registration stream
	TDM Exams	180	Total budgeted across two sittings
	New sponsor applications	10	
Continuing Competence	MCC 360	600	
	IPR	33	
	PAF	150	
	Competency Assessment	87	Most started SPA only in 2023
	GPR	60 clinics initiated	
	IPAC	150 clinic assessments	

- 4) **Physician Assistants** – CPSA began regulating physician assistants (PA) in April 2021.

The assumption in numbers of PA registered are as follows:

Year	# PA registered
2022	37
2023 forecast	48
2024 budget	48

- 5) **Accreditation funding** –The budget assumes CPSA will accredit private sector laboratory, imaging, neurophysiology, non-hospital surgical, pulmonary, sleep medicine, cardiac stress testing, psychedelic assisted psychotherapy and pulmonary facilities. CPSA accredits private facilities under the authority in the HPA.

The contract with Alberta Health Services (AHS) for public facility accreditation was signed for a 4-year contract, starting April 2023. The contract includes laboratory, imaging, neuro, pulmonary & sleep facilities.

The program fees were developed analyzing all the facility assessment programs together over the 4 year assessment cycle. The billing period for the facility accreditation programs is April 1st to March 31st.

The net program activity will continue to be displayed as non-operating income.

- 6) **Grant funding** - The budget assumes CPSA has a three-year grant agreement for TPP Alberta program with Alberta Health. It is assumed a new grant agreement will be obtained starting April 2023 and continue for 3 years.

The TPP Alberta program is assumed to break even each year.

- 7) **TPP partner funding** – CPSA will continue to engage its TPP partners. TPP partner contributions total \$140,000 for 2024. The CPSA contribution will increase to \$17/physician in 2024.

History of contribution rates:

Years	CPSA contribution rate per physician
2010 – 2018	\$15
2019 – 2023	\$16
2014 budget	\$17

- 8) **Professional Conduct** – CPSA discontinues its investigation work for out-of-province activity.
- 9) **CPSA staffing** – The total full time equivalent (FTE) staff is 162.95 for the 2024 budget. (158.85 2023 budget)

10) Salary grids

CPSA’s total compensation philosophy recognizes that people are essential to the function and success of the organization, and the leadership team is committed to attracting and retaining the right talent to fit CPSA’s business needs and meet our mandate to protect the public.

In 2019, CPSA developed a Total Compensation Philosophy which was reviewed and approved by Council.

- CPSA strives to provide a salary range that aligns with the market median (P50) and takes into account tenure and overall performance.
- CPSA strives to provide a total compensation that aligns with the market at P65. Total compensation takes into account salary and benefits.
- CPSA recognizes that the talent pool for many positions is varied and uses general Alberta market data to determine median. However, secondary industry specific data may be used as comparison for salary and benefits.

The leadership team supports retention efforts by providing a supportive corporate culture, a productive work environment, and salaries and benefits that are competitive in the marketplace and in line with CPSA’s Total Compensation Philosophy while also considering the fiscal responsibility lens.

CPSA reviews total compensation every 3 years to assess salary and benefits paid to staff is in line with the CPSA Total Compensation Philosophy. The last time total compensation was reviewed was 2022. The next scheduled review is 2025.

Annually, the CPSA reviews the Alberta Consumer Price Index for the preceding twelve-month period to determine if adjustments should be proposed to the salary grids to maintain the 65% target for total compensation.

The Consumer Price Index (CPI) for Alberta for April 2022 to April 2023 was 4.3%. The draft 2024 budget includes a 2.15% market adjustment to the salary grid for 2024. The adjustment is based on ½ of the CPI change.

Year	Market adjustment to salary grid
2024 proposed	2.15%
2023	0
2022 - Oct. 1, 2022	3.5%
2022 - Jan 1	0
2021	0
2020	0
2019	1.0%
2018	1.5%

11) **Treatment & Counseling Costs** - \$192,100 in costs are included in the 2024 budget for the treatment and counseling fund.

Under the HPA starting in April 2019, CPSA is required to create and administer a fund for therapy and counselling for patients who allege sexual abuse or sexual misconduct by a physician. An applicant will become eligible to apply for the program as soon as a formal complaint is made to CPSA.

Under the HPA, eligible complainants can access up to \$23,200 (\$22,500 for files up to March 2023). 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.

Year	2019	2020	2021	2022	2023 (June)
# new cases	6	13	10	4	1
Open cases as of 2023	5	11	7	4	1

12) **Physician Health Monitoring non-regularity functions**

Management is assuming the PHM non-regulatory functions will be divested as of March 31, 2024. Staff within PHM will either

- Remain with the PHM program under the Continuing Competence department
- Contract ends Dec 31, 2023 and will not be renewed
- Transition to other roles within CPSA (retirements, other vacancies, new positions proposed for the 2024 budget)

The additional net costs to support the health monitoring activity for Q1 2024 include:

Activity	Amount
PHM fees	<\$ 8,289>
Program expenses	3,321
Monitoring expenses	149,934
Net program costs	144,966

Uncertainties and Risk Mitigation:

Our business is affected by the needs and demands of Albertans and government. A change in how health services are delivered in Alberta can impact the number of physicians who practice in Alberta and the type and volume of services that we provide. Predicting the future climate of the health care delivery in Alberta with certainty continues to present a challenge. Shifts in care delivery will impact our lines of business and will bring with it both challenges and opportunities. The following is a list of potential risks identified in developing the 2024 budget:

- 1) **Physician Annual fees** – Net growth in physician numbers is not achieved. If it is lower, we will experience reduced operating income that may result in a deficit and a drawn down of the unrestricted surplus. If the actual growth is higher than 1%, then the additional income generated will continue to build CPSA’s unrestricted surplus or could be used towards development costs or new initiatives that may arise.
- 2) **Practice Readiness fees** – CPSA collects an admin fee from each assessment to cover the staff salary and fixed costs of the program. An increase in the number of assessments will result in greater admin fee revenue. Alternatively, AHS could sponsor considerably fewer physicians than we have predicted. This would result in lower admin fee revenue and would result in a deficit budget for the Practice Readiness program.

