

ATTENDEES

Council Members: Voting:

- Jaelene Mannerfeldt MD MSc FRCSC, Chair
- Richard Buckley, MD, FRCS
- Nicole Cardinal, MD, CCFP
- Garnet Clark
- Daisy Fung, BMSc, MD, CCFP, Member-at-Large
- Maryana Kravtzenyuk, MD, MSc, FRCPC

- Rhonda Laboucan
- Robert Merrifield
- Oluseyi Oladele, MD, CCFP, FCFP (attending Day 1 only)
- Laurie Steinbach, BSW, BEd
- Ian Walker, MD, MA
- Pan Zhang (attending Day 1 only)

Council Members: Non-Voting:

- Todd Anderson, MD, FRCP(C), FCAHS, Dean Cumming School of Medicine
- Tamara Yee, MD, PhD, Past-President, PARA

- Brenda Hemmelgarn, MD, PhD, Dean FoMD (attending Day 1 only)
- Maren Kimura, MPH, Student Observer

CPSA Executive Leadership Team

- Scott McLeod, MD, CCFP, FCFP, Registrar
- Jeremy Beach, MBBS, MD, FRCPC, Assistant Registrar, Accreditation
- Michael Caffaro, MD, Assistant Registrar, Registration
- Gordon Giddings, MD MBA FCFP, Assistant Registrar, Professional Conduct & Complaints Director

- Dawn Hartfield, BScMed, MPH, MD, FRCPC, Deputy Registrar & Hearings Director
- Ed Jess, BA, Chief Innovation Officer
- Michael Neth, PEng, Chief of Staff
- Tracy Simons, CPA, CA, Chief Financial Officer

CPSA/Council Support Team

- Kerry-Ann McPherson, MSc, Program Manager, Governance (Acting) & Senior Executive Assistant
- Nazrina Umarji, B.Ed, JD, Director, Legal Services & General Counsel
- Jason MacDonald, Director, Office of the Registrar
- Annick Belanger, Executive Assistant, Continuing Competence (Recording Secretary)

CPSA Staff Presenters

- Nicole Kain, RN, BNSc, MPA, PhD, Program Manager, Research & Evaluation Unit
- Cliff Lindeman, HBK, MPH, PhD, Program Manager, Prescribing, Analytics & Tracked Prescription Program (TPP) Alberta

Regrets

- Patrick Etokudo, M.Sc, FSCMP, Vice Chair

Public Attendees

CPSA staff and members of the public are invited to attend the meeting virtually.

Resources for Council Members:

- **Council Culture Agreement**
- **CPSA Strategic Plan**
- **CPSA Council Reference Manual**
- **Principles to Guide Council Interactions**
- **Council Conflict of Interest Policy**
- **In-Camera Sessions Policy**
- **Social Media Guidelines**

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

Thursday, September 12, 2024, at CPSA Office

(Breakfast for Council, Executive Team Members and CPSA/Council Support Team available at 0730)

Time		Topic	Presenters
0730		Breakfast	All
0800	IC1	In-camera Session (Attendees: Council Members, Executive Leadership Team, CPSA/Council Support Team)	Council Chair
		IC1.1 Call to Order & Review of Council Culture Agreement	Council Chair
0845		IC1.2 Adoption of In-camera agenda and approval of In-camera Minutes	
		IC1.2.1 Adoption of In-camera Agenda	
		IC1.2.2 Approval of In-camera Minutes	
		IC1.2.3 Council Meeting Feedback – May 2024	
Adjournment of In-camera session			
0915	1.0	Call to Order of Public Session	Council Chair
		1.1 Chair Opening Remarks & Introductions	
		1.2 Traditional Territory Acknowledgement	Maren Kimura
		1.3 Conflict of Interest Declaration (Real, Potential or Perceived)	
0930	2.0	Adoption of Agenda and Approval of Minutes	Council Chair
		2.1 Adoption of Agenda	
		2.2 Approval of Minutes	
		2.2.1 May 30 and 31, 2024 CPSA Council Meeting Minutes	
		2.2.2 Decisions from In-Camera Meeting (May 2024)	
0935	3.0	Consent Agenda	Council Chair
		<i>Purpose: The Consent Agenda contains items that are proposed for unanimous consent and without debate; however, Council members may seek clarification or ask questions.</i>	
		<i>Consent Agenda Process: To move a consent agenda item to the regular agenda, identify the agenda number and title to be moved via:</i>	
		(1) An email to the Council Chair within two weeks of the Council meeting OR	
		(2) A point of information to the Council Chair prior to the adoption of the agenda on the day of the Council meeting.	
		3.1 Executive Committee Meeting	

Time	Topic	Presenters
	3.1.1 Meeting Summary Report (for information)	
	3.1.2 Governance Review Implementation Plan – Status Update (for information)	
	3.1.3 Council Meeting Schedule 2026 (for approval)	
	3.2 Governance Committee	
	3.2.1 Meeting Summary Report (for information)	
	3.2.2 Revision of Indigenous Advisory Circle Terms of Reference (for approval)	
	3.3 Finance and Audit Committee	
	3.3.1 Meeting Summary Report (for information)	
	3.4 Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC)	
	3.4.1 Meeting Summary Report (for information)	
4.0 Executive Reports		
0940	4.1 Chair’s Report (for information/discussion)	Jaelene Mannerfeldt, Council Chair
0955	4.2 Registrar’s Report (for information/discussion)	Scott McLeod CEO/Registrar
1110	COMFORT BREAK	
5.0 Department Reports		
1120	5.1 Hearings Director’s Office – Overview of Process and Training (for information)	Dawn Hartfield Hearings Director
1140	5.2 Analytics, Innovation and Research – Overview of Departmental Work (for information)	Nicole Kain Cliff Lindeman Program Managers
1200	LUNCH	
6.0 Council Committee Reports		
1300	6.1 Governance Committee	Laurie Steinbach Committee Chair
	6.1.1 Council Committees Overview and 2023 Annual Reports (for approval)	
	6.1.2 Process Change – Appointment to Council Committees (for discussion)	

Time	Topic	Presenters
	6.1.3 2025 Annual Council Retreat (for approval)	Richard Buckley Committee Co-Chair
1355	6.2 Finance and Audit Committee 6.2.1 2025 Business Plan and Budget (for approval)	Daisy Fung Committee Chair
1450	6.3 Indigenous Advisory Circle (CIRCLE) 6.3.1 Meeting Summary Report (for information)	Nicole Cardinal Interim Co-Chair
	6.3.2 CPSA Path to Truth and Reconciliation (for information)	Michael Neth Chief of Staff
1510	6.4 Ad Hoc Bylaw Review Project Committee 6.4.1 Meeting Summary Report (for information)	Oluseyi Oladele Committee Spokesperson
1520	COMFORT BREAK	
	7.0 Standing Items	
1535	7.1 Key Performance Indicators (KPI) Dashboard (for information)	Ed Jess Chief Innovation Officer
1555	8.0 Adjournment of Public Session	
1630	IC2 In-camera Session	Council Chair
	IC2.1 Council Executive Committee Elections (Attendees: Council, CEO/Registrar; Chief of Staff; Program Manager, Governance; Recording Secretary)	Governance Committee Chair
	IC2.2 New Registrar Selection Process (Council Only)	
1730	Adjournment of In-camera session	

Friday, September 13, 2024, in St. Paul, Alberta

Time	Topic
0700 – 1800	Council Learning Day University nuhelot'ine thaiyots'inistameyimâkanak Blue Quills, St. Paul (near to the Saddle Lake Cree Nation) (inclusive of breakfast and lunch) (Attendees: Council Members, Executive Leadership Team, CPSA/Council Support Team)

Individual Learning Opportunities for Council Members

ATTENDEES

Council Members: Voting:

- Jaelene Mannerfeldt MD MSc FRCSC, Chair (joined virtually on Day 2)
- 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 (attended Day 1 only)
- Maryana Kravtzenyuk, MD, MSc, FRCPC
- Oluseyi Oladele, MD, CCFP, FCFP
- Sam Shaw, BA, MSc, MEd, MBA, PhD, CDir (attended Day 1 only)
- Laurie Steinbach, BSW, BEd
- Stacey Strilchuk, BA
- Ian Walker, MD, MA
- Tyler White, PhD (honoris causa) (joined virtually on Day 2)

Council Members: Non-Voting:

- Todd Anderson, MD, FRCP(C), FCAHS, Dean Cumming School of Medicine (attended virtually)
- Sarah Cook MBBS(Lon) BSc PgDip(ICR) MRCP(UK) (attended virtually)
- Brenda Hemmelgarn, MD, PhD, Dean FoMD (attended day 1 only)
- Maren Kimura, MPH

Additional Attendees:

- Scott McLeod, MD, CCFP, FCFP, Registrar
- Michael Neth, PEng, Chief of Staff
- Sue Welke, MSc, Program Manager, Governance
- Kerry-Ann McPherson, msc, Senior Executive Assistant, Recording Secretary
- Michael Caffaro, MD, Assistant Registrar, Registration
- Charl Els, MBChB, FCPsych[SA], MMedPsych(cum laude), Dip.ABAM, MROCC, DESS, ACBOM, FIAIME, Assistant Registrar
- Dawn Hartfield, BScMed, MPH, MD, FRCPC, Deputy Registrar, Hearings Director
- Ed Jess, BA, Chief Innovation Officer
- Gordon Giddings, MD MBA FCFP, Assistant Registrar, Professional Conduct, Complaints Director
- Jeremy Beach, MBBS, MD, FRCPC, Assistant Registrar, Accreditation
- Nazrina Umarji, B.Ed, JD, Director, Legal Services & General Counsel
- Tracy Simons, CPA, CA, Chief Financial Officer
- Kushagr Kumar, MPH, Data Analyst

Guests: (External)

- Margot Ross-Graham, Sandbar Consulting

Thursday, May 30, 2024, starting at 08:06a.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

1.1 Chair Opening Remarks & Introductions

Jaelene Mannerfeldt welcomed everyone to the meeting.

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.

Ian Walker provided the land acknowledgement.

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

No additional conflicts were declared at this time.

2.0 Adoption of Agenda and Approval of Minutes

2.1 Adoption of Agenda

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

- 3.2.3 Accelerated Route to Licensure Competency Assessment Fee (for approval)
- 3.3.4 Council Policies – Conflict of Interest (for approval)

MOTION C18-24

Moved by Sam Shaw and seconded by Daisy Fung that the agenda be adopted as amended. Carried.

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 E-Vote Process for the Approval of 2023 Annual Report

MOTION C19-24

Moved by Richard Buckley and seconded by Oluseyi Oladele that the minutes of the meeting on March 7 and 8, 2024, in-camera decisions taken and the

minutes of the e-vote process for the approval of the 2023 Annual Report, be approved. Carried.

3.0 Consent Agenda

*Consent Agenda matters are proposed for unanimous consent and without debate, however Council members may seek clarification or ask questions. Any Council member may also request that a consent agenda item be moved to the regular agenda by notifying the Chair **prior** to the adoption of the Agenda. By approving the consent agenda, any individual approvals such as those noted below are considered approved.*

- 3.1 Executive Committee Meeting
 - 3.1.1 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)
- 3.3 Governance Committee
 - 3.3.1 Meeting Summary Report (for information)
 - 3.3.2 ARADAAC 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)

MOTION C20-24

Moved by Richard Buckley and seconded by Ian Buckley that the Consent Agenda be approved. Carried.

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

- Executive Committee Meeting – Approval of TOR Amendment
- Finance and Audit Committee – Pension Plan Change
- Committee Member Appointment for ARADAAC
 - Ian Walker
 - Charlene Lyndon
- Building Fund Working Group Name Change and TOR
- Council Policies
 - Updates to the Council Member Care for Newborn Children at Council Meetings Policy; and Council Member Recognition Policy.
 - Retirement of the Council Member Attendance at meetings of Committees to Which they are not Appointed as Member Policy.
 - Approval of Council Learning Policy.

The following items were received as information:

- Executive Committee Meeting Summary Report
 - Finance and Audit Committee Meeting Summary Report
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- Governance Committee Meeting Summary Report
- Standards of Practice: Status Overview
- Highlights of Individual Learning

4.0 Executive Reports

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 within the first quarter of the year.

4.2 Registrar's Report (for information/discussion)

The Registrar highlighted the following points in his verbal report:

- **Registered Physicians:** It was reported that the number of registered physicians in practice on the general and provisional register for Q1 has seen an increase of 4.5% compared to Q1 in 2023. This indicates that CPSA's registration of physicians has kept up with population growth of 4.4% in Alberta.
- **Practice Readiness Assessment:** It was reported that practice readiness assessments (PRA) have also increased for Q1 in 2024 when compared to 2023, with an increase of 31% in the total PRAs initiated this year. Since the launch of the accelerated jurisdiction route in 2023, there have been 264 applicants. Some of these physicians are now completing their assessments and transitioning into the community.
- **CPSA Sponsorship Model:** It was presented that CPSA has received 160 applications for 285 positions and approved 82 sponsors which represents 170 possible positions. As background, majority of the sponsors are physicians with locally owned clinics and the foreign medical community is showing interest in the program. Majority of the sponsors are based in Calgary and Edmonton.

The Rural Health Professions Action Plan (RhPAP) and the rural municipalities continue to be key strategic partners with CPSA for sponsorship in rural areas, however, Council asked for more to be done to engage the rural community and limit the existing barriers in place.

- **The Meeting of the Minds:** CPSA collaborated with the Alberta Medical Association (AMA) to host a "meeting of the minds" session with representatives from the medical profession. The aim was to initiate conversations on the profession's responsibility within the healthcare system. It was clarified that within the *Health Professions Act*, CPSA is permitted to collaborate with health associations, if the regulator's role is maintained. CPSA and AMA will be discussing next steps from this session.
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5.0 Department Reports

5.1 Registration - Sponsorship Model (For discussion)

Phase 1 of CPSA's Sponsorship Model was rolled out on March 5, 2024, for the sponsorship of primary care physicians within the province. 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. The provincial government had requested CPSA accelerate the rollout of non-AHS sponsorship of physicians in specialty disciplines. Council discussed this request considering the best interest for the public, potential unintended consequences, implications for CPSA staff and resources and its alignment with CPSA’s vision, values, and mission.

It was considered that the public would benefit from an immediate access to specialists, knowing that CPSA will continue to set the eligibility requirements for quality care. However, there were concerns that this could lead to the unintended proliferation of a low acuity/high turnover style of practice, as well the requirement to tie specialty discipline sponsorship to acute care privileging and practice in a facility-based environment.

It was understood that CPSA will continue to monitor the scope of work in Phase 1 to understand the staffing needs for Phase 2 and 3, along with the need for competency assessors for specialist roles in conjunction with the accelerated Practice Readiness Assessment.

With limited information available on the areas of need for specialists in the province, there was support expressed for gathering more information about the specialist needs across the province before an accelerated sponsorship model is implemented.

Council recommended that CPSA focuses on establishing an evidence-based dialogue with the Government of Alberta about the potential acceleration of the sponsorship model.

5.2 Continuing Competence - Health Monitoring Updates (for information)

An update on the Physician Health Monitoring amalgamation and divestment project outcomes, critical success factors and lessons learned were provided to Council. Physicians who have participated in the program have shared positive feedback about their experience, and the main negative feedback centers on the financial cost to participate. It was explained that the cost is driven by market related forces.

5.3 Hearing Directors Office - Overview of Process and Training (for information)

This item was deferred to the September Council meeting.

6.0 Council Committee Reports

6.1 Finance and Audit Committee

6.1.1 2023 Audited Financial Statements (for approval)

It was reported that CPSA received a clean audit report for the audited financial statements for the year ended 2023, as well the financial statements for the Pension Plan for Employees of CPSA. At the September Council meeting, the Finance and Audit Committee will provide an update on CPSA’s plans for managing the organization’s high net asset in relation to achieving unrestricted surplus.

Council commended CPSA for its management of vacation liability and how it is monitoring benchmarks on the pension fund to maintain the return on investment.

MOTION C21-24

Moved by Sam Shaw and seconded by Richard Buckley that Council approves the audited financial statements:

- 1. College of Physicians & Surgeons of Alberta financial statements for the year ended December 31, 2023**
- 2. Summary financial statements for College of Physicians & Surgeons for the year ended December 31, 2023**
- 3. Pension Fund for Employees of College of Physicians & Surgeons of Alberta financial statements for the year ended December 31, 2023. Carried.**

6.1.2 Accelerated Route to Licensure Competency Assessment Fee

The rationale for the request for Council's approval of a reduced cost for competency assessments under the Practice Readiness Assessment program was provided. It was clarified that the initial budgeted fee was based on two competency assessments that would mirror the scope and time required for an independent practice review. Upon further review, it was learned that the assumption was incorrect. Based on the number of hours that would be required for chart reviews, the more accurate fee would be \$3500 per assessment. The cost and time will be monitored for the first cohort and will be re-evaluated in 2026.

MOTION C22-24

Moved by Laurie Steinbach and seconded by Ian Walker that Council approves the fee of \$3,500 + GST for a competency assessment for the registration pilot. Carried.

6.2 Governance Committee

6.2.1 2024 Council Learning Plan (for approval)

It was reported that the Council Learning Plan was revised, and now includes goals that are aligned with CPSA's strategic priorities.

MOTION C23-24

Moved by Daisy Fung and seconded by Ian Walker that Council approves the 2024 CPSA Council Learning Plan. Carried.

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

There was a brief discussion on a potential perceived conflict of interest with the incumbent member in the Council meeting; however, it was decided that there was no conflict of interest, if the incumbent abstained from the vote. Council decided to apply the use of Bylaw 13(4) to re-appoint a physician member this year, with the understanding that a more robust assessment process will be developed in the next year.

MOTION C24-24

Moved by Stacey and seconded by Sam 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 2nd term by Council. Carried.

6.2.3 Conflict of Interest Policy

A concern was raised that the policy's definition of conflict-of-interest, referenced from the *Conflict of Interest Act*, does not apply to CPSA Council members.

MOTION C25-24

Moved by Sam Shaw and seconded by Daisy Fung that Council approves the Conflict of Interest Policy, subject to the removal of the definition of conflict of interest. Carried.

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

6.3.1 Meeting Summary Report (for information)

Daisy Fung provided the meeting report, which was received as information.

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

It was acknowledged that the position statement on racism and discrimination should be updated to ensure that language is continuously inclusive. Council requested that the position statement include an up to date and comprehensive definition of the groups of people who are Indigenous in Canada, distinguishing among the three main groups.

MOTION C26-24

Moved by Laurie Steinbach and seconded by Oluseyi Oladele that Council asks ARADAAC to develop and recommend an updated CPSA Position Statement on Racism and Discrimination, with a recurring mandatory review timeline; 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. Carried.

6.4 Indigenous Advisory Circle (CIRCLE)

6.4.1 Meeting Summary Report (for information)

Tyler White presented the meeting summary report, which was received as information. It was reported that the Circle will be presenting a more detailed Truth and Reconciliation Action plan at the next Council meeting, for which there is an emphasis on refraining from a pan Indigenous approach. It was raised that there is an opportunity for partnership with the College of Physicians and Surgeons of British Columbia, who made significant strides in their journey. This suggestion will be brought to the Circle for discussion.

6.5 Ad Hoc Bylaw Review Project Committee

6.5.1 Update (verbal update, for information)

It was reported that the committee met twice since its inception, with an upcoming meeting in June. The mission is to incorporate changes from the 2022 CPSA Governance

Review, ensure the bylaws are broad, enabling, and relevant and apply an anti-racism, anti-discrimination lens.

7.0 Standing Items

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

Kushagr Kumar presented the objectives and key considerations for the dashboard, in that KPIs are weighted, the reporting schedules vary, and quarterly targets are nonlinear. The dashboard is also interactive in nature, enabling users to see an overview of the organization’s performance, as well as performance on each category and sub-metric.

Council commended the team on the dashboard and asked for revisions of the dashboard to include a colour key and quarterly trend reporting, depicting changes in the KPIs over time. For sub-metrics that indicate very poor performance, it was clarified that narratives would be provided to Council to explain the underperformance in a particular area.

The purpose of the dashboard is to help Council make better decisions, in seeing where the organization is underperforming as well as overperforming. Thus, some percentages will not be capped at 100% to give a more accurate picture of performance.

The public session was adjourned at 4:30p.m.

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

Council met for an in-camera session, which was adjourned at 5:17p.m.

Friday, May 30, 2024, In-camera session starting at 08:00a.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 12:00p.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: May 30 and 31, 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 C16-24

Moved by Laurie Steinbach and seconded by Stacey Strilchuk that the in-camera agenda be adopted. Carried.

Motion C17-24

Moved by Oluseyi Oladele and seconded by Richard Buckley that the in-camera minutes for March 7 and 8, 2024 be approved. Carried.

Motion C27-24

Moved by Ian Walker and seconded by Laurie Steinbach that Council re-appoints Nicole Cardinal to a second three-year term on Council, using Bylaw 13(4). Carried.

Motion C28-24

Moved by Laurie Steinbach and seconded by Oluseyi Oladele that Council accepts the results of the Council Chair Election nomination and voting process and confirms Nicole Cardinal as Council Chair for 2025. Carried.

Submission to:	Council		
Meeting Date:	Submitted by:		
September 12, 2024	Jaelene Mannerfeldt		
Agenda Item Title:	3.1.1 Executive Committee Meeting Summary Report		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation:	N/A		
Background:	<p>The Executive Committee met on July 11, 2024, and discussed the following matters:</p> <ol style="list-style-type: none"> 1. The process for designing the Council Coin was discussed. 2. The Committee will develop a tool to establish criteria for what is placed on the consent agenda. The Committee decided to revise the verbiage for the consent agenda on the Council agenda to streamline the process of moving items from the consent agenda. 3. The Committee used the following inputs to develop the agenda: <ul style="list-style-type: none"> • Minutes from previous meetings. • Council Meeting Action Items and Follow-up List. • Data from the May Council Meeting Feedback Survey. 4. The Committee received a status up on the Governance Review Implementation Plan. 5. The 2026 Council schedule was discussed and approved for recommendation to Council, with the additional of an orientation session in the fall. 6. The Committee deliberated on what to do with physical copies of historical council photos. They considered offering them to former council chairs and, if declined, disposing of them. The decision was made to prioritize digital copies moving forward. 7. An update on meetings with provincial officials and stakeholders was provided. 8. Succession planning of Committee chairs and co-chairs was discussed. 		
Next Steps:	N/A		
List of Attachments:			
N/A			

Submission to:	Council		
Meeting Date:	Submitted by:		
September 12, 2024	Jaelene Mannerfeldt		
Agenda Item Title:	3.1.2 Governance Review Implementation Plan: Status Update		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation:	N/A		
Background:	<p>Council approved the Governance Review Implementation Plan in September 2022. The Executive Committee was chosen by Council as the Committee to shepherd the Implementation Plan through to completion.</p> <p>At its July 11 meeting, a status update was provided. The Committee decided to wait for the December Council meeting to provide an update to Council and potentially recommend timeline extensions for some of the actions/activities, once a Program Manager, Governance is appointed.</p>		
Next Steps:	N/A		
List of Attachments:	N/A		

Submission to:	Executive Committee
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Meeting Date:	Submitted by:		
September 12, 2024	Executive Committee		
Agenda Item Title:	3.1.3 Council Meeting Schedule 2026		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation:	<p>That Council approves the proposed meeting schedule for Council meetings in 2026 as follows:</p> <p>The proposed dates are as follows:</p> <ul style="list-style-type: none"> • Thursday, March 5 and Friday, March 6, 2026 • Thursday, May 28 and Friday, May 29, 2026 • Thursday, September 10 and Friday, September 11, 2026 • Thursday, December 3 and Friday, December 4, 2026 <p>Orientation Sessions (for new Councilors)</p> <ul style="list-style-type: none"> • Thursday, January 22, 2026 (full day) • Wednesday, September 9 (half day) <p>Annual Planning Retreat:</p> <ul style="list-style-type: none"> • Friday January 23, 2026 (full day) • Saturday January 24, 2026 (half day)
Background:	<p>In determining the dates for Council meetings, consideration is given to avoiding conflict with the following external meetings:</p> <ul style="list-style-type: none"> • Federal State Medical Board AGM – usually end of April/early May • Federation of Medical Regulatory Authorities of Canada – usually in early June • Canadian Medical Association – typically planned for August. • Medical Council of Canada – AGM –September or early October • Alberta Medical Association Representative Forums

	<p>Note, the following are the approved dates for 2025 meetings:</p> <ul style="list-style-type: none"> • Thursday, March 6 and Friday, March 7, 2025 • Thursday, May 29 and Friday, May 30, 2025 • Thursday, September 18 and Friday, September 19, 2025 • Thursday, December 4 and Friday, December 5, 2025 <p>Orientation for new councilors:</p> <ul style="list-style-type: none"> • Thursday, January 23, 2025 (full day) <p>Annual Planning Retreat:</p> <ul style="list-style-type: none"> • Friday, January 24, 2025 (full day) • Saturday, January 25, 2025 (half day)
<p>Next Steps:</p>	<p>Upon approval of the meeting dates, the schedule of meetings maintained in SharePoint will be updated and the dates will be added to the public website.</p>
<p>List of Attachments:</p>	
<p>N/A</p>	

Submission to:	Council		
Meeting Date:	Submitted by:		
September 12, 2024	Laurie Steinbach, Chair Richard Buckley, Vice Chair		
Agenda Item Title:	3.2.1 Governance Committee Meeting Summary Report		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation:	N/A		
Background:	<p>At its June 26 meeting, the Governance Committee considered the following items:</p> <ol style="list-style-type: none"> 1. The theme for the 2025 Council Retreat was discussed for Council approval: "Serving the Public Interest and Public Trust." The development of a performance measurement framework for Council is also proposed for discussion. More information is provided under separate cover. 2. The 2023 Annual Reports for Committees was discussed and approved for recommendation to Council. The Governance Committee recommended to the Executive Committee that this item be removed from the Council meeting consent agenda and placed as a regular item, along with a 5-minute presentation from Committee Chairs on their Committee's mandate and accomplishments. 3. The Role of the CPSA Council Member was discussed and key discussion points will be used to inform a policy on the Role of the CPSA Council Member. More information will come to Council at a future meeting. 4. The Committee reviewed the regulated member elections process for 2025. Governance Committee recommended that Richard Buckley share his experience as a Council member in CPSA's Messenger as part of the standard election process. 5. A revision to the Executive Elections Policy was discussed and will be submitted for approval at an upcoming Governance Committee meeting. 		

