

ATTENDEES

Council Members: Voting <ul style="list-style-type: none"> Nicole Cardinal, MD, CCFP, Chair Daisy Fung, BMSc, MD, CCFP, Vice Chair Richard Buckley, MD, FRCS Nahla Gomaa, MBBCH, MSc, MD PhD, SFHEA, FAcadMED Oluseyi Oladele, MD, CCFP, FCFP 	<ul style="list-style-type: none"> Ian Walker, MD, MA Garnet Clark, MBA, CPA, CMA Patrick Etokudo, M.Sc, FSCMP Hon. Robert Merrifield, PC Pan Zhang, MBA, BSc, BA
Council Members: Non-Voting <ul style="list-style-type: none"> Brenda Hemmelgarn, MD, PhD, Dean FoMD - Day 1 only / Regrets Day 2 Jenna Salem, Student Observer 	<ul style="list-style-type: none"> Todd Anderson, MD, FRCP(C), FCAHS, Dean Cumming School of Medicine Tamara Yee, MD, PhD, Past President, PARA
CPSA Executive Leadership Team <ul style="list-style-type: none"> Colleen Forestier, MD, MPH, MPA, CCFP(EM), CCPE Registrar & CEO Dawn Hartfield, BScMed, MPH, MD, FRCPC, Deputy Registrar & Hearings Director Michael Neth, PEng, Chief Operating Officer Ed Jess, BA, Chief Innovation Officer Tracy Simons, CPA, CA, Chief Financial Officer Jeremy Beach, MBBS, MD, FRCPC, Assistant Registrar, Accreditation 	<ul style="list-style-type: none"> Neelam Mahil, 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 Sayra Khandekar, MD, MD MBA FRCPC FACC, Assistant Registrar, Registration
CPSA/Council Support Team <ul style="list-style-type: none"> Jason MacDonald, Director, Office of the Registrar Kerry-Ann McPherson, MSc, CAPM, Program Manager, Governance Kimberley Murphy, Senior Executive Assistant, Recording Secretary 	External Guests <ul style="list-style-type: none"> Nkolika Anyabolu, <i>Incoming Councilor</i> Nkemakolam Obinna Eke, <i>Incoming Councilor</i> Olumide Johnson Fatokun, <i>Incoming Councilor</i> Doris Sturtevant, <i>Incoming Councilor</i> Kannin Osei-Tutu, <i>Incoming ARAD Chair</i> Tibetha Kemble, <i>Incoming Circle Chair</i> Cathy Kiss, Canadian Strategy Group Brent Kossey, Canadian Strategy Group Greg Sim, Field Law Scott McLeod, former CPSA Registrar & CEO
CPSA Guests <ul style="list-style-type: none"> David Moore, Director, Strategic Priorities 	
Regrets <ul style="list-style-type: none"> Maryana Kravtsenyuk, MD, MSc, FRCPC Rhonda Laboucan, Member-at-Large Logan Day 	Public Attendees <ul style="list-style-type: none"> CPSA staff and members of the public are invited to attend the meeting virtually.
Resources for Council Members: <ul style="list-style-type: none"> Council Conflict of Interest Policy Council Culture Agreement Council Decisions Terminology Council Member Code of Conduct Policy Councillor's Oath CPSA Council Reference Manual 	<ul style="list-style-type: none"> CPSA Glossary CPSA Strategic Plan CPSA Values In-camera Sessions Policy KPI Dashboard Principles to Guide Council Interactions Social Media Guidelines

Thursday, December 4, at CPSA Council Chambers

Time		Topic	Presenters
0730		Breakfast	All
0815	IC1	In-camera Session (Attendees: Council, Incoming Council Members, 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 September 2025 meeting	
		IC1.3.3 Council Meeting Feedback - September 2025 (for discussion)	
	IC1.4	Accreditation update (for information)	Dawn Hartfield Deputy Registrar
0915		Adjournment of In-camera session	
0930	1.0	Call to Order of Public Session	Council Chair
	1.1	Chair Opening Remarks & Introductions	
	1.2	Traditional Territorial Acknowledgement	Oluseyi Oladele
	1.3	Conflict of Interest Declaration (Real, Potential or Perceived)	
0945	2.0	Adoption of Public Agenda and Approval of Minutes	Council Chair
	2.1	Adoption of Agenda	
	2.2	Approval of Minutes	
		2.2.1 September 2025 CPSA Council Public Meeting Minutes	
		2.2.2 Decisions from In-camera Meeting (September 2025)	
		2.2.3 Minutes of E-vote to Ratify CPSA Council Election Results (November 2025)	

Time	Topic	Presenters
0950	3.0 Consent Agenda <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> 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.	Council Chair
	3.1 Executive Committee Meeting 3.1.1 Meeting Summary Report (for information) 3.1.2 Council Meeting Schedule for 2027 (for approval)	
	3.2 Governance Committee 3.2.1 Meeting Summary Report (for information) 3.2.2 Council Appointments and Membership (for approval) 3.2.3 Terms of Reference Revision – Anti-Racism Anti-Discrimination Committee (for approval) 3.2.4 Council Orientation (for information)	
	3.3 Finance and Audit Committee - Meeting Summary Report (for information)	
	3.4 Ad Hoc Building Fund Committee update (for information)	
	3.5 Annual Report Backgrounder and 2025 Plan (for information)	
1000	BREAK	
	4.0 Executive Reports	
1010	4.1 Chair's Report (for information/discussion)	Council Chair
1020	4.2 Registrar's Report (for information/discussion)	Colleen Forestier
	5.0 Department Reports	
1115	5.1 Accreditation (for information)	Neelam Mahil
1215	LUNCH	

6.0 Council Committee Reports

1300	6.1	Governance Committee 6.1.1 Bylaw Revision – Prescribed Health Services (for approval) 6.1.2 CPSA Nomination and Election Outcome (for information) 6.1.3 Nomination Committee 2026 (for discussion)	Rick Buckley Committee Chair
1330	6.2	Executive Committee 6.2.1 Performance Measurement Framework (for approval) 6.2.2 Council Action Tracker Review (for discussion)	Nicole Cardinal Committee Chair Kerry-Ann McPherson
1350	6.3	Anti-Racism Anti-Discrimination Committee Meeting Summary Report (for information)	Daisy Fung Committee Chair
1410	6.4	Indigenous Advisory Circle Meeting Summary Report (for information)	Nicole Cardinal Committee Co-Chair
1420	BREAK		
1430	6.5	Bylaw Review Project Committee 6.5.1 Draft CPSA Bylaws (for approval) 6.5.2 Dissolution of the Committee (for approval)	Oluseyi Oladele
1530	Adjournment of Public Session		
TRANSITION			
1535	IC2	In-camera Session (Attendees: Council, Incoming Council Members, CPSA Executive Leadership Team, CPSA Council Support Team including the Director of Strategic Priorities, Independent Legal Council, Incoming Chairs of the Indigenous Advisory Circle and the Anti-Racism, Anti-Discrimination Committee)	Council Chair
		IC2.1 Legislative Changes and Implications for CPSA	Greg Sim, Field Law
		(Attendees: Council) IC2.2 Learning Reflection from Council Members	Council Chair
1815	Adjournment of In-camera session		

Friday, December 5, 2025, CPSA Council Chambers

Time	Topic	Presenters
0745	Breakfast	All
0815	IC3 Call to Order of In-Camera Session (Attendees: Council, CPSA Executive Leadership Team and CPSA Council Support Team)	Council Chair
	IC3.1 Chair Opening Remarks & Introductions	
	IC3.2 Traditional Territorial Acknowledgement	Daisy Fung
0830	IC3.3 Government Relations Presentation	Cathy Kiss and Brent Kossey
	(Attendees: Council, Incoming Council Members, CPSA Executive Leadership Team and CPSA Council Support Team)	
0930	IC3.4 Strategic Plan: Revisiting and Reimagining	Scott McLeod (virtual) and David Moore
1045	BREAK	
1100	IC3.5 Artificial Intelligence Governance at CPSA	Ed Jess, Jim Kiddoo and Cliff Lindeman
	IC4 Call to Order of In-Camera Session (Attendees: Council)	Council Chair
1145	IC4.1 Registrar & CEO Performance Discussion	
	IC4.2 Council Meeting Feedback Survey December 2025	
1230	ADJOURNMENT / LUNCH	

2026 Council Meeting and Orientation Dates

- | | | |
|-----------------------------|---------------------|----------|
| • January 22, 2026 | Council Orientation | Calgary |
| • January 23 and 24, 2026 | Council Retreat | Calgary |
| • March 5 and 6, 2026 | Council Meeting | Edmonton |
| • May 28 and 29, 2026 | Council Meeting | Edmonton |
| • September 10 and 11, 2026 | Council Meeting | Edmonton |
| • December 3 and 4, 2026 | Council Meeting | Edmonton |

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

- 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

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

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

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

- Gordon Giddings, MD MBA FCFP, Assistant Registrar, Professional Conduct & Complaints Director
- Sayra Khandekar, MD, MD MBA FRCPC FACC, Assistant Registrar, Registration
- Michael Neth, PEng, Chief Operating Officer
- 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 Guests

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

External Guests

- Dr. Maureen Lux, Virtual

Regrets

- Ed Jess, BA, Chief Innovation Officer

Public Attendees

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

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

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

Day 1 Thursday, September 18, at CPSA Council Chambers

IC1 In-Camera Session

Council met in-camera with Executive Leadership Team and the CPSA/Council Support Team. This in-camera session was called to order at **0818** and adjourned at **0856**.

1.0 Call to Order of Public Session

1.1 Chair Opening Remarks & Introductions

The Chair, Nicole Cardinal, welcomed attendees and called the public portion of the meeting to order at **0857**.

1.2 Traditional Territory Acknowledgement

Ian Walker provided the land acknowledgement on Day 1 of Council.

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

Ian Walker declared a potential conflict of interest related to a new position he has assumed under the restructuring within Alberta Health Services (AHS).

2.0 Adoption of Public Agenda and Approval of Minutes

2.1 Adoption of Agenda

Motion: C36-25

Moved by Laurie Steinbach and seconded by Patrick Etokudo that the agenda be adopted. Carried.

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

Motion: C37-25

Moved by Ian walker and seconded by Garnet Clark that the public minutes of the Council meeting on May 29 and 30, 2025, the decisions from the in-camera sessions in May 2025, and the sponsorship fee reduction e-vote in July 2025 be approved. Carried.

3.0 Consent Agenda

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 ARADAAAC 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

Clarification was sought on item 3.2.4 regarding reasons for policy reviews throughout the year versus a comprehensive policy review at one time. It was clarified that to remain responsive to emerging changes within the Registration landscape the most feasible approach is to update the policies as the need arises.

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 (ASR) (for information)

Motion C38.1-25

Moved by Ian Walker and seconded by Patrick Etokudo that Council approves renaming the committee the **Anti-Racism and Anti-Discrimination (ARAD) Committee** and transitions the committee from a **Priority Committee to a Standing Committee of Council**. Carried.

Motion C38.2-25

Move by Ian Walker and seconded by Patrick Etokudo that Council approves the **Council Policies; In-camera Sessions Policy**. Carried.

Motion C38.3-25

Move by Ian Walker and seconded by Patrick Etokudo that Council rescind the Registration Assessment Policies, **Return to Practice Assessment Policy** and the **Change in Scope Assessment Policy**. Carried.

Motion C38.4-25

Move by Ian Walker and seconded by Patrick Etokudo that Council rescind the Registration Administrative policies, **English Language Proficiency Policy**, **Verification of Documents Policy**, and **Updating of Credentials Policy**. Carried.

Motion C38.5-25

Move by Ian Walker and seconded by Patrick Etokudo that Council approves the proposed revisions to the **General Register Policy** and the **Provisional Register Policy**. Carried.

The following items were received as information only for the consent agenda:

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

-
- CPSA Path to Truth and Reconciliation Update
 - Alberta Society of Radiologists (ASR) Correspondence
-

4.0 Executive Reports

4.1 Chair's Report (for information/discussion)

The Chair provided an update on some of the recent meetings and activities she has attended since the May Council meeting. Most notable highlight was the IAMRA Conference in Ireland where regulation was discussed on a global scale. Manitoba spoke of the work they completed with CPSA on Return to Practice Assessments, and many stories of lived experience.

The Chair reminded Council of all the Reconciliation events happening during the month of September and stated she will be wearing her Orange shirt to honour her parent, aunts, uncles and all those who attended residential schools.

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

4.2 Registrar's Report (for information/discussion)

The Registrar provided a comprehensive report noting that the September Council meeting will be his final one as the Registrar & CEO. He welcomed and reintroduced the incoming Registrar & CEO, Dr. Colleen Forestier. He announced that Dr. Jeremy Beach, Assistant Registrar, Accreditation, will retire at the end of the year, and introduced and welcomed Dr. Neelam Mahil to the Council table as the incoming Assistant Registrar, Accreditation.

The report included updates from various departments including the Medical Facility Accreditation Committee (MFAC), Continuing Competence, Information Management, People and Culture and Professional Conduct. Department reports will continue to be shared at each meeting.

The Registrar highlighted meetings with various government leaders, including a brief but productive meeting with Premier Smith in Calgary at the end of June, a recurring meeting with Minister LaGrange and an upcoming meeting with Minister Amery at the end of September.

The Registrar emphasized the need for CPSA to question and to rethink risks, and open minds to registering and regulating from different perspectives. He reflected on changes within the organization over the past eight years, highlighting that while CPSA remains highly respected and valued, every department has experienced some degree of change. His final thought was to invest in the people, and concluded his report by expressing gratitude for the support received from Council and the leadership team over the past eight years.

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

5.0 Department Reports

5.1 Hearings Director Office

Implementation of a Fee for Requests for Review to the Complaint Review Committee (CRC) (for approval)

The Hearings Director and Deputy Registrar, Dawn Hartfield, proposed implementing a Complaint Review Committee (CRC) fee of \$200, with a formal fee waiver application to ensure equitable access. There are limited staffing resources and time within the Hearings Director Office, with approximately 100 requests received per year, resulting in 90% of all initial decisions being upheld. High hearing tribunals are being prioritized, and more effort is being put into dismissed complaints. Individuals have a 30-day window to place a request if they feel the process is unfair. When submitting a request, they must articulate why the decision is unreasonable. The ombudsman advised that CPSA cannot refuse a request within 30 days, even if the reason is dissatisfaction with the decision. The ombudsmen did review this process for the College of Alberta Dental Assistants (CDA) and have developed guidance we can apply at CPSA.

Concerns were raised about fairness, and the readability of legal documents, with a suggestion to make them more accessible. It was mentioned that the process is confusing, and this is an opportunity to support individuals from certain socio-economic demographics. Simplifying decision letters was suggested. The threshold for unprofessional conduct before a hearing was noted, and the need to be reasonable and accessible, especially for individuals on Assured Income for the Severely Handicapped (AISH), was highlighted.

Council queried whether an approach that was not financially driven had been considered to keep the program efficient. Reimbursement would be offered if a decision is overturned or more evidence is presented.

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.

Council recommended conducting a pilot to assess the impact of the fee and assessing the change with support to keep it if effective.

MOTION C39.1-25

Moved by Rick Buckley and seconded by Nahla Gomaa that Council approves implementing a CRC review request fee, with a formal waiver application process to ensure equitable access. 8 in Favour. 4 Opposed. 0 Abstain. Carried.

MOTION C39.2-25

Moved by Rick Buckley and seconded by Pan Zhang that Council approves implementing a CRC review request fee of \$200, with a formal waiver application process to ensure equitable access. 8 in Favour. 2 Opposed. 2 Abstain. Carried.

MOTION C39.3-25

Moved by Oluseyi Oladele and Ian Walker that the decision to implement the fee will be reviewed by Council 18-24 months after this change is implemented. 11 in Favour. 1 Abstain. Carried.

5.2 Corporate Services

5.2.1 2026 Business Plan and Budget (for approval)

Tracy Simons, Chief Financial Officer presented the 2026 Business Plan and Budget. She highlighted that the Business Plan is built on the Strategic Directions.

MOTION C40.1-25

Moved by Ian Walker and seconded by Patrick Etokudo that the CPSA Council approves the 2026 Business Plan. Carried.

MOTION C40.2-25

Moved by Nahla Gomaa and seconded by Patrick Etokudo that the CPSA Council approves the 2026 Budget. Carried.

MOTION C40.3-25

Moved by Nahla Gomaa and seconded by Laurie Steinbach that the CPSA Council approves the Fee Changes, inclusive of physician annual fee of \$2,000, net the attraction and retention fee discount of \$200 and program fee changes. Carried.

5.2.2 2025 Diagnostic Imaging Fees (for approval)

Tracy Simons, Chief Financial Officer presented the revised 2025 Diagnostic Imaging Fees for Council approval.

MOTION C41-25

Moved by Rob Merrifield and seconded by Garnet Clark that Council approves the 2025 diagnostic imaging annual fees. Carried.

6.0 Council Committee Reports

6.1 Finance and Audit Committee

Financial Executive Limitations – Policy Changes (for approval)

Patrick Etokudo, Chair of the Finance and Audit Committee proposed changes to Council's Financial Executive Limitations policy. 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.

Management has brought forward recommended changes to the Financial Executive Limitations Policy, specifically to the Registrar and CEO's unbudgeted financial authority limit. The current limit is \$100,000 set in 2017 when the organization's budget was smaller. The Finance and Audit Committee supports management's proposal of 1% of current budget, with a maximum dollar amount for individual unbudgeted expenses of \$300,000.

Additionally, management recommended updating the wording in the insurance coverage portion of the policy to include 'CPSA Committees.' An additional amendment

to the proposed draft wording was made to include 'and cyber losses.' Council was supportive of this direction.

Following this approval, CPSA's Management Control Framework will be updated and reviewed by FAC at their November 2025 meeting.

Motion C42-25

Moved by Garnet Clark and seconded by Oluseyi Oladele that Council approves the proposed changes to Council's policy, Financial Executive Limitations. Carried.

6.2 Governance Committee

6.2.1 Bylaw Amendment - English Equivalency (for approval)

The Chair of the Governance Committee, Rick Buckley, brought forward a proposal recommending Council approve a bylaw amendment regarding English Language Proficiency. 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.

An amendment to this Bylaw is proposed to also include the discretion of the Registrar to waive these requirements. This amendment strengthens CPSA governance by adding clarity and aligning regulatory instruments (Regulation, Bylaw and General Register policies).

Following this approval, the Bylaws will be amended and made available on the CPSA website, effective September 2025.

MOTION C43-25

Moved by Rob Merrifield and seconded by Ian Walker that Council approves a bylaw amendment regarding English Language Proficiency.

6.2.2 Bylaw Amendment and Policy Introduction – Recognition of Regulated Professionals Registered in other Jurisdictions (for approval)

The Chair of the Governance Committee, Rick Buckley, brought forward a proposal recommending Council approve a bylaw amendment and new policy allowing the Registrar to approve equivalent jurisdictions. In May 2025, Council adopted a new bylaw on Recognition of Regulated Professionals Registered in Other Jurisdictions.

Upon approval of this bylaw amendment, a new policy would concurrently be introduced to delegate to the Registrar the authority to recognize jurisdictions as substantially equivalent for registration purposes. The amended bylaws and new policy will be made available on the CPSA website, and all relevant stakeholders notified.

MOTION C44-25

Move by Rob Merrifield and seconded by Laurie Steinbach that Council approves a bylaw amendment and new policy allowing the Registrar to approve equivalent jurisdictions. Carried

6.3 **Executive Committee** Council Performance Measurement Framework (for discussion)

Nicole Cardinal and Daisy Fung, Chair and Vice-Chair of the Executive Committee brought forward the first draft of the Council Performance Measurement Framework. The intent of the framework is to support ongoing evaluation of Council's effectiveness in fulfilling its mandate.

Council reviewed the draft and provide feedback on the language and recommended incorporating quarterly reviews by Executive Committee with annual presentation to Council to provide a retrospective review of the previous years performance.

ACTION: Take framework back to the Executive Committee to discuss and clarify and bring back to December Council for follow-up presentation/discussion.

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

Daisy Fung, Chair of the Anti-Racism Anti-Discrimination Committee (ARAD) provided an update on the work of the committee since the May Council meeting. The Committee held 3 one-hour virtual meetings to cover a range of topics including; Standards of Practice, revisions to CPSA's Position Statement on Racism and Discrimination, Committee Recruitment and revisions to the Terms of Reference.

The ARAD Chair announced that their terms on both Council and the ARAD Committee will conclude on December 31 and noted that Dr. Kannin Osei-Tutu will assume the role of ARAD Committee Chair in 2026.

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

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

Nicole Cardinal, Chair of the Indigenous Advisory Circle provided an update on the work of the committee since the May Council meeting. The committee met twice over the summer to guide the CPSA team on its Path to Truth and Reconciliation, to review the updated engagement plans, and to provide advice into CPSA's early research to uncover past and present contributions to harms and trauma experienced by First Nations, Métis and Inuit Peoples in the health system.

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

The Day 1 of the Public meeting was adjourned at 1353

Friday, September 19, 2025, CPSA Council Chambers

7.0 Call to Order of Public Session

7.1 Chair Opening Remarks & Introductions

The Chair, Nicole Cardinal, welcomed attendees and called the continuation of the Public Session to order at **0826**

7.2 Traditional Territory Acknowledgement

Laurie Steinbach provided the land acknowledgement on Day 2 of Council

8.0 Standing Items

8.1 Key Performance Indicators (KPI) Dashboard (for discussion)

Nicole Kain, Program Manager, Research & Evaluation provided a live presentation of the Q2 KPI data dashboard. During discussions, it was highlighted that a link to the KPI Dashboard is now available on the front page of the agenda. Due to time constraints of the agenda, the presentation was shortened, and the slides were shared with Council in follow-up.

9.0 Business Arising

9.1 Appointment of New Registrar & CEO

A signing ceremony took place at 1100 on September 19, 2025 to formally mark the transfer of CPSA Registrar & CEO responsibilities from Dr. Scott McLeod to Dr. Colleen Forestier. Dr. McLeod, Dr. Forestier and Dr. Cardinal were the official signatories for this event.

The Day 2 of the public meeting was adjourned at 1130.

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: September 18 and 19, 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 C34-25

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

Motion C35-25

Moved by Pan Zhang and seconded by Garnet Clark that the in-camera minutes for the meetings on May 29 and 30, 2025 be approved. Carried

Motion C45-25: Moved by Richard Buckley and seconded by Oluseyi Oladele that Council approves an updated salary grid for the Registrar and CEO as a result of the 2025 total compensation project.

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

2.2.3 Approval of E-Vote Minutes – Ratification of Council Elections Results

The following minutes of the e-vote recorded below on November 3, 2025 are prepared for approval for the December Council meeting.

The Physician Member Election for four positions on Council in 2026 concluded at 11:59 p.m. on October 30, 2025.

As per CPSA Bylaws, 13(4) "The candidate who receives the most votes will be named to fill the first vacancy on Council, the candidate who receives the second-most votes will be named to fill the second vacancy, and so on until all vacancies on Council are filled." Council Chair, Dr. Nicole Cardinal approved the opening of an e-vote on October 31, 2025, to declare the regulated members elected by Council, guided by the Decision-making Outside of Council Meetings Policy.

Since the nature of the e-vote was a ratification of the election outcome and did not require discussion; Phase I (initiation and discussion) was not employed, and Phase II (electronic voting) began immediately. Council members received the election results and candidate profiles.

Voting members of Council were invited to vote on the motion wherein there was a majority vote, and one abstention recorded on November 3, 2025. The motion is recorded below.

Moved by Richard Buckley and seconded by Rob Merrifield that Council declares Drs. Olumide Johnson Fatokun, Nkolika Anyabolu, Nkemakolam Obinna Eke and Doris Sturtevant have been duly elected to serve a 3-year term beginning January 1, 2026, based on the results of the CPSA physician member elections which concluded on October 30, 2025. Carried.

Agenda Item Title: 3.1.1 Executive Committee – Meeting Summary Report

Meeting date: 12/4/2025

Submission to: Council

Submitted by: Executive Committee

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 December 2025:** The Committee used the following input to develop the agenda for the December 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. **Council Meeting Schedule 2027:** The meeting schedule for Council meetings and orientation sessions in 2027 was discussed for recommendation to Council.
3. **Council Performance Measurement Framework:** The Committee reviewed the revised version of the Council Performance Measurement Framework, which incorporated feedback from Council at the September Council meeting.

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.

The Executive Committee will bring forward the following reports to Council at the December meeting:

- Council Meeting Schedule 2027
- Council Performance Measurement Framework
- Council Action Item Tracker

Agenda Item Title: 3.1.2 Consent Agenda - Executive Committee - Council Meeting Schedule for 2027

Meeting date: 12/4/2025

Submission to: Council

Submitted by: Executive Committee

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 meeting schedule for Council meetings and orientation in 2027.

Background:

Provide all situational context and any historical background.

In accordance with the CPSA Bylaws, Council shall conduct at least four (4) regular meetings per year to effectively carry out its duties and powers under the Health Professions Act (HPA) and these bylaws. Council meetings generally follow a quarterly schedule, with consideration given to key external meetings to avoid scheduling conflicts. These external meetings typically include:

- Federation of State Medical Boards (FSMB) AGM – late April or early May

- Federation of Medical Regulatory Authorities of Canada (FMRAC) – early June
- Canadian Medical Association (CMA) – typically August
- Medical Council of Canada (MCC) AGM – late September or early October
- Alberta Medical Association (AMA) Representative Forums – typically March/April (spring) and October/November (fall)
- International Association of Medical Regulatory Authorities (IAMRA) – typically November

For the 2027 meeting cycle, additional internal considerations have been taken into account, including reporting schedules of internal teams with external bodies.

Proposed 2027 Council meeting dates:

- March 11–12, 2027
- May 27–28, 2027
- September 16–17, 2027
- December 2–3, 2027

Other Meetings

The CPSA Bylaws provide that Council, or a subset of Council, may convene for informal purposes from time to time. These gatherings may include activities such as education, training, orientation, team building, or strategic discussion.

It has been customary for Council to hold an annual retreat and orientation in the third week of January. Accordingly, the proposed dates for the 2027 Council Orientation and Annual Retreat are:

- January 21–23, 2027

In addition, the Governance Committee has identified a need for further opportunities for orientation and development throughout the year. To support incoming Council members and reinforce ongoing learning, the following additional orientation sessions are proposed:

- June 16, 2027 – Mid-year orientation session
- December 1, 2027 – Orientation session for Council members beginning their term in 2028

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.

Confirming meeting dates well in advance supports Council members in planning their schedules and ensuring their availability to participate. When Council can achieve quorum for key decisions that impact the public, it reinforces their collective ability to govern effectively and in the public interest. Additionally, this is especially important for regulated members, who may need to adjust their clinical commitments. With ample notice, they can plan accordingly to ensure they are able to fulfill their responsibilities as Council members while continuing to provide care to their patients.

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 approved meeting dates will be used to inform the scheduling of meetings in 2027.

Agenda Item Title: 3.2.1 Governance Committee – Meeting Summary Report

Meeting date: 12/4/2025

Submission to: Council

Submitted by: Governance Committee

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 October meeting, the Governance Committee considered the following items:

- 1. Re-appointment of Council Members to Council:** The Committee received, for information, an update on the ongoing work to develop a reappointment policy and process in alignment with CPSA's bylaws. This work remains in progress and is expected to be presented to Council in 2026.
- 2. Council Orientation and Retreat:** The Committee discussed Council's current orientation processes and provided feedback on how to improve orientation for new Council members. This involves creating more opportunities for orientation sessions and mentorship.
- 3. Committee Membership and Appointments:** The Committee reviewed the proposed Committee membership and chair appointments for recommendation to Council.

- 4. Terms of Reference Revision:** The Committee reviewed and discussed the proposed changes to the terms of reference from the Anti-Racism Anti-Discrimination Committee, for recommendation to Council.
- 5. Policy Review:** The Committee provided feedback on the Code of Conduct Policy and Safe Disclosure Policy as part of routine policy monitoring. Both policies will be brought forward to Council in 2026.
- 6. Bylaw Revisions – Prescribed Health Services:** The Committee reviewed and discussed the proposed changes to the prescribed health services list, with leaders from the Accreditation department. The Committee agreed to conduct an e-vote on the changes, pending feedback from the Medical Facilities Accreditation Committee.
- 7. Council Nominations and Elections:** The Committee reviewed the enhanced nominations and elections process and discussed the elements that worked well, as well as opportunities for improvement for the next cycle, including establishing the Nominations Committee and its Terms of Reference in advance.