If the number of assessments initiated in 2024 is more than planned, there would be higher consulting expenses incurred which will be offset by fees which are recovered from the sponsor (AHS or other sponsors).

- 3) **Continuing Competence assessments** – An increase in the number of assessments required will increase the costs for the program.

For the Individual practice review (IPR) referrals, a fee is charged for the assessment. An increase in the number of these assessments will generate additional revenue to offset the higher costs.

- 4) **TPP Alberta Grant** – TPP Alberta grant funding will not be renewed beyond March 2023 or the contract is terminated early. CPSA staff continue to work at developing relationships with Alberta Health and to promote the benefits of the TPP Alberta program.
- 5) **Professional Conduct transformation** – The Professional Conduct department falls behind in the department transformation under the Project Bluebird three year strategy. This would result in a delay in complaint files being processed and pose a risk to the organization.
- 6) **Physician Health Monitoring divesting** – If CPSA is not able to identify a third party to assume the health monitoring program by April 1, 2024, this could result in additional program costs for 2024.
- 7) **External providers terminate their contracts** - CPSA relies on an external provider for development and support of its TPP, prescribing and data analytics portal. We currently have had a good relationship with the vendor for over seventeen years. Should the vendor decide to terminate the relationship, considerable time would be required for our internal information management department to take over the technical support and programming for the programs. CPSA does have access to the source code for the programming should the relationship with the vendor cease.

- 8) **Physician recruitment for CPSA key staff positions, committees and contracts** - CPSA will not be able to hire/recruit the physician resources needed to carry out our business plan because:
- a. High demand on physician services will continue in 2024 and,
 - b. Our honoraria rates do not provide comprehensive remuneration for their time.
 - c. For key staff positions, compensation may not be comparable to compensation in clinical practice. No retirements are planned within the leadership team in the next year.
 - d. Senior Medical Advisor (SMA) positions require physicians to commit to part-time positions. This may deter some suitable candidates from applying.

We anticipate that we will be successful in our recruitments. A longer than expected time frame for recruiting may result in variances from budget.

- 9) **Alberta labour market** – maintaining appropriate staffing levels has been challenging through the end of 2020 into 2022. In 2023, our People & Culture team has reduced the number of days to hire due to an improvement in the Edmonton job market.

In an effort to recruit and retain staff, CPSA has a *Total Compensation Philosophy* that guides our compensation. If we are too slow to adjust our salary and/or benefits, CPSA may see staff leaving the organization resulting in delays to have adequate staff to carry out the activity in the Business Plan. This could lead to burn out of existing staff and a decrease in employee engagement.

- 10) **Inflation** - Alberta has seen record statistics for inflation. The inflation could translate into higher operating expenses resulting in additional costs that were not planned for 2024.

Chart A – Financial Results 2011 – 2023 + Budget 2024



Chart A displays the financial results of the CPSA for 2011 through 2022 with the forecasted twelve months of activity for 2023, and the draft 2024 budget.

The green bars display the gross operating expenses, and the yellow bars display the development cost. The blue line displays the CPSA revenues. The green line for the years 2012 through 2016 is the additional revenue collected for the building fund. The building fund portion collected in years 2012 through 2016 was internally restricted revenue, not used towards general operations.

The space between the blue line and the green bar is the CPSA's net income after development costs.

The red line displays the physician annual fee. The annual fee of \$1960 was collected from physicians from 2012 through the 2019. The fee increased to \$2,150 in 2020 and 2021. The effective physician annual fee for 2022 was \$2150, with \$1792 of new money and \$358 allocated from the building fund. For 2023, the physician annual fee was increased to \$2,200.

The draft 2024 budget, the column outlined by the black box, includes \$43.7 million in expenses (operating expenses + amortization + accreditation expenses), an increase of \$74,500 over the 2023 forecasted activity.

Total revenues included in the 2024 budget are \$43.7 million based on an annual physician fee of \$2,200.

