

2



3



# Action



# Towards



# Impact



2023 Annual Report

# Table of contents

Vision, mission & values	1
Governance	3
A message from CPSA's 2023 Council Chair	7
A message from the 2023 public members of CPSA Council	8
A message from the 2023 regulated members of CPSA Council	9
A message from CPSA's Registrar	10
CPSA leadership	11
Departments & statistics	14
2023 financial statements	40

## Legend

### CPSA Strategic Directions



Highest Quality,  
Compassionate  
and Ethical Care



Enhanced  
Partnerships



Authentic  
Indigenous  
Connections



Anti-Racism  
and Anti-  
Discrimination



Proactive and  
Innovative  
Approach

We would like to extend a special thanks to the Bridlewood Oasis Medical Clinic in Calgary, Alta. for allowing us to photograph and showcase their clinic, staff and patients.

**CPSA respectfully acknowledges that our office is located on Treaty 6 territory, a traditional gathering place for diverse Indigenous peoples. We strive to honour and celebrate the histories, languages and cultures of First Nations, Métis and Inuit peoples throughout Treaty 6, Treaty 7 and Treaty 8 territories, as well as in settlements and Indigenous communities across Alberta. Through this land acknowledgement, we commit to building and nurturing authentic relationships with Indigenous peoples as we work towards culturally-safe, equitable health care for all.**

# Vision, mission & values

## Vision

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

## Mission

To serve and protect all Albertans, contributing to their health and wellness by supporting and guiding regulated members to proudly provide safe, high-quality care, together with healthcare partners and patients.

## Values

### **We do the right thing.**

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

### **We make informed decisions.**

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

### **We empower people.**

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

### **We collaborate.**

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

### **We are innovators.**

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

### **We enjoy and find meaning in our work.**

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



## Accelerating access to health care



The physician shortage in Alberta is a complex issue, requiring problem solving and collaboration among organizations across (and beyond) the health system. For CPSA, addressing this challenge means continuously refining processes and programs to help qualified physicians enter the province. One such initiative is the launch of our new accelerated Practice Readiness Assessment (PRA).

Learn more about the accelerated PRA and the program's impact on immediate staffing needs and enhanced patient access to vital services in central Alberta.



Use your smartphone's camera to scan the QR code and visit [conversations.cpsa.ca/](https://conversations.cpsa.ca/)

# Governance

## Council & Committees

CPSA is governed by a Council of elected regulated members and appointed public members. CPSA Council also includes non-voting members, such as the Deans from Alberta's medical schools, and medical student and resident representatives. Council plays a vital role in overseeing CPSA's Strategic Plan and setting our overall direction and policies, to help CPSA fulfill our legislated mandate to protect patients and serve the public interest.

We are also advised by committees and panels made up of physicians, physician assistants, Albertans, healthcare partners and other experts, who with their unique knowledge and diverse backgrounds help CPSA meet its obligations to patients across the province. In 2023, members of Council, advisory, regulatory and accreditation committees provided CPSA with advice to support legislated functions and positively impact health care in Alberta.

Council has established the following committees:

- Executive Committee
- Governance Committee
- Finance & Audit Committee
- Anti-Racism Anti-Discrimination Action Advisory Committee
- Building Fund Initiatives Working Group
- Indigenous Advisory Circle

Certain committees and quasi-judicial panels are required under the *Health Professions Act* and have specific legislative authorities:

- Competence Committee
- Medical Facility Accreditation Committee
- Complaint Review Committee
- Council Appeals Committee
- Hearing Tribunal

Additional committees work with CPSA departments and other committees as needed to assist with business functions:

- Assessment Program Advisory Committee
- Infection Prevention & Control Advisory Committee
- Physician Health Monitoring Committee
- Advisory Committee on Diagnostic Imaging
- Advisory Committee on Diagnostic Laboratory Medicine
- Advisory Committee on Neurodiagnostics
- Advisory Committee on Non-Hospital Surgical Facilities
- Advisory Committee on Pulmonary Function Diagnostics
- Advisory Committee on Sleep Medicine Diagnostics
- Summative Assessment Advisory Committee
- Tracked Prescription Program Steering Committee

## Standards of Practice and Policy

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

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

We regularly review our standards to ensure they are up to date and comply with provincial and federal laws and regulations.

CPSA initiated three consultations in 2023, during which a total of 1,642 participants provided feedback. All eight standards that were consulted on were existing standards.

## Existing standards updated

- *Establishing the Physician-Patient Relationship*
- *Terminating the Physician-Patient Relationship*
- *Responsibility for a Medical Practice*
- *Restricted Activities*
- *Prescribing: Administration*
- *Conscientious Objection*
- *Informed Consent*
- *Medical Assistance in Dying (MAID)*

Along with our comprehensive standards of practice, CPSA has Advice to the Profession documents to provide additional context and scenario-based guidance, supporting regulated members in understanding and applying the standards to their practice. In 2023, CPSA updated eight existing Advice to the Profession documents and published two new documents.

## Existing advice documents updated

- Episodic Care
- Physician Assistants
- Referral Consultation
- Medical Assistance in Dying (MAID)
- Closing or Leaving a Medical Practice
- Female Genital Cutting/Mutilation
- Safe Prescribing
- Virtual Care

## New advice documents published

- Lab Requisitions
- Anti-Racism Anti-Discrimination Guidelines

CPSA also develops Advice to Albertans documents to ensure Albertans are aware of their rights and duties as patients. Regulated members are welcome and encouraged to direct patients to these documents for additional guidance. In 2023, CPSA published two new documents.

## Advice to Albertans documents published

- Female Genital Mutilation
- Medical Assistance in Dying (MAID)

All standards of practice and advice documents are available on our website, [cpsa.ca](https://cpsa.ca)

---

**After much research, thought and collaboration with our partners throughout 2023, CPSA has published a new advice document for regulated members on anti-racism and anti-discrimination, with support and guidance from CPSA's Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAAC).**



# 2023 Council

## Elected Regulated Members

Dr. Jaelene Mannerfeldt, Vice Chair  
Dr. Nicole Cardinal, Executive Committee Member-at-Large  
Dr. Richard Buckley  
Dr. Daisy Fung  
Dr. Maryana Kravtsenyuk  
Dr. Oluseyi Oladele  
Dr. Ian Walker

## Appointed Public Members

Stacey Strilchuk, Chair  
Patrick Etokudo  
Levonnie Louie (January-September)  
Dr. Lyle Oberg (January-November)  
Dr. W.A. Sam Shaw (December)  
Laurie Steinbach  
Dr. Tyler White  
(Naa Taoyi Piita Wo Taan - "Holy Eagle Shield")

## Non-Voting Members

Dean: Dr. Brenda Hemmelgarn, University of Alberta  
Dean: Dr. Todd Anderson, University of Calgary  
Resident: Dr. Michael Taylor (January-June)  
Resident: Dr. Sarah Cook (July-December)  
Medical Student: Gareth Jones







Back (L-R): Patrick Etokudo, Dr. Oluseyi Oladele, Dr. Daisy Fung, Gareth Jones,  
Dr. Michael Taylor, Dr. Lyle Oberg, Dr. Todd Anderson

Front (L-R): Levonne Louie, Stacey Strlichuk, Dr. Jaelene Mannerfeldt, Laurie Steinbach

Not pictured: Dr. Richard Buckley, Dr. Nicole Cardinal, Dr. Sarah Cook, Dr. Brenda Hemmelgarn,  
Dr. Maryana Kravtsenyuk, Dr. W.A. Sam Shaw, Dr. Ian Walker, Dr. Tyler White

# A message from CPSA's 2023 Council Chair Ms. Stacey Strilchuk

The theme of CPSA's 2023 Annual Report is *Action Towards Impact*, one I find fitting considering CPSA's position in the healthcare system. As the 2023 Chair of CPSA Council, I am aware that every decision made at our table has the potential to impact the provision of health care in our province. It is a responsibility my Council colleagues and I do not take lightly.

To help inform Council's decision-making and ensure CPSA is continuously meeting its mandate, CPSA recently updated its strategic plan, which includes the organization's vision, mission and strategic directions. 2023 was our first full year operating under the 2022-2026 Strategic Plan, and I would like to thank my Council colleagues for prioritizing the plan alongside Council's overall fiduciary responsibilities.

