

Stories behind the statistics

Annual Report
2024



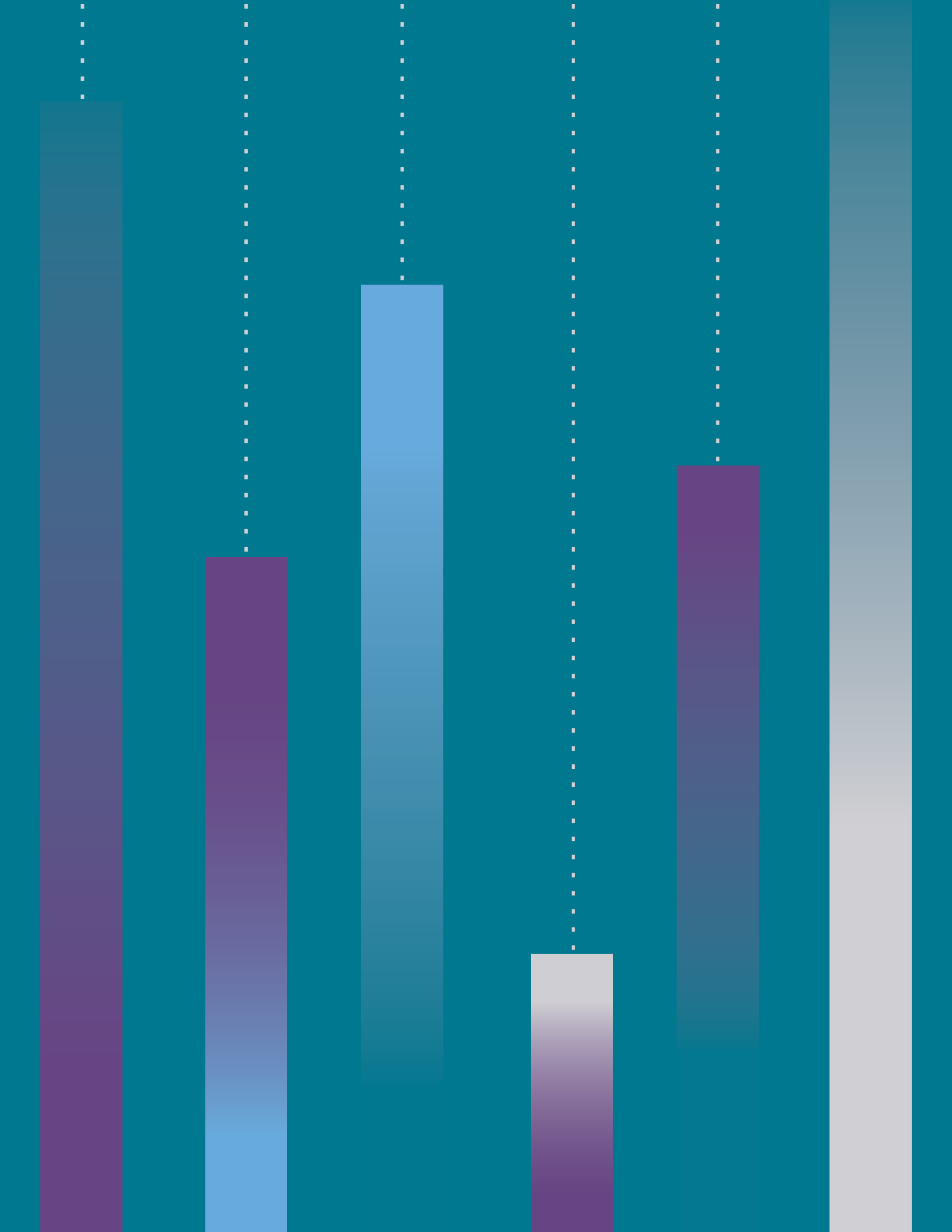


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We would like to extend a special thank you to Parsons Park Medical Clinic and Pharmacy in Edmonton, Alberta, for allowing us to photograph and showcase their clinic, staff and patients.

CPSA Acknowledgement of Peoples and Lands

At CPSA, our work of guiding and regulating physicians and physician assistants takes place throughout Alberta which includes Treaty 6, 7 and 8 territories, Métis Nation within Alberta districts and Métis Settlements. CPSA honours and acknowledges that our office is located within Treaty 6 Territory. This land is the traditional territory of many First Nations including the Cree, Saulteaux, Blackfoot, Dene and Nakota Sioux. We are located within the Métis' Homeland and acknowledge the Inuit who call this place home today. As we reflect on the Peoples and histories of this land, we express our gratitude for the opportunity to participate in mutually respectful relationships with First Nations, Inuit and Métis Peoples. It's through these relationships that we will see the impacts of shared efforts towards safe and equitable health care for all.

Vision, mission & values

Vision

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

Mission

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

Values

We do the right thing.

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

We make informed decisions.

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

We empower people.

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

We collaborate.

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

We are innovators.

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

We enjoy and find meaning in our work.

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



CPSA's Path to Truth and Reconciliation: where we're going and why

Together with the Indigenous Advisory Circle, CPSA has developed our Path to Truth and Reconciliation, which received support and acceptance from CPSA Council in March 2024. The Path outlines the steps we will take towards improving safe, high-quality and equitable health care for First Nations, Inuit and Métis Peoples across the traditional territories in Alberta.

Scan the QR code to follow along as CPSA begins this journey in earnest. We're sharing what we've learned, where we are heading on the Path and why this is essential work.



Governance

Council & Committees

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

We are also advised by committees and panels made up of physicians, physician assistants, Albertans, healthcare partners and other experts who, with their unique knowledge and diverse backgrounds, help CPSA meet its obligations to patients across the province. In 2024, members of Council and advisory, regulatory and accreditation committees provided CPSA with advice to support legislated functions and positively impact health care in Alberta.

Council has established the following committees:

- Executive Committee
- Governance Committee
- Finance & Audit Committee
- Anti-Racism Anti-Discrimination Action Advisory Committee
- Building Fund Initiatives Committee
- Indigenous Advisory Circle
- Nominations Committee
- Bylaw Review Project Committee
- Registrar and CEO Selection Committee

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

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

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

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

Standards of Practice and Policy

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

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

We regularly review our standards to ensure they are up-to-date and comply with provincial and federal laws and regulations. Throughout the year, CPSA works collaboratively with multiple organizations to review the standards and ensure our regulated members and the public have opportunities to share feedback.

The Deputy Registrar provides oversight for CPSA’s *Standards of Practice*. As indicated in the HPA, Council can only approve a new standard or an amendment to an existing standard after receiving feedback from the Minister of Health.

Awaiting Ministerial feedback:

Standards	Consultation Initiation
<i>Establishing the Physician-Patient Relationship</i> <i>Responsibility for a Medical Practice</i> <i>Terminating the Physician-Patient Relationship</i>	June 2023
<i>Prescribing: Administration</i>	October 2023
<i>Conscientious Objection</i> <i>Informed Consent</i> <i>Medical Assistance in Dying (MAID)</i>	December 2023
<i>Disclosure of Harm</i> <i>Dispensing of Schedule 1 or 2 Drugs for a Fee</i> <i>Virtual Care</i>	December 2024

CPSA initiated consultations in 2024 to review and update three existing standards:

- *Disclosure of Harm*
- *Dispensing of Schedule 1 or 2 Drugs by a Physician for a Fee*
- *Virtual Care*

Along with our comprehensive standards of practice, CPSA has Advice to the Profession documents to provide additional context and scenario-based guidance, supporting regulated members in understanding and applying the standards to their practice.

In 2024, CPSA updated two existing Advice to the Profession documents and published four new documents:

- Ending the Physician-Patient Relationship (new)
- Establishing the Physician-Patient Relationship (new)
- Referral Consultation (updated)
- Social Media (updated)
- Treating Self, Family or Others Close to You (new)
- Working in Non-Physician Owned Clinics (new)

CPSA also develops Advice to Albertans documents to ensure Albertans are aware of their rights and duties as patients.

In 2024, CPSA published two new Advice to Albertans documents:

- Ending the Physician-Patient Relationship
- Establishing the Physician-Patient Relationship

2024 Council

Elected Regulated Members

Dr. Jaelene Mannerfeldt, Chair

Dr. Nicole Cardinal

Dr. Richard Buckley

Dr. Daisy Fung, Member-at-Large

Dr. Maryana Kravtsenyuk

Dr. Oluseyi Oladele

Dr. Ian Walker

Appointed Public Members

Stacey Strilchuk (January to June)

Patrick Etokudo, Vice Chair (January to December)

Dr. W.A. Sam Shaw (January to June)

Laurie Steinbach (January to December)

Dr. Tyler White (Naa Taoyi Piita Wo Taan - "Holy Eagle Shield")
(January to June)

Rhonda Laboucan (June to December)

Garnet Clark (June to December)

Honourable Robert Merrifield, P.C. (June to December)

Logan Day (December)

Pan Zhang (June to December)

Non-Voting Members

Dean: Dr. Brenda Hemmelgarn, University of Alberta

Dean: Dr. Todd Anderson, University of Calgary

Resident: Dr. Sarah Cook (January to June)

Resident: Dr. Tamara Yee (July to December)

Medical Student: Maren Kimura (January to December)





Back (L-R): Dr. W.A. Sam Shaw, Dr. Oluseyi Oladele, Patrick Etokudo, Dr. Nicole Cardinal, Dr. Richard Buckley

Front (L-R): Laurie Steinbach, Dr. Jaelene Mannerfeldt, Dr. Daisy Fung, Maren Kimura

Not pictured: Dr. Todd Anderson, Garnet Clark, Dr. Sarah Cook, Logan Day, Dr. Brenda Hemmelgarn, Dr. Maryana Kravtsenyuk, Rhonda Laboucan, Hon. Robert Merrifield, P.C., Stacey Strilchuk, Dr. Ian Walker, Dr. Tyler White, Dr. Tamara Yee, Pan Zhang

A message from 2024 CPSA Council Chair Dr. Jaelene Mannerfeldt

Reflecting on a year of progress, achievement and meaningful stories

As we review the past year, I am honoured to introduce CPSA's 2024 Annual Report. This report highlights our accomplishments and underscores the collective effort, dedication, collaboration and resilience of CPSA's Council, leadership and team as we work together to ensure safe medical care for Albertans.

