

## ATTENDEES

### Council Members: Voting:

- Jaelene Mannerfeldt MD MSc FRCSC, Chair
- Richard Buckley, MD, FRCS
- Nicole Cardinal, MD, CCFP
- Patrick Etokudo, M.Sc, FSCMP, Vice Chair
- Daisy Fung, BMSc, MD, CCFP, Executive Committee Member-at-Large
- Maryana Kravtsenyuk, MD, MSc, FRCPC

- Oluseyi Oladele, MD, CCFP, FCFP
- Sam Shaw, BA, MSc, MEd, MBA, PhD, CDir
- Laurie Steinbach, BSW, BEd
- Stacey Strilchuk, BA (attending online)
- Ian Walker, MD, MA (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)

- Brenda Hemmelgarn, MD, PhD, Dean FoMD
- Maren Kimura, MPH

### 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
- Dawn Hartfield, BScMed, MPH, MD, FRCPC, Deputy Registrar, Hearings Director

- Ed Jess, BA, Chief Innovation Officer
- Gordon Giddings, MD MBA FCFP, Assistant Registrar, Professional Conduct, Complaints Director
- Jeremy Beach, MBBS, MD, FRCPC, Assistant Registrar, Accreditation
- Nazrina Umarji, B.Ed, JD, Director, Legal Services & General Counsel
- Tracy Simons, CPA, CA, Chief Financial Officer
- Melissa Campbell, Senior Communications Advisor
- Kennedy Schultz, Communications Coordinator

### Guests: (External)

- Will Fong, Great Country Consulting
- Margot Ross-Graham, Sandbar Consulting

### Regrets

- Tyler White

### Resources for Council Members:

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

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

**Thursday, March 7, 2024, starting at 0800**

(Breakfast for Council and Executive Team Members available at 0730)

Time	Topic	Presenters
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0730	<b>Breakfast</b>	All
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0800	<b>IC1 In-camera Session</b> (Council, Registrar and CEO, Executive Leadership Team, Director, In-House Legal Counsel, Governance Program Manager and Recording Secretary)	Council Chair
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IC1.1	Chair Greetings	Council Chair
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 – December 2023	

<b>Adjournment of In-camera session</b>		
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Time	Topic	Presenters
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0845	<b>1.0 Call to Order of Public Session</b>	Council Chair
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1.1	Chair Opening Remarks & Introductions	
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1.2	Traditional Territorial Acknowledgement	Daisy Fung
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1.3	Conflict of Interest Declaration (Real, Potential or Perceived)	
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0910	<b>2.0 Adoption of Agenda and Approval of Minutes</b>	Council Chair
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2.1	Adoption of Agenda	
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2.2	Approval of Minutes	
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	December 7 and 8, 2023 CPSA Council Meeting Minutes	
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<b>3.0</b>	<b>Consent Agenda</b>	Council Chair
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*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 | Meeting Summary Report (for information)               |
| 3.2   | Governance Committee                                   |
| 3.2.1 | Meeting Summary Report (for information)               |
| 3.2.2 | Committee Member Appointments (for approval)           |
| 3.2.3 | 2024 Council Learning Plan (for approval)              |
| 3.2.4 | Committee TORs (for approval)                          |
| 3.3   | Finance and Audit Committee                            |
| 3.3.1 | Meeting Summary Report (for information)               |
| 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   | Patient Relations Fund Annual Report (for information) |

## 4.0 Executive Reports

0920	4.1	Chair's Report (for information/discussion)	Jaelene Mannerfeldt, Council Chair
0935	4.2	Registrar's Report (for information/discussion)	Scott McLeod CEO/Registrar

1035 COMFORT BREAK

## 1050 5.0 Department Reports

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|-------|---|------------------|
| 5.1   | Chief of Staff                            | Melissa Campbell |
| 5.1.1 | CPSA Annual Report 2023 (for information) | Kennedy Schultz  |

## 1115 6.0 Council Committee Reports

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|-------|--------------------------------------|------------------|
| 6.1   | Finance and Audit Committee          | Daisy Fung       |
| 6.1.1 | Honorarium Rates (for approval)      | Committee Chair  |
| 6.2   | Governance Committee                 | Laurie Steinbach |
| 6.2.1 | CPSA Bylaws revisions (for approval) | Committee Chair  |

## 6.2.2 Establish Ad Hoc Bylaws Review Project Committee (for approval)

1200		LUNCH BREAK	
1245	6.2	Governance Committee (continued) 6.2.3 Governance Review Implementation: Physician Council member selection (for approval)	Laurie Steinbach Committee Chair
1315	6.3	Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC) 6.3.1 Meeting Summary Report (for information)	Daisy Fung Committee Chair
1330	6.4	Indigenous Advisory Circle (CIRCLE) 6.4.1 Meeting Summary Report (for information) 6.4.2 Path to Truth and Reconciliation (for acceptance)	Tyler White Circle Co-Chair Michael Neth Chief of Staff
1430		COMFORT BREAK	
1445	6.5	Medical Facility Accreditation Committee 6.5.1 Standards for Non-Hospital Surgical Facility Accreditation: Bariatric Surgery (for approval)	Jeremy Beach Assistant Registrar, Accreditation
1515	<b>8.0</b>	<b>Adjournment of Public Session</b>	
1515		COMFORT BREAK	

## In-Camera Session

1530	<b>IC2</b>	<b>In-camera Session</b>	Council Chair
		IC2.1 Registrar/CEO Annual Performance Review (Council only)	Council Chair
1600	IC2.2	Signing of the Council Culture Agreement (Council, Registrar and CEO, Governance Program Manager and Recording Secretary)	
1615		<b>Adjournment of In-camera session</b>	
1630		<b>COUNCIL AND CPSA EXECUTIVE TEAM GROUP PHOTOGRAPHS</b> CPSA Lobby	

### Friday, March 8, 2024, In-camera session starting at 0800

(Breakfast for Council and Executive Team members available at 7:30 a.m.)

Time		Topic	Presenters
0730		<b>Breakfast</b>	All
0800	<b>IC3</b>	<b>Call to Order of In-Camera session</b>	Council Chair
		IC3.1 Chair Opening Remarks	
		IC3.2 Traditional/Territorial Acknowledgement	Patrick Etokudo
0815		IC3.3 Council's Role in Truth and Reconciliation	Will Fong Great Country Consulting
0945		<b>In-Council Learning Session</b>	
		IC3.4 Highlights of Individual Learning	Daisy Fung
		3.4.1 Learning Reflection – Daisy Fung	
		3.4.2 Learning Reflection - Oluseyi Oladele	
1000		<b>BREAK</b>	
1015		IC3.5 Giving and Receiving Feedback	Margot Ross-Graham Sandbar Consulting
1145	<b>IC4</b>	<b>In-Camera Meeting Session</b>	
1200		<b>Adjournment</b>	
1200		<b>LUNCH BREAK</b>	

## 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 FRCSC, 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 (Day 1)
- Gareth Jones (attending online for Day 1)

### 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
- Gordon Giddings, MD MBA FCFP, Assistant Registrar, Professional Conduct, Complaints Director
- Nicole Kain, RN, BNSc, MPA, PhD, Program Manager, Research & Evaluation Unit
- Nazrina Umarji, B.Ed, JD, Director, Legal Services & General Counsel
- Tracy Simons, CPA, CA, Chief Financial Officer
- Sondra Mackenzie-Plovie, Communications Advisor

### 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

### 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**
- **In Camera Sessions Policy**

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

### **IC1 In-camera Session**

#### **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, Deputy Registrar, Assistant Registrars, Director, Legal Services and In-House Counsel, Chief Financial Officer, Chief Innovation Officer, Chief of Staff, Governance Program Manager, and Recording Secretary.

### **1.0 Call to Order of Public Session**

Stacey Strilchuk, Council Chair, called the public session to order at 9:12a.m.

#### **1.1 Chair Opening Remarks**

Stacey Strilchuk welcomed everyone to the meeting and made special highlights. She congratulated Ian Walker for his re-election to Council; recognized Gareth Jones, student observer, for his contribution to Council; and welcomed Sarah Cook, PARA Representative, who was attending Council in person for the first time. The Chair also highlighted that regulated member, Maryana Kravtsenyuk, was named Physician of the Year by the Edmonton Zone Medical Staff.

#### **1.2 Traditional/Territorial 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.

Brenda Hemmelgarn provided the land acknowledgement.

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

The following conflicts of interest were declared:

- Nicole Cardinal became a member of the Rural Health Professions Action Plan (RhPAP) Board of Directors in September.
- Ian Walker recently became a member of the Spinal Cord Institute Board of Directors.
- Sarah Cook's partner is a radiologist in Calgary.
- Daisy Fung's partner is a previous Council member and radiologist with Alberta Health Services.

Oluseyi Oladele expressed that his previous conflict of interest was resolved.

## **2.0 Adoption of Agenda and Approval of Minutes**

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### **2.1 Adoption of Agenda**

The following items were removed from the consent agenda, for further discussion during the meeting:

- 3.2.3 Governance Committee – 2024 Retreat Agenda
- 3.3.1 Finance and Audit Committee Meeting Summary Report

Item 7.1 Standards of Practice was deferred to the March 2024 meeting, as CPSA awaits feedback from stakeholders.

#### **MOTION C43-23**

**Moved by Jaelene Mannerfeldt and seconded by Richard Buckley that the agenda be adopted as amended. Carried.**

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### **2.2 Approval of Minutes**

#### **2.2.1 September 7 & 8, 2023 CPSA Council Meeting Minutes**

Michael Caffaro requested clarification on the resident elective permit from the notes on the Registrar's Report. It stated that "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." Scott McLeod clarified that "limited time" refers to a limited time of registration, and not a limited time to waive the fee. Council confirmed that this was their understanding during the meeting.

#### **2.2.2 Confirmation of Approval for Electronic Votes**

All votes were confirmed.

#### **MOTION C44-23**

**Moved by Laurie Steinbach and seconded by Daisy Fung that the September 7 and 8 minutes be approved, and the approval of the electronic votes be confirmed. Carried.**

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## **3.0 Consent Agenda**

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### **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)**

### **3.3 Finance and Audit Committee**

#### **3.3.2 Physician Assistant Fees (for approval)**

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- 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)

### **MOTION 45-23**

**Moved by Ian Walker and seconded by Laurie Steinbach that the Consent Agenda be approved. Carried.**

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

- Committee Appointments and re-appointments (3 years)
  - Finance and Audit Committee:
    - Ian Walker (1<sup>st</sup> term ending December 31, 2026)
  - Governance Committee:
    - Buckley (1<sup>st</sup> term ending Dec. 31, 2026, Note: Council term ends Dec. 31, 2025)
    - Strilchuk (1<sup>st</sup> term ending Dec. 31, 2026, Note: Council term ends Dec. 31, 2024)
  - Competence Committee:
    - Regulated member: Catherine Patocka (1<sup>st</sup> term ending December 31, 2026)
  - MFAC:
    - Bruce Ramsey (2<sup>nd</sup> term ending December 31, 2026)
    - Peter Miles (2<sup>nd</sup> term ending May 31, 2025)
- ARADAAC member appointments/re-appointments (1 year):
  - 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)
- Committee Chair/Co-Chair appointments (1 year):
  - 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
- Terms of Reference for Executive Committee, Governance Committee, Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC), Medical Facility Accreditation Committee (MFAC)
- Physician Assistant Fees

The following items were received as information:

- Executive Committee Meeting Summary Report
- Governance Committee Meeting Summary Report
- Medical Facility Accreditation Committee Meeting Summary Report
- Competence Committee Meeting Summary Report
- Update on the 2023 Annual Report

### **ACTION**

1. Inform Committee Chairs and members of their appointments for 2024.
2. Update processes for prorating of fees and update policies posted on CPSA website.

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## **4.0 Executive Reports**

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### 4.1 Chair's Report (for information/discussion)

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

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

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

- In the report on Professional Conduct, it was stated that the most recent proportion of processes completed in time was 89%, and a query was raised about the rationale for the remaining 11%. It was clarified that this is influenced by external factors, such as cases within the criminal court system.
- A question was asked about FMRAC's vision, and Scott McLeod explained that they are hoping to have greater standardization of registration and professional conduct, and greater collaboration with organizations that can meet regulators' needs.
- A query was raised about the low physician uptake on the new Atlantic region register: if it is unique to the area or generalizable to the country. It was stated that research will be undertaken to help regulators understand this.
- CPSA was commended for its continuous accountability to Indigenous connections, and there was interest expressed for more Indigenous learning for Council members and physicians in the province. It was clarified that authentic Indigenous connections will be pursued at the upcoming Council retreat.

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## **5.0 Department Reports**

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### 5.1 Continuing Competence

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### 5.1.1 Update: PHMP Realignment and Divestment (for information)

The update on Physician Health Monitoring Program Realignment and Divestment was received as information, and the key discussion points are noted below:

- Regulated members will continue to be informed of the changes through CPSA's *Messenger* and direct letters to members.
- The projected cost for regulated members can range from \$2,000 to \$10,000 annually, based on financial records. But costs will vary based on conditions. It was understood that in keeping with Bill 46, regulators are in a support role, and will work with non-regulatory partners to identify a funding model.

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## 5.2 Registration

### 5.2.1 Update: Sponsorship Model (for information)

The update on the sponsorship model was received as information, and the key discussion points were:

- CPSA staff will be available to discuss concerns arising between physicians and sponsors; and physicians will be able to change sponsors if the relationship becomes compromised.
- The Rural Health Professions Action Plan (RhPAP) will play a major role in supporting rural communities desirous of sponsoring a physician to their community.
- The sponsorship model is focused on the position, and not the physician. Therefore, all sponsors will have an opportunity to interview candidates and provide a best match for the community.

### **ACTION**

1. Finalize sponsorship contract and online form, to open applications to the expanded sponsorship model in January 2024.
2. Provide biannual updates to Council on the sponsorship model.

*[Maryana Kravstenyuk left the meeting.]*

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## **6.0 Council Committee Reports**

### 6.1 Executive Committee

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

The agreement was reviewed, and it was agreed that plainer language should be used. The agreement should include diversity of cultural experiences as an element that will make Council stronger. It was also expressed that Council members should self-reflect on agenda items that may impact them and take ownership for personal

safety. The motion was deferred to the next day, following a revision of the agreement.

### **ACTION**

1. Revise the Council Culture Agreement, for Council decision on December 8, 2023 during the In Camera portion of the meeting.

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

Feedback was provided on the effectiveness of council in keeping diverse perspectives in mind during discussions. It was suggested that reminders about equity, diversity and inclusion during the meetings would be helpful. CPSA was commended for doing more to communicate council decisions to the public and to enhance the CPSA brand, though it would be helpful to understand who is not being reached.

#### 6.1.3 Council Retreat

The revised agenda was presented to Council. It was stated that the orientation will take place later in the year, because the timing of public member appointment might lead to low turn out for the orientation. Council approved the retreat outcomes and agenda.

### **MOTION C46-23**

**Moved by Daisy Fung and seconded by Ian Walker that Council approves the revised agenda for Council Retreat 2024. Carried.**

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#### 6.2 Governance Committee

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

The Social Media Guidelines and Council Code of Conduct were approved by Council.

### **MOTION C47-23**

**Moved by Jaelene Mannerfeldt and seconded by Oluseyi Oladele that Council approves:**

- “Council Social Media Guidelines”
- revisions to the Council Code of Conduct, and
- retirement of the “Council Social Media Policy”.

**Carried.**

### **ACTIONS**

1. Include the Council Social Media Guidelines in Council resource manual.
  2. Remove the Council Social Media Policy from the CPSA website.
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3. Replace the current version of the Council Code of Conduct with the revised version on the CPSA website.
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6.3 Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAAC)

6.3.1 Meeting Summary Report (for information)

The Anti-Racism Anti-Discrimination Action Advisory Committee meeting summary report was accepted as information. A call was made for committee members.

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6.4 Indigenous Advisory Circle (CIRCLE)

6.4.1 Meeting Summary Report (for information)

Sondra Mackenzie-Plovie, CPSA Communications Advisor, presented the meeting summary report for the Indigenous Advisory Circle, which was received as information.

It was reinforced that the Indigenous way of being involves taking the time to have conversations, build relationships, establish trust, and listen repeatedly. As this wisdom is gathered from the Circle, learnings will be implemented in the CPSA reconciliation plan that is being developed.

Caution was given to ensure that momentum is not lost and the efforts of building trust are sustainable over time.

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6.5 Medical Facility Accreditation Committee

6.5.1 Diagnostic Imaging Accreditation Standards: Teleradiology revision update (for discussion)

*[Daisy Fung and Sarah Cook recused themselves for the duration of the discussion due to a conflict of interest. Ian Walker indicated that he would abstain from the votes, because of his role as MFAC Chair.]*

Ian Walker and Fizza Gilani presented recommendations of the Medical Facility Accreditation Committee and the Advisory Committee on Diagnostic Imaging on the teleradiology accreditation standards. Currently, the standards indicate that 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.

When the Advisory Committee on Diagnostic Imaging (ACDI) presented their recommendation on the standards to the Medical Facility Accreditation Committee

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(MFAC), the recommendation included a provision to continue to restrict the provision of tele-ultrasound, however to decrease the radius from 100km to 25km from the city centre and specific to the following urban centres: Grande Prairie, Edmonton, Red Deer, Calgary, Lethbridge, Medicine Hat. MFAC did not support the time and geographical restrictions for the provision of tele-ultrasound and recommended their removal.

MFAC sought Council's guidance on next steps, which could involve accepting the revised standards as recommended by MFAC; accepting the revised standards as originally recommended by ACDI, including the proposed geographic restrictions on teleultrasound; or seeking additional feedback on the teleultrasound issue to understand more clearly the pros and cons of geographic restrictions on teleultrasound.

During the presentation and discussion, Council raised the following points:

- Geographic restrictions are not used in other jurisdictions, and the question was raised of whether there is sufficient evidence to support keeping the restriction in place. It was also stated that 25 km was an arbitrary distance.
- It could not be determined if teleradiology was superior or inferior to on-site radiology for patient care. The difference noted was that teleradiology would lead to more indeterminant results and a delay with interpretation, but it was reported that ACDI did not have data on how often this occurred.

Some Council members did not think they had sufficient information to decide, therefore, the Chair asked Council to consider involving a third party to do an investigation and provide information for a more informed decision at a later Council meeting.

Following the discussion, a motion was proposed. *[Patrick Etokudo was not available for the vote.]*

#### **MOTION C48-23**

**Moved by Richard Buckley and seconded by Laurie Steinbach that Council approves the revised teleradiology standards with no geographic restriction, with a 3rd party review and report, and follow-up in a year. Defeated.**

Another motion was proposed. *[Patrick Etokudo was available for the vote.]*

#### **MOTION C49-23**

**Moved by Jaelene Mannerfeldt and seconded by Nicole Cardinal that Council approves 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. Carried.**

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6.6.1. Meeting Summary Report – Finance and Audit Committee

During the presentation, the risk management framework was shared. It was stated that there is a current trend among other organizations to bring the oversight of risk under the finance department. Some organizations are looking at risk from a governance perspective. Discussions are ongoing within the FAC on this. The financial results for Quarter 3 were also presented, which was received as information.