Another priority in 2023 was implementing recommendations from the previous year's governance review, which was conducted to ensure Council continues to meet its mandate of protecting the public. Not only did Council examine existing committee structures and explore new ways to evaluate effectiveness in 2023, but it also focused significantly on enhancing Council culture, with a dedicated Council education and learning plan.

I am extremely proud of the time and effort that was put into improving Council culture, not to mention the Council Culture Agreement itself, which was approved in 2023. The agreement outlines behaviours and beliefs needed to create and uphold a culture of respect, safety and open-mindedness on Council. These include assuming positive intent, making decisions with transparency, accepting feedback as a form of support, valuing each other's opinions, and engaging in regular reflection. Adhering to this agreement encourages Council to think critically and ensures all decisions are made in the best interest of the public. Health care is constantly evolving, but having a unified group working towards a common goal helps us address the issues that are most important to CPSA and health care in Alberta.

Being part of a strong and unified Council also fosters trust and open communication, both important aspects when

working with our healthcare partners across the province. As part of CPSA's commitment to building authentic Indigenous connections, CPSA signed a historic agreement with Siksika Nation in September 2023. The agreement recognizes the autonomy and self-government of Siksika Nation and CPSA's regulatory authority over physicians and physician assistants practicing in Siksika. I want to personally thank Siksika Nation and Siksika Health Services for taking this step with us and I hope it signals our desire to earn and build authentic and meaningful relationships with other First Nations and Indigenous communities. Even as we recognize this milestone, we acknowledge that there is still much work to be done.

Throughout my two years as CPSA Council Chair, I have sought to lead by example, prioritize servant leadership and uphold good governance. I truly believe we are all equipped to serve in one way or another, but to do so, we must be open to continuous learning, both personally and professionally. Council epitomized this approach to leadership, and I'm proud of the progress we made as a group in 2023.

I wish to thank government and our community partners for walking alongside CPSA towards a common goal of safe, equitable and high-quality health care. I would also like to recognize the extraordinary work of all regulated members and healthcare professionals in Alberta. Your commitment does not go unnoticed. Thank you, as well, to the public for sharing their experiences, advocating for change and getting involved in health care.

On behalf of CPSA Council, I am pleased to endorse CPSA's 2023 Annual Report, and I look forward to continuing this important work into 2024.

As always, it is and was a privilege to serve.



**Stacey Strilchuk**





Stacey Strilchuk

## A message from the 2023 public members of CPSA Council

CPSA Council is fortunate to have a diverse composition of physician and public members, who bring their unique experiences and backgrounds to the Council table. While Council's physician members share their medical training and healthcare expertise, we as public members have the privilege of highlighting the patient perspective, while bringing expertise from our diverse backgrounds in other sectors, such as healthcare leadership, education, business and governance. Both the physician and public member perspectives provide key insights as we work together towards the common goal of protecting patients in Alberta.

One of Council's responsibilities is outlining the organization's strategic plan to ensure CPSA is meeting its mandate to serve and protect the public under the *Health Professions Act*. CPSA's 2022-2026 Strategic Plan is comprised of five strategic directions that intersect to guide our work, one of which is our commitment to anti-racism and anti-discrimination. Throughout 2023, Council and CPSA's team worked with partners across the province to promote access to equitable, high-quality care in safe and respectful spaces.

CPSA was proud to partner with the Alberta Medical Association and Alberta Health Services to launch an online micro-aggression training course for all regulated members. Upon completion, regulated members will better understand what micro-aggressions are, how to recognize them, why they are harmful to both physicians and patients, and how to respond. CPSA also signed a memorandum of understanding with Siksika Nation as a step towards improving relationships with Indigenous communities in our province. Racism has no place in health care, and these initiatives, among others, demonstrate Council's commitment to ensuring patients have access to care that is free from discrimination and bias.

We are grateful for the opportunity to serve and protect fellow members of the public through our roles on CPSA Council. We appreciate the work our fellow Councillors and the CPSA team do to ensure CPSA continues to act in the public interest, creating a positive and meaningful impact on patient care in Alberta. We look forward to continuing this work in 2024.



Back (L-R): Patrick Etokudo, Dr. Lyle Oberg

Front (L-R): Levonne Louie, Stacey Strilchuk, Laurie Steinbach

Not pictured: Dr. W.A. Sam Shaw, Dr. Tyler White

## A message from the 2023 regulated members of CPSA Council

As CPSA Council's elected regulated members, we appreciate the opportunity to contribute our knowledge and perspective to decisions impacting our profession and the care we provide to our patients. The last few years in health care have been challenging for all of us, and it seems like each year brings a new set of obstacles. As physicians, not only do we see the struggles our colleagues face in their day-to-day work, but we often experience them too. As CPSA Councillors, we understand the need to balance these challenges with maintaining high standards for ourselves and our practices, for the benefit of patient safety.

In 2023, CPSA implemented a *Continuing Competence* standard of practice in response to Bill 46, the *Health Statutes Amendment Act, 2020* (No. 2), which required health regulators to move existing competency requirements from the *Health Professions Act* into a standard of practice. While CPSA has introduced new quality improvement and assurance programs in recent years, the responsibility of regulated members to participate in continuing competence activities remains the same. As physicians ourselves, we understand the challenges that come with balancing patient care and our regulatory responsibilities. But ultimately, the privilege of profession-led regulation comes with a responsibility to ensure we have the skills to provide our patients with the care they deserve.

In addition, CPSA introduced a five-year pilot project to accelerate the registration process for our internationally-trained physician colleagues. The goal of the pilot is to evaluate whether certain internationally-trained physicians may begin independently practising in their identified communities faster, while still ensuring patient safety is the top priority. These projects demonstrate adaptive and innovative changes within our profession that will, in turn, have a lasting and positive impact on Albertans.

Despite the challenges our profession has experienced over the past few years, we continue to be inspired by the dedication of our fellow healthcare workers and their commitment to providing good care to patients. We are proud to have been elected by our colleagues to CPSA Council and appreciate the opportunity to share the perspective of our profession, so patients continue to receive the best care we as physicians have to offer.



Back (L-R) Dr. Jaelene Mannerfeldt, Dr. Daisy Fung

Front: Dr. Oluseyi Oladele

Not pictured: Dr. Nicole Cardinal, Dr. Richard Buckley,  
Dr. Maryana Kravtsenyuk, Dr. Ian Walker



Dr. Scott McLeod



# A message from CPSA Registrar Dr. Scott McLeod

I don't think it would be a stretch to say that today's healthcare system is far different than it was just a few short years ago. There are many reasons for this new reality, including a shortage of family physicians, provider burnout, escalating cost of care, more chronic disease and the introduction of artificial intelligence and virtual care, to name a few.

As Alberta's medical regulator, we know that maintaining the status quo is not possible if we want to continue meeting our mandate of protecting the public in a constantly changing environment. I'm proud of the work CPSA has done in 2023 to evolve our thinking and take definitive action, so we can make a positive impact on the care Albertans receive.

Throughout 2023, CPSA has been developing innovative approaches to removing administrative barriers to registration, while maintaining the safeguards required to ensure Albertans get care from qualified and competent physicians. We know that increasing access to poor care is not good for Albertans, but we also recognize that no access to care is equally bad. After examining our registration processes and identifying areas for improvement, CPSA introduced an accelerated Practice Readiness Assessment pilot project to help graduates from certain jurisdictions outside of Canada begin practising in Alberta communities sooner. This pilot project has been so impactful that we've had over 180 physicians apply for this route to licensure in 2023 alone.

This past year also marked a significant milestone for our Professional Conduct team, who wrapped up a three-year project to completely transform our complaints process. It's imperative that those who file and receive complaints believe CPSA's process is fair, consistent and timely. By using a quality improvement approach, implementing innovative technology and regularly monitoring key performance metrics, CPSA has dramatically reduced the time it takes to address complaints. The team has ingrained a culture of continuous quality improvement in the work they do and I'm looking forward to seeing how CPSA's complaints process will continue to evolve moving forward.

