

### ATTENDEES

#### Council Members: Voting:

- Jaelene Mannerfeldt MD MSc FRCS, 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

#### Council Members: Non-Voting:

- Todd Anderson, MD, FRCP(C), FCAHS, Dean Cumming School of Medicine (joining virtually)
- Sarah Cook MBBS(Lon) BSc PgDip(ICR) MRCP(UK) (joining virtually)

#### 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

#### Guests: (External)

- Margot Ross-Graham, Sandbar Consulting

#### Resources for Council Members:

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

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

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

- 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
- Kushagr Kumar, MPH, Data Analyst

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

### Thursday, May 30, 2024, starting at 0800

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

Time	Topic	Presenters
0730	<b>Breakfast</b>	All
0800	<b>IC1 In-camera Session (Council; Registrar and CEO; Executive Leadership Team; Director, Legal Services; Governance Program Manager and Recording Secretary)</b>	Council Chair
	IC1.1 Call to Order & Introductions	Council Chair
0810	IC1.2 Adoption of In-camera agenda and approval of In-camera Minutes	Council Chair
	IC1.2.1 Adoption of In-camera Agenda	
	IC1.2.2 Approval of In-camera Minutes	
0815	IC1.3 Council Meeting Feedback – March 2024	Council Chair
0820	IC1.4 Council Culture: Agreement and Council Coin	Council Chair

#### Adjournment of In-camera session

Time	Topic	Presenters
0900	<b>1.0 Call to Order of Public Session</b>	Council Chair
	1.1 Chair Opening Remarks & Introductions	
	1.2 Traditional Territorial Acknowledgement	Ian Walker
	1.3 Conflict of Interest Declaration (Real, Potential or Perceived)	
0915	<b>2.0 Adoption of Agenda and Approval of Minutes</b>	Council Chair
	2.1 Adoption of Agenda	
	2.2 Approval of Minutes	
	2.2.1 March 7 and 8, 2024 CPSA Council Meeting Minutes and Decisions from In-Camera Meeting	
	2.2.2 Minutes of Approval of Electronic Vote – 2023 Annual Report	

0920	<b>3.0</b>	<b>Consent Agenda</b>	Council Chair
		<i>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 <b>prior</b> to the adoption of the Agenda. By approving the consent agenda, any individual approvals such as those noted below are considered approved.</i>	
	3.1	Executive Committee Meeting	
		3.1.1 Meeting Summary Report (for information and approval of TOR amendment)	
	3.2	Finance and Audit Committee	
		3.2.1 Meeting Summary Report (for information)	
		3.2.2 Pension Plan Change (for approval)	
		3.2.3 Accelerated Route to Licensure Competency Assessment Fee (for approval)	
	3.3	Governance Committee	
		3.3.1 Meeting Summary Report (for information)	
		3.3.2 ARADAAAC Committee Member Appointments (for approval)	
		3.3.3 Building Fund Working Group Name Change and TOR (for approval)	
		3.3.4 Council Policies (for approval)	
	3.4	Standards of Practice: Status Overview (for information)	
	3.5	Highlights of Individual Learning (for information)	
	<b>4.0</b>	<b>Executive Reports</b>	
0925	4.1	Chair's Report (for information/discussion)	Jaelene Mannerfeldt, Council Chair
0940	4.2	Registrar's Report (for information/discussion)	Scott McLeod CEO/Registrar
1040	COMFORT BREAK		
	<b>5.0</b>	<b>Department Reports</b>	
1055	5.1	Registration <ul style="list-style-type: none"> <li>Sponsorship Model (For discussion)</li> </ul>	Michael Caffaro Assistant Registrar
1135	5.2	Continuing Competence	Charl Els

- Health Monitoring Updates (for information) Assistant Registrar

1200

### LUNCH

1250

5.3

Hearing Directors Office

Dawn Hartfield

- Overview of Process and Training (for information)

Hearings Director

### 6.0 Council Committee Reports

1320

6.1

Finance and Audit Committee

Daisy Fung

6.1.1 2023 Audited Financial Statements (for approval)

Committee Chair

1350

6.2

Governance Committee

Laurie Steinbach

6.2.1 2024 Council Learning Plan (for approval)

Committee Chair

6.2.2 Regulated Member Council Member Re-Appointment  
(for approval)

1435

### COMFORT BREAK

1450

6.3

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

Daisy Fung

6.3.1 Meeting Summary Report (for information)

Committee Chair

6.3.2 CPSA Position Statement on Racism and  
Discrimination (for action)

1505

6.4

Indigenous Advisory Circle (CIRCLE)

Tyler White

6.4.1 Meeting Summary Report (for information)

Circle Co-Chair

1520

6.5

Ad Hoc Bylaw Review Project Committee

Sam Shaw

6.5.1 Update (verbal update, for information)

Committee  
Spokesperson

### 7.0 Standing Items

1530

7.1

Key Performance Indicators (KPI) Dashboard  
(verbal presentation, for information)

Ed Jess  
Chief Innovation  
Officer

Kushagr Kumar  
Data Analyst

1600

### 8.0 Adjournment of Public Session

### COMFORT BREAK

### In-Camera Session

1615	<b>IC2</b>	<b>In-camera Session</b>	Council Chair
		IC2.1 <b>Council Only</b>	Council Chair
1645		<b>Adjournment of In-camera session</b>	
1845		<b>COUNCIL DINNER</b>	

### Friday, May 31, 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>	
0800	<b>IC3</b>	<b>Call to Order of In-Camera Session</b> <b>(Council; Registrar and CEO; Executive Leadership Team;</b> <b>Director, Legal Services; Governance Program Manager and</b> <b>Recording Secretary)</b>	Council Chair
	IC3.1	Chair Opening Remarks & Council Culture Agreement	
	IC3.2	Traditional/Territorial Acknowledgement	Sarah Cook
0915		<b>BREAK</b>	
0930		<b>Council Learning Session</b> <b>(Council; Registrar and CEO; Executive Leadership Team;</b> <b>Director, Legal Services; Governance Program Manager and</b> <b>Recording Secretary)</b>	
	IC3.3	Receiving Feedback by Margot Ross-Graham	
1100		<b>In-Camera Meeting Session</b>	
	IC3.4	Council Chair Elections <b>(Council; Program Manager, Governance; Recording</b> <b>Secretary only)</b>	Laurie Steinbach Governance Committee Chair
1130	IC3.5	<b>Council Only</b>	
1200		<b>Adjournment</b>	
1200		<b>LUNCH BREAK</b>	

<b>Submission to:</b>	<b>Council</b>
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<b>Meeting Date:</b>	<b>Submitted by:</b>
2024	

<b>Agenda Item Title:</b>	Conflict of Interest
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<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 Governance Committee Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
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<b>AGENDA ITEM DETAILS</b>	
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<b>Recommendation (if applicable):</b>	N/A
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<b>Background:</b>	<p>Each year, Council members submit their Annual Conflict of Interest Disclosures. At the recommendation of the Governance Committee, these disclosures are made available to all Council members at each Council meeting.</p> <p>While individual Council members are not required to continually disclose this information, it may be valuable for their peers to recognize these potential conflicts during deliberations.</p> <p>The following is a summary of declarations made on the forms in 2024:</p> <ul style="list-style-type: none"> <li>• <b>Nicole Cardinal</b> <ul style="list-style-type: none"> <li>○ Member of the Board of Directors for the Rural Physician Action Plan.</li> </ul> </li> <li>• <b>Sarah Cook</b> <ul style="list-style-type: none"> <li>○ Recipient of industry sponsored grant (Pfizer) for a qualitative improvement project for patients living with metastatic breast cancer.</li> </ul> </li> <li>• <b>Daisy Fung</b> <ul style="list-style-type: none"> <li>○ Family physician working in an Alberta Health Services (AHS) facility (contractor) holding an academic position with University of Alberta Department of Family Medicine.</li> <li>○ Holds investments with Mikata Health.</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>○ Partner is a radiologist with a contract with AHS in Edmonton, group member with Medical Imaging Consultants, holds an academic appointment with University of Alberta, and is AHS site lead for University of Alberta Hospital.</li> <li>● <b>Oluseyi Oladele</b> <ul style="list-style-type: none"> <li>○ Contracted to perform Addiction and Family Medicine work with Alberta Health Services and the Alberta Indigenous Virtual Care Clinic.</li> <li>○ Member of the Governance Committee of the Alberta College of Family Physicians.</li> <li>○ Assistant Clinical Professor, Department of Family Medicine, U of A.</li> <li>○ Investigator for Equity in Health Systems Lab.</li> <li>○ Married to a nurse.</li> </ul> </li> <li>● <b>Stacey Strilchuk</b> <ul style="list-style-type: none"> <li>○ Principal and Co-Owner of 143 HealthCARE Consulting.</li> </ul> </li> <li>● <b>Ian Walker</b> <ul style="list-style-type: none"> <li>○ Medical director for AHS EMS in the Calgary Zone (paid role)</li> </ul> </li> </ul>
Next Steps:	<p>If a Council member believes their colleague has a real conflict:</p> <ul style="list-style-type: none"> <li>● Council member asks the chair to suspend discussions.</li> <li>● Council and/or the chair consider whether a conflict exists.</li> <li>● If a conflict exists, the chair and/or Chief of Staff determine how to manage the conflict.</li> <li>● Deliberations to assess the conflict may need to take place in camera.</li> </ul>
List of Attachments: N/A	

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- Patrick Etokudo, M.Sc, FSCMP, Vice Chair
- Daisy Fung, BMSc, MD, CCFP, Executive Committee Member-at-Large
- Oluseyi Oladele, MD, CCFP, FCFP
- Sam Shaw, BA, MSc, MEd, MBA, PhD, CDir
- Laurie Steinbach, BSW, BEd
- Stacey Strilchuk, BA (*attended online*)
- Ian Walker, MD, MA (*attended 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) (*attended online*)
- Brenda Hemmelgarn, MD, PhD, Dean FoMD
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**Additional Attendees:**

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- Dawn Hartfield, BScMed, MPH, MD, FRCPC, Deputy Registrar, Hearings Director
- Melissa Campbell, Senior Communications Advisor
- Kennedy Schultz, Communications Coordinator

**Guests: (External)**

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

**Regrets**

- Tyler White
- Maryana Kravtsenyuk, MD, MSc, FRCPC

**Thursday, March 7, 2024, starting at 08:48a.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, Chief Financial Officer, Chief Innovation Officer, Chief of Staff, Director, Legal Services and General Counsel, Governance Program Manager, and Recording Secretary.

## 1.0 Call to Order of Public Session

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### 1.1 Chair Opening Remarks & Introductions

Jaelene Mannerfeldt welcomed everyone to the meeting and shared a brief introduction for newest Council members, Sam Shaw, and Maren Kimura.

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### 1.2 Traditional Territorial Acknowledgement

At each Council meeting, individuals are invited to share a personalized message to recognize and respect Indigenous Peoples who lived and continue to live on this territory, and for the land to which we are all connected. This type of acknowledgement is part of CPSA's ongoing efforts to develop healthy and reciprocal relations with Alberta's Indigenous communities—a key element of reconciliation, a process we are committed to.

Daisy Fung provided the land acknowledgement.

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

No additional conflicts were declared at this time.

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## 2.0 Adoption of Agenda and Approval of Minutes

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### 2.1 Adoption of Agenda

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

- 3.2.3 2024 Council Learning Plan
- 3.2.4 Committee TOR
- 3.3.1 Finance and Audit Committee Meeting Summary Report

#### **MOTION C03-24**

**Moved by Sam Shaw and seconded by Laurie Steinbach that the agenda be adopted as amended. Carried.**

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### 2.2 Approval of Minutes

December 7 and 8, 2023 CPSA Council Meeting Minutes

#### **MOTION C04-24**

**Moved by Richard Buckley and seconded by Daisy Fung that the December 7 and 8 Minutes be approved. Carried.**

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### **3.0 Consent Agenda**

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- 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)
- 3.3 Medical Facility Accreditation Committee
  - 3.3.1 Meeting Summary Report (for information)
- 3.4 Competence Committee
  - 3.4.1 Meeting Summary Report (for information)
- 3.5 Patient Relations Fund Annual Report (for information)

#### **MOTION C05-24**

**Moved by Oluseyi Oladele and seconded by Richard Buckley that the Consent Agenda be approved. Carried.**

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

- Committee Member Appointments and re-appointments
  - Council Review Committee and Hearings Tribunal
    - Dr. Elizabeth MacKay (re-appointment for 3-year term, waiver of the 1-year break in service outlined in CPSA Bylaw 16(6)(C))
    - Dr. Gregory Charrois (re-appointment for 3-year term waiver of the 1-year break in service outlined in CPSA Bylaw 16(6)(C))
    - Dr. Kim Myers (appointment for first term)
    - Dr. Adam Oster (appointment for first term)
    - Dr. Shelley Spaner (appointment for first term)
  - Continuing Competence
    - Dr. Brian Brownbridge (public member appointment for first term)
  - Anti-Racism Anti-Discrimination Action Advisory Committee (1-year appointments)
    - Dr. Tiffany Kim
    - Dr. Jason Hamm
  - Indigenous Advisory Circle (1-year appointment)
    - Dr. Wayne Inuglak Clark

- Governance Committee Vice Chair Appointment
  - Dr. Richard Buckley as Vice Chair (1-year appointment)
- Finance and Audit Committee
  - Dr. Sam Shaw (1<sup>st</sup> term ending Dec. 17, 2026)

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
- Patient Relations Fund Annual Report

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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 Jaelene Mannerfeldt attended on behalf of the Council since the beginning of the year.

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

The Registrar highlighted the following points in his verbal report:

- **Project Bluebird:** 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. The closeout of Project Bluebird was confirmed, and there was commendation for achievement of the project's objectives.
- **American Osteopathic Association (AOA) Request:** The AOA approached CPSA seeking expansion of CPSA's registration eligibility criteria to include physicians with American osteopathic specialty certification, to help meet the province's demand for primary care physicians. CPSA currently licenses allopathic physicians who 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). Based on the similarities in practice scope and the joint accreditation standards, CPSA is considering the request and Council expressed their support.
- **Expanded Sponsorship:** CPSA has officially launched the expanded sponsorship model, inviting organizations and individuals to assist internationally trained graduates (IMGs) through the practice readiness assessment. A council member asked about the distribution list for the announcement of the launch of the new model.
- **Specialist/Non-Specialist Designation:** It was reported that letters to 90 physicians were shared this week, communicating that all specialist physicians

who demonstrated they met criteria under CPSA's General and Provisional Registers, without restriction on scope of practice, will be designated the title of "specialist." Historically, the specialist title had been reserved for physicians who had their Royal College of Physicians and Surgeons of Canada (RCPC) designation. The "non-specialist" designation will only be applied to physicians with restrictions on their scope of practice. This change was made to improve physician recruitment and retention in the province.

**ACTION**

- Provide an update on the accelerated PRA process for certified osteopathic practitioners from ACGME in the May 2024 Council meeting.
- Provide Council with the distribution list that was used to announce the expanded sponsorship model.

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**5.0 Department Reports**

- 5.1 Chief of Staff  
5.1.1 CPSA Annual Report 2023 (for information)

The theme for the 2023 CPSA Annual Report will be Action Towards Impact, emphasizing the tangible actions the organization is taking every day to make an impact and bring our strategic plan to life.

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**6.0 Council Committee Reports**

- 6.1 Finance and Audit Committee  
6.1.1 Honorarium Rates (for approval)

Daisy Fung, Committee Chair, presented the Committee recommendation to increase the council and committee member honorarium rates to attract potential members and to compete with current market rates. Rates for committee chairs have a proposed higher rate in keeping with additional responsibilities for the role. The Finance and Audit Committee recommended this increase over a 5-year period. Each year, the Committee will account for inflation and submit a revised rate for Council's approval.

**MOTION C06-24**

**Moved by Richard Buckley and seconded by Laurie Steinbach that Council approves the revised honorarium rates for 2024 effective January 1, 2024. Carried.**

**ACTION**

1. The Honorarium and Expense Policy will be amended and distributed to committee members.
2. Calculate retroactive honorarium pay for meetings since January 1, 2024, and issue retroactive pay to Council and Committee members.

6.1.2 Meeting Summary Report (for information)

In the report, it was noted that the unbudgeted activity for 2024 included a table with the expense descriptions that stated, "increase to honorarium rate." Given that the honorarium rate was subject to Council approval, the statement should be noted as "projected increase to honorarium rate."

**MOTION C07-24**

**Moved by Sam Shaw and seconded by Laurie Steinbach that the Finance and Audit Committee Meeting Summary report be received as information, as amended. Carried.**

6.1.3 Finance and Audit Committee Terms of Reference (for approval)

The following comments were highlighted for future consideration in the terms of reference:

- Purpose: The purpose should include information on the committee's fiduciary role and duty of care.
- Membership: add clarity to the financial expertise required for the non-Council voting member on the committee. A question was raised on the process of appointing committee members and if there is a requirement for background/competency in finance.
- Roles and Responsibilities: There needs to be more clarity on the committee's role in financial and audit obligations.
- Information about FAC's role about whistleblowing (which is different from safe disclosure) could be considered in revising the TOR.

One of the TOR's stated roles and responsibilities is to approve honoraria policy, however in practice, the Committee recommends the honorarium rate to Council, rather than approves it. It was confirmed that Council approves the honorarium rate.

After discussion, it was decided that the terms of reference should be approved to ensure that changes based on the bylaw review and governance review can take effect immediately. However, the term "honoraria" should be removed from the FAC TOR (item 1 under Roles and Responsibilities), and the considerations raised in the discussion should be included in a future review of the TOR.

**MOTION C08-24**

**Moved by Sam Shaw and seconded by Laurie Steinbach that the Finance and Audit Terms of Reference be approved as amended. Carried.**

There were no comments for the Continuing Competence Committee Terms of Reference.

**MOTION C09-24**

**Moved by Daisy Fung and seconded by Oluseyi Oladele that the Continuing Competence Terms of Reference be approved. Carried.**

6.2 Governance Committee

6.2.1 CPSA Bylaws revisions (for approval)

Laurie Steinbach, Governance Committee Chair, provided an overview of the bylaw changes, highlighting the change being made to the Committees (categorizing Competence Committee and Medical Facility Accreditation Committee (MFAC) as Statutory Committees), the addition of a Bylaw to enable decision-making outside of Council meetings, and the addition of Otolaryngology Surgical Procedures and Bariatric Surgical Procedures to the list of “prescribed health services”.

**MOTION C10-24**

**Moved by Patrick Etokudo and seconded by Daisy Fung that Council approves the amended CPSA Bylaws, and that Council approves amendments to:**

- **“Governance Structure and Committees Policy” (Attachment 2); and**
- **“Decision-making Outside of Council Meetings Policy” (Attachment 3)**

**Carried.**

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

The Governance Committee recommended the establishment of an ad hoc Bylaws Review Project Committee of Council with the following purpose: to participate with staff and legal counsel providing input into how CPSA and the professions 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.

**MOTION C11-24**

**Moved by Richard Buckley and seconded by Patrick Etokudo that Council establishes an Ad Hoc Bylaws Review Project Committee with the following elements:**

- **membership of up to 4 interested Council members;**
- **a term of March to December 2024; and**
- **TOR will be approved by the Governance Committee**

**Carried.**

6.2.3 Governance Review Implementation: Physician Council member selection (for approval)

The Governance Committee Chair provided background on the regulated member council member selection review process since Council’s May 2023 approval of consulting with regulated members on a nominations + elections model to populate CPSA Council.

The feedback from regulated members was incorporated into the discussion and development of the proposed process, which would take effect in 2025.

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It was noted that the process document stated “physicians;” however this language excluded physician assistants and osteopaths, and this will be amended to “regulated members.”

A question was raised regarding the lengthy timeline to implement the new process and it was clarified that there would be insufficient time to establish a nominations committee for the CPSA Council member election in 2024.

**MOTION C12-24**

**Moved by Stacey Strilchuk and seconded by Ian Walker that Council approves moving forward with “Attachment 1: Process for CPSA Regulated Member Council Member Selection”, for the Nomination + Election Model for CPSA Physician Council Member selection, establishing a Nominations Committee to begin its term in January 2025. Carried.**

6.2.4 2024 Council Learning Plan (for approval)

It was noted that the learning plan should include learning that will help strengthen authentic indigenous connections. A goal referencing this strategic direction will be added and the learning plan will return to Council for approval.

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

6.3.1 Meeting Summary Report (for information)

Daisy Fung, Interim Committee Chair, presented the report. A question was raised about the existence of a process for members of the public or regulated members to raise concerns that are not formal complaints, with ARADAAC. It was confirmed that there is no pathway for this currently.

There was a concern raised with the complaints process, from the perspective of an Indigenous patient. The process requires evidence to show that harm was done, but psychological harm that is connected to experiences of racism and discrimination, can be hard to prove. A suggestion was made to develop a Standard of Practice that helps achieve Anti-Racism and Anti-Discrimination. The discussion included information about some tools that CPSA has in place, e.g.: “racism and discrimination,” is a category in the complaints system, the Micro-Aggressions Training for Physicians course.

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6.4 Indigenous Advisory Circle (CIRCLE)

6.4.1 Meeting Summary Report (for information)

Nicole Cardinal provided the summary report on behalf of Tyler White, Committee Chair. The Circle is seeking additional members, and the Circle is supportive of having the Chair of ARADAAC attend meetings as an observer/guest.

6.4.2 Path to Truth and Reconciliation (for acceptance)

Michael Neth presented the organization’s proposed path to truth and reconciliation. During his presentation, the following points were highlighted.

- There is opportunity for CPSA to collaborate with the medical schools in Calgary and Edmonton and Indigenous colleges and training institutions.
- The path to truth and reconciliation should be a standing item on Council agenda for Council's continuous contribution.
- Questions were raised about CPSA's social accountability to other under-represented groups. It was determined that ARADAAAC will be developing a similar plan to addresses racism and discrimination, in collaboration with the Indigenous Advisory Circle, in the short to medium term.
- Concerns were expressed about the triggering nature of discussions that could take place in the proposed sharing circles and how CPSA would ensure the psychological safety of participants. It was clarified that CPSA does not want to engage in the sharing circles until there is a connection with each Indigenous community and navigators are identified, to make this as positive and safe an experience for the participants.

Council commended CPSA on their work with the plan, as it demonstrated commitment to CPSA's strategic directions.

### **MOTION C13-24**

**Moved by Richard Buckley and seconded by Sam Shaw 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. Carried.**

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#### 6.5 Medical Facility Accreditation Committee

##### 6.5.1 Standards for Non-Hospital Surgical Facility Accreditation: Bariatric Surgery (for approval)

Jeremy Beach provided background on the need for the standards for bariatric surgery in a non-hospital surgical facility. Currently, there is a surgical backlog for these procedures leading to out-of-province and international surgeries, which often results in complications. These complications further strain limited provincial resources. The creation of these standards would fill a gap in CPSA's current standards and include stipulations for pre and post operative care.

