

Council Meeting Synopsis

Unofficial Summary of Meeting

September 7-8, 2023

CPSA Council Chambers

2700-10020-100 Street, Edmonton

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

- Jaelene Mannerfeldt, MD MSc FRCS, Vice Chair
- Oluseyi Oladele, MD, CCFP, FCFP
- Laurie Steinbach, BSW, BEd
- Ian Walker, MD, MA

Council Members: Non-Voting:

- Sarah Cook MBBS(Lon) BSc PgDip(ICR) MRCP(UK)

- Brenda Hemmelgarn, MD, PhD, Dean FoMD
- Gareth Jones (*participating online December 7*)

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, Recording Secretary
- Michael Caffaro, MD, Assistant Registrar, Registration
- Charl Els, MBChB, FCPsych[SA], MMedPsych(cum laude), Dip.ABAM, MROCC, DESS, ACBOM, FIAIME, Assistant Registrar, Continuing Competence

- Fizza Gilani, MPH Epidemiology, BSc. Pharm, PMP, Director, Accreditation
- Dawn Hartfield, Deputy Registrar, Hearings Director
- Ed Jess, BA, Chief Innovation Officer
- Nicole Kain, RN, BNSc, MPA, PhD, Program Manager, Research & Evaluation Unit
- Gordon Giddings, MD MBA FCFP, Assistant Registrar, Professional Conduct, Complaints Director
- Nazrina Umarji, B.Ed, JD, Director, Legal Services & General Counsel
- Tracy Simons, CPA, CA, Chief Financial Officer

Guests: (External)

- Cathy Chichak, Canadian Strategy Group
- Robyn Curry, WATSON – in-Council Learning Session

Regrets:

- Tyler White
- Todd Anderson, MD, FRCP(C), FCAHS, Dean Cumming School of Medicine
- Jeremy Beach, MBBS, MD, FRCPC, Assistant Registrar, Accreditation

Thursday, December 7, 2023, starting at 8:05a.m.

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 Greetings

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

IC1.2.3 Council Meeting Feedback – September 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

Conflicts of interests were declared by Daisy Fung, Ian Walker, Oluseyi Oladele, Nicole Cardinal, and Sarah Cook.

2.0 Adoption of Agenda and Approval of Minutes

2.1 Adoption of Agenda

Two items were pulled from the consent agenda: 3.2.2 Governance Committee – 2024 Retreat Agenda and 3.3.1 Finance and Audit Committee - Meeting Summary Report.

December 2023 CPSA Council meeting Minutes will be published following their approval.

Agenda item 7.1 Standards of Practice (Consultation 026) was deferred to the Council Meeting in March 2024, as CPSA awaits feedback from stakeholders.

The agenda was approved as amended.

- 2.2 Approval of Minutes
[2.2.1 September 7 & 8, 2023 CPSA Council Meeting Minutes](#)
[2.2.2 Confirmation of Approval for Electronic Votes](#)

Council approved the agenda and minutes of the meeting on September 7 and 8, 2023. Council also confirmed the approval of electronic votes.

- 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 Meeting
[3.1.1 Summary Report](#) (for information)

- 3.2 Governance Committee
[3.2.1 Meeting Summary Report](#) (for information)
[3.2.2 Committee Appointments and TORs](#) (for approval)
 3.2.3 2024 Retreat Agenda (for approval) (**removed from consent agenda**)

- 3.3 Finance and Audit Committee
 3.3.1 Meeting Summary Report (for information) (**removed from consent agenda**)
[3.3.2 Physician Assistant Fees](#) (for approval)

- 3.4 Medical Facility Accreditation Committee
[3.4.1 Meeting Summary Report](#) (for information)

- 3.5 Competence Committee
[3.5.1 Meeting Summary Report](#) (for information)

- 3.6 Office of the Registrar (Communications)
[3.6.1 2023 Annual Report](#) (for information)

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

December 2023 CPSA Council meeting Minutes will be published following their approval.

4.0 Executive Reports

4.1 [Chair's Report](#) (for information)

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

4.2 [Registrar's Report](#) (for information/discussion)

The Registrar's Report was received as information.

5.0 Department Reports

5.1 Continuing Competence

[5.1.1 Update: PHMP Realignment and Divestment](#) (for information) ***Council received the PHMP Realignment and Divestment presentation as information.***

5.2 Registration

[5.2.1 Update: Sponsorship Model](#) (for information) ***Council received the update on the Sponsorship Model as information.***

6.0 Council Committee Reports

6.1 Executive Committee

[6.1.1 Council Culture Agreement](#) (for approval)

Council amended the Council Culture Agreement to ensure there was clarity and inclusivity in the language. Council approved the Agreement as amended.

[6.1.2 Council Effectiveness – Annual Survey](#) (for discussion)

Council discussed the annual survey on Council Effectiveness.

6.2 Governance Committee

[6.2.1 Social Media Guidelines and Code of Conduct](#) (for approval)

Council approved the Social Media Guidelines and Code of Conduct.

2024 Retreat Agenda (for approval)

The Council Retreat will be held on the Tsuut'ina Nation, near Calgary. It will involve a tour of the health centre and cultural museum, with a presentation from Stoney Nakoda Tsuut'ina Tribal Council/G4 Health and another regulatory body. Council approved the 2024 Retreat agenda as amended.

6.3 Anti-Racism Anti-Discrimination Action Advisory Committee

(ARADAAC) [6.3.1 Meeting Summary Report](#) (for information)

Council received the Anti-Racism Anti-Discrimination Action Advisory Committee meeting summary report as information.

- 6.4 Indigenous Advisory Circle (CIRCLE)
[6.4.1 Meeting Summary Report](#) (for information)

Council received the Indigenous Advisory Circle meeting summary report as information.

- 6.5 Medical Facility Accreditation Committee
[6.5.1 Diagnostic Imaging Accreditation Standards: Teleradiology revision update](#) (for discussion)

Council discussed the Diagnostic Imaging Accreditation Standards: Teleradiology revision update.

The review of the accreditation standards was discussed considering its impact on patient safety for all Albertans, regardless of their geographic location.

Council approved the revised teleradiology standards with 25km geographic restriction, as recommended by ACDI, with a 3rd party review and report, and follow-up in a year.

- 6.6 [Finance and Audit Committee Meeting Summary Report](#)

Council received the Finance and Audit Committee Meeting Summary Report as information.

7.0 Standing items

- 7.1 Standards of Practice
 7.1.1 Consultation 026 (for implementation approval)
- Establishing the Physician-Patient Relationship
 - Responsibility for a Medical Practice
 - Terminating the Physician-Patient Relationship (suggested name change: Ending the Physician-Patient Relationship)

(Agenda item was deferred to the Council Meeting in March 2024.)

- 7.2 Strategic Plan
[7.2.1 Key Performance Indicators Update](#) (for approval)

Council approved the sub-metrics that will contribute to the overall organizational key performance indicators for 2024.

9.0 Adjournment of Public session

IC2 In-camera Session
An in-camera session of Council provides an opportunity for Councilors to discuss sensitive matters in confidence. Any decisions made in-camera are shared in the public session.

IC2.2 Council Only

Friday, December 8, 2023, In-camera session starting at 8:31a.m.

Topic	
IC3 In-camera session (Council, Registrar and CEO, Executive Team, Governance Program Manager and Recording Secretary)	
IC3.1 Chair Opening Remarks	
IC3.2 Traditional/Territorial Land Acknowledgement	
IC4 Physician Resourcing Presentation - Verbal Report, no attachments	
IC5 In-Council Learning Session The role of the Chair and effective meetings	
IC6 2023 CPSA Staff Engagement Results (Pulse Survey) - Verbal Report, no attachments (Council, Registrar and CEO, Chief of Staff only)	
IC7 Registrar/CEO Annual Performance Review (Council, Registrar and CEO only)	
IC8 Lunch Speaker (Council, Registrar and CEO, Executive Team, Governance Program Manager and Recording Secretary)	

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 FRCS, 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
- Charl Els, MBChB, FCPsych [SA], MMedPsych(cum laude), Dip.ABAM, MROCC, DESS, ACBOM, FIAIME, Assistant Registrar
- Dawn Hartfield, Assistant Registrar, Professional Conduct
- Tracy Simons, CPA, CA, Chief Financial Officer

Regrets:

- Michael Caffaro, MD, Assistant Registrar

Guests: (External)

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

Resources for Council Members:

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

Thursday, September 7, 2023, starting at 8:22a.m.

IC1 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, Chief of Staff and Governance Program Manager.

1.0 Call to Order of Public Session

Stacey Strilchuk, Council Chair, called the public session to order at 0854.

1.1 Chair Opening Remarks

The Chair welcomed everyone and gave special thanks to Levonne Louie for her wisdom, ideas, mentorship, patience, collegial support, and overall commitment to CPSA. Levonne's term will end in October 2023.

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.

Todd Anderson provided the land acknowledgement.

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

Oluseyi Oladele shared that he will update his Conflict-of-Interest form, as he has fewer potential conflicts of interest than before.

No additional conflicts were declared at this time.

2.0 Adoption of Agenda and Approval of Minutes

2.1 Adoption of Agenda

MOTION C28-23

Moved by Ian Walker and seconded by Laurie Steinbach that the agenda be adopted. Carried.

2.2 Approval of Minutes

2.2.1 May 25-26, 2023 Council Meeting Minutes

MOTION C29-23

Moved by Levonne Louie and seconded by Daisy Fung that the May 25-26, 2023, Council Meeting Minutes be approved. Carried.

3.0

Consent Agenda

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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*)

MOTION C30-23

Moved by Levonne Louie and seconded by Daisy Fung that the Consent Agenda be approved as circulated. Carried.

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

- 2022 Committee Annual Reports
 - The Terms of Reference (TOR) for the Indigenous Advisory Circle.
 - Appointment of 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.
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- Registrar and CEO Performance Review Policy
- Appointment of Dr. Pooja Das Kumar, Dr. Kourosh Dinyari, Dr. Navdeep Dhaliwal and Dr. Shirley Samuel-Haynes for a three-year term on the Hearing Tribunal and Complaint Review Committee (HT & CRC) beginning January 1, 2024.
- Sponsorship Application Fee at 10% of the maximum assessment costs, starting in 2023.
- Council Meeting Schedule for 2025
 - March 6 and 7, 2025
 - May 29 and 30, 2025
 - September 18 and 19, 2025
 - December 4 and 5, 2025
 - Orientation for new councillors: January 23, 2025
 - Annual Planning Retreat: January 24, 2025 (full day) and January 25, 2025 (half day).

And the following items were received as information:

- Executive Committee Meeting Summary Report
- Finance and Audit Committee Meeting Summary Report
- Healthier Alberta Grants
- Updated Standards of Practice Review Process
- PD Council Report

4.0 Executive Reports

4.1 Chair's Report (*for information*)

The Chair's written report highlighted the events and meetings that Stacey Strilchuk attended on behalf of Council since the May Council meeting.

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

The Registrar's written report was accepted as presented. During his verbal report, the following points were highlighted:

- Specialist and Non-Specialist designation: A concern was raised that the explanation in the report and the verbal explanation did not seem to align. to the CPSA Team will review the document for clarity.
 - Resident Elective Permit: Council raised a question to determine if no registration fees on a limited time for Alberta residents, will apply to medical students in addition to residents. This is to be confirmed.
-

- **Expanded Practice Readiness Assessment (PRA) Trial to include US Board Specialists:** The Registrar and CEO informed Council that CPSA's PRA Trial can be expanded to include US Board Certified Specialists. Council discussed the variability between US and Canadian based training and practice. With the accelerated PRA route for eligible IMGs from the US, CPSA will ensure the public is not at risk, by retaining the 3-month PRA with the 3-year oversight period. If there is an issue during the 3-month PRA, the full (longer) PRA process can still be applied.
- **Removal of CPSA Approved Services:** As CPSA does not and has no way of approving services that are attached to regulated members profiles, this will be removed from the CPSA website. Council discussed the implications of removing this, in that the public often likes to have an idea of where physicians have a special interest or experience. The CPSA Team will explore another way for regulated members to indicate this with their profiles, however, will proceed with removing the "CPSA Approved Services" field. It was also clarified that the elimination of this category will not affect a physician's eligibility to register with CPSA, neither will it impact a physician's protected title.

MOTION C31-23

Moved by Oluseyi Oladele and seconded by Daisy Fung that Council approves the appointment of Dr. Gordon Giddings as the CPSA Complaints Director as of September 11th, 2023. Carried.

MOTION C32-23

Moved by Levonne Louie and seconded by Patrick Etokudo that Council approves the appointment of Dr. Dawn Hartfield as the CPSA Hearings Director as of September 11th, 2023. Carried.

It was noted 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 any conflicts with the changing of roles.

ACTIONS

1. Explore the possibility of adding a field such as "with a special interest in..." after CPSA approved services are removed from the system and CPSA website.
2. Confirm if no registration fees on a limited time for Alberta residents, will also apply to medical students.
3. Ensure the briefing note on specialist and non-specialist designation is clear.

5.0 Department Reports

5.1 Continuing Competence

5.1.1 PPIP Presentation (*for information*)

Dr. Charl Els, Assistant Registrar, Continuing Competence, provided a presentation on CPSA's Physician Practice Improvement Program (PPIP). He explained the three required activities for Continuous Quality Improvement (CQI) which should be completed by physicians over a 5-year span: practice-driven QI, CPSA Standards of Practice QI and a personal development activity. The PPIP team has been engaging physicians through presentations, provincial and national groups, Messenger articles, information on the website, and educational videos to remove barriers and reduce feelings of overwhelm. Based on current results, the program is on target to meet its key performance indicators.

It was shared that as conversations continue with the Royal College of Physicians & Surgeons of Canada (RCPSC), it is hoped that there will be amalgamation of provincial and national QI activities.

A suggestion was made that this could be a tool or opportunity to shape messaging in the public that regulated members are engaging in continuing competence, using a learning approach, rather than a punitive approach. Dr. Els agreed that he would bring this suggestion to his team and connect with the Communications department.

5.2 Physician Health Monitoring

5.2.1 PHMP Realignment and Divestment (*for information*)

Dr. Charl Els and Dr. Jeremy Beach, Assistant Registrars, provided an overview of the change in the Physician Health Monitoring Program's function, which will now become a part of Continuing Competency's portfolio. It will move from directing members to assessment and monitoring appropriate to their disclosed health concern to referring members to vetted third-party service providers for assessment and monitoring.

It was clarified that the cost for this new function will be borne by the regulated member monthly, which is aligned with the model used by the College of Physicians and Surgeons of British Columbia. The team will continue to have discussions with the AMA's Physician & Family Support Program about this. The team is currently working to secure the third-party provider and will ensure that none of the regulated members are discharged until they are fully connected with the new provider.

GUEST Official Visit and Greetings

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*)

Dr. Dawn Hartfield provided an update on Project Bluebird, which aimed to deliver excellence in service through alignment and modernization of the complaints structure and process within the Professional Conduct department. The project is now at the stage where it is transitioning from a project to routine business, because KPIs were met in several areas and KPIs for all processes were achieved 6 months early. Monitoring and warning systems are also in place to prevent a recurrence of a backlog, and team culture and training are progressing.

Council indicated that they would appreciate further clarity about (1) the project's overall performance against its promised deliverables and (2) the evaluation process to determine the quality of reviews. It was agreed that the team will submit a written final report on Project Bluebird for the December Council meeting.

A request was made for more frequent updates on type of complaints and other data related to professional conduct.

ACTIONS:

1. Write and submit a Bluebird Project final report for the December Council meeting.
 2. Provide more frequent updates to Council on the types of complaints that are made against regulated members, and other related data.
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5.4 Registration

5.4.1 Sponsorship (*for information*)

Bruce Leisen, Director, Registration presented an overview of a proposed sponsorship model, monitored by CPSA. Council asked that strategies be outlined to mitigate the risk of sponsor mistreatment of applicants.

- Current mitigation strategies include:
 - requirement that the sponsor renew the sponsorship agreement annually,
 - clinical oversight of the applicant,
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- independent check-ins with applicants during the assessment process, and
- demonstration that the sponsor can support the applicant through education, training, and mentorship to ensure a successful transition to practice.

ACTIONS

1. Provide an updated briefing regarding safeguards for applicants to the expanded sponsorship model.
2. Modify or remove the proposed refund to potential sponsors.

6.0 Council Committee Reports

6.1 Finance and Audit Committee

6.1.1 2024 Business Plan and Budget (*4 recommendations for approval*)

Levonnie Louie and Tracy Simons presented the Committee's report, and four recommendations, which were approved.

MOTION C33-23

Moved by Richard Buckley and seconded by Oluseyi Oladele that Council approves the 2024 business plan. Carried.

MOTION C34-23

Moved by Patrick Etokudo and seconded by Lyle Oberg that Council approves the increase in honorarium rates for 2024. Carried.

MOTION C35-23

Moved by Ian Walker and seconded by Laurie Steinbach that Council approves the 2024 CPSA budget with a physician annual fee of \$2,200. Carried.

MOTION C36-32

Moved by Richard Buckley and seconded by Ian Walker that Council approves the program 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**

Carried.

6.2 Governance Committee

6.2.1 In-camera Guidelines Policy (*for approval*)

Levonnie Louie and Laurie Steinbach presented the In-Camera Guidelines Policy for Council approval. It was determined that the name of the document was unclear, so the motion was amended with the revised name: "In-Camera Policy."

MOTION C37-23

Moved by Daisy Fung and seconded by Levonnie Louie that Council approves the "In Camera Policy" as a CPSA Governance Policy in principle, with a final draft to be presented to the Governance Committee. Carried.

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

Levonnie Louie and Laurie Steinbach presented the Decision-making Outside of Council meetings policy, as a means of managing e-votes. The policy was approved by Council.

MOTION C38-23

Moved by Oluseyi Oladele and seconded by Levonnie Louie that Council approves 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. Carried.

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

6.3.1 Meeting Summary Report (*for information*)

Daisy Fung presented the Committee's report from their meeting on July 31. There were questions raised about the length of the term for committee membership as being one year. With this short term, there is a risk of losing momentum and continuity. It was explained that the ARADAAC can be emotionally demanding, therefore setting membership for one year was a safety mechanism, allowing individuals the freedom to leave the committee, should there be a need.

6.4 Indigenous Advisory Circle

6.4.1 Update (verbal) (*for information*)

Tyler White acknowledged the work of all the members of the Circle and welcomed Dr. Nicole Cardinal to the Circle. It was confirmed that the Circle's

Terms of Reference was finalized, and they will be holding an in-person meeting in Bragg Creek in October, for a ceremony under the leadership of Dr. Grandmother Doreen.

7.0 Standing items

7.1 Strategic Plan

7.1.1 KPIs Update (*for discussion*)

Ed Jess provided an update on the key performance indicators that will demonstrate the organization's performance in the areas of finance, regulation, strategy and people and culture. Tracking the KPIs will be mainly automated, with some manual input of data from team members. For transparency, Council will be able to see the sub-indicators that feed into the overall KPIs, to have a better picture of areas of concern.

ACTIONS

Bring forward finalized 2022-2026 Strategic Plan KPIs to Council for approval at the December Council meeting.

8.0 New Business

There was no new business discussed.

9.0 The public session adjourned at 5:10p.m.

IC2 In-camera Session

Council met in-camera first with the Registrar, Chief of Staff, and the Governance Program Manager.

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)

This was followed by an in-camera with only the Registrar and a session of Council on their own.

The in-camera session was adjourned at 5:36p.m.

Friday, September 8, 2023, In-camera session starting at 8:10a.m.

IC3 Council met in-camera with the Registrar, Assistant Registrars, Hearings Director, Chief Financial Officer, Chief Innovation Officer, Chief Information Officer, Chief of Staff and Governance Program Manager.

The in-camera session was adjourned at 9:16 a.m.

This was followed by a Council Learning session, which was the KAIROS Blanket Exercise.

Submission to:	Council
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Meeting Date:	Submitted by:		
December 7, 2023	Office of the Registrar		
Agenda Title	2.2.2 Confirmation of approval for electronic votes		
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>CPSA Bylaws 20 (14) state that a record of a Council meeting will be maintained in the form of minutes. Three e-votes were conducted.</p> <ol style="list-style-type: none"> 1. Approval of Annual Report 2. Approval of Healthier Albertans Grant 3. Appointment to MSI Foundation Board <p>The records of these e-votes are attached for Council's confirmation.</p>		
Next Steps:			
List of Attachments:	<ol style="list-style-type: none"> 1. May 15, 2023: Approval of Annual Report 2. May 31, 2023: Approval of Healthier Albertans Grants 3. Nov 2, 2023: M.S.I. Foundation appointment 		

From:

Subject: Motion has passed
Date: Wednesday, May 10, 2023 7:39:00 AM

This e-mail is to confirm that the motion noted below has passed and will be recorded in the Motions Database as Motion C13-23.

I also wish to advise you that, on the recommendation of our Government Relations Consultant, the photo on page 2 of the report is being replaced. This will likely be reflected in the document that will be included in the Council dossier.

Gail

From: Gail Jones
Sent: Tuesday, May 9, 2023 11:34 AM
To:

Subject: RE: 2022 Annual Report approval requested: please respond by 2 p.m. on Monday, May 15, 2023

Good morning!

The motion below has been updated to include the mover and seconder. (I did have multiple people reach out and have gone with the first and second individual to contact me). Please respond to me on this e-mail to indicate if you approve the motion.

Thanks

Gail

From: Gail Jones
Sent: Monday, May 8, 2023 2:13 PM
To:

Subject: 2022 Annual Report approval requested: please respond by 2 p.m. on Monday, May 15, 2023

Importance: High

Council members,

Please respond to this e-mail **by 2 p.m. on Monday, May 15, 2023**. As a first step, I will need a Council member willing to move the motion below as well as someone to indicate they will second the motion:

PROPOSED MOTION: Moved by Ian Walker and seconded by Patrick Etokudo that Council approves the CPSA 2022 Annual Report, version 050423 (attached).

Please note, the attached proof has some minor content edits noted within, which will be made prior to printing.

Once I have a mover and seconder for the motion, I will recirculate this email to confirm and then gather everyone's responses. Once the motion is passed, either Sue or I will send out an email to confirm the motion has passed.

Given that this report has been provided to all Council members for final approval, if anyone finds any substantive errors or omissions in the report, we ask that you oppose approval, noting the area that requires correction. Voting will be discontinued until the error/omission is corrected and a revised version will be made available to Council for approval.

As previously shared with Council, in order to meet the Alberta Government's submission deadlines, Council approval for the Annual Report is needed via email, prior to the May Council meeting.

Project co-leads Kennedy and Melissa have asked that I share the following message with you in regards to the Annual Report.

On behalf of the CPSA Communications team, we are excited to share CPSA's 2022 annual report for your formal approval via email. In March, we shared a draft of the annual report content with CPSA Council for your opportunity to review and provide feedback. We are now seeking your approval on the print version, which is attached to this email.

About the 2022 report

*The theme of our report is **Recognizing Resilience**. Through the report and our supplementary storytelling, we want to recognize the resilience of our regulated members, who continue to provide safe, high-quality care in difficult circumstances, and the resilience of Albertans and the entire CPSA team, who continue to adapt to changing environments and new challenges.*

The elements you'll find in the print report include:

- *Messages from our President, Registrar, Physician Members and Public Members*
- *Governance, leadership and committee information*
- *Statistics and department descriptions*
- *Cross-promotion of the multimedia stories that are still in development and will be available beginning in June on our Albertan engagement website, conversations.cpsa.ca.*

Please note, draft financial statements are not yet included in the report as those are still being finalized.

Thank you for your ongoing guidance and support. Pending Council's approval of the report via email and of the audited financials at the May Council meeting, our team will finalize the print files, send the report to the printers, begin distribution, and begin publishing our supplementary content online.

Please let us know if you have any questions and thank you again for your time and support!

Kennedy and Melissa

Gail Jones, BComm (she/her)

Senior Executive Assistant to Dr. Scott McLeod, Registrar

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

2700 - 10020 100 Street NW Edmonton AB T5J 0N3

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

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From: [Gail Jones](#)
To:

Subject: RE: Please respond by noon on Wednesday, May 31
Date: Tuesday, May 30, 2023 3:45:00 PM

We have already received sufficient votes to consider this motion as passed. Thank you everyone for your prompt responses.

Gail

From: Gail Jones
Sent: Tuesday, May 30, 2023 7:51 AM
To:

Subject: RE: Please respond by noon on Wednesday, May 31
Importance: High

And I now have the mover and seconder, so the motion has been updated below:

From: Gail Jones
Sent: Tuesday, May 30, 2023 7:33 AM
To:

Subject: Please respond by noon on Wednesday, May 31
Importance: High

Hello Council members,
As discussed at the May 25 Council meeting, we would like to secure your vote over e-mail for the following motion:

Moved by Lyle Oberg and seconded by Patrick Etokudo that Council approves providing grant funding to the Healthier Albertan Grant proposals as reviewed and vetted by the Building Fund Initiatives Working Group.

As a reminder you can sign into [SharePoint](#) to review the [materials](#) previously provided for the May Council Meeting.

Once again, I will need someone to move this motion and someone to second the motion before we collect your votes. Once I have a mover and a seconder, I will update everyone and begin collecting the votes. We would like to conclude this vote by noon on tomorrow (May 31).

Thanks,

Gail Jones, BComm (she/her)

Senior Executive Assistant to Dr. Scott McLeod, Registrar

780-969-4970 | 1-800-561-3899 ext. 4970
2700 - 10020 100 Street NW Edmonton AB T5J 0N3
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Sue Welke

From: Kerry-Ann McPherson
Sent: Thursday, November 2, 2023 8:20 AM
To:

Subject: RE: E-Vote – CPSA Appointee to the MSI Foundation

Hello Council Members,

I am now confirming that the e-vote process is closed.

The motion was moved, seconded, and carried as noted below:

Moved by Richard Buckley and seconded by Ian Walker that CPSA Council appoints Dr. Sebastian Straube as the CPSA representative on the M.S.I. Foundation Board of Trustees. Carried.

Thank you for voting, and for your patience as we executed the decision-making process outside of council meetings.

We are open to any feedback you may have on the policy and its implementation, which will be routed through the Governance Committee.

Thank you,
Kerry-Ann

From: Kerry-Ann McPherson
Sent: Tuesday, October 31, 2023 9:31 AM
To:
Cc:

Subject: RE: Phase II - E-Vote – Potential CPSA Appointee to the MSI Foundation [action required within 48 hours]

Hello All,

Having received a mover and seconder of the vote, the vote will now begin on the motion below.

Moved by Richard Buckley and seconded by Ian Walker that CPSA Council appoints Dr. Sebastian Straube as the CPSA representative on the M.S.I. Foundation Board of Trustees.

Please be reminded that the only acceptable communication on the topic is:

- "yes" as a vote supporting the motion, or

- **"no"** as a vote against the motion, or
- **"abstain."**

Please respond using "reply all" for your vote to be counted.

Thank you.

Kerry-Ann

From:

Sent: Tuesday, October 31, 2023 9:27 AM

To:

Subject: Re: Phase II - Requesting Mover and Seconders - E-Vote – Potential CPSA Appointee to the MSI Foundation
[action required within 48 hours]

Ill second.

i.

On Oct 31, 2023, at 9:20 AM, Kerry-Ann McPherson <Kerry-Ann.McPherson@cpsa.ab.ca> wrote:

Hello Council Members,

Phase I [initiation and discussion] of the e-voting process is now closed, and we are opening Phase II – voting, which closes at the end of the day on **November 1**.

The motion for the vote is:

CPSA Council appoints Dr. Sebastian Straube as the CPSA representative on the M.S.I. Foundation Board of Trustees.

I thank Daisy and Levonne for volunteering to move and second the vote before now.

However, given that it was during Phase I, **I am now officially requesting a mover and seconder for this vote.**

Thank you,

Kerry-Ann McPherson, MSc. (she/her)

Senior Executive Assistant to Dr. Scott McLeod, CEO & Registrar

<image001.png>

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From: Kerry-Ann McPherson
Sent: Monday, October 30, 2023 4:38 PM
To:

Subject: RE: E-Vote – Potential CPSA Appointee to the MSI Foundation [action required within 72 hours]

Hello Council Members,

I appreciate your responses and note that there were no discussions or oppositions to the proposed draft motion.

I also note your support for the draft motion; however, I am unable to document your votes, because of the instructions outlined in the Decision-making outside of Council meetings [policy](#).

According to the policy, Phase I [initiation and discussion] is still in progress and voting can only take place in Phase II, which begins tomorrow and will last for 48 hours.

Tomorrow, I will officially ask for a mover and seconder of the motion, then invite all voting members to cast their votes using "reply all."

The only acceptable communication on the topic is:

- **"yes"** as a vote supporting the motion, or
- **"no"** as a vote against the motion, or
- **"abstain."**

I crave your patience as we implement this pilot policy for the first time.

Kerry-Ann

From: Kerry-Ann McPherson
Sent: Thursday, October 26, 2023 4:04 PM
To:

Subject: E-Vote – Potential CPSA Appointee to the MSI Foundation [action required within 72 hours]

Hello Council Members,

Following the approval of the [policy](#) for Decision-making outside of Council meetings at the September Council meeting, we are initiating an electronic vote for a *Potential CPSA Appointee to the MSI Foundation Board of Trustees*. CPSA has identified Dr. Sebastian Straube, and we are seeking Council's vote on this appointment.

Phase One - Initiation

Phase One states that:

1. Decisions to be put in an electronic vote must be preceded by an email circulation of a report to Council members, so an informed decision can be made. A draft proposed motion will be included.
2. During this phase, electronic discussion on the decision is permitted. Emailed discussion must use "reply all" to all Council members.
3. The electronic vote will not occur until after the initiation phase is closed.

The duration of this phase is 72 hours.

Report to Council Members

A [briefing note](#) on the MSI Foundation Board of Trustees, and a [curriculum vitae](#) for Dr. Sebastian Straube are provided for your review.

Draft Proposed Motion

The draft proposed motion is presented as follows:

CPSA Council appoints Dr. Sebastian Straube as the CPSA representative on the M.S.I. Foundation Board of Trustees.

In keeping with the 72-hour time frame, we are seeking your response by **Monday October 30, 2023.**

Following this, we will request a mover and seconder for the proposed motion, which closes the initiation phase and opens the electronic voting phase.

More details will be provided when we open the electronic voting phase.

Thank you,

Kerry-Ann McPherson, MSc. (she/her)

Senior Executive Assistant to Dr. Scott McLeod, CEO & Registrar

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

<image001.png>

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Submission to:	Council		
Meeting Date:	Submitted by:		
December 7, 2023	Stacey Strilchuk		
Agenda Item Title:	3.1.1 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 October 31, 2023, and discussed the following matters:</p> <ol style="list-style-type: none"> December 2023 Council Agenda – The Committee uses the following inputs to develop the agenda: <ol style="list-style-type: none"> Minutes from previous meetings. Council Meeting Action Items and Follow-up List (Attachment 1). Data from the September Council Meeting Feedback Survey. Ideas submitted by Council members. Council Culture Agreement - There is a separate agenda item on the Council Agreement. 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. One of the items discussed was developing a Governance/Council Performance Measurement Framework. Committee suggested that all of Council should work on this, possibly at the Retreat. Executive Committee TOR – changes were suggested to the TOR, and Committee approved the revised TOR to go forward to Governance Committee and then Council. Executive Committee received a report on the feedback submitted by regulated members on the selection process for physician members of Council. The Committee discussed the challenges that people have with change, while supporting the need for change in order to continuously 		

improve governance by broadening knowledge, enhancing skills and abilities and increasing stakeholder confidence.

6. There was discussion about public member vacancies and efforts to flag the urgency of public member appointments with the Government of Alberta.

List of Attachments:

1. [Council Meeting Action Items and Follow-up List](#)

2023 CPSA COUNCIL
Meeting Action Items and Follow Up

COUNCIL ACTION ITEMS AND FOLLOW UP LIST

TABLE 1: ACTIVE ACTION ITEMS - UPDATED - November 22, 2023

The Council Action Items and Follow-Up List is used by the CPSA Team to track Council action items, and ensure they are completed. The List is intended to be high level actions only. The Executive Committee reviews the List at quarterly meetings, and the information is used to develop the upcoming Council Meeting Agenda. The List will be shared with Council annually, at its December meeting.