In late 2023, CPSA's Physician Health Monitoring Program underwent a transformation of its own to address the

divestment of remaining association-type activities as required by legislation. Like many projects, this was an organization-wide effort, and I'm pleased that our teams adapted diligently to changing legislation while balancing patient safety with the health and professional needs of regulated members.

Change is a constant in our profession, and 2023 was no exception. I would like to sincerely thank Council, the CPSA team, regulated members and the public for not only enduring change but embracing it wholeheartedly. I'm extremely proud of what we've accomplished in 2023 and I look forward to seeing how our actions will create a positive, lasting impact on health care in Alberta.



**Dr. Scott McLeod**



# CPSA leadership

## CPSA Council

### Registrar & CEO

Dr. Scott McLeod

### Deputy Registrar

Dr. Dawn Hartfield (September-December)

### Registration

Dr. Michael Caffaro

- Physician licensing
- Continuing professional development
- Registration assessments

### Continuing Competence

Dr. Charl Els

- Competence assessments
- Infection prevention and control

### Accreditation

Dr. Gordon Giddings (January-September)

Dr. Jeremy Beach (September-December)

- Diagnostic and non-hospital surgical facility accreditation and standards
- Radiation health registry for physicians and equipment

### Professional Conduct

Dr. Dawn Hartfield (January-September)

Dr. Gordon Giddings (September-December)

- Complaints director
- Complaints intake, investigation and resolution

### Physician Health Monitoring

Dr. Jeremy Beach (January-September)

Dr. Charl Els (September-December)

- Physician health and practice conditions monitoring

## Chief Information & Privacy Officer

Jim Kiddoo

- Information management and technology
- Privacy

## Chief Innovation Officer

Ed Jess

- Analytics, innovation and research
- MD Snapshot reports
- Physician prescribing practices
- TPP Alberta

## Chief of Staff

Michael Neth

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

## Chief Financial Officer

Tracy Simons

- Finance
- Operations

## Hearings Director

Nazrina Umarji (January-September)

Dr. Dawn Hartfield (September-December)

- Hearings, reviews and appeals



## Adapting to legislative changes



Under Alberta's *Health Professions Act*, CPSA must carry out governance and regulatory responsibilities in a way that protects and serves the public interest. In 2023, legislative changes prompted CPSA to introduce psychedelic-assisted psychotherapy accreditation standards, shift our approach to physician health monitoring and move our existing Continuing Competence programs into a standard of practice.

Learn how CPSA adapted to changing legislation, thereby demonstrating our commitment to patient safety.



Use your smartphone's camera to scan the QR code and visit [conversations.cpsa.ca/](https://conversations.cpsa.ca/)

## Our journey towards anti-racism and anti-discrimination

Racism and discrimination are unacceptable in any setting. In health care, such behaviours lead to negative care experiences, preventing physicians from providing the best care and undermining a patient's right to feel comfortable in care spaces. CPISA is committed to becoming an anti-racism, anti-discrimination organization and in 2023, took several steps towards making healthcare settings safer for patients and workspaces safer for physicians.



Use your smartphone's camera to scan the QR code and visit [conversations.cpsa.ca](https://conversations.cpsa.ca)!

# Departments & statistics

## Registration

All physicians, physician assistants (PAs) and medical learners must be registered with CPSA before they practise medicine in Alberta. The Registration team reviews all applicants' education and qualifications, and assesses skills when needed, to ensure their future patients receive high-quality care. Once registered, physicians and PAs must renew their CPSA practice permit annually to confirm any new certifications and practice details. We have the same expectations of all physicians, including locums, physicians with Canadian credentials and those with international training, to ensure they practise safely and competently.

In 2023, international medical graduates (IMGs) made up nearly 35 per cent of Alberta's physician workforce. Before these physicians could practise in Alberta, they each had to complete a Practice Readiness Assessment (PRA)—the final step to independent practice in Alberta for those who do not have complete Canadian credentials. In January 2023, CPSA launched a five-year pilot project to accelerate the PRA process for IMGs with training comparable to that obtained in Canadian universities. The goal of the pilot is to evaluate whether certain IMGs may begin independently practising within communities faster, while providing safe, high-quality care. By the end of the year, 181 candidates applied for this accelerated route to registration and may be eligible, with 18 beginning their PRA.

## Registration statistics

	2023	2022	Variance	2021 <sup>1</sup>
Applications issued <sup>2</sup>	1,044	826	218	755
<b>Physician registrations<sup>3</sup></b>				
Graduates from Alberta universities	222	203	19	197
Graduates from other Canadian universities	201	197	4	152
Graduates from universities outside Canada	300	216	84	154
Total new registrations <sup>4</sup>	723	616	107	503
Reinstated registrations <sup>4</sup>	210	94	116	110
<b>TOTAL</b>	<b>933</b>	<b>710</b>	<b>223</b>	<b>613</b>

1. 2021 data included for information only; variance is between 2022 and 2023.

2. Applications for independent practice registration are issued by CPSA to qualified candidates via physiciansapply.ca. Applications may not always result in registrations.

3. Includes registrations from applications issued in prior years.

4. Due to changes in our reporting to ensure consistency, numbers from 2021 and 2022 have changed from what was reported in previous years.

Members on an independent practice register <sup>1</sup>	2023	2022	Variance	2021 <sup>2</sup>
General Register <sup>3</sup>	12,090	11,802	288	11,375
Provisional Register (Conditional Practice) <sup>3,4</sup>	471	473	-2	629
<b>TOTAL</b>	<b>12,561</b>	<b>12,275</b>	<b>286</b>	<b>12,004</b>

1. Unique individuals actively practising at any point throughout the year.
2. 2021 data included for information only; variance is between 2022 and 2023.
3. This number does not include physician assistants because they are not in independent practice.
4. The provisional register also includes physicians in supervised practice.

General Register Breakdown <sup>1</sup>	2023	2022	2021
Family Physician <sup>2</sup>	4,694	4,500	4,149
General Practitioner	1,060	1,122	1,218
Non-Specialist	58	57	55
Specialist	6,278	6,123	5,953
Physician Assistant <sup>3</sup>	53	46	42
<b>TOTAL</b>	<b>12,143</b>	<b>11,848</b>	<b>11,417</b>

1. Unique individuals actively practising at any point throughout the year.
2. Includes family physicians and family medicine specialists certified by the College of Family Physicians of Canada.
3. The total in this table is different than the total members on an independent practice register because it includes physician assistants.

Provisional Register Breakdown <sup>1</sup>	2023	2022	2021
Family Physician <sup>2</sup>	13	15	114
General Practitioner	260	254	296
Non-Specialist	54	48	38
Specialist	144	156	181
Physician Assistant <sup>3</sup>	1	0	0
<b>TOTAL</b>	<b>472</b>	<b>473</b>	<b>629</b>

1. Unique individuals actively practising at any point throughout the year.
2. Includes family physicians and family medicine specialists certified by the College of Family Physicians of Canada.
3. The total in this table is different than the total members on an independent practice register because it includes physician assistants.

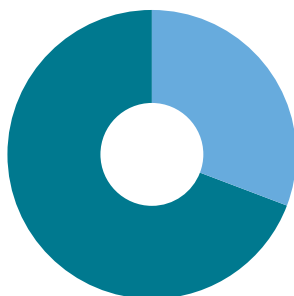


## Physician Breakdown

(General Register and Provisional Register Conditional Practice combined)

**65%**

Domestic  
Medical  
Graduates



**35%**

International  
Medical  
Graduates

## General Register Breakdown

**38.7%**

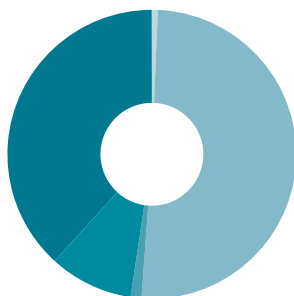
Family  
Physician

**8.7%**

General  
Practitioner

**0.5%**

Non-Specialist



**0.4%**

Physician  
Assistant

**51.7%**

Specialist

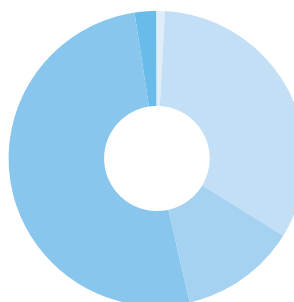
## Provisional Register Breakdown

**2.8%**

Family  
Physician

**55.1%**

General  
Practitioner



**0.2%**

Physician  
Assistant

**30.5%**

Specialist

**11.4%**

Non-Specialist

## What's the difference between designations?

### Family Physician

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

### General Practitioner

Has 24 months of postgraduate training after medical school.

