

## ATTENDEES

### Council Members: Voting

- Nicole Cardinal, MD, CCFP, Chair
- Daisy Fung, BMSc, MD, CCFP, Vice Chair
- Rhonda Laboucan, Member-at-Large
- Richard Buckley, MD, FRCS
- Garnet Clark, MBA, CPA, CMA
- Logan Day
- Patrick Etokudo, M.Sc, FSCMP

### Council Members: Non-Voting

- Todd Anderson, MD, FRCP(C), FCAHS, Dean Cumming School of Medicine
- Brenda Hemmelgarn, MD, PhD, Dean FoMD  
- Day 1 only / Regrets Day 2

### CPSA Executive Leadership Team

- Scott McLeod, MD, CCFP, FCFP, Registrar
- Colleen Forestier, MD, MPH, MPA, CCFP(EM), CCFP Registrar Select
- Dawn Hartfield, BScMed, MPH, MD, FRCPC, Deputy Registrar & Hearings Director
- Jeremy Beach, MBBS, MD, FRCPC, Assistant Registrar, Accreditation
- Michael Caffaro, MD, CCFP FCFP, Assistant Registrar, Continuing Competence

### CPSA/Council Support Team

- Jason MacDonald, Director, Office of the Registrar
- Kerry-Ann McPherson, MSc, CAPM, Program Manager, Governance
- Kimberley Murphy, ACEA, Senior Executive Assistant, Recording Secretary

### Regrets

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### Resources for Council Members:

- Council Conflict of Interest Policy
- Council Culture Agreement
- Council Decisions Terminology
- Council Member Code of Conduct Policy
- Councillor's Oath
- CPSA Council Reference Manual

- Nahla Gomaa, MBBCH, MSc, MD PhD, SFHEA, FAcadMed
- Maryana Kravtsenyuk, MD, MSc, FRCPC
- Hon. Robert Merrifield, PC
- Oluseyi Oladele, MD, CCFP, FCFP
- Laurie Steinbach, BSW, BEd
- Ian Walker, MD, MA
- Pan Zhang, MBA, BSc, BA

- Jenna Salem, Student Observer
- Tamara Yee, MD, PhD, PARA - Virtual

- Gordon Giddings, MD MBA FCFP, Assistant Registrar, Professional Conduct & Complaints Director
- Ed Jess, BA, Chief Innovation Officer
- Sayra Khandekar, MD, MD MBA FRCPC FACC, Assistant Registrar, Registration
- Michael Neth, PEng, Chief Operating Officer
- Tracy Simons, CPA, CA, Chief Financial Officer

### CPSA Staff Guests

- Neelam Mahil, MD, FRCPC, Senior Medical Advisor, Professional Conduct

### External Guests

- Dr. Maureen Lux, Virtual

### Public Attendees

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

- CPSA Glossary
- CPSA Strategic Plan
- CPSA Values
- In-camera Sessions Policy
- KPI Dashboard
- Principles to Guide Council Interactions
- Social Media Guidelines

## Thursday, September 18, at CPSA Council Chambers

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

Time		Topic	Presenters
0730		<b>Breakfast</b>	All
0815	<b>IC1</b>	<b>In-camera Session</b> (Attendees: Council, Executive Leadership Team, CPSA/Council Support Team)	Council Chair
		IC1.1 Call to Order, Introductions & Meeting Logistics	Council Chair
		IC1.2 Reflection on the Council Culture Agreement & Coin	
		IC1.3 Adoption of In-camera agenda and approval of In-camera Minutes	
		IC1.3.1 Adoption of In-camera Agenda	
		IC1.3.2 Approval of In-camera Minutes from May 2025 meeting	
		IC1.3.3 Council Meeting Feedback - May 2025 (for discussion)	
0845		<b>Adjournment of In-camera session</b>	
0850	<b>1.0</b>	<b>Call to Order of Public Session</b>	Council Chair
		1.1 Chair Opening Remarks & Introductions	
		1.2 Traditional Territory Acknowledgement	Ian Walker
		1.3 Conflict of Interest Declaration (Real, Potential or Perceived)	
0900	<b>2.0</b>	<b>Adoption of Public Agenda and Approval of Minutes</b>	Council Chair
		2.1 Adoption of Agenda	
		2.2 Approval of Minutes	
		2.2.1 May 2025 CPSA Council Public Meeting Minutes	
		2.2.2 Decisions from In-camera Meeting (May 2025)	
		2.2.3 Sponsorship Fee Reduction - July 2025 E-vote	

0910	<b>3.0</b>	<b>Consent Agenda</b>	Council Chair
		<p><i>The Consent Agenda has been prepared by the Executive Committee using the consent agenda checklist and contains items that are proposed for unanimous consent and without debate. However, Council members may seek clarification or ask questions.</i></p> <p><b>Consent Agenda Process:</b> To move a consent agenda item to the regular agenda, identify the agenda number and title to be moved via:</p> <ul style="list-style-type: none"> <li>(1) An email to the Council Chair OR</li> <li>(2) A point of information to the Council Chair prior to the adoption of the agenda on the day of the Council meeting.</li> </ul>	
	3.1	Executive Committee Meeting Meeting Summary Report (for information)	
	3.2	Governance Committee	
		3.2.1 Meeting Summary Report (for information)	
		3.2.2 Positioning of ARADAAC as a Standing Committee (for approval)	
		3.2.3 Council Policies – In-Camera Sessions Policy (for approval)	
		3.2.4 Registration Policies (for approval)	
		3.2.4.1 Registration Assessment Policies	
		3.2.4.2 Administrative Policies	
		3.2.4.3 General and Provisional Register Policies	
	3.3	Finance and Audit Committee - Meeting Summary Report (for information)	
	3.4	Ad Hoc Bylaw Review Project Committee Update (for information)	
	3.5	Nominations Committee Update (for information)	
	3.6	CPSA Path to Truth and Reconciliation Update (for information)	
	3.7	Alberta Society of Radiologists (for information)	
	<b>4.0</b>	<b>Executive Reports</b>	
0915	4.1	Chair's Report (for information/discussion)	Nicole Cardinal, Council Chair
0925	4.2	Registrar's Report (for information/discussion)	Scott McLeod CEO/Registrar
1030		<b>BREAK</b>	

5.0 Department Reports			
1045	5.1	Hearings Director Office Implementation of a Fee for Requests for Review to the Complaint Review Committee (CRC) (for approval)	Dawn Hartfield Hearings Director
1100	5.2	Corporate Services 5.2.1 2026 Business Plan and Budget (for approval) 5.2.2 2025 Diagnostic Imaging Fees (for approval)	Tracy Simons Chief Financial Officer
1200	LUNCH		
6.0 Council Committee Reports			
1300	6.1	<b>Finance and Audit Committee</b> Financial Executive Limitations – Policy Changes (for approval)	Patrick Etokudo Committee Chair
1315	6.2	<b>Governance Committee</b> 6.2.1 Bylaw Amendment - English Equivalency (for approval) 6.2.2 Bylaw Amendment and Policy Introduction – Recognition of Regulated Professionals Registered in other Jurisdictions (for approval)	Richard Buckley Committee Chair
1335	6.3	<b>Executive Committee</b> Council Performance Measurement Framework (for discussion)	Nicole Cardinal Council Chair Daisy Fung Council Vice-Chair
1400	BREAK		
1415	6.4	<b>Anti-Racism Anti-Discrimination Action Advisory Committee</b> Meeting Summary Report (for information)	Daisy Fung Committee Chair
1430	6.5	<b>Indigenous Advisory Circle</b> Meeting Summary Report (for information)	Nicole Cardinal Committee Chair
1445	Adjournment of Public Session		
TRANSITION			

## Council Meeting Agenda

September 18 and 19, 2025  
CPSA Council Chambers, Edmonton  
Via Zoom

1500	<b>IC2</b>	<b>In-camera Session</b>	Council Chair
		IC2.1 Council Executive Elections – Vice Chair and Member-at-Large ( <b>Attendees: Council, Registrar &amp; CEO, Registrar &amp; CEO Select, Deputy Registrar, Chief Operating Officer, Council Support Team</b> )	Richard Buckley Governance Committee Chair
		IC2.2 Change to Salary Grid for Registrar & CEO ( <b>Attendees: Council, Chief Financial Officer</b> )	Tracy Simon Chief Financial Officer
		IC2.3 In-camera ( <b>Attendees: Council</b> )	Council Chair
1700	<b>Adjournment of In-camera session</b>		

### Friday, September 19, 2025, CPSA Council Chambers

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

Time		Topic	Presenters
0730		<b>Breakfast</b>	All
0815	<b>7.0</b>	<b>Call to Order of Public Session</b>	Council Chair
	7.1	Chair Opening Remarks & Introductions	Council Chair
	7.2	Traditional Territory Acknowledgement	Laurie Steinbach
	<b>8.0</b>	<b>Standing Items</b>	
0825	8.1	Key Performance Indicators (KPI) Dashboard (for discussion)	Ed Jess Chief Innovation Officer
	<b>9.0</b>	<b>Business Arising</b>	
0840	9.1	Appointment of New Registrar & CEO	Nicole Cardinal Committee Chair
0910	<b>Adjournment of Public Session</b>		
	<b>Break/TRANSITION</b>		
	<b>In-camera Meeting Session</b>		
0920	<b>IC3</b>	<b>Call to Order of In-camera session</b> ( <b>Attendees: Council, Registrar &amp; CEO, Registrar &amp; CEO, Select, Deputy Registrar, Chief Operating Officer, Council Support Team</b> )	Council Chair

0925	<b>Council Learning Session</b> <ul style="list-style-type: none"><li>• <i>Separate Beds: A History of Indian Hospitals in Canada, 1920s – 1980s. Virtual session/presentation by Dr. Maureen Lux)</i></li></ul>	
1010	Council Learning Session (Con't) <ul style="list-style-type: none"><li>• Revisiting the Strategic Plan – Where we are, Lessons Learned (Primer for Council Retreat) Facilitated by Scott McLeod</li><li>• Verbal Learning Reflection from Council Members (Peer-to-Peer Learning)</li></ul>	
BREAK/Transition		
1130	<b>IC4</b>	IC4.1 In-camera ( <b>Attendees: Council, Registrar &amp; CEO, Registrar &amp; CEO Select</b> )
		IC4.2 In-camera ( <b>Attendees: Council</b> )
Adjournment		
1230	LUNCH	

### Individual Learning Opportunities for Council Members

## ATTENDEES

### Council Members: Voting

- Nicole Cardinal, MD, CCFP, Chair
- Rhonda Laboucan, Member-at-Large
- Garnet Clark, MBA, CPA, CMA
- Logan Day
- Patrick Etokudo, M.Sc, FSCMP
- Nahla Gomma, MBBCH, MSc, MD PhD, SFHEA, FAcadMED

- Maryana Kravtsenyuk, MD, MSc, FRCPC
- Hon. Robert Merrifield, PC
- Oluseyi Oladele, MD, CCFP, FCFP
- Laurie Steinbach, BSW, B.Ed
- Ian Walker, MD, MA
- Pan Zhang, MBA, BSc, BA

### Council Members: Non-Voting

- Todd Anderson, MD, FRCP(C), FCAHS, Dean Cumming School of Medicine
- Brenda Hemmelgarn, MD, PhD, Dean FoMD  
- Day 1 a.m. only / Regrets Day 2

- Tamara Yee, MD, PhD, Past-President, PARA  
- Virtual Day 1 & Day 2
- Jenna Salem, Student Observer

### CPSA Executive Leadership Team

- Scott McLeod, MD, CCFP, FCFP, Registrar
- Dawn Hartfield, BScMed, MPH, MD, FRCPC, Deputy Registrar & Hearings Director
- Jeremy Beach, MBBS, MD, FRCPC, Assistant Registrar, Accreditation
- Michael Caffaro, MD, CCFP FCFP, Assistant Registrar, Continuing Competence

- Gordon Giddings, MD MBA FCFP, Assistant Registrar, Professional Conduct & Complaints Director
- Ed Jess, BA, Chief Innovation Officer
- Sayra Khandekar, MD, MD MBA FRCPC FACC, Assistant Registrar, Registration
- Michael Neth, PEng, Chief of Staff
- Tracy Simons, CPA, CA, Chief Financial Officer

### CPSA/Council Support Team

- Jason MacDonald, Director, Office of the Registrar
- Kerry-Ann McPherson, MSc, CAPM, Program Manager, Governance
- Kimberley Murphy, ACEA, Senior Executive Assistant, Recording Secretary

### CPSA Staff Presenters

- Phong Van, Director, Continuing Competence
- Sarah Stelmack, Director, Corporate Services
- Agatha McKechnie, Communications Advisor
- Rachael Gronberg, Communications Advisor

### External Attendees

- Dr. Colleen Forestier

### Regrets

- Richard Buckley, MD, FRCS
- Daisy Fung, BMSc, MD, CCFP, Vice Chair
- Nazrina Umarji, B.Ed, JD, Director, Legal Services & General Counsel

### 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

### Day 1 Thursday, May 29, at CPSA Council Chambers

#### IC1 In Camera Session

Council met in-camera with the Executive Leadership Team and the CPSA/Council Support team.

#### 1.0 Call to Order of Public Session

##### 1.1 Chair Opening Remarks & Introductions

Nicole Cardinal, Council Chair welcomed everyone to the meeting and called the public portion of the meeting to order at 0851.

##### 1.2 Traditional Territory 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.*

Patrick Etokudo provided the land acknowledgement on Day 1 of Council.

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

No conflicts were declared.

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

##### 2.1 Adoption of Agenda

##### **MOTION C17-25**

**Moved by Laurie Steinbach and seconded by Ian Walker that the public agenda be adopted. Carried.**

##### 2.2 Approval of Minutes

2.2.1 March 2025 CPSA Council Public Meeting Minutes – An amendment to paragraph 3 in section 5.1.2 (CPSA Path to Truth and Reconciliation) was proposed and accepted.

2.2.2 Decisions from In-Camera Meeting (March 2025)

2.2.3 Decisions from In-Camera Meeting (April 2025)

##### **MOTION C18-25**

**Moved by Patrick Etokudo and seconded by Robert Merrifield that the amended minutes of the meeting on March 5 and 6, 2025 and decisions from the in-camera sessions in March and April be approved. Carried.**



## 3.0 Consent Agenda

*The Consent Agenda has been prepared by the Executive Committee using the consent agenda checklist and contains items that are proposed for unanimous consent and without debate. However, Council members may seek clarification or ask questions.*

**Consent Agenda Process:** To move a consent agenda item to the regular agenda, identify the agenda number and title to be moved via:

- (1) An email to the Council Chair 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 Meeting Summary Report (for information)

### 3.2 Governance Committee

#### 3.2.1 Meeting Summary Report (for information)

#### 3.2.2 Committee Appointments (for approval)

#### 3.2.3 Council Policies (for approval)

##### 3.2.3.1 Registration Policies

##### 3.2.3.2 Executive Elections

##### 3.2.3.3 Council Policy Statement and Guidance on Prevention of Spread of COVID-19 in CPSA's Workplace

##### 3.2.3.4 Delegation of Authority to Appoint Inspectors

### 3.3 Finance and Audit Committee Meeting Summary Report (for information)

### 3.4 Ad Hoc Bylaw Review Project Committee Update

The following items were received as information:

- Executive Committee – Meeting Summary report
- Governance Committee – Meeting Summary report
- Finance and Audit Committee - Meeting Summary report
- Ad Hoc Bylaw Review Project Committee Update

### **MOTION C19.1-25**

Moved by Oluseyi Oladele and seconded by Garnet Clark that Council approves the recommended committee appointments to the Anti-Racism Anti-Discrimination Action Advisory Committee, the Governance Committee and the Complaints Review Committee/Hearing Tribunal. Carried.

### **MOTION C19.2-25**

Moved by Oluseyi Oladele and seconded by Garnet Clark that Council rescind the Practice Readiness Assessment (PRA) Policy, Summative Assessment Policy, and the Provisional Register Transfer to General Register Policy on the basis that these policies inappropriately constrain the statutory discretion assigned to the Registrar; they may infringe upon the Registrar's operational policy-making authority, contrary to

administrative law principles; and they represent a well-intentioned but incorrect assumption of Council's role in registration decisions. Carried.

### **MOTION C19.3-25**

Moved by Oluseyi Oladele and seconded by Garnet Clark that Council approves the recommended revisions to the Executive Elections Policy. Carried.

### **MOTION C19.4-25**

Moved by Oluseyi Oladele and seconded by Garnet Clark that Council retires the Policy Statement and Guidance on Prevention of Spread of COVID-19 in CPSA's Workplace. Carried.

### **MOTION C19.5-25**

Moved by Oluseyi Oladele and seconded by Garnet Clark that Council approves the recommended revisions to the Delegation of Authority to Appoint Inspectors Policy. Carried.

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## **4.0 Executive Reports**

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

The Chair provided an update on recent meetings and activities since the May Council meeting. She highlighted the busy start to the year, including the search and selection of the incoming Registrar & CEO, and her attendance at a two-day Anti-Racism, Anti-Discrimination Action Advisory Committee workshop April. The Chair acknowledged the diligent work done by Council Secretariat to prepare for each Council meeting.

The Chair also highlighted the importance of language as a vital part of heritage sharing, how language carries culture and identity and how individuals see themselves in the world and in community.

The report was received as information.

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

CPSA Registrar & CEO, Scott McLeod, provided a verbal report opening with a farewell to Nazrina Umarji, Director, Legal Services & General Counsel. He shared organizational updates from Registration, including interprovincial mobility and sponsorship and briefly referenced various committees, including the Medical Facility Accreditation Committee and the Competence Committee.

- Organizational Updates: Dr. McLeod introduced a new process to streamline internal updates across CPSA, aiming to enhance communication and transparency.
- Registration: Key developments in physician registration were highlighted, including progress on interprovincial mobility initiatives, ongoing support and expansion of sponsorship models and the organization's strategic focus on retaining Alberta medical graduates.
- Commend a Physician Program: An update was provided on the "Commend a Physician" initiative: 43 commendations submitted in 2025 to date, compared to 123 commendations in 2024.
- Committee Reports: Updates were shared from the following committees: Medical Facility Accreditation Committee (MFAC) and Competence Committee.

- Provincial Updates: Dr. McLeod reported on recent meetings with Alberta government Ministers, that focused on healthcare regulation and collaboration. Discussions were held on freedom of speech and its regulatory implications for licensed physicians.
- National and International Updates: CPSA reaffirmed support for national physician licensure, intended to enhance workforce flexibility. Participation by medical regulatory authorities (MRAs) and physicians would remain voluntary. The model is intended to be customizable and administratively simple, and builds on existing infrastructure such as the Atlantic Register, physiciansapply.ca, and Medical Identification Number for Canada (MINC).  
CPSA continues to engage with national and international regulatory bodies, including Federation of Medical Regulatory Authorities of Canada (FMRAC) and the International Association of Medical Regulatory Authorities (IAMRA).

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### 5.0 Department Reports

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#### 5.1 **Registration Department Update (For information)**

Sayra Khandekar, Assistant Registrar, Registration, provided a report on the Registration department. During her presentation, she was supported by members of the Registration team, including Bruce Leisen, Director, and Jill Hastings, Program Manager, Assessments, as well as Team Leads, Rita King and Gisele Klein.

The presentation provided a comprehensive update on the Registration department's current processes, a review of registers and licensing requirements, including proposed changes to the process for transferring members from the Provisional Register to the General Register, a review of assessment pathways for Canadian and International Medical Graduates, and recent initiatives to support independent medical practice in Alberta. The 2024 registration statistics were reviewed along with a request for review of eligibility of Osteopathic Physicians (Doctors of Osteopathic Medicine). Council was satisfied that the eligibility of Osteopathic Physicians was determinable based on their substantial equivalency with Canadian standards.

It was noted that Registration processes are evolving to be more efficient, evidence-based, and responsive to health system needs. CPSA is leveraging data and national collaboration to refine and lead in physician registration strategy.

Council thanked Dr. Khandekar and the Registration department for actively pursuing strategies to enhance efficiencies within their processes to help attract and retain eligible regulated members to Alberta.

For further details, please refer to the supporting dossier.

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#### 5.2 **Office of the Registrar - CPSA Partnership Agreement with G4 Health (for approval)**

Michael Neth, Chief of Staff, provided an update on CPSA's intended partnership agreement with G4 Health, along with the request that the Council Chair be approved to sign the agreement on behalf of Council in addition to the Registrar.

Mr. Neth affirmed that the partnership commitment, co-created with G4 Health, is not a partnership in the legal sense but is relational in nature. It is intended to be structured but flexible, demonstrating a shared understanding of how we will work together, and

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establish a common understanding around a shared commitment to patients and respect for each other's autonomy. The commitment between G4 Health and CPSA will be mutually beneficial. It is not a legally binding agreement.

G4 Health has stated their expectation of CPSA is to work collaboratively in a way that aligns with CPSA's mission, specifically as it relates to contributing to the health and wellness of the Îyethka and Tsuut'ina Peoples, and to help guide regulated members to provide safe, high-quality care to all patients in Alberta.

### **MOTION C20-25**

Moved by Patrick Etokudo and seconded by Ian Walker that Council provide approval for CPSA Council Chair to sign the G4 Health and CPSA Partnership on Council's behalf. Carried.

#### 5.3 **Accreditation - Diagnostic Imaging Accreditation Standards – Teleradiology Ultrasound (for approval)**

Jeremy Beach, Assistant Registrar, Accreditation, presented a cover report on the Diagnostic Imaging Accreditation Standards Teleradiology Ultrasound recommending Council retains the current prohibition on teleultrasound within 25 km of main urban centres and evaluates impact of change from 100km (V3) to 25km (V4) radius prohibition on teleultrasound.

For background, Dr. Beach noted that Council approved the final V4 Diagnostic Imaging Accreditation Standard, including Appendix E.2.1 Teleradiology Ultrasound at its December 2023 meeting, and that Council requested a third-party review of teleultrasound provision to occur in a year's time. For the third-party review, Accreditation commissioned two (2) independent reviews conducted by Canada's Drug Agency (CDA) and the University of Alberta which systematically examined the safety, efficacy and access implications of teleultrasound, excluding high risk modalities such as breast and musculoskeletal imaging. These assessments found no evidence to support a fixed geographic threshold as a necessary safeguard. Notably no other jurisdiction in Canada enforces a comparable restriction and there is no record of associated harms resulting from its absence. The reports addressed the quality of teleultrasound performed in-person in comparison to remote. The Advisory Committee on Diagnostic Imaging (ACDI) recommended retaining the 25 km rule, and the Medical Facility Accreditation Committee (MFAC) recommended retaining only if research proved it had some usefulness.

Council discussed the request to retain the 25 km rule, noting the proposal for this rule be suspended for a period of two (2) years, however this option was not supported. Following robust discussions, Council concluded that retaining the 25 km restriction was not only unsupported by the evidence but potentially created access barriers particularly for mobility limited patients in urban settings. As a result, Council voted to retain the current V4 standard but remove the current prohibition of the 25 km rule and tasked MFAC with assessing the impact of the change.

The decision to remove the geographic restriction aligned with CPSA's legislative mandate under the Health Professions Act (HPA), its Bylaws, and Alberta Health's broader goals of reducing unnecessary barriers in care.

For further details, please refer to the supporting dossier.

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**MOTION C21-25:** Moved by Laurie Steinbach and seconded by Patrick Etokudo that Council retains the current standard, but remove the current prohibition of 25 km rule, and for MFAC to assess the impact of the change. Carried.

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### 6.0 Council Committee Reports

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#### 6.1 Governance Committee

##### **6.1.1 Committee Annual Reports (for approval)**

Annually, the Governance Committee is responsible for confirming Committee mandates through annual reporting, and for recommending the reports to Council for approval.

Laurie Steinbach, Governance Committee Co-Chair opened with a brief overview of the reporting highlights from the Governance Committee in 2024.

Each committee Chair was then invited to share highlights and accomplishments of their respective committee. This included annual reports from the Executive Committee, Finance and Audit Committee, Anti-Racism Anti-Discrimination Action Advisory Committee, and the Indigenous Advisory Circle.

For further details on annual activities of each committee, please refer to the supporting dossier.

##### **MOTION C22-25**

Moved by Nahla Gomaa and seconded by Garnet Clark that Council approves the 2024 Committee Annual Reports. Carried.

##### **6.1.2 Council Retreat 2026 (for approval)**

Ms. Steinbach shared the proposed theme and draft agenda for the 2026 Council Retreat. In summary, the Governance Committee recommended a day dedicated to supporting strategic planning and a second day dedicated to deepening Council's understanding of the impacts and applications of artificial intelligence.

Secretariat will commence the planning and further information on the retreat will be shared at the September Council meeting.

For further details on the proposed retreat agenda, please refer to the supporting dossier.

##### **MOTION C23-25**

Moved by Olu Oladele and seconded by Ian Walker that Council approves the proposed theme and draft agenda for the 2026 Council Retreat. Carried.

##### **6.1.3 Bylaw Revisions – Accreditation (for approval)**

Ms. Steinbach presented a recommendation for the approval of the Medical Facility Accreditation Committee (MFAC) request for revisions to the Prescribed Health Services list in the CPSA Bylaws. These revisions include the removal of Bone Biopsy for Adults and the addition of Fat Grafting, Kyphoplasty, and Rigid Endoscopic Brow Lifting.

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The revisions to the Prescribed Health Services list will be incorporated into Part 5 of CPSA Bylaws which will then be posted on the CPSA website. The changes will also be communicated to relevant stakeholders by Accreditation and CPSA Communications.

For further details, please refer to the supporting dossier.

### **MOTION C24-25**

Moved by Pan Zhang and seconded by Ian Walker that Council approves amendments brought forward by the Medical Facility Accreditation Committee to the Prescribed Health Services list in CPSA's Bylaws whereby bone biopsy for adults is removed from the list, and fat grafting, kyphoplasty and rigid endoscopic brow lifting are added to the list. Carried.

## **6.2 Finance and Audit Committee**

Patrick Etokudo, Chair of the Finance and Audit Committee (FAC), presented the following three reports on behalf of the Committee:

### **6.2.1 2024 Audited Financial Statements (for approval)**

Mr. Etokudo stated that PricewaterhouseCoopers LLC (PwC) was the auditor for the year ended December 31, 2024. PwC did not identify any items that remain unadjusted in the financial statements. Additionally, PwC did not identify any item that were communicated to management and subsequently corrected in the financial statements.

It was noted that the Finance and Audit Committee reviewed PwC's summary audit results and was satisfied with the results of the audit and the clean audit report.

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

For further details, please refer to the supporting dossier.

### **MOTION C25-25**

Moved by Garnet Clark and seconded by Nahla Gomaa that Council approves the audited financial statements, inclusive of:

- 1) CPSA's financial statements for the year ended December 31, 2024;
- 2) Summary financial statements for CPSA for the year ended December 31, 2024;
- 3) Pension Fund for Employees of CPSA financial statements for the year ended December 31, 2024.

Carried.

### **6.2.2 Waiving fees for physicians completing their residency and fellowship in Alberta (for approval)**

Mr. Etokudo presented a recommendation from FAC to Council to approve waiving the registration and first year renewal fees for Alberta medical graduates completing their residency or fellowship in Alberta between July 1, 2025 and June 30, 2027. This would include waiving \$800 for the registration fee and waiving \$2,000 for the first annual fee.

The impact could be no revenue from 100 to 400 new physicians, however as the reporting showed, CPSA does not need to worry about the financial impact of this due to the reserve fund. Council had some concerns that this will have a larger financial impact than anticipated, and Mr. Etokudo acknowledged that CPSA was aware they may be faced with making some refunds in December due to timing.

With only anecdotal evidence that waiving these fees will have an impact on attracting and retaining physicians for the province, FAC has committed to reassessing this strategic decision again in two-years.

Upon Council's approval, the 2026 budget proposal will be presented to Council in September 2025 and will incorporate the waiving of the registration and first annual fees.