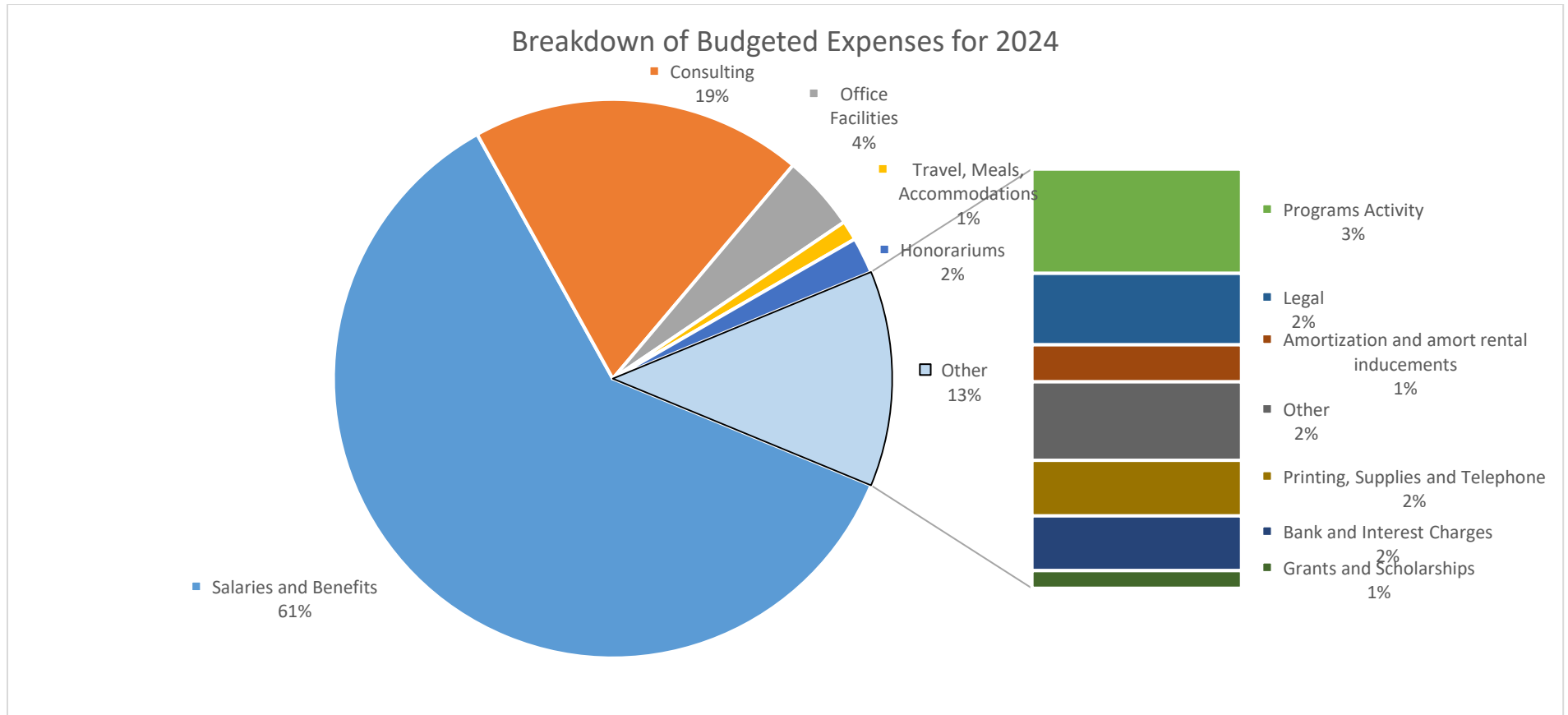
Development costs are displayed in yellow and are separated from operating expenses. There are no development costs budgeted for 2024.

Net income, excluding other income, is \$1,619,000 for 2024.

The proposed physician annual fee for 2024 is \$2,200, which is consistent with that charged in 2023.