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**7.0 Standing items**

7.1 Strategic Plan

7.1.1 Key Performance Indicators Update (for approval)

The key performance indicators were presented, and it was indicated that Council will be able to have an in-depth look at the indicators driving the performance in the areas of regulation, finance, strategy, people and culture. The first report will be shared with Council in May 2024.

**MOTION C50-23**

**Moved by Richard Buckley and seconded by Oluseyi Oladele that Council approves the submitted list of sub-metrics that will contribute to the overall organizational Key Performance Indicators for 2024. Carried.**

**ACTION**

1. Submit report to Council on key performance indicators in May 2024.

The public session was adjourned at 5:07p.m.

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**IC2 In-camera Session  
(Council Only)**

**The Council met for an in-camera session.**

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

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<b>IC3 – IC8</b>	<b>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.</b>
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**The in-camera session was adjourned at 1:15p.m.**



Submission to:	<b>Council</b>		
Meeting Date:	<b>Submitted by:</b>		
March 7, 2024	Jaelene Mannerfeldt		
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.
<b>AGENDA ITEM DETAILS</b>			
Recommendation:	N/A		
Background:	<p>The Executive Committee met on February 6, 2024, and discussed the following matters:</p> <ol style="list-style-type: none"> <li>Communicating Council Outcomes to the public           <ul style="list-style-type: none"> <li>it was decided that "Unapproved Council Meeting Minutes" will be published on the CPSA website following Council meetings, instead of a Council Synopsis.</li> <li>Council meeting dossier materials will be published on the CPSA website 1-2 days prior to the meeting.</li> <li>These changes will be implemented and their effectiveness in reducing redundancy and increasing transparency will be reviewed by Executive Committee in the fall.</li> </ul> </li> <li>March 2024 Council Agenda – The Committee uses the following inputs to develop the agenda:           <ul style="list-style-type: none"> <li>Minutes from previous meetings.</li> <li>Council Meeting Action Items and Follow-up List.</li> <li>Data from the September Council Meeting Feedback Survey.</li> <li>Ideas submitted by Council members.</li> </ul> </li> <li>Governance Review – the Committee received an Implementation Plan status update.</li> <li>Council survey questionnaire results were reviewed.</li> <li>An update on meetings with provincial officials and stakeholders was provided.</li> </ol>		
List of Attachments:			
	N/A		

<b>Submission to:</b>	<b>Council</b>
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<b>Meeting Date:</b>	<b>Submitted by:</b>		
March 7, 2024	Laurie Steinbach, Chair		
<b>Agenda Item Title:</b>	3.2.1 Governance Committee Meeting Summary Report		
<b>Action Requested:</b>	<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

<b>Recommendation:</b>	N/A
<b>Background:</b>	<p>The following matters were discussed at the February 7, 2024 Governance Committee meeting:</p> <ol style="list-style-type: none"> <li>1. Committee appointments were reviewed and are recommended for approval.</li> <li>2. Terms of Reference for Competence Committee and Finance and Audit Committee were reviewed and are recommended for approval.</li> <li>3. Revised Bylaws were reviewed and a recommendation to approve them will be made to Council at the March meeting. Methods of obtaining Council input during the Bylaws review were discussed, and a recommendation to stand up an Ad Hoc Bylaws Review Project was supported.</li> <li>4. Rick Buckley was supported as Vice Chair of Governance Committee.</li> <li>5. The 2024 CPSA Council Learning Plan was agreed to, and is recommended for approval.</li> <li>6. There was support for the new model of Physician Council Member selection (Nomination + Election), using the high-level process put before the Committee. This is recommended for approval.</li> <li>7. Committee conducted the annual review of Council member declarations of Conflict of Interest.</li> <li>8. Committee provided general input into Council Policies that are scheduled for review. Further work on Council Policies will be carried out at future 2024 Committee meetings.</li> </ol>

<b>Submission to:</b>	<b>Council</b>
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<b>Meeting Date:</b>	<b>Submitted by:</b>		
March 7, 2024	Governance Committee		
<b>Agenda Item Title:</b>	3.2.2 Committee Member Appointments		
<b>Action Requested:</b>	<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 Governance Committee Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

#### AGENDA ITEM DETAILS

<b>Recommendation:</b>	<p>That Council approves the following committee appointments:</p> <ol style="list-style-type: none"> <li>1. waiving the break in service outlined in CPSA Bylaw 16(6)(C), re-appoint Dr. Elizabeth MacKay Dr. Gregory Charrois to an additional term on the HT and CRC;</li> <li>2. appoint Dr. Kim Myers Dr. Adam Oster Dr. Shelley Spaner to a first term on the HT and CRC;</li> <li>3. appoint Dr. Brian Brownbridge to the Competence Committee as a public member;</li> <li>4. appoint Dr. Tiffany Kim and Dr. Jason Hamm to the Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC);</li> <li>5. appoint Dr. Wayne Inuglak Clark to Indigenous Advisory Circle (Circle)</li> <li>6. appoint Dr. Richard Buckley as Vice Chair of the Governance Committee;</li> <li>7. appoint Dr. Sam Shaw (Council Public Member) to the Finance and Audit Committee (FAC).</li> </ol>
<b>Background:</b>	<p>At its meeting on February 7, 2024, Governance Committee reviewed appointment recommendations from the Hearings Director Office, the Competence Committee and the Anti-Racism Anti-Discrimination Action Advisory Committee. These were provided to Governance Committee with information about the recommended appointees backgrounds. Each of the potential appointees were vetted and assessed by the Hearings Director Office (HDO) and/or Committees before coming to Governance Committee.</p>

The Circle met on February 12, 2024, after the Governance Committee meeting, and recommended Dr. Wayne Inuglak Clark to be appointed to the Circle. This recommendation was reviewed by the Governance Committee the week of February 12, and the Committee voted in favour of recommending Dr. Clark.

At its February 7, 2024 meeting, Governance Committee supported recommending Committee member Rick Buckley to be appointed Vice Chair of the Governance Committee.

All Council members are required to be a member of at least one Council Standing Committee, and Governance Committee recommends that new public member on Council: W.A. Sam Shaw be appointed to the current vacancy on the Finance and Audit Committee (FAC).

**List of Attachments:**

N/A

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 7, 2024	Governance Committee		
Agenda Item Title:	3.2.3 2024 Council Learning Plan		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to <u>Choose an item.</u> Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.
<b>AGENDA ITEM DETAILS</b>			
Recommendation:	That Governance Committee recommends that Council approves the 2024 CPSA Council Learning Plan.		
Background:	<p>The Governance Committee Purpose includes recommending practices and educational opportunities to improve Council effectiveness.</p> <p>At its February 7, 2024 meeting, Governance Committee reviewed a Report of the progress towards achieving the goals of the 2023 Council Learning Plan, and ideas for 2024 Council learning. These inputs were used to develop the attached, recommended 2024 CPSA Council Learning Plan.</p>		
Next Steps:	Following Council approval, the 2024 Council Learning Plan will be implemented.		
List of Attachments:	1. <a href="#">Draft 2024 CPSA Council Learning Plan</a>		

## **2024 CPSA Council Learning Plan**

**Draft: February 7, 2024**

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### **Introduction:**

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

### **Learning Plan Goals:**

1. To enhance the understanding of the role of a health regulator and the fiduciary duty of CPSA Council.
2. To build capacity for bringing the Council Culture Agreement to life.
3. To build leadership skills.
4. To promote an exchange of learning amongst Council members.

**TABLE 1: Individual Learning**

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

Activities	Resources	Measuring and Reporting Outcomes	Strategic Plan Alignment
<p>Mandatory Training: <i>Fair Registration Practices Act</i> – online modules</p> <p><b><u>Learning Plan Goal:</u></b> 1</p>	<p>Under Alberta's <i>Fair Registration Practices Act</i>, CPSA must ensure our registration practices are transparent, objective, impartial and procedurally fair. CPSA Councillors may be involved in hearing appeals of registration decisions. To help ensure CPSA's registration processes comply with legislation, the <i>Fair Registration Practices Act</i> Training is required.</p>	<ul style="list-style-type: none"> <li>Course completion will be tracked.</li> </ul>	<ul style="list-style-type: none"> <li>Highest quality, compassionate and ethical care</li> </ul>
<p>Voluntary Online Education: Micro-aggression Training for Physicians</p> <p><b><u>Learning Plan Goals:</u></b> 2, 3</p>	<p>Online Education: Micro-aggression Training for Physicians 1-1.5-hour online learning Course was developed in partnership by CPSA, AMA, AHS. The course is hosted by CPSA, and Council members have access to the course.</p>	<ul style="list-style-type: none"> <li>Voluntary for all regulated members.</li> <li>Course completion can be tracked.</li> </ul>	<ul style="list-style-type: none"> <li>Anti-Racism and Anti-Discrimination,</li> <li>Highest quality, compassionate and ethical care,</li> <li>Authentic Indigenous Connections</li> </ul>
<p>Voluntary – when the Hearings Director Office (HDO) organizes training for CRC/HT members, Council members will also be given the option of participating</p>	<p>Examples include:</p> <ul style="list-style-type: none"> <li>Appeals Orientation and Training</li> <li>Anti-Racism training delivered by the Centre for Race and Culture</li> <li>Decision-writing workshop delivered by the Canadian Institute for Administrative Justice (CIAJ)</li> </ul>	<ul style="list-style-type: none"> <li>Number of Council members taking the courses can be tracked</li> </ul>	<ul style="list-style-type: none"> <li>Highest quality, compassionate and ethical care</li> </ul>



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

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

Activities	Resources	Measuring and Reporting Outcomes	Strategic Plan Alignment
<p><i>Speaker Series</i></p> <p>Council includes a 1-hour (minimum) learning session as part of each Council meeting Agenda.</p> <p><b><u>Learning Plan Goals:</u></b> All</p>	<p>Engage speakers who can help meet Council’s learning goals through their presentation or workshop on a specific topic.</p> <p>Schedule:</p> <ul style="list-style-type: none"> <li>• <b>March 2024:</b> Council Culture: Giving and receiving feedback. Speaker/Facilitator: Margot Ross-Graham</li> </ul> <p>Topics for May, September and December 2024 will be organized from the following list:</p> <ul style="list-style-type: none"> <li>• Bringing joy and fun to Council meetings. Suggested speaker: <a href="#">Michelle Cederberg</a>.</li> <li>• Diminishing trust in public institutions, mal-/mis-/dis-information and what to do about it.</li> <li>• Artificial Intelligence (AI) and medicine</li> <li>• Presentation from the Canadian Medical Protective Association (CMPA) – context and understanding of complaints at the national level.</li> <li>• Presentation from the Health Quality Council of Alberta (HQCA) – their mandate, and trends in Alberta</li> </ul> <p>Some topics may be postponed/scheduled as part of the 2025 Learning Plan.</p>	<p>The Annual Evaluation of Council Effectiveness includes the following question:</p> <p>“Looking back over the meetings of this year, I see growing evidence of the impact of group learning in Council’s discussions and decision-making.”</p>	<p>ALL</p>

**TABLE 3: Group Learning: Outside of Council meetings**

Activities	Resources	Measuring and Reporting Outcomes	Strategic Plan Alignment
<p>A session (up to ½ day) on Chairing meetings and Robert’s Rules is organized for Council Chair and Executive Committee, all Committee Chairs (may include Council members and non-Council members) and Vice Chairs.</p> <p>An invitation will be extended to all Council members who may be thinking about volunteering to Chair a committee or run for Council in the future.</p> <p>Date TBD – potentially in March/April.</p> <p><b><u>Learning Plan Goals:</u></b> 1, 3</p>	<p>CPSA will seek a facilitator for this session.</p>	<p>The Annual Evaluation of Council Effectiveness includes the following question:</p> <p>“Looking back over the meetings of this year, I see growing evidence of the impact of group learning in Council’s discussions and decision-making.”</p>	<p>Highest quality, compassionate and ethical care</p>

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 7, 2024	Governance Committee		
Agenda Item Title:	3.2.4 Committee TORs		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to <u>Choose an item.</u> Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

#### AGENDA ITEM DETAILS

Recommendation:	That Council approves the revised Terms of Reference for Competence Committee and Finance and Audit Committee.
Background:	<ul style="list-style-type: none"> <li>Committee TORs were updated to align with the new <i>Governance Structure and Committees Policy</i> and with the draft revised Bylaws.</li> <li>On Governance Committee's recommendation, Council approved TORs for Executive Committee, Governance Committee, Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC), Medical Facility Accreditation Committee (MFAC) at the December 2023 meeting.</li> <li>The <a href="#">TOR for the Indigenous Advisory Circle</a> (approved in 2023) has not changed.</li> <li>The revised TORs were provided to FAC and CC for information at their meetings prior to the March Council meeting.</li> </ul>
Next Steps:	<ul style="list-style-type: none"> <li>TORs will be updated on the CPSA website.</li> <li>With Bylaws changes, Competence Committee and MFAC TORs will be approved by the Registrar in the future.</li> </ul>

List of Attachments:
<ol style="list-style-type: none"> <li><a href="#">CC TOR – for approval March 2024</a></li> <li><a href="#">FAC TOR – for approval March 2024</a></li> </ol>

# **Terms of Reference Competence Committee FOR REVIEW – January 2024**

## **Purpose**

The Competence Committee oversees general assessment, requirements for continuing professional development and the monitoring and assessment of the competence of regulated members.

## **Membership**

The Registrar appoints the members of the Competence Committee for a three-year term which is renewable once. The Registrar designates the Chair annually and the Chair may be renewed annually for no more than six years.

Voting members, to a maximum of 9 individuals, are:

- 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.

Non-voting member: Registrar, as an ex-officio member.

## **Authority and Accountability**

- The Competence Committee is created by provincial statute and may undertake any other power or duty given to it under the *Health Professions Act*.
- The *CPSA Governance Structure and Committees Policy* categorizes this Committee as: Operational/Regulatory.

## **Roles and Responsibilities**

1. The Competence Committee is responsible for general assessment, continuing professional development and competence assessment of regulated members as outlined in the *Health Profession Act* and the CPSA Standard of Practice – Continuing Competence.
2. The Competence Committee may appoint one or more advisory committees that have technical expertise or other relevant knowledge to assist the

Committee, subject to any limitations in the *Health Professions Act*, including but not limited to persons with expertise in:

- General and Competence Assessment
  - Physician Health
  - Infection Prevention and Control
  - Physician Prescribing
3. The Competence Committee may delegate powers and duties to one or more persons or advisory committees for the purpose of fulfilling its responsibilities.
  4. The Competence Committee advises the Registrar on the rules as dictated in the Program Manual attached to the CPSA Standard of Practice – Continuing Competence, under which competence assessments are to be conducted.
  5. The Competence Committee reviews the work of its advisory committees and delegates at least annually or at a frequency determined by Competence Committee. Competence Committee makes recommendations to the Registrar regarding the general assessment, the continuing professional development and the competence assessment programs of the College.

## **Meetings**

### **Frequency**

- The Competence Committee meets at least once a year and normally four (4) times per year in advance of Council meetings.

### **Procedures**

- The Competence Committee may determine procedures to be used at any meeting.
- The Competence Committee 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.

### **Decision Making:**

- Quorum shall be fifty (50) percent of the members of the Competence Committee.
- A decision of the Competence Committee may be made by consensus or motion.
- A majority vote of Competence Committee members present at a meeting decides a vote.

### **Records of the Committee**

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

- The Competence Committee reports to Council on its activities annually and otherwise as directed by Council.
- Items requiring approval by Council will be brought forward by the Registrar as a Committee recommendation at the next Council meeting.

### 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.
- All Committee members are required to sign a confidentiality and non-disclosure agreement on an annual basis.

### Subcommittees

- Subject to sections 19 and 20 of the *Health Professions Act*, the Committee may, at its discretion, appoint a sub-committee to assist in the fulfillment of the Committee's roles and responsibilities.
- A sub-committee will have specific, defined tasks and deliverables as defined by the Governance Committee.

### Committee Resources

- Council approves the budget for the Competence Committee.
- Competence Committee members are paid an honorarium and are reimbursed for their expenses as per CPSA's [Honoraria and Expense Policy](#).
- The Assistant Registrar for Continuing Competence and the Chief Innovation Officer (Prescribing, Data and Analytics) attend Competence Committee meetings, and may bring other support staff to meetings.

### Next Review Date – Fall 2024

# **Terms of Reference Finance and Audit Committee FOR APPROVAL – March 2024**

## **Purpose**

The Finance and Audit Committee (FAC) assists Council in fulfilling its financial oversight responsibilities.

## **Membership**

Council appoints a chair and the members for the FAC.

Voting members are:

- two (2) public members of Council
- three (3) physician members of Council
- one (1) individual selected for their technical expertise on financial matters

Non-voting member:

- Council Chair, ex-officio

## **Authority and Accountability**

- As per Council Bylaws section 16 (7), FAC is a standing committee of Council.
- FAC 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)).
- FAC 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. Approves policies concerning honoraria, expenses, grants, banking, fees or any other issue affecting the financial and operational management of CPSA.
2. Provides recommendations to Council regarding the operating budget and annual fees.
3. Appoints external auditors, approves the scope of an audit, recommends to Council to approve CPSA's annual audited financial statements and related documents, reports the results of the annual audit to Council, and assesses the performance of the auditors.
4. Ensures that the Registrar has in place and follows an investment policy which does not vary materially from Prudent Investor guidelines as summarized in Council policy.



5. Provides oversight of, and reports to Council concerning, the Registrar's adherence to financial and operational policies in the areas of budgeting and forecasting, financial condition, protection of assets, investment of CPSA funds, and compensation and benefits, including the pension plan.
6. Ensures that the Registrar has established a process to identify and manage risk factors relating to the financial and operational management of CPSA, including the prevention, early identification and management of error, misstatement and fraud.
7. Considers and reviews, with management and the auditors, the adequacy of the organization's risk management methodology and internal controls, including computerized information system controls and security.
8. Considers and reviews the Safe Disclosure of Workplace Violations policy and CPSA Compliance Officer Report annually.
9. Considers and reviews the priorities and succession plan of CFO annually.

## **Meetings**

### **Frequency**

- FAC meets at least four times a year or at the call of the Chair to fulfill its roles and responsibilities.

### **Procedures**

- FAC may determine procedures to be used at any meeting.
- FAC 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.

### **Decision Making**

- Quorum shall be fifty (50) percent of the members of the FAC.
- A decision of the FAC may be made by consensus or motion.
- A majority vote of FAC members present at a meeting decides a vote.

### **Records of the Committee**

- Minutes shall be recorded for all meetings and will be approved by FAC at its next meeting. Minutes will be made available to all Council members through the SharePoint site.
- FAC will report to Council at least four (4) times per year or as otherwise directed by Council regarding its activities.

### **Confidentiality**

- All written materials and discussions related to decisions made at the meetings of FAC 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.

## Subcommittees

- Subject to sections 19 and 20 of the Health Professions Act, FAC may, at its discretion, appoint a sub-committee to assist in the fulfillment of the Committee's roles and responsibilities.
- A sub-committee will have specific, defined tasks and deliverables as defined by FAC.