For further details, please refer to the supporting dossier.

### **MOTION C26-25**

Moved by Rob Merrifield and seconded by Garnet Clark that Council approves to waive the fees for physicians completing their residency or fellowship in Alberta between July 1, 2025 to June 30, 2027, which includes the waiver of the \$800 registration fee and the \$2000 first annual fee. Carried.

### **6.2.3 Change the timing of the annual renewal for physicians, physician assistants and professional corporations (for approval)**

Mr. Etokudo shared that the Finance and Audit committee is in support of CPSA management's recommendation to change the annual renewal date and fee deadline for physicians, physician assistants and professional corporations to address concerns with the current renewal deadline of December 31 taking place over the holiday office closure each year.

The request for change was made based on feedback received from regulated members during the completion of their renewal information form (RIF) and professional corporation renewal information form (PCIF). CPSA staff also noted that during the holiday season, when the office is closed and there are fewer staff members available, there is a high number of calls and emails from members who need help with completing their renewal process by the December 31 deadline.

After considering feedback from physicians during the renewal period and canvassing workloads in departments, a January 31 renewal deadline date was selected for Council's review and approval.

In consideration of current workloads, including the required programming, communication efforts, and bylaw changes, the 2027 annual renewal will be a transition year, resulting in the billing and collection of fees for a 13-month period (Jan 1, 2027 to Jan 31, 2028) followed by the first true 12-month cycle commencing in 2028 (February 1, 2028 to January 31, 2029).

For further details, please refer to the supporting dossier.



### **MOTION C27-25**

Moved by Laurie Steinbach and seconded by Logan Day that Council approves a renewal date of January 31 for the annual renewal process for physicians, physician assistants and professional corporations. Carried.

#### **6.3 Executive Committee - Council Cover Report (for approval)**

In the interest of time, the Chair proposed this topic be moved to Day 2 of Council. There were no objections.

The Day 1 public meeting was adjourned at 1525.

### **IC2 In Camera Session**

**Council met for their second in-camera session. This session was adjourned at 1738**

## **Day 2 Friday, May 30, 2025, CPSA Council Chambers**

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

#### **1.1 Chair Opening Remarks & Introductions**

Nicole Cardinal welcomed everyone to the meeting and called the meeting to order at 0822

#### **1.2 Traditional Territory 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.*

Todd Anderson provided the land acknowledgement on Day 2 of Council.

### **Continuation from Day 1 Public Session**

### **6.0 Council Committee Reports – (Continuation from Day 1)**

#### **6.3 Executive Committee - Council Cover Report (for approval)**

Nicole Cardinal, Executive Committee Chair, provided the Council Cover Report briefing on behalf of the Committee.

The 2022 Governance Review recommended that Council anchor all decisions in public interest. In defining what constitutes the "public interest," Executive Committee was prompted to revise Council's cover report to ensure decisions remain aligned with the public interest. Four (4) draft cover reports were presented for Council's consideration.



It was noted that the cover report is a tool to help Council prepare and make decisions. It is an internal process that is never intended to limit or change Council's decision. It is only meant to share information consistently and to drive discussion and thought. The four (4) cover report options were vetted by the Executive Committee prior to presenting to Council for decision.

It was shared that a section on strategic alignment is now included to demonstrate how the topic aligns with laws and rules, and a section on anti-racism anti-discrimination.

Council expressed appreciation for the additional fields and raised questions concerning the time commitment needed to complete the new report template. Following discussion, option 3 was selected.

### **MOTION C28-25**

Moved by Robert Merrifield and seconded by Oluseyi Oladele that Council, in an effort to ensure the public interest is considered and documented in its decision making, discusses proposed revisions to the cover report and approves the changes it would like to see made. Carried.

**ACTION:** Council support team will develop a communications plan for the roll-out to Directors and program managers regarding the change.

6.4

### **Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC)** **Meeting Summary Report (for information)**

Michael Neth, Chief of Staff, and Jason MacDonald, Director, Office of the Registrar, (Committee secretariats) reviewed the recent history and progress made over the past number of months with respect to the committee. The committee participated in a 2-day retreat at Grey Eagle Resort in March. The retreat was facilitated by Erin Davis, external consultant and Rozmin Punjani, CPSA Program Manager Continuous Quality Improvement. The purpose was to reorient the committee.

Additionally, it was reported that the committee met May 6, 2025 to review ongoing priorities such as updating terms of reference and the statement on racism and discrimination and rolling out a new mandate in the Spring of 2026. There will be a further committee meeting in July, followed by regular 1-hour monthly committee meetings to build on the work and momentum gained through the retreat. Later this year the committee will seek Council approval to transition from a priority to a standing committee of Council. This will help ensure this work remains a priority for CPSA.

The report was received as information. For further details, please refer to the supporting dossier.

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6.5 **Indigenous Advisory Circle (CIRCLE) Meeting Summary Report (for information)**

Nicole Cardinal, Committee Co-Chair, highlighted the following points from her report. The Circle welcomed their newest member, Rhonda Laboucan.

They continued to focus on providing guidance to CPSA, especially with respect to the Path to Truth and Reconciliation, Research, and to CPSA's approach to gifting and elder honoraria.

The Circle also advised CPSA to take an expanded approach to efforts by delving deeper into the Truth and Reconciliation Commissions (TRC) Calls to Action and by bringing subject matter experts to the table to speak to the importance of work such as the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP),

The report was received as information. For further details, please refer to the supporting dossier.

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6.6 **Ad-Hoc Registrar & CEO Selection Committee Closing Report (for approval)**

Nicole Cardinal, Registrar & CEO Selection Committee Co-Chair, provided an overview of the Registrar & CEO selection process. It was recommended that the committee be dissolved for the completion of its duties.

**MOTION C29-25**

Moved by Robert Merrifield and seconded by Nahla Gomaa that Council approves that the Ad Hoc Registrar and CEO Selection Committee be officially dissolved, as it has completed its designated work by securing a successful candidate for the Registrar and CEO role. Carried.

For further details, please refer to the supporting dossier. For further details, please refer to the supporting dossier.

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## 7.0 Standing Items

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7.1 **Key Performance Indicators (KPI) Dashboard (for information)**

Ed Jess, Chief Innovation Officer, provided a live presentation on the organizational Key Performance Indicators (KPI). Council members discussed results on the financial and regulatory KPIs.

Council expressed interest in next level use for this tool and suggested a change to the KPI ranges to create different types of metrics. The live dashboard demonstration was provided for information.

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## 8.0 Business Arising

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8.1 **CPSA Annual Report 2024 (for approval)**

Communications Advisor, Rachael Gronberg, provided a final update on the 2024 CPSA Annual Report. The goal was to develop a report that met HPA requirements and was meaningful to stakeholders and public readers. The final report, reflecting achievements from the prior year, was included in the May 29/30 dossier for review

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and approval without the audited financial statements. The audited financial statements were subsequently approved on Day of Council, Thursday, May 29, 2025.

Ms. Gronberg thanked Council for their contributions and time spent reviewing the report. No additional feedback or comments on the annual report were made.

**MOTION C30-25**

Moved by Garnet Clark and seconded by Logan Day that Council approves the 2024 Annual Report, without the 2024 Audited Financial Statements. Carried.

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The Day 2 public meeting was adjourned at 1002

**IC3 In Camera Session**

**Council met for their third in-camera session. This session was adjourned at 1220**

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 29 and 30, 2025**

Council met in-camera at various times during the May 29 and 30 Council meeting to discuss sensitive issues. The following motions were made:

**Motion C14-25**

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

**Motion C15-25**

Moved by Pan Zhang and seconded by Garnet Clark that the in-camera minutes for the meetings on March 5 and 6, 2025 be approved. Carried.

**Motion C16-25**

Moved by Pan Zhang and seconded by Garnet Clark that the in-camera minutes for the meetings on April 1, 2025, be approved. Carried.

**Motion C31-25**

Moved by Robert Merrifield and seconded by Nahla Gomaa that CPSA take back the copyright and ownership of the Multi-Source Feedback tool from the Medical Council of Canada. Carried.

**Motion C32-25**

Moved by Nahla Gomaa and seconded by Laurie Steinbach that the registrar signs the certificate on behalf of Council and return it to the Ministry. Carried.

**Agenda Item Title:** Sponsorship Fee Reduction

**Meeting date:** 7/28/2025

Submission to: Council

Submitted by: Finance and Audit Committee

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**Action requested:**

- ☒ For approval.
- ☐ For discussion.
- ☐ For information only. No action required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☐ Highest Quality, Ethical and Compassionate Care
- ☐ Authentic Indigenous Connections
- ☒ Proactive and Innovative Approach
- ☐ Anti Racism & Anti-Discrimination
- ☐ Enhanced Partnerships

**Agenda item details**

**Recommendation:**

Clearly outline the decision requiring approval. If this agenda item is for discussion or informational purposes, delete this section.

It is recommended that Council approve a decrease in the sponsorship application fee from \$3,500 to \$2,000, effective June 9, 2025.

**Background:**

Provide all situational context and any historical background.

On June 18, 2025, CPSA announced significant changes to its registration processes to strengthen Alberta's physician workforce by improving access for international medical graduates (IMGs) from approved jurisdictions (see media release in Supporting Documents). These changes eliminate the requirement for additional assessments for IMGs with credentials deemed substantially equivalent to Canadian standards. As a result, these regulatory updates have directly impacted a key area: the volume of applications under the Sponsorship Program.

Sponsorship enables international medical graduates (IMGs) who do not qualify for the Approved Jurisdiction Route to enter Alberta's workforce via sponsored positions. CPSA instituted an application fee of \$3,500 based on an estimate of cost-recovery when this program was launched.

Since we initiated our sponsorship program in 2024, there have been several changes.

- With over a year of experience administering the program, processes have been streamlined, reducing staff time and associated costs.
- Approximately 60% of sponsored applicants come from jurisdictions that would now no longer require sponsorship, due to the modernization of our registration processes.

As a result of the changes, the Finance and Audit Committee is supportive of the proposed reduction in the sponsorship application fee from \$3,500 to \$2,000, effective June 9, 2025.

**Alignment with CPSA's mandate to protect and serve the public interest:**

**Necessary for all "For approval" reports.** If this agenda item is for discussion or information, fill this section as needed. Show alignment by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

The reduction of this application fee may not have a direct impact on the public; however, it would offer modest cost savings to sponsors. Sponsors are responsible for covering the full costs associated with CPSA registration, including all assessment and application fees. A reduction of \$1,500 per application would ease the financial burden on sponsors and could help mitigate concerns of financial hardship related to the sponsorship process.

**Anti-racism, anti-discrimination, and equity considerations:**

Describe considerations of potential impacts of equity, racism, and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

This reduction in the application fee reflects a fair and transparent approach, ensuring that CPSA is not charging beyond the actual cost of processing applications.

### Next Steps:

Describe what will happen next if this item is approved or discussed.

1. The sponsorship fees would be reduced to \$2,000 from \$3,500 for new applications as of August 1, 2025. The reason for earlier implementation and not waiting until the September Council meeting is that CPSA works on the cost recovery principle. Since our cost per application has gone down, it will be against our principle to continue to charge a higher application fee.
2. For sponsors approved and paid after June 9, 2025, but before August 1, 2025, a refund of \$1,500 would be issued.
3. The 2026 budget will incorporate the reduced fee.

### Supporting Documents

Include links to all relevant supporting documents for this agenda item. If there are no supporting documents, delete this section.

- |                       |
|-----------------------|
| 1. CPSA Media Release |
|-----------------------|



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June 18, 2025

## **CPSA modernizes registration to strengthen Alberta's physician workforce**

**Edmonton, AB** – The College of Physicians & Surgeons of Alberta (CPSA) is taking bold steps to strengthen Alberta's physician workforce by streamlining registration processes for international medical graduates (IMGs) from approved jurisdictions, while continuing to uphold high standards of medical care for patients across Alberta.

Physicians who hold credentials from [approved jurisdictions](#) that have been deemed as substantially equivalent to Canadian standards will now be eligible for full licensure without undergoing additional assessments. This builds on the success of CPSA's Accelerated Jurisdiction Route (now renamed the [Approved Jurisdiction Route](#)), which has consistently demonstrated strong physician performance and safe patient outcomes.

"These changes reflect our commitment to responsible innovation in medical regulation," says Dr. Scott McLeod, CPSA Registrar & CEO. "We are reducing barriers while maintaining the standards that Albertans count on and deserve. We believe it's a practical, thoughtful approach to strengthening our healthcare system and ensuring timely access to safe, competent care."

This change is based on years of evidence and reflects CPSA's ongoing efforts to align with pan-Canadian goals for registration modernization and equitable access for qualified IMGs.



"I am pleased with the CPSA's modernization of the registration system for IMGs in Alberta," says Adriana LaGrange, Minister of Primary and Preventative Health Services. "This initiative will strengthen Alberta's health workforce, reduce red tape and ensure qualified individuals can work in our province."

CPSA is dedicated to supporting access to safe patient care and will continue to monitor outcomes while looking at ways to enhance our registration processes.

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*The College of Physicians & Surgeons of Alberta is the regulator for all physicians, physician assistants and surgeons in the province and is governed by the Health Professions Act. Our role is to protect the public by issuing practice permits to those who meet educational and training criteria, hold Alberta physicians to ethical and medical practice standards, and investigate and resolve physician-related complaints. CPSA also ensures the safety and quality of medical and diagnostic testing services in Alberta through an independent accreditation program.*

**Media Inquiries:**

Andrea Garland, Director, Communications

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### Council Members (Voting):

- Nicole Cardinal, Chair
- Richard Buckley
- Garnet Clark
- Logan Day
- Patrick Etokudo
- Daisy Fung
- Nahla Gomaa
- Maryana Kravtsenyuk
- Rhonda Laboucan
- Robert Merrifield
- Oluseyi Oladele
- Laurie Steinbach
- Ian Walker
- Pan Zhang

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### 2.2.3 Approval of E-Vote Minutes - Approval of Sponsorship Fee Reduction

The following minutes of the e-vote recorded below are prepared for approval for the September Council meeting.

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On July 28, 2025, the Council Chair approved an expedited e-vote for the reduction of the sponsorship fee from \$3,500 to \$2,000, effective June 9, 2025. The following documents were provided for Council's review:

- Sponsorship Reduction Fee (Cover report)
- CPSA Media Release – Registration Process Changes

During the discussion phase of the e-vote, the following discussion points were noted:

- The costs of administering the program are tied to staff time and are therefore proportional to the work involved. Streamlined processes and reduced staff hours lower the true overhead, freeing up capacity for other CPSA work.
- Beyond financial accuracy, lowering the fee reduces barriers to licensure, for which the change is particularly significant for marginalized groups, where high costs have a disproportionate impact, and aligns with an anti-racism and anti-discrimination perspective.
- The date selected for the change in the sponsorship fees of June 9, 2025, does not need to be tied to the anniversary date when CPSA commenced accepting private sponsorships. CPSA reviewed the costs of running the program and is proposing that the lower fees be implemented now.

Voting members of Council were invited to vote on the motion wherein there was a majority vote, recorded on July 29, 2025. The motion is recorded below.

### Motion C33-25

Moved by Garnet Clark and seconded by Richard Buckley that Council approves a decrease in the sponsorship application fee from \$3,500 to \$2,000, effective June 9, 2025. Carried.

**Agenda Item Title: 3.1 Executive Committee – Meeting Summary Report**

**Meeting date: 9/18/2025**

Submission to: Council

Submitted by: Executive Committee

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**Action requested:**

- ☐ For approval.
- ☐ For discussion.
- ☒ For information only. No action required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☒ Highest Quality, Ethical and Compassionate Care
- ☐ Authentic Indigenous Connections
- ☒ Proactive and Innovative Approach
- ☒ Anti Racism & Anti-Discrimination
- ☐ Enhanced Partnerships

**Agenda item details**

**Background:**

Provide all situational context and any historical background.

At its August 12 meeting, the Executive Committee considered the following items:

1. **Council Meeting Agenda for September 2025:** The Committee used the following input to develop the agenda for the September Council meeting and discussed how to structure the items for discussion:
  - a. Data from the May Council Meeting Feedback Survey
  - b. Council Action Items Tracker
2. **Governance Review Implementation Plan:** The Committee received an update on the plan and discussed the Draft Performance Measurement Framework that will be presented to Council for discussion.
3. **External Meetings:** An update was provided regarding previous and upcoming meetings with provincial officials and stakeholders.

### **Alignment with CPSA’s mandate to protect and serve the public interest:**

**Necessary for all “For approval” reports.** If this agenda item is for discussion or information, fill this section as needed. Show alignment by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

N/A

### **Anti-racism, anti-discrimination, and equity considerations:**

Describe considerations of potential impacts of equity, racism, and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

Anti-racism, anti-discrimination, and equity considerations are incorporated into all reports reviewed and deliberated on by the Executive Committee.

### **Next Steps:**

Describe what will happen next if this item is approved or discussed.

N/A

**Agenda Item Title: 3.2.1 Governance Committee – Meeting Summary Report**

**Meeting date: 9/18/2025**

Submission to: Council

Submitted by: Governance Committee

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**Action requested:**

- ☐ For approval.
- ☐ For discussion.
- ☒ For information only. No action required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☒ Highest Quality, Ethical and Compassionate Care
- ☐ Authentic Indigenous Connections
- ☒ Proactive and Innovative Approach
- ☒ Anti Racism & Anti-Discrimination
- ☐ Enhanced Partnerships

## Agenda item details

**Background:**

Provide all situational context and any historical background.

At its June 26 meeting, the Governance Committee considered the following items:

1. **ARADAAC as a Standing Committee:** The Committee discussed and gave approval in concept for the renaming of the Anti-Racism Anti-Discrimination Action Advisory Committee to the Anti-Racism and Anti-Discrimination (ARAD) Committee, and for the transitioning of the Committee from a Priority Committee to a Standing Committee. This transition would recognize that advising Council on anti-racism, anti-discrimination and equity considerations would be an ongoing priority in CPSA's governance structure and operations.
2. **Council Elections & Nominations:** The Committee received an update on the Council elections and nominations process.
3. **Council Retreat 2026 – Strategic Planning Approach:** The Committee discussed an approach to strategic planning, weighing the options for a

traditional planning approach or an integrated planning and support model. For the first approach, this would begin with focused engagement in fall 2025 and concluding prior to implementation (presumably in 2027). It would be a mirror of the process used for the current plan and would require Council and CPSA Leadership to oversee execution and progress independently once finalized. The integrated approach would involve engaging a vendor to support the development of the new strategic plan and continue working with Council throughout its implementation, to support continuity, reinforce accountability and provide Council with high-level strategic guidance over the life of the new plan. The Committee provided direction to support a traditional planning approach.

4. **Council Policies: In-Camera Sessions Policy:** As part of its regular policy review cycle, the Committee considered proposed revisions to the policy. Changes included reformatting into CPSA's policy template, aligning content with recent CPSA bylaw amendments, and improving clarity, structure, and coherence. The Committee requested updated wording on how in-camera decisions should be made and recorded. This wording was revised and subsequently approved at their August 13, 2025 meeting.

#### 5. Council Registration Policies:

- a. The Committee will recommend that Council rescinds the **Return to Practice Assessment Policy** and the **Change in Scope Assessment Policy** on the basis that they inappropriately constrain the statutory discretion assigned to the Registrar; may infringe upon the Registrar's operational policy-making authority, contrary to administrative law principles; and represent a well-intentioned but incorrect assumption of Council's role in registration decisions.
  - b. The Committee will recommend that Council rescinds the **English Language Proficiency Policy** to clarify who holds decision-making authority in the licensure process and clarify the distinct roles of the Registrar and Council, making it easier for applicants to know where to direct concerns or appeals if they believe a decision was unfair or biased.
  - c. The Committee will recommend that Council rescinds the **Verification of Documents Policy** and **Updating of Credentials Policy** to reduce regulatory confusion on who holds the decision-making authority to verify documents and update credentials.
6. **Bylaw Amendment – English Language Proficiency:** The Committee will recommend that Council amends its bylaws on English language proficiency to include the discretion of the Registrar to waive these requirements, thus supporting a more flexible approach to registration.

- 7. Bylaw Amendment and Policy Introduction – Recognition of Regulated Professionals Registered in Other Jurisdictions:** The Committee will recommend that Council amend its bylaws and approve a new policy allowing the Registrar to approve equivalent jurisdictions, to aid in removing any real or perceived barriers to physicians coming to practice in Alberta.

### Alignment with CPSA’s mandate to protect and serve the public interest:

**Necessary for all “For approval” reports.** If this agenda item is for discussion or information, fill this section as needed. Show alignment by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

In its deliberations, the Committee considers the potential impact on the public, where relevant, to ensure its recommendations to Council uphold CPSA’s mandate. The Committee is also committed to upholding good governance practices that are transparent, efficient, inclusive, participatory, and accountable.

### Anti-racism, anti-discrimination, and equity considerations:

Describe considerations of potential impacts of equity, racism, and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

Anti-racism, anti-discrimination, and equity considerations are incorporated into all reports reviewed and deliberated on by the Governance Committee.

### Next Steps:

Describe what will happen next if this item is approved or discussed.

The following reports will be brought to Council at the September 2025 meeting:

- ARADAAC as a Standing Committee
- In-Camera Sessions Policy
- Return to Practice Assessment Policy
- Change in Scope Assessment Policy
- English Language Proficiency Policy
- Verification of Documents Policy
- Updating of Credentials Policy



- Bylaw Amendment – English Language Proficiency
- Bylaw Amendment – Recognition of Regulated Professionals Registered in Other Jurisdictions
- Policy Introduction – Recognition of Regulated Professionals Registered in Other Jurisdictions

**Agenda Item Title: 3.2.2 Governance Committee - ARADAAAC as a Standing Committee of Council**

**Meeting date: 9/18/2025**

Submission to: Council

Submitted by: Governance Committee

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**Action requested:**

- ☒ For approval.
- ☐ For discussion.
- ☐ For information only. No action is required.

**Strategic Alignment:**

Choose the strategic direction(s) that this agenda item supports. Select all relevant options. If none apply, leave this section blank.

- ☒ Highest Quality, Ethical and Compassionate Care
- ☒ Authentic Indigenous Connections
- ☒ Proactive and Innovative Approach
- ☒ Anti Racism & Anti-Discrimination
- ☒ Enhanced Partnerships

**Agenda item details**

**Recommendation:**

Clearly outline the decision requiring approval. If this agenda item is intended solely for discussion or informational purposes, delete this section.

That Council approves:

- (a) Renaming the committee the Anti-Racism and Anti-Discrimination (ARAD) Committee, and
- (b) Transitioning the committee from a Priority Committee to a Standing Committee of Council to recognize that advising Council on anti-racism, anti-discrimination and equity considerations will be on ongoing priority in CPSA's governance structure and operations.

### **Background:**

Provide all situational context and any historical background.

At its June 26 meeting, the Governance Committee reviewed, discussed and supported a recommendation from the Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC) to rename the Committee and transition the Committee from a Priority Committee to a Standing Committee.

In March 2021, CPSA Council unanimously approved the Committee, which is composed of subject matter experts with a common purpose of informing Council on ways to reduce the impact of racism and discrimination on patient care. The Committee does not function to advance the interests of any specific group(s).

### **Changing the Name**

To clarify the rooting of this work in CPSA's mandate to protect the public, and make the Committee's mission more visible and relevant to interested partners, the Committee proposes simplifying its name by changing it to Anti-Racism Anti-Discrimination Committee (ARAD).

### **Shifting Committee Status**

In 2022, the ARAD Committee, along with the Indigenous Advisory Circle, were named as Priority Committees of Council, aligning with the strategic direction set out in CPSA's 2022–2026 Strategic Plan. Prior to this, there had been no distinction or recognition of "priority" status for committees.

#### The need for a shift

As the 2022–26 Strategic Plan winds down, a Priority Committee classification—typically reserved for temporary strategic focuses—no longer reflects the foundational and enduring nature of the ARAD Committee's mandate.

Over the course of its work, the ARAD Committee has uncovered the need for sustained, structural attention to anti-racism, anti-discrimination and equity. Elements and implications of bias, racism, discrimination and inequity cut across all operational and regulatory aspects of CPSA. This work warrants ongoing oversight and is grounded in CPSA's value of being the right thing to do.

#### How do the proposed changes impact Council?

This change would represent little-to-no impact to Council's current relationship to the ARAD Committee. The committee would continue its advisory role to Council, with no change to its purpose, meeting frequency, member composition or budget.

### Jurisdictional scan

What is being proposed is not uncommon. Several organizations have established standing committees or equivalent governance structures dedicated to equity, anti-racism, and anti-discrimination. Examples include the Federation of Canadian Municipalities (FCM), Association of Faculties of Medicine of Canada (AFMC) and the Canadian Bar Association (CBA).

### **Alignment with CPSA’s mandate to protect the public:**

Necessary for all “For approval” reports. If this agenda item is for discussion or information, this section can still be completed as needed. Alignment can be shown by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

CPSA’s regulatory obligation to protect the public and act in the public interest includes addressing systemic inequities that impact patient care and access. The ARAD Committee supports Council in achieving CPSA’s mission by advising on how all Albertans can receive high-quality, fair, and ethical care, and bringing attention to Albertans from equity-deserving communities historically underserved by the healthcare system.

The ARAD Committee, through its advisory role, enhances standards of practice, brings awareness to culturally safe practices, and supports guidance and education aimed at addressing discrimination in healthcare settings.

### **Anti-racism, anti-discrimination and equity considerations:**

Describe considerations of potential impacts of equity, racism and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

Moving to Standing Committee status signals a recognition that addressing racism and discrimination is not a time-bound initiative but rather a core governance priority. This change helps to ensure that historically marginalized voices remain represented in Council decision making and CPSA’s regulatory work, even after the conclusion of the 2022-26 Strategic Plan.

The ARAD Committee’s diverse membership—including physicians and learners from Black, Indigenous, and other equity-deserving communities—ensures CPSA Council will continue to be trauma-informed and representative in its governance.

**Next Steps:**

Describe the actions to be taken if this is approved or discussed.

If Council approves these changes:

1. The newly-named ARAD Committee would redraft its Terms of Reference (TOR) to incorporate the changes.
2. A revised TOR would be brought to the Governance Committee in October and, if approved, to Council in December.

**Agenda Item Title: 3.2.3 Council Policy – In-Camera Sessions Policy**

**Meeting date:** 9/18/2025

Submission to: Council

Submitted by: Governance Committee

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**Action requested:**

- ☒ For approval by: Governance Committee
- ☐ For discussion.
- ☐ For information only. No action is required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☐ Highest Quality, Ethical and Compassionate Care
- ☐ Authentic Indigenous Connections
- ☐ Proactive and Innovative Approach
- ☐ Anti Racism & Anti-Discrimination
- ☐ Enhanced Partnerships

**Agenda item details**

**Recommendation:**

Clearly outline the decision requiring approval. If this agenda item is intended solely for discussion or informational purposes, delete this section.

Council is asked to approve the revised In-Camera Sessions Policy.

**Background:**

Provide all situational context and any historical background.

The Governance Committee is responsible for recommending, reviewing and developing Council policies in collaboration with other Committees as necessary. The Committee is also responsible for monitoring the language of bylaws, terms of reference, policies and communications for barriers which could limit diversity and inclusion on Council.

The **In-Camera Sessions Policy** was created in 2023 to provide guidance to Council for initiating and participating in in-camera sessions. According to the Policy Review Schedule for 2025, this policy is being submitted for Council approval after review by, and support from, the Governance Committee.

Revisions have been made to the policy based on review by:

- The Governance Committee
- CPSA's internal Equity, Diversity and Inclusion Committee, and
- the Office of the Registrar.

Revisions have also been contemplated after review of governance policies available from the College of Physicians and Surgeons of British Columbia, Manitoba and Saskatchewan.