Completed Action Items are in TABLE 2. The tracker showing completed action items from previous years is kept as a record by the Office of the Registrar.

Meeting	Agenda Item	Action(s)	Responsible	Related Committee	Timeline	Additional Notes
Sept 2023	3.3.1 FAC Sponsorship Application Fee	Apply the 10% fee to the Sponsorship model upon roll-out	Tracy/Michael C		Q4 2023	
Sept 2023	3.7 2025 Council meeting schedule	Add 2025 meetings to calendars and to the website	Kerry-Ann		Jan-24	
Sept 2023	4.2 Registrar's Report - Specialist/Non-Specialist	continue with next steps as outlined in the BN ensure the BN is clear (1 Council member came to the opposite conclusion of what was intended when reading the BN)	Michael C/Bruce		December Council meeting	CPSA is exploring with AH how best to change the designation of 'non-specialists' to 'specialists'
Sept 2023	4.2 Registrar's Report - CPSA Approved Services	Upon implementing the removal of "CPSA-approved services" from systems and the CPSA website, explore if there is a possibility of adding a field such as: "with a special interest in ..."	Michael N/Jim/Andrea		Mar-24	continued exploration in conjunction with the Bylaw review with regard to what is published.
Sept 2023	GUEST Minister of Health official visit	Develop plan to work together with the Ministry to recommend CPSA-vetted public members	Michael N/Keely/Sue	GC	Oct-24	
Sept 2023	5.3.1 Professional Conduct	Develop and bring forward a proposal for more frequent reporting to Council on types of complaints and other data.	Gordon/Dean		by June 2024	
Sept 2023	5.3.1 Professional Conduct - Project Bluebird Update	Write project close-off report	Gordon/Dawn		Dec-23	will be on December Council meeting agenda
Sept 2023	6.1.1 FAC - Business Plan and Budget	Implement the 2024 Business Plan and Budget, the physician annual fee (\$2,200), approved fee changes, 2024 Honorarium rates.	Tracy	FAC	January 2024 and ongoing through 2024	
Sept 2023	6.2.2 Decision-making Outside of Council Meetings	Implement policy as a pilot Bylaws review to include updates that enable this Policy	Sue		Dec-23	
Sept 2023	7.1.1 Standing Items - Strategic Plan - KPIs Update	Bring forward finalized 2022-2026 Strat Plan KPIs to Council for approval at next meeting	Scott/Ed		Nov-23	for decision: December 2023 Council meeting.
May 2023	2.3 Approval of agenda and consent agenda items, EC Meeting Summary Report	Implement Registrar Performance Evaluation 2023 Process	Sue	Executive Committee	Jan-24	
May 2023	2.3 Approval of agenda and consent agenda items, GC Meeting Summary Report	continue 2024 retreat planning with approved theme of Authentic Indigenous Connections	Michael N/Sue	Governance Committee and Indigenous Advisory Circle	Jan-24	
May 2023	2.3 Approval of agenda and consent agenda items, MFAC	Collaborate with CDSA to develop a specific standard and shared process.	Jerry/Fizza	MFAC	Jan-24	CDSA's consultation process to be completed first. Committee to develop the standards began work on Sept 29
May 2023	4.2 Governance Committee, Governance Structure and Committees Policy	• use the new Policy as direction for changes to the Bylaws, and to inform the review of TORs for all Committees. • publish the new policy on the CPSA website when the Bylaws are amended.	Michael N/Sue	GC	Jan-24	
May 2023	4.2 Governance Committee, Executive Election Nomination Process for Council Chair	• undertake administrative tasks (e.g. financial systems) resulting from approval of Jaelene Mannerfeldt as Council Chair for 2024.	Michael N/Sue	GC	Jan-24	

2023 CPSA COUNCIL

Meeting Action Items and Follow Up

Table 2: 2023 COMPLETED ACTION ITEMS						
Note: this is a high level summary.						
Active Action Items are in TABLE 1						
Meeting	Agenda Item	Action(s)	Responsible	Related Committee	Timeline	Additional Notes
Sept 2023	3.2.3 Gov Cttee - Indigenous Advisory Circle TOR	Post the Circle TOR on the CPSA Website	Michael N/Sondra	Circle	Oct-23	
Sept 2023	3.2.4 Gov Cttee - Indigenous Advisory	Add Nicole Cardinal to the Circle, including all admin changes required	Michael N/Kim	Circle	Oct-23	
Sept 2023	3.2.5 Gov Cttee - Registrar and CEO Performance Review Policy	Ensure policy is posted to the CPSA Website	Sue	EC	Oct-23	COMPLETE Oct 1 2023
Sept 2023	3.2.6 Gov Cttee - HT/CRC Appointments	Inform the appointees, and add them to the roster	Dawn/Jennifer W		Sep-23	
Sept 2023	4.2 Registrar's Report - Resident Elective permit	confirm that the idea being explored to charge no registration fees for residents in Alberta for a limited time also includes medical students.	Michael C		Dec-23	COMPLETE. Waiver of registration fee for resident learners in effect for January 1, 2024. Out of province medical students currently do not pay a permit fee for undergraduate electives in Alberta.
Sept 2023	4.2 Registrar's Report	Operationalize Hearings Director appointment and Complaints Director appointment in org charts and in operations. Ensure website and "Officials Directory" is updated.	Jessica/Tracy/Michael N/Andrea		Sep-23	
Sept 2023	5.4.1 Registration - Sponsorship	Include in next Briefings to Council: - Safeguards for ensuring applicants are not exploited or mistreated by their sponsor. - modify or remove the proposed refund to potential sponsors.	Michael C/Bruce		Dec-23	COMPLETE. Proposed criteria for new sponsors vetted by legal counsel. Contract would be expected to include commitment of sponsor to allow candidate independent legal advice before signing a contract. AMA legal counsel may offer a free contract review for any physician contemplating non-AHS sponsorship, without a requirement of an ongoing solicitor-client relationship. Application fees for a non-AHS sponsor are non-refundable.
Sept 2023	6.2.1 Gov Cttee - In-Camera Guidelines Policy	Adjust wording to clarify this is a Council Policy. Check with Gov Cttee before publishing.	Sue	GC	Nov-23	
Sept 2023	6.3.1 ARADAAC Summary	Update wording of Committees Policy to reflect 1-year term for ARADAAC members	Sue	ARADAAC and GC	Dec-23	
May 2023	2.3 Approval of agenda and consent agenda items, GC Meeting Summary Report	Ensure Jaelene is set up as ARADAAC member	Sue	ARADAAC	Jun-23	COMPLETE
May 2023	2.3 Approval of agenda and consent agenda items, EC Meeting Summary Report	Post revised "Council Effectiveness Evaluation Policy" on CPSA website	Sue	Executive Committee and Governance Committee	Jun-23	COMPLETE
May 2023	2.3 Approval of agenda and consent agenda items, Registration	Implement the Limited Practice Register (Non-Clinical) Policy • post policy to CPSA website	Michael C	N/A	May-23	COMPLETE
May 2023	2.3 Approval of agenda and consent agenda items, MFAC	Circulate Standards for Non-Hospital Surgical Facility Accreditation to facilities through Accreditation standards process.	Jerry/Fizza	MFAC	Fall 2023	COMPLETE - circulated to facility Medical Directors on Sept 7, 2023
May 2023	3.2 Registrar's Report	Provide Council members with link to Micro-aggression Training for Physicians prior to the course going live to regulated members.	Sue		Jun-23	COMPLETE
May 2023	4.2 Governance Committee, Competency Matrix and process to populate Council	consult on the new process of selecting physician members of Council. Primary audience is regulated members	Michael N/Sue/Andrea	GC	Oct-23	COMPLETE - feedback opportunity was open Sept-Oct.
May 2023	4.1 Finance and Audit Committee, Approval of Audited Financial Statements	Complete signing of financial statements.	Tracy	FAC	1-Jun-23	COMPLETE
May 2023	4.3 Medical Facility Accreditation Committee, PAPT Accreditation Standards	distribution of PAPT Standards by the department and operationalize accreditation of facilities that provide this prescribed health service.	Gordon	MFAC	COMPLETE and operational as of July 31 2023.	
May 2023	7.0 (9.2 in Minutes) Standards	Consultation 023 is issued on the website	Michael N/Keely/Chantelle	N/A	COMPLETE - Consultation issued on June 5, 2023	

2023 CPSA COUNCIL

Meeting Action Items and Follow Up

May 2023	7.0 (9.2 in Minutes) Standards	communicate modified process of discontinuing getting Council approval that Consultations be issued. (e.g. updates to website)	Michael N/ Andrea/ Keely/ Chantelle	N/A	Jun-23	COMPLETED web updates: July 2023.
May 2023	10. Strategic Plan - follow up from February Meeting	Bring forward to Council, reporting of operational performance.	Scott/Ed	N/A	September Council meeting	Update on KPIs development provided to Sept Council meeting. Ongoing Strategic Plan status and KPIs are captured in a September action item.
Feb 2023	1.3 Chair's Opening Remarks	Annual Council effectiveness survey/discussion to be included as an Agenda item on Dec 2023 Council Agenda	Michael N./ Sue	Governance Committee and Executive Committee	December 2023 Council meeting	
Feb 2023	2.3 Consent Agenda , Appt of Learner on Competence Committee	Alexander Beke to be included as part of Competence Committee	Charl	Competence Committee	COMPLETE - immediate	
Feb 2023	2.3 Consent Agenda , Extension of appointments for individuals on CRC and HT List	Appointments are extended	HDO	Governance Committee, CRC/HT list	COMPLETE - immediate	
Feb 2023	2.3 Consent Agenda , Live tweeting of Council meetings	live tweeting of Council meetings to be continued on a permanent basis	Andrea	N/A	At every Council meeting	
Feb 2023	2.3, Consent Agenda , Appointment of Co-Chair to Governance Committee	update to be made to the Terms of Reference for the Governance Committee	Sue	Governance Committee	Mar-23	
Feb 2023	3.2 Executive Committee Council Vaccination Policy/Guidelines	suspend Council Covid-19 Vaccination Policy. Add guidance documents to website	Sue	Executive Committee	COMPLETE - website has been updated.	
Feb 2023	3.3 Registrar's Report	Explore sending to Council - Social media tracking and reporting	Michael/Andrea	N/A	COMPLETE - message sent to Cllr Oberg on April 20.	
Feb 2023	3.3 Registrar's Report	Explore the addition of AH and AHS as non-voting members of Council.	Michael/Sue	Governance Committee	with the Governance Committee report to the May 2023 Council meeting	Council accepted GC's recommendation not to proceed.
Feb 2023	4.0 Registration, 4.1 Revision to Limited Practice Register Policy	Update the CPSA website with the revised policy	Michael C.	N/A	COMPLETE - website has been updated.	
Feb 2023	4.0 Registration, 4.1 Revision to Limited Practice Register Policy	Research the 3 year requirement, and provide rationale to Council	Michael C.	N/A	COMPLETE - on consent agenda at May 2023 Council meeting	
Feb 2023	4.0 Registration, 4.3 Alberta Sponsorship Model for Practice Readiness Assessments	Bring Alberta Sponsorship Model approach back to Council	Michael C.	FAC	COMPLETE - approach presented to May 2023 Council meeting.	Approach to include: what this would look like (program policy/design), timelines, budget. Note: Budget is needed for June FAC meeting
Feb 2023	5.0 Standards, 5.1 Consultation 025, Safe prescribing	Implement SOP: - SOP updated on website - Notice to members - Updates to ATPs as needed	Michael N./ Keely/ Chantelle	N/A	COMPLETE - website has been updated.	
Feb 2023	5.0 Standards, 5.1 Consultation 025, Medical Assistance in Dying	1. Implement SOP: - SOP updated on website (wording about MAID for mental illness remains the same due to federal delay) - Notice to members - Updates to ATPs as needed 2. Inform Council regarding federal delay of legislation to March 17, 2024	Michael N./ Keely/ Chantelle	N/A	COMPLETE - Council informed March 16, 2023 updates to website: 4/1/2023	Bill C-39, the Government of Canada's legislation which would have included mental illness in the criteria to be eligible for MAID, will not come into effect until March 17, 2024
Feb 2023	5.0 Standards, 5.1 Consultation 025, Female Genital Mutilation	Implement SOP: - SOP updated on website - Notice to members - Updates to ATPs as needed	Michael N./ Keely/ Chantelle	N/A	COMPLETE - 5/1/2023	
Feb 2023	6.1 Finance and Audit Committee , Accreditation Fees for Psychedelic Assisted Psychotherapy Facilities (PAPF)	The CPSA accreditation dept. to develop applicable standards for the PAPF facilities. The CPSA accreditation dept to develop a communication plan to support the new facilities.	Gordon/Dean/Andrea	MFAC	COMPLETE - Standards approved May 2023, Communication Plan developed.	
Feb 2023	6.2 Council Learning Plan	The following learning elements were approved for 2023: Individual learning, \$1500 per year per Council member 1-hour in-Council learning sessions Kairos Blanket Exercise 1-2 days session on administrative law/tribunals/hearings will be arranged with a third party learning provider (e.g. law firm) for all voting Council members. December Council learning - Tips for Chairing Meetings	Michael N/ Sue	Governance Committee	31-Dec-23	administrative law/tribunals/hearings are scheduled for Tuesday, October 3, 2023 KAIROS Blanket Exercise completed at Sept 2023 meeting

2023 CPSA COUNCIL
Meeting Action Items and Follow Up

Feb 2023	11.0 Strategic Plan	Additional consideration to be given to the proposed KPIs, and 1-2 Council members will be consulted on revised KPIs before the next Council meeting.	Ed	N/A	Approach was presented at the May 2023 Council meeting	Council supported fewer KPIs, higher level, KPIs should show if CPSA is doing a good or bad job of protecting the public.
Dec 2022	5.5 History Project	Inquire with AMA regarding future collaboration on a history project	Scott/ Michael N/ Sue/Sondra	Circle	<ul style="list-style-type: none"> • Sept 2023 budget approval • Fall 2023 for the Circle to explore • Fall 2023 to explore collaborating with AMA/AHS • (if required) Dec 2023 for Council review. 	Re-profiling of this project to be completed as part of the Reconciliation work, will result in different action items. A summary of this new approach is included in the December 2023 Registrar's Report.

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

Meeting Date:	Submitted by:		
December 7, 2023	Laurie Steinbach, Chair		
Agenda Item Title:	3.2.1 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 November 1, 2023. Highlights of their discussion are:</p> <ol style="list-style-type: none"> Following a request at the previous committee meeting, Governance Committee heard a presentation about legislation, bylaws, policies and processes. A suggestion was made that this presentation be delivered at CPSA Council Orientation. A debrief of the recently-concluded physician member election for 1 vacancy on 2024 Council was provided. Of note was the continued decline in voter turnout for the election. <p>Table 1: CPSA regulated member voter turnout</p> <table> <tr> <th>Year</th><th>Voter turnout</th></tr> <tr> <td>2018</td><td>18.35%</td></tr> <tr> <td>2019</td><td>16.9%</td></tr> <tr> <td>2020</td><td>18.22%</td></tr> <tr> <td>2021</td><td>13.3%</td></tr> <tr> <td>2022</td><td>8.35%</td></tr> <tr> <td>2023</td><td>6.7%</td></tr> </table> <ol style="list-style-type: none"> Feedback from the online opportunity to comment on the selection process for physician members of Council was reviewed. The Committee agreed to meet when more members can be present, to discuss their recommendation to Council. 	Year	Voter turnout	2018	18.35%	2019	16.9%	2020	18.22%	2021	13.3%	2022	8.35%	2023	6.7%
Year	Voter turnout														
2018	18.35%														
2019	16.9%														
2020	18.22%														
2021	13.3%														
2022	8.35%														
2023	6.7%														

4. Committee Chairs and Members, and Committee Terms of Reference were reviewed, and the recommendation package is in the Consent Agenda for approval. Some Committees have vacancies, and the plan is to fill them in early 2024.
5. Council Social Media Guidelines and Council Code of Conduct will be presented with the Governance Committee agenda item, outside of the Consent Agenda.
6. Council Effectiveness Survey. The questions were reviewed, and minor modifications were made. It was decided that the annual Council effectiveness survey and the Council member self-assessment would be sent out in advance of the December Council meeting. The results of the Council Effectiveness Survey will be discussed at the December meeting under a separate agenda item, led by Executive Committee.
7. The DRAFT 2024 Retreat Agenda was reviewed and is recommended for approval with a separate report in the Consent Agenda.
8. Final In-Camera Sessions Policy. As directed by Council at the September meeting, Governance Committee did a final review of the Policy. It was approved and has been placed on the CPSA website.
9. Committee discussed the 2024 Council Learning Plan and agreed to move the in-council learning session "giving and receiving feedback" to a meeting in 2024.
10. Committee reviewed a Council Policy Review Schedule for next year, heard an update on the Bylaws Project, and discussed meeting dates for 2024.

List of Attachments:

N/A

Submission to:	Council
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Meeting Date:	Submitted by:		
December 7, 2023	Governance Committee		
Agenda Item Title:	3.2.2 Committees TORs and Appointments		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendations:	<p>That Council approves:</p> <ol style="list-style-type: none"> the following committee member appointments and re-appointments (3 years): <ul style="list-style-type: none"> Finance and Audit Committee: <ul style="list-style-type: none"> Ian Walker (1st term ending December 31, 2026) Governance Committee: <ul style="list-style-type: none"> Buckley (1st term ending Dec. 31, 2026, Note: Council term ends Dec. 31, 2025) Strilchuk (1st term ending Dec. 31, 2026, Note: Council term ends Dec. 31, 2024) Competence Committee: <ul style="list-style-type: none"> Regulated member: Catherine Patocka (1st term ending December 31, 2026) MFAC: <ul style="list-style-type: none"> Bruce Ramsey (2nd term ending December 31, 2026) Peter Miles (2nd term ending May 31, 2025) The following ARADAAC member appointments/re-appointments (1 year): <ul style="list-style-type: none"> Daisy Fung (council member) Laurie Steinbach (council member) Ehi Iyayi (member-at-large, physician) Kannin Osei-Tutu (member-at-large, physician) Fisayo Aruleba (medical student) Mofiyin Lawal (medical student)
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	<p>3. The following Committee Chair/Co-Chair appointments (1 year):</p> <ul style="list-style-type: none"> ○ FAC: Daisy Fung ○ Governance Committee: Laurie Steinbach (Note: Co-Chair to be recommended at next meeting) ○ Competence Committee: Kirsten Jones and Christine Kennedy ○ MFAC: Nazneem Wahab <p>4. Revised Terms of Reference for Executive Committee, Governance Committee, Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAAC), Medical Facility Accreditation Committee (MFAC) (Attachment 3).</p>
Background:	<p><u>Committee Member Appointments</u></p> <ul style="list-style-type: none"> • Committee member appointments are for 3 years. • Voting Council members are expected to sit on at least one Council Committee (Executive, Finance and Audit, Governance, ARADAAAC, Circle). The Governance Committee generally tries to recommend appointments based on the skills and interests of the Council member however sometimes the needs of the organization outweigh the needs of individual Council members. • The following committees will have vacancies at the start of 2024: <ul style="list-style-type: none"> ○ Finance and Audit <ul style="list-style-type: none"> ▪ 1 public member (Council member) vacancy ○ ARADAAAC <ul style="list-style-type: none"> ▪ up to 4 Council member vacancies ▪ up to 7 non-Council member vacancies ○ Indigenous Advisory Circle <ul style="list-style-type: none"> ▪ Up to 4 non-Council member vacancies ○ Competence Committee <ul style="list-style-type: none"> ▪ 2 member at large/public member vacancies ○ Medical Facility Accreditation Committee <ul style="list-style-type: none"> ▪ 2 member at large/public member vacancies ▪ 1 regulated member vacancy <p>A strategy to recruit Committee members has been developed and implemented. Members to fill current vacancies will be sought and recommended in the coming</p>

	<p>months, aiming for full membership by the first meeting of 2024.</p> <p><u>Chair/Co-Chair Appointments</u></p> <ul style="list-style-type: none"> • Chair appointments are for 1 year. • Committees meet to recommend their own Chair/Co-Chairs, the Governance Committee reviews and makes a recommendation to Council to appoint them. • ARADAAC and Circle Chair/Co-Chair recommendations will be made at the next meeting. <p><u>Revised TORs</u></p> <ul style="list-style-type: none"> • To align with the new <i>Governance Structure and Committees Policy</i>, a new TOR template was created. Using the template, Committee TORs were updated. • TORs for FAC, Competence Committee and the Circle are pending further review, and will be brought forward at the next Council meeting. The existing TORs will continue to be used until changes are approved.
Next Steps:	<ul style="list-style-type: none"> • Following Council appointments, Committee secretariat supports who are assigned to Committees will inform Committee Chairs and members of their appointments for 2024. • CPSA will aim to have recommendations for Committee member vacancies for Governance Committee review and Council approval at the March 2024 Council meeting.
<p>List of Attachments:</p> <ol style="list-style-type: none"> 1. 2024 Committee Membership appointments and Committee Chair appointments 2. Governance Structure and Committees Policy 3. Revised Terms of Reference 	

ATTACHMENT 1: RECOMMENDED 2024 COMMITTEE AND CHAIR APPOINTMENTS

Table 1: Council Committees

Committee	2024 Councillor Members	Membership as per TOR
Council Appeals and Reviews Committee	All Council Members	As per HPA
Executive	Mannerfeldt Etokudo Fung	Elected – 1 year term
Finance and Audit	Fung (term to Dec. 31, 2025) (Chair) Cardinal (term to Dec. 31, 2024) Etokudo (term to Jun. 22, 2024) Walker (term to Dec. 31, 2026) Public member (vacant) Mannerfeldt (ex-officio)	2 public members from Council, 3 physician members from Council (and 1 member of the public, not on Council)
Governance	Steinbach (term to Jun. 14, 2024) (Chair), Kravstenyuk (term to Dec. 31, 2025) Oladele (term to Dec. 31, 2025) White (term to Mar. 31, 2024), Buckley (term to Dec. 31, 2025) Strilchuk (term to Dec. 31, 2024) Mannerfeldt (ex-officio)	3 public members, 3 physician members, President is ex-officio, non-voting

Committee	2024 Councillor Members	Membership as per TOR
Anti-racism, Anti-discrimination Action Advisory Committee	<p>Fung (term to Dec. 31, 2025) Steinbach (term to Jun. 14, 2024)</p> <p>Mannerfeldt (ex-officio)</p> <p><u>Proposed new appointments:</u> Up to 6 volunteers from Council</p> <p><u>2024 Chair (recommendation to be made at ARADAAC meeting Feb 2024):</u> TBD</p>	<ul style="list-style-type: none"> Interested Councillors (up to 6) Up to 11 members at large: <ul style="list-style-type: none"> Up to 7 representatives of equity-deserving groups 2 Representatives of medical students from equity-deserving groups 1 Professional Association of Resident Physicians of Alberta representative 1 CPSA Indigenous Advisory Circle representative Ex officio non-voting: CPSA Council Chair and CPSA Registrar/CEO
Indigenous Advisory Circle	<p>White (term to Mar. 31, 2024) (Co-chair) Cardinal (term to Dec. 31, 2024)</p> <p><u>2024 Co-Chairs (recommendation to be made at Circle meeting Nov 21 2023)</u> TBD</p>	<ul style="list-style-type: none"> Interested Councillors (up to 2) Elders (up to 3) Physicians (up to 4) Members at Large (up to 4) Ex officio non-voting: CPSA Council Chair and CPSA Registrar/CEO

Table 2: Operational/Regulatory Committees

Committee	2024 Members	Membership as per TOR
Competence Committee	<p><u>Recommended appointments</u></p> <ul style="list-style-type: none"> Regulated member: Dr. Catherine Patocka (1st term would end December 31, 2026) <p>Appointment of the following Committee members as Co-Chairs:</p> <ul style="list-style-type: none"> Dr. Kirsten Jones and Dr. Christine Kennedy <p>Membership List for 2024:</p> <ul style="list-style-type: none"> Dr. Kirsten Jones (regulated member) (Co-Chair, pending appointment) Dr. Christine A. Kennedy (medical leader) (Co-Chair, pending appointment) Dr. Harish Amin (regulated member) (2nd term ends 2026) Dr. Vince Elgersma (regulated member) (1st term ends 2025) Dr. Lori Olivieri (medical educator) (1st term ends 2025) Dr. Kerri Novak (medical educator) (1st term ends 2025) Dr. Catherine Patocka (regulated member, pending appointment) VACANT – member-at-large to represent the public VACANT member-at-large to represent the public Registrar/CEO non-voting ex officio 	<p>9 individuals:</p> <ul style="list-style-type: none"> two (2) members-at-large to represent the public two (2) medical educators one (1) medical leader from the community at large Up to four (4) regulated members and/or others appointed by Council.
Medical Facility Accreditation Committee	<p><u>Recommended appointments</u></p>	<ul style="list-style-type: none"> Seven (7) regulated members from diverse disciplines in clinical

Committee	2024 Members	Membership as per TOR
	<p>Re-appointment of the following Committee members to a 2nd term of 3 years:</p> <ul style="list-style-type: none"> • Dr. Bruce Ramsey (2nd term ends December 31, 2026) • Dr. Peter Miles (2nd term ends May 31, 2025) <p>Appointment of the following Committee member as Chair:</p> <ul style="list-style-type: none"> • Dr. Nazneem Wahab <p>Membership List for 2024:</p> <ul style="list-style-type: none"> • Dr. Maria Bacchus • Dr. Jesse Slade Shantz • Dr. Nazneem Wahab • Dr. Bruce Ramsey • Dr. Peter Miles • Dr. Dominic Cave • VACANT, member-at-large • VACANT, member-at-large • Registrar/CEO – non-voting ex officio 	<p>and diagnostic medicine.</p> <ul style="list-style-type: none"> • Two (2) members-at-large to represent the public. It is an asset if the members-at-large have a background in an area such as healthcare, continuous quality improvement, safety, legal etc., and if they bring forward the perspective of an equity-deserving group.

CPSA Governance Structure and Committees

approved by CPSA Council: May 25, 2023 rev. by Council September 7, 2023

to be implemented: following Bylaw changes (early 2024)

Policy Title:

CPSA Governance Structure and Committees

Intent:

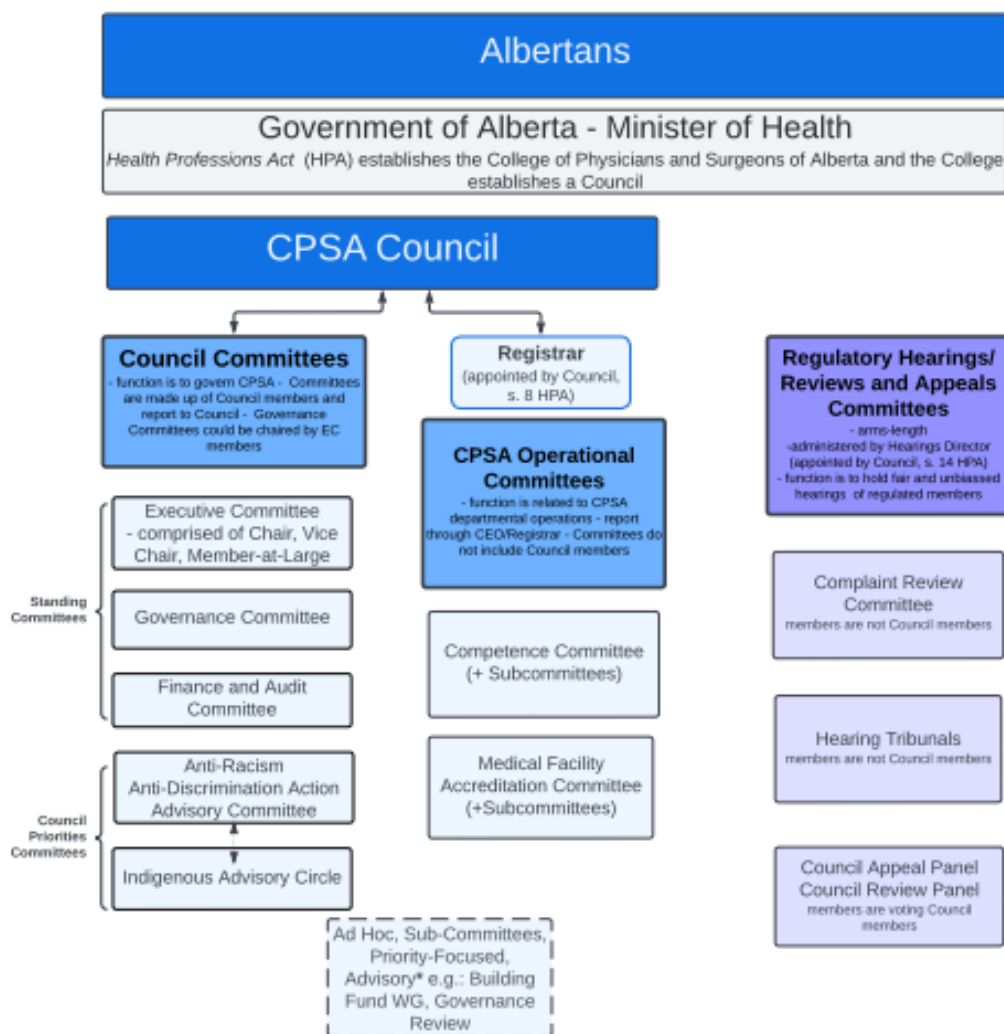
The establishment of a governance structure provides a visual representation of the decision-making structure and lines of authority for CPSA Council which helps ensure decisions are made effectively and are aligned with the mandate of CPSA.

Scope:

Committees created under the *Health Professions Act* (HPA) and Committees and subcommittees created under CPSA Bylaws.

Structure:

CPSA Governance Structure - Committees



Council Committees are of three types and they provide advice and recommendations to Council:

Standing Committees are directly concerned with governance of CPSA, and are comprised of Council members and other members at large with expertise as required. They include: Executive Committee, Governance Committee and Finance and Audit Committee.

Priorities Committees provide advice and recommendations to Council regarding strategic priorities that are set out in the CPSA Strategic Plan. Priorities Committees include a mix of Council members, regulated members, and other members at large with expertise (including lived experience) in the strategic priority area.

Ad Hoc and/or Sub- Committees may also be established by CPSA Council, and these may be established as a new Council Committee or sub-committee. This type of Committee is generally comprised of Council members, however exceptions can be made to include members at large when required.

Operational Committees provide advice and recommendations to the Registrar/CEO (or delegate) on matters that support the department and program functions of CPSA. Council members do not sit on these Committees.

Regulatory Committees include: Competence Committee¹ and Medical Facility Accreditation Committee². Committee members are appointed by Council, upon recommendation of the Registrar/CEO. Regulatory Committees shall include 2 members at large who represent the public. The Registrar/CEO, has authority to manage these Committees, with updates brought to each Council meeting. Where Council decisions are necessary, the Registrar/CEO makes recommendations to Council.

Ad Hoc Committees may be established by CPSA Council to address timely regulatory work. The term for Ad Hoc Committees will be stated in their Terms of Reference.

Regulatory Hearings/Reviews and Appeals Committees are established pursuant to the *Health Professions Act* to ensure fair and unbiased proceedings. The Hearings Director Office (HDO) oversees Complaint Review Committees and Hearings Tribunals and is responsible for the recruitment and appointment of physician members for both Complaint Review Committees and Hearings Tribunals. Public members for Complaint Review Committees and Hearings Tribunals are appointed by Order in Council. The Hearings Director operates independently from the Complaints Director. The HDO also receives requests for reviews and appeals and appoints voting members of Council for these panels.

Committee Resources

Council approves the budget of all CPSA Committees. Committee members are paid an honorarium and are reimbursed for their expenses as per CPSA's Honoraria and Expense Policy.

Council Committee secretariat supports are assigned by the Office of the Registrar, and include professional and administrative staff. The Registrar, Chief of Staff or designate will attend all Committee meetings. Other CPSA staff members may attend or present at Committee meetings as needed to provide specific knowledge or expertise on matters before Committees.