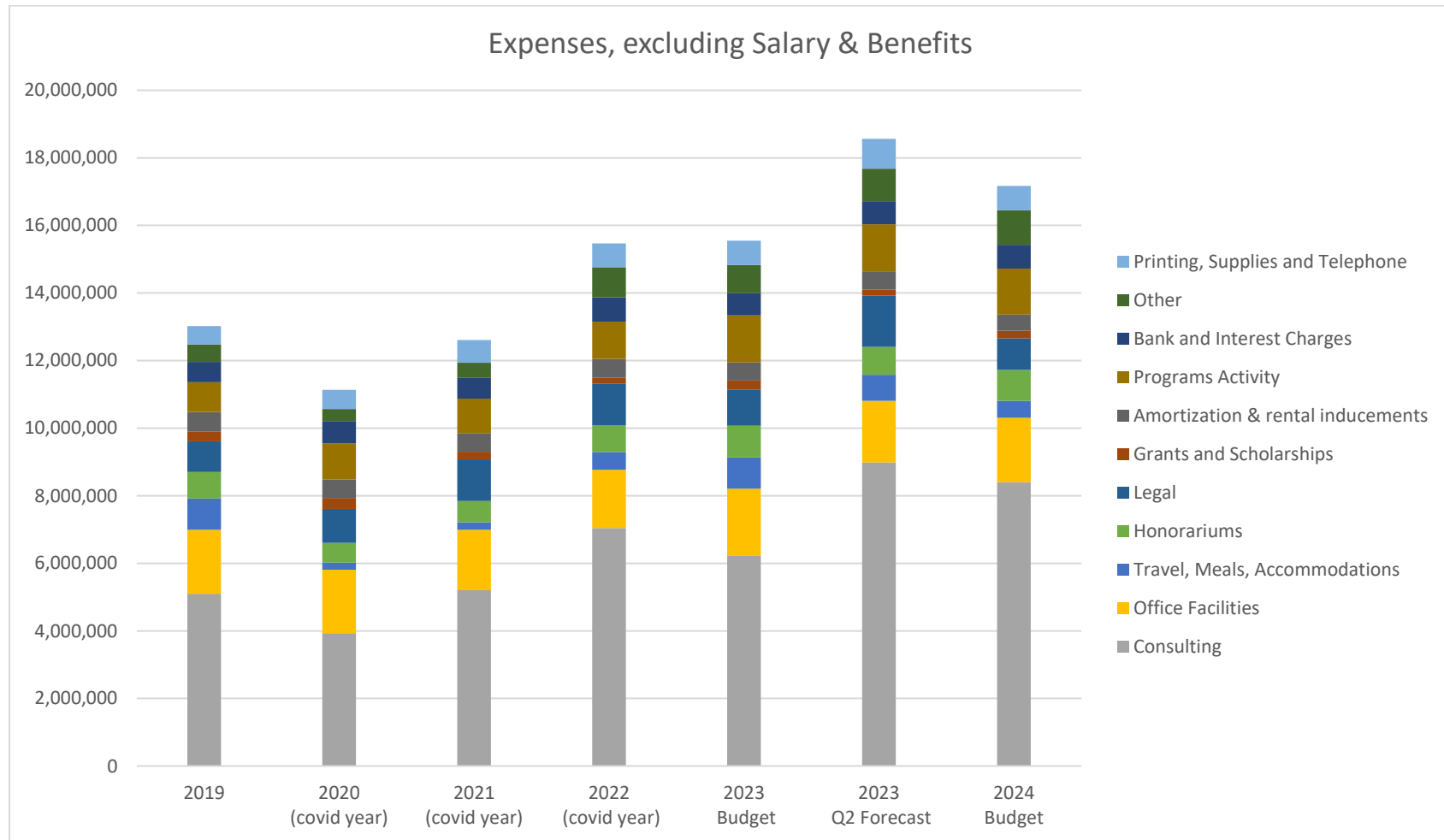
Chart B – Budgeted Expenses

This chart B1 displays a breakdown of the operating, amortization and accreditation expenses in the 2024 draft budget.



Salaries and benefits continue to be the largest expense in the budget.

The chart B2 below shows the expenses, excluding salaries & benefits, from 2019 through 2024.



The **consulting** costs reflect the largest component in cost (excluding salaries) over the years. The practice readiness assessment consulting costs, the analytics consulting, and the physician practice assessments consulting contribute the largest portion of consulting expenses. The practice readiness assessment consulting costs are primarily recovered through fees charged to the sponsor; the physician practice assessment consulting costs are recovered from fees to the physician.

2024 reflects a decrease in external investigators & expert opinion cost of approximately \$1M as the backlog of complaint files is addressed in 2023.

The **amortization and rental inducement** costs include the office renovations and furniture and equipment purchased along with the rental inducement received when the office lease was renewed. The cost of the building renovations and rental inducement are amortized over the term of the office lease (10 years). The furniture and equipment are amortized over its useful life (computers & software = 3 - 5 years; furniture = 10 years).

The **legal** costs are anticipated to decrease by \$583,000 for 2024 as the backlog of complaint files is addressed in 2023.

The **program activity** costs include the treatment & counseling costs as required under the *HPA*. 2024 costs are budgeted at \$192,100.

Also included under program activity is Specimen collection/analysis costs of \$97,000 representing Jan – March 2024 activity for the physician health monitoring program. It is assumed by April 1, 2024 this activity will be divested to a third party.

From 2020 to 2023 the **travel, meals & accommodation** and **honorarium** costs progressively increased as we moved through COVID and returned to doing more business in-person. The decrease in activity for these accounts from 2023 to 2024 can be partially attributed to the removal of PHM expenses from the budget for April – Dec 2024, plus recognition of more virtual committee meetings.

The remaining expenses for 2024 are in line with the forecasted 2023 expenses.