	<ol style="list-style-type: none"> 6. With the help of an external consultant, Council will be embarking on a project to develop assessment tools that will assist a new Nominations Committee in recruiting Council members from amongst regulated members. A status update on the Council Competency Matrix and Assessment and Council Recruitment and Nomination project was provided, in that shortlisted consultants would be interviewed and selected. The Committee discussed the importance of transparency and avoiding biases during the process and implementation of this project. To ensure the effectiveness of the Council Competency Matrix and Assessment, as well as the Council Recruitment and Nominations process, and to demonstrate to regulated members that CPSA is being thoughtful and intentional in this work, the Committee requested a review of the process in three years. This review should be conducted independently of the regular governance review. 7. The Committee approved a new Council resource which is the Council Decision Terminology tool to assist with decision-making during Council meetings. It will now be part of the agenda package for Council meetings. 8. The Committee discussed a proposed process change for the recommendation for appointment to Council Committees for incoming Council members, which is being recommended to Council for approval. More information is provided under separate cover.
Next Steps	N/A
List of Attachments	
N/A	

Submission to:	Council
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Meeting Date:	Submitted by:
September 12, 2024	Governance Committee

Agenda Item Title:	Revision of Indigenous Advisory Circle Terms of Reference
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Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.
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AGENDA ITEM DETAILS

Recommendation (if applicable):	That Council approves the proposed changes to the Indigenous Advisory Circle Terms of Reference.
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Background:	<p>In its June meeting, the Indigenous Advisory Circle discussed the membership section of its Terms of Reference (TORs). Dr. Tyler White’s departure from the Circle has highlighted the constraints of a small Circle, which currently has 8 members. The Circle’s members have emphasized the need to recruit additional members.</p> <p>The TORs allow for up to 13 members, including:</p> <ul style="list-style-type: none"> - Up to 2 Councillors (1 currently) - Up to 3 Elders (1 currently) - Up to 4 Physicians (2 currently) - Up to 4 Members at Large (4 currently) <p>This has proven to be too prescriptive and limits recruitment efforts. To allow for more flexibility in the composition of the Circle, the Circle is seeking to revise the TORs as follows:</p> <ul style="list-style-type: none"> - Up to 2 Councillors - Up to 11 Members at Large, including: <ul style="list-style-type: none"> - At least 1 Elder, - Indigenous and/or non-Indigenous physicians, and - Indigenous and/or non-Indigenous individuals <p>The maximum number of Circle members will remain unchanged.</p> <p>A minor change to the secretariat role has also been proposed. Rather than specify representation, the proposed update indicates secretariat members will be designated by the Chief of Staff.</p>
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Next Steps:

- If approved at the Council meeting, the TOR will be revised, to allow for continued recruitment in the Fall.

List of Attachments:

1. [Indigenous Advisory Circle Terms of Reference – Proposed Changes \(with track changes\)](#)
2. [Indigenous Advisory Circle Terms of Reference – Proposed Changes \(clean copy\)](#)

Purpose

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

General

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

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

Membership

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

Circle membership will include the following representation:

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

Roles	Representation
Members at Large <ul style="list-style-type: none"> Up to 411 	<ul style="list-style-type: none"> Indigenous individuals with lived experience from treaty, rural, urban, First Nations, Métis and Inuit communities and non-Indigenous individuals with experience working with or advocating for Indigenous PeoplesAt least 1 Elder (as identified by First Nations, Métis and Inuit communities or individuals—note that a community may include urban settings), First Nations, Métis and Inuit individuals, and/or non-Indigenous individuals with experience advocating for improved health outcomes for Indigenous Peoples, and Physicians (First Nations, Métis and Inuit individuals and/or non-Indigenous individuals)
Non-voting; by standing invitation	<ul style="list-style-type: none"> CPSA Chair & Registrar/CEO may attend at their discretion
CPSA Executive Sponsor (non-voting)	<ul style="list-style-type: none"> Chief of Staff
Secretariat/Support (non-voting)	<ul style="list-style-type: none"> Recording Administrator Communications Advisor Program Manager, PolicyAs designated by the Chief of Staff

Authority and Accountability

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

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

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

Narrative Sovereignty

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

To maintain narrative sovereignty, CPSA will:

- 1) Verify the knowledge, experiences and stories have been captured in a way that honours and respects the sharer and any persons or communities that may have been represented.

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

- a. CPSA will work to frame the content appropriately, and then share it with the Circle for review and revisions.
 - b. Final versions of materials will be shared to ensure appropriateness and accuracy.
 - c. At any time, a member of the Circle, or the Circle as a collective, may:
 - i. withdraw their shared information.
 - ii. direct CPSA to revise, update, or rephrase their shared information.
 - iii. Neither of these scenarios requires advance notice or explanation.
- 2) Obtain consent from the sharer, either the individual or the collective Circle, to communicate the knowledge, experiences and stories:
- a. To Council, Council Committees, other Committees or Sub-Committees, to enhance guidance to CPSA or increase their awareness.
 - b. To members of, or the collective, CPSA Team to enhance their work or increase their awareness.
 - c. To stakeholders and partners, to facilitate collaborative work that reflects the needs of Indigenous individuals and communities in Alberta.
- 3) The final version of any content or product will be verified and accepted by the Circle membership prior to any distribution.
- a. If there is a concern that this process has not been followed, and/or narrative sovereignty has not been respected, members of the Circle shall inform the co-chairs to discuss this with the CPSA Executive Sponsor and the Secretariat to take appropriate action.

Roles and Responsibilities

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

Areas of focus include:

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

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

Meetings

Frequency

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

Procedures

Terms of Reference Indigenous Advisory Circle Approved: 02 2023

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

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

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

Whenever possible, the Circle will use a consensus model when making recommendations. If consensus cannot be achieved, the Co-Chairs will provide advice on the appropriate course of action. Advice and guidance will be provided based on the experiences and perspectives shared by the members.

The Circle may determine procedures to use at any meeting.

Records of the Committee

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

Confidentiality

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

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

Subcommittees

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

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

Committee Resources

Council approves the budget of the Circle.

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

Terms of Reference
Indigenous Advisory Circle
Approved: 02 2023



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

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

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Roles	Representation
CPSA Executive Sponsor (non-voting)	<ul style="list-style-type: none">• Chief of Staff
Secretariat/Support (non-voting)	<ul style="list-style-type: none">• As designated by the Chief of Staff

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Areas of focus include:

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The Circle may determine procedures to use at any meeting.

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Council approves the budget of the Circle.

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

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

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

Submission to: **Council**

Meeting Date:	Submitted by:
September 12, 2024	Daisy Fung, Committee Chair

Agenda Item Title:	3.3.1 Finance & Audit Committee (FAC) Meeting Summary Report
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Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
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AGENDA ITEM DETAILS

Recommendation (if applicable):	n/a
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Background:	<p>The Finance & Audit Committee (FAC) met on June 27, Aug 1 & 13 and addressed the following issues:</p> <p>1) 2025 Business Plan and Budget FAC reviewed in detail the draft 2025 Business Plan and Operating Budget for CPSA. Refer to separate memos and recommendations for 2025.</p> <p>As part of the budget material, FAC reviewed preliminary budget pricing for the proposed office renovations. A request for proposal process will be conducted in the fall if the budget is approved.</p> <p>2) Review of unrestricted net assets FAC reviews CPSA’s unrestricted surplus levels every few years to determine the appropriate level of planned surplus for the organization.</p> <p>CPSA’s current policy on net assets states: <i>CPSA will continue to plan for an accumulated general surplus with a target of 60% of one year’s operating expenses.</i></p> <p>FAC reviewed the current net assets policy and the underlying assumptions and scenarios about the required level of an unrestricted surplus should a significant event occur, and based on the analysis, the Committee felt that the target of 60% was still appropriate. FAC will continue to monitor the unrestricted surplus.</p>
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The committee also reviewed management's plan to reduce the unrestricted surplus over a number of years. Part of that plan is a reduction in the physician annual fee for 2025. Further details are included in the separate budget memo.

3) Pension education

FAC received a pension education session from Kelly Dunkley and Michael Olsen from Mercer.

The education focused on pension funding valuations. The education included an overview of defined benefit pension (DB) plans, how funding valuations work, assumption setting and DB plan cost, risk management options and a review of the CPSA 2021 prior valuation results.

4) FAC committee membership

FAC reviewed its current committee membership and will be recommending to the Governance Committee to renew the reappointment of the current technical member for another term starting January 1, 2025.

5) Activity update – Q2 June 2024

a. Business Activity Update

The Business Activity Update lists actions/ tactics from the approved 2024 Business Plan. The document is broken down by the six business pillars that are in the current Strategic Action Plan.

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

b. CPSA Risk Register

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

- Financial
- Operational
- Strategic
- Compliance
- People

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

c. Finance KPI Dashboard

FAC received a report on the financial sub-metrics used for the KPI dashboard for Q2.

d. Financial Results

As of June 30, 2024, there is a year-to-date operating income of **\$2,987,000** compared to the budgeted income of \$900,000 resulting in more income, or positive variance, of \$2,087,000.

	June 30, 2024	Budget	Variance	
Revenues	(22,437,000)	(21,112,000)	1,325,000	6%
Expenditures	19,450,000	20,212,000	762,000	4%
Operating Income	(2,987,000)	(900,000)	2,087,000	
Amortization	400,000	409,000	9,000	2%
Accreditation, net	(191,000)	(1,021,000)	(830,000)	-81%
Sub-total	(2,778,000)	(1,512,000)	1,266,000	
Fair value changes in investments	(976,000)	0	976,000	
<Net Income>	(3,754,000)	(1,512,000)	2,242,000	

The fair value change in investments includes the realized gain/loss on disposal of investments and the unrealized gain to the end of the quarter. The total is revenue of \$976,000.

The total net income to the end of June is \$3,754,000, of which a major portion is due to additional physician registration & annual fees, higher investment income, reduced expenses and a gain in the fair value of investments.

e. Additional Expenditures

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

Information Management \$120,000 variance forecast

FAC received a report from Jim Kiddoo, Chief Information Officer for additional unbudgeted costs for software & supplies. The additional software expenses are primarily from Microsoft Teams and Office 365 implementation in 2024.

6) Investment performance review – pension assets

Neil Lloyd and Justin Palmier from Mercer presented their report on the review of the pension investment managers for the defined contribution (DC) pension plan up to June 30, 2024.

The DC pension plan commenced on January 1, 2021. CPSA and employees contribute to the plan each month. The total DC assets at June 30, 2024 was \$9,597,000. The employee chooses the investment option for their registered DC pension assets.

The asset allocation is

Target date funds	73.8%
US equity	8.8%
Canadian equity	6.7%
International equity	4.7%
Fixed income	3.5%
GIC	1.4%
Money market	1.1%

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

Mercer provided an overview for all asset classes and funds of the returns over the 2024 Q2, 6 months, 1 year and 4 years compared to the applicable benchmark. One investment option did not meet performance objectives, and the manager will continue to be closely monitored by Mercer.

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

FAC also reviewed the Statement of Investment Policies & Procedures (SIPP) for the DC plan. No changes were made to the policy.

7) Pension Valuation

CPSA is required to have a pension valuation at least every three years for its defined benefit pension plan. The last pension valuation was conducted as of December 31, 2021.

CPSA management proposed to conduct the next pension valuation as of December 31, 2023. FAC confirmed the assumptions to be used for the valuation with guidance from Mercer, the Actuary.

The results of the valuation will be reviewed by FAC at its September meeting.

8) Appointment of Auditors

FAC reviewed an assessment of PricewaterhouseCoopers (PwC) for the 2023 audit considering Audit Quality Indicators (AQIs) which are a tool developed by CPA Canada to provide a step-by-step guide for audit committees and management to use in evaluating and improving external audit quality.

The 12 AQI factors selected include:

- Independence, objectivity and skepticism
 - Rotation of audit partners
 - Time spent on higher risk areas
 - Directness
 - Addressing management bias
- Engagement Team
 - Industry expertise
 - Continuity of key audit team members
 - Time spent by the most experienced team members
 - Partner workload
- Communication Quality
 - Timeliness of communication
 - Clarity and usefulness of the auditor's insights
 - Quality of the auditor's presentation to the audit committee
 - Auditor's openness to input

FAC appointed PwC as auditors for the 2024 fiscal year.

Next Steps: n/a

List of Attachments:

none

Submission to:	Council
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Meeting Date:	Submitted by:		
September 12, 2024	Daisy Fung, Committee Chair		
Agenda Item Title:	3.4.1 Anti-Racism Anti-Discrimination Action Advisory Committee Meeting Summary Report		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation:	N/A
Background:	<p>ARADAAC was unable to meet as planned in July due to a change in summer availability. Work is underway to arrange an in-person meeting in the fall (likely late September / early October).</p> <p>Relevant updates from the summer include:</p> <ul style="list-style-type: none"> At their May meeting, ARADAAC provided strong advice to CPSA to prioritize a Standard of Practice (SOP) that addresses racism and discrimination in medical practice. On this advice, CPSA has started work on an SOP on anti-racism and anti-discrimination, along with a supportive Advice to Albertans resource. A full-time summer student was engaged to complete a jurisdictional scan and develop early drafts. A timeline for draft finalization and consultation on the SOP is in progress and will be presented at ARADAAC's fall meeting. The committee is currently recruiting to fill some vacancies that have arisen over the past year. Expressions of interest from potential new committee members are currently being vetted.
Next Steps:	The priority foci of ARADAAC are updating the CPSA position statement on Racism and Discrimination and developing the SOP for regulated members.
List of Attachments:	N/A

Summer is quickly becoming a memory as we move into the fall. This is our third Council meeting for 2024 and again we have seen significant changes around the Council table since our last meeting in May.

In June, our public members, Stacey Strilchuk and Tyler White had their appointments on Council rescinded. I would like to thank Stacey and Tyler for their contributions to CPSA Council and we will miss their voices at the table.

Now, we are welcoming Garnet Clark (replacing Stacey Strilchuk), Rhonda Laboucan (replacing Tyler White), Rob Merrifield and Pan Zhang, to the Council table. The breadth of experience that each of these new members bring will contribute to Council's work in regulating physicians and physician assistants in Alberta. I look forward to getting to know each of these Council members over the next few months.

We also received word from the government that Patrick Etokudo, public member, was re-appointed for another 3-year term. This is good news and certainly will contribute to continuity on Council.

Our Council has also had the contributions of Laurie Steinbach who has been on Council since 2018. She has been active over the years with the Governance Review and chairing the Governance Committee. I want to acknowledge her contributions as well and hope she will remain on Council for a while longer.

With these replacements and new members, we now have 6 public members on Council. As Chair of Council, I want to acknowledge the work done by our public members on Council. Their voices are important in the work we do at the Council table.

Additionally, Dr. Sarah Cook, the representative from the Professional Association of Resident Physicians of Alberta joined us from January to June this year. We thank her for her contributions, and now welcome Dr. Tamara Yee, who is with us from July to December.

Summer is often seen as a time of relaxation, reflection, rest and rejuvenation. Everyone does this in different ways. As a farm kid, our summers were spent getting ready for winter, however, I do remember those days of reflection on the tractor, raking hay and driving the bailer around the field and feeling pride in the perfect rows of the hay being laid down behind the rake. Although I no longer rake hay, I do enjoy the summer to spend time with family and friends, explore and see new vistas. The summer has also been a time for colleagues to take breaks with their families and come back with new energy.

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

June 2024

- June 11 FMRAC Meeting – Attended virtually (ZOOM) Full day
- June 21 AMA/CPSA Joint Executive Committee Meeting (ZOOM)
- June 26 Governance Committee Meeting (ZOOM) AM

- June 27 Finance and Audit Committee Meeting (In Person) Full day
- June 28 Meeting with Dr. McLeod (ZOOM)
- June 28 AMA/CPSA President/CEO Meeting (PM)

July 2024

- July 10 Council Agenda Planning Meeting (ZOOM)
- July 11 CPSA Executive Committee Meeting (PM)

August 2024

- August 1 Finance and Audit Committee Meeting (ZOOM) (AM)
- August 13 Finance and Audit Committee Meeting (ZOOM) (AM)
- August 26 Meeting with Dr. McLeod (ZOOM)
- August 29 "Meeting of the Minds" AMA/CPSA Executive (PM)

For Albertans they want to know they can receive the health care they need, wherever they are in Alberta. Albertans want and need physicians and physician assistants who are competent, compassionate and caring members of the healthcare team. CPSA continues to ensure that the care provided by our regulated members is of the safest and highest quality.

For CPSA, physicians are being assessed and licensed in a shortened timeline as well as working with communities to sponsor new physicians to work in their communities. CPSA is leading in this work.

I look forward to continuing to work with the CPSA team and would like to thank Dr. Scott McLeod for his leadership as the Registrar. Despite all the changes and challenges, Scott is an optimist and keeps the CPSA on course to do the work as the regulator of physicians.

To each of you at the Council table, you bring experience, insights and fresh perspectives. Thank you for being on CPSA Council and for your dedication to ensuring that Albertans are receiving high quality care from the physicians in our province.

Respectfully submitted,

Jaelene M. Mannerfeldt MD MSc FRCSC
Chair, CPSA Council

To: CPSA Council
From: Scott McLeod
Date: September 12th, 2024

Introduction

Welcome to the September Council Meeting. It feels like just yesterday we were wrapping up the May meeting. I hope everyone was able to have some time to relax and reenergize themselves over the past few months. This Fall is going to be a remarkably busy time for CPSA, and we have been spending a great deal of time preparing for that work. You will see from some of the departmental updates that much work has been done over the past few months, but there has also been a great deal of change in our staffing complement.

Since April 1st, CPSA 10 team members have left CPSA, and we have had fourteen external hires. In addition to this, we have seen eleven team members either move to another position or be promoted within the organization. We currently have 163 people working at CPSA.

With the loss of some key players and the addition of some incredible talent, it has been a period of change for the organization. New faces bring new ideas and new opportunities, but losing some key staff has slowed down some of the work.

1. CPSA Organizational Updates

a. Senior Leadership Additions

Director, Office of the Registrar – Jason MacDonald.
Director, Corporate Services – Sarah Stelmack.
Assistant Registrar, Registration – Recruitment activities are ongoing.

b. Departmental Updates

For this report, updates are provided from three of our regulatory departments (Accreditation, Competence and Professional Conduct) and one of our operational departments (People and Culture).

1. Accreditation

Psychedelic-Assisted Psychotherapy (PAPT) - New Advisory Committee

Psychedelic-Assisted Psychotherapy is a rapidly evolving area of medicine and CPSA is the legislated accrediting body for these facilities.

A new Advisory Committee is being established to support this requirement by developing and maintaining evidence-based standards for PAPT. The Committee will advise our Medical Facility Accreditation Committee (MFAC) on service decisions, promoting safety and quality improvements, introducing new services and technologies, and addressing stakeholders' needs for enhanced PAPT medicine services in Alberta. The Accreditation department has initiated the recruitment process for the PAPT Committee. This recruitment aims to attract highly qualified professionals to enhance the team's capability in delivering high-quality assessments.

The department received six applications, and the first expected meeting will be in January 2025, with MFAC ratification of membership scheduled for the last meeting of 2024.

Major revision of Hyperbaric Oxygen Therapy (HBO) Standards Work:

Current Hyperbaric Oxygen standards were last revised in 2014. CPSA initiated a full review and revision of its HBO standards to respond to a request by the Manitoba Quality Assurance Program (MANQAP) to use the standards in its programming.

The standards have been drafted and shared with stakeholders for input, in alignment with a new consultation step being introduced with these standards. This change will allow CPSA to capture input earlier in the standard development process and be more proactive during the pre-approval phase.

Revised Diagnostic Imaging Standards:

The Diagnostic Imaging Version 4 Accreditation Standards, including teleradiology were released January 31, 2024, with all facilities expected to come into compliance by October 1st.

Third-party report on tele-ultrasound, as requested by the Council, is currently in progress. The research questions focus on whether remotely supervised ultrasound (tele-ultrasound) is inferior to traditional ultrasound services with in-person imaging specialists in terms of patient care quality, service quality, and access to care. The report is slated to include a review of relevant peer-reviewed international literature on tele-ultrasound and a jurisdictional scan of medical regulatory bodies regarding existing guidelines and regulations for its use.

Medical Facility Accreditation Committee (MFAC) Public Member Search:

The ongoing MFAC public member search has been refined to broaden advertising and attract a diverse pool of candidates. Enhancements to the process include:

- Expanded advertisement and cross-posting used, including social media channels such as CPSA LinkedIn, College of Medical Laboratory Technologists of Alberta, and more.
- Incorporation of Informational Calls: To further engage potential candidates, an informational call will be scheduled between interested individuals and department leadership. This initiative seeks to provide candidates with a clearer understanding of the committee's work and expectations, fostering better alignment and interest.

Accreditation Digital Transformation Initiative (DTI):

This project aims to modernize workflows and implement an integrated digital infrastructure for audit processes. The initiative will build on/integrate into existing resources to create a research-friendly accreditation data repository. Data capture will occur seamlessly through the digitized workflow and be amenable to linking individual accreditation standards to assessment outcomes and reporting.

The first phase of the DTI is Groveware software implementation, for which planning, and readiness will continue through the remainder of 2024 for implementation commencement in 2025.

CPSA Accreditation to Present at ISQua Conference:

In March, the department conducted a retrospective analysis of reportable incidents in the Non-Hospital Surgical Facilities program for the period of 2018-2023. CPSA will present these findings at the upcoming International Society for Quality in Healthcare (ISQua) conference occurring in September, showcasing our commitment to knowledge sharing and global representation.

2. Continuing Competence

Staffing Changes:

In the second quarter of 2024, the Continuing Competence Department experienced the departure of two senior medical advisors (SMA) as well as the Assistant Registrar. This means we have a single SMA available for a program that typically has 4 FTE.

In addition, the program manager for Infection Prevention and Control (IPAC) was the successful candidate for an internal Director role, resulting in additional vacancy.

The department has adjusted its activity in the key areas impacted, to ensure that there was sufficient SMA coverage for high risk assessments with Individual Practice Reviews (IPR) and the Health & Practice Conditions Monitoring Program (HPCM) program. The most significant change was to decrease the screening done in the Physician Assessment and Feedback (PAF) program, where we target completing 200 assessments per year, and we have currently enrolled 83. As well, we have sought additional SMA support from the prescribing program which has been appreciated. The department is actively filling these vacant roles, which are in different phases of the hiring process and recruitment is ongoing.

Dr. Dawn Hartfield has been acting as the department's interim Assistant Registrar since Dr. Charl Els' departure. She will continue to do so until an Assistant Registrar is hired for the Registration department and Dr. Michael Caffaro can officially take on the role of Assistant Registrar for Continuing Competence.

Quality Assurance (QA):

The Physician Assessment and Feedback (PAF) program has completed 83 competency assessments since January 1st. Of this number, 22% were specialists and 78% family physicians. Assessment outcomes reflect 75% of files closed with self-remediation recommendations and 25% referred to the Individual Practice Review (IPR) program for further support. The Individual Practice Review (IPR) program currently has 40 participating physicians who are receiving assessment and remediation. The majority of referrals to the program are received from PAF. In the first half of 2024, two physicians have been referred for a practice assessment in the U.S. and five have been referred to the University of Calgary's APASS program for remediation coaching.

The new accelerated route to licensure for International Medical Graduates (IMG) is off to a promising start with 42 competence assessments scheduled to be completed in 2024. Of those 42 assessments, 13 specialties are represented. All competence assessments completed to date have had successful outcomes with minor self-remediation activities recommended. Lastly, specialty assessor recruitment continues to be a priority with 27 assessors recruited over the past year. Two assessor training sessions took place in Edmonton and Calgary in May. Inter-rater reliability testing and bias training was the focus of the sessions.

Infection Prevention and Control (IPAC):

The IPAC program had a strong start to 2024, achieving the annual targeted volumes early by assessing 150 medical device reprocessing community clinics. By the end of Q2, 155 clinics had undergone onsite compliance assessments. In addition, an assessment was completed under Part 3.1 of the HPA to ensure public safety with respect to handling of injectable substance in a regulated members practice.

CPSA's Medical Clinic Registry project is progressing well, with 937 clinics now registered. After registration, clinics are being engaged in CPSA programs such as IPAC and Group Practice Review (GPR), including referrals to accreditation to verify the registration of class 3b/4 lasers. Collaboration is also ongoing with the physician sponsorship application process to support clinic registration requirements.

The IPAC Advisory Committee met once during the first half of the year, focusing on information sharing, with no significant recommendations made to the Competence Committee. The AMA's non-voting member on the IPAC Advisory Committee has stepped down, and the AMA will soon appoint a replacement.

The IPAC Program Manager, Jason MacDonald, has transitioned into his new role as Director of the Office of the Registrar. We would like to thank Jason for the contributions he has made to the IPAC program and congratulate him on his new opportunity. We are sad to see him move to another department and are happy he remains a CPSA team member.

A new Program Manager for IPAC, Cody Dingreville, has been successfully recruited and will join CPSA in early September. Until then, Jason is providing part-time coverage.

Quality Improvement (QI):

Great progress was made for the Physician Practice Improvement Program (PPIP) as 73% of physicians reported in their most recent renewal information form (RIF) having participated in at least 3 activities between 2021 and 2024.

Regulated members' PPIP cycles will align with their continuing professional development (CPD) cycles required by the College of Family Physicians for Family Physicians and the Royal College Physicians and Surgeons of Canada to ease the reporting burden for regulated members. For those members with CPD cycle ends prior to 2026, modifications will be made to allow adequate time to complete PPIP requirements.

Health & Practice Conditions Monitoring Program (HPCM):

Health Monitoring

The transition of the management of the health monitoring program from the previous to the new model has been completed. This involved a tremendous amount of work, as this required evaluation of existing files, as well as managing new referrals simultaneously.

- 127 existing files were closed after assessment when it was determined that the regulated member no longer required monitoring.
- 37 regulated members in the legacy system were transitioned into the new system.
- Two were evaluated and determined that no monitoring was required.
- Six are under evaluation.
- 29 are enrolled for monitoring with a service provider.

During these same six months, there were 52 new files opened (about 2 per week) and 77% of regulated members self-reported their health status to CPSA. Of these, 30/52 were evaluated by an IME and were determined not to require health monitoring; 4/52 were enrolled with monitoring after an IME with an external provider, and 18 remain in evaluation.

Given the nature of the work, the number of files enrolled in HPCM continually fluctuates. Effective August 16, 2024, there are 69 open health files for regulated members. 56 (81%) remain active in practice with health monitoring in place, and 13 are currently withdrawn from practice. 43/69 (63%) require monitoring, 26/69 (37%) are awaiting evaluation.

The Health & Practice Conditions Monitoring Program (HPCM) activities are gradually returning to a "new" normal pace. Processes continue to be refined as we work on our new system. We continue to work closely with stakeholders to incorporate their feedback as we do this careful work.