The revised policy has been formatted using the CPSA policy template and improved for clarity, structure and coherence. While no significant updates to processes have occurred, the policy now benefits from:

- inclusion of guidance for Committees in line with Council's May 2025 bylaw changes, and
- enhanced detail around voting procedures, record keeping and who can be present to balance accountability and transparency.

### **Alignment with CPSA's mandate to protect the public:**

**Necessary for all "For approval" reports.** If this agenda item is for discussion or information, this section can still be completed as needed. Alignment can be shown by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

The *Health Professions Act* expects Council to operate with transparency, accountability and integrity in its deliberations and decisions. An In-Camera Sessions Policy helps to ensure that only appropriate matters are discussed privately, and standard processes are followed to protect confidentiality. To this end, this policy aims to build trust—both from the public and from regulated members.

### **Anti-racism, anti-discrimination and equity considerations:**

Describe considerations of potential impacts of equity, racism and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

There were no concerns identified from an equity, diversity and inclusion perspective.

### **Next Steps:**

Describe the actions to be taken if this is approved or discussed.

Following Council approval, the revised policy will be uploaded to the Council website and communicated to relevant stakeholders.

### **Supporting Documents**

Include links to all relevant supporting documents for this agenda item. If there are no supporting documents, delete this section.

- |   |
|---|
| <ol style="list-style-type: none"><li>1. In-Camera Sessions Policy (current)</li><li>2. In-Camera Sessions Policy (revised draft)</li></ol> |
|---|



## Council Policy

Policy Title	In Camera Sessions Policy
Date Revised	November 1, 2023
Date of next Review	September 2025

### 1. POLICY STATEMENT

In camera sessions are parts of Council meetings that are not held in public.

As a professional regulatory body, with a mandate to protect the public, CPSA Council places a high priority on making decisions in public meetings. For the purposes outlined in the CPSA Bylaws, there is provision for using in camera sessions. In camera sessions will therefore be used only for the purposes outlined in the Bylaws.

### 2. PURPOSE

This Policy provides guidance to Council Executive in chairing meetings, and to Council for participating in meetings. Guidance regarding who will be part of in camera sessions and the process for moving in and out of in camera sessions is also provided.

### 3. SCOPE

All of Council and CPSA Team members attending Council meetings will understand the role of the Chair in moving the meeting in camera, and the role of the Chair in deciding who will attend in camera.

## **4. POLICY**

### **a) Default for Decision-making is the Public Meeting**

Whenever possible, decisions will be taken in the public meeting. Especially when an agenda item is public and an in camera session is only required for a portion of the discussion. Following in camera discussion, the Chair will close the in camera portion of the meeting and re-open the public meeting, and the decision will be made in public and form part of the public meeting Minutes.

### **b) Initiation of an in camera session**

CPSA Council has in camera sessions built into every Council meeting agenda. The content and agenda items of in camera sessions must follow the reasons for Council to go in camera, as outlined in Bylaw 20(27):

- i. advice from legal counsel or other privileged information;
- ii. financial, personnel or other matters that are of such a nature that avoiding public disclosure of information outweighs adhering to the principle that Council meetings be open to the public;
- iii. information that the College is otherwise required by law to keep confidential; and
- iv. any matter that would reveal private information about an individual.

In addition to the regularly-scheduled in camera sessions, Council may agree to move in camera should one of the reasons for an in camera discussion be encountered during a meeting. A motion to move in camera will be agreed to by consensus or voted on by Council.

### **c) Participation in an in-camera session**

The CPSA Bylaws state the following:

20(28) An in-camera session or portion thereof involves members of Council and, at the discretion of the Chair, may involve non-voting members of Council, the Registrar, and other resource persons as the Chair may determine.

For the regularly-scheduled in camera sessions, which have agenda items attached to them, the Chair is able to make decisions in advance as to the inclusion of non-voting members of Council, the Registrar and other CPSA Team

members. Attendance can be determined before the start of the meeting, and attendance may be included in the in camera session agenda that is published.

For in camera discussions that are called during the meeting, the Chair may ask Council to stand at ease, while the Chair considers the topic of discussion, and whether or not non-voting and CPSA Team members should be asked to leave the room. During the short time period when Council is standing at ease, the Council Chair will weigh which attendees will bring value and input to the discussion to be held in camera. Non-voting Council members and CPSA Team members who are not needed for the discussion, will be asked to leave the room.

#### **d) Being open and transparent about the purpose of in camera sessions**

When the Chair moves a meeting from public to in camera, they will state the reason (from the Bylaws) for doing so.

The agenda items for regularly-scheduled in camera sessions are published on the CPSA website. All attendees of the regularly-scheduled in camera sessions will be listed with the agenda for the regularly-scheduled in camera session.

#### **e) Responsibilities of the Chair**

The Council Chair is responsible for:

- i. making decisions on who (other than voting Council members) will attend in camera sessions of Council.
- ii. ensuring the in camera topics are those that are permitted by Bylaw 20(27).
- iii. ensuring that the discussion while in camera does not stray beyond the reason that an in camera session was called.

### **5. APPROVAL**

Council

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

[CPSA Bylaws](#)

## 7. DOCUMENT HISTORY

VERSION NO.	Version Date	DESCRIPTION OF CHANGE
1	September 7, 2023	NEW
2	November 1, 2023	Revisions per September 2023 Council meeting
APPROVAL	DATE	Signature
September 2023 Council meeting	September 7, 2023 (with last review by Governance Committee November 1, 2023)	

		<b>Policy Number</b>	
<b>Effective Date</b>	Sept. 7, 2023	<b>Review Period</b>	Every 3 years
<b>Date of Last Review</b>	Nov. 1, 2023	<b>Policy Owner</b>	Council

### 1.0 Purpose

As a professional regulatory body, with a mandate to protect the public, CPSA Council places a high priority on making decisions in public meetings; however, there are provisions for using in-camera sessions.

The purpose of this policy is to establish clear guidance on the appropriate use of in-camera sessions and procedures for maintaining confidentiality. This policy also enables Council and its Committees to deliberate on sensitive matters privately and responsibly, supporting decision-making that is lawful, fair, and in the public interest.

### 2.0 Scope/Application & Authorities

According to CPSA Bylaws, Council is authorized to establish policies for in-camera sessions for Council and Committee meetings. This policy shall apply to in-person and virtual meetings.

### 3.0 Definitions

Term	Definition
In-camera session	A portion of a meeting held privately and closed to the public to allow for confidential discussion.

### 4.0 Policy Details

#### 4.1 Reasons for In-camera Sessions

In-camera sessions should be reserved for matters that are confidential in nature and where public disclosure could be detrimental to the organization, individuals, or the integrity of the deliberation process. These include:

- Advice from legal counsel or other privileged information.
- Information that CPSA is otherwise required by law to keep confidential.
- Any matter that would reveal private information about an individual or group.
- Financial, personnel or other sensitive matters.

- For Council, this includes circumstances where the need to protect sensitive information outweighs the principle of conducting meetings in public.
- For Committees, which do not meet publicly, in-camera sessions may be used to further restrict access to discussion where heightened confidentiality is required.

#### 4.2 **Authority to Convene In-camera sessions**

Council or Committee Chairs may schedule in-camera items in advance as part of the meeting agenda or initiate an in-camera session during a meeting, based on the nature and sensitivity of the matter to be discussed. Council or Committee members may also propose an in-camera session at any time during a meeting.

The Council or Committee Chair should ensure that the in-camera discussion stays focused on the approved topic and aligns with the reasons outlined in this policy.

#### 4.3 **Attendance at In-camera Sessions**

Council in-camera sessions include Council members. Often, they include the Registrar & CEO and other members of the senior leadership team. They may include others at the discretion of the Chair.

Committee in-camera sessions are generally restricted to Committee members only and may include others at the discretion of the Committee Chair.

Attendance to in-camera sessions can be determined ahead of the meeting and listed on the agenda.

#### 4.4 **Procedures for Conducting Unscheduled In-Camera sessions**

A decision to initiate an unscheduled in-camera session during a meeting must be supported by a majority vote or consensus.

The Chair may pause the meeting to determine whether any non-member participants (e.g., CPSA team members, external advisors, guests) should remain, based on the relevance of an individual's role and their potential contribution to the matter under discussion.

The Chair will inform all attendees of the decision, and those not required for the discussion will be asked to leave the room or meeting platform for the duration of the in-camera session.

#### 4.5 **Confidentiality Expectations**

All attendees of in-camera sessions are expected to uphold the highest standards of confidentiality. Information shared or discussed during these sessions should not be disclosed outside the session unless authorised by the Chair.

#### 4.6 **Reporting and Documentation**

Only those listed on the agenda should have access to supporting documents for scheduled in-camera sessions.

The official minutes of the Council or Committee meeting should reflect that an in-camera session occurred, including the start and end times, the general topic or category of discussion (e.g., legal, personnel, audit), and the titles of individuals in attendance.

When consensus on a motion or decision has been reached in-camera, it should be captured so that it can be brought into a public meeting. All decisions and motions arising from in-camera discussions should be made and documented in a public meeting unless confidentiality prohibits it. At the discretion of the Chair, a report or summary of the discussion may be shared publicly, provided it does not compromise the confidentiality of the matters discussed.

All records related to in-camera sessions must be securely stored and accessible only to authorized individuals.

### **Relevant Documents**

- CPSA Bylaws
- CPSA Confidentiality and Non-Disclosure Agreement

### **Document History**

<b>Review Date</b>	<b>Revision/Change</b>
Sept. 7, 2023	Policy created
Nov. 1, 2023	Policy revised

**Agenda Item Title: 3.2.4.1 Governance Committee - Registration Policy -  
Registration Assessment Policies**

**Meeting date:** 9/18/2025

Submission to: Council

Submitted by: Governance Committee

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**Action requested:**

- ☒ For approval.
- ☐ For discussion.
- ☐ For information only. No action required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☒ Highest Quality, Ethical and Compassionate Care
- ☐ Authentic Indigenous Connections
- ☒ Proactive and Innovative Approach
- ☐ Anti Racism & Anti-Discrimination
- ☐ Enhanced Partnerships

## Agenda item details

**Recommendation:**

Clearly outline the decision requiring approval. If this agenda item is for discussion or informational purposes, delete this section.

It is recommended that Council rescinds the ***Return to Practice Assessment Policy*** and the ***Change in Scope Assessment Policy*** on the basis that the policies

- a. inappropriately constrain the statutory discretion assigned to the Registrar,
- b. may infringe upon the Registrar's operational policy-making authority, contrary to administrative law principles, and
- c. represent a well-intentioned but incorrect assumption of Council's role in registration decisions.

It is with the understanding that they are more appropriately administered as Registrar policies.



### **Background:**

Provide all situational context and any historical background.

The Return to Practice Assessment Policy ensures that physicians formerly registered in Alberta are prepared to safely re-enter practice. It applies to those previously on the Provisional or General Register who are currently unregistered and/or have not practiced for three or more years. The Change in Scope Policy ensures physicians who are already practicing in Alberta have the training, experience and competence to safely add medical services to their practice.

These policies, while developed with the intent to uphold public safety and professional standards, imposes rigid procedural and outcome-based requirements that may conflict with the statutory discretion granted to the Registrar under the *Health Professions Act (HPA)* - see HPA sections 28 through 40.1. They also risk making CPSA less administratively effective than the legislation intended.

Under the HPA, Council's role is to set standards through bylaws and to hear appeals of the Registrar's decisions (see HPA sections 31 and 41). Because of this, the policies introduce confusion in the governance structure. For these foregoing reasons, the Governance Committee recommends that Council rescinds both policies.

### **Alignment with CPSA's mandate to protect and serve the public interest:**

**Necessary for all "For approval" reports.** If this agenda item is for discussion or information, fill this section as needed. Show alignment by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

These proposed changes strengthen CPSA's governance by adding clarity and aligning regulatory instruments (Regulation, Bylaw and General Register policies).

### **Anti-racism, anti-discrimination, and equity considerations:**

Describe considerations of potential impacts of equity, racism, and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

These changes clarify for applicants the decision-making authority in the licensure process. They also clarify the distinct roles of the Registrar and Council, making it easier for applicants to know where to direct concerns or appeals if they believe a decision was unfair or biased.

### **Next Steps:**

Describe what will happen next if this item is approved or discussed.

The policies will be removed from the CPSA Council policy webpage with the understanding that they are more appropriately administered as Registrar policies.

The Registrar and Assistant Registrar, Registration, will continue to monitor the effectiveness of the policies and determine their most appropriate placement on the CPSA website. In addition, broader quality improvement and clarification work related to registration policies will also be undertaken.

### **Supporting Documents**

Include links to all relevant supporting documents for this agenda item. If there are no supporting documents, delete this section.

1. Return to Practice Assessment Policy
2. Change in Scope Assessment Policy

POLICY TITLE	Return to Practice Assessment
PURPOSE	Ensure physicians who were previously registered in Alberta are ready for a safe return to practice.
SCOPE	Return to practice applies to those physicians previously registered in Alberta on either of the Provisional or General Register, who are no longer registered and/or have not practiced for three or more years.
NOTES	CPSA Assistant Registrar for Registration or designate(s) reviews the request and determines whether an assessment and additional training is required. CPSA confirms the details of the necessary assessment and training, which is to be arranged by the requesting physician. All associated costs are the responsibility of the requesting physician.

**LAST REVISED: SEPTEMBER 9, 2021**  
**APPROVED BY COUNCIL: SEPTEMBER 9, 2021**

## POLICY STATEMENT

Physicians applying for a return to practice, who were registered with CPSA on either of the Provisional or General Register but have been absent for three or more years, must complete the following requirements:

- 1) Apply for a Return to Practice, using the application form provided on CPSA website.
- 2) Identify the length of time being out of practice in Alberta.
- 3) Identify scope of practice prior to absence.
- 4) Identify any formal training related to the proposed return to practice area within the past three years.
- 5) Identify if any formal training is planned, related to the proposed return to practice area.
- 6) Identify if the proposed return to practice applies to a group practice or hospital setting.
- 7) Comply with the assessment process, results and any actions required, following review by CPSA.
- 8) Submit a satisfactory criminal record check.

## **SUPPORTING DOCUMENTS**

- [Return to Practice Information](#)
- [Application for Return to Practice](#)
- [Re-entering Medical Practice or Changing Scope of Practice](#)
- [Criminal record check policy](#)

## **RESPONSIBILITIES**

The Registrar is given the authority to determine applications for registration under sections 28 to 30 of the *Health Professions Act* (the HPA). Section 20 of the HPA allows the Registrar to delegate functions and duties to another person. The Registrar has delegated his duties and responsibility under Part 2 of the HPA to the Assistant Registrar responsible for registration.

## **APPROVAL**

Council governing the College of Physicians and Surgeons of Alberta

## **AUTHORITY DOCUMENTS**

- [Health Professions Act](#)
- [Health Professions Act: Physicians, Surgeons, Osteopaths and Physician Assistants Profession Regulation](#)
- [CPSA Bylaws](#)

POLICY TITLE	Change in Scope Assessment
PURPOSE	Ensure physicians who are already practicing in Alberta have the training, experience and competence to safely add medical services to their practice.
SCOPE	Change in scope for a physician on the Provisional or General Register may be services not previously provided, or services not provided regularly.
NOTES	<p>CPSA confirms the details of the necessary assessment and training to be arranged by the requesting physician. The associated costs are the responsibility of the requesting physician.</p> <p>Physicians currently registered with CPSA and have recently obtained certification from either the Royal College of Physicians and Surgeons of Alberta (RCPSC) or the College of Family Physicians of Canada (CFPC), are not required to complete a Change in Scope Application Form. Such physicians need to contact <a href="mailto:registration@cpsa.ab.ca">registration@cpsa.ab.ca</a> about their new credentials and a Registration Administrator will follow-up with next steps.</p>

**LAST REVISED: SEPTEMBER 9, 2021**  
**APPROVED BY COUNCIL: SEPTEMBER 9, 2021**

## POLICY STATEMENT

Physicians applying for a change in scope of practice, who are currently registered with CPSA but have not recently been certified with either RCPSC or CFPC, must complete the following requirements:

- 1) Apply for a Change in Scope, using the application form provided on the CPSA website.
- 2) Clarify if the current scope of practice will be restricted or expanded and provide a description of the proposed changes.
- 3) Identify formal training taken related to the proposed practice area.
- 4) Identify if formal training is planned for the proposed practice area.
- 5) Identify if the proposed change in scope of practice applies to a group practice or hospital setting.
- 6) Comply with the assessment process, results and any actions required, following review by CPSA.

## **SUPPORTING DOCUMENTS**

- [Change in Scope](#)
- [Application for a Change in Scope of Practice](#)
- [Re-entering Medical Practice or Changing Scope of Practice](#)

## **RESPONSIBILITIES**

The Registrar is given the authority to determine applications for registration under sections 28 to 30 of the *Health Professions Act* (the HPA). Section 20 of the HPA allows the Registrar to delegate functions and duties to another person. The Registrar has delegated his duties and responsibility under Part 2 of the HPA to the Assistant Registrar responsible for registration.

## **APPROVAL**

Council governing the College of Physicians and Surgeons of Alberta

## **AUTHORITY DOCUMENTS**

- [Health Professions Act](#)
- [Health Professions Act: Physicians, Surgeons, Osteopaths and Physician Assistants Profession Regulation](#)
- [CPSA Bylaws](#)

**Agenda Item Title: 3.2.4.2 Governance Committee - Registration Administrative Policies**

**Meeting date: 9/18/2025**

Submission to: Council

Submitted by: Governance Committee

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**Action requested:**

- ☒ For approval
- ☐ For discussion.
- ☐ For information only. No action is required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☒ Highest Quality, Ethical and Compassionate Care
- ☐ Authentic Indigenous Connections
- ☒ Proactive and Innovative Approach
- ☐ Anti Racism & Anti-Discrimination
- ☐ Enhanced Partnerships

**Agenda item details**

**Recommendation:**

Clearly outline the decision requiring approval. If this agenda item is intended solely for discussion or informational purposes, delete this section.

It is recommended that Council rescind the following three Administrative policies as Council-approved policies: **English Language Proficiency Policy, Verification of Documents Policy, and Updating of Credentials Policy**, with the understanding that they are more appropriately administered as Registrar policies.

**Background:**

Provide all situational context and any historical background.

Council approved the three administrative policies in 2021 to support physician competence (See Appendix, Table 1: Council Administrative Policies Overview for background). It now appears that it would have been beyond Council's legal authority to approve these policies at that time. Rescinding these policies would clarify that these are not Council-approved policies and appropriately administered as Registrar policies.

### Legislative Authority

- **English Language Proficiency Policy:** Under the *Health Professions Act (HPA)* the Registrar is given authority and accountability for making registration decisions (see HPA sections 28 to 40.1). In contrast, Council's role is to set standards through bylaws and to hear appeals of the Registrar's decisions (see HPA sections 31 and 41). CPSA Bylaws already define clear, measurable English language proficiency standards, which fulfills Council's obligations.
- **Verification of Documents Policy and Updating of Credentials Policy:** Under the *Health Professions Act (HPA)*, Council's role is limited to establishing bylaws related to document verification (see s. 33(4)(b)(ii)). CPSA's bylaws specify which documents must be verified, and the Registrar has authority and is accountable for determining and managing the document verification process.

The continued reference to Council's approval authority within these policies introduces confusion in the governance structure.

For these foregoing reasons, the Governance Committee recommends that Council rescinds all three policies as Council-approved policies, thus restoring accountability and authority to the CPSA Registrar.

### **Alignment with CPSA's mandate to protect the public:**

**Necessary for all "For approval" reports.** If this agenda item is for discussion or information, this section can still be completed as needed. Alignment can be shown by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

Regarding English language proficiency, CPSA bylaws currently require proof of English language proficiency to protect the public and maintain confidence in the profession by ensuring regulated members can communicate effectively with the public and healthcare stakeholders. These requirements will remain in place, as will Council oversight of the bylaws.

Regarding document verification and updating of credentials, the policies help protect the public by ensuring that only qualified, credentialed physicians, surgeons, and osteopaths are licensed to practise in Alberta. Document verification will continue to be part of the registration process, with oversight by, and accountability of, the Registrar.



### **Anti-racism, anti-discrimination and equity considerations:**

Describe considerations of potential impacts of equity, racism and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

These changes clarify who holds decision-making authority in the licensure process for applicants. They would also clarify the distinct roles of the Registrar and Council, making it easier for applicants to know where to direct concerns or appeals if they believe a decision was unfair or biased.

### **Next Steps:**

Describe the actions to be taken if this is approved or discussed.

The policies will be removed from the CPSA Council policy webpage with the understanding that they are more appropriately administered as Registrar policies.

The Registrar and Assistant Registrar, Registration, will continue to monitor the effectiveness of the policies and determine their most appropriate placement on the CPSA website. In addition, broader quality improvement and clarification work related to registration policies will also be undertaken.

### **Supporting Documents**

Include links to all relevant supporting documents for this agenda item. If there are no supporting documents, delete this section.

1. [English Language Proficiency Policy](#)
2. [Verification of Documents Policy](#)
3. [Updating of Credentials Policy](#)
4. [CPSA Bylaws](#)
5. [Health Professions Act](#)

## Appendix

**Table 1: Council Administrative Policies Overview**

<b>Policy</b>	<b>Purpose</b>	<b>Council Approval Date</b>
<b>English Language Proficiency Policy</b>	To ensure that physicians, surgeons, osteopaths, and physician assistants applying for registration in Alberta can communicate effectively with the public and healthcare stakeholders.	September 10, 2021
<b>Verification of Documents Policy</b>	To ensure that the credentials of physicians, surgeons, and osteopaths registering to practice in Alberta are properly verified and recognized by CPSA and Alberta Health when needed.	September 9, 2021
<b>Updating of Credentials Policy</b>	To ensure all physicians, surgeons, osteopaths, and physician assistants update credentials and updates are recognized by the CPSA and Alberta Health as required.	Last revised on March 31, 2021; Approval date is not recorded but presumed to be in 2021.

POLICY TITLE	English Language Proficiency
PURPOSE	This policy is guided by the principles of transparency and fairness. CPSA's objectives for requiring applicants and regulated members to provide proof of English language proficiency are to maintain the public's confidence in the integrity of the profession and protect the public by ensuring that all regulated members are able to maintain communication with the public and all healthcare stakeholders.
SCOPE	This policy applies to physicians, surgeons, osteopaths and physician assistants who: <ul style="list-style-type: none"> <li>• Apply for registration in Alberta</li> </ul>
NOTES	In February 2021, the Board of the Federation of Medical Regulatory Authorities of Canada accepted two additional tests of English language proficiency for inclusion in the Model Standards for Medical Registration in Canada

**LAST REVISED: AUGUST 30, 2021**

**APPROVED BY COUNCIL: SEPTEMBER 10, 2021**

## POLICY STATEMENT

Unless exempt, candidates are required to have completed one of the following English Language Proficiency test:

1. The IELTS Academic - completed within the 24 months before submitting their application to CPSA, achieving a minimum score of 7.0 in each of the four components in a single test.
2. The OET Medicine examination – completed within the 24 months before submitting their application to CPSA, achieving a minimum grade of B in each component in a single test.
3. The CELPIP General examination – completed within the 24 months before submitting their application to CPSA, achieving a minimum score of 9 in each component in a single test.

CPSA will also accept confirmation that the candidate has successfully completed the process to evaluate competency in English Language Proficiency (ELP) from the university that granted the candidate's medical degree.

- This will apply to physicians accepted into postgraduate residencies, fellowships and visiting electives training through the University of Alberta/ Calgary's Postgraduate Medical Education offices. Visiting elective trainees are exempt from ELP testing for the first 90 days.

- The physician will be exempt from any requirement for future testing if CPSA receives confirmation from the university that the candidate successfully completed the university's process to evaluate competency in ELP.

A candidate is **exempt** from ELP testing if:

- Either the undergraduate or postgraduate medical education, including residency and clinical fellowship training, was taken in English in one of the countries that have English as a first and/or native language; or
- The majority of their undergraduate and postgraduate medical education (>50%) was taken in English in one of the countries that have English as a first and/or native language; or
- The candidate is currently in independent practice in Canada or a country where English is the first and/or native language, and was required to achieve ELP prior to registration with another regulatory body.

The following countries are considered English-speaking as their first and/or native language:

Australia, Bahamas, Bermuda, British Virgin Islands, Canada, Ireland, New Zealand, Singapore, South Africa, United Kingdom, United States of America, US Virgin Islands, the Caribbean Islands of Anguilla, Antigua and Barbuda, Barbados, Dominica, Grenada, Grenadines, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent, Trinidad and Tobago.

A candidate from a country where English is widely spoken but not the first or native language will be considered for a waiver of ELP testing according to the criteria above.

## RESPONSIBILITIES

The Registrar is given the authority to determine applications for registration under sections 28 to 30 of the *Health Professions Act* (HPA). Section 20 of the HPA allows the Registrar to delegate functions and duties to another person. The Registrar has delegated his duties and responsibility under Part 2 of the HPA to the Assistant Registrar responsible for registration.

## APPROVAL

Council governing the College of Physicians & Surgeons of Alberta

## AUTHORITY DOCUMENTS

- [Health Professions Act](#)
- [Health Professions Act: Physicians, Surgeons, Osteopaths and Physician Assistants Profession Regulation](#)
- [CPSA Bylaws](#)

# Verification of Documents Policy

POLICY TITLE	Verification of Documents Policy
PURPOSE	Ensure all physicians, surgeons, and osteopaths, documentation and credentials are verified and are recognized by the CPSA and Alberta Health as required.
SCOPE	This policy applies to physicians, surgeons, and osteopaths who: <ul style="list-style-type: none"> <li>Require credentials and documentation such as specialty, sub specialty certification, post graduate training to be verified.</li> </ul>
NOTES	All required, new, or updated credentials (certification in a speciality or subspecialty) must be verified

**LAST REVISED: AUGUST 17, 2021**

**APPROVED BY COUNCIL: SEPTEMBER 9, 2021**

## POLICY STATEMENT

Physicians, surgeons, and osteopaths, who require new or updated documentation and credentials to be verified must:

- 1) Submit required documentation and credentials to PhysiciansApply/Educational Commission for Foreign Medical Graduates (ECFMG) for verification.
- 2) Once the credential is sent for verification and document or credential is verified, the credential verification report is downloaded to the physicians file by CPSA.

## RESPONSIBILITIES

The Registrar is given the authority to determine applications for registration under sections 28 to 30 of the *Health Professions Act* (HPA). Section 20 of the HPA allows the Registrar to delegate functions and duties to another person. The Registrar has delegated his duties and responsibility under Part 2 of the HPA to the Assistant Registrar responsible for registration.

## AUTHORITY DOCUMENTS

- [Health Professions Act](#)
- [Health Professions Act: Physicians, Surgeons, Osteopaths, and Physician Assistants Profession Regulation](#)
- [CPSA Bylaws](#)

# Updating of Credentials Policy

POLICY TITLE	Updating of Credentials Policy
PURPOSE	Ensure all physicians, surgeons, osteopaths, and physician assistants update credentials and updates are recognized by the CPSA and Alberta Health as required.
SCOPE	<p>This policy applies to physicians, surgeons, osteopaths and physician assistant who:</p> <ul style="list-style-type: none"> <li>have obtained new credentials such as specialty or sub specialty certification.</li> </ul>
NOTES	All new or updated credentials (certification in a specialty or subspecialty) must be verified and a new Registration Understanding and Agreement (RUA) signed.

**LAST REVISED: MARCH 31, 2021**

## POLICY STATEMENT

Physicians, surgeons, osteopaths, and physician assistants, who have obtained new credentials must:

- 1) Submit new credential to the CPSA for verification.
- 2) Once the credential is verified, the member must sign a new RUA.
- 3) Once the RUA is signed the member's profile and status will be updated as per the date the RUA is signed and received, and a new practice permit issued to the member.
- 4) If required a letter outlining updated status will then be sent to Alberta Health with the updated information effective the date of the new RUA.