Operational Committee secretariat supports are assigned by the Assistant Registrar responsible for the Committee, and include professional and administrative staff. The Registrar or designate may attend Committee meetings in an ex officio role. Other CPSA staff members may attend or present at Committee meetings as needed to provide specific knowledge or expertise on matters before Committees.

Regulatory Hearings/Reviews and Appeals Committees are supported by the Hearings Director Office.

Council Committees and Operational Committees Processes:

Terms of Reference

Each Committee will have a Terms of Reference that outlines the Purpose, Membership, Roles and Responsibilities and Authority of the Committee and Confidentiality requirements.

As necessary, and at least every three years, the Governance Committee will review and recommend Council Committee Terms of Reference to Council.

¹ See the HPA, s. 10 for the authority to establish the Competence Committee.

² See the HPA, Schedule 21, s. 8 for the authority to establish the Medical Facility Accreditation Committee and advisory committees.

Operational Committees will be provided a Terms of Reference template, and may recommend changes that are in alignment with the HPA, CPSA Bylaws and this policy, to the Registrar.

Committee Annual Reports

At the end of each year, Committees will approve an annual report that summarizes accomplishments in fulfilling the Committee mandate. Annual Reports will be filed with Council at latest in September of the following year.

Committee Members and Chair Appointments

Council appoints the members of Council and Operational Committees for a three year term which is renewable once. Due to the subject matter, and because priorities might change, Council Priorities Committee members will be asked to confirm their Committee membership annually, and may exit the Committee before having completed a full term.

Committee Chairs are appointed by Council for a one year term, and may be renewed annually for no more than six years.

Council Priorities Committees and Operational Committees will recommend Committee members and Chairs for these Committees to Council for approval.

Each Committee may appoint a Co-Chair or Vice-Chair at its discretion, based on the needs of the committee and the leadership styles of those being considered for such roles.

Frequency

Committees meet at least once a year or at the call of the Chair, normally four (4) times per year in advance of Council meetings.

Procedures

Committees may determine procedures to be used at meetings.

Committees 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.

Items requiring approval by Council will be brought forward at the next Council meeting as a recommendation from the Committee.

Committee Decisions

Quorum shall be 50% of voting Committee members. Where one-half of the committee is not a whole number, quorum shall be taken as the whole number which is closest to and greater than one-half.

Committee decisions may be made by consensus or motion and majority vote.

Decisions by Consensus: Following discussion, all members of the Committee agree with a proposed motion. The Committee Chair will determine agreement or not. A motion approved by consensus that requires approval of Council, will be forwarded to Council as a Committee recommendation. If there is not consensus, the Chair will facilitate a majority vote.

Decisions by Majority vote: Motions are made, discussed and voted on. A majority vote of Committee members present and not abstaining from voting at a meeting decides a vote. If the vote is tied, the motion is defeated. A motion carried that requires approval of Council, will be forwarded to Council as a Committee recommendation.

Committee Records

Minutes shall be recorded for all meetings and will be approved by the Committee at its next meeting. Minutes of Council Committees will be made available to all Council members through an online records-sharing portal.

Subcommittees

CPSA Bylaw 16(2) states that Committees may appoint a sub-committee or ad hoc committee to assist in the fulfillment of the Committee's roles and responsibilities. A sub-committee will have specific, defined tasks and deliverables and will have an end date.

Approval:

CPSA Council approves this policy.

Authority Documents:

HPA and Regulations, CPSA Bylaws

Supporting Documents:

Committee TORs to be linked.

ATTACHMENT 3
2024 CPSA COMMITTEE TERMS OF REFERENCE
FOR COUNCIL APPROVAL
DECEMBER 2023

TERMS OF REFERENCE TEMPLATE

Terms of Reference

{Insert Committee Name}

{Insert approval date}

Purpose

- *Governance Committee will review the purpose statement of Committees every 3 years, or earlier if necessary.*

Membership

- *Indicate voting and non-voting members, when both exist.*
- *May include ex-officio members (e.g. Council Chair, Registrar/CEO) **who are always non-voting.***

Roles and Responsibilities

- *Each Committee will have the roles and responsibilities reviewed every 3 years, or earlier if one of the following occurs:*
 - *The Committee has a significant mandate change (e.g. through a Governance Review, or resolution approved by Council);*
 - *The Committee is newly-established; and/or*
 - *Council or the Committee recommends a change to the TOR that varies from the Committee mandate.*

Authority and Accountability

- *Use the Governance Structure and Committees Policy Structure diagram to indicate the Type of Committee. For example:*
 - *Council Standing Committees*
 - *Executive Committee*
 - *Sub-Committees (if any)*
 - *Governance Committee*
 - *Sub-Committees (if any)*
 - *Finance and Audit Committee*

- *Sub-Committees (if any)*
- *Council Priorities Committee,*
 - *ARADAAC*
 - *Sub-Committees (if any)*
 - *Indigenous Advisory Circle*
 - *Sub-Committees (if any)*
- *Operational Committee*
 - *Competence Committee*
 - *CC Subcommittees*
 - *MFAC*
 - *MFAC Advisory Committees*
- *Council Ad Hoc of Sub-Committee*
- *Regulatory Hearings/Reviews and Appeals Committees*
 - *CRC*
 - *HT*
 - *Council Appeal Panel*
 - *Council Review Panel*

Confidentiality

- *Actual text to appear in this section follows:*
- All written materials and discussions related to decisions made at the meetings of the Committee are confidential except that information deemed necessary by CPSA to communicate decisions to stakeholders.
- All Committee members are required to sign confidentiality agreements on an annual basis.

Terms of Reference Executive Committee draft November 2023

(CPSA Committee TORs are to be appended to the CPSA Governance Structure and Committees Policy)

Purpose

The Executive Committee provides a mechanism for continuity and decision making on urgent organizational matters between Council meetings and sets Council meeting Agendas.

Membership

Council annually elects the members of the Executive Committee.

Voting members are:

- Council Chair, who serves as chair of the Committee
- Council Vice-Chair, who serves as vice chair of the Committee and will serve as chair of Council meetings at the request of the Council Chair.
- Member-at-large, who may be called upon to chair Council meetings periodically.

Authority and Accountability

- As per Council Bylaws section 16 (7), the Executive Committee is a standing committee of Council.
- The Executive Committee does not have authority to direct the Registrar, but may delegate some of its power or duties to the Registrar. (see Bylaws section 16 (8) and 16 (9)).
- The Executive Committee cannot alter, repeal or suspend a decision of Council.
- The *CPSA Governance Structure and Committees Policy* categorizes this Committee as a Council/Standing Committee

Roles and Responsibilities

The Executive Committee:

1. Establishes the agenda for Council Meetings.
2. Reviews the results of the Council Meeting Feedback Surveys to make improvements and adjustments to upcoming meetings.
3. Connects with all Councillors regarding the Registrar's performance evaluation on an annual basis.
4. Ensures and reviews the succession planning process for the Registrar
5. Addresses urgent, organizational issues between Council meetings and reports back to Council on those issues.
6. 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.
7. The Executive Committee will provide formal introductions of guests and speakers at the Council Retreat or other Council gatherings/events, or will assign other Council members to perform this role.
8. Represents Council at external meetings, including but not limited to:
 - a. Meetings with the Alberta Medical Association (AMA) and AMA meetings where Council members are invited to attend.
 - b. Canadian Medical Association (CMA) annual Health Summit (and/or General Council) – requirement for a physician member who is able to vote.
 - c. Federation of State Medical Boards (FSMB).
 - d. Federation of Medical Regulatory Authorities of Canada (FMRAC).
 - e. Other meetings of health professions regulatory organizations (e.g. CRNA, ACP) where Council members are invited to attend.
9. Additional responsibilities as required.

The Executive Committee and Governance Committee both have responsibilities in the following areas, with the specific timing and responsibility being different:

10. Follows up with individual Council members based on requests by the Governance Committee regarding the annual sign off of: Conflict of Interest Declarations, Code of Conduct Agreement, Confidentiality and Non-disclosure Agreement, and Councillor's Oath.
11. Reviews the results of the Annual Evaluation of Council Effectiveness and informs Council of actions taken.
12. Works with the Governance Committee to develop and deliver an orientation program for new members.
13. Promotes ongoing professional development of Council members.

Confidentiality

- All written materials and discussions related to decisions made at the meetings of the Committee are confidential except any information deemed necessary to communicate with stakeholders.
- The Confidentiality and Non-disclosure Agreement signed annually by all Council members extends to their work and actions on Council Committees.

Next Review Date – Fall/Winter 2026

Terms of Reference Governance Committee draft – November 2023

(CPSA Committee TORs are to be appended to the CPSA Governance Structure and Committees Policy)

Purpose

Advisory in nature, the Governance Committee:

- Ensures Council practices are in compliance with applicable legislation, regulations and CPSA Bylaws;
- Promotes good governance practices at all Council and Committee meetings; and
- Recommends practices and educational opportunities to improve Council effectiveness.

Membership

Voting members are:

- three (3) public members of Council,
- three (3) physician members of Council,

Non-voting members are:

- Council Chair, ex-officio (Ideally, if the Council Chair is unable to attend a Governance Committee meeting, another member of the Executive Committee will attend instead).

With the exception of Council Chair, members of the Executive Committee are not eligible to participate on the Governance Committee.

Authority and Accountability

- As per Council Bylaws section 16 (7), the Governance Committee is a standing committee of Council.
- The Governance Committee does not have authority to direct the Registrar, but may delegate some of its power or duties to the Registrar. (see Bylaws section 16 (8) and 16 (9)).
- The Governance Committee makes recommendations to Council regarding the duties delegated to the Committee by Council.

- The *CPSA Governance Structure and Committees Policy* categorizes this Committee as a Council/Standing Committee

Roles and Responsibilities

1. Develops themes and goals for the annual Council retreat.
2. Develops, recommends and stewards council evaluation programs.
3. Reviews the annual submissions of the following documents from Council members and forwards any items requiring follow up action to the Executive Committee:
 - Conflict of Interest Declarations,
 - Code of Conduct Agreement,
 - Confidentiality and Non-disclosure Agreement
 - Councillor's Oath.
4. Provides input and support for the orientation program for new members. Promotes the development and use of a reference manual for all Councillors.
5. Facilitates the Executive Election process.
6. Reviews the aggregate skills and competencies of the current composition of Council to identify potential gaps in experience, skills and expertise.
7. Reviews and make recommendations for the annual Physician Member Elections.
8. Brings forward recommendations for appointments or reappointments to Council Committees, including the listing of physicians to serve on Hearing Tribunals or Complaint Review Committees.
9. Brings forward recommendations for appointments of Committee Chairs, (and Co-Chairs or Vice-Chairs as needed) based on the following principles:
 - a. Each committee has an annual discussion about the Chair for the upcoming year.
 - 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 one year only, with an opportunity to renew for up to six years.
10. 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.
11. Reviews Terms of References of other Committees in the following cases:
 - a. The Committee has a significant mandate change (e.g. through a Governance Review, or resolution approved by Council);
 - b. The Committee is newly-established; and/or
 - c. The Committee develops a change to the TOR that varies from the Committee mandate.

12. Monitors the language of bylaws, terms of reference, policies and communications for barriers which could limit diversity and inclusion on Council.
13. Review and recommend updates to the CPSA Bylaws to ensure alignment with other legislation, relevance to current practice and clarity.
14. Recommend, review and develop Council policies in collaboration with other Committees as necessary.
15. Review and report to Council on proposed amendments to the Health Professions Act and other relevant legislation.

Confidentiality

- All written materials and discussions related to decisions made at the meetings of the Committee are confidential except any information deemed necessary to communicate with stakeholders.
- The Confidentiality and Non-disclosure Agreement signed annually by all Council members extends to their work and actions on Council Committees.

Next Review Date – Fall 2026

Terms of Reference
Anti-Racism Anti-Discrimination
Action Advisory Committee
Draft – November 2023

(CPSA Committee TORs are to be appended to the *CPSA Governance Structure and Committees Policy*)

Purpose

The Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC) will provide advice to CPSA Council on priority areas where CPSA has the greatest authority to action and influence change to disrupt racism and discrimination within regulated member practice.

Membership

The Action Advisory Committee will have up to 17 members representing CPSA Council, regulated members, and volunteers who represent those who have experienced racism and discrimination, and who have expressed a commitment to disrupting racism and discrimination in healthcare.

ARADAAC will seek to engage a broad group of individuals who have experienced acts of racism and discrimination and can enhance member awareness and understanding and inform the Committee's work. Engagement will be trauma-informed.

ARADAAC membership includes:

Role/Representation	Member
Role/Representation	Member
Chair	CPSA Council member
Vice-Chair (if desired)	To be selected from Committee membership
CPSA Council	Up to 6 Councillors
Members at Large (up to 11)	<ul style="list-style-type: none">• Up to 7 representatives of equity-deserving groups• 2 Representatives of medical students from equity-deserving groups• 1 Professional Association of Resident Physicians of Alberta representative

Role/Representation	Member
	<ul style="list-style-type: none"> 1 CPSA Indigenous Advisory Circle representative
Ex officio and non-voting	<ul style="list-style-type: none"> CPSA Council Chair CPSA Registrar

Authority and Accountability

On March 5, 2021, CPSA Council unanimously approved the establishment of the Anti-Racism Anti-Discrimination Action Advisory Committee. In September 2022, Council confirmed the Committee as a priority Committee of Council. The *CPSA Governance Structure and Committees Policy* categorizes this Committee as a Council/Standing Committee.

ARADAAC is advisory in nature, with no formal decision-making authority. ARADAAC will report to Council at each Council meeting, and use its written report to submit advice and recommendations.

Roles and Responsibilities

The Committee will assist CPSA in further developing actions that advance CPSA's Anti-Racism Anti-Discrimination Strategic Direction in the [2022-2026 Strategic Plan](#).

The Committee provides advice and recommendations to CPSA Council, related to regulation of the medical profession. Advice/recommendations may be solicited or proactive.

The Committee:

- Provides perspectives and advice on areas for improvement or change in the following regulatory areas:
 - Continuing Competence
 - Medical Facility Accreditation
 - Professional Conduct
 - Registration
 - Standards of Practice
- Supports CPSA to help regulated members incorporate anti-racism and anti-discrimination in their practice with the goal of enhancing the patient experience.
- Provides a safe space for collaboration, where members discuss and recommend action on research/work/initiatives occurring in the medical profession in Alberta.

Confidentiality

- All written materials and discussions related to decisions made at the meetings of the Committee are confidential except that information deemed necessary by CPSA to communicate decisions to stakeholders.
- All Committee members are required to sign confidentiality agreements on an annual basis.

Next Review Date – Fall 2026

Terms of Reference Medical Facility Accreditation Committee FOR REVIEW – November 2023

(CPSA Committee TORs are to be appended to the CPSA Governance Structure and Committees Policy)

Purpose

The Medical Facility Accreditation Committee (MFAC) is an Operational/Regulatory Committee and the oversight committee of the CPSA's accreditation programs. Overseeing a number of advisory committees (see Appendix 1), MFAC advises Council on matters of policy related to the accreditation of facilities. This oversight improves the consistency of standards and their application across all programs.

Membership

Council appoints the members of the Medical Facility Accreditation Committee for a three year term which is renewable once. Consideration is given to geographic location and public versus private representation. The Chair is appointed annually, and may be renewed annually for no more than six years.

The voting members are:

- Seven (7) regulated members from diverse disciplines in clinical and diagnostic medicine.
- Two (2) members-at-large to represent the public. It is an asset if the members-at-large have a background in an area such as healthcare, continuous quality improvement, safety, legal etc., and if they bring forward the perspective of an equity-deserving group.

The non-voting member is:

- Registrar/CEO as an ex-officio member.

Authority and Accountability

MFAC is established under Schedule 21, Section 8.2(1) of the Health Professions Act . As such, the committee must:

- “(a) carry out its duties under this Schedule, the regulations and the bylaws of the college, and
(b) advise the council on any matter relating to the accreditation of a medical facility or to the accreditation process generally. ”

The *CPSA Governance Structure and Committees Policy* categorizes this Committee as: Operational/Regulatory.

Roles and Responsibilities

Many of the Roles and Responsibilities for MFAC are delineated in the Health Professions Act – Schedule 21 and include, but are not limited to:

1. Advise Council on accreditation standards for the ownership and operation of the following diagnostic and treatment facilities in Alberta;
 - Diagnostic imaging
 - Medical laboratory
 - Pulmonary function testing
 - Neurodiagnostic testing
 - Non-hospital surgical facilities
 - Sleep disorders testing
 - Cardiac stress testing
 - Hyperbaric oxygen facilities
 - Psychedelic Assisted Psychotherapy
2. Oversee the investigation and inspection of the ownership and operation of such facilities;
3. Establish, develop, and administer a program of review and assessment of such facilities;
4. 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;
5. 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.

The Committee may do the following in conducting its business and preparing advice for CPSA:

- receive and review minutes, reports, and recommendations of consultants and accreditation advisory committees;
- review scientific literature;
- review standards in other jurisdictions; and
- receive written and oral presentations from stakeholders.

Confidentiality

- All written materials and discussions related to decisions made at the meetings of the Committee are confidential except that information deemed necessary by CPSA to communicate decisions to stakeholders.
- All Committee members are required to sign confidentiality agreements on an annual basis.

Next Review Date – Fall/Winter 2026

APPENDIX 1

List of 2024 MFAC Advisory Committees

MFAC Advisory Committees, composed of peer professionals (both physician/technical), identify the needs and realities of Alberta stakeholders based on local practice to inform the work of MFAC.

Advisory committees include:

- Advisory Committee on Diagnostic imaging
- Advisory Committee on Laboratory Medicine
- Advisory Committee on Pulmonary Function Diagnostics
- Advisory Committee on Neurodiagnostics
- Advisory Committee on Non-hospital Surgical Facilities
- Advisory Committee on Sleep Medicine Diagnostics

Submission to: **Council**

Meeting Date:	Submitted by:																		
December 7, 2023	Daisy Fung, Chair FAC																		
Agenda Item Title:	Finance & Audit Committee Report – Physician Assistant Fees																		
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>Council approve pro-rating Physician Assistant annual fees for the General Register and the Provisional Register categories:</p> <table border="1"> <thead> <tr> <th>Description</th> <th>Prorated Annual Fee Amount</th> </tr> </thead> <tbody> <tr> <td colspan="2">Registering in:</td> </tr> <tr> <td>October</td> <td>75%</td> </tr> <tr> <td>November</td> <td>50%</td> </tr> <tr> <td>December</td> <td>25%</td> </tr> <tr> <td colspan="2">Physician Assistants who retire, pass away or voluntarily erase in the following months will be refunded all but the following:</td> </tr> <tr> <td>January</td> <td>25%</td> </tr> <tr> <td>February</td> <td>50%</td> </tr> </tbody> </table>			Description	Prorated Annual Fee Amount	Registering in:		October	75%	November	50%	December	25%	Physician Assistants who retire, pass away or voluntarily erase in the following months will be refunded all but the following:		January	25%	February	50%
Description	Prorated Annual Fee Amount																		
Registering in:																			
October	75%																		
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Physician Assistants who retire, pass away or voluntarily erase in the following months will be refunded all but the following:																			
January	25%																		
February	50%																		
Background:	<p>CPSA began regulating and charging Physician Assistants for annual fees in 2021. There are currently 53 physician assistants (PA).</p> <p>Annual fees are charged based on the calendar year, similar to physicians.</p>																		

	<p>To align with pro-rating for physicians, if a PA starts practicing in the last three months of the calendar year (Oct – Dec) the annual fees would be pro-rated to be 75% (Oct), 50% (Nov) and 25% (Dec).</p> <p>Also, if the PA retires, passes away or voluntarily erases in the first two months of the calendar year, the annual fees would be refunded so the PA would pay 25% (Jan) and 50% (Feb).</p> <p>The prorating of annual fees would only apply to the General Register and the Provisional Register categories.</p> <p>The annual fee charged for PA is based on 25% of the annual fee for physicians for these register categories. (No change is proposed for the fees.)</p> <p>It is recommended that Council approve the pro-rating of physician assistant annual fees.</p>
Next Steps:	If the prorating of fees is approved, our processes will be updated and policies posted on our website will be updated.
List of Attachments:	
none	

Submission to:	Council
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Meeting Date:	Submitted by:		
December 7, 2023	Dr. Jeremy Beach, Assistant Registrar, Accreditation		
Agenda Item Title:	3.4.1 Medical Facility Accreditation Committee Report		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable):	Not applicable
Background:	<p>The Medical Facility Accreditation Committee (MFAC) met on October 25, 2023, and addressed the following:</p> <p>1) Change in Staffing / Retirement Announcement</p> <ul style="list-style-type: none"> • Dr. Jeremy Beach, new Assistant Registrar for Accreditation • Ms. Fizza Gillani, new Director of Accreditation • Ms. Laurel Wilson-Perry, Accreditation Program Coordinator – Retirement Notice – December 31, 2023 <p>2) Facility Accreditation/Physician Approvals</p> <p>Completed a 4 Year review of the following accredited facilities:</p> <ul style="list-style-type: none"> ○ Pulmonary Function - 9 ○ Sleep Medicine - 4 ○ Diagnostic Imaging – 41 ○ Laboratory Medicine - 2 ○ Neurodiagnostics – 6 ○ Non-Hospital Surgical Facilities – 27 ○ Cardiac Stress Testing - 2 <p>Completed the accreditation of the following new facilities/new modalities/facility moves/facility closures/facility renovations:</p> <ul style="list-style-type: none"> ○ Pulmonary Function - 15 ○ Sleep Medicine - 16 ○ Diagnostic Imaging – 19 ○ Laboratory Medicine - 3 ○ Non-Hospital Surgical Facilities – 1

New Advisory Committee Member Approvals

- Advisory Committee on Laboratory Medicine – 1

3) Standards

Diagnostic Imaging – Teleradiology Revisions

After discussion at the April meeting, the MFAC members agreed that it would be advantageous to invite a representative from the Advisory Committee on Diagnostic Imaging (ACDI) to the next MFAC meeting.

At the request of MFAC, the following members of the Advisory Committee on Diagnostic Imaging attended the meeting to engage in further discussion regarding this change to standards prior to MFAC making a decision on this revision: Dr. Sayra Khandekar, Chair; Dr. Hamid Banijamali; and Dr. Kelvin Lee.

After discussion, MFAC members felt that the ACDI members did not provide sufficient evidence for the requested change to the proposed standards. Members agreed that a recommendation be made to Council for the acceptance of the v4 standards, with the proviso that the time and geographical restrictions for the provision of tele-ultrasound be removed. It was noted that the impact of the removal of these standards should be diarized to be revisited by MFAC in one year's time.

MFAC will seek guidance from Council as to whether an additional stakeholder review is necessary and who the review should be conducted by once the above removal of the provision has been done.

Merging of IV Sedative and PAPT Standards

Committee members were advised that the off-label and psychedelic assisted psychotherapy standards will be merged into one document. There will be a general standards document and three distinct specific documents for complex treatment resistant pain syndromes, treatment resistant psychiatric disorders, and psychedelic assisted psychotherapy.

These standards set will be brought back to MFAC in the new year for review and to recommend approval by CPSA Council.

Bariatric Surgery Standards

At the September 15, 2023 Non-Hospital Surgical Facility (NHSF) Advisory Committee meeting, the Accreditation program was asked to develop bariatric facility standards for the out of hospital surgical setting. These draft standards were developed and circulated to the NHSF Advisory Committee members.

The NHSF advisory committee recommended MFAC's approval of these standards. Committee members agreed to support the standards and recommended approval to Council.

College By-Law Procedure Additions:

The NHSF Advisory Committee requested MFAC's support for the following procedures to be added to CPSA Bylaws:

PART 5 – COLLEGE ACCREDITATION PROGRAMS
Section A – Medical Facilities, 50 Accreditation of
Medical Facilities, 6.(N)

- ii) General Surgical
 - 12c) Laparoscopic Adjustable Gastric Band procedures (insertion or removal)
 - 14) Procedures limited to facilities approved for extended stay – as per the Standards for Non-Hospital Surgical Facility Accreditation: Bariatric Surgery
 - a) Laparoscopic Sleeve Gastrectomy
 - b) Laparoscopic Roux-en-Y Bypass (RYGB)
 - c) Laparoscopic Single Anastomosis Duodenal-Ileal (SADI)

PART 5 – COLLEGE ACCREDITATION PROGRAMS
Section A – Medical Facilities, 50 Accreditation of
Medical Facilities, 6.(N)

- (vi) Otolaryngologic
 - cc) Canalplasty
 - dd) Type 1 Tympanoplasty with Autologous Graft
 - ee) Tympanoplasty
 - ff) Myringoplasty
 - gg) Type 1 Tympanoplasty with Non-Autologous Material
 - hh) Parotidectomy Surgery (Non-Cancer)
 - ii) Submandibular Gland Resection (Non-Cancer)
 - jj) Hemithyroidectomy
 - kk) Parathyroidectomy
 - ll) Functional Endoscopic Sinus Surgery

PART 5 – COLLEGE ACCREDITATION PROGRAMS
Section A – Medical Facilities, 50 Accreditation of
Medical Facilities, 6.(N)

(vii) Otolaryngologic

- cc) Canalplasty
- dd) Type 1 Tympanoplasty with Autologous Graft
- ee) Tympanoplasty
- ff) Myringoplasty
- gg) Type 1 Tympanoplasty with Non-Autologous Material
- hh) Parotidectomy Surgery (Non-Cancer)
- ii) Submandibular Gland Resection (Non-Cancer)
- ll) Hemithyroidectomy
- mm) Parathyroidectomy
- ll) Functional Endoscopic Sinus Surgery

MFAC members agreed to support the above additions to the CPSA By-Laws.

4) Accreditation

Advisory Committee Terms of Reference Revisions (NHSF)

MFAC approved the following revisions to the NHSF Advisory Committee terms of reference:

- Removal of the ad hoc member representation by general surgery and oral surgeon representatives
 - Addition of one General Surgery representative as part of the core voting advisory committee membership
 - Addition of one CDSA representative as an Ex Officio member of MFAC,
- Removal of the psychiatry representative in response to the merging of IV sedative and PAPT processes,
- To manage Committee size, with future procedural and/or therapy services that are not represented with a voting member specialization, CPSA retain the ability to seek out formal expert consultation which will be presented to the Committee as part of the discussion and recommendation to MFAC.

New Advisory Committee Members (NHSF)

The following members were presented to MFAC, and subsequently approved, as additions to the NHSF Advisory Committee membership:

- 1) **Dr. Sean Gregg**
- 2) **Dr. Lee Darichuk**

Medical Director Training Module

The following update was provided to MFAC regarding the implementation of the Medical Director Training Module.

Of the 267 Medical Directors assigned the training, to date 80 have completed the modules. A customer satisfaction survey was included with the modules as a tool to evaluate effectiveness. The response to the training to date has been positive.

In discussion, Committee Members inquired if other members (separate from Medical Directors) would be able to take this training module. CPSA will review this and implement it if possible.

5) Committee Processes

CPSA Governance Structure and Committee Policies

Members were advised of the following action items:

- MFAC to provide any feedback/questions on the revised TOR to Governance Committee through Accreditation Department staff, in advance of the November 1 Governance Committee meeting.
- December 7-8, 2023, CPSA Council meeting:
 - appointment of new members, and re-appointment of members whose first term is completed; and
 - approval of Committee TOR.

In discussion, members were asked to review the Terms of Reference and provide any feedback to CPSA. It was noted that a comment should be added that the sections regarding operational information are now part of CPSA Governance Structure and Committees Policy and have been removed from the MFAC TOR.

Post-meeting members were asked to virtually vote on approval of the following:

MFAC Member Extensions:

Committee Member	Term
Dr. Bruce Ramsey	2 nd 3 year term
Dr. Peter Miles	2 nd 3 year term

MFAC Chair-Replacement:

Committee Member
Dr. Nazneem Wahab

	<p>There was majority approval for each of the above members. These will be put forward to Governance/Council for approval at its next meeting.</p>

Submission to:	Council		
Meeting Date:	Submitted by:		
December 7-8, 2023	Dr. Charl Els, Assistant Registrar, Continuing Competence		
Agenda Item Title:	3.5.1 Competence Committee Report from October 18, 2023		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation:	N/A		
Background:	<p>The Competence Committee met on Wednesday, October 18, 2022, for its third and final meeting of 2023, to receive updates and discuss the following items:</p> <p>Assistant Registrar's report</p> <ul style="list-style-type: none"> Continuing Competence's KPIs remain on track for yearly goal. Dr. Els presented CPSA's new Leadership model as introduced to Council in September. CPD Network – Since the inception in 2018, limited progress has been made. A decision was made to temporarily place on hold the activity for this working group until Spring 2024. Many representative turnovers and lack of funding (CPSA is sole funder) motivated the need to re-evaluate next steps. Continuing Competence hosted Dr. Werner Oberholzer and Dr. Brian Brownbridge from CPSS in late July for a full day meeting of exchange of ideas on Competence programs. An update was provided on the PHMP amalgamation and divestment project. <p>Competence Committee Membership</p> <p><u>Chair Appointment:</u> A motion was carried to recommend Dr. Christine Kennedy and Dr. Kirsten Jones as Co-Chairs of the Committee for 2024. This recommendation was presented to the Governance Committee on November 1, 2023.</p> <p><u>Registered Member Appointment:</u> A recruitment drive was undertaken in August 2023. Ads were posted on our website, various partner's websites, and social media. One vacancy had to be filled and an online vote occurred in early September. Dr. Catherine Patocka of Calgary was selected by Committee members to be join the Committee membership in 2024. Her name was submitted for approval at the Governance Committee meeting on November 1st.</p> <p>Assessment Program Advisory Committee (APAC) Sunset</p>		

A motion was carried out to approve sunsetting of the APAC Committee. During the development of the Continuing Competence portfolio, an advisory Committee was initially established to guide the activities of the Continuing Competence program. The Committee is no longer needed given the level of maturity needed in the CC program, and a subsequent reduction in the advisory function needed. Should future need for consultation arise, it will be conducted on an ad hoc basis.

Physician Health Monitoring Committee (PHMC) Sunset

With the amalgamation of PHMP and CC, and the implementation of the model whereby the Competence Committee will oversee the activities, a motion was carried out to approve sunsetting of the PHMC Committee. PHMP's incorporation into Continuing Competence and divestment of activities to third party service providers has substantially reduced the necessity for a PHMC. For that reason, the recommendation is for the committee to be sunsetted. A letter will be sent to all members in the next few weeks.

Bill 46 and PHMP Divestment Plan

The Physician Health Monitoring Program (PHMP) has been an in-house part of CPSA for about 30 years. It is a confidential and collaborative approach to assist regulated members with health conditions ensure fitness to practice. Their goal is to ensure physicians can balance their health and clinical responsibilities and to mitigate the impact of cognitive, mental, physical, or emotional conditions on workability. On September 11, the amalgamation occurred and divestment planning is underway.

Please refer to agenda (5.1.1) on this topic for more details.

Delegation of Duties to Staff

- The Delegation of Duties to Staff is reviewed at the first meeting of every year by the Competence Committee
- The Delegation of Duties to Staff had to be reviewed earlier due to the recent changes with PHMP.
- The document aligns with Continuing Competence's Terms Of Reference (TOR), Standards Of Practice (SOP), Health Professions Act (HPA), and was vetted by CPSA's legal department.

A motion was carried out by the Committee to approve the following changes:

- Addition of a section (ii) on page 7 – Health & Permit Conditions Monitoring Program
- All mentions of Deputy Registrar (DR) changed to Assistant Registrar (AR)

Implementation of a Continuing Competence review ("appeal") process/update to the Terms of Reference

- The Competence Committee discussed the need for an appeal process.
- Via motion, the Committee agreed to revise the Terms of Reference and the delegation of authority for the Competence Committee to add provisions allowing the Competence Committee to review decisions made by a delegate, with conditions. Further work is required, and a revised, draft Terms of Reference will be emailed to Competence Committee in the next few weeks.

Infection Prevention & Control Update

- The program is on its way to meeting its objective of 150 assessments of medical device reprocessing in community medical clinics in 2023.
- Clinics are typically reassessed on a 5-year schedule, but that interval can be shortened based on performance.
- About 10% of clinics that are assessed require a follow-up assessment, which is triggered when a clinic has greater than 25 deficiencies, or where worker competency is deemed to be insufficient.