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 December 2025 meeting:

- Council Orientation
- Committee Membership and Appointments
- Terms of Reference Revision – ARAD
- Bylaw Revisions – Prescribed Health Services
- Council Nominations & Elections and Nominations Committee

**Agenda Item Title: 3.2.2 Consent Agenda - Governance Committee - Council
Appointments and Membership**

Meeting date: 12/4/2025

Submission to: Council

Submitted by: Governance Committee

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 following committee Chair appointments to Council for approval:

- **Anti-Racism Anti-Discrimination Committee:** Committee Chair, Dr. Kannin Osei-Tutu
- **Building Fund Initiative Committee (Ad Hoc):** Committee Chair, Dr. Richard Buckley
- **Finance and Audit Committee:** Committee Chair, Garnet Clark

It is also recommended that Council approves the following Committee membership appointments to Council for approval:

- **Governance Committee:** Dr. Nahla Gomaa, effective January 1, 2026.

Background:

Provide all situational context and any historical background.

Chair Appointments

Anti-Racism Anti-Discrimination Committee

In May 2025, Council approved the appointment of Dr. Kannin Osei-Tutu as Vice-Chair of the Anti-Racism Anti-Discrimination Committee (formerly the Anti-Racism Anti-Discrimination Action Advisory Committee) for the remainder of 2025. The Committee has since expressed its interest in having Dr. Osei-Tutu appointed as Chair for 2026.

Building Fund Initiative Committee (Ad Hoc)

The Committee has expressed interest in appointing Dr. Richard Buckley as Chair for 2026, even though he will no longer be a member of Council. The Committee's [Terms of Reference](#) permit past Council members to serve as Committee members.

Bylaw Review Committee (Ad Hoc)

There are no Chair recommendations at this time, as the Committee is expected to complete its work by December 2025.

Executive Committee

The Executive Committee will be chaired by the elected Council Chair for 2026, Patrick Etokudo, with Dr. Ian Walker serving as Vice-Chair. These elections took place in May and September 2025, respectively, and no further recommendations are required at this time.

Finance and Audit Committee

The current Chair of the Finance and Audit Committee, Patrick Etokudo, will assume the role of Council Chair in 2026. As a result, the Committee has expressed interest in appointing another member to serve as Chair of the Finance and Audit Committee for 2026, while Mr. Etokudo will continue to serve on the Committee as an ex-officio member.

Governance Committee

Council approved the appointment of Rob Merrifield as Chair of the Committee for 2026, and Pan Zhang as Vice-Chair for the same term. As these appointments are confirmed, no further recommendations are required currently.

Indigenous Advisory Circle

The Circle is currently discussing its leadership for 2026 and will provide a report on the outcome of these discussions at the December 2025 Council meeting.

Member Appointments

Committee memberships for 2025 and 2026 are provided in Table 1. Recruitment for committees with membership needs in 2026 will take place in December 2025 to early 2026.

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.

Committee members are essential to carrying out the work of Council—they enable focused, detailed work that isn’t practical within a large Council group. When all Committees are fully appointed, the organization can move its work forward efficiently, effectively, and in the public interest.

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 Governance Committee generally tries to recommend appointments based on the skills and interests of the Council member however sometimes the needs of the organization outweigh the needs of individual Council members. Recruitment efforts for members-at-large (non-Council members) will aim to ensure that all processes are fair, transparent, and free from discrimination.

Next Steps:

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

Following Council approval, Committee secretariat will inform Committee Chairs and members of their appointments for 2026.

Appendix

Table 1: Committee Memberships 2025 and 2026

Committee	TOR Membership	Current Membership (2025)	Membership (2026)	Membership Need (2026)
Anti-Racism Anti-Discrimination Committee	2-4 Council members; up to 11 members-at-large (non-Council)	1 Council member; 4 members-at-large	1 Council member; 4 members-at-large	3 Council members; <i>recruitment for members-at-large will be ongoing</i>
Building Fund Initiative Committee	2 Council members; 2 members-at-large	All member positions filled	All member positions filled	N/A
Executive Committee	3 Council members	All member positions filled	All member positions filled	N/A
Finance and Audit Committee	2 public Council members; 3 physician Council members; 1 member with financial expertise (non-Council)	All member positions filled	1 public Council member; 2 physician Council members; 1 member with financial expertise (non-Council)	1 public Council member; 1 physician Council member
Governance Committee	3 public Council members; 3 physician Council members	All member positions filled	2 public Council members	1 public Council members; 2 physician members
Indigenous Advisory Circle	2 Council members; up to 11 members-at-large (non-Council)	2 Council members; 6 members-at-large	2 Council members; 6 members-at-large	<i>Recruitment for members-at-large will be ongoing</i>

Agenda Item Title: 3.2.3 Consent Agenda - Governance Committee - Terms of Reference Revision – Anti-Racism Anti-Discrimination Committee

Meeting date: 12/4/2025

Submission to: Council

Submitted by: Governance Committee

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.

It is recommended that Council approves the revised Terms of Reference for the Anti-Racism Anti-Discrimination Committee.

Background:

Provide all situational context and any historical background.

In March 2021, CPSA Council unanimously approved the formation of the Anti-Racism Anti-Discrimination Committee (ARAD). The Terms of Reference (TOR) are reviewed and updated every two years.

Notable features from the review of the TOR include:

- Accounting for a change in name of the Committee from ARADAAC (Anti-Racism Anti-Discrimination Action Advisory Committee) to ARAD (Anti-Racism Anti-Discrimination) Committee.

- Aligning the terms with the positioning of the Committee as a Standing Committee of Council from a Priority Committee (as approved by Council in September 2025).
- Addition of a "History" section to the terms that provides background on the origins of the Committee.
- Careful consideration of the purpose, scope and composition of the Committee.

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 ensuring that governance levers such as TOR are consistently reviewed and updates.

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.

Strong TOR will help ARAD ensure that historically marginalized voices continue to be represented in Council decision-making and CPSA's regulatory work.

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.

The revised Terms of Reference will be posted on the CPSA website and will guide the work of the ARAD Committee.

Supporting Documents

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

1. [ARAD Committee TOR 2025 Draft](#)

DRAFT Terms of Reference ***Anti-Racism Anti-Discrimination Committee*** **Updated October 2025**

Purpose

The Anti-Racism Anti-Discrimination Advisory (ARAD) Committee (“the Committee”) serves as a strategic advisory body to the Council. Grounded in the principles of equity, cultural safety, and social justice, 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.

The Committee supports CPSA in identifying, addressing, and removing systemic barriers within its policies, programs, and practices. It brings forward insights informed by lived and living experience, subject matter expertise, and knowledge of the historical and ongoing impacts of racism and discrimination in healthcare.

History

The Committee originated from CPSA’s growing recognition, particularly after the mishandling of the 2016 Grande Prairie noose incident and subsequent public outcry, and sustained advocacy from racialized physicians and community stakeholders, including the Black Physicians’ Association of Alberta (BPAA) that it needed to address systemic racism and discrimination more directly within Alberta’s healthcare system.

For more information on the history and background of the Committee, please refer to the *Narrative History of the Committee*.

Scope

Scope of Committee’s work extends to all forms of racism and discrimination and remains flexible to emerging issues, leanings, and evolving priorities.

Membership

The Committee’s strength lies in its diverse composition, which reflects the communities it serves, and the range of expertise needed to advance anti-racism and anti-discrimination efforts in the regulatory health landscape. The structure is designed to support inclusive engagement, balanced representation, and effective collaboration. This model ensures the Committee can remain agile, reflect the evolving needs of the CPSA and Albertans, and centre those with lived experience and demonstrated commitment to anti-discrimination efforts, without reinforcing tokenism or identity-based expectations.

Composition

The Committee will have up to 13-15 members, with representation from CPSA Council and other members-at-large with appropriate expertise. In alignment with the Committee's purpose, membership will strive to reflect perspectives of equity-deserving groups, those with lived or living experience, or those with expertise to disrupt racism and discrimination in healthcare system.

Role/Representation	Member
Chair	To be selected from Committee membership
Vice-Chair	
CPSA Council	Two to four (2-4) Councillors
Members at Large	Up to 11: <ul style="list-style-type: none"> • Two (2) Members from Black Physicians' Association of Alberta • Up to two (2) medical trainees (residents and/or students) • One (1) CPSA Indigenous Advisory Circle representative* • Six (6) other members at large reflective of expertise as outlined above
Ex officio and non-voting	<ul style="list-style-type: none"> • CPSA Council Chair • CPSA Registrar and CEO

*Reciprocal representation of the Committee occurs at the Indigenous Advisory Circle, whereby one member of this Committee attends as a non-voting member of the Circle.

Selection Process:

- Chair and Vice-Chair: confirmed by the Committee and brought to the Governance Committee for Council approval.
- Council Members: Brought by the Governance Committee to Council for confirmation of the appointment.
- Members from Black Physician Association of Alberta: put forward by the Association upon request and confirmed by the Committee.
- Indigenous Advisory Circle representative: selected by the Circle upon request from the Committee.
- Remaining Members at Large - Selected by the Committee through an open call for interest and/or targeted recruitment and brought to the Governance Committee for Council approval.

Chair and Vice-Chair Model

The Committee shall operate under a Chair and Vice-Chair leadership model, as outlined below:

- The Chair and Vice-Chair shall be selected from within the Committee membership. At least one of these roles should be held by a Council member to ensure strong representation at the Council.

- The Chair shall preside over all Committee meetings. In the event that the Chair is absent or otherwise unable to fulfill their duties, the Vice-Chair shall assume the role of Chair for the duration of the meeting or as necessary.
- To support momentum and continuity, both the Chair and Vice-Chair are encouraged to sit two-year terms. However, the term of office for both the Chair and Vice-Chair shall be one (1) year. The Committee may, by consensus, extend either appointment for one (1) additional term after (a) considering the willingness of the Chair and Vice Chair to continue and (b) assessment of performance.
- Upon completion of the Chair's term, the Vice-Chair shall assume the position of Chair, and a new Vice-Chair shall be selected from among the Committee members.

Membership Term

- Membership term length is two-years, with the possibility of renewal for additional years to support continuity.
- Staggered terms will be implemented to preserve institutional knowledge while allowing for renewal of ideas and energy.
- Membership may end earlier by resignation, mutual agreement, or at the discretion of the Council.
- Vacancies shall be filled using the same criteria and process as initial appointments.

Subcommittees and Working Groups

- The Committee may establish working groups or task teams to explore specific priorities or projects in depth.
- These groups will operate within defined scopes and timelines and report back regularly to the full Committee.

Authority and Accountability

The Committee was *originally* categorized as a Priority Committee of Council to reflect the inclusion of anti-racism and anti-discrimination as a strategic direction in CPSA's 2022-26 Strategic Plan. Due to the ongoing nature and long-term commitment to anti-racism and anti-discrimination work, and its intrinsic role in regulating the profession to the benefit of the public, the Committee was made a Standing Committee of Council at the September 2025 Council meeting.

- As per CPSA Bylaws section 16.2, the ARAD Committee is a standing committee of Council.
- The Committee operates in an advisory capacity to the CPSA and holds a shared responsibility to promote transparency, foster accountability, and uphold the values of anti-racism and anti-discrimination.
- The Committee provides advice and strategic guidance directly to the Council, supporting the development and implementation of initiatives that align with CPSA's position on racism and discrimination.

- The Committee shall report to Council at least four (4) times per year or as otherwise directed by Council regarding its activities and can expect timely responses to Committee's recommendations from Council including clarification, endorsement, or rationale for non-adoption, to maintain mutual accountability.

Roles and Responsibilities

Clear roles and responsibilities support the Committee's ability to operate with purpose, accountability, and shared leadership.

Committee Members

- Attend Meetings – proactively plan to attend all meetings where possible.
- Prepare and Participate - Review materials in advance, contribute meaningfully to discussions, and complete follow-up tasks as needed.
- Advance the Mandate - Actively contribute to the Committee's purpose of eliminating racism and discrimination in regulated health professions and advancing equity and justice across CPSA's work.
- Engage with Integrity - Participate in meetings and Committee activities with openness, curiosity, and respect for diverse lived experiences and ways of knowing.
- Support Systems Change - Identify barriers, provide insight, and offer recommendations to advance equitable policies, regulatory practices, and internal culture.
- Foster Community Connection - Bring forward community-anchored perspectives and amplify the voices of equity-deserving groups.
- Respect Confidentiality- Maintain confidentiality of sensitive matters and uphold the trust placed in the Committee's work.

Chair/Vice-Chair

- Set Meeting Direction - Collaborate with CPSA staff to set agendas and ensure meetings are focused, generative, and aligned to the Committee's strategic direction.
- Facilitating Dialogue - Support respectful, inclusive conversations that center equity and allow for diverse viewpoints and lived experiences.
- Connecting to Governance - serves as the formal link between the Committee and Council, ensuring alignment and communication across governance levels.
- Representing the Committee - When appropriate, represent the Committee in broader CPSA or community engagements, ensuring decisions are grounded in the group's collective work.

Meetings

Frequency

- To best support its duty to report to Council, the Committee shall strive to

meet a minimum of four times a year. Efforts shall be made to be schedule meetings in advance to accommodate planning, with adjustments made as needed based on emergent issues, or availability.

- An annual in-person retreat may occur at the discretion of the Committee to ensure collaboration, set direction, and onboard new Committee members.
- Additional meetings may be convened to address time-sensitive matters, project milestones, or to deepen engagement on complex topics.

Meeting Format

- Meetings may be held virtually or in person, depending on the needs and preferences of the Committee and CPSA. A hybrid option may be offered when appropriate.

Quorum:

- Quorum is defined as 50% +1 of current members.

Decision-Making Process

- Decisions are made with care and intentionality, seeking collective understanding and support rather than transactional agreement.
- Consensus is the primary goal—not necessarily full agreement, but a shared willingness to move forward together in good faith and with relational accountability.
- If consensus is not possible, the Committee may choose to pause, gather additional input, or revisit the issue in a future meeting.
- As a last resort, a majority vote may be called by the Chair or Vice-Chair, ensuring that process respects those who may require more time or cultural space to engage.

Records of the Committee

- Efforts will be made to distribute agenda and materials a week prior to the meeting.
- Minutes shall be recorded for all meetings and will be approved by the Committee at its next meeting.
- All Committee records will be retained by CPSA per CPSA's retention schedule.

Confidentiality:

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

- The Confidentiality and Non-Disclosure Agreement signed annually by Council members extends to their work and actions on the ARAD Committee.

- The Committee members-at-large will annually sign a Confidentiality and Non-Disclosure Agreement that will apply to their work and actions on the Committee.

Committee Resources

- Council approves the budget of the ARAD Committee.
- Committee members are paid an honorarium and are reimbursed for their expenses as per CPSA's [Honoraria and Expense Policy](#).
- The Committee may from time to time invite external guest speakers to meetings to present and share information. Guests will be remunerated at the discretion of the Registrar.
- The Chief Operating Officer will be the Executive Sponsor of the Committee.
- The Executive Assistant to the Chief Operating Officer or designate will function as Recording Secretary for the Committee.
- Relevant CPSA staff will provide logistical and technical support, in addition to policy and context expertise as well as support implementation in partnership with relevant departments/stakeholders.

Review and Amendment Process

- Terms of Reference shall be formally reviewed every two years or more frequently as needed to ensure relevance and effectiveness.

Agenda Item Title: 3.2.4 Council Orientation

Meeting date: 10/24/2025

Submission to: Council

Submitted by: Governance Committee

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 Governance Committee reviewed and provided feedback on the proposed Council Orientation model, the updated Mentorship Guide, and the Council Reference Manual. The Committee expressed support for the proposed approach to orientation and mentorship and had no feedback on the reference manual.

Council Orientation

A new Council Orientation model has been developed to provide a more structured, continuous onboarding experience for new and returning Councillors. The model introduces four touchpoints throughout the Council year to build knowledge and reinforce understanding.

What	Council 101 (Pre-Orientation)	Orientation	Council 202 (Follow-up Orientation)	Orientation
When	December	January	Summer	Fall
Who	New Councillors	All Councillors (mandatory)	New Councillors and Mentors	All Councillors (optional)
Time	2-3 hours	6 hours / full day	½ day	½ day
Goals	Set up for success	Establish core components and engage in team building	Reinforce learning	Re-establish core components

This revised approach is designed to enhance readiness, foster connection, and sustain engagement throughout the Council term.

Mentorship Guide

The CPSA Council Mentorship Guide has been updated to strengthen onboarding and support peer learning. Updates include:

- A simplified purpose and definition of mentorship;
- Clearer competencies and expectations for mentors and mentees;
- Defined roles for the Governance Committee in coordinating mentorship;
- A feedback mechanism for continuous improvement; and
- A new resource list linking to the Council Reference Manual.

The mentorship program will be re-established ahead of the onboarding of new Councillors in early 2026.

Council Reference Manual

The Council Reference Manual, introduced in 2022, remains available through SharePoint and the council agenda, and will continue to serve as a key governance resource for all members, including mentors and mentees. No revisions were recommended by the Governance Committee at this time.

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.

Orientation and mentorship support the public interest by ensuring that Council members are fully informed, confident, and prepared to make decisions that protect the health and safety of Albertans.

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.

Mentorship efforts promote an inclusive environment for new Councillors.

Next Steps:

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

- Pair current Council members with incoming Council members.
- Share the updated CPSA Council Mentorship Guide.
- Ensure the Council Reference Manual remains current and accessible on SharePoint.

Supporting Documents

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

1. [CPSA Mentorship Guide](#)
2. [Council Reference Manual](#)

CPSA Council Mentorship Guide

Purpose and Definition

The Mentorship Program supports new Council members as they transition into their governance roles within the CPSA. It pairs an experienced Council member (the Mentor) with a newly elected or appointed Council member (the Mentee) to foster understanding, confidence, and engagement in Council's work.

Mentoring complements Council orientation by creating a personal connection for ongoing learning and support. It helps new Council members understand their roles and responsibilities, the culture and expectations of the CPSA Council, and the broader strategic context in which they serve.

A successful mentoring relationship benefits both the Mentor and Mentee through the exchange of perspectives, knowledge, and insight — building a stronger, more cohesive Council.

Roles and Expectations

Mentor

Competencies

- Proactive, dependable, and consistent communicator.
- Genuinely interested in supporting others' growth.
- Skilled listener who is open-minded and non-judgmental.
- Demonstrates understanding of governance and Council operations.

Expectations

- Serve as a point of contact, resource, and support for the Mentee during their first 6–12 months on Council.
- Participate in Council Orientations and offer informal guidance throughout the year.
- Initiate contact at least quarterly, up to 2 hours, ideally before and after Council meetings, to review materials and reflect on discussions. Regular check ins are encouraged. Expenses occurred can be reimbursed in accordance with the Honoraria and Expense Policy.
- Provide constructive feedback on participation and integration and encourage confidence and contribution.
- Introduce and explain the Council Culture Agreement and Coin to mentee.
- Share feedback with the Governance Committee Chair about the Mentorship Program's effectiveness.

Mentee

Competencies

- Willingness to learn and openness to feedback.
- Professional curiosity and initiative.
- Ability to maintain confidentiality and follow through on commitments.

Expectations

- Be available and responsive to scheduled meetings or calls with the Mentor.
- Prepare for discussions by reviewing materials and identifying questions.
- Engage in reflective dialogue — ask questions, share perspectives, and seek understanding of governance processes.
- Provide feedback to the Governance Committee Chair on what is working well or could be improved within the program.

Program Coordination

- The Governance Committee is responsible for supporting the orientation program for new members and will assign a mentor to each new Council member, typically following Council elections
- When possible, pairings will align members from the same **Standing Committee** to enhance relevance and connection.
- Mentorship relationships may last between **6 months and 2 years**, depending on mutual needs and availability.
- At the end of each year, the Governance Committee will implement measures for gathering feedback from mentors and mentees on the effectiveness of the program.

Resources

- [Council Reference Manual](#)

1. Health Professions Act
2. Bylaws
3. Code of Ethics and Professionalism and CPSA Code of Conduct
4. Standards of Practice
5. Current Budget
6. Current Business Plan
7. Annual Report
8. Organizational Structure
9. Council Culture Agreement
10. Council Member List
11. Council Member e-mail and phone contact list
12. Council Committee Member Listing
13. CPSA Committees
14. Acronyms
15. Honoraria & Expense Policy
16. Roles and Responsibilities
 - a. Role of the Council Member
 - b. Role of the Committee Chair
17. Council Policies (available on the public website):
 - a. Conflict of Interest Policy
 - b. Council Code of Conduct
 - c. Council Effectiveness Evaluation Policy
 - d. Council Member Attendance at Meetings of Which They Are Not Appointed as Member
 - e. Council Member Breastfeeding and Breast Milk Expression Inclusion Policy.
 - f. Delegation of Authority to Appoint Inspectors
 - g. Executive Elections

- h. In-Camera Sessions Policy
 - i. Rewards and Recognition Policy
 - j. Registrar and CEO Performance Review Policy
 - k. Safe Disclosure Policy
- 18. Council Policy Statements (available on the public website):
 - a. Council Position Statement on Racism and Discrimination (2022)
 - b. Council Position Statement on Job Action (2020)
 - c. Council Position Statement on Sexual Misconduct (2018)
- 19. Other guiding documents:
 - a. Social Media Guidelines

Agenda Item Title: 3.3 Finance & Audit Committee (FAC) Meeting Summary Report

Meeting date: 12/4/2025

Submission to: Council

Submitted by: Patrick Etokudo, FAC 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.

NA – for information only. No recommendations.

Background:

Provide all situational context and any historical background.

The Finance & Audit Committee (FAC) met on November 12, 2025, and addressed the following issues:

1) Audit Plan for 2025

PricewaterhouseCoopers LLP (PwC) will continue to serve as the CPSA's auditors for the 2025 fiscal year for both the CPSA audit and the pension fund audit. Mr. Robert Newton continues to be the partner on the engagement.

The committee received the audit plan report for 2025 and accepted the scope of the audit.

The materiality initially set for the CPSA audit is based on 3% of forecasted revenues and the pension fund audit is based on 2.5% of net assets.

PwC is committed to delivering the audited financial statements for the May Council meeting.

There will be an increase in base fees for 2025 of ~ 5% as the professional service industry continues to be affected by inflation and labour cost increases, which drive up financial service costs that influence fees billed to clients.

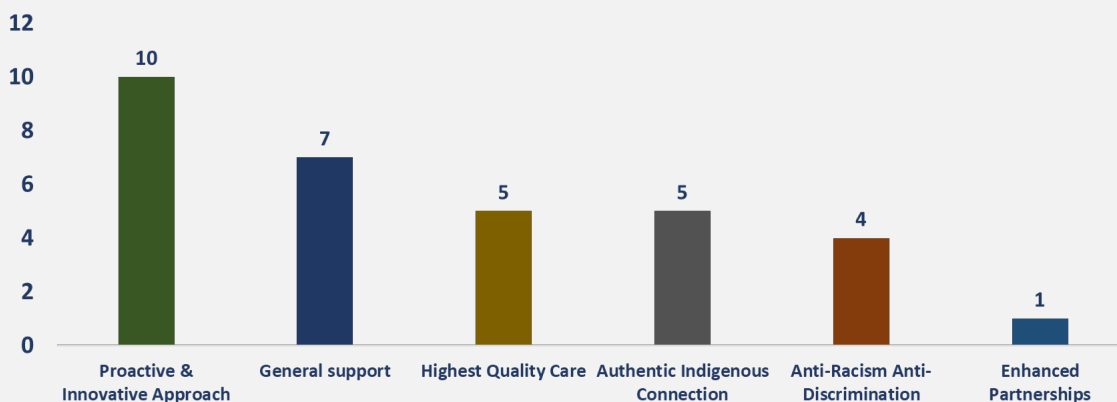
2) Q3 2025 Results

a. Business Activity Update

The Finance and Audit Committee (FAC) received a report outlining the progress of the Business Activity Update. The report highlights the progress made across departments and shows how the organization continues to meet its strategic goals.

A total of 32 business activities were reviewed this quarter. Seventeen were carried forward from 2024, and fifteen are new initiatives for 2025. Most of these actions are either completed or on track, reflecting consistent progress toward CPSA's priorities.

Business Activity Summary - Total # Actions



The FAC will continue to monitor progress through quarterly reviews to ensure alignment with strategic priorities and organizational goals.

b. Risk Register

As part of CPSA's ongoing risk management process, the leadership team conducts quarterly reviews to assess both newly emerging and existing risks. Each identified risk is categorized under one of the following classifications:

- Financial
- Operational
- Strategic
- Compliance
- People

FAC received a report from management on the CPSA Risk Register for the Q3 2025 reporting. All identified risks were classified according to their respective risk types to facilitate a structured and thorough analysis. This approach enhances understanding of risk characteristics, ensures alignment of mitigation strategies, and supports informed decision-making.

The Risk Register review shows positive results. All risks that were previously rated as high or very high have been reduced to medium or low levels, and no new risks were identified. This demonstrates that CPSA's mitigation strategies are working effectively and that departments are managing risks responsibly.

c. Financial Results Q3 2025

As of September 30, 2025, there is a year-to-date operating income of \$2,694,000 compared to the budgeted loss of \$2,371,000 resulting in more income, or positive variance, of \$5,065,000.

	Actual	Budget	\$ Variance to Budget	% Variance to Budget
Revenues	\$ (32,866,000)	\$ (31,438,000)	\$ 1,428,000	5%
Expenses	30,172,000	33,809,000	3,637,000	11%
Operating <Income> Loss	(2,694,000)	2,371,000	5,065,000	
Amortization	649,000	644,000	(5,000)	-1%
Accreditation, net	(34,000)	318,000	352,000	111%
Sub-total	(2,079,000)	3,333,000	5,412,000	
Fair value change in investments	(1,768,000)	(375,000.00)	1,393,000	
<Net Income>Loss	\$ (3,847,000)	\$ 2,958,000	\$ 6,805,000	230%

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 \$1,768,000.

The total net income to the end of the quarter is \$3,847,000.

d. Financial Key Performance Indicators

FAC received a report on the finance KPI for Q3 2025. The KPI feeds into the CPSA Dashboard for Council.

3) Management Control Framework

FAC reviewed the Management Control Framework and agreed with proposed changes submitted by Management. The Management Control Framework has been updated to reflect the change approved by Council at its September 19, 2025, meeting to Financial Executive Limitations.

4) Annual Pension Education

An annual pension education session was held for members of FAC by Shayan Jafrani, Actuary, and Senior Manager from PwC. The education session focused on current trends in pension management and governance practices. The session provided an overview of emerging issues affecting pension plans, including market trends. The education session reinforced the FAC's role in maintaining effective governance of CPSA's pension arrangements and staying informed about evolving practices in the broader pension environment.

5) Governance and Controls at CPSA around Artificial Intelligence

Mr. Jim Kiddo, Chief Information Officer and Dr. Cliff Lindeman, Program Manager, Prescribing, Analytics, & TPP Alberta Analytics, Innovation & Research, provided an overview of the organization's approach to artificial intelligence (AI) governance, policy development, and the implementation of guardrails designed to safeguard CPSA from potential risks when using AI. The presentation highlighted our commitment to responsible AI adoption through clearly defined governance structures, alignment with ethical and regulatory standards, and the creation of internal policies addressing data security, transparency, and accountability. Emphasis was placed on establishing controls that mitigate operational, reputational, and compliance risks while enabling innovation. The discussion reinforced the importance of continuous monitoring, staff education, and policy review to ensure CPSA remains protected as AI technologies evolve.

6) Pension Assets Investment Performance Review

Neil Lloyd and Justin Palmier from Mercer presented their report on the review of the pension investment managers for the defined contribution (DC) pension plan up to June 30, 2025.

The DC pension plan commenced on January 1, 2021. CPSA and employees contribute to the plan each month. The total DC assets at June 30, 2025, was \$13,774,000. The employee chooses the investment option for their registered DC pension assets.

The asset allocation is

Target date funds	76.5%
US equity	7.7%
Canadian equity	6.3%
International equity	4.3%
Fixed income	2.7%
GIC	1.4%
Money market	1.0%

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

Mercer provided an overview for all asset classes and funds of the returns over the 2025 Q2, 6 months, 1 year and 4 years compared to the applicable benchmark. One investment option did not meet performance objectives, and the manager will continue to be closely monitored by Mercer.

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

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

The FAC received a number of annual reports from management:

7) Report From Security Management Committee – Annual Reporting

FAC received a report from the Security Management Committee. The Committee reviews issues trending/risk mitigation; security and privacy incidents, issues and responses to determine if further action is necessary; provides direction as required; and distributes lessons learned to staff and Council through the Leadership Team.

The FAC was satisfied with the level of reporting.

8) Safe Disclosure of Workplace Violations – Annual Reporting

FAC received a report from Ms. Jessica McPhee, Director, People & Culture on the safe disclosures of work violations for 2025.