2024 Budget
New priorities

4-Aug-23

		Priority A		Priority B		Organizational Benefit	Impact to Resources	Quadrant	Ongoing Costs						
Strategic Direction	Strategic Direction	Bus Plan #	#	Action	Dept	Account	Expense	Expense	Revenue	Net Expense	Priority Level				Comments
Highest Quality Care	Towards increasing the provision of excellent regulated member care for all Albertans	BP-01	A1	2. Establish a mandatory CPSA orientation for new registrants - focusing on practice in AB, including culture, resources, standards of practice...	Registration	Consulting fees		10,000			Nice to have	High	Low	Low Hanging Fruit Easy Win	
Highest Quality Care	Towards increasing the provision of excellent regulated member care for all Albertans	BP-08	A10	Move current long term contract for Assessment Coordinator to full time permanent position.	Registration	Staffing	13,404				Must have	High	High	Further Analysis Consider ROI	ongoing
Highest Quality Care	Towards increasing the provision of excellent regulated member care for all Albertans	BP-09	A10	Expanding the sponsorship model so AHS is no longer the sole sponsor for provisional register. Depending on what the model looks like that is approved by Council, there will be resourcing requirements. The costs below are for development, then manpower requirements on top of that are not indicated, and will depend on model approved. (new staff 0.5 SMA, 1.0 Assessment coordinator Transition staff = 1.0 Admin staff)	Registration / Practice Readiness	Staffing	244,078		(244,078)		Strategic required	High	High	Further Analysis Consider ROI	ongoing
Highest Quality Care	Towards increasing the provision of excellent regulated member care for all Albertans	BP-16	A14	1. Increase opportunities for engagement with Albertans (conversations site, omnibus surveys, research, etc.) that provides CPSA with insight into the patient perspective and informs CPSA decision making related to our policies and Standards of Practice.	Communications	Research & evaluation	10,000				Strategic required	High	Low	Low Hanging Fruit Easy Win	ongoing
Highest Quality Care	Towards increasing the provision of excellent regulated member care for all Albertans	BP-19	A3	2. Establish a data sharing process with Alberta Health on patient outcomes to incorporate into our risk models, help inform our Continuing Competence Programs and potentially other departmental objectives (New Data Analyst 1.0 FTE)	AIR	Staffing	121,566				Strategic required	High	High	Further Analysis Consider ROI	ongoing
Enhanced Partnerships		BP-32	B1	Formalized ad hoc student program.	AIR (staffing costs under Operations)	Staffing		53,908			Nice to have	High	Low	Low Hanging Fruit Easy Win	ongoing
Enhanced Partnerships	Toward informed engaged partners who help us provide quality care with Albertans	BP-34	B1	2. Continue to lead, influence and collaborate with health partners	Continuing Competence	Consulting fees		100,000			Nice to have	High	High	Further Analysis Consider ROI	
Enhanced Partnerships	Toward informed engaged partners who help us provide quality care with Albertans	BP-45	B5	Enhancing CPSA Team's capacity to be aware of and respond to government policies and priorities that impact medical regulation in Alberta and nationally, and our ability to be a resource and support to government and the ministry when they are looking to make sound policy decisions affecting medical practice.	Office of the Registrar	Consulting fees	4,800				Strategic required	High	Low	Low Hanging Fruit Easy Win	ongoing
Proactive & Innovative Approach	Towards being recognized as a leader and innovator in self-regulated professions who always strive for excellence	BP-48	C1	Hire Communication Advisor role.	Communications	Staffing	121,566				Strategic required	High	High	Further Analysis Consider ROI	ongoing
Proactive & Innovative Approach	Towards being recognized as a leader and innovator in self-regulated professions who always strive for excellence	BP-50	C1	4. Continue to the initiative already underway to improve the internal and external customer service experience at CPSA through the CX Hub. (Zendesk software)	IM	Computer Software		17,000			Nice to have	Low	Low	Park for Later Consider ROI	ongoing

2024 Budget
New priorities

4-Aug-23

Strategic Direction	Strategic Direction	Bus Plan #	#	Action	Dept	Account	Priority A		Priority B		Revenue	Net Expense	Priority Level	Organizational Benefit	Impact to Resources	Quadrant	Ongoing Costs	Comments	
							Expense	Expense											
General support		BP-86	General	Hire additional staff for Accreditation Dept to support private & public facility assessments and program support. (Two CLXT). Staffing costs are offset by program revenue. Transition staffing	Accreditation	Staffing	250,170			(250,170)			Strategic required	High	Low	Low Hanging Fruit Easy Win	ongoing		
General support	Towards being recognized as a leader and innovator in self-regulated professions who always strive for excellence	BP-87	General	Hire net 0.3 FTE permanent role within Operations to support the growing payroll needs. Net increase in FTE for the operations team to address increase in workload in the payroll team and reduced need in the admin team. Changing 1.0 FTE admin to a 0.5 FTE admin (JB3) and 0.8 FTE in payroll (JB4). Net increase 0.3 FTE.	Operations	Staffing	30,539						Strategic required	High	High	Further Analysis Consider ROI	ongoing		
General support		BP-89	General	Comprehensive review and re-write of CPSA Bylaws.	Office of the Registrar	Consulting	50,000						Must have	High	High	Further Analysis Consider ROI			
General support		BP-90	General	Develop Council member and Committee member recruitment processes using the CPSA's competency matrix, and use the recruitment process to populate Council (and committees). (note: this is pending a Council decision).	Office of the Registrar	Consulting	15,000						Must have	High	Low	Low Hanging Fruit Easy Win			
Highest Quality Care		BP-91	A3	Hire TPP data entry Need additional TPP Data Entry Clerk to keep up with manual entry of prescriptions for TPP program, including office supply, compounds, and veterinarians.	AIR	Staffing	59,655			(59,655)			Strategic required	High	High	Further Analysis Consider ROI	ongoing		
Enhanced Partnerships		BP-92	B2	Support Choosing Wisely Alberta Steering Committee Funding	Continuing Competence	Consulting Fees	50,000						Strategic required	High	High	Further Analysis Consider ROI			
General support		BP-93		To support the Professional Conduct team through 2024 for Q1 (continue the work from 2021-2023)	Professional Conduct	Consulting Fees		24,000					Nice to have	High	Low	Low Hanging Fruit Easy Win			
Total							1,068,578	514,155	(553,903)	1,028,830									
Sub-total payroll							840,978	226,655	(553,903)	513,730									
Remaining dept costs							227,600	287,500	-	515,100									
							1,068,578	514,155	(553,903)	1,028,830									
One-time											659,955								
Ongoing											368,875								
											1,028,830	\$	468	# of physician annual fee to cover new costs, assuming \$2200 annual fee					
												\$	89.63	Cost per physician of new activity, assuming 11,478 physicians					
											79,370								
Must have											78,404								
Strategic required											436,271								
Nice to have											514,155								
?											-								
											1,028,830								
												# physicians March 31, 2023	11,680						
												Less: non-clinical register	202						
													11,478						