Achievements and milestones

Over the past year, Council continued to follow the framework of CPSA's 2022-2026 Strategic Plan. We now have a full complement of Council members at the table, including seven public members and seven physician members, and our strong framework keeps us focused and aligned with our strategic plan.

In early 2024, we signed our Council Culture Agreement to help guide Council members in working collaboratively and respectfully with each other during conversations about difficult topics. The agreement reminds us all of our mandate to ensure the medical safety of Albertans. A Council Culture Challenge Coin was designed as a tangible reminder to everyone on Council of our responsibility to contribute to a culture of collaboration, curiosity, trust, respect and compassion.

Council and CPSA's team remain committed to building authentic relationships with First Nations, Inuit and Métis Peoples across Alberta. In September, Council was honoured to spend a day at University nuhelot'jine thaiyots'j nistameyimâkanak Blue Quills, near St. Paul. There, we learned about the history of Blue Quills—which opened as a residential school before becoming the first Indigenous-owned-and-governed educational facility in Canada—and their focus on reclaiming traditional knowledge and practices. CPSA continues to receive ongoing guidance and wisdom from the Indigenous Advisory Circle, who co-developed a high-level, multi-year action plan for CPSA's Path to Truth and Reconciliation. As Council Chair, it's been an honour to listen to and learn from members of the Circle, and I am grateful to have seen their guidance reflected in the action plan CPSA will implement in the coming years.

In support of building connections with rural Albertans, in 2024 CPSA attended the Rural Health Professions Action Plan conference and the Rural Municipalities of Alberta conference. The connections we make at these events help CPSA better understand the experiences

patients and physicians face in rural Alberta communities. With this better understanding, we remain solutions-focused to ensure Albertans living in rural communities have access to high standards of medical care.

Moving forward

As we look to the future, we will continue to strengthen the foundation of CPSA and build strong relationships with our partners in health care across the province. One initiative that will support CPSA into the future is the transition towards a skills-based nomination of new regulated member-elected Councillors. When we identify a gap in expertise or experience, Council will highlight the areas of need and support bringing individuals to the table who possess the identified skills. The expertise brought by each Council member contributes to informed and productive Council discussions. With diverse expertise and experience at the Council table, we will continue to support physicians and physician assistants who provide much-needed care in their communities.

As the 2024 Council Chair, I would like to express my gratitude to all Council members. I appreciate your dedication and willingness to serve on Council—it has been a privilege to work with each of you.

I also wish to thank CPSA's leadership and team for working tirelessly to ensure Council initiatives continue to move forward. Throughout the changing landscape in Alberta, everyone has contributed to ensuring that Albertans receive the best possible medical care.

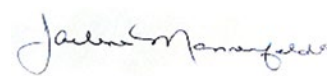
To the regulated members working across the province, I am touched by your dedication to your patients and your communities. Each of you makes a difference every day, in large and small ways. Your efforts are not unnoticed.

The 2024 Annual Report shows the stories behind the statistics. While the numbers presented highlight promising growth in physician numbers and communities served, the stories demonstrate the true impact on Albertans that these numbers represent.

I am pleased to present the 2024 Annual Report, which has been endorsed by Council. It has been an honour to serve as CPSA's 2024 Council Chair.

While I know there's more work to be done, the future is positive for CPSA. Together, we can be there for our communities.

Sincerely,



Dr. Jaelene M. Mannerfeldt
Chair, CPSA Council 2024



Dr. Jaelene Mannerfeldt

A message from the 2024 public members of CPSA Council

As the public members of CPSA Council, we bring diverse perspectives to the Council table. While regulated members of CPSA Council share their medical training and healthcare expertise, we have the privilege of highlighting the patient perspective. We bring expertise and experience from a wide range of backgrounds, including leadership, engineering, teaching, finance and public service. As indicated within the *Health Professions Act*, the representation we provide is a meaningful way for Council to consider the perspectives of Albertans and the scenarios faced within the healthcare system. The diverse backgrounds of our public and regulated members are essential in helping us achieve our shared goal of protecting all patients in Alberta.

With the healthcare system undergoing significant changes and a shortage of primary care providers, we understand that patients often feel overwhelmed and lost when accessing care. Through publishing resources and improving processes, CPSA continues to build support for Albertans, helping them feel confident in the quality of care they receive. This past year, CPSA published two new Advice to Albertans documents to help support patients in understanding their rights and what to expect when entering or ending a physician-patient relationship. Similarly, CPSA continues to look for ways to streamline the registration process for international medical graduates to address the shortage of primary care providers.

Our role as public members of CPSA Council is both a tremendous privilege and an immense responsibility. We are committed to continuing our Truth and Reconciliation journey and working towards ensuring all patients, including all First Nations, Inuit and Métis Peoples across Treaty 6, 7 and 8 Territories, receive health care free from discrimination. We are grateful for the opportunity to represent fellow members of the public, and it is a rewarding experience to collaborate with all Council members to ensure CPSA continues to act in the public interest.

The organization remains on course as it fulfills its mandate, and CPSA's hardworking team is essential to this work. We wish to close this message by thanking each regulated member in Alberta for their continued care for their patients throughout challenging and uncertain times. Each of us brings our own story to the table as we prioritize high-quality patient care in Alberta.

Sincerely,

The 2024 public members of CPSA Council



(L-R): Dr. W.A. Sam Shaw, Laurie Steinbach, Patrick Etokudo

Not pictured: Garnet Clark, Logan Day, Rhonda Laboucan, Hon. Robert Merrifield, P.C., Stacey Strilchuk, Dr. Tyler White, Pan Zhang

A message from the 2024 regulated members of CPSA Council

As the regulator for physicians and physician assistants in Alberta, CPSA's primary focus is on the provision of safe and high-quality care for Albertans. In compliance with the *Health Professions Act*, we on Council are largely responsible for governing CPSA, ensuring the organization meets its obligations to Albertans. We take this commitment very seriously. As regulated members, we apply our unique perspective as medical professionals to provide a balanced view of what we as practitioners and our patients are experiencing.

In recent years, it has become apparent that due to multiple factors, public mistrust towards institutions, especially in health care, is at an all-time high. We are committed as a Council to confronting misinformation and rebuilding trust by prioritizing transparency, accountability and good governance. Our primary goal, as always, is to ensure CPSA continues to operate its programs with the safety of Albertans at the forefront.

Each member of Council has been on an individual journey towards Truth and Reconciliation. We are committed to intentional learning, and 2024 was an impactful year of education and reflection. The personal and group learnings we have undertaken this past year have led to open discussions at the Council table, focusing on improving relationships with First Nations, Inuit and Métis Peoples across Treaty 6, 7 and 8 Territories. Through this work, we hope to demonstrate Council's unwavering commitment to ensuring all patients in Alberta receive care that is free from discrimination and bias.

Even faced with challenges, surprises and uncertainty, our mandate guides us in every decision we make, allowing us to do the right thing and build confidence in CPSA as it continues to serve Albertans. Serving on CPSA Council is an incredible honour and complements our careers as healthcare providers, as we strive to do what's best for patients while growing skills in regulation and leadership. We encourage all regulated members to consider serving on Council at some point throughout their careers.

We would like to express our sincerest gratitude to all our fellow Councillors and the entire CPSA team for the important work they accomplished in 2024. With valuable contributors at the helm providing genuine, engaged and passionate energy, we are confident that CPSA will continue to do the right thing for individuals living in Alberta for the years to come.

Sincerely,

The 2024 regulated members of CPSA Council



(L-R): Dr. Jaelene Mannerfeldt, Dr. Richard Buckley,
Dr. Oluseyi Oladele, Dr. Nicole Cardinal, Dr. Daisy Fung
Not pictured: Dr. Maryana Kravtsenyuk, Dr. Ian Walker



Dr. Scott McLeod

A message from CPSA Registrar & CEO Dr. Scott McLeod

This past year has been a challenging one for many. Across our province, communities continue to grapple with physician access issues, while physicians and physician assistants face increasing demands and workloads. At the same time, our province is undergoing significant changes through the restructuring of health delivery services.

In the face of these challenges, CPSA has worked hard to remain both nimble and steadfast—adapting where needed while holding firm to our core responsibility: ensuring patients receive safe, competent care. Additionally, we remain focused on maintaining collaborative relationships with regulated members, government and other partners in health care. Above all else, CPSA is committed to understanding and contributing to healthcare solutions that prioritize the best interest of Albertans.

While this annual report is made up of numbers and charts that highlight what CPSA accomplished in 2024, I want to emphasize that these statistics are more than simple numbers; they represent true and tangible work that affects real people across our province. You will also find introductions to online articles that showcase the stories behind the statistics, and I encourage you to take time to read them.

With physician access concerns straining our healthcare system, CPSA has worked hard to do our part in finding and implementing solutions. In March 2024, CPSA expanded our sponsorship model, an integral step in the route to licensure for international medical graduates, to welcome individuals, organizations, corporations, municipalities and others to apply to sponsor family physician positions in their desired community. In November 2024, the program was further expanded to include applications to sponsor specialist physician positions. This expanded sponsorship model has increased the number of sponsored positions available and ultimately, increased the number of physicians practising across the province. I look forward to seeing how CPSA will continue to find ways to support the many Albertans in need of a healthcare provider in the years to come.

At its core, CPSA is a learning organization that embraces continuous quality improvement initiatives to ensure our programs grow to meet the ever-evolving needs of Albertans and our regulated members. After transforming our complaints process in 2024, our Professional Conduct team has continued to collect feedback and make improvements to ensure the complaints process is as user-friendly, efficient and accessible as possible.