## RESPONSIBILITIES

The Registrar is given the authority to determine applications for registration under sections 28 to 30 of the *Health Professions Act* (HPA). Section 20 of the HPA allows the Registrar to delegate functions and duties to another person. The Registrar has delegated his duties and responsibility under Part 2 of the HPA to the Assistant Registrar responsible for registration.

**AUTHORITY DOCUMENTS**

- [\*Health Professions Act\*](#)
- [\*Health Professions Act: Physicians, Surgeons, Osteopaths and Physician Assistants Profession Regulation\*](#)
- [\*CPSA Bylaws\*](#)

APPROVAL	DATE	SIGNATURE

**Agenda Item Title: 3.2.4.3 Governance Committee - General and Provisional Register Policies**

**Meeting date: 9/18/2025**

Submission to: Council

Submitted by: Governance Committee

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**Action requested:**

- ☒ For approval.
- ☐ For discussion.
- ☐ For information only. No action required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☒ Highest Quality, Ethical and Compassionate Care
- ☐ Authentic Indigenous Connections
- ☒ Proactive and Innovative Approach
- ☐ Anti Racism & Anti-Discrimination
- ☐ Enhanced Partnerships

**Agenda item details**

**Recommendation:**

Clearly outline the decision requiring approval. If this agenda item is for discussion or informational purposes, delete this section.

It is recommended that Council approves the proposed revisions to the **General Register Policy** and the **Provisional Register Policy**.

**Background:**

Provide all situational context and any historical background.

The **General Register Policy** and **Provisional Register Policy** outline the routes physicians must take to obtain registration in Alberta. Specifically, the purpose of these policies is to ensure that all physicians, surgeons, and osteopaths practising medicine in Alberta have the necessary training and competencies to provide safe care to patients.



This includes applicants who meet the requirements for the General Register, as well as those who have not yet met those requirements but are eligible for registration through provisional pathways.

Why are the policies being revised?

The essence of the proposed revisions is to reduce unnecessary administrative barriers for physicians entering the province, while ensuring registration standards continue to reflect the high level of competence expected of all CPSA registrants.

These revisions are also informed by Council decisions in recent months — including Approved Jurisdictions for the General Register — and by the evolving medical landscape in other provinces, where regulatory bodies are shifting toward more flexible, competency-based pathways for licensure. Aligning CPSA policies with these trends helps ensure consistency across jurisdictions and strengthens Alberta’s ability to attract and retain qualified physicians.

Key changes include removing outdated or redundant requirements, aligning eligibility criteria with contemporary training models, and consolidating policies for clarity. The revisions also broaden recognition of equivalent examinations and training pathways, reducing unnecessary hurdles for qualified applicants — particularly internationally trained physicians and Canadian graduates who completed training abroad.

The specific rationale for each policy change, as well as equity and public impact considerations, are outlined in the accompanying *Summary of Changes* document for each policy.

**Alignment with CPSA’s mandate to protect and serve the public interest:**

**Necessary for all “For approval” reports.** If this agenda item is for discussion or information, fill this section as needed. Show alignment by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

The impact on the public is outlined within the summary of changes table, presented alongside each proposed revision.

**Anti-racism, anti-discrimination, and equity considerations:**

Describe considerations of potential impacts of equity, racism, and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

Equity considerations are outlined within the summary of changes table, presented alongside each proposed revision where applicable.

### Next Steps:

Describe what will happen next if this item is approved or discussed.

Once approved, the current policies will be replaced with the revised policies on the CPSA website.

### Supporting Documents

Include links to all relevant supporting documents for this agenda item. If there are no supporting documents, delete this section.

1. General Register Policy – Summary of Changes
2. Provisional Register Policy – Summary of Changes
3. General Register Policy (current)
4. Provisional Register Policy - General Practice/Family Medicine (current)
5. Provisional Register Policy - Specialty Discipline Practice (current)
6. General Register Policy (proposed draft)
7. Provisional Register Policy – Specialty Discipline Practice (proposed draft)

General Register Policy Review - Summary of Changes

Canadian Standard Route

Current Policy	Proposed Policy Change	Rationale	Impact on the Public/Equity Considerations
The <b>name</b> of the policy was the General Register – Canadian Standard Route Policy.	The proposed name is the General Register Policy.	The name ‘Canadian Standard Route’ is not consistent with language in the <i>Health Professions Act</i> (HPA) and associated Regulations. Further, it created confusion for physicians trained internationally who may also qualify for the General Register.	This change reduces confusion for international medical graduates, making Alberta a more attractive place to practice. It also simplifies the policy for easier understanding.
A note on the definition of Canadian Standard Route was included: The Canadian standard is the set of academic qualifications that makes an applicant eligible for full licensure in every Canadian province and territory.	This note has been removed.	The definition would no longer be applicable to the policy, based on the rationale above.	N/A
Physicians were required to be a Licentiate of the Medical Council of Canada (LMCC) or have successfully completed the equivalent United States Medical Licensure Examinations (USMLE).	Physicians are now required to have successfully completed a nationally recognized standardized examination in Canada or in an Approved Jurisdiction as approved by the Registrar, which evaluates the medical knowledge, clinical skills, and professional competencies required to practice medicine in Canada.	<p>Under the <i>Health Professions Act</i> (HPA), applicants are required to have completed a registration examination. Historically, this meant the Licentiate of the Medical Council of Canada (LMCC) qualifying exam series. The exam series has changed and no longer includes part 2. In addition, applicants from Approved Jurisdictions are not required to obtain the LMCC if they have successfully completed other recognized examinations outside of Canada.</p> <p>Rather than listing every possible exam that may qualify, the language has been revised to allow flexibility, while still ensuring that the requirement of a registration examination is met.</p>	These changes will remove barriers and expand opportunities for physicians to practice in Alberta, directly benefiting the public. At the same time, they maintain rigorous standards for international applicants while broadening eligibility to physicians from additional jurisdictions.
The postgraduate training program for Family Medicine physicians	The duration of training (at least 24 months long) was removed, but	A duration requirement is no longer necessary for eligibility. Postgraduate training programs in Canada,	By moving away from rigid time-based requirements and

needed to be <b>at least 24 months long</b> and include four months of community-based primary care and a minimum of eight weeks each of three of the following: Paediatrics, Obstetrics and Gynaecology, Surgery and Internal Medicine.	specific rotations remain. Specific rotations remain because the rotations would be substantively equivalent to Canadian training.	including those overseen by the Royal College and the Canadian College of Family Physicians, are shifting away from time-based training toward a competency-based model. As a result, time-based requirements are becoming increasingly irrelevant. This change leaves the requirements at a more high-level standard and provides the Registrar with greater discretion in assessing individual cases.	focusing on demonstrated competence, the policy ensures that only physicians who have truly mastered the necessary skills are licensed sooner, without compromising standards. This directly benefits the public by increasing opportunities for physicians to be registered at a faster rate.
Physicians must meet discipline-specific postgraduate training and certification <b>within a time limit of 48 months</b> , for specialty disciplines.	The time restriction has been removed.		
Physicians are required to have certification from the College of Family Physicians of Canada (CFPC), the RCPSC or the College des Medecins du Quebec (CMQ).	Physicians are required to have certification from the College of Family Physicians of Canada (CFPC), the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College des Medecins du Quebec (CMQ), <b>certification from Approved Jurisdictions as approved by the Registrar, or certification by successful completion of Royal College Examinations.</b>	<p>Not all applicants hold (RCPSC) certification. However, the RCPSC has identified training programs that are substantively equivalent, which enables them to sit the examinations. Canadian trainees who pass the exams receive certification immediately. For international medical graduates, the RCPSC requires a minimum two-year wait before issuing certification. Other Medical Regulatory Authorities allow physicians to practice once they have passed the exam, even if they have not yet received the certification. Currently, Alberta does <b>not</b> allow such physicians to practice.</p> <p>The additional wording will allow applicants who have completed training deemed by the Royal College as substantively equivalent AND successfully passed the required examinations to begin practicing, even while awaiting formal certification.</p>	These changes will reduce barriers and expand opportunities for physicians to practice in Alberta, which directly benefits the public. They also open pathways for internationally trained physicians who have met the same standards as Canadian graduates.
Physicians must demonstrate English language proficiency, if applicable and submit a satisfactory criminal record check.	These requirements have been removed from the policy.	As these provisions are already required under the HPA, they were removed from this section to eliminate duplication in the policy. Applicants will still be required to demonstrate English language proficiency and submit a criminal records check.	This requirement is already listed on our website as part of the basic criteria for submission. It does not change the information currently available to physicians or the public.

Provisional Register Policy Review - Summary of Changes

Current Policy	Proposed Policy Change	Rationale	Impact on the Public/Equity Considerations
There are <b>two</b> policies: <ul style="list-style-type: none"><li>General Practice/Family Medicine</li><li>Specialty Discipline Practice</li></ul>	There would now be <b>one policy</b> : Specialty Discipline Policy.	Family medicine would now be considered a specialty discipline, therefore, a separate policy on General Practice/Family Medicine becomes irrelevant. The new policy would apply to both family medicine applicants and specialists.	There should be no negative impact on the public or any other group, as the changes are intended to provide applicants with more direct and clear information.
Notes were within the policy providing explanations on the provisional register.	Notes are removed from the policy.	The notes were repetitive of information already within the policy or the Physicians, Surgeons and Osteopaths Profession Regulations.	N/A
Physicians who are not eligible for the General Register have <b>three routes</b> to obtain a permit on the provisional register. *  *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.).	Physicians who are not eligible for the General Register now have <b>one route</b> . <b>Route 1</b> remained with changes.	The rationale for changes to this route are explained below.	These changes reduce barriers and expand opportunities for physicians to practice in Alberta, benefiting the public and making Alberta a more attractive option for applicants from other jurisdictions.
	<b>Route 2</b> required that applicants pass a Supervised Readiness Assessment (SPA). This route was removed.	Route 2 was removed due to a Council approved change to remove Supervised Readiness Assessments (SPA) from CPSA’s registration process, making Route 2 obsolete.	
	<b>Route 3</b> required physicians to have successfully completed discipline-specific postgraduate training of a duration that is within 12 months. This route was removed.	Route 3 was removed because a duration requirement is no longer necessary for eligibility. Postgraduate training programs in Canada, including those overseen by the Royal College, are shifting away from time-based training toward a competency-based model. As a result, time-based requirements are becoming increasingly irrelevant. This change leaves the requirements at a more high-level standard and provides the Registrar with greater discretion in assessing individual cases.	
Physicians must pass the Medical Council of Canada Qualifying Exam Part 1 (MCCQE1) or hold the equivalent United States	Physicians must successfully complete a nationally recognized standardized examination in Canada or an Approved Jurisdiction as approved by the Registrar,	Under the <i>Health Professions Act</i> (HPA), applicants are required to have completed a registration examination. Historically, this meant the Licentiate of the Medical Council of Canada (LMCC) qualifying exam series, up until 2021. However, applicants are no longer required to obtain the LMCC if they have successfully completed other recognized examinations outside of Canada.	These changes will remove barriers and expand opportunities for physicians to practice in Alberta, directly benefiting the public. At the same time, they maintain

Medical Licensure Examinations (USMLE).	which evaluates the medical knowledge, clinical skills, and professional competencies required to practice medicine.	Rather than listing every possible exam that may qualify, the language has been revised to allow flexibility, while still ensuring that the requirement of a registration examination is met.	rigorous standards for international applicants while broadening eligibility to physicians from additional jurisdictions.
Physicians must demonstrate English language proficiency, if applicable and submit a satisfactory criminal record check.	These requirements have been removed from the policy.	As these provisions are already required under the HPA, they were removed from this section to eliminate duplication in the policy. Applicants will still be required to demonstrate English language proficiency and submit a criminal records check.	This requirement is already listed on our website as part of the basic criteria for submission. It does not change the information currently available to physicians or the public.
Physicians must demonstrate currency of <b>independent practice</b> .	Physicians do not need to demonstrate independent practice.	The removal of independent practice allows for possible consideration for Associate Physicians, who work under supervision.	These changes remove barriers and increase opportunities for more physicians to practice in Alberta, directly benefiting the public.
Physicians must meet discipline-specific postgraduate training and certification <b>within a time limit of 48 months</b> , for specialty disciplines.	The time restriction has been removed.	A duration requirement is no longer necessary for eligibility. Postgraduate training programs in Canada, including those overseen by the Royal College, are shifting away from time-based training toward a competency-based model. As a result, time-based requirements are becoming increasingly irrelevant. This change leaves the requirements at a more high-level standard and provides the Registrar with greater discretion in assessing individual cases.	By moving away from rigid time-based requirements and focusing on demonstrated competence, the policy ensures that only physicians who have truly mastered the necessary skills are licensed sooner, without compromising standards. This directly benefits the public by increasing opportunities for physicians to be registered at a faster rate.
The postgraduate training program for Family Medicine physicians needed to be <b>at least 24 months long</b> and include four months of community-based primary care and a minimum of eight weeks each of three of the following: Paediatrics, Obstetrics and Gynaecology, Surgery and Internal Medicine.	The duration of training (at least 24 months long) was removed, but specific rotations remain. Specific rotations remain because the rotations would be substantively equivalent to Canadian training.		
Requirements for specialty and subspecialty disciplines are separated.	Requirements for specialty and subspecialty requirements are combined.	This was an editorial change to simplify the language in the policy.	N/A

Family medicine physicians were required to successfully complete a continuous Family Medicine graduate training <b>outside Canada.</b>	The requirement for training outside Canada has been removed.	This removal is to allow this criterion to apply to Canadian trainees who did not pass the Canadian College of Family Practitioners (CCFP) examination but completed training in other jurisdictions.	These changes reduce barriers and expand opportunities for physicians to practice in Alberta, benefiting the public—especially the group of Canadians who studied abroad and want to return to practice in Alberta.
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POLICY TITLE	General Register – Canadian Standard Route
PURPOSE	Ensure all physicians, surgeons and osteopaths registered to practise medicine in Alberta have the required training and competencies to practise medicine safely.
SCOPE	This policy applies to physicians, surgeons and osteopaths who: <ul style="list-style-type: none"> <li>are registered on the General Register to practise medicine independently and</li> <li>are the most responsible physician in the care of their patients.</li> </ul>
NOTES	The Canadian standard is the set of academic qualifications that makes an applicant eligible for full licensure in every Canadian province and territory.

**LAST REVISED: March 28, 2024**

**APPROVED BY COUNCIL: SEPTEMBER 10, 2020**

## POLICY STATEMENT

Physicians, surgeons and osteopaths who are registered for independent practice and are the most responsible physician in the care of their patients must:

- 1) Have a **medical degree** from a medical school listed in the World Directory of Medical Schools at the time the candidate completed the program. Otherwise, they must have a Doctor of Osteopathic Medicine degree from a school in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.
- 2) Be a **Licentiate of the Medical Council of Canada (LMCC)** **or** have successfully completed the equivalent United States Medical Licensure Examinations (USMLE).
- 3) Meet discipline-appropriate [postgraduate training requirements](#). The requirements for Family Medicine and other specialty disciplines are outlined below.
  - a) **Family Medicine** – The physician must successfully complete an accredited postgraduate training Family Medicine program in Canada **or** successfully complete a continuous Family Medicine postgraduate training program outside Canada and have a verifiable document of completion. If the program is outside Canada, it has to be at least 24 months long and include four months of community-based primary care and a minimum of eight weeks each of three of the following: Paediatrics, Obstetrics and Gynaecology, Surgery and Internal Medicine.
  - b) **Specialty Discipline** – The physician must successfully complete an accredited specialty discipline-specific postgraduate training program in Canada **or**



Successfully complete a continuous specialty discipline-specific postgraduate training program outside Canada and have a verifiable document of completion. If the program is outside Canada, it has to be at least 48 months long and substantively equivalent to the postgraduate training required by the Royal College of Physicians and Surgeons of Canada (RCPSC).

- 4) Have **certification** from the College of Family Physicians of Canada (CFPC), the RCPSC **or** the College des Medecins du Quebec (CMQ).
- 5) Demonstrate [English language proficiency](#), if applicable.
- 6) Submit a satisfactory [criminal record check](#).
- 7) Demonstrate **currency of practice**. This includes evidence of being in discipline-specific postgraduate training or discipline-specific independent practice within the last three years.

## SUPPORTING DOCUMENTS

- [Criminal Record Check policy](#)
- [English language proficiency](#)

## RESPONSIBILITIES

The Registrar is given the authority to determine applications for registration under sections 28 to 30 of the *Health Professions Act* (HPA). Section 20 of the HPA allows the Registrar to delegate functions and duties to another person. The Registrar has delegated his duties and responsibility under Part 2 of the HPA to the Assistant Registrar responsible for registration.

## APPROVAL

Council governing the College of Physicians & Surgeons of Alberta

## AUTHORITY DOCUMENTS

- [Health Professions Act](#)
- [Health Professions Act: Physicians, Surgeons, Osteopaths and Physician Assistants Profession Regulation](#)
- [CPSA Bylaws](#)

# Provisional Register Policy

POLICY TITLE	Conditional Practice – General Practice/Family Medicine
PURPOSE	Ensure all physicians, surgeons and osteopaths who have not met the requirements for CPSA's General Register have the required training and competencies to practise medicine safely.
SCOPE	<p>This policy applies to physicians, surgeons and osteopaths who:</p> <ul style="list-style-type: none"> <li>are registered on CPSA's Provisional Register to practise medicine independently and</li> <li>are the most responsible physician in the care of their patients.</li> </ul> <p>CPSA's Provisional Register permit is for regulated members who have not met the requirements for a General Register, which includes the requirements to have their Canadian credentials.</p>
NOTES	<p>The Provisional Register Conditional Practice may be subject to terms, limitations, conditions and/or restrictions. This includes, but is not limited to, a requirement to successfully complete a Practice Readiness Assessment.</p> <p>Registration on CPSA's Provisional Register is valid for a maximum of six years unless an extension is granted by the Registrar in extenuating circumstances in accordance with the Physicians, Surgeons and Osteopath Regulations.</p> <p>Physicians must meet certain criteria in order to be transferred to the General Register. Ongoing sponsorship is a condition of registration on the Provisional Register.</p>

**LAST REVISED: MARCH 28, 2024**

## POLICY STATEMENT

Physicians who have **not** met the requirements for the General Register may take one of three routes to obtain a provisional permit. They must meet specific criteria—outlined below—for their route.

**Route 1** – Candidates who do **not have eligibility** to receive College of Family Physicians of Canada (CFPC) designation must:

- 1) Have a **medical degree** from a medical school listed in the World Directory of Medical Schools at the time the candidate completed the program. Otherwise, they must have a Doctor of Osteopathic Medicine degree from a school in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.

- 2) **Have passed the Medical Council of Canada Qualifying Exam Part 1 (MCCQE1)** or the equivalent United States Medical Licensure Examinations (USMLE).
- 3) Have passed the MCC [Therapeutics Decision Making Exam](#) (TDM).
- 4) Demonstrate [English language proficiency](#), if applicable.
- 5) Submit a satisfactory [criminal record check](#).
- 6) Successfully complete a continuous Family Medicine [postgraduate training program](#) outside Canada and have a verifiable document of completion. The program has to be at least 24 months long and include four months of community-based primary care and a minimum of eight weeks each of three of the following: Paediatrics, Obstetrics and Gynaecology, Surgery and Internal Medicine.
- 7) Demonstrate **currency of practice**. This includes evidence of being in discipline-specific postgraduate training or discipline-specific independent practice for one (1) year within the last three (3) years.
- 8) Have a [sponsorship letter](#).
- 9) Have passed a [Practice Readiness Assessment \(PRA\)](#). The PRA is comprised of a **Preliminary Clinical Assessment** and a **Supervised Practice Assessment**.

#### Route 2 – Candidates must:

- 1) Have a **medical degree** from a medical school listed in the World Directory of Medical Schools at the time the candidate completed the program. Otherwise, they must have a Doctor of Osteopathic Medicine degree from a school in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.
- 2) **Have passed the Medical Council of Canada Qualifying Exam Part 1 (MCCQE1)** or the equivalent United States Medical Licensure Examinations (USMLE).
- 3) Achieved certification with the [College of Family Physicians of Canada \(CFPC\)](#) or have a ruling that the candidate is eligible to receive the CFPC designation based on recognized training and certification outside Canada.
- 4) Demonstrate [English language proficiency](#), if applicable.
- 5) Submit a satisfactory [criminal record check](#).
- 6) Successfully complete a continuous Family Medicine [postgraduate training program](#) outside Canada and have a verifiable document of completion. The program has to be at least 24 months long and include four months of community-based primary care and a minimum of eight weeks each of three of the following: Paediatrics, Obstetrics and Gynaecology, Surgery and Internal Medicine.
- 7) Demonstrate **currency of practice**. This includes evidence of being in discipline-specific postgraduate training or discipline-specific independent practice within the last three years.
- 8) Have a [sponsorship letter](#).
- 9) Pass a [Supervised Practice Assessment](#).

**Route 3** – Candidates who may be eligible by [approved jurisdictions](#) must:

- 1) Have a **medical degree** from a medical school listed in the World Directory of Medical Schools at the time the candidate completed the program. Otherwise, they must have a Doctor of Osteopathic Medicine degree from a school in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.
- 2) Demonstrate [English language proficiency](#), if applicable.
- 3) Submit a satisfactory [criminal record check](#). For the purposes of this Route only, candidates are required to provide a valid criminal record check from any jurisdiction where they have practiced for more than 90 days within the last five (5) years.
- 4) Successfully complete a continuous Family Medicine [postgraduate training program](#) outside Canada and have a verifiable document of completion and certification from one of the approved jurisdictions. The program has to be at least 24 months long and include four months of community-based primary care and a minimum of eight weeks each of three of the following: Paediatrics, Obstetrics and Gynaecology, Surgery and Internal Medicine.
- 5) Demonstrate **currency of practice**. This includes evidence of being in discipline-specific postgraduate training or discipline-specific independent practice within the last three years.
- 6) Have a [sponsorship letter](#).
- 7) Pass a [Supervised Practice Assessment](#).

## **SUPPORTING DOCUMENTS**

- [English language proficiency policy](#)
- [Criminal record check policy](#)
- [Therapeutics Decision Making Exam \(TDM\)](#)
- [Approved jurisdictions for Route 3](#)

## **AUTHORITY DOCUMENTS**

- [Health Professions Act](#)
- [Health Professions Act: Physicians, Surgeons, Osteopaths and Physician Assistants Profession Regulation](#)
- [CPSA Bylaws](#)

# Provisional Register Policy

POLICY TITLE	Conditional Practice – Specialty Discipline Practice
PURPOSE	Ensure all physicians, surgeons and osteopaths who have not met the requirements for the General Register as a medical or surgical practitioner in a specialty discipline have the required training and competencies to practise medicine safely.
SCOPE	This policy applies to physicians, surgeons and osteopaths who are registered on the Provisional Register Conditional Practice as a practitioner in a medical or surgical specialty discipline. These members practise independently and are the most responsible physician in the care of their patients.
NOTES	<p>The Provisional Register is for regulated members who have not met the requirements for the General Register.</p> <p>The Provisional Register may be subject to terms, limitations, conditions and/or restrictions. These include but are not limited to the requirement to successfully complete a Practice Readiness Assessment.</p> <p>Registration on the Provisional Register is valid for a maximum of six years unless an extension is granted by the Registrar in extenuating circumstances in accordance with the Physicians, Surgeons and Osteopaths Profession Regulations</p> <p>Physicians must meet certain criteria in order to transfer to the General Register. Ongoing sponsorship is a condition of registration on the Provisional Register.</p>

**LAST REVISED:**     **March 28, 2024**

## POLICY STATEMENT

Physicians, surgeons and osteopaths in the practice of a specialty discipline who have **not** met the requirements for the General Register may take one of two routes to obtain a provisional permit. They must meet specific criteria—outlined below—for their route:

### Route 1 – Candidates must:

- 1) Have a **medical degree** from a medical school listed in the World Directory of Medical Schools at the time the candidate completed the program. Otherwise, they must have a Doctor of Osteopathic Medicine degree from a school in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.
- 2) Have passed the **Medical Council of Canada** Qualifying Exam Part 1 (MCCQE1) or hold the equivalent United States Medical Licensure Examinations (USMLE).

- 3) Demonstrate [English language proficiency](#), if applicable.
- 4) Submit a satisfactory [criminal record check](#).
- 5) Demonstrate **currency of practice**. This includes evidence of having been in discipline-specific postgraduate training or discipline-specific independent practice for one (1) year within the last three (3) years.
- 6) Obtain an [sponsorship letter](#).
- 7) Pass a [Practice Readiness Assessment \(PRA\)](#), comprised of the **Preliminary Clinical Assessment** and a **Supervised Practice Assessment**.
- 8) Meet discipline-specific post-graduate training and certification requirements. The requirements are outlined below.
  - a. **Specialty Discipline** – The physicians must have at least 48 months of discipline- specific postgraduate training. Both the training and certification process must be substantively equivalent to that required by the Royal College of Physicians and Surgeons of Canada (RCPSC). They must be able to produce a verifiable document of completion of discipline-specific training and certification.
  - b. **Subspecialty Discipline** – The physician must provide evidence that they have successfully completed discipline-specific postgraduate training. Both the training and the certification process must be substantively equivalent to that required by the RCPSC. The physician must also provide evidence they have successfully completed subspecialty discipline postgraduate training and certification.

**Route 2** – Candidates who may be eligible by [approved jurisdictions](#) must

- 1) Have a **medical degree** from a medical school listed in the World Directory of Medical Schools at the time the candidate completed the program. Otherwise, they must have a Doctor of Osteopathic Medicine degree from a school in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.
- 2) Demonstrate [English language proficiency](#), if applicable.
- 3) Submit a satisfactory [criminal record check](#).
  - a. For the purposes of this Route only, candidates are required to provide a valid criminal record check from any jurisdiction where they have practiced for more than 90 days within the last five (5) years.
- 4) Demonstrate **currency of practice**.
  - a. This includes evidence of having been in discipline-specific postgraduate training or discipline-specific independent practice within the last three (3) years.
- 5) Obtain a [sponsorship letter](#).
- 6) Meet discipline-specific post-graduate training and certification requirements. The requirements are outlined below.

- a. **Specialty Discipline** – The physician must have discipline- specific postgraduate training and certification from one of the approved jurisdictions. Both the training and certification process must be substantively equivalent to that required by the Royal College of Physicians and Surgeons of Canada (RCPSC). They must be able to produce a verifiable document of completion of discipline-specific training and certification.
  - b. **Subspecialty Discipline** – The physician must provide evidence that they have successfully completed discipline-specific postgraduate training and have achieved. Both the training and the certification process must be substantively equivalent to that required by the RCPSC. The physician must also provide evidence they have successfully completed subspecialty discipline postgraduate training and certification.
- 7) Pass a [Supervised Practice Assessment](#).

**Route 3** - Physicians who don't meet the requirements for Route 1 and 2 **may** be eligible for registration on the Provisional Register. Applicants must have:

- 1) Successfully completed discipline-specific postgraduate training of a duration that is within 12 months of that required by the Royal College of Physicians and Surgeons of Canada for the equivalent/specific specialty discipline; and
- 2) Achieved specialty discipline certification recognized by another medical regulatory authority; and
- 3) Fulfill all the other criteria of the Provisional Register Conditional Practice

## **SUPPORTING DOCUMENTS**

- [English language proficiency](#)
- [Criminal record check policy](#)
- [Therapeutics Decision Making Exam \(TDM\)](#)
- [Approved jurisdictions for Route 2](#)

## **RESPONSIBILITIES**

The Registrar is given the authority to determine applications for registration under sections 28 to 30 of the *Health Professions Act* (HPA). Section 20 of the HPA allows the Registrar to delegate functions and duties to another person. The Registrar has delegated his duties and responsibility under Part 2 of the HPA to the Assistant Registrar responsible for registration.