Clinic Registry Update

- In December 2020, CPSA Council approved direction to develop and implement a registration process for non-accredited medical settings (e.g., community medical clinics).
- The current number of medical clinics in Alberta is unknown but is estimated to be 1,500-2,500.
- The clinic registry process and platform were launched in fall 2022.
- Over 500 clinics have registered in the clinic registry to date. It is projected that 99% of clinics could be registered by 2027.
- The clinic registry was developed and is overseen by the IPAC program.

Analytics Innovation and Research Update

- Prescribing Snapshot: Development work is underway to enhance the esthetics of the report through revamped visualizations. Quarter 3 reports will be made available in the next week.
- High-Risk Interventions: For Quarter 2 we screened 96, 1917 and 59 high risk cases under the HRPI200, 3+ benzodiazepines and 3 or more opioids in combination with BDZ/Z interventions, respectively. After review, a total of 178 advice letters (physicians with multiple patient cases received a single correspondence) were issued.
- Graduated Assessment of Prescribing Practice (GAPP) Pilot: 2 of 4 GAPP filed were graduated from supervised prescribing process. Report has been provided to Professional Conduct with

recommendation to remove prescribing prescriptions. Next step, prescribing intervention.

Continuing Competence Update

- In 2023, 80% of regulated members participated in the Physician Practice Improvement Program (PIIP), and 95% had knowledge of PIIP.
- The department is meeting its key performance indicators set by the Council as per its five-year business plan.
- The Group Practice Review and MCC360 activities are not on target with facilitations, but they have recruited new facilitators to catch up to meet year-end targets by late December.
- The Physician Assessment & Feedback (PAF) program is on track to complete 200 practice assessments, with 25% of PAF physicians referred for further assessment. The Individual Practice Review (IPR) program receives most referrals from PAF and will close the year with around 50 referrals.
- The Physician

Physician Health Monitoring Update

- The Physician Health Monitoring Program (PHMP) is currently undergoing changes (see earlier).
- Peer-reviewed published work: "Health questions on medical licensure applications: effective or counterproductive? A systematic review" – Dr. Q.K. Lam and Dr. Jeremy Beach have completed this research study [published in CJPL 2023; 9(2)].
- Dr. Els published a systematic review on Opioids in the Cochrane database, and the safety-critical fitness to work guidelines for the Railway Association of Canada's are in press.
- The program continues to work on the Fatigue Risk Management Modules.

Next Steps:

The Competence Committee will meet next on February 7, 2023.

List of Attachments:

1. [Delegation of Duties to Staff](#)

Competence Committee – Delegation of Duties

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Competence Committee – Delegation of Duties

The Competence Committee is responsible for ensuring the continuing competence of the College of Physicians and Surgeons of Alberta's members. The Physician, Surgeons and Osteopaths legislation requires that the College establish a Competence Program that includes three components:

- A. General Assessment
- B. Competence Assessment
- C. Continuing Professional Development (CPD)

The Competence Committee delegates the operation of the competence program and interaction with individual regulated members to CPSA staff as outlined in the document below.

A. General Assessment

The following duties are delegated to the Assistant Registrar, Continuing Competence:

1. Operations of the general assessment program established by Council including:
 - (a) directing CPSA in the administration of the general assessment process as determined by the Competence Committee.
 - (b) determining the instruments for regulated members, as groups or individuals, undergoing the general assessment process, within the framework established by the Competence Committee
 - (c) solving any problems that arise with the general assessment administration process,
 - (d) determining if general assessment results for a regulated member are satisfactory, as per the parameters set by Competence Committee
 - (e) contacting a regulated member flagged by the general assessment process to review the findings, determine if further evaluation of the regulated member is required, and directing the regulated member to comply with a direction for further evaluation, and
 - (f) referring a regulated member to the Complaints Director as required under the *Health Professions Act* or in accordance with the Standard of Practice approved by Council.
2. The Assistant Registrar will report to the Competence Committee on request and at least annually all activities which have been delegated including referrals to the Complaints Director for non-compliance with the general assessment process.

B. Competence Assessment

The following activities are delegated to the Assistant Registrar, Continuing Competence, and staff of Individual Practice Review program.

1. Develop and direct individualized assessments of professional competence and performance, including but not limited to:
 - (a) professional knowledge or skills;
 - (b) communication skills;
 - (c) professional ethics, or;
 - (d) practice management.

2. Develop and administer processes for practice visits subject to the conditions in the *Health Professions Act* including, but not limited to:
 - (a) the review of patient records;
 - (b) the review of case management with the regulated member;
 - (c) the review of practice management;
 - (d) the review of recent continuing medical education;
 - (e) the assessment of the safety and condition of equipment used by the regulated member in the provision of professional services;
 - (f) interviews with office staff, regulated member's colleagues and other health professional co-workers, or;
 - (g) interview with the regulated member.
3. Within 90 days after completing a practice visitⁱⁱ, the delegate must:
 - (a) give a report to the regulated member setting out the findings of the visit, and
 - (b) make a determination as set out in subsection (4) about the findings and advise the regulated member.
4. In making a determination in subsection (3)(b), the delegate must decide whether:
 - (a) the results from the practice visit were satisfactory,
 - (b) the regulated member must comply with directions imposed by the delegate in accordance with the Standard of Practice, or
 - (c) in accordance with the Health Professions Actⁱ, the information obtained is referred to the Complaints Director.
5. If the results of an assessment of professional competence are unsatisfactory, the delegate may direct a regulated member to undertake remedial action including but not limited to:
 - (a) completing a course in self-directed study,
 - (b) completing to the satisfaction of the delegate a course of study in a specified educational program(s), or
 - (c) completing to the satisfaction of the delegate a course of training in a specified practice setting
 - (d) completing to the satisfaction of the delegate assessment and/or remediation program external to CPSA as directed by delegate.
6. The delegate may refer a regulated member to the Complaints Director as required under the *Health Professions Act*ⁱ or in accordance with the Standard of Practice as approved by Council.

7. The delegate selects, or develops and maintains the assessment tools and processes used by the Continuing Competence Program in the practice visit including, but not limited to:
 - (a) considering the practice characteristics, such as geographic location and variations in practice settings, and
 - (b) reviewing specific competence requirements for non-specialists and specialists.
8. The delegate contributes to general quality improvement in medical practice by:
 - (a) requesting, or facilitating, access to appropriate medical professional development opportunities for regulated members,
 - (b) identifying and reporting trends in regulated members' performance to the Competence Committee generally, and
 - (c) identifying and reporting personal and system factors that affect regulated members' performance to the Competence Committee.
 - (d) selecting, or developing and maintaining, assessment tools for practice visits, recruiting and training assessors; and
 - (e) facilitating remedial or recommended action as appropriate,
9. The Assistant Registrar will report to the Competence Committee on request and at least annually all activities which have been delegated including referrals to the Complaints Director and actions taken with members.

(i) Infection Prevention and Control

The following activities are delegated to the Assistant Registrar and the Program Manager for Infection Prevention and Control Program:

1. Develop and disseminate standards for infection prevention and control in regulated members' offices and clinics consistent with the expectations of the Infection Prevention and Control Advisory Committee
2. Inspect infection prevention and control practices in regulated members' offices and clinics and advise and direct regulated members on required changes to the practice for compliance with infection prevention and control standards.
3. Monitor and ensure the records, fixtures, equipment and procedures for infection prevention and control in regulated members' offices and clinics are in accordance with the standards;

4. Assess the educational background, qualifications and ongoing experience of regulated members and personnel assisting those regulated members in the infection prevention and control practices in the regulated members' offices and clinics;
5. Educate regulated members and personnel assisting those regulated members on the standards for infection prevention and control in regulated members' offices and clinics;
6. Develop and make available educational resources for regulated members and office staff on infection prevention and control in regulated members' offices and clinics.
7. Report to the Competence Committee on its activities at such times and in such manner as the Competence Committee may direct.
8. If the delegate determines that there is a deficiency in the infection prevention and control practices of a regulated member, delegate shall report in writing to the regulated member the deficiency to be corrected within a specific period of time.
9. Should the delegate determine that a regulated member has failed to correct the deficiency within the specific time period as provided in sub-section (8), to the satisfaction of the delegate, the delegate shall forward to the Complaints Director a complete record of the assessment conducted, a copy of its report to the regulated member and the result of any review or re-assessment.
10. Should the delegate determine that a regulated member has not complied with the Standard of Practice established by the Council, the delegate shall forward to the Complaints Director a complete record of the assessment conducted, a copy of its report to the regulated member and the result of any review or re-assessment.
11. The delegate must report the existence of a nuisance or a threat that is or may be injurious or dangerous to the public health to the Medical Officer of Health as per Section 1.1 of the *Health Professions Act*.
12. The Assistant Registrar will report to the Competence Committee on request and at least annually all activities which have been delegated including referrals to the Complaints Director and actions taken with members.

(ii) Health & Permit Conditions Monitoring Program

The following activities are delegated to the Assistant Registrar, Continuing Competence and staff of Health & Permit Conditions Monitoring Program:

1. Develop and direct individualized monitoring of regulated member health and fitness to practice, including but not limited to:
 - (a) physical and mental health, or
 - (b) professional ethics
2. The delegate must direct regulated members:
 - (a) to complete to the satisfaction of the delegate assessment, remediation, intervention and monitoring of health conditions and fitness to practice.
 - (b) to provide to the satisfaction of the delegate evidence of fitness to practice and professional competence.
3. In accordance with subsection (2)(b), the delegate must decide whether:
 - (a) the evidence provided were satisfactory,
 - (b) the regulated member must comply with directions imposed by the delegate in accordance with the Standard of Practice, or
 - (c) in accordance with the *Health Professions Act*ⁱ the information obtained is referred to the Complaints Director.
4. The delegate may require a meeting with a regulated member.
5. The delegate may refer a regulated member to the Complaints Director as required under the *Health Professions Act*ⁱ or in accordance with the Standard of Practice as approved by Council.
6. The Assistant Registrar will report to the Competence Committee on request and at least annually all activities which have been delegated including referrals to the Complaints Director and actions taken with regulated members.

C. Continuing Professional Development

The Competence Committee delegates all activities related to ensuring all members participate in Continuing Professional Development to the Registrar including:

- (a) Establishing a process to ensure all members are in compliance with the Continuing Competence requirements established by Council.
- (b) Reviewing requests for and making decisions regarding exemptions.
- (c) Providing written reasons to members when exemptions are denied.
- (d) Reporting to the Competence Committee on request and at least annually all activities which have been delegated including referrals to the Complaints Director and actions taken with members.

D. Review Date

October 18, 2023

E. End Notes

ⁱ Section 51.1(1) of the *Health Professions Act*

ⁱⁱ Section 51(5) of the *Health Professions Act*

Submission to:	Council
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Meeting Date:	Submitted by:		
Dec. 7 & 8, 2023	Melissa Campbell & Kennedy Schultz		
Agenda Topic:	3.6 Office of the Registrar Communications - 2023 Annual Report		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item . See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item . Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable) :										
Background:	<p>CPSA is required by legislation to produce an annual report that includes items such as financials and statistics related to our core regulatory functions. In addition to the required elements, we see the annual report as an opportunity to tell the story of CPSA and engage with Albertans, regulated members and, most importantly, our primary audience: the provincial government.</p> <p>The attached proposal has been approved by CPSA’s Council Chair, as well as CPSA’s Registrar & CEO, and offers a high-level overview of the report’s theme and content.</p>									
Next Steps:	<table><tr><td>November-January</td><td>CPSA Communications team develops required and supplemental annual report content</td></tr><tr><td>February-March</td><td>Communications works with Councilors to create Chair, physician member and public member messages</td></tr><tr><td>Mid-May</td><td>Council approves annual report via email motion; feedback is considered and applied to final version of annual report</td></tr><tr><td>June 30</td><td>By legislation, print report delivered to government</td></tr></table>		November-January	CPSA Communications team develops required and supplemental annual report content	February-March	Communications works with Councilors to create Chair, physician member and public member messages	Mid-May	Council approves annual report via email motion; feedback is considered and applied to final version of annual report	June 30	By legislation, print report delivered to government
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List of Attachments:

1. [2023 CPSA Annual Report Proposal \(final\)](#)

2023 CPSA Annual Report

Proposal

October 2023



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Background

Under the *Health Professions Act* (HPA), medical regulators such as CPSA must submit an annual report every spring to Alberta's Minister of Health, containing information on specific measures and activities. The Minister then presents the report to the Legislative Assembly, and it becomes part of public record.

CPSA's Communications team leads the development of the annual report, collaborating with team members from around the organization to develop engaging content and ensure clear, concise, accurate information is presented.

Audiences

Primary: Minister of Health, Minister's staff in the Health Professions Unit, elected officials, Alberta Health Workforce Division, members of the public and regulated members (physicians, physician assistants, surgeons, osteopaths and medical learners).

Secondary: CPSA teams, senior staff at Alberta Health Services (AHS), Covenant Health and the Alberta Medical Association (AMA), other Canadian medical regulatory colleges, CMPA, FMRAC, University of Alberta and University of Calgary medical schools, Health Quality Council of Alberta, health advocates.

Tertiary: Other Alberta health regulatory colleges and associations (e.g., CRNA, ACP, PCNs, Alberta Association of Clinic Managers, etc.).

Communication goals & objectives

- Meet legislated reporting requirements, demonstrating CPSA as an accountable, effective regulator who serves the public interest.
- Engage with each CPSA team during content development, to ensure their challenges and successes from 2023 are accurately represented.
- Share CPSA's stories from the year in a variety of ways, connecting and engaging with key audiences through multiple channels:
 - Online stories with social sharing, commenting and analytics enabled.
 - Engaging social media content.
 - Interactive elements (infographics, polls) as appropriate.
- Manage workloads during the development of annual report content by repurposing existing communications content as appropriate (e.g., *The Messenger*, website content, social media and emails).

- Demonstrate CPSA's value and reputation through storytelling, online engagement and proactive media relations.
 - Engagement with online annual report content increases year-over-year. Benchmarks from 2022 annual report (July-September 2023):
 - 2,200 total pageviews
 - 1,900 unique visitors
 - Most-read story had 429 pageviews
 - Average time spent on page was 119 seconds
 - Any media coverage of our stories is positive or neutral in sentiment.

Strategic approach

- An annual report is a legislated requirement, but it is also CPSA's opportunity to use storytelling and engaging, online content to support our required reporting, share CPSA's work more broadly, highlight our values and brand characteristics, and connect directly with other audiences in addition to government.
- In 2021, members of the Communications team launched a CPSA microsite, conversations.cpsa.ca, to facilitate conversations with Albertans about their healthcare experiences. This site also provided the opportunity to take a digital-first approach with the annual report's supplementary content (up until the 2021 report, this content was part of the print report that goes to government).
- We will strategically publish annual report content to the Conversations site in the weeks before and after the publication of the print report, developing different forms of online and social media content (long-form, graphics, interactive elements, bite-sized pieces, etc.) to promote and grow engagement with our audiences across channels and devices.
- A digital-first approach will support our strategy of making annual report content more widely available to a broader audience (beyond those who read the print report).
- We will work within Alberta Health Workforce Division guidelines to ensure the print report meets legislated requirements.
- The print report will contain the legislated requirements (registration and complaint statistics, inspections, financials, etc.) and direct readers to the online version of the report via QR codes, encouraging them to scan and experience the stories and content in full.
- We will explore other ways of sharing our stories with Albertans and the healthcare community (budget depending). Possibilities include:

- Sharing posters and printed copies of the report with physician offices, healthcare facilities, community centres, etc.
- Paid social media and ad campaigns.
- Submission to partner channels (e.g. AMA newsletter).

Content outline

As part of our storytelling in the 2022 annual report, we introduced CPSA's five-year strategic plan, capturing the work that went into developing the plan while also highlighting key projects from the year and how they aligned with our strategic directions.

In the 2023 annual report, we will again highlight significant work and projects from the year that tie into the strategic plan, so we can continue demonstrating for our audiences how this plan guides our work. We will reuse the icon designs first introduced for the 2022 annual report, to visually show how each of these projects align with the strategic plan.

Our content will emphasize the impact our work has had or will have on physicians, patients, medical regulation and the healthcare system, providing tangible examples of how we meet our mandate to protect patients. To support this, we will focus our storytelling on six key projects from 2023:

1. Practice Readiness Assessment pilot project

Already a leader in Practice Readiness Assessments (PRAs) for international medical graduates (IMGs), CPSA launched a pilot project to further accelerate registration for IMGs from certain jurisdictions—the first regulatory body in Canada to trial such a pathway.

Impact:

- Reduces barriers to practising in Alberta while maintaining focus on patient safety.
- Demonstrates CPSA's innovation and adaptability to help meet the needs of communities across Alberta.

2. Implementation of legislative changes (PAPT accreditation, PHMP/Competence amalgamation, consultation 026)

Throughout 2023, CPSA adapted to a number of legislative changes by developing PAPT accreditation standards, amalgamating our PHMP and Competence teams, and creating a *Continuing Competence* standard of practice.

Impact:

- Shows we are responsive and well-aligned with government legislation.
- Demonstrates that CPSA stays up-to-date on innovations in medicine.

- Confirms that CPSA listens to regulated members and affected groups to create the most-informed, highest-quality standards possible.
- Provides opportunities to collaborate with our partners in health care and demonstrate our commitment to patient safety.

3. Launch of the Customer Experience (CX) team

CPSA's CX team is an innovative customer service solution based on research and feedback. The pilot launched in 2022 and its success led to CX becoming a permanent team in 2023.

Impact:

- Demonstrates our brand characteristics by showing we are approachable and thorough, as well as trustworthy.
- Being more easily available to those who need our help, and providing consistent service and information, improves our reputation and makes people who need support more likely to reach out.

4. Micro-aggression training (and other anti-racism/anti-discrimination work)

Along with our partners at AMA and AHS, CPSA created interactive and engaging training modules to educate regulated members on micro-aggressions in medicine. This was one project among other anti-racism and anti-discrimination work in 2023.

Impact:

- More informed, educated care providers lead to culturally and psychologically safer care spaces, as well as better care experiences overall.
- Contributes to changing systemic issues: making health care safer for patients and workspaces safer for physicians.

5. Siksika/CPSA Memorandum of Understanding (as well as in-person Circle gathering and other Truth & Reconciliation work)

In addition to other impactful Truth & Reconciliation work, CPSA signed a historic Memorandum of Understanding (MOU) with Siksika Nation outlining our joint efforts towards authentic connections and relationships that facilitate quality health care for Indigenous peoples.

Impact:

- Builds trust and shows we're working to earn these important relationships and partnerships.
- Demonstrates our support for self-determination.
- Increases cultural sensitivity for our team.
- Helps us understand how reconciliation fits into our lives and our work, so we can better advocate for Indigenous patients.

6. Artificial intelligence in health care

Members of CPSA's Analytics, Innovation & Research team partnered with researchers at the University of Alberta to develop a machine learning model, designed to help physicians better predict risk for patients using opioids. CPSA will also cohost a symposium with the Canadian Medical Protective Association (CMPA) focused on the opportunities and challenges of applying artificial intelligence to health care, from a legal and regulatory perspective.

Impact:

- Demonstrates CPSA's commitment to innovation as we explore and support new technology to improve patient care.
- Ensures our work in medical regulation reflects the ongoing growth of artificial intelligence and how it has and will continue to impact health care.

To ensure a reasonable workload for the Communications team and subject matter experts, we will leverage existing tactics already developed for these projects, expanding and reworking the messaging as appropriate to fit the annual report and development of our online content (for example, pulling messaging from media releases and emails to the profession, re-developing articles from *The Messenger* into a different medium, etc.).

The 2023 CPSA annual report will also contain these annual elements:

- Messages from CPSA's Chair, Registrar, public Council members and physician Council members.
- Governance and leadership information.
- Department narratives, showing how each department's work and priorities tie into the strategic plan, along with department-specific highlights from 2023.
- Required statistics, as identified by government guidelines.
- Audited financials.

Theme

CPSA in 2023: Action Towards Impact

Much of CPSA's work in 2023 has involved thinking outside the box, pushing boundaries and looking for fresh solutions to complex, sometimes longstanding, issues. As health care continues to evolve, we've innovated and adapted how we do our work to ensure we're meeting the needs of patients in Alberta. Our annual report content will highlight this approach, emphasizing the tangible actions we're taking every day to make an impact and bring our strategic plan to life.

Action Towards Impact is the common thread among the stories we feel best represent our year. The use of the word *towards* also mirrors the wording of our strategic directions, which are the foundation upon which our work is based.

Responsibilities

Project Management	Kennedy Schultz and Melissa Campbell (co-leads)
Content Development	CPSA Communications team, with support from subject matter experts as appropriate.
Subject Matter Support	CPSA Leadership and teams will provide data and statistics, respond to internal interview requests, share contact information for other experts, and review and approve content for their areas.
Approvals	<p>CPSA Council Chair and CPSA Registrar will review and approve the proposal.</p> <p>Council Chair, Members of Council and Registrar work with the Communications team to develop their messages, then approve them.</p> <p>The Registrar approves final content before presentation to Council.</p> <p>Council is highly involved in approval stages throughout the project before signing off on final content in advance of the May Council meeting.</p> <p>An Independent Auditor signs off on the financial summary, coordinated by Operations.</p>

Estimated Budget (already accounted for in 2024 budget)

Photography: \$3,000

Graphic design: \$5,200

Printing: \$2,100

Web & video production (if needed): TBD

Sundry (thank you gifts, etc.): \$200

Minimum estimated total: \$10,500

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

Prepared for December Council – December 7th and 8th

September 2023

- September 5th Meeting with the Registrar
- September 7th 8th CPSA Council
- September 20th MOU Signing Siksika

October 2023

- October 3rd Appeals Orientation and Training for Council
- October 4th Meeting with the Registrar
- October 5th Indigenous Advisory Circle Gathering Bragg Creek
- October 6th CPSA Registrar Performance Review Planning Meeting
- October 18th Competence Meeting
- October 20th Council Agenda Planning Meeting
- October 25th MFAC Meeting
- October 25th AMA/CPSA Meeting
- October 31st Executive Committee Meeting

November 2023

- November 1st Governance Meeting
- November 7th Council Education Kick Off Meeting
- November 9th Finance and Audit Committee Meeting

December 2023

- December 4th Finance and Audit Committee Meeting
- December 6th Minister Meeting – Pre-Brief
- December 6th Minister's Meeting
- December 7th 8th CPSA Council
- December 11th Meeting with the Registrar
- December 11th AMA/CPSA Meeting
- December 18th Governance Meeting

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

Introduction

As 2023 comes to an end, I want to thank Council for all the incredible work you have done in supporting CPSA's mandate to protect the public. This is not easy work, and it takes commitment and dedication to do it well. It has been a pleasure serving Albertans with you.

It seems like every update I start by saying we have seen a great deal of change since our last meeting. This is no different. The recent changes to Alberta's health system are certainly big changes, but CPSA will continue to focus on our mandate of protecting the public no matter what organizational design the health system has. We will remain committed to our work and making sure we regulate the profession in the public interest.

With the resignation of Lyle Olberg from the board we will be short of 3 public members, and I can assure you that we will work hard with the government to get more public members appointed.

The intent of this update is to give you a brief update on the work we have done over the past year and hopefully initiate some great questions and discussion.

1. CPSA Organizational Updates

At our last Council meeting, I updated Council on the key changes to our own organizational structure and you approved the appointments of our Complaints Director and our Hearings Director. We have continued to adjust to this new way of doing business and although there have been a few bumps along the way, I believe we are moving in the right direction.

Changing our organization's reporting structures and how we align our authorities, responsibilities and accountabilities is important, but this itself is not sufficient. The next step is to embrace all that we have learned over the past few years from our team and invest in how those who work in our new structure are empowered to be their best.

I will share more in our first meeting of 2024, but our focus in the coming year will be less on the structure of the organization and more on the function of the organization. This means more focus on the people and the culture of CPSA. It will mean an investment in leadership development more broadly in the organization to support and embrace my core belief that leadership does not come from the position you hold, but more from how we all help the teams we're a part of be better.

This of course does not mean we deviate in any way from our strategic plan or the business plan. It just means that our focus will be on the people who execute that plan. We will be grounded in the CPSA Values and Characteristics.

History Project

In its second year, the Indigenous Advisory Circle continued to offer insight into ways to build (and earn) authentic and meaningful relationships with Indigenous Peoples and communities. The Circle gifts us with learning recommendations for the CPSA team, CPSA Council and our regulated members, and steps we can take to make physician care safer for Indigenous patients. This fall we engaged in a first for CPSA, by going to the land for an in-person gathering of the Circle, which was hosted by the Circle's Elder, Dr. Grandmother Doreen Spence. Together we were immersed in land-based learning, reflecting, and building momentum in our collaborative work.

We are applying what we have learned from the Circle to developing CPSA's approach to indigenous engagement and reconciliation, which when finalized will map out the actions CPSA will take to influence change in the health system within our regulatory role. This work is currently advancing under the working title "CPSA ReconciliACTION Project". This project will be presented to the Circle and ARADAAC for their input and to Council for their support in early 2024.

Coincidental to this, at its May 27/28, 2021 meeting, Council gave approval for the "CPSA History Project". The idea behind the History Project is to create a well-rounded resource that does not shy away from uncomfortable parts of CPSA's history, including developing an understanding of CPSA's complicity in allowing discriminatory medical practices. It was felt by Council at the time that understanding the past would enable CPSA to learn how to become better in the present and for the future. This project was deferred in 2022 and Council has been awaiting a plan for how this project could be advanced. Due to the overlap in goals between the ReconciliACTION project and the History Project, staff will be proposing in early 2024 that the two projects advance concurrently.

Siksika MOU

On September 20th, 2023, just two days before the anniversary of the signing of Treaty 7 at Blackfoot Crossing, CPSA Council Chair, Stacey Strilchuk and myself signed an MOU with Siksika First Nation that to our understanding is the first of its kind in Canada. This MOU recognizes the Nation's right to self-determination, and they recognize CPSA as the medical regulatory authority for those practicing on their territory. It is also a joint declaration to take action against anti-indigenous racism.

Signing an MOU is obviously an important step, but it's only the first step in dealing with the challenges ahead. Now is time for action and our team is working hard to develop a plan of action to support all indigenous people in Alberta.

AtP - Guidelines for Anti-Racism and Anti-Discrimination

As a step towards our strategic directions, the department has been working on an advice to the profession document regarding guidelines for anti-racism anti-discrimination. The intent of this document is to provide regulated members with information on, and suggestions for, anti-racism anti-discrimination related to their practice and interactions in health care settings. CPSA is mindful that each regulated member, as well as the organization, is on a journey in these spaces. As such, the advice to the profession was proposed to support capacity, awareness, and growth for regulated members, while signaling that racism and discrimination have no place in the medical system. This work is aligned with the Micro-Aggressions Course that was released earlier this year.

This work has been guided by feedback from the Anti-Racism Anti-Discrimination Action Advisory Committee. They have completed multiple reviews, providing important advice and context that has shaped the advice to the profession document into content that will support patients and regulated members with their interactions. To help with the launch of this new advice to the profession, ARADAAAC recommended a summary, which has been turned into a Messenger article, to be shared with regulated members. This article is anticipated for release, along with the [advice to the profession](#), later this month in the December edition. We are planning key messages for our CX team and other team members who interact directly with regulated members and would be happy to supply these to Council members for instances where they received queries from their colleagues.

2. Departmental Updates

The following are brief updates from each department that should provide you with some great insight into some of our key accomplishments in the past year.

- **Continuing Competence**

The Continuing Competence department guides regulated members on their journey of lifelong learning, among others by providing both Group Practice Reviews (GPR) and MCC360, with over 800 physicians participating in 2023. Further, for 2023, 80% of regulated members self-reported on their annual RIF that they are engaged in physician practice improvement program (PIIP) initiatives, an adoption of the recommended FMRAC PPI approach.

Our 2019-2023 funding and collaboration work with the University of Calgary Continuing Medical Education team have produced practice improvement tools accessible to all regulated members. Our regulated members now have the opportunity to participate in a Peer Coaching training program to facilitate and mentor quality improvement data, use the MyPI management system to record, track and facilitate PIIP activity with the opportunity to earn 45 CPD credits. The Clinical Reasoning Course is also available to physicians who have gaps in their role as Medical Expert.

Our team continues to provide assessment and remediation support to 200 potential higher risk practices identified through multivariate factor analysis and through referrals. The profile of referrals has changed - we observed a significant decline in referrals to Individual Practice Review (IPR) from the Complaints Director in 2023. Most referrals to IPR were from our Physician Assessment & Feedback (PAF) program. PAF has now expanded beyond Family Medicine to include Specialists.

The IPAC team continued with regular business of engaging 150 clinics in IPAC assessments and piloted a soft launch of registering non-accredited community clinics. We have now registered over 500 clinics in Alberta and the expectation is to have close to 99% registered by the end of 2027. The registered clinics can participate in IPAC, GPR and other available competence programs at CPSA.

This has been a busy year for Continuing Competence with completing the development of our Competence Standard of Practice and our detailed Program Manual to support the Standard, in time for Bill 46 proclamation in March 2023. The Continuing Competence team has also been heavily engaged in the divestment of assessment and remediation work in Physician Health Monitoring Program (PHMP). The Assistant Registrar and Director of Continuing Competence were delegated leadership roles for PHMP in addition to the existing Competence portfolio at the beginning of September 2023, as the outcome of the divestment project. The divestment project is still on-going with the target for divestment of 270 members in the current health monitoring program to be completed by year end for full transition to our new Health & Practice Condition Monitoring Program (HPCMP). The monitoring of 400 regulated members with practice conditions remains unchanged.

- **Professional Conduct**

People and Resources

Professional Conduct has had a successful change in leadership with the new Director and Assistant Registrar in place and the handover process complete. Professional Conduct is currently recruiting two vacant Senior Medical Advisor positions, which are the only vacancies in the department at this time. Once recruitment is completed in early December, the department will be fully staffed.

Operations

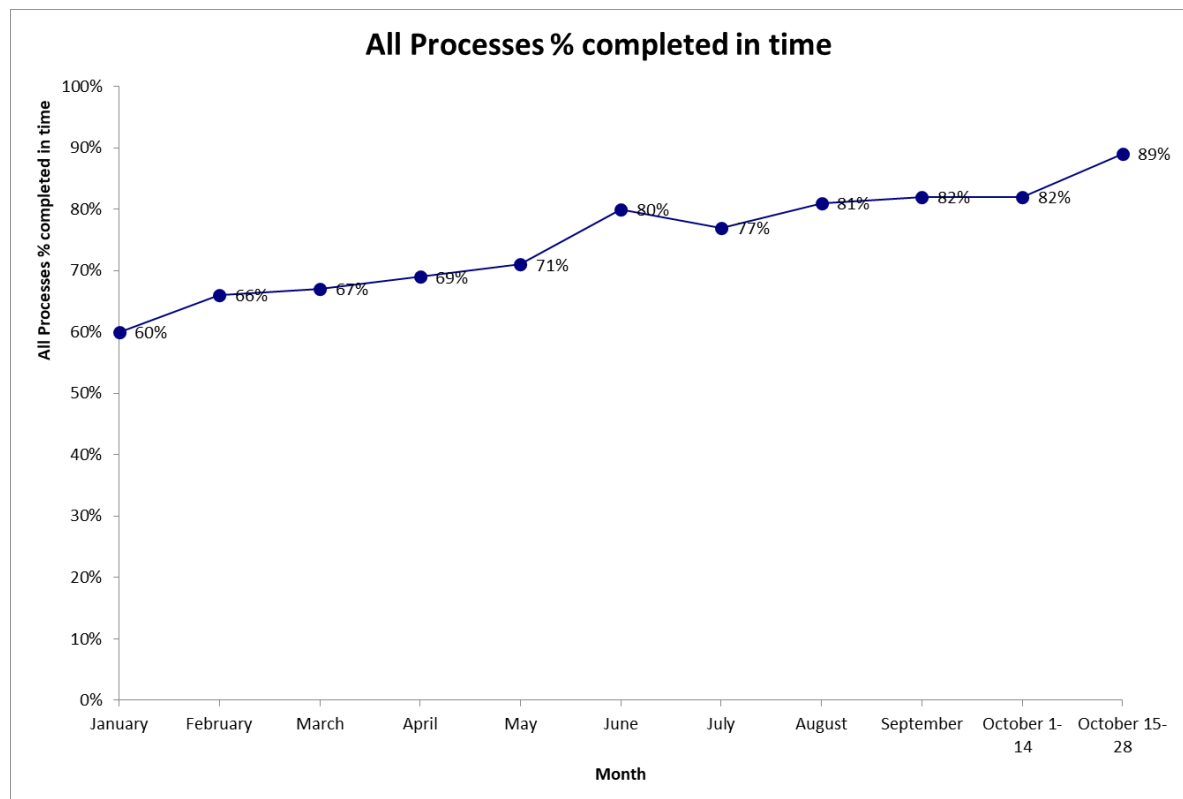
The operational and resource enhancements implemented throughout Project Bluebird continue to have a positive impact on the timeliness and effectiveness of CPSA's complaint processes. Project Bluebird's objective was the improvement in the healthcare experience of Albertans through provision of best practice in regulation that will foster a culture of learning for Alberta physicians and physician assistants, which ultimately adds value for both the complainant and the regulated member alike. This was accomplished through:

- Strategic direction – adopting a culture of quality improvement, integrating a learning environment, maximizing the Health Professions Act's complaint pathways (e.g., expert opinions), and developing metrics to monitor the impact of the changes;
- Department structure – improving work streams and cohesiveness of the work;

- Investment - people capabilities, behaviors, and skills to support our new workflows and strategies (e.g., legal writing skills); and
- team culture - establishing a psychological health and safety environment and the right team attitude.