The following points were highlighted:

- It was noted that the standards required operating theatres to accommodate patients who weighed up to 400lbs; however, hospitals are required to accommodate patients who weigh up to 600lbs. It was clarified that the intention is to begin small and review and revise as experience is gained in conducting these procedures in non-hospital facilities.
- A question was raised about the identity of the responsible health care professional for monitoring the patient. It was clarified that the standards require that there is a clear plan in place for follow up, but it does not stipulate who should be responsible for monitoring.

A desire for more comprehensive background on how this decision came before Council was expressed.



CPSA explained that the request was reviewed by the Non-Hospital Surgical Facilities Advisory Committee and the Medical Facility Accreditation Committee, wherein there was constructive discussion. Patient safety was a key consideration, and both committees were satisfied that these procedures would be safe for patients. It was recommended that future reports of this nature clarify the approval process and include a summary of committee discussion, to provide Council with additional information for decision-making.

**MOTION C14-24**

**Moved by Richard Buckley and seconded by Oluseyi Oladele that Council approves the proposed bariatric surgery facility accreditation standards. Carried.**

The public session was adjourned at 2:32p.m.

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

**Council met for an in-camera session, which was adjourned at 2:50p.m.**

**Friday, March 8, 2024, In-camera session starting at 08:05a.m.**

**IC3 Council met in-camera with the Registrar, Deputy Registrar, Assistant Registrars, Chief Financial Officer, Chief Innovation Officer, Chief of Staff, Director, Legal Services and General Counsel, Governance Program Manager, and Recording Secretary.**

**There was an in-camera session for Council members only, which was adjourned at 12:15p.m.**

To ensure transparency of the decision-making of the Council of the College of Physicians and Surgeons of Alberta, a report noting decisions passed during In-camera sessions will be brought forward to the next public meeting.

**In-Camera Sessions: March 7 and 8, 2024**

Council met in-camera at various times during the March 7 and 8 Council meeting to discuss sensitive issues. The following motions were made:

**MOTION C01-24**

Moved by Oluseyi Oladele and seconded by Patrick Etokudo that the in-camera agenda be adopted. Carried.

**MOTION C02-24**

Moved by Richard Buckley and seconded by Laurie Steinbach that the in-camera minutes of the December 7 and 8, 2023 meeting, be approved. Carried.

Submission to:	<b>Council</b>		
Meeting Date:	Submitted by:		
May 30, 2024	Jaelene Mannerfeldt		
Agenda Item Title:	2.2.2 Minutes of the Approval of Electronic Vote – 2023 Annual 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.
<b>AGENDA ITEM DETAILS</b>			
Recommendation:	That Council confirms the approval of the electronic vote on the 2023 Annual Report without the audited financial statements.		
Background:	<p>On May 13, 2024, Jaelene Mannerfeldt approved the opening of an e-vote for the approval of CPSA’s 2023 Annual Report without the financial statements, in accordance with the Decision-Making outside of Council Meetings policy.</p> <p>Phase I lasted for 72 hours and Phase II lasted for 48 hours, where the majority voted in favour of the approval. As such, the following motion was moved, seconded, and confirmed on May 20, 2024:</p> <p><b>Moved by Sam Shaw and seconded by Stacey Strilchuk that Council approves CPSA’s 2023 Annual Report without the 2023 financial statements. The 2023 financial statements will be added to the annual report subject to approval by CPSA Council at the meeting on May 30, 2024. Carried.</b></p>		
List of Attachments:	<a href="#">Approval of E-Vote – Annual Report 2023</a>		

**From:** [Jaelene Mannerfeldt](#)  
**To:** [Ian Walker](#)  
**Cc:** [Daisy Fung](#); [Harriet](#); [Kerry-Ann McPherson](#); [Lara Supernault](#); [Laurie Steinbach](#); [Maryana Kravtsenyuk](#); [Michael Neth](#); [Nicole Cardinal](#); [Oluseyi Oladele](#); [Patrick Etokudo](#); [Richard Buckley](#); [Sam Shaw](#); [Scott McLeod](#); [Stacey Strilchuk](#); [Sue Welke](#); [Tyler White](#)  
**Subject:** Re: FOR YOUR ACTION: E-vote for approval of annual report without financial statements  
**Date:** Monday, May 20, 2024 6:21:45 AM

---

Good morning,

Thank you everyone for your vote. This motion has now been passed. We will see the financials at the Council meeting next week.

Wherever you are on this holiday Monday, enjoy your day.

Regards,

Jaelene

**From:** [Kerry-Ann McPherson](#)  
**To:** [Stacey Strilchuk](#); [Sam Shaw](#); [Daisy Fung](#); [Ian Walker](#); [Jaelene Mannerfeldt](#); [Laurie Steinbach](#); [Maryana Kravtsenyuk](#); [Nicole Cardinal](#); [Oluseyi Oladele](#); [Patrick Etokudo](#); [Richard Buckley](#); [Tyler White](#)  
**Cc:** [Scott McLeod](#); [Michael Neth](#); [Sue Welke](#); [Lara Supernault](#); [Harriet](#)  
**Bcc:** [Andrea Garland](#); [Melissa Campbell](#); [Kennedy Schultz](#)  
**Subject:** RE: FOR YOUR ACTION: E-vote for approval of annual report without financial statements  
**Date:** Friday, May 17, 2024 11:35:00 AM  
**Attachments:** [image001.png](#)

---

Hello All,

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

***"Moved by Sam Shaw and seconded by Stacey Strilchuk that Council approves CPSA's 2023 Annual Report without the 2023 financial statements. The 2023 financial statements will be added to the annual report subject to approval by CPSA Council at the meeting on May 30, 2024."***

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

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

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

**Kerry-Ann McPherson, MSc.** (she/her)  
Senior Executive Assistant to Dr. Scott McLeod, CEO & Registrar

780-969-4970 | 1-800-561-3899 ext. 4970  
2700 - 10020 100 Street NW Edmonton AB T5J 0N3  
[kerry-ann.mcpherson@cpsa.ab.ca](mailto:kerry-ann.mcpherson@cpsa.ab.ca) | [www.cpsa.ca](http://www.cpsa.ca)



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**From:** Stacey Strilchuk

**Subject:** Re: FOR YOUR ACTION: E-vote for approval of annual report without financial statements

I am able to second. Thank you. S

---

**From:** Sam Shaw

**Subject:** Re: FOR YOUR ACTION: E-vote for approval of annual report without financial statements

Moved

Sent from my iPhone

On May 17, 2024, at 7:49 AM, Kerry-Ann McPherson <[Kerry-Ann.McPherson@cpsa.ab.ca](mailto:Kerry-Ann.McPherson@cpsa.ab.ca)> wrote:

Hello Councillors,

Phase One of this e-vote is now closed, and we are opening Phase Two (Voting), which will last for 48 hours until **Sunday, May 19 at 11:59 p.m.**

I am kindly requesting a mover and seconder for the motion below:

“Moved by \_\_\_\_ and seconded by \_\_\_\_ that Council approves CPSA’s 2023 Annual Report without the 2023 financial statements. The 2023 financial statements will be added to the annual report subject to approval by CPSA Council at the meeting on May 30, 2024.”

Please reply all to this email.

Thank you,

**Kerry-Ann McPherson, MSc.** (she/her)  
Senior Executive Assistant to Dr. Scott McLeod, CEO & Registrar

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

2700 - 10020 100 Street NW Edmonton AB T5J 0N3  
[kerry-ann.mcpherson@cpsa.ab.ca](mailto:kerry-ann.mcpherson@cpsa.ab.ca) | [www.cpsa.ca](http://www.cpsa.ca)

<image001.png>

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**From:** Kerry-Ann McPherson

**Sent:** Monday, May 13, 2024 11:55 AM

**Subject:** FOR YOUR ACTION: E-vote for approval of annual report without financial statements

Hello Councillors,

The CPSA Council Chair, Dr. Jaelene Mannerfeldt, has approved the opening of an e-vote for the approval of CPSA's 2023 Annual Report without the financial statements. In accordance with the [Decision-Making outside of Council Meetings policy](#), CPSA is seeking Council's vote to approve CPSA's 2023 Annual Report, without the financial statements.

*According to the policy, Phase One states that:*

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

### **Phase One**

This phase is now opened, and the duration is 72 hours. It will close on **Thursday, May 16 at 11:59 p.m.**

### **Report to Council**

A [cover report](#) and [attachment](#) have been prepared for your review on [SharePoint](#). If you are having difficulty in accessing SharePoint, the

documents are attached for reference.

### **Things to note**

There are currently placeholder pages in the report where the 2023 financial statements will be added, after they are approved at May's Council meeting.

There are also some highlighted elements throughout the report—these are small edits that have been identified by the Communications team and will be made by the graphic designer before printing.

### **Draft Proposed Motion**

The draft proposed motion is presented as follows:

"Moved by \_\_\_\_ and seconded by \_\_\_\_ that Council approves CPSA's 2023 Annual Report without the 2023 financial statements. The 2023 financial statements will be added to the annual report subject to approval by CPSA Council at the meeting on May 30, 2024."

### **ACTION**

Please share all electronic discussions, replying all, by **Thursday, May 16 at 11:59p.m.**

Thank you,

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

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

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

2700 - 10020 100 Street NW Edmonton AB T5J 0N3

[kerry-ann.mcpherson@cpsa.ab.ca](mailto:kerry-ann.mcpherson@cpsa.ab.ca) | [www.cpsa.ca](http://www.cpsa.ca)

<image001.png>

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Submission to:	<b>Council</b>		
Meeting Date:	Submitted by:		
May 1, 2024	Jaelene Mannerfeldt		
Agenda Item Title:	3.1.1 Executive Committee Meeting Summary Report		
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 <small>Choose an item.</small> 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 Council approves the amendment to the Executive Committee TOR.		
Background:	<p>The Executive Committee met on May 1, 2024, and discussed the following matters:</p> <ol style="list-style-type: none"> <li>1. May 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 March Council Meeting Feedback Survey.</li> </ul> </li> <li>2. A Governance Review Implementation Plan status update was provided. The Committee decided to wait for the September Council meeting to provide an update to Council and potentially recommend timeline extensions for some of the actions/activities. Committee discussed a specific action: the development of a Council Performance Framework. Executive Committee will consider examples from other organizations/jurisdictions and a plan and timeline for this work at a future meeting.</li> <li>3. The annual Council self-evaluation survey questionnaire results were reviewed. Suggestions for Council learning will be forwarded to Governance Committee and for use in planning future Council Retreats.</li> <li>4. The 2023 Executive Committee Annual Report was approved for forwarding to the Governance Committee.</li> <li>5. A small amendment to the Executive Committee TOR was recommended for approval. The amendment is to revise the TOR to reflect a staffing change to the secretariat for the Committee (Attachment 1).</li> </ol>		

6. An update on meetings with provincial officials and stakeholders was provided. Information about these meetings is also in the Chair’s and Registrar’s Reports.

List of Attachments:

1. [Updated Executive Committee Terms of Reference](#)

## Terms of Reference Executive Committee

Updated **{insert date of approval} December 2023**

Formatted: Highlight

### Purpose

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

### Membership

Council annually elects the members of the Executive Committee.

Voting members are:

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

### Authority and Accountability

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

### Roles and Responsibilities

The Executive Committee:

1. Establishes the agenda for Council Meetings.
2. Reviews the results of the Council Meeting Feedback Surveys to make improvements and adjustments to upcoming meetings.
3. Connects with all Councillors regarding the Registrar's performance evaluation on an annual basis.
4. Ensures and reviews the succession planning process for the Registrar

5. Addresses urgent, organizational issues between Council meetings and reports back to Council on those issues.
6. Recommends policies and procedures to promote a just and respectful organizational culture through development of, review of, and compliance with Council and organization codes of conduct.
7. The Executive Committee will provide formal introductions of guests and speakers at the Council Retreat or other Council gatherings/events, or will assign other Council members to perform this role.
8. Represents Council at external meetings, including but not limited to:
  - a. Meetings with the Alberta Medical Association (AMA) and AMA meetings where Council members are invited to attend.
  - b. Canadian Medical Association (CMA) annual Health Summit (and/or General Council) – requirement for a physician member who is able to vote.
  - c. Federation of State Medical Boards (FSMB).
  - d. Federation of Medical Regulatory Authorities of Canada (FMRAC).
  - e. Other meetings of health professions regulatory organizations (e.g. CRNA, ACP) where Council members are invited to attend.
9. Additional responsibilities as required.

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

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

## **Confidentiality**

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

## Meetings

### Frequency

- The Executive Committee meets at least annually, and normally will meet approximately 2 weeks before each Council meeting. The Chair will call other meetings as necessary.
- The Executive Committee meets with the AMA Executive twice a year.

### Procedures

- The Executive Committee may determine procedures to be used at its meetings.
- The Executive Committee may meet in person, by teleconference or any other communications technology that permits all persons participating in the meeting to communicate with each other.

### Decision Making

- Quorum shall be two members of the Executive Committee
- A decision of the Executive Committee may be made by consensus or simple majority support for a motion where the majority is determined based on the number of Committee members present for the vote.
- Decisions of the Executive Committee will be ratified by Council at its next scheduled meeting.

### 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 Council members through the SharePoint site.
- The Executive Committee reports to Council on its activities as directed by Council.

### 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 Executive Committee.

- A subcommittee's mandate shall end effective December 31 of each year but may be renewed at the discretion of the Executive Committee to complete assigned tasks.

### **Committee Resources (both financial and people resources)**

- Council approves the budget for the Executive Committee.
- Executive Committee members are paid an honorarium and are reimbursed for their expenses as per CPSA's [Honoraria and Expense Policy](#) . This includes approximately four, one-hour meetings per year that are not attended by CPSA staff.
- The Registrar and/or a delegate(s) ~~as well as the Chief of Staff~~ will attend all Executive Committee meetings.
- The Senior Executive Assistant or a delegate will attend the meeting to capture next steps.
- Other CPSA staff will attend the Executive Committee meetings as requested or required.

**Next Review Date – Fall/Winter 2026**

Submission to: **Council**

<b>Meeting Date:</b>	<b>Submitted by:</b>		
May 30, 2024	Daisy Fung, FAC Chair		
<b>Agenda Item Title:</b>	3.2.1 Finance & Audit Committee (FAC) Meeting Summary Report		
<b>Action Requested:</b>	<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**

<b>Recommendation (if applicable) :</b>	n/a																									
<b>Background:</b>	<p>The Finance &amp; Audit Committee (FAC) met on May 13, 2024 and addressed the following issues:</p> <p style="text-align: center;"><b>1) Financial results December 31, 2023</b></p> <p>FAC discussed a report from management regarding the budget variances for the 2023 financial results. For 2023, there is a year-to-date <b>excess of revenue over expenditure after development costs</b> of \$2,636,000 compared to the budgeted expense of \$583,000 resulting in more income, or a positive variance, of \$3,219,000.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #2c7e90; color: white;"></th> <th style="background-color: #2c7e90; color: white;">31-Dec-23</th> <th style="background-color: #2c7e90; color: white;">Budget</th> <th style="background-color: #2c7e90; color: white;">Variance</th> <th style="background-color: #2c7e90; color: white;"></th> </tr> </thead> <tbody> <tr> <td style="background-color: #2c7e90; color: white;">Revenues</td> <td style="text-align: right;">(40,128,000)</td> <td style="text-align: right;">(36,343,000)</td> <td style="text-align: right;">3,785,000</td> <td style="text-align: right;">10%</td> </tr> <tr> <td style="background-color: #2c7e90; color: white;">Expenditures</td> <td style="text-align: right;">37,427,000</td> <td style="text-align: right;">36,813,000</td> <td style="text-align: right;">(514,000)</td> <td style="text-align: right;">(2%)</td> </tr> <tr> <td style="background-color: #2c7e90; color: white;">&lt;Excess&gt; deficiency of revenues over expenditures before other items</td> <td style="text-align: right;">(2,701,000)</td> <td style="text-align: right;">470,000</td> <td style="text-align: right;">3,171,000</td> <td></td> </tr> <tr> <td style="background-color: #2c7e90; color: white;">Development Costs</td> <td style="text-align: right;">65,000</td> <td style="text-align: right;">113,000</td> <td style="text-align: right;">48,000</td> <td style="text-align: right;">42%</td> </tr> </tbody> </table>		31-Dec-23	Budget	Variance		Revenues	(40,128,000)	(36,343,000)	3,785,000	10%	Expenditures	37,427,000	36,813,000	(514,000)	(2%)	<Excess> deficiency of revenues over expenditures before other items	(2,701,000)	470,000	3,171,000		Development Costs	65,000	113,000	48,000	42%
	31-Dec-23	Budget	Variance																							
Revenues	(40,128,000)	(36,343,000)	3,785,000	10%																						
Expenditures	37,427,000	36,813,000	(514,000)	(2%)																						
<Excess> deficiency of revenues over expenditures before other items	(2,701,000)	470,000	3,171,000																							
Development Costs	65,000	113,000	48,000	42%																						

<b>Sub-total after Development Costs</b>	<b>(2,636,000)</b>	<b>583,000</b>	<b>3,219,000</b>	
Accreditation, net	(593,000)	(253,000)	340,000	134%
Sub-total	(3,229,000)	330,000	3,559,000	
Fair value changes in investments	(2,103,000)	0	2,103,000	
Building fund expenses, net of income	697,000	0	(697,000)	
<b>&lt;Excess&gt; deficiency of revenues over expenditures for the year</b>	<b>(4,635,000)</b>	<b>330,000</b>	<b>4,965,000</b>	

The Accreditation Department is showing net income of \$593,000 for the year.

The fair value (FV) changes in investments includes the realized gain/loss on disposal of investments and the unrealized gain at year end. The total FV change is revenue of \$2,103,000.

The total excess of revenue over expenditures for the year is \$4,635,000 primarily attributed to higher revenues and a gain on the fair value of investments for 2023.

A breakdown of the main contributors to the excess of revenues over expenditures of \$4,635,000 for 2023 include the following variances to budget:

negative variance = <less revenues or more expenses>

**a. Revenues**      \$3,785,000

Physician annual fees	\$569,000
Physician registration	198,000
Professional Corporation fees	106,000
Continuing competence fees (individual practice reviews)	<240,000>
Practice Readiness fees	1,321,000
Recovery of Investigation & Hearings	<141,000>
Investment income	1,765,000
Other	<u>207,000</u>
	3,785,000



**b. Expenses** <\$1,341,000 >

Salaries & benefits	911,000
Travel, meals & accommodation	317,000
Consulting	< 1,519,000>
Honorariums	270,000
Healthier Albertan grant payments	<946,000>
Legal	<421,000>
Program activity	184,000
Printing, supplies & telephone	<223,000>
Office facilities	152,000
Other miscellaneous	<66,000>
	<1,341,000>

The higher expenses are primarily from the following variances to budget:

- 1) \$980,000 in consulting fees for the Practice Readiness Assessment (PRA) program, with 57% more files started in 2023 compared to budget. There are also additional revenues to offset the higher consulting costs.
- 2) \$1,012,000 for consulting fees for Professional Conduct to address the backlog of complaint files. Council had identified a priority to address the backlog of complaint files. External investigators are being used to reduce the backlog of investigations and expert opinions are taking on average longer per file.

Account	Variance
Consulting fees	202,000
External investigators	<802,000>
Expert Opinions	<412,000>
Total	<1,012,000>

- 3) \$265,000 in higher legal costs relates to investigations due to addressing the backlog of complaints.
- 4) \$80,000 in additional legal costs to support the Complaints Review Committee, Council appeal and bylaw review project.
- 5) \$170,000 in net unbudgeted software costs to support program activity.
- 6) \$946,000 Healthier Albertan grant payments  
The first installments for 8 of the 10 the grant recipients were made in 2023 following receipt of signed agreements. The remaining 2 agreements were signed in 2024 and the 1<sup>st</sup> year payments were disbursed by April 2024. The grant agreements are for a 3-year term. As per Council approval, funds are disbursed from the internally restricted surplus from the Building Fund.

**c. Increase in fair value changes in investments** \$2,103,000  
CPSA is required to record our investments at market value. There was an overall gain in the change in fair value of investments in 2023.

### Net Asset summary

The net assets (or accumulated surplus) at December 31, 2023 is \$49 million. The breakdown between restricted and unrestricted is as follows:

Net Assets:	
Invested in equipment and leasehold improvements	\$ 3,747,000
Internally restricted*	5,898,000
Unrestricted	<u>39,357,000</u>
Total	<u>\$49,002,000</u>

\*The internally restricted net assets consists of the following:

Building fund	\$4,373,000
Accreditation program	<u>1,525,000</u>
Total internally restricted	<u>\$5,898,000</u>

The unrestricted net assets increased in 2023 due to the excess of revenues over expenditures for the year.

In addition, accounting rules for the defined benefit pension plan require the re-measurement of the pension obligation and the difference between the actual return on pension assets and the estimated return to be recorded in the statement of changes in net assets.

The re-measurement calculation includes:

• The difference between the actual return on the pension assets and the return calculated using the discount rate, a gain	\$1,220,000
• a loss on the obligation	<u>&lt;\$23,000&gt;</u>
Total re-measurement increase to net assets	<u>\$1,197,000</u>

Overall, there is an increase to the CPSA's surplus in 2023.

The total unrestricted surplus as of December 31, 2023 of \$39,357,000 represents approximately 90% of one year's gross operating expenses (based on 2024 budgeted total expenses).

The higher level of surplus will allow CPSA to plan for shortfalls in future years' budgets and if necessary, will allow us to draw down the unrestricted surplus as operating expenses increase.

CPSA's current policy on reserves targets the unrestricted surplus at 60% of one year's gross operating expenses. The FAC will be reviewing the policy on reserves later in 2024 in conjunction with the review of the 2025 budget.

## **2) CPSA audited financial statements.**

FAC received a report from PwC, CPSA's auditors, on the 2023 audited financial statements, the summary financial statements and the pension fund financial statements.

A summary is provided under a separate report to Council.

## **3) Appointment of auditors for 2024**

Management will bring back a qualitative analysis of the auditor incorporating select Audit Quality Indicators as developed by CPA Canada, the Canadian Public Accountability Board (CPAB) and the Institute of Corporate Directors (ICD). The analysis will be reviewed at the June FAC meeting.

## **4) Q1 2024 activity update**

### **a. Business Activity Update**

For 2024, the business activity report has been updated to incorporate key elements of our strategic plan – strategic directions and objectives, 2024 actions and budgeted resources, and funded status tracking. The document is broken down by the five strategic directions.

FAC received a report on the business activity to the end of March 2024.

### **b. CPSA Risk Register**

FAC received a report from management on the CPSA Risk Register. The Risk Register tool has been updated to offer a more comprehensive risk assessment framework for 2024 – updated risk categories, recurrence

identification, pre- and post- mitigation assessments, risk assessment scale and change tracking.