## **APPROVAL**

Council governing the College of Physicians & Surgeons of Alberta

## **AUTHORITY DOCUMENTS**

- [Health Professions Act](#)
- [Physicians, Surgeons, Osteopaths and Physician Assistants Profession Regulation](#)
- [CPSA Bylaws](#)

		<b>Policy Number</b>	
<b>Effective Date</b>	Sept. 18, 2025	<b>Review Period</b>	Every 3 years
<b>Date of Last Review</b>	Aug. 26, 2025	<b>Policy Owner</b>	Council

### 1.0 Purpose

Ensure all physicians, surgeons and osteopaths registered to practice medicine in Alberta have the required training and competencies to practice medicine safely.

### 2.0 Scope/Application & Authorities

This policy applies to physicians, surgeons and osteopaths who:

- a. Are registered on the General Register to practise medicine independently and
- b. Are the most responsible physician in the care of their patients

Approval/Authority: Council governing the College of Physicians & Surgeons of Alberta.

### 3.0 Policy Details

Physicians, surgeons and osteopaths who are registered for independent practice and are the most responsible physician in the care of their patients must:

- 3.1 Have a **medical degree** from a medical school listed in the World Directory of Medical Schools at the time the candidate completed the program. Otherwise, they must have a Doctor of Osteopathic Medicine degree from a school in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.
- 3.2 Have successfully completed a nationally recognized standardized examination in Canada or an Approved Jurisdiction as approved by the Registrar, which evaluates the medical knowledge, clinical skills, and professional competencies required to practice medicine in Canada.
- 3.3 Meet discipline-appropriate postgraduate training requirements. The requirements for Family Medicine and other specialty disciplines are outlined below.
  - a. **Family Medicine** – the physician must successfully complete an accredited postgraduate Family Medicine training program in Canada **or** successfully complete a continuous Family Medicine postgraduate training program outside of Canada and have a verifiable document of completion. If the program is outside Canada, it must include four months of community-based primary care and a minimum of eight



weeks for each of the following: Paediatrics, Obstetrics and Gynaecology, Surgery and Internal Medicine.

- b. Specialty Discipline** – the physician must successfully complete an accredited specialty discipline-specific postgraduate training program in Canada **or** successfully complete a continuous specialty discipline-specific postgraduate training program outside of Canada and have a verifiable document of completion. If the program is outside Canada, it must be substantively equivalent to the postgraduate training required by the Royal College of Physicians and Surgeons of Canada (RCPSC).

- 3.4 Have certification from the College of Family Physicians of Canada (CFPC), the Royal College of Physicians and Surgeons of Canada (RCPSC) **or** the College des Medecins du Quebec (CMQ), certification from Approved Jurisdictions as approved by the Registrar, or certification by successful completion of Royal College Examinations.
- 3.5 Demonstrate **currency of practice**. This includes evidence of being in discipline-specific postgraduate training or discipline-specific independent practice within the last three years

### Responsibilities

The Registrar is given the authority to determine applications for registration under sections 28 to 30 of the *Health Professions Act* (HPA). Section 20 of the HPA allows the Registrar to delegate functions and duties to another person. The Registrar has delegated their duties and responsibility under Part 2 of the HPA to the Assistant Registrar responsible for registration.

### Authority Documents

- Health Professions Act
- Health Professions Act: Physicians, Surgeons, Osteopaths and Physician Assistants Profession Regulation

Review Date	Revision/Change
September 10, 2020	Approved by Council
March 28, 2024	Policy Review

## Provisional Register – Specialty Discipline Practice

		<b>Policy Number</b>	
<b>Effective Date</b>	Sept. 18, 2025	<b>Review Period</b>	Every 3 years
<b>Date of Last Review</b>	Aug. 25, 2025	<b>Policy Owner</b>	Council

### 1.0 Purpose

Ensure all physicians, surgeons and osteopaths who have not met the requirements for the General Register as a medical or surgical practitioner in a specialty discipline have the required training and competencies to practise medicine safely.

### 2.0 Scope/Application & Authorities

This policy applies to physicians, surgeons and osteopaths who are registered on the Provisional Register Conditional Practice as a practitioner in a medical or surgical specialty discipline. These members practise independently and are the most responsible physician in the care of their patients.

### 3.0 Policy Details

- 3.1 Physicians, surgeons and osteopaths in the practice of a specialty discipline who have **not** met the requirements for the General Register must meet the specific criteria outlined below for their route.
- 3.2 Have a **medical degree** from a medical school listed in the World Directory of Medical Schools at the time the candidate completed the program. Otherwise, they must have a Doctor of Osteopathic Medicine degree from a school in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.
- 3.3 Have successfully completed a nationally recognized standardized examination in Canada **or** an Approved Jurisdiction as approved by the Registrar, which evaluates the medical knowledge, clinical skills, and professional competencies required to practice medicine.
- 3.4 If applying as a Family Medicine specialist, have passed the Medical Council of Canada Therapeutic Decision-Making (TDM) exam.
- 3.5 Demonstrate currency of practice. This includes evidence of having been in discipline-specific postgraduate training **or** discipline-specific practice for one (1) year within the last three (3) years.
- 3.6 Obtain a sponsorship letter.

- 3.7 Pass a Practice Readiness Assessment (PRA), comprised of the Preliminary Clinical Assessment and a Supervised Practice Assessment (SPA).
- 3.8 Meet discipline-specific postgraduate training and certification requirements. The requirements for Family Medicine or other Specialty disciplines are outlined below:
- a) **Family Medicine** - Successfully complete a continuous Family Medicine postgraduate training program and have a verifiable document of completion. The program must include four months of community- based primary care and a minimum of eight weeks each of three of the following: Paediatrics, Obstetrics and Gynaecology, Surgery and Internal Medicine.
  - b) **Specialty and Subspecialty Discipline** – The physicians must have discipline-specific postgraduate training. Both the training and the certification process must be substantively equivalent to that required by the Royal College of Physicians and Surgeons of Canada (RCPSC). They must be able to produce a verifiable document of completion of discipline-specific training and certification

### Relevant Documents

- Therapeutics Decision Making Exam (TDM)

### Responsibilities

The Registrar is given the authority to determine applications for registration under sections 28 to 30 of the *Health Professions Act* (HPA). Section 20 of the HPA allows the Registrar to delegate functions and duties to another person. The Registrar has delegated their duties and responsibility under Part 2 of the HPA to the Assistant Registrar responsible for registration.

### Authority Documents

- Health Professions Act
- Physicians, Surgeons, Osteopaths and Physician Assistants Profession Regulation
- CPSA Bylaws

### Document History

Review Date	Revision/Change
March 28, 2024	Policy Review
August 25, 2025	Policy Review

**Agenda Item Title: 3.3 Finance and Audit Committee (FAC) - Meeting Summary Report**

**Meeting date: 9/18/2025**

Submission to: Council

Submitted by: Finance and Audit Committee, Patrick Etokudo, Chair

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**Action requested:**

- ☐ For approval.
- ☐ For discussion.
- ☒ For information only. No action required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☐ Highest Quality, Ethical and Compassionate Care
- ☐ Authentic Indigenous Connections
- ☐ Proactive and Innovative Approach
- ☐ Anti Racism & Anti-Discrimination
- ☐ Enhanced Partnerships

## Agenda item details

**Background:**

Provide all situational context and any historical background.

The Finance & Audit Committee met on June 25, August 1 and August 12 and addressed the following issues:

**1) 2026 Business Plan and Budget**

FAC reviewed in detail management's draft 2026 Business Plan and Operating Budget for CPSA. Feedback was provided to management on the wording of the actions for 2026.

**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.

CPSA's current policy on net assets states:

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

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.

The committee reviewed management's forecasted unrestricted surplus over the next 10 years. While the current annual fee includes a \$200 discount for the attraction and retention of physicians to Alberta and is supported in the 2026 budget, the forecast identified that this reduction will need to be reassessed in the next 1-2 budget years.

### **3) FAC committee membership**

FAC reviewed its current committee membership and will be recommending to the Governance Committee a recommendation for the 2026 FAC Chair.

### **4) Activity update – Q2 June 2025**

#### **2025 Risk Register & Business Activity Update**

FAC received a management report on the CPSA Risk Register and related business activities.

##### **a) Risk Register Update**

This quarter, CPSA's overall risk profile shows significant improvement. All identified high and very high risks have been successfully reduced to medium or minimal risk, reflecting the effectiveness of targeted mitigation strategies and strong departmental engagement.

A key change in Q2 was the introduction of a revised reporting structure, distinguishing between *Organizational Risks*, risk that can give a widespread impact on the organization strategic directions and objectives and *Localized Risks*, which affect only specific departments unless escalated. The work is underway to formalize criteria for when a localized risk should be elevated to organizational level.

In total, 37 risks were identified: 29 Organizational and 8 Localized. Among the 37 identified risk, Operational risks remain the most common risk which is (65%), followed by Financial Risk (16%), Strategic (14%), and People-related (5%).

The Risk grades for this quarter remain stable, with two (2) risks are closed, two (2) risk downgraded its rating from High to Medium and the remaining thirty-three (33) risk is unchanged. While risk levels are now concentrated at medium and minimal (low) risk, ongoing monitoring will continue to sustain these improvements and work closing the remaining risks.

### **b) Business Activity Update**

For Q2, thirty-two (32) business activities were active under the 2025 Business Plan.

The Proactive & Innovative Approach strategic direction leads with ten (10) actions, followed by General Support seven (7), and both Highest Quality Care and Authentic Indigenous Connection five (5 each). Out of these actions: there are, 47% are on target, 25% completed, 16% below target, 6% significantly delayed, 6% not being pursued due to reprioritization or resourcing. This means 72% of activities are either completed or on track.

FAC reviewed the process implemented by management to identify and address factors related to CPSA financial and operational management and concluded that the process was appropriate and effective.

### **c) Finance KPI Dashboard**

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

### **d) Financial Results**

For the six months ending June 30, 2025, operating income is \$883,000 compared to the budgeted loss of \$2,131,000 resulting in additional income, or favorable variance of \$3,014,000.

	<b>June 30, 2025</b>	<b>Budget</b>	<b>Variance</b>	
Revenues	\$(22,087,000)	\$(21,249,000)	\$838,000	4%
Expenditures	21,204,000	23,380,000	2,176,000	9%
<b>Operating (Income) Loss</b>	<b>\$(883,000)</b>	<b>\$2,131,000</b>	<b>\$3,014,000</b>	
Amortization	422,000	430,000	8,000	2%
Accreditation, net	(47,000)	231,000	278,000	120%
<b>Sub-total</b>	<b>\$(508,000)</b>	<b>\$2,792,000</b>	<b>\$3,300,000</b>	
Fair value changes in investments	(676,000)	(250,000)	426,000	
<b>Net (Income) Loss</b>	<b>\$(1,184,000)</b>	<b>\$2,542,000</b>	<b>\$3,726,000</b>	147%

***Fair Value Change in Investments***

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 \$676,000.

***Net Income***

Net income for the six months ending June 30, 2025, is \$1,184,000, \$3,726,000 above budget 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.

***Additional Expenditures***

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

**5) Appointment of Auditors**

FAC reviewed an assessment of PricewaterhouseCoopers (PwC) for the 2024 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 2025 fiscal year.

**6) Total Compensation**

CPSA conducts a total compensation review at least every 3 years to assess salary and benefits in relation to the market. In 2024, as part of management's commitment to ensuring fairness, competitiveness, and equity in compensation practices to support recruitment and retention of talent, the organization launched two key initiatives focused on enhancing equity in compensation:

- 1) a transition from the Wynford to Mercer tool for position evaluation;  
and
- 2) a comprehensive total compensation review.

FAC received a report on the Total Compensation project, and the following items were discussed:

- Council approved Total Compensation Philosophy which targets salary at P50 and total compensation at P65
- Position evaluation and total compensation
- Market analysis of salaries
- Proposed job band ranges and salaries
- Budget impact

Results from the total compensation review are reflected in the 2026 budget.

### **7) Fee Changes**

FAC received reports from the following departments regarding proposed fee changes. FAC reviewed the principles for how the fees were determined and provided feedback to management.

#### Registration

- Sponsorship fees (new fee starting in 2025)
- Supervised Practice Assessment administration fee waiver for 2025

#### Continuing Competence

- Individual practice readiness fees (change in fees for 2026)

#### HDO

- Complaint Review application fee (new fee proposed for 2026)

### **8) Office Renovations**

Management presented on the office renovations, including:

- Changing Workplace Needs
- Factors Impacting Costs
  - New building code
  - Card readers and automatic door opening
  - Office signage
  - Server room air conditioning for both the 27<sup>th</sup> and 28<sup>th</sup> floors
- Contractor Bids

FAC approved an additional budget of \$665,000 to make changes to office space to embrace accessibility for staff, committee members and guests, and complete renovations and workspace reconfigurations within 2025.



### **9) Whistleblower Policy**

FAC provided initial feedback on concepts and principles for a CPSA whistleblower policy for staff.

### **10) FAC Terms of Reference**

FAC began a review of the key elements to be considered for inclusion in the terms of reference for the committee.

### **Alignment with CPSA's mandate to protect and serve the public interest:**

**Necessary for all "For approval" reports.** If this agenda item is for discussion or information, fill this section as needed. Show alignment by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

Regular review of financial results ensures that CPSA remains financially responsible and transparent in its resource management. This builds public confidence that regulatory activities are being carried out efficiently and effectively. It also supports informed decision-making, facilitates early identification of financial risks or variances, and ensures CPSA operates within its approved budget and governance framework.

### **Anti-racism, anti-discrimination, and equity considerations:**

Describe considerations of potential impacts of equity, racism, and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

Regular review of financial results provides an opportunity to ensure that CPSA's resource management supports efforts to reduce inequities, racism, and discrimination in healthcare. Financial decisions can directly impact programs and initiatives aimed at improving access and outcomes for underserved populations.

### **Next Steps:**

Describe what will happen next if this item is approved or discussed.

No further action is necessary.

**Agenda Item Title: 3.4 Ad Hoc Bylaw Review Project Committee Update**

**Meeting date: 9/18/2025**

Submission to: Council

Submitted by: Ad Hoc Bylaw Review Project Committee

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**Action requested:**

- ☐ For approval.
- ☐ For discussion.
- ☒ For information only. No action required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☒ Highest Quality, Ethical and Compassionate Care
- ☐ Authentic Indigenous Connections
- ☒ Proactive and Innovative Approach
- ☒ Anti Racism & Anti-Discrimination
- ☐ Enhanced Partnerships

**Agenda item details**

**Background:**

Provide all situational context and any historical background.

Since the last update provided to Council in May, the Committee reviewed bylaws under the following sections:

- Accreditation
- Appeals
- Registration (Professional Liability Insurance and Professional Corporation Names)

The Committee will be meeting to review Statutory Administration and Operations Administration bylaws and Council bylaws.

### **Alignment with CPSA’s mandate to protect and serve the public interest:**

**Necessary for all “For approval” reports.** If this agenda item is for discussion or information, fill this section as needed. Show alignment by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

The Committee considers the potential impacts of any bylaw changes on the public, regulated members, and staff before making recommendations.

### **Anti-racism, anti-discrimination, and equity considerations:**

Describe considerations of potential impacts of equity, racism, and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

N/A

### **Next Steps:**

Describe what will happen next if this item is approved or discussed.

Following the Committee’s final review, a legal review of the Bylaws will be conducted, before bringing the bylaws to Council for their review and approval in December 2025.

**Agenda Item Title: 3.5 Nominations Committee Update**

**Meeting date: 9/18/2025**

Submission to: Council

Submitted by: Nominations Committee

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**Action requested:**

- ☐ For approval.
- ☐ For discussion.
- ☒ For information only. No action required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☐ Highest Quality, Ethical and Compassionate Care
- ☐ Authentic Indigenous Connections
- ☒ Proactive and Innovative Approach
- ☐ Anti Racism & Anti-Discrimination
- ☐ Enhanced Partnerships

## Agenda item details

**Background:**

Provide all situational context and any historical background.

Situational Context

In 2022, CPSA engaged John Dinner of Board Governance Services to conduct a governance review. Based on his recommendations, Council approved an implementation plan that included creating a competency-based model for selecting Council members. This led to improvements in the nomination process which are being implemented for the 2025 election cycle. There are four (4) regulated member positions on Council to be filled in 2026.

This report seeks to explain the process that is being followed for the implementation of this new election model. The Governance Committee members have been taking the role of the Nominations Committee for this first implementation phase.

### Enhanced Nomination Process

The enhanced nomination process aimed to better understand each candidate's attributes. In addition to meeting the current eligibility criteria, candidates were asked to submit a resume, cover letter, and professional references; confirm their understanding of the time and commitment required of a Councillor; and describe relevant experience such as years in practice, areas of specialization, professional designations, and where in the province they've worked or lived (urban, rural, or remote). They were also invited to share any experience working with underrepresented or marginalized groups and complete a self-assessment survey rating their skills in areas like finance, technology, data management, human resources, and legal knowledge.

### Competency Assessment

The gap analysis of the competencies on Council was completed. Resiliency and political acumen appeared to be two of the core competencies for focus in the incoming candidates. Technical competencies needed included Technology and Data Management, and Diversity, Equity, Inclusion, and Anti-Racism.

### Recruitment

To support the new process, Council engaged MNP, a third-party consultant, to develop a competency matrix to assess the current strengths on Council and to design the enhanced nomination process, including support for recruitment. CPSA's Communications team launched a comprehensive outreach plan that included social media, targeted *Messenger* articles to regulated members, and a video from Council Vice Chair Dr. Daisy Fung, who shared her experience on Council. Current Council members helped promote the opportunity within their networks, and outreach also extended to former Council members and regulated members who had previously run for Council but were not elected.

### Nominations

The nomination period closed on May 30 with a total of 18 applications. Using the eligibility criteria outlined in CPSA's bylaws, the candidates were verified for eligibility to participate in the election process. One candidate did not meet eligibility requirements: they were not a regulated member of CPSA. Therefore, 17 candidates progressed to the next phase.

Nearly half of the candidates learned about the opportunity through *Messenger* alone. Another 41% heard about it through multiple sources, including CPSA's website, *Messenger*, social media, a Council member, or a colleague. Six percent were recruited directly by MNP, and the remaining 6% found the opportunity on the website.

### Pre-screening

In this phase, MNP conducted a pre-screening call with all 17 candidates.

The pre-screen was an opportunity to confirm the following from the candidates:

- their understanding of the time commitment required.
- their reason for running and what they hope to gain.
- their board/Council experience.
- their perspective on how they will contribute to Council based on their competencies.

One candidate withdrew their nomination due to a recent appointment to another board, which would limit their availability to serve on CPSA Council. The remaining 16 candidates confirmed their commitment to serving on Council following an in-depth explanation of the time commitment and mandate for serving.

### Committee Review & Selection Approach

The Committee met to determine how the candidates would be selected. It was determined that interviews would be done by asking candidates to respond to questions based on the competencies revealed in the gap analysis, instead of face-to-face interviews. The questions would be scored then used to determine who moved forward.

### Competency-Based Assessment Questions

Out of the 16 candidates, 14 expressed their interest to continue with the process. The candidates were invited to respond to four questions indicating their competencies.

- **Resiliency:** Tell us about a time when you were part of a group or initiative facing a contentious or high-stakes issue. How did you contribute to maintaining calm, perspective, and progress toward a shared goal?
- **Political Acumen:** Tell us about a time when you had to consider the perspectives or responsibilities of multiple organizations (e.g., a professional body, government, healthcare system) while contributing to a recommendation or decision.
- **Technology and Data Management:** Share an example of how you encouraged or challenged the use of innovation or data to improve outcomes in a professional or advisory context.
- **Racism, Discrimination, and Equity:** In your past roles, how have you helped shape or support changes that promoted fairness, inclusion, or anti-racism at a broader level—not just for individuals, but across teams, organizations, or communities?

### Candidate Scoring Process

Of the 14 candidates invited to participate, 11 submitted responses. Each candidate's responses to the four competency-based questions were scored on a scale of 1 to 10, reflecting the extent to which the required competency was demonstrated. A score of 1 indicated "not demonstrated," while a score of 10 indicated "fully demonstrated."

In addition, each candidate's cover letter and résumé were also scored on the same 1–10 scale, where 1 represented "very weak" and 10 represented "exceptional." This produced a maximum possible score of 50 points per candidate.

To mitigate reviewer fatigue and potential order bias, candidates were not assessed in a fixed sequence. Instead, while all reviewers received the same materials, each reviewer's set was presented in a unique, randomized order. This approach helped ensure a fairer evaluation process by distributing attention more evenly across all candidates.

### Review of Candidates

Once scoring was complete, the total scores for each candidate were averaged. Candidates were then ranked from highest to lowest, with scores ranging from 43 to 33. Both the mean (39) and median (38) scores were calculated. The Nominations Committee then met to confirm that the candidates who scored above both measures were included in the selection pool.

### Reference Checks

All candidates were contacted by MNP to be advised of the Committee's decision. At the time of this report, reference checks for the selected candidates are underway.

### **Alignment with CPSA's mandate to protect and serve the public interest:**

**Necessary for all "For approval" reports.** If this agenda item is for discussion or information, fill this section as needed. Show alignment by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

As part of the enhanced nomination process, candidates were made aware that the Council's primary responsibility is to act in the public interest, which may at times differ from the interests of the profession. The process emphasized this distinction to help ensure that candidates clearly understand the regulator's unique role prior to joining Council. The updated nomination process also builds on the contributions of all previous and existing members and help Council continue to reflect the diverse backgrounds, competencies and lived experiences of regulated members in Alberta while maintaining a focus on CPSA's mandate to protect the public.

### **Anti-racism, anti-discrimination, and equity considerations:**

Describe considerations of potential impacts of equity, racism, and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

Steps have been taken throughout the process to minimize exclusionary practices. For example:

- Candidates were not required to submit photographs at the pre-screening and interview phases, minimizing potential bias during the selection process.
- Reviewer fatigue was accounted for in the scoring process to ensure that no candidate was unfairly disadvantaged.
- Candidates were selected statistically in response to their competencies and the quality of their submissions, rather than any of their personal characteristics.

### **Next Steps:**

Describe what will happen next if this item is approved or discussed.

Once the reference checks are completed:

- The Nominations Committee will review the reference responses and finalize its recommendation of candidates for election.
- Candidates will be invited to complete a profile form to share information about themselves with regulated members.
- The election will be promoted and will run from October 2 to October 30, 2025.
- Once voting closes, results will be tallied, and Council will be asked to ratify the outcome.
- The election results will be announced in the November 2025 edition of Messenger.
- Successful candidates will be invited to attend a pre-orientation session in December and to observe a Council meeting virtually, providing them with insight into Council operations before their term begins.
- Each new Council member will be paired with a mentor from the existing Council and will commence their term in January 2026.
- Following the election, the Nominations Committee will meet to reflect on lessons learned and identify opportunities for improvement in future cycles. Recommendations for quality enhancement will then be brought forward to Council.



**Agenda Item Title:** 3.6 CPSA's Path to Truth and Reconciliation Update

**Meeting date:** 9/18/2025

Submission to: Council

Submitted by: Michael Neth, Chief Operating Officer

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**Action requested:**

- ☐ For approval.
- ☐ For discussion.
- ☒ For information only. No action required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☒ Highest Quality, Ethical and Compassionate Care
- ☒ Authentic Indigenous Connections
- ☒ Proactive and Innovative Approach
- ☒ Anti Racism & Anti-Discrimination
- ☒ Enhanced Partnerships

**Agenda item details**

**Background:**

Provide all situational context and any historical 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 and guide the regulated members who provide their health care.

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

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.

Work is underway on the first three actions, which we consider to be foundational actions as their outcomes will shape how the remaining actions will be implemented.

1. Confront CPSA's role in harms and broken trust: complete a thorough review of archives and records to uncover the ways CPSA has contributed to harms to First

Nations, Inuit and Métis Peoples.

**Status:** the CPSA team has received guidance from the Circle on the scope of this work and ways to approach it that honour Indigenous Peoples' knowledge. We have also begun building a research workflow and reaching out to potential partners and collaborators to help us carry out this work. We anticipate work will begin in October.

2. Unpack the TRC Calls to Action and UNDRIP: analyze and assess the [Truth and Reconciliation Commission's \(TRC\) 94 Calls to Action](#), the [United Nations Declaration on the Rights of Indigenous Peoples](#) (UNDRIP) and other guidance documents, and incorporate learnings towards reconciliation.

**Status:** Later in September, CPSA leadership will participate in a workshop led by consultants who focus on Truth, Reconciliation and Indigenous inclusion. Through the workshop, we will explore CPSA's alignment with the TRC Calls to Action and UNDRIP Articles, identify those that fit within our scope, and explore how those may be implemented. We are also planning a session for the CPSA team to hear from Indigenous leaders who helped shape the Calls to Action and UNDRIP to support organizational learning.

3. Witness sharing circles and engage with First Nations, Métis and Inuit Peoples: listen to Nations, Settlements, communities, organizations and individuals to understand barriers to accessing CPSA and gain a deeper understanding of what is needed for safer and more equitable healthcare experiences.

**Status:** with support from the Circle, the CPSA team will seek to listen to and learn from Indigenous and non-Indigenous health system leaders, and First Nations, Métis and Inuit Peoples. The first stage of engagement will begin this fall, starting with health system groups and individuals. This will provide an opportunity to hear firsthand from leaders working directly and indirectly with Indigenous patients, and who may share diverse perspectives on patient safety and healthcare agency. Individuals within the health system may also be positioned to advise CPSA on Nation, settlement and community engagement.

CPSA Council previously approved \$200,000 for this project in the 2025 budget. The work described above is all within this budget.

### **Alignment with CPSA’s mandate to protect and serve the public interest:**

**Necessary for all “For approval” reports.** If this agenda item is for discussion or information, fill this section as needed. Show alignment by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

The Path to Truth and Reconciliation, co-created with the Indigenous Advisory Circle, identifies how CPSA may act to support Indigenous patient safety in Alberta’s healthcare system. This involves earning trust, improving access to CPSA and promoting healthcare agency in collaboration with Indigenous Peoples.

### **Anti-racism, anti-discrimination, and equity considerations:**

Describe considerations of potential impacts of equity, racism, and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

Implementing the Path to Truth and Reconciliation with the guidance of the Indigenous Advisory Circle addresses Indigenous-specific racism and within CPSA’s regulatory role. The actions CPSA takes to support safe, equitable health care for Indigenous Peoples will help to improve health care experiences for all Albertans.

**Agenda Item Title:** 3.7 Alberta Society of Radiologists (ASR)

**Meeting date:** 9/18/2025

Submission to: Council

Submitted by: Scott McLeod, Registrar & CEO

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**Action requested:**

- ☐ For approval.
- ☐ For discussion.
- ☒ For information only. No action required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☒ Highest Quality, Ethical and Compassionate Care
- ☐ Authentic Indigenous Connections
- ☐ Proactive and Innovative Approach
- ☐ Anti Racism & Anti-Discrimination
- ☐ Enhanced Partnerships

**Agenda item details**

**Background:**

Provide all situational context and any historical background.

At the May 29 & 30, 2025 Council meeting, Council was asked to consider a recommendation from MFAC regarding amendment of the Diagnostic Imaging Accreditation Standards Appendix E.2 Teleradiology Ultrasound (E.2.1) (i.e. 25 km rule for provision of teleultrasound within 6 main urban centres).

The Advisory Committee on Diagnostic Imaging (ACDI) recommended retention of the 25 km rule and the Medical Facility Accreditation Committee (MFAC) recommended retention pending further research on the subject. MFAC also recommended that a process of data collection be initiated to evaluate the impact of reducing the tele-ultrasound geographic restriction from 100km to 25km, with the aim of informing future decisions.

Following discussions, Council concluded that retaining the 25 km restriction was not only unsupported by the evidence but potentially created access barriers particularly for mobility limited patients in urban settings. As a result, Council voted to retain the current V4 standard but remove the current prohibition of the 25 km rule and tasked MFAC with assessing the impact of the change. A record of this discussion and decision is available in the May 2025 Council Minutes.