CPSA staff policy on *Safe Disclosure of Work Violations* outlines how staff can safely bring forward serious concerns within CPSA. This policy in other organizations is often called a whistleblower policy.

Three complaints were reported to People & Culture in the last 12 months which related to respect in the workplace, privacy and benefits. FAC reviewed the follow-up provided by People & Culture and was satisfied with the approach.

9) Executive Limitations Financial Conditions – Annual Reporting

FAC received a report on the compliance with the executive limitations as listed in the Governance Manual, Part 4 – Executive Limitations.

FAC was satisfied the Registrar is in compliance with the financial requirements of the Executive Limitations.

10) Pension Governance – Annual Reporting

FAC reviewed a self-assessment for an annual review of its roles and responsibilities under the Pension Plan Governance policy. The FAC is compliant with its roles and responsibilities.

11) CFO Priorities – Annual Reporting

FAC received an annual report providing an overview of the CFO roles and responsibilities. The role of CFO includes oversight of the following:

- Finance (includes payroll)
- Risk Management
- Infrastructure
- Office Support

The committee received an overview of the priorities for 2025 and the succession planning for the CFO role.

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 and annual reporting 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 and annual reporting 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.

NA – for information only

Supporting Documents

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

None

Agenda Item Title: 3.4 Consent Agenda - Ad Hoc Building Fund Committee Update

Meeting date: 12/4/2025

Submission to: Council

Submitted by: Richard Buckley, Chair, Ad Hoc Building Fund Initiatives Committee

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:

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

The Building Fund Initiatives Committee is an ad hoc committee of Council established in 2022 to oversee the \$5 million to support programs, initiatives or research to benefit Albertans.

The *CPSA Healthier Albertan Grant* was announced in November 2022. Further details can be found on the CPSA [website](#).

The Committee currently consists of the following members:

- Richard Buckley, Chair
- Nicole Cardinal
- Patrick Etokudo
- Ian Walker
- Jaelene Mannerfeldt (ex-officio, non-voting)

In May 2023, the 10 recipients of grant were approved by Council.

Grant Category	# grants	Total Funding Approved
Small \$50,000 - \$100,000	3	\$224,671
Medium \$100,001 - \$1,000,000	6	\$3,468,113
Large \$1,000,001 - \$2,500,000	1	\$1,221,291
	10	\$4,914,075

Grant Disbursements:

The grant agreements were signed, and the first-year installments were distributed between December 2023 and April 2024. The dollar amount disbursed was based on the year 1 budget submitted with the grant proposal. All ten grant recipients received their first-year installments.

The second-year installments were distributed between December 2024 and April 2025.

To date, only eight grant recipients received a second-year installment. The total disbursed to date is \$2.68 million.

Grant Category	# Grants	First year installments	Second year installments	Total
Small \$50,000 - \$100,000	3	\$97,514.66	\$81,755.00	\$179,269.66
Medium \$100,001 - \$1,000,000	6	\$982,664.54	\$1,115,926.97	\$2,098,591.51
Large \$1,000,001 - \$2,500,000	1	\$407,097.00	0	\$407,097.00
	10	\$1,487,276.20	\$1,197,681.97	\$2,684,958.17

Reporting Requirements:

Under the terms of the grant agreements, the grant recipients have to provide ethics review approval, where applicable, and an interim report showing a financial summary of their program costs as well as a narrative progress report.

Summary of Grant Recipient Financial Reporting for Year 1:

The Interim Report #2 which highlights activity to the end of 2024 has been received from all ten grant recipients.

Ethic approval was required for nine of the grant recipients and all nine ethic certificates have been received.

Grant Year	Total Disbursed First Year	Total Spending on Eligible Expenditures 2023	Total Spending on Eligible Expenditures 2024	Total Spending by Dec 31, 2024
Year 1	\$1,487,276	\$17,831	\$548,749	\$556,580

The Committee reviewed the financial reporting and the interim reports on the progress of each grant recipient.

Highlights and observations:

- At this time, two grant recipients have not received a second installment due to the delay in their project and not spending the funding from year one.
- Some recipients indicated their project has been delayed and spending would increase in year 2 compared to their original budget as their project kicked off.
- The grant time period has been extended for two grant recipients. There is no change to the total grant funding awarded.

The committee does not have any changes to propose for the committee's terms of reference.

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

Nine principles were established to guide all grant funding allocations. Submissions had to meet all nine principles to be considered.

Two principles include:

1. Funds will only be provided to Alberta-based organizations/individuals and need to be utilized on projects/initiatives that will directly benefit the health or care of Albertans
2. Funded projects/initiatives must be aligned with at least one of [CPSA's five strategic directions](#) (highest quality, compassionate care; enhanced partnerships; proactive and innovative approach; anti-racism and anti-discrimination; or authentic Indigenous connections).

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

Of the 10 grants awarded, nine grants specifically outlined how their project aligned with the anti-racism and anti-discrimination strategic direction of CPSA.

Next Steps:

1) 2026 Grant installments

The grant recipients are currently preparing their 2026 grant installment requests and reporting.

2) 2025 reporting

As per the terms of the agreement, the grant recipients have to report their 2025 actual financial results along with a narrative of the activity completed in 2025. These reports are due by January 31, 2026.

Agenda Item Title: 3.5 Consent Agenda - Annual Report Backgrounder and 2025 Plan

Meeting date: 12/4/2025

Submission to: CPSA Council

Submitted by: Annual Report co-leads, Agatha McKechnie and Rachael Gronberg

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 CPSA Annual Report provides Albertans and regulated members with information on CPSA programming through engaging content that ensures clear, concise, accurate information is presented. The backgrounder and 2025 is presented to Council for information.

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.

It supports transparency and provides easy-to-access information in areas of health care that impact the public. An annual report from CPSA must be provided to Alberta's Minister of Primary and Preventative Health Services (formerly known as Minister of Health) under the *Health Professions Act*, containing specific measures and activities.

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.

Within this annual report we intend to prioritize accessible language to ensure it is understandable for all individuals living in Alberta of varying backgrounds. Each year, we create stories highlighting CPSA's work in specific areas, and this year we will be creating engaging content regarding CPSA's efforts towards reconciliation.

Next Steps:

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

Dates of note: Annual Report 2025

Annual Report

- First draft sent with dossier to Council via email by: Feb. 19, 2026
- Council sends feedback on first draft via email by: April 7, 2026
- Second draft sent to Council via email by: May 1, 2026
- Council sends final feedback on second draft by: May 8, 2026 **Note: This is the **final** opportunity to send feedback on Annual Report.**
- Final version sent with dossier to Council via email by: May 14, 2026
- Council approves final version at Council Meeting: May 28-29, 2026
- Council approves financial statement at Council Meeting: May 28-29, 2026

Annual Report Council messages

- Council sends feedback on what to include in Council message via email by: March 9, 2026
- First draft of Council message with suggestions implemented presented to members via email by: March 23, 2026
- Council sends feedback on first draft of Council message via email by: April 7, 2026
- Final Council message presented to members via email by: April 13, 2026

Supporting Documents

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

1. [2025 CPSA Annual Report Proposal](#)

2025 CPSA Annual Report

Proposal

November 2025



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Background

Under the *Health Professions Act* (HPA), medical regulators, including the College of Physicians & Surgeons (CPSA), must submit an annual report to Alberta's Minister of Primary and Preventative Health Services (formerly known as Minister of Health) containing information on specific measures and activities. The Government guidelines recommend this report is made available within six months from the end of the period covered by the report. The Minister then tables the report in the Legislative Assembly, and it becomes part of public record.

CPSA's Communications team leads the development of the annual report, collaborating with team members from across the organization to develop engaging content and ensure clear, concise, accurate information is presented.

Audiences

Primary: Minister of Primary and Preventative Health Services, Minister's staff, elected officials, Alberta Health Workforce Division, members of the public and CPSA regulated members (physicians, physician assistants, surgeons, osteopaths and medical learners).

Secondary: CPSA teams, senior staff at Primary Care Alberta, Acute Care Alberta, Assisted Living Alberta or Recovery Alberta (formerly known as AHS), Covenant Health and the Alberta Medical Association (AMA), other Canadian medical regulatory colleges, CMPA, FMRAC, University of Alberta and University of Calgary medical schools, Health Quality Council of Alberta, health advocates.

Tertiary: Other Alberta health regulatory colleges and associations (e.g., CRNA, ACP, PCNs, Alberta Association of Clinic Managers, etc.) as well as Rural Health Professions Action Plan (RhPAP), rural communities and Indigenous communities.

Communication goals & objectives

- Meet legislated reporting requirements, demonstrating CPSA as an accountable, effective regulator who serves the public interest.
- Engage with each CPSA team during content development to ensure their challenges and successes from 2025 are accurately represented.
- Share CPSA's data from the year in a variety of ways, connecting and engaging with key audiences through multiple channels:
 - Online stories with social sharing, commenting and analytics enabled.
 - Engaging social media content with graphics and video featured.
 - Interactive elements (infographics, polls) as appropriate.

- Manage workloads during the development of annual report content by repurposing existing communications content as appropriate (e.g., *The Messenger*, website content, social media and emails).
- Demonstrate CPSA's value and reputation through storytelling, engaging visual data, online engagement and proactive public relations.
 - Engagement with online annual report content saw a significant increase in article views, with the highest being Dr. Tabani's interview, with a small decrease in overall page views. Benchmarks from the 2024 annual report (July-September 2025):
 - 4,021 total pageviews
 - 2,400 unique visitors
 - Most-read story had 1,208 pageviews ([Dr. Tabani's article](#))
 - Average time spent on page was 146 seconds
 - Any media coverage of our stories is positive or neutral in sentiment.

Strategic approach

- An annual report is a legislated requirement, but it is also CPSA's opportunity to use storytelling, statistics and online content to support our required reporting, share CPSA's work more broadly, highlight our values and brand characteristics and connect directly with other audiences in addition to government.
- Quality improvement will lead narratives and demonstrate our commitment to continuous learning. This approach will reflect the cycle of plan, do, study, act and how it relates to CPSA programming.
- We will prioritize using clear and accessible language throughout the report. Our focus is on improving the literacy of our regulatory work to ensure it is understandable for all individuals living in Alberta of varying backgrounds.
- CPSA will continue to take a digital-first approach with the annual report's supplementary content.
- We will publish annual report content to the website, developing different forms of online and social media content (long-form, graphics, interactive elements, bite-sized pieces, etc.) to promote and grow engagement with our audiences across channels and devices.
- We will develop digital content to support our strategy of making the annual report more accessible to a broader audience (beyond those who read the print report).

- We will work within Alberta Health Workforce Division guidelines to ensure the print report meets legislated requirements.
- The print report will contain the legislated requirements (registration and complaint statistics, inspections, financials, etc.) and direct readers to the online version of the report via QR codes, encouraging them to scan and experience the stories and content in full.
- We will explore other ways of sharing our stories with Albertans and the healthcare community (budget depending). Possibilities include:
 - Sharing posters and printed copies of the report with physician offices, healthcare facilities, community centres, etc.
 - Paid social media and ad campaigns.
 - Submission to partner channels (e.g. AMA newsletter).
 - Expand reach by including rural and Indigenous communities in the distribution strategy.

Theme

CPSA in 2025: Pathways to progress

Every step forward in health care begins with reflection, learning and action. At CPSA, we use continuous quality improvement to guide every decision—identifying challenges, listening to feedback, acting with purpose and measuring results. These pathways don't just improve processes; they strengthen care, build trust and protect patients across Alberta. This process is a cycle of progress; a journey, not a destination.

The theme for CPSA's 2025 Annual Report is *Pathways to progress*. This year's annual report theme will shine a spotlight on the quality improvement journeys we have taken this past year, all while sharing our organization's highlights and successes.

Legislated elements:

The 2025 CPSA Annual Report will contain these required legislated elements:

- Required statistics, as identified by government guidelines and legislated requirements.
- Audited financials.
- Messages from CPSA's Chair, Registrar, public Council members and physician Council members (consideration will be given to combining some of the messages or shortening, to avoid repeating narratives).
- Governance and leadership information.

- Department narratives, showing how each department's work and priorities tie into the strategic plan, along with department-specific highlights from 2025.

Content outline

As part of our storytelling in the 2025 annual report, we highlighted significant work and projects from the year with a data-first approach, showing that behind each success story, performance is measured and progress is tracked. This tangibly demonstrated CPSA's important role within Alberta health care.

This year, we intend to focus on CPSA's pathways to progress through a lens of continuous quality improvement. It emphasizes that progress is not a single milestone, but a journey—one where planning, action, reflection and improvement guide our work. Visuals could also support this narrative by showing how each project fits into the cycle of quality improvement, making the process tangible and transparent. This strategy also continues to demonstrate the impact the strategic plan has on CPSA's work, projects and accomplishments.

Our content will emphasize the impact our work has had or will have on patients, physicians, medical regulation and the healthcare system, providing tangible examples of how we meet our mandate to protect patients. Knowledge translation will also be prioritized to ensure our work is understandable for the average Albertan, regardless of their knowledge of the provincial healthcare system.

To support our goals and present our stories, we will group them into four primary categories. Each category may feature smaller stories describing CPSA's projects from 2025. Some initial ideas are highlighted below:

1. Pathways to patient care

Removing barriers helps physicians reach Albertans faster. By streamlining licensure, cutting fees, and simplifying processes, CPSA creates pathways that make it easier for physicians to practise and for Albertans to access the care they need.

Suggested topics

- Approved Jurisdiction Route
- Practice Readiness Assessment (PRA) process updates
- Fee reductions

2. Pathways to trust (Albertan Engagement)

Listening to Albertans strengthens the foundation of medical regulation. By gathering feedback, simplifying communications and meeting communities where they are, CPSA is building pathways that increase transparency, accountability and trust in health care.

Suggested topics

- Communications-led research
- CX engagement with Albertans
- Improvements to clarity around online complaints process
- CPSA in community

3. Pathways to change (Innovation)

New ideas, data and research drive continuous improvement. Through evidence-based programs like PPIP and innovative research initiatives, CPSA is building pathways that shape tomorrow's medical practice and improve the patient experience today.

Suggested topics

- PPIP review
- AIR research projects

4. Pathways to Reconciliation

Indigenous patients experience poorer healthcare experiences and more severe health outcomes than non-Indigenous people living in Alberta. CPSA's journey with Indigenous partners reflects our commitment to truth, respect and healing. Through guidance from our Indigenous Advisory Circle, new partnerships, and ongoing learning, we are creating pathways toward more equitable health care for First Nations, Métis and Inuit patients.

Suggested topics:

- G4 Health Partnership
- Indigenous Advisory Circle guidance
- First steps along the Path
- Tie in reconciliation work to CPSA's anti-racism and anti-discrimination work

Responsibilities

Project Management	Agatha McKechnie and Rachael Gronberg (co-leads)
---------------------------	--

Content Development	CPSA Communications team, with support from subject matter experts as appropriate.
Subject Matter Support	CPSA Leadership and teams will provide data and statistics, respond to internal interview requests, share contact information for other experts, and review and approve content for their areas.
Approvals	<p>CPSA Council Chair and CPSA Registrar will review and approve the proposal.</p> <p>Council Chair, Members of Council and Registrar work with the Communications team to develop their messages, then approve them.</p> <p>The Registrar approves final content before presentation to Council.</p> <p>Council is highly involved in approval stages throughout the project before signing off on final content in advance of the May Council meeting.</p> <p>An Independent Auditor signs off on the financial summary, coordinated by Corporate Services.</p>

Nohtawinan kinanaskomitanan oma kisikaw mina miyo macohowin. Saweminan anoch kisikak. Kisa manito kawi sawemokowaw kakiyow. Hiy hiy! Creator, we thank you for giving us good health. May the Creator bless you and keep you well. Thank you.

As my year as Chair comes to an end, I want to express my gratitude for the opportunity to represent Council. This role has been an invaluable learning experience on many levels. Personally, I have grown through the responsibility of serving as Chair and have deepened my understanding of leadership from an Indigenous perspective. Organizationally, it has been meaningful to help welcome our new CEO, Dr. Colleen Forestier. Working alongside her has been a pleasure, and I look forward to seeing her continued impact on our organization.

I remain continually impressed by the dedication of CPSA staff. Their professionalism, organizational skill, and steadfast support of Council do not go unnoticed. I sincerely appreciate the hard work they contribute every day to advance CPSA's mandate.

As I transition out of this role and we look ahead to a new year, it is clear that we will face difficult and important conversations in light of Alberta's evolving health-care landscape. Recent discussions around emerging government policy changes highlight the importance of staying true to our core mission: patient safety and the protection of patients. Physicians will continue to rely on CPSA for clarity and guidance as we navigate these uncertain times, and I am confident in our collective ability to respond thoughtfully and responsibly.

Reflecting on the meetings I have attended since our last Council meeting, I am encouraged by the progress made over the past year. Our successful review of the bylaws was a significant undertaking that spanned several months. I want to thank the committee for their commitment and perseverance in completing this important work, which has strengthened our understanding of how CPSA operates as an organization.

Within the Executive Committee, we have worked closely to support and collaborate with our new Registrar & CEO. The open communication between the Executive and the Registrar has been mutually beneficial, providing greater insight into the work underway and into the demands placed on our new leader as she settles into her role. This transparency and partnership have been greatly appreciated.

My participation in the Anti-Racism Anti-Discrimination Committee and the Indigenous Advisory Circle has also been deeply meaningful. Both groups approach their work with purpose and passion.

While progress can sometimes feel slow, thoughtful dialogue is essential to meaningful outcomes. I am confident that this careful and intentional work will enrich CPSA's efforts going forward, and I am committed to continuing my involvement in both groups.

Once again, thank you for the privilege of serving as Chair. I prioritized every meeting, offered guidance when needed, and truly valued the opportunity to work alongside the dedicated staff of CPSA.

As I conclude my term, I am pleased to welcome Patrick Etokudo as our incoming Chair. I also want to express gratitude to all Council members for their commitment, and to extend our warmest thanks and good wishes to Daisy Fung, Oluseyi Oladele, Maryana Kravtsenyuk, Richard Buckley, and Laurie Steinhbach; and student observer Jenna Salem as we say goodbye.

Meeting Dates:

- Sept 22: Ad Hoc Building Fund Committee Meeting
- October 3: Bylaws Review Project Committee Meeting
- October 14: Executive Committee Meeting
- October 15: Council Agenda Planning Meeting
- October 24: Governance Committee Meeting
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Agenda Item Title: 5.1 Accreditation Department Key Initiatives Update

Meeting date: 12/4/2025

Submission to: Council

Submitted by: Dr. Neelam Mahil and Dr. Jeremy Beach, Assistant Registrars, Accreditation

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

Background:

Provide all situational context and any historical background.

The Accreditation department is pleased to report to Council on its key initiatives and ongoing work.

Major Projects (2026–2028)

1. Accreditation Standards Review

This project was previously approved by Finance and Audit Committee (FAC) and Council. The objective is to simplify and modernize accreditation standards while looking for opportunities to align standards where possible across all programs.

A vendor has been selected, and a contract is pending with a leading international standards organization. Review of standards will include stakeholder engagement, staff and assessor training, and future medical director education.

Project timeline: 6–9 months with completion targeted for September 2026.

2. Digital Transformation Initiative

This project was previously approved by FAC and Council and involves the transitioning to a fully digital platform (from paper-based) to modernize and

make processes more efficient. Hiring is currently underway for a Project Manager to lead the implementation. A request for proposal seeking a vendor to partner in this work will be anticipated in Q4 2025. The rollout of transformation will occur over 18–24 months with targeted go live date of January 2028. For more information, please see Attachment 1 - Project Charter: Digital Transformation Initiative.

3. **Accreditation Committee Restructuring**

Accreditation has undertaken a review of the advisory committee structure that currently supports MFAC. This involved analysis of the composition and structure of the committees along with the expertise and representation they provide.

The review described the current structure, with separate advisory committees for each program, as unwieldy, duplicative and inefficient (i.e., creates delays). A new structure was proposed that aims to streamline decision-making and improve the timeliness of accreditation-related recommendations from MFAC to Council.

Legal review of the proposed structure has been completed. No organizational risks were identified. Further, it is forecasted that these changes will bring increased benefit to the legal defensibility of accreditation decisions.

The new committee structure is targeted for September 2026 implementation. For more information on the restructuring proposal, please see Attachment 2 - Rethinking MFAC Advisory Committees: Proposed Redesign.

4. **Conflict of Interest Policy Implementation**

A comprehensive review of COI policies, declarations, and codes of conduct were completed by the CPSA Accreditation team. Individuals with real or perceived conflicts (e.g., facility owners, financial stakeholders) will be removed from all Accreditation committees. Full implementation of any required changes to committee composition are anticipated to be completed in 2025.

Key Initiative

1. **Addressing NHSF and CST Program Reporting Delays**

The Accreditation department leadership identified a backlog in facility accreditation reports within the NHSF and CST program portfolios.

A working group was established to expedite completion of all outstanding facility reporting requirements. A plan to address the backlog was presented to and given support by MFAC on October 31, 2025. The majority of outstanding reports are expected to be completed by early 2026. Impacted facilities have continued to operate under provisional accreditation with no identified patient safety risks during this time.

Recruitment is actively underway for a new NHSF Program Manager, and additional staffing resources are being considered to meet expected increasing demands as Acute Care Alberta (ACA) plans to decant greater types and volumes of surgical procedures from hospitals to NHSF and chartered surgical facilities. Future resource planning is underway to ensure operational capacity meets demands in all programs and prevents future backlog. For more information on how Accreditation is working through the backlog, please see Attachment 3 - Memorandum to MFAC October 7, 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.

Accreditation advances CPSA's legislated mandate to protect Albertans by ensuring safe, high-quality care in accredited medical facilities. CPSA has refocused its efforts strictly on quality and safety oversight as outlined under the *Health Professions Act (HPA)*, moving away from activities such as physician privileging and credentialing, which now fall under the purview of medical directors. CPSA retains the unique authority to hold medical directors, its own regulated members, accountable for compliance with accreditation standards which sets CPSA apart from other accrediting organizations in the province.

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.

CPSA's accreditation framework emphasizes equitable access and culturally safe care. As standards are modernized, specific attention will be given to:

- Ensuring inclusive representation in the review and consultation process.
- Incorporating anti-racism and anti-discrimination principles into standards and assessor training.
- Assessing potential impacts on underserved and marginalized populations to ensure fairness and equitable quality of care across all facility types and regions.

Supporting Documents

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

1. [Accreditation Project Charter: Digital Transformation Initiative](#)
2. [Rethinking MFAC Advisory Committees: Proposed Redesign](#)
3. [Memorandum to MFAC October 7, 2025](#)
4. [Accreditation Initiatives Timeline \(2025-2028\)](#)

Accreditation Project Charter: Digital Transformation Initiative (ACR 2025 002)

OUR WHY

To ensure safe, high-quality services in accredited facilities for all.

Strategic Action Plan				
Strategic Direction	Objective	Action	Impact on Objective	New or Continuing
Highest Quality Care	Leverage the accreditation regulatory authorities to improve patient outcomes.	Develop and implement an appropriate accreditation model for community primary care settings and general practice.	High	New
Enhanced Partnerships	Maintain membership and active leadership with the Federation of Medical Regulatory Authorities of Canada (FMRAC)	Partner with accreditation departments/programs of other FMRAC members to establish an accreditation special interest group.	High	New
Anti-Racism Anti-Discrimination	CPSA will become an anti-racism and anti-discriminatory organization, in part by developing specific initiatives to address these issues.	Develop new standards and revise the assessment of compliance (AOC) questions to require cultural sensitivity, awareness and competency in all accredited facilities.	High	New

Project Title: Digital Transformation Initiative

Project Sponsors: Fizza Gilani, Director, Accreditation
Jeremy Beach, Assistant Registrar, Accreditation

Project Timelines:

Expected Start Date: January 1, 2025

Completion Date: December 31, 2027

Allocated Budget: Up to \$100 K (Software solution already purchased)

Project Overview	
Purpose of Project	The purpose of the project is to enhance operational efficiency, enable data-driven decision-making, and facilitate research and continuous improvement within the department.
Objective/Goals	<p>The Digital Transformation Initiative (DTI) aims to modernize workflows and implement an integrated digital infrastructure for accreditation processes. The initiative will build on/integrate into existing resources to create a research-friendly accreditation data repository. Data capture will occur seamlessly through the digitized workflow and be amenable to linking individual accreditation standards to assessment outcomes and reporting.</p> <p>The goal of the DTI is to streamlined and efficient operational framework characterized by: 1) Improved workflow processes - smoother and more efficient processes, reducing manual errors and increasing productivity; 2)Enhanced decision-making - access to a fit-for-purpose data repository will enable better decision-making and data-driven insights; 3) Continuous quality improvement - areas for improvement of accreditation processes and targeted interventions can be identified by using data to enhance quality and safety in accredited facilities over time; and,</p>

	4) Increase research opportunities - a research-friendly repository will open avenues for CPSA to conduct studies and add to health facilities accreditation subject knowledge while evaluating and further enhancing our standards and impact within the healthcare system.
SAP Stream/Business Case	Proactive & Innovative Approach & Highest Quality Care
Project Approach	Phased (waterfall)

Project Governance & Integration: Each phase will have a designated individual who will lead and assume responsibility for deliverables for the phase. A core project committee will be instituted for regular updates, consultation and maintenance of progress. A Project Coordinator will be responsible for project planning, coordination and integration of the various phases of the project with regular reporting to the Project Sponsors.

Project Components	Description
Phase I: Process Mapping & Optimization (Workflow)	The outcome of this phase will be streamlined process maps for administrative workflows within the department and external interfacing with stakeholders (facilities & assessment teams). Each of the programs has been tasked to create current state process maps which includes identification of dependencies and critical process steps in the workflow. The maps will be reviewed for redundancy, as well as highlighting common themes and variations across program areas. An effort will be made to understand nuances and validate ongoing need for divergences. A Commonality Variability Analysis (CVA) will be used to inform design decisions for the software.
Phase II: Define Key Data Elements (Repository)	The outcome of this phase will be a shortlist of desired data elements of interest. The primary purpose of the data collection is for facility accreditation but it will also be collected in such a way that it will support internal CQI and research objectives relevant to Accreditation. Use cases for R&D will be developed, using which future state data elements will be extrapolated. A review of currently available data points will be undertaken to categorize resource intensiveness of new or revised data elements being incorporated into the research repository. A prioritization matrix will be applied to inform decision making to confirm the list of core and ancillary data elements for Accreditation's data repository.
Phase III: Identify Integration Needs (Connectivity)	The outcome of this phase will be to create a shortlist of integration needs with existing software (e.g. QUEST as central document repository) and between processes (e.g. between field notes and reporting, auto population of citations and evidence of compliance)
Phase IV: Identify desired reporting analytics (Decision Support)	The outcome of this phase of the project will be to create a list of analytic dashboards desired to guide operational decisions, any reporting desired for facilities and that which may be of benefit for Accreditation Committee. Analytic reporting may require outsourcing and/or integration with PowerBI.
Phase V: Development and User Testing	User testing to occur in a staged format covering each of workflow – administrative; workflow – assessments; repository – data extract, repository – data uploads; connectivity – integration with QUEST documentation;

	connectivity – integration with DOC invoicing; decision support – analytic dashboards inward facing; decision support – analytic dashboards facility facing; decision support – analytic dashboards committee facing. Denominations above subject to change given the contingency with requirements gathering phases (I-IV)
Phase VI: Pilot Design	The outcome of this phase will be a Pilot Project Plan, a definition of potential risks and mitigation strategies to support change management and proactively develop response pathways for troubleshooting expected workflow migration issues.
Phase VII: Pilot Rollout	The outcome of this phase will be the execution of the pilot project with a small-scale implementation.
Phase VII: Pilot Evaluation	The outcome of this phase will be the evaluation of the pilot project to guide a full-scale implementation.
Phase VII: Full Implementation	The outcome of this phase will be a staged roll out of software up to full scale deployment for assessment processes in alignment with pilot and its evaluation.