Quarterly the leadership team identifies new risks and reviews existing risks to CPSA to assess if priorities need to be adjusted or resources reallocated to address the risk. Risks are classified under the following updated categories:

- Financial
- Operational
- Strategic
- Compliance
- People

FAC reviewed the process followed by management to identify and manage risks relating to the financial and operation management of CPSA and was satisfied with the process.

### c. Financial Results Q1 2024

As of March 31, 2024, there is a year-to-date operating income of **\$1,578,000** compared to the budgeted income of \$392,000 resulting in more income, or positive variance, of \$1,186,000.

	31-Mar-24	Budget	Variance	
Revenues	(11,217,000)	(10,576,000)	641,000	6.1%
Expenditures	9,639,000	10,184,000	(545,000)	5.4%
<b>Operating Income</b>	<b>(1,578,000)</b>	<b>(392,000)</b>	<b>1,186,000</b>	
Amortization	197,000	204,000	7,000	3.4%
Accreditation, net	(89,000)	485,000	574,000	118.4%
Sub-total	(1,470,000)	297,000	1,767,000	
Fair value changes in investments	(2,213,000)	0	2,213,000	
<b>&lt;Net Income&gt;</b>	<b>(3,683,000)</b>	<b>297,000</b>	<b>3,980,000</b>	

The fair value (FV) changes in investments includes the realized gain/loss on disposal of investments and the unrealized gain to the end of the quarter. The total FV change is revenue of \$2,213,000.

The total net income to the end of the quarter is \$3,683,000.

#### **d. Professional Conduct Unbudgeted Expenditure Request**

FAC received a report and a presentation from the Director, Professional Conduct for forecasted unbudgeted costs for 2024 totalling \$1,174,000. The Department is continuing to move the historical backlog through their processes and are experiencing a significant increase in 2024 complaints that require additional resources to sustain operations and achieve the targeted time frames to complete the 2024 complaint files.

	Variance to March 31	Variance Forecast to Dec 31
External Investigator	\$140,000	\$526,000
Expert Opinion	34,000	112,000
Total	\$174,000	\$638,000

	Variance to March 31	Variance Forecast to Dec 31
Legal	\$35,000	\$116,000
Legal – dismissal letters	19,000	420,000
Total	\$54,000	\$536,000

FAC approved the request for the unbudgeted cost for 2024.

#### **e. Finance KPI**

FAC received a report on the finance KPI that will be incorporated into the CPSA Dashboard for the Q1 2024 results.

#### **5) Pension Investments**

FAC received a report from Mercer, CPSA’s pension investment consultants, on the defined benefit pension investments in follow-up to the Feb 2024 meeting.

Mercer provided an overview of the proposed changes to the asset mix. FAC approved the changes to the asset mix in the Statement of Investment Policies and Procedures (SIPP) for the defined benefit provision.

**6) Pension Plan text**

FAC received a summary from management about changes proposed for the pension plan text.

A summary is provided under a separate report to Council.

**7) FAC Terms of Reference**

FAC began discussion about possible changes to its terms of reference. The review will continue at future meetings to be summarized by the fall to forward to Governance Committee for their consideration.

Next Steps: n/a

List of Attachments:  
none

Submission to: **Council**

<b>Meeting Date:</b>	<b>Submitted by:</b>		
May 30, 2024	Daisy Fung, FAC Chair		
<b>Agenda Item Title:</b>	3.2.2 Finance & Audit Committee - Pension Plan Change		
<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 approves the amendments to the pension plan text (Attachment 1)		
<b>Background:</b>	<p>CPSA provides a pension to eligible employees as part of the total compensation package.</p> <p>The last change to the pension plan was made January 1, 2021, when the defined benefit provision had a soft close as of December 31, 2020, and the new defined contribution provision was established.</p> <p>In the current pension plan text, Continuous Service specifically mentions that the employment services must be rendered in Canada to qualify under the Plan.</p> <p>To remain competitive in benefits administration, the pension plan text needs to be modernized to allow working outside of Canada for a temporary period.</p> <p>CPSA leadership reviewed various scenarios and provided the following guidelines to Mercer, including their legal team, in developing the changes needed for the plan text:</p> <ul style="list-style-type: none"> <li>• Remote worker is out of the country for a temporary period not to exceed 1 year.</li> <li>• The employee would be a permanent employee eligible for pension benefits.</li> <li>• The work would be being done for the benefit of CPSA.</li> </ul>		


	<ul style="list-style-type: none"> <li>The employee would be reporting to work at the CPSA’s Alberta office.</li> </ul> <p>Mercer has also included an administrative change in clause 15.1 of the pension plan referencing “or such other Income Tax Act limits as may apply”.</p> <p>The proposed changes to the plan text are incorporated into Attachment 1 with the changes flagged using track changes.</p> <p>The FAC has reviewed the details of the proposed changes and supports the recommended changes.</p> <p>According to the Pension Governance Policy, any changes to the plan text must be approved by Council.</p>
Next Steps:	1) Pending Council approval, the revised pension plan text will be filed with the regulators.
List of Attachments:	



Submission to: **Council**

<b>Meeting Date:</b>	<b>Submitted by:</b>		
May 30, 2024	Daisy Fung, FAC Chair		
<b>Agenda Item Title:</b>	3.2.3 Finance & Audit Committee – Accelerated Route to Licensure Competency Assessment Fee		
<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 <b>Choose an item</b> . Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

**AGENDA ITEM DETAILS**

<b>Recommendation (if applicable) :</b>	That Council approves the fee of \$3,500 + GST for a competency assessment for the registration pilot.		
<b>Background:</b>	<p>Part 2 of the HPA outlines the requirements for Registration for licensure with CPSA. In 2023, CPSA launched a 5-year pilot project (as approved by Council in Sept 2022) to condense the Practice Readiness Assessment (PRA) process for international medical graduates (IMGs) with training comparable to that obtained in Canadian universities, as identified by experts in postgraduate medical training. The goal of the pilot is to evaluate whether certain IMGs may begin independently practising in their identified communities faster, while still ensuring patient safety is the top priority. An overview of the 5-year pilot is detailed on CPSA’s <a href="#">website</a>.</p> <p>The alternate route to licensure continues to require one competency assessment at 6 months after the completion of the Supervised Practice Assessment (SPA) and a follow-up competency assessment between 12 – 18 months after completion of the first competency assessment.</p> <div style="text-align: center;">  <pre> graph LR     A[PRA SPA only] --&gt; B[Competency assessment #1]     B --&gt; C[Competency assessment #2]           </pre> </div> <p>PRA = practice readiness assessment SPA = supervised practice assessment</p>		

	<p>The initial fee for the two competency assessments approved for 2024 was \$20,000 + GST. Given that the assessment is a remote chart audit with chart stimulated recall these fees are too high.</p> <p>Management has prepared an updated cost analysis of a competency assessment which includes assessor time, staff time, and administration costs. It is proposed that these direct assessment costs be recovered through the program fee.</p> <p>FAC has reviewed the cost assumptions provided by management and supports the fee of \$3,500 + GST per assessment.</p> <p>The total fees for two competency assessments will equal <math>\\$3,500 \times 2 = \\$7,000 + \text{GST}</math>.</p> <p>Should the physician be found to require additional assessment &amp; remediation because of the competency assessment, the physician is responsible for covering costs for these activities separate from the competency assessment fees.</p> <p>Other than the proposed fee change, there is no change to the program. The pilot for the alternate route to licensure will be reviewed again in 2026 when the first cohort has completed two competency assessments.</p>
<p>Next Steps:</p>	<ol style="list-style-type: none"> <li>1) Pending Council approval             <ol style="list-style-type: none"> <li>a. Communicate changes to program stakeholders.</li> <li>b. All current and new participants in the program will pay the updated fee.</li> </ol> </li> </ol>
<p>List of Attachments: n/a</p>	

<b>Submission to:</b>	<b>Council</b>		
<b>Meeting Date:</b>	<b>Submitted by:</b>		
May 30, 2024	Laurie Steinbach, Chair Richard Buckley, Vice Chair		
<b>Agenda Item Title:</b>	3.3.1 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.
<b>AGENDA ITEM DETAILS</b>			
<b>Recommendation:</b>	N/A		
<b>Background:</b>	<p>At its April 24 and May 6, 2024 meetings, the Governance Committee considered the following items:</p> <ol style="list-style-type: none"> <li>1. Council governance policies were reviewed and updates are recommended for approval to Council under separate cover.</li> <li>2. Committee approved the Terms of Reference (TOR) for the Ad Hoc Bylaws Committee.</li> <li>3. There was discussion about themes for the 2025 Council Retreat, and the theme with the most favour was:             <ul style="list-style-type: none"> <li>• Public interest and public trust, including the value of research and evidence in building public trust and serving the public's interest; blended with bringing joy to the work as a Council.</li> </ul> </li> <li>4. Input provided to the committee member recruitment process (for non-Council members of Committees), to ensure different perspectives are sought.</li> <li>5. Ideas were discussed for assisting the provincial government with recruitment of public members to Council, and encouraging the appointment of new public members that, when added to CPSA Council, round out competencies, skills and overall effectiveness.</li> <li>6. Committee heard a status update on the Governance Review Implementation Plan.</li> <li>7. Committee reviewed and supported a draft 2023 Annual Report for the Committee.</li> <li>8. The re-appointment of Council members to a second term under Bylaw 13(4), and the 2024 CPSA Council Learning Plan have recommendations under separate cover.</li> </ol>		

<b>Submission to:</b>	<b>Council</b>		
<b>Meeting Date:</b>	<b>Submitted by:</b>		
May 30, 2024	Laurie Steinbach, Governance Committee Chair Rick Buckley, Governance Committee Vice Chair		
<b>Agenda Item Title:</b>	3.3.2 ARADAAC Committee Member Appointments		
<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 type="checkbox"/> The attached is for information only. No action is required.
<b>AGENDA ITEM DETAILS</b>			
<b>Recommendation:</b>	That Council appoints Ian Walker to a Council member position on ARADAAC; and Charlene Lyndon to the Indigenous Advisory Circle position on the Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC) for the remainder of 2024.		
<b>Background:</b>	<p>In early 2024, Council member Ian Walker expressed an interest in joining this Committee. There are currently 2 Council members appointed to ARADAAC, plus Council Chair as ex-officio and non-voting. The TOR (approved December 7, 2023) states that up to 6 Council members can be part of the Committee.</p> <p>Further, there is a vacant position on ARADAAC for a member of the Indigenous Advisory Circle, and Circle member Charlene Lyndon is recommended for appointment.</p>		
<b>Next Steps:</b>	Pending Council approval, 2 new members will join ARADAAC.		
<b>List of Attachments:</b>	1. <a href="#">ARADAAC TOR</a>		

<b>Submission to:</b>	<b>Council</b>
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<b>Meeting Date:</b>	<b>Submitted by:</b>
May 30, 2024	Laurie Steinbach, Governance Committee Chair Rick Buckley, Governance Committee Vice Chair

<b>Agenda Item Title:</b>	3.3.3 Building Fund Working Group Name Change and TOR		
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<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.
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**AGENDA ITEM DETAILS**

<b>Recommendation:</b>	That the attached revised Building Fund Initiatives Working Group Terms of Reference be approved.
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<b>Background:</b>	<ul style="list-style-type: none"> <li>• The Governance Committee reviewed updates to the Building Fund Initiatives Working Group Terms of Reference and recommend the attached revised TOR that aligns with the "Governance Structure and Committees Policy".</li> <li>• Changes include:           <ul style="list-style-type: none"> <li>○ Name change from "working group" to "committee"</li> <li>○ Committee term changed from two years to three years</li> <li>○ Highlighted the roles &amp; responsibilities to reflect the current monitoring phase of the Committee.</li> <li>○ Frequency of meetings changes from quarterly to annually.</li> <li>○ Council Chair role has been made non-voting to align with other committees.</li> <li>○ the Members at Large are now defined as Councillors or former Councillors.</li> </ul> </li> </ul>
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<b>Next Steps:</b>	<ul style="list-style-type: none"> <li>• Pending Council approval, the TOR will be updated on the website and the Committee will begin operating with the new TOR.</li> </ul>
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<b>List of Attachments:</b>	1. <a href="#">Ad Hoc Building Fund Initiatives Committee Terms of Reference</a> (for approval)
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**Terms of Reference**  
**Ad Hoc Building Fund Initiatives Committee**  
**April 2024**

**Purpose**

The mandate of the Building Fund Initiatives Committee (Committee) is to oversee the \$5 million Council has allocated from the CPSA building fund to support programs, initiatives or research to benefit Albertans.

**Membership**

The members serve on the Committee until it is dissolved or until their term expires. Members include:

<b>Role/Representation</b>	<b>Member</b>
CPSA Council (voting)	Current Councillors of which: <ul style="list-style-type: none"> <li>• 1 physician member</li> <li>• 1 public member</li> </ul>
Members at Large (voting)*	<ul style="list-style-type: none"> <li>• 2 members</li> </ul>
CPSA Chair (ex-officio non-voting)	<ul style="list-style-type: none"> <li>• CPSA Chair</li> </ul>

\*Members at Large can be Councillors or former Councillors.

The Chair of the Committee will be selected by and from the voting members of the Committee.

The Chair will preside at all meetings of the Committee.

Terms of membership are for three years.

At any point in time, membership may be amended at Council's discretion.

Should a member resign or their term expire, a new member may be appointed by Council in accordance with membership requirements in this Terms of Reference.

**Authority and Accountability**

- CPSA Bylaw 16(1): Council may establish or remove:
  - (A) Standing Committees;
  - (B) Priority Committees;
  - (C) any other committees.

- Under the *CPSA Governance Structure and Committees Policy*, the Committee is a: Council Committee > Ad Hoc and/or Sub-Committee.
- September 10, 2021 Council motion:  
MOTION C31-21 which establishes an ad hoc committee of Council to oversee the building fund project.

The Committee is an ad hoc committee of Council for a period and frequency to be determined by Council until the building fund projects are completed and a Final Report of the building fund projects has been provided to Council.

In addition to a Final Report, the Committee will provide an annual progress report to Council.

## Roles and Responsibilities

The Committee will:

### Phase 1: 2021-2023

- Draft the allowable project(s) criteria based on Council direction for the building fund initiatives funding.
- Present the criteria to Council for approval.
- Develop the decision criteria to evaluate funding proposals.
- Develop the application form for funding proposals.
- Review applications for projects against approved decision criteria.
- Present list of project(s) to Council for approval.
- Inform successful project applications.
- Provide updates to Council.
- Review and make recommendations on changes, as necessary, to these Terms of Reference.

### Phase 2: 2024-2027

- Monitor the effectiveness and efficiency of the building fund initiatives process.
- Provide regular updates to Council that monitor the progress of the building fund initiative projects.
- Provide a summary report on the building fund initiatives to Council.
- Review and make recommendations on changes, as necessary, to these Terms of Reference.

## Meetings

### Frequency:

- The Committee will meet at least annually. Additional meetings may be called as required at the request of the Chair in consultation with the Registrar.

### **Procedures:**

- Meetings may be held in-person or by video-conference or by any other communications technology that permits all persons participating in the meeting to communicate with each other.

### **Decision Making:**

- Quorum will be a simple majority of voting members on the Committee.
- Decisions will be made by consensus or motion.
- A majority vote of Committee members present at a meeting decides any vote.

### **Records of the Committee**

- Notes of each meeting will be kept with a focus on action items and to inform next steps/agenda for the Committee.
- The Executive Assistant to the Chief Financial Officer or designate will act as Recording Secretary for the Committee.
- All Committee records will be retained by CPSA per CPSA's retention schedule.

### **Confidentiality**

- The Confidentiality and Non-disclosure Agreement signed annually by all Council members extends to their work and actions on the Committee.
- Building Fund Initiatives Committee Members at Large will annually sign a Confidentiality and Non-disclosure Agreement that will apply to their work and actions on the Committee.

### **Committee Resources**

Council approves the budget of the Committee.

Council members will be paid an honorarium and will be reimbursed for expenses in accordance with CPSA's Honoraria and Expense Policy. The honorarium and expenses of the Committee will be sourced from the building fund initiatives budget.

The Chief Financial Officer attend all Committee meetings. Others may attend meetings as needed to provide specific knowledge or expertise on matters before the Committee.

The Committee may from time to time invite guest speakers/advisors for information. Guests will not be remunerated.

The Committee may engage the services of an external consultant, based on CPSA procurement policies. The cost of such external consultants will be sourced from the building fund initiatives budget.

### **Next Review Date – 2026 or as needed**



<b>Submission to:</b>	<b>Council</b>		
<b>Meeting Date:</b>	<b>Submitted by:</b>		
May 31, 2024	Laurie Steinbach, Governance Committee Chair Rick Buckley, Governance Committee Vice Chair		
<b>Agenda Item Title:</b>	3.3.4 Council Policies		
<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:</b>	<p>That Council:</p> <ol style="list-style-type: none"> <li>1) approves updated policies:             <ul style="list-style-type: none"> <li>o <i>Council Member Parents of New Children Inclusion Policy</i> (currently: <i>Council Member Breastfeeding and Breast Milk Expression Inclusion Policy</i>); and</li> <li>o <i>Council and Committee Conflict of Interest</i></li> <li>o <i>Rewards &amp; Recognition Policy</i></li> </ul> </li> <li>2) retires the <i>Council Member Attendance at Meetings of Committees to Which They Are Not Appointed as Member Policy</i>; and</li> <li>3) approves a new policy: <i>Council Learning Policy</i>.</li> </ol>		
<b>Background:</b>	<p><a href="#">CPSA Council Policies</a> are posted publicly on the CPSA website and include a Review Date. Governance Committee is responsible for reviewing and updating policies.</p> <p>The following 3 updated policies are recommended for approval:</p> <ol style="list-style-type: none"> <li>1) <b><u><a href="#">Council Member Care for Newborn Children at Council Meetings Policy (Attachment 1) (currently: Council Member Breastfeeding and Breast Milk Expression Inclusion Policy)</a></u></b> <ul style="list-style-type: none"> <li>• The update makes the policy more inclusive in that it speaks to all parents of newborn children and is not exclusive to women who breastfeed their babies.</li> <li>• The update has more succinct wording, and is re-written at a less detailed level, removing some of the more operational clauses.</li> </ul> </li> </ol>		

	<p>2) <b><u>Council and Committee Conflict of Interest (Attachment 2)</u></b></p> <ul style="list-style-type: none"> <li>• Updates were made to reflect a policy document rather than a learning tool.</li> <li>• This policy includes a new clause that permits those recusing themselves from the Council table due to a Conflict of Interest, to watch the proceedings from another room.</li> <li>• A future task is to create a Conflict of Interest Policy for non-Council members of Committees.</li> </ul> <p>3) <b><u>Rewards &amp; Recognition Policy (Attachment 3)</u></b></p> <ul style="list-style-type: none"> <li>• Updates were made to reflect changes in practice since the last time the Policy was reviewed.</li> <li>• The term “reward” was removed as the term “recognition” more accurately captures what is provided to Council members to demonstrate appreciation for their contributions.</li> <li>• The policy was changed to allow donations to scholarships beyond medical school scholarships.</li> </ul> <p>The <a href="#">Council Member Attendance at meetings of Committees to Which they are not Appointed as Member</a> is recommended for retirement. The policy intent regarding learning and succession planning is better-placed in the Council Learning Policy. The Conflict of Interest Policy covers off the matters regarding conflict of interest that are contained in this policy, and duplication in 2 policies can cause misalignment. The CPSA <a href="#">Honoraria and Expense Policy</a> has a clause that covers financial concerns with opening participation at committee meetings to non-members.</p> <p>The new Draft Council Learning Policy (Attachment 4) is recommended for approval.</p>
<p>Next Steps:</p>	<ul style="list-style-type: none"> <li>• Updated policies that are approved will replace the old versions on the CPSA website.</li> <li>• Policies retired will be removed from the website.</li> <li>• New policies approved will be added to the website.</li> </ul>
<p>List of Attachments:</p>	
<ol style="list-style-type: none"> <li>1. <a href="#">Revised Council Member Breastfeeding and Breast Milk Expression Inclusion Policy</a></li> <li>2. <a href="#">Revised Council and Committee Conflict of Interest Policy</a></li> <li>3. <a href="#">Revised Rewards and Recognition Policy</a></li> <li>4. <a href="#">New Draft Council Learning Policy</a></li> </ol>	

Policy Title	Council Member Care for Newborn Children at Council Meetings Policy
Date Created	May 4, 2019
Date Revised	
Date of next Review	2027

**1. POLICY STATEMENT**

CPSA Council supports an inclusive and welcoming environment at Council meetings for new or soon-to-be parents thinking about serving or currently serving on Council.

**2. PURPOSE**

The purpose is to create an inclusive, welcoming environment on CPSA Council and diverse participation on Council by supporting parents of newborn children to care for their baby/ies during Council meetings, in a manner preferred by the Council member.

**3. SCOPE**

The policy applies to Council members with babies who wish to bring them to Council meetings and care for them during Council meetings.

**4. RESPONSIBILITIES**

CPSA Council Chair and the Registrar and CEO will ensure the wishes of the Council member wishing to bring their baby to Council meetings are supported. This includes support for breastfeeding or feeding the baby/ies at the Council table, aside from the table in the same room, onsite at the Council meeting in a private room, or participating in the meeting online.

If attending a meeting in person, a dedicated fridge will be provided for milk (or other nourishment).

A stipend of \$250 will be offered per meeting to assist with the expense of having child care assistance during the meeting. A private room will be provided for the child care attendant and the baby during the Council meeting.

**5. APPROVAL**

This policy is approved by CPSA Council.

The Registrar and CEO approves financial disbursements permitted by this Policy.

**6. AUTHORITY DOCUMENTS**

HPA s. 6 (gives Council the broad power and duty to “manage and conduct the activities of the college”)

**7. DOCUMENT HISTORY**

VERSION NO.	Version Date	DESCRIPTION OF CHANGE
1	May 27, 2019	Initial Policy
2	July 25, 2019	Correction to formatting
3	September 9, 2021	Revision regarding approval by Council
4	September 9, 2021	Revisions to ensure inclusive language is being used throughout
5	April 24, 2024	Broadening of the policy to be inclusive of all parents Editing for clarity
<b>APPROVAL</b>	<b>DATE</b>	<b>Signature</b>
Council Motion C24-21	September 9, 2021	

Policy Title	Council Member Conflict of Interest Policy
Date Created	June 2020
Date Revised	April 24, 2024
Date of next Review	2027

## 1. POLICY STATEMENT

This Policy outlines Council members’ obligations when they have a “real,” “potential” or “perceived” conflict of interest that could influence decisions taken by Council in its role of protecting and serving the public by governing the regulation of the medical profession in Alberta.