### Non-Specialist

Has practice permit condition restricting the scope of practice to a specialty discipline.

### Specialist

Can practice in full scope of their discipline and is certified by the Royal College of Physicians and Surgeons of Canada (or has substantially equivalent training).

### Physician Assistant

Trained healthcare provider who works under the supervision of a physician.

## Permit denials, conditions, non-renewals and courtesy register

Practice permits denied, conditions applied or not renewed	2023	2022	2021
Denied	2	7	8
Conditions applied	276	202	196
Not renewed (see breakdown) <sup>1</sup>	399	435	484
<b>TOTAL<sup>1</sup></b>	<b>677</b>	<b>644</b>	<b>688</b>

1. Due to changes in our reporting to ensure consistency, numbers from 2021 and 2022 have changed from what was reported in previous years.

Practice permits not renewed, by category	2023		2022		2021	
	Retired	Inactive <sup>1</sup>	Retired	Inactive <sup>1</sup>	Retired	Inactive <sup>1</sup>
<b>General Register</b>						
Family Physician <sup>2</sup>	40	87	31	83	41	91
General Practitioner	39	14	36	20	53	30
Non-Specialist	1	2	2	0	0	1
Specialist	42	168	94	154	111	143
<b>Provisional Register</b>						
Family Physician	0	0	0	0	0	4
General Practitioner	0	1	0	6	0	2
Non-Specialist	0	1	0	0	0	0
Specialist	0	4	0	9	0	12
<b>TOTAL</b>	<b>122</b>	<b>277</b>	<b>163</b>	<b>272</b>	<b>201</b>	<b>283</b>

1. Includes permit inactivation for reasons other than retirement, including withdrawal from practice, leaving Alberta, etc.

2. Includes family physicians and family medicine specialists certified by the College of Family Physicians of Canada.

Courtesy Register <sup>1</sup>	2023		2022		2021	
	# of Physicians	Avg. Days <sup>2</sup>	# of Physicians	Avg. Days <sup>2</sup>	# of Physicians	Avg. Days <sup>2</sup>
Clinicians	8	5	5	10	4	15
Instructors	3	2	2	3	2	3
Learners	11	36	4	19	5	68
<b>TOTAL</b>	<b>22</b>	<b>43</b>	<b>11</b>	<b>32</b>	<b>11</b>	<b>86</b>

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

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

## Registration assessments

Before we give a physician an Alberta practice permit, we often need to assess them to make sure they have the right skills and can practise safely.

For all tables in this section, completed assessments may have been initiated in a prior year.

---

### Types of assessments

#### **Practice Readiness Assessment (PRA-AB):**

For those who do not have complete Canadian credentials, CPSA's PRA-AB is the final step of an alternate path to independent practice in Alberta and includes a two-part assessment of clinical competence, chart management and professionalism.

---

#### **Return to Practice:**

If a regulated member has been out of practice for more than three years, they may have to complete a return-to-practice assessment to determine if re-training or other supports are needed before they resume caring for Albertans.

---

#### **Change in Scope:**

If a regulated member would like to add a new medical service to their practice, they may need an assessment to make sure they have the training, experience and competence to offer this service to Albertans.

---

#### **Summative Assessment:**

Regulated members who have been on the Provisional Register for six years will complete a mandatory pass/fail assessment of medical knowledge, procedural skills, clinical decision-making skills, communication and professionalism to prove they qualify for the General Register.

---

Practice Readiness Assessment (PRA-AB)	2023	2022	2021
Initiated	135	106	92
Supervised practice assessment only	37	14	24
Preliminary clinical assessment plus supervised practice assessment	98	92	68
<b>Completed</b>			
Passed	109	99	63
Failed	1	5	2
Withdrawn	1	0	2
On hold	1	1	2
In progress at Dec. 31	36	21	40
<b>Pass rate</b>	<b>99%</b>	<b>94.05%</b>	<b>95.80%</b>
Return to Practice	2023	2022	2021
Initiated	5	0	0
Completed	4	0	0
In progress at Dec. 31	1	0	0
Change in Scope	2023	2022	2021
Initiated	8	6	3
Approved for full change	4	5	5
In progress at Dec. 31	1	1	0
Summative Assessment	2023	2022	2021
Completed	13	10	3
Approved for General Register	7	13	0
Failed	0	0	0
Pending Decision at Dec. 31	6	0	3

**CPSA leads the country in Practice Readiness Assessments (PRAs). In 2023, we initiated 135 PRAs in support of safe, community-based health care.**



## From Matrix to medicine: AI applications in health care



Artificial intelligence (AI) in health care is rapidly evolving, leaving some people uneasy and others excited about its potential. Within this new realm of possibilities, CPSA is working hard to establish appropriate regulations, contribute to developments within the field, enhance medical practice, and improve physician wellness and quality of care for Albertans.

Learn more about how CPSA is balancing a role in regulation and innovation with supporting developments and identifying best practices in health care AI applications.



Use your smartphone's camera to scan the QR code and visit [conversations.cpsa.ca](https://conversations.cpsa.ca)



# Continuing Competence

Part of CPSA's responsibility as Alberta's physician regulator is to ensure our regulated members have the skills and knowledge to provide patients in Alberta with high-quality health care. Our team in Continuing Competence works with physicians throughout their careers, supporting their commitment to life-long learning through our quality assurance and improvement programs.

In 2023, Continuing Competence worked with our team in Registration to develop a new competency assessment specifically for international medical graduates who registered to practise in Alberta through a new, accelerated route. Also in 2023, CPSA's Physician Health Monitoring Program shifted to a program within Continuing Competence, with a focus on health and practice conditions monitoring.

---

## CPSA's competence programs are designed to provide physicians with the support they need, when they need it:

Research on physician risk factors is used to identify and select participants for **Physician Assessment & Feedback** (PAF), during which education and improvement opportunities are proactively identified through a practice visit.

---

If a physician needs more targeted support to improve specific areas of their practice, they may be referred for an **Individual Practice Review** (IPR) for more hands-on, customized learning.

---

Physicians can chart their own quality improvement paths through the **Physician Practice Improvement Program** (PPIP), which requires completion of one personal development and two quality improvement activities on a regular cycle. Physicians can create their own improvement projects or participate in existing programs.

---

CPSA's **Group Practice Review** (GPR) (which assesses group medical practices) and the Medical Council of Canada's **MCC 360** (a multi-source feedback program for physicians practising in Canada) both meet PPIP requirements.

---

## Continuing Competence statistics

Participation in our competence programs is tracked according to the year a physician was initiated into the program, meaning the number of cancelled, closed and in progress files for any given year will change year-over-year.

Physician Assessment & Feedback (PAF)	2023	2022	2021
Initiated	182	150 <sup>1</sup>	146
Cancelled <sup>2</sup>	11	19	20
Closed	79	99	101
Closed—referred to IPR	16	31	25
In progress at Dec. 31	76	1 <sup>3</sup>	0

1. A different figure was reported in the 2022 annual report due to a tracking error.

2. A PAF file is cancelled when a physician's registration becomes inactive (due to retirement, extended leave, withdrawal from practice, etc.).

3. Re-assessment required.

Individual Practice Review (IPR)	2023	2022	2021
Physician referrals received	40	27	48
Files closed <sup>1</sup>	11	22	41
Referred to Professional Conduct <sup>2</sup>	0	0	0
In progress at Dec. 31	29	5	7

1. Files are closed when remediation outcomes and assessments are successful and the physician is deemed safe to practise.

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

IPR sources of referral	2023
Professional Conduct	1
Physician Prescribing Practices	0
Physician Assessment & Feedback (PAF)	34
Self-referral	0
Hearing Tribunal	4
Other	1

Multi-Source Feedback (MCC 360)	2023	2022	2021
Initiated	499	515	608
Files closed	303	399	410
Cancelled <sup>1</sup>	64	97	185
In progress at Dec. 31	127	19	13

1. An MCC 360 file is cancelled when a physician's registration becomes inactive (due to retirement, extended leave, withdrawal from practice, etc.).