Professional Conduct has made substantial changes in these areas throughout Bluebird's horizon. A final keystone of Project Bluebird has been the beginning of the transition to normal. The changes implemented throughout Bluebird are designed to increase the effectiveness and efficiency of the complaints process in CPSA. After a period of sustained change (process changes, new staffing models, training, and strategic approaches) the department then continues improvements through operational knowledge and experience. Realizing the full benefits of change only comes after a period of sustained stability, transitioning the department from change to stability will entrench the long-term gains realized through project Bluebird.

Tracking of KPIs has transitioned to biweekly during the final phase of Bluebird. The most recent proportion of processes completed in time was 89% (see diagram below for the YTD 2023).



Professional conduct's historical pending queue for investigations is at 23 files (November 10, 2023) and continuing to decline. Complaints have leveled off in Q2 and Q3 with our YTD trending toward normal (~800) in 2023.

It is estimated that approximately 20% of complaints require investigation which results in opening 160-180 investigations per year: an average of ~3 per week. Professional conduct's *interim* target for the pending queue is 15-20 files (5-7 weeks of investigations/ no wait for high priority files). This will balance the efficient use of resources and the need to maintain timeliness in due process. Final calibration of this target is subject to stabilizing staff resources and finishing the investigation from the historical pending queue.

Case IQ Implementation

Professional conduct is in the final stages of the Case IQ platform roll out. Staff training on Case IQ is complete and the soft launch has been successful. Testing has already revealed some issues with the software that has been remediated with minimal impact on the timelines or operational effectiveness. Testing and internal facing file management continues which reinforces the value of the incremental implementation plan. Professional conduct's first complaint was loaded into Case IQ on October 24 with the full transition to complaints continuing target for November 27th. The public launch of the portal is expected in January 2024 as planned.

- **Accreditation**

The Accreditation department with support from CPSA Communications released the online Medical Director Training module on the 'MyCPSA' website in September. This mandatory training will better inform and support Medical Directors of private diagnostic facilities in understanding their roles and responsibilities in providing patients with safe, high-quality care within accredited facilities. As of the 30th of October, 187 of 270 Medical Directors had completed the course with a further reminder planned for those who had not yet completed it in the next few days.

The Physician Privileging and Modality approvals process that had been performed by the Accreditation department was transitioned in June to be the responsibility of Facility Medical Directors. The Accreditation department supported the transition by providing a guide for Medical Directors to ensure the creation of a robust credentialing and privileging process to screen and evaluate the qualifications of physician seeking to provide services in a facility. To date this process has progressed smoothly although there has been some unease about CPSA stepping out of this role.

CPSA's Accreditation department has partnered with other FMRAC Accreditation programs to develop a Special Interest Group (SIG) to share experience and ideas in this area of work. This is an opportunity to reinforce learning and development between provincial/territorial partners.

In response to the Alberta Surgical Initiative, Bariatric Surgery Accreditation Standards were approved by MFAC, October 25, 2023. They were developed with the goal of increasing access to these important treatments while ensuring they would be done as safely in a non-hospital surgical facility as in a hospital setting. The intention is to reduce the significant backlog for and support improved patient access to surgical bariatric treatments provincially. CPSA became the second Canadian jurisdiction to release standards specific to Bariatric Surgery.

In addition to the approval of the standards, MFAC has also recommended the addition of certain bariatric and otolaryngology surgeries to the CPSA Bylaws. The timeline coincides with AHS's awarding of the RFP and NHSF patient readiness for this new specialized modality.

With the support of an expert working group, Psychedelic Assisted Psychotherapy Standards were developed, and then approved by CPSA Council at its last meeting. These have now been released and several applications have been received to start providing this treatment in accredited facilities. The first on-site visit to a prospective facility occurred in October 2023.

CPSA and AHS entered an 8-year agreement for CPSA to provide Accreditation services for all AHS/Alberta Precision Laboratories diagnostic facilities in Alberta.
(Enhanced Partnerships)

- **Registration**

2023 activities within the Registration Department and Registration Assessment continue to focus on eliminating unreasonable administrative barriers while maintaining regulatory safeguards thus improving the registration processes for all applicants.

Registration Department Highlights:

- a) Continued cooperation with the Government of Alberta and other provincial regulators - sharing best practices for compliance with both the Fair Registration Practices Act and the Labor Mobility Act. CPSA remains in compliance with both Acts and has completed a successful Fair Registration Act audit by Deloitte Risk.
- b) CPSA hosted a mid-year FMRAC Registration Special Interest Group (SIG) meeting, bringing together MRA registration leads from across the country to review common interests, concerns, and approaches to physician registration.
- c) CPSA's accelerated practice readiness assessment for IMGs from approved jurisdictions, live as of January 16, 2023, has been the subject of much interest from our sister regulators across the country. Currently there are 139 candidates within this stream who have received a letter of eligibility.
- d) CPSA continues to assist Medical Council of Canada in their rewrite of the PhysiciansApply process.
- e) In 2023, CPSA began registering regulated members on general/provisional sub-registers limited to nonclinical practice. Currently there are 183 members identified in this fashion.
- f) Specialist/Non-Specialist - CPSA identifies specialist physicians that do not have their full Canadian credentials as a "non-specialist".

This was only intended to be used as a way of identifying those who have been deemed competent to practice but have not attained their Canadian credentials. This has led to a differential (lower) compensation for non-specialist physicians who are largely IMGs. This categorization negatively impacts the recruitment of physicians. As CPSA is striving to become an anti-racism anti-discrimination organization, we have determined that our approach needs to change and will stop using the categorization of "specialist/non-specialist". We will identify physicians based on the discipline they have been deemed competent to practice in. This will be a significant change for many, requiring a robust communications strategy. We feel it is in the best interests of both Albertans and regulated members that we make this change.

- g) Criminal Record Checks – CPSA has updated the Criminal Record Check policy limiting the CRC requirement to jurisdictions where the individual has practiced for more than 90 days in the last 5 years. CPSA's longstanding practice (10 years' worth of CRCs) was an early and conservative approach. After the Act to Protect Patients (2018) was proclaimed, CPSA has become increasingly comfortable that a shorter time requirement for CRC's is congruent with Albertans' expectations that we register professional and safe practitioners.
- h) Subspecialist Examination Affiliate Program (SEAP) - The Royal College of Physicians and Surgeons of Canada will grant "affiliate" status to physicians who have passed a Royal College subspecialty exam (Subspecialist Examination Affiliate Program (SEAP)). Historically, CPSA has not granted licensure to those with affiliate status as they lack the primary Royal College fellowship. Some medical regulatory authorities in Canada have been accepting the SEAP status for restricted and independent licensure; CPSA has reviewed our policy and will start accepting the SEAP credentials for licensure in the coming months.
- i) Resident Elective Permits - Residency electives are an excellent way for physicians in training to explore future practice locations. CPSA has identified a loss of revenues of approximately 30K per year in not charging postgraduate residents for elective (educational) registration. This will be pursued with the expectation that Alberta will be more accessible to these trainees as they consider future practice locales.
- j) US Certified Physician Assistants - The US has been training physician assistants (PAs) for decades and this could be a source of PA recruitment to Alberta. For that reason, CPSA will be accepting the US PA certification and registering them on the Provisional Register without Canadian PA certification. The intent is to further refine General Register criteria to allow for future PA transition without requiring additional certification or examination.
- k) Expanded PRA pilot to include US Board Certified Specialists - The accelerated PRA route for eligible IMGs pilot does not include US Board Certified (non-family) medicine specialists as their training is typically one year less than the Royal College equivalent. With our increased comfort in the pilot CPSA believes it would be low risk for Albertans to expand eligibility to these practitioners.

- l) CPSA staff have assisted other medical regulatory authorities with revamping/rebuilding of their own registration processes.
- m) Fellowships – CPSA will explore (with the Universities) recognition of Canadian fellowships as representing “currency of practice” and therefore allowing fellows eligibility to register for independent practice and access a Practice Readiness Assessment.
- n) Sponsorship expansion - CPSA is working on the expansion of the sponsorship model, currently limited to Alberta Health Services. The expansion would allow different registered members, groups, or corporations to sponsor physicians to the Provisional Register (for those candidates lacking full Canadian credentials).

Registration Assessments Highlights:

With the ongoing scrutiny of health professional availability within the province of Alberta, highlights in Assessment include:

- a) Practice Readiness Assessment (PRA) volumes are more than 40% above what was originally anticipated for calendar 2023 – from the originally planned 86 assessments to over 120 which will have been initiated by the end of December 2023. 97 PRAs initiated by end of Q3 2023 (30Sep2023), 76 preliminary clinical assessments (PCAs), 21 supervised practice assessments (SPAs) only, and 80 completed (54 family medicine and 26 specialty). For the IMG pilot route, 27 have been transferred to assessment, 8 have assessments scheduled or ongoing and 4 applicants have completed/passed.
- b) More than 26 new assessors in family medicine have been added to CPSA’s PRA in 2023. A number of these assessors are placed in urban, regional, or suburban practice to support AHS candidate recruitment (see below). There continues to be no “waitlist” for PRA based on CPSA assessor availability.
- c) CPSA has been able to pivot PRA to include physicians in urban settings (urban, regional, or suburban) and with limited scopes of practice (non-acute care/long-term care/emergency medicine). This has supported AHS recruitment to settings of practice which are primarily community-based (versus AHS facility-based) specifically in South Zone and urban/suburban Calgary. To date 65 physicians have limited scope conditions on their permit and have been accommodated in PRA.
- d) CPSA has been able to initiate 11 Summative Assessments (SUMA) to date in 2023, 23 since 2021 (both family medicine and specialist physicians on the provisional register). A SUMA is required where the regulated member has not obtained full Canadian credentials. Any candidate who is unsuccessful in their SUMA has access to a Council Review Panel process as outlined by the Health Professions Act and overseen by the Hearing Director.

- e) The Therapeutics and Decision Making (TDM) examination remains highly subscribed with more than 60 applicants (on average) for each of the writing dates (January and June). 68 individuals registered for the January 2023 exam, 55 registered for the June 2023 exam and there are 36 registered to date for the January 2024 exam. Most of these applicants are within Alberta and have made an application for AHS sponsorship. Starting in 2024, the MCC will host 3 exam sessions in January, June and September and now being offered in both English and French.
- f) Certain critical specialty PRAs continued to be prioritized (i.e., anesthesiology) with the support of community-based assessors and AHS.

- **Corporate Services (Previously Operations)**

The Corporate Services department includes finance, payroll, risk management, infrastructure, and office support.

Highlights for 2023 include:

- A new benefit program was rolled out for our CPSA team. This was a joint project coordinated with People & Culture. Manulife was selected as our vendor for our staff group benefits following a request for proposal process. The benefits component of our staff total compensation was the last element to be reviewed.
 - Pension – new defined contribution plan rolled out Jan 2021.
 - Salary review – completed in 2022, with the new salary grids rolled out in 2023.
 - Benefit review – completed in 2023, with the new benefit plan rolled out October 1, 2023.
- The CPSA Healthier Albertan Grant recipients were announced in August 2023.
- Two new external investment managers were hired following a request for proposal process. Assets were transferred in the June-July period.
- A new cloud version of financial reporting software was rolled out for September 2023 for the third quarter results.
- A new payroll/HR system is currently being evaluated through a request for proposal process. The Payroll and People & Culture teams are currently short-listing vendors. The teams are targeting to roll out the new software by summer 2024.

- **Communications**

It was another busy year for the Communications department, starting with several position shifts (Andrea Garland to permanent Director and Melissa Campbell to permanent Senior Advisor).

This led to hiring a new Communications Advisor (Agatha Grochowski). With a full slate of team members, we began the year supporting the launch of the new accelerated Practice Readiness Assessment (PRA) route to registration through media relations, community outreach and presentation support. FAQs related to the accelerated PRA route remain the most viewed on our website.

As we headed into spring, our media relations efforts significantly ramped up with the onset and conclusion of the provincial election. They supported our government relations initiatives and brought awareness to Albertans about who CPSA is and our role in health care in Alberta. As health care remains a priority for the government and the majority of Albertans, we continue to receive and respond to many inquiries around physician resourcing and statistics.

Throughout the year, several team members were involved in two key educational projects tied to our learning platform, MyCPSA. The first involved support for hosting and launching the Micro-Aggressions training in partnership with the planning committee, including AMA and AHS. The second involved close collaboration with the Accreditation department to plan, film and execute Medical Director training for Medical Directors of private, accredited facilities. Internally, our team supported many large-scale projects including the new benefits roll-out and sourcing learning opportunities and resources for team members leading up to the National Day for Truth and Reconciliation. We also supported the Information Management department in messaging and getting systems back online after our network outage in July.

This fall, the Communications team supported CPSA in achieving two milestones towards our strategic direction of Authentic Indigenous Connections. At the end of September, we helped plan and execute the signing of the Memorandum of Understanding (MOU) with Siksika Nation and Siksika Health Services. A couple weeks later, we supported the Indigenous Advisory Circle's in-person gathering with Dr. Grandmother Doreen in Bragg Creek.

In addition to ongoing daily support for all departments at CPSA, the Communications team is looking forward to rounding out the year by engaging with Albertans through focus groups, to gain a better understanding of their healthcare experiences and ultimately support CPSA's guidance and delivery of safe, high-quality care to Albertans.

- **People and Culture**

CPSA's People & Culture (P&C) Team expects to hire and onboard 42 positions in 2023. We've successfully reduced our external days to hire externally from 57 days in Q4 2022 to 49.94 days at the end of Q3 2023 as a result of having two full-time recruitment positions.

In partnership with the Payroll team, P&C undertook the second half of the total compensation review. A complete review and overhaul of our benefit program was completed adding \$400,000 into our program to ensure we're meeting P65 total compensation policy.

Highlights include adding a Health Spending Account, Flexible Spending Account, enhancing our mental health support and providing paid salary top up for all maternity and parental leaves. We've moved to Manulife as our benefit provider as of October 1, 2023. This benefit overhaul included several policy updates including vacation, personal time off, maternity, and parental leaves, disability, casual health illness days and workplace appearance. We will also be rolling out a new respect in the workplace policy in late 2023 to replace our harassment policy.

The P&C team spearheaded our team Pulse Check engagement survey in the fall of 2023 which we know had an 89% participation rate. We expect the results in late 2023 and have been advised by our vendor that a 2% increase in engagement would be excellent. The employee-led Culture Crew has been hard at work in 2023 bringing forward new suggestions and initiatives to enhance our culture and improve our engagement.

We also hosted our third annual learning sessions for Truth and Reconciliation Day, which ran throughout the month of September. Each team member was invited to spend between 5-10 work hours on learning, which included movie screenings, podcasts, books, blanket exercise workshop and a special guest speaker.

We continued offering our unconscious bias training and began offering crucial conversations mastering dialogue training. CPSA now has three crucial conversations trainers on our team who will continue to rollout this program across CPSA in 2024.

Our P&C and Payroll teams are in the final stages of selecting our new Human Capital Management system to replace Criterion. Our rollout will begin in late 2023 with full implementation expected in Q2 2024. We also trialed a new performance management program which will be migrated onto our new HCM in 2024.

Customer Experience (CX) Update

In 2022, CPSA began a pilot project to improve our customer experience by centralizing the majority of inquiries in a small group called the CX Hub. October 17, 2023 marked one year since initiating the CPSA CX Hub. Since its inception, the CX Hub has successfully managed 96% of inquiries end-to-end. In that time:

- 17,375 new inquiries were received in the CX Hub.
 - This means 17,375 inquiries were diverted from other areas of the organization including approximately 3518 registration inquiries, 2909 complaints inquiries, and 1199 Standards of Practice inquiries.
 - Approximately 70% of all inquiries are received by phone and 30% by email.
 - 76% of all inquiries are resolved within 24 hours with 61% being resolved within 5 hours.
- Throughout 2023, new inquiries ranged from 1402 to 1821 per month with 89% being handled by two Customer Experience Specialists.

- Approximately 96% of all new inquiries were handled end to end in the CX Hub. This means the person inquiring only interacted with one CPSA team member, which has improved the overall customer experience.
- CX Hub has an overall satisfaction rating of 89%.
 - "Tara's reply not only answered my inquiry, it also showed compassion for my daughter's situation and provided resource information for her psychological problems. Great job Tara." – Albertan
 - "Extremely satisfied and impressed with the conversation with Dr. Michael and the comprehensive follow up email. Could not ask for better support. Thank you CPSA and Dr. Michael." -Physician
- Other CX highlights:
 - The CX Hub Pilot Project concluded early due to the proof of concept being validated sooner than expected.
 - As the CX team has refined their processes and workflows in the CX Hub, they've been able to add new service offerings, including a live chat on the CPSA website.
- **Analytics, Innovation and Research**

In collaboration with Okaki Health, CPSA has developed a Machine Learning model with a capability of predicting a patient's risk of adverse outcomes (death, ER visit, and hospitalization) within 30 days of an opioid dispensation. Two working groups have been convened in 2023 with phase I focused on Opioid Agonist Therapy (OAT) providers and phase II with Family Medicine/General Practitioners. Overarching goals for the Opioid Risk Prediction project are to empower Alberta physicians with a proactive patient risk mitigation tool that is pragmatic, reliable and has high utility to prescribers.

There have been three publications from the department in 2023:

- Should we screen physicians for age-related cognitive decline? [Access here.](#)
- Cross-sectional study of rapid tapering of opioid prescriptions following medical regulatory intervention in Alberta from 2013 to 2020. [Access here.](#)
- Development and Validation of a Machine Learning Model to Estimate Risk of Adverse Outcomes Within 30 Days of Opioid Dispensation. [Access here.](#)

Our Research and Evaluation Unit (REVU) was invited to do two oral presentations and four poster presentations at IAMRA in November. All of them were very well received and we had many people inquiring about our approach to the use of predictive analytics in right touch regulation.

On November 27, the department collaborated with the Canadian Medical Protective Association (CMPA) to co-host an artificial intelligence symposium under the theme "Innovation, safety, and AI: Developing regulatory & medico-legal approaches to AI in Canadian healthcare." We discussed the safe and responsible deployment of AI in healthcare; examined the current regulatory environment from a lens of patient safety; and determined ways to avoid inadvertently acting as barriers to innovation.

- **Information Management/Information Technology/Privacy**

This year we are transitioning away from our current offsite server provider to Amazon Web Services (AWS), as well as migrating to Microsoft Teams for unified communication. The major reasons we moved to Amazon for our hosting provider are the ability to have a much more a-la-carte selection of services with more efficient billing and cost savings. We can turn on services ourselves and have the support from a very knowledgeable company. The migration to MS Teams will mean some large savings on our monthly communications bill and provide a stronger connection to our other Microsoft products. People are also very familiar with Teams as many other companies in the health industry are using it. This has meant a lot of behind-the-scenes work setting up and migrating systems with vendors as well as training CPSA staff on the usage of these new environments. The changes will improve the CPSA system security and scalability and help unify our work around the Microsoft ecosystem.

We continue to enhance our cyber security with the help of the offsite location, as well as reducing risks around people, process, and technology. This has meant adding multi factor authentication on all administrator accounts, isolating backups completely from local network connections, and improving security monitoring. These are only a few things around what we have done on the systems that drive all the users' interactions with our information. We have also locked down administrative access on users' desktops and will be rolling out multi factor authentication for offsite access soon for CPSA staff.

Lastly, we have put a lot of effort into improving the technical issues that came from the staff engagement survey. This has meant bringing all desktops computers up to a high standard, controlling what can be installed on desktops to create stability, removing unnecessary software, and improving our intranet for access to CPSA information. We will be providing staff training sessions around software tools with the Corporate Services department.

- **Hearings Director's Office**

The following updates are provided:

- The Hearings Director's Office coordinated 19 meetings for the Complaint Review Committee (CRC) in 2023, up from 14 in 2022; at the 2023 meetings, the CRC reviewed 74 files. In 2022, of the final decisions received, the CRC decided to uphold the decision to dismiss 92% of the time; in 2023, this figure rose to 97% for the decisions received.
- Requests for review of dismissed complaints continue to increase into 2024, with 19 meetings scheduled in the first half of 2024.
- The number of hearings held in 2023 decreased to 15 from 24 in 2022. There are currently 5 hearings scheduled in the first quarter of 2024 with an additional nine hearing dates being negotiated.

- The Hearings Director's Office coordinated six meetings for a review panel of CPSA Council in 2023. Two were appeals regarding Hearing Tribunal decisions; two were from applicants appealing the decision of the Registrar regarding licensure requirements; and two were appeals of MFAC decisions (accreditation). The Hearing Director's office continues to see increased notices for appeal.
- The CRC/Hearing Tribunal welcomed two new physician members in 2023; three additional physician members will start their first three-year term in January 2024. The CRC/Hearing Tribunal currently consists of 27 physician members with diverse ethnic backgrounds, specialties and experience.
- The Hearings Director's Office offered three significant opportunities for comprehensive professional development to CRC/Hearing Tribunal members in 2023: the annual orientation was held in May, and members attended a decision-writing workshop and an anti-racism session in November. The sessions, conducted over Zoom, were well attended and the feedback from committee members was positive.

3. The Profession

a. Alberta Medical Association (AMA)

Dr. Paul Parks is the new AMA President and we have had some very positive conversations about how we can work together to improve care to Albertans while also ensuring we each stay in our respective lanes of responsibility.

4. National Updates

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

FMRAC is still in search 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 December.

The acting Executive Director, Dr. Marcie Lorenzen, has agreed to stay on for another few months to help with the transition to a new ED.

Multi-jurisdictional Licensure

FMRAC continues to work closely with the federal government and all the MRAs in Canada to develop a way to enhance physician mobility and reduce the cost and administrative burden of holding multiple licences in Canada.

There are many lessons to be learned from the Atlantic Provinces since they introduced the Atlantic Register. Funding is being sought for a project to formally evaluate the new register, but early reports suggest that not many physicians have taken up this option. The costs of administering the program have however been more than expected thus resulting in the Atlantic provinces recently increasing their annual fees to \$2300, which is now the highest in Canada.

At the end of December Dr. Heidi Oetter will be retiring from CPSBC after more than 20 years with the College. She has been an excellent leader of regulation in Canada, and she will be missed.

b. Medical Council of Canada (MCC)

After 6 years as a Councillor with the MCC, my last meeting took place this past September. Dr. Gordon Giddings however was selected as the Vice President for MCC Council.

c. College of Family Physicians of Canada (CFPC)

For those of you who were not aware, Dr. Lawrence Loh, is on a leave of absence. The following is the message that we received.

"Last week, the CFPC's CEO, Dr. Lawrence Loh, commenced a leave of absence. During Dr. Loh's absence, the CFPC is carrying on with key initiatives and projects under the leadership of Dr. Nancy Fowler as the CFPC's Deputy CEO. Dr. Fowler and the CFPC team will continue to implement and support the strategic plan and goals of the organization and manage the day-to-day operations.

While the duration of this leave is as of yet undetermined, for those of you attending, it appears it will affect Dr. Loh's participation in both our Annual Meeting of Members and Family Medicine Forum, so updates to these agendas will be coming in the near future."

Additionally, for the past several years, the CFPC has been on track to increase the requirement for certification as a family physician to a 3-year training requirement. This has come with a great deal of debate and at the most recent CFPC Meeting of the Members there was a vote that did not endorse this change. For that reason, CFPC has recently decided to [cease implementation of the 3-year family medicine residency](#).

d. Canadian Medical Association (CMA) - Nothing to report.

e. Royal College of Physicians and Surgeons of Canada (RCPSC)

It is my understanding that the RCPSC has yet to appoint a new CEO. Once I know more, I will share it with Council.

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

5. International Updates

a. International Association of Medical Regulatory Authorities (IAMRA)

The 15th IMARA meeting and conference took place in Bali, Indonesia from November 6th to 9th. This was the first in-person meeting since 2018. There were over 300 participants from around the world, thus resulting in some informative presentations.

CPSA was well represented with Dr. Nicole Kain and Dr. Nigel Ashworth providing two oral presentations on CPSA's work with predictive modeling. The REVU team also presented four posters of their research.

The theme of this year's conference was "Regulation in a disrupted world: Challenges and Opportunities.

There were many excellent presentations including the opening Keynote Address: Revolutionizing the DWN OF Medical AI, by Dr. Euan Ashley. This was an enlightening demonstration of what AI is and how the black box actually works. His optimism about the use of AI in healthcare was refreshing while still being cautious of the risks if we don't provide good regulatory guidance as we embrace a future with AI.

CPSA's work in predictive analytics tied in nicely with the theme and demonstrated that CPSA's forward thinking approach is in line with what international experts are advising.

There were many presentations and discussions on racism and discrimination with experts from around the world sharing their thoughts. Racism clearly exists everywhere in the world, but some key presentations from Australia and New Zealand coincided with our work in reconciliation. I would say they are further ahead than Canada is with respect to anti-indigenous racism and biases. There may be some opportunities to work with them and learn from them as we develop our plan for reconciliACTION.

There were also many discussions about the world shortage of healthcare providers. The WHO presented many interesting statistics on the shortages and the differences between nations who have the money to pay physicians and those who don't. There are significant differences that are continuing to contribute to the quality of care received in many parts of the world. With this there were discussions about the ethics of making registration easier for countries that are relatively well off resulting in a net migration out of countries of greater need.

The final day of the conference began with a discussion about climate change and how this is the greatest global health challenge that will need to be addressed then we wrapped up with a panel discussion on whether a regulator can be both tough but kind. CPSA has not ventured into what we can do with respect to climate change, but I do believe our approach to regulation over the past several years does align nicely with a regulator being able to be both kind and tough as required.

Overall the conference was good and it demonstrated that CPSA remains at the forefront of regulation. The one area where I think we can learn from other the most would be from the long standing experience New Zealand and Australia have in addressing reconciliation, but it was reassuring to know that we are headed in the right direction.

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

Conclusion

As we come to the close of another busy year, I believe we have had a successful year overall. You will see from the departmental updates and the KPIs that our team has worked hard to meet Council's expectations and strategic direction.

I will conclude by thanking the entire CPSA team, including Council for the hard work and dedication to medical regulation in Alberta. As I've said this work is not easy and it takes dedication and hard work to do it well. I look forward to all that can be done in 2024.

Guidelines for Anti-Racism and Anti-Discrimination

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the CPSA Standards of Practice. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

Advice to the Profession documents are dynamic and may be edited or updated for clarity at any time. Please refer back to these articles regularly to ensure you are aware of the most recent advice. Major changes will be communicated to our members; however, minor edits may only be noted within the documents.

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Preamble

CPSA stands firmly against racism and discrimination in all forms. Racism and discrimination violate CPSA's [Code of Ethics and Professionalism](#), constitute unprofessional conduct and are prohibited by legislation (see "[Legislation and Standards of Practice](#)" for more information). This advice document outlines expectations for regulated members on how to manage and address racism and discrimination and is part of CPSA's ongoing efforts to foster anti-oppression in healthcare settings.

Guidelines for Anti-Racism and Anti-Discrimination

The [Health Professions Act](#) (HPA) sets out the mandate for CPSA: regulating physicians and physician assistants in order to protect the public and serve in the public interest. It is CPSA's vision that all regulated members practising in Alberta provide the highest quality care to their patients.

Research shows that racism and discrimination are common in healthcare settings, both between healthcare providers and patients as well as within healthcare teams. Healthcare settings have a multitude of power dynamics, and the healthcare system reinforces and replicates the values and beliefs of the surrounding dominant culture. Racism and discrimination take many forms, including overt, veiled, conscious and/or unconscious. In all forms, racism and discrimination leads to adverse patient outcomes and decreased well-being of healthcare providers, impacting physical, mental, emotional, and spiritual health. The consequences are wide-ranging and can include inadequate provision of care, reduced access to care, poorer health outcomes, toxic work environments, healthcare provider burnout and distrust in the healthcare system.

CPSA will act on each concern of racism or discrimination brought forward, using the appropriate tools in the context of each situation. Actions may include education and training, professional development, investigation, discipline, updates to standards of practice, or policy development.

Regulated members who are subject to or witness racist or discriminatory acts or behaviours are strongly encouraged to report these to CPSA or the appropriate body, such as the relevant regulatory college, department of human resources (if in a workplace), the [Alberta Human Rights Commission](#) or law enforcement, where applicable.

Key concepts

Regulated members should familiarize themselves with several concepts to address and reflect on racism and discrimination. This section offers definitions for some of these concepts to support understanding and practising safely and in the best interests of patients and colleagues.

Anti-oppression: an approach that recognizes the power imbalance within society, stemming from historical inequities and perpetuated over time, to the benefit of some groups and not others. Anti-oppression seeks to deploy strategies and actions that actively challenge existing intersectional inequities and injustices^{1,2}.

Anti-racism: a systematic method of analysis and proactive course of action rooted in the recognition of the existence of racism, including systemic racism. Anti-racism actively seeks to identify, remove,

¹ University Health Network: "[Administrative: anti-racism & anti-black racism policy](#)" (2021).

² Canadian Centre for Diversity and Inclusion [Glossary of Terms: A reference tool](#) (2022)

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prevent and mitigate racially inequitable outcomes and power imbalances between groups, and change the structures that sustain inequities³.

Call-in: an invitation to a one-on-one or small group discussion to bring attention to harmful words or behaviours, including bias, prejudice and discrimination (including micro-aggressions)⁴.

Call-out: bringing public attention to an individual, group or organization's harmful words or behaviour.⁴

Discrimination: the unjust or prejudicial treatment of a person or group of people that deprives them of, or limits their access to, opportunities and advantages that are available to other members of society⁵.

Health equity: all persons have fair opportunities to fully attain their health potential⁶.

Intersectionality: a framework for understanding how aspects of a person's identity (e.g., sex, gender, age, ethnicity, class, religion, sexual orientation, ability) combine to create particular forms of discrimination and privilege⁵.

Micro-aggressions: everyday verbal, non-verbal and environmental slights, snubs or insults—whether intentional or unintentional—that communicate hostile, derogatory or negative messages to target persons based solely upon their membership in an identity group⁷. They enact and reinforce systems of oppression (such as racism, transphobia, classism, sexism, etc.) at a personal level.

Prejudice: negative opinions, feelings or beliefs held by someone about another individual or group, often based on negative stereotypes about race, age, sex etc.⁸

Privilege: unearned power, benefits, advantages, access or opportunities that exist for members of the dominant group(s) in society⁹.

Racism: prejudice, hostility, discrimination or even violence—whether conscious or not—against persons of a specific race or ethnic group¹⁰.

³ Government of Ontario's "[Data standards for the identification and monitoring of systemic racism: glossary](#)" (April 2022).

⁴ Harvard Diversity Inclusion & Belonging: "[Calling In and Calling Out Guide](#)."

⁵ Government of Canada's [Guide on Equity, Diversity and Inclusion Terminology](#) (April 2023).