Submission to:	Council
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Meeting Date:	Submitted by:		
September 7, 2023	Governance Committee		
Agenda Item Title:	In Camera Guidelines		
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 "In Camera Guidelines" as a CPSA Governance Policy.
Background:	<p>Executive Committee and Governance Committee both discussed in camera guidelines at their 2023 meetings, and suggested the following as important points to include in a policy:</p> <ul style="list-style-type: none"> The importance of stating clearly that the default for decision-making is a public meeting. Understanding the process to move between a public and in camera meetings. Determining who initiates an in camera meeting. Providing clarity about who participates in the in camera meeting. Being open and transparent about the purpose of in camera meetings. Listing the responsibilities of the Chair. <p>The Committees also looked at the Guidelines through the lens of the 2022 Governance Review conducted by John Dinner, which recommended that in camera portions of meetings be used for discussions about Council culture, building Council relationships, and effective Council meetings. The Bylaw Review will include Bylaw amendments that implement these recommendations.</p>
Next Steps:	Pending Council approval: <ul style="list-style-type: none"> the "In Camera Guidelines" will be published on the CPSA website. (following September 2023 Council meeting)

- The Bylaws will be amended (through the Bylaw review process) to include additional Governance Review reasons for moving in camera. (2024)
- The Guidelines will be updated following the Bylaw Review and approval of new Bylaws. (2024)

List of Attachments:

1. [In Camera Guidelines](#) (draft)

Policy Title: In Camera Guidelines

Date Created: {to be inserted}

Date of Next Review: Following Bylaw Changes (2024)

Policy Statement

In camera meetings are parts of Council meetings that are not held in public.

As a professional regulatory body, with a mandate to protect the public, CPSA Council places a high priority on making decisions in public meetings. For the purposes outlined in the CPSA Bylaws, there is provision for using in camera meetings. In camera meetings will therefore be used only for the purposes outlined in the Bylaws.

Purpose

This Policy provides guidance to Council Executive in chairing meetings, and to Council for participating in meetings. Guidance regarding who will be part of in camera meetings and the process for moving in and out of in camera meetings is also provided in this policy.

Scope

All of Council and CPSA Team members attending Council meetings will understand the role of the Chair in moving the meeting in camera, and the role of the Chair in deciding who will attend in camera.

Guidelines

1. Default for Decision-making is the Public Meeting

Whenever possible, decisions will be taken in the public meeting. Especially when an agenda item is public and an in camera meeting is only required for a portion of the discussion. Following in camera discussion, the Chair will close the in camera portion of the meeting and re-open the public meeting, and the decision will be made in public and form part of the public meeting Minutes.

2. Initiation of an in camera meeting

CPSA Council has in camera meetings built into every Council meeting agenda. The content and agenda items of in camera meetings must follow the reasons for Council to go in camera, as outlined in Bylaw 20(27):

- a) advice from legal counsel or other privileged information;

- b) financial, personnel or other matters that are of such a nature that avoiding public disclosure of information outweighs adhering to the principle that Council meetings be open to the public;
- c) information that the College is otherwise required by law to keep confidential; and
- d) any matter that would reveal private information about an individual.

In addition to the regularly-scheduled in camera meetings, Council may agree to move in camera should one of the reasons for an in camera discussion be encountered during a meeting. A motion to move in camera will be agreed to by consensus, or voted on by Council.

3. Participation in an in-camera session

The CPSA Bylaws state the following:

20(28) An in-camera session or portion thereof involves members of Council and, at the discretion of the Chair, may involve non-voting members of Council, the Registrar, and other resource persons as the Chair may determine.

For the regularly-scheduled in camera meetings, which have agenda items attached to them, the Chair is able to make decisions in advance as to the inclusion of non-voting members of Council, the Registrar and other CPSA Team members. Attendance can be determined before the start of the meeting, and attendance may be included in the in camera meeting agenda that is published.

For in camera discussions that are called during the meeting, the Chair may ask Council to stand at ease, while the Chair considers the topic of discussion, and whether or not non-voting and CPSA Team members should be asked to leave the room. During the short time period when Council is standing at ease, the Council Chair will weigh which attendees will bring value and input to the discussion to be held in camera. Non-voting Council members and CPSA Team members who are not needed for the discussion, will be asked to leave the room.

- If it is a financial or legal matter, the Chair may wish to include the CFO or legal counsel and the Registrar, and excuse non-voting Council members.
- If it is a personnel matter, the Chair may wish to include People and Culture/Human Resources officials, and excuse non-voting Council members and other CPSA Team members.
- If it is a matter of Council culture, the Chair may wish to include non-voting members of Council, and excuse CPSA Team Members.

4. Being open and transparent about the purpose of in camera meetings

When the Chair moves a meeting from public to in camera, they will state the reason (from the Bylaws) for doing so.

The agenda items for regularly-scheduled in camera meetings are published on the CPSA website. All attendees of the regularly-scheduled in camera meetings will be listed on the regularly-scheduled in camera meetings.

5. Responsibilities of the Chair

The Council Chair is responsible for:

- making decisions on who (other than voting Council members) will attend in camera meetings of Council.
- ensuring the in camera topics are those that are permitted by Bylaw 20(27).
- ensuring that the discussion while in camera does not stray beyond the reason that an in camera meeting was called.