Project Scope and Schedule			
Within Scope	Accreditation Program Processes		
Outside of Scope	External processes including QUEST		
Tentative Schedule	Key Deliverable	Start	Completed
Phase I: Process Mapping & Optimization	A: Streamlined process maps for administrative workflow and assessments across individual program areas.	June 15, 2024	December 1, 2024
Phase II: Define Key Data Elements	B: Shortlist of desired data elements of interest that will support CQI and Accreditation research objectives	November 1, 2024	January 15, 2024
Phase III: Identify Integration Needs	C: Shortlist of linkage needs with existing software (e.g. QUEST as central document repository) and between programs and processes within programs	December 1, 2024	January 31, 2025
Phase IV: Identify desired reporting analytics	D: List of desired analytic dashboards for: - operational decisions, internal team	January 1, 2025	January 31, 2025

	- reporting desirable for facilities - reporting of value to MFAC and its AC's		
Phase V: Development and User Testing	E: Successful acceptance testing	Variable (to be staged based on developer schedule)	TBC
Phase VI: Pilot Design	F: Defined pilot approach, identification project risk and proactive development of mitigation strategies (e.g. training resources) and change management plan.	March 31, 2025	June 30, 2026 Training & Prep – July to September
Phase VII: Pilot Rollout	G: Execution of the pilot project with a small-scale implementation	October 2025 – target fall assessment cycle	
Phase VII: Pilot Evaluation	H: Evaluation of the pilot project to guide a full-scale implementation	January 31, 2026	February 28, 2026
Phase VII: Full Implementation (staged)	I: Full scale deployment and completion of DTI	May 31, 2026	December 31, 2027

Stakeholders

Intra-Departmental	Lab & Neuro Program, DI Program, NHSF Program, Sleep/Pulmonary/PAPT Program, Program and Standards Coordination areas
Extra-departmental	Corporate Services; Information Management
External to the Organization	Contracted Assessors (Assessors, Assessment Coordinators, Physician Assessors)

Project Team, Roles, and Responsibilities

Project Team	Role	Responsibility
TBC	TBC	TBC

Resource Needs

Resource Needs			
Internal Support		Program staff, Program Coordinator; Standards Coordinator; Director, Assistant Registrar, IT, CQI lead, REVU & Project Manager	
External Support		Software vendor liaison/development lead	
Prepared by:	Fizza Gilani	Date:	August 15, 2024

Rethinking MFAC Advisory Committees – Proposed Redesign

Purpose:

To recommend a strategic redesign of the MFAC Advisory Committee structure to streamline regulatory execution, address role drift and behavioural challenges, mitigate conflicts of interest, and strengthen governance – ensuring alignment with MFAC’s mandate.

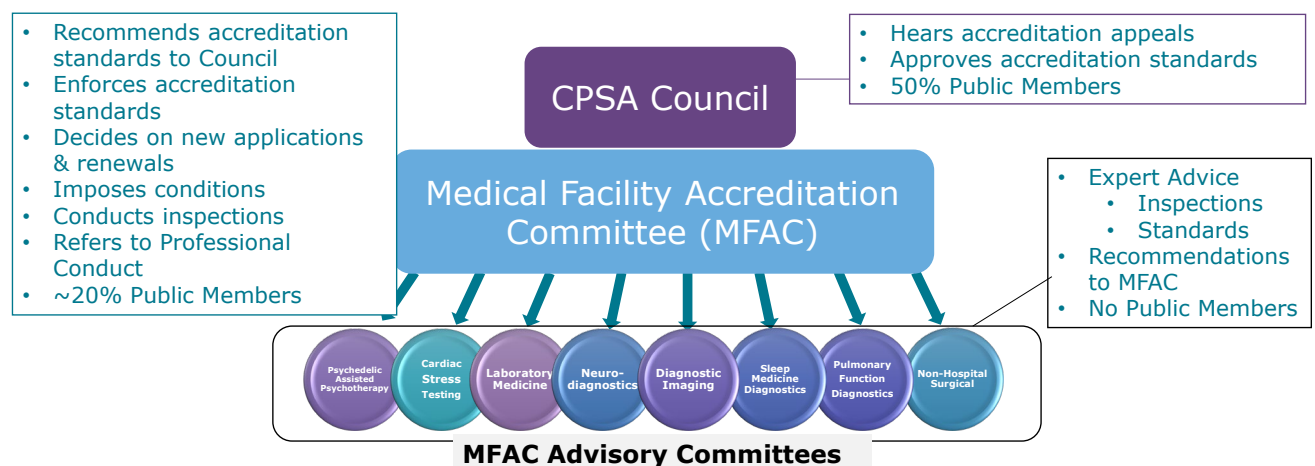
Background:

MFAC relies on advisory committees to support its statutory functions, including:

- Facility inspections oversight and interpretation
- Recommendations to Council on accreditation standards
- Recommendations to Council on prescribed health services in CPSA bylaws

The figure below shows the current committee structure within a hierarchical framework to deliver on MFAC responsibilities under the Health Professions Act Sch 21. Part 8 (Accreditation) and College bylaws.

Figure 1. Current Committee Structure & Roles



As of this year, MFAC meets quarterly with most advisory committees meeting 2-3 times per year except the Non-Hospital Surgical Facilities Advisory Committee (NHSF AC) that convenes up to four times annually. Individual meetings are typically 3-4 hours long.

Members are entitled to an honorarium of \$132/hour, with AC Chairs receiving \$170/hour. Most meetings are virtual, AC's meet in-person at least once per year where travel & accommodation costs additionally apply.

Each advisory committee (AC) is composed of experts representing various specialties, several of whom are accredited facility medical directors. Table 1 has a count of current members for each AC.

*Table 1. Current number of AC Members, Tenure range**

Advisory Committee (AC)	Members (n)	Tenure Range
Diagnostic Imaging	14	1- 18 yrs
Lab Medicine	7	1-13 yrs
Non-hospital Surgical Facilities	10	2 – 16 yrs
Psychedelic-Assisted Psychotherapy (inaugurated 2025)	6	Under 1 yr
Sleep Medicine Diagnostics	14	1-8 yrs
Pulmonary Function Diagnostics	8	1-12 yrs
Neurodiagnostics	0; recruiting	N/A
*AC term-limits (max. 6 yrs) introduced in 2023, to be applied prospectively.		

As part of the Accreditation Committees Optimization project, Accreditation staff conducted a strategic review of the MFAC Advisory Committee structure using a SWOT analysis in March 2024. While the review reaffirmed the value of technical expertise and diverse perspectives, it also identified pervasive issues. As a result, steps were taken to mitigate concerns: annual conflict of interest declarations were introduced for Advisory Committee (AC) members and AC Terms of Reference (TORs) were also reviewed and revised. The revised TOR were held back from MFAC approval to align with a broader governance review and bylaw updates underway at the time. The TORs are expected to proceed to MFAC at its next meeting; however, that alone may no longer be sufficient to address the acute challenges and concerns that have arisen in recent months.

Issues with current structure:

The current MFAC Advisory Committees have several issues that interfere with its ability to function effectively and deliver in alignment with its regulatory mandate. In broad themes, these include:

1. Design and structural issues that interfere with role clarity, effective decision-making and fulfilment of regulatory mandate

- Infrequency and inflexible meeting schedules of advisory committees and MFAC results in delays in legislated decision-making with respect to accreditation decisions. This may ultimately delay access to care for Albertans.
- A lack of written decisions with reasons to substantiate AC recommendations which makes the committee decision less intelligible, transparent and justifiable.
- With committees comprising of technical experts, it is not uncommon for members to assume the role of representatives for their discipline. This creates various issues including introducing an advocacy element to AC deliberations and, at times, complicating decision-making authorities between MFAC and the AC.
- Certain committees struggle to remain within intended role by misconstruing an oversight and operational role. Program staff have historically considered AC as having an oversight role for the programs, seeking and accepting operational direction. Over time, the role clarity for committees and dynamics between committee, staff and MFAC have become distorted.

2. Resource intensive nature with unclear strategic benefit and return on investment

- Convening AC meetings is expensive, both in terms of direct costs and indirect resource expenditure and staffing dedicated to year-round secretarial support. There is significant workload arising from supporting committee requests, dossier preparation and pre and post meeting activities. Individual programs support their related AC; department leadership participates with prep and attendance for all seven ACs. Despite these inputs, a commensurate return on investment is questionable; meetings can be unwieldy and creep into tangential discussions or matters that fall outside the committee's mandate.
- AC members, while experts in their discipline, are not typically well-versed in the knowledgebase of accreditation or health facility auditing. This gap interferes with the committees' ability to provide appropriate guidance and support, for instance, around the development of accreditation standards.

3. Deep-seated cultural issues contributing to counterproductive dynamics

- Entrenched groupthink stemming from discipline specific and long membership. This issue is confounded by challenges in committee recruitment given limited number of specialists for certain committees.

- Significant resistance to change, for instance, the shift away from direct privileging remains a concern within committees. Another recent example is the geographic restrictions on teleultrasound which was extensively considered over several years, yet the related AC continues to push back on the restriction's removal.
- Behavioral concerns, including breaches of confidentiality and unconstructive dynamics with a recent incident involving belligerent behavior (committee member since resigned). Committee chairs are not always able to redirect or intervene effectively to mitigate such behaviors. This results in decreased psychological safety at meetings, further erodes AC functionality and, at times, involves bullying of staff which CPSA is obligated to address as an Occupational Health and Safety requirement for employers.

4. Difficult to mitigate conflicts of interest which interferes with decision-making

- Many committee members are facility medical directors or have vested interests as members of a discipline. This offers advantages in gaining perspectives but comes with an inherent conflict of interest. Perceived and actual conflicts of interest undermine objectivity and decision-making.
- Lack of public representation within ACs leaves "self-interest" unchecked and is not allowing for a more rounded membership that can provide diverse views

Proposed Solution, Alternates & Analysis:

Based on essential functions two committees are proposed along with supporting ancillary resources:

Proposed redesign of MFAC's Advisory Committees & ancillary resources:

- 1. Accreditation Inspections Committee** – Focused on providing advice on technical interpretation of inspection findings and input on inspection policies and protocols. This committee could use reports from technical experts where additional content expertise was needed, for example making recommendations to MFAC regarding the minimum sizes of operating rooms for different surgical procedures, which needs to be based on knowledge of equipment used and staff numbers needed. This committee could also be used to provide advice to MFAC about the addition (or removal) of procedures on the Prescribed Health Services list.
- 2. Accreditation Standards Committee** – Responsible for reviewing quality standards used for accreditation that have been drafted by CPSA staff and providing advice

regarding these to MFAC. MFAC would remain responsible for making recommendations on accreditation standards to Council. This group would need some knowledge or experience of audit processes and the use of accreditation standards and might include interdisciplinary/nonphysician as well as public/nonmedical members.

Ancillary resources for topic & discipline specific advice:

- 1. Roster of Experts** – A diverse, dynamic roster of clinicians and specialists that can be engaged on an ad hoc basis to support emerging issues, specific case reviews, or short-term projects. This pool would form a community of practice and reduce dependence on fixed, formal committee structures.
- 2. Enhanced External Partnerships** – Strengthen collaborations with the University of Alberta School of Public Health and Canada's Drug Agency (CDA) to access academic and policy expertise.

To: Medical Facilities Accreditation Committee

From: Dr. Neelam Mahil, Ms. Fizza Gilani

Date: October 7, 2025

Subject: Update on NHSF Program Report Backlog and Decision-Making Framework

Purpose

This memo is to inform the NHSF Advisory Committee that a backlog has been identified in the Non-Hospital Surgical Facilities (NHSF) program, involving inspection reports that have not been issued to facilities, some dating back to 2021.

A structured review process has been initiated to address this backlog efficiently and transparently. The goal is to clear outstanding reports as quickly as possible while ensuring decisions remain fair, assess risk, and are aligned with CPSA's regulatory mandate.

Overview of the Situation

During our internal review to support program staff transition, we identified a number of facility inspection reports that are at various stages of completion. Many are simply waiting for a final review and issuance. Most of these involve minor findings that do not affect patient safety, staff safety, or compliance with core accreditation standards. In most situations, a provisional or in-review status was assigned to the facilities. None of the facilities have been unable to operate because of the delays identified. However, the administrative process is incomplete.

We are now reviewing each report individually under an expedited process that ensures decisions are evidence-based, well-documented, and applied consistently across facilities. Each file is being reviewed by a department team comprised of the Assistant Registrar, Director, and Senior Medical Advisor. NHSF Program Advisor and Accreditation Assistant.

Decision-Making Framework

To manage this efficiently, a color-coded triage system combined with a time-based filter has been introduced. This ensures fairness while accounting for the age of each file.

- **Step 1: Intake** – Each report is logged and checked to confirm readiness for review.
- **Step 2: Color Triage** –
 - **Green:** Fully compliant.
 - **Yellow:** Minor issues often already addressed elsewhere.
 - **Orange:** Moderate issues requiring follow-up but not urgent.
 - **Red:** Major risks or serious non-compliance, requiring committee review.

- **Step 3: Time Filter (i.e. date on site assessment was completed)** –
 - **2023–2025:** Findings remain current; full process applied.
 - **2022:** Findings reviewed for relevance; may carry forward to next accreditation cycle.
 - **2021:** Findings largely outdated; most will be closed, except where significant risk persists.
- **Step 4: Outcome** – Facilities are categorized as:
 - *Accreditation Granted* (Green/Yellow)
 - *Accreditation Not Granted – Outstanding Items* (Orange)
 - *Escalated for Committee Review* (Red)

Implementation

We will be notifying the affected facilities and outlining our modified processes. Most facilities from 2021 will have their fees waived, and their final accreditation reports will be shared for information only, to help them prepare for upcoming reassessments.

Facilities from later years may still need to respond to open citations. Staff will review these responses for adequacy and consult with NHSF AC or MFAC only when additional input is needed.

This process allows staff to remain nimble while ensuring the Advisory Committee's expertise is engaged where it adds the most value — on complex or higher-risk files.

Next Steps

- The Accreditation team will begin releasing backlogged reports on a rolling basis starting November 3, 2025
- A summary of outcomes and any escalated cases will be brought forward to NHSF AC for review and advice at upcoming meetings.
- All final accreditation decisions will proceed to MFAC for approval through the usual consent agenda process. All reports will be available to committee members through the MFAC SharePoint site.

This approach demonstrates good governance and accountability — acknowledging a process lapse, applying a structured remedy, and maintaining transparency with our partners. We appreciate your continued support and engagement as we work to close the backlog efficiently and fairly.

Accreditation Initiatives Timelines (Q4 2025- Q1 2028)

Initiatives	Q4 2025 (Oct-Dec)	Q1 2026 (Jan-Mar)	Q2 2026 (Apr-Jun)	Q3 2026 (Jul-Sep)	Q4 2026 (Oct-Dec)	Q1 2027 (Jan-Mar)	Q2 2027 (Apr-Jun)	Q3 2027 (Jul-Sep)	Q4 2027 (Oct-Dec)	Q1 2028 (Jan-Mar)
Digital Transformation (DT) Key partners include: <ul style="list-style-type: none">ITCorporate ServicesCommunications	Working on Request for Proposal (RFP) and Project Manager (PM) hiring	RFP out & PM hired <div>Team doing Internal work to prep for transition</div>	Identify Vendor	Contract Vendor	<div>Work with Vendor to build system</div>				Soft Launch	GO LIVE (Phased roll out)
Standards Review Key partners include: <ul style="list-style-type: none">Accreditation TeamITCorporate ServicesCommunicationsStandard Of Practice (SOP) Program ManagerLegalOTRPM of DT	Contracting being completed Accreditation Standards Webpage goes live	<div>Review (Work being completed by vendor Ideally in 6 months)</div> <div>Recruitment of ADHOC committee members</div>			<div>Review/ Digest Internal drafts Implementation planning *Comms plan, including stakeholder consultation & socialization; planning</div>	<div><u>Rolling approvals of Standards through</u><ul style="list-style-type: none">MFACCouncilLegal review & External consultation All standards revision phases completed by Q3 2027</div>				Successful revision of all Accreditation standards
Committee restructuring Key partners include: <ul style="list-style-type: none">Accreditation TeamITCorporate ServicesCommunicationsSOP PMLegalOTRPM of DT	Legal review (Nov 18) Survey for MFAC Accreditation update to council (Dec 4) After Council: <ul style="list-style-type: none">Revise Conflict of interest declaration processInternal stakeholder updateInform Advisory Committees of changeUpdate MFAC and dates for MFAC of 2026	Expert Panel: <ul style="list-style-type: none">selection criteria and processCall for experts with Comms support New AC: <ul style="list-style-type: none">selection criteria and processcall for membersT.O.R for Advisory CommitteeWorkshop for MFAC meeting in first week of Feb	Develop expert roster (ongoing work) Finalize new AC membership Celebration of outgoing people	Dismantle old Advisory committee (Aug 31) New structure up and Running (Sep 1)	Council update					

Agenda Item Title: 5.3 Analytics, Innovation and Research (AIR) Department Overview

Meeting date: 12/4/2025

Submission to: Council

Submitted by: Ed Jess, Chief Innovation Officer

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 Analytics, Innovation and Research department was created in 2019. This presentation aims to provide background on the department, key functions and to showcase some ongoing projects and initiatives that contribute to the CPSA's organizational strategy and mandate.

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 presentation will demonstrate some of the department's work related to patient safety, physician competence and proactive regulation.

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

Agenda Item Title: 6.1.1 Governance Committee - Bylaw Revision - Prescribed Health Services

Meeting date: 12/4/2025

Submission to: Council

Submitted by: Governance Committee

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 review the due diligence process followed in considering the addition of procedures to the list of prescribed health services in the CPSA Bylaws and approve the request as presented.

Background:

Provide all situational context and any historical background.

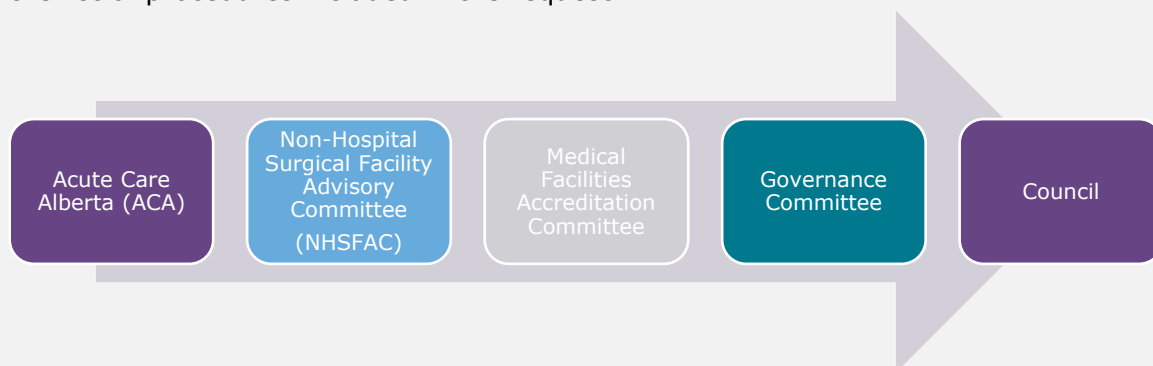
CPSA's Authority over Prescribed Health Services

CPSA is granted authority under Section 8(g) of Schedule 21 of the *Health Professions Act* (HPA) to maintain a list of prescribed health services within its Bylaws.

A prescribed health service is a medical procedure that is not suitable to be performed in a physician's general office (e.g., medical clinic) due to the risks associated with the procedure. These procedures must instead be performed in a CPSA-accredited facility, such as a Non-Hospital Surgical Facility (NHSF) or a Chartered Surgical Facility (CSF).

To be eligible for performance in these facilities, such procedures must be listed under the Prescribed Health Services section of the CPSA Bylaws.

A request was submitted in 2025 to add procedures to the list of prescribed health services, following the established review process through the relevant review bodies. Attachment 1 provides an overview of the review process, and Attachment 2 outlines the list of procedures included in the request.



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.

Adding or removing a procedure from the Prescribed Health Services list directly affects where the procedure can be performed, the level of oversight required, and patients' access to the service. With Council's approval, it is anticipated that patients will experience improved access to these procedures, thereby supporting better overall health outcomes.

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.

A specific equity assessment was not conducted as part of this review.

Next Steps:

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

If the changes are approved by Council, the following steps would be pursued:

- Incorporate the newly approved procedures into the Prescribed Health Services section of the CPSA Bylaws.
- Ensure the revised Bylaws are posted to the CPSA website.
- Communicate the approved changes to CPSA departments, as well as affected facility operators and relevant external partners (e.g., Alberta Health, Acute Care Alberta).

Supporting Documents

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

1. [Prescribed Health Services Review Process](#)
2. [Prescribed Health Services Request List](#)

Prescribed Health Services Review Process

Review Body	Governance Role and Responsibility	Review Process
Acute Care Alberta	The new provincial health agency responsible for overseeing the governance and coordination of acute care services across Alberta	ACA indicated its intent to shift several procedures from hospital settings to NHSFs and CSFs, to improve patient access and reduce wait times for surgical services. ACA approached the NHSFAC with a request to add these procedures to the Prescribed Health Services list.
Non-Hospital Surgical Facility Advisory Committee	CPSA Advisory Committee that oversees the Non-Hospital Surgical Facilities program. They are responsible for providing advice to MFAC on pending decisions relating to the provision of services in non-hospital surgical facilities.	The Committee reviewed the requested list of procedures and recommended all for approval to MFAC.
Medical Facilities Accreditation Committee	CPSA Statutory Committee that oversees the work of CPSA's advisory committees and advises Council on policy. They are responsible for advising Council on procedures to be identified as prescribed health services under the CPSA Bylaws. These recommendations are made with consideration for risk, patient safety, and expert understanding of medical modalities.	As part of its review, the Committee supported the inclusion of all proposed procedures except three, for which it requested additional information before making a recommendation to Council. These procedures have therefore been removed from the list presented to Council.
Governance Committee	CPSA Council Standing Committee responsible for reviewing and recommending updates to the CPSA Bylaws to ensure alignment with other legislation, relevance to current practice and clarity.	The Governance Committee reviewed the list and was assured that all procedures had undergone appropriate vetting prior to this stage, and that quality management remains a core component of the accreditation standards for CPSA's non-hospital surgical facilities.

		<p>The Committee also received confirmation that the proposed procedures would not be performed on pediatric patients, as NHSFs are not permitted to conduct procedures on individuals 18 years of age or younger.</p> <p>The Committee agreed that the procedures proposed were day procedures involving small incisions and scopes that could appropriately be transitioned from the hospital setting.</p> <p>Due to the timing of the Governance Committee and MFAC meetings, the Governance Committee reviewed the list in advance and provided its support through an e-vote.</p>
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The Governance Committee recommends the addition of the following procedures to the Prescribed Health Services List in the CPSA Bylaws:

Orthopedic Procedure Inclusion (to be added to “OTHER” category):

1. Excision Trapezium
2. Suspensionplasty

Gynecology Procedure Inclusion:

1. Hysteroscopy – diagnostic
2. Hysteroscopic minor adhesiolysis
3. Hysteroscopic removal of polyps and FIGO 0–1 fibroids¹
4. Labial cysts / Hypertrophic labia / Labial or vulvar lesions
5. Vulvar procedures – biopsy and/or limited large excision
6. Cervix colposcopy
7. Cervix cone biopsy
8. Endometrial ablation surgery/procedure²
9. Endometrial evaluation (biopsy; hysteroscopy diagnostic or therapeutic)
10. Examination under anesthetic
11. Laser for cervix/vagina/vulva
12. Uterus/cervix IUCD insertion/removal
13. Vaginal foreign body removal

General Surgery Inclusion:

1. Reconstruction, breast, with breast implant insertion
2. Reconstruction, breast, with breast implant insertion, bilateral
3. Reconstruction, breast, with tissue expander
4. Reconstruction, breast, with tissue expander insertion, bilateral

¹ ultrasound within the last year and size ≤ 6 cm

² global ablation and resection ablation with appropriate fluid management system

5. Revision, reconstruction, breast
6. Fistulectomy, anal, with seton stitch placement
7. Fistulotomy, anal
8. Fistulectomy, anal
9. Ligation, fistula tract, intersphincteric
10. Fistulectomy, anus or rectum, with closure using rectal advancement flap
11. Fistulotomy, anal, with seton stitch placement

Retinal procedure Inclusion:

1. Epiretinal Membrane Peel (ERM)
2. Pneumatic Retinopexy (PR)

Agenda Item Title: 6.1.2 Governance Committee - Council Nominations and Elections Outcome

Meeting date: 12/4/2025

Submission to: Council

Submitted by: Governance Committee

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.

Background

In 2022, CPSA engaged governance consultant John Dinner to review Council governance practices. One key recommendation was to implement a competency-based model for selecting Council members. Council approved the plan, and in 2023–2024, a new Nominations Committee model was developed to combine competency vetting with regulated member elections.

Feedback from regulated members highlighted concerns about transparency, potential bias in defining competencies, and the risk of reducing diversity and independent perspectives. Council approved the new model in March 2024, with implementation targeted for the 2026 Council, and a commitment to transparency, with support from an external consultant with expertise in this Board composition and recruitment.

Third-Party Engagement

Following a competitive process, MNP LLP was selected to

- Develop Council competency tools and a matrix.
- Conduct a gap analysis of current Council competencies.
- Create a recruitment plan and manage the 2025 nominations process.

MNP developed the tools and matrix and through their gap analysis, identified key competencies for future Council members, emphasizing resiliency, political acumen, technology, data management, and DEI/anti-racism.

Nomination and Recruitment Process

CPSA's communications plan used email communication, Messenger, social media, and video testimonials to promote the nominations and elections process, including the changes and requirements. The Governance Committee, acting in its capacity as the Nominations Committee, oversaw the 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.
- 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).
- Submit written responses to competency-based questions.

The [enhanced nomination and selection process](#) commenced with 18 applicants.

Following the comprehensive review process, the Governance (Nominations) Committee, supported by MNP, narrowed the pool to six candidates who advanced to the 2025 Council election. The detailed process outlining each stage of candidate review and selection is provided in Attachment [X].

Election

The 2025 election (Oct 2–30) featured six candidates competing for four regulated member seats. At the end of the election, voter turnout was 8.1% compared to 5% in 2024. Council ratified the election results via e-vote for the following four regulated members: Drs. Olumide Johnson Fatokun, Nkolika Anyabolu, Nkemakolam Obinna Eke and Doris Sturtevant.

Feedback and Continuous Improvement

The Committee met to reflect on the first implementation of this enhanced nomination and election process, discussing which aspects were effective and identifying opportunities for improvement or simplification. Before making formal recommendations to Council on future process enhancements, the Committee intends to gather feedback from those who participated in the 2025 nominations cycle. The Committee also expressed support for having the Nominations Committee formally constituted and in place for the 2026 cycle to carry forward this work.

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 had been taken throughout the process to minimize exclusionary practices. For example, candidates were not asked to submit photographs, as images are not required at the pre-screening or interview stages, ensuring fairness and minimizing potential bias during the selection process.

Next Steps:

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

Council is invited to provide their feedback on the process as presented by the Governance Committee.

Supporting Documents

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

1. [Candidate Review and Selection Process](#)



Council Nominations and Elections Outcome Candidate Review and Selection Process

The [enhanced nomination and selection process](#) commenced with 18 applicants. Following the comprehensive review process, the Governance (Nominations) Committee, supported by MNP, narrowed the pool to six candidates who advanced to the 2025 Council election. The process is outlined below.

Call for Nominations & Submission from Regulated Members

- Total applications received: 18
- Eligibility screening: Conducted internally by CPSA using CPSA bylaw criteria.
- Outcome: One applicant was deemed ineligible (not a CPSA regulated member), leaving 17 eligible candidates.

Comprehensive Review Process

1. Pre-Screening Stage

- MNP conducted pre-screening calls with all 17 eligible candidates.
- Purpose: confirm understanding of Council's time commitment, reasons for running, governance experience, and relevant competencies.
- Outcome: One candidate withdrew due to a new external board appointment, leaving 16 candidates who confirmed commitment to proceed.

2. Committee Review and Direction

The Committee met with MNP to review candidate profiles and determine how to reduce the number of candidates advancing to the election stage. Given historically low voter turnout, members agreed that presenting a smaller, more focused slate would be preferable to avoid vote dilution. The Committee also decided that written responses to competency-based questions would replace interviews, and that the established competency framework would guide the final selection process.

3. Written Competency Assessment

- MNP invited all 16 candidates to complete written responses to competency questions.
- Five candidates were removed at this stage with 11 candidate remaining:
 - One became ineligible after accepting CPSA employment.
 - One withdrew due to time constraints.
 - Three did not respond to follow-up communications or assessment questions.

4. Evaluation and Scoring

- The Nominations Committee assessed and rated each of the 11 submissions based on:
 - Demonstrated alignment with Council competencies.
 - Quality of written materials (cover letter, resume).
 - Relevance of experience and background to the Council role.
- Scoring: Out of 50 points, with results ranging from 33–43.
- Selection: The top six candidates (above the median) advanced to the election phase.

5. Final Vetting

- MNP conducted reference checks for the six selected candidates.
- The Committee confirmed and approved the final slate on September 11, 2025, for presentation to regulated members for election.

CPSA Elections for four regulated member positions

Agenda Item Title: 6.1.3 Nominations Committee 2026

Meeting date: 12/4/2025

Submission to: Council

Submitted by: Governance Committee

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 Terms of Reference for the Nominations Committee were approved by Council on December 5, 2024, to support the new nomination and election process. In 2025, the Governance Committee acted in the capacity of the Nominations Committee to implement and oversee this enhanced process for the first time.