Practice Condition Monitoring

Non-health related practice conditions are monitored by HPCM. From January to June 2024, there were a total of 330 practice conditions monitored by CPSA for matters not related to their health (for example, Chaperone conditions, limits to patient volumes or work hours), with 55 conditions opened and 5 closed during this time.

3. Professional Conduct

Professional Conduct continues to experience a higher complaint volume in 2024. Throughout the period ending July 31, 2024, Professional Conduct has received 962 complaints which is a ~95% increase year-over-year. A monthly cumulative year-over-year comparison is shown in Figure 1. For comparison, the number of complaints per year from 2017-2023 is provided in Figure 2.

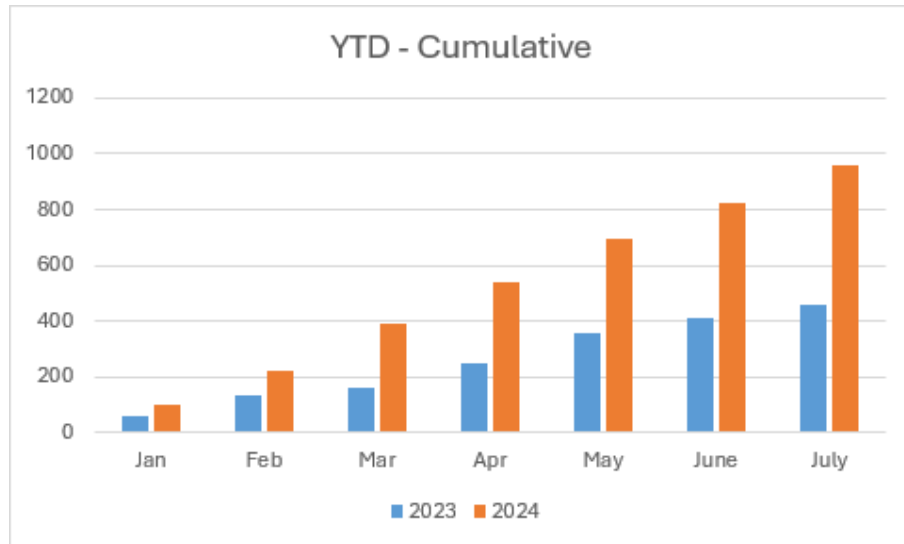


Figure 1 Cumulative Complaints by Month 2023 and 2024

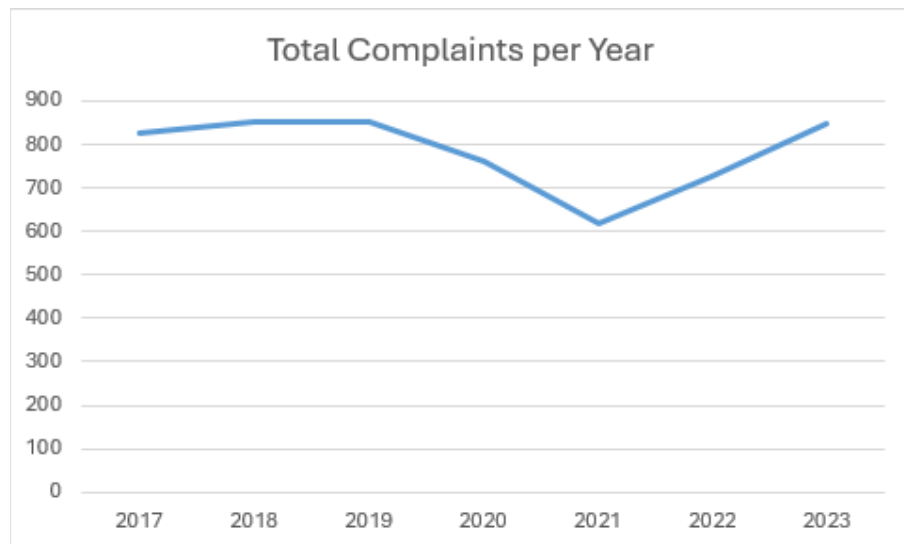


Figure 2 Total Complaints per Year 2017 - 2023

Despite the increase in pressure, the department has been able to maintain operations with an aggregate KPI of 90% in 2024. Professional Conduct has reduced meeting burden on staff, outsourced work to reduce staff workload, and brought new resources online to support the team and meet this challenge. Investigations continues to work within 4-6 weeks of real-time (expected and normal queue) however, there continues to be a high volume of investigations in progress.

4. People and Culture

The People & Culture (P&C) team is actively recruiting 20 positions to meet our staffing needs. In addition, we are in the midst of the transition to the UKG human capital management system, along with the payroll team, which will roll out in October. We have planned a wide array of Truth and Reconciliation (TRC) learning opportunities for CPSA team members in September and are preparing to move to a new position classification system this fall. P&C is continuing to update our employment policies, including rolling out an updated professional development policy and supplemental funding program. Pulse Check survey questions are being prepared and the survey will go live in October 2024. Our new reward and recognition program and employee and family assistance programs have been selected and will go live in November.

In the first six months of 2024, the CX Hub responded to 11,225 new inquiries, with each month of the year bringing in unprecedented monthly volume. CX has also been collaborating with Information Management to implement some improvements to the CX Hub's technology solutions so that we can enhance our service offerings for both our internal and external customers. CX tested these new solutions this summer and intend to be fully integrated and up to speed before the RIF season in the fall.

2. Committee Reports

a. Competence Committee

The Competence Committee met on June 6th, 2024. Most of the meeting involved updates related to the departmental work. Neither the Registrar nor the deputy Registrar were able to attend. The [attached report](#) is a summary of the meeting, however the report from the Competence Department covers much of the same information.

b. Medical Facilities Accreditation Committee (MFAC)

MFAC has not met since the last Council meeting and therefore there is nothing to report.

3. Provincial Update

a. Authentic Indigenous Connections

i. Siksika MOU

It was once again a pleasure and an honor to meet with Dr. Tyler White and his team at Siksika Health Center in early June. We wanted to ensure we continue our work together in accomplishing what we have committed to in the MOU. Our teams will be meeting again soon to develop a formal action plan, but the relationship continues to be strong, and I look forward to the upcoming work.

ii. Learning on the land with Grandmother Doreen Spence

On June 7th, some of the CPSA Staff and the Indigenous Advisory Circle met with Grandmother Doreen in Bragg Creek. Once again Grandmother Doreen shared her wisdom with us and opened our eyes to the amazing world around us. We were also fortunate to have Tyler's wife and Council member, Nicole Cardinal's Mother join us as elders in these teachings as well.

iii. Montana First Nation

Montana First Nation is a small Nation South of Edmonton that is taking on some amazing innovative work. They are interested in working with CPSA and share the magnificent work they are doing with such things as recruiting physicians to that part of Alberta and expanding the services available within their health center.

They have many innovative projects underway, but one that will likely be of value to CPSA and others in Alberta is their training program on cultural safety in healthcare that they provide to international medical graduates. So far, they have provided training to over 100 IMGs and have helped those physicians provide culturally safe care across Alberta.

If you're interested, I recommend you look at their website that outlines some of the other innovative work they are doing on the Nation. [This link](#) will take you to a video that is worth watching.

iv. G4 Health

Margo Dodginghorse is the Health Director for G4 Health and one of the founding members of the CPSA Indigenous Advisory Circle. Council received a briefing from her and Tessy Big Plume during the retreat in Tsuut'ina Nation this past February.

As a reminder G4 Health represents Îyethka (Bears paw, Chiniki, Goodstoney) and Tsuut'ina First Nations as an Advocate, Advisor, Collaborator and Capacity Builder. G4 Health is a department within the Stoney Nakoda Tsuut'ina Tribal Council Ltd. (SNTTC/G4) and is governed by a Board of Directors comprised of the Chiefs of the Sovereign Nations.

We have been working with G4 Health over the past year to establish a partnership that will help build an ongoing relationship that is mutually supportive and focused on advancing culturally safe, ethical care provided by CPSA regulated members, promoting safe, high-quality and informed patient-centered care and continue to nurture sustainable, authentic connections between Îyethka (Bears paw, Chiniki, Goodstoney) and Tsuut'ina First Nations and CPSA in areas of health equity.

We are approaching the finalization of a formal partnership that will see our work become much more tangible; I look forward to sharing more in the coming months.

b. CPSA Proposal to help address concerns around overbilling by physicians

Concerns have been raised about inappropriate billing of physicians and the cost of that on the health care system. It is not an uncommon belief that CPSA is failing to address this concern; however, we have no access to the data to proactively address the concern. It has been estimated that upwards of 10-15 % of physicians are overbilling. Like everything in healthcare, this is a complex issue, and we should not be assuming this is intentional or fraudulent. To properly address this, we will need a multipronged approach that involves education, data analytics, audit and feedback, and potentially a stronger connection between their investigation team and Professional Conduct for the few that are intentionally overbilling.

To do this we need access to the data. We went to the Department of Health with a proposal to introduce an audit and feedback approach to this concern that would be similar to how we share information with physicians about their prescribing activities. We believe we could have a positive impact on the issue by gaining access to the data and developing a report.

We sent a proposal to the Department of Health on doing this work, but unfortunately it was rejected. I have not been able to address this concern with the Department yet, but I will continue to investigate this as an option, and we will continue to find ways to work with the Department on this concern.

c. Misinformation

Over the past few months there has been considerable misinformation being spread around about CPSA that has deeply concerning to us. Without going into details, there continues to be a belief that CPSA is an organization that the government should do something about.

One example that continues to appear is the belief that CPSA limits physician's ability to prescribe medication for off label purposes. As a result, we are actively working to correct that belief. The reality is that CPSA does not restrict off label use. In fact, physicians routinely prescribe medication for off label purposes. We do however expect physicians to follow the Code of Ethics and Professionalism when they do this. There should be a sound clinical reason for it, and it should not put patients in harms way.

This type of misinformation can also have a significant impact on our team's moral. Hearing things about the place you work that are not grounded in fact but supported by people in powerful positions can be hard to hear when you know you work hard everyday to help Albertans receive safe high-quality healthcare from CPSA's regulated members.

4. National Updates

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

The FMRAC annual meeting and Conference took place in Muskoka this June and focused on topics such as building authentic indigenous relations and the use of AI in Healthcare. CPSA was a strong contributor to the conference and much of the great work we do was shared at the meeting/conference. Ed Jess, our Chief Innovation Officer, sat on the AI panel and Sondra MacKenzie-Plovie, our Senior Advisor, Community Engagement, sat on the Indigenous Connections Panel. Dr. Dawn Hartfield was on the Planning committee for the conference, and I moderated a panel discussion.

There was also a half day dedicated to improving and standardizing the registration process across Canada. There is a strong desire to find innovative ways to make registration as simple as possible without putting the public at risk. The FMRAC Registration working group is no longer considered a working group and is now a standing operational committee of FRMAC that is taking tangible actions toward standardizing processes wherever possible.

FMRAC has also commissioned a research project to look at the impact of the Atlantic Registry. This registry allows physicians in good standing to hold licences in all four provinces by only paying another \$500.00 per year. The research is not complete but initial findings seem to conclude that few physicians are taking advantage of this opportunity, and it is not having the impact it was expected to have. It has lowered the cost of getting licences, but it does not appear to have increased access. It may however still be too early to tell.

FMRAC as an organization continues to advance its work at the national level and the new executive Director, Stephanie Price, is working out very well. FMRAC has recently engaged a consultant in government relations to help get the regulator's voice to the key decision makers in government.

FMRAC will also be going through a rebranding and improving its presence online with an updated website and an improved communication strategy.

The annual conference is going to be adjusted to be more of a strategic retreat for MRAs than the historical conference it has been. This will save a significant amount of money and better meet the needs of the organization and the MRAs. Next year's event will take place in Calgary.

5. International Updates

a. International Association of Medical Regulatory Authorities (IAMRA)

Nothing to report.

b. Federation of State Medical Boards (FSMB)

Nothing to report.

Conclusion

I predict the last four months of 2024 are going to be very busy with lots of pressure put on CPSA. Despite my belief that CPSA is performing very well and leading the country in a great deal of work we're doing, there is significant misinformation out there that some people are listening to. This will take a great deal of effort to address, and I would suggest this is a significant strategic risk to the organization.

Submission to:	Registrar
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Meeting Date:	Submitted by:
June 6, 2024	Dr. Dawn Hartfield, Deputy Registrar, Continuing Competence

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

Recommendation (if applicable) :	N/A
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Background:	<p>The Competence Committee met on Friday, June 6, 2024, for a 3-hour virtual session. Dr. Christine Kennedy chaired the meeting.</p> <p>New Members to the Committee:</p> <p>The Committee welcomed Dr. Brian Brownbridge and Ms. Marlene Young to the Committee as new public members.</p> <p>Upcoming Committee Recruitment:</p> <p>Dr. Kirsten Jones, co-chair of the Committee announced she will not put forward her name for a new term. A recruitment campaign will be ongoing over the summer to find a new registered member.</p> <p>Presentations by Internal Staff to the Committee:</p> <ul style="list-style-type: none"> • Ms. Leanne Minckler, Program Manager updated the Committee on current statistics from the Health & Practice Conditions Monitoring (HPCM) program and divestment progress. • Ms. Tanya Northfield, Program Manager, Physician Practice Improvement Program, provided an overview of the self-reporting based on 2024 RIF and audit results. • Dr. Sam Lou, Senior Medical Advisor sought guidance from the Committee on the modification of the current renewal information form (RIF) question regarding
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provisional members' failed attempts in certification exams. Committee asks for more data and follow-up information. We will continue discussion at the next meeting.

Continuing Competence Staffing Updates:

Dr. Charl Els announced he is stepping down from his position as Assistant Registrar as of June 30, 2024. Dr. Michael Caffaro will take over this role once a replacement is hired for his current position as Assistant Registrar, Registration. In the interim, Dr. Dawn Hartfield, Deputy Registrar will provide coverage.

Further staffing changes: Dr. Danielle Michaels and Dr. Quyen Lam both stepped down as Senior Medical Advisor for this department. Recruitment for these two positions is ongoing.

Our team is currently under resourced, particularly Senior Medical Advisor capacity. We have paused initiating more PAF assessments for the remainder of the year as well as delaying some PPIP communications and presentations to partners and stakeholders. We anticipate resuming operations in 2025 once recruitment is completed by year end.

Status on performance targets for 2024:

As of June 30th, 2024, the following have been completed:

PPIP Audits and MCC 360 Engagement:

- 306 PPIP audits have been completed
- 484 MCC 360 have been initiated
- 51 clinics have been initiated for Group Practice Review

Quality Assurance Interventions:

- 83 PAF assessments have been completed to date
- IPR received 14 referrals this year for a total of 40 participating physicians.
- 42 competence assessments scheduled to be completed in 2024

Infection Prevention and Control:

- To date, 155 clinics have been initiated for IPAC assessments.
- 262 non-accredited community clinics registered at CPSA in the first half of 2024

	<p><u>HPCM Program:</u></p> <ul style="list-style-type: none"> ○ 212 physicians were transitioned into the revised health monitoring program. To date, the program has had 55 newly opened files for assessment this year. The team continues to make improvements to new monitoring process
Next Steps:	The Competence Committee will meet again on October 16, 2024.
List of Attachments:	
N/A	

Submission to:	Council
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Meeting Date:	Submitted by:		
September 12, 2024	Dr. Dawn Hartfield		
Agenda Item Title:	5.1 Hearings Director's Office – Overview of Process and Training		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable):	N/A
Background:	<p>The <i>Health Professions Act</i> (HPA) outlines the domains of focus for the Hearings Director's Office (HDO):</p> <ul style="list-style-type: none"> Complaints Review Committee Disciplinary Hearings Appeals to Council <p>At the September meeting, a review of the work of the HDO will be provided to Council for informational purposes.</p>
Next Steps:	N/A
List of Attachments	
	N/A

Submission to:	Council
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Meeting Date:	Submitted by:
September 12, 2024	Dr. Nicole Kain, Program Manager, REVU, AIR Dr. Cliff Lindeman, Program Manager, TPP & PPP, AIR Ed Jess, Chief Innovation Officer

Agenda Item Title:	5.2 Analytics, Innovation and Research – Overview of Departmental Work
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Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
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AGENDA ITEM DETAILS

Recommendation (if applicable) :	N/A
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Background:	<p>The Analytics, Innovation and Research department develops, shares and promotes innovative approaches to self-regulation, and uses research and knowledge translation to enhance CPSA’s regulatory work.</p> <p>At the September Council meeting, an overview of the units that make up the CPSA Analytics, Innovation & Research (AIR) department will be provided to Council.</p> <p>Research & Evaluation Unit (REVU) Dr. Kain will highlight the three overlapping foci of REVU’s work:</p> <ul style="list-style-type: none"> • Internal Support & Evaluation for CPSA Departments • External Collaborations • Academic/Research Pursuits & Innovations <p>REVU’s ongoing work of investigating physician factors, developing of risk scores for physicians and managing the MD Snapshot – Practice Checkup report will be detailed, in addition to recent knowledge translation from the REVU team in the form of conference presentations and peer-reviewed publications.</p>
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	<p>Tracked Prescription Program (TPP Alberta) and Physician Prescribing Practice (PPP) Program</p> <p>Dr. Lindeman will summarize the purpose of the TTP Alberta and PPP Program, outline the machine learning opioid risk model program of research and provide an overview of the newly launched TPP Alberta interactive atlas functionality.</p>
Next Steps:	N/A
List of Attachments:	
N/A	

Submission to:	Council
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Meeting Date:	Submitted by:
September 12, 2024	Governance Committee

Agenda Item Title:	6.1.1 Council Committees Overview and 2023 Annual Reports
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Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.
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AGENDA ITEM DETAILS	
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Recommendation:	That Council approves the 2023 Committee Annual Reports.
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Background:	<p>The Governance Committee is responsible for annually confirming Committee mandates and making recommendations for changes to the structure or mandate of Council and its committees to ensure alignment of purpose, vision and strategy.</p> <p>At its June 2024 meeting, the Committee received and approved all the Council Committee annual reports and were able to compare each Committee’s mandate and performance in 2023. There were no recommendations made for changes to the structure or mandate of the Council and its committees. These reports are attached and submitted for recommendation to Council.</p> <p>The Committee also discussed a different approach to sharing this information with Council, which was subsequently approved by the Executive Committee. The purpose is to increase Council members’ awareness and understanding of the mandate and achievements with the Council Committees.</p> <p>Each Committee Chair will share a brief overview of their respective Committee and accomplishments for 2023 with Council.</p>
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Next Steps:	N/A
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List of Attachments:

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| <ol style="list-style-type: none"> 1. 2023 Committee Annual Report – Executive Committee 2. 2023 Committee Annual Report – Governance Committee 3. 2023 Committee Annual Report – Finance & Audit Committee 4. 2023 Committee Annual Report - Anti-Racism Anti-Discrimination Action Advisory Committee 5. 2023 Committee Annual Report – Indigenous Advisory Circle |
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This report covers the period from January 1, 2023 to December 31, 2023.

Roles and Responsibilities (as mandated in the TOR)	Activity Report
Establishes the agenda for Council Meetings.	<ul style="list-style-type: none"> Executive Committee established the agenda for all 4 regular Council meetings in 2023.
Reviews the results of the Council Meeting Feedback Surveys to make improvements and adjustments to upcoming meetings.	<ul style="list-style-type: none"> Council meeting feedback is reviewed by Executive Committee in setting agendas, and by Council at each meeting. Improvements are made meeting to meeting. Examples in 2023 include: <ul style="list-style-type: none"> Titles used on Council agendas Development and approval of an In-Camera Sessions Policy Council Policy Statement and Guidance on Prevention of Spread of COVID-19 in CPSA’s Workplace
Connects with all Councillors regarding the Registrar’s performance evaluation on an annual basis.	<ul style="list-style-type: none"> In 2023, the Registrar and CEO Performance Review Policy was approved and published on the website. The Policy includes an annual process for the performance review and is led by the Council Chair and Executive Committee.
Ensures and reviews the succession planning process for the Registrar.	<ul style="list-style-type: none"> In 2023, the Registrar and CEO Performance Review Policy was approved and published on the website. The Policy includes an annual process for the performance review and is led by the Council Chair and Executive Committee.
Addresses urgent, organizational issues between Council meetings and reports back to Council on those issues.	

Roles and Responsibilities (as mandated in the TOR)	Activity Report
<p>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.</p>	<ul style="list-style-type: none"> The Council Culture Agreement was developed at the 2023 Council Retreat, and Executive Committee led refinements over the year, resulting in a Council Culture Agreement that was approved in December 2023.
<p>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.</p>	<ul style="list-style-type: none"> The 2023 Council Orientation and Retreat agenda was developed to give opportunities to Executive and other Council members to introduce guests.
<p>Represents Council at external meetings, including but not limited to:</p> <ul style="list-style-type: none"> Meetings with the Alberta Medical Association (AMA) and AMA meetings where Council members are invited to attend. Canadian Medical Association (CMA) annual Health Summit (and/or General Council) – requirement for a physician member who is able to vote. Federation of State Medical Boards (FSMB). Federation of Medical Regulatory Authorities of Canada (FMRAC). Other meetings of health professions regulatory organizations (e.g. CRNA, ACP) where Council members are invited to attend. 	<ul style="list-style-type: none"> Quarterly meetings with AMA and Spring Rep Forum The Council Chair attended the FSMB annual meeting. The Council Chair attended the FMRAC annual meeting.
<p>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</p>	<ul style="list-style-type: none"> This was carried out as required.

Roles and Responsibilities (as mandated in the TOR)	Activity Report
Agreement, and Councillor’s Oath. (joint responsibility with Governance Committee)	
Reviews the results of the Annual Evaluation of Council Effectiveness and informs Council of actions taken. (joint responsibility with Governance Committee)	<ul style="list-style-type: none"> • Executive Committee and Governance Committee put forward a revised “Council Effectiveness Evaluation Policy” and this was approved by Council. • Annual and quarterly questionnaires were reviewed, and adjustments were made to the questions.
Works with the Governance Committee to develop and deliver an orientation program for new members. (joint responsibility with Governance Committee)	<ul style="list-style-type: none"> • Executive Committee members had a role in planning the 2023 Orientation along with Governance Committee.
Promotes ongoing professional development of Council members. (joint responsibility with Governance Committee)	<ul style="list-style-type: none"> • Executive Committee promotes education through the in-Council learning sessions and promoting the use of the annual Council member allocation for governance/leadership/regulatory learning.

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

This report covers the period from January 1, 2023 to December 31, 2023.

Roles and Responsibilities (as mandated in the TOR)	Activity Report
Ensures Council practices are in compliance with applicable legislation, regulations and CPSA Bylaws	<ul style="list-style-type: none"> • Development and approval of the <i>Decision-making Between Council Meetings Policy</i>.
Promotes good governance practices at all Council and Committee meetings.	<ul style="list-style-type: none"> • Governance review implementation including: <ul style="list-style-type: none"> ○ Discussion and development of a model, process, competency matrix and feedback opportunity for a Nominations + Elections process for regulated member Council members. ○ <i>Governance Structure and Committees Policy</i> and other related policy discussions that have resulted in new policy and/or will be incorporated into the Bylaws review.
Recommends practices and educational opportunities to improve Council effectiveness.	<ul style="list-style-type: none"> • Council Learning Plan that included individual and group learning sessions
Develops themes and goals for the annual Council retreat	<ul style="list-style-type: none"> • Recommended the “Authentic Indigenous Connections” theme, goals and broad Agenda for the 2024 Council Retreat.
Develops, recommends, and stewards council evaluation programs.	<ul style="list-style-type: none"> • Committee reviewed and revised the <i>Council Effectiveness Evaluation Policy</i> • Committee supported the annual Council effectiveness questionnaire.
Reviews the annual submissions of the following documents from Council members and forwards any items requiring follow up action to the Executive Committee:	<ul style="list-style-type: none"> • Documents were reviewed, no matters were forwarded to the Executive Committee for follow up.

Roles and Responsibilities (as mandated in the TOR)	Activity Report
<ul style="list-style-type: none"> • Conflict of Interest Declarations, • Code of Conduct Agreement, • Confidentiality and Non-disclosure Agreement • Councillor’s Oath. 	
<p>Provides input and support for the orientation program for new members. Promotes the development and use of a reference manual for all Councillors.</p>	<ul style="list-style-type: none"> • Debriefed the 2023 Council Orientation (held at the 2023 Council Retreat) and provided ideas for orientations for new Council members that occurred throughout the year, and the 2024 Council Orientation. • Organized mentors for new Council members that joined Council in 2023. • The Council Reference Manual is available on Sharepoint, and it is linked from the first page of the Council Agenda.
<p>Facilitates the Executive Election process.</p>	<ul style="list-style-type: none"> • Policy was reviewed and revised and implemented for 2023 Executive Elections.
<p>Reviews the aggregate skills and competencies of the current composition of Council to identify potential gaps in experience, skills, and expertise.</p>	<ul style="list-style-type: none"> • This is future work as it will be activated following the adoptions of a Council competency matrix.
<p>Reviews and make recommendations for the annual Physician Member Elections.</p>	<ul style="list-style-type: none"> • Committee provided feedback on the communications plan for the 2023 Regulated Member Elections to fill 1 position on Council.
<p>Brings forward recommendations for appointments or reappointments to Council Committees, including the listing of physicians to serve on Hearing Tribunals or Complaint Review Committees.</p>	<ul style="list-style-type: none"> • Appointments were made to the various Committees and working groups throughout the year as required. • Committee considered and supported a learner being appointed to Competence Committee as an observer.

Roles and Responsibilities (as mandated in the TOR)	Activity Report
	<ul style="list-style-type: none"> • Committee agreed to recommend the extension of CRC/HT members’ terms. The rationale for this is clear, and actions over time resulted in a change to the Bylaws (in 2024) that allows longer member terms for these committees.
<p>Brings forward recommendations for appointments of Committee Chairs, based on the following principles:</p> <ol style="list-style-type: none"> Each committee has had an open and transparent succession plan. All councillors have been given an opportunity to express their interest in becoming Chair. Committee chairs are a Council member unless extenuating circumstances exist to justify the appointment of a Chair who is not a sitting Council member. Chairs are appointed for 1 year only, with an opportunity to renew for up to six years. 	<ul style="list-style-type: none"> • Chair appointments were made to the various Committees and working groups throughout the year as required. • The merits of having co-chairs or vice-chairs appointed for Committees was discussed, and a co- or vice-chair was implemented for several committees.
<p>Annually confirms Committee mandates and makes recommendations for changes to the structure or mandate of Council and its committees to ensure alignment of purpose, vision and strategy.</p>	<ul style="list-style-type: none"> • New <i>Governance Structure and Committees Policy</i> was developed and approved. • A revised Terms of Reference template was developed and supported.
<p>Reviews Terms of References of other Committees in the following cases:</p> <ul style="list-style-type: none"> • The Committee has a significant mandate change (e.g. through a Governance Review, or resolution approved by Council). • The Committee is newly established; and/or 	<ul style="list-style-type: none"> • Reviewed and proposed changes to various Committee Terms of Reference as a result of the <i>Governance Structure and Committees Policy</i>.