On July 14, 2025, in a letter to CPSA, the Alberta Society of Radiologists (ASR) challenged the decision to remove the 25 km rule. In response, CPSA reiterated its commitment to its public mandate in a written reply dated July 23, 2025. Both letters are provided for information purposes only in the supporting documents.

**Alignment with CPSA's mandate to protect and serve the public interest:**

**Necessary for all "For approval" reports.** If this agenda item is for discussion or information, fill this section as needed. Show alignment by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

Council considered the public interest during their deliberations and the decision to remove the geographic restriction aligned with CPSA's legislative mandate under the *Health Professions Act* (HPA), its Bylaws, and Alberta Health's broader goals of reducing unnecessary barriers in care.

**Anti-racism, anti-discrimination, and equity considerations:**

Describe considerations of potential impacts of equity, racism, and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

N/A

**Next Steps:**

Describe what will happen next if this item is approved or discussed.

This correspondence is provided for information purposes only.

**Supporting Documents**

Include links to all relevant supporting documents for this agenda item. If there are no supporting documents, delete this section.

1. ASR Concern with Council decision on Teleultrasound
2. Registrar and Chair response to ASR



203, 16504 118 Avenue NW  
Edmonton, Alberta  
T5V3C8

July 14, 2025

2700, 10020 100 St NW  
Edmonton, AB T5J 0N3

**Request for Meeting: Concerns Regarding Recent Process Decision**

Dr. McLeod, Dr. Cardinal and Dr. Beach;

We are writing to express our unequivocal opposition to the recently posted decision for the removal of the 25km geographical distance criteria in reference to the provision of tele-ultrasound that was included in the Diagnostic Imaging Version 4.1 (v4.1) Accreditation Standards released on July 12, 2025.

As previously stated in both 2023 and 2024, the removal of the 25km geographical distance criteria is completely unnecessary and represents a clear step backward for patient care. It offers no meaningful improvement, introduces no added value, and will undoubtedly drive health care costs up without addressing any fundamental issues. There is no true access problem at hand as the primary rate-limiting factor in service delivery remains the availability of technologists. This change does nothing to address that core issue and, as such, will have no positive impact on patient outcomes or system efficiency. This change further works against the best interests of practicing radiologists in Alberta, undermining their ability to deliver effective, timely, and sustainable care.

We have been privy to the CPSA Council meeting minutes from May 29, 2025 that states both MFAC and ACDI recommended the retention of the 25km rule. Further, we have noted that the commissioned expert reports appear to be completed by non practicing radiologists and do not represent real world situations or examples specific to Alberta.

It is highly concerning for CPSA Council to disregard the aligned recommendations of two advisory committees. Such a decision raises serious questions about the transparency and credibility of the regulatory process and appears this decision goes against the CPSA's own core values to ensure professionalism, transparency, and high-quality care for Albertans.

We strongly object to the process as it currently stands and do not accept it as valid or transparent. As such, we are formally requesting the following: a clear explanation of the appeal process; full disclosure of how the decisions were made, including agendas and meeting minutes; a record of votes cast; and the specific appeal



mechanisms available as outlined in the bylaws. We expect this information to be provided promptly and in full to ensure procedural fairness and accountability.

We also formally request an immediate meeting with you to discuss this matter further.

Dr. Rahim Samji

President, Alberta Society of Radiologists

President, Section of Diagnostic Imaging, Alberta Medical Association

[president@radiologists.ab.ca](mailto:president@radiologists.ab.ca)

780 217 8223

July 23, 2025

Sent by email only: [President@radiologists.ab.ca](mailto:President@radiologists.ab.ca)

Dr. Rahim Samji  
President, Alberta Society of Radiologists  
President, Section of Diagnostic Imaging, Alberta Medical Association

Dear Dr. Samji,

**Re: Council Decision to Remove 25km Restriction on Teleultrasound**

Thank you for your letter dated July 14, 2025, regarding CPSA Council's recent decision to remove the 25km geographic restriction on the provision of teleultrasound in major urban centres as part of the updated Diagnostic Imaging Accreditation Standards (v4.1).

We appreciate your engagement on this topic and your commitment to high-quality diagnostic imaging in Alberta. That said, we must clarify a number of factual inaccuracies in your letter and reiterate the rationale behind Council's decision.

CPSA Council's decision was informed by extensive consultation, evidence review, and public discussion. In 2023, the geographic restriction was revised from 100km to 25km partly at the recommendation of the Advisory Committee on Diagnostic Imaging (ACDI). However, at the time the Medical Facilities Accreditation Committee (MFAC) did not support the imposition of any geographic limitation, and both recommendations went to Council for resolution.

To support its decision-making, Council commissioned two independent reviews—conducted by Canada's Drug Agency and the University of Alberta—which systematically examined the safety, efficacy, and access implications of teleultrasound (excluding high-risk modalities such as breast and musculoskeletal imaging). These assessments found no evidence to support a fixed geographic threshold as a necessary safeguard. Notably, no other jurisdiction in Canada enforces a comparable restriction, and there is no record of associated harms resulting from its absence.

At the May 2025 meeting, Council reviewed these reports alongside the updated recommendations from ACDI and MFAC. While ACDI continued to favour the 25km limit, it did so without presenting evidence of benefit or documented patient harm. Council therefore concluded that the restriction was not only unsupported by the evidence, but may in fact create access barriers, particularly for frail or mobility-limited patients in urban settings.

The decision aligns with CPSA's legislative mandate under the *Health Professions Act* (HPA), its bylaws, and Alberta Health's broader goals of reducing unnecessary barriers in care.

Your letter implies that Council acted improperly by diverging from advisory recommendations. This is incorrect. Council is the sole authority empowered to set accreditation standards under the HPA. Advisory committees like ACDI and MFAC play an important role in providing input, but Council is not bound to follow their recommendations, particularly when doing so would conflict with public interest considerations or when the evidence leads elsewhere.



Council carefully considered all perspectives before making its determination. It was thorough, transparent, and carried out in public session. The final decision reflects a balanced, evidence-informed approach that prioritizes access, safety, and equity.

You have requested an appeal process, full disclosure of decision-making materials, and a breakdown of Council member votes. To clarify:

- There is no appeal mechanism under the *HPA* or CPSA Bylaws for Council decisions of this nature.
- The Council meeting where the decision was made was open to the public, the agenda and all of the dossier materials are available on our public website, and meeting minutes will be made available in due course, as is standard.
- Council members act collectively, and individual votes are not recorded. This matches CPSA's governance practices and prevents undue influence.

Your letter suggests that CPSA owes your association a duty of procedural fairness that was not met. Different procedural standards exist when CPSA makes a decision about an individual as compared to when CPSA makes a policy decision under its legislated mandate, and CPSA has met the standard for a policy-making decision.

We recognize that you and some members of the radiology community may disagree with this outcome. However, disagreement does not render a process invalid or lacking in transparency. This decision has been made in accordance with CPSA's legislative authority, supported by independent evidence, and guided by a mandate to protect and promote the health and well-being of Albertans.

CPSA considers this matter concluded and sees no basis for a further meeting. We remain committed to collaboration but will not revisit a decision that has been made transparently, responsibly, and in full alignment with our public interest mandate.

Sincerely,



**Scott A. McLeod, MD, MPH, MPA, CCFP, FCFP**  
Registrar and CEO, CPSA

Sincerely,



**Dr. Nicole Cardinal**  
Council Chair, CPSA

Cc: Jeremy Beach, Assistant Registrar, Accreditation

Tansi. Nohtawinan saweminan anoch Kakisiksk. Minan miyomahcowin tahtwaw siksikaw. Mina tesiwaniskahk tawapatamak kohtak kisikaw ekwa pimatisowin. Kinaskomitin. Mina Saweminan kakiyow. Hiy hiy! Creator bless us today. Give us good health each day, to wake up and see another day of life. I'm grateful and bless everyone! Thank you.

I had a busy summer with my family, travelling and enjoying outside activities, and with work. I hope the staff of CPSA and Council members had time to enjoy the summer with their families as well. I have been reflecting on the last couple of months since our last Council meeting. When I look at the list of Council-related meetings, I am reminded of the work CPSA staff and Council members participate in.

We have been transitioning with the retirement of Scott McLeod and the welcoming of the new Registrar, Colleen Forestier. It has been a pleasure to be able to work with Scott for the past couple months—I know he is respected in the organization, and his leadership will be missed. We welcome Colleen and I look forward to working with and getting to know her.

As we move forward, it is always exciting to see the progress we are making in the work of CPSA. For example, we began our new nomination process, and it has been great to see the interest in serving on Council. I look forward to seeing how the process will continue to be improved upon. There has been continued interest in the registration process, whether it be accelerated route to licensure or the sponsorship model. This work has proven to be an important part of physician registration in Alberta. Also, committee work moves forward, with the Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC) and the Indigenous Advisory Circle's continued work on racism and discrimination as well as the Path to Truth and Reconciliation. These issues are an important part of the health care system and it's exciting to see the direction they are taking.

Lastly, I want to mention the International Association of Medical Regulatory Authorities (IAMRA) Conference that I had the pleasure of attending with the CPSA staff. It was interesting to see regulation on the global scale. To note, Canada was mentioned as a leader in regulation and CPSA was mentioned in presentations, specifically the work done in Manitoba with the Innovation, Analytics and Research team. Great work to CPSA staff!

As I finish my report, I want to remind Council of September 30<sup>th</sup>, the National Day of Truth and Reconciliation. It is a day to recognize and reflect on the history and impact of residential schools across Canada, and there will be many events throughout Edmonton and surrounding areas to mark this day. I will be wearing my orange shirt in honor of my parents, aunts, uncles and my patients who endured and survived residential schools. Wearing an orange shirt is a symbol of reconciliation and of the principle that every child matters.

If you have any questions or comments, feel free to reach out and discuss.

Hiy Hi  
Nicole Cardinal

## Meeting List since the May Council meeting

- June 17: Registrar & CEO Meeting
- June 20: Bylaw Review Committee
- June 26: Governance Committee/Finance and Audit Committee Meeting
- June 27: AMA/CPSA Joint Meeting
- July 8: ARADAAC Meeting
- July 10: Registrar & CEO Meeting
- July 18: Bylaw Review Committee
- August 1: Finance and Audit committee
- August 5: ARADAAC Meeting
- August 13: Governance/Nominations Committee
- August 18: Registrar & CEO Meeting
- August 21: AMA/CPSA Joint Meeting
- September 3-6<sup>th</sup>: International Association of Medical Regulatory Authorities (IAMRA) Conference
- September 9: ARADAAC Meeting
- September 11: Bylaw Review Committee
- September 18-19: Council meeting

**To:** CPSA Council  
**From:** Scott McLeod  
**Date:** September 18<sup>th</sup>, 2025

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### Introduction

I provided my first Registrar's Report to Council in September 2017. I had been in the role for just over two months and in my introductory comments I said that "It's obvious that I have an incredible amount to learn, but we have such a depth and breadth of expertise at the College that I feel confident I will be able to learn quickly." Learn quickly I did, but I find myself, eight years later, still learning every day. That is one of the things that's been most rewarding about this job. It's a dynamic job that brings with it many challenges and opportunities.

I looked back at my first report to Council and all the things I felt needed some attention. Things like changing our approach to HR, improving our standards of practice, operationalizing the strategic plan, etc. It all feels so remote to be thinking about those days, yet it also feels like just yesterday.

We have come a long way since that first report to Council. We now have a department of People and Culture that is there to support the people who dedicate their time and effort to protecting the public. They also support the culture we want in the organization. We have one of the strongest processes in the country for our Standards of Practice (SoPs) and we are nearing the end of a strategic plan that, in my opinion, was very well operationalized.

Some of our changes have been evolutionary with small incremental changes and others have been more revolutionary. Examples of revolutionary change have come in the complete transformation of the Complaints Department and the merger of Physician Health Department with the Continuing Competence Department.

In 2019 we also went through a "rebranding" exercise that demonstrated that we had some work to do in changing people's perspective of us as an organization. This was a time when we embraced the concept of CPSA protecting the public by helping those who are struggling to return to safe practice. We didn't want to just be an organization that registered physicians, waited for them to make a mistake and then publicly punished them. The change in brand was not just an exercise of changing the logo and the letterhead. It was about changing how we did our work. We still have a long way to go, but I believe we're going in the right direction.

You also can't ignore the impact COVID-19 had on the organization. Early 2020 was a time of great uncertainty as COVID-19 was spreading around the world. Deaths

were being reported at an alarming rate, and we knew it was inevitable that it would hit Alberta. Then in March of 2020 the cases started appearing and we all went to a work from home structure. Thankfully our IT team was able to adjust quickly, and we never missed a beat in the work we needed to accomplish. We went to virtual Council meetings and businesses moved on. Over the following two years there were many controversial issues we all needed to manage including discussions about mandatory vaccinations and masking policies. We had high numbers of complaints coming in from people on both sides of the discussion.

During the Pandemic, CPSA did our best to remain calm and deliberate in all that we did during those very turbulent times. Did we get everything perfect? No, we didn't, however, we always did what we thought was in the best interest of the public. We did the very best we could during that very difficult time, and I believe we executed our mandate effectively.

Since then, we have received a great deal of political pressure with some real threats to our future existence. Using the same approach of staying calm, remaining curious as to where the concerns were coming from and focusing on doing our jobs very well has kept us as a key part of Alberta's healthcare system.

There are two other things that stand out for me from the past eight years and those are directly connected to our two strategic directions on anti-racism and anti-discrimination as well as building authentic indigenous relations. These were not identified in my first report to Council, and I wish I had the insight back then that I have now. Both important subjects were brought to me by concerned physicians who believed CPSA could and should do more. I agreed with them, and we started on our journey to address racism and discrimination in health care and to build the strong connection required with indigenous communities to address the indigenous specific racism that exists in Alberta. We now have an amazing Indigenous Advisory Circle and an outstanding Anti-racism Anti-discrimination (ARAD) Committee, who both guide us in the work we do every day.

CPSA still has a long way to go in addressing racism and discrimination and we still have a great deal of work to do on our journey of truth and reconciliation, but I'm confident that a foundation has been built that is strong enough to allow for much more work in the future.

There are many interesting things yet to come that include things like Alberta's involvement in some form of National Licensure, adding an additional route to licensure that is outside the normal specialty training routes and the incorporation of artificial intelligence into the work we do as a regulator and the impact it will have on healthcare.

When I look back at the last eight years, I'm most proud of how well our team has performed through some very difficult times. Our decisions were always based on

the best interest of Albertans and people have remained committed to CPSA's mandate. While doing that they have supported each other and functioned like a team should function. Like a family we may have our moments of disagreement and friction, but at the end of the day there is always respect for each other.

### **1. CPSA Organizational Updates**

#### **a. Staffing**

##### **i. Chief Operating Officer (COO)**

I'm happy to announce that Michael Neth was selected to be CPSA's new Chief Operating Officer. He formally assumed that role as of July 15<sup>th</sup>, 2025, but we have not adjusted the reporting relationship within the OTR yet. That will come with the start of Dr. Forestier taking over as the new Registrar and CEO.

##### **ii. AR Accreditation**

Some of you may be aware that Dr. Jeremy Beach will be retiring from CPSA at the end of this year. Jerry started working with CPSA just a few months before I did. He spent most of his time here as the Assistant Registrar for Physician Health Monitoring, but his past two years have been as the AR for Accreditation.

Jerry has done an amazing job in both roles and CPSA has been fortunate to have him as part of the team. We will all miss him and his uniquely British sayings that we have all come to enjoy. Things like "That's as rare as rocking horse manure," will forever be with us.

Thankfully we have found an excellent physician to take over the role following Jerry's retirement. Dr. Neelam Mahil is currently a Senior Medical Advisor within our Professional Conduct Department who will be stepping into the Assistant Registrar's role in January.

##### **iii. Director of Strategic Priorities**

This position was created using another Director position as an offset. We have now completed our second round of interviews, and we are hoping to have a new person hired within the next couple weeks.

### **b. Registration updates**

Since Council approved the change to the approved jurisdiction route for practice we have seen a significant increase in interest. So far this year we have had a 72.8% increase in the number of requested review of qualifications for approved jurisdictions compared to last year.

The vast majority (174) were from the UK. 74 are from the US and 57 are from South Africa. It's important to note that the majority coming from the UK have originated in Nigeria and the majority coming from South Africa originated in Libya.

### **c. Departmental updates**

Since there has been a relatively significant change over of Council members this past year and there will be several changes of elected members in the coming year, we will be dedicating part of this report to providing a brief update on what the different departments are responsible for and some of the things they have been working on. We are doing this instead of getting updates from everyone at the end of the year.

Linked is a document titled CPSA Department Overviews that we have used during the Council orientation sessions. It summarizes each department's roles and responsibilities. You can use this as a reference if you ever want to know more about each department.

In addition to that, for each of the council meetings over the next year we have asked three departments per meeting to provide a short report. For now we have not asked for any format and left it up to them to decide how best to provide an update. This meeting, Professional Conduct, Information Management and People and Culture have all submitted responses. You will see they are all very different and as we determine which ones are more effective, we will eventually standardize the approach.

## **2. Committee Reports**

### **a. Competence Committee**

Please see the linked Competence Committee report.

### **b. Medical Facilities Accreditation Committee (MFAC)**

Please see the linked MFAC Report.

### 3. Provincial Update

#### a. Meetings Minister LaGrange

Since our last meeting I have been able to meet with Minister LaGrange twice (June 24<sup>th</sup> and August 21<sup>st</sup>). In both of those meetings I was pleased to share with her the success CPSA has had in reducing the administrative barriers to registration while maintaining the regulatory safeguards that exist today.

I have seen a significant shift in our meetings over the years, from one of tentative and cautious connection to one that is honest and forthright where each of us can be direct and honest with each other. Minister LaGrange is a strong advocate of CPSA, and she supports the work we're doing.

#### b. Meeting with Premier Smith

I was fortunate to have had a meeting with the Premier in Calgary on June 25<sup>th</sup>. We started the meeting with the good news we have seen in registering physicians, and it soon transitioned into the concerns the Premier has with how we address trivial complaints related to such things as freedom of speech. I suspect she was a bit surprised when I told her that I agreed with her concerns. I explained how the current legislation limited our ability to simply dismiss vexatious and trial complaints. It would not be uncommon for complaints to come in that have nothing to do with the practice of medicine, but we are obligated to receive the complaint and at a minimum notify the physician.

We had a very productive discussion about how the legislation could be modified to address both the Government of Alberta's concerns and our concerns. As the proposed legislative changes move forward, I assured the Premier that CPSA will be there to help. We have been invited to a meeting with Minister Amery, Minister of Justice, who will be addressing the legislative changes around freedom of speech, in early October. I suspect this will be an opportune time to share our thoughts. Dr. Forestier, Dr. Hartfield and Mr. Neth will likely attend.

We covered a great deal of topics on a short 30-minute meeting, and we were also able to share our desire to have access to billing data. The Premier was supportive and I'm hopeful this will expedite what we are working on now.



### 4. National Updates

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

FMRAC held its annual conference and meeting this past June in Calgary. FMRAC is still amid transitioning to a new way of holding these meetings with less formality and more sharing of knowledge. This year was a success with many great new ideas shared and CPSA once again was able to highlight the work we do.

One key topic that was discussed extensively at the Board meeting was the concept of some form of National Licence or enhanced physician mobility. This is a complex subject that has no easy solution, so the board was fairly divided on how to shape this future. It was finally determined that a letter would be sent to the Federal Government advising them that FMRAC would like to be a part of the solution to enhancing physician mobility in Canada. Since then, the Federal Government has responded thanking FMRAC for the interest in this work and a desire to work with the Federation. As a result, a small group will be put together to look at options.

### 5. International Updates

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

The 2025 IAMRA meeting was held in Dublin, Ireland from September 3<sup>rd</sup> to 6<sup>th</sup>. The theme of the conference is "People-focused regulation for a safer global community."

This was the third IAMRA meeting I have attended and I believe it was the best. The program was excellent, and the speakers were very engaging.

There were over 450 delegates in attendance from 37 different countries. CPSA once again stood out in the international community with 5 oral presentations and 8 poster presentations. In fact, we even received a special call out during one keynote presentation of evidence based regulation as the organization with a dedicated department focused on analytics, innovation and research.

One of the first plenary presentations highlighted the value of the patient voice in regulation and it made me reflect on how CPSA could do a bit better in this space. We have the public voice, and we are all patients at some point, but there may be value in having a dedicated patient perspective in some of the work we do.

Mr. Harry Cayton is an internationally recognized advisor on professional regulation and governance. He was one of the keynote speakers that shared a concept of how important it is in today's regulatory environment to be both strong and flexible, just like bamboo. The bamboo is a remarkably strong plant but it has the ability to flex and adapt in windy conditions. I believe CPSA has demonstrated this ability to be both strong and flexible over these past several years.

This conference once again confirmed that CPSA is not lagging in the work we do. We are leading or at least staying on top of the most recent changes in regulation around the world.

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

Nothing to report.

### **Conclusion**

There are many exciting things happening in healthcare today around the world and this is a time of great opportunity. We have the team to take on the challenges ahead.

It has been a pleasure serving Alberta as the CPSA Registrar. You are in good hands with Dr. Forestier.

**Agenda Item Title:** Competence Committee Report to Registrar

**Meeting date:** 9/18/2025

Submission to: Dr. Scott McLeod, Registrar & CEO

Submitted by: Dr. Michael Caffaro, Assistant Registrar, Continuing Competence

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**Action requested:**

- ☐ For approval.
- ☐ For discussion.
- ☒ For information only. No action required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☐ Highest Quality, Ethical and Compassionate Care
- ☐ Authentic Indigenous Connections
- ☐ Proactive and Innovative Approach
- ☐ Anti Racism & Anti-Discrimination
- ☐ Enhanced Partnerships

**Agenda item details**

**Background:**

Provide all situational context and any historical background.

The Competence Committee met on June 6, 2026 virtually.

**Membership and Staff Updates**

The Competence Committee's membership is full for 2026, and therefore no active recruitment has been conducted over the summer. The Committee's Co-Chairs, Dr. Catherine Patocka and Dr. Christine Kennedy, have been offered renewal for another year term. At the department level, Dr. Damian Haworth, who had been serving as a 0.5 FTE Senior Medical Advisor since February, transitioned to a full-time role effective July 2.

**Committee Updates**

IPAC Advisory Committee Future State

The IPAC Advisory Committee its structure and function is under review, given IPAC's current stability and success. The committee's role has evolved from providing active

guidance to solely information sharing, ~~transitioning to~~ and an ad hoc consultation model is being explored. This approach would involve retaining a roster of experts to be engaged on an as-needed basis, rather than convening regular meetings.

The importance of preserving the committee's collective expertise and established relationships was underscored, given current transformations within the healthcare system.

A final decision regarding the committee's structure will be made at Competence Committee's next meeting in October.

### **Next Steps:**

Describe what will happen next if this item is approved or discussed.

The Competence Committee will meet next on October 23, 2025, with Dr. Christine Kennedy chairing.

**To:** Council

**From:** Information Management

**Date:** September 2025

**Subject:** Professional Conduct Update for Registrar's Report

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2025 saw some changes in staffing in the department. We have gone many years with almost zero churn, but with a retirement of a long tenured employee as well as building out capacity and redundancy in the Systems support team, meant 4 new employees within our department.

A single source of truth is a big focus for 2025/2025, which means that we bring together all the information we have across different systems and tools and ensure consistency, privacy and security in the access and storage of that information. We worked hard to continue to add layers to our network and server security through work with Amazon and Microsoft. We are also currently in the process of going through a security audit of our system sand process.

We have had a big focus on tools that use Artificial Intelligence to help in a variety of areas from redacting to policy creations and the compilation of a variety of data sources. We are actively using AI to speed up the development and improvement of our software tools.

Work is always ongoing on improving the tools we use like the annual registration process that touches multiple departments.

**Agenda Item Title:** Medical Facility Accreditation Committee Report

**Meeting date:** 9/18/2025

Submission to: Council

Submitted by: Dr. Jeremy Beach, Assistant Registrar, Accreditation

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**Action requested:**

- ☐ For approval.
- ☐ For discussion.
- ☒ For information only. No action required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☐ Highest Quality, Ethical and Compassionate Care
- ☐ Authentic Indigenous Connections
- ☐ Proactive and Innovative Approach
- ☐ Anti Racism & Anti-Discrimination
- ☐ Enhanced Partnerships

**Agenda item details**

**Recommendation:**

Clearly outline the decision requiring approval. If this agenda item is for discussion or informational purposes, delete this section.

Not applicable.

**Background:**

Provide all situational context and any historical background.

The Medical Facility Accreditation Committee (MFAC) met on August 29, 2025 and addressed the following:

**1. Facility Accreditation**

MFAC Approved Accreditation for the following number of facilities:

Existing Facilities – 4-Year Assessments

- Medical Laboratory – 1 facility
- Diagnostic Imaging – 21 facilities
- Pulmonary Function – 9 facilities
- Sleep Medicine – 17 facilities

Existing Facilities – Facility Moves, Renovations and New Modalities

- Medical Laboratory – 1 facility
- Diagnostic Imaging – 9 facilities
- Pulmonary Function – 8 facilities
- Sleep Medicine – 2 facilities

New Facility Assessments

- Diagnostic Imaging – 6 facilities
- Pulmonary Function – 5 facilities
- Sleep Medicine – 4 facilities

**2. Advisory Committee – New Member Approvals**

Psychedelic-Assisted Psychotherapy

- Dr. Craig Pearce – Calgary, Anesthesia
- Ms. Nicole Klementis – Edmonton, Nurse working in PAPT
- Ms. Candace Necyk – Edmonton, Pharmacist

**3. Terms of Reference**

The committee approved revisions to the Terms of Reference for Diagnostic Imaging, Diagnostic Laboratory Medicine, Neurodiagnostics, Non-Hospital Surgical Facilities, Psychedelic-Assisted Psychotherapy, Pulmonary Function Diagnostics and Sleep Medicine Diagnostics. The updates standardize the language for the Terms of Reference for each advisory committee and clarify the membership tenure. Effective August 29, 2025.

**4. Standards Reformat Project**

The committee approved a new way of formatting standards, using the Cardiac Stress Testing Facility Standards, as an example, to go out for consultation to stakeholders. The new formatting left the actual content of the standards unchanged but separated the standards themselves from the assessment of compliance portion. .

**5. Facility Transparency**

The committee reviewed a recommendation stemming from ISQua survey feedback related to transparency in performance data. Specifically, ISQua recommends that healthcare facilities make performance results publicly available to support informed service user choice. During discussion of the potential implications, challenges and benefits the committee agreed that a standard with meaningful data that can be consistently provided by the facility would be positive. The committee advised that more information needs to be gathered from advisory committees about what metrics would be feasible and meaningful for the consumer and provider.

## **6. Application for MFAC Membership**

The committee reviewed two candidates for a physician member position. CV's were circulated prior to the meeting, and members considered each applicant's experience, alignment with MFAC's current needs and potential contributions to the Committee discussions.

After discussion, Dr. Doris Sturtevant was selected by majority vote to be recommended to Council for appointment in the role of MFAC physician member.

## **7. Private Genetics/Microbiome Laboratory Accreditation**

The committee reviewed an assessment report as it currently stands for a private genetics/microbiome facility that requires accreditation stemming from a complaint. The facility has outstanding citations on their report and the committee considered whether to approve the accreditation. The committee did not feel accreditation was appropriate given the outstanding citations and asked that staff contact the facility to request it pause human whole genome sequencing.

### **Alignment with CPSA's mandate to protect and serve the public interest:**

**Necessary for all "For approval" reports.** If this agenda item is for discussion or information, fill this section as needed. Show alignment by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

The work completed by MFAC ensures that Albertans receive high quality care in Accredited Facilities.