Group Practice Review (GPR)	2023	2022	2021
Initiated	58 <sup>1</sup>	65 <sup>2</sup>	18
Completed <sup>3</sup>	26	54	18
Cancelled <sup>4</sup>	1	8	0
In progress at Dec. 31	31	3	0

1. 251 physicians participated in 2023.

2. 265 physicians participated in 2022.

3. Assessment and facilitation completed.

4. A GPR is cancelled when a physician's registration becomes inactive (due to retirement, extended leave, withdrawn from practice, etc.).

## Physician Practice Improvement Program (PPIP) audits

Starting in 2023, physicians who report completion of a PPIP activity on their annual renewal information form are randomly selected and asked to complete an online survey, to provide details of their reported activity and confirm it meets PPIP requirements.

	2023
Initiated	538
Completed	144
Refuted <sup>1</sup>	37
Cancelled <sup>2</sup>	5
In progress at Dec. 31	352

1. An audit is refuted when a physician's PPIP activity is reviewed and has not met PPIP expectations.

2. An audit is cancelled when a physician's registration becomes inactive (due to retirement, extended leave, withdrawal from practice, etc.).

## Competency Assessments

A new, two-part assessment was introduced in 2023 for international medical graduates who enter practice in Alberta through the new accelerated route to registration.

Competency Assessments	2023	
	First assessment	Second assessment <sup>1</sup>
Initiated	2	0
Cancelled/Excluded	0	0
Files closed	0	0
Referred to IPR	0	0
In progress at Dec. 31	2	0

1. After completion of both assessments, recommendations on next steps are issued to CPSA's Registration team.

## Infection Prevention & Control (IPAC)

In 2023, our Infection Prevention & Control (IPAC) team continued to support Alberta's community-based medical clinics in providing safe, high-quality care to patients. The IPAC team monitors requirements and develops guidance and resources for medical clinics to help protect both patients and clinic staff from the risk of infection. After supporting CPSA and regulated members with COVID-19 guidance in previous years, the IPAC team resumed their normal assessment volume for 2023. While any medical clinic can be visited to determine compliance with IPAC requirements, CPSA's assessments are primarily focused on

locations that reprocess reusable medical devices. Outcomes from assessments are generally positive, as physicians are given reasonable timelines to correct any deficiencies. On rare occasions where critical deficiencies are noted, physicians may be asked to cease the use of reusable devices and CPSA may be compelled to notify the Medical Officer of Health if a risk to patient safety exists.

In addition to overseeing IPAC and medical device reprocessing assessments, this team also manages CPSA's voluntary medical clinic registry. 2023 was the first full year of the medical clinic registration program and the number of clinics registered grew from 120 at the end of 2022 to 788 at the end of 2023. By registering with CPSA, medical clinic staff are better connected to our guidance and resources, and can be assured they won't miss important communication from CPSA.

## Infection Prevention & Control statistics

Medical office assessments	2023	2022	2021
Medical Device Reprocessing (MDR)	118	32	40
General IPAC	0	2	0
Follow-up assessments	18	0	7
Public concerns <sup>1</sup>	7	7	2
By request from CPSA Professional Conduct <sup>2</sup>	0	1	0
Hair transplantation	0	0 <sup>4</sup>	1
<b>TOTAL</b>	<b>143</b>	<b>42</b>	<b>50</b>
Reportable breaches <sup>3</sup>	4	2	0

1. Includes joint assessments conducted alongside Alberta Health Services Public Health Inspectors.

2. IPAC Program Manager may be named an investigator under Part 4 of the *Health Professions Act*.

3. Encompasses all notifications of concern to Medical Officer of Health regardless of source of identification.

4. As of Sept. 1, 2022, hair transplantation no longer requires Registrar approval. As a result, hair transplantation data will no longer be reported going forward.

## Analytics, Innovation & Research (AIR)

CPSA is the only health regulator in Canada with a department dedicated to research, data and innovation. The work of our Analytics, Innovation & Research (AIR) team allows CPSA to make evidence-based decisions and provide regulated members with programs and resources that are meaningful and support quality patient care.

AIR includes the Physician Prescribing Practices (PPP) program, the Tracked Prescription Program (TPP) Alberta and the Research & Evaluation Unit (REVU). PPP provides resources on prescribing and encourages self-reflection to support better prescribing practices. TPP Alberta is a partnership between several Alberta healthcare organizations—administered by CPSA—to monitor the use of prescription drugs prone to misuse and uses TPP Alberta data to educate and improve patient care. REVU conducts health and regulatory-focused research and supports all CPSA departments by evaluating program effectiveness through a variety of research methods.

In 2023, PPP introduced improvements to MD Snapshot-Prescribing, a quarterly online report for physicians with personalized prescribing data. The PPP team also engaged several Alberta physicians in an MD Snapshot Working Group to identify how CPSA can improve this resource and ensure it's useful to physicians and their prescribing practice.

REVU facilitated several focus groups with physicians and Albertans in 2023. They gathered input and perspectives on antibiotic prescribing, antimicrobial resistance, quality care, and CPSA's complaints process. REVU presented original research in academic research conferences and public forums across Canada and internationally, published a study on rapid tapering of opioid prescriptions following regulatory intervention, and received the Innovation Award from the Coalition for Physician Enhancement for their work on screening tools to identify physicians who need support improving their practice.



## Physician Prescribing Practices (PPP) statistics

### High-risk patient identification interventions

Patients are considered high risk when prescribing data suggests they are on a high oral morphine equivalent (OME) dose of greater than 200 oral morphine equivalents per day and have attended three or more physicians and three or more pharmacies within a three-month period.

**Cases meeting respective criteria and reviewed in 2023:** 745

**Physicians contacted with notification or advice:** 94

**Physicians further engaged for ongoing education/support:** 1

### 3-plus benzodiazepines & 3-plus opioids

Physicians with patients identified as receiving three or more benzodiazepine and three or more opioid prescriptions within a three-month period are provided with education and resources to support high-quality patient care.

**Cases meeting respective criteria and reviewed in 2023:** 593

**Physicians contacted with notification or advice:** 68

**Physicians further engaged for ongoing education/support:** 3

### 3-plus benzodiazepines

Physicians with patients who received three or more different benzodiazepine or Z-drugs, irrespective of the number of prescriptions, within a three-month period are contacted with information, support and education.

**Cases meeting respective criteria and reviewed in 2023:** 10,257

**Physicians contacted with notification or advice:** 375

**Physicians further engaged for ongoing education/support:** 7

## Graduated Assessment of Prescribing Practice (GAPP) program

PPP receives referrals from other CPSA departments to review a physician's existing prescribing conditions. The Graduated Assessment of Prescribing Practice (GAPP) program takes a systematic review and reconsideration of prescribing restrictions towards proactively ensuring safe patient care.

	2023	2022
Opened	1	3
Closed	1	0
In progress at Dec. 31	2	0

## Opioid Agonist Treatment (OAT) prescribing approvals

Under our *Safe Prescribing for Opioid Use Disorder* standard of practice, physicians must successfully complete required training to apply for approval to initiate OAT for patients with opioid use disorder (OUD). As of Dec. 31, 2023, 301 total physicians have approval to prescribe OAT in Alberta.

	2023	2022	2021
Initiation <sup>1</sup>	9	86	99
Maintenance <sup>2</sup>	1	1	1

1. Regulated members are approved to both initiate and maintain a patient with OUD on OAT.

2. Regulated members are only approved to maintain a patient on OAT.

## MD Snapshot-Prescribing

MD Snapshot-Prescribing is a customized profile reporting on prescribing of monitored medications in a physician's practice. It serves a dual purpose of increasing prescribing awareness for individual physicians and supporting care optimization for patients.