## Committee Resources

- Council approves the budget for the FAC.
- FAC members are paid an honorarium and are reimbursed for their expenses as per CPSA's [Honoraria and Expense Policy](#).
- The Registrar or their delegate attends all FAC meetings.
- The Executive Assistant to the Chief Financial Officer or designate will act as Recording Secretary for the Committee.

## Next Review Date – Fall 2026

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 7, 2024	Dr. Daisy Fung, FAC Chair		
Agenda Item Title:	3.3.1 Finance & Audit Committee (FAC) Meeting Summary Report		
Action Requested:	<input type="checkbox"/> The following items require approval by Council See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.

#### AGENDA ITEM DETAILS

Recommendation (if applicable) :	n/a
Background:	<p>The Finance &amp; Audit Committee (FAC) met on February 13, 2024, and addressed the following items:</p> <p><b>1. Review of pension investment managers for the defined benefit plan.</b></p> <p>FAC invited Mr. Luis Ramirez, Mr. Neil Lloyd, and Mr. Justin Palmier from Mercer to present their report on the review of the pension investment returns for 2023 for the defined benefit (DB) pension plan. Total registered DB pension assets at December 2023 are \$47,429,000 (Dec 2022 - \$45,392,000).</p> <p>For 2023, the gross return on the pension investments was an 8.0% increase over the year (7.5% return net of fees). This was below the benchmark of 11.8% primarily due to the underperformance of a low volatility fund and global equity funds. However, it is noted that these funds have historically outperformed benchmarks, and the overall asset mix remains aligned with CPSA's investment strategy. Over a four-year period, the returns of 5.3% (gross of fees) outperformed the market benchmark of a 4.5% return. The pension fund objectives to achieve a 5% nominal return over 4 years are being met.</p> <p>FAC endorsed Mercer's recommendation that there be no immediate change to the investment managers for the DB pension plan, but that a review of underperforming global</p>

equities be conducted in 2024 ahead of a full investment asset mix review in 2025.

Mr. Ramirez will be retiring in March 2023 and oversight of CPSA's investments will transition to Mr. Lloyd. FAC and CPSA thanked Mr. Ramirez for his contributions and look forward to working with Mr. Lloyd in the future.

The FAC also reviewed the Statement of Investment Policies & Procedures (SIPP) for the DB pension assets. There was one administrative change approved.

## 2. Investment Performance Review 2023

CPSA's retained surpluses were held in long-term investment portfolios with two investment managers, CIBC and TD, until early 2023. The funds were liquidated in February 2023. The funds were temporarily held in a high-interest savings account before being invested in two new long-term investment portfolios with two newly selected investment managers following an RFP process: RBC Phillips, Hager & North Investment Counsel Inc (PH&N) and Industrial Alliance Insurance and Financial Services Inc. (IA). Each manager was awarded a \$15 million investment portfolio to manage for CPSA.

Mr. Eric Vachon, Mr. Travis Robichaud, and Ms. Taraeh Azadeh from IA and Mr. Graeme Baker and Ms. Alicia Campbell from PH&N provided overviews of the performance of their respective investments in 2023 and shared their thoughts on market expectations for 2024.

Total investments as at December 31, 2023:

Investment Manager	\$ Market Value	% Return net of fees	% Market benchmark
Industrial Alliance Insurance and Financial Services Inc. (IA)	\$14,779,000 (\$860,825 outstanding capital call commitments)	4.93% gain since July 2023 inception date	5.74% gain
RBC Phillips, Hager & North Investment Counsel Inc (PH&N)	\$15,713,000	4.90% gain since June 2023 inception date	5.35% gain
Total	\$30,492,000		

Investment performance below market benchmarks is primarily attributed to the underperformance of real estate and global equity funds. However, the balanced and diversified portfolio remains aligned with CPSA's investment strategy and poised for favourable performance amid uncertainty in the future. No changes to investment strategy are recommended at this time, but management will continue to monitor returns throughout the year, and FAC and management will conduct a thorough annual assessment each February to ensure that returns remain favourable against benchmarks and the investment asset mix remains aligned with CPSA's investment strategy.

FAC approved an update to the investment policy to include performance benchmarks as identified by the investment managers at IA and PH&N. The performance of each manager will be evaluated against these market-based targets on an annual basis.

### **3. FAC Terms of Reference**

The following changes to FAC Terms of Reference were proposed and supported by FAC:

- i) Membership to consist of 6 voting members;
- ii) Roles and responsibilities of FAC to exclude explicit mention of assessment of auditor's relationship with the Registrar and staff since that is implied in overall performance assessment;
- iii) Name of staff "Safe Disclosure of Workplace Violations" policy is updated.

Secondly, the committee discussed oversight of the risk management function at CPSA following Council's discussion of risk at the December Council meeting.

The role of risk oversight is a responsibility of Council. Council in turn may delegate responsibilities to committees.

Currently the terms of reference for FAC include oversight of the risk management function for financial and operational management of CPSA.

The committee began discussions if the current roles and responsibilities or the name of the committee should be modified to further reflect oversight of risk. FAC is open to the change in the committee name and will consider making a recommendation for 2025. There was no change in

responsibilities to recommend to Governance Committee for 2024.

#### 4. Unbudgeted Activity for 2024

CPSA senior leadership reviewed budget assumptions and approved business activity for 2024, as well as new emerging activity based on the current environment, and identified several unbudgeted activities that were brought forward to FAC for approval. Unbudgeted expenses totalled \$883,000 and included:

Expense Description	\$ Amount
Lost revenue from waived out-of-province postgraduate elective	\$ 33,000
Increase to honorarium rate	\$ 165,000
Additional staffing needs (includes impact for retaining additional staff after divesting PHM activities, IT programming, Corporate Services staffing. Net 3.6 FTE with one role impact for 1-5 years and 2.6 FTE permanent)	\$ 425,000
Staff engagement initiatives	\$ 50,000
P&C position evaluation system	\$ 30,000
Governance review implementation	\$ 15,000
Indigenous connections plan development	\$ 50,000
Risk assessment	\$ 30,000
Government relations contract (unbudgeted portion)	\$ 60,000
Regional tours focusing on family physicians	\$ 25,000
<b>TOTAL</b>	<b>\$883,000</b>

FAC reviewed the process followed by CPSA leadership to identify, evaluate and prioritize the costs. FAC also reviewed the risk to the organization of not carrying out these activities, and the one-time vs ongoing nature of the proposed expenses.

The 2024 budget was approved by Council in September with a \$1.3 million operating surplus. The planned surplus was to allow for uncertainty of the staffing complement required following the divesting of the non-regulatory functions of the Physician Health Monitoring program, and any other costs that may arise with 2024 being the first full year under the new strategic plan.

FAC approved the proposed unbudgeted items for 2024.

## 5. Q4 2023 activity update

### CPSA Risk Register

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

- Financial
- Legal
- Operational/Strategic
- Reputational

### Business Activity Update

The Business Activity Update lists the key performance indicators (KPI), the associated targets and the actions/ tactics from the approved 2023 Business Plan. FAC received a report on the business activity to the end of December 2023.

## 6. Security Management Committee

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

The report included an overview of the November 2023 to February 2024 breach report.

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

## 7. Treatment & Counselling Fund

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

FAC discussed the 2024 honorarium rates which are covered under a separate briefing for Council.

Next Steps:

n/a

List of Attachments:

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 7, 2024	Dr. Jeremy Beach, Assistant Registrar, Accreditation		
Agenda Item Title:	3.4.1 Medical Facility Accreditation Committee Meeting Summary Report		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.

#### AGENDA ITEM DETAILS

Recommendation (if applicable):	Not applicable
Background:	<p><b>The Medical Facility Accreditation Committee (MFAC) met on February 21, 2024, and addressed the following:</b></p> <ol style="list-style-type: none"> <li> <b>Welcome the New Chair</b>             Dr. Nazneem Wahab, Council Physician Member         </li> <li> <b>MFAC Meeting Schedule</b>             The committee approved the addition of an additional MFAC meeting in May 2024.         </li> <li> <b>Proposed New Members</b>             Several candidates are under consideration for the position of MFAC's Public Member. As per the Terms of Reference (TORs), two members are required. All applicants who meet the criteria will undergo review during the May meeting, where voting will take place.         </li> <li> <b>Facility Accreditation</b>             The first Psychedelic-Assisted Psychotherapy Facility, having satisfactorily addressed all citations raised during the assessment, was granted full accreditation status.         </li> </ol>



- Completed a 4 Year review of the following accredited facilities:
  - Pulmonary Function - 2
  - Sleep Medicine - 1
  - Diagnostic Imaging – 8
  - Laboratory Medicine - 1
  - Non-Hospital Surgical Facilities – 5
  - Cardiac Stress Testing - 3
- Completed the accreditation of the following new facilities/new modalities/facility moves/facility closures/facility renovations:
  - Pulmonary Function – 4
  - Psychedelic-Assisted Psychotherapy - 1
  - Diagnostic Imaging – 5
  - Neurodiagnostics – 2
  - Non-Hospital Surgical Facilities – 1

## **5. New Advisory Committee Member Approvals**

Diagnostic Imaging Laboratory medicine – 3

## **6. Standards**

### **Update on DI Standards - Tele radiology**

During the meeting, the committee was informed the council approved the V4 DI standards with a 25 km geographic restriction due to disagreements among advisory bodies and a preference for incremental change. They highlighted the importance of accurate teleultrasound studies for rural, particularly indigenous, patients facing significant travel distances. The council plans to re-evaluate the geographic restriction in a year, aiming to identify concerns and obtain meaningful data on the risks and benefits of removing the restriction. Standards went live January 30<sup>th</sup>, 2024.

### **Laboratory V.12 Standard Revision Changes**

Current CPSA standards lack a requirement to determine Measurement Uncertainty (MU), which was first introduced in ISO 15189:2012. In 2020, the LAC discussed incorporating this requirement but deferred implementation

pending review of guidance documents. Now, with documents like ISO TS 20914:2019 available, the intention is to include MU requirements in the 2024 v12 CPSA standards to align with ISO 15189. CPSA will develop a guidance document with assistance from ACLM experts, drawing from existing publications like IQMH, DAP, and Eurachem/CITAC. Given the complexity, CPSA will not immediately assess to this new standard, allowing laboratories time to develop and implement necessary processes. Committee members agreed to support the standards without the Measurement Uncertainty (7.0.12) and the Advisory Committee on Laboratory Medicine will review and bring standards including MU back to MFAC at a later date.

### **PFD Standard Revisions**

At the February 1, 2024, Pulmonary Function Diagnostic (PFD) Advisory Committee meeting, the draft standards were updated and circulated to committee members. The standard revisions regarding GLI (Global Lung Initiative) reference sets are now the sole standard set for spirometry and for DL<sub>co</sub> and Lung Volumes the GLI references will be an accepted alternative, with the goal to have them become the sole reference set by the end of the next 4-year accreditation cycle.

## **7. Accreditation**

### **CPSA Governance update**

The following update was provided to MFAC:

- Departing Committee Members: Mr. Patrick Etokudo, Ms. Stacey Strilchuk, and Dr. Ian Walker
- Registrar/CEO as an ex-officio member
- Process change: MFAC Chair may represent MFAC as a guest to council as a non-voting member

### **Use HBOT Standards Review & Approval (Adhoc MFAC Meeting/offline comments)**

The Committee has agreed to expedite the review of the revised HBOT standards outside of the 2024 meeting dates. An ad hoc review process will be established to ensure

	timely completion. Further details will follow regarding the timeline and procedures for the review.

Submission to:	<b>Council</b>		
Meeting Date:	Submitted by:		
March 7-8, 2024	Dr. Kirsten Jones, Competence Committee Chair and Dr. Charl Els, Assistant Registrar, Continuing Competence		
Agenda Item Title:	3.5.1 Competence 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.
<b>AGENDA ITEM DETAILS</b>			
Recommendation:	N/A		
Background:	<p>The Competence Committee met on February 7 and welcomed a new member, Dr. Catherine Patocka from Calgary. The Committee's new co-chairs are Drs. Christine Kennedy and Kirsten Jones.</p> <p>The Committee reviewed and discussed the following items:</p> <ul style="list-style-type: none"> <li>• Assistant Registrar update, including a brief outline of changes occurring with the amalgamation and divestment project of the Physician Health Monitoring Program (PHMP) newly renamed the Health &amp; Practice Conditions Monitoring (HPCM) program.</li> <li>• An overview was provided on decision-making and statutory authority in the newly formed HPCM program of Continuing Competence, with the consideration to create a sub-committee to support an internal review process to optimize fairness and transparency.</li> <li>• Annual reporting of 2023 activities from the Continuing Competence, Prescribing and Data Analytics programs.</li> <li>• Presentation of the business plan with 2024 action items for the Continuing Competence programs.</li> <li>• Feedback from the Committee regarding the website updates and redesign for Physician Practice Improvement Program (PPIP).</li> <li>• Presentation and discussion of the Physician Assessment &amp; Feedback (PAF) and Individual Practice Review (IPR) specialist engagement.</li> <li>• Presentation of case reviews from Individual Practice Review (IPR) and Health &amp; Practice Conditions Monitoring (HPCM).</li> </ul> <p>Additional Departmental updates are as follow:</p> <ul style="list-style-type: none"> <li>• The Standards of Practice Education Program (SPEP): Internal and external stakeholder consultations have occurred. The objective is to enhance skills in ethical reasoning. A national funding model is currently being explored as a next step before proceeding.</li> <li>• An anti-discrimination question has been implemented into the QA work, which has been updated following feedback from the Competence Committee late in 2023. No data is currently available.</li> </ul>		

- In addition to the PPIP website work, 200 Audits have been conducted and 400 more will occur in 2024.
- The PPIP cycle will be aligned with the CPD cycles in the near future.
- GPR is ahead of schedule in its targeted visits.
- Presentations to community stakeholder continue for both PPIP and the HPCM program.
- The QA (PAF) component is on target to assess 200 physicians in 2024 (160 FM/GP and 40 specialists). For IPR, there are currently 49 physicians in the program, and the new funding model approved by the committee has been operationalized.
- Competency Assessments –mandatory assessments (as part of the new expedited route to licensure pilot program between registration/continuing competence): 48 physicians have been approved for this route and competence assessments have begun.
- Follow-up is occurring with physicians (n=30) who have self-reported an exemption from Mainpro/MOC on their 2024 CPD renewal information form (n=30 physicians).
- The PHMP/HPCM divestment is well underway, and the list of IME providers and monitors have expanded.
- The CC manual has been updated and further changes to the TOR are anticipated.
- For IPAC, 33 medical device reprocessing assessments have been initiated/completed, towards the goal of 150.
- For the Clinic Registry, we have registered 46 new clinics to the CPSA clinic registry so far this year. The lifetime-to-date number of clinics registered is currently at 734.

**Next Steps:**

The Competence Committee will meet again on June 6, 2024.

The Competence Committee will continue to focus on changes required to support the legislative changes in Bill 46.

**List of Attachments: n/a**

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 7, 2024	Tracy Simons, Chief Financial Officer		
Agenda Item Title:	3.6 Patient Relations Fund Annual Report		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.

#### AGENDA ITEM DETAILS

Recommendation (if applicable) :	N/A
Background:	<p>Bill 21, <b><i>An Act to Protect Patients</i></b>, was proclaimed in the fall 2018. The <i>Health Professions Act</i> was amended to require each health profession's regulatory college to create and administer a fund for therapy and counselling for patients who allege sexual abuse or sexual misconduct by a regulated professional.</p> <p><b>1. Funding for Treatment and Counselling Regulation</b></p> <p>On December 2, 2020, the Government of Alberta introduced this regulation to specifically address funding and access to counselling services for patients who have suffered sexual abuse and/or sexual misconduct by regulated members. The regulation came into effect June 2, 2021.</p> <p>There were no changes to the regulations in 2023.</p> <p><b>2. Treatment and Counselling Costs</b></p> <p>An applicant is eligible to apply for funding as soon as a formal complaint is made to the CPSA. Alberta Health sets the guidelines determining the funding amount available to eligible patients of sexual abuse or sexual misconduct. The maximum funding up to March 31, 2023 was \$22,500. Starting April 1, 2023, the maximum funding is \$23,200. The funding is available over a five year period and is provided by CPSA.</p>

The total expenses incurred in 2023 to support the Treatment & Counselling program was \$22,333. The total cumulative spent to support the program between 2019 and 2023 was \$137,006.

See the attached 2023 Treatment & Counselling Annual Report.

### 3. Mandatory Training for Physicians

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

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

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

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

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

The total number of physicians completing the courses in 2023 were:

Patient Relations 1	954
Patient Relations 2	954

#### List of Attachments:

1. [2023 Treatment & Counselling Annual Report](#)

## Treatment and Counselling Annual Report

	College of Physicians & Surgeons of Alberta			
Reporting Period:	January 1 – December 31, 2023			
	Related to Sexual Abuse	Related to Sexual Misconduct	Combined nature	Total
Number of new Complaints	2	0	1	3
Number of new Patients in 2023 that Accessed the Fund	1	1	0	2
Amount of Money Dispersed in 2023 for new Complaints	\$522	\$473	\$0	\$995
Amount of Money Dispersed in 2023 for open complaints	\$9,329	\$12,080	\$924	\$22,333

	College of Physicians & Surgeons of Alberta			
Reporting Period:	April 1, 2019 – December 31, 2023			
	Related to Sexual Abuse	Related to Sexual Misconduct	Combined nature	Total
Number of Complaints	13	19	4	36
Number of Patients that Accessed the Fund	6	8	2	16
Amount of Money Dispersed	\$54,415	\$50,678	\$31,913	\$137,006



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

Year	# eligible cases	# closed	# active cases	# cases requesting treatment costs	Expenses 2019	Expenses 2020	Expenses 2021	Expenses 2022	Expenses 2023	Total Expenses to Dec. 31, 2023
2019	6	3	3	3	\$ 2,796	\$ 2,187	\$ 3,385	\$ 23,345	\$ 2,500	\$ 34,213
2020	13	6	7	8		\$ 29,742	\$ 18,378	\$ 25,692	\$ 16,861	\$ 90,673
2021	10	6	4	4			\$ 4,235	\$ 4,913	\$ 2,450	\$ 11,598
2022	4	0	4	0				\$ -	\$ -	\$ -
2023	3	1	2	1					\$ 522	\$ 522
Total	36	16	20	16	\$ 2,796	\$ 31,929	\$ 25,998	\$ 53,950	\$ 22,333	\$137,006

Since taking the role of Chair of CPSA Council, I have been learning more about CPSA and the operations led by the CPSA Leadership Team. I wish to thank Kerry-Ann McPherson and Sue Welke for the time they have dedicated to on-boarding me in my role as Chair.

Our CPSA Retreat was well attended by the majority of Council and I wish to thank each of you for dedicating the time and giving your commitment to continuing the journey of creating “Authentic Indigenous Connections”. We will continue that learning journey over the next year with CPSA Council.

It was a privilege to attend many of Council's committee's and learn more about what each committee is working with. Thank you to each chair and each member for giving your time and talent's to these committees. I admire your dedication and your contributions. Each Committee contributes to our responsibilities of providing governance of CPSA.