### Anti-racism, anti-discrimination, and equity considerations:

Describe considerations of potential impacts of equity, racism, and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

Not applicable.

### Next Steps:

Describe what will happen next if this item is approved or discussed.

The facilities will be provided Accreditation, the committee members will be appointed to their respective committees, and the document revisions will take effect.

### Supporting Documents

Include links to all relevant supporting documents for this agenda item. If there are no supporting documents, delete this section.

1. Not applicable
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### Appendix

Number the titles of any supporting tables or figures using the 1-2-3 format. If there is no appendix, delete this section.

**To:** Council

**From:** Professional Conduct

**Date:** September 2025

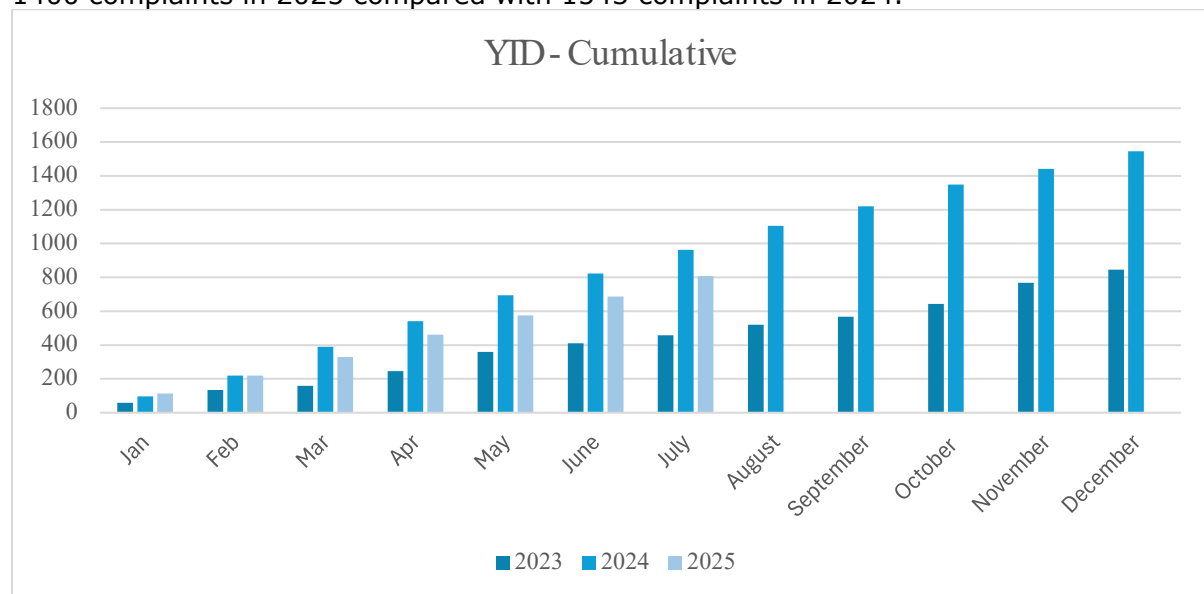
**Subject:** Professional Conduct Update for Registrar's Report

### People and Resources

The Department is fully staffed with the exception of two vacant Senior Medical Advisor positions. Dr. Neelam Mahil was the successful candidate on the Accreditation Assistant Registrar Position and will formally transition in December 2025. Dr. Clark Maul has returned to clinical practice. Professional conduct is in the process of recruiting to these important positions.

### Operations

Professional Conduct continues to experience significant complaint volumes compared to years prior to 2024 however, the 2025 volumes have been lower than 2024 to date (see Figure 1). Complaint trends continue with no significant changes to the nature or severity of complaints with only a global increase in the overall number of complaints. The launch of the online video outlining the process, expectations of complainants, and the potential outcomes from complaints appears to have had an impact on the number of complaints received. Since implementation, complaints have consistently reduced by 10-12% per month. Based on current trends it is projected that Professional Conduct will receive 1350-1400 complaints in 2025 compared with 1543 complaints in 2024.



*Figure 1 Cumulative Complaints by Month 2023, 2024 and 2025 YTD as of July 31.*

Despite the increase in submissions, professional conduct has maintained operational timeliness with the July KPI reported at 93% and our Q1 & Q2 mean being 87% (target is 80%). Investigations continue to work within 4-6 weeks with no backlog.

**To:** Council

**From:** People & Culture

**Date:** September 2025

**Subject:** People & Culture Year-to-date Update Report for Council

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### **Mercer International Position Evaluation (IPE) System Implementation**

A position evaluation system is critical in maintaining equity and ensuring we preserve our competitive advantage. The evaluation system we were using was antiquated and in need of an upgrade. We sourced and purchased the Mercer IPE system in 2024, and throughout 2025, we have been hard at work evolving our position practices. We took the opportunity to rewrite our competencies to align with CPSA's values. A thorough update and upgrade occurred with all our position profiles and a job evaluation committee was assembled to evaluate all roles in the new evaluation system.

Parallel to this evaluation work, we did a market analysis and total compensation review, in partnership with the Payroll team, to align the position evaluation with market trends for similar roles across industries. This important project will continue with communication plans outlining changes to each individual team member this fall.

### **Rewards and Recognition, and Milestone Programs**

We took the opportunity to revamp the reward and recognition program at CPSA to make it more impactful and meaningful for team members. **Kudos** is CPSA's recognition platform and a place for us to connect and recognize our team members for the many things they do to support each other.

- Team members will be provided with a points-based system to award to other team members each month, which can be redeemed for gifts.
- The milestone program will now include recognition for service of 1 and 3 years in addition to the 5, 10, 15, etc. Leaders are now actively involved in recognizing their team members' milestones.

### **UKG – People Management System**

The implementation of the new Human Resources and Payroll system (UKG) occurred in late 2024, and continues to be developed and utilizing more functionality of the program. To date, goal setting, performance reviews, employee-initiated profile updates, onboarding, recruitment, time and attendance management, and overall increased automation and process improvement have been implemented. This system provides increased automation and service to both the P&C and Payroll teams in setting up and maintaining employee records, data collection and reporting functionality and enhancing the user experience.

The project team continues to explore UKG for opportunities of increased functionality, process improvement and streamlining user experience.

### **Integrated Health Platform - Dialogue (formerly Employee and Family Assistance Program)**

The P&C team heard from team members that they needed a more robust health and wellness program that offers more continuity of care and accessibility. We launched

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Dialogue, an integrated health platform unifying health and wellness programs, created to deliver high-quality, multidisciplinary virtual care from one platform. The four programs include Mental Health Plus, Virtual Primary Care, Traditional EAP, and Wellness Essentials. The program is available to all team members and their eligible dependents.

### **CPSA 201**

P&C launched CPSA 201 this year to give our people leaders training on how best to support their teams while learning about our employment policies. The training included "Who Wants to Be a Policy Expert" and the chance to escape from policy jail.

### **AI in the Workplace Training**

P&C collaborated with the AIR team to roll out introductory training for all team members on using Artificial Intelligence in the workplace. In addition to demonstrating ways to use the tools, the session reinforced the privacy and safety requirements. P&C will continue to look for ways to support our team to learn about the evolving capability of AI.

### **Recruitment**

Our recruitment team has been steady with 29 positions filled since January 1, 2025, and an average of 46 days to fill a role with an external candidate. This includes six promotions or reclassifications of team members. The additional FTE support in recruitment has made a significant impact in reducing our days to hire.

### **Team Events**

P&C has taken over the social events for CPSA and has planned a team member appreciation event in May and a family event at Snow Valley in August.

### **Customer Experience (CX)**

Between January 1 & July 31, 2025:

- The CX Hub received 11,470 new inquiries.
  - This is a 12% decrease in total inquiry volume (12,895 new inquiries) over the same period last year. The decrease is largely attributed to the improvements around annual renewal where the total inquiry volume was down 17% compared to 2024 between January 1 & March 31.
- 95% of all new inquiries were resolved within the CX Hub, meaning the customer only interacted with one CPSA team member during their interaction.
  - The CX Hub handled ~ 3000 registration-related inquiries and ~2600 complaint-related inquiries during this period, meaning those departments were able to focus on other activities. The CX Hub also responded to ~700 Standards of Practice-related inquiries and more than 1000 medical records requests.
- The CX Hub had a satisfaction rate of 92% compared to 87% over this same period last year.

Overall, the volume in the CX Hub appears to be stabilized, which allows us to handle inquiries effectively because we can better anticipate and resource periods of high volume. This means we can better manage customer expectations and maintain our desired quality of service so we can consistently offer exceptional customer experiences.

**Agenda Item Title:** 5.1 Hearing Director's Office - Implementation of a Fee for Requests for Review to the Complaint Review Committee (CRC) under Section 68 of the *Health Professions Act (HPA)*

**Meeting date:** 9/18/2025

Submission to: CPSA Council

Submitted by: Dr. Dawn Hartfield, Deputy Registrar & Hearings Director

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**Action requested:**

- ☒ For approval.
- ☐ For discussion.
- ☐ For information only. No action required.

**Strategic Alignment:**

- ☐ Highest Quality, Ethical and Compassionate Care
- ☐ Authentic Indigenous Connections
- ☒ Proactive and Innovative Approach
- ☐ Anti Racism & Anti-Discrimination
- ☐ Enhanced Partnerships

**Agenda item details**

**Recommendation:**

It is recommended that the CPSA Council implement a CRC review request fee of \$200, with a formal fee waiver application process to ensure equitable access.

**Background:**

Under Section 68 of the Health Professions Act (HPA), complainants may request a review of a decision made by the Complaints Director. This request must be submitted within 30 days of the decision being issued. On average, CPSA receives approximately 100 requests for review each year.

When requesting a review, complainants are required to explain why they believe the Complaints Director's decision was not reasonable - for example, by demonstrating that not all relevant evidence was considered, or that the evidence was not assessed in

relation to CPSA's standards of practice. This is not the same as simply disagreeing with, or disliking, the outcome.

When the Complaint Review Committee (CRC) conducts a review, it applies a **reasonableness standard**, not a **correctness standard**. This distinction is important:

- **Reasonableness** requires the CRC to determine whether the Complaints Director's decision falls within a range of possible, acceptable outcomes based on the facts and the law.
- The CRC assesses whether the decision is supported by logical, understandable reasons, whether those reasons justify the outcome, and whether the outcome aligns with the information that was available to the Complaints Director at the time.
- Even if the CRC might have reached a different conclusion itself, it must uphold the decision if it is reasonable.

This approach reflects the highly deferential standard affirmed by the courts, recognizing the Complaints Director's specialized expertise and the role of the Professional Conduct Department. The CRC does not seek to identify the "perfect" or "correct" decision, but rather to ensure the decision is defensible, transparent, and justifiable.

After completing its assessment, the CRC may:

- Uphold the Complaints Director's decision,
- Request further investigation before making a final determination, or
- Direct the matter to a disciplinary hearing.

Since CPSA's complaints process was modernized in 2021, the following trends have emerged:

- Approximately 9.5% of complainants request a review following a dismissal decision.
- Of those cases that proceed to review, 90% of the Complaints Director's decisions are upheld by the CRC.
- When viewed against the total number of complaints, only 0.21% are referred for further investigation by the CRC, and 0.09% are directed to a disciplinary hearing.

These figures demonstrate that CPSA's complaints are being managed thoroughly and consistently, and that decisions of the Complaints Director are overwhelmingly found to be **reasonable** when independently reviewed.

This administrative law process is understandably confusing for complainants. Despite ongoing efforts to educate and support complainants, many incorrectly believe the CRC process involves:

- A full reinvestigation;
- A hearing before a tribunal;
- A comprehensive re-evaluation of evidence;
- A customer service exercise with dialogue with the health care team.

Further, vexatious complainants may utilize the CRC process as a means to continue to attempt to punish a regulated member rather than using the process to pursue fairness or justice. For regulated members, this extension of the complaints process is a significant source of stress and distraction to providing care to patients following the dismissal of a complaint.

### **Alignment with CPSA's mandate to protect and serve the public interest: Resource Allocation**

Each CRC review is **labour- and time-intensive**, involving:

- A 4-member panel;
- Independent legal counsel (ILC);
- 2–3 half-day CRC meetings per month, reviewing up to 4 files each (these files are often complex with large volumes of material);
- Detailed written decisions for each case.

The same individuals who serve on CRC panels are also appointed to Hearing Tribunals, which are higher risk files. Because panel members are a scarce and shared resource, their participation in CRC reviews directly impacts the scheduling and timeliness of Hearing Tribunal proceedings. Public members, in particular, are drawn from a roster shared across all Alberta health colleges, further limiting availability. Reducing the overall volume of CRC review requests, by requiring a fee, will allow panel members to dedicate more of their time to higher-risk matters, ensuring Hearings can proceed in a timely and effective manner.

From a financial perspective, the median cost of the panel and ILC was between \$2,168–\$2,457 over the past 3 years. Complex files are considerably more with the highest cost being approximately \$18,000 for a single complex file. These costs are covered by CPSA.

### **Jurisdictional Consistency**

At least seven other health regulators in Alberta already charge a fee for similar reviews (e.g., College of Dental Surgeons of Alberta). Two charge \$100; one charges \$200; three charge \$250 and one charges \$300. The authority for CPSA to do the same exists under Section 132(1)(p) of the *HPA* and is reflected in the CPSA Bylaws.

**The proposed fee we are suggesting is \$200.** This amount is in the mid-range of what is imposed by other health regulators and will align with the Alberta Court of Justice (Small Claims Court) filing fee for claims over \$7,500.

### **Rationale for Implementing a Fee**

1. **Discourages Frivolous Use:** A fee reduces the volume of non-meritorious or misinformed review requests.
2. **Supports Resource Stewardship:** Offsets a portion of the significant financial and personnel cost.
3. **Enhances Process Integrity:** Reinforces the CRC's role as a review—not investigative—body.
4. **Frees Tribunal Resources:** Preserves availability of personnel for high-risk tribunal work.
5. **Harmonizes with Peers:** Aligns CPSA with other Alberta regulators and judicial practices.

### **Risks to Proceeding with a Fee**

Introducing a fee for CRC submissions carries several potential risks. Chief among them is the possibility that the fee may create a financial barrier, deterring or preventing some complaints, especially those with limited means, from accessing the process. This could raise concerns about equity and access to justice. To mitigate this risk, CPSA could establish a fee waiver mechanism, modeled after those used by Alberta Courts, to ensure that cost does not prevent individuals from bringing forward valid concerns.

There is also a risk that complainants may challenge the imposition of a fee through a complaint to the Alberta Ombudsman or by initiating a judicial review. These actions could result in legal or reputational consequences for CPSA. However, this risk can be mitigated by ensuring that the fee is clearly authorized by legislation and bylaws, and that the entire process—including fee assessment, waivers, and handling of complaints—is transparent, procedurally fair, and consistently applied.



From a legal perspective, complainants are not owed the same duty of fairness as regulated members in this circumstance as they are not a party to the complaints process, and the complainant has limited jeopardy (as they are not at risk of losing something compared with the regulated member).

Finally, there is a reputational risk that the public may view the fee as a barrier to accountability. Proactively communicating the purpose of the fee, the existence of waiver and refund mechanisms, and CPSA's ongoing commitment to fairness and public protection will be critical to maintaining trust and credibility.

These strategies which will be incorporated into the process change align with recommendations provided by the Alberta Ombudsman for health regulators to follow when introducing a fee for submitting a CRC<sup>1</sup>.

### **Anti-racism, anti-discrimination, and equity considerations:**

Describe considerations of potential impacts of equity, racism, and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

#### **Fee Waiver Mechanism**

To preserve access to justice, the CPSA would implement a fee waiver process similar to the Alberta courts:

- **Eligibility Criteria:** Based on annual gross household income thresholds (e.g., as of 2023, under \$26,760 for a single-person household).
- **Application Process:** Complainants would submit a standardized form with financial information and supporting documentation.
  - **Supported documentation would include the following for income verification:**
    - Notice of Assessment (NOA) from the Canadian Revenue Agency (preferred).
  - **The following may be accepted if the NOA is not available:**
    - T1 General Tax Return (Complete Copy)
    - Recent Pay Stubs or Employment Letter
    - Social Assistance Statements (AISH)

<sup>1</sup> An investigation into the levy of a fee to request a review by the Complaint Review Committee of the Alberta Dental Association and College, Own Motion Investigation Report; October 2016; Alberta Ombudsman.

- Affidavit if no other documentation available
- **Decision Process:** The Hearings Director will review applications confidentially and determine if the fee will be fully or partially waived. These confidential financial documents will be destroyed when the CRC final letter is sent to the complainant.

This mechanism ensures the fee does not create a barrier for those experiencing genuine financial hardship.

**Next Steps:**

An implementation plan will be developed in collaboration with a team of key stakeholders. This will include development of supporting policy, standard documents, and a communication plan. CPSA has an existing online payment system that can be leveraged for this new process. The goal will be to go live April 1, 2026.

**Agenda Item Title: 5.2.2 Corporate Services - 2025 Diagnostic Imaging Fees**

**Meeting date: 9/18/2025**

Submission to: Council

Submitted by: Tracy Simons, Chief Financial Officer

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**Action requested:**

- ☒ For approval.
- ☐ For discussion.
- ☐ For information only. No action required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☒ Highest Quality, Ethical and Compassionate Care
- ☐ Authentic Indigenous Connections
- ☐ Proactive and Innovative Approach
- ☐ Anti Racism & Anti-Discrimination
- ☐ Enhanced Partnerships

**Agenda item details**

**Recommendation:**

Clearly outline the decision requiring approval. If this agenda item is for discussion or informational purposes, delete this section.

It is recommended that Council approves the 2025 diagnostic imaging annual fees.

**Background:**

Provide all situational context and any historical background.

At the September 2024 Council meeting, Council approved the diagnostic imaging facility fees for the 2025 budget. Management has identified an error in the grouping of the 2025 imaging facility fees on the fee schedule approved by Council.

In the summary of approved fees for 2025, facilities with three and four modalities were incorrectly listed at a rate of \$1,808.00. These should have been included in the fee schedule at the correct rate of \$5,423.00.

The approved fee schedule should have reflected the wording shown in red text in the table on the right.

Council approved		Correct modality wording	
Modality count	2025 Fees	Modality count	2025 Fees
One modality	\$904.00	One modality	\$904.00
Two to four modalities	\$1,808.00	Two modalities	\$1,808.00
Five or more modalities	\$5,423.00	Three or more modalities	\$5,423.00

CPSA billed our facilities for the correct grouping of One Modality, Two Modalities and Three or More Modalities as this has been the historical grouping for years and was set up this way in our invoicing database. As this structure remains unchanged, no billing adjustments are required.

The proposed fees will apply to the accreditation cycle which runs from April 1, 2025, to March 31, 2026.

FAC has reviewed the process that resulted in the administrative error and supports Council approval of the updated 2025 fees.

### **Alignment with CPSA's mandate to protect and serve the public interest:**

**Necessary for all "For approval" reports.** If this agenda item is for discussion or information, fill this section as needed. Show alignment by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

Fees fund the infrastructure and staff needed to carry out these essential duties to run the facility accreditation program.

### **Anti-racism, anti-discrimination, and equity considerations:**

Describe considerations of potential impacts of equity, racism, and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

N/A

### **Next Steps:**

Describe what will happen next if this item is approved or discussed.

The CPSA fee schedule will be updated and communicated to facilities.

**Agenda Item Title: 6.1 Finance and Audit Committee - Financial Executive  
Limitations Policy****Meeting date: 9/18/2025**

Submission to: Council

Submitted by: Finance and Audit Committee, Patrick Etokudo, Chair

**Action requested:**

- ☒ For approval.
- ☐ For discussion.
- ☐ For information only. No action required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☒ Highest Quality, Ethical and Compassionate Care
- ☐ Authentic Indigenous Connections
- ☒ Proactive and Innovative Approach
- ☐ Anti Racism & Anti-Discrimination
- ☐ Enhanced Partnerships

**Agenda item details****Recommendation:**

Clearly outline the decision requiring approval. If this agenda item is for discussion or informational purposes, delete this section.

It is recommended that Council approves changes to Council's policy, Financial Executive Limitations.

**Background:**

Provide all situational context and any historical background.

The Executive Limitations Policy serves a critical governance function: it establishes a financial boundary on the executive's decision-making authority. These thresholds help ensure fiscal responsibility, prevent unauthorized or high-risk expenditures, and clarify when Council approval is required for financial commitments.

The Executive Limitations Policy itself is a key element of effective governance. Rather than prescribing how the Registrar & CEO must carry out their duties, the policy defines the boundaries within which decisions and actions may occur.

Its primary purpose is to prevent unethical, imprudent, or illegal behavior by clearly stating what the Registrar & CEO may not do, thereby safeguarding the organization's integrity, reputation, and resources. This structure ensures that the Registrar & CEO retains the necessary autonomy and can respond efficiently to emerging needs, while still operating within a framework of Council-sanctioned constraints.

Management has brought forward recommended changes to the Financial Executive Limitations Policy:

### **1) Registrar & CEO's unbudgeted financial authority limit**

The current executive limitation policy was last updated in 2017. As per Council policy, Financial Executive Limitations:

*In the event a contemplated unbudgeted expenditure is \$100,000 or greater, the Registrar must notify and obtain the approval of the Finance and Audit Committee, on behalf of Council.*

Management presented a request to the FAC at its June 2025 meeting to amend the current Financial Executive Limitations Policy, noting that the existing limitation was established when the organization's budget was approximately half of its current size.

Below is a table representing budget at the time the limit was last reviewed:

	2017	2026
Total budgeted expenditures	\$23,216,737	\$50,841,000
Existing limit	\$100,000	\$100,000
Existing limit as a percentage of budget	0.43%	0.20%
Proposed limit as a percentage of budget		<b>1.0%</b>
Proposed limit		\$508,410

FAC discussed whether the limit should be a flat dollar amount or a percentage of the budget. In reviewing other organization limits, the range for unbudgeted expenditures can range up to 5% of budget.

FAC was in support of management's proposal of 1% of budget, with a maximum dollar amount for individual unbudgeted expenses of \$300,000.

Since some program activity has offsetting revenue, the maximum dollar amount for individual unbudgeted expenses would be considered after any offsetting revenue was netted against the program expenses.

### Example #1 - Practice readiness assessments

Revenues		
Admin fee		xxxx
Preliminary Clinical Assessment (PCA) fee (per week)	<24,000>	
Supervised Practice Assessment (SPA) fee (per hour)	<3,000>	
Expenses		
Consulting costs	27,000	
Staff time	xxxx	
Net direct revenues & costs		0

Additional files above budget results in additional assessor costs of \$834,000  
 $30 \times \$27,000 = 834,000$

Since there would be additional revenues of \$834,000 there is nil impact to the bottom line.

#### **Result:**

This unbudgeted additional expense of assessor costs would not meet the threshold to require prior approval by the FAC.

The quarter end variance reporting would identify the year-to-date higher revenues and expenses.

### Example #2 - Complaint costs

The number of complaint files have increased during the year resulting in higher costs.

Expert Reviews consulting forecast costs above budget	\$310,000 (A)
Independent legal counsel costs forecast above budget	\$131,000 (B)

#### **Result:**

The unbudgeted expert review costs (A) would be brought forward to FAC for approval since the individual unbudgeted threshold is reached.

The quarter end variance reporting would identify the year-to-date higher costs for both the expert review and independent legal counsel costs.

Management outlined the controls currently in place will continue:

- CPSA's Management Control Framework outlines the current approval thresholds for leadership for spending and controls over spending.
- CPSA will continue the quarterly financial reporting to FAC, which includes variance reporting for year-to-date (YTD) quarter end financial results as well as forecasting the financial results to the end of the year. Transparency will continue in reporting unbudgeted expenditures.
- Increasing the Registrar's authority limit does not change the importance of budget planning and forecasting.

Draft wording proposed:

*If there is a need to exceed budget within a fiscal year by more than 1%, or any individual contemplated unbudgeted expenditure, after offsetting directly attributable revenues, of \$300,000 or greater, the Registrar must notify and obtain approval of the Finance and Audit Committee, on behalf of Council.*

## **2) Insurance coverage**

The current policy reflects

*The Registrar shall ensure that assets are protected, adequately maintained and not unnecessarily risked. He shall maintain adequate insurance against fire, theft, casualty and computer losses and against liability (for staff, Council and the organization).*

Management recommends updating the policy to reflect insurance coverage for Council and CPSA committees.

Draft wording proposed, changes identified in red text.

*The Registrar shall ensure that assets are protected, adequately maintained and not unnecessarily risked. The Registrar shall maintain adequate insurance against fire, theft, casualty and computer losses and against liability (for staff, Council, **CPSA committees** and the organization).*

## **3) Formatting changes**

The Council policy has been updated to align with CPSA's new standard policy format.



### Alignment with CPSA's mandate to protect and serve the public interest:

**Necessary for all "For approval" reports.** If this agenda item is for discussion or information, fill this section as needed. Show alignment by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

By clearly defining the boundaries of executive authority, the policy ensures that decisions and actions are conducted ethically, legally, and prudently. This limits the risk of mismanagement, financial impropriety, or operational failures that could harm the public or damage the organization's reputation. Furthermore, it reinforces accountability by requiring the executive to operate within Council-approved constraints, thereby promoting transparency and responsible stewardship of public trust. In this way, the policy serves as a key mechanism to balance effective leadership with rigorous oversight, ensuring our organization consistently acts in alignment with its mission and public expectations.

### Anti-racism, anti-discrimination, and equity considerations:

Describe considerations of potential impacts of equity, racism, and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

N/A

### Next Steps:

Describe what will happen next if this item is approved or discussed.

If approved, CPSA's Management Control Framework will be updated and reviewed by FAC at their November 2025 meeting.

### Supporting Documents

Include links to all relevant supporting documents for this agenda item. If there are no supporting documents, delete this section.

1. Council Policy Financial Executive Limitation (August 2025 draft)

## Financial Executive Limitation

<b>Effective Date</b>	September 14, 2007	<b>Policy Number</b>	
<b>Date of Last Review</b>	<del>September 2017</del> September 2025	<b>Review Period</b>	Every 3 years
		<b>Policy Owner</b>	Council

### 1.0 Purpose

To define the boundaries within which the Registrar and CEO may make financial decisions, ensuring responsible stewardship of resources, compliance with regulatory requirements, and alignment with the strategic priorities of Council and the organization. This policy outlines the approved approaches and operational limitations that guide financial decision-making. The policy is designed to prevent misuse of funds and promote accountability in financial decision-making.

**Commented [TS1]:** New Purpose paragraph added.

### 2.0 Scope/Application & Authorities

~~The Registrar is appointed by Council of the College to be the Chief Executive Officer of the CPSA. In that position, the Registrar is mindful of the College's obligations under the Health Professions Act.~~

The Registrar is appointed by CPSA Council to ensure that CPSA's regulatory obligations set out under the *Health Professions Act* are adhered to. The Registrar is also the Chief Executive Officer (CEO) of CPSA, responsible for providing strategic leadership and overall management of the organization, ensuring its mission, vision, and goals are effectively pursued and achieved.

**Commented [KM2]:** This drafted wording is a suggested revision from the original policy document.

### 3.0 Policy Details

#### 3.1 Responsibilities of the Registrar

- 4.1.1 The Registrar shall ensure that the planning for budgeting provides sufficient information to enable accurate projection of revenues and expenses, separation of capital and operational items, and disclosure of planning assumptions.
- 4.1.2 In budgeting for any fiscal period, the Registrar shall not deviate materially from Council priorities, risk fiscal jeopardy nor fail to show foresight.
- 4.1.3 The Registrar shall ensure that Council operations are adequately and completely funded to allow it to fulfill its responsibilities, including

Council development, meetings, legal fees, member expenses, and operation of its committees.