As you read CPSA's 2024 Annual Report, I hope the tangible statistics and real stories work together to demonstrate CPSA's contributions to Alberta's healthcare system. CPSA has built a strong foundation with a team that believes in the work we do and cares deeply about the best interests of Albertans.

With my retirement on the horizon, it has been bittersweet to reflect on 2024 as my last full year as Registrar & CEO of CPSA. As I pass the baton to my successor in 2025, I am committed to doing everything I can to ensure they are well-prepared to carry on facilitating innovative solutions that will continue to guide high-quality patient care through CPSA's mission, strategic directions and initiatives. I am proud of what our Council and CPSA team accomplished throughout 2024, and I am certain that we will continue to adapt and improve, helping Albertans feel confident in the health care they receive.



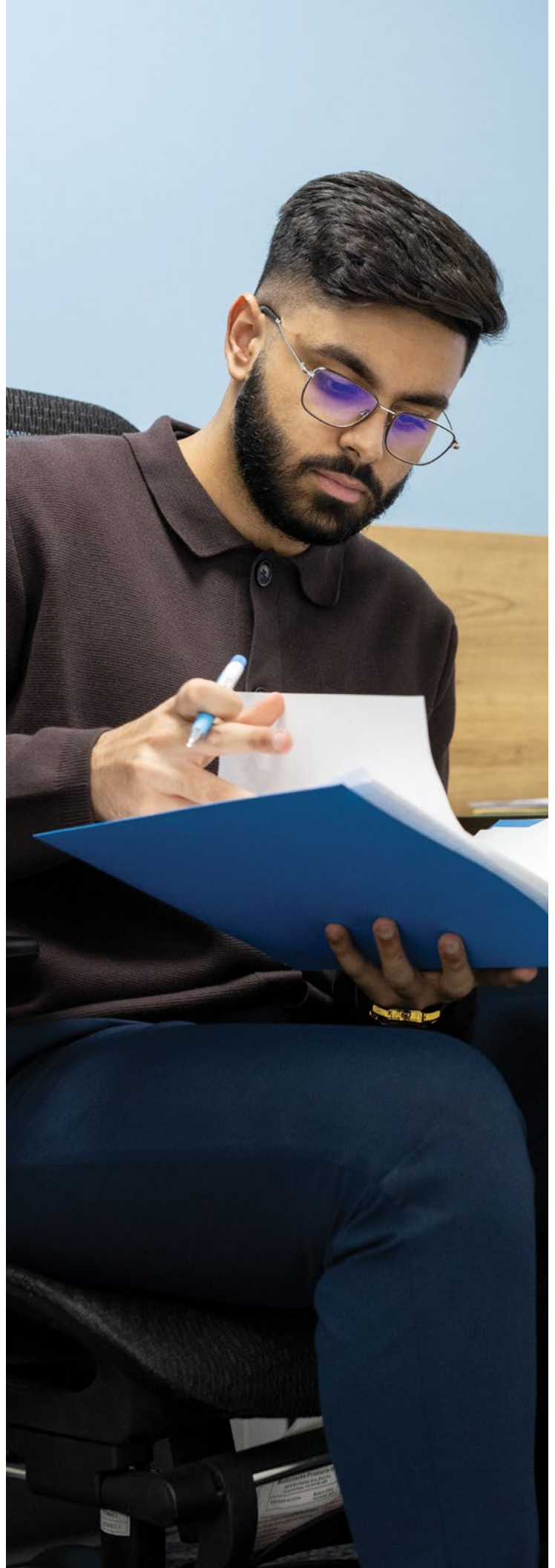
Dr. Scott McLeod



CPSA Glossary

The world of medical regulation is complex and health care seems to have its own language full of abbreviations and complicated terminology. We've focused on making this year's annual report easier for everyone to understand by creating a glossary to clarify, add context and explain the more unfamiliar terms you may come across in our annual report and beyond.

Keep an eye out for glossary terms throughout this report, and access the full glossary on cpsa.ca by scanning this QR code.



CPSA leadership

CPSA Council

Registrar & CEO

Dr. Scott McLeod

Deputy Registrar & Hearings Director

Dr. Dawn Hartfield

Registration

Dr. Michael Caffaro

- Physician licensing
- Continuing professional development
- Registration assessments

Continuing Competence

Dr. Charl Els
(January-June)

Dr. Dawn Hartfield
(July-December)

- Competence assessments
- Infection Prevention & Control
- Health and Practice Conditions Monitoring

Accreditation

Dr. Jeremy Beach

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

Professional Conduct

Dr. Gordon Giddings

- Complaints Director
- Complaints intake, investigation and resolution

Chief Information & Privacy Officer

Jim Kiddoo

- Information management and technology
- Privacy
- Records management

Chief Innovation Officer

Ed Jess

- Analytics, Innovation & Research
- MD Snapshot reports
- Physician Prescribing Practices
- TPP Alberta
- Research & Evaluation Unit

Chief of Staff

Michael Neth

- Policy and Governance
- Government relations
- Communications
- People & Culture
- Legal Services & General Counsel

Chief Financial Officer

Tracy Simons

- Payroll & Benefits
- Accounting
- Corporate Services

Departments & statistics


Registration

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

In 2024, international medical graduates (IMGs) made up nearly 37 per cent of Alberta's physician workforce. All IMGs must obtain sponsorship before they undergo CPSA's Practice Readiness Assessment (PRA) process. In March 2024, CPSA expanded physician sponsorship so that Alberta Health Services (AHS) is no longer the sole sponsor of IMGs undergoing the PRA. Now, individuals, organizations, corporations and others with an interest may apply to sponsor a family medicine or specialist physician position within their desired community. 179 applicants were approved to sponsor a total of 313 family medicine and specialist physician positions in Alberta as of Dec. 31, 2024. These numbers are in addition to positions sponsored by AHS.

CPSA's five-year pilot project, the Accelerated Jurisdiction Route which launched in January 2023, has sped up the PRA process for IMGs whose training is comparable to that obtained in Canadian universities. As of Dec. 31, 2024, a total of 57 physicians have completed the accelerated route and are practising independently in their respective communities.

Registration statistics

	2024	2023	Variance	2022 ¹
Applications	1,052	1,044	8	826
Physician registrations ²				
Graduates from Alberta universities	227	222	5	203
Graduates from other Canadian universities 	168	201	-33	197
Graduates from universities outside Canada	443	300	143	216
Total new registrations	838	723	115	616 ³
Reinstated registrations	203	210	-7	94 ³
TOTAL	1,041	933	108	710

1. 2022 data included for information only; variance is between 2023 and 2024.
2. Includes registrations from applications issued in prior years.
3. Due to changes in our reporting to ensure consistency, numbers from 2022 have changed from what was reported in previous years.



Story behind the statistic



Graduates from universities outside Canada

In 2024, IMGs made up **53%** of new physician registrants.



179
applicants were approved
to sponsor a total of
313
physician positions



A total of
57
physicians have completed
the **Accelerated Jurisdiction
Route** since launching.

General register

The general register includes all physicians and osteopaths who are responsible and accountable for their medical practice, without supervision by another physician or CPSA.

Provisional register (conditional practice)

The provisional register includes physicians and osteopaths who do not meet the criteria for the general register yet, but are working on getting what they need to get onto the general register (paperwork, experience, etc.).



For more definitions, visit cpsa.ca/glossary

General Register Breakdown ¹	2024	2023	Variance	2022
Family Physician	5,002	4,694	308	4,500
General Practitioner	1,001	1,060	-59	1,122
Non-Specialist	11	58	-47	57
Specialist	6,520	6,278	242	6,123
Physician Assistant	56	53	3	46
TOTAL	12,590	12,143	447	11,848

1. Unique individuals actively practising at any point throughout the year.

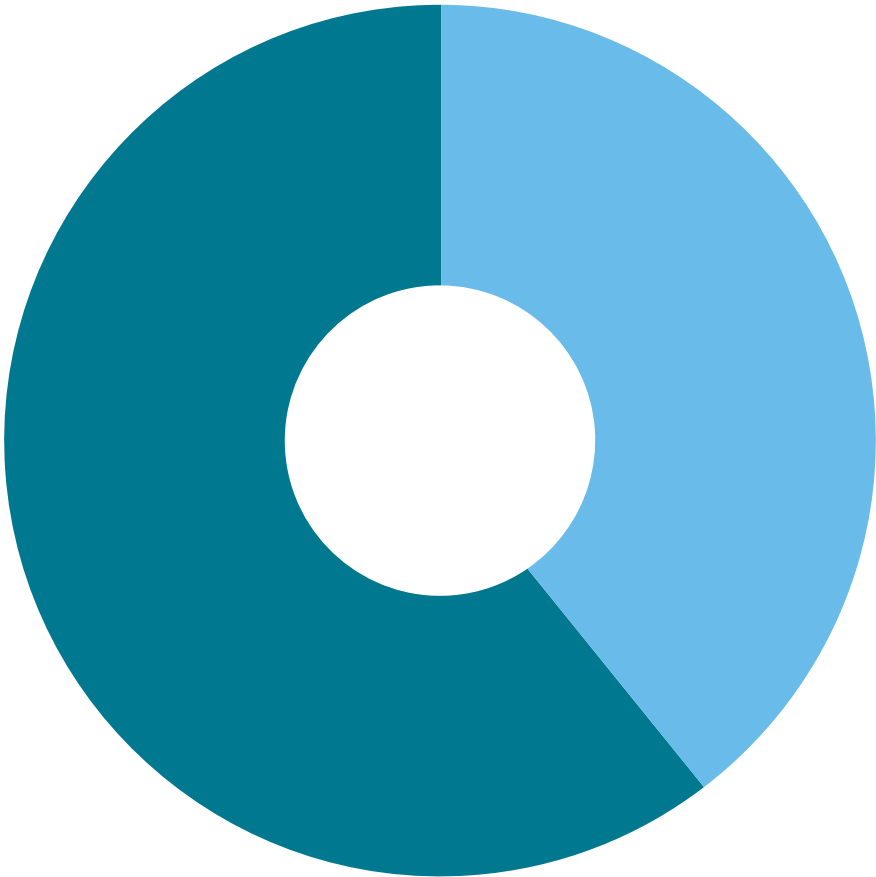
Provisional Register Breakdown ¹	2024	2023	Variance	2022
Family Physician	12	13	-1	15
General Practitioner	311	260	51	254
Non-Specialist	6	54	-48	48
Specialist	213	144	69	156
Physician Assistant	0	1	-1	0
TOTAL	542	472	70	473