On February 1, we (Scott McLeod, CPSA Registrar and myself) were invited to meet with Health Minister LaGrange. Although it was a virtual meeting Minister LaGrange was generous with her time and conversation flowed for 15 minutes past the allotted time. She is very interested in how CPSA is shortening the assessment time of incoming physicians so they can be licensed quicker and start working in our province. We followed that meeting with a lunch meeting with the CEO and Chair of the Board of Directors for the Health Quality Council of Alberta.

I have listed the meetings below that I have participated in over the first couple of months of 2024.

### **January 2024**

- January 8                      AMA/CPSA President and CEO Meeting
- January 22                    CPSA Orientation for Council Chair
- January 26 – 27              CPSA Retreat – Tsuut'ina Nation/Grey Eagle Resort & Casino
- January 31                    Meeting with the Registrar, Dr. Scott MacLeod

### **February 2024**

- February 1                    a. Meeting with Minister LaGrange, Minister of Health  
   b. Meeting with Charlene McBrien-Morrison, CEO and Jacquelyn Colville, Chair, Board of Directors, Health Council of Alberta

- February 2 c. CPSA Council Agenda Planning Meeting
- February 6 ARADAC Committee
- February 7 CPSA Executive Committee
- February 12 CPSA Governance Committee
- February 13 Indigenous Advisory Circle
- February 13 CPSA Finance and Audit Committee (attended the beginning)

## **March 2024**

- March 1 “CPSA: Working with Physicians for a healthier Alberta”  
Grand Rounds, Department of Surgery, Cumming School of  
Medicine, University of Calgary  
Presented with Dr. Rick Buckley and Dr. Dawn Hartfield
- March 6 CPSA Orientation for new Council members
- March 7 & 8 CPSA Council Meeting

It is an honor to serve as Chair of Council. Thank you again for your contributions to CPSA Governance. Your contributions ensure that Albertans everywhere are able to access safe medical care throughout the province of Alberta.

Respectfully,

Jaelene M. Mannerfeldt MD, MSc FRCSC  
Chair, CPSA Council

**To:** CPSA Council  
**From:** Scott McLeod  
**Date:** March 7th, 2024

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### Introduction

Welcome to the 2024 Council year. Coming out of a very productive 2023, our goal for 2024 is to let some of the major changes we have been through settle into some sense of “normal.” Last year we closed out Project Bluebird, transformed the physician health program and developed the budget to execute the CPSA Strategy. We have a new reporting structure for KPIs and we have the result of the first pulse survey for the CPSA engagement survey. We have reorganized our departments and developed a new organizational structure that aligns nicely with the authorities, responsibilities and accountabilities that are created under the HPA.

With all of this we are now in a place to anchor these changes in the normal business of CPSA. I see 2024 being a year of consolidation and investment in our team function. We have a very talented team made up of many intelligent, motivated, and dedicated people who believe in the work they do. With this strong foundation to build on I believe we can take CPSA from a good organization to an amazing organization.

In the coming months, as we look at options for unlocking the full potential of CPSA, I will keep Council aware of our plans.

### 1. CPSA Organizational Updates

#### a. Project Bluebird transition to sustainment

At the end of 2023, the Complaints Director, Dr. Gordon Giddings, submitted the Closeout report for Project Bluebird for my consideration (See [Executive Summary](#)). Dr. Hartfield was the Complaints Director for most of the project, and she and her team deserve huge congratulations for the incredible transformation the department has undergone.

The project was initiated in January of 2021 for three main reasons. First was a substantial backlog in complaints that has consistently been a problem for many years, the results of a review of the department that took place in 2019 and the recent focus on the complaints process by the Government of Alberta. Essentially it was time for a significant change that would be sustainable over time.

Project Bluebird’s objective was to improve the experience of Albertans and include the provision of best practice in regulation to foster a culture of learning which ultimately adds value for both Complainants and Regulated Members.

Project Bluebird's objectives were focused on:

1. Strategic direction: adopting a culture of quality improvement, integrating a learning environment, maximizing use of the complaint pathways in the Health Professions Act (HPA), and developing indicators to monitor the impact of the changes;
2. Department structure: improving work streams and cohesiveness of the team;
3. Resources: developing the skillsets and right sizing of the team to support our new workflows and strategies; and
4. Team culture: establishing a psychologically safe environment and fostering a positive team attitude.

The Project Closeout Report shows progress in all these areas however it's important to note that all these objectives are essential for continuing success for the department and will continue to be a focus in the coming years as part of the ongoing operations.

Some key performance indicators shared in the report include the following.

1. "With the implementation of the Initial Member Response workflow and the qualitative improvement of the content of the outright dismiss letters, the upheld decisions from the Complaint Review Committee (the "CRC") increased from a 61.5% success rate to a 93% (YTD 2023) success rate. This has prevented other areas of the Professional Conduct team, including the Investigations team, from being inundated with further file work by completing additional investigations as was frequently required by the CRC previously. Overall, this has created efficiency across the complaints process."
2. "With the creation of a focused Key Performance Indicator ("KPI") tracking system, the Professional Conduct KPI's have increased from 60% of our processes meeting their KPI goals in January 2023, to the present 89%, which is above the departmental goal of meeting our KPI's 80% of the time."
3. Our historical investigations file backlog has been eliminated (we are currently at 19, which is about 6 weeks waiting for investigations). Further, the implementation of a new file management system, Case IQ, will decrease administrative time in file management and KPI monitoring.

Overall, I believe Project Bluebird met its objectives and I have therefore closed out the project and asked Dr. Giddings to continue with the same objectives moving forward in sustained operations.

A huge thanks goes out to the entire team who participated in Project Bluebird. Most specifically my thanks go out to Dr. Hartfield for her hard work, dedication, and commitment to quality throughout the project. A special thanks also goes out to Ms. Susan Babiuk who died suddenly last spring prior to the conclusion of the project. She was instrumental in the project's success.

### **b. PHMP Project closure**

For over 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.

The Health Statutes Amendment Act, 2020 (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 Health Professions Act. These changes also bring CPSA into alignment with prevailing North American standards for physician health programs and best practices in safety-sensitive industries.

The PHMP & CC Project was formed to achieve the following:

1. Consolidate the Physician Health Monitoring Program (PHMP) and Continuing Competence (CC) program into one department.
2. Divest regulated member Fitness-To-Practice (FTP) assessments to independent, trusted third-party service providers deemed to meet the requisite criteria.

As a result of divestment, and to reflect the new nature of the program, PHMP is now named Health & Practice Conditions Monitoring (HPCM). There are two programs within HPCM: Health Conditions Monitoring (HCM) Program and Practice Conditions Monitoring (PCM) Program.

The project team provides the Project Executive with an update and closeout report in December 2023. The Executive was happy with the project outcomes of having successfully consolidated the PHMP program and the CC Program into one department as well as having divested the FTP assessments to an independent third-party.

Although this project was reasonably straight forward as far as projects go, the consolidation of the two departments and the divestiture of work that has been a part of CPSA for over 30 years has had a significant impact on many people both within the CPSA staff and those who have received services from the PHM Program.

The project has therefore been closed and the HPCM program now falls under the Continuing Competence Department, however there is still a great deal of work to do to ensure all those who are directly impacted by these changes receive the support required moving forward and operations are maintained using solid quality improvement methodologies.

A big thanks to everyone involved in this project, including Dean Blue and Rhonda Marrazzo as the project team, Jeremy Beach, Charl Els and Phong Van for their leadership throughout the project and the entire PHMP team for not

only being open to these required changes, but remaining committed to what is in the best interest of the profession as a whole.

### **c. The American Osteopathic Association (AOA) request**

The AOA has approached CPSA seeking expansion of CPSA's registration eligibility criteria to include physicians who have received American osteopathic specialty certification. Graduates of osteopathic undergraduate programs are currently eligible for CPSA registration if they have completed an (allopathic) American Board of Medical Specialties (ABMS) residency. In the United States, both allopathic and osteopathic postgraduate residencies are now accredited (and recognized as equivalent) by the Accreditation Council for Graduate Medical Education (ACGME), with scopes of medical practice which are indistinguishable except, where appropriate, the use of manipulation as an adjunct therapy by the osteopath.

Now that both the osteopathic and allopathic undergraduate and postgraduate programs have the same accreditation standards it's reasonable for CPSA to seriously consider this request. Therefore, due to the similarities in practice scope and the joint accreditation standards, CPSA is considering the creation of a pathway to registration through the accelerated PRA process. For certified osteopathic practitioners from ACGME – accredited programs, it will involve mirroring the process already in place for ABMS certified allopathic physicians.

### **d. Unforecasted expenditures - Staffing requirements**

Several assumptions were made in developing the 2024 business plan because of various unknown factors within the new CPSA Strategy and some of the uncertainty related to the future of the Physician Health Monitoring Program (PHMP). As a result, CPSA presented and Council approved a budget with a 1.3 million dollar surplus in order to accommodate any additional requirements as the planning became more detailed.

As the staffing requirements became clearer over the past 3 months, Senior Leadership has reviewed the staffing complement for carrying out the approved actions in the 2024 business plan and supporting operations moving forward. The following new roles were proposed and were reviewed with FAC at their recent meeting in February 2024.

1. IT programming (1.0 FTE). Due to increased work demands in the department and some limitations in staffing availability, the department has determined it requires the establishment of an additional position that would be better filled by a fulltime employee instead of a short-term contractor.
2. Corporate Services (1.5 FTE). This includes a new Director role for supporting the Corporate Services department (Finance, Payroll and Administration).

With the volume of workload and succession planning for the CFO, a new director role will be implemented in 2024. An open and transparent process will be followed for posting this new role, which will be a part of the Senior Leadership team.

3. HPCM (1.1 FTE additional). As outlined above (see Section **c.**), PHMP has been incorporated into the CC Department as the HPCM program. , It was expected that the HPCM program would require fewer people for the new roles as compared to the previous PHMP program. That is why the approved 2024 budget was planning for only 2.5 FTE being required and retained within the program to execute the health monitoring & practice conditions functions. The remainder of permanent staff within PHMP were to be transitioned to other programs within CPSA. However, the staffing complement required for HPCM to fulfil its mandate is larger than originally assumed so an additional 1.1 FTE is requested as an unbudgeted item for 2024.

FAC has approved this additional 3.6 FTE for these programs as part of their approval of unbudgeted items for 2024.

### **e. Engagement survey**

The engagement survey of 2022 demonstrated that what was happening more broadly in Canada and around the world with staff engagement was also happening with us. Overall staff engagement dropped across the board in Canada and CPSA was not immune to that reality. We were and continue to be invested in understanding the root concerns that were raised and have put significant effort into embracing the feedback we have received and taking actions to improve the CPSA working environment.

The Pulse Survey completed in the Fall of 2023 showed an improvement from the engagement survey of 2022, however there is still some work to be done. The survey provided excellent feedback for the entire team, and we are in the process of developing a plan to involve the entire CPSA team.

Over the past year the CPSA Senior Leadership has invested a great deal of time and effort into addressing concerns that helped people do their daily work. This included investing in updating the IT systems and ensuring everyone was aware of the CPSA Strategy and the organization's core mandate. There was also significant effort put into updating the CPSA pay and benefits to ensure they aligned with the CPSA Total Compensation Philosophy that aligns with comparable benchmarks in Alberta.

These past few years have also been a time of tremendous change for CPSA. Project Bluebird has completely transformed how we manage complaints at CPSA, Physician Health Monitoring has also been completely transformed with divesting a great deal of our work to outside providers thus being incorporated into the already busy Continuing Competence Department.



The registration department has adapted to meet the demand for physicians in Alberta, the Accreditation department has introduced new standards, and the role of the Deputy Registrar has been completely changed.

In addition to this the Communications team has had to manage a dramatically different public and government perception of Alberta and CPSA, while our IM Team has spent a hard year updating our systems, dealing with a cyber-attack, updating servers, and transitioning from Telus BizConnect to Microsoft Teams.

We have continued to implement the recommendations from the governance review and improve our policy architecture within the organization to improve how we make decisions and the transparency of those decisions. Our People and Culture team has managed so many positions changes and new hires that CPSA looks much different than we did just a few short years ago. Our newly named department of Corporate Services has been focused on the benefits review, pay raises and assessing a new IT system to make their work easier. All of this with many people stepping away for that ever-important role of parenting as there were several births to celebrate in the department. Our Analytics, Innovation and Research team has been hard at work with the KPIs, assessing physician numbers in Alberta and the story that it tells while continuing to publish new research and share the work we have been doing on the international stage.

This is an incredible amount of change in a short period of time, and it's a change that I believe everyone in the organization can be proud of. We're not perfect and we still have some fine tuning to do that requires some more change ahead of us, but nothing like what we have been through in the past few years.

None of that change could have been done without the incredible work of dedicated, intelligent, and hardworking members of the CPSA team. We have an amazing team that has got us this far in a short period of time. Therefore, our next phase of building on the team engagement will be to build on the success we have seen and help us go from a good organization to an amazing organization. It is my opinion that these next steps can't be achieved through a top-down Senior Leadership directed strategy, plan or policy.

In the coming months we will be working with the entire team to see what type of organization everyone would like to be a part of and how everyone on the team can contribute to making CPSA an amazing place to work.

## **2. The Profession**

## **3. Provincial Update**

### **a. Legislation proposed on gender affirming treatment**

On Jan 31<sup>st</sup>, 2024, the Government of Alberta signaled that it would be introducing legislation that would restrict access to gender affirming medical and surgical interventions for Albertans under the age of 18.

Since we don't know what the actual legislation says at this time it's premature to comment on this proposed legislation. CPSA will however provide input during the public consultation. After the legislation is finalized CPSA would then review our Standards of Practice and Advice to the Profession documents to ensure they help guide the profession under the new legislation.

### **b. Medical Assistance in Dying (MAID)**

The Federal Government has delayed the inclusion of mental illness as the sole diagnosis eligibility for MAID in Canada. This means that CPSA will also delay any changes to our SOP that include wording related to mental illness.

CPSA and CNRA have worked well together in developing a joint CNRA and CPSA MAID guideline to help providers and assessors across Alberta provide this service in a standard way. This work will continue, and an MOU will be developed that recognizes the commitment to the joint nature of this guideline and how we commit to changes only in partnership with each other. This will be completed in the coming months, so we are ready to go when the final federal legislation changes.

### **c. Government of Alberta**

#### **a. Meeting with MOH**

Dr. Mannerfeldt and I met with the Minister of Health, the Honourable Adriana LaGrange, on Feb 1<sup>st</sup>, 2024, in follow-up to the meeting Ms. Strilchuck and I had at the end of last year. This was a productive meeting where we were able to share some of the great work we have done over the past year. Some of the key items we covered were:

- i. Update on the PRA Sponsorship program
- ii. Update on the Accelerated PRA Trial introduced last year
- iii. Discussion about alternate routes to licensure
- iv. Update on the numbers of physicians registered in Alberta as of the end of December 2023

#### **b. Meeting with the Minister of Mental Health and Addictions**

On January 8<sup>th</sup>, 2024, myself and our Government Relations Advisor met with the Honourable Daniel Williams, to discuss concerns he had with our recent Standards of Practice Consultation on Consciences Objection. The concerns raised were focused on the wording "effective referral" that were used twice in the document. The concerns mostly came from a 2018 Ontario Court decision that defined "effective referral" in a way that some physicians felt obligated them to "participate" in some health services they personally objected to. The intent of our proposed changes in the SOP were not to impose a greater requirement for physicians than our previous standard had expected, and the use of the term

“effective referral” was introduced solely to standardize language with other jurisdictions.

By the time I had the meeting with Minister Williams, we had already received a great deal of feedback through our consultation process, thus demonstrating the value of broad consultation of our standards. All that feedback had demonstrated that there was no benefit to using the “effective referral” language and therefore I was able to reassure the Minister that we had no intent to use that language in the final version of the document.

Overall, it was a productive meeting that set the stage for future productive meetings.

#### 4. National Updates

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

###### New FMRAC President – Dr. George Carruthers

Dr. Carruthers completed his MD in 1991, at Dalhousie University, where he achieved his CCFP in 1993. Over the years Dr. Carruthers has been presented with many awards, such as: Family Physician of the Year, Award of Excellence and Patient’s Choice Award. Dr. Carruthers also completed a fellowship in Medical Education, has Certification in Occupational Medicine, a Master’s Certificate in Physician Leadership and Certification in Conflict Resolution.

Dr. Carruthers has held many positions and appointment throughout his career including PEI Site Director for the Dalhousie Family Medicine Residency Program; Associate Professor at Dalhousie and Memorial Universities; and member of the Family Medicine Residency Training Committee. Dr. Carruthers has also sat on the Board of Directors for AIDS PEI, Canadian Cancer Society, and the Charlottetown Bluephins Swim Team, in Charlottetown.

Over the past years, Dr. Carruthers’ special interests included, Medical Education, Addiction Medicine, Chronic Pain, Occupational Medicine and Infectious Disease – HIV/Hepatitis C.

Dr. Carruthers became the Registrar for CPSPEI in November 2020 and has had a very exciting but challenging few years.

###### New FRMAC Executive Director – Ms. Stephanie Price

Ms. Price is a licensed engineer who has worked in professional regulation since 2009, most recently serving as the Executive Vice President of Regulatory Affairs at Engineers Canada, the national association of Canada’s provincial and territorial engineering regulators. At various times, her work at Engineers Canada has included responsibility for governance and for supporting regulators through work on accreditation, foreign credential recognition, national and international mobility of practitioners, regulatory research, policy and guideline development, and regulatory collaboration and

harmonization related to licensure, practice standards, enforcement, complaints and discipline. She is on the Board of the Canadian Network of Agencies for Regulation and served as their chair from April 2021 to June 2023.

### **5. International Updates**

#### **a. International Association of Medical Regulatory Authorities (IAMRA)**

Nothing to report.

#### **b. Federation of State Medical Boards (FSMB)**

This year's annual meeting will be held in Nashville.

### **Conclusion**

2023 was a busy year and 2024 will have its share of work ahead. Having some stability without for the next 10 months will help ensure all the benefits to the significant changes made over the past several years can be realized. It's time to feel the benefits of all the hard work.



# Project Bluebird Executive Summary

Professional Conduct



**Gordon Giddings**

CPSA

## PROJECT BLUEBIRD EXECUTIVE SUMMARY

### Executive Summary

CPSA Professional Conduct Department (Professional Conduct) had a substantial backlog of files and the operational processes and pathways in place were insufficient to sustain the quantity of complaints received. A 2019 consultant review provided recommendations to CPSA to enhance and streamline the complaints processes. The *Professional Conduct Enhancement Review* (Field Law) provided 17 recommendations that provided the foundation of a quality improvement project. In 2020, Alberta Health published the *Proposals to Amend the Health Professions Act to Improve Regulatory Effectiveness and Efficient: Discussion Paper*. This paper notes that “Complainants often encounter challenges in trying to determine the appropriate avenue to make a complaint” (Alberta Health). The paper identified proposed options to revise the current professional complaints and discipline processes to “make the complaints process more patient-centered” (Alberta Health, 2020). The options proposed considered revising complaint processes to include other entities outside of the Health Regulatory bodies. Considering the growing backlog, the recommendations for improvement, and the priority focus from the Government of Alberta on the complaint process, a project to review and improve CPSA’s complaint process was initiated. Project Bluebird was initiated to review organizational process, workflow, and resources with the objective to revitalize and modernize the complaint process.