⁶ Alberta Health Services: [Towards an Understanding of Health Equity: Glossary](#) (2011).

⁷ Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). [Racial microaggressions in everyday life: Implications for clinical practice](#). *American Psychologist*, 62(4), 271–286.

⁸ College of Physicians and Surgeons of Ontario: [Equity, Diversity and Inclusion Glossary](#)

⁹ Osei-Tutu, K., Duchesne, N., Barnabe, C., Richardson, L., Razack, S., Thoma, B., Maniate J. 2023. Anti-racism in CanMEDS 2025. *Canadian Medical Education Journal*. 14(1) 33-40.

¹⁰ Government of Canada: [Guide on Equity, Diversity and Inclusion Terminology](#)

Guidelines for Anti-Racism and Anti-Discrimination

Stereotype: qualities ascribed to individuals or groups that are based on misconceptions, false generalizations or oversimplifications that potentially result in stigmatization¹¹.

Unconscious bias (also called implicit bias): attitudes or stereotypes, either positive or negative, that affect our understanding, actions and decisions in an unconscious manner, which may conflict with our declared beliefs and how we see ourselves¹².

Values: the beliefs we have about what is important to us and society as a whole¹³.

Anti-racism and anti-discrimination practices

Regulated members are responsible for acting in the best interest of their patients and the public to ensure high-quality care is provided. CPSA expects regulated members to learn about and consider the impacts of social determinants of health, historical and current social contexts, institutional structures and practices, internalized biases and prejudices, environmental factors and other systems that impact patients, healthcare team members and other regulated members. This will help facilitate a safe experience for patients and their families, caregivers and care providers.

Here are examples of steps regulated members can take:

- access training and education on topics such as cultural humility, cultural safety, unconscious bias, trauma-informed practice, racism and micro-aggressions;
- learn about oppression and consider the power dynamics in interactions with patients and colleagues, as well as structural and systemic barriers that are in place;
- assess their personal practices, attitudes and behaviours for unconscious bias, stereotypes or assumptions, and reflect on their impact on interactions with patients, their family or caregivers, members of the healthcare team or facility staff;
- consider how their own privilege, power or belief systems impact their behaviour toward people who are structurally or systematically disadvantaged;
- understand and accept that they have bias and are likely to make mistakes while working toward anti-racism, anti-discrimination and anti-oppression. This can be uncomfortable but should not be a deterrent. Efforts in this space are important, and regulated members who may make errors should

¹¹ Government of Ontario: [Data Standards for the Identification and Monitoring of Systemic Racism](#)

¹² College of Physicians and Surgeons of Ontario: [Equity, Diversity and Inclusion Glossary](#)

¹³ From [Simply](#) Sociology's "[Values meaning in sociology](#)" (Apr. 20, 2023).

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view mistakes as validation of the importance of the work and use those as opportunities for growth, rather than proof they are “bad” people or the work is not worth doing; and

- support system changes to mitigate racist or discriminatory practices, attitudes and behaviours in healthcare settings (e.g., implementing policies and procedures at a hospital/facility level).

Please note that many of the above activities could qualify as a Physician Practice Improvement Program (PPIP) personal development activity, which requires data (feedback, formal assessment or self-assessment), facilitation and documenting an action plan. Anti-racism and anti-discrimination quality improvement activities may also be applicable for other PPIP activities (e.g., practice-driven or Standards of Practice QI). Please see our [website](#) for more details.

Regulated members should also incorporate anti-racism and anti-discrimination into their practice. Examples include:

- taking a holistic approach to patients: when providing care, consider how the social determinants of health impact patients and the limitations that may arise from relying on assumptions about biological factors (e.g., ethnicity, weight);
- reviewing personal values and the values of their workplace: consider how these impact interactions with patients and the provision of care;
- whenever possible, incorporating cultural or traditional practices into the patient’s healthcare plan: ask respectful questions to learn more about what would be supportive;
- identifying and addressing racist or discriminatory practices, attitudes or behaviours in healthcare settings, including but not limited to:
 - learning about and avoiding stereotypes;
 - watching out for and acting in scenarios with micro-aggressions;
 - providing information or education to colleagues if racist or discriminatory behaviours or language are observed;
 - calling-in or calling-out racism and discrimination with healthcare teams;

Guidelines for Anti-Racism and Anti-Discrimination

- being open to how their behaviour, attitude or practice is experienced by patients or their family/caregiver, healthcare team members and facility staff;
- listening to, reflecting on, and incorporating feedback received to help mitigate any racist or discriminatory behaviour or actions that were directed—even subconsciously—toward others;
- using an anti-racism, anti-discrimination lens to assess policies and processes for structural racism or discrimination, and working to remove these barriers to equitable health;
- asking how to support patients, other regulated members, healthcare team members or facility staff who are subject to racist or discriminatory practices, attitudes and behaviours.

Without education and reflection on personal actions or behaviours, regulated members may unintentionally have a negative effect on the health outcomes of patients and the working environment of colleagues.

RACISM OR DISCRIMINATION FROM PATIENTS

All regulated members are entitled to safe workplaces and interactions. Regulated members are not expected to put up with racist or discriminatory practices, behaviours or attitudes from patients or their families/caregivers. Regulated members may be responsible for their staff and other patients when a patient engages in racist/discriminatory behaviour.

In the absence of abuse or a safety concern, regulated members may consider having a conversation with the patient about appropriate, acceptable behaviour and language in the clinic, as well as possible consequences for failure to respect clinic policies (e.g., they may be discharged if the behaviour continues). Document both the racist/discriminatory encounter and the subsequent conversation in the patient's record. If the patient poses a safety risk or is abusive, a regulated member may consider immediately ending the treating relationship. The patient may be discharged in accordance with the [Terminating the Physician-Patient Relationship](#) standard of practice.

Refer to workplace policies, where applicable.

Working with healthcare teams

For the purposes of this advice document, healthcare teams include other CPSA-regulated members, healthcare professionals (regulated or unregulated) and medical learners.

Guidelines for Anti-Racism and Anti-Discrimination

Regulated members are expected to act in a respectful manner toward every member of the team. This includes, but is not limited to:

- reflecting on any personal biases and attitudes that impact their behaviour toward team members or other staff;
- paying attention to speech patterns (e.g., the language and tone they use with team members, talking over team members, etc.);
- respecting differences in background, training and approaches to situations;
- participating in training and education to address unconscious bias, racism, discrimination and anti-oppression;
- being open to feedback and direction on actions they can take to be a good team member; and
- addressing discriminatory practices they may inadvertently be using.

As noted in the previous section, regulated members are entitled to a safe workplace and are not expected to put up with racist or discriminatory practices, behaviours or attitudes, including from colleagues, team members, supervisors or other staff members.

Some people are unaware that their language or actions are discriminatory and may appreciate the opportunity to learn and understand. Check in with how you're feeling during the exchange—is it safe to help someone learn? If yes, speak up, knowing that people learn best in a respectful conversation. If no, remove yourself from the situation.

If a regulated member does not feel safe providing this feedback, speak to a leader within the workplace or reach out to the appropriate regulatory body.

If a regulated member is subject to or witnesses discrimination, racism or related practices or behaviours from another regulated healthcare professional, they are encouraged to address it in their workplace, in accordance with workplace policies.

These acts, practices and behaviours can also be reported in accordance with the [Duty to Report a Colleague](#) standard of practice.

Guidelines for Anti-Racism and Anti-Discrimination

Legislation And Standards of Practice

HEALTH PROFESSIONS ACT AND THE CODE OF ETHICS & PROFESSIONALISM

As per the [Health Professions Act](#) (HPA) regulated members must practice in accordance with the [Code of Ethics & Professionalism](#), otherwise, they may be subject to an investigation, which may lead to professional discipline. Specific to racism and discrimination, the *Code of Ethics & Professionalism* requires regulated members to:

- accept the patient without discrimination (such as age, disability, gender identity or expression, genetic characteristics, language, marital and family status, medical condition, national or ethnic origin, political affiliation, race, religion, sex, sexual orientation, or socioeconomic status) (Clause 1);
- treat colleagues with dignity and as people worthy of respect. Colleagues include all learners, healthcare partners and members of the healthcare team (Clause 31);
- commit to collaborative and respectful relationships with Indigenous patients and communities through efforts to understand and implement the recommendations relevant to health care made in the report of the [Truth and Reconciliation Commission of Canada](#) (Clause 43); and
- contribute, individually and in collaboration with others, to improving healthcare services and delivery to address systemic issues that affect the health of the patient and of populations, with particular attention to disadvantaged, vulnerable, or underserved communities (Clause 44).

ALBERTA HUMAN RIGHTS ACT

From the Alberta Human Rights Commission¹⁴:

The [Alberta Human Rights Act](#) recognizes that all people are equal in dignity, rights and responsibilities when it comes to provision of goods, services, accommodation or facilities customarily available to the public. Medical services are specifically mentioned as a service under the *Alberta Human Rights Act*.

Section 4 prohibits discrimination in the provision of goods, services, accommodation or facilities customarily available to the public on the basis of protected grounds [this includes race, colour, ancestry, place of origin, religious beliefs, gender (including pregnancy and sexual harassment), gender identity, gender expression, physical disability, mental disability, age, marital status, family

¹⁴ Alberta Human Rights Commission: [Human rights in providing goods, services, accommodations or facilities](#) (Mar. 16, 2018).

Guidelines for Anti-Racism and Anti-Discrimination

status, source of income, sexual orientation]. In fact, most of our day-to-day public interactions are covered by Section 4 of the *Alberta Human Rights Act*.

DUTY TO REPORT A COLLEAGUE STANDARD OF PRACTICE

From the [*Duty to Report a Colleague*](#) standard of practice:

1. A regulated member **must** [notify¹⁵ the Registrar](#), or the delegate, of the applicable college of the following circumstances as soon as the regulated member has reasonable¹⁶ grounds to believe a regulated health professional of any college¹⁷...
 - e. is behaving in a manner outside of providing patient care that could reasonably be considered unprofessional conduct under the *Health Professions Act (HPA)*¹⁸.

Resources

CPSA's [Physician Practice Improvement Program](#)

CPSA team members are available if you have questions or concerns. Please email support@cpsa.ab.ca.

RELATED STANDARDS OF PRACTICE

- [Code of Ethics and Professionalism](#)
- [Duty to Report a Colleague](#)
- [Terminating the Physician-Patient Relationship](#)

COMPANION RESOURCES

- [Micro-Aggression Training for Physicians](#) (available from the list of courses assigned in myCPSA, CPSA's online learning platform)
- [Physician Practice Improvement Program](#) (PPIP)

¹⁵ "Notify" has been used to signify that contacting CPSA does not automatically result in a formal report, complaint, etc.

"Report" is used in clauses specific to the *HPA* to mirror its language.

¹⁶ "Reasonable grounds" connotes a belief in a serious possibility based on credible evidence or the point where credibly-based probability replaces suspicion. It is the reasonable belief that an event is not unlikely to occur for reasons that rise above mere suspicion.

¹⁷ Please refer to Section 127.2(1) of the [Health Professions Act \(HPA\)](#). [iv] Per Recommendation 5 of the [Health Law Institute's](#) "Physicians with Health Conditions: Law and Policy Reform to Protect the Public and Physician-Patients."

¹⁸ Please refer to Section 1(1)(pp) of the *HPA*.

Guidelines for Anti-Racism and Anti-Discrimination

- [Equity in Healthcare](#)
- [Code of Conduct](#)
- [Duty to Report a Colleague/Self Advice to the Profession](#)



Outcomes of Training Project

Memo to Academic and Project Partners, Provincial Chapters, and CFPC Membership

November 16, 2023

Re: Operationalizing the CFPC Board of Directors motion to cease implementation of the third year of family medicine residency training

On November 6th and 7th, the Board of Directors of the College of Family Physicians of Canada (CFPC) met and reflected on the [2023 Annual Meeting of Members](#) (AMM), the events preceding the AMM, the role and responsibilities of the Board, and broadly on the challenges facing family medicine. As a result of this meeting a full Board statement was issued ([read the full statement](#)).

At this meeting, the Board passed a motion to **cease the implementation** of the third year in family medicine residency training. As part of this, the Board agreed on an operational definition of **ceasing implementation** in terms of changes to Outcomes of Training Project (OTP) activities, which includes recognizing current contractual obligations related to the **Team Primary Care** educational initiative. It should be noted that the CFPC had not yet made any changes to the standards of postgraduate accreditation or certification, and so the main change involves **not proceeding** to that step.

The resulting impacts on the OTP were shared with family medicine chairs and program directors, along with other educational leadership at Family Medicine Forum, and are outlined in this memo as part of a broader communication with academic and project partners, provincial Chapters, and CFPC members.

In tangible and specific terms:

The CFPC board has advised that we will **stop** all directives related to implementing a three-year residency. The CFPC will **not** introduce any changes to residency accreditation standard 3.2.2.7, which defines the minimum length of residency training as 24 months.

This includes:

1. Stopping the development of the OTP Policy Alignment Strategy. This concept, recently endorsed by the [Family Medicine Specialty Committee](#), was to begin in early 2024 and involve the review and alignment of our educational standards to support implementation.

2. Stopping change stewardship and partner engagement efforts aimed at advocating for the implementation of three-year training.

As per stipulations of the Team Primary Care funded initiative, the CFPC will **continue** related curriculum renewal work and agreed upon deliverables with university partners (but without any requirement for a three-year program).

This includes:

1. Submission of a Curriculum Renewal Plan and Change Readiness Assessment Report from each university, as scheduled. The nature of the Change Readiness Assessment Report may be adjusted to comment on readiness within a two-year versus three-year training resource given the recent decision to cease implementation.
2. Contracted educational design and development work including the December 2023 Education Design Retreat, Curriculum Renewal Guides, and educational policy research.

The Residency Training Profile (RTP) **continues** to serve as the CFPC's definition of comprehensiveness in training. We will work collaboratively with schools to examine what is possible within the current training environment to inform future discussions.

Guided by the AMM motions, the CFPC will **start** a comprehensive, independent review process that engages multiple interest holders to explore existing and new educational evidence and reconsider recommendations and curriculum renewal options. This work has not started yet and will be subject to further Board deliberation and approval.

We are committed to continuing this important dialogue and keeping all interest holders updated on our progress.

Nancy Fowler, MD, CCFP, FCFP
Deputy CEO and Executive Director
College of Family Physicians of Canada

Michael E. Green, MD, MPH, CCFP, FCFP, FCAHS
President
College of Family Physicians of Canada

www.cfpc.ca/futurefp
Contact us: info@cfpc.ca

Submission to:	Council
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Meeting Date:	Submitted by:		
December 7, 2023	Dr. Charl Els, Assistant Registrar, Continuing Competence		
Agenda Item Title:	5.1.1 PHMP 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):	
Background:	<p>For the past ~30 years, CPSA's in-house Physician Health Monitoring Program (PHMP) provided iterative assessment and monitoring of regulated members experiencing a physical, cognitive, mental and/or emotional condition that is negatively impacting, or is likely to negatively impact, their practice. PHMP's goal has been to protect patients and ensure safe, high-quality care by mitigating the impact the regulated member's health condition has on their fitness-to-practice. In fulfilling this mandate, health, practice, and biological monitoring were utilized.</p> <p>The <i>Health Statutes Amendment Act, 2020</i> (No.2), or Bill 46, requires the separation of regulatory and association functions, to improve governance and strengthen patient safety. As such, CPSA was mandated to change the scope of PHMP activities to ensure full compliance with Bill 46 and the <i>Health Professions Act</i>. These changes will also bring CPSA into alignment with prevailing North American standards for physician health programs and best practices in safety-sensitive industries.</p> <p>Divestment of fitness-to-practise assessments as well as monitoring functions to independent third-party service providers has been initiated. These providers will operate within a structured framework and have the requisite expertise and experience consistent with current consensus practice guidelines. A regulated members' duty to notify CPSA of health concerns that may impair their work ability remains unchanged, as per CPSA's <i>Standards of Practice</i>.</p>

	<p>This new approach, under the mandate of Bill 46 will further safeguard privacy and the confidentiality of a regulated member's personal and health information, which would likely result in an increase in likelihood to self-report. This will likely increase safety to all Albertans.</p> <p>Costs associated with the IME and health monitoring will be the responsibility of the regulated member or their employer.</p>
Next Steps:	<ul style="list-style-type: none"> • Divestment of biological monitoring files (responsible for ~80% of the burden of monitoring) should be completed by middle of December 2023. Non-substance use files will be divested no later than early 2024. • At the onset, 237 active files existed with PHMP. • CPSA received 2 expressions of interest from Service Providers so far, with more anticipated in the near future.
List of Attachments:	
N/A	

Submission to:	Council
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Meeting Date:	Submitted by:		
December 7, 2023	Dr. Michael Caffaro		
Agenda Item Title:	5.2.1 Sponsorship Update		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable):	N/A
Background:	<p>CPSA Council has provided direction that entities beyond Alberta Health Services will be allowed to sponsor physicians seeking provisional registration with CPSA. Relevant history includes:</p> <ol style="list-style-type: none"> 1) May 26, 2022 – Council requests further information outlining risks and benefits of re-introducing non-AHS sponsorship, understanding that in 2015, Council had previously restricted sponsorship to AHS. 2) December 1, 2022 – CPSA staff directed to provide specific information regarding certain Council concerns for next Council meeting (Motion C64-22). 3) February 23, 2023 – Council approved the expansion of sponsorship to include non-AHS entities and delegated approval of additional sponsors to the Registrar (Motion C07-23). 4) May 25, 2023 – Council was provided an outline of expected staff resources, key requirements/criteria for a sponsor application, expected timelines for first three years of the program and initial criteria for tracking the program. 5) September 7, 2023 – Council was provided more detail as to chronology of a prospective sponsor's application. <p>Discussion at the September 2023 Council meeting included the "safeguarding" of a sponsored physician under the expanded model, and whether a sponsor's application fee would be partially refundable in the event of a refusal.</p> <p>Successful applicants to CPSA's sponsorship model will attest that each sponsored physician must have the opportunity to seek</p>

	<p>independent legal advice (unfettered by the sponsor of record) in advance of executing a sponsorship contract. Alberta Medical Association is considering an offer that each sponsored physician may access the office of their legal counsel 'pro bono' for purposes of a sponsorship contract review; there is no requirement/expectation that the physician would maintain a solicitor-client relationship with that law office in follow up.</p> <p>All physicians who enter into a sponsorship agreement with a non-AHS entity will have access to CPSA Registration and Assessment Program staff for the discussion of concerns which arise between the physician and sponsor.</p> <p>Sponsor application fees will not be refundable if a submission is refused.</p>
Next Steps:	<ul style="list-style-type: none"> • CPSA staff are finalizing sponsorship contract and online form to open applications to the expanded sponsorship model. • The sponsorship model will be implemented January 2024 and Council will receive biannual updates.
List of Attachments:	
1. Chronology of CPSA Council Sponsorship May 2022 – September 2023	

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

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

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

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

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

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

4.2 Alberta Sponsorship Model for Practice Readiness Assessments

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

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

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

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

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

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

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

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

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

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

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

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

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

ACTIONS:

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

5.0 Committee Reports

5.1 Legislation and Bylaw Committee Report

5.1.1 Executive Elections Policy

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

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

AGENDA ITEM DETAILS

Recommendation (if applicable) :	That, effective January 1 2023, Council delegates its authority for the approval of sponsors to the Registrar, based on the presented criteria in the attached Sponsorship Proposal.
Background:	<p>Section 7 of the <i>Physicians, Surgeons, Osteopaths and Physician Assistants Regulation</i> specifies that CPSA Council has the discretion to identify organizations other than AHS who may enter into sponsorship agreements with regulated members.</p> <p>At the September 2022 meeting, Council directed CPSA staff to identify risks/benefits in broadening of sponsorship beyond AHS (Motion C31 – 22). The attached briefing note is intended to give Council an overview of the background of the current sponsorship model, ongoing concerns with physician recruiting into (especially) community-based practice and what may be expected in a new model of sponsorship where AHS is not the sole approved sponsor.</p>
Next Steps:	<p>If approved, CPSA staff will establish policies and procedures to expand the sponsorship model</p> <ul style="list-style-type: none"> This includes the identification of additional, suitable sponsors for physicians wishing to come to Alberta.

List of Attachments:
<ol style="list-style-type: none"> 1. Registration – Sponsorship Proposal Briefing Note 2. Extract : s. 7 of the <i>Physicians, Surgeons, Osteopaths and Physician Assistants Regulation</i>

To: CPSA Council

Date: November 21, 2022

RE: Alberta Sponsorship Model for Practice Readiness Assessments

Issue:

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

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

Purpose:

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

Background:

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

Analysis:

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

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

Proposed Model:

- In conjunction with the AHS model, CPSA implements a sponsorship model, for sponsoring group, such as (but not limited to):
 - Rural, regional and urban Primary Care Networks (PCNs),
 - Indigenous Communities, and
 - Community clinics.
 - This model will support these groups in addressing their physician resourcing.
- CPSA will be responsible for reviewing, actioning and processing sponsorship applications:
 - CPSA will have a list of criteria (Appendix C) that the sponsor (organization or community) must meet.
 - Submissions will be made to CPSA through the outlined process, then reviewed for actioning.
 - A sponsorship contractual agreement will be executed between CPSA and the approved sponsor.
- Criteria developed are based on successful elements of the current AHS sponsorship (sponsoring position v. physician, minimum contractual obligation, financial support of process and candidate), perceived enhancements required (specific orientation to culturally safe/appropriate care to indigenous Albertans) and lessons learned from the pre-May 2015 sponsorship model (commitment of family physician candidates to longitudinal paneled patient care)
- CPSA will need to develop processes and policies, as well as refine the resource complement, to implement and support this model.
 - It is anticipated that current aspects of the AHS process may be leveraged to develop these.
- This model does not include CPSA being responsible for physician resourcing; the sponsor will assess their need for physicians.
 - As the regulator, CPSA will continue to determine the physician's suitability for registration and practice through current processes including the PRA.
- It is anticipated that this model could be implemented during Q1 of 2023
- Next steps include:

- CPSA internal processes and policies are developed and approved.
- Staffing complement is set, recruited for, and trained.
- Developing a communication strategy, including:
 - working with potential sponsoring organizations/communities to prepare them for the implementation and stakeholders about the CPSA sponsorship model.
 - Updating documents, processes, key messages, and the website.
- AHS will retain their sponsorship model for both community-based physicians and physicians for their organizational needs.

Considerations:

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

Recommendation:

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

Appendix A: AHS Sponsorship Model

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

The following are aspects of the AHS sponsorship process:

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

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

Appendix B: The Number of PRAs Initiated by CPSA

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

Appendix C: Sponsor Criteria

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

Sponsorship agreement

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

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

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

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

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

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

Through discussions by Council, additional revisions were suggested to ensure any potential barriers for candidates were removed while at the same time providing those who hire candidates into these positions with the responsibility to ensure the candidate has the specific training needed for a particular position.

The revised policy will continue to include a requirement that training needs to have occurred within the last 3 years. However, Council requested that additional information be provided regarding how 3 years was determined to be the optimal threshold to define currency of practice.

MOTION: C05-23:

Moved by Lyle Oberg and seconded by Daisy Fung that Council approves removing the word “discipline-specific” from the updated version of the Limited Practice Register Policy and approves it for immediate implementation. Carried (Nicole Cardinal abstained from voting).

MOTION C06-23:

Moved by Levonne Louie and seconded by Jaelene Mannerfeldt that Council approves an additional amendment to the Limited Practice Register Policy to add “as assessed at the discretion of the Registrar” to the requirement to provide evidence of postgraduate training or independent practice within the last three years. Carried

ACTION:

Information will be brought back to Council around the determination of currency of practice.

4.2 Accelerated Practice Readiness Assessment Pilot

Dr. Caffaro advised Council that since implementing the Accelerated Practice Readiness Assessment Pilot Project, over 40 physicians have applied to the program. Council noted its appreciation of the work done by Dr. Caffaro and his team to create a faster route to registration for physicians from specific jurisdictions.

4.3 Alberta Sponsorship Model for Practice Readiness Assessments

By way of introduction for the new members of Council, Dr. Caffaro noted that this conversation is in follow up to the direction given to CPSA staff in December to explore an expansion of the current sponsorship model. The information enclosed in the agenda materials includes a recommendation for approval as well as the proposed criteria which

any potential sponsor would be required to meet prior to being approved as a sponsor. He added that the Rural Health Professions Action Plan (RhPAP) will be discussing this proposal at their next meeting.

Discussion with Council noted the following:

- Regulated members will be expected to uphold the Standards of Practice and the Code of Ethics. If a sponsor is encouraging a member to do otherwise, that sponsor could have their sponsorship ability revoked.
- Privileging of physicians to work in an Alberta Health Services facility will still belong to Alberta Health Services.
- The source of a sponsor's funding to sponsor a position will not be a factor for consideration during the sponsorship application.
- Council will need to receive regular updates from the Registrar. If needed, the process will be revised based on progress made and issues identified during the initial implementation of the model.
- Opportunities have been built in such that the Alberta Medical Association will also have a role in safeguarding the well-being of sponsored physicians.
- Alberta Health Services is supportive of this work moving forward and is willing to work with CPSA to ensure any gaps around sponsorship are addressed.
- Additional information will be brought forward at the May Council meeting to develop a process to consider areas of high need.
- Next steps will be to include this work in the business planning and budgeting processes for 2024 and beyond. Through that process a timeline will be developed.

MOTION C07-23:

Moved by Levonne Louie and seconded by Jaelene Mannerfeldt that Council approves the expansion of Alberta's physician sponsorship to include non-AHS sponsors as part of the CPSA Practice Readiness Assessment (PRA) program and that Council appoints the Registrar as the delegated authority to approve/decline sponsor applications for this CPSA model. Carried.

ACTION:

Additional details will be shared at the May Council meeting.

5.0 Standards

5.1 Consultation 025 – approval for implementation

- Safe Prescribing

Monica Wickland-Weller, Senior Medical Advisor, presented the revised standard on Safe Prescribing which included the most recent revisions requested by Alberta Health. Based on Council discussions, an additional revision was made to clause 8 of the Standard

Submission to:	Council		
Meeting Date:	Submitted by:		
February 23, 2023	Dr. Michael Caffaro		
Agenda Item Title:	Alberta Sponsorship Model for Practice Readiness Assessments		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation:	That Council approves the: <ol style="list-style-type: none"> 1. Expansion of Alberta's physician sponsorship to include non-AHS sponsors as part of the CPSA Practice Readiness Assessment (PRA) program; and 2. Appointment of the Registrar as the delegated authority to approve/decline sponsor applications for the CPSA model. 		
Background:	<p>Section 7 of the <i>Physicians, Surgeons, Osteopaths and Physician Assistants Regulation</i> specifies that CPSA Council has the discretion to identify organizations other than AHS who may enter into sponsorship agreements with regulated members.</p> <p>At the September 2022 meeting, Council directed CPSA staff to identify risks/benefits in broadening of sponsorship beyond AHS (Motion C31 – 22). At the December 2022 meeting, Council requested additional information and the attached February 2023 briefing note provides Council with information and a recommendation regarding the authority to approve/decline sponsor applications.</p>		
Next Steps:	If approved, CPSA staff will establish procedures to expand the sponsorship model, including the identification of additional, suitable sponsors for physicians wishing to come to Alberta.		
List of Attachments:			
<ol style="list-style-type: none"> 1. February 2023 Briefing Note: Update to the CPSA Practice Readiness Assessment Sponsorship Model 2. December 2022 Council Briefing Note 			

To: CPSA Council

Date: February 23, 2023

RE: Update to the CPSA Practice Readiness Assessment Sponsorship Model

Issue:

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

Purpose:

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

Recommendations:

CPSA recommends that Council approve the:

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

Background:

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

Analysis:

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

Council Questions to be addressed by CPSA- For Information

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

Delegated Authority- Decision Point

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

Table 1: CPSA Sponsorship Authority/Delivery Options

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

Next Steps:

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

APPENDIX A

Sponsor Criteria (DRAFT)

Meet CPSA registration criteria under the Provisional Registration policy

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

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

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

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

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

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

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

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

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

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

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

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

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.)

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

Council deferred this agenda item to a future meeting.

- 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.

- 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

- 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

Submission to:	Council
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Meeting Date:	Submitted by:		
May 25, 2023	Dr. Michael Caffaro		
Agenda Item Title:	Alberta Sponsorship Model for Practice Readiness Assessments		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input checked="" type="checkbox"/> The following item(s) are of particular interest to Council Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable) :	N/A		
Background:	An overview of the proposed expanded sponsorship model for PRA is appended, identifying details as to a phased approach to the model, criteria and application for sponsors, oversight, tracking and additional CPSA resources that would be required.		
Next Steps:	<ul style="list-style-type: none"> Finance and Audit Committee will review proposed resources in preparation for CPSA's 2024 Business Plan and Budget. Staff will finalize the sponsor application process to allow CPSA to begin accepting applications from interested parties. 		
List of Attachments:			
1. Briefing Note: Alberta Sponsorship Model for Practice Readiness Assessments			

To: Council

Date: May 25, 2023

RE: Alberta Sponsorship Model for Practice Readiness Assessments

Issue:

Council requested an update on the approach to the sponsorship expansion model approved at the February 2023 Council Meeting.

Purpose:

To provide Council with an overview of the CPSA sponsorship expansion model and proposed criteria.

Background:

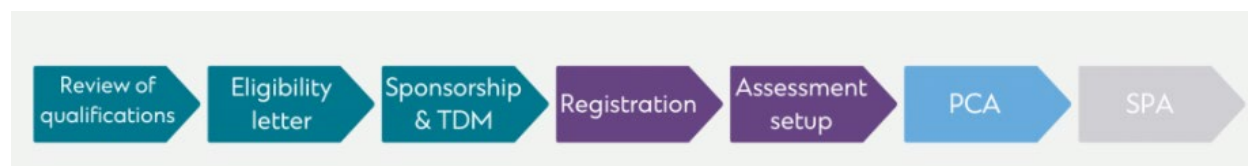
- The Physicians, Surgeons, Osteopaths and Physician Assistants Regulation allows the Registrar to approve a sponsorship agreement that meets certain conditions.
- In 2015, CPSA Council approved Alberta Health Services (AHS) to be the only sponsor of regulated members in Alberta.
 - Prior to this, any regulated member could sponsor a regulated member to practice in Alberta.
 - The current practice readiness assessment process, including AHS sponsorship, is outlined in Appendix A.
- In 2022, Council requested the department assess the benefit of a non-AHS sponsorship model, to complement and augment the AHS model.
- At its February 2023 meeting, Council decided to expand Alberta's physician sponsorship to include non-AHS sponsors as part of the CPSA Practice Readiness Assessment (PRA) program.
 - Council also delegated authority to the Registrar to approve/decline sponsor applications in the CPSA model.
 - The details of the CPSA sponsorship expansion model are in Appendix B.

Analysis:

- There continues to be challenges addressing physician resourcing for the province (i.e., in geographic areas) and the changing needs of the province (e.g., effects of the COVID-19 pandemic).
 - Given the global shortages of health care professionals, including physicians, increasing options for sponsorship may be one way to attract more professionals to Alberta.
- AHS has been increasingly supportive of sponsoring candidates with no AHS affiliations through the request for sponsorship on DoctorJobsAlberta.com, however this is not really their responsibility.
 - The perception of physician resourcing needs continues despite this.
 - AHS is looking at opening up urban clinic sponsorships.
- The current sponsorship process costs AHS approximately \$120,000 per physician.
 - This cost includes CPSA assessment costs (\$35,000) along with AHS recruitment, visa, relocation costs, physician incentives, etc. (approx. \$85,000).
- Current AHS criteria for sponsored eligible positions includes:

- the availability of the proposed clinical services (whether in AHS facilities or in the community);
 - the number of physicians/practices accepting new patients within the service area;
 - wait times for the proposed services;
 - the number of graduating Alberta residents in the specialty (presently and on a historical basis for 3 years) and whether there are concerns for residents finding positions within Alberta;
 - the physician resource plan; and
 - any other information deemed pertinent.
- The key criteria above that AHS uses when assessing each sponsorship request is the number of physicians/practices accepting new patients within the service area.