1. Unique individuals actively practising at any point throughout the year.

Physician Breakdown
(General Register and Provisional Register combined)

63%
Domestic Medical Graduates

37%
International Medical Graduates

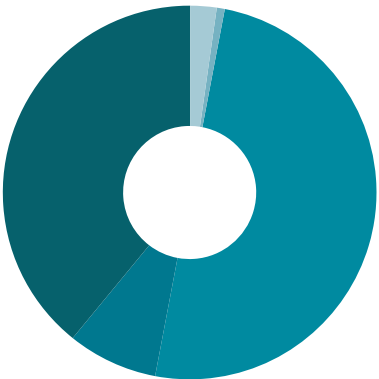


General Register Breakdown

39.2%
Family Physician

7.5%
General Practitioner

0.01%
Non-Specialist

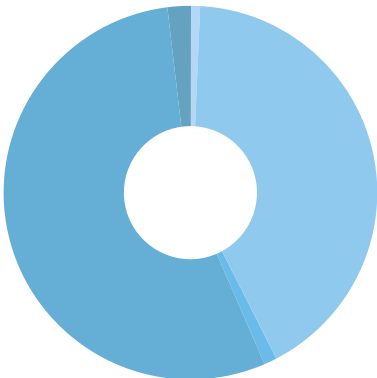



Provisional Register Breakdown

2.3%
Family Physician

57.2%
General Practitioner

0.9%
Non-Specialist



Practice permits denied, appeals, conditions applied and not renewed	2024	2023	2022
Permits denied	6	2	7
Conditions applied	363	276	202
Not renewed (see breakdown)	405	399	435 ¹
Appeals submitted 	0	2	0
Appeals rejected	0	1	0
TOTAL	774	680	644¹

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

Permits denied

When an individual proceeds with a full application and is subsequently denied registration.



For more definitions, visit cpsa.ca/glossary

Story behind the statistic



Appeals submitted

If an applicant's permit is denied, applicants may submit an appeal if they believe the permit denial to be unfair.

Practice permits not renewed, by category	2024		2023		2022	
	Retired	Inactive ¹	Retired	Inactive ¹	Retired	Inactive ¹
General Register						
Family Physician	36	92	40	87	31	83
General Practitioner	38	15	39	14	36	20
Non-Specialist	1	2	1	2	2	0
Specialist	75	132	42	168	94	154
Provisional Register						
Family Physician	0	1	0	0	0	0
General Practitioner	0	3	0	1	0	6
Non-Specialist	0	2	0	1	0	0
Specialist	0	8	0	4	0	9
TOTAL	150	255	122	277	163	272

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

Courtesy Register ¹	2024		2023		2022	
	# of Physicians	Avg. Days ²	# of Physicians	Avg. Days ²	# of Physicians	Avg. Days ²
Clinicians	14	8	8	5	5	10
Instructors	1	4	3	2	2	3
Learners	12	13	11	36	4	19
TOTAL	27	25	22	43	11	32

1. The Courtesy Register is a temporary register for physicians visiting Alberta for a specific, short-term activity, such as a medical instructor, medical learner or clinician.

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

The ripple effect: how one Alberta physician is making waves through CPSA's sponsorship program

Sponsorship is a key step towards bringing international medical graduates (IMGs) into the province. Physicians who are eligible to undergo a Practice Readiness Assessment (PRA) are required to secure a sponsored position before they can register with CPSA. CPSA had the opportunity to sit down with Dr. Abdul Tabani, a physician who sponsors and supports IMGs on their journey to independent practice.

Scan the QR code to learn more about what led Dr. Tabani to become a physician sponsor and what he sees as the impacts of sponsorship for IMGs entering independent practice in Alberta.



Story behind the statistic



Practice Readiness Assessment (PRA-AB)

CPSA leads the country in Practice Readiness Assessments (PRAs). In 2024, we initiated 174 PRAs in support of safe, community-based health care. This is a **29% increase** from 2023.

To learn more about the impacts of the PRA process, please go to page 17.





Summative assessments

When a physician or physician assistant has been on the Provisional Register for six years, they need to do a pass/fail test of their medical knowledge and related skills to show that they can be moved to the General Register.

Registration assessments

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

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

Practice Readiness Assessment (PRA-AB) 	2024	2023	2022
Initiated	174	135	106
Supervised practice assessment only	66	37	14
Preliminary clinical assessment plus supervised practice assessment	108	98	92
Completed			
Passed	144	109	99
Failed	0	1	5
Withdrawn	1	1	0
On hold	8	1	1
In progress at Dec. 31	61	36	21
Pass rate	100%	99%	94.05%
Return to practice			
Initiated	0	5	0
Completed	1	4	0
In progress at Dec. 31	0	1	0
Change in scope			
Initiated	7	8	6
Approved for full change	7	4	5
In progress at Dec. 31	1	1	1
Summative assessments 			
Completed ¹	16	13	10
Approved for General Register ²	19	7	13
Failed	0	0	0
Pending decision at Dec. 31	2	6	0

1. Candidate performed Assessment as expected.

2. Candidate was successful and approved for General Register.

Continuing Competence

Part of CPSA's responsibility as the medical regulator in Alberta is to ensure physicians and physician assistants have the expertise required to provide high-quality health care. Medicine is an ever-evolving profession and physicians must commit to life-long learning to ensure they maintain their competence and enhance their skills and knowledge for the benefit of their patients.

CPSA's Continuing Competence team works with physicians throughout their careers, supporting ongoing growth and development while also identifying those who may benefit from additional education or support. Through a number of quality assurance and quality improvement programs and tools, Continuing Competence's goal is to encourage self-reflection and a commitment to ongoing improvement so patients in Alberta can trust they are receiving the best care possible.

In 2024, we continued to refine the processes of our new Health & Practice Conditions Monitoring (HPCM) program (formerly the Physician Health Monitoring Program, or PHMP), completing the transition of assessments and monitoring to independent third-party providers. We also continued to support physicians in meeting the requirements of the Physician Practice Improvement Program (PPIP) by updating available information on CPSA's website and aligning PPIP's five-year cycle with a physician's five-year continuing professional development cycle.

Quality Improvement (QI)


The structured approach to systematically improving an organization's processes to enhance its products, services or outcomes. QI involves goal setting, measurement and testing to ensure that changes lead to tangible improvements, not just alterations.

Quality Assurance (QA)

The systematic process of establishing and maintaining standards and guidelines and ensuring those held to the standards and guidelines are meeting them consistently.

Physician Assessment & Feedback (PAF)

One of CPSA's continuing competence programs, PAF, is a proactive approach to quality assurance that provides selected regulated members with an assessment of their practice. Regulated members participate in a structured review with a CPSA-trained physician assessor.

 For more definitions, visit cpsa.ca/glossary

Continuing Competence statistics

Participation in CPSA's Continuing Competence programs is tracked according to the year a physician was initiated into their respective program, meaning the number of cancelled, closed and in-progress files may change year-over-year.

Physician Assessment & Feedback (PAF)

Research on physician risk factors and scores are used to identify and select participants for PAF, through which a practice visit proactively identifies improvement opportunities.

	2024	2023	2022
Initiated	59	182	150 ¹
Cancelled ²	5	13	20
Closed	25	125	99
Closed—referred to Individual Practice Review (IPR)	19	28	31
Closed—referred to Professional Conduct	0	2	0
In progress at Dec. 31	10	76	0

1. A different figure was reported in the 2022 Annual Report due to a tracking error.
2. A PAF file is cancelled when a physician's registration becomes inactive (due to retirement, extended leave, withdrawal from practice, etc.).

Accelerated Registration Competency Assessment

International medical graduates (IMGs) who enter practice in Alberta through the new Accelerated Jurisdiction Route (introduced in 2023) must agree to undergo a two-part assessment with Continuing Competence after completing any required registration assessments and entering practice. After both competence assessments are complete, recommendations on next steps are provided to CPSA's Registration team. Recommendations may include transferring these IMGs to the General Register after three years of successful practice on the Provisional Register or referring them for additional competence work and assessments which may lead them to the standard provisional registration pathway.



Story behind the statistic



Physician Practice Improvement Program (PPIP)

Since PPIP launched in 2021, **77%** of regulated members have self-reported completion of their three required PPIP activities.

	2024		2023	
Agreements signed	79		40	
	First assessment	Second assessment	First assessment	Second assessment
Initiated	8	0	26	0
Closed	1	0	7	0
In progress at Dec. 31	7	0	19	0

Individual Practice Review (IPR)

If a physician needs targeted support and education to improve specific areas of their practice, they may be referred for an IPR for more hands-on, customized learning.

	2024	2023	2022
Physician referrals received	33	40	27
Files closed	10	28	26
Referred to Professional Conduct ¹	0	0	0
In progress at Dec. 31	23	12	1

1. When an IPR is unable to help a physician meet minimum standards of practice, the file is referred to Professional Conduct.

Sources of referral to IPR

	2024
Professional Conduct	1
Physician Prescribing Practices	2
Physician Assessment & Feedback (PAF)	27
Self-referral	0
Hearing Tribunal	2
Registration	1

Physician Practice Improvement Program (PPIP)

PPIP supports physicians in life-long learning with completion of one personal development and two quality improvement activities required on a continuous five-year cycle. Physicians can create their own improvement projects or participate in existing programs and are asked to self-report their progress each year when they renew their practice permit.