Roles and Responsibilities (as mandated in the TOR)	Activity Report
<ul style="list-style-type: none"> The Committee develops a change to the TOR that varies from the Committee mandate. 	
<p>Monitors the language of bylaws, terms of reference, policies and communications for barriers which could limit diversity and inclusion on Council.</p>	<ul style="list-style-type: none"> A review is carried out when TORs and Policies are reviewed. One of the objectives for the Bylaws Review project is to apply an anti-racism, anti-discrimination lens to the bylaws.
<p>Review and recommend updates to the CPSA Bylaws to ensure alignment with other legislation, relevance to current practice and clarity.</p>	<ul style="list-style-type: none"> Governance Committee reviewed and developed several Council Policies in 2023, and some of these are essential in the Bylaw review/revision that is to be complete in 2024.
<p>Recommend, review, and develop Council policies in collaboration with other Committees as necessary.</p>	<ul style="list-style-type: none"> New policies in 2023: <ul style="list-style-type: none"> Council Policy Statement and Guidance on Prevention of Spread of COVID-19 in CPSA’s Workplace Decision-Making Between Meetings Policy Governance Structure and Committees Policy In Camera Sessions Policy Registrar and CEO Performance Review Policies reviewed and updated in 2023: <ul style="list-style-type: none"> Council Code of Conduct Council Effectiveness Evaluation Policy Executive Elections Policies retired in 2023: <ul style="list-style-type: none"> Social Media Policy (note: Social Media Guidelines for Council were retained)

Roles and Responsibilities (as mandated in the TOR)	Activity Report
<p>Review and report to Council on proposed amendments to the Health Professions Act and other relevant legislation.</p>	<ul style="list-style-type: none"> • There were no relevant new or proposed amendments to provincial or federal legislation in 2023. Changes to the HPA in 2022 and subsequent changes to the Bylaws were reviewed by Committee in 2022 and approved by Council in 2023.

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

Roles and Responsibilities	Activity Report
<p>Approves policies concerning honoraria, expenses, grants, banking, fees or any other issue affecting the financial and operational management of CPSA.</p>	<ul style="list-style-type: none"> • Approved honorarium principles for fiscal year 2024. • Engaged in discussions regarding expense policies and honorarium rates for 2024. • Provided feedback on the significant credit card fees incurred annually. • Received an annual report on FAC compliance with CPSA’s Pension Plan Governance Policy. • Received a report on CPSA’s adherence to executive limitations as listed in the Governance Manual, Part 4 – Executive Limitations.
<p>Provides recommendations to Council regarding the operating budget and annual fees.</p>	<ul style="list-style-type: none"> • Reviewed an analysis of the unrestricted surplus in determining the annual fee to recommend to Council for 2024. • Recommended to Council to approve the draft 2024 business plan and budget with no change to the physician annual fee. • Recommended to Council to approve the following fees mid-year: <ul style="list-style-type: none"> ○ Psychedelic Assisted Psychotherapy (PAPT) facilities fees. ○ Non-clinical fee at 25% of the annual for the limited practice register. ○ Sponsorship Application fees. ○ Prorating Physician Assistant Annual Licensure Fees for 2024. ○ Waiving out-of-province postgrad practice permit elective fees. • Approved additional unbudgeted costs in 2023 for the following:

Roles and Responsibilities	Activity Report
	<ul style="list-style-type: none"> ○ Professional Conduct staffing, legal costs, external investigator and expert opinion costs to address the current backlog of files. ○ Backup server implementation ○ Phone system implementation ○ Extension of the government relations contract to the end of December 2023.
<p>Appoints external auditors, approves the scope of an audit, recommends to Council to approve CPSA’s annual audited financial statements and related documents, reports the results of the annual audit to Council, and assesses the performance of the auditors and their relationship with the Registrar and staff.</p>	<ul style="list-style-type: none"> • Reviewed the CPSA and Pension Fund audited financial statements for the year ended December 31, 2022 with the auditors and management. • Reported the CPSA and Pension Fund audited financial statements for the year ended December 31, 2022 to Council at their May 2023 meeting for Council’s approval. • Appointed PricewaterhouseCoopers LLP (PwC) as CPSA’s auditors for 2023. • Accepted the audit plan from PwC for the 2023 audit.
<p>Ensures that the Registrar has in place and follows an investment policy which does not vary materially from Prudent Investor guidelines as summarized in Council policy.</p>	<ul style="list-style-type: none"> • Reviewed the CPSA investment performance from the CIBC and TD portfolios for the year ended December 31, 2022. • No changes were made to the Investment Policy in 2023. • Reviewed the CPSA Building Fund investments, transferring \$5 million to a high interest savings account in Jan 2023. • Reviewed the pension investment managers for the defined benefit (DB) pension plan for year ended Dec 31, 2022. • Reviewed the Statement of Investment Policies and Procedures (SIPP) for the defined benefit pension assets

Roles and Responsibilities	Activity Report
	<p>and approved changes regarding environmental, social and governance wording be added to the policy.</p> <ul style="list-style-type: none"> Received an education session from Mercer, CPSA’s actuary, about pension governance, fiduciary obligations, and surplus management. Reviewed the pension investment managers for the defined contribution (DC) pension plan as at June 30, 2023. Approved changes made to the Statement of Investment Policies and Procedures (SIPP) for the defined contribution pension assets. No changes were required to the investment option lineup available for CPSA employees for the DC pension plan.
<p>Provides oversight of, and reports to Council concerning, the Registrar’s adherence to financial and operational policies in the areas of budgeting and forecasting, financial condition, protection of assets, investment of CPSA funds, and compensation and benefits, including the pension plan.</p>	<ul style="list-style-type: none"> Received 2023 quarterly financial variance reporting and financial forecasts. Reviewed an annual summary of the expenses for the counselling and treatment fund under the HPA. Reviewed the CFO’s statutory filing compliance at each FAC meeting. Reviewed a report in November on compliance with the Council policies for Executive Limitations.
<p>Ensures that the Registrar has established a process to identify and manage risk factors relating to the financial and operational management of CPSA, including the prevention, early identification and management of error, misstatement and fraud.</p>	<ul style="list-style-type: none"> Received 2023 quarterly CPSA Risk Register reports. Received semi-annual reports from the internal Security Management Committee which included a year-to-date privacy breach report.

Roles and Responsibilities	Activity Report
<p>Considers and reviews, with management and the auditors, the adequacy of the organization’s risk management methodology and internal controls, including computerized information system controls and security.</p>	<ul style="list-style-type: none"> • No issues of fraud reported by management or PwC, the CPSA’s auditors. • Received a report on Directors and Officers insurance coverage from Heath Insurance Reciprocal of Canada (HIROC), CPSA’s insurance provider, and was satisfied with the level of insurance coverage in place for CPSA. • Received a report from HIROC on CPSA’s results of the risk assessment checklist reporting in the cycle 1, year 3 of FIRMS (FMRAC integrated risk management system).
<p>Considers and reviews the Safe Disclosure of Work policy and CPSA Compliance Officer Report annually.</p>	<ul style="list-style-type: none"> • Received a summary report from CPSA’s Director, People & Culture on the staff policy on Safe Disclosures of Work Violations.
<p>Considers and reviews the priorities and succession plan of CFO annually.</p>	<ul style="list-style-type: none"> • Received an update on the CFO priorities and succession plan in November 2023.
<p>Other activities performed but not captured by the Roles and Responsibilities listed in the Finance and Audit Committee’s Terms of Reference.</p>	<ul style="list-style-type: none"> • Provided feedback on the unused vacation policy framework, benefit review process, statutory holiday observances. • Provided input for the CPSA’s Financial Key Performance Indicators. • Annually reviewed the FAC’s Terms of Reference and recommended changes to appoint a co-chair for 2023. Also provided feedback on changes suggested by the Governance Committee.

This report covers the period from January 1, 2023 to December 31, 2023.

Roles and Responsibilities (as mandated in the TOR)	Activity Report
<p>Assists with developing actions that advance CPSA’s Anti-Racism Anti-Discrimination Strategic Direction in the 2022-2026 Strategic Plan.</p>	<ul style="list-style-type: none"> • ARADAAC assisted in the transition to 2 committees: 1) ARADAAC as a Council Priorities Committee and 2) an internal EDI Committee for the CPSA Team. • Provided advice on a draft Anti-Oppression Framework for CPSA. • Provided suggestions for CPSA Council learning in the area of Anti-Racism and Anti-Discrimination. CPSA Council uses the suggestions to develop its Annual Learning Plan.
<p>Provides advice and recommendations to CPSA Council, related to regulation of the medical profession.</p>	<ul style="list-style-type: none"> • ARADAAC meeting summaries to Council resulted in in-depth discussion of demographic data collection.
<p>Provides perspectives and advice on areas for improvement or change in the following regulatory areas:</p> <ul style="list-style-type: none"> • Continuing Competence • Medical Facility Accreditation • Professional Conduct • Registration • Standards of Practice 	<ul style="list-style-type: none"> • The Committee heard presentations from Continuing Competence, Registration and Standards of Practice at its 2023 meetings. • Advice was provided to the Registration Department on the inclusion of gender data collection in the National Registry of Physicians (NRP), and also on the inclusion of demographic questions in the RIF.
<p>Supports CPSA to help regulated members incorporate anti-racism and anti-discrimination in their practice with the goal of enhancing the patient experience.</p>	<ul style="list-style-type: none"> • Developed and published Advice to the Profession: Guidelines for Anti-Racism and Anti-Discrimination. • Assistance, guidance, piloting and support for the CPSA/AMA/AHS project to develop and launch the Micro-Aggressions Online Training for Physicians course.

Roles and Responsibilities (as mandated in the TOR)	Activity Report
<p>Provides a safe space for collaboration, where members discuss and recommend action on research/work/initiatives occurring in the medical profession in Alberta.</p>	<ul style="list-style-type: none"> • Committee has continuously improved its TOR and meeting agendas to ensure a safe space for discussion and action.

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

Purpose

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

Over the 2023 year, the Circle provided guidance under these roles:

Roles	Guidance Provided
Provides overarching advice to CPSA on Authentic Indigenous Connections	<ul style="list-style-type: none"> • CPSA was advised to conduct a thorough assessment of the TRC Calls to Action, the United Nations Declaration on the Rights of Indigenous Peoples and other foundational documents. • Any work for or about Indigenous Peoples must be done in collaboration or engagement with Indigenous Peoples—"nothing about us without us." • CPSA should take a distinctions-based approach to engagement efforts, recognizing the diversity of First Nations, Métis and Inuit Peoples across Treaty 6, 7 and 8 territories. • Any statement of apology must include a commitment to take action, and should be preceded by community engagement.
Discusses opportunities for CPSA to act to enhance health care experiences for Indigenous patients and Indigenous health care practitioners	<ul style="list-style-type: none"> • CPSA should pick a starting point and take action towards Indigenous patient safety enforcement on anti-racism expectations. • The Code of Ethics & Professionalism must be clear on expectations around racism and discrimination, specifically around expectations for how physicians treat Indigenous patients. • Discussions about priorities included anti-racism and anti-discrimination; access to traditional medicine as a human right; and cultural safety.
Share knowledge and information, experiences and stories—their own or those of their communities	<ul style="list-style-type: none"> • Racist regulated members and health system bias result in poor patient care. This means patients don't seek care until the issue becomes acute. • CPSA must respect the capacity of Circle members by focusing on seeking guidance—work should be carried out by CPSA and vetted by the Circle.

Indigenous Advisory Circle

Annual Committee Guidance Review 2023

Roles	Guidance Provided
	<ul style="list-style-type: none"> • CPSA needs to do the work and own the effort towards reconciliation and can't place its burden of learning and taking action on Indigenous people. • CPSA is perceived as an unapproachable organization. There is a need to better communicate to Indigenous Peoples and communities who CPSA is and the important role it plays in health care.
Provides feedback to CPSA on specific initiatives, programs or projects	<ul style="list-style-type: none"> • The Circle shared perspectives on consultation versus engagement processes for the Accreditation Department. • The Circle and the Anti-Racism Anti-Discrimination Advisory Committee should seek opportunities for alignment and collaboration.

Submission to:	Council
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Meeting Date:	Submitted by:		
September 12, 2024	Governance Committee		
Agenda Item Title:	6.1.2 Process Change - Appointment to Council Committees		
Action Requested:	<input type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input checked="" type="checkbox"/> The following item(s) are of particular interest to Council Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation:	That Council support the process change for the appointment of new Council members to Council Committees.
Background:	<p>According to the Governance Committee Terms of Reference, the Committee is responsible for bringing forward recommendations to Council for appointments to committees, to ensure that there is full membership and quorum on Council committees for effective decision-making.</p> <p>With recent changes to the Council’s composition, currently, there are public member vacancies on two standing Council Committees: Governance Committee and Finance and Audit Committee. There are two vacancies on the Governance Committee and one vacancy on the Finance and Audit Committee.</p> <p>There are up to three Council member vacancies on one of our priority Council Committees: Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC). Please note that this Committee was not impacted by the recent changes.</p> <p>Based on the Order in Council 157/2024, four new public members were appointed to serve a three-year term on Council, effective June 20, 2024, to June 19, 2027. The new public members are:</p> <ol style="list-style-type: none"> 1. Garnet Clark 2. Rhonda Laboucan 3. Rob Merrifield 4. Pan Zhang <p>At present, these public members have not been appointed to a Council Committee.</p>

	<p>The Governance Committee’s previous process involved the appointment of Council members with minimal prior input from the Council member; however, the Committee is seeking to practice greater listening from Council members, in alignment with the Council Culture Agreement. Therefore, the Governance Committee is seeking the Council’s support for a proposed process change for the appointment of new Council members to committees.</p> <p>It is proposed that the September Council meeting is used by Committee Chairs to share information about their respective Committees with the new members. This has been incorporated into the agenda during the Council Committee Overview. Chairs will also speak with Committee members outside of the main meeting.</p> <p>Following the meeting, the Governance Committee will reach out to the new public members to understand which Committee they would be interested in serving on. The Governance Committee would then propose the initiation of an electronic vote by Council, to appoint the new Council members to Committees.</p> <p>Of note, although there is a public member vacancy on the Indigenous Advisory Circle, a different process will be pursued in consultation with the Circle.</p>
Next Steps:	<ol style="list-style-type: none"> 1. Governance Committee has dialogue with new Council members on their committee of interest. 2. An e-vote is initiated by the Governance Committee to Council to appoint new Council members to fill vacancies on the Governance Committee, Finance and Audit Committee and ARADAAC.
List of Attachments:	
N/A	

Submission to:	Council
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Meeting Date:	Submitted by:		
September 12, 2024	Governance Committee		
Agenda Item Title:	6.1.3 2025 Annual Council Retreat		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation:	That Council approves the proposed theme and draft agenda for the 2025 Council Retreat.
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Background:	<p>According to the Governance Committee Terms of Reference, the Committee is responsible for developing the theme and goals for the Annual Council Retreat.</p> <p>The Committee has recognized that within our current political and social environment, misinformation about medical matters has been hampering public trust in the medical profession. With CPSA’s mission to serve and protect the public by guiding the medical profession, the Committee considers that Council can be more effective in providing strategic direction if it understands its role in (re)building public trust.</p> <p>Therefore, the Committee discussed the following theme for recommendation to Council: “Serving Public Interest and Public Trust” with the goal of helping Council explore its role in building public trust in the regulation of medicine and identifying outcomes and strategies to increase trust.</p> <p>The second goal of the Retreat would be to take steps in establishing a Council Effectiveness Performance Measurement Framework. This was a governance review recommendation to assist Council with measuring its performance and contribution to achieving CPSA’s mission and stewarding CPSA’s resources to ensure its viability and sustainability. This would also help to ensure Council is set up for success for the remainder of the strategic plan (2022 – 2026) and the development of the new strategic plan.</p>
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	<p>The third and final goal would be to help Council members get to know each other and build relationships that lead to a solid and trusting Council team and continued implementation of the Council Culture Agreement.</p> <p>A draft agenda, encapsulating these goals, was prepared and is shared with Council for approval.</p>
<p>Next Steps:</p>	<p>Using Council direction, the CPSA Team will plan the Retreat in more detail, and ensure the plan is implemented.</p>
<p>List of Attachments:</p>	
<p>Draft Agenda – Council Retreat 2025</p>	

2025 CPSA Council Retreat (subject to change)

Orientation date: Thursday, January 23, 2025

Retreat: January 24-25, 2025

Location: TBD

Theme: Serving Public Interest & Public Trust

Retreat Goals

- Help the Council explore its role in building public trust in the regulation of medicine and identifying outcomes and strategies to increase trust.
- Take steps in establishing a Council Effectiveness Performance Measurement Framework.
- Assist Council members with getting to know each other and building relationships that lead to a solid and trusting Council team and continued implementation of the Council Culture Agreement.

Friday, January 24, 2025

Agenda Item	Facilitated by
Opening Prayer	An elder from the territory we're on
Welcome and Introductions	Council Chair
Keynote Address	Speaker to be confirmed
Small Group Strategy Discussion Workshops	Facilitator
Research & Public Trust	Speaker/Panel
Strategy Discussion	Plenary
Close for the Day	CPSA Council Chair
Dinner	

Saturday, January 25, 2025

Agenda Item	Facilitated by
Opening	Council Chair
Developing an Accountability Structure: Performance Measurement Framework for Council	Facilitator
Closing	Council Chair
Lunch	

Submission to: **Council**

Meeting Date:	Submitted by:		
September 12, 2025	Daisy Fung, Chair		
Agenda Item Title:	6.2.1 Finance & Audit Committee Report – 2025 Business Plan and Budget		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable):	<p>It is recommended that Council approve:</p> <ol style="list-style-type: none"> 1) The 2025 Business Plan. 2) 2025 CPSA budget, which includes: <ol style="list-style-type: none"> a) Physician annual fee of \$2,000 b) Program fee changes contained in Appendix C, Fee Changes for 2025. <ul style="list-style-type: none"> • Practice Readiness Assessment Admin fee • Accreditation private facility annual & assessment fees • Radiation equipment annual and registration fees c) Honorarium rates for 2025. 3) Amendment to the internal restriction on the accreditation surplus from motion C-45-17 replacing the wording "Future development costs" with "program costs for the accreditation program." <p>The amended motion would read: That the net results of the accreditation program for 2018 and onwards would be restricted for use by the Accreditation Department for program costs for the accreditation program.</p>
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Background:

General Background

- Council approved its new Strategic Plan at the May 2022 meeting. CPSA leadership developed a 5-year Action Plan to support the new strategic plan.
- The business plan for 2025 is the second year under the new strategic plan.
- Leadership is preparing the 2025 targets for the key performance indicators (KPI) dashboard for CPSA. The targets will be presented as a separate discussion for Council in December 2024.

Business Plan Background

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



CPSA leadership developed the business plan highlighting activity for 2025. The detailed plan also highlights the budget implication for the actions planned for 2025 and management’s risk assessment of not carrying out the action/tactic along with the KPI Dashboard alignment for the actions.

From the internal risk assessment, management prioritized the activity to include in the business plan. The items ranked as Must Have, Strategically Required and Not Critical are in the 2025 draft business plan. The items ranked as Defer/Delay were dropped from the draft 2025 business plan.

The 2025 Plan has undergone a thorough internal review, resulting in a focused set of 20 prioritized new actions where new resources are required. Each of the 5 strategic directions has actions planned for 2025.

Some new staff resources will be required to deliver the results outlined for the 2025 business plan and address the increasing volume of work across departments allowing the organization to meet the strategic objectives outlined by Council and meet the targets for the KPI dashboard.

The new costs to support the business plan are included in the draft budget.

One appendix complements the business plan:

Appendix A - Business Plan 2025 (summary)

The document lists the new actions that are planned for 2025.

Budget Background

In preparing the 2025 budget the following principles are of importance:

- Meeting the statutory purpose of the CPSA.
- Enacting the strategic directions of the Council strategic plan and the more specific actions/tactics flowing from it in the 2025 business plan; and supporting/completing previous Council-approved activities that could not be cancelled or deferred for 2025.
- Complying with the CPSA's policy of net assets.

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

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

Draft 2025 budget

Five appendices complement the draft 2025 budget:

1. **Appendix B: CPSA Draft 2025 Budget spreadsheet** – itemizes revenues and expenses by program areas, including actual results for recent past years.
2. **Appendix C: Fee changes** – a list of the program fee changes incorporated into the draft budget.

3. **Appendix D: Budget Process and Risks & Assumptions for 2025** – a summary document highlighting the process followed to develop the 2025 budget, the assumptions and highlights behind the budget, and potential uncertainties that could affect our financial results.
4. **Appendix E: Financial Charts** – graphs summarizing the financial activity for the CPSA
 - a) Financial results 2013 – 2024 plus draft 2025 budget
 - b) Breakdown of Expenses
5. **Appendix F: New Priority Costs 2025** – a summary of the new costs included in the 2025 business plan, including new staffing costs to support the increased volume of activity across programs.

The draft 2025 budget, with a physician annual fee of \$2,000 (\$200 reduction from 2024) reflects a net loss of \$3,214,000. Management is proposing a loss for 2025 as part of the planned approach to reduce the unrestricted surplus recognizing that annual fees will increase in future years.

Physician Assistant annual fees are based on 25% of physician annual fees. No change to the formula is planned for 2025. For 2025, that equates to \$500.

	2025 Budget
Revenues	41,886,000
Expenses	44,701,000
Loss from operations	2,815,000
Amortization & rental inducements	523,000
Sub-total	3,338,000
Fair value change in investments <income>	<500,000>
Accreditation programs, net loss	376,000
Net Loss	3,214,000

There are many assumptions behind the draft 2025 budget. The program fee changes are included in Appendix C, Fee Changes. Key assumptions are included Appendix D, Budget Process and Risks & Assumptions for 2025.

Included in the 2025 budget are the following CPSA honorarium rates and overnight expenses.

Honorarium rates:

Honorarium rates will increase for 2025 in alignment with Council decision to increase by 30% over a period of 5 years 2024-2028.

Rates per day	2018-2022	2023*	2024 *	2025 Budget*
Council member	\$960	\$140/ hour to a maximum of \$1,000/ day	\$152/ hour to a maximum of \$1,216/ day	\$160/ hour to a maximum of \$1,280/ day
Committee chair	\$960	\$140/ hour to a maximum of \$1,000/ day	\$162/ hour to a maximum of \$1,296/ day	\$170/ hour to a maximum of \$1,360/ day
Committee member	\$864	\$115/ hour to a maximum of \$900/ day	\$125/ hour to a maximum of \$1,000/ day	\$132/ hour to a maximum of \$1,056/ day
Note: Travel time applicable for committee members. CPP also applicable	Rates to match above based on distance traveled.			

*Daily maximum is reached after working 6 hours.

Expenses:

Mileage rates will increase for 2025 to align with current CRA rates.

Expenses	2021	2022 - 2023	2024	2025 Budget
Mileage	\$0.55/km	\$0.59/km For first 5000 km, \$0.53/km subsequent	\$0.68/km For first 5000 km, \$0.62/km subsequent	\$0.70/km * For first 5000 km, \$0.64/km subsequent
Overnight expenses (includes hotel, meals and reasonable incidentals)	\$300	\$310	\$350	\$350

*CRA limit \$.70/ km for the first 5,000 km driven, \$.64/ km subsequent.

FAC has reviewed the process used by management to develop the 2025 business plan and budget, and the assumptions incorporated into the budget details. FAC supports the budget, the fees, and honorarium recommendations included in the draft 2025 budget.

Accreditation Surplus

CPSA is responsible for writing facility accreditation standards for diagnostic and non-hospital surgical facilities and assessing these facilities.

In 2017, Council passed a motion limiting the surplus from the accreditation to be used for future development costs.

C-45-17 **THAT the net results of the accreditation program for 2018 and onward be restricted for use by the Accreditation Department for future development costs.**

Management has conducted a review of the accreditation program along with the annual & assessment fees charged for private facilities accreditation.

The use of the accreditation surplus for “future development costs” is too restrictive. The program should be able to utilize the surplus for expanded purposes such as new unplanned activity that may arise, or for a planned decrease to support operations.

FAC has reviewed the assumptions and principles in the analysis and is in support of management’s plan for a gradual reduction in the internally restricted surplus for the accreditation program. This will require a motion of Council to modify its prior motion.

Next Steps:

- 1) Key Performance Indicators (KPI) Dashboard for 2025
The 2025 targets will be developed and brought to Council for approval in December 2024.
- 2) KPI Dashboard reporting
CPSA will report to Council quarterly in 2025 on the progress towards the targets identified for the KPI Dashboard.

3) Budget

- a. The Renewal Information Form (RIF) for 2025 to be prepared
- b. Communication of fees to the applicable audiences.

kList of Attachments:

- Appendix A - Business Plan 2025
- Appendix B - CPSA Draft 2025 Budget
- Appendix C - Fee Changes 2025
- Appendix D - Budget Process and Assumptions & Risks for 2025
- Appendix E - Financial Charts
- Appendix F - New Priority Costs 2025

Business Plan 2025

Strategic Direction



Highest Quality and Ethical Care



Enhanced Partnerships



Proactive & Innovative Approach

Objective

Increase the quality and safety of care provided by Alberta regulated members during the continuum of their career.

Promote quality improvement, with all Alberta regulated members involved in lifelong learning and evidence-based medicine that positively impacts patient outcomes.

Strengthen partnerships with provincial, national and international regulatory organizations to improve the consistency and quality of regulatory standards at all levels.

Achieve and maintain a non-partisan, professional relationship with government to influence health policy and improve health outcomes.

Strengthen partnerships to proactively recognize and support the health and wellness of regulated members as a core component of providing safe, high-quality healthcare.

Build on CPSA's reputation as a creative, proactive and innovative organization by developing, sharing and promoting innovative approaches to self-regulation involving CPSA partners, Albertans and regulated members.

Use research and knowledge translation to enhance CPSA's regulatory work.

New Actions

Engage external legal counsel while reducing the workload for the intake team to improve the timeliness and quality of the complaint dismissal process.

Establish a new Advisory Committee for Psychedelic- Assisted Psychotherapy (PAPT).

Provide structured opportunities for research students to enhance partnerships with educational institutions and regulatory organizations.

Engage an external government relations firm to enhance CPSA's capacity to be aware of and respond to government policies and priorities that impact medical regulation in Alberta and nationally, and our ability to be a resource and support to government and the ministry when they are looking to make sound policy decisions effecting medical practice.

Become a corporate member in the IHI Leadership Alliance to leverage learnings from partners in matters supporting regulation.