Project Bluebird’s objective was to improve the experience of Albertans and include the provision of best practice in regulation to foster a culture of learning which ultimately adds value for both Complainants and Regulated Members. Professional Conduct has made substantial changes in these areas throughout Project Bluebird. The changes implemented were designed to increase the effectiveness and efficiency of the complaints process. Project Bluebird’s objectives were focused on:

## PROJECT BLUEBIRD EXECUTIVE SUMMARY

- Strategic direction: adopting a culture of quality improvement, integrating a learning environment, maximizing use of the complaint pathways in the *Health Professions Act (HPA)*, and developing indicators to monitor the impact of the changes;
- Department structure: improving work streams and cohesiveness of the work;
- Resources: developing the skillsets and right sizing of the team to support our new workflows and strategies; and
- Team culture: establishing a psychologically safe environment and fostering a positive team attitude.

Project Bluebird has been successful at making sustained improvements in these areas. The project resulted in the department restructuring into four specific, but interlinked teams. The department was restructured into the Intake and Early Resolution, Investigation and Expert Opinion, Resolution, and Hearing/Legal Referral (HLR) teams. This team approach allowed for the recruitment of dedicated managers to offer continuous support and lead the quality improvement and operational reviews needed to create more efficient procedures. The creation of the Intake team and focused development on mediation skills reduced more resource intense dispositions such as investigation and referral to Hearing. Additionally, the investigations team contracted with third-party investigator firms to provide additional capacity when needed. The demand for investigations is a variable, complex, and resource intensive process; having external capacity when needed is an efficient and effective approach to this operation. In addition, there has been a significant shift in ensuring that only the most egregious of matters are set for Hearing, and that these types of matters are being transitioned in an efficient manner.

Some significant enhancements to efficiency resulted from changes in strategic direction redirecting files from investigation into other processes allowed under the *HPA*. For example, the creation of the expert opinion program, directing dismissal after Initial Member Response (IMR), and early resolution with consent, have all reduced the number of files that require full investigations.

## PROJECT BLUEBIRD EXECUTIVE SUMMARY

With the implementation of the Initial Member Response workflow and the qualitative improvement of the content of the outright dismiss letters, the upheld decisions from the Complaint Review Committee (the “CRC”) increased from a 61.5% success rate to a 93% (YTD 2023) success rate. This has prevented other areas of the Professional Conduct team, including the Investigations team, from being inundated with further file work by completing additional investigations as was frequently required by the CRC previously. Overall, this has created efficiency across the complaints process.

Professional Conduct, through process-based staff planning and skill-focused recruitment, has increased to 31 full-time staff: up from a low of 17 in August 2021. Professional Conduct’s resource needs continue to evolve as the department gains efficiency and reduces the backlog of files. Staff cohesiveness has successful team building measures, implemented by a third-party consultant (Headwaters for Change) and implementing monthly half-day meetings and adjustment to the workflows has improved significantly.

With the creation of a focused Key Performance Indicator (“KPI”) tracking system, the Professional Conduct KPI’s have increased from 60% of our processes meeting their KPI goals in January 2023, to the present 89%, which is above the departmental goal of meeting our KPI’s 80% of the time. Our historical investigations file backlog has been eliminated (we are currently at 19, which is about 6 weeks waiting for investigations). Further, the implementation of a new file management system, Case IQ, will decrease administrative time in file management and KPI monitoring.

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 was a three-year period of sustained change. Although there have been significant gains during the project, a transition from change to stability will entrench the long-term gains realized through Project Bluebird.



## PROJECT BLUEBIRD EXECUTIVE SUMMARY

This report chronicles the remarkable evolution across various processes in Professional Conduct, emphasizing the achievements and synergies that have emerged from these transformative initiatives. It provides a comprehensive overview of the changes and outcomes but is not intended to delineate the full extent of the changes and improvements made throughout Bluebird.

<b>Submission to:</b>	<b>Council</b>
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<b>Meeting Date:</b>	<b>Submitted by</b>								
March 7, 2024	Melissa Campbell & Kennedy Schultz								
	5.1.1 CPSA 2023 Annual Report								
<b>Action Requested:</b>	<input type="checkbox"/> The following items require approval by <b>Choose an item.</b> See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to <b>Choose an item.</b> Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.						
<b>AGENDA ITEM DETAILS</b>									
<b>Recommendation (if applicable):</b>	N/A								
<b>Background:</b>	<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 our primary audience, the provincial government.</p> <p>During the presentation to Council, we will outline the work thus far on CPSA's 2023 annual report, provide a first look at the report's theme, content and design concepts, and highlight next steps.</p>								
<b>Next Steps:</b>	<table> <tr> <td>March</td> <td>• Councillors work with Melissa and Kennedy 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>			March	• Councillors work with Melissa and Kennedy 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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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								
<b>List of Attachments:</b>									
1. N/A									

Submission to: **Council**

<b>Meeting Date:</b>	<b>Submitted by:</b>														
March 7, 2024	Dr. Daisy Fung, FAC Chair														
<b>Agenda Item Title:</b>	6.1.1 Honorarium Rates														
<b>Action Requested:</b>	<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.												
<b>AGENDA ITEM DETAILS</b>															
<b>Recommendation (if applicable) :</b>	That Council approve the following honorarium rates for 2024 effective January 1, 2024: <table border="1" data-bbox="565 972 1339 1121"> <thead> <tr> <th>Role</th> <th>Hourly</th> <th>Daily</th> </tr> </thead> <tbody> <tr> <td>Council member</td> <td>\$152</td> <td>\$1,216</td> </tr> <tr> <td>Chair</td> <td>\$162</td> <td>\$1,296</td> </tr> <tr> <td>Committee member</td> <td>\$125</td> <td>\$1,000</td> </tr> </tbody> </table>			Role	Hourly	Daily	Council member	\$152	\$1,216	Chair	\$162	\$1,296	Committee member	\$125	\$1,000
Role	Hourly	Daily													
Council member	\$152	\$1,216													
Chair	\$162	\$1,296													
Committee member	\$125	\$1,000													
<b>Background:</b>	<p>Honoraria rates for Chair, Council and Committee members included in the approved 2024 budget were based on information known at the time about inflation as well as rates being offered by other medical regulatory authorities (MRA) throughout Canada:</p> <table border="1" data-bbox="565 1297 1339 1446"> <thead> <tr> <th>Role</th> <th>Hourly</th> <th>Daily</th> </tr> </thead> <tbody> <tr> <td>Council member</td> <td>\$143</td> <td>\$1,020</td> </tr> <tr> <td>Chair</td> <td>\$143</td> <td>\$1,020</td> </tr> <tr> <td>Committee member</td> <td>\$118</td> <td>\$920</td> </tr> </tbody> </table> <p>Following the Council approval in September, FAC discussed the role of the Chair for any committee/Council. This role involves additional responsibilities and should reflect an honorarium rate higher than the Council member rate. FAC directed administration to conduct a review to bring a recommendation for the chair rate for 2024.</p> <p>Subsequent communications with AMA and other MRA identified that several organizations increased 2024 honoraria rates beyond expectations, such that</p>			Role	Hourly	Daily	Council member	\$143	\$1,020	Chair	\$143	\$1,020	Committee member	\$118	\$920
Role	Hourly	Daily													
Council member	\$143	\$1,020													
Chair	\$143	\$1,020													
Committee member	\$118	\$920													

CPSA rates (Council, Chair and Committee member) are now significantly below comparators.

To remain attractive to physicians, management recommended to FAC that CPSA rates for 2024 be increased. As our honorarium principles outline, the rates are not intended to be replacement of income, but they still need to be reasonable while being fiscally responsible. It was also noted that CPSA has made few increases to honorarium rates over the past several years, thereby falling below the market.

History of CPSA honorarium rates:

	<b>2024</b>	<b>2023</b>	<b>2018-2022</b>	<b>2015-2017</b>
<b>Council</b> hourly	\$143	\$125	\$120	\$118.75
<b>Council</b> daily	\$1,020	\$1,000	\$960	\$950
<b>Committee</b> hourly	\$118	\$115	\$108	\$106.25
<b>Committee</b> daily	\$920	\$900	\$864	\$850

The MRA comparators for 2024 for the Councillor rate:

<b>MRA</b>	<b>Hourly rate</b>	<b>Daily rate</b>
<b>CPSA</b>	<b>\$143</b>	<b>\$1,020</b>
CPSBC	\$185	\$1,295
CPSS	\$160	No max
CPSM	\$150 day (\$190 night)	\$1,100
CPSO	\$190	No max
CMQ	Less than 1 hour \$272	\$2,178
CPNL (review planned May 2024)	\$100	\$800
CPSNS	\$185	Based on meeting time
CPSPEI	\$125	\$1,000

#### AMA 2024 rates:

	<b>Hourly</b>	<b>Daily</b>
Board	\$176.50	\$1,412
Chair	\$162.50	\$1,300
Committee member	\$141.25	\$1,130

FAC reviewed an analysis conducted by Management comparing AMA rates to CPSA total honorariums paid across 4 examples with four proposed CPSA rates for 2024:

- 1) Full day Council/Board meeting in-person
- 2) Full day Committee meeting in-person
- 3) Full day Committee meeting virtual
- 4) ½ day Committee Meeting virtual

After reviewing the analysis, FAC supported an average of 30% increase to honoraria to align closer with the AMA rates. This equates to an hourly Council rate of \$186/hour. FAC discussed the option of increasing the rates for 2024 vs phasing the increase over a period of time.

FAC is recommending that Council phase in the increase in honorarium rates over a period of 5 years (i.e. a straight-line increase of 6%, or between \$8-\$9, annually). This will enable CPSA to move towards aligning with the market while managing financial and reputational impacts that could arise from implementing the entire rate increase within a single year.

FAC further recommends establishing a separate Chair rate. The rate recognizes the additional responsibilities involved in the role of a Chair.

FAC reconfirmed payment of honoraria for the following activities:

- i) Meeting planning time for the Chair (meeting time with CPSA admin planning the meeting agenda)
- ii) Meeting attendance time
- iii) Decision writing time
- iv) Annual honoraria for Council Chair

### Recommendation for Council

FAC is recommending Council approve the following honorarium rates, to be retroactively paid for all eligible activities effective January 1, 2024:

Role	Hourly	Daily
Council member	\$152	\$1,216
Chair	\$162	\$1,296
Committee member	\$125	\$1,000

### Next Steps:

1. Expense policies will be amended based on a Council decision on the honorarium rates.
2. The updated expense policies will be distributed to committee members.
3. Retroactive pay will be calculated for meetings since January 1, 2024.

### List of Attachments:

1. n/a

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 7, 2024	Governance Committee		
Agenda Item Title:	6.2.1 CPSA Bylaws Amendments		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to <u>Choose an item.</u> Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

#### AGENDA ITEM DETAILS

Recommendation:	<p>That Council approves the amended CPSA Bylaws (Attachment 1).</p> <p>And that Council approves amendments to:</p> <ul style="list-style-type: none"> <li>• "Governance Structure and Committees Policy" (Attachment 2); and</li> <li>• "Decision-making Between Council Meetings Policy" (Attachment 3)</li> </ul>
Background:	<p>Broadly, the following areas of the Bylaws are amended:</p> <p><b>1. Changes made regarding Committees (Bylaws 16, 16.1 highlighted in Attachment 1)</b></p> <ul style="list-style-type: none"> <li>• The changes support CPSA's ongoing implementation of the 2022 governance review, which recommended a Governance Structure to Council.</li> <li>• The Governance Committee used the recommendations in the Governance Review Final Report to develop the "Governance Structure and Committees Policy", approved by Council in May 2023. The Bylaw changes, along with the "Governance Structure and Committees Policy" will:             <ul style="list-style-type: none"> <li>○ Bring greater clarity to CPSA's governance structure overall.</li> <li>○ Categorize Competence Committee and Medical Facility Accreditation Committee (MFAC) as Statutory Committees reflecting that these Committees are created by the <i>Health Professions Act</i>.                 <ul style="list-style-type: none"> <li>▪ These committees will no longer have CPSA Council members as Committee members. This decision was taken to mitigate the risk of</li> </ul> </li> </ul> </li> </ul>

Council influence on appeals to Council of decisions taken by these committees.

- Statutory Committees will be under the purview of the Registrar and CEO, who reports to Council.
- Adds clarity about Membership Lists, to which members are appointed pursuant to section 15 of the *Health Professions Act*.
- Bylaw 22 adds discretion for CPSA Council regarding the term of appointment to Membership Lists. Extensive training required to carry out this work, and more experience is helpful in taking on the role of panel chair, and writing decisions. Having discretion for lengthened terms on Membership Lists assists in building capacity, and the smooth flow of hearings.
- In reviewing and updating the bylaws, consequential amendments to the "Governance Structure and Committees Policy" have been made (Attachment 2).

## **2. Addition of a Bylaw to enable decision-making outside of Council meetings (Bylaw 20(22.1) highlighted in Attachment 1)**

- The addition of Bylaw 20(22.1) is necessary because Council does make decisions between meetings, and this is supported by the HPA and by CPSA Policy. It was identified that the Bylaws did not support this, and the addition of the bylaw improves CPSA's governance, ensuring there are no gaps in policy.
- In reviewing and updating the bylaws, consequential amendments to the "Decision-Making outside of Council Meetings Policy" have been made (Attachment 3).

## **3. Addition of Otolaryngology Surgical Procedures and Bariatric Surgical Procedures to the list of "prescribed health services" (changes are highlighted in Bylaw 51 in Attachment 1)**

- The additions to Bylaw 51, are necessary because HPA schedule 21, section 8.7(b) enables Council to make bylaws prescribing health services that may be provided only in an accredited medical facility.
- These additions were proposed by the CPSA Advisory Committee of Non-Hospital Surgical Facilities, evaluated by the Medical Facility Accreditation Committee (MFAC) and also reviewed by the Governance Committee.



	<ul style="list-style-type: none"> <li>The impacts of this change are that there will be expanded capacity for medical facilities to provide these services to Albertans.</li> </ul>
Next Steps:	<ul style="list-style-type: none"> <li>Pending Council approval, the revised CPSA Bylaws and Council Policies will be published on the CPSA website.</li> <li>Committee Terms of Reference will require amendments and will be part of the Governance Committee's 2024 work.</li> <li>Further Bylaws revisions will be completed in 2024 to meet the objectives of a full refresh of the Bylaws per the Bylaws Review project.</li> </ul>
List of Attachments:	
<ol style="list-style-type: none"> <li><a href="#">Revised CPSA Bylaws</a></li> <li><a href="#">Revised "Governance Structure and Committees Policy"</a></li> <li><a href="#">Revised "Decision-making Between Council Meetings Policy"</a></li> </ol>	

# **College of Physicians & Surgeons of Alberta**

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## **BYLAWS**

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**Effective {date to be inserted}**

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## Definitions

“Act”	means the Health Professions Act;
“Chair”	means the President, as per section 7 of the Act;
“College”	means the College of Physicians & Surgeons of Alberta;
“Competence Committee”	means the competence committee established under the Act by the Council;
“Consent Agenda”	means an item on the agenda of a Council meeting listing matters for which the recommended action is to approve or accept for information without discussion, question, or debate;
“Council”	means the Council of the College;
“Council Committee”	Means a committee established by Council under Part 1, Section A, section 16 of these bylaws;
“Electronic Signature”	means electronic information that a person creates or adopts in order to sign a record and that is in, attached to or associated with the record;
“Emergency Meeting”	means a meeting called to address a matter that could not be foreseen which requires immediate attention and possible action, and for which it is not practical to provide advanced notice;
“Good Character and Reputation”	means: <ol style="list-style-type: none"> <li>free of unprofessional conduct process,</li> <li>free of disciplinary action by another regulatory body,</li> <li>has never been previously rejected for registration in another jurisdiction,</li> <li>current criminal records check is clear of misconduct, and</li> <li>would meet the criteria of good standing, as defined in these bylaws;</li> </ol>
“Good Standing”	means: <ul style="list-style-type: none"> <li>no fees, costs, fines, assessments, levies, or any other sums are owing by the member to the College on their behalf or in their capacity as Medical Director or owner of a medical facility,</li> <li>the member has a valid and current practice permit that is not currently suspended,</li> <li>there are no current or pending investigations or disciplinary actions being taken against the member,</li> <li>the member is in compliance with all orders or directions made pursuant to the Act,</li> <li>is not currently subject to an undertaking, a condition imposed under section 55 or 65, or a direction under section 118 of the Act,</li> <li>has not been found guilty of unprofessional conduct within the preceding ten (10) years, and</li> </ul>

	<ul style="list-style-type: none"> <li>has not been found guilty of unprofessional conduct related to sexual abuse, misconduct or any sexual boundary violation at any time in any jurisdiction including outside of Canada.</li> </ul>
“Medical Facility Accreditation Committee”	Means the “accreditation committee” as defined in section 8(a) of Schedule 21 of the Act;
“Member at Large”	means the Council member appointed by Council to the Executive Committee position of Member at Large;
“Member of Council”	means <ul style="list-style-type: none"> <li>a regulated member on the General Register, the Provisional Register or the Limited Practice Register (whether a physician, surgeon, osteopath or physician assistant), elected to Council who has the right to vote; and</li> <li>a public member, appointed to Council by the Lieutenant Governor in Council, who has the right to vote.</li> </ul>
“Membership List”	means the list of Regulated Members appointed by Council pursuant to section 15 of the Act.
“Non-voting member of Council”	means a person, appointed by Council by virtue of the position they serve within an organization, committee or other entity to participate in Council meetings, including discussions and debates, who does not have the right to vote;
“Ordinary Resolution”	means a resolution passed by a majority of the votes cast on that resolution;
“Priority Committee”	means a Committee established by Council to provide advice and recommendations to Council respecting strategic priorities as set out in the College’s strategic plan as established or amended from time to time;
“Recording or broadcasting device”	means any equipment that can be used to record or broadcast either through photography, videotaping or audio recording, an image, sound or a conversation, including cameras, cellular telephones, smartphones or any similar device;
“Registrar”	means the Registrar of the College, as per section 8 of the Act;
“Regulations”	means regulations relating to the College made under the Act;
“Resolution in Writing”	means a resolution consented to in writing by more than 50% of the Members of Council who would have been entitled at a meeting of the Council to vote on the resolution in person;
“Resource person”	means any College staff member(s) or attendee(s) invited by Council to a meeting of Council, to inform and support the work of the College;

“Special Meeting”	means a meeting called to address an issue of immediate concern for which it is not practical to wait until a <b>General Meeting</b> but for which it is practical to give advanced notice;
“Standing Committee”	means a committee established by Council to assist Council in carrying out its powers and duties under the Act;
“Vice-Chair”	means the Vice-Chair of Council as appointed by Council.