Members who self-reported participation in a PPIP activity

	2024	2023	2022
Number of physician responses	12,114	11,434	10,759
Practice-driven quality improvement	55%	57%	56%
CPSA <i>Standards of Practice</i> quality improvement	48%	46%	43%
Personal development	58%	72%	69%

Group Practice Review (GPR) and MCC 360

GPR (CPSA's group medical practice assessment) and MCC 360 (the Medical Council of Canada's multi-source feedback program) both meet PPIP activity requirements.

GPR

	2024	2023	2022
Group practices initiated	73	58	65
Number of participating physicians	238	251	265
Closed ¹	47	56	54
Cancelled ²	4	1	9
In progress at Dec. 31	22	1	2

1. Assessment and facilitation completed.

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

MCC 360

	2024	2023	2022
Initiated	504	499	515
Files closed	171	404	400
Cancelled ¹	119	83	115
In progress at Dec. 31	214	12	0

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

Health & Practice Conditions Monitoring (HPCM)

When a physician has a health condition that could impact their provision of patient care, CPSA's HPCM team works with third-party service providers to ensure physicians can continue to practise safely while managing their health. When required, these independent assessments and recommendations guide HPCM's monitoring of a physician's compliance with their practice conditions. Physicians are not asked to share their personal medical or health details with CPSA.

Health monitoring

	2024	2023	2022
Files opened	153	88	148
Files closed ¹	194	243	135
In progress at Dec. 31	93	0	0

1. A physician's HPCM file is closed when an independent medical examination confirms they are fit to practise and no longer require monitoring.

Practice conditions monitoring

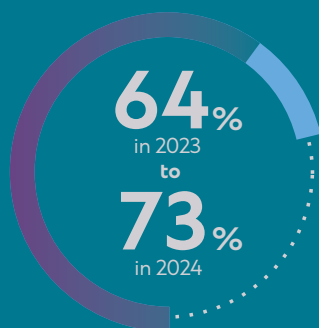
	2024		2023		2022	
	Physicians	Conditions ¹	Physicians	Conditions	Physicians	Conditions
Opened	91	119	89	117	45	64
Closed	6	15	44	70	32	43
In progress at Dec. 31	85	104	45	47	13	21

1. A physician can have more than one condition on their practice.





Medical device reprocessing
assessment rates of
satisfaction improved from



Under the *Health Professions Act*, CPSA can place conditions on a physician's practice permit as a protective measure to ensure patients are receiving safe care. Conditions can arise from physician involvement with several CPSA departments—such as Continuing Competence, Registration and Professional Conduct—and monitoring is performed by HPCM using a number of verification methods to confirm physicians comply with their conditions. Examples of practice conditions include:

- A requirement to have a chaperone present for patient encounters
- Scope-of-practice conditions (e.g. family medicine only)
- Prescribing restrictions
- Number of hours a physician is permitted to work
- Patient types (e.g. patients over age 18 only)
- Practice configuration restrictions (e.g. can only work in a group setting)

Chaperone monitoring

HPCM's Chaperone Audit Program assesses adherence to chaperone practice conditions. This includes documentation monitoring and site visits with chaperones to provide education and support. A chaperone can be a medical office assistant, licensed practical nurse, clinic assistant or other healthcare professional.

	2024
Total active physicians with chaperone practice conditions	19
Total chaperone conditions	40
Clinics visited ¹	21

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

Infection Prevention & Control (IPAC)

CPSA's Infection Prevention & Control (IPAC) team is responsible for overseeing infection prevention and control measures and medical device reprocessing (MDR) in Alberta's medical clinics. We develop requirements, guidance and resources to help protect patients and clinic staff from infection.

In 2024, IPAC continued to support Alberta's community-based medical clinics in providing safe and high-quality patient care. Over the past year, we completed several projects aimed at improving the medical device reprocessing (MDR) assessment process for clinics, CPSA team members and contracted assessors. These initiatives included refining communication workflows, updating the assessment platform and developing new resources, templates and guidance for medical clinics.

To ensure these projects effectively addressed clinic needs, we engaged clinics through a post-assessment survey which covered key criteria, including communication clarity, resource accessibility and the overall assessment experience. The results showed a significant improvement in satisfaction with the MDR assessment process with the rates of satisfaction improving from 64% in 2023 to 73% in 2024.

The integration of CPSA's Medical Clinic Registry with our IPAC program has ensured that medical clinics are not only meeting high standards of care but are also receiving ongoing support to maintain effective infection prevention and control practices. This helps protect patient health and increases confidence in the services provided at medical clinics.

Demystifying physician competency

CPSA has a legislated mandate to ensure competence within Alberta's medical profession. As part of that responsibility, our Continuing Competence team works with physicians throughout their careers to ensure their skills and knowledge meet minimum standards and support their ongoing improvement as medicine and medical practice changes and evolves.

Scan the QR code to find out more about CPSA's commitment to quality assurance and quality improvement in physician practice.



Infection Prevention & Control (IPAC) statistics

Medical clinic assessments	2024	2023	2022
Medical device reprocessing (MDR) ¹	236	118	32
General IPAC	2	0	2
Follow-up assessments	16	18	0
Public concerns ²	9	7	7
By request from Professional Conduct ³	0	0	1
TOTAL	263	143	42
Reportable breaches ⁴	0	4	0

1. All clinics assessed achieved full compliance of requirements at end-of-assessment process.
2. Includes joint assessments conducted alongside Alberta Health Services Public Health Inspectors.
3. IPAC Program Manager may be named an investigator under part 4 of the *Health Professions Act*.
4. Encompasses all notifications of concern to Medical Officer of Health regardless of source of identification.

	2024	2023
Clinic deficiency percentage on initial assessment visit 	7.69%	45.3%

Clinic Registration	2024	2023	2022	Total
Number of clinics registered with CPSA	456	563	114	1,133

Analytics, Innovation & Research (AIR)

CPSA is the only medical regulator in Canada with a devoted in-house Analytics, Innovation & Research (AIR) team. The regulatory research supported by CPSA's AIR department strengthens physician competency and impacts medical regulation across Canada and internationally.

The AIR department includes:

- Physician Prescribing Practices (PPP) program
- Tracked Prescription Program (TPP Alberta)
- Research & Evaluation Unit (REVU)

AIR team members from PPP, TPP Alberta and REVU work closely together on many initiatives, including developing and gathering research and knowledge translation of our important work.

Physician Prescribing Practices (PPP) program

PPP works with physicians to collaboratively address complex patient situations and develop resources to support better prescribing practices.

In 2024, members of the PPP team joined the Canadian Institutes of Health Research (CIHR)-funded study 'Canadian antibiotic prescribing feedback initiative: Building a national framework to combat antimicrobial resistance in primary care' (CANBuild-AMR) to improve antibiotic prescribing feedback offered to primary care providers. Additionally, we participated in forming an Alberta working group with partners from across the country to incorporate evidence-based refinements into the antibiotic page of CPSA's MD Snapshot-Prescribing report.

We also began a review to summarize how artificial intelligence (AI) technologies are used in health regulatory organizations and how AI-related advice is shared with healthcare providers. The insights from this study will support the development of additional Advice to the Profession resources on the use of AI tools and open the door for opportunities to integrate AI tools within CPSA where appropriate.



Story behind the statistic



Clinic deficiency percentage on initial assessment visit

In 2024, the number of deficiencies at assessed medical clinics **decreased** by **37.6%** from 2023. IPAC prioritized the development of thorough guidance and resources designed to support improvements and implementation of requirements.

Tracked Prescription Program (TPP) Alberta

TPP Alberta is a partnership between several Alberta healthcare organizations and is administered by CPSA. We monitor the use of prescription drugs prone to misuse and use data to educate and improve patient care.

In 2024, TPP Alberta launched the interactive TPP Atlas. This online resource contains five-year provincial prescribing trends across the province for antibiotics, benzodiazepines and z-drugs, and opioids. TPP Atlas trends include prescribing data by region, patient and prescriber, with functionality to examine and measure subsets.

We also implemented a routine quality assurance method to assess the accuracy of manually entered TPP information and identify patterns. 

Research & Evaluation Unit (REU)

REU conducts health and regulatory-focused research with external partners and supports all CPSA departments by addressing salient research questions and evaluating program effectiveness. In 2024, we focused on enhancing our strategic collaborations with provincial, national and international partners. This included presenting our original research at conferences in Australia, the USA and Canada.

We collaborated with other health regulators, including the Alberta College of Optometrists and the Colleges of Physicians & Surgeons of Manitoba and New Brunswick, organizations such as the Medical Council of Canada (MCC) and independent researchers to improve the understanding of physician performance and the application of evidence-based medical regulation. This research team published a peer-reviewed study in December 2024 in the *Journal of Medical Regulation*.

Throughout the year, we provided interdepartmental support to several CPSA departments and presented key initiatives to CPSA Council, including the design and deployment of CPSA's key performance indicator dashboard and an analysis of the performance of family physicians.

REU was recognized by the International Society for the Advancement of Continuing Competence (ISACC) with the 2024 David Swankin Continuing Competence Award, which acknowledges CPSA's research and successful implementation of physician competency-based programming, as well as the establishment of REU.

Analytics, Innovation & Research (AIR) statistics

Physician Prescribing Practices (PPP)

High-risk patient identification interventions

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

Number of cases meeting respective criteria in 2024: 438

Physicians contacted through a letter with notification or advice: 0

Physicians engaged through direct communication with a CPSA Senior Medical Advisor for ongoing education/support: 3



Story behind the statistic



Routine quality assurance method outcomes

Assessment of the 2024 scripts of manually entered TPP information indicated an accuracy rate of **97.5%**!



As of Dec. 31, 2024,

324

total physicians have
approval to **prescribe**
OAT in Alberta.