Develop culture initiatives aimed at making positive changes to support team members, and gather engagement feedback from staff.

Modernize workflows within the Accreditation department in an integrated digital environment.

Engage a consultant to enhance knowledge on leveraging Machine Learning (ML) and Artificial Intelligence (AI) to identify at-risk patients, CPSA aims to enhance patient safety and care quality.

Engage a consultant and work with Council committee to develop the next strategic plan.

Contract a third party to support physician Council member recruitment and assessment using the CPSA's competency matrix.

Develop mandatory training for external surveyors in the Accreditation department.

Vision

Professional, ethical and competent physicians 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 physicians to proudly provide high quality care together with healthcare partners and patients.

Values

- We do the right thing
- We make informed decisions
- We empower people
- We collaborate
- We are innovators
- We enjoy and find meaning in our work

Business Plan 2025

Strategic Direction



Anti-Racism Anti-Discrimination



Authentic Indigenous Connection



General

Objective

CPSA will become an anti-racism anti-discrimination organization, in part by developing specific initiatives to address these issues.

CPSA will integrate equity, diversity, and inclusion principles in all we do, and develop specific initiatives and actions that address our equity, diversity and inclusion opportunities.

Authentically engage with and listen to Indigenous Peoples, incorporating their wisdom into our work and processes.

Commit to actively addressing the recommendations from TRC that relate to healthcare and CPSA's role.

General support to keep the organization functioning effectively.

New Actions

Develop an online training module focused on unconscious bias for experts in the expert opinion program within Professional Conduct department.

Develop tools for regulated members that help physicians recognize systemic racism and discrimination when they encounter it.

Integrate Indigenous perspectives and restorative justice principles into the complaint resolution process by using experienced mediators/facilitators.

Develop and implement a comprehensive plan for reconciliation and authentic Indigenous engagement.

Engage with a consultant to establish a three-year work plan, which will include adoption of the LEADS framework for leadership development at CPSA to enhance team members potential and overall organizational performance by addressing obstacles that impact engagement and effectiveness.

Conduct a strategic asset allocation review for CPSA's defined benefit (DB) pension investments. The asset review will guide the selection of the asset mix in the Statement of Investment Policy and Procedure for the DB pension plan.

Conduct a total compensation review to ensure that CPSA's salary and benefits packages are in alignment with CPSA's Total Compensation Philosophy and are competitive and equitable, supporting staff retention and engagement.

Engage a designer to assess our long-term office space needs to create a functional, future-proof office space that accommodates hybrid work models, supports an expanding team and optimizes productivity.

Renovate office space to accommodate additional staff.

Vision

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College of Physicians & Surgeons of Alberta
Income Statement
Three Year Financial Budget
2025-2027 Budget

	2022 ACT	2023 ACT	2024BUDGET_FULL	2024 Q2 Forecast	2025BUDGET_FULL
Revenues					
Physician Annual Fees	(22,515,008.74)	(28,184,137.58)	(28,336,000.00)	(29,246,866.75)	(27,122,500.00)
Physician Registration	(885,000.00)	(1,035,200.00)	(947,400.00)	(1,178,000.00)	(1,294,500.00)
Professional Corporation Fees	(1,908,900.00)	(1,947,800.00)	(1,949,300.00)	(2,027,000.00)	(2,057,400.00)
Continuing Competence Fees	(502,767.29)	(371,545.76)	(903,289.00)	(302,661.76)	(856,100.00)
Practice Readiness Fees	(3,375,293.90)	(3,855,730.39)	(5,781,997.00)	(5,541,979.10)	(5,835,247.00)
Physician Other Fees	(324,400.32)	(326,376.08)	(331,800.00)	(420,485.06)	(375,567.00)
Grant Funding	(768,148.98)	(971,387.99)	(1,047,195.00)	(1,085,028.91)	(1,133,760.00)
Recovery of Investigation & Hearing Expenditures	(859,784.76)	(218,924.05)	(260,000.00)	(283,830.07)	(160,000.00)
Physician Assistant Fees	(27,862.50)	(31,912.50)	(26,700.00)	(25,987.50)	(23,900.00)
Miscellaneous	(253,804.71)	(413,130.04)	(266,852.00)	(198,163.61)	(280,608.00)
Fine to Members	(302,700.00)	(314,700.00)	(310,000.00)	(369,250.00)	(310,000.00)
Sponsor Application Fee			(35,000.00)	(682,500.00)	(350,000.00)
Investment Income	(1,466,201.84)	(2,456,927.84)	(1,410,000.00)	(2,079,204.98)	(2,086,000.00)
Total Revenue	(33,189,873.04)	(40,127,772.23)	(41,605,533.00)	(43,440,957.74)	(41,885,582.00)
Expenditures					
CPSA Activities	21,542,274.91	23,812,668.70	25,401,905.00	25,771,078.83	27,536,208.00
Corporate Services	3,503,796.59	3,910,007.69	4,257,273.00	4,560,016.25	5,362,190.00
People & Culture	945,642.51	1,273,163.49	1,507,227.00	1,567,484.22	1,848,457.00
Information Management & Privacy	3,135,667.53	3,660,664.50	3,509,804.00	3,610,520.06	3,832,369.00
Governance	1,213,637.49	1,251,696.48	1,396,067.00	1,086,475.48	1,183,593.00
Office of the Registrar	1,743,622.13	1,880,409.33	2,417,329.00	2,479,954.81	3,428,236.00
Communications	996,416.46	1,094,544.94	1,309,257.00	1,272,266.11	1,509,903.00
Total Expenditures	33,081,057.62	36,883,155.13	39,798,862.00	40,347,795.76	44,700,956.00
Income From Operations	(108,815.42)	(3,244,617.10)	(1,806,671.00)	(3,093,161.98)	2,815,374.00
Development Costs					
Assessment Program Advisory Committee (APAC)	2,970.47				
Competency Enhancement Development Cost	205,000.00	65,000.00			
Subtotal Development Costs	207,970.47	65,000.00	0.00	0.00	0.00
Sub-total after development costs	99,155.05	(3,179,617.10)	(1,806,671.00)	(3,093,161.98)	2,815,374.00
Amortization & Rental Inducements	553,479.06	543,450.49	481,284.00	491,184.08	522,284.00
Sub-total	652,634.11	(2,636,166.61)	(1,325,387.00)	(2,601,977.90)	3,337,658.00
Fair value changes in investments	3,493,650.10	(2,103,104.35)		(975,882.84)	(500,000.00)
Accreditation Programs					
Revenues	(3,444,399.10)	(3,996,520.45)	(3,713,613.00)	(3,918,023.35)	(4,045,136.02)
Expenses	3,273,288.43	3,403,582.85	3,419,891.00	3,507,252.65	4,421,276.46
Net Accreditation Program	(171,110.67)	(592,937.60)	(293,722.00)	(410,770.70)	376,140.44
<NET INCOME> LOSS	3,975,173.54	(5,332,208.56)	(1,619,109.00)	(3,988,631.44)	3,213,798.44

College of Physicians & Surgeons of Alberta
 CPSA Activities
 Three Year Financial Budget
 2025-2027 Budget

	2022	2023	2024BUDGET_F		2025BUDGET_F
	ACT	ACT	ULL	2024 Q2 Forecast	ULL
Expenditures					
Register Physicians					
Registration	2,516,671.39	2,796,875.91	2,902,352.00	3,128,079.53	3,494,790.00
Practice Readiness	3,249,626.22	3,758,458.83	5,386,757.00	5,468,050.20	5,498,842.00
	5,766,297.61	6,555,334.74	8,289,109.00	8,596,129.73	8,993,632.00
Investigate Complaints					
Professional Conduct	5,080,500.19	6,435,433.30	6,267,199.00	7,154,703.98	7,178,590.00
Hearings Director Office	1,031,350.73	929,459.38	988,962.00	1,108,084.53	1,160,392.00
	6,111,850.92	7,364,892.68	7,256,161.00	8,262,788.51	8,338,982.00
Provide Clinical Review					
Continuing Competence	6,285,750.23	6,136,556.95	5,734,966.00	4,926,918.42	5,809,076.00
Analytics, Innovation & Research	2,439,451.86	2,763,083.95	2,977,644.00	2,866,128.01	3,185,896.00
TPP Alberta	938,924.29	992,800.38	1,144,025.00	1,119,114.16	1,208,622.00
	9,664,126.38	9,892,441.28	9,856,635.00	8,912,160.59	10,203,594.00
Total Expenditures excluding Accreditation	21,542,274.91	23,812,668.70	25,401,905.00	25,771,078.83	27,536,208.00
Accredit Health Facilities					
Accreditation Programs	3,133,824.22	3,262,231.34	3,267,159.00	3,362,575.24	4,263,093.46
Radiation Equipment	139,464.21	141,351.51	152,732.00	144,677.41	158,183.00
	3,273,288.43	3,403,582.85	3,419,891.00	3,507,252.65	4,421,276.46
Total Expenditures	24,815,563.34	27,216,251.55	28,821,796.00	29,278,331.48	31,957,484.46

College of Physicians & Surgeons of Alberta
Expenses by Nature

	202312		FORECAST2024Q2		2025BUDGET_FULL		Change over prior year	
	ACT				Total		\$	%
Expenses		% of total expenses		% of total expenses		% of total expenses		
Salaries and Benefits		% salaries		% salaries		% salaries		
Salaries	18,682,409.07		20,390,143.92		22,648,736.00		2,258,592.08	11.08%
Benefits	2,377,002.00	13%	2,909,089.25	14%	3,450,507.00	15%	541,417.75	18.61%
Pension	2,674,103.25	14%	2,786,915.41	14%	3,298,740.00	15%	511,824.59	18.37%
Professional Development	321,278.78	2%	386,196.06	2%	507,200.00	2%	121,003.94	31.33%
Total	24,054,793.10	59%	26,472,344.64	60%	29,905,183.00	60%	3,432,838.36	12.97%
% Salaries and Benefits as Total Expenses	58.82%		59.69%		60.24%			
Bank and Interest Charges	652,404.16	2%	835,150.82	2%	804,000.00	2%	(31,150.82)	(3.73%)
Travel, Meals, Accommodations	607,324.98	1%	533,871.62	1%	618,403.56	1%	84,531.94	15.83%
Consulting	7,856,059.80	19%	9,010,515.91	20%	9,402,190.90	19%	391,674.99	4.35%
Honorariums	659,836.65	2%	855,536.40	2%	1,241,824.00	3%	386,287.60	45.15%
Amortization	543,450.49	1%	491,184.08	1%	522,284.00	1%	31,099.92	6.33%
Grants and Scholarships	173,119.00	0%	134,159.00	0%	142,500.00	0%	8,341.00	6.22%
Legal	1,481,624.15	4%	1,144,866.72	3%	1,362,965.00	3%	218,098.28	19.05%
Programs Activity	1,206,003.93	3%	1,064,242.80	2%	1,024,788.00	2%	(39,454.80)	(3.71%)
Printing, Supplies and Telephone	858,673.00	2%	852,899.90	2%	959,622.00	2%	106,722.10	12.51%
Other	979,229.25	2%	1,079,874.03	2%	1,181,660.00	2%	101,785.97	9.43%
Office Facilities	1,822,669.96	4%	1,871,586.57	4%	2,479,096.00	5%	607,509.43	32.46%
Total Expenses	40,895,188.47	100%	44,346,232.49	100%	49,644,516.46	100%	5,298,283.97	11.95%

**2025 Budget
Fee Changes**

Department	Group	2024	2025
Registration			
	Practice Readiness	\$5,650 + GST	\$5,650 + GST
	SPA only admin fee	\$7,885 + GST (Jan - Mar 2024)	\$7,955 + GST (Jan - Mar 2025)
	PRA admin fee	\$7,955 + GST (Apr 2024 - Dec 2024)	\$8,025 + GST (Apr 2025 - Mar 2026)
	PCA per week	\$2,000/ week	\$2,000/ week
	SPA per hour	\$200/ hour	\$200/ hour

**Accreditation
Facility Private Annual Fees ***

Group		2024 Fee	2025 Fee	Var. (\$)	Var. (%)
CEST		1,393.00	1,463.00	70.00	5%
Imaging	One Modality	861.00	904.00	43.00	5%
	Two to Four Modalities	1,722.00	1,808.00	86.00	5%
	Five or more Modalities	5,165.00	5,423.00	258.00	5%
	Teleradiology or Mobile Imaging Services (additional fee for each teleradiology service or site)				
	<i>previously "Mobile Imaging Services", prior year fees not directly comparable</i>	116.00	100.00	(16.00)	-14%
HBOT		1,387.00	1,456.00	69.00	5%
Lab	High	5,916.00	6,212.00	296.00	5%
	Moderate	3,104.00	3,259.00	155.00	5%
	Basic	1,726.00	1,812.00	86.00	5%
	Specialized	3,018.00	3,169.00	151.00	5%
Neuro	1 Discipline	2,158.00	2,266.00	108.00	5%
	2 Disciplines	3,953.00	4,151.00	198.00	5%
	3 Disciplines	5,929.00	6,225.00	296.00	5%
	Mobile	574.00	603.00	29.00	5%
NHSF	Dental/Oral	3,928.00	4,124.00	196.00	5%
	Local	5,155.00	5,413.00	258.00	5%
	Intravenous/blocks/General Anesthesia	8,837.00	9,279.00	442.00	5%
	Surgical - Extended Stay	27,004.00	28,354.00	1,350.00	5%
PAPT	Annual fee	4,212.00	4,423.00	211.00	5%
Pulmonary	Level II	1,520.00	1,596.00	76.00	5%
	Level III	3,041.00	3,193.00	152.00	5%
	Level IV	4,561.00	4,789.00	228.00	5%
Sleep	Level 1	1,977.00	2,175.00	198.00	10%
	Level 2 or Level 3	1,464.00	1,610.00	146.00	10%
	Any two levels	2,472.00	2,719.00	247.00	10%
	Level 1, 2, & 3	2,966.00	3,263.00	297.00	10%
Vestibular Testing		1,899.00	1,994.00	95.00	5%

*Billing cycle April 1 - March 31

**Accreditation
Facility Private Assessment Fees ***

Group		2024 Fee	2025 Fee	Var. (\$)	Var. (%)
CEST		2,040.00	2,142.00	102.00	5%
Imaging	One Modality	2,678.00	2,812.00	134.00	5%
	Two Modalities	3,078.00	3,232.00	154.00	5%
	Three Modalities	3,478.00	3,652.00	174.00	5%
	Four Modalities	3,878.00	4,072.00	194.00	5%
	Five Modalities	4,278.00	4,492.00	214.00	5%
	Six Modalities	4,678.00	4,912.00	234.00	5%
	Seven Modalities	5,078.00	5,332.00	254.00	5%
	Eight Modalities	5,478.00	5,752.00	274.00	5%
	Nine Modalities	5,878.00	6,172.00	294.00	5%
	Ten Modalities	6,278.00	6,592.00	314.00	5%
	Eleven Modalities	6,678.00	n/a - not in use		
	Teleradiology or Mobile Imaging Services (additional fee for each service or site) <i>previously "Mobile Imaging Services", prior year fees not directly comparable</i>		116.00	100.00	(16.00)
HBOT		2,415.00	2,536.00	121.00	5%
Lab	High	6,306.00	6,621.00	315.00	5%
	Moderate	3,256.00	3,419.00	163.00	5%
	Basic	1,829.00	1,920.00	91.00	5%
	Specialized	2,926.00	3,072.00	146.00	5%
Neuro	One Discipline	2,656.00	2,789.00	133.00	5%
	Two Disciplines	3,452.00	3,625.00	173.00	5%
	Three Disciplines	3,983.00	4,182.00	199.00	5%
	Mobile	105.00	110.00	5.00	5%
NHSF <i>* new categories for 2025 *</i>	Dental/Anesthesia	2,819.00	2,960.00	141.00	5%
	Local - one to two scopes	3,960.00	3,110.00	(850.00)	-21%
	Local - three or more scopes	3,960.00	5,920.00	1,960.00	49%
	Intravenous/blocks/General Anesthesia - one to two scopes	4,950.00	3,110.00	(1,840.00)	-37%
	Intravenous/blocks/General Anesthesia - three to five scopes	4,950.00	5,920.00	970.00	20%
	Intravenous/blocks/General Anesthesia - six to nine scopes	4,950.00	7,400.00	2,450.00	49%
	Intravenous/blocks/General Anesthesia - ten to fifteen scopes	4,950.00	8,880.00	3,930.00	79%
	Surgical - Extended Stay	11,190.00	11,750.00	560.00	5%
Psychedelic Assisted Psychotherapy (PAPT)		2,116.00	2,222.00	106.00	5%
Pulmonary	Level II	1,810.00	1,901.00	91.00	5%
	Level III	2,534.00	2,661.00	127.00	5%
	Level IV	2,534.00	2,661.00	127.00	5%
Sleep	Level 1	2,755.00	3,031.00	276.00	10%
	Level 2 or 3	2,002.00	2,202.00	200.00	10%
	Level 1 & 2	3,444.00	3,788.00	344.00	10%
	Level 1 & 3	3,444.00	3,788.00	344.00	10%
	Level 2 & 3	2,690.00	2,959.00	269.00	10%
	Level 1, 2, & 3	4,133.00	4,546.00	413.00	10%
Radiation Equipment	Annual renewal per piece of equipment	53.00	55.00	2.00	4%
Vestibular Testing		2,250.00	2,363.00	113.00	5%

*Billing cycle April 1 - March 31

**Accreditation
Facility Private Registration Fees**

Group	2024 Fee	2025 Fee	Var. (\$)	Var. (%)
Radiation Equipment (per piece of equipment)	53.00	55.00	2.00	4%

Budget Process and Assumptions & Risks for 2025

CPSA leadership has prepared the 2025 budget within the following framework:

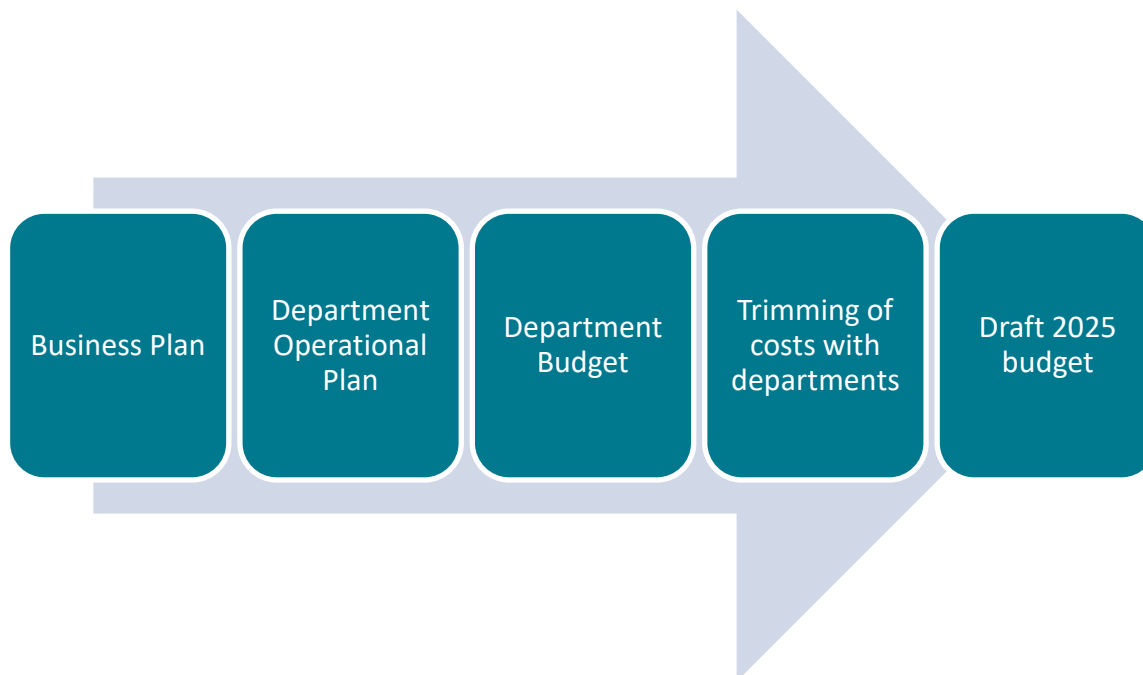
- Meeting the statutory purpose of the CPSA.
- Enacting the strategic directions of the Council strategic plan and the more specific actions/tactics flowing from it in the 2025 business plan; and supporting/completing previous Council-approved activities that could not be cancelled or deferred for 2025.
- Complying with the CPSA’s policy of net assets.

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

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

Budget Process

CPSA Leadership has assembled the draft 2025 budget using the following approach.



Business Plan

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

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

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

1. Must have
2. Strategically required
3. Not Critical
4. Defer/delay

The team then further ranked the Not Critical items based on the organizational benefit and the impact to resources.



Department Operational Plan

The leadership team developed their department operational plans, incorporating their program activity, trends in the volume of work and new priority activity from the business plan. The operational planning considered activities they could stop and what new approaches could be taken for existing work.



Department Budget

The leadership team prepared the cost of their operational plans.



Trimming of costs with departments

The CFO or Manager, Accounting met with each department to review budget assumptions and challenge costs proposed for 2025.

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

The Chiefs, Deputy Registrar and the Registrar met to review the consolidated budget and reviewed the new priority costs. The new "must have" and "strategically required" items are included as Priority A, and the "not critical" items are included as Priority B.



FAC review and feedback

The draft budget was presented to FAC for their review in June with a final draft budget reviewed in August and approved to submit to Council.



Draft 2025 Budget

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

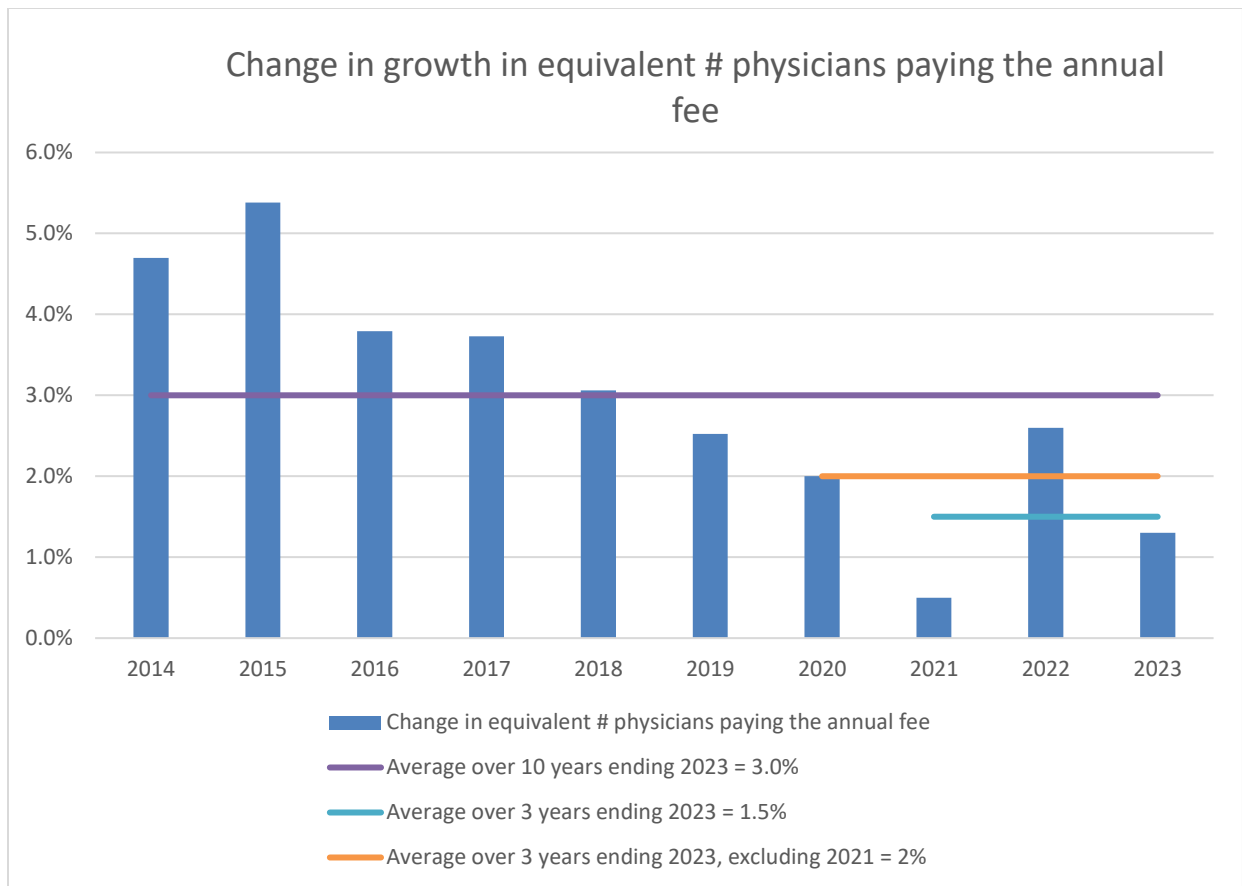
Significant Assumptions in the draft 2025 budget:

- 1) **Number of physicians** - The rate of growth in the number of physicians in Alberta has been decreasing over the past years. The number of physicians registered at CPSA and paying annual fees is based on 2.0% increase in members for 2025.

Year	Growth in physician member equivalents paying the annual fee
2015 actual	5.4%
2016 actual	3.8%
2017 actual	3.7%
2018 actual	3.1%
2019 actual	2.5%
2020 actual	2.0%
2021 actual	0.5%
2022 actual	2.6%
2023 actual	2.0%
2024 forecast (end Q1)	1.7%
2025 budget	2.0%

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

The following chart outlines the year-over-year change in growth in equivalent number of physicians paying the annual fee and the average growth over the last 10 and 3 years, respectively.



The rate of growth varies from a low of 0.5% in 2021 to a high of 5.4% in 2015.

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

The average growth over the past 10 years is 3.0%. The average growth over the last 3 years is 1.5% (down from 1.7% in the prior year). When looking at the last 3 years, excluding the 2021 year, the average is a 2.0% growth.

The assumption included in the 2025 budget is a 2.0% growth in the number of physicians registered in Alberta.