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

**PART 1– ORGANIZATION****Section A – The College****1 Composition of the Council**

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

**2 Remuneration of Council Members**

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

**3 Officers of Council**

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

**4 Vacancies on Council**

1. If, at any time, there is a vacancy of a position on Council to be held by a regulated member, the Council may, in its discretion:
  - (A) elect to leave the position vacant until the next scheduled election for Council members,
  - (B) hold a by-election in the same manner as an annual election, all necessary modifications implied; or
  - (C) invite the first runner-up from the most recent election for Council to assume the vacant position on Council, with the understanding and



acceptance that this position would be considered one term as per Bylaw 13.

## **5 Removal of Council Members**

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

## **6 Awards**

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

## **7 Bylaws**

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

## **8 Code of Ethics and Standards of Practice**

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

## **9 Grants**

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

## **10 Electoral District**

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

## **11 Entitlement to Vote**

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

## **12 Eligibility for Election**

1. A regulated member on the General Register, the Provisional Register or the Limited Practice Register (whether a physician, surgeon, osteopath or physician assistant), who is in Good Standing, may be eligible for nomination for election to a regulated member vacancy on Council.
2. Notwithstanding Bylaw 12(1), a regulated member is not eligible for nomination or election as a member of Council if the regulated member is:
  - (A) elected to federal or provincial public office;
  - (B) occupies a senior position (i.e., Assistant Deputy Minister or higher) with the Government of Alberta;
  - (C) is an executive officer of a Regional Health Authority; or
  - (D) (as their primary responsibility in the course of their employment represents an organization in collective bargaining or in proceedings under a collective bargaining agreement with regulated members; where those proceedings negotiates or sets fees charged by regulated members for professional services unless they cease to have those positions and five (5) years have passed from the date of the vacating the position.

### **13 Election of Council**

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

### **14 Election Procedure**

1. Council may establish rules for the conduct of an election, including campaigning and the resolution of disputes arising from the election.
2. The Registrar shall, at least 60 calendar days before the date on which the election is to be held, forward information regarding the nomination process and the date of the election to each regulated member entitled to vote.
3. The information to be provided under Bylaw 14(2) and (6) may be sent to members electronically or by other means determined by the Registrar.
4. A nomination form will be valid if it is signed by three (3) other regulated members eligible to vote and by the nominee indicating acceptance of the nomination.
5. The Registrar shall not accept any nomination that is not received at least 35 calendar days before the date fixed for the election.
6. If more than one nomination is received for a vacancy, the Registrar, no less than 28 calendar days before the date fixed for the election, shall send information regarding the instructions to vote and the list of persons nominated for the election to each regulated member eligible to vote.
7. If the number of nominations received is equal to or less than the number of vacancies on Council, then each nominee shall be elected by acclamation.
8. Voting shall be by a secure electronic process approved by Council.
9. A regulated member entitled to vote shall have one vote for each vacancy on Council.
10. The results of the voting shall be reported promptly following the day of the election.
11. The candidate or candidates with the largest number of votes shall be declared elected by the Council.
12. If there are an equal number of votes for two or more candidates, the Registrar shall, within a reasonable period of time, hold a by-election in the same manner as an annual election, all necessary modifications implied, for the candidates with the equal number of votes.
13. The Registrar shall notify the candidates of the number of votes cast in favor of each candidate.
14. The Registrar shall publish the ratified results of the election promptly following the declaration of Council under Bylaw 14(11).

## 15 Eligibility for Re-election

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

## 16 Council Committees

1. Council may establish or remove:
  - (A) Standing Committees;
  - (B) Priority Committees;
  - (C) any other committees.
2. The Standing Committees established by Council shall include the:
  - (A) Executive Committee;
  - (B) Governance Committee;
  - (C) Finance and Audit Committee.
3. Council shall, with respect to any committee it establishes,
  - (A) appoint or provide for the manner of the appointment of its members,
  - (B) prescribe the term of office of any member,
  - (C) appoint a chair and vice-chair, or direct or approve a process for the appointment of a chair or vice chair, and prescribe the term of such appointments, and
  - (D) approve terms of reference for each committee established, in alignment with the Governance Structure and Committees Policy as amended from time to time, and publish such terms of reference on the College's website, which terms of reference shall include the following:
    - (i) the maximum term limits for committee members;
    - (ii) the process to appoint a chair, vice-chair or any member for the committee where such appointment has not been made by Council,
    - (iii) the process to remove or replace a chair, vice-chair or any member of the committee;
    - (iv) the process, if any, the committee shall follow respecting anticipated vacancies on the committee or as a result of the removal of one or more committee members;
    - (v) the purpose of the committee;
    - (vi) the powers and duties of the committee to support its purpose, including whether any subdelegation by the committee is authorized and, if so, under what conditions;
    - (vii) the minimum frequency of meetings of the committee;

- (viii) record-keeping by the committee;
- (ix) reporting requirements of the committee to Council, including any procedures for reporting by the committee to Council.

## **16.1 College Statutory Committees**

### **16.1.1 Competence Committee**

1. Council has established a Competence Committee.
2. Council members are not eligible for appointment to the Competence Committee.
3. Through HPA s. 19, Council delegates authority to the Registrar, in alignment with the Governance Structure and Committees Policy as amended from time, to:
  - (A) appoint members to the Competence Committee,
  - (B) prescribe the term of office of any member,
  - (C) designate the chair and vice-chair and prescribe the term of such designations, and
  - (D) approve terms of reference for the Competence Committee and publish such terms of reference on the College's website, which terms of reference shall include the following:
    - (i) the maximum term limits for Competence Committee members;
    - (ii) the purpose of the Competence Committee;
    - (iii) the powers and duties of the Competence Committee to support its purpose;
    - (iv) the minimum frequency of meetings of the Competence Committee;
    - (v) record-keeping by the Competence Committee;
    - (vi) reporting requirements of the Competence Committee to Council, including any procedures for reporting by the Competence Committee to Council.

### **16.1.2 Medical Facility Accreditation Committee**

1. Council members are not eligible for appointment to the Medical Facility Accreditation Committee.
2. The Registrar shall, in alignment with the Governance Structure and Committees Policy as amended from time to time,
  - (A) appoint members to the Medical Facility Accreditation Committee,
  - (B) prescribe the term of office of any member,
  - (C) designate the chair and vice-chair and prescribe the term of such designations, and
  - (D) approve terms of reference for the Medical Facility Accreditation Committee and publish such terms of reference on the College's website, which terms of reference shall include the following:

- (i) the maximum term limits for Medical Facility Accreditation Committee members;
- (ii) the purpose of the Medical Facility Accreditation Committee;
- (iii) the powers and duties of the Medical Facility Accreditation Committee to support its purpose;
- (iv) the minimum frequency of meetings of the Medical Facility Accreditation Committee;
- (v) record-keeping by the Medical Facility Accreditation Committee;
- (vi) reporting requirements of the Medical Facility Accreditation Committee to Council, including any procedures for reporting by the Medical Facility Accreditation Committee to Council.

### **16.1.3 Other Operational Committees**

1. The Registrar may establish any other committees necessary or beneficial for the management or operation of any internal College matters under the Registrar's administration.
2. The Registrar shall, with respect to any committee the Registrar establishes under section 16.1.3(1),
  - (A) appoint or provide for the manner of the appointment of its members, and
  - (B) approve terms of reference for each committee established.

## **17 Vacancies on Committees**

1. If there is a vacancy on a Council Committee, Council may:
  - (A) appoint a new member to fill the vacancy, or
  - (B) allow the vacancy to continue.

## **18 Removal of Standing Committee Member**

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

## **19 Attendance of Council Members as Observer at Committees**

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

## 20 Council Meetings

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

- (A) non-contentious and will not require Council discussion,
  - (B) time-sensitive and must be determined prior to the next scheduled meeting of Council, and
  - (C) a matter which would be decided by an Ordinary Resolution if such Ordinary Resolution was made at a meeting of Council,
- provided that a Special Meeting of Council shall be called to determine the matter if any Member of Council objects to determining the matter by way of a Resolution in Writing.

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



33. Any action agreed upon in an in-camera session in which only members of Council are involved shall be brought into the minutes of the next meeting of Council and provided to Council for approval at that meeting.
34. All in-camera matters, including all discussion, action, and documentation shall be kept in confidence by every member of Council and any other attendee.
35. With the exception of equipment used expressly by the College for a meeting of Council, any private or unauthorized use of a recording or broadcasting device during a meeting of Council is prohibited.

## **21 Head Office**

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

## **22 Regulated members appointed to Membership List**

1. Regulated Members appointed to the Membership List shall be appointed for a term, renewable at the discretion of Council.

## **Section B – College Administration**

### **23 Registrar**

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

### **24 Acting Registrar**

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

**25 Fees, Charges and Levies**

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

**26 Fiscal Year**

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

**27 Auditors**

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

**28 Money on Deposits**

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

**29 Investments**

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

**30 Practice Permits**

**PART 2 – REGISTRATION****Section A - General**

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

**31 Providing Information**

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

- (A) the member or applicant's home address;
  - (B) the member or applicant's business mailing address, telephone number, fax number and email address;
  - (C) the member or applicant's practice locations;
  - (D) the member or applicant's emergency contact address, telephone number and email address;
  - (E) the member or applicant's full legal name and, if applicable, previous names or aliases;
  - (F) the member or applicant's degrees and other qualifications, including specialization;
  - (G) the member or applicant's most recent school of graduation;
  - (H) the member or applicant's most recent year of graduation;
  - (I) the languages in which the regulated member or an applicant can provide professional services;
  - (J) the member or applicant's date and place of birth;
  - (K) the member or applicant's gender;
  - (L) the member or applicant's services provided or proposed that require approval in accordance with the standards of practice or the Bylaws;
  - (M) the names of other jurisdictions in which the member or applicant is registered as a physician, surgeon, osteopath or physician assistant;
  - (N) any other regulated health profession in which the member or an applicant is registered and whether the member or the applicant is a practising member of that profession;
  - (O) a recent photo of the member or applicant, which must be of a size and quality similar to that required for a Canadian passport;
  - (P) in the case of a physician, surgeon or osteopath, the name and business mailing address of any physician assistant that the member is supervising;
  - (Q) in the case of a physician assistant, the name and business mailing address of the supervising physician, surgeon or osteopath.
2. If a regulated member intends to close an office practice, the physician, surgeon or osteopath must provide to the Registrar the date by which the regulated member proposes to close the office practice.

### **32 Good Character and Reputation**

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

applicant may provide evidence satisfactory to the Registrar of the applicant's rehabilitation.

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

### **33 Liability Insurance**

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

### **34 Fitness to Practice**

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

### **35 English language requirements**

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

### **36 Limited Liability Partnership**

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

### **37 Retired Members**

1. The Retired Member Register includes the names of those former regulated members who:
  - (A) have retired from the practice of medicine; and
  - (B) were in good standing with the College on the date of retirement.
  - (C) Each applicant for registration as a retired member must notify the College in writing of the effective date of retirement.
  - (D) A retired member shall not practice medicine in Alberta.

## **Section B – Professional Corporations**

### **38 Professional Corporation Application**

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

### **39 Professional Corporation Annual Permit**

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

### **40 Renewal of Professional Corporation Annual Permit**

1. The Registrar shall, on or before November 1 in each year, mail to each professional corporation then holding an annual permit, a written notice respecting the renewal of its permit.
2. Every professional corporation that wishes to have its annual permit renewed for the following calendar year shall provide to the Registrar on or before November 30 in each year:
  - (A) a statement of particulars in the form determined by the Registrar; and
  - (B) the required fee.
3. When a professional corporation has provided the material under Bylaw 39(2) and has paid the required renewal fee, the Registrar shall, if they are satisfied with respect to the matters described in section 109 of the Act, issue a renewal of the annual permit to the professional corporation in the form determined by the Registrar.

### **41 Professional Corporation Records**

1. In addition to the requirements of section 113 of the Act, the Registrar shall keep and maintain a register of professional corporations containing the following information:
  - (A) name of all shareholders;
  - (B) the number and type of shares held by a shareholder; and
  - (C) the name of the directors.
2. The Registrar shall:
  - (A) enter on the appropriate register a memorandum with respect to the name of a professional corporation whose permit has expired; and

- (B) notify the professional corporation and regulated member concerned and all other parties considered necessary by the Registrar that the permit of the professional corporation has expired.
- 3. The Registrar shall determine the notification form for the purpose of section 112 of the Act.
- 4. The Registrar may provide to the registrar of corporations, pursuant to section 115(3) of the Act, any other information that the Registrar, in their sole discretion deems relevant.

#### **42 Professional Corporation Names**

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

#### **43 Professional Corporation Reissue after Revocation**

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

**PART 3– RECORDS**  
**Section A – College Records**

**44 Seal**

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

**45 Documents, Records and Forms**

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

**46 Notices**

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

**47 Use of Electronic Documentation**

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



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

**48 Removal of Information**

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

**PART 4 – COMMUNICATION WITH THE PUBLIC**  
**Section A – General**

**49 Publication of Ratified Settlement**

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

**50 Publication**

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

- (iv) degrees and other qualifications obtained by a regulated member, including specialization;
- (v) the most recent school of graduation of a regulated member;
- (vi) the most recent year of graduation of a regulated member;
- (vii) the gender of a regulated member;
- (viii) the languages in which a regulated member can provide professional services;
- (ix) whether a member's registration is restricted to a period of time and, if so, the period of time;
- (x) the status of a member's practice permit, including whether it is suspended or cancelled;
- (xi) a member's practice specialization recognized by the College;
- (xii) whether a member is authorized to provide a restricted activity not normally provided by regulated members of the College;
- (xiii) whether a member is not authorized to provide a restricted activity that is normally provided by regulated members of the College;
- (xiv) a copy of any decision made of unprofessional conduct by a hearing tribunal, council or court based in whole or in part on sexual abuse or sexual misconduct, including any orders made under section 82 of the Act;
- (xv) whether a regulated member's practice permit has been suspended or cancelled as a result of a decision of unprofessional conduct based in whole or in part on sexual abuse or sexual misconduct;
- (xvi) in accordance with section 135.92(2)(g) of the Act, any conditions placed on a regulated member's practice permit as a result of a decision of unprofessional conduct based in whole or in part on sexual misconduct and details respecting those conditions;
- (xvii) in the case of a physician, surgeon or osteopath, the name, business mailing address and practice locations of any physician assistant that the member is supervising;
- (xviii) in the case of a physician assistant, the name, business mailing address and practice locations of the supervising physician, surgeon or osteopath;
- (C) any direction made pursuant to section 118(4) of the Act;
- (D) information regarding upcoming hearings or appeals; and
- (E) any decision, order or direction made under Part 4, Division 4 and Division 5 of the Act, including written decisions issued by a hearing tribunal or Council with respect to any matter.

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

**PART 5 – COLLEGE ACCREDITATION PROGRAMS****Section A – Medical Facilities****51 Accreditation of Medical Facilities**

1. The Council does hereby constitute a standing committee to be known as the Medical Facility Accreditation Committee. [NTD: I will include in defined terms section in next round of amendments. Assuming we include, no need to state. Even if we don't include, this is redundant.]
2. For the purposes of this section, the definitions set out in section 8 of Schedule 21 of the Act shall apply.
3. For the purpose of the *Health Facilities Act*, major surgical services are those that, in the opinion of the Council, may be performed only in a public hospital because there is a significant risk inherent in the procedure or by reason of the pre-operative condition of the patient.
4. For the purpose of the *Health Facilities Act*, specific surgical services which may be performed only in a public hospital and which shall not be conducted in a medical facility include:
  - (A) procedures under general anesthetic on patients less than eighteen months of age;
  - (B) procedures on the contents of the retroperitoneal space;
  - (C) procedures on the contents of the cranium;
  - (D) procedures on the contents of the thorax; and
  - (E) any procedure lacking the approval of the accreditation committee for that medical facility.
5. For the purpose of the *Health Facilities Act*, minor surgical procedures are those which may be performed in a physician's general office.
6. In this section and for the purposes of section 8(g) of Schedule 21 of the Act "prescribed health service" includes:
  - (A) diagnostic imaging services; except for unaccredited point-of-care ultrasound\* on a physician's own patient;

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

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

- (B) psychedelic assisted psychotherapy;
- (C) medical laboratory services, except for unaccredited point-of-care testing on a physician's own patient;
- (D) pulmonary function testing, except for unaccredited peak flow measurement or vitalometry on a physician's own patient;
- (E) neurophysiologic diagnostic services;
- (F) sleep medicine diagnostic services;
- (G) vestibular diagnostic testing;
- (H) the use of drugs which are intended or which may induce general anaesthesia or sedation requiring the monitoring of vital signs, including all uses of intravenously administered sedatives or narcotics, except in emergency circumstances;
- (I) the use of drugs by injection which are intended or may induce a major nerve block, or spinal, epidural, or intravenous regional block;
- (J) surgical and diagnostic procedures with risk of bleeding from major vessels, gas embolism, perforation of internal organs and other life-threatening complications or requiring sterile precautions to prevent blood-borne, deep, closed cavity or implant-related infections;
- (K) Hyperbaric oxygen therapy,
- (L) Cardiac exercise stress testing,
- (M) Hemodialysis, and
- (N) the following surgical and endoscopic procedures:
  - (i) Dermatologic
    - 1) Liposuction to a maximum of five (5) litres total aspirate;
    - 2) Lipolysis by percutaneous application of any form of energy;
    - 3) Mohs micrographic surgery.
  - (ii) General Surgical
    - 1) Upper gastrointestinal endoscopy with or without biopsy,
    - 2) Colonoscopy with or without biopsy or minor polypectomy,
    - 3) Simple mastectomy,
    - 4) Segmental resection of breast and sentinel node biopsy,
    - 5) Resection of large or deep soft tissue lesions,
    - 6) Deep lymph node biopsies – up to but not including full axillary dissection,

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

- 7) Inguinal hernia repair, including femoral,
  - 8) Minor abdominal wall hernia repair, including umbilical hernia repair,
  - 9) Varicose vein ligation and stripping,
  - 10) Hemorrhoidectomy beyond simple single excision,
  - 11) Trans-anal excision of rectal polyps,
  - 12) Laparoscopic procedures,
    - (a) Diagnostic,
    - (b) Biopsies – peritoneal,
    - (c) Laparoscopic Adjustable Gastric Band procedures (insertion or removal).
  - 13) Endovenous ablation (including, but not limited to, laser ablation, radio frequency ablation, mechano-chemical ablation).
  - 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)
- (iii) Gynecologic
- 1) Perineoplasty not requiring extensive dissection,
  - 2) Marsupialization of Bartholin cysts,
  - 3) Cervical, vaginal and vulvar polypectomy and biopsy with risk of bleeding requiring surgical control,
  - 4) Dilatation and curettage of uterus,
  - 5) Trans-cervical global endometrial ablation procedures except those performed by resection or by electrocautery that does not have impedance regulation,
  - 6) Cystoscopy,
  - 7) Minimally invasive incontinence procedures: injectables, percutaneous slings,
  - 8) Laparoscopy with minor surgical interventions:
    - (a) Diagnostic,
    - (b) Tubal sterilization,
    - (c) Aspiration of cysts,
    - (d) Minor adhesiolysis,
    - (e) Diathermy for endometriosis (AFS Stages I and II),
    - (f) Abortions – as per the general Non-hospital Surgical Facilities Standards and Guidelines and the Supplementary Standards for the Termination of Pregnancy.
  - 9) Oocyte retrieval,
  - 10) Tumescant anterior and posterior vaginal repair,