Now that the initial cycle under the new framework has been completed, the Governance Committee recommends that the true Nominations Committee be formally established and begin functioning for the 2026 nomination and election cycle.

The CPSA Bylaws (September 2025) outline the mandate, scope, and authority of the Nominations Committee. While the Governance Committee is revising the Committee's Terms of Reference, its content will reflect the bylaw provisions.

According to the current Terms of Reference, the Nominations Committee must include **at least two members of Council** (one public member and one physician member) along with additional members as required to carry out its duties effectively.

Roles and Responsibilities of the Nominations Committee

Under Bylaws 4.2–4.15, the Nominations Committee is responsible for ensuring fair and transparent nomination and election processes for regulated member positions on Council. Its roles include:

1. **Policy Development:** Establish policies necessary to fulfill its mandate, including:
 - Administration of the nomination and election process.
 - Candidate evaluation and eligibility assessments.
 - Rules for casting and counting ballots.
 - Resolution of ties and disputes.
 - Announcement of selection results.
 - Safeguards against undue influence over selection outcomes.
2. **Candidate Evaluation**
 - Develop and apply policies and processes for assessing candidates against:
 - Eligibility criteria as set out in the bylaws.
 - Competency criteria established by Council policy.
 - Make final, non-appealable decisions on eligibility.
3. **Authority to Disqualify Candidates**
 - Disqualify candidates whose past behaviour may bring Council into disrepute, following Council-approved processes for determining disreputable conduct
4. **Acclamation Oversight**
 - Recommend acclamations to Council.
5. **Integrity and Transparency**
 - Ensure that all selection and election processes promote fairness, transparency, and public confidence in CPSA governance.

While the Committee provides oversight and policy recommendations, the Nominations Committee Secretariat performs administrative functions of the nominations and elections process, such as managing timelines, communications and logistics, operating the secure electronic voting system and maintaining records of nominations and ballots.

Initial Tasks for the Nominations Committee (2026 Cycle)

The Nominations Committee's initial work in 2026 will include:

1. **Feedback Review:** Review the feedback from 2025 candidates to identify lessons learned and opportunities to improve the nomination and election process for 2026.
2. **Finalizing and Implementing Policies:** Review and endorse detailed nomination, evaluation, and election procedures.
3. **Launching the Call for Nominations:** Oversee the annual call for nominations (no later than May 30).
4. **Candidate Review and Qualification:** Assess nominations for eligibility and competency alignment.

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 Nominations Committee helps to ensure that Council is composed of individuals who reflect the competencies and diversity needed to make fair and balanced regulatory decisions in the public interest.

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.

Council Representation

- Council members are invited to volunteer to serve on the Nominations Committee, with consideration for members who demonstrate competencies and attributes such as integrity, accountability, strategic and inclusionary leadership, excellent judgment, effective communication and human resource management as a technical competency.
- Interested members are asked to advise the Governance Committee Chair or the Secretariat following this meeting.

Terms of Reference

- The Governance Committee will bring forward the final Terms of Reference for approval, ensuring alignment with the CPSA Bylaws.

Agenda Item Title: 6.2.1 Executive Committee - Council Performance Measurement Framework

Meeting date: 12/4/2025

Submission to: Council

Submitted by: Executive Committee

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 the draft Performance Measurement Framework to support the monitoring of Council's performance, including quarterly reviews by the Executive Committee and an annual review by Council.

Background:

Provide all situational context and any historical background.

Origin & Development of the Performance Measurement Framework

Development of a Council Performance Measurement Framework originated from a recommendation made in the 2022 Governance Review. The review found that "CPSA has had challenges determining how to measure its success in terms of the positive impact on patient safety and other relevant metrics. Measuring governance outcomes (i.e., the contribution the Council makes to the success of CPSA in delivering on its

mandate and the value Council brings and adds to the organization) was equally elusive” (Governance Review Final Report, John Dinner). Therefore, it was recommended that Council measures its performance and contribution largely through the lens of governance outcomes and the unique contributions it makes to:

- Achievement of CPSA’s mission to protect the public and ensure trust by guiding the medical profession.
- Stewarding CPSA’s resources to ensure its viability and sustainability.
- Fostering Albertan’s trust and confidence in the province’s medical profession.

Appendix 1 outlines the development process for the draft framework.

Utilization of the Framework within Council’s Existing Governance Activities

Council indicated that this framework should be an in-camera discussion item.

The Executive Committee further recommended that the framework be reviewed quarterly at each Executive Committee meeting and then presented to Council annually at the first meeting of the year, providing a retrospective view of the previous year’s performance.

At the end of each year, Council members provide feedback on overall Council effectiveness through the Council Effectiveness Survey, which explores governance areas such as teamwork, group learning, and informed decision-making. After each Council meeting, members also complete a meeting feedback survey. Both tools offer self-reported insights and are reviewed by the Executive Committee. However, a gap remains in assessing Council’s performance in areas it is mandated to oversee under legislation, bylaws, or recommended by governance best practice.

Therefore, all these tools form a robust foundation for ongoing Council evaluation and accountability and are expected to address the gap identified in the governance review.

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 Council becomes more comfortable monitoring its own performance, particularly in areas mandated by legislation and guided by governance best practices, it strengthens its ability to demonstrate accountability and evidence that it is governing in the public’s best interest.

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.

If the framework is approved by Council, the following next steps will be pursued:

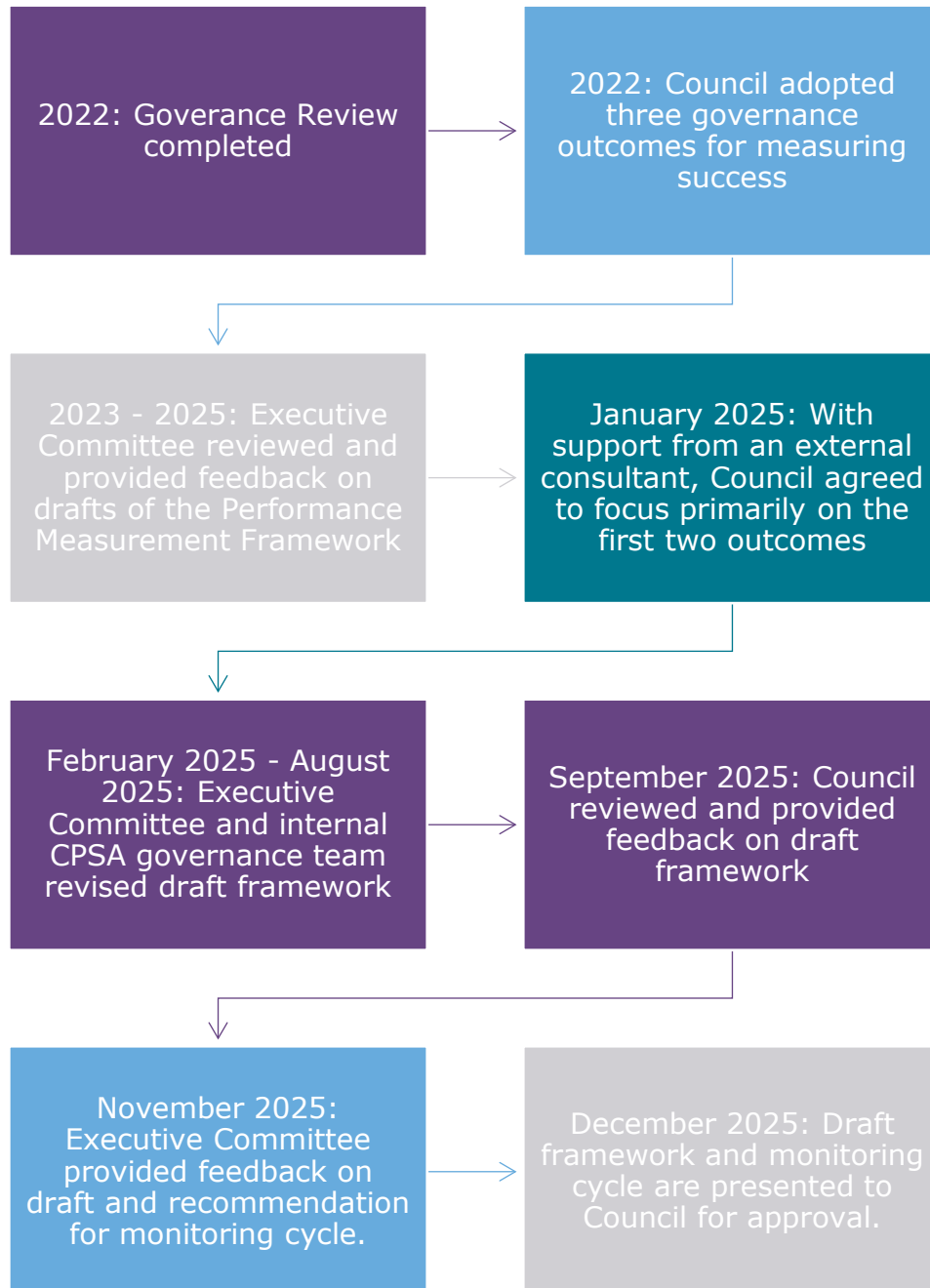
- Incorporate any final edits or clarifications from Council discussion.
- Add quarterly review of Council performance as a standing item on the Executive Committee agenda, beginning in 2026.
- Include an annual retrospective review on the agenda for the first Council meeting of each year, beginning in 2027.

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](#)

Appendix 1: Chart showing Development of 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 Registrar & CEO, in accordance with Council policy	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 receives views media monitoring to gauge public sentiment	Media Analytics Report	Council receives report every quarter Report is shared with Council every quarter	Report is shared with Council every quarter Council receives report every quarter	Quarterly	The report is shared quarterly with Council Council receives the report quarterly, 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	Council receives annual Committee report Report is shared with Council annually	Report is shared with Council annually Council receives annual Committee report	Annually	This is a recurring annual agenda item for the Governance Committee to bring forward to Council.

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Commented [KM1]: Removal of 'survey' as Council/Executive Committee might decide to collect feedback through other mechanisms.

Outcome	Measure	Data Source	Baseline	Target	Frequency of Data Collection	Current Monitoring Practice
	Council fulfills their appeal role (when required) and debriefs after the appeal	Completion of Appeal Education orientation video	All new Council members complete education within first yearTBD	All Council members have completed the training.	TBD by Executive Committee Quarterly	Records of education completion could be maintained and reported.
	Council's responsiveness to appeal participation reflects shared responsibility for the appeal role.	Rate of Responsiveness to Appeal Participation	TBD—presently many requests go unansweredSome Council members reply yes/no to all participation requests	All Councillors reply with yes/no to all participation requests	TBD by Executive Committee Quarterly	This information is currently collected for other purposes and can readily be leveraged to inform a report.
	Council fulfills its legislated obligations with regards to appeal timelines.	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 lease 90% of the time	Decisions are delivered in appropriate timelines at least 90% of the time	TBD by Executive Committee Annually	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	Draft mMinutes published on website after every Council meeting	Draft mMinutes published on website two weeks after every Council meeting	Quarterly	Minutes are consistently posted on the website by the Council Secretariat.
	Council receives updates on government relations	GR Consultant or Registrar	Council receives updates quarterly	Council receives updates quarterly	Quarterly	There is no current monitoring practice in place.
Stewarding CPSA'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.

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Commented [KM2]: This measure was added as a result of feedback received from Council in September 2025.

Outcome	Measure	Data Source	Baseline	Target	Frequency of Data Collection	Current Monitoring Practice
	Percentage of Council decisions that are marked complete within the designated timelines. Council demonstrates oversight by regularly reviewing and monitoring meeting action items.	Council Action Item Tracker	Meeting action items are presented to the Executive Committee at each meeting for review and discussion, and to Council annually. N/A—percentage is not tracked	80–100% marked completed Meeting action items are presented to the Executive Committee at each meeting for review and discussion, to Council annually.	Quarterly and annually	The tracker is reviewed and monitored at every Executive Committee meeting.
	Council demonstrates effective utilization of the professional development funds allocated in the annual budget. Use of Council's professional development funds	Council Professional Development Funds Tracker	3020% of the professional development budget for Council members was utilized in the previous year. Council members used PD funds	70–100% of Council members use PD funds the professional development budget for Council members was utilized in the previous year	Annually	Tracked internally by CPSA 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.

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Commented [KM3]: The previous measure emphasized the completion of actions as a measure of success. However, completion alone does not necessarily indicate effective governance. Some actions may remain open due to evolving priorities, emerging information, or the need for improved tools and approaches. The revised measure better reflects Council's role in ongoing oversight and accountability.

Commented [KM4]: With the revised baseline/target, 30% is a more accurate reflection of the amount used.

Commented [KM5]: The original measure tracked the number of Council members who accessed professional development funds, which reflected participation rather than financial stewardship. The revised measure focuses on how effectively the allocated funds are used, aligning more directly with Council's responsibility to ensure CPSA's resources are managed wisely.

Outcome	Measure	Data Source	Baseline	Target	Frequency of Data Collection	Current Monitoring Practice
	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.

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Agenda Item Title: 6.2.2 Executive Committee - Council Action Tracker Review

Meeting date: 12/4/2025

Submission to: Council

Submitted by: Executive Committee

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 Council Action Tracker is maintained by the Office of the Registrar to monitor progress on decisions and actions arising from Council meetings. It is reviewed quarterly by the Executive Committee and presented annually to Council at its December meeting.

Completed actions throughout 2025 centered on the following areas:

- Bylaw revisions and policy updates
- Governance review implementation
- Support for simplified registration processes
- Support for accreditation and quality assurance in accredited facilities
- Enhanced partnerships
- Improvements in Council's culture and performance
- Communication and transparency with the public

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 report supports CPSA’s mandate to protect and serve the public interest by ensuring Council decisions are actioned in a timely, transparent, and accountable manner, which impact Albertans and 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.

While this report is administrative in nature, several tracked actions (e.g., renewal of the CPSA Position Statement on Racism and Discrimination, engagement with Indigenous partners) directly support CPSA’s commitment to anti-racism, anti-discrimination and equity.

Next Steps:

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

Council is invited to ask any questions or provide feedback on the Action Tracker. Quarterly reviews of the tracker will continue throughout 2026, with ongoing monitoring of the items being carried forward. The next annual update will be presented to Council at its December 2026 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 Action Tracker |
|---|

2024 CPSA COUNCIL
Meeting Action Items and Follow Up

COUNCIL ACTION TRACKER

TABLE 1: ACTIVE ACTION ITEMS - UPDATED - November 2025

The Council Action Items and Follow-Up List is used by the CPSA Team to track Council action items, and ensure they are completed. The List is intended to be high level actions only. The Executive Committee reviews the List at **quarterly meetings**, and the information is used to develop the upcoming Council Meeting Agenda. The List will be shared with Council **annually, at its December meeting**.

Action Items completed during the current year are in TABLE 2. The tracker showing completed action items from previous years is kept as a record by the Office of the Registrar.

Meeting	Agenda Item	Action(s)	Responsible	Related	Timeline	Additional Notes
May 2025	6.2.3 Change the timing of the annual renewal for physicians, physician assistants and professional corporations	Revise annual renewal date in the CPSA bylaws	Tracy/Michael/Kerry-Ann	Governance Committee	May 2026	The intended change will not take effect until 2027; therefore, the bylaw amendment will be brought forward to Council closer to that time.
May 2025	5.3 Accreditation - Diagnostic Imaging Accreditation Standards - Teleradiology Ultrasound	Study and monitor the impact of the change from 25km to 0km for the teleradiology ultrasound standard	Jerry/Fizza/Ed	MFAC	To be determined	The Accreditation and AIR team will collaborate on this work for future reporting to Council.
May 2024	6.3.2 CPSA Position Statement on Racism and Discrimination	Renew the Position Statement - draft for ARAD review/refinement	Michael N	ARAD	December 2026	ARAD is focussed on this work. To engage with the Indigenous Advisory Circle in an appropriate way, the work will need to continue into 2026.
Mar 2024	6.1.3 Finance and Audit Terms of Reference	Have the FAC TOR on the FAC and GC agendas for the coming year, with items raised at March 2024 Council to be considered.	Tracy/Michael/Kerry-Ann	FAC, GC	May 2026	FAC continues to work on the revision of the TOR and will bring forward to the Governance Committee once the work is completed.

TABLE 2: COMPLETED ACTIONS

May 2025	5.3 Accreditation - Diagnostic Imaging Accreditation Standards - Teleradiology Ultrasound	Review the structure and membership of MFAC Advisory Committees to ensure alignment with CPSA's mandate and optimize their role in supporting regulatory objectives as set out in the Health Professions Act	Jerry/Fizza/Dawn	MFAC	December 2025	Completed; this is being presented at the December 2025 Council meeting.
May 2025	5.2 Office of the Registrar - CPSA G4 Partnership	Prepare for partnership commitment signing and co-create action plan with G4 Health	Michael/Sondra	N/A	December 2025	Completed; the signing was held in October 2025.
May 2025	5.3 Accreditation - Diagnostic Imaging Accreditation Standards - Teleradiology Ultrasound	Update version 4 of the standards to remove the 25km rule for teleradiology ultrasound	Jerry/Fizza	MFAC	TBD	Completed - Standard was updated in July 2025 with publication of this change on July 11, 2025
May 2025	Registrar's Report - US trained physicians	Inform Council when CPSA publicizes changes for pathway for US trained physicians in Alberta	Michael/Andrea	N/A	June 2025	Completed
May 2025	3.2.3.1 Registration Policies	Remove the rescinded policies from the CPSA website: Practice Readiness Assessment (PRA) Policy, Summative Assessment Policy, and the Provisional Register Transfer to General Register Policy.	Kerry-Ann/Andrea	N/A	June 2025	Completed
May 2025	3.2.3.2 Executive Elections	Post the revised Executive Elections Policy on the CPSA website	Kerry-Ann/Andrea	N/A	June 2025	Completed
May 2025	3.2.3.3 Council Policy Statement and Guidance on Prevention of Spread of COVID-19 in CPSA's Workplace	Remove the retired policy statement from the CPSA website	Kerry-Ann/Andrea	N/A	June 2025	Completed
May 2025	3.2.3.4 Delegation of Authority to Appoint Inspectors	Post the revised Delegation of Authority policy on the CPSA website	Kerry-Ann/Andrea	N/A	June 2025	Completed
May 2025	6.1.3 Bylaw Revisions - Accreditation	Revise the CPSA Bylaws with changes to the prescribed health services list	Kerry-Ann	N/A	June 2025	Completed; Bylaws were revised and are posted on the CPSA website
March 2025	KPI Dashboard	Provide clear descriptors to support the understanding and interpretation of target percentages for sub-metrics within the dashboard	Ed	N/A	May 2025	Completed; revisions were in the updated KPI dashboard shared at the May Council meeting
Dec 2023	6.5.1 Diagnostic Imaging Accreditation Standards: Teleradiology revision update	Have a 3rd party conduct a review and submit a report on the revised standards, for Council to review in one year.	Jerry/Fizza	MFAC	May 2025	Completed; third party reports were shared with Council at the May 2025 meeting.

2024 CPSA COUNCIL

Meeting Action Items and Follow Up

March 2025	KPI Dashboard	Send survey to Council via email to gather their feedback on the KPI Dashboard and any improvements that can be made	Ed	N/A	April 2025	Completed; survey sent and results were used to inform a revision of the KPI Dashboard
March 2025	Presentation of Revision of Bylaws	Share comparative tables showing discussions on bylaws that took place at the Committee level with Council by email.	Michael N/Kerry-Ann	Ad Hoc Bylaw Review Project Committee	March 2025	Completed; table shared with Council via email in April 2025
March 2025	CPSA Partnership Agreement with G4 Health	Clarify the nature of the partnership or relationship between CPSA & G4 Health, G4's expectations of CPSA and recommend options for how Council will be accountable for this agreement	Michael N	N/A	May 2025	Completed; agenda item was brought to May 2025 and approved by Council
Dec 2024	5.2 Registrar's Report - Commendation for Regulated Members	Create an opportunity for regulated members to commend their colleagues by revising the form on the public tab of our website which should read "Commend a Physician"	Michael N/Andrea	N/A	March 2025	Completed
May 2024	6.2.1 2024 Council Learning Plan	Implement the 2024 Council Learning Plan	Michael N/Kerry-Ann	Governance Committee	December 2024	Aspects of the Council Learning Plan for 2024 were completed; aspects will be transferred to the 2025 Council Learning Plan
May 2024	IC1.4 Council Culture: Agreement and Council Coin	CPSA team to develop options for the design of the coin.	Michael N/Andrea		December 31, 2024	Coins developed and distributed at the 2025 Council Retreat
March 2024	6.4.2 Path to Truth and Reconciliation	Develop detailed and costed path to Truth and Reconciliation	Michael N/Sondra	Indigenous Advisory Circle	September 2024 Council Meeting	Updates have been given at every meeting in 2024; thus this will be removed from the tracking sheet to become a standing item on the agenda, as a departmental update from the Office of the Registrar.
Dec 2023	5.2.1 Update: Sponsorship Model	Biannual reports on the Sponsorship model to Council	Michael C		May and December Council meetings	Updates have been given at the May and December meeting; this action item has been moved into the Council's workplan for 2025 and is being removed from the tracker
Sept 2023	4.2 Registrar's Report - CPSA Approved Services	Upon implementing the removal of "CPSA-approved services" from systems and the CPSA website, explore if there is a possibility of adding a field such as: "with a special interest in ..."	Michael N/Jim/Andrea		31/12/2024	Website was updated and the field for special interest will not be added
Dec 2024	5.2 Registration	Provide information on the differentiation among Physician Assistants and Associate Physicians under the Public tab of the CPSA website to educate the public	Sayra	N/A	March 2025	Completed
Dec 2024	5.2 Registration	Provide an update on the status of physicians who have gone through our sponsorship program in the upcoming Registrar's Report	Scott/Sayra	N/A	March 2025	Completed; this was included in the Registrar's Report for the March 2025 Council meeting.
March 2024	4.2 Registrar's Report	Provide the distribution list that was used to announce the expanded sponsorship program to Council	Scott/Andrea		December 2024 Council meeting	Completed; this was included in the Registrar's Report for the March 2025 Council meeting.
March 2024	6.2.3 Governance Review Implementation: Regulated Member Council Member Selection	Build out the process for the new model, establish Nominations Committee for 2025.	Michael N/Kerry-Ann	GC	December 2024	No longer needed for the Action Item tracker; process is being monitored routinely by the Governance Committee
March 2025	CPSA's Response to Legislative Changes	Send modified response letter to Physicians & Albertans for Trans Health, under the Chair and Registrar's signature	Scott	N/A	March 2025	Completed

**Agenda Item Title: 6.3 Anti-Racism Anti-Discrimination Committee Meeting
Summary Report**

Meeting date: 12/4/2025

Submission to: Council

Submitted by: ARAD Committee Chair – Dr. Daisy Fung

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.

Committee 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.

Recent meetings

Since our last update in September, the Committee has been busy and productive - holding two, 90-minute virtual meetings.

- October 28, 2025
- November 18, 2025

October 28, 2025 Meeting

Topic #1: Updates to CPSA Position Statement on Racism and Discrimination and Discussion on a Potential Framework on Racism and Discrimination

The Committee provided guidance to inform the revisions to the Position Statement, outlining the urgency to revise the Position Statement while highlighting the foreseeable challenges in the process. The Committee supported the concept of a Framework on Racism and Discrimination and expressed interest in seeing a draft Framework to provide further feedback.

Topic #2: 2026 Committee Meeting Schedule

The Committee agreed to a proposed meeting schedule for 2026 which is comprised of bi-monthly, 2-hour long virtual meetings along with a 2-day in-person retreat in spring.

Topic #3: Membership Recruitment

The Committee provided guidance on the recruitment plan including feedback on an application form and the content of postings. The Committee highlighted the need to develop a process for the current members to reapply for the role at the end of their terms.

Topic #4: ARAD Committee Dashboard

The committee supported the proposed ARAD Committee Dashboard and suggested to develop a public facing dashboard in future.

November 18, 2025 Meeting

Topic #1: CPSA Position Statement on Racism and Discrimination and Framework on Racism and Discrimination

A framework concept was further discussed and the Committee provided input and feedback on the drafts. Advice was provided on how to strengthen the drafts as well as potential challenges in ensuring that the Committee sets manageable expectations.

Current Situational Context

ARAD's work is grounded in CPSA's mandate to act in the interest of, and protect the health of, all Albertans. With the announcement of Bill 13 (*Regulated Professions Neutrality Act*) we understand that CPSA Council will need to examine the function and purpose of the ARAD Committee going forward.

The ARAD Committee looks forward to continuing to advise Council on how to protect all Albertans in a manner that is onside with this new legislation. We propose a fulsome discussion for the March 2026 Council meeting to allow time for a legal and organizational analysis of the new legislation and its impact.

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: 6.4 Indigenous Advisory Circle

Meeting date: 12/4/2025

Submission to: Council

Submitted by: Indigenous Advisory Circle / Dr. Nicole Cardinal, 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

Background:

Provide all situational context and any historical background.

The Indigenous Advisory Circle met Nov. 14, 2025 to continue guiding the CPSA team on its Path to Truth and Reconciliation as well as discuss governance-related topics that included the Circle's membership and Terms of Reference.

The Path

Part of [CPSA's Path to Truth and Reconciliation](#) involves deepening the CPSA team's understanding of sources of wisdom like the Truth and Reconciliation Commission (TRC) Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples (UN Declaration). The Circle has advised the CPSA team to seek opportunities to hear from Indigenous leaders to help them better understand the connection between reconciliation and medical regulation.

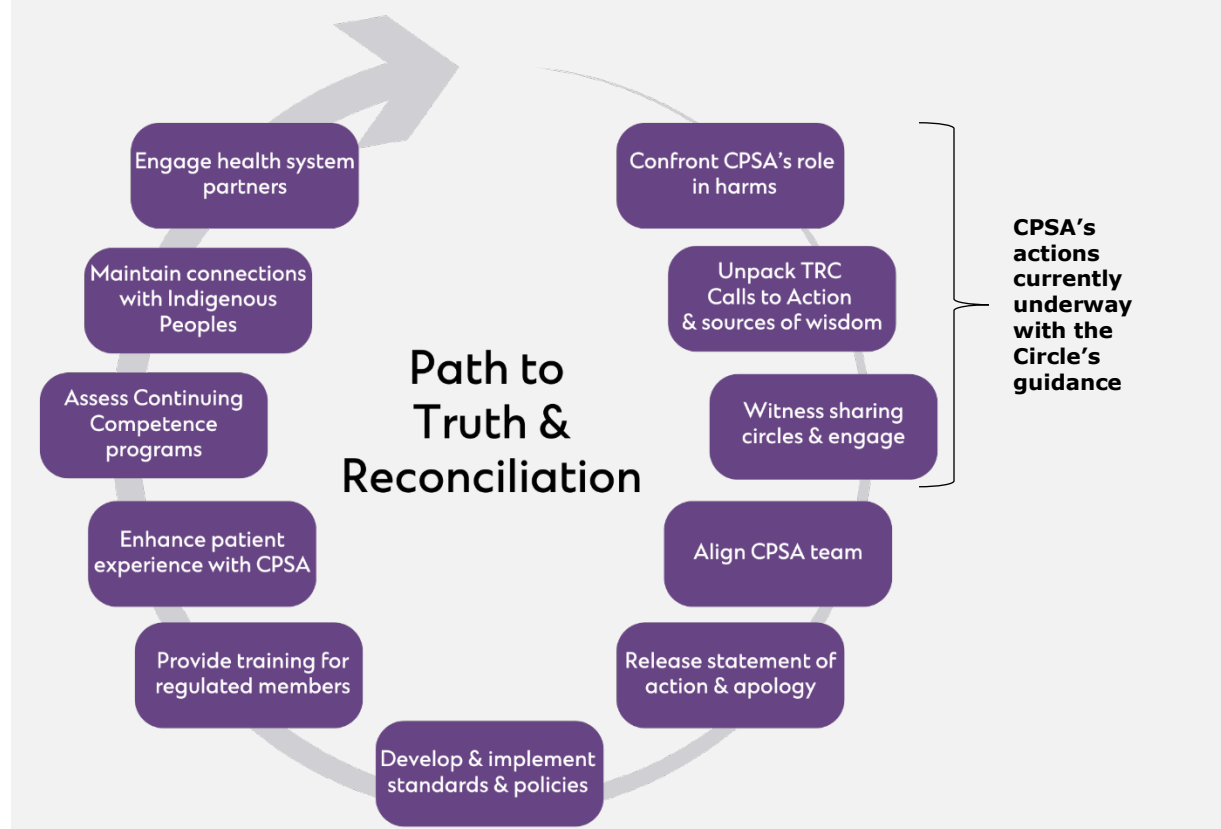
- On Nov. 3, CPSA was honoured to hold an information session with Dr. Chief Wilton Littlechild and Dr. Grandmother Doreen Spence to hear about their experiences working with Indigenous Peoples in Canada and across the globe to help shape foundational guidance like the TRC Calls to Action and the UN

Declaration. This was followed by a small sharing circle guided by Grandmother Doreen in the afternoon.