**Physicians who prescribed an antibiotic, opioid and/or a sedative (Benzodiazepines or Z- drugs) in the preceding quarter (numbers are consistent with 2022):**

**Q1:** 10,665

**Q2:** 10,516

**Q3:** 10,906

**Q4:** 10,897

## Physician Health Monitoring Program (PHMP)

Sometimes, the physician is also the patient. When we learn of a physician's health condition (which can occur when the physician first registers with CPSA, renews their practice permit, self reports or is reported by a colleague), the Physician Health Monitoring Program (PHMP) works with physicians who have health conditions (including physical and mental health challenges, substance use disorders, professionalism concerns and more), providing monitoring and support so physicians can manage their conditions and continue providing care to their patients.

After years of operation as a standalone department at CPSA, PHMP became a program within the Continuing Competence department in 2023 and began transitioning health assessments, fitness-to-practise assessments and biological monitoring functions to external service providers. This change was made to ensure compliance with provincial legislation and aligns with other physician health programs in North America.

---

### PHMP uses three types of monitoring to ensure physicians with health conditions are fit to practise:

**Health monitoring:** PHMP is provided with confidential updates from health providers on the physician's condition and the impact (if any) on their fitness to practise.

---

**Practice monitoring:** A colleague at the regulated member's workplace provides PHMP with reports on clinical performance and professional conduct.

---

**Biological monitoring:** Conducted by third-party providers, PHMP uses this form of monitoring for physicians recovering from a substance use disorder.

---

## Physician Health Monitoring Program statistics

Physician files	2023	2022	2021
Opened	88	148	115
Closed <sup>1</sup>	243	135	119
In progress at Dec. 31	88	279	263

1. A physician's PHMP file is closed when evidence informs they are fit to practise and no longer require monitoring.

Categories monitored	2023	2022	2021
Medical	24	101	87
Psychiatric	29	82	80
Substance use disorders	17	39	38
Boundary	7	14	11
Criminal	0	3	2
Professionalism	1	1	6
Blood borne infection	4	7	6
Disruptive behaviour	0	0	1
Other <sup>1</sup>	6	32	32

1. Files not yet categorized as health condition is under review.

## Practice Conditions Monitoring Program (PCMP)

Under the *Health Professions Act*—including but not limited to sections 40.1(1) and 65(1)—CPSA can apply practice conditions to a physician's practice permit when necessary, as a protective measure for the provision of safe patient and medical care. PCMP monitoring is performed in a timely and comprehensive way, using a number of verification methods. Condition categories include:

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

## Practice Conditions Monitoring Program statistics

Monitored	2023		2022		2021	
	Physicians	Conditions <sup>1</sup>	Physicians	Conditions <sup>1</sup>	Physicians	Conditions <sup>1</sup>
Opened	89	117	45	64	39	61
Closed	44	70	32	43	40	55

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

## Chaperone Audit Program site visits

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

	2023
Total active physicians with chaperone practice conditions	20
Total chaperones (MOA/LPN/Clinic Assistant)	53
Clinics visited <sup>1</sup>	18

1. Some physicians work at more than one clinic, and while monitoring is continuous, not all physicians with a chaperone condition receive an in-person visit.

## Professional Conduct

Most regulated members will receive a complaint at some point during their careers. While this can no doubt be a stressful experience, an important part of profession-led regulation is holding ourselves accountable. As Alberta's physician regulator, CPSA has a responsibility to ensure regulated members abide by expected standards and provide their patients with ethical, professional care.

Only a small number of complaints result in a hearing and formal disciplinary action. As a learning organization, CPSA takes an educational approach to resolving complaints whenever possible, so physicians can learn from what's happened and improve their practice for the next patient.

As part of their commitment to ensuring the complaints process is fair, timely and professional, Professional Conduct worked throughout 2023 on the implementation of a new case management system, through which complaints can be submitted online and automatically triaged into CPSA's systems. The goal is to streamline Professional Conduct's internal functions and improve the complaints process for both regulated members and complainants.

## Complaints Statistics

The redesign of the complaints process, along with increased staffing and the use of external investigators, has resulted in the closure of a significant number of complaints, with a larger number of files closed in 2023 than in previous years.

Complaints received	2023	2022	Variance (%)	2021 <sup>1</sup>
Starting number of open complaints	657	651	0.9	464
New complaint files created	867	725	16.4	617
Complaint files closed by Dec. 31	959	727	24.2	424
Complaint files in progress at Dec. 31	554	649	-17.4	637
Total physicians receiving a complaint	644	647	-0.5	535

1. 2021 data included for information only, variance is between 2022 and 2023.

## Types of complaints received (%)<sup>1</sup>

	2023	2022	2021
<b>COVID-19</b> Added in late 2021 to manage COVID-related matters.	0.3	4	3.5
<b>Quality of care</b> Includes diagnosis (incorrect or delayed) and treatment (prescribing, procedural, counselling, referrals, consultations).	36.8	36	35
<b>Practice management</b> Includes physician availability and office management, including finance and communication.	32.1	34	30
<b>Medical reporting</b> Includes release of records, report completion and accuracy.	12.1	8	6.4
<b>Ethics</b> Includes confidentiality, informed consent, advertising/self-promotion, research-related and boundary violations (including sexual, financial and others).	15.3	16	22
<b>Third party</b> Independent medical examination (Workers' Compensation Board and non-Workers' Compensation Board, all others).	1.6	1.3	1.3
<b>Systemic</b> Includes access to human resources and technology, continuity of care and interdisciplinary issues.	1.6	0.5	1.1
<b>Unclassified</b> All others.	0.3	0.2	0.7

1. A single complaint may include multiple types.

## Sources of complaints received

These numbers reflect 742 of the 867 complaints received in 2023—sources were not captured for the 125 complaints opened using our new case management program.

Sources of complaints received (%)	2023	2022	2021
Patient <sup>1</sup>	70.6	61	67
Family member of patient	18.4	21.7	14
Complaints Director <sup>2</sup>	3.2	4.3	5.7
Third party <sup>3</sup>	6.1	11	8
Lawyer	0	0.3	0.3
Other physician	1.7	1.7	5

1. Patient or legal guardian.

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

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



## Dismissal statistics

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

	2023	2022
Total number of files resolved by outright dismiss <sup>1</sup>	550	424
Total number of files dismissed after other processes <sup>2</sup>	598	727

1. A complaint is dismissed when there is insufficient evidence of unprofessional conduct, or the complaint is found to be frivolous or vexatious in nature.

2. Other processes include investigation, expert opinion or failed resolution.

## Resolution statistics

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

	2023	2022
<b>Early Consensual Resolution</b>		
Total number of files resolved	118	89
<b>Resolution After Investigation</b>		
Total number of files closed	24	17
<b>Resolution After Expert Opinion</b>		
Total number of files closed	37	N/A <sup>1</sup>

1. New resolution program implemented in 2023.

### Early consensual resolution

An informal process for straightforward complaints, in which our team works with the regulated member and the complainant to resolve the matter to the satisfaction of both parties.

### Resolution after investigation

An investigation gathers information on what led to the complaint and with the complainant's consent, the complaint is resolved once the physician agrees to certain requirements, which could include education, practice improvements, etc.

### Resolution after expert opinion

An expert in the same specialty as the subject of the complaint is consulted to determine whether the care provided aligns with CPSA's standards, and resolution is based on the expert's opinion.

## Investigation statistics

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

	2023	2022
Total number of investigations completed	130	97

## Hearing/legal referral statistics

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

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

	2023	2022	2021
Complaints referred to a hearing (notice of hearing submitted)	29	23	24

## Complaint or hearing assessments statistics

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

Assessments required by Professional Conduct <sup>1</sup>	2023	2022
Initiated	8	17
Completed	6	5
In progress at Dec. 31 <sup>2</sup>	3	12

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

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

Members assessed under Section 118, <i>Health Professions Act</i> (incapacity)	2023	2022	2021
Files opened	0	0	0
Assessments completed	0	0	0

## Boundary complaints

Maintaining professional boundaries within the physician-patient relationship is an essential part of medical practice due to the inherent power imbalance between healthcare practitioners and their patients. Under the *Health Professions Act*, there is zero tolerance of sexual abuse and sexual misconduct from healthcare professionals, and those found guilty face mandatory sanctions (up to and including licence revocation).

Through CPSA's Patient Relations Program, complainants who need support dealing with the impact of sexual abuse or misconduct by a regulated member can access funding for counselling and therapy services related to their complaint.