- 11) Hysteroscopic tubal sterilization,
  - 12) Laparoscopy with minor surgical interventions: \*
    - (a) Ovarian Biopsy, \*
  - 13) Transvaginal ovarian cyst aspiration, \*\*
  - 14) Embryo Transfer, \*
  - 15) In Vitro Fertilization. \*
- (iv) Ophthalmologic
- 1) Intra-ocular surgery requiring dissection of the tissues of the globe including procedures on:
    - (a) the cornea (including ring segment implants, keratotomies, LASIK and corneal transplant),
    - (b) the lens and implants,
    - (c) the iris,
    - (d) the sclera,
    - (e) the vitreous.
  - 2) Eyelid procedures requiring implants or dissection of the orbital septum or beyond,
  - 3) Lacrimal procedures requiring incision into the nasal passages.
  - 4) Orbital and socket procedures not associated with risk of intracranial or neurovascular complications, including:
    - (a) orbital tumor excision,
    - (b) insertion of an implant,
    - (c) enucleation/evisceration with or without implant
    - (d) socket reconstruction requiring implant, transplant or exposure of bone.
    - (e) [Note: Minor anterior orbital procedures are considered office procedures.]
  - 5) Strabismus procedures,
  - 6) Rheopheresis for patients enrolled in a research study approved by a research ethics review body acceptable to the College.
- (v) Orthopedic
- 1) Arthroscopy
    - (a) diagnostic,
    - (b) repair and reconstruction of ligaments,
    - (c) meniscectomy, meniscal repair and arthroplasty,
    - (d) excision meniscal cysts, loose bodies and foreign bodies.
  - 2) Amputation

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\* Denotes inclusion in an ART program

\* Denotes inclusion in an ART program



- (a) finger through MCP or IP joints, hand,
  - (b) toe – through TP or IP joints foot,
  - (c) single ray amputation hand or foot.
- 3) Arthrodesis
  - (a) hand and wrist,
  - (b) foot and ankle.
- 4) Arthroplasties
  - (a) acromio-clavicular and sterno-clavicular joints,
  - (b) radial head arthroplasty,
  - (c) wrist and hand joints,
  - (d) foot.
- 5) Osteotomies
  - (a) hand/wrist/foot/ankle.
- 6) Ligament repair
  - (a) shoulder,
  - (b) elbow,
  - (c) wrist,
  - (d) hand,
  - (e) knee,
  - (f) ankle and foot.
- 7) Tendon or muscle repair or transplant or transfer
  - (a) transfers repairs and transplants at or distal to elbow or knee
  - (b) Decompression/repair rotator cuff at shoulder.
- 8) Fascia or tendon sheath
  - (a) plantar fasciotomy or fasciectomy of hand or foot,
  - (b) release or excision Dupuytren's contracture,
  - (c) excision of minor hand tumors including ganglions
  - (d) carpal tunnel release,
  - (e) excision tendon sheaths: wrist, forearm or hand.
- 9) Arthrotomy or synovectomy
  - (a) shoulder,
  - (b) elbow,
  - (c) wrist and hand,
  - (d) knee,
  - (e) ankle and foot,
  - (f) excision Baker's cyst.
- 10) Excision of bursa or ganglia
- 11) Musculoskeletal tumors
  - (a) biopsy of peripheral tumors,
  - (b) needle biopsy only of tumors of the spine,

- (c) excision of minor tumors.
- 12) Dislocations
  - (a) open reduction acromio-clavicular joint,
  - (b) closed or open reduction of joints of upper extremity,
  - (c) closed reduction of dislocated total hip,
  - (d) closed or open reduction of patello-femoral joint,
  - (e) closed or open reduction of ankle, hindfoot, midfoot or forefoot.
- 13) Fractures
  - (a) closed and open reduction clavicle, humerus, radius/ulna, wrist and hand,
  - (b) closed reduction of scapula,
  - (c) closed and open reduction of patella, fibula, ankle and foot,
  - (d) closed reduction of tibia.
- 14) Others
  - (a) single level lumbar discectomy and/or decompression – uncomplicated,
  - (b) procedures listed under podiatric surgery,
  - (c) removal of hardware including plates, pins, screws, nails and wires,
  - (d) peripheral nerve surgery – repairs, decompression or grafts
  - (e) saucerization,
  - (f) sequestrectomy,
  - (g) joint manipulation under general anesthesia or intravenous sedation,
  - (h) harvesting of bone graft,
  - (i) microdiscectomy,
  - (j) minimally invasive lateral recess and central decompression – 3 levels or less,
  - (k) minimally invasive lumbar foraminotomy (with or without central stenosis),
  - (l) Posterior minimally invasive foraminotomy (or laminoforaminotomy),
  - (m) posterior minimally invasive laminotomy for decompression of focal cervical canal stenosis – 2 levels or less.
- 15) Procedures limited to facilities approved for extended stay
  - (a) hip arthrotomy and primary arthroplasty (including total joint replacement),
  - (b) conversion of partial hip arthroplasty to total hip arthroplasty,

- (c) knee arthrotomy and primary arthroplasty – (including total joint replacement),
  - (d) tibial osteotomy,
  - (e) shoulder arthrotomy and primary arthroplasty – (including total joint replacement),
  - (f) lumbar posterior spinal fusion – not exceeding two disc-space levels,
  - (g) lumbar spinal laminectomy – not exceeding two disc- space levels,
  - (h) ankle arthrotomy and primary arthroplasty (including total joint replacement),
  - (i) below knee amputation,
  - (j) anterior cervical discectomy two levels or less.
- (vi) Otolaryngologic
- (a) deep\* biopsy of the nasopharynx,
  - (b) deep excision of intraoral papilloma,
  - (c) major\* excision of lip, nasal, ear or neck lesions,
  - (d) lip shave procedures,
  - (e) major partial glossectomy limited to anterior 2/3 of tongue,
  - (f) adenoidectomy,
  - (g) rigid laryngoscopy,
  - (h) rigid trans-oral nasopharyngoscopy,
  - (i) complete esophagoscopy – flexible only,
  - (j) complete bronchoscopy – flexible only,
  - (k) Caldwell Luc procedure,
  - (l) intranasal antrostomy,
  - (m) intranasal complete ethmoidectomy,
  - (n) turbinate resection,
  - (o) sphenoidotomy,
  - (p) nasal septum reconstruction,
  - (q) nasal septum submucous resection,
  - (r) nasal polypectomy in conjunction with complete ethmoidectomy,
  - (s) rhinoplasty,
  - (t) complicated\* nasal fractures,
  - (u) biopsies of the parotid beyond needle aspiration or sampling the tail of the gland,
  - (v) excision of submandibular gland,
  - (w) excision of sublingual gland,
  - (x) otoplasty,
  - (y) complicated myringoplasty,

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

- (z) dissection of neck beyond the platysma muscle,
  - (aa) deep cervical node biopsy,
  - (bb) endoscopic soft-tissue surgery.
  - (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
- (vii) Plastic
- 1) Skin and subcutaneous
    - (a) excision of deep tumors outside a body cavity requiring exposure of bone or isolation of vascular or nerve supply,
    - (b) grafts, flaps, and tissue expansion where there is a minimal risk of major bleeding or third space fluid loss that may require replacement fluids,
    - (c) liposuction to a maximum of 5 litres total aspirate,
    - (d) lipolysis by percutaneous application of any form of energy,
    - (e) lipectomy,
    - (f) brachioplasty,
    - (g) facial implants,
    - (h) fat grafting,
    - (i) thigh lift,
    - (j) buttocks (gluteoplasty) lift.
    - (k) labiaplasty.
  - 2) Head and neck
    - (a) grafts and flaps as above except where there is a significant risk of airway compromise requiring post-operative or overnight monitoring,
    - (b) eyelids (blepharoplasty, ptosis repair, tarsorrhaphy, canthopexy, canthoplasty),
    - (c) browlift, facelift (rhytidectomy), necklift,
    - (d) nose (SMR, rhinoplasty, turbinectomy, reduction of fractures),
    - (e) ears (otoplasty),
    - (f) genioplasty.
  - 3) Breast
    - (a) deduction mammoplasty,

- (b) augmentation mammoplasty,
  - (c) mastopexy,
  - (d) mastectomy without chest wall, muscle or axillary node dissection,
  - (e) capsulotomy and capsulectomy,
  - (f) gynecomastia surgery,
  - (g) reconstruction of breast or nipple.
- 4) Abdomen
  - (a) repair of abdominal wall hernia,
  - (b) abdominoplasty not requiring overnight monitoring of blood or third space fluid loss.
- 5) Others
  - (a) tendon – repairs, transfers or grafts,
  - (b) peripheral nerve – repairs, decompression or grafts,
  - (c) muscle – flaps or repairs,
  - (d) fascia – flaps, decompression or excision,
  - (e) bone – biopsies, fusions, removal of hardware, excision of exostoses, amputations of digits or rays, open and closed reduction of hand fractures,
  - (f) joints – arthrotomy, arthroscopy, arthrodesis, and reductions of hands, wrists, feet and TMJ,
  - (g) minor treatment of surgical complications such as hematoma or wound separation.
- (viii) Podiatric
  - 1) amputation
    - (a) single ray of the foot only.
  - 2) arthrodesis of joints of the foot and ankle
    - (a) Lisfranc’s joint procedures.
  - 3) arthroplasty of joints of the foot and ankle
    - (a) foot procedures requiring significant exposure of the joint,
    - (b) ankle procedures which do not require tibial or fibular osteotomy for exposure.
  - 4) arthroscopy
    - (a) ankle/subtalar joint/mid-tarsal joint.
  - 5) fractures and dislocations
    - (a) uncomplicated closed fractures and dislocations of the foot.
  - 6) incision/excision/transfer/repair of tendons and ligaments

- (a) tendons and ligaments proximal to Lisfranc's joint but not of the rear-foot/leg via the interosseous route.
    - 7) neoplasms
      - (a) benign neoplasms of the cuneiforms,
      - (b) benign neoplasms of soft tissues below deep fascia.
    - 8) neurolysis/neurectomy,
      - (a) deep nerves including and distal to the tarsal tunnel and proximal to Lisfranc's joint.
    - 9) osteotomy of bones of the foot
      - (a) osteotomy of the calcaneus, mid-tarsus and cuneiforms
  - (ix) Urologic
    - 1) inguinal canal surgery,
    - 2) open procedures on scrotal contents,
    - 3) penile procedures up to but not including implants,
    - 4) Minor urethral reconstruction, urethral fistula repair and distal hypospadias repair,
    - 5) minimally invasive incontinence procedures, including injemtables and percutaneous slings,
    - 6) cystoscopy and ureteroscopy with or without biopsy or minor manipulation of stones or obstruction,
    - 7) percutaneous epididymal sperm aspiration,\*
    - 8) testicular sperm extraction,\*
    - 9) testis biopsies,\*
    - 10) rectal electroejaculation,\*
    - 11) varicocelectomy,\*
    - 12) vasoepididymostomy,\*
    - 13) vasovasostomy,\*
    - 14) Rezum®
  - (x) Other
    - 1) adipose-derived stem/stromal cells (ADSC)
    - 2) bone marrow aspirate concentrate (BMAC)
7. In addition to Bylaw 50(6), "prescribed health service" shall mean only those procedures which will safely allow the discharge of a patient from medical care in the accredited medical facility within 12 hours of completion of the surgical procedure by a regulated member unless the accredited medical facility is approved for extended stays.
  8. An accredited medical facility shall have a designated medical director who is a regulated member in good standing with the College and with qualifications as set out in the accreditation standards. Notwithstanding, a medical laboratory that is

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\* Denotes inclusion in an ART program

- operated by a regional health authority in Alberta may designate a certified clinical laboratory doctoral scientist with the qualifications as set out in the accreditation standards as a medical director.
9. Upon application by a medical director of a medical facility, the Registrar may, subject to the accreditation standards, provide interim approval for the performance of any prescribed health service until the determination of the request by the accreditation committee.
  10. The medical director of a medical facility shall pay or cause to be paid to the College those fees and expenses determined by the accreditation committee, which shall include:
    - (A) an initial registration fee set by Council;
    - (B) an annual renewal of registration fee set by Council; and
    - (C) the actual cost of any initial or subsequent inspection of the medical facility, including all expenses incurred by the accreditation committee or its sub-committee for any assessment, inspection, or both.
  11. Any accreditation granted by the accreditation committee under Section 8.3(2) of Schedule 21 of the Act shall expire effective 12:01 a.m. on February 1 following the date of accreditation unless the accreditation has been renewed in accordance with these bylaws.
  12. The accreditation committee may, from time to time, appoint one or more of its members, consultants or both as a sub-committee with particular expertise in the services provided in a medical facility and delegate to that sub-committee the authority to conduct an assessment of an application for accreditation or renewal of accreditation of a medical facility or to conduct an inspection of a medical facility, or both and report thereafter to the accreditation committee.
  13. There shall be paid to members of the accreditation committee, a sub-committee and any consultants retained by them such fees for attendance and such reasonable traveling expenses as may be fixed by Council.
  14. The accreditation committee shall:
    - (A) develop and direct regular reviews of the ownership and operation of any medical facility and the financial arrangements pertaining thereto;
    - (B) ensure that the operation of a medical facility is in accordance with the accreditation standards;
    - (C) confirm that the practice of medicine conducted in a medical facility and the financial arrangements pertaining thereto are in accordance with the code of ethics and standards of practice approved by the Council;
    - (D) assess the adequacy of the design of the medical facility and the equipment utilized therein along with the standards of operation of the medical facility in providing medical services, including prescribed health services, to the public; and
    - (E) assess the business and professional relationships between regulated members conducting the practice of medicine and the owners of the medical facility.

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

## **52 Responsibilities of a Medical Director of a Medical Facility**

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



- medical director fails to co-operate fully with an assessment or inspection by the accreditation committee or its sub-committee appointed under Bylaw 50(16).
4. Any suspension or conditions imposed under Bylaw 51(3) shall be cancelled once the accreditation committee is satisfied that medical director has co-operated fully pursuant to Bylaw 51(1).

### **Section B – Accreditation Standards**

#### **53 Accreditation Standards**

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

## **PART 6 – APPEALS**

### **54 Delegation of Council Reviews and Appeals to a Review Panel**

1. Council delegates its duty and authority to hear and determine:
  - (A) a request for review under section 31 of the Act;
  - (B) a request for a review under section 41 of the Act;
  - (C) a request for a review under section 38 of the Regulations;
  - (D) an appeal under section 87(1) of the Act;
  - (E) an appeal under section 118(6) of the Act; and
  - (F) an appeal under section 8.5 of Schedule 21 of the Act; to a panel (Review Panel) of the Council.
2. Any voting member of the Council whose participation would not be prevented by a conflict of interest or reasonable apprehension of bias may sit on a Review Panel.
3. An appeal or review for all matters other than an appeal under section 87(1) of the Act shall be heard by a Review Panel of four (4) voting members of Council as selected by the Hearings Director. At least two (2) of these four members shall be public members.
4. An appeal under section 87(1) of the Act shall be heard by a panel of four voting members of the Council as selected by the Hearings Director. At least two (2) of the four (4) members shall be public members.
5. A Review Panel shall select a chair from its members.
6. A Review Panel cannot delegate the duty or authority to conduct the review or appeal to any other person.
7. For the purposes of ensuring a timely and fair hearing, the Hearings Director may revoke the appointment of a member to a Review Panel which has not yet started to hear a review or appeal and appoint a replacement member of the Review Panel.

### **55 Filing Deadlines and Length of Submissions to the Review Panel**

1. At least six (6) weeks before the date on which the appeal or review is set to be heard by the Review Panel, the appellant in an appeal or review must file with the Hearings Director one complete electronic copy in PDF format of their written submissions and authorities for the Review Panel, and serve a copy on the respondent party to the appeal or review.
2. At least four (4) weeks before the date on which the appeal or review is set to be heard by the Review Panel, the respondent in an appeal or review must file with the Hearings Director one complete electronic copy in PDF format of their written submissions to the Review Panel or a letter of intention not to file written submissions; and serve one additional copy on the appellant party to the appeal or review.
3. A party may request the chair of the Panel, through the Hearings Director, that the Panel, with notice to all involved parties, to authorize a different date for the filing deadline.

4. Written submissions by the appellant and the respondent must:
  - (A) be formatted using at least 12-point font, one-inch margins, and at least 1.5 line spacing, except for quotations; and
  - (B) not exceed 30 single-sided pages in length.
5. A book of authorities is not limited to a specific number of pages, but the parties shall ensure that only relevant portions of any case authorities are reproduced and relevant passages are highlighted.
6. A party may request the chair of the Panel, through the Hearings Director that the Panel, with notice to all involved parties, to authorize written submissions in excess of the 30- page limit.
7. Oral argument must not exceed 60 minutes for each party in the appeal or review.
8. A party may request, in advance of the date of the appeal or review, to the Chair of the Panel, through the Hearings Director, that the Panel, with notice to all involved parties, authorize oral submissions in excess of the 60-minute limit.

# **CPSA Governance Structure and Committees Policy**

approved by CPSA Council: May 25, 2023

Revised: February 7, 2024

## **Policy Title:**

CPSA Governance Structure and Committees

## **Intent:**

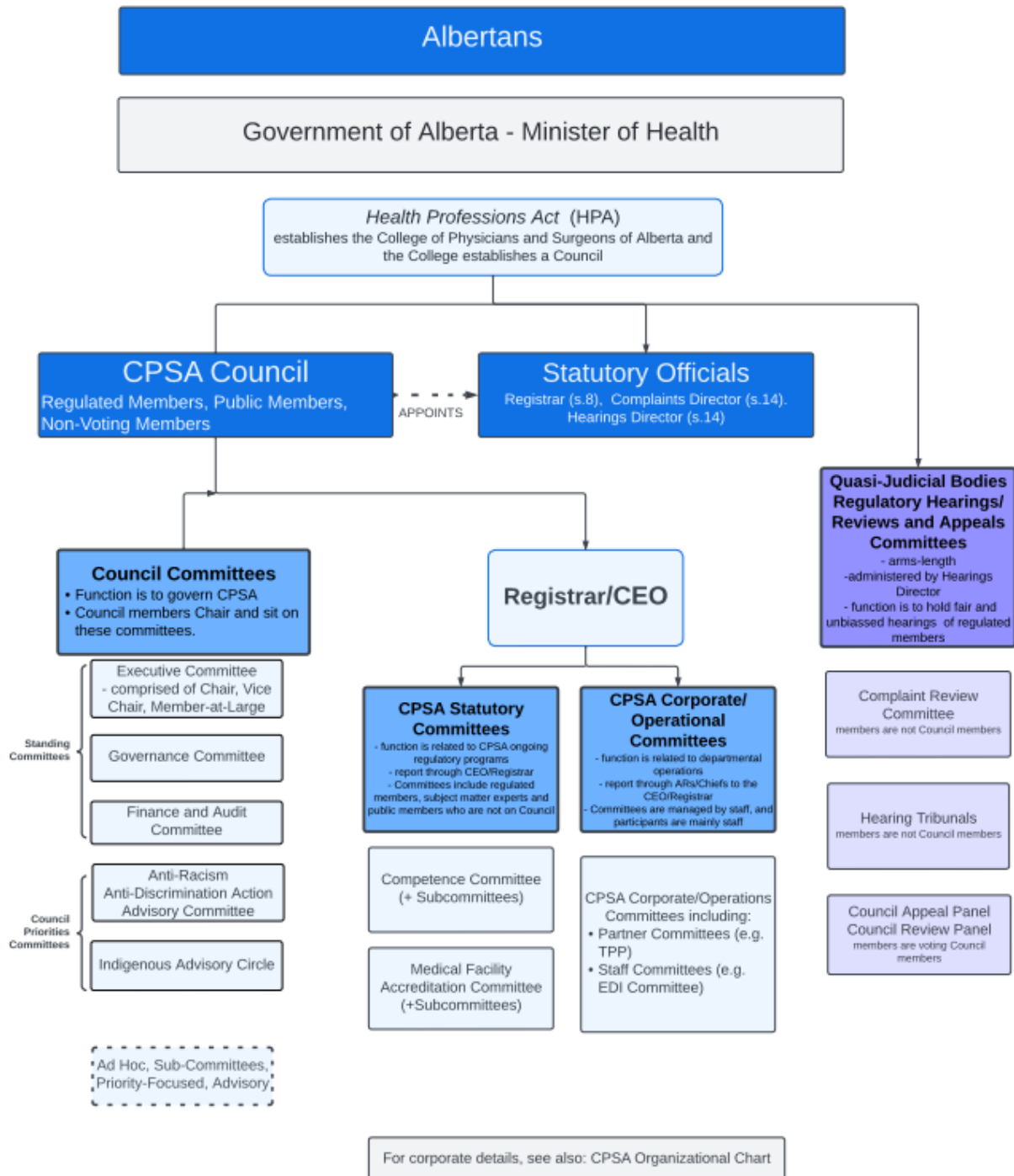
The establishment of a governance structure provides a visual representation of the decision-making structure and lines of authority for CPSA Council which helps ensure decisions are made effectively and are aligned with the mandate of CPSA.