- Feedback from participants included that the session was profound, that team members were grateful for the opportunity to bear witness to the Indigenous leaders' stories, and that the session helped make a connection between the TRC/UN Declaration and the work of CPSA.

The Circle continued advising the CPSA team on its research work 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:

- To ensure the work focuses not only on the past but present realities
- To recognize the importance of oral history, and to seek that oral history from Elders and Knowledge Keepers in a culturally safe way
- To take a wholistic approach when listening to Elders and First Nations, Inuit and Métis people about their experiences—this moves beyond a strength-based and trauma-informed approach to recognizing the person's entire well-being in this type of cross-cultural communication



Terms of Reference

The Circle has guided the secretariat in several draft updates to the Terms of Reference (TORs), including:

- Addressing non-members attending Circle meetings
- Amending the non-voting membership representation to include an Anti-Racism Anti-Discrimination Committee Representative (to formalize the connection between the Circle and the ARAD Committee—Dr. Daisy Fung has been attending meetings since April 2024 to support collaboration)
- Adding two new membership roles:
 - Vice Chair to support the Chair and assist with succession planning
 - CPSA Council Liaison to support the Circle and CPSA Council connection (this role would be active in instances when neither the Chair nor Vice Chair is a CPSA Councillor)
- Adding language around Terms of Relational Engagement, membership terms and how membership terms may end

The Circle was generally supportive of updates and has requested additional time to finalize the Terms of Relational Engagement, which are intended to describe how members are reciprocally accountable to each other. We anticipate finalizing these in the new year, at which point we will submit them to Governance Committee and ultimately Council.

Membership

In the summer, members of the Circle were invited to share their interest in chairing the Circle. Two members raised their hands, and we are pleased to share that Tibetha Kemble (PdD) has accepted the role of Chair, and Margo Dodginghorse has accepted the role of Vice Chair. The timing of this decision means a report to Governance Committee and a formal notice to Council will come in the new year (along with the proposed updates to the TORs).

The Circle has also asked the secretariat to begin recruitment efforts to fill vacant positions. Recruitment postings have been made for:

- a second Elder to support Elder Dr. Grandmother Doreen Spence, and
- additional members (physician and public) to continue guiding CPSA on its Path to Truth and Reconciliation.

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: 6.5.1 Bylaw Review Project Committee - Draft CPSA Bylaws

Meeting date: 12/4/2025

Submission to: Ad Hoc Bylaw Review Project Committee

Submitted by: Council

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 review and approve the proposed revisions to the CPSA Bylaws, as presented by the Ad Hoc Bylaw Review Project Committee, effective December 12, 2025.

Background:

Provide all situational context and any historical background.

Council commissioned the Ad Hoc Bylaw Review Project Committee in March 2024 to provide input into how CPSA and the profession are governed through a comprehensive review and re-writing of the CPSA Bylaws. Once satisfied with the quality and completeness of the work, the Committee is responsible for recommending the proposed CPSA Bylaws to Council for approval.

Since its establishment, the Committee has provided regular updates to Council on the progress of its work. At the March 2025 Council meeting, the Committee reported that the bylaws would be brought forward in phases:

- Phase 1 was approved at that meeting, with an effective date in May 2025.
- Phase 2, originally planned for September, required additional development and is now being presented to Council at the December 2025 meeting. The version presented at this meeting represents the complete set of bylaws, incorporating the proposed changes developed through the Committee's review process.

Collaboration and Review

The Committee worked closely with the Office of the Registrar and internal CPSA teams throughout the drafting process. The bylaws underwent comprehensive legal review by Field Law LLP to ensure consistency, clarity, and compliance with relevant legislation and governance best practices.

In keeping with the current CPSA Bylaws, a notice of motion should be sent to all members of Council at least fourteen (14) days prior to the meeting. To support this work, the Committee has also opened the opportunity for a Bylaw Open House Session, one week before the Council meeting, to offer an opportunity for Council members to ask questions or seek clarification on the proposed revisions in advance of the formal discussion at the December meeting.

Phase 2 Bylaw Changes

This phase incorporates the following changes:

- Revised organization of Part 1 (Council and Organizations) into sections for easier referencing.
- Revisions to bylaws within the following sections:
 - Council and Organization
 - Registers and Registration of Regulated Members
 - Communication with the Public
 - CPSA Accredited Programs
 - Appeals
- Addition of two new sections
 - Statutory Administration
 - Operations Administration

These changes are outlined in the Summary of Changes attachment, with the existing versus proposed bylaw and the rationale for the change.

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 bylaw review strengthens CPSA’s governance framework and supports transparent and effective decision-making by Council. These improvements enhance CPSA’s ability to serve and protect the public by promoting fairness, efficiency, and trust in our regulatory processes.

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 Council approves the proposed bylaws, the revised CPSA Bylaws will be posted on the CPSA website and the changes 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.

1. [Proposed CPSA Bylaws](#)
2. [Summary of Changes](#)
3. [Current CPSA Bylaws](#)



College of Physicians & Surgeons of Alberta

BYLAWS

Effective December 2025

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These bylaws have undergone revision as of December 2025. This current version reflects all updates and amendments implemented to date.

Definitions

Other than as specified in these bylaws, words and expressions defined in

- a. the *Health Professions Act* (HPA),
- b. the *Physicians, Surgeons, Osteopaths and Physician Assistants Profession Regulation*,
- c. the *Interpretation Act*, or
- d. an applicable statute of Alberta

have the same meanings when used in these bylaws. If a word has multiple meanings in different statutes, the meaning that is most relevant to the intent of the applicable bylaw should be used.

In these bylaws:

- a. "Adopted" means the coming into force of a bylaw, at which point it is legally enforceable.
- b. "Amended" means an alteration to an existing bylaw without repealing it in its entirety.
- c. "Chair" means the President, as per section 7 of the HPA (President),
- d. "College" and "CPSA" mean the College of Physicians and Surgeons of Alberta,
- e. "Council" means the governing council of CPSA,
- f. "HPA" mean the *Health Professions Act*,
- g. "Officials" means individuals named to an office identified in the HPA, or another named statute, and their delegates who act on their behalf using delegated statutory authority,
- h. "Non-statutory activities" are programs, services and operational functions of CPSA that are not required by legislation, but that support and enable CPSA to fulfill its statutory function,
- i. "Primary residence" means where the person typically resides using the same decision-making process as used by the Canada Revenue Agency (CRA),
- j. "Regulations" means the *Physicians, Surgeons, Osteopaths and Physician Assistants Profession Regulation*, and
- k. "Repealed" means the formal revocation of a bylaw, whereby it ceases to have force or effect.

Reference Aid

In these bylaws, the table of contents, section headers, and amendment notations are not part of the bylaws but are inserted for convenience of reference.

PART 1 – COUNCIL AND ORGANIZATION

SECTION A: COUNCIL

Composition of Council

Composition of the Council (Amended, May 2025)

- 1.1 The voting members of Council shall consist of:
 - a. seven (7) eligible regulated members selected in accordance with these bylaws, and
 - b. seven (7) public members appointed by the Lieutenant Governor in Council in accordance with the HPA.
- 1.2 The non-voting members of Council shall consist of:
 - a. the deans of the Faculties of Medicine from the University of Alberta and the University of Calgary (or designates),
 - b. a person appointed by the Professional Association of Resident Physicians of Alberta, and
 - c. a person appointed by either the University of Alberta's Medical Students' Association or the University of Calgary's Medical Students' Association.

Eligibility

Eligibility for Election (Amended, May 2025)

- 2.1 A regulated member on the General Register, the Provisional Register or the Limited Practice Register may be eligible for nomination for election to a regulated member vacancy on Council.
- 2.2 Notwithstanding bylaw 2.1, a regulated member is not eligible for nomination or election as a member of Council if the regulated member:
 - a. is serving as a director, officer, or senior employee of a professional association or labour union that represents members of a regulated health profession, or has served in such a capacity in such an organization within five (5) years of the anticipated start of their term on Council,
 - b. is elected to federal or provincial public office,
 - c. occupies an executive management position with the Government of Alberta or a health authority in the province of Alberta,
 - d. has failed to comply with any duly imposed requirement under the HPA in their capacity as Medical Director or as an owner or director of a medical clinic or facility,

- e. has failed to complete the requirements for registration renewal or has not complied with conditions placed upon their registration within the timeframe specified in the condition notice,
- f. has failed to complete the requirements of the Continuing Competence Program or has not complied with conditions placed upon their registration within the timeframe specified in the condition notice,
- g. is subject to a direction due to incapacity under the HPA or a similar enactment in any jurisdiction, unless the Nominations Committee determines that the person's incapacity does not make them ineligible to be a member of Council.
- h. has been found guilty by a hearing tribunal or has agreed that their conduct was unprofessional conduct under the HPA or a similar enactment in any jurisdiction, unless
 - i. at least three (3) years have passed since all conditions arising from the finding are resolved to the satisfaction of the appropriate authority, and
 - ii. the Nominations Committee determines that the person's conduct does not make them ineligible to be a member of Council,
- i. has ever been found guilty of unprofessional conduct related to sexual abuse, sexual misconduct or any sexual boundary violation at any time in any jurisdiction, including outside of Canada,
- j. has been found guilty of a criminal offense for which a pardon has not been granted, in any jurisdiction, unless the Nominations Committee determines that the person's conviction does not make them ineligible to be a member of Council,
- k. has worked more than twenty (20) hours per week, on average, as an employee or contractor for CPSA within the two (2) years preceding the anticipated start of their term on Council, unless they worked as a contracted assessor.
- l. has their primary residence outside of Alberta or practices primarily outside of Alberta, unless the arrangement is temporary with a foreseeable end date.

2.3 A person is eligible to be a non-voting member of Council unless that individual:

- a. is serving as a director, officer or senior employee of a professional association or labour union that represents members of a regulated health profession, or has served in such a capacity in such an organization within five (5) years of the anticipated start of their term on Council,

- b. is elected to federal or provincial public office,
- c. occupies an executive management position with the Government of Alberta or a health authority in the province of Alberta,
- d. has been found guilty of unprofessional conduct or has agreed that their conduct was unprofessional conduct under the HPA or a similar enactment in any jurisdiction, unless
 - i. at least three (3) years have passed since all conditions arising from the finding are resolved to the satisfaction of the appropriate authority, and
 - ii. the Nominations Committee determines that the person's conduct does not make them ineligible to be a member of Council,
- e. has been found guilty of a criminal offense for which a pardon has not been granted, in any jurisdiction, unless
 - i. at least three (3) years have passed since all conditions arising from the guilty verdict are resolved to the satisfaction of the appropriate authority, and
 - ii. the Nominations Committee determines that the person's conviction does not make them ineligible to be a member of Council.

Conduct of Council Members

(Adopted, May 2025)

- 3.1 Council members, when acting in their Council capacity, shall conduct themselves in accordance with the Council Code of Conduct.

Term of Office

(Adopted, May 2025)

- 4.1 The regular term of office for a voting regulated member of Council is three (3) years.
- 4.2 A voting regulated member of Council is eligible for a maximum of two (2) consecutive regular terms (total of six (6) years).
- 4.3 Council may authorize a leave of absence from Council duties for up to one (1) year in accordance with Council-approved policy.
- 4.4 A voting regulated member of Council may be re-appointed directly to a second, regular three (3)-year term at the conclusion of their first term, subject to any policies established by Council for making such an appointment.

- 4.5 A voting regulated member of Council who has served two (2) consecutive terms cannot be selected for a further term/term unless 365 days pass between the end of the second term and the start of any new term.
- 4.6 Each three (3)-year term for voting regulated members of Council who are regulated members shall start on January 1 and end three (3) years later on December 31.
- 4.7 The start of terms may be staggered so that, to the extent practicable, approximately one-third (1/3) of voting regulated member terms shall end in any given year.
 - a. Council may direct that terms for upcoming vacancies be shortened to one (1) or two (2) years if needed to achieve a more balanced term rotation, which candidates shall be so advised ahead of their selection to Council, and
 - b. the Nominations Committee shall establish policy for advising candidates of shortened terms when they exist and, if there are multiple vacancies of differing term lengths, for deciding which candidate is selected to which term.
- 4.8 Term of office for non-voting members of Council shall be determined by their term in office if they are a dean of a medical program, or their term of appointment, if they are appointed by an association of medical learners.
- 4.9 The terms of office for public members shall be in accordance with their appointment by the Lieutenant Governor in Council and the HPA.

Chair and Vice Chair

Officers of Council (Amended, May 2025)

- 5.1 In these bylaws, "Chair" means the President, as per section 7 of the HPA (President).
- 5.2 Council shall select from among the members of Council a Chair and Vice Chair, in accordance with Council policy.
- 5.3 The term of office for the Chair and Vice Chair shall be one (1) calendar year, starting January 1 and ending on December 31.
- 5.4 The Chair and Vice Chair may be re-selected by Council subject only to their term limits as a member of Council.
- 5.5 The Chair shall:
 - a. perform the duties required of the President, in accordance with, the HPA,

- b. chair Council meetings, except if the chair duties have been delegated to the Vice Chair or another member of Council for any reason,
 - c. be a spokesperson for Council to external parties, if needed, or delegate the role of spokesperson to another member of Council,
 - d. establish and maintain the reporting relationship and accountability of the Registrar to Council,
 - e. use discretion in speaking to motions, erring on the side of maintaining neutrality towards the motion except if another member of the Council who is able to maintain neutrality is asked to chair the remainder of the discussion leading to a vote, at which point the Chair may resume their chairing duties for subsequent topics, and
 - f. refrain from voting on Council motions except to cast the deciding vote on any matter before Council where there would otherwise be a tie vote.
- 5.6 If the Chair is temporarily absent or unable to act, or at the request of the Chair, the Vice Chair shall perform the duties and exercise the powers of the Chair.
- a. If the Chair and Vice Chair are both temporarily absent or unable to act, the third member of the Executive Committee shall perform the duties and exercise the powers of the Chair.
 - b. If all three (3) members of the Executive Committee are absent or unable to act, Council shall determine who shall perform the duties and exercise the powers of the Chair and shall indicate the time period for which they shall act in the role of Chair.

SECTION B: SELECTION OF COUNCIL MEMBERS

Filling Regulated Member Vacancies on Council

Vacancies on Council (Amended, May 2025)

- 6.1 When there is a current or anticipated deficiency in the number of regulated members on Council, the vacancy or vacancies shall be filled in accordance with these bylaws.

Nominations Committee

(Adopted, May 2025)

- 6.2 The Nominations Committee may establish policies sufficient for the purposes of fulfilling its mandate, which may include:
- a. processes for administering the nominations process,
 - b. evaluating candidates,

- c. rules for casting and counting ballots,
 - d. resolving ties and disputes,
 - e. announcing selection results, and
 - f. preventing undue influence by anyone over selection outcomes.
- 6.3 Policies established for evaluating candidates may include processes for assessing candidates against the eligibility criteria established in these bylaws and competency criteria established by Council in policy, if any.
- 6.4 The Nominations Committee has the ability to disqualify candidates who have exhibited past behaviour that may bring Council into disrepute.
- 6.5 The process for disqualification and definition of disreputable behaviour will be established in Council policy.

Nominations for Regulated Member Council Positions

(Adopted, May 2025)

- 6.6 A call for nominations will be circulated to regulated members when:
- a. the term of one (1) or more regulated members of Council will end in that year resulting in a vacancy, or
 - b. one (1) or more regulated members of Council resigns or is terminated, resulting in a vacancy before August 15.
- 6.7 Any regulated member on the General Register, the Provisional Register or the Limited Practice Register (whether a physician, surgeon, osteopath or physician assistant), may send nominations to the Nominations Committee.
- 6.8 Nominations must be endorsed by at least three (3) regulated members.
- 6.9 Nominated members must indicate their eligibility to be a regulated member of Council, as well as their intention to assume the duties and responsibilities of a Council member if selected.
- 6.10 The call for nominations:
- a. must be open for at least three (3) consecutive weeks, and
 - b. shall open after February 1 and close no later than May 30th.

Selection of Regulated Members of Council

(Adopted, May 2025)

- 6.11 The Nominations Committee shall evaluate the available nominations against the eligibility criteria established in these bylaws and other criteria established by Council in policy, if any.

- 6.12 Any regulated member who is considered ineligible for Council shall be provided notice, with reasons, and shall be given at least one (1) week to respond by withdrawing their candidacy or by presenting additional proof of their eligibility to the satisfaction of the Nominating Committee.
- 6.13 Any decision of eligibility made by the Nominations Committee is final and cannot be appealed.
- 6.14 After the evaluation process is complete,
- a. if the number of eligible candidates exceeds the number of vacancies, there shall be an election in accordance with these bylaws,
 - b. if the number of eligible candidates is equal to the number of vacancies, the candidates shall be acclaimed to Council in accordance with these bylaws, or
 - c. if the number of eligible candidates is less than the number of vacancies, the nominations process will be reopened for a further three (3) weeks.
- 6.15 If the initial number of eligible candidates changes before the polls close in an election or before an acclamation is declared by Council, the outcome prescribed by bylaw 6.14 shall be applied using the new number of candidates.

Electoral District (repealed, Dec. 2025)

Entitlement to Vote

- 7.1 A regulated member on the General Register, the Provisional Register or the Limited Practice Register, (whether a physician, surgeon, osteopath or physician assistant), who is in good standing, may vote in an election.

Election of Regulated Members

Election of Council (*Amended, May 2025*)
Election Procedure (*Amended, May 2025*)

- 8.1 When elections are held, the polls shall be open for a period of at least three (3) weeks and shall close no later than November 15th.
- 8.2 Voting shall be by a secure electronic process approved by the Nominations Committee.
- 8.3 Regulated members entitled to vote shall have one (1) vote for each vacancy on Council.
- 8.4 The candidate who receives the most votes will be named to fill the first vacancy on Council, the candidate who receives the second-most votes will be named to fill the second vacancy, and so on until all vacancies on Council are filled.

Acclamation of Regulated Members

(Adopted, May 2025)

- 9.1 When acclamations are prescribed by these bylaws, the Nominations Committee shall recommend that Council declare each candidate for each available vacancy selected by acclamation.

Unplanned Vacancies

(Adopted, May 2025)

- 10.1 When an unplanned vacancy or vacancies occur among regulated members of Council, Council may:
- a. leave the position vacant until the next scheduled election for regulated members of Council,
 - b. hold a by-election, in the same manner as an annual election, with all necessary modifications to time limits, deadlines and other necessary modifications as determined by the Registrar, or
 - c. appoint the regulated member-candidate who had the most votes of all the unsuccessful candidates in the last Council election, subject to such candidate satisfying the eligibility criteria and consenting to act as a regulated member on Council.
 - i. Should consent not be provided or the eligibility criteria not be satisfied, Council may then appoint the candidate with the next highest number of votes, subject to that nominee meeting the eligibility criteria and agreeing to act, and so on until a candidate is found for the vacant position.
- 10.2 The term of office of a regulated member appointed to Council under bylaw 10.1(c) or elected in a by-election under bylaw 10.1(b) expires when the term of office of the Council member whose vacancy has been filled would have expired.

SECTION C: REGISTRATION AND REMOVAL FROM COUNCIL

Resignation

(Adopted, May 2025)

- 11.1 A regulated member of Council may resign at any time by delivering a notice in writing to the Chair.
- 11.2 The resignation shall take effect immediately upon receipt of the notice or upon a date agreed upon by the Council member and the Chair.
- 11.3 If the member resigning is the Chair, the notice shall be provided to the Vice Chair.

Removal from Council

Removal of Council Members (*Amended, May 2025*)

- 11.4 If a member of Council no longer meets the criteria in bylaws 2 or consistently violates the Council Code of Conduct, Council may, by a two-thirds (2/3) majority vote:
- a. remove a voting regulated member of Council,
 - b. remove a non-voting member of Council, with or without seeking a candidate to replace them from the organization they came from, or
 - c. recommend to the Lieutenant Governor in Council that the appointment of a public member be rescinded.
- 11.5 A member of Council who is subject to a vote to be removed or suspended shall be given at least seven (7) days' notice before the vote is to take place and may make representation on their own behalf to Council before the vote is cast.
- 11.6 If a vote to remove a regulated member from Council passes, the Chair shall provide notice to the regulated member that their term has ended and shall declare a vacancy on Council effective on the date when the term ended.
- 11.7 If a vote to recommend removal of a public member from Council passes, Council may decide whether or not to suspend the person's:
- a. attendance at Council and committee meetings,
 - b. receipt of information intended for Council and committees, or
 - c. ability to access confidential materials reserved for Council
- until direction is received from the Minister of Health pertaining to the public member's status on Council.

Removal from Office

(*Adopted, May 2025*)

- 11.8 The Chair or Vice Chair may be removed from office by a two-thirds (2/3) majority vote of the Council.
- 11.9 A former Chair or Vice Chair, if removed from office in accordance with bylaw 5.8, shall remain on Council until the natural end of their term on Council unless they are removed by a separate vote or resign from Council in accordance with these bylaws.

SECTION D: MANAGEMENT AND CONDUCT OF COUNCIL AFFAIRS

Procedures for Council and Council Committee Meetings

Council Meetings (Amended, May 2025)

- 12.1 Council shall establish rules for Council and committee meetings in the form of policies and terms of reference, which address:
- a. the calling of meetings and the form of notices,
 - b. rules of order for the conduct of meetings, including quorum and the manner in which decisions shall be made and votes cast,
 - c. guidance for when meetings, or portions of meetings, or deliberations can or should be held in-camera, as well as rules for the conduct of meetings and reporting out when a decision is made in-camera,
 - d. virtual attendance, virtual meetings and electronic voting,
 - e. attendance by observers,
 - f. announcing upcoming meetings, the broadcasting and recording of same and public reporting if any,
 - g. the taking and keeping of minutes,
 - h. recording decisions, and
 - i. the selection of members to Council committees and of the appointment of members of Council to act as Committee Chair.
- 12.2 Rules for Council meetings shall seek to enhance the accountability and transparency of Council's activities without jeopardizing reasonable and prudent privacy, confidentiality and operational considerations.
- 12.3 Rules for Council meetings shall be available on the CPSA website.

Regular Council Meetings

(Adopted, May 2025)

- 12.4 A regular Council meeting is any meeting of Council for which at least ninety (90) days' notice is provided to members of Council but does not include special meetings or other meetings.
- 12.5 Council shall, at least four (4) times per year, conduct a regular Council meeting to effectively carry out its duties and powers under the HPA and these bylaws.
- 12.6 If Council changes the date, time or place of a regular Council meeting, it must provide at least one (1) weeks' notice of the change to each member of Council and anyone else who has indicated attendance.

- 12.7 Notwithstanding anything in this section, if a meeting time or location becomes unworkable due to unforeseen or emergent circumstances, best efforts will be made to communicate the change as soon as possible and find an alternative that is similar or proximate to the original time and/or location.
- 12.8 For the purpose of this section, a “virtual location” is equivalent to a physical location for a meeting.
- 12.9 A virtual location includes a meeting link, meeting ID number, a meeting application and anything else required to enable and attend a meeting using virtual technology.

Special Meetings of Council

(Adopted, May 2025)

- 12.10 A special meeting of Council is any meeting of Council for which the notice requirement of a regular meeting of these bylaws has not been met, including an emergency meeting.
- 12.11 Special meetings may be called by, or at the request of, the Chair or any three (3) members of Council.
- 12.12 Special meetings will be held at the CPSA offices unless the person(s) who call the special meeting designates an alternate place within the province and two-thirds (2/3) of the members of Council agree in writing to the location.
- 12.13 Notice of the time, date, agenda and location of a special meeting of Council shall be given to each member of Council not less than seven (7) days in advance of the meeting.
- 12.14 A special meeting may be held with less than seven (7) days’ notice if two-thirds (2/3) of the voting members of Council agree to this in writing or by vote before the beginning of the meeting.
- 12.15 Special meetings shall be reserved for addressing specific time-sensitive matters which should not wait for a regular Council meeting.
- 12.16 For the purpose of this section, a “virtual location” is equivalent to a physical location for a meeting.
- 12.17 A virtual location includes a meeting link, meeting ID number, a meeting application and anything else required to enable and attend a meeting using virtual technology.

Other Meetings

(Adopted, May 2025)

12.18 Council, or a subset of Council, may gather or meet for informal purposes to be determined from time to time, including, but not limited to, education, training, orientation, team building or discussion.

12.19 No decision of Council can be made at an “other” meeting, and no decision made at an “other” meeting of Council is binding on CPSA or any person.

Resolution in Writing

(Adopted, May 2025)

12.20 Notwithstanding bylaw 12.19, Council may make a decision by way of a Resolution in Writing outside of a Council meeting if the Resolution in Writing is duly made and passed in accordance with the applicable policy established by the Council for the making and recording of such resolutions.

12.21 A Resolution in Writing may only be proposed where a resolution, in the opinion of the Chair,

- a. will not require Council discussion, and
- b. is time-sensitive and must be determined prior to the next scheduled meeting of Council.

12.22 If any voting member of Council objects to determining a matter by way of a Resolution in Writing, a special meeting of Council shall be called to determine the matter, or the matter shall be postponed to a regular meeting of Council.

Quorum

(Adopted, May 2025)

12.23 Quorum for meetings of Council or Council Committees shall be one-half (1/2) of the current members of the Council or Committee. Where one-half (1/2) is not a whole number, quorum shall be taken as the whole number which is closest to and greater than one-half (1/2).

Head Office

13.1 The head office of CPSA is located in Edmonton, Alberta or at such other location as may be determined by the Council.

Council Committees

(Amended, May 2025)

14.1 Council may establish standing, priority or any other council committee through terms of reference.

14.2 The Standing Committees established by Council shall include, but are not limited to, the:

- a. Executive Committee,
- b. Governance Committee,
- c. Finance and Audit Committee, and
- d. Nominations Committee.

14.3 Council shall, with respect to any committee it establishes:

- a. appoint or provide for the manner of the appointment of its members,
- b. prescribe the term of office of any member,
- c. appoint a Chair and Vice Chair, or direct or approve a process for the appointment of a Chair and Vice Chair, and prescribe the term of such appointments, and
- d. approve or provide for the approval of terms of reference for each committee established, in alignment with applicable council policies.

14.4 Council may delegate decision-making authority to Council committees via terms of reference or memorandum of delegation, which shall include any conditions imposed on the delegation and the powers of the committee to sub-delegate and give consideration to performance monitoring.

Attendance of Council Members as Observer at Committees

(Amended, Dec. 2025)

15.1 Members and non-voting members of Council may, with approval of the committee chair and in accordance with the process and expectations determined by Council as well as the applicable Committee Terms of Reference, attend as observer at a committee to which they have not been appointed.

Removal of Standing Committee Member

(Amended, Dec. 2025)

16.1 A member of a Standing Committee may be removed on a 50% majority vote in accordance with policy established by Council.

16.2 Before a vote under Bylaw 16.1 may be held, the Chair shall give the members of Council seven (7) days' written notice of the date on which the vote is to be held and the member facing the vote for removal the opportunity to make submissions to Council before the vote is held.

Vacancies on Committees

17.1 If there is a vacancy on a Council Committee, Council may:

- a. appoint a new member to fill the vacancy, or
- b. allow the vacancy to continue.

SECTION E: CPSA OFFICIALS, STATUTORY COMMITTEES AND TRIBUNALS

Eligibility

(Adopted, May 2025)

- 18.1 The eligibility requirements for CPSA officials, Statutory Committee members, and regulated members appointed to membership lists for hearing tribunals and complaints review committees, are the same as for regulated members of Council, except
- a. candidates to be appointed as CPSA officials may be working as an employee or contractor for CPSA for more than 500 hours within the two (2) years preceding the anticipated start of appointment, and
 - b. living at a residence outside the province or practicing primarily outside of the province.
- 18.2 Candidates to be appointed to Statutory Committees may have worked as an employee or contractor for CPSA for more than 500 hours within the two (2) years preceding the anticipated start of their term on a Statutory Committee.

Conduct of CPSA Officials and Statutory Committee Members

(Adopted, May 2025)

- 19.1 CPSA officials and Statutory committee members, when acting in their appointed capacity, shall conduct themselves in accordance with a Code of Conduct approved by the Council.