Members will set aside personal self-interest and perform their duties in a manner that promotes public confidence and trust in the CPSA, by disclosing all conflicts of interest. Disclosure/declaration of conflict of interest does not remove the conflict of interest, however it helps safeguard Council from making decisions that favour one or more Council members who have a conflict of interest.

## 2. DEFINITIONS

Term	Definition
conflict of interest	<p>“a public office holder is in a conflict of interest when he or she exercises an official power, duty or function that provides an opportunity to further his or her private interests or those of his or her relatives or friends or to improperly further another person’s private interests.”</p> <p>“a member is not considered to further his or her own private interests or the interests of another person if the matter in question</p> <ul style="list-style-type: none"> <li>(a) is of general application;</li> <li>(b) affects the member or the other person as one of a broad class of the public;</li> <li>(c) concerns the remuneration or benefits of the member as provided under the CPSA Bylaws.”</li> </ul> <p style="text-align: right;">Modified definition from the <i>Conflict of Interest Act (Canada)</i></p>
Reasonable person	hypothetical person whose character and care conduct, under any <i>common set of facts</i> , is decided through reasoning of good practice or policy. (Wikipedia)

### **3. PURPOSE**

- 3.1 To provide direction to Council members in disclosing and declaring conflicts of interest.
- 3.2 To provide guidance to Council in managing conflict of interest processes.

### **4. SCOPE**

This policy applies to all Council Members, voting and non-voting.

### **5. POLICY DETAILS**

- 5.1 Annual Disclosure
  - 5.1.1 At the beginning of each calendar year, Council members fill out a Conflict of Interest (COI) Disclosure Form and submit it to the Registrar and CEO or designate. Completed forms are official records and are kept on file by the Office of the Registrar.
  - 5.1.2 A summary of COIs of Council members is published with each regular Council Agenda. If a new conflict of interest arises during the calendar year, Council members will update their COI Disclosure Form, and the summary of Conflicts of Interest will be updated and published at the next Council meeting.
- 5.2 Real-time Disclosure (applies to Council members and Council members in their role as Committee members)
  - 5.2.1 A Council member who is in a position of conflict or potential conflict must immediately disclose this conflict to the Council Chair (or Vice-Chair if it is the Chair in conflict). The disclosure must be detailed enough to explain the nature or extent of the member's interest. Disclosure of conflicts of interest must be made at the earliest possible time and prior to any discussion or vote.
  - 5.2.2 Unless otherwise directed by Council, the member disclosing a conflict must recuse themselves from discussion, by leaving the room for the duration of the discussion and/or vote. They will refrain from attempting in any way to influence voting on the matter, whether before, during or after the meeting.
    - 5.2.2.1 As Council meetings are livestreamed for the public, the Council member may recuse themselves from the meeting, go into a separate room, and

sign on to the public meeting as an observer with no ability to speak or be seen by Council.

5.2.3 The disclosure of the conflict must be recorded in the meeting minutes, including the time the Member left and the time they returned to the meeting.

5.2.4 If there is consensus amongst Council that the matter disclosed is a perceived conflict of interest, and not an actual conflict of interest, the Chair may call for a vote to see if the Council wishes to allow the member who has declared the potential conflict to remain in the meeting. If there is unanimous consent that a reasonable person would not find the Member to be in conflict, they may remain at the Council meeting. The vote will be recorded in the Minutes.

### 5.3 Management of supposed policy contravention

If a Council member does not disclose/declare a conflict of interest that other Council members believe them to have, they may be referred to the Council Chair or Vice Chair, with notice to the Registrar and CEO. The Chair or Vice Chair will first attempt to resolve the matter collaboratively and informally with the Council member. If an informal resolution is not possible, the Chair or Vice Chair may:

- A. refer the matter to the Council to resolve, or
- B. refer the matter to an ad hoc subcommittee of Council at Council's approval.

If the matter is deemed a contravention of this Policy, Council will review the conduct of the Council member, and, if Council is satisfied that the member has contravened the policy, it may take action as outlined in Bylaw 5: Removal of Council Members.

## 6. APPROVAL

This policy is approved by CPSA Council.

## 7. AUTHORITY DOCUMENTS

Health Professions Act s.6

## 8. SUPPORTING DOCUMENTS

Council Code of Conduct

Councillor’s Oath

Annual Conflict of Interest Disclosure

## 9. DOCUMENT HISTORY

VERSION NO.	Version Date	DESCRIPTION OF CHANGE
1	June 26, 2020	Initial Policy Draft
2	September 10, 2020	Approved by Council
3	April 24, 2024	For Governance Committee review
<b>APPROVAL</b>	<b>DATE</b>	<b>Signature</b>
Council Motion #C43-20	September 10, 2020	



## Appendix

### Examples of conflict of interest situations:

- Any situation where a private interest has the potential to compromise the proper performance of the Council or committee member's fiduciary duties.
- Any circumstance that may result in a personal or financial gain to a Council or committee member or his/her family member, business partner, friend or close associate. This includes, but is not limited to, accepting any payment for services rendered to the CPSA, including contracted work, or accessing financial or other resources for personal use, i.e. transportation, accommodation, training, supplies or equipment.
- Seeking, accepting or receiving any personal benefit (gift, credit, payment or service) from a supplier, vendor or other individual or organization doing or seeking to do business with the CPSA, or attempting to influence an act or decision of Council.
- Exercising one's powers as a Council or Committee member motivated by self-interest or some other improper purpose.
- Being a Council/Board, Committee member or staff of another organization which may have material interests that conflict with the interests of the CPSA; and dealing with matters on one board or committee which may materially affect the other Council/Board or Committee.
- A regulated member of the profession is the subject of a formal complaint or hearing tribunal/appeal process and members of the Council have had personal or significant professional interactions with the regulated member

## Council Policy

Policy Title	Council Member Recognition Policy
Date Created	September 2019
Date Revised	
Date of next Review	2027

### 1. POLICY STATEMENT

CPSA values the contributions made by Councillors and will recognize those contributions annually at a Council event held in conjunction with a Council meeting.

### 2. PURPOSE

To ensure fair, consistent and transparent recognition of the service of Council members to CPSA.

### 3. SCOPE

This policy applies to all Council Members.

### 4. POLICY DETAILS

The Office of the Registrar will be responsible for preparing certificates and gifts and arranging an annual recognition event at which the following gifts may be presented:

- A. an 8 x 10 group photo of Council (for all Council members);
- B. a Culture Challenge Coin (for all Council members, as they sign the Council Culture Agreement);
- C. a certificate noting years of service on Council and on Committees, a \$100 donation made in their name to the charity of their choice or to a scholarship or bursary at an educational institution in Alberta (for departing Council members); and
- D. a recognition gift to be determined by the Registrar, and not to exceed \$100 in value (for the Council Chair and Committee Chairs).

### 5. APPROVAL

CPSA Council approves this Policy.

## 6. AUTHORITY DOCUMENTS

HPA s. 6 (gives Council the broad power and duty to “manage and conduct the activities of the college”)

## 7. DOCUMENT HISTORY

VERSION NO.	Version Date	DESCRIPTION OF CHANGE
1	August 21, 2019	Initial draft
2	April 24, 2024	
APPROVAL	DATE	Signature
Council Motion #C28-19	September 5, 2019	

## Council Policy

Policy Title	Council Learning
Date Created/ Revised	May 2024
Date of next Review	2027

### 1. POLICY STATEMENT

The Council Learning Policy:

- guides Council in creating its annual learning plan;
- supports individual Voting Council members to develop governance and leadership skills during their time on Council; and
- supports learning through voluntary observance of Committee meetings to which Council members are not members.

### 2. PURPOSE

The Policy provides parameters for planning and implementing annual Council learning plans and for CPSA-supported learning for individual Council members.

### 3. SCOPE

CPSA Council and individual CPSA Council members.

### 4. POLICY DETAILS

- 4.1 The Office of the Registrar is responsible for administering and monitoring this policy.
- 4.2 Governance Committee will review an annual report of Council learning from the previous year, and annually recommend a Learning Plan to Council, which includes goals and learning opportunities.
- 4.3 Learning Funds for individual Council members
  - 4.3.1 \$1500 per year – or \$4500 per 3-year Council term - is allocated in CPSA’s Budget to each Council member for developing and building knowledge and skills in the following areas:
    - governance

- leadership
- professional regulation
- topics clearly linked to CPSA's Strategic Directions

4.3.2 Eligible costs are: registration/course fees; other expenses (e.g. accommodations, travel) as per the CPSA Honoraria and Expenses Policy.

4.3.3 Costs will be reimbursed in the year that the course is held, and will be assigned to that year's allocation, even if the course registration is completed the year prior.

4.3.4 Individual learning funds are available to voting members of Council only.

4.3.5 Before registering for learning opportunities that are not listed on the Council Learning list, Council members should inform the Office of the Registrar of the opportunity and its learning objectives, to confirm alignment with the Policy Intent.

4.3.6 Council members may combine multiple years of their allocation in one year, for one learning opportunity. When combining multiple years, the learning opportunity and the cost must be reviewed by both the Office of the Registrar and the Finance Department before the Council member registers to participate.

**4.4** For purposes of succession planning and building experience and skills, voting and non-voting Council members may seek permission from the Chair, to observe meetings of the following committees:

- Finance and Audit Committee
- Governance Committee
- CPSA Priorities Committees (e.g.: Indigenous Advisory Circle and Anti-Racism Anti-Discrimination Action Advisory Committee).

A voting or non-voting member of Council who observes a meeting of a committee to which they are not appointed may not claim expenses or per diem amounts for their attendance.

## **5. APPROVAL**

CPSA Council

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

Health Professions Act s. 6

## 7. SUPPORTING DOCUMENTS

Council Learning Plan

Addendum to Council Agendas: Council Learning List

CPSA Budget

Honoraria and Expenses Policy

## 8. DOCUMENT HISTORY

VERSION NO.	Version Date	DESCRIPTION OF CHANGE
1	April 24, 2024	NEW
2		
APPROVAL	DATE	Signature

<b>Submission to:</b>	<b>Council</b>
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<b>Meeting Date:</b>	<b>Submitted by:</b>
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May 30, 2024	Dr. Dawn Hartfield, Deputy Registrar
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<b>Agenda Item Title:</b>	<b>3.4 Standards of Practice: Status Overview</b>
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<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.
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<b>AGENDA ITEM DETAILS</b>	
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<b>Recommendation (if applicable) :</b>	N/A
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<b>Background:</b>	<p>Under Section 133(3) of the <a href="#">Health Professions Act (HPA)</a>, we are awaiting Ministerial comment on the following <i>Standards of Practice</i> consultations:</p> <ul style="list-style-type: none"> <li>• Consultation 026:           <ul style="list-style-type: none"> <li>○ <i>Ending the Physician-Patient Relationship</i></li> <li>○ <i>Establishing the Physician-Patient Relationship</i></li> <li>○ <i>Responsibility for a Medical Practice</i></li> </ul> </li> <li>• Consultation 027:           <ul style="list-style-type: none"> <li>○ <i>Prescribing: Administration</i></li> </ul> </li> <li>• Consultation 028:           <ul style="list-style-type: none"> <li>○ <i>Conscientious Objection</i></li> <li>○ <i>Informed Consent</i></li> <li>○ <i>Medical Assistance in Dying (MAID)</i></li> </ul> </li> </ul> <p>The HPA requires Council review and consideration of the Minister of Health’s comments before adopting or amending a standard of practice. CPSA checks in regularly with the Ministry regarding the status of the consultation packages, and they are currently awaiting review.</p> <p>See Attachment 1 for a timeline of the outstanding consultations.</p>
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**Next Steps:**

- Advice to the Profession and Advice to Albertans documents are being developed/updated to provide current guidance that aligns with updates to the pending *Standards of Practice*.
- When Ministerial comments are received, *Standards of Practice* will be brought forward to Council in accordance with the review process.
- The work of updating the *Standards of Practice* will continue as usual (see Attachment 2 for the review timeline).

**List of Attachments:**

1. [2024-2025 SoP Review Timeline](#)
2. [Timelines of outstanding consultations](#)



## Standards of Practice Review Timeline: 2024-2025

### 2024

#### **CONSULTATION 029**

Consultation draft: May 2024; out for consultation: June 2024; Council approval for implementation: Dec. 2024

- *Disclosure of Harm*
  - AtP (to be developed to coincide with implementation)
  - AtA (may be developed to coincide with implementation based on need)
  
- *Dispensing of Schedule 1 and 2 Drugs by a Physician for a Fee*
  - AtP (to be developed to coincide with implementation)
  - AtA (may be developed to coincide with implementation based on need)
  
- *Virtual Care*
  - AtP (to be updated to coincide with implementation)
  - AtA (to be updated to coincide with implementation)

#### **CONSULTATION 030**

Consultation draft: Sep. 2024; out for consultation: Oct. 2024; Council approval for implementation: Mar. 2025

- *Anti-Racism & Anti-Discrimination* (new: request from Anti-Racism Anti-Discrimination Action Advisory Committee)
  - AtP (to be updated to coincide with implementation)
  - AtA (to be developed to coincide with implementation)
  
- *Relationships with Industry*
  - AtP (to be developed to coincide with implementation)
  
- *Sale of Products by Physicians*
  - AtP (to be developed to coincide with implementation)
  - AtA (to be developed to coincide with implementation)

### 2025

#### **CONSULTATION 031**

Consultation draft: Feb. 2025; out for consultation: Mar. 2025; Council approval for implementation: Sep. 2025

- Indigenous health/anti-Indigenous racism (name to be determined: action item of Path to Reconciliation)
  - AtP (to be developed to coincide with implementation)
  - AtA (to be developed to coincide with implementation)

- *Patient Record Content*
  - AtP (to be updated to coincide with implementation)
  - AtA (to be developed to coincide with implementation)
  
- *Patient Record Retention*
  - As above

## **CONSULTATION 032**

Consultation draft: Aug. 2025; out for consultation: Sep. 2025; Council approval for implementation: Feb. 2026

- *Charging for Uninsured Professional*
  - AtP (to be developed to coincide with implementation)
  - AtA (to be developed to coincide with implementation)
  
- *Non-Treating Medical Exams*
  - AtP (to be developed to coincide with implementation)
  - AtA (to be developed to coincide with implementation)
  
- *Re-entering Medical Practice or Changing Scope of Practice*
  - AtP (to be developed to coincide with implementation)

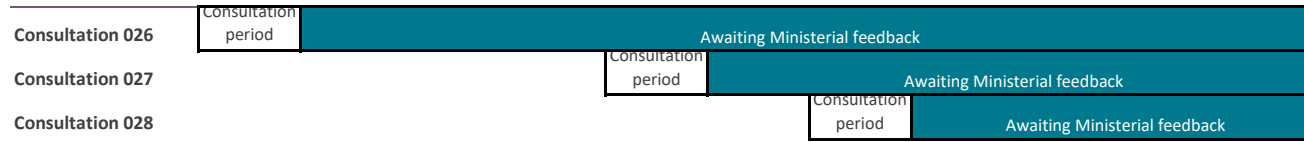
# CPSA Consultation Timelines

Jun-23      Jul-23      Aug-23      Sep-23  
CPSA Council meeting

Oct-23      Nov-23      Dec-23  
CPSA Council meeting

Jan-24      Feb-24      Mar-24  
CPSA Council meeting

Apr-2024



<b>Submission to:</b>	<b>Council</b>		
<b>Meeting Date:</b>	<b>Submitted by:</b>		
May 30, 2024	Nicole Cardinal and Laurie Steinbach, Council Members		
<b>Agenda Item Title:</b>	3.5 Learning Reflections		
<b>Action Requested:</b>	<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 <i>Choose an item.</i> 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:</b>	N/A		
<b>Background:</b>	<p>Each year, Council members are encouraged to take advantage of the individual and group learning opportunities to develop governance and leadership skills during their time on Council.</p> <p>The following learning reflections are submitted by Nicole Cardinal and Laurie Steinbach, who recently completed governance and leadership courses.</p>		
<b>List of Attachments:</b>			
<ol style="list-style-type: none"> <li>1. <a href="#">Nicole Cardinal Learning Reflection</a></li> <li>2. <a href="#">Laurie Steinbach Learning Reflection</a></li> </ol>			

## **The Art and Science of Being a Chair: Governance Solutions Chair**

The course was 4 sessions, 1.5 hours each. It covered the following topics: difficult conversations, discussing performance issues, making a decision, identifying different personalities and working with them.

Overall, I thought the course was delivered well and there were opportunities to practice being a chair with the different topics. There were participants from different fields: banking, health organizations. The overall environment was not intimidating and everyone was there to learn.

What I found most helpful, was an approach to being a chair. They discussed how to monitor conversations and being mindful of inclusion. How to approach different personalities in the conversation, for instance who needs encouragement, who needs space to speak which I thought was helpful. They also gave a template on how to discuss problems and arrive at solutions.

For myself, I am more process oriented in my thinking and the way they approached being a chair fit my learning style. I also chose this course to develop skills in chairing a meeting which I felt I did not really have an approach in doing this. I also was able to learn about my personality style which is dominant/supportive, I am task oriented and people oriented which really made sense. I would recommend this course to those who have less experience in being a chair. The only down side was that the course ran from 10-1130 which was noon to 130 eastern time, it was an inconvenient time.

## **The Art and Science of Being a Chair: Governance Solutions Chair**

Thank you CPSA for giving me the opportunity to take the above-named on-line course. It was well organized and delivered; designed so that one could catch up the readings and watch the sessions (and role-plays) if a session had to be missed.

The Art and Science of Being a Chair taught us how to work with different personality types and problem-solving preferences; how to recognize the types and what motivates each. We all took an abbreviated form of the DISC Assessment prior to the first session (an assessment which aims to categorize people into four personality traits: dominance, influence, Steadiness, and conscientiousness).

The first session was generally about the role of the chair and its unique challenges. It covered the various types of boards.

The second session covered why it is important to be able to assess the different personality types and how to do it. A significant part of the online session was dedicated to role-play; teaching how to recognize and deal with various personalities after the board member in question had had a peer assessment by other members of 'the board'.

The third session covered 'leading difficult conversations. The instructors taught a brief lesson outlining the necessary skills. The pre-readings were on this topic. Again, a significant part of the online class was dedicated breakout rooms and then to role play. All of the participants who did roleplays were very skilled.

The last session was taught by the instructors with a slide presentation on the skills involved in when to know to 'call for the vote'. The pre-readings were of the same topic. We also were given a 'cheat sheet' of Roberts Rules of Order and had a brief discussion there-of.

Thank you again for this opportunity. My only wish for this course, is that there had been a little less role-play and a little more time for discussion of the reading (which were excellent).

## Chair Report

Our second Council meeting for 2024 is another opportunity for each of us at the Council table to participate in the shaping of health care within Alberta. We are living in rapidly changing times in our province and the future is quite uncertain and unknown. The canvas is still taking shape under the brush of our current government.

Over the past 3 months, we have seen the introduction of Bill 22, the Health Statutes Amendment Act, 2024. This will change health care in Alberta from one system, Alberta Health Services, to a new health care environment with four pillars for the delivery of health care. Think back to 2008 when the then 9 Health Regions in Alberta were amalgamated into one system. There were significant changes made and although we did not know how it was going to work, patients continued to be cared for within the healthcare system. CPSA continued to ensure that patients were receiving safe care within the new system.

Once again, CPSA will continue to ensure that Albertan's are getting safe health care from licensed physicians in Alberta. This mandate will not change with a change in the organizational structure of health care delivery in Alberta. The changes will bring challenges that we cannot predict. However, regardless of the changes, our mandate at CPSA does not change.

Below, I have listed the meetings below that I have participated in the past few months.

### March 2024

- March 13 Meeting with Dr. McLeod and a regulated member via ZOOM
- March 29 Meeting with Dr. McLeod - ZOOM

### April 2024

- April 19 CPSA Council Planning Meeting - ZOOM
- April 22 Indigenous Advisory Circle - ZOOM
- April 24 Governance Committee - ZOOM

### May 2024

- May 1 CPSA Executive Committee Meeting - ZOOM
- May 6 Special Governance Committee Meeting - ZOOM
- May 10 Meeting with Dr. McLeod
- May 9 & 10 CPSA/AMA "Meeting of the Minds" - Edmonton
- May 13 Finance and Audit Committee - ZOOM
- May 30 & 31 CPSA Council Meeting

On May 9 & 10, CPSA hosted a meeting in partnership with the AMA (Alberta Medical Association) called, "The Meeting of the Minds". There were approximately twenty invited participants who were led through a facilitated discussion led by Dr. Marvin Washington, regarding what physicians can do to help re-imagine health care in Alberta. The discussion focused on how the mindset of physicians could shift from being victims in health care to leaders making changes that could change how we deliver health care.



Participants from Alberta Health Services and Covenant Health Leadership, Greg's Wings Foundation (representing the patient perspective), the Health Quality Council of Alberta, Health Economics Research, O'Brien Institute of Public Health, AMA Primary Care Alliance, Alberta Medical Association, and CPSA. The conversation was engaging and thought provocative. I left knowing that we can change the dialogue. We can be active participants in the change in which we are engaged.

The work done by the committees in governing the work of CPSA and the leadership at CPSA is essential to the work of CPSA. Thank you to each of you on Council for your attendance at these meetings. Thank you for making your presence a priority at these meetings. We need you and appreciate the time you contribute to the work of Council. We cannot do the work required without you present.

As we move into summer, I hope each of you have time booked away from the work you do every day. Yes, we will continue to have meetings through the summer, so thank you in advance for adjusting as needed so we can hear your voice.

Yes, change is constant in our world. We will continue to pivot as the change happens. Thank you for your contributions to Council at our scheduled meetings as well as daily work you do, as called upon, for CPSA. Each of you make the difference every day.

Respectfully submitted,

Jaelene Mannerfeldt MD MSc FRCSC  
Council Chair, CPSA Council



**To:** CPSA Council  
**From:** Scott McLeod  
**Date:** May 30th, 2024

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### Introduction

May is upon us already and I believe we have lots of news to share with Council. Despite the many challenges that exist in the healthcare system today, CPSA is continuing to focus on providing solutions wherever possible. I look forward to sharing these with you in the coming pages.

### 1. CPSA Organizational Updates

#### a. Staffing changes

Dr. Charl Els has decided to leave his position as the Assistant Registrar (AR) for Continuing Competence and will be moving onto other opportunities at the end of June. Dr. Els will be missed, and we thank him for his leadership, dedication to his work protecting the public and all the tremendous day-to-day work he has done for CPSA.

As a result of this vacancy, many scenarios were considered moving forward. After much consideration and consultation with the key players, we have asked Dr. Michael Caffaro, AR, Registration to take on the Continuing Competence portfolio. We have already started our search for a new AR for Registration.