## Sexual abuse & misconduct statistics<sup>1</sup>

	Sexual Abuse			Sexual Misconduct			Both		
	2023	2022	2021 <sup>2</sup>	2023	2022	2021	2023	2022	2021
Complaints opened	2	6	3	4	4	12	0	1	1
Complaints closed	3	10	1	3	8	2	0	0	0
Complaints in progress	13	13	10	23	10	21	0	4	1
Hearings	1	3	1	2	3	1	2	1	0
Dismiss	1	1	1	2	2	5	0	0	0
Physician permit cancellations <sup>3</sup>	1	0	0	0	0	0	0	0	0
Physician permit suspensions <sup>3</sup>	0	2	0	1	3	1	0	1	0
Patients who accessed funds <sup>4</sup>	5	5	4	5	7	6	1	2	2

1. Some cases may have occurred before April 2019 legislation and were handled under previous *Health Professions Act* regulations.

2. Reporting processes have changed, 2021 data not comparable to 2022-2023.

3. Includes data from hearings held in 2023 on complaints opened in previous years, where the hearing decision only was published. For some matters, the sanction hearing is held separately and was not complete by year's end.

4. Patients may have been granted access to funds in current year, or in previous years but continue to access funds in the current year.

### Sexual abuse and sexual misconduct, as defined in the *Health Professions Act*

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

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

# Hearing Director's Office

The Hearing Director's Office (HDO) is responsible for coordinating hearings, complaint review committee meetings, appeals and reviews pursuant to the *Health Professions Act*. The HDO is also responsible for the recruitment of physician members to Complaint Review Committees and Hearing Tribunals, and supports committee members by organizing opportunities for education and training.

In 2023, Complaint Review Committee and Hearing Tribunal members participated in a number of training sessions on topics such as unconscious bias and online modules related to Bill 21: *An Act to Protect Patients*. The HDO also initiated an internal review in an effort to modernize processes and improve efficiency.

## Requests for review of dismissed complaints

	2023	2022	2021
Requests for review by complainant	118	53	63

## Complaint Review Committee (CRC) decisions received<sup>1</sup>

	2023	2022	2021
Decision upheld	67	33	45
Investigation requested	4	3	8
Withdrawn by complainant	0	2	0
CRC referred to a hearing	0	3	4
<b>TOTAL</b>	<b>71</b>	<b>41</b>	<b>57</b>

1. May relate to reviews initiated in a prior year.

## Hearings statistics

	2023	2022	2021
Number of hearing tribunals convened	17	25	23
Ongoing matters carried over to next calendar year	2	6	1
Hearing decisions received (merit and sanctions)	15	24	18
Percentage of hearing decisions with allegations proven	100%	94%	93%
Hearings closed to the public (fully or partially) <sup>1</sup>	4	2	1

1. Hearings are completely or partially (e.g., only during specific witness testimony) closed to the public to protect the privacy of a vulnerable patient, and/or the personal health and/or financial information of one of the parties.

## Hearing outcomes<sup>1</sup>

	2023	2022	2021
Cancellation of practice permit	1	4	0
Charges dismissed	0	1	1
Competence assessment required	3	5	4
Conditions on practice permit	3	6	2
Monetary fine	1	1	4
Health assessment required	1	3	1
Recovery of costs (all or partial)	8	18	12
Remedial education	4	6	5
Reprimand	4	7	6
Suspension of practice permit	3	8	4

1. Sanction decisions can have more than one outcome.

## Appeals to Council (hearing tribunal decisions and registration reviews)

By Complaints Director	2023	2022	2021
Charges dismissed by Council	0	0	1
By regulated member			
Appeal dismissed by Council	2	0	0
Appealing to Courts	2	1	0

## Registration reviews by Council

	2023	2022	2021
Registration denied due to failed assessment	1	0	0
Referred back to Registrar for new assessment	1	0	0

Hearing tribunal decisions are delivered in writing.

The merits decision outlines whether or not a physician is guilty of unprofessional conduct.

If the physician is found guilty, the sanctions decision will outline the penalties levied against the physician by the hearing tribunal.



## Relationship earning and CPSA's reconciliation journey

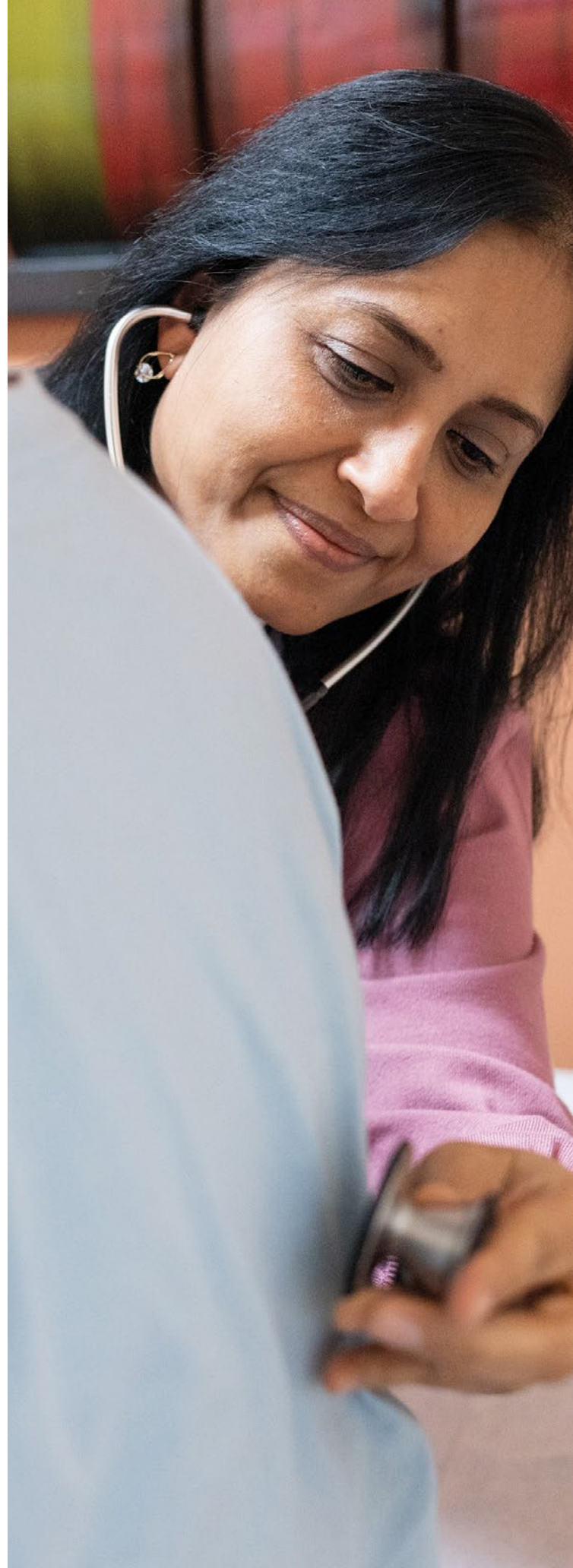


CPSA is committed to walking the path towards culturally safe, high-quality health care for Indigenous people, and we need guidance from those with lived experience to make meaningful progress. This guidance has come to us through relationship building or, as we've learned, relationship earning.

Learn about the early steps we've taken towards reconciliation and how authentic relationships will continue to guide us towards equitable care for Indigenous patients.



Use your smartphone's camera to scan the QR code and visit [conversations.cpsa.ca](https://conversations.cpsa.ca)!



# Accreditation

If you've been for blood work, an x-ray or have undergone another diagnostic or out-of-hospital surgical procedure, you have likely been in a CPSA-accredited facility. CPSA is responsible for assessing and accrediting these facilities to help ensure they provide safe, high-quality services that meet our standards.

Our Accreditation team works with a number of committees and experts to develop and apply standards that help facilities create quality improvement and assurance systems, to help maintain patient safety. We assess facilities when they first open or any time they renovate, move or add a new service. We then re-evaluate them every four years or sooner if a complaint or concern is raised. New or innovative services offered in non-hospital settings are also often included in the accreditation process.