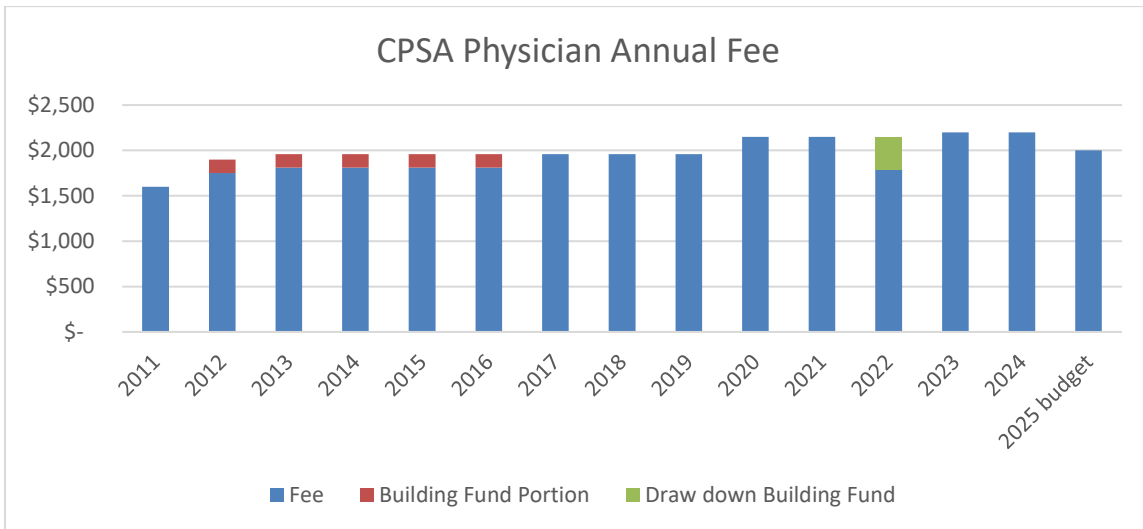
- Physician annual fee** - The physician annual fees are proposed to decrease to \$2,000 for 2025.

Physician annual fees are the largest driver of revenues (~65% in 2025), and therefore impacts net profit and surplus levels. FAC reviews CPSA's unrestricted surplus levels every few years, or more frequently during periods of change, to determine the appropriate level of planned surplus for the organization. Per CPSA's 2023 audited financial statements, the unrestricted surplus as of December 31, 2023 was \$39.4M (million). This was 96% of 2023 total operating expenses, or 89% of 2024 forecasted expenses. Action should be

taken to manage the surplus and bring it closer to the 60% target. Management has developed a plan with FAC input, to gradually reduce the surplus to attain the target of 60% of one year's operating expenses.

A decrease to annual fees for 2025 to \$2,000 is included in the 2025 budget, which will help draw down the surplus to an estimated 80% of one year's operating expenses in 2025. As the number of physicians grow in Alberta, the physician fees are reviewed and set annually.

The following chart notes historical fees for 2011 through 2024.



The total fee collected for years 2013 – 2019 was \$1,960; the fee increased to \$2,150 for years 2020 and 2021. \$150 of the annual fee was collected for the building fund from 2012 to 2016.

For 2022, \$358/physician from the building fund was allocated to operations. The effective annual fee in 2022 was \$2,150.

The annual fee increased to \$2,200 for 2023 and 2024.

The annual fee is proposed to decrease by \$200 to \$2,000 for 2025.

- 3) **Physician Registration Fees** – Physician registration revenue consists of review of qualification fees and registration fees is based on 9.9% change in revenues for 2025.

Year	Growth in Registration fee revenues over prior year
2015 actual	2.9%
2016 actual	<10.0%>
2017 actual	4.3%
2018 actual	<12.0%>

Year	Growth in Registration fee revenues over prior year
2019 actual	0.0%
2020 actual	<6.2%>
2021 actual	<1.8%>
2022 actual	22.7%
2023 actual	17.0%
2024 forecast	13.8%
2025 budget	9.9%

The physician registration fees are proposed to remain at \$800 for the General Register for 2025.

- 4) **Professional Corporations** – Professional corporation revenue is based on 1.5% increase in revenues for 2025.

Year	Growth in PC fee over prior year
2015 actual	11.9%
2016 actual	6.3%
2017 actual	0.7%
2018 actual	0.0%
2019 actual	32.6% (fee increase from \$150 to \$200)
2020 actual	< 0.3%>
2021 actual	0.9%
2022 actual	1.7%
2023 actual	2.0%
2024 forecast	4.1%
2025 budget	1.5%

PC annual fees were most recently increased by \$50 to \$200 in 2019. The current growth projection for PC registrants is a 4.1% increase in 2024, and a 1.5% increase in 2025.

No changes to PC permit fees are proposed.

3) Number of files – Assessments

Department	Program	Budget files for 2025	Notes
Registration	Summative Assessments	13	
	Other (return to practice, change in scope)	2 Return to Practice 6 Change in Scope	
Practice Readiness	Preliminary Clinical Assessments (PCA)	138	
	Supervised Practice Assessments (SPA only)	94	Includes 80 new IMG registration stream
	TDM Exams	120	Total budgeted across three (3) sittings
	New sponsor applications	100	
Continuing Competence	MCC 360	600	
	Individual Practice Review (IPR)	42	PY = 33
	Physician Assessment & Feedback (PAF)	180	PY = 150
	Competency Assessment	54	
	Group Practice Review (GPR)	60 clinics initiated	PY = 60
	Infection, Prevention & Control (IPAC)	150 clinic assessments	PY = 150

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

The assumption in numbers of PA registered are as follows:

Year	# PA registered
2022	37
2023	50
2024 forecast	47
2025	47

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

The contract with Alberta Health Services (AHS) for public facility accreditation was signed for an 8-year period, starting April 2023. The contract includes laboratory, imaging, neuro, pulmonary & sleep facilities.

The private facility program fees were developed analyzing all the facility assessment programs together over the 4-year assessment cycle. The billing period for the facility accreditation programs is April 1st to March 31st. Increases to private facility fees are proposed for 2025.

The 2025 budget includes a planned loss of \$376,000 for the accreditation program to gradually draw down the internally restricted surplus for the accreditation program.

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

- 6) **Grant funding** - The budget assumes the three-year grant agreement for TPP Alberta program with Alberta Health will continue. A grant agreement was signed starting April 2023.

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

- 7) **TPP partner funding** – CPSA will continue to engage its TPP partners. TPP partner contributions total \$144,000 for 2025 (2024 forecast = \$140,000). CPSA contributions are based on \$17/physician for 2025.

Historical and budgeted contribution rates:

Years	CPSA contribution rate per physician
2010 – 2018	\$15
2019 – 2023	\$16
2024	\$17
2025 budget	\$17

- 8) **CPSA staffing** – The staff complement covered by the 2025 budget is 181.9 full-time equivalent (FTE) employees.

	2025 Budget	2024 forecast
Permanent	175.9	
Long-term contract	6.0	
Total staff	181.9	170.1

The total increase in staffing costs to fund the above new 2025 staff changes is \$1.28 M.

Leadership has reviewed the recent increase in volume of work for the Registration department, with the pilot for international medical graduates from approved jurisdictions, and the new private sponsorship. This increase in number of physicians will also have an impact on the Continuing Competence department for the new competence assessments.

We have also seen a significant increase in the number of complaints which drives staffing levels to address the complaints received in a timely manner.

The internal support departments are also impacted with the increase in staff across departments and the new initiatives to support the anti-racism, anti-discrimination and the authentic indigenous connections work outlined in the business plan for 2025.

There are several new long-term contract roles proposed for the 2025 budget to allow leadership to assess if the increase in workload is temporary or if we see a continuing trend for future years.

9) **Salary grids**

The most significant component of our operating budget is investment in our CPSA team. To attract and retain qualified people, while maintaining productivity and high morale, CPSA offers a fair total compensation package in line with CPSA's Total Compensation Philosophy. This Philosophy recognizes that people are essential to the function and success of the organization, and the leadership team is committed to attracting and retaining the right talent to fit CPSA's business needs and meet our mandate to protect the public.

The Total Compensation Philosophy was most recently reviewed and approved by Council in 2019 and consists of the following:

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

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

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

The CPI for Alberta for April 2023 to April 2024 is 3.0%. Management is proposing a 1.5% market adjustment to the salary grid for 2025. The adjustment is based on ½ of the CPI change.

Year	Market adjustment to salary grid
2025 proposed	1.5%
2024	2.15%
2023	0
2022 - Oct. 1, 2022	3.5%
2022 - Jan 1	0
2021	0
2020	0
2019	1.0%
2018	1.5%

The draft 2025 budget includes the 1.5% adjustment to the salary grid. The impact for the market adjustment is \$396,000.

As part of our People Strategy, CPSA is committed to conducting compensation surveys for its staff at least every three years. The last review was conducted in the Feb-April 2022 period with the results of the salary changes implemented in stages for October 2022 (market adjustment to the grid) and January 2023 (salary band rate changes for flagged bands). The benefit review was finalized in 2023 with changes to the benefit plan rolled out in October 2023. The next total compensation review is scheduled for 2025.

Any adjustments to compensation following the review would be incorporated into the 2026 budget.

10) **Treatment & Counseling Costs** - \$40,000 in costs are included in the 2025 budget for the treatment and counseling fund.

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

Under the HPA, eligible complainants can access up to \$23,900 (\$23,200 for files up to March 2024). The funding is available up to five years after the date on which a finding of unprofessional conduct in whole or in part on sexual abuse or sexual misconduct towards a patient is made.

Year	2019	2020	2021	2022	2023	2024 (June)
# new cases	6	13	10	4	3	1
Open cases as of 2024	3	8	3	4	2	1

11) **Office Renovations**

As our team continues to grow to support the strategic directions approved by Council and the increase in volume of activity across departments, we need to renovate our space to accommodate our shifting workplace needs. The 2025 budget includes office renovation costs of \$575,000 (factoring in a 5% increase

for inflation from budget pricing received in 2024), along with capital costs of \$60,000 which would be amortized over the 10-year life of the furniture. Management will undergo a request for proposal process if the 2025 budget is approved.

In planning this renovation, consideration was given to be fiscally responsible while recognizing an attractive, desirable, functional workspace is key to encourage our staff to work in the office in an environment that meets their working group needs. The office workspace is one element contributing to staff engagement for CPSA.

12) Succession Planning

Dr. Scott McLeod plans to retire from his role as Registrar and CEO in 2025. A budget for the executive search for his replacement and retirement-related costs totalling \$203,005 has been included in the 2025 budget.

Agency fee	\$125,000
CPSA ad hoc Council committee	43,095
Legal	1,500
Candidate travel, accommodation, housing allowance	33,410
TOTAL	\$203,005

Uncertainties and Risk Mitigation:

Our business is affected by the needs and demands of Albertans and government. A change in how health services are delivered in Alberta can impact the number of physicians who practice in Alberta and the type and volume of services that we provide. Predicting the future climate of the health care delivery in Alberta with certainty continues to present a challenge. Shifts in care delivery will impact our lines of business and will bring with it both challenges and opportunities. The following is a list of potential risks identified in developing the 2025 budget:

- 1) **Physician Annual fees** – Net growth in physician numbers is not achieved. If it is lower, we will experience reduced operating income that may result in a deficit and a further drawn down of the unrestricted surplus. If the actual growth is higher than 2.0%, then the additional income generated will continue to build CPSA’s unrestricted surplus or could be used towards development costs or new initiatives that may arise.
- 2) **Practice Readiness fees & Sponsorship fees** – CPSA collects an admin fee from each assessment to cover the staff salary and fixed costs of the program. An increase in the number of assessments will result in greater admin fee revenue. Alternatively, AHS or other private parties could sponsor considerably fewer physicians than we have predicted. This would result in lower private sponsorship fees and admin fee revenue and would result in a deficit budget for the Practice Readiness program.

If the number of assessments initiated in 2025 is more than planned, there would be higher consulting expenses incurred which will be offset by fees which are recovered from the sponsor (AHS or other sponsors).

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

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

If the number of physicians registering from the new IMG registration pilot increases, there will be additional revenue to offset the costs of the competency assessment.

- 4) **TPP Alberta Grant** – TPP Alberta grant contract is terminated early. CPSA staff continue to work at developing relationships with Alberta Health and to promote the benefits of the TPP Alberta program.

- 5) **Accreditation contract for public facility accreditation** – The contract with Alberta Health Services is terminated early. CPSA staff continue to work with AHS to promote the benefits of accreditation services.

- 6) **Volume of complaint files** – The Professional Conduct department falls behind on processing of complaint files due to influx of volume without sufficient increase in staffing resources. This would result in a failure to meet Council's timelines for addressing complaints or see physicians who are a danger to Albertans practicing longer than they should. This is being mitigated by an increasing to headcount within the department, increased reliance on external assessors when internal resources are insufficient and utilizing external resources for drafting dismissal letters.

- 7) **External providers terminate their contracts** - CPSA relies on an external provider for development and support of its TPP, prescribing and data analytics portal. We currently have had a good relationship with the vendor for over eighteen years. Should the vendor decide to terminate the relationship, considerable time would be required for our internal information management department to take over the technical support and programming for the programs. CPSA does have access to the source code for the programming should the relationship with the vendor cease.

- 8) **Physician recruitment for CPSA key staff positions, committees and contracts** - CPSA will not be able to hire/recruit the physician resources needed to carry out our business plan because:
 - a. High demand on physician services will continue in 2025 and,
 - b. Our honoraria rates or contractor rates do not provide comprehensive remuneration for their time.
 - c. For key staff positions, compensation may not be comparable to compensation in clinical practice. CPSA is currently recruiting for an

Assistant Registrar to replace Dr. Els departure. The only retirement planned within the leadership team in the next year is Dr. Scott McLeod.

- d. Senior Medical Advisor (SMA) positions require physicians to commit to part-time positions. This may deter some suitable candidates from applying.

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

- 9) **Alberta labour market** – maintaining appropriate staffing levels was challenging through the end of 2020 into 2022. In 2023 and early 2024, our People & Culture team reduced the number of days to hire due to an improvement in the Edmonton job market and a focus on hiring internally. The time to hire is expected to increase in late 2024 and 2025 due to nature of vacant roles relying more on external hires.

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

The delay in hiring staff for 2025 is being mitigated by hiring a long-term contract support for our People & Culture department to assist with recruiting. An external recruiting agency is planned to be hired to assist Council with recruiting for a new Registrar.

- 10) **Inflation** - Alberta has seen record statistics for inflation with the expectation that the inflation rate will return to lower levels in 2025. If inflation continues to rise, this could translate into higher operating expenses resulting in additional costs that were not planned for 2025.

Chart A – Financial Results 2013 – 2024 + Budget 2025



Chart A displays the financial results of the CPSA for 2013 through 2023 along with the forecasted twelve months of activity for 2024, and the draft 2025 budget.

The purple bars display the gross operating expenses. Development costs are displayed in green and are separated from operating expenses. There are no development costs budgeted for 2025. The red line displays the CPSA revenues. The blue line for the years 2013 through 2016 is the additional revenue collected for the building fund. The building fund portion collected in years 2012 through 2016 was internally restricted revenue, not used towards general operations.

The draft 2025 budget, i.e. the column outlined by the black box, includes \$49.6M in expenses (operating expenses + amortization + accreditation expenses), an increase of \$5.3M over the 2024 forecasted activity. This increase is driven by a \$3.4M increase to payroll costs due in part to a market adjustment to the salary grid as well as new hires in order to support CPSA's strategic plan and increased activity across the organization. The Registration department has seen an increase in volume of work due to the pilot for international medical graduates from approved jurisdictions, and the new private sponsorship program. This increase in number of physicians impacts new competence assessments in the Continuing Competence department. There has also been an increase in the number of complaints, which impacts staffing needs to address complaints received in a timely manner. Internal support departments are impacted by the increase in staff across other departments, as well as new initiatives to support the anti-racism, anti-discrimination and the authentic indigenous connections work outlined in the business plan for 2025.

Additionally, \$575,000 is included in the 2025 budget for office renovations that are required to accommodate CPSA's growing workforce and changing workplace needs. Other less material increases to operating expenses are driven by inflationary pressures on expenditures.

The space between the red line and the purple bar is the CPSA's net income (or loss where red line is below purple bar) after development costs.

The teal line displays the physician annual fee. The annual fee of \$1,960 was collected from physicians from 2012 through 2019. The fee increased to \$2,150 in 2020 and 2021. The effective physician annual fee for 2022 was \$2,150, with \$1,792 of new money and \$358 allocated from the building fund. For 2023 and 2024, the physician annual fee was increased to \$2,200.

The proposed fee for 2025 per the draft 2025 budget is \$2,000, a \$200 decrease from 2024 fees.

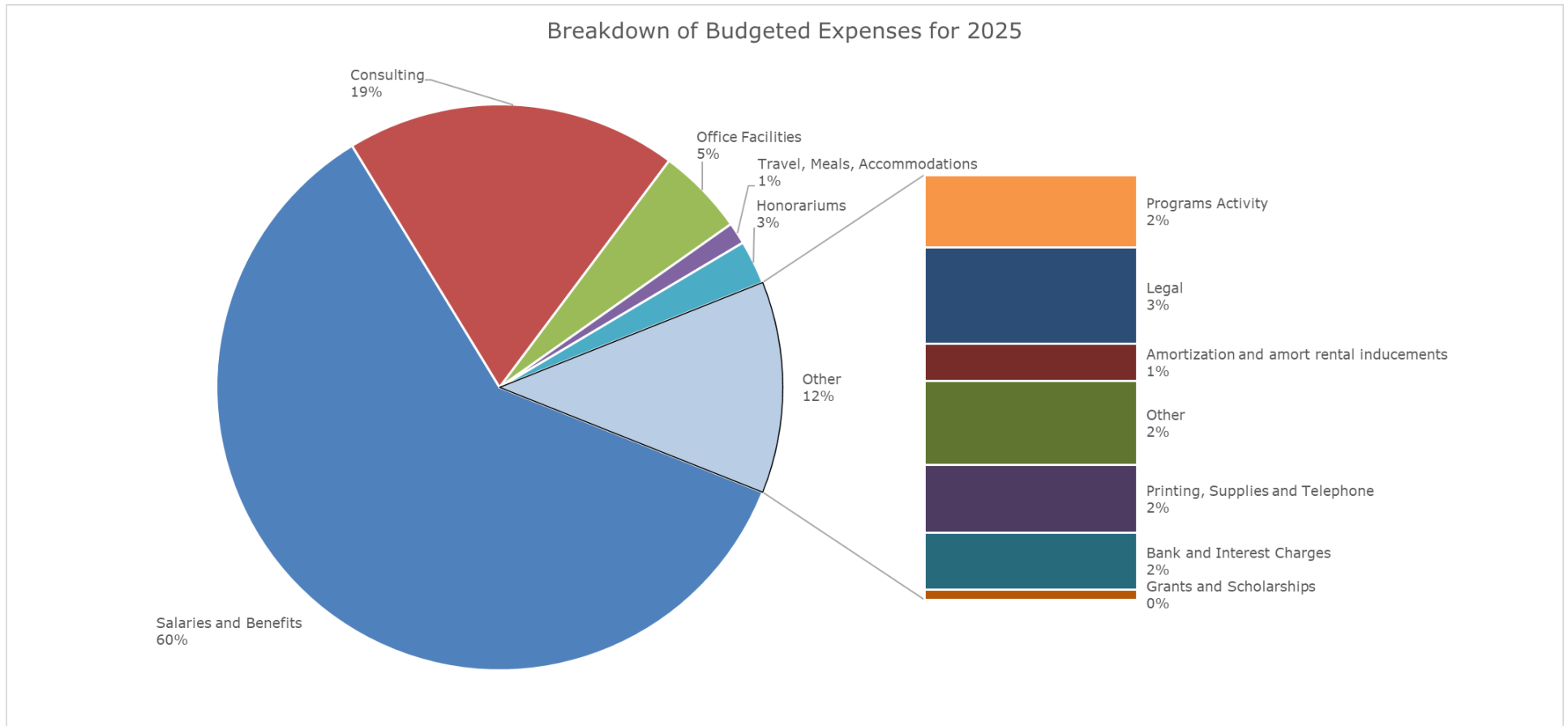
Budget 2025 – Financial Charts

Total revenues included in the 2025 budget are \$45.9 million, excluding changes in fair value of investments, based on an annual physician fee of \$2,000.

Net loss, including a \$500,000 estimated income from the fair value change in investments, is \$3,214,000 for 2025. The unrestricted surplus, which was \$39M at the end of 2023 (96% of 2023 total operating expenses, or 89% of 2024 forecasted expenses), will be drawn down in order to cover this loss. This will reduce the unrestricted surplus to around 80%, in the planned gradual approach to reduce unrestricted surplus towards the 60% target unrestricted surplus as a percentage of operating expenditures.

Chart B – Budgeted Expenses

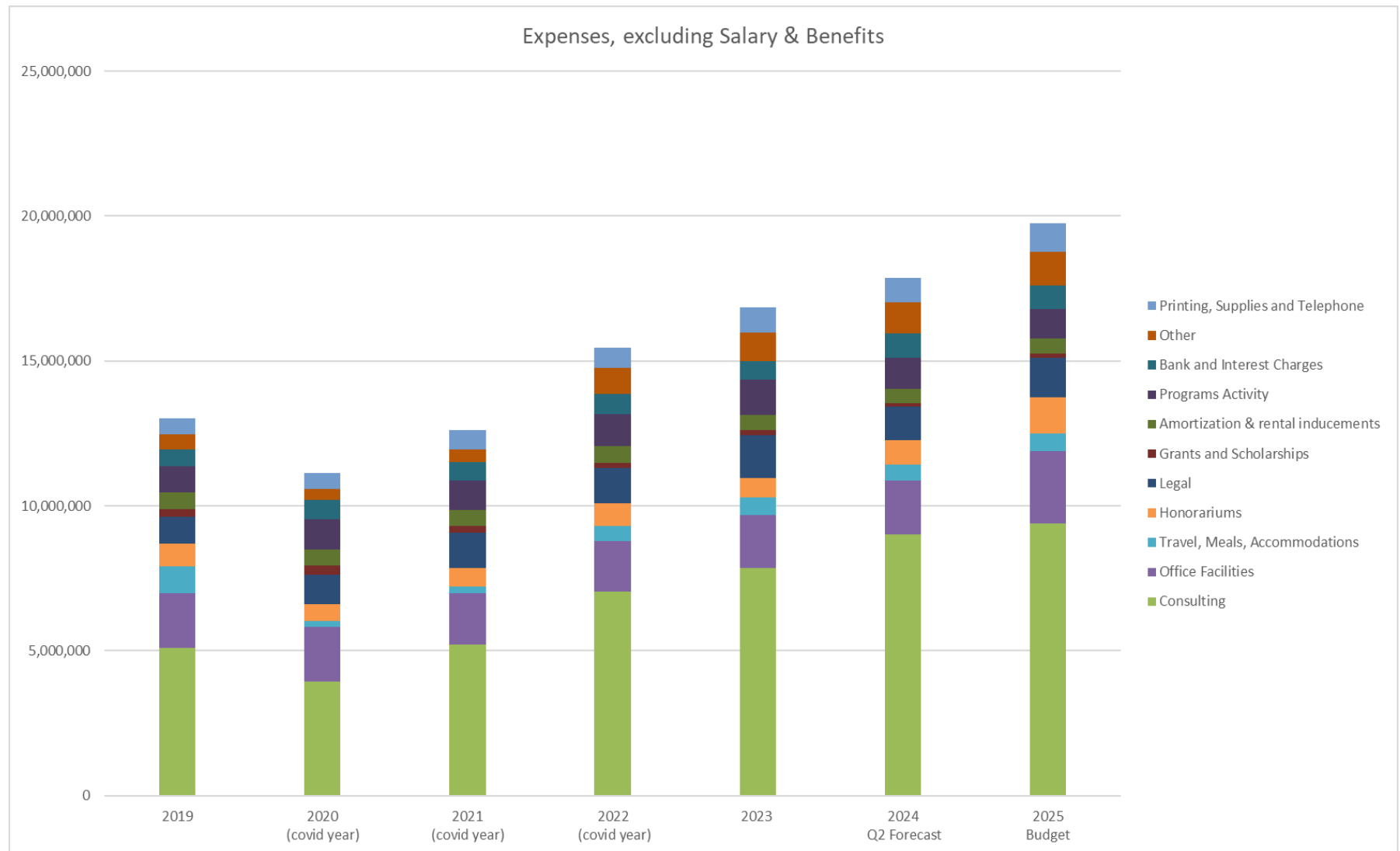
This chart B1 displays a breakdown of the operating, amortization and accreditation expenses in the 2025 draft budget.



Budget 2025 – Financial Charts

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

The chart B2 below shows the expenses, excluding salaries & benefits, from 2019 through 2025.



The **consulting** costs reflect the largest component in cost (excluding salaries) over the years. The continuing competence consulting costs, analytics consulting, and accreditation external assessor costs contribute the largest portion of consulting expenses. Continuing competence costs are covered by program revenues. Analytics consulting costs are covered by physician fees. Accreditation costs are covered by revenues from facility assessments.

2025 sees an increase in external investigators & expert opinion costs due to an increase in volume and complexity of cases as compared to 2024.

The **amortization and rental inducement** costs include the 2019 office renovations and furniture and equipment purchased along with the rental inducement received when the office lease was renewed. The cost of the building renovations and rental inducement are amortized over the term of the office lease (10 years). The furniture and equipment are amortized over its useful life (computers & software = 3 - 5 years; furniture = 10 years).

Legal costs are anticipated to increase by \$218,000 for 2025 due to an increasing volume of complaints files over recent years, which will be further increased by growing numbers of physician members. In addition, legal counsel will be engaged to assist with writing complaint dismissal letters.

The **program activity** costs include the treatment & counseling costs as required under the *HPA*. 2025 costs are budgeted at \$40,000, a decrease from \$192,100 budgeted for 2024 due to fewer cases in recent years.

Honorarium costs are budgeted to increase by \$386,000 in 2025 due to an increase to honorarium rates to more closely align with honorarium offered by other regulatory bodies.

The **Office Facilities** expense includes \$575,000 in office renovations to accommodate the growth in staff and a more effective office layout for the departments.

The remaining expenses for 2025 are in line with the forecasted 2024 expenses.