Unfortunately, it will not be possible to have a new Assistant Registrar in place for when Dr. Els steps away. Dr. Hartfield, CPSA Deputy Registrar, will provide leadership support to the Competency Department until we have a new AR for Registration. At that time Dr. Caffaro will move into the Competence department and Dr. Hartfield will return her focus to her responsibilities as the Deputy Registrar.

Due to the continuous increase in work for CPSA over the past few years, two additional director positions have also been added to the senior leadership team. One will be the Director of Corporate Services, reporting to the Chief Financial Officer (CFO) and the second will be the Director of the Officer of the Registrar, reporting to the Chief of Staff (COS). The former is a completely new position, and the latter is a change to a recently vacated position.

Sue Welke has also decided to move on to other opportunities outside of CPSA and her last day with CPSA will be June 6<sup>th</sup>. Sue has been an incredible asset to our organization, and she will be truly missed, but we wish her nothing but the very best success in her future endeavors.

### **b. Registration numbers update. (PRA)**

The most recent numbers will be inserted closer to the date of the Council meeting.

### **c. Professional Conduct**

Professional Conduct has experienced a higher-than-expected number of complaints in 2024 with an >80% increase throughout Q1 and into the first month of Q2. Despite the increase in pressure, the department has been able to maintain capacity with a cumulative key performance indicator (KPI) of 92% in March and 89% in April.

Further analysis is being done to understand the reasons for the increase in complaints and to implement actions to support the team over the longer term if the increase is sustained.

CaseIQ has been fully implemented and the transition to the new case management system is continuing as files move through the process. The Intake and Expert-Opinion programs are now fully immersed with Investigation, Resolution, and Hearing and Legal Referral progressing as intended.

Investigations continues to work within 4-6 weeks of real time (expected and normal queue) however, there are many investigations in progress currently. The increased use of external investigation firms has continued into 2024 with expectations of this trending down throughout 2024.

### **d. Hearings Director**

The Hearings Director's Office coordinated 12 meetings for the Complaint Review Committee (CRC) from January to April 2024; at these meetings, the CRC reviewed 47 files. Requests for review of dismissed complaints has decreased in the first part of 2024, reflecting recovery of the high volume of dismissals issued by Professional Conduct department's resolution of their complaint backlog. There were 17 new requests for review received between January and April 2024 compared with 35 in 2023 during the same time.

The number of hearings held January to April 2024 increased from four to seven as compared with one year ago. There are currently 15 hearings scheduled for the remainder of the year with an additional three hearing dates being negotiated.

The Hearings Director's Office has coordinated two meetings for a review panel of CPSA Council in 2024 to date. Both are appeals regarding Hearing Tribunal decisions.

The CRC/Hearing Tribunal welcomed three new physician members in 2024; the CRC/Hearing Tribunal currently consists of 28 physician members with diverse ethnic backgrounds, specialties, and experience.

The Hearings Director's Office has three significant opportunities for comprehensive professional development for CRC/Hearing Tribunal members (as well as Council members) planned for 2024. The first of two annual orientation days was held in April. The education was provided by Field Law and the session was attended by CRC/Hearing Tribunal members as well as members of Council. The topics covered included all parts of the complaint, hearing and appeals process. The event was well received, and assessment of the event demonstrated that attendees' knowledge was improved, and overall positive ratings were given of the content. Later this year, there will be a second annual orientation day for those who could not attend the first, as well as a decision-writing workshop and an anti-racism session.

### e. **Medical Facility Accreditation Committee**

The Medical Facility Accreditation Committee (MFAC) met on May 10, and approved the four-year review of thirty (30) accredited facilities across five program areas (pulmonary function, sleep medicine, diagnostic imaging, non-hospital surgical facilities, and cardiac stress testing), as well as approved the accreditation of new facilities/new modalities/facility moves/facility closures and facility renovations for 25 facilities.

Standards for the Hyperbaric Oxygen Therapy are still being developed, which will be split into two parts: the formal standards and the supporting assessment of compliance. Discussions on the V4 Diagnostic Imaging Standards: Medical Director Requirement are ongoing.

As the Committee continues to recruit new members, the following selection criteria will be used to identify priority attributes: 1) Not directly affiliated with medicine; 2) provide geographic reach outside urban centers or otherwise add to group diversity; and 3) system thinkers.

The governance of the committee continues to be addressed, which involved the review of the draft Terms of Reference for the new Psychedelic Assisted Psychotherapy (PAPT) advisory committee to provide technical expertise and support for MFAC functions in relation to Psychedelic Assisted Psychotherapy Facilities Accreditation.

### f. **Continuing Competence Committee**

The Continuing Competence Committee met on February 7, and received updates across the various program components.

The Health & Practice Conditions Monitoring Program (HPCMP) has reported that the number of files opened in health monitoring in the first quarter of 2024 is almost half of the total for 2023, suggesting a signal of increased self-reporting, which is one of the objectives in meeting the legislative mandate.

There are 272 members with practice conditions under monitoring and 13 with chaperone conditions. The amalgamation project has now been concluded and the divestment project is >80% complete, as the team continues to work with Albertan counterparts (e.g., PFSP) and legal counsel representing members in navigating the transformational process of divestment.

Improvements continue to be made for data collection on clinic registrations in Alberta, and so far, the IPAC program has overseen the registration of 823 clinics (146 registrations year-to-date in 2024). The program is also ahead of schedule to meet its target of 150 assessments of medical device reprocessing in community medical clinics.

Work within Quality Improvement continues to progress well, where CPSA has seen that 66% of members self-reported participating in 1 or more PIPP activities and 73% reported participating in at least 3 PPIP activities between 2021-2024. Within our Quality Assurance program, the new independent practice review fee model introduced to physicians January 1st, 2024, is functioning well and initiations remain on track for the Group Practice Review.

## 2. Provincial Update

### **a. Alberta Medical Association (AMA)/CPSA – Jointly hosted “meeting of the minds.”**

On May 9<sup>th</sup> and 10<sup>th</sup>, CPSA and AMA jointly hosted a session at CPSA where we brought thought leaders from various parts of the health system together to talk about what the medical profession can do to address the health system challenges that exist today. This was intended to be focused on the profession itself and not government or other parts of the system itself.

There was good discussion about the profession’s responsibility for its role in contributing to the system we have today and focusing on the profession’s self-agency for making change.

The final report for the meeting is still pending however the day and a half was an excellent first step in identifying areas where the profession can make a difference. There will be more to report as things advance.

### **b. Alberta Health Services (AHS) – Additional Route to Licensure**

On May 16<sup>th</sup>, CPSA and AHS cohosted a meeting at CPSA where we discussed options for addressing the acute care systems needs for a uniquely trained physician. AHS has identified the need for more tier one physician supports to address the system needs. Currently many of these roles are being filled by Clinical Assistants and family physicians.

More family medicine residents have no intention of providing family medicine services and even fewer have any intention of providing full scope longitudinal community based primary care.

The concept going into this meeting is that there may be options for creating an additional route to licensure that could better meet the needs of the health care system.

The meeting was a very productive day that considered the needs of the acute care system and the opportunities to solve these challenges in new and innovative ways.

Experience from BC has shown that as family physicians pay increases the BC acute care system has lost these care providers back to the community. Without question this is where we need our specialists in family medicine, but this leaves a gap in the acute care system that must be addressed.

A proposed solution was presented to the working group that looked at the option of have a more generalist approach to licensure based on a “rotating internship” type of training that would result in a generalist licence that could work in the acute care setting. The vision would be to have these physicians restrained to working within the acute care system only and not be a replacement for the specialty of family medicine.

The Medical Council of Canada has proposed a way of assessing their competence and granting them a form of certification that would ensure competence in the field of practice they are intended to practice.

It is also envisioned that these physicians would still be eligible for the CARMS match.

After a full day of assessing the strengths and weaknesses of such a proposal, it was determined that there was sufficient merit to continue pursuing this as an option.

AHS and CPSA will be working together on the next steps in the coming weeks.

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

#### **i. Meeting with the Minister of Health**

Myself and Cathy Chichak, Canadian Strategy Group Government Relations Advisor, met with the Minister of Health, the Honourable Adriana LaGrange, on March 28<sup>th</sup>. In that meeting, the Minister requested information on our new sponsorship program and the timings related to it. She was concerned about the timeliness of decision making and the delay in starting phase two of the program expanding sponsorship beyond family medicine only. We assured her that we would expedite the processing of the applications to a goal to eventually be processing these files and having a decision within a month.

During that conversation, it also became apparent that there is a considerable amount of information about the numbers of physicians waiting to work in Alberta that seems to be portraying a picture that CPSA is not responsive to the crisis we are in. The Minister is hearing information from physicians across the province that do not seem aligned with the experience we have been having at CPSA. As a

result, we have committed to providing the Minister with updates every two weeks on what we are experiencing.

We have been able to provide positive information such as:

- a. At the end of the first quarter of 2024, Alberta has 500 (4.5% growth) more physicians than it did at the same time last year. This growth in physicians is equivalent to the population growth of Alberta.
- b. CPSA recently received our Review of Registration and Assessment Practices Compliance Report under the Fair Registration Practices Act (FRPA). From January to March 2023, the Ministry of Skilled Trades and Professions performed a review of the CPSA registration practices, and we're pleased to report a successful audit. This audit was based on Ministry indicators that are used to guide regulatory bodies in adhering to and maintaining registration practices that are transparent, timely, objective, impartial and procedurally fair, and used by the Ministry to measure regulatory bodies' compliance with the Act.
- c. As of May 1<sup>st</sup>, 2024, 135 applications for sponsorships for 237 positions were received and at that time we had already approved 18 sponsors for 50 positions.
- d. In January 2023, CPSA launched the accelerated Practice Readiness Assessment route to licensure for eligible physicians from approved jurisdictions. This accelerated route has been successful so far with 244 total applications as of April 29<sup>th</sup>, 2024. 53 of those are already in some stage of the assessment process.

### ii. Meeting with the Minister of Indigenous Relations

On Friday April 12<sup>th</sup>, myself, Dr. Caffaro and Cathy Chichak met with the Honourable Rick Wilson. This meeting was in follow-up to a letter we sent to all members of the Legislative Assembly (MLAs) about the new sponsorship program. We provided an overview of the ongoing work CPSA is doing to ensure rural communities have access to physicians. The Minister had several questions on roles and responsibilities as well as hospital privileges (which are outside of CPSA's scope). In addition, we were happy to discuss some of the ongoing work we are doing with Indigenous communities and how we could support the Minister's work with the four nations within his constituency.

### Meeting with the Minister of Mental Health and Addictions

On April 17<sup>th</sup>, I met with the Honourable Daniel Williams, for an informal coffee discussion. This meeting was in follow-up to the meeting we had in early January where he had raised concerns about our recent Standards of Practice Consultation on Consciences Objection. He was pleased with the changes we made to the standard and thanked CPSA for listening to the feedback.

The discussion also included a sharing of the many initiatives we are undertaking to expedite the registration process and make Alberta a destination of choice for

physicians. He was pleased to hear all that we are doing and that we are keeping up with the population growth in Alberta.

The conversation also revolved around the complexities of leading a mental health and addictions portfolio. Since I had experience running such a portfolio himself in the Military Health System, there was an opportunity to connect the Minister's office with some other experts in the field who may be valuable to the government.

### 3. National Updates

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

On April 30<sup>th</sup>, Mr. Ed Jess, Chief Innovation Officer, provided FMRAC with an update on the work his department is doing and the unique nature of the work CPSA does in general with respect to analytics, research and innovation. The presentation went over very well and there has been a request for more information from him with several medical regulatory authorities (MRAs).

FMRAC has also provided feedback to the CanMEDS 25 project on the future direction of the project. The most notable recommendation was to have a greater consideration for professionalism and not having an outweighed focus on the medical expert role. Although it was recognized that being a medical expert was essential to being a physician, with the democratization of medical knowledge and the introduction of artificial intelligence, this is becoming less unique to the medical profession. FMRAC proposed that the core definition of being a physician would like be "A highly professional medical expert".

The FMRAC annual meeting will take place in Ontario this June. It will be a much different meeting from past years with a smaller venue and a limited scope to the conference portion. After this meeting I will no longer be the chair of the governance committee.

### 4. 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

Overall, 2024 is going well and we continue to mature the significant changes we have made over the past few years. I look forward to more of this over the rest of the year.

<b>Submission to:</b>	<b>Council</b>
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<b>Meeting Date:</b>	<b>Submitted by:</b>
May 30, 2024	Michael Caffaro, Assistant Registrar, Registration

<b>Agenda Item Title:</b>	5.1 Registration – Sponsorship Update
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<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.
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<b>AGENDA ITEM DETAILS</b>	
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<b>Recommendation:</b>	N/A
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<b>Background:</b>	<p>Sponsorship of physicians in Alberta was expanded on March 5, 2024, to include non-AHS approved sponsors.</p> <p>As of May 24, 2024, CPSA has received 158 applications (277 family medicine positions requested); the Registrar has approved 67 sponsors (159 positions). Sponsors who have been approved are receiving the required Agreement document - completion of the agreement allows the sponsor to begin advertising/recruiting family medicine physicians which includes (at a minimum) a listing on <i>albertadoctorjobs.com</i>.</p> <p>Currently, AHS lists 125 available sponsored positions in family practice with an additional 56 positions listed which are not sponsored. In specialty disciplines, the largest number of unfilled positions are found in anesthesiology (29 provincewide, 14 of which are outside Metro Edmonton/Calgary), child and adolescent psychiatry (12) and medical oncology (8).</p> <p>Council’s previous approval of sponsorship expansion included Phase 2 (March 2025), adding certain “high needs” specialists to be eligible for sponsorship. Phase 3 (March 2026) allows sponsorship of physicians in any discipline of practice to be eligible for non-AHS sponsorship through CPSA’s sponsorship model. Government has requested CPSA accelerate the rollout of non-AHS sponsorship of physicians in specialty disciplines.</p>
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	<p>As AHS will remain responsible for acute care delivery in the province, CPSA has asked AHS for confirmation as to the “high needs” specialty disciplines which may be prioritized for any expansion of sponsorship.</p> <p>An accelerated rollout of sponsorship (specialty disciplines) may have consequences for both CPSA and Alberta’s health care system. The limited information available (identification of open sponsored positions tied to acute care delivery) suggests a requirement to tie specialty disciplines sponsorship to acute care privileging and practice in a facility-based environment. Specialty discipline practice limited to the community setting (no acute care facility attachment) may encourage a low acuity/high turnover style of practice.</p> <p>The volume of applications consumes significant resources (inclusive of new staff) within the Assessment program, and the Executive team’s support of the Registrar and approval process. The diversion of internal resources in Phase 1 of sponsorship may be a premonition of further impact on CPSA resources for Phases 2 and 3, specifically in other work such as Practice Readiness Assessment.</p>
Next Steps:	N/A
List of Attachments:	
N/A	

**Submission to:** Council

**Meeting Date:** May 30-31, 2024  
**Submitted by:** Dr. Charl Els, Assistant Registrar, Continuing Competence

**Agenda Item Title:** 5.2 Health & Practice Conditions Monitoring Program Report to Council

**Action Requested:**

<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
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**AGENDA ITEM DETAILS**

**Recommendation:** N/A

**Background:**

One of the most salient changes that occurred with the physician health monitoring process at CPSA is that PHMP activities were amalgamated with Continuing Competence on September 11, 2023, and divestment followed in the months after, which was reported to Council at previous meetings. This represented a significant change for the program, staff involved (both PHMP and Continuing Competence), as well as for regulated members under monitoring. To assist with the transition, a formal project with its own project team and project charter were established. Under the new mandate, PHMP was replaced with the Health and Practice Condition Monitoring (HPCM) Program.

Current HPCM status:

- The operational amalgamation project has now been concluded.
- The divestment project is >80% complete and the final remaining member file transfers to external monitors are underway. There are currently 81 members in the program.
- There are 302 members with practice conditions under monitoring, and 14 with chaperone conditions.
- Several presentations have been conducted, including to stakeholders (AMA, Welldoc AB, CMPA, legal firms, Service Provider trainings, Grand Rounds, as well as at the recent Western Registrar’s meeting) to update our local, provincial, and national counterparts on the project.
- We continue to work with Albertan counterparts (e.g. PFSP) and legal counsel representing members in navigating the transformational process of divestment.
- Several presentations at Grand Rounds and to other stakeholders are underway to increase awareness.
- The number of files opened in health monitoring in the first quarter of 2024 is almost half of the total for 2023, suggesting an early signal of increased self-reporting, which is one of the objectives in meeting the legislative mandate.

**Health Monitoring Statistics:**

SUD- Substance Use Disorder  
 Non-SUD – Files that require health monitoring (e.g. medical conditions)  
 BBVI - Blood-Borne Viral Infection

Total # HPCM files	<b>81</b>
Divestment Complete (signed agreement with 3 <sup>rd</sup> party service provider)	<b>31</b> - 10 Non-SUD - 21 SUD
Divestment Pending (in progress, waiting for signed agreement)	<b>3</b> - 2 Non-SUD - 1 SUD
Requires further assessment to determine if health monitoring is required (IME, FTP, considering AW)	<b>20</b> 12- Non SUD 5 – BBVI (on hold) 3- SUD
In Evaluation (no health information)	<b>20</b>
Non-Health (Monitored by PCM only, no health info)	<b>7</b>

**Practice Condition Monitoring:**

Practice Conditions Monitored – Open Processes	<b>302</b> 26 new in Q1 9 opened in Q2  <b>14</b> Chaperone Conditions <b>23</b> Chaperones
# of Physicians	<b>278</b>

Next Steps: N/A

List of Attachments: n/a

<b>Submission to:</b>		<b>Council</b>	
<b>Meeting Date:</b>		<b>Submitted by:</b>	
May 31, 2024		Dawn Hartfield	
<b>Agenda Item Title:</b>		5.3 Report from Hearings Director's Office	
<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.	
<b>AGENDA ITEM DETAILS</b>			
<b>Recommendation:</b>		N/A	
<b>Background:</b>		<p>The Hearings Director's office coordinated 12 meetings for the Complaint Review Committee (CRC) from January to April 2024; at these meetings, the CRC reviewed 47 files. Requests for review of dismissed complaints has decreased in the first part of 2024, reflecting recovery of the high volume of dismissals issued by Professional Conduct department's resolution of their complaint backlog. There were 17 new requests for review received between January and April 2024 compared with 35 in 2023 during the same time.</p> <p>The number of hearings held January to April 2024 increased from four to seven as compared with one year ago. There are currently 15 hearings scheduled for the remainder of the year with an additional three hearing dates being negotiated.</p> <p>The Hearings Director's office has coordinated two meetings for a review panel of CPSA Council in 2024 to date. Both are appeals regarding Hearing Tribunal decisions.</p> <p>The CRC/Hearing Tribunal welcomed three new physician members in 2024; the CRC/Hearing Tribunal currently consists of 28 physician members with diverse ethnic backgrounds, specialties and experience.</p>	

	<p>The Hearings Director’s office has three significant opportunities for comprehensive professional development for CRC/Hearing Tribunal members (as well as Council members) planned for 2024. The first of two annual orientation days was held in April. The education was provided by Field Law and the session was attended by CRC/Hearing Tribunal members as well as members of Council. The topics covered included all parts of the complaint, hearing and appeals process. The event was well received and assessment of the event demonstrated that attendees’ knowledge was improved, and overall positive ratings were given of the content. Later this year, we will hold a second annual orientation day for those who could not attend the first, as well as a decision-writing workshop and an anti-racism session.</p>
Next Steps:	N/A
List of Attachments:	
N/A	

Submission to: **Council**

<b>Meeting Date:</b>	<b>Submitted by:</b>		
May 30, 2024	Daisy Fung, FAC Chair		
<b>Agenda Item Title:</b>	6.1.1 Finance & Audit Committee - 2023 Audited Financial Statements		
<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>	<p>That Council approves the audited financial statements:</p> <ol style="list-style-type: none"> <li>1) College of Physicians &amp; Surgeons of Alberta financial statements for the year ended December 31, 2023</li> <li>2) Summary financial statements for College of Physicians &amp; Surgeons for the year ended December 31, 2023</li> <li>3) Pension Fund for Employees of College of Physicians &amp; Surgeons of Alberta financial statements for the year ended December 31, 2023</li> </ol>		
<b>Background:</b>	<p>FAC engaged PricewaterhouseCoopers LLP (PwC) for the audit of CPSA’s financial statements for the year ended December 31, 2023. In addition, CPSA is required to have an audit of the pension fund assets available for benefits under pension legislation.</p> <p>The detailed explanation for the variances from budget for 2023 are contained in the FAC Summary Report contained in the Consent Agenda.</p> <p>FAC met with the auditors in November 2023 to review the audit plan for the 2023 audit. The PwC audit team was led by Mr. Robert Newton, the audit partner, and Ms. Sarah Burgess, Senior Manager.</p> <p>The audit procedures included additional testing over expense claims from management and Council members to ensure compliance with the policies and procedures in place. No issues were identified.</p>		

The audit was conducted under a combination of remote work and in-person at CPSA office, allowing PwC secured access to CPSA accounting records and systems. In addition, PwC has a SharePoint tool called PwC Connect where working papers are uploaded to a secure site. The planning and interim testing was conducted Nov 13-24, 2023 and the year end field work occurred April 15-May 3, 2024.

FAC met with the auditors on May 13, 2024 to receive the audit results and had the opportunity to ask questions about the audit.

The role of an auditor is to issue an opinion as to whether the financial statements are free of material error. Materiality is set at a level PwC believes would reasonably influence users of the financial statements. The materiality for the audit was \$1,300,000 (3.0% of revenues), and for the pension fund audit was \$1,364,000 (2.5% of net assets).

PwC designs their audit procedures to account for aggregation risk; thus, they design the nature, timing and extent of their audit procedures at a lower level of materiality. The reporting threshold was \$130,000 for the CPSA audit and \$136,400 for the pension fund audit.

### **Results of the audit**

PwC did not identify any items that remain unadjusted in the financial statements. PwC did not identify any item that were communicated to management and subsequently corrected in the financial statements.

PwC will be issuing clean audit opinions for the financial statements following Council's approval of the draft audited financial statements.

CPSA's summary audited financial statements are included in CPSA's Annual Report. PwC has reviewed the draft electronic Annual Report and is scheduled to review the 2023 CPSA Annual Report. Their role is to consider whether the content or manner of presentation is materially consistent with the financial information covered by their auditor's report. Upon completion of their review, PwC will approve their audit report and the summary financial statements in the Annual Report.

CPSA's pension fund financial statements are required to be filed with the pension regulator.

FAC has reviewed PwC's summary audit results and is satisfied with the results of the audit and the clean audit report.

**Next Steps:**

- 1) Management will provide signed management representation letters to PwC.
- 2) PwC to conduct final subsequent event procedures May 13, 2024 (the date of the FAC meeting) to May 30 (date of the Council meeting).
- 3) PwC to prepare the final audited financial statements with their audit report.
- 4) Management to file the Pension Fund financial statements with the pension regulator prior to the deadline of June 30, 2024.