## **Scope:**

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

## **Structure:**

## CPSA Governance Structure



**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.

**Statutory 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. Statutory Committees include: Competence Committee<sup>1</sup> and Medical Facility Accreditation Committee<sup>2</sup>. Committee members are **appointed by the Registrar**. Statutory Committees shall include 2 members at large who represent the public. The Registrar will bring Committee updates to Council meetings. Where Council decisions are necessary, the Registrar makes recommendations to Council. Sub-Committees and Advisory Committees and their Terms of Reference **will be approved by the Registrar**.

**Corporate/Operational Committees** are established by the Registrar, and are related to organizational and departmental operations.

**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 Council 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.

Statutory 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.

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<sup>1</sup> See the HPA, s. 10 for the authority to establish the Competence Committee.

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

## **Council Committees and Statutory 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.

Statutory 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 Committees**

Council appoints the members of Council 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.

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

Council Committees may recommend Committee members and Chairs to Governance Committee, which will make final recommendations to Council for approval.

Committees **may appoint a Vice-Chair at their discretion**, based on the needs of the committee and the leadership styles of those being considered for such roles.

#### **Statutory Committees**

**Statutory Committees may vet and recommend members and Chairs to the Registrar for approval. The Registrar appoints members to Statutory Committees for a three year term which is renewable once.**

**Statutory Committee Chairs are appointed by the Registrar for a one year term and may be renewed annually for no more than six years.**

**Committees may recommend the appointment of a Vice-Chair at their 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 a Council Committee, or a recommendation from the Registrar.

### **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 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.

### **Approval:**

CPSA Council approves this policy.

### **Authority Documents:**

HPA and Regulation, CPSA Bylaws

### **Supporting Documents:**

#### **Council Committees**

- [Executive Committee TOR](#)
- [Finance and Audit Committee TOR](#)
- [Governance Committee TOR](#)
- [Anti-Racism Anti-Discrimination Action Advisory Committee \(ARADAAC\) TOR](#)
- [Indigenous Advisory Circle TOR](#)

#### **Statutory Committees**

- [Competence Committee TOR](#)
- [Medical Facility Accreditation Committee TOR](#)



## Council Policy

Policy Title	Decision-making Outside of Council Meetings
Date Revised	February 7, 2024
Date of next Review	September 2025

### 1. PURPOSE

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

### 2. SCOPE

Applies to Council, and Council Committees.

### 3. RESPONSIBILITIES

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

The process is outlined in Schedule A.

### 4. POLICY

- 1) Electronic voting may be used between Council meetings, at the discretion of the Chair, for matters that are:
  - not contentious and will not require Council discussion;
  - time sensitive and must be determined prior to the next scheduled meeting of Council; and
  - would be decided by Ordinary Resolution at a meeting of Council.

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

## 5. APPROVAL

Council.

## 6. AUTHORITY DOCUMENTS (Hyperlink documents for access)

[CPSA Bylaws](#)

## 7. DOCUMENT HISTORY

VERSION NO.	Version Date	DESCRIPTION OF CHANGE
1) drafted by CPSA staff	June 20, 2023	NEW
2) Governance Committee recommendation to Council	June 28, 2023	Changed e-voting period to 48 hours.
3) Governance Committee recommendation to Council	February 7, 2024	For implementation following Bylaw changes.
APPROVAL	DATE	Signature

## **SCHEDULE A**

### **Decision-Making Outside of Council<sup>1</sup> Meetings PROCESS**

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

- 1) Decisions to be put to an electronic vote outside of Council meetings are preceded by the email circulation of a report to Council members, so an informed decision can be made. A draft proposed motion will be included. The email message opens the Initiation phase.
- 2) during this phase, electronic discussion on the decision to be made is permitted. Emailed discussion must use "reply all" to all Council members.
- 3) The Chair may choose to cancel the electronic vote or call a Special Meeting of Council if any Council member objects to making the decision between Council meetings. The objection must be made in writing during the initiation phase.
- 4) The electronic vote will not occur until after the Initiation phase has closed.

#### Phase Two: Electronic Voting (duration: 48 hours)

- 1) The proposed motion will be emailed to Council members again, this time with a request for a mover and a seconder for the proposed motion. This email closes the Initiation phase and opens the Electronic voting phase.
- 2) When a mover and seconder have been identified, the vote will be initiated by email to all council members who are eligible to vote. The email will indicate the start and end time and date for the electronic vote, which will be 48 hours in duration.
- 3) Electronic voting will be in the open and votes must be cast using "reply all" to all eligible voters unless another process has been set out in advance and approved by the Council Chair.
  - a. The decision on whether or not a vote has been received within the voting period will be based on the "received" time indicated in the

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<sup>1</sup> Council Committees may also use this policy to make decisions between Committee meetings.

Office of the Registrar's inbox. Any votes received by the Office of the Registrar outside of the voting period will not be counted.

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

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 7, 2024	Governance Committee		
Agenda Item Title:	6.2.2 Establish Ad Hoc Bylaws Review Committee		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

#### AGENDA ITEM DETAILS

Recommendation:	<p>That Council establishes an Ad Hoc Bylaws Review Project Committee with the following elements:</p> <ul style="list-style-type: none"> <li>• membership of up to 4 interested Council members; and</li> <li>• a term of March to December 2024.</li> </ul>
Background:	<p>CPSA's Bylaw Review project has the following objectives:</p> <ol style="list-style-type: none"> <li>1. Incorporate required <i>Bill 46</i> changes/additions to ensure compliance with legislation. (completed in 2023)</li> <li>2. Incorporate changes resulting from the Governance Review, as approved by Council. (partially completed)</li> <li>3. Ensure the bylaws are broad and enabling, structured to be appropriate, clear and understandable, to facilitate the organization in meeting its mandate and mission.</li> <li>4. Apply an anti-racism, anti-discrimination lens to the bylaws.</li> <li>5. Ensure bylaws remain relevant and appropriate over time by incorporating a review and amendment schedule             <ol style="list-style-type: none"> <li>a. e.g. every 2 years at the May meeting, with allowances for amendments given exceptional circumstances.</li> </ol> </li> <li>6. Inform and support the CPSA Team, Council and regulated members in understanding the bylaws and how they intersect with the provision of care/protection of public.</li> </ol> <p>At its February 7 meeting, Governance Committee considered some options for seeking input from Council during the Bylaws Review Project. Governance Committee recommends that an Ad</p>

	<p>Hoc Committee be established by Council, to work on the Bylaws Review, and take a package forward to Council later in 2024. The Ad Hoc Committee would be empowered and trusted by Council to recommend revised CPSA Bylaws that meet the goals of the Bylaws Review Project.</p> <p>A draft purpose for the Ad Hoc Committee is:</p> <p style="padding-left: 40px;">To participate with staff and legal counsel providing input into how CPSA and the profession are governed through the review and re-writing of the CPSA Bylaws, and once satisfied in the quality of the work, recommend that Council approve the proposed CPSA Bylaws.</p> <p>In order to continue this work in a timely fashion, it is recommended that up to 4 Council members indicate their interest in joining the Ad Hoc Committee at the March Council meeting.</p>
Next Steps:	<p>Pending Council approval:</p> <ul style="list-style-type: none"> <li>• TORs to be drafted by CPSA staff and presented to the Ad Hoc Committee, Governance Committee and Council.</li> <li>• The Committee may begin meeting as required, using the draft TOR to guide their work.</li> </ul>
List of Attachments:	
N/A	

<b>Submission to:</b>	<b>Council</b>
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<b>Meeting Date:</b>	<b>Submitted by:</b>		
March 7, 2024	Governance Committee		
<b>Agenda Item Title:</b>	Governance Review Implementation: Council Physician Member Nominations + Elections process		
<b>Action Requested:</b>	<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

<b>Recommendation:</b>	That Council approves moving forward with the attached Process (Attachment 1), for the Nomination + Election Model for CPSA Physician Council Member selection, establishing a Nominations Committee to begin its term in January 2025.
<b>Background:</b>	<p>At its May 2023 meeting, Council initiated a feedback opportunity for regulated members to weigh in on the following model for physician Council member selection:</p> <ul style="list-style-type: none"> <li>establish a Nominations Committee that conducts the competency-based review of applicants/nominees for enhanced vetting of individuals (with the assistance of a third-party assessor), and then to move to an election by the regulated members of CPSA.</li> </ul> <p>The Feedback Opportunity was open on the CPSA website and promoted to CPSA regulated members from September 14-October 13, 2023, and yielded 9 online responses, and 2 letters.</p> <p>At meetings in November and December 2023 Governance Committee considered the regulated member feedback, and examples of board/council selection processes from other professional and medical organizations (organizations reviewed included the CMA, CMPA, MCC, APEGA). Governance Committee recommends that Council use the attached process for the new model to be implemented in 2025 for the 2026 Council. It was noted that a strong communications plan is required.</p>

#### Next Steps:

- CPSA Staff will set out a detailed work plan and communications plan and will begin implementation.
- A Messenger article will be written to thank the regulated members who provided feedback on the new model and update all regulated members on the change.

#### List of Attachments:

1. [Draft Process for CPSA Physician Council Member Selection](#)



# Process for CPSA Physician Council Member Selection

(DRAFT for CPSA Council review: March 7, 2024)

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## **PROCESS:**

### **Establish Nominations Committee**

- To be established beginning January 1, 2025, with Governance Committee recommending Nominations Committee member appointments and a Council member Committee Chair to the December 2024 Council meeting.
- Under the Bylaws and the “Governance Structure and Committees Policy”, the Nominations Committee will be a Standing Committee of Council.
- Committee Purpose: to review candidates for CPSA Council, using a competency matrix that is developed with the assistance of a 3<sup>rd</sup> party consultant and approved by Council, and recommend a slate of regulated members to run for election to CPSA Council.
- Nominations Committee membership (up to 6 members):
  - 1 regulated member from Council
  - 1 public member from Council
  - 1 past Council member – (either a regulated member or public member)
  - 1 non-Council member from either the Anti-racism Anti-discrimination action advisory committee or the Indigenous Advisory Circle (\*note if 1 member of each group are available to participate, this could be expanded to 2 people on the Nominations Committee).
- The Nominations Committee will be supported by a 3<sup>rd</sup> party consultant who recruits potential candidates and uses CPSA’s Competency Matrix to recommend a package to the Nominations Committee. A Request for Proposals (RFP) will be drafted and issued in 2024 to seek 3<sup>rd</sup> party consultants who have expertise/experience with:
  - board/council competencies,
  - creating competency tools and competency assessment tools,
  - recruiting to competencies, and
  - assessing potential board/council candidates using the competency matrix.

### **Recruitment and Assessment**

- Eligibility is per the CPSA Bylaws.
- Council Position posting is provided to all regulated members on or about February 1 of each year. 3<sup>rd</sup> party consultant works with CPSA staff to assist in recruitment.
- Council Position posting includes:
  - Eligibility.
  - Required and desired competencies (the competency matrix).

- Opportunity to attend a webinar describing the role of a CPSA Council member.
- Resources/learning that is recommended (or required) prior to submission of candidacy.
- Applications/Expressions of Interest are submitted by interested regulated members.
- Competency matrix is used to provide a package of eligible candidates to the Nominations Committee.
- Nominations Committee meets to review applications and recommend candidates to CPSA Council.
- Regular Council meeting includes review of Nominations Committee recommendations, and approval of candidates based on competencies assessment.
- Initiation of election phase.

**ROUGH SCHEDULE/DATES (subject to change):**

**2025 (and annually thereafter):**

- Mid-February: Information Webinar.
- End of March: Application submission deadline.
- April-May: Nominations Committee Review.
- May **or** September: Council's decision regarding the candidates for Election.
- September-November: Election by regulated members.
- The election process will not differ greatly from the existing process.
- October-November: Council e-votes to declare candidates elected.

**2026 (and annually thereafter):**

- January 1: Elected candidates' terms begin.

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 7, 2024	Daisy Fung, Committee Chair		
Agenda Item Title:	6.3.1 Anti-Racism Anti-Discrimination Action Advisory Committee Meeting Summary Report		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.

#### AGENDA ITEM DETAILS

Recommendation (if applicable) :	N/A
Background:	<p>On February 2, 2024, the Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC) had their first meeting of 2024.</p> <ul style="list-style-type: none"> <li>ARADAAC had two guests, a representative for PARA and a potential member at large.</li> <li>The focus of the meeting was priorities for 2024 and Beyond. The key discussion topics included:             <ul style="list-style-type: none"> <li>The development of a standard of practice – this will be further explored with the committee.</li> <li>The international medical graduate experience</li> <li>An in-person meeting.</li> <li>Other priorities to consider. ARADAAC discussed the importance of other actions that would support the mandate of the Committee, which included:                 <ul style="list-style-type: none"> <li>The under-reporting of racism</li> <li>Training options and opportunities for regulated members</li> <li>How to track progress (e.g., a dashboard)</li> </ul> </li> </ul> </li> <li>ARADAAC also discussed housekeeping items which would support their forward momentum including:             <ul style="list-style-type: none"> <li>Options for a new Chair and Vice-Chair. This discussion will continue as the Committee grows its membership over the 2024 year (the current Chair will continue for the time being);</li> <li>Connections to and with the Indigenous Advisory Circle on areas of action; and</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ The preliminary results of the recruitment drive.</li> </ul>
Next Steps:	ARADAAAC will meet at least 3 more times in 2024 to continue guiding CPSA in disrupting racism and discrimination.
List of Attachments:	
N/A	

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 7, 2023	Tyler White		
Agenda Item Title:	6.4.1 Indigenous Advisory Circle 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>On February 12, 2024, the Indigenous Advisory Circle (Circle) had their first meeting of 2024.</p> <ul style="list-style-type: none"> <li>The key agenda item for the meeting was the draft timeline for the Path to Truth and Reconciliation.             <ul style="list-style-type: none"> <li>Advice to the Department included accounting for when important cultural events and aspects take place.</li> <li>The Circle was generally supportive of the timeline, and for it to be introduced to Council.</li> <li>The CPSA secretariat will continue to seek guidance as the Path unfolds.</li> </ul> </li> <li>Additional discussions included:             <ul style="list-style-type: none"> <li>Connections to and with the Anti-Racism Anti-Discrimination Action Advisory Committee.</li> <li>The proposed new member of the Circle.</li> <li>A second in-person gathering of the Circle, led by Dr. Grandmother Doreen at her space near Bragg Creek; and</li> <li>Potential options for the Circle to connect with Council</li> </ul> </li> </ul>
Next Steps:	The Circle will meet at least 3 more times in 2024 to continue guiding CPSA on its journey towards enhanced care for Indigenous patients.
List of Attachments:	N/A

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 7, 2024	Office of the Registrar		
Agenda Item Title:	6.4.2 Path to Truth and Reconciliation		
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.
<b>AGENDA ITEM DETAILS</b>			
Recommendation (if applicable) :	It is recommended that Council accepts the draft Path to Truth and Reconciliation for further development, so that a more detailed and costed plan can be brought back to Council at their September meeting.		
Background:	<p>Under the guidance of the Indigenous Advisory Circle (Circle), the department has been working on a Path to Truth and Reconciliation. The intent of this Path is to action CPSA's strategic plan, outlining the next few years of CPSA's journey towards reconciliation.</p> <p>The department is sharing the drafted Path with Council for their acceptance. The Circle has reviewed the Path and is supportive of the approach, and for Council to review and share their comments.</p>		
Next Steps:	The department will finalize the Path to Truth and Reconciliation, with guidance from the Circle. The finalized Path will come to Council for approval.		
List of Attachments:			
N/A			

<b>Submission to:</b>	<b>Council</b>		
<b>Meeting Date:</b>	<b>Submitted by:</b>		
March 7, 2024	Dr. Jeremy Beach, Assistant Registrar, Accreditation		
<b>Agenda Item Title:</b>	6.5.1 Bariatric Surgery Facility Accreditation Standards		
<b>Action Requested:</b>	<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.
<b>AGENDA ITEM DETAILS</b>			
<b>Recommendation (if applicable):</b>	That Council approve the proposed bariatric surgery facility accreditation standards.		
<b>Background:</b>	<p>As Alberta Health continues to address the surgical backlog, the request for certain bariatric procedures to occur in the chartered surgical facility environment was brought forward to CPSA accreditation program.</p> <p>The risk profile of a bariatric surgery patient indicated that the development of specific facility accreditation standards was necessary to ensure patient safety requirements were occurring.</p> <p>These bariatric surgery standards are evidence-based, reference accepted best practices, in alignment with recognized intra/inter provincial, national, and international standards as well as applicable provincial and federal legislation.</p> <p>These bariatric surgery standards continue in CPSA accreditation program's compliance with relevant International Organization for Standardization (ISO) standards.</p> <p>As a bariatric surgical facility, accreditation compliance is required with the following suite of documents: General Standards, Infection Prevention &amp; Control/Medical Device Reprocessing, Extended Stay and Bariatric Surgery Facility Accreditation Standards.</p>		
<b>Next Steps:</b>	Pending approval, these standards will be distributed with immediate implementation and utilisation for assessment.		
<b>List of Attachments:</b>			
1. Draft Bariatric Surgery Facility Accreditation Standards			