Appendix A: CPSA's Current Practice Readiness Assessment Process



Appendix B: CPSA Sponsorship Expansion Model

Model Elements	Details
Description and Phases	<ul style="list-style-type: none"> Phased over three-years, the CPSA model will support individuals, corporations or organizations becoming sponsors to an increasing scope of candidates. <ul style="list-style-type: none"> Year 1 (2023-2024): candidates from only family medicine Year 2 (2025): candidates from family medicine and specialties in need Year 3 (2026): candidates from family medicine and all specialties Successful sponsors are approved for a 1-year term. <ul style="list-style-type: none"> Multiple candidates may be put forward during this term.
Sponsor Criteria	<ul style="list-style-type: none"> Demonstrate financial ability, at the time of application, to adequately cover the costs of: <ul style="list-style-type: none"> Total costs - \$38,500 + GST The sponsor application fee – 10% of assessment costs Assessment costs of successful candidates - \$35,000 +GST max/applicant (Note: these costs do not include: physician incentives, recruitment, visa, relocation costs, etc., and these costs are not CPSA's responsibility, but the responsibility of the sponsor) Proof of a CPSA regulated physician member assigned as clinical oversight to the candidate. Commitment from the Sponsor and clinical oversight member to: <ul style="list-style-type: none"> Orientate/support a candidate for their duration on the Provisional Register, Family medicine candidates are integrated into paneled patient care, Follow CPSA's Standards of Practice and Code of Ethics and Professionalism superseding arrangements made between a candidate and the sponsor, Manage patient volumes that support the delivery of safe and comprehensive care. Demonstrate ability to provide quarterly reporting to CPSA An established Clinical Alternative Relationship Plan (ARP) or Fee For Service (FFS) with Alberta Health

Clinical Oversight	<p>A regulated physician member who is:</p> <ul style="list-style-type: none"> • On the General Register • In good standing • Competent in candidate's scope of practice
Application Process	<ul style="list-style-type: none"> • Potential sponsor fills out the application and pays the application fee. <ul style="list-style-type: none"> ○ Business case includes: <ul style="list-style-type: none"> ▪ # of candidate positions they are seeking ▪ Demonstrated need ▪ Details of location, scope, and practice type ○ Yearly Application fee: 10% of assessment costs ○ Sponsors must apply annually to remain an approved sponsor ○ Application is assessed by CPSA staff; recommendation made to Registrar for decision.
Tracking and Evaluation	<p>The following numbers will be tracked for the first 6-9 months, with recommendations for targets to be made to Council after that time.</p> <ul style="list-style-type: none"> • Number of sponsor applications • Number of candidate sponsorships • Number of filled sponsorship positions (total or per sponsor) <ul style="list-style-type: none"> ○ number of physicians working in their sponsored community post-assessment • Number of applications per zone
Estimated Additional CPSA Resources	<p>Operational resources required based on 50% increase in assessments:</p> <ul style="list-style-type: none"> • 1 x Assessment Coordinator • 1 x Administrative Assistant • 0.5 x Senior Medical Advisor <p>Other departments</p> <ul style="list-style-type: none"> • Communications • Customer Service • IT • Legal • Finance

Submission to:	Council
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Meeting Date:	Submitted by:		
September 7, 2023	Dr. Michael Caffaro		
Agenda Item Title:	Sponsorship - update		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable):	N/A		
Background:	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.		
Next Steps:	Council's approval of the 2024 budget will allow staff to finalize resources and open the new sponsor application process.		
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
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Meeting Date:	Submitted by:		
December 7, 2023	Executive Committee		
Agenda Item Title:	6.1.1 Council Agreement		
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:	<p>That Council approves:</p> <ol style="list-style-type: none"> 1) the <i>Council Culture Agreement</i> for implementation in early 2024; and 2) the following revision to the Councillor's Oath: I will act in a professional and respectful manner, <u>and in accordance with the Council Culture Agreement;</u>
Background:	<p>The 2022 CPSA Governance Review included the following recommendation that was approved by Council:</p> <ol style="list-style-type: none"> 1.a. Systematize Council's culture at CPSA by embracing, developing, adopting and committing to: <ul style="list-style-type: none"> • a Council Agreement; • In camera sessions are used to routinely assess how Council, and individual Council members, live up to the Agreement; • prioritize the Agreement over personal opinion and preferences; • Council Chair fosters the environment and accountability to uphold the Agreement. <p>The 2023 Council Retreat Agenda began to implement those recommendations and the Retreat Facilitator delivered a Draft Council Agreement after the Retreat (Attachment 1). Both Executive Committee and Governance Committee have reviewed and discussed the draft Agreement.</p>

Next Steps:

Following discussion in December 2023, a final Council Culture Agreement will be signed by Council members at either the Council Retreat in January, or the March Council meeting.

List of Attachments:

1. [Council Culture Agreement](#)
2. [Council Code of Conduct](#) (revisions recommended by Governance Committee)
3. [Councillor's Oath](#)

CPSA Council Culture Agreement- DRAFT

Draft Agreement

Council's success at addressing the challenges and change facing CPSA and health care in Alberta will depend on the ability of Council members to intentionally co-create a culture of respect, safety, and open mindedness.

The behaviours needed to create and uphold this culture, and expected of all Council members in all their work for CPSA not limited to Council and committee meetings, include:

- Practicing good listening by not interrupting others and listening to understand not respond.
- Practicing good speaking by being honest, kind, open in tone and inviting responses.
- Accepting and respecting the different ways people express themselves.
- Disagreeing with and discussing ideas, not people, without being disagreeable.
- Creating opportunities for exploration of ideas and issues by approaching everything with curiosity asking clarifying questions.
- Expressing that we value each other's opinions, ideas, and experiences, particularly when they are different than ours, to support each others' full participation.
- Disagreeing with each other and accepting being in the minority on discussions and decisions without apology. Then speaking with one voice on Council decisions after they are made.
- Demonstrating acceptance and compassion for self and others through words and actions.
- Assuming that others have positive intent in their language and actions.
- Checking our perceptions of others' assumptions, perspective, or motivation with them directly, not assuming what they might be.
- Recognizing and dispelling in the moment, individually and collectively, conscious and unconscious assumptions, labels, and judgements.
- Making decisions with transparency and with the goal of building and maintaining trust with fellow Council members, CPSA staff, and CPSA members.
- Accepting feedback as a gift from someone who wants to support and work with you.
- Sitting next to different Council members and staff at each meeting, event, etc. and building personal relationships with all Council members.
- Engaging in regular self- and group reflection about Council culture and individual and group success in building the intended culture.

Council members will make every effort to be guided by the following beliefs, which are understood to uphold the behaviours and language they are expected to demonstrate:

- Diversity of opinion, background, geography, and demographics are desired and make Council stronger.

- Everyone has a valuable contribution to make and only with everyone’s full, honest, transparent participation will Council make good decisions.
- Being trauma-informed in our conduct at all times (e.g., practicing emotional intelligence, validating our own and others’ experiences, wondering “what happened” instead of asking “what’s wrong”) will support the continued participation of Council members who may be triggered by different topics, which is important because they bring critical perspective to the conversation.
- Members each have the responsibility to communicate their ideas, thoughts, and concerns and only speak for themselves and their experiences while acknowledging that the different experiences, opinions, and motivations of others hold equal value.
- Making mistakes, being wrong, and changing our minds is accepted and important to Council’s work.

2024 Signatories (2024 CPSA Council members)

Signed at _____ on _____, 2024

{insert all Council members and signature lines}

COUNCILLOR'S OATH

On an annual basis, Council members will sign the following Councillor's Oath:

I do solemnly affirm that:

- I will abide by the *Health Professions Act* and I will faithfully discharge the duties of the position of councillor, to the best of my ability;
- I will act in accordance with the law and the public trust placed in me;
- I will act in the interests of CPSA as a whole;
- I will act in a professional and respectful manner;
- I will uphold the objects of CPSA and ensure that I am guided by the public interest in the performance of my duties;
- I have a duty to act honestly;
- I will declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest;
- I will ensure that other memberships, directorships, voluntary or paid positions or affiliations remain distinct from work undertaken in the course of performing my duty as a councillor.

Signature

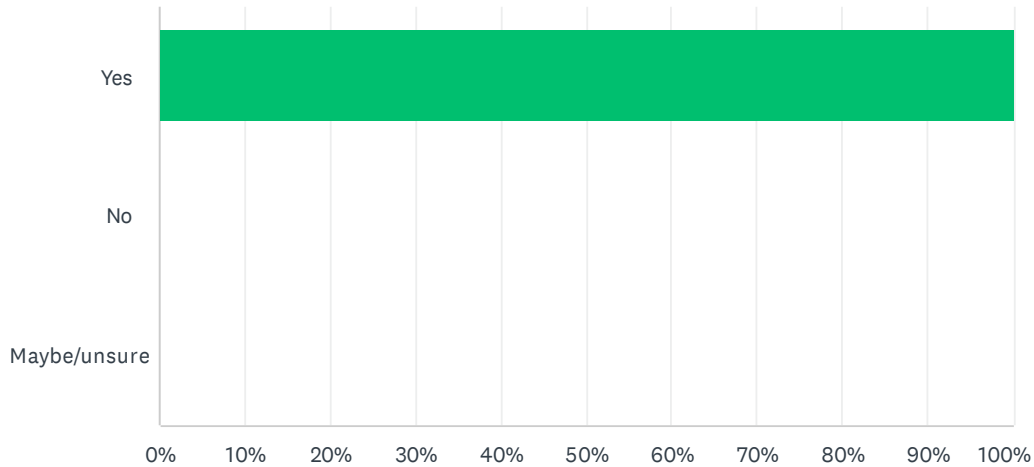
Date

Printed Name

Findings from the 2023 Council Effectiveness Survey

Q1 Council understands its role in achieving the objectives of the Strategic Plan.

Answered: 13 Skipped: 0

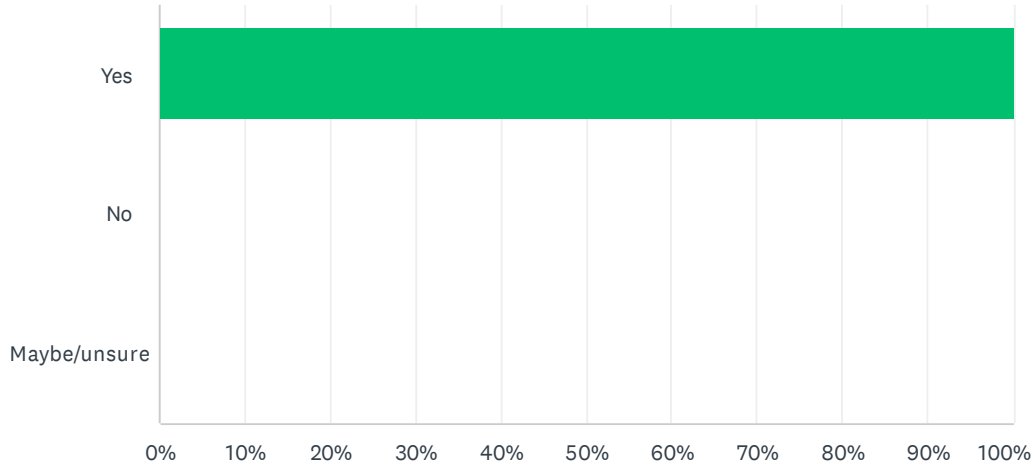


ANSWER CHOICES	RESPONSES	
Yes	100.00%	13
No	0.00%	0
Maybe/unsure	0.00%	0
TOTAL		13

#	COMMENTS	DATE
1	it is good to have the review of the plan at the board meetings	11/20/2023 12:40 PM
2	Since the governance review, our responsibilities are further defined in the dosiers with specific references to our mandate or a r plan pillar.	11/15/2023 9:28 PM

Q2 Council meetings are conducted in a manner which encourages open discussion and healthy debate.

Answered: 13 Skipped: 0

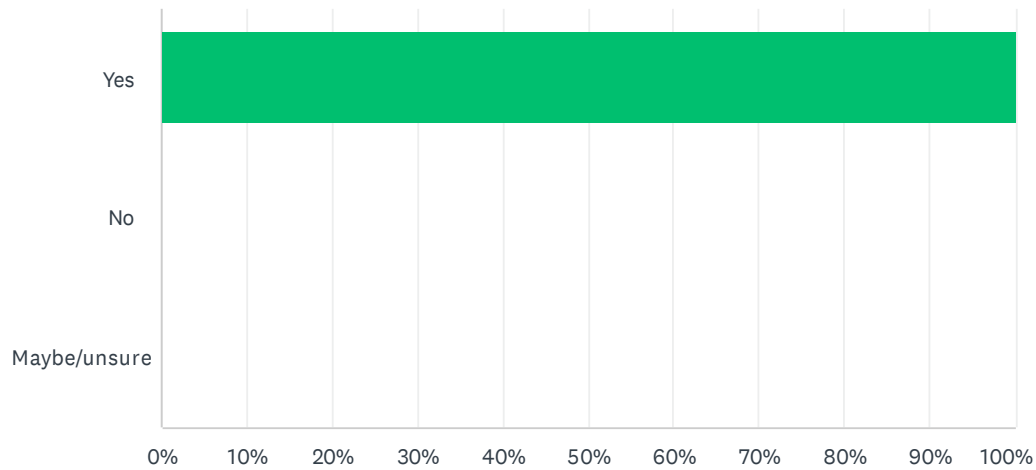


ANSWER CHOICES	RESPONSES	
Yes	100.00%	13
No	0.00%	0
Maybe/unsure	0.00%	0
TOTAL		13

#	COMMENTS	DATE
1	Yes. Our very skilled Chair encourages everyone to have a voice. Also, sometimes debate takes a little longer and she is able to determine when it is important to allow that to continue.	11/15/2023 9:28 PM

Q3 Council members work together constructively as a team.

Answered: 13 Skipped: 0

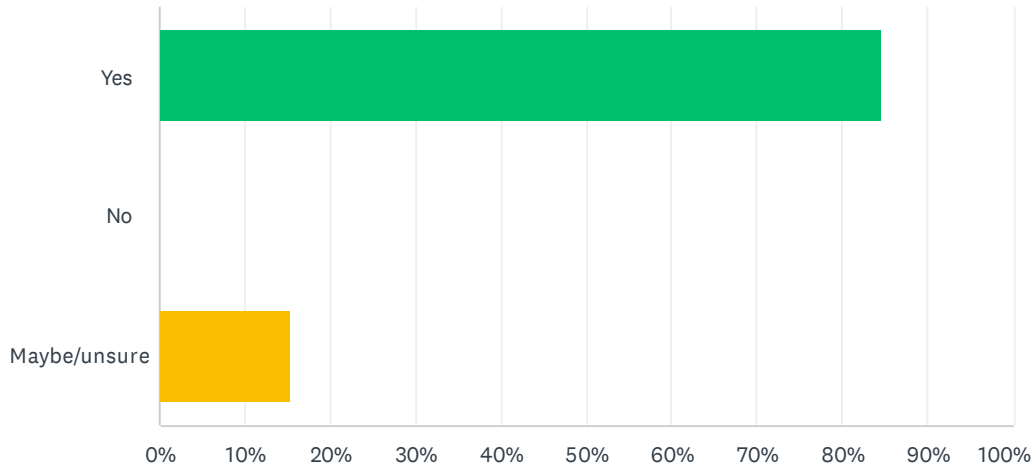


ANSWER CHOICES		RESPONSES	
Yes		100.00%	13
No		0.00%	0
Maybe/unsure		0.00%	0
TOTAL			13

#	COMMENTS	DATE
1	Generally this is true.	11/15/2023 9:28 PM

Q4 Does Council apply a lens of equity, diversity and inclusion to its decision-making?

Answered: 13 Skipped: 0

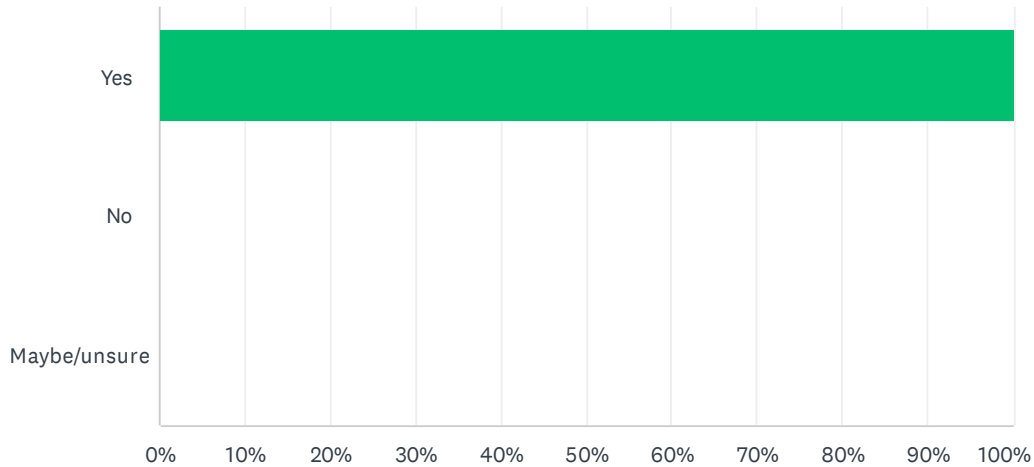


ANSWER CHOICES	RESPONSES	
Yes	84.62%	11
No	0.00%	0
Maybe/unsure	15.38%	2
TOTAL		13

#	COMMENTS	DATE
1	I do find that it is not always considered unless someone brings it into that context	11/20/2023 12:40 PM
2	Yes and the initiating of the ARADAC committee and Indigenous Advisory Committee and their reporting of our work help us to be constantly evolving in this regard.	11/15/2023 9:28 PM
3	Better than before, but needs constant reminder, similar to reminders for foresight and mandate	11/15/2023 6:33 PM
4	Although an evolving area, Council continues to strive for leading performance in this area.	11/13/2023 12:42 PM
5	Improving and mostly true.	11/10/2023 7:49 AM

Q5 Our agenda items and decisions align with CPSA's public interest mandate.

Answered: 13 Skipped: 0

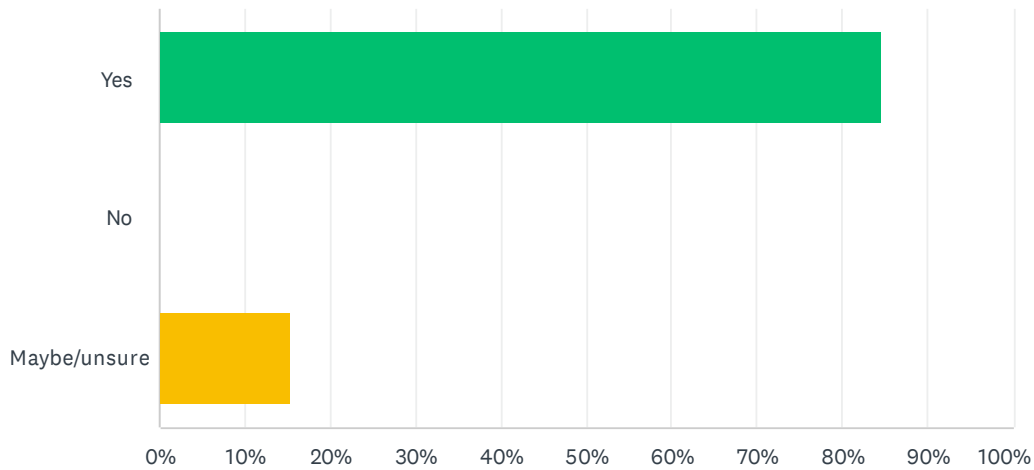


ANSWER CHOICES	RESPONSES	
Yes	100.00%	13
No	0.00%	0
Maybe/unsure	0.00%	0
TOTAL		13

#	COMMENTS	DATE
1	The briefing notes help us to remember what is required of us for each item and decision, and our mandate comes up in pretty much every decision.	11/15/2023 9:28 PM

Q6 Our agenda decisions can be communicated easily with the public.

Answered: 13 Skipped: 0

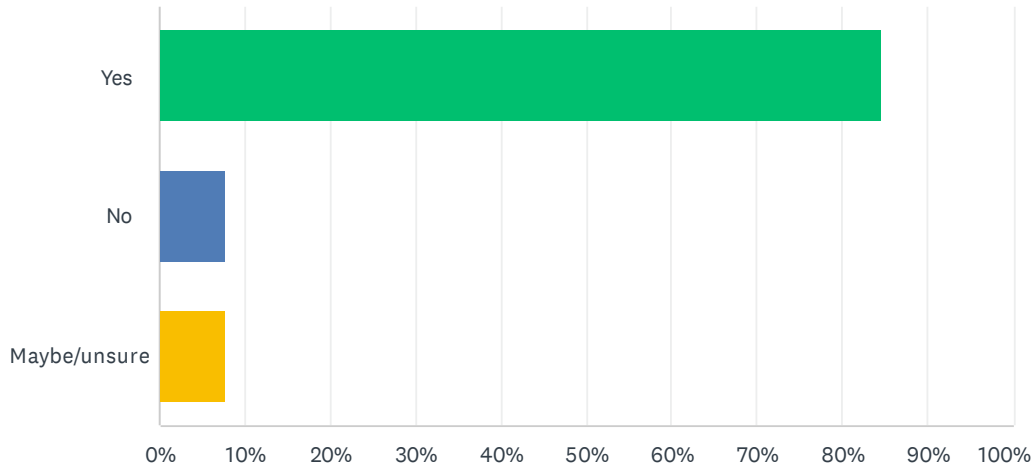


ANSWER CHOICES		RESPONSES	
Yes		84.62%	11
No		0.00%	0
Maybe/unsure		15.38%	2
TOTAL			13

#	COMMENTS	DATE
1	Yes. More the issue with informing the public is that I would guess most of the public doesn't know what CPSA is or what the purpose of the organization is. But the information is easily accessible via the website.	11/15/2023 9:28 PM

Q7 Council spends the right amount of time discussing emerging issues that could affect the organization in the future.

Answered: 13 Skipped: 0

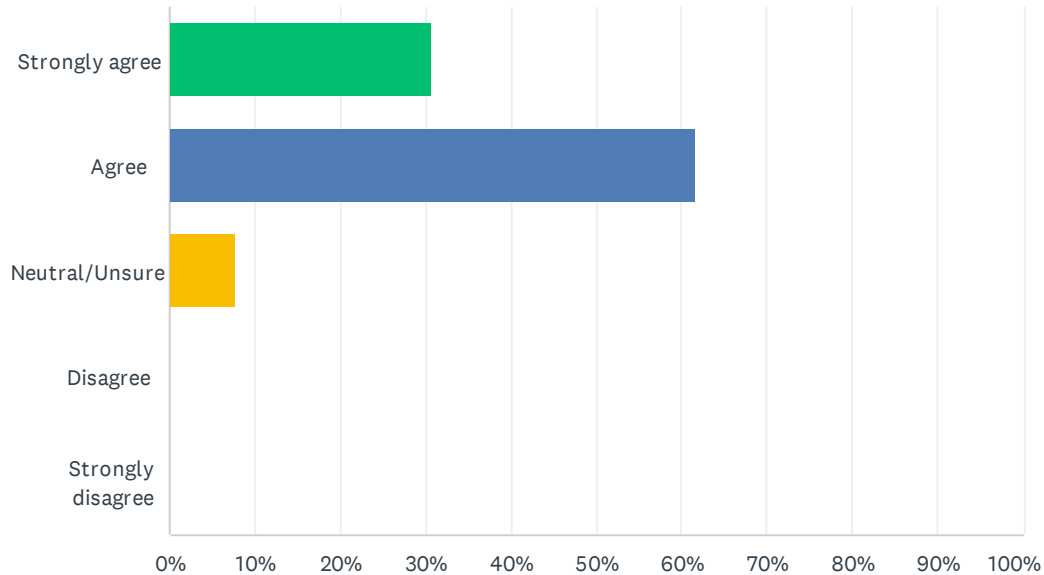


ANSWER CHOICES	RESPONSES	
Yes	84.62%	11
No	7.69%	1
Maybe/unsure	7.69%	1
TOTAL		13

#	COMMENTS	DATE
1	I don't know if we do spend time discussing emerging issues. I wonder what a process to examine emerging trends might look like	11/24/2023 12:16 PM
2	In light of the events and announcements of the government and the Manning report, I would say no.	11/15/2023 9:28 PM

Q8 Looking back over the meetings of this year, I see growing evidence of the impact of group learning in Council's discussions and decision-making.

Answered: 13 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	30.77%	4
Agree	61.54%	8
Neutral/Unsure	7.69%	1
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		13

#	COMMENTS	DATE
1	In certain isolated areas, like innovative future thinking and indigenous relations	11/16/2023 11:41 AM
2	Yes. Although there is always so much to learn, and I feel even more so for public members. We have a strong learning plan. The retreat was extremely useful and the work that came out of that , the staff uses to keep our learning organized, accountable and on track	11/15/2023 9:28 PM
3	especially in the area of EDI perspectives	11/15/2023 6:33 PM
4	The work on Council culture, among others, has been effectual. However, we still have room to embed the culture, especially in the light of new members being elected/appointed.	11/13/2023 12:42 PM

Submission to:	Council
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Meeting Date:	Submitted by:		
December 7, 2023	Governance Committee		
Agenda Item Title:	<i>Social Media Guidelines and Council Code of Conduct</i>		
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.

AGENDA ITEM DETAILS

Recommendation:	<p>That Council approves:</p> <ul style="list-style-type: none"> • "Council Social Media Guidelines" • revisions to the Council Code of Conduct, and • retirement of the "Council Social Media Policy".
Background:	<p>The Council Social Media Policy (Attachment 3) was developed in 2021, following a request for guidance to Council Members regarding the use of social media. The Policy was scheduled for review in 2023.</p> <p>Governance Committee reviewed the Policy at its June 2023 meeting and agreed that the content was guidelines to Council members, rather than a Council Policy. The Committee worked on the new Guidelines by email, between June and November. At the November meeting of the Governance Committee, the attached Social Media Guidelines were recommended to Council for approval.</p> <p>In reviewing the Social Media Policy, the CPSA Council Code of Conduct was also looked at to ensure it is aligned, and it was also due to be reviewed. The revisions would enhance clarity and flow of the Policy. The attached revised Code of Conduct is recommended for approval by Council.</p>
Next Steps:	<p>Upon Council approval:</p> <ul style="list-style-type: none"> • Council Social Media Guidelines will be included in the Council resource manual.

- The Council Social Media Policy will be removed from the CPSA website.
- The revised Council Code of Conduct will replace the current version on the CPSA website.

List of Attachments:

1. [Council Social Media Guidelines](#)
2. [REVISED Council Code of Conduct](#)
3. [Council Social Media Policy](#) (for retirement)

Introduction

Social media can be used in a variety of ways: to share information, connect with the public on a broad scale and engage others in online conversations. For CPSA Councillors, this includes the opportunity to interact and engage with physicians, physician assistants and Albertans.

CPSA's Social Media Guidelines provide an overview of approved practices for creating, posting and interacting with social media content in the context of representing CPSA as a Council member.

These guidelines are designed to help CPSA Council members understand the opportunities and risks, and provide guidance on how to use social media in a manner that upholds the integrity of CPSA's mandate and promotes public confidence in Council.

Participation

It is a Council member's personal decision whether they choose to create a social media account or participate in social media. Participation in social media is not an expectation of CPSA Councillors.

Scope

For the purposes of this guidance, social media platforms include websites and software programs used for social networking such as, but not limited to, Facebook, YouTube, LinkedIn, Instagram, Twitter/X, blogging sites, podcasts, and other virtual networks and communities.

Responsibilities

- Councillors have a duty to uphold CPSA's mandate to govern CPSA regulated physicians and physician assistants, and to protect Albertans. Regardless of intent or whether for personal or professional purposes, Councillors must be cognizant of their role on Council and must be aware that any statements they post to social media may be seen as a reflection of CPSA or interpreted as an official position of our organization.
- CPSA's *Code of Conduct* encourages physicians to advocate for their patients. These guidelines are not intended to negate that direction and are meant to align with CPSA's *Code of Conduct* and CPSA's Advice to the Profession on Social Media by encouraging that Councillors consider CPSA's mandate and perspective when creating any social media content, including content advocating for patients.

- Councillors are encouraged to make it clear in their social media content that they are offering their personal opinions and that their opinions are not reflective of CPSA Council. Even in doing so, Councillors must be cognizant that their social media followers may not recognize the difference between a personal and a professional opinion.
- If a Councillor chooses to post or comment on social media about a Council meeting, they must do so in a way that captures a fulsome perspective on the conversations and decisions made. Any decision made by Council, regardless of whether the decision was unanimous, is to be considered representative of the whole Council and any social media posts or comments should reflect this rather than the Councillor's own perspective.

Spokespeople

CPSA has several designated spokespeople, such as the Registrar, Executive team and subject matter experts when appropriate, who speak on behalf of the organization. Given their position, the CPSA Council Chair is a designated spokesperson and has the authority to speak on behalf of CPSA Council on social media as part of their role.

CPSA's social media channels

CPSA currently uses Facebook, Twitter/X and LinkedIn to provide accessible, timely information to Albertans. Social media contributes to the overall communications goals of CPSA, including being transparent and accessible. Social media allows CPSA to provide timely information, engage with our audiences when appropriate and share important work being done to support the delivery of safe patient care.

We welcome Council members who use social media to interact with CPSA posts such as sharing, liking or commenting (keeping the above responsibilities in mind). We ask that social media interactions during Council meetings be limited to break times.

Support

Council members seeking support or further guidance around social media, as it pertains to their role as a CPSA Council member, are encouraged to reach out to CPSA's Communications Director, Andrea Garland at andrea.garland@cpsa.ab.ca.

Council Policy

Policy Title	Council Code of Conduct
Date Created	February 2020, <u>REVISED: November 1, 2023</u>
Date of next Review	February 2022 November 2025

1. POLICY STATEMENT

This Code of Conduct sets out fundamental principles and practices for proactively avoiding conflicts of interest, upholding ethical conduct, ensuring high standards and maintenance of integrity to protect the reputation of Council and the College of Physicians and Surgeons of Alberta (CPSA).

2. PURPOSE

The purpose of this policy is to set out standards and expectations to guide Council members to take all reasonable steps so the conduct of Council is one that inspires confidence and trust and demonstrates integrity, professionalism and impartiality of the decisions made by Council.

3. SCOPE

The policy applies to all members of Council ~~including those~~ appointed, elected ~~or and sitting as recognized~~ non-voting members.

4. RESPONSIBILITIES

- a. Council promotes and expects of itself and its members ethical and businesslike conduct. This commitment includes proper use of authority and respectful decorum in group and individual behavior when acting as Council members. Council members are expected to be prepared for all meetings and willing to engage in respectful, constructive debate with the intent of enabling Council to make informed decisions.
- ~~b. Council members should commit to be diligent in communicating with each other and the CPSA staff regarding Council business. Council members should provide timely feedback to surveys, email questions regarding availability, phone calls and other methods of communication that are directly related to Council business. Council members should be diligent in~~

~~notifying the President or their committee Chair when they will not be able to attend meetings.~~

~~e.b.~~ Council members acknowledge and accept a fiduciary relationship with the public and the medical profession of Alberta. This fiduciary responsibility requires close attention to avoid real or perceived conflicts of interest related to their private sector involvement, employment, membership on other boards ~~or staff~~, advocacy or interest groups, or personal concerns of a Council member.

- i. If there is a real, potential or perceived conflict of interest, which could alter a Council member's primary commitment to the mission, vision, and goals of the CPSA, that Council member should:
 - demonstrate integrity and honesty, and disclose the conflict of interest, and
 - ~~be prepared to~~ remove themselves from participation in, or voting on, the matter under consideration.
- ii. There should be no self-promotion or conduct of private business or personal services between any Council member and the organization, ~~except as procedurally controlled to assure openness, competitive opportunity and equal access to "inside" information.~~
- iii. Council members should not ~~unfairly~~ use their Council position to obtain employment in the organization for themselves, family members or close associates.
- iv. Should a Council member be considered for employment, they should ~~temporarily~~ withdraw from Council deliberations, voting and access to applicable Council information.

~~d.c.~~ Council members may not attempt to exercise individual authority over the organization except as explicitly set forth in Council policies.