3-plus benzodiazepines & 3-plus opioids

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

Number of cases meeting respective criteria in 2024: 116

Physicians contacted through a letter with notification or advice: 3

Physicians engaged through direct communication with a CPSA Senior Medical Advisor for ongoing education/support: 17

3-plus benzodiazepines

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

Number of cases meeting respective criteria in 2024: 6,260

Physicians contacted through a letter with notification or advice: 45

Physicians engaged through direct communication with a CPSA Senior Medical Advisor for ongoing education/support: 29

Graduated Assessment of Prescribing Practice (GAPP) Program

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

	2024	2023	2022
Opened	2	1	3
Closed ¹	3	1	0
In progress at Dec. 31	0	2	0

1. Closed cases may have been initiated in a previous year.

Opioid Agonist Treatment (OAT) prescribing approvals

Under our *Safe Prescribing for Opioid Use Disorder* standard of practice, physicians must successfully complete required training to apply for approval to initiate OAT for patients with opioid use disorder (OUD). As of Dec. 31, 2024, 324 total physicians have approval to prescribe OAT in Alberta.

	2024	2023	2022
Initiation ¹	23	9	86

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

MD Snapshot-Prescribing

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

Physicians who prescribed an antibiotic, opioid and/or a sedative (Benzodiazepines or Z-drugs) in the preceding quarter

	2024	2023
Q1	10,845	10,665
Q2	10,849	10,516
Q3	11,283	10,906
Q4	11,353	10,897

Research

The AIR team leads comprehensive studies to support quality medical practice and to improve physician prescribing practices with evidence-based research and evaluation.

Check out AIR’s full list of 2024 collaborative studies and publications by scanning the QR code.



Presentation of research findings

The REVU team presented our studies and research findings at national and international conferences and conventions throughout the year. In 2024, we had the opportunity to present at conferences in Melbourne, Australia, as well as in Nashville and Baltimore, USA, and virtually. Our presentation topics included how to utilize machine learning to optimize care, identifying the predictors of high-performing family physician clinics, examining physician prescribing trends of antibiotics, and evaluating the performance of internationally trained family physicians and Canadian graduates in Alberta.

Professional Conduct

CPSA is committed to protecting the public by ensuring physicians and physician assistants provide the highest quality of care for all Albertans.

Anyone has the right to file a complaint about a physician or physician assistant registered in Alberta—mistakes can happen, but when patient care and safety are impacted, we need to know. Most regulated members will receive a complaint at some point in their careers, and while this can certainly be concerning, we look at complaints as a learning opportunity and, when appropriate, will work with regulated members to resolve issues so their practice can be improved going forward. Very few complaints progress to a formal disciplinary hearing, and those that do are typically serious cases of unprofessional conduct where patient safety has been compromised.

After an extensive planning and testing process, the Professional Conduct team moved complaint submissions online in early 2024, with the launch of the Complaints Centre. The Complaints Centre allows users to submit complaints using a web-based form and the information provided is then automatically triaged into CPSA’s system. This reduces barriers and streamlines the complaints process while allowing our team to action complaints more efficiently. Since its launch, the team has continued to improve the Complaints Centre based on feedback from Albertans and CPSA’s team.

Complaints statistics

The redesign of the complaints process, along with increased staffing and the use of external investigators, resulted in the closure of significantly more complaints in 2023 and 2024 than in previous years.





Complaints received	2024	2023	Variance (%)	2022 ¹
Open complaints as of Jan. 1	835	657	27.1	651
New complaint files created	1,543	867	77.9	725
Complaint files closed by Dec. 31	1,062	959	10.7	727
Complaint files in progress as of Dec. 31	728	554	31.4	649
Total physicians receiving a complaint ²	1,237	644	92.1	647

1. 2022 data included for information only, variance is between 2023 and 2024.

2. It is possible for individual physicians to receive multiple complaints.

Types of complaints received (%)¹

	2024	2023	2022
Quality of care Includes diagnosis (incorrect or delayed) and treatment (prescribing, procedural, counselling, referrals, consultations).	38.7	36.8	36
Practice management Includes physician availability and office management, including finance and communication.	34	32.1	34
Medical reporting Includes release of records, report completion and accuracy.	9	12	8
Ethics Includes confidentiality, informed consent, advertising/self-promotion, research-related and boundary violations (including sexual, financial and others).	15.8	15.3	16
Third party Independent medical examinations (Workers' Compensation Board, non-Workers' Compensation Board, all others).	1.1	1.6	1.3
Systemic Includes access to human resources and technology, continuity of care and interdisciplinary issues.	0.7	1.6	0.5
Unclassified² All others.	0.7	0.6	4.2

1. A single complaint may include multiple types.

2. The COVID-19 category from past reports has been added to the Unclassified category.

Sources of complaints received (%)

	2024	2023	2022
Patient (or legal guardian)	73.9	70.6	61
Family member of patient	8.9	18.4	21.7
Complaints Director ¹	3.5	3.2	4.3
Third party ²	6.3	6.1	11
Lawyer	0.1	0	0.3
Other physician	7.3	1.7	1.7

1. CPSA's Complaints Director may open a complaint if there are reasonable grounds to believe a member has acted unprofessionally, even if no written complaint has been received (i.e., member is convicted of a criminal offence).

2. Third party may refer to Alberta Health Services, a government agency, the Workers' Compensation Board, other healthcare providers, pharmacist, employer, friend, etc.

Dismissals

A complaint is dismissed when there is insufficient evidence of unprofessional conduct, or the complaint is found to be frivolous or vexatious in nature. Complaints can also be dismissed after other processes (such as investigation, expert review or failed resolution) have taken place.

	2024	2023	2022
Total number of files resolved by outright dismiss	471	550	424
Total number of files dismissed after other processes ¹	220	598	727

1. Other processes include investigation, expert review or failed resolution.

Resolutions

There are several ways a complaint can be resolved. Early consensual resolution is an informal process for straightforward complaints, in which our team works with the regulated member and the complainant to resolve the matter to the satisfaction of both parties. If an investigation takes place, depending on the findings, the complaint can be resolved with the complainant’s consent, once the physician agrees to certain requirements (this could include specific education, practice improvements, etc.). Complaints can also be resolved after an expert in the same specialty as the subject of the complaint is consulted and provides their opinion on whether the care provided aligns with our standards.

	2024	2023	2022
Early consensual resolution			
Total number of files resolved	107	118	89
Resolution after investigation			
Total number of files closed	21	24	17
Resolution after expert review			
Total number of files closed	36	37	N/A ¹

1. New resolution program implemented in 2023.

Resolution after investigation

A process used for more complex complaints that requires the collection of additional facts before a decision on next steps can be made by the Complaints Director. After the investigation gathers the information needed on what led to the complaint, the appropriate requirements can be included in the resolution.

Resolution after expert review

An expert, usually with similar training and experience as the subject of the complaint, is consulted to determine whether the care provided aligns with the expected standard of care. Resolution is based on the expert’s findings and often includes education or other training.

 For more definitions, visit cpsa.ca/glossary



Investigations

An investigation gathers information on the issues that led to the complaint to determine a decision on next steps. Investigative resources are limited and reserved for complex matters or issues related to public safety.

	2024	2023	2022
Total number of investigations completed	195	130	97

Hearing/legal referrals

If we are considering referring a complaint to a disciplinary hearing, the complaint is assessed by our hearing/legal referral team to determine if the matter will be referred to the Hearings Director's Office or resolved in another way. Only one-to-two per cent of the complaints we receive proceed to a hearing. Improvements in our overall processes have resulted in the most serious files being managed promptly and proceeding to a hearing.

	2024	2023	2022
Complaints referred to a hearing (notice of hearing submitted)	20	29	23

Complaint or hearing assessments

A complaint resolution or hearing decision may include referrals for assessments or remediation with CPSA's Continuing Competence department or other external fitness-to-practise assessments.

Assessments required by Professional Conduct	2024	2023	2022
Initiated	8	8	17
Completed	3	6	5
In progress at Dec. 31 ¹	5	3	12

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

Under section 118 of the *Health Professions Act*, CPSA's Complaints Director can require a physician to undergo a fitness-to-practise assessment if there is reason to believe the physician is incapacitated.

Physicians assessed under section 118	2024	2023	2022
Files opened	1	0	0
Assessments completed	0	0	0

Boundary complaints

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

Complainants who need support dealing with the impact of sexual abuse or misconduct by a regulated member can access funding for counselling and therapy services through CPSA's Patient Relations Program.

Sexual abuse & misconduct¹

	Sexual abuse			Sexual misconduct			Both		
	2024	2023	2022	2024	2023	2022	2024	2023	2022
Complaints opened	3	2	6	12	4	4	0	0	1
Hearings	0	1	1	0	2	0	0	1	1
Findings of unprofessional conduct ²	0	1	1	0	2	0	0	1	1
Physician permit cancellations ²	3	1	0	0	0	0	0	0	0
Physician permit suspensions ²	1	0	2	14	1	3	0	0	1
Patients who accessed funds ³	5	5	5	6	5	7	3	1	2

1. Some cases may have occurred before April 2019 legislation and were handled under previous regulations of the *Health Professions Act*.
2. Includes data from complaints opened in previous years.
3. Patients may have been granted access to funds in current year, or in previous years but continue to access funds in the current year.

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

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

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

Hearings Director’s Office

CPSA’s Hearings Director’s Office (HDO) steps in when a complaint progresses to a hearing, a complainant requests a review of a dismissed complaint or when there is an appeal of a hearing tribunal, registration, accreditation or capacity assessment (Section 118) decisions.

The HDO also oversees the Complaint Review Committee (CRC) and Hearing Tribunal membership list by recruiting physician members to serve. The HDO team organizes all the logistics behind hearing proceedings, including scheduling times for hearings, reviews and appeals that work for all involved parties, and circulating needed materials and documents to all participants. When hearings take place virtually, we facilitate the online session to ensure they run smoothly and efficiently.

Hearing Tribunal and appeal decisions must be delivered in writing and the HDO organizes the distribution of these decisions, working with the Privacy team on redactions if needed and with the Communications team on publication of decisions as appropriate, to ensure CPSA is transparent with the public.