RESPONSIBILITIES

Executive Committee in setting Council meeting agendas, and the Council Chair in chairing meetings is responsible for this Policy.

APPROVAL

Council

AUTHORITY DOCUMENTS

[CPSA Bylaws](#)

DOCUMENT HISTORY

VERSION NO.	Version Date	DESCRIPTION OF CHANGE
1	September 7, 2023	NEW
2		
APPROVAL	DATE	Signature

Submission to:	Council
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Meeting Date:	Submitted by:		
September 7, 2023	Governance Committee		
Agenda Item Title:	Decision-Making Outside of Council Meetings Policy		
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 CPSA Decision-Making Outside of Council Meetings Policy, for piloting the next time an e-vote between meetings is required, and for implementation at the time that the Bylaws are updated.
Background:	<p>Over the course of a year, CPSA Council is asked several times to vote on various topics, without calling a meeting. For the most part, these are routine votes that likely do not require discussion and debate to make a decision. Typical examples include:</p> <ul style="list-style-type: none"> • appointment of a new Committee member, • approval of Annual Report which has been discussed and reviewed prior to calling for an e-vote of approval. <p>The following Bylaws have been used in the past to warrant Council having an "e-meeting" (more accurately described as an "e-vote"), however these are not sufficient for good governance and good decision-making:</p> <ul style="list-style-type: none"> • 20 (8) A special meeting of the Council may be held at the call of the Chair. • 20 (11) The Chair may call an emergency meeting of the Council. • 20 (16) Council may determine procedures to be used at any meeting. • 20 (26) Council may meet in person, by teleconference or by any other communications technology that permits all persons participating in the meeting to communicate with each other.

	<p>To improve governance and decision-making at CPSA, a Policy that speaks to decision-making between Council meetings was drafted (attachment 1) and Governance Committee’s suggested changes have been incorporated. The intent of the policy is to make it clear that CPSA Council allows e-votes between meetings on certain matters, and to set out a clear, transparent and fair process for e-votes.</p>
<p>Next Steps:</p>	<p>Pending Council approval of the Policy:</p> <ul style="list-style-type: none"> • The Bylaw Review will include the development of a new Bylaw that provides Council with authorization to vote electronically in between meetings in accordance with the Policy. • Implementation of the Policy will occur following approval of the new Bylaws, and the Policy will be posted on the CPSA website.
<p>List of Attachments:</p>	
<p>1. DRAFT Decision-Making Outside of Council Meetings Policy</p>	

Council Policy

Policy Title	Decision-making Outside of Council Meetings
Date Revised	DRAFT 2: June 28, 2023
Date of next Review	September 2025

1. PURPOSE

To establish a CPSA Council decision-making process for electronic voting when decisions are required outside of regularly-scheduled Council meetings.

2. SCOPE

Applies to Council, and Council Committees.

3. RESPONSIBILITIES

On behalf of the Council Chair, or the Standing Committee Chair, the Office of the Registrar will implement this policy, initiating, counting/tallying, and reporting results of electronic votes that are held outside of Council meetings.

The process is outlined in Schedule A.

4. POLICY

- 1) Electronic voting may be used between Council meetings, at the discretion of the Chair, for matters that are one or more of the following:
 - time sensitive;
 - related to routine business;
 - not contentious; and/or
 - not requiring Council discussion.

- 2) the policy implementation process has 2 phases and the process is delegated to the Registrar:
 - Initiation, including report/background circulation (duration: 72 hours)
 - Electronic voting (duration: 48 hours)
- 3) All decisions taken outside of regular Council meetings will be recorded in the minutes of the next Council meeting.

5. APPROVAL

Council.

6. AUTHORITY DOCUMENTS (Hyperlink documents for access)

[CPSA Bylaws](#)

(New bylaw to be created through the bylaw review)

7. DOCUMENT HISTORY

VERSION NO.	Version Date	DESCRIPTION OF CHANGE
1) drafted by CPSA staff	June 20, 2023	NEW
2) Governance Committee recommendation to Council	June 28, 2023	Changed e-voting period to 48 hours.
APPROVAL	DATE	Signature

SCHEDULE A

Decision-Making Outside of Council¹ Meetings PROCESS

Phase One: Initiation, including report circulation (duration: 72 hours)

- 1) Decisions to be put to an electronic vote outside of Council meetings are preceded by the email circulation of a report to Council members, so an informed decision can be made. A draft proposed motion will be included. The email message opens the Initiation phase.
- 2) during this phase, electronic discussion on the decision to be made is permitted. Emailed discussion must use "reply all" to all Council members.
- 3) The electronic vote will not occur until after the Initiation phase has closed.

Phase Two: Electronic Voting (duration: 48 hours)

- 1) The proposed motion will be emailed to Council members again, this time with a request for a mover and a seconder for the proposed motion. This email closes the Initiation phase and opens the Electronic voting phase.
- 2) When a mover and seconder have been identified, the vote will be initiated by email to all council members who are eligible to vote. The email will indicate the start and end time and date for the electronic vote, which will be 48 hours in duration.
- 3) Electronic voting will be in the open and votes must be cast using "reply all" to all eligible voters unless another process has been set out in advance and approved by the Council Chair.
 - a. The decision on whether or not a vote has been received within the voting period will be based on the "received" time indicated in the Office of the Registrar's inbox. Any votes received by the Office of the Registrar outside of the voting period will not be counted.
 - b. Once the electronic vote has been initiated, there can be no discussion amongst Council members on the matter and the only

¹ Council Committees may also use this policy to make decisions between Committee meetings.

acceptable communication on the topic is "yes" as a vote in support of the motion, "no" as a vote against the motion, or "abstain".