**2025 Budget
New Priorities**

Appendix F - New Priority Costs 2025

ID #	Strategic Direction Name	Strategic #	Action Short Name	Action	Department Lead	Account	Priority A Expense	Priority B Expense	Staffing Costs (Ongoing)	Total Costs (Ongoing)	AVERAGE			Quadrant	
											Priority Level	Organizational Benefit	Impact to Resource		
PC-2025-003	Highest Quality Care	A1	Investigation FTE	Hire an additional investigation staff member in 2025 to achieve file completion times.	Professional Conduct	Staffing	131,900		Ongoing			Strategically Required	High	High	Further Analysis Consider ROI
CC-2025-001	Highest Quality Care	A1	Administrator for IPR	Hire one administrator for the Competence Assessment Program to ensure timely turnaround of tasks within the Competence department. (1 year LTC)	Continuing Competence	Staffing	80,600		1 yr contract			Strategically Required	High	High	Further Analysis Consider ROI
CC-2025-003	Highest Quality Care	A1	Physician Health Advisor for HPCM	Recruit a Physician Assistant with occupational medicine expertise aims to fill a critical gap in the HPCM processes.	Continuing Competence	Staffing	124,400		Ongoing			Strategically Required	High	High	Further Analysis Consider ROI
PC-2025-001	Highest Quality Care	A1	Dismiss	Engage external legal counsel while reducing the workload for the intake team to improve the timeliness and quality of the complaint dismissal process.	Professional Conduct	Legal - Dismissal letters	357,500			ongoing		Strategically Required	High	High	Further Analysis Consider ROI
OTR-2025-005	Highest Quality Care	A1	SoP Support	Hire one administrative support in 2025 to enhance the capacity and efficiency of the Standards of Practice (SoPs) program.	Office of the Registrar	Staffing	83,100		Ongoing			Strategically Required	High	Low	Low Hanging Fruit Easy Win
PC-2025-007	Highest Quality Care	A7	Intake Admin	Hire one administrative support in 2025 to manage the increased volume of complaints. (2 year LTC)	Professional Conduct	Staffing	74,300		2 yr contract			Strategically Required	High	Low	Low Hanging Fruit Easy Win
PC-2025-008	Highest Quality Care	A7	Ex-op Admin JB5	Hire one administrative support in 2025 to manage the increased volume of complaints efficiently, support the expert opinion program and prevent backlogs. (2 year LTC)	Professional Conduct	Staffing	85,800		2 yr contract			Strategically Required	High	Low	Low Hanging Fruit Easy Win
ACR-2025-004	Highest Quality Care	A13	Accreditation Standards Coordinator	Hire one standards coordinator in 2025 to reduce the time frame for developing and maintaining accreditation standards.	Accreditation	Staffing	124,400		Ongoing			Strategically Required	High	High	Further Analysis Consider ROI
REG-2025-002	Highest Quality Care	General	Registration Administrator	Hire one registration administrator to support the organization remaining compliant with new legislative requirements.	Registration	Staffing	80,975		Ongoing			Strategically Required	High	High	Further Analysis Consider ROI

**2025 Budget
New Priorities**

**AVERAGE
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ID #	Strategic Direction Name	Strategic #	Action Short Name	Action	Department Lead	Account	Priority A Expense	Priority B Expense	Staffing Costs (Ongoing)	Total Costs (Ongoing)			Priority Level	Organizational Benefit	Impact to Resource	Quadrant
REG-2025-004	Highest Quality Care	General	Casual Labour for Summer	Hire a short-term contract position to ensure continuous and effective operation of the Registration Department during the summer months.	Registration	Staffing	24,800		ongoing				Strategically Required	High	Low	Low Hanging Fruit Easy Win
AIR-BP-32	Enhanced Partnerships	B1	Ad Hoc Students	Provide structured opportunities for research students to enhance partnerships with educational institutions and regulatory organizations.	AIR	Staffing		55,000	ongoing				Not Critical	Low	Low	Park for Later Consider ROI
OTR-BP-45	Enhanced Partnerships	B5	Relationship with Government and Ministry	Engage an external government relations firm to enhance CPSA's capacity to be aware of and respond to government policies and priorities that impact medical regulation in Alberta and nationally, and our ability to be a resource and support to government and the ministry when they are looking to make sound policy decisions affecting medical practice.	Office of the Registrar	Consulting Fees	60,000			ongoing			Strategically Required	High	Low	Low Hanging Fruit Easy Win
OTR-2025-002	Proactive & Innovative Approach	B6	IHI Leadership Alliance	Become a corporate members in the IHI Leadership Alliance to leverage learnings from partners in matters supporting regulation.	Office of the Registrar	Accommodation = \$8,000 Dues = \$30,000 Meals = \$4,000 Travel = \$18,000		60,000		ongoing			Not Critical	High	Low	Low Hanging Fruit Easy Win
AIR-2025-001	Proactive & Innovative Approach	C1	Pharmacist FTE increase	Increase the FTE of the pharmacist role to enhance the capacity for the development and promotion of innovative regulatory practices.	AIR	Staffing	79,500		ongoing				Strategically Required	High	High	Further Analysis Consider ROI
P&C-BP-52	Proactive & Innovative Approach	C1	Team Experience & Culture	Develop culture initiatives aimed at making positive changes to support team members, and gather engagement feedback from staff.	People & Culture	Consulting Fees		58,000		ongoing			Not Critical	High	High	Further Analysis Consider ROI
AIR-BP-55	Proactive & Innovative Approach	C1	Machine Learning	Engage a consultant to enhance knowledge on leveraging Machine Learning (ML) and Artificial Intelligence (AI) to identify at-risk patients, CPSA aims to enhance patient safety and care quality.	AIR	Consulting Fees	25,000			ongoing			Strategically Required	High	Low	Low Hanging Fruit Easy Win
ACR-2025-002	Proactive & Innovative Approach	C1	Digital Transformation Initiative (updated)	Modernize workflows within the Accreditation department in an integrated digital environment.	Accreditation	Consulting Fees = \$45,760 Computer software = \$30,000 Subscription = \$200		75,960					Not Critical	High	Low	Low Hanging Fruit Easy Win

**2025 Budget
New Priorities**

AVERAGE **AVERAGE** **AVERAGE**

ID #	Strategic Direction Name	Strategic #	Action Short Name	Action	Department Lead	Account	Priority A Expense	Priority B Expense	Staffing Costs (Ongoing)	Total Costs (Ongoing)			Priority Level	Organizational Benefit	Impact to Resource	Quadrant
ACR-2025-005	Proactive & Innovative Approach	C2	Auditor Training for Accreditation Assessors	Develop a mandatory training for external surveyors in the Accreditation department.	Accreditation	Consulting Fees	50,000						Strategically Required	High	Low	Low Hanging Fruit Easy Win
PC-2025-006	Anti-Racism Anti-Discrimination	D1	Expert Opinion QA/QC	Develop an online training module focused on unconscious bias for experts in the expert opinion program within Professional Conduct department.	Professional Conduct	Consulting Fees	89,000			ongoing			Strategically Required	High	Low	Low Hanging Fruit Easy Win
OTR-2025-006	Anti-Racism Anti-Discrimination	D1	New LTC (1-year) OTR staff person to support CPSA priority efforts	Hire a 1-year LTC to support the Office of the Registrar in the implementation of strategic and operational priorities within the Office of the Registrar department.	Office of the Registrar	Staffing	85,800		1 yr contract				Strategically Required	High	Low	Low Hanging Fruit Easy Win
OTR-BP-71	Anti-Racism Anti-Discrimination	D2	Anti-Racism Anti-Discrimination Tools	Develop tools for regulated members that help physicians recognize systemic racism and discrimination when they encounter it.	Office of the Registrar	Consulting Fees	26,500						Strategically Required	High	Low	Low Hanging Fruit Easy Win
PC-2025-002	Authentic Indigenous Connection	E1	Restorative Mediation	Integrate Indigenous perspectives and restorative justice principles into the complaint resolution process by using experienced mediators/facilitators.	Professional Conduct	Consulting Fees	30,000			ongoing			Strategically Required	High	Low	Low Hanging Fruit Easy Win
OTR-2025-001	Authentic Indigenous Connection	E3	CPSA Path to Reconciliation	Develop and implement a comprehensive plan for reconciliation and authentic indigenous engagement.	Office of the Registrar	Consulting Fees	200,000			ongoing			Must have	High	High	Further Analysis Consider ROI
OTR-2025-003	Proactive & Innovative Approach	C3	Unleashing CPSA Team Potential placeholder	Engage with a consultant to establish a three-year work plan, which will include adoption of the LEADS framework for leadership development at CPSA to enhance team members potential and overall organizational performance by addressing obstacles that impact engagement and effectiveness.	Office of the Registrar	Consulting Fees	100,000						Strategically Required	High	High	Further Analysis Consider ROI
P&C-2025-003	General	General	Legal & Investigations	Engage external support for HR related legal issues and investigations to manage needs related to people and culture matters.	People & Culture	Legal	27,000			ongoing			Strategically Required	High	Low	Low Hanging Fruit Easy Win

**2025 Budget
New Priorities**

AVERAGE **AVERAGE** **AVERAGE**

ID #	Strategic Direction Name	Strategic #	Action Short Name	Action	Department Lead	Account	Priority A Expense	Priority B Expense	Staffing Costs (Ongoing)	Total Costs (Ongoing)			Priority Level	Organizational Benefit	Impact to Resource	Quadrant
ACR-2025-003	Highest Quality Care	A2	New Advisory Committee to MFAC: Psychedelic Assisted Therapy	Establish a new Advisory Committee for Psychedelic-Assisted Psychotherapy (PAPT).	Accreditation	Per Diem	32,800			Ongoing			Strategically Required	High	Low	Low Hanging Fruit Easy Win
OTR-2025-004	Proactive & Innovative Approach	Proactive & Innovative Approach	Strategic Plan 2027-2031	Engage a consultant and work with Council committee to develop the next strategic plan.	Office of the Registrar	Consulting Fees	15,000			ongoing			Strategically Required	High	Low	Low Hanging Fruit Easy Win
COM-2025-001	General	General	New 1 FTE - 1-year contract	Hire a 1-year LTC communication advisor to support to bolster the Communication department's capacity to manage and deliver on CPSA's key initiatives for 2025.	Communications	Staffing	113,600		1 yr contract				Strategically Required	High	High	Further Analysis Consider ROI
OTR-BP-90	Proactive & Innovative Approach	C1	Council Member Selection Support to Nominations Committee	Contract a third party to support physician Council member recruitment and assessment using the CPSA's competency matrix.	Office of the Registrar	Consulting Fees	30,000			ongoing			Strategically Required	High	Low	Low Hanging Fruit Easy Win
CS-2025-001	General	General	Pension Investment Policy Review	Conduct a strategic asset allocation review for CPSA's defined benefit (DB) pension investments. The asset review will guide the selection of the asset mix in the Statement of Investment Policy and Procedure for the DB pension plan.	Corporate Services	Consulting Fees	35,000						Strategically Required	High	Low	Low Hanging Fruit Easy Win
CS-2025-002	General	General	Total Compensation Review	Conduct a total compensation review to ensure that CPSA's salary and benefits packages are in alignment with CPSA's Total Compensation Philosophy and are competitive and equitable, supporting staff retention and engagement.	Corporate Services	Consulting Fees		75,000					Not Critical	High	High	Further Analysis Consider ROI
CS-2025-004	General	General	Reclassification of Payroll & Accounting Coordinator position	Update the job profile and the job band for the Payroll and Accounting Coordinator role based on revised duties to the role.	Corporate Services	Staffing	2,800		Ongoing				Strategically Required	High	Low	Low Hanging Fruit Easy Win
CS-2025-005	General	General	Increase in Full-time Equivalent (FTE)	Increase the FTE for the part-time Payroll and Benefit Administrator position to full-time to enhance the efficiency and effectiveness of the Payroll Team.	Corporate Services	Staffing	17,700		Ongoing				Strategically Required	High	Low	Low Hanging Fruit Easy Win
P&C-2025-006	General	General	New LTC: People, Culture and Recruitment Advisor	Hire a 1-year LTC people & culture advisor to manage the increased recruitment workload, update essential workplace policies, and address the additional demands from special projects and disability leave requests.	People & Culture	Staffing	113,600		1 yr contract				Strategically Required	High	High	Further Analysis Consider ROI

**2025 Budget
New Priorities**

ID #	Strategic Direction Name	Strategic #	Action Short Name	Action	Department Lead	Account	Priority A Expense	Priority B Expense	Staffing Costs (Ongoing)	Total Costs (Ongoing)			AVERAGE Priority Level	AVERAGE Organizational Benefit	AVERAGE Impact to Resource	Quadrant
CS-2025-003	General	General	Space Review	Engage a designer to assess our long-term office space needs to create a functional, future-proof office space that accommodates hybrid work models, supports an expanding team and optimizes productivity.	Corporate Services	Consulting Fees	40,000						Strategically Required	High	Low	Low Hanging Fruit Easy Win
CS-2025-006	General	General	Office Renovations	Renovate the office and reconfigure the workstation furniture to address space needs. New workstation furniture is needed to support the additional staff.	Corporate Services	Maintenance	575,000						Strategically Required	High	Low	Low Hanging Fruit Easy Win

Total Expense (rounded costs) **2,916,075** **323,960**

Total expenses 3,240,035

	# items	2025
Must have	1	200,000
Strategically Required	30	2,716,075
Not Critical		
Not Worth It/Drop It	0	-
Low Hanging Fruit/Easy Win	2	135,960
Further Analysis/Consider ROI	2	133,000
Park for Later/Consider ROI	1	55,000
	36	3,240,035

Submission to:	Council
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Meeting Date:	Submitted by:
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September 12, 2024	Dr. Nicole Cardinal, Interim Co-Chair
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Agenda Item Title:	6.3.1 Indigenous Advisory Circle Meeting Summary Report
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Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
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AGENDA ITEM DETAILS	
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Recommendation (if applicable) :	N/A
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Background:	<p>The Indigenous Advisory Circle (Circle) met twice before breaking for summer. These meetings included:</p> <p>June 7, 2024 – In-Person Gathering (Bragg Creek)</p> <ul style="list-style-type: none"> • Dr. Grandmother Doreen Spence welcomed members of the Circle, guests and the secretariat to her ceremonial land in Bragg Creek for a day of land-based learning and connecting. <ul style="list-style-type: none"> • Circle members graciously participated in the exchange of knowledge. • We welcomed Chief Lee Crowchild of Tsuut’ina Nation to share information and stories about the Tsuut’ina Peoples’ experiences and history. • The day helped strengthen relationships among participants as the Circle prepares to support CPSA in implementing the Path to Truth and Reconciliation. <p>July 2, 2024</p> <ul style="list-style-type: none"> • In June, Dr. Tyler White retired as co-chair of the Circle. Circle members reflected on his leadership and contributions to the Circle’s important work. • The Circle discussed a replacement for Dr. White to co-chair with Dr. Crowshoe, and supported Dr. Cardinal to be the interim co-chair, which Dr. Cardinal accepted. • The co-chair discussion emphasized the importance of recruiting additional members to the Circle. The Circle supported updates to its Terms of Reference, which will allow for more flexibility in recruiting new members, which was identified as a priority.
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	<ul style="list-style-type: none"> The Circle also heard updates from the secretariat on CPSA's Path to Truth and Reconciliation, including how the Request for Proposals process resulted in the selection of Great Country Consulting for project and engagement planning. <ul style="list-style-type: none"> Representatives from Great Country Consulting introduced themselves to the Circle and spoke to their role in turning the high-level Path into action.
Next Steps:	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.
List of Attachments:	
N/A	

Submission to:	Council		
Meeting Date:	Submitted by:		
September 12, 2024	Michael Neth, Chief of Staff		
Agenda Item Title:	6.3.2 CPSA Path to Truth and Reconciliation		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable):	N/A		
Background:	<p>Under the guidance of the Indigenous Advisory Circle, the CPSA team has developed an outline of CPSA’s Path to Truth and Reconciliation (the Path), which received support and acceptance from CPSA Council in March 2024.</p> <p>Current efforts are towards project and communications planning to ensure that the Path is effective and sustainable, and that our engagement with Indigenous individuals and communities is authentic and meaningful.</p> <p>We anticipate the actions outlined in the Path will take at least three years, and the partnerships and outcomes will require a sustained, long-term commitment for many more years. In 2025, we will focus on the first four actions, the outcomes of which will inform our approaches to all actions that follow. These actions are:</p> <ol style="list-style-type: none"> 1. Unpack the TRC Calls to Action and other key documents 2. Witness sharing circles and other methods of engagement 3. Develop and release statement of action and apology 4. Develop and implement Standard of Practice (Development to begin in 2025, implementation scheduled for 2026) <p>The CPSA business plan includes a budget of \$200,000 for 2025 actions. See attached “CPSA Path to Truth and Reconciliation in 2025 - Council Briefing” for information on work underway in 2024 towards implementing the Path in 2025, and details on the first four actions.</p>		

	For background and a high-level overview of the entire Path, see attached “CPSA’s Path to Truth and Reconciliation: An Outline of the Path Ahead”.
Next Steps:	<ul style="list-style-type: none"> - Finalize a detailed, multi-year project plan that includes budgets and resources. - Prepare a communications plan, including audience considerations and key messages.
List of Attachments:	
<ol style="list-style-type: none"> 1. CPSA Path to Truth and Reconciliation in 2025 – Council Briefing 2. CPSA Path to Truth and Reconciliation – An Outline of the Path Ahead 	

Background

Since it was established in late 2021, the Indigenous Advisory Circle (the Circle) has guided CPSA on our reconciliation journey, helping us reflect on our processes and identify better ways to support First Nations, Métis and Inuit patients, guide the regulated members who care for them, and improve the regulatory environment for Indigenous physicians.

It is with the guidance of and in collaboration with the Circle that we have developed an outline of CPSA's Path to Truth and Reconciliation (the Path), which received support and acceptance from CPSA Council in March 2024.

2024 efforts

The project team—the Circle secretariat reporting to the Chief of Staff—is currently focused on the following 2024 deliverables:

- Defining the Path's governance structure, including clarifying the respective roles of staff, consultants, navigators, partners, the Circle, ARADAAC, and Council
- Developing a detailed project plan, including defining the scope, budget, resources and timing
- Preparing an external communications plan, including identifying audiences and key messages
- Establishing plans for CPSA team engagement and training

Among immediate priorities are project and communications planning to ensure that the Path is effective and sustainable, and that our engagement with Indigenous individuals and communities is authentic and meaningful. Towards this, we issued a request for proposals (RFP) in the spring to secure a consultant to support the work of the project team in project and communications planning. The RFP generated interest from across Canada, with 17 firms submitting proposals. Of these, six were shortlisted for interviews by a panel that included Circle members Dr. Nicole Cardinal and Margo Dodginghorse. Two finalists met with the selection panel, and Great Country Consulting was selected as the successful firm.

The project team is currently working with Great Country Consulting to develop a detailed, multi-year project plan that includes budgets and resources required to carry out each of the ten actions on the Path, as well as a communications plan for engaging with Indigenous communities and regulated members. The Indigenous Advisory Circle will continue advising CPSA and Great Country Consulting in the development of these plans. The immediate priority has been scoping out 2025 efforts to allocate the budget, resources and staffing needed to carry out the first four of ten actions on the Path. By early 2025, all ten actions will be scoped out to support the development of 2026 departmental plans relating to the Path.

We have also formed a Path to Truth and Reconciliation working group with representatives from all departments to ensure all areas of CPSA are represented on the Path and engaged in carrying out the actions.

Focus for 2025

We anticipate the actions outlined in the Path will take CPSA at least three years to carry out, and the partnerships and outcomes will require a sustained, long-term commitment for many more years.

We intend to begin 2025 with an announcement of CPSA's Path to Truth and Reconciliation and our intention to take action towards safe, equitable health care for First Nations, Métis and Inuit patients in Alberta.

In this first year, we will focus on the first four of ten actions, which will shape the remaining six actions on the Path:

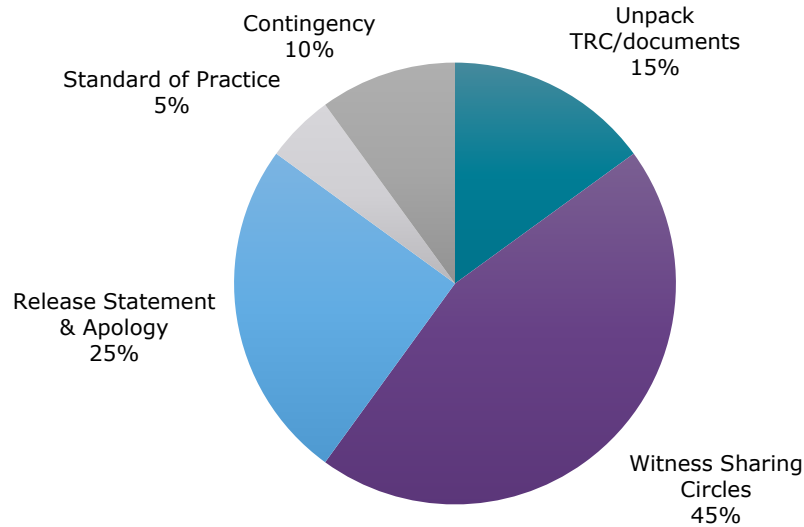
1. Unpack TRC Calls to Action & foundational documents
 - Responsible: Circle secretariat, CPSA leadership
 - Consulted: Circle; department reps
 - Informed: Council; CPSA team
2. Witness sharing circles & gathering experiences
 - Responsible: Circle secretariat
 - Consulted: Circle
 - Informed: Council; CPSA team
3. Develop and release statement of action & apology*
 - Responsible: Circle secretariat, CPSA leadership
 - Consulted: Circle, Council, ARADAAC
 - Informed: CPSA team, regulated members
4. Develop and implement Standard of Practice*
 - Responsible: Circle secretariat; Standards of Practice Advisor
 - Consulted: Circle, Council, ARADAAC; regulated members
 - Informed: CPSA Team

**Council to approve*



2025 budget and timing

The CPSA business plan includes a budget of \$200,000 for actions on the Path that will be carried out in 2025. This budget will be allocated as follows:



ACTION	Q1 2025	Q2 2025	Q3 2025	Q4 2025
1. Unpack TRC Calls to Action & foundational documents	Review and assess applicable actions	Embed actions to existing and developing plans		
<i>Budget: \$30,000</i>				
2. Witness sharing circles & gathering experiences	Establish relationships; develop schedule	Witness Sharing Circles and/or culturally appropriate engagements* to listen to the experiences Indigenous people have had with regulated members and CPSA.		
<i>Budget: \$90,000</i>		*In First Nations, Métis and Inuit communities across Treaty 6, 7 and 8, and with urban Indigenous organizations		
3. Develop and release statement of action & apology	Complete jurisdictional scan	Draft statement and communications plan		Release statement/apology
<i>Budget: \$50,000</i>				
4. Develop and implement Standard of Practice		Research, planning and consultation		
<i>Budget: \$10,000</i>		<i>Implementation in 2026</i>		

Path to Truth and Reconciliation outline

The Path is essentially an action plan, with each step on the path identified and supported by the Indigenous Advisory Circle. For background and a high-level overview of the entire Path, see *CPSA’s Path to Truth and Reconciliation: An Outline of the Path Ahead*.

These actions, or steps along the Path, are:

	ACTION	ANTICIPATED TIMING
1	<p>Unpack the TRC Calls to Action and Foundational Documents</p> <p>Review, analyze and assess each call to action and foundational document, and incorporate learnings towards reconciliation.</p>	Q1-2 2025
2	<p>Witness Sharing Circles and Gathering Experiences</p> <p>Listen to and document the experiences Indigenous people in Alberta have had with regulated members and CPSA.</p>	Q1-4 2025
3	<p>Release Statement of Action and Apology</p> <p>Publicly acknowledge CPSA’s role in the experiences of and harms to Indigenous people and state actions we will take to address the harms.</p>	Deliver Q4 2025
4	<p>Develop and Implement Standard of Practice</p> <p>Outline and set the minimum professional and ethical expectations for regulated members in their interactions with Indigenous patients and colleagues based on learnings.</p>	Begin in 2025; deliver mid-2026
5	<p>Provide Training for Regulated Members</p> <p>Ensure regulated members are educated about and aware of how to provide appropriate care to Indigenous people.</p>	Begin in 2025; deliver 2026; assess in 2027
6	<p>Enhance Patient Experience with CPSA</p> <p><i>For Professional Conduct:</i> Revise processes to be culturally appropriate and accessible to Indigenous people who have concerns about care they have received and to reflect expectations outlined by standard of practice.</p> <p><i>For Customer Experience:</i> CPSA staff have training and appropriate dialogue when supporting Indigenous patients who contact CPSA</p>	2025; continual and ongoing improvement

	ACTION	ANTICIPATED TIMING
7	<p>Assess Continuing Competence Programs</p> <p>Revise program expectations and materials to be culturally appropriate and support regulated members in providing Indigenous people with safe, high-quality care.</p>	<p>Begin in 2025; deliver 2026; assess in 2027</p>
8	<p>Facilitate Ongoing Connections with Indigenous People and Communities</p> <p>Establish regular connections with Elders, communities, and organizations to continue learning about the experiences of Indigenous people with regulated members and CPSA.</p>	<p>2025; continual and ongoing improvement</p>
9	<p>Align Internal CPSA Operations</p> <p>Provide training for CPSA Council and team, review policies and processes for negative impacts towards Indigenous people, and develop appropriate policies for supporting Indigenous people working in and with CPSA.</p>	<p>2025; continual and ongoing improvement</p>
10	<p>Lead Healthcare Partners Toward Safer Patient Care</p> <p>Partner with other regulators towards consistent and appropriate expectations for all healthcare professionals (e.g., joint or aligned standards, guidance, training, and professional conduct processes).</p>	<p>2025; continual and ongoing improvement</p>



CPSA's Path to Truth and Reconciliation

An outline of the path ahead

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About this document

Under the [Health Professions Act](#), CPSA has the mandate to protect patients by ensuring regulated members (physicians, surgeons, osteopaths, physician assistants and medical learners) provide safe, high-quality care. For CPSA, protecting patients means ensuring our regulated members provide competent and ethical medical services. It also means we have a responsibility to address healthcare inequities—specifically when it comes to racism, discrimination, and bias in the medical profession.

CPSA is committed to guiding regulated members in providing Indigenous patients with culturally safe, high-quality health care. We are also committed to addressing the [Truth and Reconciliation Commission's Calls to Action](#) as we take important steps on our reconciliation journey.

This document is a resource for CPSA staff, consultants, and partners. It's intended to provide context about CPSA's reconciliation journey, share an overview of the guidance we have received from Indigenous partners, and outline the actions we will take towards safe, high-quality and equitable health care for Indigenous patients. It is a living document that will grow and adapt as we continue on the path ahead.

While we are in the early days of this journey, we are committed to fulfilling our mandate of protecting patients and taking action to address the healthcare inequities Indigenous people continue to face. For questions about this document, please contact a member of the Indigenous Advisory Circle secretariat:

- [Michael Neth](#), Chief of Staff (Executive Sponsor)
- [Sondra Mackenzie-Plovie](#), Senior Advisor, Community Engagement
- [Kimberley Murphy](#), Executive Assistant
- [Jason MacDonald](#), Director, Office of the Registrar
- [Chantelle Dick](#), Standards of Practice Advisor

Background

CPSA'S ROLE

The province's healthcare system is made up of a network of organizations with the shared goal of ensuring safe, high-quality healthcare and the best patient outcomes. CPSA's role

in the healthcare system is to regulate physicians, surgeons, osteopaths and physician assistants in Alberta. As regulator, our responsibilities include:

- registering physicians, surgeons, osteopaths and physician assistants to practise medicine in Alberta—these are our regulated members
- supporting safe, high-quality care regulated members provide—we do so through Continuing Competence programs
- managing complaints about registered member behaviour
- guiding professional conduct and ethical behaviour—one of the ways we do this is through setting *Standards of Practice* and holding regulated members accountable to these standards
- accrediting diagnostic and non-hospital surgical facilities in Alberta

TRUTH AND RECONCILIATION COMMISSION'S CALLS TO ACTION

In 2015, the [Truth and Reconciliation Commission of Canada](#) (TRC) delivered a multivolume report that made 94 Calls to Action to further reconciliation, of which seven are directed to the health field and many more that require cross-disciplinary attention and action.