As an Authorized Radiation Health Registration Agency (ARHA), CPSA also ensures radiation equipment installed or operated within private and public medical facilities is duly inspected and up to standard. As of Dec. 31, 2023, 1,336 pieces of x-ray equipment and 613 pieces of laser equipment were registered with CPSA.

Recently, accreditation for facilities providing community-based psychedelic-assisted psychotherapy (PAPT) has been added to the department's portfolio. CPSA launched the new PAPT accreditation standards in August 2023, which require relevant facilities to be assessed and accredited by CPSA before they are permitted to provide PAPT services.

## Facilities we accredit and support

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

As of Dec. 31, 2023, there are 830 CPSA-accredited facilities in Alberta.

---

**In September 2023, the Accreditation team launched a new training program specifically for medical directors of community-based accredited facilities. This mandatory program provides medical directors with support and guidance in managing the important responsibilities of their role while continuing to provide high-quality services for their patients. In 2023, 213 medical directors completed the training.**

## Accreditation statistics

Facility type	Accreditation renewed <sup>1</sup>			New accreditation		
	2023	2022	2021	2023	2022	2021
Diagnostic Imaging	105	27	119	11 <sup>2</sup>	25 <sup>2</sup>	41 <sup>2</sup>
Diagnostic Laboratory Medicine	37	26	53	6 <sup>2</sup>	2	8
Non-Hospital Surgical <sup>3</sup>	13	7	4	10 <sup>2</sup>	0	2
Pulmonary Function Diagnostics	23	28	48	21 <sup>2</sup>	3 <sup>2</sup>	12 <sup>2</sup>
Neurodiagnostics	11	14	5	2 <sup>2</sup>	3	0
Cardiac Stress Testing	1	2	1	3 <sup>2</sup>	2	1
Sleep Medicine Diagnostics	18	5	4	9 <sup>2</sup>	3 <sup>2</sup>	15 <sup>2</sup>
Psychedelic-Assisted Psychotherapy	0	N/A	N/A	1 <sup>2</sup>	N/A	N/A
<b>TOTAL</b>	<b>208</b>	<b>109</b>	<b>234</b>	<b>63</b>	<b>38</b>	<b>79</b>

1. Accreditations are renewed on a four-year cycle.

2. Includes previously accredited facilities that added new modalities or procedure categories.

3. Includes Hyperbaric Oxygen Therapy facilities.

## Internal support departments

It takes a team to create action towards impact. In addition to the departments that carry out CPSA's regulatory work, we also have several internal departments that support our entire team. These departments work behind the scenes to keep our organization high functioning, enabling regulatory departments to fulfill our legislated mandate all while simultaneously carrying out their own work in support of CPSA's mission, vision and strategic directions.

### Communications

CPSA's Communications team works strategically with departments across the organization to create and implement meaningful communications plans, helping them achieve their communications goals. The Communications team also runs CPSA's website and social media channels, puts together CPSA's monthly newsletter, *The Messenger*, and manages larger-scale projects like the annual report you're reading right now. Communications also supports patient engagement by conducting research and facilitating conversations with Albertans on [conversations.cpsa.ca](https://conversations.cpsa.ca).

### Customer Experience

When someone contacts CPSA by phone, email or through our website, they'll connect with a helpful professional from CPSA's Customer Experience (CX) team. Our CX team began as a pilot project in 2022 but was so successful it became a permanent fixture soon after, celebrating its first full year of operation in 2023. CX supports our organization by being a centralized hub for information about CPSA, while simultaneously looking for ways to improve our processes, creating a better and more efficient customer experience. In 2023, CX solved up to 98 per cent of inquiries without forwarding them to another department, answering questions and providing assistance in a timely, direct way.

## Information Management

Information Management is made up of our Information Technology, Records Management and Privacy teams. This department makes sure our whole team has the right tools and technology to get their jobs done efficiently. They establish and enforce best practices for handling and storing confidential and non-confidential information. Information Management also supports our privacy breach response and handles access requests for sensitive information.

## Office of the Registrar

The Office of the Registrar department is made up of CPSA's Registrar, Deputy Registrar and Chief of Staff as well as the Hearings, Legal Services, Governance and Policy teams. This department contains a mixture of regulatory and operational teams that provide important leadership, guidance and support to CPSA Council and our team. The Office of the Registrar also provides executive leadership for CPSA's Indigenous Advisory Circle and Anti-Racism Anti-Discrimination Action Advisory Committee.

## Operations

CPSA's Operations department includes our Office Administration, Payroll and Accounting teams. This department keeps CPSA operating smoothly by providing day-to-day office support, establishing efficient workplace processes and overseeing CPSA's finances to ensure fiduciary responsibility.

## People & Culture

Our People & Culture department supports our team with human resources functions. They develop employment policies, manage recruitment and retention, and run our people-focused programs to encourage team members' continued success and growth. People & Culture leads initiatives that maintain a positive, safe and respectful workplace culture and enhance team member engagement. They also spearhead our team's Truth & Reconciliation learning activities, among other equity, diversity and inclusion initiatives.

## Creating quality customer experiences at CPSA



Part of supporting the delivery of safe, high-quality health care is making sure physicians, patients and our partners receive timely and accurate information when they reach out to us. In 2023, we celebrated the first full operational year of our new Customer Experience (CX) team—a group dedicated to creating positive and impactful customer experiences at every interaction.

Learn about our CX team's first year by the numbers.



Use your smartphone's camera to scan the QR code and visit [conversations.cpsa.ca](https://conversations.cpsa.ca)!





# 2023 financial statements

## Independent auditor's report on the summary financial statements

To the Members of College of Physicians & Surgeons of Alberta

### Our opinion

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

### The summary financial statements

The Entity's summary financial statements derived from the audited financial statements for the year ended December 31, 2023 comprise:

- the summary statement of financial position as at December 31, 2023;
- the summary statement of revenues and expenditures for the year then ended; and
- the related notes to the summary financial statements.

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

### The audited financial statements and our report thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated May 30, 2024.

### Management's responsibility for the summary financial statements

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

### Auditor's responsibility

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

*PricewaterhouseCoopers LLP*

### Chartered Professional Accountants

Edmonton, Alberta  
May 30, 2024

# Summary Statement of Financial Position

As at December 31, 2023

## Assets

<b>Current assets</b>	<b>2023 \$</b>	<b>2022 \$</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
	<b>42,699,393</b>	<b>38,317,123</b>
<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
	<b>84,505,016</b>	<b>80,227,417</b>

## Liabilities

<b>Current liabilities</b>	<b>2023 \$</b>	<b>2022 \$</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
	<b>28,096,707</b>	<b>29,089,998</b>
<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
	<b>35,502,804</b>	<b>37,058,017</b>

## Net Assets

	<b>2023 \$</b>	<b>2022 \$</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
	<b>49,002,212</b>	<b>43,169,400</b>
	<b>84,505,016</b>	<b>80,227,417</b>

# Summary Statement of Revenues and Expenditures

For the year ended December 31, 2023

Revenues	2023 \$	2022 \$
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
	<b>40,127,772</b>	<b>33,189,873</b>

Expenditures	2023 \$	2022 \$
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
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
	<b>37,426,605</b>	<b>33,634,537</b>

# Summary Statement of Revenues and Expenditures (cont.)

For the year ended December 31, 2023

	2023 \$	2022 \$
<b>Excess (deficiency) of revenues over expenditures before other items</b>	2,701,167	(444,664)
<b>Development costs</b>	(65,000)	(207,970)
<b>Accreditation program</b>		
Revenues	3,996,530	3,444,399
Expenditures	(3,403,593)	(3,273,288)
<b>Excess of revenues over expenditures for accreditation program</b>	592,937	171,111
<b>Excess (deficiency) of revenues over expenditures before other items</b>	3,229,104	(481,523)
<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	(962,130)	-
<b>Total Other income (expenditures)</b>	1,406,479	(3,424,303)
<b>Excess (deficiency) of revenues over expenditures for the year</b>	<b>4,635,583</b>	<b>(3,905,826)</b>

## Notes to Summary Financial Statements

December 31, 2023

### 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

- 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	<b>7,566,992</b>	<b>(4,829,215)</b>	<b>6,032,303</b>	<b>(5,340,704)</b>





support@cpsa.ca | 1-800-561-3899  
conversations.cpsa.ca