The HDO also organizes training and educational opportunities for committee members. Throughout 2024, we scheduled several training sessions for committee members on important topics like unconscious bias and decision writing. We also continued to refine processes to ensure efficiency and timeliness across the CRC process.



Hearings Director's Office statistics

Requests to review a dismissed complaint

	2024	2023	2022
By complainant to Complaint Review Committee (CRC)	97	118	53

CRC decisions received¹

	2024	2023	2022
CRC decision to dismiss complaint upheld	123	67	33
CRC requests for investigation	16	4	3
Withdrawn by complainant	2	0	2
Referred directly to a hearing	0	0	3
TOTAL	141	71	41

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

Complaint Review Committee (CRC)

A CRC panel is a decision-making body made up of physicians and members of the public. The role of the CRC is to assess requests for review of dismissed complaints by independently reviewing the complaint submission and any information available to the Complaints Director when they made their decision, to determine whether the decision to dismiss the complaint was reasonable.



For more definitions, visit cpsa.ca/glossary

Hearing statistics

	2024	2023	2022
Number of Hearing Tribunals convened	22	17	25
Ongoing matters carried over to next calendar year	6	2	6
Hearing decisions received (merits and/or sanctions) ¹	20	15	24
Percentage of hearing decisions with some or all allegations proven	100%	100%	94%
Hearings closed to the public (fully or partially) ²	2	4	2

1. Depending on circumstances, decisions on merits and sanctions can be delivered as one written decision, or separately.

2. At the discretion of the Hearing Tribunal, hearings can be closed to the public, either completely or partially (e.g. only during specific witness testimony), to protect the privacy of a vulnerable patient, and/or the personal health and/or financial information of one of the parties.

Hearing Tribunal decisions

Hearing Tribunal decisions are delivered in writing. The merits decision outlines whether a physician is guilty of unprofessional conduct. If there is a finding of unprofessional conduct, the sanction decision outlines the penalties levied against the physician by the Hearing Tribunal. These can be delivered as one written decision or two separate written decisions, depending on the circumstances of the case.

Hearing outcomes¹

	2024	2023	2022
Cancellation of practice permit	4	1	4
Charges dismissed	0	0	1
Competence assessment required	1	3	5
Conditions on practice permit	2	3	6
Monetary fine	4	1	1
Health assessment required	2	1	3
Recovery of costs (all or partial)	18 ²	8	18
Remedial education	9	4	6
Reprimand	7	4	7
Suspension of practice permit	9	3	8

1. Sanction decisions can have more than one outcome.

2. Three physicians were ordered to make repayment to third parties.

Appeals and requests for review to Council

Hearing Tribunal decisions	2024	2023	2022
Appeal dismissed	1	2	1
Decision pending	1	0	0
Accreditation decisions	2024	2023	2022
Appeal dismissed	0	2	0
Registration decisions	2024	2023	2022
Review dismissed	0	1	0
Referred back to the Registrar	0	1	0



As of Dec. 31, 2024, there are

912

CPSA-accredited
facilities in Alberta.



Accreditation

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

Our team works with a number of committees and experts to develop and apply accreditation standards that help facilities create cultures of continuous quality improvement and learning to uphold high standards of service as well as patient and staff safety. In support of this, CPSA is an institutional member of the International Society for Quality in Healthcare (ISQua), a global organization dedicated to promoting quality improvement in health care and providing guidance for the development of robust health and social care standards. Our accreditation standards meet internationally recognized benchmarks as demonstrated by independent review and external validation through ISQua. Currently, CPSA's diagnostic laboratory, diagnostic imaging, pulmonary function diagnostic and sleep medicine diagnostic standards are accredited by ISQua's External Evaluation Association.

Medical facilities that provide a prescribed health service, as defined under CPSA's Bylaws, must undergo an accreditation assessment when they first open or anytime they renovate, move or add a new service. We re-evaluate accredited facilities on a four-year assessment cycle (or sooner if a complaint or concern is raised). New or innovative services offered in clinical settings, such as non-hospital surgical facilities and certain types of psychedelic therapy, are included in the accreditation process.

In 2023, we launched new psychedelic-assisted psychotherapy (PAPT) accreditation standards. Throughout 2024, CPSA collaborated with the Government of Alberta's Ministry of Mental Health and Addiction to facilitate synergy between the licensing for service providers under the legislation and accreditation requirements for individual facilities. This organizational collaboration streamlines regulatory processes for new and existing PAPT facilities.

In addition to developing accreditation standards and assessing facilities, CPSA registers x-ray, certain types of laser and mammography equipment. We ensure designated diagnostic equipment in Alberta is appropriately tested and meets legislated requirements. We register and re-certify equipment, keep a database of registered equipment and follow up on equipment safety concerns when necessary.

Facilities we accredit include:

- Cardiac Stress Testing facilities
- Diagnostic Imaging centres
- Diagnostic Laboratory Medicine facilities
- Hyperbaric Oxygen Therapy centres
- Neurodiagnostic laboratories
- Non-Hospital Surgical facilities
- Psychedelic-Assisted Psychotherapy clinics
- Pulmonary Function Diagnostic facilities
- Sleep Medicine Diagnostic facilities

Accreditation statistics

As of Dec. 31, 2024, there are 912 CPSA-accredited facilities in Alberta.

Facility type	Accreditation renewed ¹			New accreditation		
	2024	2023	2022	2024	2023	2022
Diagnostic Imaging	78	105	27	49 ²	11 ²	25 ²
Diagnostic Laboratory Medicine	34	37	26	2 ²	6 ²	2
Non-Hospital Surgical ³	18	13	7	7 ²	10 ²	0
Pulmonary Function Diagnostics	13	23	28	17 ²	21 ²	3 ²
Neurodiagnostics	12	11	14	2 ²	2 ²	3
Cardiac Stress Testing	5	1	2	1 ²	3 ²	2
Sleep Medicine Diagnostics	15	18	5	21 ²	9 ²	3 ²
Psychedelic-Assisted Psychotherapy	0	0	N/A	3	1 ²	N/A
TOTAL	175	208	109	102	63	38

1. Accreditations are renewed on a four-year cycle.
2. Includes previously accredited facilities that added new modalities or procedure categories.
3. Includes Hyperbaric Oxygen Therapy facilities.

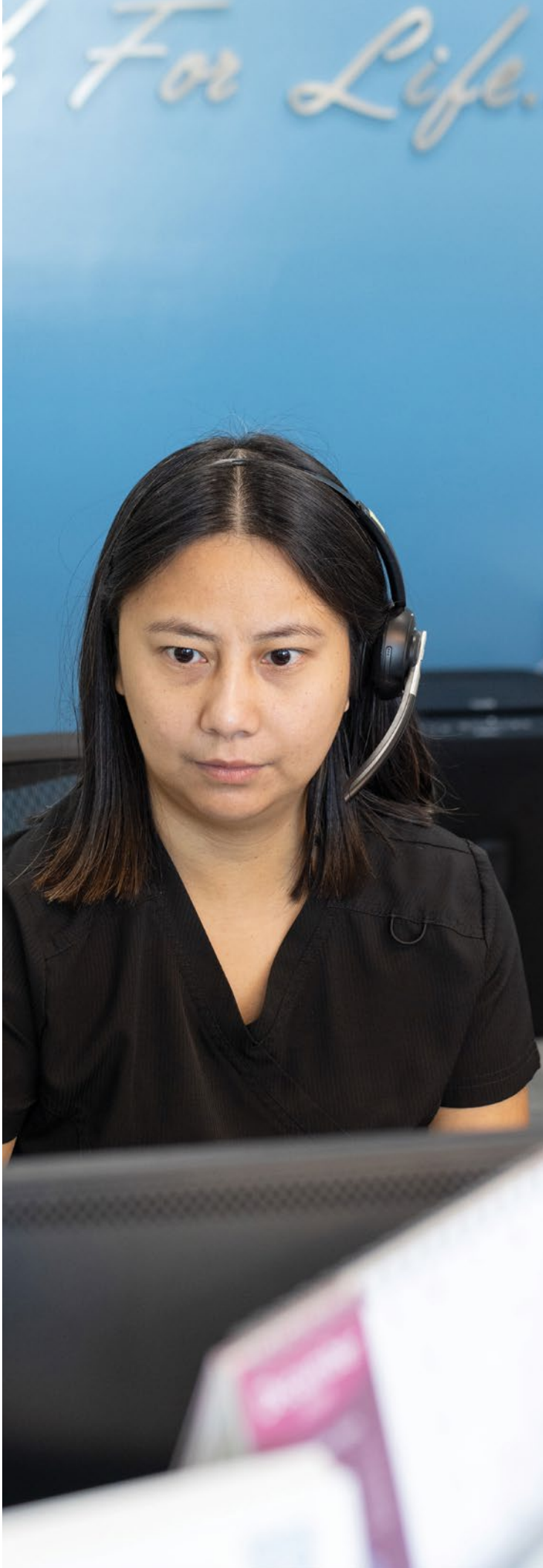
Other statistics



Story behind the statistic

Site visits

Contracted and staff assessors inspect facilities undergoing CPSA Accreditation to ensure CPSA Accreditation standards are met using a structured approach to support processes.



Going digital: Launch of the online Complaints Centre

CPSA holds the important responsibility of ensuring that physicians in Alberta adhere to the highest ethical and professional standards so patients can be confident that they are receiving safe, quality care. In rare cases, when a physician fails to meet the expected standards, we need to be aware so that appropriate steps can be taken. This is why an accessible and transparent complaints process is so important.

In 2024, CPSA's Professional Conduct team launched the Complaints Centre, an online version of our complaints form.

Scan the QR code to find out how this has impacted complaints to CPSA, and learn more about our complaints process.



Operational departments

At CPSA, our people are the driving force behind what we accomplish as an organization and instrumental to keeping patients in Alberta safe. While our regulatory work is at the forefront of what we do, CPSA has several operational departments that internally support our regulatory departments while working in their own meaningful ways towards our mission, vision and strategic directions.