**List of Attachments:**

- a. [College of Physicians of Alberta \(Dec 2023\) draft audited financial statements](#)
- b. [College of Physicians of Alberta \(Summary\) \(Dec 2023\) draft audited financial statements](#)
- c. [Pension Fund for Employees of College of Physicians and Surgeons of Alberta \(Dec 2023\) draft audited financial statements](#)



**College of Physicians &  
Surgeons of Alberta**

**Financial Statements  
December 31, 2023**

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## College of Physicians &amp; Surgeons of Alberta

## Statement of Financial Position

As at December 31, 2023

	2023 \$	2022 \$
<b>Assets</b>		
<b>Current assets</b>		
Cash	36,192,866	34,158,276
Accounts receivable	5,839,718	3,541,715
Prepaid expenses and other assets	666,809	617,132
	<u>42,699,393</u>	<u>38,317,123</u>
<b>Investments</b> (note 3)	30,491,305	31,386,250
<b>Equipment and leasehold improvements</b> (note 4)	3,747,326	4,491,741
<b>Employee future benefits – registered plan</b> (note 7)	7,566,992	6,032,303
	<u>84,505,016</u>	<u>80,227,417</u>
<b>Liabilities</b>		
<b>Current liabilities</b>		
Accounts payable and accrued liabilities	2,908,291	2,595,874
Deferred fee revenue	24,726,441	25,708,324
Deferred contributions (note 5)	125,259	449,084
Deferred leasehold inducements (note 6)	336,716	336,716
	<u>28,096,707</u>	<u>29,089,998</u>
<b>Deferred rent inducement</b>	363,949	369,581
<b>Deferred leasehold inducements</b> (note 6)	1,402,983	1,739,699
<b>Employee future benefits – supplemental plan</b> (note 7)	4,829,215	5,340,704
<b>Employee future benefits – defined contribution supplemental plan</b> (note 7)	809,950	518,035
	<u>35,502,804</u>	<u>37,058,017</u>
<b>Net Assets</b>		
<b>Invested in equipment and leasehold improvements</b>	3,747,326	4,491,741
<b>Internally restricted</b> (note 9)	5,897,536	6,001,224
<b>Unrestricted</b>	39,357,350	32,676,435
	<u>49,002,212</u>	<u>43,169,400</u>
	<u>84,505,016</u>	<u>80,227,417</u>
<b>Commitments</b> (note 8)		

Approved by the Council President

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

## College of Physicians &amp; Surgeons of Alberta

## Statement of Revenues and Expenditures

For the year ended December 31, 2023

	2023 \$	2022 \$
<b>Revenues</b>		
Physician annual fees	28,184,138	22,515,009
Practice readiness fees	3,855,730	3,375,294
Investment income	2,456,928	1,466,202
Professional corporation fees	1,947,800	1,908,900
Physician registration fees	1,035,200	885,000
Grant funding (note 5)	971,388	768,149
Miscellaneous	421,444	263,905
Fines to members	314,700	302,700
Continuing competence	309,518	423,531
Recovery of investigation and hearing expenditures	218,924	859,785
Certificates	162,400	166,825
Summative assessment fees	155,662	147,475
Physician health monitoring fees	62,028	79,236
Physician assistant fees	31,912	27,862
	<u>40,127,772</u>	<u>33,189,873</u>
<b>Expenditures</b>		
Information management and privacy	3,660,665	3,135,668
Administration	3,573,292	3,167,081
Office of the Registrar	1,880,409	1,743,622
People and culture	1,273,163	945,643
Governance	1,251,696	1,213,638
Communication	1,094,545	996,416
Amortization	880,166	890,195
CPSA activities		
Professional conduct and hearings-director office	7,364,893	6,111,851
Continuing competence	4,029,530	4,126,071
Practice readiness	3,758,459	3,249,626
Analytics, innovation and research	3,755,884	3,378,376
Registration	2,796,876	2,516,671
Physician health monitoring and practice conditions monitoring	2,107,027	2,159,679
	<u>37,426,605</u>	<u>33,634,537</u>
<b>Excess (deficiency) of revenues over expenditures before other items</b>	<u>2,701,167</u>	<u>(444,664)</u>
<b>Development costs</b>	<u>(65,000)</u>	<u>(207,970)</u>
<b>Accreditation program</b>		
Revenues	3,996,530	3,444,399
Expenditures	<u>(3,403,593)</u>	<u>(3,273,288)</u>
<b>Excess of revenues over expenditures for accreditation program</b>	<u>592,937</u>	<u>171,111</u>
<b>Excess (deficiency) of revenues over expenditures before other income (expenditures)</b>	<u>3,229,104</u>	<u>(481,523)</u>
<b>Other income (expenditures)</b>		
Fair value changes in investments (note 3)	2,103,104	(3,493,650)
Investment income Building Reserve Fund (note 9)	265,505	69,347
Expenditures relating to Building Reserve Fund (note 9)	<u>(962,130)</u>	<u>-</u>
	<u>1,406,479</u>	<u>(3,424,303)</u>
<b>Excess (deficiency) of revenues over expenditures for the year</b>	<u>4,635,583</u>	<u>(3,905,826)</u>

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

## College of Physicians &amp; Surgeons of Alberta

## Statement of Changes in Net Assets

For the year ended December 31, 2023

	2023			2022	
	Invested in equipment and leasehold improvements \$	Internally restricted \$ (note 9)	Unrestricted \$	Total \$	Total \$
<b>Net assets – Beginning of year</b>	4,491,741	6,001,224	32,676,435	43,169,400	51,937,457
(Deficiency) excess of revenues over expenditures for the year	(882,492)	-	5,518,075	4,635,583	(3,905,826)
Remeasurement of employee future benefits	-	-	1,197,229	1,197,229	(4,862,231)
Purchases of equipment, software and leasehold improvements	138,077	-	(138,077)	-	-
Investment income Building Reserve Fund – net of expenditures	-	(696,625)	696,625	-	-
Excess of revenues over expenditures for accreditation program	-	592,937	(592,937)	-	-
<b>Net assets – End of year</b>	<b>3,747,326</b>	<b>5,897,536</b>	<b>39,357,350</b>	<b>49,002,212</b>	<b>43,169,400</b>

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

# College of Physicians & Surgeons of Alberta

## Statement of Cash Flows

For the year ended December 31, 2023

**DRAFT 2**

	2023 \$	2022 \$
<b>Cash provided by (used in)</b>		
<b>Operating activities</b>		
Cash received from fees	35,934,519	36,057,193
Cash paid to suppliers and employees	(38,646,519)	(37,876,860)
Cash paid as grant funding (note 9)	(945,690)	-
Cash received from grant funding	508,693	877,504
Cash received from investments	2,281,581	1,298,484
Cash received from other sources	919,807	1,258,307
	<u>52,391</u>	<u>1,614,628</u>
<b>Investing activities</b>		
Purchase of equipment and software and leasehold improvements	(138,077)	(105,512)
Proceeds on sale and maturity of investments	40,414,965	4,977,129
Purchase of investments	(38,294,689)	(5,768,982)
	<u>1,982,199</u>	<u>(897,365)</u>
<b>Increase in cash during the year</b>	2,034,590	717,263
<b>Cash – Beginning of year</b>	<u>34,158,276</u>	<u>33,441,013</u>
<b>Cash – End of year</b>	<u>36,192,866</u>	<u>34,158,276</u>

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

**College of Physicians & Surgeons of Alberta**

## Notes to Financial Statements

December 31, 2023

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**1 Purpose and authority**

College of Physicians & Surgeons of Alberta (CPSA) is constituted under the authority of the Health Professions Act of the Province of Alberta. CPSA's principal function is the regulation of the practice of medicine in Alberta. As a not-for-profit organization under the Income Tax Act (Canada), CPSA is not subject to either federal or provincial income taxes.

**2 Summary of significant accounting policies**

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations (ASNPO). Significant accounting policies observed in the preparation of the financial statements are summarized below.

**Measurement uncertainty**

The precise determination of certain assets and liabilities is dependent on future events and the preparation of financial statements for a period necessarily involves the identification of assets and liabilities that are subject to estimates and approximations. Actual results could differ from those estimates. Significant estimates include providing for amortization of equipment and leasehold improvements, employee future benefits and the collectibility of accounts receivable.

**Investments**

CPSA's investments consist primarily of fixed income and equity funds held primarily for trading purposes. During the year ended December 31, 2023, investments were also made into assets classified as alternative funds, including real estate and mortgages. The investment portfolios, managed by third party investment managers, are subject to an investment policy set by management and reviewed by the Finance and Audit Committee of CPSA. CPSA's primary investment objective is to maximize returns within a low to medium level of risk, with medium liquidity.

Investments are recorded at fair value on the latest closing bid price. This accounting treatment results in unrealized changes in the market value of the investment portfolio being reported as a component of fair value changes reported on the statement of revenues and expenditures.

Transaction costs on investments recorded at fair value are expensed when incurred. The purchase and sale of investments are recognized on the settlement date.

On occasion, investments may include cash intended for reinvestment purposes, which is excluded from operational cash.

# College of Physicians & Surgeons of Alberta

## Notes to Financial Statements

December 31, 2023

### Cash

Cash consists of cash on deposit for operational purposes.

### Equipment and leasehold improvements

Equipment and leasehold improvements are recorded at cost less accumulated amortization. CPSA provides amortization on its equipment and leasehold improvements to reflect the life of the asset using the straight-line method at the following rates:

Computer equipment	3 – 5 years
Furniture and equipment	3 – 10 years
Software	5 years
Leasehold improvements	lease term

Initial leasehold improvements are amortized on a straight-line basis over the life of the initial lease. Subsequent improvements are amortized to the expiry of the lease term upon completion of leasehold improvements.

When equipment or leasehold improvements no longer contribute to CPSA's ability to provide services, its carrying amount would be written down to residual value, if any.

CPSA internally restricts net assets invested in equipment and leasehold improvements. This internal restriction policy does not include the corresponding obligation related to the deferred leasehold inducements.

Equipment and leasehold improvements are tested for impairment when conditions indicate that a capital asset no longer contributes to CPSA's ability to provide services, or that the value of future economic benefits or service potential associated with the equipment is less than its net carrying amount. When conditions indicate that an asset is impaired, the net carrying amount of the asset is written down to the asset's fair value or replacement cost. The writedowns of equipment and leaseholds are recognized as expenditures in the statement of revenues and expenditures. Writedowns are not subsequently reversed.

### Leasehold and rent inducements

Tenant allowances and lease inducements are deferred and amortized on a straight-line basis as a reduction of rent expense over the term of the related lease. For lease contracts with escalating lease payments, total rent expense for the lease term is expensed on a straight-line basis over the lease term. The difference between rent expensed and amounts paid is recorded as an increase or deferral in unamortized rent inducements.

### Deferred contributions

CPSA receives restricted contributions from the Government of Alberta and other organizations. CPSA uses the deferral method of accounting for restricted contributions. Contributions are recognized as revenue in the same period the related expenditures are incurred.

**College of Physicians & Surgeons of Alberta**

## Notes to Financial Statements

December 31, 2023

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**Employee future benefits**

CPSA has a pension plan for all full-time permanent and for eligible part-time permanent employees. Effective December 31, 2020, the defined benefit pension plan was closed to new entrants and active members stopped accruing credited service. On September 6, 2019, the CPSA Council (the Council) approved an establishment of a defined contribution registered pension plan (RPP) and a notional defined contribution supplementary retirement pension (DC SERP) plan effective January 1, 2021. The purpose of the DC SERP is to provide additional benefits to eligible employees that cannot be provided within the RPP due to income tax limits.

CPSA had recognized its defined benefit obligation as the employees rendered services giving them the right to earn the pension benefit. The defined benefit obligation as at the statement of financial position date is determined using the most recent actuarial valuation report prepared for funding purposes for the registered defined benefit plan and for accounting purposes for the supplemental employee retirement pension plan. The measurement date of the plan assets and the defined benefit obligation is CPSA's statement of financial position date. The date of the most recent actuarial valuation prepared for funding purposes is December 31, 2021.

In its year-end statement of financial position, CPSA recognizes the defined benefit obligation, less the fair value of the plan assets, adjusted for any valuation allowance in the case of a net defined benefit asset. The plan cost for the year is recognized on the statement of revenues and expenditures.

Remeasurements and other items comprise the aggregate of the following: the difference between the actual return on plan assets and the return calculated using the discount rate; actuarial gains and losses; the effect of any valuation in the case of a net defined benefit asset; past service costs; and gains and losses arising from settlements and curtailments. The remeasurement costs are reflected in the statement of changes in net assets.

Under CPSA's RPP, employees contribute 3% of their qualifying earnings and CPSA contributes 15% of qualifying earnings. Employer contributions are recognized on an accrual basis as an expenditure to the various programs.

**Revenue recognition**

Revenue is recognized when received, receivable, or in the year to which it relates, if amounts can be reasonably estimated and collection is reasonably assured.

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

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

- Registration fees and fines to members

Registration fees and fines to members are recognized when received or receivable.



**College of Physicians & Surgeons of Alberta**

## Notes to Financial Statements

December 31, 2023

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- General, certificate, miscellaneous and other revenue

Other general revenue is recognized when the related services are provided or goods are shipped.

- Investment income

Investment income includes interest and dividends. Interest and dividends are recognized when received.

- Grant funding

Grant funding is recognized in accordance with the terms of the grant agreement as expenses are incurred.

**Disclosure of allocated expenditures**

The costs of each CPSA program include the costs of personnel and other expenditures that are directly related to providing the program. CPSA also incurs a number of general support expenditures that are common to the administration of the organization and each of its programs.

CPSA allocates certain general support expenditures by identifying the appropriate basis of allocating each component expenditures and applies that basis consistently each year. The general support expenditures are allocated on the following basis:

- computer programming costs – proportionately on the basis of time allocated by programming staff for the program;
- operating costs – proportionately on the basis of time allocated by staff in the program;
- rent costs – proportionately on the basis of space occupied and time allocated by staff in the program; and
- salary and benefit costs – proportionately on the basis of time allocated by staff in the program.

Details on the amounts allocated can be found in note 10.

**3 Investments**

	<b>2023</b>
	<b>\$</b>
Cash	<u>234,065</u>
Fixed Income	
Short-term bond funds	4,701,186
Universal bond funds	<u>4,175,254</u>
	<u>8,876,440</u>
Equities	
Canadian equity funds	3,518,107
Global equity large capital funds	5,110,208
Global low volatility funds	1,267,863
Global equity small capital funds	1,265,024
Emerging equity funds	<u>1,252,675</u>
	<u>12,413,877</u>
Other fixed income	
Commercial mortgages funds	4,689,897
Multi-asset credit funds	1,110,337
Emerging debt funds	<u>194,708</u>
	<u>5,994,942</u>
Other	
Real estate funds	<u>2,971,981</u>
Total portfolio investment – at quoted fair market	<u>30,491,305</u>
Total portfolio investment – at cost	<u>29,755,644</u>
	<b>2022</b>
	<b>\$</b>
Investments	
Cash	467,802
Provincial government bonds, at fair value, bearing yield rates of 1.50% to 3.50%, due 2024 to 2031	376,334
Government of Canada bonds, at fair value, bearing yield rates of 1.50% to 2.35%, due 2026 to 2027	<u>42,274</u>
	<u>886,410</u>
Equities (including trust units) – at fair value	
Foreign	8,266,430
Domestic	<u>22,233,410</u>
	<u>30,499,840</u>
	<u>31,386,250</u>

Investment income comprises interest and dividends. Fair value changes in investments comprise the following:

	<b>2023</b> \$	<b>2022</b> \$
Unrealized gain (loss) on investments	735,653	(4,657,692)
Realized gain on investments	1,351,692	820,804
Foreign exchange gain	15,759	343,238
	<u>2,103,104</u>	<u>(3,493,650)</u>

**4 Equipment and leasehold improvements**

	<b>2023</b>		
	<b>Cost</b> \$	<b>Accumulated amortization</b> \$	<b>Net</b> \$
Leasehold improvements	5,913,850	2,916,221	2,997,629
Furniture and equipment	2,146,366	1,615,826	530,540
Computer equipment	2,485,043	2,300,752	184,291
Software	839,888	805,022	34,866
	<u>11,385,147</u>	<u>7,637,821</u>	<u>3,747,326</u>
	<b>2022</b>		
	<b>Cost</b> \$	<b>Accumulated amortization</b> \$	<b>Net</b> \$
Leasehold improvements	5,913,850	2,336,491	3,577,359
Furniture and equipment	2,132,910	1,494,312	638,598
Computer equipment	2,366,420	2,144,086	222,334
Software	836,216	782,766	53,450
	<u>11,249,396</u>	<u>6,757,655</u>	<u>4,491,741</u>

## College of Physicians &amp; Surgeons of Alberta

## Notes to Financial Statements

December 31, 2023

**5 Deferred contributions**

During the year, CPSA received restricted contributions from the provincial government and other organizations to fund various CPSA initiatives. Deferred contributions as at December 31, 2023 are as follows:

	Deferred contributions 2022 \$	Received \$	Recognized as revenue \$	Deferred contributions 2023 \$
Government of Alberta Job Grant	-	25,724	25,724	-
Physician database grant	-	20,000	11,583	8,417
TPP Alberta Program	449,084	102,000	551,084	-
Innovation research	-	131,569	131,569	-
Accreditation grant	-	160,000	43,158	116,842
	<u>449,084</u>	<u>439,293</u>	<u>763,118</u>	<u>125,259</u>

Revenue recognized in relation to the Accreditation grant is included on the statement of revenues and expenditures under Accreditation program revenues.

Contributions recognized as revenue in the current year, but not reflected in the above table, and included in accounts receivable at year-end are as follows:

	2023 \$	2022 \$
TPP Alberta Program	<u>251,428</u>	<u>69,400</u>

**6 Deferred leasehold inducements**

	2023 \$	2022 \$
Opening balance	2,076,415	2,413,131
Recognized in statement of revenues and expenditures	<u>(336,716)</u>	<u>(336,716)</u>
	1,739,699	2,076,415
Less: Current portion	<u>336,716</u>	<u>336,716</u>
	<u>1,402,983</u>	<u>1,739,699</u>

The deferred leasehold inducements are being amortized over the lease term to February 28, 2029. The amortization is recognized as a reduction of office facilities (note 12).

## College of Physicians &amp; Surgeons of Alberta

## Notes to Financial Statements

December 31, 2023

## 7 Employee future benefits

**Defined benefit**

CPSA has defined benefit pension plans for certain employees. Effective December 31, 2020, the defined benefit pension plans were closed to new entrants and active members stopped accruing credited service. The benefits are based on years of service up to December 31, 2020 and the employees' final average earnings.

CPSA measures its accrued employee future benefit obligation and the fair value of plan assets using the valuation for funding purposes as at December 31 each year. The most recent actuarial valuation of the pension plan for funding purposes was as at December 31, 2021, and the next required valuation will be as at December 31, 2024. The supplemental plan for the year ended December 31, 2023 measures its accrued employee future benefit obligation using the valuation for accounting purposes as at December 31 each year. The most recent actuarial valuation of the supplemental pension plan for accounting purposes was as at December 31, 2021.

	2023		2022	
	Registered \$	Supplemental \$	Registered \$	Supplemental \$
Fair value of plan assets	47,429,413	-	45,392,448	-
Accrued benefit obligation	(39,862,421)	(4,829,215)	(39,360,145)	(5,340,704)
Plan surplus (deficit)	7,566,992	(4,829,215)	6,032,303	(5,340,704)

The significant actuarial assumptions adopted in measuring CPSA's employee future benefit obligation are as follows:

	2023		2022	
	Registered	Supplemental	Registered	Supplemental
Discount rate	4.70%	4.60%	4.70%	5.20%
Rate of compensation increase	2.0% + service- related table	2.0% + service- related table	2.0% + service- related table	2.0% + service- related table

Total cash payments for employee future benefits for 2023, consisting of cash contributed by CPSA to the registered pension plan and cash payments directly to beneficiaries for the Supplementary Pension Plan for Employees of CPSA benefit plan, were \$873,148 (2022 – \$971,922).

**Defined contribution**

During the year ended December 31, 2023, CPSA recognized an expenditure of \$2,337,973 related to the RPP, of which \$nil (2022 – \$nil) was outstanding and recorded as a liability in accounts payable and accrued liabilities as at December 31, 2023. As the DC SERP is an unfunded plan, as at December 31, 2023, \$809,950 (2022 – \$518,035) was outstanding and recorded as a liability on the statement of financial position.

# College of Physicians & Surgeons of Alberta

## Notes to Financial Statements

December 31, 2023

### 8 Commitments

CPSA is committed to a lease agreement related to its office premises until February 2029. CPSA has also entered into agreements for a dedicated connection for the offsite backup, an offsite hosting of backup servers and business connection services, including installation and training, which extend into 2024. CPSA entered into a hosted services agreement for case management software that extends to March 2024. CPSA has committed to a contractual arrangement with an external organization until December 2025 to provide survey administrations and a human resource information system until February 2027. Commitments under these contracts are as follows:

	\$
2024	1,156,776
2025	1,146,834
2026	983,464
2027	958,004
2028	948,900
Thereafter	158,150
	<u>5,352,128</u>

CPSA entered into an agreement effective August 1, 2022 until December 31, 2024 related to business analytics, intelligence services and assist with analyzing prescribing data. The total commitment under the agreement for 2024 is \$1,096,294.

Effective April 1, 2019, under the Health Professions Act of the Province of Alberta, CPSA is required to provide funding for the treatment and counselling for patients who meet the requirements of sexual abuse or sexual misconduct. As of April 1, 2023, the funding available for eligible patients has increased from \$22,500 to \$23,200 over a five-year period. During December 2023, there were a total of 21 (2022 – 33) eligible cases. The amount paid for treatment or counselling costs in 2023 was \$22,334 (2022 – \$53,950).

CPSA may become subject to litigation; losses, if any, are expected to be fully covered by CPSA's insurance. The results of such claims are not determinable at this time and therefore, no amounts have been accrued for in the financial statements.

### 9 Internally restricted net assets

The internally restricted fund reports interest earned on the funds less expenses that have been allocated for the Building Reserve Fund by the Council. Council passed a motion effective January 1, 2022 to internally restrict \$5,000,000 from the internally restricted surplus originally relating to the Building Reserve Fund to be used to fund certain programs, initiatives or research to benefit all Albertans, creating the CPSA Healthier Albertan Grant. The residual \$4,766,109 from the internally restricted surplus originally relating to the Building Reserve Fund was transferred to unrestricted net assets on January 1, 2022. During 2023, Council approved ten recipients for the CPSA Healthier Albertan Grant. Funding will be dispersed over a maximum three-year period. The total disbursed during 2023 was \$945,690.