Health organizations have a responsibility to address the calls to action, acknowledge the harms caused by the residential school system, take action to stop systemic racism and harm, and to do so through building authentic relationships with Indigenous Peoples and communities.

AUTHENTIC INDIGENOUS CONNECTIONS

It's through substantive and authentic connections and relationships that we can help create culturally safe spaces where Indigenous people receive equitable health care. CPSA's [five-year strategic plan](#) outlines our commitment to nurturing relationships that help us provide quality care in partnership with Indigenous Peoples.

We are committed to:

- Authentically engaging with and listening to Indigenous Peoples, incorporating their wisdom into our work and processes.
- Acknowledging the historical health inequities that have been and are experienced by Indigenous Peoples and using our legislated mandate to reduce these inequities, improving the quality of care provided by our regulated members.

- Committing to actively addressing the recommendations from the TRC that relate to health care and CPSA's role.

CPSA'S JOURNEY: HOW WE GOT HERE

With more than 14,000 regulated members, CPSA has the important mandate to protect patients by guiding physicians and physician assistants in providing safe, high-quality care. CPSA must play a role in ensuring healthcare spaces are safe for patients and care providers, which includes addressing healthcare inequities—specifically when it comes to racism and discrimination in the medical profession and in the greater health system.

This was made especially clear in 2020, when a number of Indigenous physicians and allies reached out to us to share their concerns about the inequities and outright racism Indigenous patients face in health settings. These health leaders very clearly called on CPSA to carry out our mandate, which includes setting expectations around the care Indigenous patients receive.

Through ongoing connections with these physicians, we soon learned we needed long-term guidance on how to make meaningful progress towards improved healthcare experiences and outcomes for Indigenous people, and that this guidance must come from those with lived experience.

Towards this, CPSA Council formally established the Indigenous Advisory Circle in December 2021. Since then, the Circle has guided CPSA on our path towards reconciliation, helping CPSA to reflect on our regulatory processes and identify how we can better support Indigenous patients, guide the regulated members who care for them, and improve the regulatory environment for Indigenous physicians.

We are honoured to be guided by Circle members, who include an **Elder, Indigenous & non-Indigenous physicians, & Indigenous health leaders & community members.**

It is with the guidance of and in collaboration with the Circle that we have developed this outline of CPSA's Path to Truth and Reconciliation, which received support and acceptance from CPSA Council in March 2024. While CPSA is in the early days of this journey, we are committed to fulfilling our mandate of protecting patients, and to taking action to address the healthcare inequities Indigenous people continue to face. The path demonstrates the steps we must take towards culturally safe, high-quality, and equitable health care for Indigenous patients across the traditional territories known as Alberta.

CPSA is immensely grateful to each past and current member of the Indigenous Advisory Circle for their gifts of knowledge, time, and collaboration.

We also express our immense gratitude to the physicians who guided us on forming the Indigenous Advisory Circle in 2020-21.

Reconciliation: what it means for CPSA

For guidance on the meaning of reconciliation, CPSA looks to the [Final Report of the Truth and Reconciliation Commission of Canada](#):

“**Reconciliation**’ is about establishing and maintaining a mutually respectful relationship between Aboriginal and non-Aboriginal peoples in this country. For that to happen, there has to be awareness of the past, acknowledgement of the harm that has been inflicted, atonement for the causes, and action to change behaviour.”

For CPSA, our journey towards reconciliation is just beginning. Our intention is to start with hearing firsthand about Indigenous peoples’ experiences in the healthcare system, including medical violence at the hands of regulated members, and then acknowledging our role in the harms and trauma caused by these experiences.

Our next steps will be to act in our role as Alberta’s medical regulator towards the safe, equitable and high-quality care Indigenous patients deserve.

LISTEN, LEARN AND ACT

Through the Indigenous Advisory Circle, CPSA has learned to approach our Truth and Reconciliation journey by *listening*, *learning*, and then *acting*.

We will *listen* to foundational documents and sources of wisdom from Indigenous Peoples, including:

- United Nations Declaration on the Rights of Indigenous People
- Final Report of the Truth and Reconciliation Commission of Canada (TRC), and the TRC’s 94 Calls to Action
- Joyce’s Principle
- Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls
- Weaving Miskotahâ, the Métis Nation’s Journey to Ending Missing and Murdered Women, Girls and 2SLGBTQQIA+
- First Nations Principles of Ownership, Control, Access, and Possession (OCAP®)

We will *learn* from the guidance of:

- The Indigenous Advisory Circle
- Indigenous Elders, Knowledge Keepers, communities, and individuals
- Indigenous organizations

And then we will *act*.

The actions

CPSA's steps along the path to Truth and Reconciliation

CPSA's Path to Truth and Reconciliation is essentially an action plan, with each step on the path identified and supported by the Indigenous Advisory Circle. We are grateful for the Circle's continued guidance as we prepare to carry out these actions, taking to heart their advice on each step of this journey towards reconciliation.

1. Unpack the Truth and Reconciliation Commission (TRC) Calls to Action and Foundational Documents

What this will look like: review, analyze and assess each call to action and foundational document, and incorporate learnings towards reconciliation

Our why: confirmed direction and action for CPSA to take towards reconciliation

2. Witness Sharing Circles and Gathering Experiences

What this will look like: listen to and document the experiences Indigenous people in Alberta have had with regulated members and CPSA (historical and current)

Our why: deeper understanding of the lived experience of Indigenous people for CPSA and learnings to share with regulated members and the public

3. Release Statement of Action and Apology

What this will look like: publicly acknowledge CPSA's role in the experiences of and harms to Indigenous people and state actions we will take to address the harms

Our why: public accountability for CPSA to make reportable progress; an education tool for individuals who may not understand how CPSA and regulated members have impacted Indigenous people

4. Develop and Implement Standard of Practice

What this will look like: outline and set the minimum professional and ethical expectations for regulated members in their interactions with Indigenous patients and colleagues based on learnings

Our why: regulated members are aware of—and accountable for—interacting with Indigenous patients and colleagues in a way that supports cultural safety and respectful interactions; the standard will inform CPSA's continuing competence and professional conduct processes

5. Provide Training for Regulated Members

What this will look like: ensure regulated members are educated about and aware of how to provide appropriate care to Indigenous people

Our why: training and resources are aligned with the standard of practice; regulated members are supported and accountable for adhering to the standard

6. Enhance Patient Experience with CPSA

(All areas of CPSA, particularly Professional Conduct and Customer Experience)

What this will look like: revise processes to be culturally appropriate and accessible to Indigenous people and to reflect expectations outlined by standard of practice

Our why: Indigenous people have a culturally safe experience when they engage with CPSA; CPSA earns trust with Indigenous people and is a better resource that provides support

7. Assess Continuing Competence Programs

What this will look like: revise program expectations and materials to be culturally appropriate and support regulated members in providing Indigenous people with safe, high-quality care

Our why: regulated members have ongoing access to training and resources that support them in providing culturally safe care to Indigenous people

8. Facilitate Ongoing Connections with Indigenous People and Communities

What this will look like: establish regular connections with Elders, communities, and organizations to continue learning about the experiences of Indigenous people with regulated members and CPSA

Our why: authentic relationships with individuals, communities, and organizations to make meaningful progress and invite ongoing feedback towards continual improvement

9. Align Internal CPSA Operations

What this will look like: provide training for CPSA Council and team, review policies and processes for negative impacts towards Indigenous people, and develop appropriate policies for supporting Indigenous people working in and with CPSA

Our why: deeper learning for CPSA and materials available to share with regulated members and the public

10. Lead Healthcare Partners Toward Safer Patient Care

What this will look like: partner with other regulators towards consistent and appropriate expectations for all healthcare professionals (e.g., joint or aligned standards, guidance, training, and professional conduct processes)

Our why: regulators work in their spheres of influence to ensure Indigenous people have a better experience overall with the entire healthcare system, and opportunities to share learnings for towards system-wide improvement

Governance

The work of reconciliation is owned by CPSA and will be carried out by all team members. While we will be guided by the Indigenous Advisory Circle, our partners, and Indigenous Peoples who share their healthcare experiences and wisdom with us, the work towards reconciliation must be carried out by CPSA to effect meaningful change—within our organization, through our regulated members, and across the healthcare system.

ROLES AND RESPONSIBILITIES

- CPSA Council provides overall strategic oversight and direction
- The Circle and engaged individuals (e.g., consultants, partners) provide advice and recommendations to support CPSA in their efforts
- Internal CPSA teams carry out the actions identified on the Path to Truth and Reconciliation, seeking feedback from the Circle, consultants and partners directly or through the Circle secretariat
- The Circle secretariat supports and engages with the Circle, consultants and partners to gather insights and feedback on progress, and supports and liaises with internal CPSA teams as these teams carry our actions.

Timing and resources

CPSA is committed to walking this Path to Truth and Reconciliation and we recognize this will take time, effort and collaboration. We anticipate the actions outlined in the Path to Truth and Reconciliation will take 3+ years, and the partnerships and outcomes will require a sustained, long-term commitment for many more years.

We also recognize that the work of CPSA is one of many demands on Indigenous people and communities; our timelines will be flexible to respect the needs and expectations of the individuals and communities we engage and partner with. Maintaining momentum is important, as is taking the right steps with continued guidance from the Indigenous Advisory Circle and Indigenous partners, learning from missteps, and continuing along this path.

We are seeking guidance from Indigenous partners and consultants on appropriate timing and resources to make meaningful progress along the Path to Truth and Reconciliation.

Submission to:	Council
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Meeting Date:	Submitted by:		
September 12, 2024	Michael Neth, Executive Sponsor		
Agenda Item Title:	6.4.1 Ad Hoc Bylaw Review Project Committee – Meeting Summary Report		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS			
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Recommendation (if applicable):	N/A		
Background:	<p>The Ad Hoc Bylaws Review Project Committee was established by Council at its March 2024 meeting with the following Carried Motion:</p> <p style="text-align: center;"><u>MOTION C11-24</u></p> <p>Moved by Richard Buckley and seconded by Patrick Etokudo that Council establishes an Ad Hoc Bylaws Review Project Committee with the following elements:</p> <ul style="list-style-type: none"> • membership of up to 4 interested Council members; • a term of March to December 2024; and • TOR will be approved by the Governance Committee <p style="text-align: center;">Carried.</p> <p>The members are Nicole Cardinal, Oluseyi Oladele and Ian Walker. Sam Shaw, public member, was part of the committee at its outset, before resigning from Council in June 2024. The group had its first meeting on April 18.</p> <p>The first few meetings included an orientation to organizational bylaws, and an update on the work to date on the CPSA Bylaws. This was followed by meetings to review new draft bylaws for CPSA. The Ad Hoc Committee met 8 times as of August 31, 2024.</p>		

	<p>The Committee has focussed on the draft Bylaws that are specific to Council (Part 2 in "Attachment 1: Table of Contents: New proposed DRAFT CPSA Bylaws"). The CPSA staff Bylaws project team have met with most CPSA Departments and reviewed Draft Bylaws specific to those Departments.</p>
<p>Next Steps:</p>	<ul style="list-style-type: none"> • October: The Bylaws Committee will meet with the Governance Committee to go through the new Bylaws together. • October/November: All Council members will be invited to working sessions/briefings where the new Bylaws are presented, and questions and discussion are invited. • October/November: legal review of full draft new Bylaws (concurrent with other ongoing activities). • December 2024 or March 2025: Committee will recommend that Council approve the Bylaws.
<p>List of Attachments:</p>	
<p>1. Table of Contents: New proposed DRAFT CPSA Bylaws</p>	

New BYLAWS

TABLE OF CONTENTS

Table of Contents

PART 1: DEFINITIONS AND APPLICATION.....

- Definitions
- Reference Aides

PART 2: COUNCIL

- Composition of Council.....
- Eligibility
- Conduct of Council Members
- Term of Office
- President/Chair and Vice-Chair.....
- Filling Regulated Member Vacancies on Council.....
- Nominations Committee
- Nominations for Regulated Member Council Positions
- Selection of Regulated Members of Council
- Election of Regulated Members
- Acclamation of Regulated Members.....
- Appointment of Regulated Members
- Unplanned Vacancies
- Resignation
- Removal from Council
- Removal from Office.....
- Procedures for Council and Council committee meetings,
- Regular Council Meetings
- Special Meetings of Council.....
- Other Meetings.....
- Resolution in Writing
- Quorum for meetings of Council, council committee meetings,
- Council Committees

PROPOSED TABLE OF CONTENTS FOR DRAFT CPSA BYLAWS

Draft: August 27, 2024

PART 3: COLLEGE OFFICIALS, STATUTORY COMMITTEES, AND TRIBUNALS....

- Eligibility
- Conduct of College Officials, Statutory Committees, and Tribunals
- Duties and Powers College Officials, Statutory Committees, and Tribunals .
- Delegation
- Appointments
- Registrar
- Acting Registrar and CEO
- Appointment of Complaints Director and Hearings Director.....
- Statutory Committees
- Medical Facilities Accreditation Committee (MFAC)
- Procedures for Meetings of Statutory Committees.....
- Quorum for meetings of Statutory Committees
- Resignation
- Removal from Office.....

PART 4: REGISTERS AND REGISTRATION OF REGULATED MEMBERS

- Information in Registers.....
- Disclosure of Register Information
- Decision on Application.....
- Practice Permit Effective Date and Renewal Deadline.....
- Recognition of Regulated Professionals Registered in Other Jurisdictions....
- Professional Liability Insurance
- English Language Proficiency.....
- Good Character and Reputation
- Reinstatement of Registration.....

Part 5 – PROFESSIONAL CORPORATIONS.....

- Naming of a Professional Corporation.....
- Application for Approval
- Decision on Application for Approval.....

PROPOSED TABLE OF CONTENTS FOR DRAFT CPSA BYLAWS

Draft: August 27, 2024

Application for Registration and Issuing an Annual Permit.....

Renewal of Annual Permit.....

Record of Professional Corporations.....

Notice of Change in Organization

Disclosure of Information on the Record of Professional Corporations

Cancelled or Expired Annual Permits

Reinstatement Cancelled or Expired Annual Permits and Registrations

PART 6: ACCREDITATION OF MEDICAL FACILITIES.....

Definitions

Major and Minor Surgical Services.....

Prescribed Health Services

Accreditation Category.....

Accreditation Standards

Application for Accreditation

Responsibilities of a Medical Director of a Medical Facility.....

Decision on Application for Approval.....

Granting Accreditation.....

Renewal or Changes to Scope of Accreditation.....

Record of Accredited Medical Facilities.....

Disclosure of Information on the Record of Accreditation

Cancelled or Expired Accreditations

PART 7: REVIEWS AND APPEALS.....

Submission Deadlines

PART 8: NOTICES AND INFORMATION

Forms, Notices, and Decisions

Electronic Documentation.....

Publication of Information Respecting a Hearing or Appeal

Publication of Information on Orders of Hearing Tribunals, Complaint Review Committees, or Appeals.....

PART 9: STATUTORY ADMINISTRATION

Expenses & Remuneration

PROPOSED TABLE OF CONTENTS FOR DRAFT CPSA BYLAWS

Draft: August 27, 2024

PROPOSED TABLE OF CONTENTS FOR DRAFT CPSA BYLAWS

Draft: August 27, 2024

- Costs, Fees, Levies and Assessments
- Standards of Practice and Code of Ethics
- Continuing Competence Program Conditions
- Approval and Amendment of Bylaws
- Use of the Title Specialist.....
- Proposed policy elements for Bylaw Amendments.....
- PART 10: OPERATIONS ADMINISTRATION
- Scope of Operations Administration.....
- College Seal.....
- Administrative Functions on Behalf of Others
- Execution of Documents.....
- Documents and Records
- Reporting Year.....
- Banking Arrangements.....
- Credit Arrangements
- Investments
- Employment and Human Resources
- Employment Conditions
- Financial and Operational Management
- Financial Conditions.....
- Omissions and Errors
- Dispute Resolution.....
- Indemnification of Members of Council, Volunteers, Staff, and Others

- Invalidity of any provisions of this bylaw

Submission to:	Council
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Meeting Date:	Submitted by:
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September 12, 2024	Ed Jess, Chief Innovation Officer
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Agenda Item Title:	7.1 Key Performance Indicators (KPI) Dashboard
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Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
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AGENDA ITEM DETAILS

Recommendation (if applicable) :	N/A
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Background:	<p>One of CPSA’s most recent innovative approaches has been the development of interactive dashboard for displaying the organizational key performance indicators (KPIs) across the following key areas:</p> <ul style="list-style-type: none"> • Strategy • Regulatory • Finance • People and Culture <p>At the September meeting, a presentation will be made to provide an update on the KPIs and a review of the Quarter 2 (April – June) data.</p> <p>Council members will also receive information outlining the process to individually access the KPI dashboard for real-time review at any time.</p>
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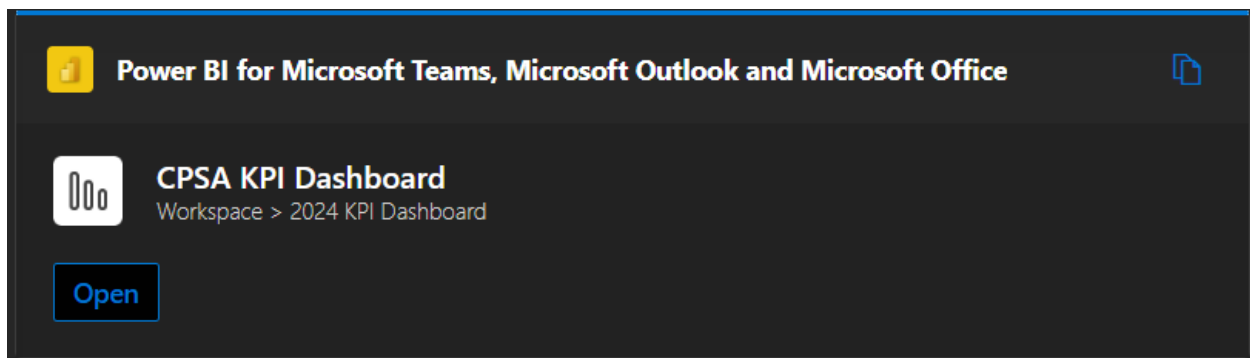
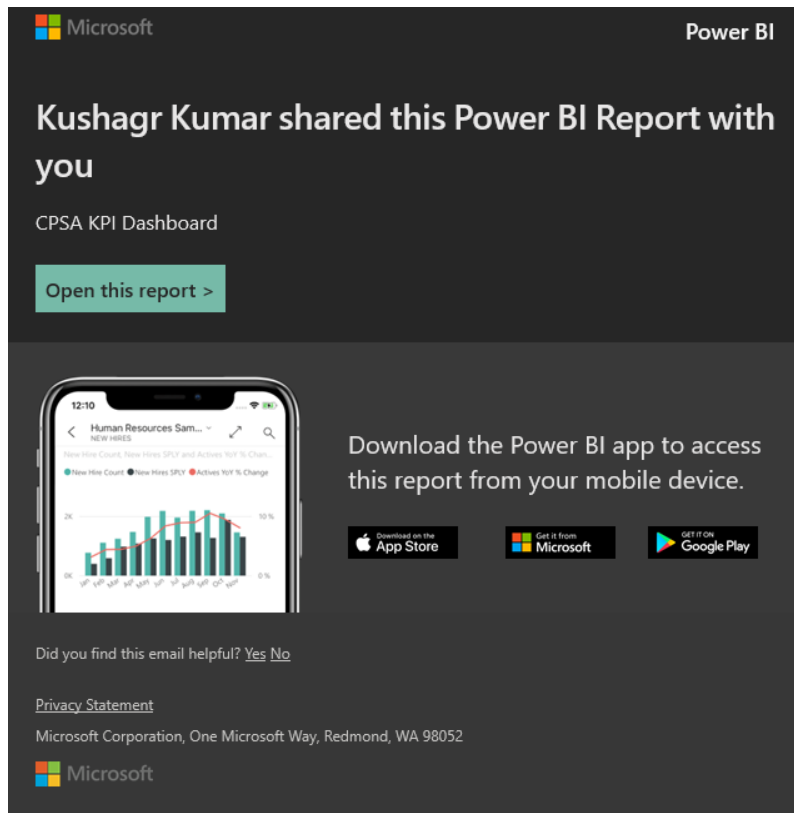
Next Steps:	
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List of Attachments:	
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Process for Accessing CPSA KPI Dashboard	
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Accessing the Dashboard

The report will be shared via email and appear in one of the formats shown below:

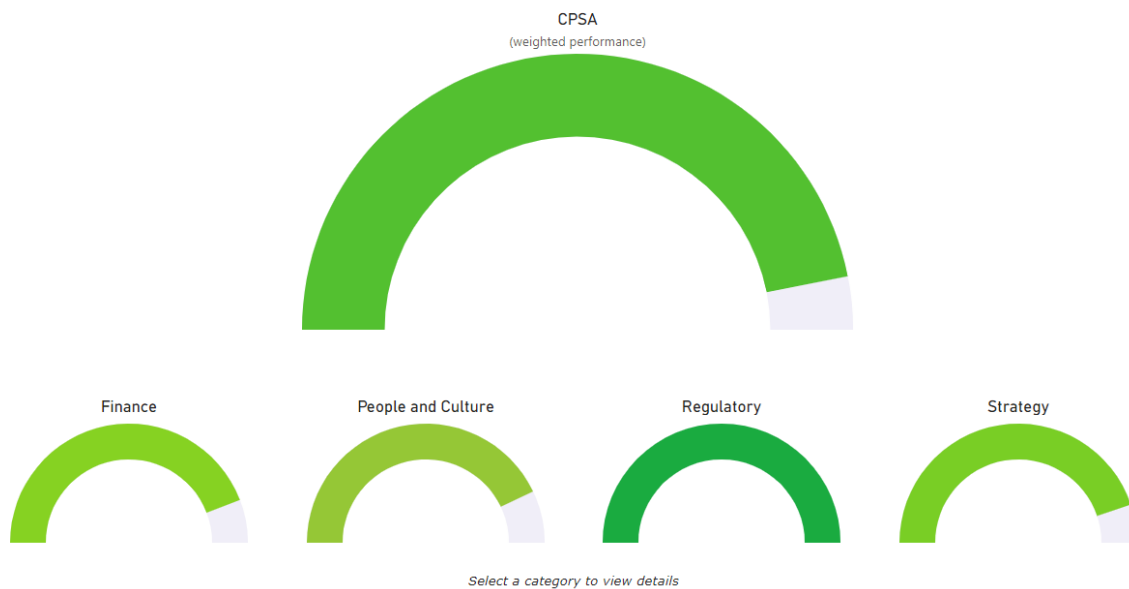


- Click “Open this report” or “Open” to be automatically directed to the PowerBI service.
 - You may be asked to sign into your PowerBI account before proceeding to view the report; please do so using your CPSA credentials.

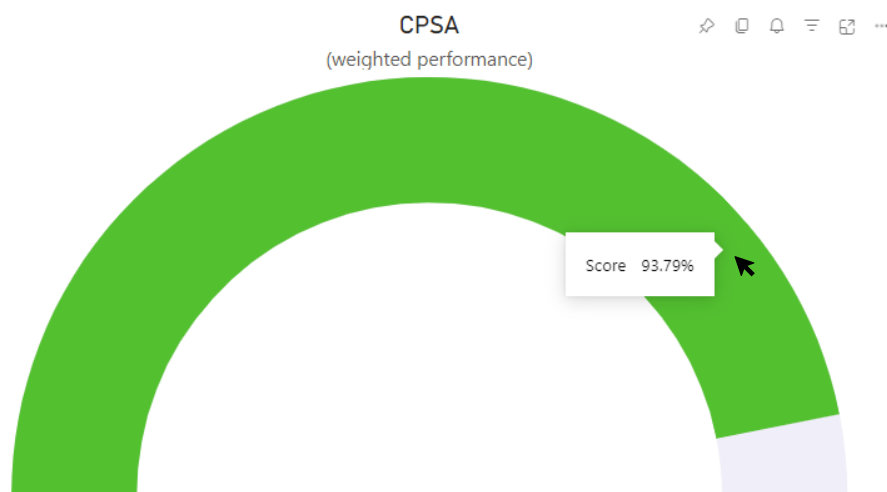
The link will take you directly to the CPSA KPI Dashboard

Navigating the Dashboard

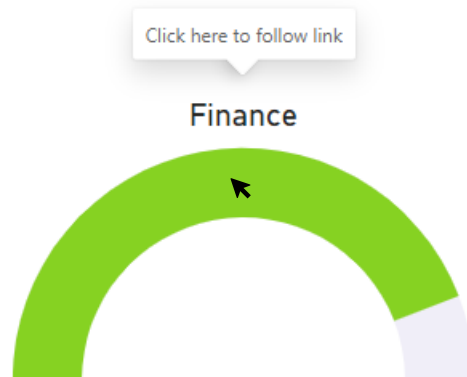
2024



Hover over the gauges for details



Click on gauges for list view of submetrics



Click on arrow in top left corner to return to the default view



** = data is not yet available*

- | Submetric |
|---|
| ● Unrestricted Surplus no less than 60% of operating budget |
| ● Ratio indicating CPSA's liquidity no less than 1.2 |
| ● Net surplus margin for specific program areas is no less than 10% |
| ● Meets all regulatory requirements and filing deadlines |
| ● Expenses within +/- 5% of budgeted expenses |
| ● Clean financial audit report |






Data Dictionary

- The column “*Target Completion (YTD)*” on list view indicates performance by measuring completion of metric against a target.
 - The target changes as the year progresses.
 - The percentage may be above 100% if the actual performance exceeds the YTD target

KEY: GAUGE COLOR GRADIENT



KEY: TABLE ICONS

	Not available
	Attention (YTD target completion between 0% - 50%)
	Monitor (YTD target completion between 51% - 85%)
	On-track (YTD target completion between 86% - 100%)
	Exceeding targets (YTD target completion over 100%)

Accessibility

Please contact **Iris Wakefield** (iris.wakefield@cpsa.ab.ca) if you experience any difficulties accessing PowerBI