Communications

Our team of communications professionals works strategically with all departments to deliver clear, effective and timely messages using the right channels. Communications manages CPSA's online presence through our website, social media and monthly digital newsletter, *The Messenger*. This dynamic department is also responsible for developing CPSA's annual report as well as leading engagement research initiatives with patients and physicians in Alberta.

Corporate Services

Our Corporate Services department provides oversight for finance, payroll and benefits administration, risk management, infrastructure and general office support, ensuring our organizational operations run smoothly. In 2024, Corporate Services co-led the implementation of a new and innovative team member management platform to support, streamline and better automate payroll processing for our team. The Corporate Services department also provides support for CPSA's Finance & Audit Committee and CPSA's Healthier Albertan Grant.

Customer Experience

Most inquiries coming to CPSA by phone, email or the live chat on our website are directed to our Customer Experience (CX) team. CX is a centralized hub for all things CPSA, where customers receive timely and professional service. CX also supports our organization internally by continually finding ways to make our processes more effective and efficient with the goal of continuously improving the customer experience for Albertans, physicians, our partners and anyone else who reaches out to us.

CX statistics

Inquiry-related statistics

Number of total inquiries	22,442
Inquiries that received a reply within 24 hours	84%
Inquiries that were fully resolved within 24 hours	63%
Percentage of inquiries received by email	38%
Percentage of inquiries received by phone	57%
Percentage of inquiries received by live chat	5%



In 2024, the Communications department fielded more than

90

media inquiries.



Accounting processed

7,553

vendor invoices



44*

new team members were set up in our payroll system

*Number includes existing team members returning from a protected leave, team members who were hired in 2023 and started in 2024, and team members who were hired and started in 2024.



The CX team fielded a total of

22,442

inquiries



The IT team closed

2,451

IT Helpdesk tickets in 2024



In 2024, there were

152

individual agenda items across CPSA Council's four scheduled meetings.



People & Culture hired

53

positions at CPSA in 2024, 20 of which were promotions and lateral moves and the remaining 33* were a combination of backfills, new permanent roles, and long- and short-term contracts.

*Number indicates new hires who accepted an employment offer in 2024.

Top five inquiry types (topics/categories)

Made by	#1	#2	#3	#4	#5
Public	Complaints	Find a physician	Medical records	General inquiries	Medical Attestation Requests & standards of practice
Members	Registration	Technical support	Standards of practice	General inquiries	Complaints

Inquiry breakdown by audience

38%	35%	7%	5%	15%
Regulated members	Albertans	Facilities and clinics	Lawyers	Other

Information Management

Information Management is made up of CPSA's Information Technology (IT), Records Management and Privacy teams. This department provides our team with the proper tools and technology to carry out our work, and they lend their technological expertise to make sure our online programs, like cpsa.ca and the CPSA Portal, are available for users. Information Management also provides our team with guidance for the proper storage and handling of confidential and non-confidential information, manages access requests for sensitive information and leads our privacy breach response.

Office of the Registrar

The Office of the Registrar is a unique department that encompasses both regulatory and operational work. The regulatory side of the department includes CPSA's Registrar, Deputy Registrar, our Standards of Practice team and the Hearings Director's Office. The operational arm includes our Chief of Staff, Governance and Policy team, Continuous Quality Improvement team as well as Legal Services. The CPSA team looks to the Office of the Registrar for strategic guidance and leadership, and the Office of the Registrar provides support to CPSA's Governing Council and Council Committees. The Office of the Registrar also offers strategic executive leadership for CPSA's Indigenous Advisory Circle and Anti-Racism Anti-Discrimination Action Advisory Committee.

People & Culture

Our People & Culture department leads CPSA's people-focused programs and initiatives that contribute to a welcoming and positive workplace culture. People & Culture is responsible for human resources functions, including employment policy development, team member development and professional development, and recruitment and retention. People & Culture also leads internal programming for respect in the workplace, team member engagement, Truth and Reconciliation, and other equity, diversity and inclusion initiatives.

CPSA's work towards safe, accessible health care

Accessing health care is inherently vulnerable—even more so for patients who may experience discrimination when seeking care. In 2024, CPSA introduced a series of internal initiatives aimed at deepening our team's understanding of the diverse healthcare experiences and challenges faced by patients in Alberta. From cultural safety training and accessibility audits to inclusive hiring practices and educational sessions on topics like respectful communication and unconscious bias, these efforts support our mission to protect patients by strengthening how we guide physicians and physician assistants.

Scan the QR code to learn more about how these initiatives are shaping a more informed, respectful and responsive CPSA—ensuring we're better prepared to support regulated members and the patients they serve.



2024 financial statements

Independent auditor's report on the summary financial statements

To the Members of College of Physicians & Surgeons of Alberta

Our opinion

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

The summary financial statements

The College's summary financial statements derived from the audited financial statements for the year ended December 31, 2024 comprise:

- the summary statement of financial position as at December 31, 2024;
- the summary statement of revenues and expenditures for the year then ended; and
- the related notes to the summary financial statements.

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

The audited financial statements and our report thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated May 29, 2025.

Management's responsibility for the summary financial statements

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

Auditor's responsibility

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

PricewaterhouseCoopers LLP

Chartered Professional Accountants

Edmonton, Alberta
May 30, 2025

Summary Statement of Financial Position

As at December 31, 2024

Assets

Current assets	2024 \$	2023 \$
Cash	40,436,616	36,192,866
Accounts receivable	5,571,549	5,839,718
Prepaid expenses and other assets	904,523	561,809
	46,912,688	42,594,393
Investments	34,100,543	30,491,305
Equipment and leasehold improvements	3,143,384	3,747,326
Employee future benefits – registered plan (note 2)	12,823,703	7,566,992
	97,085,318	84,505,016

Liabilities

Current liabilities	2024 \$	2023 \$
Accounts payable and accrued liabilities	3,487,592	2,908,291
Deferred fee revenue	26,041,898	24,726,441
Deferred contributions	133,814	125,259
Deferred rent inducement	22,239	22,239
Deferred leasehold inducements	336,716	336,716
	30,022,259	28,118,946
Deferred rent inducement	319,471	341,710
Deferred leasehold inducements	1,066,267	1,402,983
Employee future benefits – supplemental plan (note 2)	4,393,247	4,829,215
Employee future benefits – defined contribution supplemental plan	975,517	809,950
	36,776,761	35,502,804

Net Assets

	2024 \$	2023 \$
Invested in equipment and leasehold improvements	3,131,884	3,747,326
Internally restricted	5,090,452	5,897,536
Unrestricted	52,086,221	39,357,350
	60,308,557	49,002,212
	97,085,318	84,505,016

Summary Statement of Revenues and Expenditures

For the year ended December 31, 2024

Revenues	2024 \$	2023 \$
Physician annual fees	29,494,239	28,184,138
Practice readiness fees	4,609,100	3,855,730
Investment income	2,893,240	2,456,928
Professional corporation fees	2,081,440	1,947,800
Physician registration fees	1,224,200	1,035,200
Grant funding	1,129,696	971,388
Sponsorship application fee	654,500	-
Recovery of investigation and hearing expenditures	391,118	218,924
Fines to members	356,950	314,700
Continuing competence	267,302	309,518
Miscellaneous	257,958	421,444
Summative assessment fees	206,055	155,662
Certificates	192,700	162,400
Physician assistant fees	27,350	31,912
Physician health monitoring fees	-	62,028
	43,785,848	40,127,772

Expenditures	2024 \$	2023 \$
Corporate Services	3,698,474	3,573,292
Information management and privacy	3,466,232	3,660,665
Office of the Registrar	2,460,529	1,880,409
People and culture	1,608,962	1,273,163
Communication	1,246,305	1,094,545
Governance	1,131,174	1,251,696
Amortization	832,463	880,166
CPSA activities		
Professional conduct and hearings – director office	8,098,391	7,364,893
Practice readiness	4,408,769	3,755,884
Continuing competence	4,297,811	5,555,618
Analytics, innovation and research	3,975,058	3,758,459
Registration	3,097,293	2,796,876
Physician health monitoring and practice conditions monitoring	115,395	580,939
	38,436,856	37,426,605

Summary Statement of Revenues and Expenditures (cont.)

For the year ended December 31, 2024

	2024 \$	2023 \$
Excess of revenues over expenditures before development costs, accreditation program and other items	5,348,992	2,701,167
Development costs	(28,600)	(65,000)
Accreditation program		
Revenues	3,539,373	3,996,530
Expenditures	(3,269,014)	(3,403,593)
Excess of revenues over expenditures for accreditation program	270,359	592,937
Excess of revenues over expenditures before other items	5,590,751	3,229,104
Other income (expenditures)		
Fair value changes in investments	1,972,329	2,103,104
Investment income – CPSA Healthier Albertan Grant	211,753	265,505
Expenditures in relation to CPSA Healthier Albertan Grant	(1,289,196)	(962,130)
	894,886	1,406,479
Excess of revenues over expenditures for the year	6,485,637	4,635,583

Notes to Summary Financial Statements

December 31, 2024

1. Basis of presentation

The summary financial statements are derived from the audited financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations as at December 31, 2024 and for the year then ended.

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

Management prepared these summary financial statements using the following criteria:

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

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

2. Summary of select significant accounting policies

Investments

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

Revenue recognition

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

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

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

Registration fees and fines to members

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

Practice readiness fees, sponsorship application fees, recovery of investigation and hearing expenditures, continuing competence fees, summative assessment fees, physician health monitoring fees, certificate, and miscellaneous revenue

- Program fees and other general revenue is recognized when the related services are provided or goods are shipped.

Investment income

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

Grant funding

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

Employee future benefits

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

	2024		2023	
	Registered \$	Supplemental \$	Registered \$	Supplemental \$
Fair value of plan assets	50,766,332	-	47,429,413	-
Defined benefit obligation	(37,942,629)	(4,393,247)	(39,862,421)	(4,829,215)
Plan surplus (deficit)	12,823,703	(4,393,247)	7,566,992	(4,829,215)