## College of Physicians &amp; Surgeons of Alberta

## Notes to Financial Statements

December 31, 2023

The internally restricted fund also reports the net results of the accreditation program to be used by the accreditation department for future development costs.

	Building Reserve Fund \$	Accreditation Program \$	Total \$
Opening balance	5,069,347	931,877	6,001,224
Revenues	265,505	3,996,530	4,262,035
Expenses	(16,440)	(3,403,593)	(3,420,033)
Grant payments	(945,690)	-	(945,690)
Ending balance	<u>4,372,722</u>	<u>1,524,814</u>	<u>5,897,536</u>

**10 Allocation of expenditures**

The general support expenditures, including programming costs, operating costs, rent and salary and benefits, have been allocated as follows:

	2023 \$	2022 \$
Professional conduct and hearings director office	4,342,946	3,690,808
Continuing competence	2,913,013	3,094,457
Information management and privacy	2,759,459	2,497,332
Accreditation program	2,374,279	2,198,340
Analytics, innovation and research	2,284,152	2,105,181
Registration	2,005,717	1,805,718
Administration	1,695,274	1,194,138
Physician health monitoring and practice conditions monitoring	1,450,429	1,414,333
Office of the Registrar	1,244,355	1,173,582
People and culture	1,104,243	744,797
Communication	961,566	877,839
Governance	723,933	707,867
Practice readiness	564,616	415,844
	<u>24,423,982</u>	<u>21,920,236</u>

**11 Financial instruments**

CPSA's financial instruments include cash, accounts receivable, investments and accounts payable and accrued liabilities. Cash and accounts receivable are classified as loans and receivables and accounted for at amortized cost using the effective interest rate method. Loans and receivables are initially recorded at fair value. Accounts payable and accrued liabilities are classified as other liabilities and are accounted for at amortized cost using the effective interest rate method. Financial liabilities are initially recorded at fair value.

The fair value of financial instruments that are not recorded at fair value approximates their carrying amounts due to the short-term maturity of these instruments.

**College of Physicians & Surgeons of Alberta**

## Notes to Financial Statements

December 31, 2023

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CPSA is exposed to various risks through its financial instruments. The following analysis provides a measure of the risks as at December 31, 2023.

**Credit risk**

Credit risk refers to the risk a counterparty may default on its contractual obligations, resulting in a financial loss. Accounts receivable consist of numerous parties operating primarily in the medical field and are of a short-term nature and no individual account receivable is significant to CPSA's financial position. As at December 31, 2023, CPSA had recorded an allowance for doubtful accounts of \$275,239 (2022 – \$264,545) which is recorded net within accounts receivable in the statement of financial position.

A portion of the assets held in the defined benefit pension plan is exposed to credit risk. In the event of loss in the pension plan, CPSA would be obligated to fund any deficiency that may arise. The pension plan assets are invested in bond index funds.

Cash and term deposits are maintained with a Schedule I financial institution; therefore, CPSA considers the risk of non-performance of these instruments to be remote.

There has been no change to credit risk from the prior year.

**Market and other price risk**

CPSA is subject to market risk with its investments. Accordingly, the value of these financial instruments are subject to fluctuations due to changes in market prices, market conditions, or factors affecting the net asset values of the underlying investments. All investments are of large market entities regularly traded on the exchanges.

A portion of the assets held in the pension plan is exposed to market and other price risk. In the event of loss in the defined benefit pension plan, CPSA would be obligated to fund any deficiency that may arise. CPSA invests in a mix of large market funds regularly traded on the exchanges.

**Liquidity risk**

Since inception, CPSA has primarily financed its liquidity through member dues, fees and investment income. CPSA expects to continue to meet future requirements through all of the above sources.

CPSA is not subject to any externally imposed capital requirements. The investments are subject to liquidity risk if CPSA is required to sell at a time that the market for investments is unfavourable. There have been no changes to CPSA's objectives and what it manages as capital since the prior year.



**12 Nature of expenditures**

Supplemental information with respect to the nature of expenditures included in the statement of revenues and expenditures is as follows:

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
Salary and benefits	24,055,272	21,647,745
Consulting	7,950,125	7,101,492
Office facilities	1,485,954	1,391,641
Legal	1,484,485	1,227,595
Programs	1,206,004	1,106,153
Grant payments (note 9)	945,690	-
Amortization	880,166	890,195
Honoraria	670,897	785,882
Bank and interest charges	652,404	716,120
Printing and supplies	744,551	648,978
Travel, meals and accommodation	607,325	524,288
Other	476,237	272,140
Web site and internet	192,192	157,731
Recruitment/training	184,044	167,120
Grants and scholarships	173,119	186,123
Insurance	104,486	113,500
Bad debt	44,377	179,092
	<u>41,857,328</u>	<u>37,115,795</u>

Expenditures included in the table above are presented in the following categories on the statement of revenues and expenditures:

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
Expenditures	37,426,605	33,634,537
Development costs	65,000	207,970
Accredited health facilities and equipment	3,403,593	3,273,288
Expenditures relating to Building Reserve Fund (note 9)	962,130	-
	<u>41,857,328</u>	<u>37,115,795</u>



**College of Physicians &  
Surgeons of Alberta**

Summary Financial Statements  
**December 31, 2023**

**DRAFT**

**FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED**

## College of Physicians &amp; Surgeons of Alberta

## Summary Statement of Financial Position

As at December 31, 2023

	2023 \$	2022 \$
<b>Assets</b>		
<b>Current assets</b>		
Cash	36,192,866	34,158,276
Accounts receivable	5,839,718	3,541,715
Prepaid expenses and other assets	666,809	617,132
	<u>42,699,393</u>	<u>38,317,123</u>
<b>Investments</b>	30,491,305	31,386,250
<b>Equipment and leasehold improvements</b>	3,747,326	4,491,741
<b>Employee future benefits – registered plan (note 2)</b>	7,566,992	6,032,303
	<u>84,505,016</u>	<u>80,227,417</u>
<b>Liabilities</b>		
<b>Current liabilities</b>		
Accounts payable and accrued liabilities	2,908,291	2,595,874
Deferred fee revenue	24,726,441	25,708,324
Deferred contributions	125,259	449,084
Deferred leasehold inducements	336,716	336,716
	<u>28,096,707</u>	<u>29,089,998</u>
<b>Deferred rent inducement</b>	363,949	369,581
<b>Deferred leasehold inducements</b>	1,402,983	1,739,699
<b>Employee future benefits – supplemental plan (note 2)</b>	4,829,215	5,340,704
<b>Employee future benefits – defined contribution supplemental plan</b>	809,950	518,035
	<u>35,502,804</u>	<u>37,058,017</u>
<b>Net Assets</b>		
<b>Invested in equipment and leasehold improvements</b>	3,747,326	4,491,741
<b>Internally restricted</b>	5,897,536	6,001,224
<b>Unrestricted</b>	39,357,350	32,676,435
	<u>49,002,212</u>	<u>43,169,400</u>
	<u>84,505,016</u>	<u>80,227,417</u>

Approved by the Council President

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

FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT

NOT TO BE FURTHER COMMUNICATED

## College of Physicians &amp; Surgeons of Alberta

## Summary Statement of Revenues and Expenditures

For the year ended December 31, 2023

	2023 \$	2022 \$
<b>Revenues</b>		
Physician annual fees	28,184,138	22,515,009
Practice readiness fees	3,855,730	3,375,294
Investment income	2,456,928	1,466,202
Professional corporation fees	1,947,800	1,908,900
Physician registration fees	1,035,200	885,000
Grant funding	971,388	768,149
Miscellaneous	421,444	263,905
Fines to members	314,700	302,700
Continuing competence	309,518	423,531
Recovery of investigation and hearing expenditures	218,924	859,785
Certificates	162,400	166,825
Summative assessment fees	155,662	147,475
Physician health monitoring fees	62,028	79,236
Physician assistant fees	31,912	27,862
	<u>40,127,772</u>	<u>33,189,873</u>
<b>Expenditures</b>		
Information management and privacy	3,660,665	3,135,668
Administration	3,573,292	3,167,081
Office of the Registrar	1,880,409	1,743,622
People and culture	1,273,163	945,643
Governance	1,251,696	1,213,638
Communication	1,094,545	996,416
Amortization	880,166	890,195
CPISA activities		
Professional conduct and hearings – director office	7,364,893	6,111,851
Continuing competence	4,029,530	4,126,071
Analytics, innovation and research	3,758,459	3,378,376
Practice readiness	3,755,884	3,249,626
Registration	2,796,876	2,516,671
Physician health monitoring and practice conditions monitoring	2,107,027	2,159,679
	<u>37,426,605</u>	<u>33,634,537</u>
<b>Excess (deficiency) of revenues over expenditures before other items</b>	<u>2,701,167</u>	<u>(444,664)</u>
<b>Development costs</b>	<u>(65,000)</u>	<u>(207,970)</u>
<b>Accreditation program</b>		
Revenues	3,996,530	3,444,399
Expenditures	<u>(3,403,593)</u>	<u>(3,273,288)</u>
<b>Excess of revenues over expenditures for accreditation program</b>	<u>592,937</u>	<u>171,111</u>
<b>Excess (deficiency) of revenues over expenditures before other items</b>	<u>3,229,104</u>	<u>(481,523)</u>
<b>Other income (expenditures)</b>		
Fair value changes in investments	2,103,104	(3,493,650)
Investment income building fund	265,505	69,347
Expenditures relation to building fund	<u>(962,130)</u>	<u>-</u>
	<u>1,406,479</u>	<u>(3,424,303)</u>
<b>Excess (deficiency) of revenues over expenditures for the year</b>	<u>4,635,583</u>	<u>(3,905,826)</u>

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

**FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED**

**College of Physicians & Surgeons of Alberta**

## Notes to Summary Financial Statements

December 31, 2023

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**1 Basis of presentation**

The summary financial statements are derived from the audited financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations as at December 31, 2023 and for the year then ended.

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

Management prepared these summary financial statements using the following criteria:

- the summary financial statements include all statements included in the audited financial statements with the exception of the statement of changes in net assets and the statement of cash flows, as these statements are readily available on request;
- information in the summary financial statements agrees with the related information in the audited financial statements;
- major subtotals, totals and comparative information from the audited financial statements are included; and
- the summary financial statements contain the information from the audited financial statements dealing with matters having a pervasive or otherwise significant effect on the summary financial statements, such as described in note 2.

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

**2 Summary of select significant accounting policies****Investments**

Investments are recorded at fair value on the latest closing bid price. This accounting treatment results in unrealized changes in the market value of the investment portfolio being reported as a component of fair value changes reported on the summary statement of revenues and expenditures.

**Revenue recognition**

Revenue is recognized when received, receivable, or in the year to which it relates, if amounts can be reasonably estimated and collection is reasonably assured.

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

**FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED**

# College of Physicians & Surgeons of Alberta

## Notes to Summary Financial Statements

December 31, 2023

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

- Registration fees and fines to members

Registration fees are recognized when received or receivable.

- General, certificate, miscellaneous, and other revenue

Other general revenue is recognized when the related services are provided or goods are shipped.

- Investment income

Investment income includes interest and dividends. Interest and dividends are recognized when received.

- Grant funding

Grant funding is recognized in accordance with the terms of the grant agreement as expenses are incurred.

### Employee future benefits

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

	2023		2022	
	Registered \$	Supplemental \$	Registered \$	Supplemental \$
Fair value of plan assets	47,429,413	-	45,392,448	-
Accrued benefit obligation	(39,862,421)	(4,829,215)	(39,360,145)	(5,340,704)
Plan (deficit) surplus	7,566,992	(4,829,215)	6,032,303	(5,340,704)

**FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED**





**Pension Fund for Employees  
of College of Physicians &  
Surgeons of Alberta**

Financial Statements  
**December 31, 2023**

DRAFT

**Pension Fund for Employees of College of  
Physicians & Surgeons of Alberta**

Statement of Net Assets Available for Benefits

As at December 31, 2023

	2023		2022	
	Defined contribution component \$	Defined benefit component \$	Total \$	Total \$
<b>Assets</b>				
<b>Investments</b> (note 3)	7,224,722	47,429,413	54,654,135	49,509,380
<b>Liabilities</b>				
<b>Accrued liabilities</b>	70,786	-	70,786	190,517
<b>Net Assets Available for Benefits</b>	7,153,936	47,429,413	54,583,349	49,318,863
	7,224,722	47,429,413	54,654,135	49,509,380

# Pension Fund for Employees of College of Physicians & Surgeons of Alberta

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2023

			2023	2022
	Defined contribution component \$	Defined benefit component \$	Total \$	Total \$
<b>Increases in net assets available for benefits</b>				
Contributions				
Employer	2,337,973	-	2,337,973	2,045,896
Employer special	-	-	-	110,668
Employee	459,522	-	459,522	402,442
	<u>2,797,495</u>	<u>-</u>	<u>2,797,495</u>	<u>2,559,006</u>
Investment income				
Interest	2,866	-	2,866	597
Net realized gain on disposal and settlement of investments	(2,866)	47,945	45,079	308,378
Net unrealized gain (loss) on investments	668,879	3,551,038	4,219,917	(5,743,164)
Net change in the fair values of investments	666,013	3,598,983	4,264,996	(5,434,786)
	<u>3,466,374</u>	<u>3,598,983</u>	<u>7,065,357</u>	<u>(2,875,183)</u>
<b>Decrease in net assets available for benefits</b>				
Retirement benefit payments	(138,593)	(1,296,795)	(1,435,388)	(1,443,677)
Fees and expenses (note 6)	-	(244,962)	(244,962)	(246,516)
Termination payments	(120,521)	-	(120,521)	(280,620)
	<u>(259,114)</u>	<u>(1,541,757)</u>	<u>(1,800,871)</u>	<u>(1,970,813)</u>
<b>Increase (decrease) in net assets available for benefits during the year</b>	3,207,260	2,057,226	5,264,486	(4,845,996)
<b>Net assets available for benefits – Beginning of year</b>	<u>3,946,676</u>	<u>45,372,187</u>	<u>49,318,863</u>	<u>54,164,859</u>
<b>Net assets available for benefits – End of year</b>	<u>7,153,936</u>	<u>47,429,413</u>	<u>54,583,349</u>	<u>49,318,863</u>

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

# Pension Fund for Employees of College of Physicians & Surgeons of Alberta

Notes to Financial Statements

December 31, 2023

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## 1 Description of the Fund

Pension Fund for Employees of College of Physicians & Surgeons of Alberta (the Fund) provides retirement benefits for the employees of the College of Physicians & Surgeons of Alberta (the Employer or Sponsor). The Fund is a contributory, defined contribution plan (DC) and defined benefit plan (DB) registered with the Canada Revenue Agency (registration #546473) and the Alberta Superintendent of Pensions (registration #41726).

The Fund is directed by the Sponsor with actuarial services provided by Mercer (Canada) Ltd. (Mercer), as well as services provided by Manulife Financial Corporation (Manulife), as the trustee, custodian, transfer agent, investment manager and record keeper of the Fund.

Effective December 31, 2020, the DB component of the Fund closed to new entrants and active members stopped accruing credited service and contributing to the Fund. Effective January 1, 2021, the registered DC component of the Fund commenced.

### Actuarial valuation

The most recent DB actuarial valuation was performed by Mercer for the effective date of December 31, 2021, updated from the December 31, 2019 actuarial valuation. The Employment Pension Plans Act (EPPA) of the Province of Alberta (the Act) requires that such valuations be performed at no greater than three-year intervals, with the next valuation required by the effective date of December 31, 2024. Significant assumptions used in the existing valuation include the rate of compensation increase of 2.0% + service related table (2019 – 2.0%+ service related table) and the discount rate of 4.7% (2019 – 4.7%).

### Funding policy

- DB component

The Employer contributes such amounts to the Fund as are required based on the advice of the Fund's actuary. The Employer's contributions may include special payments toward any unfunded liability and/or solvency deficiency. Under this pension financing arrangement, the Employer bears the investment risk. Eligible employees had to become members and contribute 5% of their pensionable earnings to the Fund until they had completed 35 years of service with the Employer, or December 31, 2020, at which point they stop making contributions to the DB component.

- DC component

Effective January 1, 2021, a DC component commenced in which all existing and eligible new members began to accrue benefits. Eligible employees must become members and contribute 3% of their pensionable earnings to the DC component of the Fund and the Sponsor contributes 15% of the members' pensionable earnings.

# Pension Fund for Employees of College of Physicians & Surgeons of Alberta

Notes to Financial Statements

December 31, 2023

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## Eligibility

For the DC component of the Fund, full-time permanent employees become eligible to participate in the Fund on the first day of the month on or after the completion of three months of continuous service, or attaining age 21, if later. Participation in the Fund is mandatory for full-time permanent employees. Part-time permanent employees have the option to voluntarily elect to join the Fund after two years of continuous service, provided they have earned at least 35% of the yearly maximum pensionable earnings in two consecutive calendar years.

## Retirement and termination benefits

On the first day of the month after a member's 71st birthday, the member and the Employer stop contributing to all pension plans as per Canada Revenue Agency rules. The member must start receiving their pension no later than December 1 in the year they reach age 71.

- DB component

The normal retirement date is the first day of the month immediately following the member's 65th birthday. Members can elect early retirement between the ages of 55 and 65. Early retirement may result in a pension reduction.

On retirement, members receive a monthly pension payment based on their number of years of credited service with the Employer up to December 31, 2020 and the average of their earnings over the best five calendar years in the last ten years of employment.

A member who terminates employment with the Employer will be entitled to a deferred DB pension benefit commencing on their normal retirement date. Deferred pension benefits are eligible for early commencement.

- DC component

Upon termination of continuous service, a member has a 90-day period following notification to have all amounts in their DC account transferred to another registered pension plan, a restricted RRSP, or an insurance company for the purchase of an immediate or deferred life annuity commencing no later than December 1 of the year in which the member reaches age 71.

## Death benefits

If a member dies before commencing pension, their beneficiary will receive the balance of the commuted value of the DB pension benefits. If the beneficiary is a spouse, they may elect to receive the refund as a transfer to a locked in RRSP or as a life annuity; otherwise, the pension benefits will be paid in a lump sum.

# **Pension Fund for Employees of College of Physicians & Surgeons of Alberta**

Notes to Financial Statements

December 31, 2023

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The total value of the member's DC account will be transferred to their beneficiary. If the beneficiary is a spouse, they may elect to transfer the balance to another registered pension plan, a restricted RRSP or an insurance company for the purchase of an immediate or deferred life annuity commencing no later than December 1 of the year in which the spouse reaches age 71.

## **2 Summary of significant accounting policies**

### **Basis of accounting**

The Act, as clarified under EPPA Update 14-04 effective for year-ends on or after September 30, 2014, allows the preparation of financial statements in accordance with Canadian generally accepted accounting principles for pension plans, excluding recognition and disclosures of pension obligations. Accordingly, to comply with the Act, the Fund reports under Canadian accounting standards for pension plans, excluding recognition and disclosures relating to the Fund's pension obligations. These financial statements are prepared on a going concern basis and present the information of the Fund as a separate financial reporting entity independent of the Sponsor and Fund Members. The Fund applies Canadian accounting standards for private enterprises in Part II of the Chartered Professional Accountants of Canada (CPA Canada) Handbook – Accounting for its accounting policies not related to its investment portfolio.

These financial statements differ materially from financial statements prepared in accordance with Canadian accounting standards for pension plans and do not purport to show the adequacy of the Fund's assets to meet its pension obligations. They have been prepared to assist in meeting the requirements of the pension regulator.

### **Investment assets**

Investments are stated at fair value in accordance with International Financial Reporting Standard 13, Fair Value Measurement. Purchases and sales of investments are recorded as of the trade date (the date on which the substantial risks and rewards have been transferred). Transactions that have not been settled are reflected in the statement of net assets available for benefits as amounts receivable or payable for unsettled trades.

The methods used to determine fair value for each category of investment assets are explained in note 5.

### **Transaction costs**

Transaction costs are not part of the fair value of investments and are expensed as incurred in the statement of changes in net assets available for benefits.

# **Pension Fund for Employees of College of Physicians & Surgeons of Alberta**

Notes to Financial Statements

December 31, 2023

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## **Income recognition**

Interest is recognized as earned on an accrual basis. Dividend income is recognized based on the ex-dividend date. Net realized (loss) gain on investments sold during the year represents the difference between settlement proceeds and book value. Change in unrealized gain (loss) on investments represents the change in the difference between fair value and book value of investments as at the beginning and end of the year. All changes in realized and unrealized gains (losses) on investments are recorded in the statement of changes in net assets available for benefits in the year in which they occur.

## **Investment management and administrative fees**

Investment managers of the Fund for the DB component charge management fees, which are netted against the net assets of the Fund and are recorded in the statement of changes in net assets available for benefits in the fees and expenses of the Fund. Administrative expenses incurred are paid directly by the Fund.

Expenses related to the DC component, including investment management fees, custodial fees and administration fees, are deducted from each member's account as determined by the Funding Agreement, or as determined by the Employer from time to time.

## **Income taxes**

The Fund is a registered pension plan as defined under the Income Tax Act (Canada) and is not subject to income taxes.

## **Use of estimates**

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities as at the date of the financial statements and the reported amounts of income and expenses during the reporting period. Actual results could differ from those estimates. The most significant estimates relate to the determination of fair value of financial instruments.

# Pension Fund for Employees of College of Physicians & Surgeons of Alberta

Notes to Financial Statements

December 31, 2023

## 3 Investments

DB component investments

	2023		2022	
	Market value \$	Book value \$	Market value \$	Book value \$
Fixed income	13,916,355	16,141,561	13,107,785	16,669,860
Canadian large cap equity	6,350,911	4,716,968	5,938,470	4,882,808
International equity	4,187,730	4,281,436	3,949,386	4,452,432
Global equity	17,822,004	14,597,766	16,704,183	15,105,645
Canadian pooled real estate fund	5,152,413	4,366,836	5,692,623	4,507,894
	47,429,413	44,104,567	45,392,447	45,618,639

The asset mix for the investments is determined by the Sponsor's Finance and Audit Committee.

DC component investments

	2023		2022	
	Market value \$	Book value \$	Market value \$	Book value \$
Target date funds	5,420,986	5,034,919	3,106,962	3,213,394
US large cap equity	560,727	475,697	287,740	289,084
Canadian large cap equity	488,218	448,512	268,345	267,108
International equity	317,912	298,525	173,512	183,846
Fixed income	235,415	232,831	154,015	165,736
Manulife GIA	110,505	107,045	68,771	68,177
Canadian money market	90,959	85,434	57,588	56,708
	7,224,722	6,682,963	4,116,933	4,244,053

The investment options for members are determined by the Sponsor's Finance and Audit Committee. Each member chooses their asset mix.

## 4 Financial risk management

The objective of the Fund is to achieve medium to long-term growth of its DB investment portfolio to provide the DB component of the Fund with assets sufficient to meet members' pension benefit payment obligations. The Fund's investment policy is set out in the statement of investment policies and procedures.