- i. Council members' interaction with the Registrar or with staff should recognize the lack of authority of any individual Council member or group of Council members except as noted above.
- ii. Council members' interaction with the public, the media or other entities, whether in person or online, should recognize the limitation and lack of authority of any Council member or Council members to speak for Council except with regard to established Council policies and decisions. Council members are encouraged to interact with the public and the profession within these limitations.
- iii. Council members do not make judgments of the performance of the Registrar or the staff except when the performance is assessed against explicit Council policies by an official process.

- d. Council members will protect the confidentiality of all matters considered by Council unless such matters have been approved for release as public information.
- e. Council members should commit to be diligent in communicating with each other and the CPSA staff regarding Council business. Council members should provide timely feedback to surveys, email messages, phone calls and other methods of communication that are directly related to Council business. Council members should notify the Council Chair or their committee Chair when they are not able to attend meetings.

5. APPROVAL

This policy requires approval by the CPSA Council.

6. AUTHORITY DOCUMENTS

Initial approval of this policy was through Council Motion on February 27, 2020.

See also [Health Professions Act Section 5 & 6](#)

7. SUPPORTING DOCUMENTS

- [Annual Conflict of Interest Declaration](#)
- Confidentiality and Non-disclosure Agreement
- Councillor's Oath
- ~~Annual Conflict of Interest Declaration~~ [Council Culture Agreement \(forthcoming\)](#)
- [Council Social Media Guidelines \(forthcoming\)](#)

8. DOCUMENT HISTORY

VERSION NO.	Version Date	DESCRIPTION OF CHANGE
1	February 27, 2020	Initial Policy
2	November 1, 2023	Revisions recommended by Governance Committee
APPROVAL	DATE	Signature
Council Motion #C05-20	February 27, 2020	

Submission to:	Council
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Meeting Date:	Submitted by:		
December 7, 2023	Governance Committee		
Agenda Item Title:	2024 Council Retreat		
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 2024 Council Retreat Outcomes and the draft Agenda.		
Background:	<p>At the May Council meeting Council approved the theme of Authentic Indigenous Connections for the 2024 Council Retreat.</p> <p>Governance Committee reviewed and added to the DRAFT Retreat Agenda and goals for the Retreat at its meeting on November 1. It should be noted, that the Agenda is subject to change as some details are pending. Council is asked to approve the Retreat Goals. The Agenda will continue to be developed to meet the goals.</p>		
Next Steps:	<ul style="list-style-type: none"> • Staff to work to finalize the Retreat Agenda. • Council to attend the January 25 Orientation (as required) and January 26-27 Retreat. 		
List of Attachments:			
1. Draft 2024 Council Retreat – Goals and Agenda			

2024 CPSA Council Retreat (subject to change)

Orientation date: Thursday, January 25, 2024

Retreat: January 26-27, 2024

Location: Crow Flag Room, Grey Eagle Resort Tsuut'ina Nation

Theme: Authentic Indigenous Connections

Draft Outcomes:

- Enhanced learning and understanding about the impacts of colonization and as it affects Indigenous access to safe medical care and/or Indigenous health outcomes.
- Advancing the dialogue and understanding related to Strategic Direction: Authentic Indigenous Connections
- Council celebrates and commits to continuously working on culture through signing the Council Culture Agreement

Friday, January 26, 2024 Indigenous connections

Time	Agenda Item	Facilitated by
0900	Opening Prayer	Tsuut'ina Elder
0915	Tour of Health Centre	Health Director
1030	Break	
1045	Presentation from G4	Margo Dodginghorse
Noon	Lunch	
1330	Tour of museum	
1530	Break	
1545	Presentation from other provincial medical regulatory authority regarding their leading work in regulation and Indigenous connections	CPSBC (to be confirmed)
1645	Close for the day	CPSA Council Chair
1800	Dinner - Guest list TBD (will include Levonne Louie):	

Saturday, January 27, 2024 Strategic Planning and Council Culture

Time	Agenda Item	Facilitated by
0900	Opening	
0915	Strategic planning/discussion: incorporating Authentic Indigenous Connections and Anti-Racism and Anti- Discrimination into the oversight and foresight of Council	Facilitator
1045	Break	
1100	Facilitated discussion: bringing life to the Council Culture Agreement	Facilitator
1150	Council Culture Agreement Signing Ceremony	All
Noon	Closing	Council Chair
1215	Lunch	

Submission to:	Council		
Meeting Date:	Submitted by:		
December 7, 2023	Daisy Fung, Chair ARADAAC		
Agenda Item Title:	6.3.1 Meeting Report from the Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC)		
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>ARADAAC met on Thursday, November 2, 2023 for its final meeting of 2023. The following topics were presented and/or discussed:</p> <ul style="list-style-type: none"> • Updates from the CPSA Chief of Staff, including: <ul style="list-style-type: none"> ◦ CPSA plans to publish the Advice to the Profession (AtP) document on anti-racism and anti-discrimination in December 2023. Council members and CPSA staff will be provided with key messages that can be used when opportunities arise to discuss the AtP with regulated members and the public. ◦ Learnings from the Canadian Agencies of Regulation (CNAR) about anti-racism and anti-discrimination were shared from organization's further along than CPSA. ◦ The internal, staff EDI Committee is established and has had its first few meetings. • CPSA's Assistant Registrar, Registration, attended the meeting to give an update on the National Registry of Physicians (NRP) which is being developed by the Medical Council of Canada (MCC), with funding from the Government of Canada. <ul style="list-style-type: none"> ◦ ARADAAC is invited to provide advice on the inclusion of gender, race, and other identifiers as the NRP is developed. • Anti-racism anti-discrimination actions of the Registration Department were also shared. • After several discussions throughout the year, ARADAAC reviewed and agreed to recommend a new Terms of 		

	<p>Reference to Governance Committee and Council. It was agreed that a Vice Chair should be part of the governance of the Committee, for succession planning.</p> <ul style="list-style-type: none"> • CPSA staff will implement a recruitment strategy for seeking new Committee members, and interested potential members will be reviewed by Governance Committee for appointment by CPSA Council early in 2024. • ARADAAC had a presentation about the Committee's year in review and agreed to the following priorities for 2024: <ul style="list-style-type: none"> ○ An in-person workshop for the Committee. ○ Anti-racism anti-discrimination review of CPSA regulatory functions. ○ Development of a Standard of Practice.
Next Steps:	<p>The committee will meet again in February, with new members added, and some agenda items will be:</p> <ul style="list-style-type: none"> • Selection of Chair and Vice Chair (for recommendation to Governance Committee and Council). • Action Plan for 2024 focused on the 2 priority actions: <ul style="list-style-type: none"> ○ Anti-racism anti-discrimination review of regulatory functions within CPSA. ○ Development of a Standard of Practice. • Presentation by CPSA Professional Conduct Department.
List of Attachments:	
N/A	

Submission to:	Council
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Meeting Date:	Submitted by:		
Dec 7, 2023	Tyler White		
Agenda Item Title:	6.4.1 Indigenous Advisory Circle Update		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable) :	N/A
Background:	<p>The Indigenous Advisory Circle (Circle) has met three times this Fall. These meetings include:</p> <p>September 18, 2023 – Reconnecting</p> <ul style="list-style-type: none"> • The Circle had a shorter meeting to reconnect prior to the In-Person Gathering in October. • The Circle welcomed Dr Nicole Cardinal as a new member. • The meeting focused on the topic of a pathway to an Apology for CPSA. • The discussion included: <ul style="list-style-type: none"> ○ Who CPSA is in the health system, who CPSA is apologizing to and what the apology is for. ○ Prioritizing what actions to take towards an apology. ○ The role of racism and stigma, and of structural, systemic, and individual medical violence towards Indigenous patients. ○ The importance of language and action as part of the apology; being mindful of distinction-based approaches and considerations of re-traumatizing the people CPSA apologizes to. <p>October 5, 2023 – In-Person Gathering (Bragg Creek)</p> <ul style="list-style-type: none"> • Dr. Grandmother Doreen Spence hosted the Circle, ex officio, guests and the secretariat for a day of Indigenous learnings and connecting. <ul style="list-style-type: none"> ○ Circle members graciously participated in the exchange of knowledge.

	<ul style="list-style-type: none"> • The day was rooted in land-based learning, with the intent to incorporate Indigenous ways into CPSA, strengthen the relationships of the participants, and set the course towards building safer healthcare experiences for Indigenous patients. • Circle members also shared their early impressions and perspectives on a revised plan towards reconciliation that focuses on action (i.e., reconciliACTION). This discussion is scheduled to be continued at the November meeting. <p>November 21, 2023 – last meeting of 2023</p> <ul style="list-style-type: none"> • There were two key agenda items for the meeting: reflection on the In-person Gathering and the ReconciliACTION Plan. • Reflections on the In-Person Gathering <ul style="list-style-type: none"> ○ Land-based healing and learning go hand-in-hand. ○ The importance of building connections on and with the land (opportunities to have this occur in more ways). ○ Blending corporate work with the land-based learning. • Discussion on the ReconciliACTION Plan <ul style="list-style-type: none"> ○ It is comprehensive – CPSA must continue to make sure the action is purposeful and tangible. ○ Ensure the actions are measurable; system change must be ongoing. ○ Potential revision to title: Path to Truth and Reconciliation.
Next Steps:	The Circle will reconvene in 2024 to continue guiding CPSA on its journey towards enhanced care for Indigenous patients.
List of Attachments:	
N/A	

Submission to:	Council
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Meeting Date:	Submitted by:		
December 7, 2023	Medical Facility Accreditation Committee		
Agenda Item Title:	6.5.1 Diagnostic Imaging Accreditation Standards: Teleradiology revision update		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input checked="" type="checkbox"/> The following item(s) are of particular interest to Council Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable) :	MFAC seeks Council's guidance on next steps, with below as some options: <ol style="list-style-type: none"> 1. Accept the revised standards as recommended by MFAC. 2. Accept the revised standards as originally recommended by ACDI, including the proposed geographic restrictions on teleultrasound. 3. Seek renewed stakeholder feedback on the teleultrasound issue to understand more clearly the pros and cons of geographic restrictions on teleultrasound. 		
Background:	MFAC wishes further guidance from Council regarding final draft Diagnostic Imaging Teleradiology standards. A detailed Briefing Note is attached, which will be followed by a detailed presentation at the Council meeting.		
Next Steps:	MFAC will take guidance from Council.		
List of Attachments:			
<ol style="list-style-type: none"> 1. Briefing Note: Diagnostic Imaging revised Teleradiology Standard – Geographical restriction for the provision of Tele-Ultrasound 2. Environmental Scan – Accreditation and Remotely Supervised time/distance criteria 			

To: Council
From: Accreditation
Date: December 7-8, 2023
RE: Diagnostic Imaging revised Teleradiology Standard – Geographical restriction for the provision of Tele-Ultrasound

Issue:

- The final draft Diagnostic Imaging Teleradiology standards recommended by the Advisory Committee on Diagnostic Imaging (ACDI) were presented to the Medical Facilities Accreditation Committee (MFAC) at its recent meeting. The recommendation included a provision to continue to restrict the provision of tele-ultrasound.
- While the updated draft Standards were recommended for approval, MFAC did not support the time and geographical restrictions for the provision of tele-ultrasound and recommended their removal.
- MFAC wishes further guidance from Council, including whether an additional stakeholder review is necessary and by whom.

Background:

- Teleradiology is the provision of diagnostic imaging with no imaging specialist physician on-site/near the imaging facility while imaging is occurring, but an imaging specialist is available for consultation with facility staff including technologists and/or sonographers, if required.
- Accreditation has been engaged in revising pertinent Remotely Supervised (now Teleradiology) Standards since late 2018; there have been substantive revisions throughout, however, most are administrative or purely clinical in nature based on evidence based current references and industry best practice standards.
- In 2021/2022, CPSA circulated three large, separate provincial stakeholder consultations to obtain standard revision feedback from imaging facility Medical Directors, imaging specialists (diagnostic radiologists, cardiologists, diagnostic imaging educational institutions, and any other non-imaging specialist with imaging modality approvals), as well as major stakeholders (e.g. the Alberta Society of Radiologists, Alberta Health Services, Alberta Medical Association, and Alberta Municipalities). Stakeholder feedback was mostly supportive of having a geographical restriction continuing in principle.
- Under the current standards (v3), remotely supervised ultrasound/remotely supervised echocardiography is only allowed when the diagnostic imaging facility is

outside of a 100 km radius from the city centre of metropolitan areas of greater than 50,000 residents unless the ratio of metropolitan residents to ultrasound imaging specialists exceeds 20,000:1, or imaging specialists are geographically distant from the site providing ultrasound imaging services and are not able to attend the patient within 15 minutes of travelling time if required during that visit or arrange for the patient to wait under the care of the physician requesting the study until an on-site imaging specialist can attend to them at that same location.

- ACDI recommended a relaxation to the restriction to a reduced radius of 25 km¹ from the city centre and specific to the six urban centres below:
 - Grande Prairie
 - Edmonton
 - Red Deer
 - Calgary
 - Lethbridge
 - Medicine Hat
- On February 15, 2023, MFAC approved the regular, routine Diagnostic Imaging revisions, except for the Remotely Supervised Standard (now Teleradiology).
- On April 26, 2023, MFAC approved all the draft revised teleradiology standards for the exception of the draft teleradiology standard criteria: 25km radius (provision of tele-ultrasound) and requested ACDI representatives to the next MFAC meeting to engage in further dialogue regarding the geographical restriction.
- On October 25th, 2023, ACDI members attended MFAC with a presentation to the committee on the Teleradiology Standards revision with a focus on the geographical restriction.
- After deliberation, MFAC made the following unanimously carried motion:

"THAT the Medical Facility Accreditation Committee recommends approval of version v4 of the Diagnostic Imaging standards with the removal of the time and geographical restrictions for the provision of tele-ultrasound and that a further stakeholder review take place."

Analysis:

- Total of 357 accredited (community and public) diagnostic imaging facilities in Alberta
 - 210 of 357 facilities are accredited to perform ultrasound imaging with an on-site imaging specialist:
 - North Zone – 32
 - Edmonton Zone – 63
 - Central Zone – 24
 - Calgary Zone – 74
 - South Zone – 17

- 71 of 357 accredited diagnostic imaging facilities are accredited to perform ultrasound imaging without an on-site imaging specialist (remotely supervised)
 - North Zone – 29
 - Edmonton Zone – 4
 - Central Zone – 25
 - Calgary Zone – 7
 - South Zone – 6
- Alberta’s remotely supervised standards (teleradiology) appear out of step compared with many other jurisdictions in terms of having a geographical restriction (appendix):
 - No other Canadian province has time, distance, or ratio criteria.
 - Royal Australian and New Zealand College of Radiologists, American College of Radiology (responsible for Accreditation) – no time, distance, or ratio criteria
 - BC, SK, QC – imaging facilities must apply to the government (utilization)
- ACDI has increasingly been deliberating on remotely supervised standard exemptions since the remotely supervised criteria of 100km/15min was vetted late 2012.
- These exemption requests are based on the new facility applicant not meeting current (100km from metropolitan areas/15-minute travel) remotely supervised ultrasound/echocardiography standard criteria.
- No supporting reference for the current 100km/15-minute criteria
- Sonographers do not practice under the jurisdiction of a regulatory body in Alberta; education, experience and certifications are diverse.
- Currently, sonographers who practice ultrasound in a remotely supervised facility are required to have one-year full time imaging experience and be credentialed with Sonography Canada in their area of expertise.
- Sonographers who practice ultrasound in an ultrasound facility with an on-site imaging specialist can be either Sonography Canada credentialed or ARDMS credentialed (American Registry for Diagnostic Medical Sonography).

Next Steps:

MFAC seeks Council’s guidance on next steps, with below as some options:

1. Accept the revised standards as recommended by MFAC
2. Accept the revised standards as originally recommended by ACDI, including the proposed geographic restrictions on teleultrasound.
3. Seek renewed stakeholder feedback on the teleultrasound issue to understand more clearly the pros and cons of geographic restrictions on teleultrasound.

Appendix

¹Statistics Canada (*Canadian Social Trends: The city/suburb contrast: How can we measure it* (statscan.gc.ca); 2014-04-23, online catalogue 11-008-XWE o.85 2008001)

Environmental Scan – Accreditation and Remotely Supervised time/distance criteria Nov 2023			
Province/County	Physician Regulatory Body	Legislation	Accreditation
<p>Newfoundland and Labrador</p> <p>transitioning from 5 to one as of April 2023</p> <p>Newfoundland and Labrador Health Services</p> <p>No private imaging</p>	<p>CPSNL</p> <ul style="list-style-type: none"> Standard of Practice – Virtual Care <p>Telemedicine – licensure via physician</p>	<p>Regional Health Authorities Act</p> <p>Health Accord NL in progress (10y plan)</p> <p>No legislation mentions accreditation</p>	<p>Accreditation Canada (voluntary)</p> <p>CAR-MAP (Canadian Association of Radiologists – Mammography Accreditation Program) - voluntary</p> <p>Central – 10 East – 13 Labrador-Grenfell – 3 hospitals, 3 health centres Western – 7</p> <p>No time/distance remotely supervised criteria</p>
<p>Ontario</p>	<p>CPSO</p>	<p>Independent Health Facilities Act (bill 60 would repeal this) – funding and licensing for community based facilities</p> <p>Integrated Community Health Services Centres Act, 2023 – OHIP funded</p> <p>Must apply for a license – ON gov vets – gov makes a ‘call for applications’</p> <p>‘inspecting body’ - bill 60 would make College of Physicians and Surgeons of Ontario inspectors – ‘premise inspection’</p> <p>Bulletin 230907 – Changes to the Independent Health Facilities Sector OHIP INFOBulletins 2023 ontario.ca</p>	<p>Accreditation Canada (voluntary)</p> <p>No time/distance remotely supervised criteria</p>

Quebec	College des Mediciens du Quebec	Bill 15 on deck Ministère de la Santé et des Services	Accreditation Canada (voluntary) No time/distance remotely supervised criteria
Manitoba	CPSM	No regulatory application Regulated Health Professions Act WRHA Standard Committee – Diagnostic Imaging Accredited Facilities Bylaw (CPSM)	MANQAP – Accreditation Program No time/distance remotely supervised criteria Pursuant to <i>The Regulated Health Professions Act</i> , the Council of the College of Physicians and Surgeons of Manitoba has established a Program Review Committee which oversees the operation of the Manitoba Quality Assurance Program (MANQAP). The objective of MANQAP is to establish standards for diagnostic facilities, to investigate and inspect diagnostic facilities for accreditation and to monitor compliance with established standards. Manitoba DI Standards (Sept 2021) – about to Consider using AB DI standards
Saskatchewan	Apply to government to get a medical facility license	Bill 82 The Health Facilities Licensing Act	The Diagnostic Imaging Quality Assurance Program Advisory Committee on Medical Imaging Ministry supports Accreditation Canada (voluntary)
		The Medical Imaging Facilities Licensing Regulations	No time/distance remotely supervised criteria
	CPSS	Physicians: Apply for Telemedicine Licensure	In order to assess compliance with the standards, the ACMI has established a process with which to review imaging physicians, who are selected on a random basis. Priority is given to Radiologists practicing in remote or solo practices. This process includes peer review assessments of Radiologists, Obstetrician/Gynecologists and

			those physicians performing Echocardiography (Cardiologists and Internists). Assessment reports are provided to the physician and Medical Director of the facility to provide feedback and education.
	Saskatchewan Health Authority	Accreditation Canada Health Standards Organization	
BC	CPSBC	<p>BC Legislation</p> <p>Diagnostic Facilities Administration supports the application process for new, expansion and relocation of publicly-owned and privately-owned outpatient diagnostic facilities through the Advisory Committee on Diagnostic Facilities (ACDF), a committee of the Medical Services Commission (MSC).</p> <p>The purpose of the application and assessment process is to establish and administer the provision of province-wide diagnostic services based on the rational distribution of services and actual need. Issues such as medical need, facility capacity, funding, integration between public and private sector, capital equipment acquisition and conflict of interest are considered when assessing an application.</p>	DAP Standards
			No time/distance remotely supervised criteria

Australia		RANCZR	Any use of teleradiology by management of a site or sites to undermine an on-site clinical radiology service, eliminate the provision of on-site clinical radiologist cover and/or to circumvent compliance with quality processes and governance requirements is contrary to the primary purpose and is considered inappropriate.
			No time/distance remotely supervised criteria
			Application for DI facility through the Australian Government
USA		ACR	Diagnostic Imaging Centre of Excellence – ACR Accreditation
			No time/distance remotely supervised criteria
UK		Royal College of Radiologists	The Quality Standard for Imaging (QSI) 2019 No time/distance remotely supervised criteria

Submission to: **Council**

Meeting Date:	Submitted by:		
December 7, 2023	Daisy Fung, Chair FAC		
Agenda Item Title:	Finance & Audit Committee Report		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable):	n/a		
Background:	<p>The Finance & Audit Committee (FAC) met on November 9 and addressed the following issues:</p> <p>1) Review of Directors' and Officers' Insurance, HIROC's risk assessment checklist results, and CPSA legal claims history</p> <p>CPSA has insurance coverage through the Health Insurance Reciprocal of Canada (HIROC). All the medical regulator authorities (MRA) are under the umbrella of the Federation of Medical Regulatory Authorities of Canada (FMRAC) with each province having their own individual insurance coverage.</p> <p>HIROC confirmed there has been no change in insurance coverage for CPSA. The committee also received a presentation about CPSA's historical insurance claims and a comparison of CPSA's claims to the other medical regulatory authorities.</p> <p>FAC was satisfied with the level of insurance coverage in place at the CPSA for Councilor and committee members.</p> <p>FAC also received a report from HIROC on CPSA's year 3 results on a self-review of the risk assessment checklist. These checklists were created by the medical regulatory authorities with HIROC's assistance as best practice guidelines for regulators. These checklists are the bases for FIRMS (FMRAC integrated risk management system).</p>		

FAC invited Michael Neth, CPSA's Chief of Staff, to provide an overview of the recent changes announced by Government for the health system and the impact to CPSA.

c) People & Culture Statistics

FAC received a report for information outlining key human resource statistics for Q3 2023 compared to prior years.

d) Financial Results

As of September 30, 2023, there is a year-to-date operating income of **\$3,423,000** compared to the budgeted income of \$294,000 resulting in more income, or positive variance, of \$3,129,000.

	Sept 30, 2023	Budget	Variance	
Revenues	(30,142,000)	(27,335,000)	2,807,000	10%
Expenses	26,719,000	27,041,000	322,000	1%
Operating Income	(3,423,000)	(294,000)	3,129,000	
Development Costs	65,000	108,000	43,000	40%
Sub-total after Development Costs	(3,358,000)	(186,000)	3,172,000	
Amortization	658,000	658,000	0	0%
Accreditation, net	(168,000)	(61,000)	107,000	175%
Sub-total	(2,868,000)	411,000	3,279,000	
Other <income> loss	(997,000)	0	997,000	
Net <Income> Loss	(3,865,000)	411,000	4,276,000	

The other income consists of gains in the market value of investments plus realized gains on disposals since December 31, 2022.

The total net income to the end of September is \$3,865,000, of which a major portion is due to strong investment returns, an increase in market value of investments, and additional physician annual fees.

3) FAC Terms of Reference

FAC reviewed the changes to its terms of reference as proposed by the Governance Committee. Feedback on the number of voting members for FAC was provided back to the Governance Committee for consideration.

4) Expense Policies

FAC reviewed the honorarium principles and provided feedback for clarifying the conditions where honorariums would be paid. In addition, feedback was provided on the honorarium for committee chairs. The committee had extensive discussion around the work involved as committee chairs and wanted to review the rates paid to chairs.

The honorarium principles provide the framework for the expense policy for Council and Committee members.

Management will be taking back the feedback to be incorporated into expense policies to be reviewed by FAC at a future date. CPSA administration is developing expense policies for Council & Committee members, employees and contractors.

The committee debated whether alcohol should be accepted as part of the meal expenses or at events hosted by CPSA. Further discussion and input from Governance/Executive or Council will be sought. Uncertainty arose whether this topic is a FAC decision or a general CPSA philosophy to be addressed by Council.

5) Audit Planning for 2023

The firm of PricewaterhouseCoopers LLP (PwC) will continue to serve as the CPSA's auditors for the 2023 fiscal year for both the CPSA audit and the pension fund audit. Mr. Robert Newton continues to be the partner on the engagement.

The committee received the audit plan report for 2023 and accepted the scope of the audit.

The materiality initially set for the CPSA audit is based on 3% of forecasted revenues and the pension fund audit is based on 2.5% of net assets.

PwC is committed to delivering the audited financial statements for the May Council meeting.

There will also be an increase in base fees for 2023 of \$6,000 - \$16,000 (9 – 25%) influenced by increasing audit standards and requirements, which drive up financial service costs that influence fees billed to clients. In addition, the increase in staffing costs for accounting firms in Alberta has contributed to the higher fees.

CPSA management and PwC have agreed to share any cost savings driven by efficiencies in completing the audit work.

6) Financial Key Performance Indicators

FAC continued its discussion from August 2023 on the proposed financial key performance indicators (KPI) for CPSA.

FAC was presented with eight sub-metrics that could represent the overall financial health of CPSA. Of these, three were recognized as the top measures which are the most important indicators of our compliance with responsibilities.

The committee provided input about the weighting of the metrics. The committee requested further feedback on the environmental scan on the factors used by other organizations, the weighting and the scale that could apply to identify green, yellow and red ratings for each of the metrics.

Further discussion will continue at the next FAC meeting.

7) Review of the Actuary

FAC reviewed management's assessment of its actuary and supported management's recommendation to defer a formal request for proposal for an actuary.

8) Pension Governance Annual Reporting

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

9) Reporting - Executive Limitations Financial Conditions

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

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

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

No changes were recommended to the framework.

10) Safe Disclosure of Work Violations annual reporting

FAC received a report from Ms. Jessica McPhee, Director, People & Culture on the safe disclosures of work violations for 2023.

CPSA staff policies and directives outline the business standards and ethical obligations CPSA employees must meet at work. These policies support the mission and vision and apply to all CPSA team members. The *Safe Disclosure of Work Violations* policy outlines how team members can safely bring forward serious concerns within CPSA.

In 2023, CPSA's People & Culture Team received two formal complaints which alleged a violation of the *Workplace Harassment* policy. Both instances we're managed with the upmost confidentiality and all team members involved were protected against any retaliation. The first complaint was not found to be harassment and the second is currently under investigation.

FAC was informed CPSA's People & Culture Team is in the final stages of creating a respect in the workplace policy, which will replace the workplace harassment policy, and create a more approachable venue to bring forward concerns of this nature.

11) CFO Priorities and Succession Plan

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

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

The committee received an overview of the priorities for 2024 and the succession planning for the CFO role.

Next Steps: n/a

List of Attachments:

None

Submission to:	Council
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Meeting Date:	Submitted by:		
December 7, 2023	Mr. Ed Jess, Chief Innovation Officer		
Agenda Item Title:	7.2.1 Key Performance Indicators Update		
Action Requested:	<input checked="" type="checkbox"/> The following item requires approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Council Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable):	That Council approves the attached list of sub-metrics that will contribute to the overall organizational Key Performance Indicators for 2024.
Background:	<p>Key Performance Indicators:</p> <p>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 novel approach and asked CPSA staff to develop the numerous sub-metrics that will 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>The final list of sub-metrics is now complete and attached for review in preparation for the December Council meeting.</p>
Next Steps:	Once approved, CPSA Staff will begin reporting on the organizational KPIs following the end of Q1, 2024.
List of Attachments:	
1. 2024 KPI Sub-metrics for Council Approval	

To: Council

From: Ed Jess

Date: November 17, 2023

RE: 2024 KPI Sub-metrics for Council Approval

Regulatory KPI Sub-metrics:

Department	Metric	Target
Professional Conduct	<ul style="list-style-type: none"> Weighted score of the proportion of the following process files completed in time. <ul style="list-style-type: none"> Intake Initial Physician Response Outright Dismiss Early Resolution Section 55 Expert Opinion RWC after Expert Opinion RWC after Investigation Dismiss after Investigation Hearing Legal Referral to NOH 	Target met 80% of the time by December 31,2024
Professional Conduct	<ul style="list-style-type: none"> Weighted score of the proportion of High Priority files completed in time. 	Target met 80% of the time by December 31,2024
Registration	<ul style="list-style-type: none"> Acknowledge receipt of application in writing within 10 business days. 	Target met for 100% of applications in 2024
Registration	<ul style="list-style-type: none"> Registration decision made within 20 business days upon registration file completion. 	Target met for 100% of applications in 2024

Accreditation	<ul style="list-style-type: none"> Notify facilities 90 days in advance of assessment occurring. 	Target met 100% in 2024
Accreditation	<ul style="list-style-type: none"> Team approvals sent 60 days prior to assessment. 	Target met 100% in 2024
Accreditation	<ul style="list-style-type: none"> Reports to be sent within 60 days post last day of assessment. 	Target met 80% of the time in 2024
Accreditation	<ul style="list-style-type: none"> Participant Satisfaction Post Assessment Survey for Accredited Facilities (Satisfied and Very Satisfied responses). 	Target met 80% of the time in 2024
Continuing Competence	<ul style="list-style-type: none"> Regulated members self-report participation in PPIP by December 2024 	80% of regulated members by December 31, 2024
Continuing Competence	<ul style="list-style-type: none"> Provide assessment and remediation to 200 at-risk regulated members in Alberta annually 	Target met 100% in 2024
Continuing Competence	<ul style="list-style-type: none"> Provide access to 500 MCC360 and 60 GPR annually to direct regulated members participation in PPIP 	Target met 100% in 2024
Continuing Competence	<ul style="list-style-type: none"> Conduct 600 PPIP audits annually 	Target met 100% in 2024
Continuing Competence	<ul style="list-style-type: none"> IPAC assessment for 150 medical clinics annually. 	Target met 100% in 2024

Finance KPI Sub-metrics:

Department	Metric	Target
Operations	• Clean Financial Audit Report	Target met in 2024
Operations	• Unrestricted Surplus is no less than 60% of operating budget	Target met by December 31, 2024
Operations	• Expenses are within +/- 5% of budgeted expenses	Target met by December 31, 2024
Operations	• Current ratio indicating CPSA's liquidity is no less than 1.2	Target met by December 31, 2024
Operations	• Meets all regulatory requirements and filing deadlines	Target met by December 31, 2024
Operations	• Net Surplus Margin for specific program areas (Practice Readiness Assessment, Individual Practice Review, Facility Accreditation & Radiology Equipment) is no less than 5%	Target met by December 31, 2024

Strategy KPI Sub-metrics:

Department	Metric	Target
Analytics, Innovation and Research	• Increase the positive predictive value of the 2023 physician risk score by 20%.	Target met by December 31, 2024

Analytics, Innovation and Research	<ul style="list-style-type: none"> Incorporate Machine Learning (ML) techniques into CPSA's work by completing at least one project in 2024. 	Target met by December 31, 2024
Communications	<ul style="list-style-type: none"> 85% of respondents of omnibus survey are aware of CPSA and our legislative functions 	Target met by December 31, 2024
Office of the Registrar	<ul style="list-style-type: none"> At least three initiatives, with a focus on addressing anti-racism/anti-discrimination or incorporating equity, diversity, and inclusion principles in CPSA's work, are completed. 	Target met by December 31, 2024
Office of the Registrar	<ul style="list-style-type: none"> At least three initiatives, with a focus on enhancing authentic Indigenous connections in CPSA's work, are completed. 	Target met by December 31, 2024

People & Culture KPI Sub-metrics:

Department	Metric	Target
People & Culture	<ul style="list-style-type: none"> Increase CPSA overall Engagement Score. 	Target of 75% in 2024
People & Culture	<ul style="list-style-type: none"> Turnover rate (voluntary and involuntary) of between 2.5% and 5%. 	Target met by December 31, 2024
People & Culture	<ul style="list-style-type: none"> Churnover rate (internal movement by permanent employees) of between 1.5% and 5%. 	Target met by December 31, 2024
People & Culture	<ul style="list-style-type: none"> Average absenteeism rate per FTE per department less than 5 days 	Target met by December 31, 2024

People & Culture

- Time off utilization (vacation allotment) of 90%

Target met
by December
31, 2024