- 4.1.4 The Registrar shall ensure the organization has sufficient liquidity to meet the operating needs of the [CollegeCPSA](#).
- 4.1.5 The Registrar shall not run a deficit in any fiscal year unless so authorized by Council.
- 4.1.6 The Registrar shall not use or commit long term reserve funds unless specifically directed to do so by Council.
- 4.1.7 The Registrar shall file tax and other government ordered payments and reports accurately and in a timely fashion.
- 4.1.8 Should actual financial conditions develop at any time which might threaten fiscal jeopardy or compromise Council's priorities, the Registrar shall immediately advise Council.
- 4.1.9 In the event a contemplated unbudgeted expenditure is \$100,000 or greater, the Registrar must notify and obtain the approval of the Finance and Audit Committee on behalf of Council. If there is a need to exceed budget within a fiscal year by more than 1%, or any individual contemplated unbudgeted expenditure, after offsetting directly attributable revenues, is \$300,000 or greater, the Registrar must notify and obtain approval of the Finance and Audit Committee, on behalf of council.
- 4.1.10 The Registrar shall ensure that assets are protected, adequately maintained and not unnecessarily risked. The Registrar shall maintain adequate insurance against fire, theft, casualty and computer losses and against liability (for staff, Council, [CPSA committees](#) and the organization).

**Commented [TS3]:** Revised threshold proposed introducing a % of annual budgeted expenditures and also a maximum individual unbudgeted expenditure.

**Commented [TS4]:** Extending insurance coverage to also include all CPSA committees.

## Document History

Review Date	Revision/Change
September 2017	Policy revisions completed to change unbudgeted expenditure limit from \$50,000 to \$100,000.
<a href="#">September 2025</a>	<ul style="list-style-type: none"> <li>- <a href="#">New policy format</a></li> <li>- <a href="#">Change in unbudgeted expenditure limit from \$100,000 to more than 1%, or any individual contemplated unbudgeted expenditure, after</a></li> </ul>



	<a href="#">offsetting directly attributable revenues, is \$300,000 or greater</a> <a href="#">- Adding insurance coverage for CPSA committees</a>
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**Agenda Item Title: 6.2.1 Governance Committee - Bylaw Amendment – English Language Equivalency**

**Meeting date:** 9/18/2025

Submission to: Council

Submitted by: Governance Committee

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**Action requested:**

- ☒ For approval
- ☐ For discussion.
- ☐ For information only. No action is required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☒ Highest Quality, Ethical and Compassionate Care
- ☐ Authentic Indigenous Connections
- ☒ Proactive and Innovative Approach
- ☐ Anti Racism & Anti-Discrimination
- ☐ Enhanced Partnerships

## Agenda item details

**Recommendation:**

Clearly outline the decision requiring approval. If this agenda item is intended solely for discussion or informational purposes, delete this section.

It is recommended that Council approves a bylaw amendment regarding English Language Proficiency.

**Background:**

Provide all situational context and any historical background.

In May 2025, Council repealed the English language requirements in the CPSA Bylaws while introducing greater specificity and standardization in how proficiency is assessed for applicants. The new Bylaws list specific approved exams, set out required minimum scores and require that proficiency is demonstrated within 24 months of application submission.

An amendment to this Bylaw is proposed to also include the discretion of the Registrar to waive these requirements (changes shown in **bold** below).

**36.2 Unless waived by the Registrar,** *evidence of proficiency is established by achieving an acceptable score on an approved English language proficiency exam within twenty-four (24) months of submitting an application to CPSA, as follows:*

- a. International English Language Testing System (IELTS) Academic<sup>11</sup> – achieving a minimum score of 7.0 in each of the four (4) components in a single report,*
- b. Occupational English Test (OET)<sup>12</sup> – achieving a minimum grade of B in each component in a single test, or*
- c. Canadian English Language Proficiency Index Program (CELPIP) General test<sup>13</sup> – achieving a minimum score of nine (9) in each component in a single test.*

Among medical regulatory authorities, it is being recognized that English proficiency can be demonstrated in different ways. Allowing the Registrar to apply discretion, as other regulators do, supports a more flexible approach. Language proficiency in medical regulation is also more complex than simply requiring an exam. Broadening the wording in our bylaws helps us reflect that complexity and respond more effectively to individual circumstances.

For these reasons, the Governance Committee recommends the bylaw amendment.

### **Alignment with CPSA’s mandate to protect and serve the public interest:**

**Necessary for all “For approval” reports.** If this agenda item is for discussion or information, fill this section as needed. Show alignment by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

This amendment strengthens CPSA governance by adding clarity and aligning regulatory instruments (Regulation, Bylaw and General Register policies).

### **Anti-racism, anti-discrimination and equity considerations:**

Describe considerations of potential impacts of equity, racism and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

This should be viewed as a positive step toward equity in medical regulation, as it supports Registrar flexibility over rigid testing requirements and removes barriers from competent physicians practicing in Alberta.

**Next Steps:**

Describe the actions to be taken if this is approved or discussed.

If the Bylaw amendment is approved by Council, the Bylaws would be amended and uploaded on the CPSA website, effective September 2025.

**Agenda Item Title: 6.2.2 Governance Committee - Bylaw Amendment & Policy Introduction - Recognition of Regulated Professionals Registered in Other Jurisdictions**

**Meeting date:** 9/18/2025

Submission to: Council

Submitted by: Governance Committee

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**Action requested:**

- ☒ For approval
- ☐ For discussion.
- ☐ For information only. No action is required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☒ Highest Quality, Ethical and Compassionate Care
- ☐ Authentic Indigenous Connections
- ☒ Proactive and Innovative Approach
- ☐ Anti Racism & Anti-Discrimination
- ☐ Enhanced Partnerships

**Agenda item details**

**Recommendation:**

Clearly outline the decision requiring approval. If this agenda item is intended solely for discussion or informational purposes, delete this section.

It is recommended that Council approve a bylaw amendment and new policy allowing the Registrar to approve equivalent jurisdictions.

**Background:**

Provide all situational context and any historical background.

Bylaw Amendment

In May 2025, Council adopted a new bylaw on Recognition of Regulated Professionals Registered in Other Jurisdictions. It stated that:



*"For the purposes of section 4 of the Regulations (Equivalent Jurisdiction), an applicant may provide evidence of competence in the practice of the profession by being registered as an active, regulated, practicing physician, surgeon, osteopath or physician assistant in a province or territory of Canada, or from a jurisdiction outside of Canada that is approved by the **Council** and **named in Schedule 1 of these bylaws.**"*

However, a proposed bylaw amendment is presented:

*"For the purposes of section 4 of the Regulations (Equivalent jurisdiction), an applicant may provide evidence of competence in the practice of the profession by being registered as an active, regulated, practicing physician, surgeon, osteopath or physician assistant in a province or territory of Canada, or from a jurisdiction outside of Canada that is approved by the **Registrar** and **named on the CPSA website.**"*

- The first change would require delegation of authority from Council to the Registrar. The Registrar has access to the necessary information to identify additional jurisdictions that are substantially equivalent and can make those updates more quickly and efficiently.
- The proposed change in where the list of approved jurisdictions is posted (i.e., website) is intended to:
  - Make the list more accessible to the public.
  - Streamline internal administrative processes, so that CPSA continues its commitment to removing any perceived or real roadblocks to physicians practicing in Alberta

#### Introduction of a New Policy

If the bylaw amendment is approved, a new policy would concurrently be introduced to delegate to the Registrar the authority to recognize jurisdictions as substantially equivalent for registration purposes, while ensuring Council transparency is maintained in a flexible and efficient manner.

#### **Alignment with CPSA's mandate to protect and serve the public interest:**

**Necessary for all "For approval" reports.** If this agenda item is for discussion or information, fill this section as needed. Show alignment by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

The Governance Committee does not believe that this proposed change will reduce the level of trust Albertans should have in the competency of physicians. In fact, this puts the decision in the hands of the most appropriate person, while maintaining transparency to Council.

**Anti-racism, anti-discrimination and equity considerations:**

Describe considerations of potential impacts of equity, racism and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

This change potentially acts to remove any real or perceived barriers to physicians coming to practice in Alberta by making the process for efficient.

**Next Steps:**

Describe the actions to be taken if this is approved or discussed.

If approved by Council:

- The bylaws would be amended and uploaded on the CPSA website.
- The policy would be implemented and posted on the CPSA website.
- All relevant stakeholders would be notified.

**Supporting Documents**

Include links to all relevant supporting documents for this agenda item. If there are no supporting documents, delete this section.

1. Recognition of Substantially Equivalent Jurisdictions Policy
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## Recognition of Substantially Equivalent Jurisdictions Policy

		<b>Policy Number</b>	
<b>Effective Date</b>	Sept. 18, 2025	<b>Review Period</b>	Every 3 years
<b>Date of Last Review</b>	-	<b>Policy Owner</b>	Council

### 1.0 Purpose

The purpose of this policy is to delegate to the Registrar the authority to recognize jurisdictions as substantially equivalent for registration purposes, while ensuring Council oversight is maintained in a flexible and efficient manner.

### 2.0 Scope/Application & Authorities

Consistent with CPSA Bylaws, Council delegates to the Registrar the authority to:

- Assess and recognize jurisdictions as having substantially equivalent registration requirements to those of Alberta.
- Maintain and update the list of recognized jurisdictions as necessary.

This policy is made under section 19 of the *Health Professions Act* and pertains to Council's responsibilities under section 28(2)(b) of the *Health Professions Act* and section 4(a) of the *Physicians, Surgeons, Osteopaths, and Physician Assistants Profession Regulation*.

### 3.0 Policy Details

#### 3.1 Principles for Recognition

In assessing substantial equivalence, the Registrar must be guided by the following principles:

- Entry-to-practice education and clinical training standards.
- Assessment and examination processes.
- Professional regulatory frameworks, including standards of practice, ethics, and continuing competence.
- Public safety and risk management considerations.

The Registrar may establish and apply additional detailed criteria and processes as needed.

#### 3.2 Oversight and Accountability

The Registrar will:

- Provide Council with an annual summary of recognized jurisdictions, including any additions, removals, or major reconsiderations.

- Immediately notify Council of any emerging issues that could materially impact public safety or professional competence.
- Make the current list of recognized jurisdictions available on the CPSA website.

Council retains the authority to:

- Request information or reports related to recognized jurisdictions at any time.
- Amend, suspend, or revoke this delegation at its discretion.

### **Relevant Documents**

- Health Professions Act
- Health Professions Act, Physicians, Surgeons, Osteopaths, and Physician Assistants Profession Regulation
- CPSA Bylaws

### **Document History**

<b>Review Date</b>	<b>Revision/Change</b>
Sept. 18, 2025	Policy established

**Agenda Item Title: 6.3 Executive Committee - Council Performance Measurement Framework**

**Meeting date: 9/18/2025**

Submission to: Council

Submitted by: Executive Committee

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**Action requested:**

- ☐ For approval.
- ☒ For discussion.
- ☐ For information only. No action required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☐ Highest Quality, Ethical and Compassionate Care
- ☐ Authentic Indigenous Connections
- ☒ Proactive and Innovative Approach
- ☐ Anti Racism & Anti-Discrimination
- ☐ Enhanced Partnerships

**Agenda item details**

**Recommendation:**

Clearly outline the decision requiring approval. If this agenda item is for discussion or informational purposes, delete this section.

Council is being asked to review and discuss the first draft of the Performance Measurement Framework to Council.

**Background:**

Provide all situational context and any historical background.

Development of a Council Performance Measurement Framework originated from a recommendation made in the 2022 Governance Review. The intent is to support ongoing evaluation of Council's effectiveness in fulfilling its mandate.

In 2022, Council approved the governance outcomes that would be used to measure Council's performance, and the Executive Committee engaged in discussions in 2023 and 2024 to develop the framework.

At the January 2025 Council Retreat, Council determined the measures for the outcome to achieve of CPSA's mission to protect the public by guiding the medical profession and steward CPSA's resources to ensure its viability and sustainability. The draft Performance Measurement Framework was further developed based on this work (Attachment 1).

The framework outlines the following:

- **Outcome:** The result or impact achieved because of specific actions, initiatives, or programs.
- **Measure:** Specific indicators used to track and evaluate progress towards achieving a goal or objective.
- **Data Source:** The origin or method used to gather the data for the performance measure.
- **Baseline:** The starting point or initial measurement of a performance measure. This represents the current state before any interventions or improvements are made.
- **Target:** The desired level of performance or outcome that an organization aims to achieve within a specific time frame.
- **Frequency:** The interval at which performance data is collected and reviewed (e.g., weekly, monthly, annually).

The Executive Committee has reviewed the draft Performance Measurement Framework and would like to gather Council's input on how the framework might be revised or improved before it is finalized for implementation.

### **Alignment with CPSA's mandate to protect and serve the public interest:**

**Necessary for all "For approval" reports.** If this agenda item is for discussion or information, fill this section as needed. Show alignment by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

The goal of evaluating Council's performance in alignment with acting in the public interest remains central. However, this objective may now be better served through embedded practices rather than through a formalized framework.

### **Anti-racism, anti-discrimination, and equity considerations:**

Describe considerations of potential impacts of equity, racism, and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

The current draft framework does not include specific equity indicators; however, CPSA remains committed to applying this lens in governance practices.

### Next Steps:

Describe what will happen next if this item is approved or discussed.

Changes will be made to the draft and revised for the December Council meeting.

### Supporting Documents

Include links to all relevant supporting documents for this agenda item. If there are no supporting documents, delete this section.

- |  |
|--|
| 1. Draft Performance Measurement Framework |
|--|

## Council Performance Measurement Framework

Outcome	Measure	Data Source	Baseline	Target	Frequency of Data Collection	Current Monitoring Practice
Achievement of CPSA's mission to protect the public by guiding the medical profession	Council conducts annual performance reviews of the CEO	Survey Results from Annual Performance Review	Annual performance reviews conducted	Annual performance reviews conducted	Annually	The Executive Committee annual report shared with Council annually provides a report indicating that the performance review was completed.
	Council regularly monitors regulatory and operational activities toward strategic plan	Registrar's Report  Department Reports at Council Meeting	Reports shared at every Council meeting	Reports shared at every Council meeting	Quarterly	The Registrar's Report is a recurring item on the Council agenda, ensuring that Council does regular monitoring.
	Council regularly reviews media monitoring to gauge public sentiment	Media Analytics Report	Report is shared with Council every quarter	Report is shared with Council every quarter	Quarterly	The report is shared quarterly with Council, providing an opportunity for Council members to monitor public sentiment.
	Council has assessed the business plan and budget in relation to the strategic plan	Minutes of Business Plan and Budget discussions at September Council meeting	Business plan and budget presented at Council meeting with assessment against the strategic plan.	Business plan and budget presented at Council meeting with assessment against the strategic plan.	Annually	The review of the business plan and budget are recurring annual items on the FAC and Council agenda, thus ensuring that this is completed.
	Council ensures that the work of the committees aligns with their Terms of Reference and that committees complete the work that they committed to	Committee Annual Report	Report is shared with Council annually	Report is shared with Council annually	Annually	This is a recurring annual agenda item for the Governance Committee to bring forward to Council.
	Council fulfills their appeal role (when required) and debriefs after the appeal	Completion of Appeal Education	TBD	All Council members have completed the training.	TBD by Executive Committee	Records of education completion could be maintained and reported.



		orientation video				
		Rate of Responsiveness to Appeal Participation	TBD – presently many requests go unanswered	All Councillors reply with yes/no to all participation requests	TBD by Executive Committee	This information is currently collected for other purposes and can readily be leveraged to inform a report.
		Timeliness of Appeal Decisions within legislated timelines	Align with timelines set out in HPA (i.e., 90 days).	Decisions are delivered in appropriate timelines at least 90% of the time	TBD by Executive Committee	It is anticipated that appeal information will appear on a dashboard.
	Council ensures that there is transparency and communication around its activities	Council Minutes on Website	Minutes published on website after every Council meeting	Minutes published on website after every Council meeting	Quarterly	Minutes are consistently posted on the website by the Council Secretariat.
Stewarding CPISA's resources to ensure its viability and sustainability	Council member satisfaction with how Council operates as a team enabling stewardship and effectiveness.	Council Effectiveness Survey	100% agreement that Council members work together constructively as a team	100% agreement that Council members work together constructively as a team	Annually	Survey is conducted annually, and the results are discussed at Executive Committee meetings.
	Percentage of Council decisions that are marked complete within the designated timelines.	Council Action Item Tracker	N/A – percentage is not tracked	80-100% marked completed	Annually	The tracker is reviewed and monitored at every Executive Committee meeting.
	Use of Council's professional development funds	Council Professional Development Funds Tracker	20% of Council members used PD funds	70-100% of Council members use PD funds	Annually	Tracked internally by CPISA team
	Council ensures alignment of finances with the organizational budget (within a set margin)	Finance and Audit Report	FAC minutes demonstrate that due diligence is done to ensure finances are aligned with the organizational budget	FAC minutes demonstrate that due diligence is done to ensure finances are aligned with the organizational budget	Quarterly	This is a recurring discussion at FAC meetings, defined by the FAC Terms of Reference.

	Council regularly reviews the KPI dashboard and monitors progress on the strategic plan regularly	KPI Dashboard	KPI Dashboard is a standing item at every Council meeting	KPI Dashboard is a standing item at every Council meeting	Quarterly	This is a standing item on Council meeting agendas.
	Council or a Committee reviews the organization's risk management register regularly	Finance and Audit Report	FAC minutes demonstrate that risk register was reviewed	FAC minutes demonstrate that risk register was reviewed	Quarterly	This is a standing item on the FAC agenda.

**Agenda Item Title:** 6.4 Anti-Racism Anti-Discrimination Action Advisory Committee Update  
**Meeting date:** 9/18/2025

Submission to: Council

Submitted by: ARADAC Committee Chair – Dr. Daisy Fung

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**Action requested:**

- ☐ For approval.
- ☐ For discussion.
- ☒ For information only. No action is required.

**Strategic Alignment:**

Choose the strategic direction(s) that this agenda item supports. Select all relevant options. If none apply, leave this section blank.

- ☒ Highest Quality, Ethical and Compassionate Care
- ☒ Authentic Indigenous Connections
- ☒ Proactive and Innovative Approach
- ☒ Anti Racism & Anti-Discrimination
- ☒ Enhanced Partnerships

**Agenda item details**

**Background:**

Provide all situational context and any historical background.

The Anti-Racism Anti-Discrimination Committee (ARAD Committee) was formed in 2022 to provide advice to CPSA Council on areas where CPSA has the authority to influence change to disrupt racism and discrimination within the practice of medicine. The Committee works to align CPSA's regulatory efforts with the goal of fostering safe, inclusive, and equitable healthcare spaces for all Albertans.

Discrimination and racism are real and relevant in the Alberta healthcare system. One small illustration of this was noted in a recent survey of workplace discrimination and harassment among Alberta postgraduate medical trainees. The survey found that over 44% of BIPOC (Black, Indigenous, and People of Color) resident physicians had been the target of a racial slur or joke from an attending physician or colleague in the past year and nearly 45% of all participants had witnessed an attending physician or colleague using a racial slur in the past year. It is findings like this that validate the importance of CPSA continuing its work in this space.

### **Recent meetings**

Since our last update in May, the Committee has been busy and productive - holding three, one-hour, virtual meetings.

#### **July 8, 2025 Meeting**

##### Topic: Standards of Practice

The Committee provided guidance to CPSA on their preferred involvement in contributing their expertise to Standards of Practice (SOP). The importance of engaging earlier in the process—before public consultation—was preferred in shaping Standards.

The Committee also reiterated their support for the development of an SOP specifically addressing racism and discrimination. There was support for keeping the scope of a first iteration of this SOP focused on intentional and overt harms, while using other tools (e.g., Advice to the Profession) to address broader, lower-impact issues.

#### **August 5, 2025 Meeting**

##### Topic #1: Informing revisions to CPSA's Position Statement on Racism and Discrimination

For background, in May 2024, Council asked ARADAAC to:

- develop and recommend an updated position statement,
- implement recurring mandatory review timelines,
- welcome collaboration and advice from the Indigenous Advisory Circle in amending the position statement, and
- continue to learn from any ongoing colonization harm that could be inadvertently created.

Approved in 2022, CPSA's Position Statement on Racism and Discrimination ("the position statement") set out to publicly acknowledge that racism and discrimination exist in the medical profession in Alberta and can no longer be ignored; and that CPSA has committed to being a change agent in the disruption of racism and discrimination in the medical profession. The creation of a position statement was prompted by historical and present racism and discrimination in the medical profession.

Erin Davis, a consultant who has supported the Committee previously, joined the meeting to offer support in beginning the review process. This was the Committee's first chance to discuss this endeavour and understand the scope and timelines of the work. There was agreement that the scope of the position statement should continue to address all forms of racism and discrimination.

##### Topic #2: Informing Committee recruitment and revisions to the Terms of Reference

The Committee intends to bring forward a revised Terms of Reference (TOR) to the December Council meeting. Additionally, it is setting out to recruit and onboard new Committee members over the next six months. To inform these initiatives, the Committee discussed what the ideal composition of members might be. Discussion was

held around how many Council members are needed, whether representation from equity-deserving groups needs to be broadened, and how members can be better aligned with Committee priorities.

### **Sept 9, 2025 Meeting**

#### Terms of Reference

A revised Terms of Reference was brought to the Committee for review. Input was specifically sought on the scope, history and membership composition sections.

#### Statement on Racism and Discrimination

The Committee was presented with a DRAFT position statement from Erin Davis and discussed timelines. It was acknowledged that to meet Council's objective of ensuring that a revised position statement involved collaboration with the Indigenous Advisory Circle, this work would need to continue into 2026 to be respectful of Circle timelines.

### **Alignment with CPSA's mandate to protect the public:**

Necessary for all "For approval" reports. If this agenda item is for discussion or information, this section can still be completed as needed. Alignment can be shown by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

CPSA's regulatory obligation to protect the public and act in the public interest includes addressing systemic inequities that impact patient care and access. The Committee supports Council in achieving CPSA's mission by advising on how all Albertans can receive high-quality, fair, and ethical care, and bringing attention to Albertans from equity-deserving communities historically underserved by the healthcare system.

The Committee, through its advisory role, enhances standards of practice, brings awareness to culturally safe practices, and supports guidance and education aimed at addressing discrimination in healthcare settings.

### **Anti-racism, anti-discrimination and equity considerations:**

Describe considerations of potential impacts of equity, racism and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

The Committee serves as a strategic advisory body to the Council. Grounded in the principles of equity and cultural safety, the Committee provides guidance on how CPSA can advance anti-racism and anti-discrimination efforts in alignment with its regulatory mandate and public interest responsibilities.

**Agenda Item Title: 6.5 Indigenous Advisory Circle – Meeting Summary Report**

**Meeting date: 9/18/2025**

Submission to: Council

Submitted by: Indigenous Advisory Circle / Dr. Nicole Cardinal, Co-Chair

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**Action requested:**

- ☐ For approval.
- ☐ For discussion.
- ☒ For information only. No action required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☒ Highest Quality, Ethical and Compassionate Care
- ☒ Authentic Indigenous Connections
- ☒ Proactive and Innovative Approach
- ☒ Anti Racism & Anti-Discrimination
- ☒ Enhanced Partnerships

**Agenda item details**

**Background:**

Provide all situational context and any historical background.

The Indigenous Advisory Circle met twice over the summer to guide the CPSA team on its Path to Truth and Reconciliation.

In July, the Circle advised the CPSA team on its early research plans to uncover CPSA's past and present contributions to harms and trauma experienced by First Nations, Métis and Inuit Peoples in the health system. Advice included:

- Recognizing the information CPSA is seeking won't be found solely in libraries and archives, but also in Indigenous people and their stories.
- Listening to Elders from Treaty 6, 7 and 8, as they are the historians and may have the answers or information CPSA is seeking.
- Grounding research in both trauma-informed and strength-based principles.

The Circle also continued to advise the CPSA team on its plans to engage with Indigenous and non-Indigenous health system leaders, and First Nations, Métis and Inuit Peoples. Specifically, the Circle advised CPSA on:

- Recognizing CPSA's goals—safe, equitable healthcare for Indigenous Peoples—are also the goals of the Indigenous Peoples CPSA intends to engage with.
- Ensuring engagement is reciprocal and relational, acknowledging the inherent strengths, innovation and resilience of Indigenous Peoples to contribute their own solutions.
- Confirming who to engage with and how best to sequence these engagements, while remaining flexible and open to invitations as they are received.

In August, the Circle met again to review the CPSA team's updated engagement plans. The team checked in with the Circle on their readiness to engage, and the Circle confirmed that the CPSA team is ready so long as they remain open to listening and learning and root their engagements in humility.

The Circle has also begun membership discussions, including:

- Filling the vacant co-chair position. Dr. Lindsay Crowshoe has retired from the Circle, and two members have expressed interest in taking on this important role. We intend to discuss again in our fall meeting, with an update to Council before the end of 2025.
- Recruiting a second Elder to the Circle to support Elder Dr. Grandmother Doreen Spence and eventually share her responsibilities after a learning period.
- Recruiting additional members to join the Circle to continue guiding CPSA now that the work implementing the Path to Truth and Reconciliation is beginning.
- Adding terms of relational engagement to the Circle's Terms of Reference (TORs), which would outline how members are reciprocally accountable to each other. These terms would also address what happens when members don't quite meet each other in these ways. Work on these terms will continue in the fall.

### **Alignment with CPSA's mandate to protect and serve the public interest:**

**Necessary for all "For approval" reports.** If this agenda item is for discussion or information, fill this section as needed. Show alignment by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

The Indigenous Advisory Circle's work primarily focuses on guiding CPSA in implementing the co-created Path to Truth and Reconciliation. The Path identifies how CPSA may act to support Indigenous patient safety in Alberta's healthcare system. This involves earning trust, improving access to CPSA and promoting healthcare agency in collaboration with Indigenous Peoples.

**Anti-racism, anti-discrimination, and equity considerations:**

Describe considerations of potential impacts of equity, racism, and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

The Indigenous Advisory Circle's work directly addresses Indigenous-specific racism and discrimination by guiding CPSA on how to take action within its regulatory role. The actions CPSA takes to support safe, equitable health care for Indigenous Peoples will help to improve health care experiences for all Albertans.



**Agenda Item Title: 8.1 Key Performance Indicators Dashboard**

**Meeting date: 9/18/2025**

Submission to: Council

Submitted by: Ed Jess, Chief Innovation Officer

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**Action requested:**

- ☐ For approval.
- ☒ For discussion.
- ☐ For information only. No action required.

**Strategic Alignment:**

Select all the relevant strategic direction(s) that this agenda item supports. If none apply, leave this section blank.

- ☒ Highest Quality, Ethical and Compassionate Care
- ☐ Authentic Indigenous Connections
- ☒ Proactive and Innovative Approach
- ☐ Anti Racism & Anti-Discrimination
- ☐ Enhanced Partnerships

**Agenda item details**

**Background:**

Provide all situational context and any historical background.

Council members will also receive a live presentation of the most recent KPI data from Quarter 2, 2025, for which the results will be open for discussion from Council.

**Alignment with CPSA's mandate to protect and serve the public interest:**

**Necessary for all "For approval" reports.** If this agenda item is for discussion or information, fill this section as needed. Show alignment by (1) explaining the impacts on Albertans (as well as CPSA and regulated members if applicable) and/or (2) describing how this agenda item follows relevant laws and governance rules, such as bylaws and policies, to help protect the public.

Quarterly KPI reviews help Council uphold accountability and transparency, ensuring the organization is meeting its mandate to protect the public. By monitoring performance regularly, Council can identify risks early, support continuous improvement, and ensure regulatory programs remain effective and efficient.

**Anti-racism, anti-discrimination, and equity considerations:**

Describe considerations of potential impacts of equity, racism, and discrimination to underserved populations. Highlight any potential effects on different groups and how it supports fairness and representation, as applicable.

N/A

**Next Steps:**

Describe what will happen next if this item is approved or discussed.

N/A

**Supporting Documents**

Include links to all relevant supporting documents for this agenda item. If there are no supporting documents, delete this section.

1. KPI Dashboard
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