The Fund invests in funds that are managed by the record keeper. The investment managers of the funds must adhere to the investment policies governing these funds, which are monitored by the Sponsor. The Fund's investing activities expose it to a variety of direct and indirect financial risks: market risk, credit risk and liquidity risk.



# **Pension Fund for Employees of College of Physicians & Surgeons of Alberta**

Notes to Financial Statements

December 31, 2023

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The allocation of assets among the various types of investments and the performance of investments held by the Fund are monitored by the Fund's investment managers and are reviewed by the Sponsor as needed.

The Sponsor monitors compliance with the Fund's risk management policies and procedures and reviews the adequacy of the risk management framework in relation to the risks faced by the Fund.

For the DC component, members are responsible for selecting investments to meet their personal objectives and risk tolerance and bear the full risk of investment results from the asset classes and representative options they select.

## **Market risk**

The Fund's investments are susceptible to market risk, which is defined as the risk the market value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk.

Currency risk is the risk the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The Sponsor does not enter into foreign exchange contracts to limit the exposure to foreign currency exchange risk. This risk is mitigated by diversification of portfolio holdings among different countries.

Interest rate risk is the risk the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Fund invests in a diverse portfolio of assets with different maturity dates and various issuers.

The Fund invests in the units of funds, which in turn invest in a diversified portfolio of assets. While the underlying investments of the Fund are susceptible to both currency and interest rate risks, the risk to the Fund is indirect in nature.

Other price risk is the risk the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. Should the value of the financial statements decrease significantly, the Sponsor could incur material losses on disposal of the instruments. This risk is mitigated by diversification of portfolio holdings among different asset classes. If the unit price of the investments were to increase or decrease by 1%, with all other variables held constant, the impact on the net assets available for benefits would be approximately \$546,541 (2022 – \$495,094).

## **Credit risk**

Credit risk is the risk one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Fund views the risk in this area to be insignificant.

# **Pension Fund for Employees of College of Physicians & Surgeons of Alberta**

Notes to Financial Statements

December 31, 2023

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## **Liquidity risk**

Liquidity risk is the risk the Fund may be unable to meet obligations relating to the DB component in a timely manner. In addition to recurring expenses, the Fund is called on to meet regular pension benefit payments as well as lump sum transfers that may occur on retirement or termination of qualifying members. The risk the Fund would be unable to meet such obligations is managed through the Fund's ongoing monitoring of the individual investment managers and in their ability to sell securities in which the Fund has invested.

## **5 Fair value measurement**

The Fund's investments are held in various pooled index and mutual funds comprised of equities, bonds and money market vehicles. No segregated or individual equities or bonds are held. The investments are recorded at fair value using net asset values as provided by the investment fund manager. The net asset values represent the underlying net assets at fair value, determined using closing market prices, divided by the number of units outstanding. This is the value at which units of the pooled funds can be redeemed or subscribed for by the Fund as at the reporting date. Canadian pooled real estate fund is valued at year-end net asset values as provided by the investment fund manager. There have been no significant changes in the valuation methodology during the current year.

As set forth in the Appendix to CPA Canada Handbook – Accounting Section 4600, instruments that are measured at fair value use a hierarchy. The hierarchy prioritizes the inputs to fair value measurement, placing the highest priority on unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to inputs not based on observable market data (Level 3).

The three levels of the fair value hierarchy are:

- Level 1 – unadjusted quoted prices in active markets for identical assets or liabilities;
- Level 2 – inputs that are observable for the assets or liabilities either directly or indirectly; and
- Level 3 – inputs for assets or liabilities that are not based on observable market data.

The investments are classified as Level 2 in the hierarchy.

# Pension Fund for Employees of College of Physicians & Surgeons of Alberta

Notes to Financial Statements

December 31, 2023

## 6 Fees and expenses

Fees and expenses are charged against the DB component and consist of the following:

	2023 \$	2022 \$
Investment management fees	243,574	244,833
Administrative and servicing fees	1,388	1,683
	<u>244,962</u>	<u>246,516</u>

## 7 Management of capital

Management of the Fund defines capital as the net assets available for benefits. These financial statements, however, represent only the net assets available for benefits of the Fund; management of capital is done at the Fund level. As stated in note 2, these financial statements do not purport to provide information about the solvency of the Fund.

## 8 Related party transactions and balances

The Sponsor provides administration services to the Fund, which include the payment of the 2022 audit fees of \$9,000 on behalf of the Fund. The fees for the 2023 audit of \$12,500 will be paid by the Sponsor and, as such, have not been included in accounts payable and accrued liabilities on the statement of net assets available for benefit.

Also, the Sponsor provides administrative services to the Fund at no cost.



<b>Submission to:</b>	<b>Council</b>		
<b>Meeting Date:</b>	<b>Submitted by:</b>		
May 30, 2024	Laurie Steinbach, Governance Committee Chair Rick Buckley, Governance Committee Vice Chair		
<b>Agenda Item Title:</b>	6.2.1 2024 Council Learning Plan		
<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 <i>Choose an item.</i> 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:</b>	That Council approves the 2024 CPSA Council Learning Plan.		
<b>Background:</b>	Council reviewed a draft Learning Plan at its March 2024 meeting and requested that learning for all CPSA Strategic Directions be added, and that additional learning about Authentic Indigenous Connections and Anti-Racism, Anti-Discrimination be included. At its April 24, 2024 meeting, Governance Committee reviewed and recommends the attached revised 2024 Council Learning Plan.		
<b>Next Steps:</b>	Following Council approval, the 2024 Council Learning Plan will be implemented.		
<b>List of Attachments:</b>	1. <a href="#">Revised Draft 2024 CPSA Council Learning Plan</a>		

## **2024 CPSA Council Learning Plan**

**Draft 2, Revised: April 24, 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.
5. To develop as individual Council members and as Council in working towards CPSA's

#### **Strategic Directions:**

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

**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> <li>• An example related to Strategic Direction: Authentic Indigenous Connections, is the online University of Alberta <a href="#">“Indigenous Canada”</a> course.</li> <li>• Regulated members sitting on CPSA Council may have access to the AHS Indigenous Learning modules: Required Organizational Learning (ROL) on “My Learning Link”. AHS’ Indigenous Health Program has public videos available on its <a href="#">webpage</a>, which will be of interest and helpful to CPSA Council members in their learning journeys.</li> <li>• An example related to Strategic Direction: Anti-Racism Anti-Discrimination is a new online University of Alberta course: <a href="#">Black</a></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
	<a href="#">Canadians: History, Presence, and Anti-Racist Futures</a>		
Mandatory Training: <i>Fair Registration Practices Act</i> – online modules  <b><u>Learning Plan Goal: 1</u></b>	Under Alberta’s <i>Fair Registration Practices Act</i> , CPSA must ensure our registration practices are transparent, objective, impartial and procedurally fair. CPSA Councillors may be involved in hearing appeals of registration decisions. To help ensure CPSA’s registration processes comply with legislation, the <i>Fair Registration Practices Act</i> Training is required.	<ul style="list-style-type: none"> <li>• Course completion will be tracked.</li> </ul>	<ul style="list-style-type: none"> <li>• Highest quality, compassionate and ethical care</li> </ul>
Voluntary Online Education: Micro-aggression Training for Physicians	Online Education: Micro-aggression Training for Physicians 1-1.5-hour online learning	<ul style="list-style-type: none"> <li>• Will be 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> </ul>



Activities	Resources	Measuring and Reporting Outcomes	Strategic Plan Alignment
<p><b><u>Learning Plan Goals:</u></b> 2, 3</p>	<p>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>• 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>**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>	<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>

**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 on a specific topic.</p> <p>Schedule:</p> <ul style="list-style-type: none"> <li>• <b>March 2024:</b> Council Culture: Giving 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>• Receiving Feedback (part 2 of Margot Ross-Graham’s March 2024 session)</li> <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</li> </ul>	<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>	<ul style="list-style-type: none"> <li>• Highest quality, compassionate and ethical care</li> <li>• Proactive and Innovative Approach</li> <li>• Anti-Racism and Anti-Discrimination</li> <li>• Enhanced Partnerships</li> </ul>

Activities	Resources	Measuring and Reporting Outcomes	Strategic Plan Alignment
	<p>(CMPA) – context and understanding of complaints at the national level.</p> <ul style="list-style-type: none"> <li>• Presentation from the Health Quality Council of Alberta (HQCA) – their mandate, and trends in Alberta</li> <li>• Presentation from Dr. Patrick McFarlane on cultural competence</li> <li>• Presentation and Round Table Discussion with AMA</li> <li>• “Research 101 and Research for Professional Regulation” presentation/session from CPSA’s Analytics Innovation and Research Department.</li> </ul> <p>Some topics may be postponed/scheduled as part of the 2025 Learning Plan and future Council Retreats. The Executive Committee plans the CPSA Council Meeting Agendas and will use this list to make decisions on in-Council learning sessions.</p>		

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

Activities	Resources	Measuring and Reporting Outcomes	Strategic Plan Alignment
<p>A ½ day session 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><b>Date TBD</b></p> <p><b><u>Learning Plan Goals:</u> 1, 3</b></p>	<p>CPSA will seek a facilitator of 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>
<p>2024 CPSA Council Retreat – Authentic Indigenous Connections</p>	<p>CPSA worked with G4 Health to organize and hold the Retreat January 26-27, 2024</p>	<p>Desired strategic outcomes of the Retreat:</p> <ul style="list-style-type: none"> <li>• Enhanced learning and</li> </ul>	<p>Authentic Indigenous Connections</p>

Activities	Resources	Measuring and Reporting Outcomes	Strategic Plan Alignment
		<p>understanding about the impacts of colonization and how it affects Indigenous access to safe medical care and/or Indigenous health outcomes.</p> <ul style="list-style-type: none"> <li>• Advancing the dialogue and understanding related to Strategic Direction: Authentic Indigenous Connections.</li> <li>• Council celebrates and commits to continuously working on culture through signing the Council Culture Agreement.</li> </ul>	<p>Anti-Racism Anti-Discrimination</p>
<p><b>**Proposed:</b> additional Retreat at Saddle Lake/Blue Quills University/St. Paul September 2024</p> <p>(perhaps in combination with the September Council</p>	<p>CPSA will work with Blue Quills University and Council Member Nicole Cardinal to organize this visit/retreat.</p>	<p>Similar desired outcomes to the January retreat, however may be modified.</p>	<p>Authentic Indigenous Connections</p> <p>Anti-Racism Anti-Discrimination</p>

<b>Activities</b>	<b>Resources</b>	<b>Measuring and Reporting Outcomes</b>	<b>Strategic Plan Alignment</b>
meeting, week of September 9)			

<b>Submission to:</b>	<b>Council</b>		
<b>Meeting Date:</b>	<b>Submitted by:</b>		
May 30, 2024	Laurie Steinbach, Governance Committee Chair Rick Buckley, Governance Committee Vice Chair		
<b>Agenda Item Title:</b>	6.2.2 Regulated Member Council Member Re-appointment		
<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:</b>	That Council approves using Bylaw 13(4) to carry out an assessment process at the May 2024 meeting for an incumbent member of Council to be potentially appointed to a 2 <sup>nd</sup> term by Council.		
<b>Background:</b>	<p>For 2025 Council, there are two (2) openings for a regulated member of Council, and the vacancies will be filled through an election in Fall 2024. An incumbent Council member is eligible to run for a 2<sup>nd</sup> term on Council in that election, and there is 1 clear vacancy as 1 Council member will have completed their second term on December 31, 2024.</p> <p>The 2022 Governance Review had the following recommendation, which was approved by CPSA Council:</p> <p style="padding-left: 40px;">"Given the benefit CPSA stands to derive from Council member continuity, consideration should be given to encouraging a target of six years of total service for high performing Council members (both Public and Physician members)."</p> <p>The Bylaws were amended in 2023, to include Council's ability to re-appoint regulated member Council members to a 2<sup>nd</sup> term:</p> <p style="padding-left: 40px;">Bylaw 13(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.</p>		

Governance Committee met on May 6, 2024 and supported a recommendation to Council to use Bylaw 13(4) this year. This will mean assessing the Council member eligible for a 2<sup>nd</sup> term at the May Council meeting and appointing them to Council for a 2<sup>nd</sup> term if they are assessed as effective.

A risk to be considered is that changes to Council member selection are coming in 2025, with the Nominations + Elections model for selecting regulated members of Council. Implementing an assessment and re-appointment process now for an incumbent Council member could be viewed as CPSA Council moving too quickly on the new process.

If Council decides to use Bylaw 13(4) in 2024, Attachment 1 provides a suggested set of questions that Council can use to assess the Council member.

**Next Steps:**

If the decision is to use Bylaw 13(4) in 2024 for the 2025 Council:

- Council will take time in camera to assess the effectiveness of the incumbent Council member who is completing their 1<sup>st</sup> term, at the May Council meeting.
- If incumbent meets the effectiveness assessment and are re-appointed, an announcement of the re-appointment will be made after the May Council meeting and before the election process starts.
- the election process that has been used in past years will be implemented, and 1 Council position will be open for election to the 2025 Council.

If the decision is to wait and use Bylaw 13(4) in future years:

- the election process that has been used in past years will be implemented, and 2 Council positions will be open for election to the 2025 Council.

In 2025 when the CPSA Nominating Committee is in place, further refinement to the Councillor effectiveness assessment tool will be carried out.

**List of Attachments:**

1. [Assessment Questions/Discussion Guide](#)



## Council Member Effectiveness Assessment Questions

**Process:** Council will have a discussion about the effectiveness of the Council member, using the questions below as a guide. There is no scoring suggested for the 2024 assessment discussion. Council will discuss and come to agreement about the effectiveness of the Council member. Council does not need to discuss each question, to assess effectiveness.

Questions from the GoA and CPSA annual Council Member self-evaluation:

1. Does the Council member:  
provide detailed insight and constructive feedback into matters before the Council; find logical flaws in arguments/evidence; identify problems and solutions other may have missed; and able to look at situations from multiple perspectives?
2. Does the Council member:  
make decisions on a systematic review of relevant facts and information; avoid making assumptions or rushing to judgment, but able to recognize when sufficient information is available to make a decision; provide clear rationale for decisions; consider problems from a range of viewpoints; see relationships between diverse systems, organizations or environments; and consider consequence and implications associated with actions?
3. Does the Council member:  
challenge the status quo; generate and implement creative, new ways of doing things to achieve the college's goals; identify opportunities to improve the college's processes so they are easier for the main stakeholders to navigate; encourage people to question existing methods, practices and assumptions; and support people in their efforts to try new things?
4. Does the Council member:  
build consensus across individuals with different viewpoints find mutually agreeable solutions to problems; effectively leverage negotiating strategies and tactics to reach mutually agreeable solutions; and outline requirements (e.g. legislative requirements) that help drive discussions toward resolution.
5. Does the Council member:  
effectively balance risks and opportunities, think through potential positive and negative outcomes; and look for ways to mitigate risk?
6. Does the Council member:

express ideas and information in a clear and concise manner; tailor the message to fit the interests and needs of the audience; deliver information in a manner that is clear to the listener; attentively listen to the comments and questions of others; allow people to finish their statements before responding or asking questions?

7. Does the Council member:  
understand the relationship between stakeholders, members and government;  
have a clear understanding of the role of the Council versus the college and/or  
the government; act in accordance with sound governance practices and the  
highest ethical standards?
8. Does the Council member:  
understand and can clarify organizational goals and objectives; identify and  
utilize the strengths of members to the best achieve the strategic objectives of  
the organization; prioritize time and resources to ensure achievement of strategic  
goals; and establish connections between short-term goals and long-term  
objectives and directions?
9. Does the Council member:  
foster respect for the beliefs and traditions of others; discourage behaviours or  
practices that may be perceived as unfair, biased or critical toward people with  
certain backgrounds; actively participate in Council meetings and activities;  
leverage the skills and interests of fellow Council members to achieve goals and  
solve problems; and support Council decisions?
10. Does the Council member:  
demonstrate knowledge or expertise of the industry/sector the Council operates  
within; and understand particular trends, challenges and opportunities, or unique  
dynamics within the sector?
11. Does the Council member:  
demonstrate knowledge or expertise in legal principles, processes and systems;  
effectively interpret and apply legislation; understand the legal dimensions of  
organizational issues?
12. Does the Council member:  
consistently attend, fully prepared, and diligently participate in Council meetings  
and hearings?
13. Does the Council member:  
strictly maintain confidentiality of all privileged or sensitive information provided  
during the Council member's appointment, as well as the privacy rights of  
individuals connected with the college and Council?

<b>Submission to:</b>	<b>Council</b>
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<b>Meeting Date:</b>	<b>Submitted by:</b>
May 30, 2024	Daisy Fung, Committee Chair

<b>Agenda Item Title:</b>	6.3.1 Anti-Racism Anti-Discrimination Action Advisory Committee Meeting Summary Report
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<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.
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<b>AGENDA ITEM DETAILS</b>	
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<b>Recommendation:</b>	N/A
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<b>Background:</b>	<p>On May 3, 2024, the Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC) met and deliberated on the following topics:</p> <ul style="list-style-type: none"> <li>• ARADAAC had a guest from the Indigenous Advisory Circle and recommended to Governance Committee that they be recommended to Council for appointment to ARADAAC. Council member Ian Walker was also recommended for appointment to ARADAAC. Through the Committee recruitment process that took place in late 2023, there is a possibility of gaining a few more ARADAAC members during this calendar year.</li> <li>• The Committee heard an update from the Chief of Staff about the internal staff Equity Diversity and Inclusion (EDI) Committee. Actions and activities the EDI Committee has initiated include:           <ul style="list-style-type: none"> <li>○ training for all staff;</li> <li>○ a service dog and accessibility audit; and</li> <li>○ use of a multi-cultural calendar.</li> </ul> </li> <li>• ARADAAC reviewed a 2023 Annual Report for the Committee and supported forwarding the report to the Governance Committee.           <ul style="list-style-type: none"> <li>○ It was noted that ARADAAC is looking forward to hearing from additional CPSA departments such that they have a well-rounded view of the organization as they work to fulfill the Committee mandate to advise CPSA Council on priority areas where CPSA has the greatest authority to</li> </ul> </li> </ul>
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	<p>action and influence change to disrupt racism and discrimination within regulated member practice.</p> <ul style="list-style-type: none"> <li>• The Committee discussed the CPSA Position Statement on Racism and Discrimination. This discussion and recommendation is provided under separate cover.</li> <li>• ARADAAC reviewed a request from regulated members to include antisemitism in the <i>Advice to the Profession: Guidelines for Anti-Racism and Anti-Discrimination</i>. After discussion, ARADAAC advised CPSA that: <ul style="list-style-type: none"> <li>○ the Advice to Profession document should not be changed;</li> <li>○ regulated members continue to be referred to the Code of Ethics as a means of highlighting and addressing unprofessional behaviour; and</li> <li>○ CPSA stands against discrimination in any form.</li> </ul> </li> <li>• In order to plan for a Standard of Practice for Anti-Racism and Anti-Discrimination, ARADAAC had a presentation from the CPSA Standards of Practice Advisor. Having recommended the development of this SOP for the past 2 years, ARADAAC was strongly in favour of prioritizing the SOP. CPSA staff will get back to the Committee at the next meeting with a recommended timeline. <ul style="list-style-type: none"> <li>○ The timing was discussed in the context of the Indigenous Advisory Circle working on an SOP in upcoming years.</li> </ul> </li> <li>• The Committee plans to get together in-person in the Fall.</li> </ul>
Next Steps:	<ul style="list-style-type: none"> <li>• Pending decisions and timing feasibility, ARADAAC will work on drafting an update to the CPSA Position Statement and beginning development of a Standard of Practice over the coming year.</li> <li>• ARADAAC's next meeting is Friday, July 26.</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>		
May 30, 2024	Daisy Fung, Committee Chair		
<b>Agenda Item Title:</b>	6.3.2 Anti-Racism Anti-Discrimination Position Statement		
<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>	<p>That Council asks ARADAAC to develop and recommend an updated CPSA Position Statement on Racism and Discrimination, with a recurring mandatory review timeline;</p> <p>And that ARADAAC welcomes collaboration and advice from the Circle, to amend the position statement and learn from any ongoing colonization harm that could be inadvertently created.</p>
<b>Background:</b>	<p>In March 2022, CPSA Council approved a Position Statement on Racism and Discrimination. This corresponded with early actions that were aligned with the Strategic Plan direction to become an Anti-Racism Anti-Discrimination organization.</p> <p>With 2 years having passed since the Statement was published, and with some time needed to reflect on the Statement and develop an updated Statement, ARADAAC would work on this over the course of 2024 and submit an updated Statement to Council in 2025.</p>
<b>Next Steps:</b>	<ul style="list-style-type: none"> <li>• Pending Council approval ARADAAC will begin working on the Statement, and will ensure the Circle is provided time to consider and give advice on the new draft Statement.</li> </ul>

<b>List of Attachments:</b>
1. <a href="#">Council Position Statement on Racism and Discrimination (2022)</a>

<b>Submission to:</b>	<b>Council</b>		
<b>Meeting Date:</b>	<b>Submitted by:</b>		
March 7, 2023	Tyler White		
<b>Agenda Item Title:</b>	6.4.1 Indigenous Advisory Circle 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.
<b>AGENDA ITEM DETAILS</b>			
<b>Recommendation (if applicable) :</b>	N/A		
<b>Background:</b>	<p>On April 22, 2024, the Indigenous Advisory Circle (Circle) had their second meeting of 2024.</p> <ul style="list-style-type: none"> <li>• The Circle welcomed Dr. Wayne Clark as the newest member.</li> <li>• Dr. Daisy Fung was welcomed as a connection between the Circle and the Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC). Dr. Fung and the Circle began discussions about how the two committees may collaborate towards shared goals.</li> <li>• The main agenda item for the meeting was CPSA’s Path to Truth and Reconciliation plan.             <ul style="list-style-type: none"> <li>○ The CPSA secretariat shared Council’s acceptance of the draft Reconciliation plan and sought feedback on next steps towards developing the plan in a way that supports sustained, meaningful action.</li> <li>○ The Circle’s advice to CPSA included ensuring the plan includes a communications strategy to raise awareness of CPSA among First Nations, Métis and Inuit communities, and engaging in ways that respect distinctions.</li> <li>○ The CPSA secretariat will continue to seek the Circle’s guidance as the Path unfolds.</li> </ul> </li> <li>• The Circle also discussed plans for their upcoming in-person gathering near Bragg Creek, led by Dr. Grandmother Doreen.</li> </ul>		
<b>Next Steps:</b>	The Circle will meet virtually at least 2 more times in 2024 to continue guiding CPSA on its efforts towards more equitable care for Indigenous patients.		
<b>List of Attachments:</b>	N/A		