Duties and Powers CPSA Officials and Statutory Committees

(Adopted, May 2025)

- 20.1 CPSA officials and Statutory committees shall exercise the duties and powers given to them under the HPA, these bylaws and any delegation made from a higher authority.
- 20.2 CPSA officials and Statutory Committees may approve and adopt any policies, processes or procedures necessary to effectively carry out their powers and duties.

Delegation

(Adopted, May 2025)

- 21.1 Any delegation made by Council, a CPSA official or a committee may be further delegated without restriction unless a restriction is stated in the delegation or in an applicable policy.

- 21.2 Notwithstanding bylaw 21.1, a Statutory Committee cannot delegate its power or duty to approve policies.
- 21.3 A CPSA official may delegate their power or duty to approve policies to one or more persons or committees, but the person or committee to whom the delegation is made cannot further delegate policy-making authority.
- 21.4 Whenever Council, a CPSA official or a committee delegates any of its powers or duties to an individual or committee, it shall keep records of the delegation, which shall include any conditions imposed on the delegation.
- 21.5 Where the HPA provides for a choice among a list of individuals and/or committees to be specified by bylaw, the individual or committee specified by the bylaw cannot delegate their powers or duties to another from the same list.
- 21.6 Any reference in these bylaws to a person or committee to whom a power or duty is given under the bylaws is deemed to be also a reference to a delegate of the person or committee.

Appointments

(Adopted, May 2025)

- 22.1 Whenever Council, an official or a committee appoints an individual to an office, membership list or committee, it shall keep records of the appointment that include any conditions imposed on the appointment.
- 22.2 Term lengths and limits for individuals appointed to committees or membership lists will be established in Terms of Reference or policy.

Regulated members appointed to Membership List *(Repealed, May 2025)*

Registrar

(Amended, May 2025)

- 23.1 The person appointed to the Office of the Registrar, for the purposes of the HPA, shall also bear overall responsibility, authority and accountability to Council for all regulatory functions of CPSA, except where Council has retained responsibility and authority for itself under the HPA, these bylaws or in policy.
- 23.2 The Registrar may also be appointed as the Chief Executive Officer (CEO) of CPSA, subject to any conditions Council may establish in policy or by motion of Council.
- 23.3 The Registrar is the official spokesperson of CPSA, subject to any limitations Council may establish in policy.

- 23.4 On receipt of a complete application for registration, the Registrar must consider the application and make a decision in accordance with section 29 of the HPA (Receipt of application).
- 23.5 On receipt of a complete application for renewal, the Registrar must consider the application and make a decision in accordance with section 38 of the HPA (Application date for practice permit).
- 23.6 If the Registrar determines a regulated member has not complied with conditions imposed under section 40(2) of the HPA (Conditions on a practice permit), the Registrar may cancel the regulated member's practice permit in accordance with section 43 of the HPA (Cancellation of practice permit).
- 23.7 Council may delegate its authority to appoint inspectors under section 53.1 of the HPA (Inspectors) to the Registrar.
- 23.8 The Registrar is designated by Council for the purposes of sections 65 and 86 of the HPA (Conditions, suspension during proceedings; Stay pending appeal).

Acting Registrar and CEO

Acting Registrar (Amended, May 2025)

- 24.1 The Registrar may appoint an Acting Registrar for a period not to exceed thirty (30) days, subject to conditions the Registrar may impose, when the Registrar is absent or otherwise unavailable to act.
 - a. The Registrar retains ultimate authority, responsibility and accountability during the period.
- 24.2 The CEO may appoint an Acting CEO for a period not to exceed thirty (30) days, subject to conditions the CEO may impose, when the CEO is absent or otherwise unavailable to act.
 - a. The CEO retains ultimate authority, responsibility, and accountability during the period.
- 24.3 Council shall appoint an Acting Registrar, Acting CEO or both for any periods exceeding thirty (30) days or will appoint an Interim Registrar or CEO when the Registrar and/or CEO is unable to retain authority, responsibility and accountability for any reason.
- 24.4 A person who is Acting Registrar or Acting CEO cannot name a person to act in their absence.

Appointment of Complaints Director and Hearings Director

(Adopted, May 2025)

- 25.1 The Registrar shall appoint one person as the Complaints Director and one person as a Hearings Director, for the purposes of the HPA, and shall report the appointments to Council.
- a. The Complaints Director and Hearing Director appointments must be held by separate individuals.
- 25.2 The Complaints Director may appoint an Acting Complaints Director, and the Hearings Director may appoint an Acting Hearings Director, for a period not to exceed thirty (30) days, when the Complaints Director or Hearings Director is absent or otherwise unavailable to act, subject to conditions the Registrar may impose.
- 25.3 A person who is Acting Complaints Director or Acting Hearings Director cannot name a person to act in their absence.

Statutory Committees

(Amended, May 2025)

- 26.1 The Statutory Committees are the:
- a. Competence Committee, and
- b. Medical Facilities Accreditation Committee (MFAC).
- 26.2 Statutory Committees will include members of the public as established by Council policy.
- 26.3 Council shall approve terms of reference for the Statutory Committees.
- 26.4 The Registrar shall, in accordance with applicable policy, which may be approved by Council;
- a. appoint members to the Statutory Committees,
- b. prescribe the term of office of any member,
- c. designate the Chair and Vice Chair of Statutory Committees and prescribe the term of such designations.
- 26.5 A Statutory Committee may establish or adopt any policies or processes necessary to fulfill its mandate.

Medical Facilities Accreditation Committee (MFAC)

Medical Facility Accreditation Committee (*Amended, May 2025*)

- 27.1 MFAC may exercise the following powers and duties, in addition to any powers and duties prescribed under the HPA¹, and [Part 5] in these bylaws:
- a. ensure the operation of an accredited medical facility is in accordance with the Accreditation Standards²,
 - b. assess the adequacy of the design of an accredited medical facility and the equipment utilized therein, along with the standards of operation used in providing medical services, including prescribed health services, to the public, and
 - c. recommend the specific provisions of the accreditation standards which apply to a specific medical facility or class of medical facility.

SECTION F: MANAGEMENT AND CONDUCT OF STATUTORY COMMITTEES

Procedures for Meetings of Statutory Committees

(*Adopted, May 2025*)

- 28.1 Statutory Committees may adopt rules for the conduct of meetings that address the following:
- a. guidelines for the conduct of meetings,
 - b. virtual attendance, virtual meetings and electronic voting,
 - c. attendance at meetings by observers, applicants, regulated members, witnesses or their representatives,
 - d. providing information about upcoming meetings, and
 - e. the taking and keeping of minutes, preparation of decisions and sending of notices.
- 28.2 Rules shall seek to enhance the accountability and transparency of CPSA's activities without jeopardizing reasonable and prudent privacy, confidentiality and operational considerations.
- 28.3 Rules shall be available on the CPSA website.

¹ [Schedule 21 of Health Professions Act](#) (Dec. 5, 2024).

² Please see [CPSA's website](#) for more information.

Quorum for Meetings of Statutory Committees

(Adopted, May 2025)

28.4 Quorum for meetings of the Competence Committee or MFAC Committee shall be one-half ($1/2$) of the current members of the Committee. Where one-half ($1/2$) of the committee is not a whole number, quorum shall be taken as the whole number which is closet to and greater than one-half ($1/2$).

28.5 No decisions will be made at a meeting of a Statutory Committee for which there is not quorum.

SECTION G: RESIGNATIONS AND REMOVALS

Resignation

(Adopted, May 2025)

29.1 CPSA Officials may resign in accordance with their employment contract if they are employees.

29.2 A member of a Statutory Committee or tribunal may resign at any time by delivering a notice in writing to the person or authority who appointed them.

Removal from Office

(Adopted, May 2025)

29.3 The Registrar and/or CEO may be removed from office by a two-thirds ($2/3$) majority vote of Council, giving consideration to the Registrar/CEO's employment contract.

29.4 Other CPSA Officials, members of Statutory Committees and tribunals may be removed by the person or authority who appointed them if:

- a. they no longer meet the eligibility criteria for their appointment,
- b. they violate an applicable Code of Conduct,
- c. they no longer have the confidence of the person or authority who appointed them, or
- d. they are a CPSA Official, their employment with CPSA is terminated for any reason.

Other Operational Committees *(Repealed, May 2025)*

PART 2 - REGISTERS AND REGISTRATION OF REGULATED MEMBERS

Practice Permit Effective Date and Renewal Deadline

Practice Permits (Amended, May 2025)

30.1 For the purpose of this section, “permit year” means the annual period for which a practice permit is active.

30.2 A practice permit;

- a. is effective on January 1 or the actual date that it is issued, whichever is later, and
- b. expires on December 31 following the date of issue.

30.3 Regulated members must submit a complete application for renewal of their registration and practice permit for the coming calendar year, including payment of any applicable fees and levies, before 11:59 pm Mountain Standard Time, on December 31.

Recognition of Regulated Professionals Registered in Other Jurisdictions

(Adopted, May 2025; Amended, Sept. 2025)

30.4 For the purposes of section 4 of the Regulation (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.

30.5 For greater clarity, the term “regulated” in this section means the professional practice of the applicant is:

- a. governed by legislation enacted by the provincial, territorial, state, or other legislative body, and
- b. is subject to oversight by a regulatory body that is responsible for establishing, maintaining and enforcing registration, competence and practice standards substantially similar to those established in the HPA.

30.6 Applicants from a Canadian jurisdiction who meet the requirements of this section shall have their qualifications assessed in accordance with Chapter 7 (“Labour Mobility”) of the Canadian Free Trade Agreement (CFTA)³, while meeting the applicable requirements of the HPA.

³ The [Canadian Free Trade Agreement](#) (July 1, 2017).

- a. For the purposes of Article 705, paragraph 4(b) of Chapter 7, practice currency will be considered and addressed in a manner that is consistent with the Regulations and CPSA's typical currency requirements.

30.7 For applicants from a Canadian jurisdiction, the Registrar may assess the equivalency of a practice limitation, restriction or condition in accordance with Chapter 7 of the CFTA and apply an equivalent practice limitation, restriction or condition or refuse to register an applicant, as long as the assessment and outcome conform to Chapter 7 of the CFTA, Article 13 (Labour Mobility) of the New West Partnership Trade Agreement⁴, and the HPA.

30.8 Applicants from a jurisdiction listed in Schedule 1 of these bylaws will have their qualifications assessed according to the HPA and applicable policy established by the Registrar, as published on the CPSA website.

Information in Registers

Providing Information (Amended, May 2025)

31.1 For the purposes of this section, "custodian" is defined as a regulated member who is designated as a custodian under the *Health Information Act* (HIA)⁵ and Health Information Regulation⁶.

31.2 The Registrar may enter the following information for each regulated member into the appropriate category of register:

- a. under Part 4 of the HPA (Professional Conduct), whether the regulated member is the subject of:
 - i. an ongoing investigation under Division 3 (Investigations),
 - ii. a hearing under Division 4 (Hearings and Decisions), or
 - iii. an Appeal under Division 5 (Appeals).
- b. whether the regulated member has been found guilty of unprofessional conduct, or has agreed that their conduct was unprofessional, within the prior five (5)-year period, unless a different period of time is specified in the HPA.

31.3 In addition to any other information required by the HPA or Regulations, all regulated members and applicants must provide the following information to the Registrar:

- a. identification and demographics:

⁴ The [New West Partnership Trade Agreement](#)

⁵ Province of Alberta's [Health Information Act](#) (Dec. 20, 2024).

⁶ Province of Alberta's [Health Information Regulation](#) (Dec. 20, 2024).

- i. their full legal and, if applicable, any previous names or relevant aliases,
 - ii. preferred name, if they practice under a name that is not their legal name,
 - iii. proof of legal name change, if their name is changed or does not match records submitted to CPSA,
 - iv. date of birth, and
 - v. gender,
- b. contact information:
 - i. a home address,
 - ii. a mailing address for the purpose of receiving confidential correspondence and notices,
 - iii. an email address for the purpose of receiving confidential electronic correspondence and notices,
 - iv. a phone number at which they can be reached during business hours, and
 - v. emergency contact information, including a phone number, address, and email address,
- c. proof of education, training, and experience acceptable to the Registrar, including:
 - i. qualifying degrees and other relevant qualifications earned, including specializations,
 - ii. the name of institutions that granted all qualifying degrees and the countries in which the institutions were located,
 - iii. the years in which degrees were granted,
- d. information on their regulated professional practice including:
 - i. all business or employer addresses and phone numbers,
 - ii. addresses and facility/clinic names for all practice locations,
 - iii. areas of practice,
 - iv. specializations,
 - v. names of all supervisors, if applicable,

- vi. languages in which they can or do provide professional services,
- vii. a listing of any services provided or proposed to be provided that require approval under these bylaws or the Standards of Practice,
- viii. if the regulated member is custodian of patient records, the name of a designated successor custodian for the purposes of the applicable Standards of Practice and the HIA,
- ix. in the case of a physician, surgeon or osteopath, the name and business mailing address of any physician assistant the member is supervising,
- x. in the case of a physician assistant, the name and business mailing address of the supervising physician, surgeon or osteopath,
- e. any other jurisdictions outside of Alberta in which the member or an applicant is registered or has been registered, and whether the member or the applicant continues to practice in those jurisdictions, and
- f. any other regulated health profession in which the regulated member or applicant is registered and whether they are a practising member of that profession.

31.4 The Registrar will remove information from a register when CPSA has no legal or business reason to retain the information, or when the Registrar is satisfied that the information is incorrect.

Disclosure of Register Information

(Adopted, May 2025)

31.5 CPSA will disclose the information of each regulated member that is required by the HPA and Regulations by publishing it on the CPSA website.

31.6 In addition to the disclosure of information required by the HPA and Regulations, the following information for each regulated member may be published on the CPSA website:

- a. gender,
- b. languages in which the regulated member can or does practice, and
- c. a listing of relevant qualifications, including degrees earned and the year(s) when qualifications were earned.

31.7 The following information for each regulated member must be published on the CPSA website:

- a. information respecting a complaint and ratified settlement in accordance with the Alternative Complaints Resolution Process in sections 58 to 60 of

- the HPA (Process; Evidence; Settlement), when agreed to in the settlement,
- b. the date of any upcoming hearings or appeals applicable to the regulated member,
 - c. any decision, order or direction made under Part 4, Division 4 (Hearings and Decisions) and Division 5 (Appeals) of the HPA, including written decisions issued by a hearing tribunal or Council with respect to any matter,
 - i. the Registrar may publish a redacted version of a decision when redaction is necessary under the HIA or *Personal Information Protection Act*, and
 - d. any direction made pursuant to section 118(4) of the HPA (Assessing incapacity).
- 31.8 Information about a regulated member published in accordance with the HPA and this section will remain available on the CPSA website for as long they are a regulated member plus two (2) years after the date their registration is cancelled.
- 31.9 Notwithstanding bylaw 41.3 and 41.4, the following rules apply to publication of register information;
- a. Information will be published for a different period if required by the HPA.
 - b. If the regulated member's registration and practice permit have been cancelled under section 82 of the HPA (Orders of tribunal) or through a finding of unprofessional conduct by appeal to Council or the Court, the information will be published indefinitely,
 - c. If the regulated member receives any order other cancellation, under section 82 of the HPA (Orders of tribunal) or through a finding of unprofessional conduct by appeal to Council or the Court, the information will be published for 10 years from the date of the order or finding, or
 - d. If the regulated member is the subject of a complaint, investigation, discipline, or appeal process under Part 4 of the HPA (Professional Conduct), the information will be published while the process is underway.

Decision on Application

(Adopted, May 2025)

- 32.1 Under Part 2 of the HPA (Registration), the Registrar shall determine any decision on the:
- a. approval,

- b. deferral,
- c. refusal,
- d. suspension,
- e. cancellation,
- f. reinstatement,
- g. renewal, or
- h. conditions.

Good Character and Reputation

Good Character and Reputation (*Amended, May 2025*)

- 33.1 All applicants applying for registration, and all regulated members at renewal or upon request by the Registrar, must provide evidence of having good character and reputation.
- 33.2 Pursuant to section 29.1(1)(e) of the HPA (Registrar consideration of applicant character, reputation), the Registrar may request any or all of the following as evidence of good character and reputation:
- a. graduation from a medical program or physician assistant program without any academic misconduct finding reported on university records,
 - b. a clear criminal record check,
 - c. a positive reference from a colleague, supervisor, professor or other qualified individual,
 - d. a letter of good standing or similar record from another professional regulatory body,
 - e. whether they have pled guilty, pled no contest, or been found guilty of a criminal offence for which they have not been pardoned,
 - f. whether they have been charged with a criminal offence that is currently outstanding,
 - g. whether they have had a negligence claim made against them, been sued for negligence, had a negligence claim paid on their behalf or paid a negligence claim, or
 - h. evidence satisfactory to the Registrar that the applicant or regulated member has remediated their character and reputation if any of the preceding or any information provided under the HPA has indicated an absence of good character and reputation.

Reinstatement of Registration

(Adopted, May 2025)

- 34.1 A former regulated member whose registration was cancelled under the HPA, except for cancellation under Part 4 of the HPA (Professional Conduct), may make application to the Registrar for their registration to be reinstated and their practice permit reissued.
- 34.2 In accordance with Part 2 of the HPA (Registration), the process and requirements for reinstatement are the same as the process and requirements for application and registration, except for the following:
- a. the former member must indicate their prior registration number on the application form,
 - b. if the member owed any outstanding amounts to CPSA at the time of their cancellation, except for a renewal amount that was not paid, the outstanding amounts must be paid in full,
 - c. if the former member has a prior decision of a hearing tribunal on their record with CPSA, evidence satisfactory to the Registrar that all orders of the hearing tribunal have been complied with or satisfied, and
 - d. if the former member had conditions on their registration or practice permit when it was cancelled, evidence that they have complied with the conditions, or if they have not yet complied, acknowledgement that they will comply with the conditions within a specified time upon reinstatement.
- 34.3 At the discretion of the Registrar, if CPSA has records on file for the former member that are current enough to fulfill their purpose, the above documents may not have to be resubmitted.

Professional Liability Insurance

Liability Insurance (Amended, Dec. 2025)

- 35.1 All applicants applying for registration, unless exempted in a policy of Council, and all regulated members at renewal or upon request by the Registrar, must provide evidence satisfactory to the Registrar that:
- a. they hold, and continue to hold, professional liability insurance that extends to all areas of the member's practice, including any vicarious liability of the member as a result of the conduct of the member's employee or agent, and
 - b. through a policy issued by a company licensed to carry on business in the province that provides coverage of at least \$10,000,000.00 per occurrence.

35.2 Bylaw 35.1 does not apply to

- a. a regulated member who is on a Student Register of CPSA and who is not performing medical services outside the member's educational program.
- b. Physicians providing medical care through the Canadian Armed Forces.

35.3 Membership in the Canadian Medical Protective Association is considered to meet the requirements of this section.

Fitness to Practice (repealed, December 2025)

English Language Proficiency

English language requirements (*Amended, May 2025, Sept. 2025*)

36.1 All applicants, unless exempted in policy established by the Registrar, must provide evidence that they are sufficiently proficient in the English language to provide professional services in English.

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) Academic⁷ – achieving a minimum score of 7.0 in each of the four (4) components in a single report,
- b. Occupational English Test (OET)⁸ – achieving a minimum grade of B in each component in a single test, or
- c. Canadian English Language Proficiency Index Program (CELPIP) General test⁹ – achieving a minimum score of nine (9) in each component in a single test.

36.3 A policy established by the Registrar under bylaw 44.1 may include exemptions based on:

- a. alternative means of demonstrating English language proficiency that the Registrar deems to be substantially equivalent to achieving a minimum score on an approved exam, or

⁷ [International English Language Testing System](#) (IELTS).

⁸ [Occupational English Test](#) (OET).

⁹ [Canadian English Language Proficiency Index Program](#) (CELPIP).

- b. practice situations for particular categories of registration where a different measure of proficiency in the English language is more appropriate to the circumstances and does not present a significant risk to patient care.

Limited Liability Partnership

- 37.1 Regulated members or professional corporations are not permitted to enter into a limited liability partnership for the practice of medicine or osteopathy.

Retired Members (repealed, Dec. 2025)

Application for Approval

Professional Corporation Application (*Amended, May 2025*)

- 38.1 A regulated member who files an application for approval of the articles of a proposed professional corporation under section 108 of the HPA (Approval for professional corporation) shall provide to the Registrar:
- a. an application in the form determined by the Registrar,
 - b. a copy of the proposed articles of incorporation, which must include restriction and provision clauses acceptable to the Registrar,
 - c. the name of the proposed professional corporation, which must comply with rules for the naming of professional corporations set out in bylaw 48,
 - d. the business and mailing addresses of the corporation,
 - e. the legal names and contact information, including email and home addresses, of all voting and non-voting shareholders,
 - f. a listing of all directors who are regulated members,
 - g. evidence satisfactory to the Registrar that the corporation complies with sections 109(1)(a) through (f) of the HPA (Professional corporation registered), and
 - h. other information of an administrative nature required by the Registrar for the expedient processing of the application.

Decision on Application for Approval

(*Adopted, May 2025*)

- 38.2 The Registrar must, as soon as reasonably possible, on receipt of an application for approval of a professional corporation, give notice to the applicant that the application:
- a. has been received,

- b. whether it is complete or, if it is not complete,
- c. what is required to make it complete.

38.3 On receipt of a complete application, the Registrar must consider the application and:

- a. approve the articles of the professional corporation,
- b. defer the approval if, in the opinion of the Registrar, it is in the best interests of the public to defer the approval until the applicant complies with a direction given by the Registrar, or
- c. refuse the application for approval.

Application for Registration and Issuing an Annual Permit

Professional Corporation Annual Permit (*Amended, May 2025*)

39.1 Upon receipt of an application for registration of a professional corporation under section 109 of the HPA (Professional corporation registered), the Registrar must consider the application in accordance with the HPA.

39.2 An annual permit issued by the Registrar under sections 109 or 110 of the HPA (Professional corporation registered; Annual permit):

- a. is effective on January 1 or the actual date that it is issued, whichever is later, and
- b. expires on December 31 following the date of issue.

Renewal of Annual Permit

Renewal of Professional Corporation Annual Permit (*Amended, May 2025*)

40.1 A professional corporation applying for renewal of its registration and practice permit shall provide to the Registrar:

- a. an application in the form determined by the Registrar,
- b. evidence satisfactory to the Registrar that the corporation continues to comply with section 109(1)(a) through (f) of the HPA (Professional corporation registered), and
- c. other information of an administrative nature required by the Registrar for the expedient processing of the application.

40.2 A professional corporation must submit a complete application for renewal of their registration and annual permit for the coming calendar year, including payment of any applicable fees and levies, before 11:59 pm Mountain Standard Time on December 31.

- a. The Registrar will provide a professional corporation notice sixty (60) days prior to the renewal deadline.

Record of Professional Corporations

Professional Corporation Records (Amended, May 2025)

41.1 In addition to the requirements of sections 113(1)(a) through (c) of the HPA (Record of professional corporations), the Registrar shall keep and maintain the following information in the record of professional corporations:

- a. the business and mailing addresses of the corporation,
- b. the legal names and contact information, including email and home addresses, of all voting shareholders,
- c. a listing of all directors who are regulated members,
- d. the number and type of shares held by a shareholder, and
- e. information on expiry or cancellation of the annual permit in accordance with section 114(5) of the HPA (Cancellation of P.C. permit).

41.2 The Registrar may remove information from the record of professional corporations when CPSA has no legal or business reason to retain the information, or when the Registrar is satisfied that the information is incorrect.

Notice of Change in Organization

(Adopted, May 2025)

41.3 The Registrar shall determine the form of notice required by professional corporations making any change in the ownership, directors, or name of the professional corporation in accordance with section 112 of the HPA (Change in organization).

41.4 The required form of notice will be published on the CPSA website and available to all professional corporations.

Disclosure of Information on the Record of Professional Corporations

(Adopted, May 2025)

41.5 In addition to the disclosure of information required by the HPA, the Registrar shall publish a list of active medical professional corporations in Alberta on the CPSA website.

41.6 The list will include, as a minimum, the business name of each professional corporation that holds an annual permit on the date the list is generated.

Cancelled or Expired Annual Permits

(Adopted, May 2025)

- 41.7 Pursuant to sections 115(1) and (3) of the HPA (Notification of cancelled, expired P.C. permits), the Registrar may provide any other information that the Registrar, in their sole discretion, deems relevant to the registrar of corporations.

Naming of a Professional Corporation

Professional Corporation Names (Amended, Dec. 2025)

- 42.1 Subject to section 10 of the *Business Corporations Act* and approval by the Registrar, the name of a professional corporation shall contain the surname, or the surname and any combination of the given names or initials, of one or more regulated members of CPSA who are shareholders of the corporation followed by "Professional" and "Corporation" or their abbreviations.
- 42.2 Except as provided in this section, a professional corporation shall carry on the practice of medicine under its corporate name.
- 42.3 A professional corporation may carry on the practice of medicine in partnership under a firm name that does not contain its full corporate name if approved by the Registrar.
- 42.4 The full corporate name of each professional corporation that is a member of a partnership for the practice of medicine shall be shown on the letterhead and any advertisement used by that partnership.

Reinstatement of Cancelled or Expired Annual Permits and Registrations

Professional Corporation Reissue after Revocation (Amended, May 2025)

- 43.1 A professional corporation whose registration or annual permit was cancelled under the HPA may make application to the Registrar for their registration to be reinstated and their annual permit reissued.
- 43.2 The process and requirements for reinstatement are the same as the process and requirements for application and registration, except for the following:
- a. the former professional corporation must indicate their prior registration number on the application form, and
 - b. at the discretion of the Registrar, if CPSA has records on file for the former professional corporation that are current enough to fulfill their purpose, such documents may not have to be resubmitted.

PART 3 - RECORDS

Notices

- 44.1 Unless otherwise required under an enactment of Alberta or Canada, any notice or document that may be given or required to be given under the HPA or these Bylaws may be given by:
- a. mail,
 - b. electronic mail,
 - c. fax,
 - d. posting on the website of CPSA, or
 - e. any other means that may be available for transmission provided such means is as reliable as any of the other means set out in this Bylaw.

Use of Electronic Documentation

- 45.1 Unless otherwise specified, a requirement for a signature in these bylaws may be satisfied by an electronic signature that reliably identifies the person signing.
- 45.2 Unless otherwise specified, a requirement for “writing” or “written” in these Bylaws may be satisfied by electronic form of such requirement.
- 45.3 A reference in these Bylaws to an item being made available to a person, in addition to being made available in paper format, includes availability by way of:
- a. the website of CPSA;
 - b. an electronic interface hosted by CPSA or an agent of CPSA; or
 - c. electronic mail.

Removal of Information (*Repealed, May 2025*)

PART 4 - COMMUNICATION WITH THE PUBLIC

Publication of Ratified Settlement

- 46.1 For the purpose of section 60 of the HPA (Settlement), and subject to the terms of a ratified settlement, the Registrar may publish information regarding the ratified settlement.

Publication of Information Respecting a Hearing or Appeal

(Adopted, Dec. 2025)

- 47.1 The Registrar may publish information on the CPSA website concerning scheduled hearings of Hearing Tribunals or scheduled appeals to be heard by Council.
- 47.2 The information published may include the date, time, and location of the hearing or appeal and provide information on how to attend. It may also include the name of the registered member, the allegations, or a summary of the allegations subject to section 135.93 (Exceptions to disclosure) of the HPA.

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

(Amended, Dec. 2025)

- 47.3 Subject to sections 60(6) (Settlement); 119(1) (Access to regulated members' information); 135.92 (College website); 135.93 (Exceptions to disclosure), the Registrar may publish or distribute decisions and orders by Hearing Tribunals, Complaint Review Committees, and panels of Council (in whole or in part) in which there is a finding of unprofessional conduct as permitted or required by the *Health Professions Act* and may include the investigated person's name.
- 47.4 If a decision of a Hearing Tribunal, Complaint Review Committee, or panel of Council is under appeal, the Registrar may, in their sole discretion, either withhold publishing until all appeals are completed or publish the decision but add a notation that the decision is under appeal.
- 47.5 If a decision of a Council panel is appealed to the Court of Appeal, then a note on the outcome of the appeal shall be included with the publication of the Hearing Tribunal and panel of Council decision.
- 47.6 In determining what information should be distributed or published for the purposes of section 119(1)(f) of the HPA (Access to regulated members' information), the Registrar shall consider the following factors:
- a. whether publication or distribution is likely to cause harm to one or more persons;
 - b. whether publication or distribution is relevant to the regulated member's suitability to practice;
 - c. the public interest, including transparency of the College's discipline process;
 - d. the education of regulated members; and
 - e. any other factors that the Registrar considers relevant to this matter.