- 4) If a council member chooses not to vote, or cannot vote during the voting period, this does not count as an abstention. Only e-votes that contain the word "abstain" will be counted as an abstention.
- 5) Once a council member has cast their vote, they cannot recall or change their vote even if new information arises before the close of the voting period.
- 6) If new information arises during the voting period that may have changed the outcome of the vote, the matter can only be dealt with at an in-person meeting using a motion to reconsider.
- 7) Quorum for the vote will be determined based on the number of "yes", "no" and "abstain" e-votes received. If quorum is not reached, the outcome of the decision is nullified.
- 8) The Office of the Registrar will advise on the outcome of the decision by email to all participants at the earliest opportunity.

Submission to:	Council
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Meeting Date:	Submitted by:
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September 7, 2023	Daisy Fung, Chair ARADAAC
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Agenda Item Title:	Meeting Report from the Anti-Racism Anti-Discrimination Action Advisory Committee
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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.
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AGENDA ITEM DETAILS

Recommendation (if applicable):	N/A
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Background:	<p>The Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC) met on Thursday, July 31, 2023. The following topics were presented and/or discussed:</p> <ul style="list-style-type: none"> • An update on CPSA’s internal Equity, Diversity and Inclusion (EDI) Committee was provided, highlighting that this Committee will focus on racism and discrimination in the workplace, and in operations. ARADAAC will continue to focus efforts at a strategic level and in the regulatory area of work, providing advice and recommendations to Council. • ARADAAC reviewed its TOR, the Committee agreed that: <ul style="list-style-type: none"> ○ a 1-year renewable term works best for members of this Committee, ○ the areas of focus be kept broad, with more precise focus outlined in the Committee’s annual action plan, ○ when recruiting new Committee members, it is important to ensure communications vehicles are inclusive/accessible and communications reach is wide. • ARADAAC reviewed a revised version of the Guideline for Anti-Racism and Anti-discrimination (an advice to the profession document). The draft was supported. ARADAAC requested a 1-page summary with key points be drafted to accompany the Guideline; the secretariat will draft this and share with for ARADAAC review. The Guideline will be published later in the Fall. • ARADAAC provided comments on a draft Anti-Oppression Framework. The Framework is intended to be an internal
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	<p>document that facilitates internal mobilization of strategic directions: anti-racism and anti-discrimination, and authentic Indigenous connections. It speaks to CPSA’s role as an organization, regulator, and system leader.</p> <ul style="list-style-type: none"> • CPSA’s Competence Department presented to the Committee. They spoke to the Department’s anti-racism and anti-discrimination action items, including: <ul style="list-style-type: none"> ○ Collaboration with Medical Council of Canada (MCC) on tools that encourage reflection on EDI. ○ Introduction of practice discrimination questions to Practice Visit tools. ○ Bias education for the team and identification of potential risk of bias. ○ Participation in national and international committees that work towards EDI in professional regulation. ○ Recruitment of Indigenous representatives to the Competence Committee. • Upon a request from Governance Committee, ARADAAC provided ideas for Council Learning that will be forwarded to Governance Committee.
<p>Next Steps:</p>	<p>The committee will meet again in November, with some follow-up and review of documents in between meetings.</p> <p>With the transition of CPSA team members to the internal EDI Committee, CPSA and ARADAAC will work on recruiting new members to ARADAAC. Council members are invited to show their interest in joining ARADAAC by sending an email to the Committee Chair with a copy to the CPSA Chief of Staff. Appointments and membership lists for Committees are reviewed by the Governance Committee and approved by Council.</p>
<p>List of Attachments: N/A</p>	

Submission to:	Council
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Meeting Date:	Submitted by:
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September 7, 2023	Mr. Ed Jess, Chief Innovation Officer
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Agenda Item Title:	Key Performance Indicators Update
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Action Requested:	<input type="checkbox"/> The following items require approval by Council See below for details of the recommendation.	<input checked="" type="checkbox"/> The following item(s) are of particular interest to Council Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.
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AGENDA ITEM DETAILS

Recommendation (if applicable) :	
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Background:	<p>Key Performance Indicators: At the May 2023 Council meeting CPSA staff presented a new option for representing the overall performance of the organization that focused on four overarching KPI components:</p> <ul style="list-style-type: none"> • Regulation • Finance • Strategy • People & Culture <p>These KPIs will be used to determine the status of the main organizational performance indicator. Council approved this new approach and asked CPSA staff to work on developing the numerous sub-metrics that will ultimately feed into each of the above KPIs.</p> <p>All departments and program areas have worked on determining which performance metrics will feed into the above KPIs. These proposed metrics will demonstrate to Council the ongoing critical work of the organization which is measurable and reportable on a quarterly basis.</p> <p>This Council meeting will be an opportunity for Council to see some of the sub-metrics to ensure we are on the right track and that we will be meeting Council’s expectations by the end of the year.</p>
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Next Steps:	Presentation at September Council meeting to share specific elements of the four overarching KPIs for Council feedback.
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List of Attachments:	1.
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