- 47.7 For the purpose of section 119(1)(f) of the HPA (Access to regulated members' information), the Registrar may omit from publication or distribution any individually identifying information about any person identified in an order made by a hearing tribunal or the Council under Part 4 of the HPA.
- 47.8 Subject to section 135.93 of the HPA (Exceptions to disclosure), with the permission of the investigated member, the Registrar may publish decisions, resolution agreements, or information pieces based on decisions or resolution agreements, in which there is no finding or admission of unprofessional conduct under the HPA, and may include the investigated person's name with their permission.
- 47.9 For the purposes of this section,
- a. "published" means published on the CPSA website or a social media feed or channel controlled by CPSA, and
 - b. "distributed" means circulated by email or a social media feed or channel controlled by CPSA.
- 47.10 The information described in this section may, subject to the HPA, be published or distributed for the minimum period of time referred to in the HPA, or such longer period as determined by the Registrar.

Additional Information on the CPSA Website

(Adopted, Dec. 2025)

- 47.11 In addition to information required on the CPSA website under section 135.92 (College website), and these Bylaws, CPSA may publish any information on its site, subject to any policies which may be approved by Council,
- a. that is made available in accordance with any applicable section of the HPA, Regulations, or these Bylaws, or
 - b. that assists CPSA in carrying out the activities and performing other duties and functions that align with the role of the college under the HPA.

PART 5 – CPSA ACCREDITATION PROGRAMS

Definitions

(Amended, Dec. 2025)

48.1 For the purposes of this Part,

- a. “medical director” means a regulated member approved by the Registrar to be the medical director of a medical facility for the purposes of Schedule 21 of the Act and this Part of the bylaws.
- b. “Schedule 21” means schedule 21 of the HPA.
- c. “surgical service” has the same meaning as in section 0.1(q) of the Health Facilities Act.

Major and Minor Surgical Procedures

49.1 For the purpose of the *Health Facilities Act*, major surgical services are those that, in the opinion of the Council, may be performed only in a public hospital because there is a significant risk inherent in the procedure or by reason of the pre-operative condition of the patient.

49.2 For the purpose of the *Health Facilities Act*, specific surgical services which may be performed only in a public hospital and which shall not be conducted in a medical facility include:

- a. procedures under general anesthetic on patients less than eighteen months of age;
- b. procedures on the contents of the retroperitoneal space;
- c. procedures on the contents of the cranium;
- d. procedures on the contents of the thorax; and
- e. any procedure lacking the approval of the accreditation committee for that medical facility.

49.3 For the purpose of the *Health Facilities Act*, minor surgical procedures are those which may be performed in a physician’s general office.

Prescribed Health Services

(Amended, Dec. 2025)

50.1 For the purposes of Schedule 21, health services identified by the Council as “prescribed health services” are listed in Schedule 1.

50.2 Notwithstanding anything else in these bylaws, the process for amending Schedule 1 of these bylaws shall be:

- a. Proposed amendments shall be recommended to Council for approval by the Medical Facilities Accreditation Committee (MFAC).
- b. Prior to making a recommendation to Council, MFAC may refer proposed amendments to advisory committees or other organizations, groups, corporations, or persons who have technical expertise or other relevant knowledge, for their review and comment.

50.3 The Council shall consider the process leading up to MFAC's recommendation and may consider feedback received, provided that such input is received within the timeframe specified for feedback. If Council is satisfied that the process is appropriate in the circumstances and that the recommendation to amend the schedule is in the public interest, the Council will approve the amended schedule by simple majority vote, which may be conducted by resolution in writing in accordance with these bylaws.

50.4 The Registrar and MFAC may establish policies or procedures for the review, amendment, gathering and reporting of feedback, and recording of amendments.

Accreditation Category

(Adopted, Dec. 2025)

51.1 In addition to accreditations performed under Schedule 21, CPSA may enter into agreements with the Government of Alberta or a Health Authority to provide accreditation services under contract.

51.2 An accreditation performed under Schedule 21 shall be categorized as a "Schedule 21 Accreditation". An accreditation performed under contract shall be categorized as a "Contract Accreditation Service."

51.3 The HPA, these bylaws, and policies and procedures established under these bylaws apply only to Schedule 21 Accreditations.

51.4 The Registrar and MFAC may establish policies and procedures for the administration of Contract Accreditation Services, subject to the applicable contracts and any conditions established by the Council in policy.

Accreditation Standards

(Amended, Dec. 2025)

52.1 Accreditation standards shall be approved and amended as described in sections 50(2) through (4) of these Bylaws, all necessary changes implied.

52.2 Prior to making a recommendation to Council, MFAC may provide any proposed amendments for review and comment to the following unless the change constitutes a minor revision that is administrative or editorial in nature, as determined by MFAC:

- a. regulated members,

- b. affected health authorities, and
- c. other relevant stakeholders as determined by the Registrar and MFAC.

Application for Accreditation

(Amended, Dec. 2025)

53.1 A regulated member who files an application for accreditation of a medical facility under section 8.3 of Schedule 21 shall provide to the Registrar:

- a. an application in the form determined the Registrar,
- b. the name and contact information of the proposed medical director and information satisfactory to the Registrar describing their qualifications to be the medical director for the purposes of Schedule 21 and these bylaws, and their responsibilities and authorities within the facility,
- c. the name of the medical facility,
- d. the business and mailing addresses of the corporation,
- e. the legal names and contact information, including email and home addresses, of all voting and non-voting shareholders,
- f. a listing of all directors who are regulated members and their contact information,
- g. a description of the proposed medical procedures the facility offers or intends to offer if accreditation is granted,
- h. information required to be provided in accordance with the applicable accreditation standard or standards,
- i. the requested accreditation start date,
- j. other information of an administrative nature required by the Registrar for the expedient processing of the application, and
- k. payment of the applicable application fee and any outstanding fees.

Decision on Application for Approval

(Amended, Dec. 2025)

53.2 The Registrar must, as soon as reasonably possible, on receipt of an application for accreditation, give notice to the medical director that the application has been received, whether it is complete and if it is not complete, why it is not complete.

53.3 On receipt of a complete application, the Registrar must, under delegated MFAC authority,

- a. consider the suitability of the proposed medical director to act as the medical director for the medical facility for the purposes of the Schedule 21 and these bylaws, and decide whether to recognize the person as the medical director for the facility, and

- b. consider the application in accordance with sections 8.2(2) and (3) of Schedule 21.

Granting Accreditation

(Amended, Dec. 2025)

53.4 Accreditation granted by the Registrar under delegated MFAC authority in accordance with section 8.3(2) of Schedule 21

- a. is effective on the actual date that it is issued or the requested accreditation start date provided in the accreditation application, whichever is later,
- b. applies only to prescribed health procedures and accreditation standards the facility is accredited to offer,
- c. expires on the date specified by the Registrar on the accreditation certificate.

53.5 An accredited medical facility must submit a complete application for renewal of their accreditation, including payment of any applicable fees and levies, at least 30 days before the expiry date.

Renewal of Accreditation

(Amended, Dec. 2025)

53.6 An accredited medical facility applying for renewal of its accreditation shall provide to the Registrar:

- a. an application in the form determined by the Registrar,
- b. evidence satisfactory to the Registrar that the medical facility continues to comply with Schedule 21 and the applicable accreditation standard or standards, and
- c. other information of an administrative nature required by the Registrar for the expedient processing of the application.

Changes to Scope of Accreditation

(Amended, Dec. 2025)

53.7 An accredited medical facility seeking to add additional prescribed health procedures to its scope of accreditation shall submit an application acceptable to the Registrar for the accreditation of the new procedures in accordance with the application for accreditation section of these bylaws.

Cancelled or Expired Applications

(Amended, Dec. 2025)

53.8 The Registrar shall:

- a. enter on the appropriate record a memorandum with respect to the name of an accredited medical facility whose accreditation has expired or been cancelled; and
- b. notify the medical director, the Minister of Health, and all other parties considered necessary by the Registrar, that the accreditation has expired or been cancelled.

Record of Accredited Medical Facilities

(Adopted, Dec. 2025)

54.1 The Registrar shall keep and maintain the following information in the record of accredited medical facilities:

- a. the business name and business and mailing addresses of the medical facility,
- b. the unique accreditation number issued to the medical facility,
- c. the name and contact information of the medical director and of any other directors who are regulated members,
- d. a listing of all directors who are regulated members,
- e. the date on which the accreditation was granted and on which it expires,
- f. a description of any conditions on the accreditation and of any directions given to the medical director or the medical facility,
- g. information on expiry or cancellation of the accreditation if it expires or is cancelled.

54.2 The Registrar may remove information from the record of accredited medical facilities when the information is incorrect or after five years once the facility is no longer accredited and when CPSA has no legal or business reason to retain the information.

Disclosure of Information on the Record of Accreditation

(Adopted, Dec. 2025)

54.3 The Registrar shall publish a list of active accredited medical facilities in Alberta on the College website. The list will include as a minimum the business name of each accredited medical facility as well as the dates of issue and expiry of the accreditation certificate.

Responsibilities of a Medical Director of a Medical Facility

(Amended, Dec. 2025)

55.1 For the purposes of this section, “assessors” means a person or committee appointed or established by MFAC under clauses 8(2)(4) and (5) of Schedule 21.

55.2 Subject to section 8.4 of Schedule 21 of the HPA, the medical director of a medical facility which is the subject of an assessment or inspection shall co-operate with MFAC or any person acting on behalf of MFAC under the HPA. Full co-operation includes:

- a. permitting assessors to enter the medical facility and inspect the premises and all diagnostic equipment located therein;
- b. permitting the assessors to inspect all records pertaining to the provision of medical services, including prescribed health services, and providing copies of the same if so requested;
- c. providing to the assessors information requested by them in respect of the provision of medical services, including prescribed health services, in the medical facility;
- d. providing requested samples or copies of any material, specimen, radiological image or product originating from the medical services, including prescribed health services, provided by the medical facility;
- e. answering questions posed by the assessors as to procedures or standards of performance and, if requested, providing copies of records relating to procedures followed and standards of performance applied in the medical facility;
- f. providing requested copies of all documents and information relating to business arrangements involving the practice of medicine conducted in the medical facility, which shall include lease arrangements, management agreements, records of advertising and agreements for the provision of medical services, including prescribed health services.

55.3 A medical director must

- a. assess the educational background, qualifications and ongoing experience of regulated members and non-medical personnel assisting a regulated member in the provision of medical services including prescribed health services in the medical facility, and
- b. authorize regulated members, allied health professionals and non-medical personnel to provide services within a specific clinical domain and/or individual clinical procedure(s) in the medical facility,

- c. report to the Registrar any changes to the scope of medical services provided by the facility,
 - d. participate in any mandatory training or education provided by CPSA to Medical Directors.
- 55.4 The accreditation committee may, with or without notice, suspend the accreditation or impose conditions on the accreditation of a medical facility if the medical director fails to co-operate fully with an assessment or inspection by the accreditation committee or an assessor.
- 55.5 A suspension or conditions imposed under this section shall be removed once the accreditation committee is satisfied that medical director has co-operated fully.

PART 6 – APPEALS

Definitions

(Adopted, Dec. 2025)

56.1 For the purposes of this Part,

- a. “party” means a person entitled to appear and make representations before Council in a review or appeal proceeding.
- b. “book of authorities” means a document containing complete copies of any case law and excerpts of any statute law on which a party intends to rely in written or oral argument.

Delegation of Council Reviews and Appeals to a Review Panel

(Amended, Dec. 2025)

57.1 In accordance with section 18(1)(a) of the HPA, Council delegates its duty and authority to hear and determine the following to a panel (Review Panel) of the Council:

- a. a request for review under section 31 of the HPA (Review application),
- b. a request for a review under section 41 of the HPA (Review by council),
- c. a request for a review under section 38 of the Regulations,
- d. an appeal under section 87(1) of the HPA (Appeal to council),
- e. an appeal under section 118(6) of the HPA (Assessing incapacity),
- f. an appeal under section 8.5 of Schedule 21 of the HPA (Appeal of accreditation committee’s decision); and
- g. an appeal under section 93 of the HPA (Application to vary order).

57.2 Any voting member of the Council whose participation would not be prevented by a conflict of interest or reasonable apprehension of bias may sit on a Review Panel.

57.3 Subject to sections 12 and 18(4) of the HPA, an appeal or review, in accordance with bylaw 57.1, shall be heard by a Review Panel composed of four (4) voting members of Council, as selected by the Hearings Director. The composition of the Review Panel shall reflect a 50% balance between public members and physician members, with two (2) public members and two (2) physician members.

57.4 A Review Panel shall select a chair from its members.

57.5 A Review Panel cannot delegate the duty or authority to conduct the review or appeal to any other person.

57.6 For the purposes of ensuring a timely and fair hearing, the Hearings Director may revoke the appointment of a member to a Review Panel which has not yet started to hear a review or appeal and appoint a replacement member of the Review Panel.

Filing Deadlines and Length of Submissions to the Review Panel

(Amended, Dec. 2025)

- 58.1 At least six (6) weeks before the date on which the appeal or review is set to be heard by the Review Panel, the appellant in an appeal or review must file with the Hearings Director one complete electronic copy in PDF format of their written submissions and authorities for the Review Panel, and serve a copy on the respondent party to the appeal or review.
- 58.2 At least four (4) weeks before the date on which the appeal or review is set to be heard by the Review Panel, the respondent in an appeal or review must file with the Hearings Director one complete electronic copy in PDF format of their written submissions to the Review Panel or a letter of intention not to file written submissions; and serve one additional copy on the appellant party to the appeal or review.
- 58.3 A party may request the chair of the Panel authorize a different date for the filing deadline. This request may be made through the Hearing Director who will communicate with the Chair of the Panel. Written submissions by the appellant and the respondent must:
- a. be formatted using at least 12-point font, one-inch margins, and at least 1.5 line spacing, except for quotations; and
 - b. not exceed 30 single-sided pages in length.
- 58.4 A book of authorities is not limited to a specific number of pages, but the parties shall ensure that only relevant portions of any case authorities are reproduced and relevant passages are highlighted.
- 58.5 A party may request the chair of the Panel authorize written submissions in excess of the 30- page limit. This request may be made through the Hearing Director who will communicate with the Chair of the Panel.
- 58.6 Oral argument must not exceed 60 minutes for each party in the appeal or review.
- 58.7 A party may request, in advance of the date of the appeal or review, to the Chair of the Panel, through the Hearings Director, that the Panel, with notice to all involved parties, authorize oral submissions in excess of the 60-minute limit.

58.8 As per section 132(1)(d) of the HPA (Bylaws), hearings, appeals, registration reviews, and complaint reviews will all be held virtually unless the panel decides to hold the session in person. Requests for in person sessions should be submitted to the Hearing's Director, who will forward the request to the panel to decide.

PART 7 - STATUTORY ADMINISTRATION

Expenses and Remuneration

(Amended, Dec. 2025)

- 59.1 Members of Council, members of committees established under the HPA or these bylaws, and tribunals, or other Committees established by Council are eligible for per diem amounts and expenses determined by Council in policy.

Cost, Fees, Levies and Assessments

(Amended, Dec. 2025)

- 60.1 Council shall approve all costs, fees, levies, and assessments charged under the HPA.
- 60.2 Any fee approved for a preceding year shall continue in subsequent years until or unless a different fee is approved, or the fee is discontinued by Council.
- 60.3 Costs and fees charged for any thing or service that is not specifically under the HPA shall be administered in accordance with policies established by the CEO.

Standards of Practice and Code of Ethics

(Amended, Dec. 2025)

- 61.1 Council shall approve and adopt a Code of Ethics and Standards of Practice following an internal and external stakeholder feedback process in accordance with the HPA and policies or processes approved by the Registrar.
- a. Regulated members and stakeholders shall have at least 30 days to review and provide comment on any proposed new Standard of Practice or Code of ethics, or any substantive amendment to either.
- 61.2 Council shall review and consider the feedback that has been obtained via all feedback processes prior to final approval and adoption.
- 61.3 Council may, on a two-thirds (2/3) majority vote of members of Council in attendance at a meeting, adopt or amend the code of ethics.
- 61.4 Council may, on a majority vote of members of Council in attendance at a meeting, adopt or amend standards of practice.
- 61.5 The Code of Ethics will be reviewed at least every 7 years, or as required, based on new or revised legislation, and/or any new or impending changes in practice impacting professional ethics.
- 61.6 Standards of Practice will be reviewed as required to address new or impending changes in professional practice.

- 61.7 Whenever amendments are approved to the Code of Ethics or Standards of Practice, any consequential editorial changes required to bring the amendment to proper effect are implied. The Registrar shall approve editorial changes before publication.

Approval and Amendment of Bylaws

(Amended, Dec. 2025)

- 62.1 The bylaws will be reviewed as needed to address specific matters as they arise and shall undergo a comprehensive review at least once every 7 years.
- 62.2 Any proposed amendments shall be reviewed by Council. If, in the opinion of Council, a proposed amendment constitutes a substantive change that affects regulated members in their professional practice or their rights within CPSA, Council shall direct that the proposed amendment be circulated to regulated members for feedback. When the proposed amendments are circulated for feedback, regulated members shall have at least 30 days to review and provide comment. Minor revisions that are administrative or editorial in nature will not require regulated member review.
- 62.3 The Council must consider feedback received from the members if such input was sought, provided that such input is received within the timeframe specified for feedback.
- 62.4 Amendments of the Bylaws must be approved and adopted by Council by a two-thirds (2/3) majority vote of members in attendance before coming into force.
- 62.5 The Registrar may establish policies or procedures for the review, drafting, gathering and reporting of feedback, and recording of amendments.
- 62.6 A Bylaw, or an amendment to a Bylaw may be passed at any meeting of the Council provided:
- a. A notice of motion has been given at a previous meeting, or
 - b. A notice of motion has been sent to all members of Council at least fourteen (14) days prior to the meeting.
- 62.7 A notice of motion may be waived by a unanimous vote of the Council.
- 62.8 Whenever amendments are approved to the Code of Ethics or Standards of Practice, any consequential editorial changes required to bring the amendment to proper effect are implied. The Registrar shall approve editorial changes before publication.

PART 8 – OPERATIONS ADMINISTRATION

Scope of Operations Administration

(Adopted, Dec. 2025)

- 63.1 This Part applies to the management and conduct of non-statutory activities of CPSA that support and enable its ability to exercise the rights, powers, and privileges of CPSA and to carry out the duties of CPSA. Nothing in this Part is intended to interfere with the appropriate exercise of the powers and duties of CPSA established by the HPA and these Bylaws.

CPSA Seal

(Amended, Dec. 2025)

- 64.1 CPSA shall have a college seal in the form approved by the Council. The Registrar may maintain care and custody of the seal and shall determine in policy, the purposes for which the seal may be used.

Administrative Functions on Behalf of Others

(Adopted, Dec. 2025)

- 65.1 CPSA may enter into agreements with the Government of Alberta or other entities to administer programs or functions on their behalf, provided such activities are consistent with the role of CPSA as permitted by subsection 3(4) of the HPA.
- 65.2 CPSA may administer all or a portion of Alberta's Tracked Prescription Program (TPP), or other programs approved by Council.
- 65.3 The Registrar may establish policies and procedures for the administration of the TPP or other programs, subject to the applicable agreements and any conditions established by Council in policy.

Execution of Documents

(Adopted, Dec. 2025)

- 66.1 Deeds, transfers, mortgages, assignments, contracts, agreements, obligations and other instruments in writing requiring execution by CPSA shall be signed in accordance with policy approved by the CEO.

Documents and Records

(Amended, Dec. 2025)

- 67.1 All documents and records required under the HPA or for any other legal or business purpose shall be retained in safe keeping in accordance with policies approved by the CEO. Subject to any applicable laws of Alberta or Canada, the CEO is authorized to prescribe the retention periods for such documents and records, provided that all legal requirements are met.

Annual Reporting Year

(Adopted, Dec. 2025)

- 68.1 CPSA's annual reporting year begins on January 1 and ends the following December 31.

Fiscal Year

(Amended, Dec. 2025)

- 69.1 CPSA's fiscal year begins on January 1 and ends the following December 31.

Banking Arrangements

(Amended, Dec. 2025)

- 70.1 The banking business of CPSA shall be transacted with one or more Schedule 1 banks or financial institutions approved by the CEO.
- 70.2 All funds received shall be deposited in the name of the College of Physicians & Surgeons of Alberta.
- 70.3 The CEO is authorized to conduct all banking and investment transactions on behalf of CPSA, including, but not limited to, credit arrangements, deposits, withdrawals, and investments, in accordance with applicable CEO policy as approved by Council.

Investments

(Amended, Dec. 2025)

- 71.1 Investments shall be made in the name of the College of Physicians & Surgeons of Alberta and shall comply with the investment parameters established by the CEO-approved policy.

Auditors

(Amended, Dec. 2025)

- 72.1 Council shall appoint one or more chartered professional accountants registered in the Province of Alberta as auditor for CPSA.
- 72.2 The Auditor shall, at least once each year, conduct an audit of the accounts, books, and securities of CPSA, in accordance with generally accepted auditing standards, and provide a written auditor's report to the Council.
- 72.3 The Registrar shall publish annually a copy of the audited financial statements.

Employment and Human Resources

(Adopted, Dec. 2025)

- 73.1 The CEO is responsible for all matters related to the hiring, retention, compensation, performance management, recognition, direction, and termination of CPSA employees and contractors, in accordance with applicable legislation and CEO-approved policies.
- 73.2 Notwithstanding bylaw 73.1, Council retains authority over the hiring, retention, compensation, performance management, recognition, direction, and termination of the Registrar & CEO.
- 73.3 Council's impact on human resources is exercised through its approval of budgets, strategic directions, and policies.

Employment Conditions

(Adopted, Dec. 2025)

- 74.1 No member of Council or Committee of Council may be employed by CPSA in any paid capacity, nor may they apply for employment or any contracted position, including staff, consultant, or advisory roles, with CPSA during their term on Council or term of appointment.
- 74.2 Subsection (1) applies until the end of the person's term on council or term of appointment, regardless of whether they take a leave of absence, resign, or are vacated from their position during the term.

Omissions and Errors

(Adopted, Dec. 2025)

- 75.1 Any decision taken at a meeting of Council, a Council committee, or a statutory committee, shall not be invalidated by:
 - a. an accidental omission in giving notice to any member to whom notice was due,
 - b. the non-receipt of such notice where CPSA has provided it in accordance with these bylaws, or
 - c. any minor error in a notice that does not affect its substance.
- 75.2 If a material error or omission in a notice is discovered, and that error could reasonably be expected to affect decision-making or the integrity of the process, the notice and any related decision shall be deemed invalid. In such cases, the process must be restarted with corrected notice.
- 75.3 This section applies only to administrative notices that support CPSA's governance or internal administrative functions. Any notice required under the HPA is not governed by this section.

Dispute Resolution

(Adopted, Dec. 2025)

- 76.1 Disputes or controversies among members of Council, officers, committee members, or volunteers, or between any of these persons and a CPSA Official, are as much as possible to be resolved in accordance with mediation and/or arbitration as provided in these bylaws.
- 76.2 In the event that a dispute or controversy is not resolved in private meetings between the parties, then without prejudice to or in any other way derogating from the rights of parties and as an alternative to such person instituting a lawsuit or legal action, such dispute or controversy shall be settled by a process of dispute resolution as follows:
- a. The dispute or controversy shall first be submitted to a panel of mediators whereby the one party appoints one mediator, the other party (or if applicable the Council) appoints one mediator, and the two mediators so appointed jointly appoint a third mediator. The three mediators will then meet with the parties in question in an attempt to mediate a resolution.
 - b. The number of mediators may be reduced from three to one or two upon agreement of the parties.
 - c. If the parties are not successful in resolving the dispute through mediation, then the parties may agree that the dispute be settled by arbitration before a single arbitrator, who shall not be any one of the mediators referred to above, in accordance with provincial legislation governing domestic arbitrations.
- 76.3 In order for a mediation or arbitration to take place, the parties must agree that all proceedings relating to mediation or arbitration shall be kept confidential and there shall be no disclosure to the public of any kind.
- 76.4 The decision of an arbitrator under this section shall be final and binding and shall not be subject to appeal on a question of fact, law or mixed fact and law.

Indemnification of Members of Council, Volunteers, Staff and Others

(Adopted, Dec. 2025)

- 77.1 The CPSA shall indemnify every current or former Member of Council, Officer, Official, committee member, employee, or volunteer, and their heirs, executors and administrators, against all losses, costs and expenses, including solicitor and client fees and any amounts paid to settle an action or satisfy a judgement, reasonably incurred for any act done in good faith, honesty, and in the best interests of the College, in connection with any action, suit or proceeding to which they may be made a party by reason of their duties to the CPSA.

77.2 Notwithstanding subsection (1), the CEO may decide the CPSA will not indemnify an individual

- a. to the extent that such losses, costs and expenses are attributable to the negligence or willful misconduct of the party in question, and
- b. in the case of a criminal or administrative action or proceeding, the individual did not have reasonable grounds for believing that their conduct was lawful or should have known their conduct was unlawful.

Dissolution and Asset Distribution

(Adopted, Dec. 2025)

78.1 In the event of the dissolution or winding up of CPSA, all remaining assets, after payment of its liabilities, shall be distributed to one or more not-for-profit or charitable organizations located in Alberta that carry out activities similar to those of CPSA and are approved by Council.

Awards *(repealed, Dec. 2025)*

Grants *(repealed, Dec. 2025)*

SCHEDULE 1 – PRESCRIBED HEALTH SERVICES

In this section and for the purposes of section 8(g) of Schedule 21 of the HPA (Definitions) "prescribed health service" means only those procedures which will safely allow the discharge of a patient from medical care in the accredited medical facility within 12 hours of completion of the surgical procedure by a regulated member unless the accredited medical facility is approved for extended stays and includes:

- a. diagnostic imaging services; except for unaccredited point-of-care ultrasound¹⁰ on a physician's own patient;
- b. psychedelic assisted psychotherapy;
- c. medical laboratory services, except for unaccredited point-of-care testing on a physician's own patient;
- d. pulmonary function testing, except for unaccredited peak flow measurement or vitalometry on a physician's own patient;
- e. neurophysiologic diagnostic services;
- f. sleep medicine diagnostic services;
- g. vestibular diagnostic testing;
- h. the use of drugs which are intended or which may induce general anaesthesia or sedation requiring the monitoring of vital signs, including

¹⁰ Point of Care Ultrasound (POCUS) can be an invaluable ultrasound examination provided in various settings or facilities that are performed at the point of care. The intent of the study is to clarify uncertain findings of the physical exam, identify important conditions in the context of acute care of the unwell patient, or provide image guidance that improves the success and safety of procedures in the acute care setting, particularly when time saving for diagnosis or treatment is critical. POCUS evaluations are limited to the scope of exam types included in the training of those individuals performing the exam. If a POCUS provider extends scanning beyond the scope of their usual practice pattern, education and experience, the likelihood of medical misadventure may cause a potential detrimental effect on diagnosis, treatment and patient care and is therefore to be avoided. Patients on whom POCUS is performed should be informed of the limited scope of a POCUS examination and be advised that a POCUS exam does not compare to or replace a consultative diagnostic examination. Consultative Diagnostic Ultrasound aims to systematically map out normal and disordered anatomy, assess function and dysfunction in the body and/or provide guidance for a wide range of interventional procedures. Necessary components for a consultative sonographic exam include: 1) a professional mastery of the imaging technology (as evidenced by Ultrasound Modality approval by the College), 2) a systematic approach that results in a thorough diagnostic imaging assessment of the patient to include image recording, and 3) an interpretation of the exam provided in a well-documented and recorded report of the findings and conclusions – all performed in a College accredited facility. There is robust quality control and assurance around image recording, retention, disaster and back up recovery, report generation, transcription, physician report validation, report audits, equipment preventative maintenance, and confirmation of appropriate regulatory body sonologist credentialing and approvals.

- all uses of intravenously administered sedatives or narcotics, except in emergency circumstances;
- i. the use of drugs by injection which are intended or may induce a major nerve block, or spinal, epidural, or intravenous regional block;
 - j. surgical and diagnostic procedures with risk of bleeding from major vessels, gas embolism, perforation of internal organs and other life-threatening complications or requiring sterile precautions to prevent blood-borne, deep, closed cavity or implant-related infections;
 - k. Hyperbaric oxygen therapy,
 - l. Cardiac exercise stress testing,
 - m. Hemodialysis, and
 - n. the following surgical and endoscopic procedures:
 - i. Dermatologic
 - 1) Liposuction to a maximum of five (5) litres total aspirate;
 - 2) Lipolysis by percutaneous application of any form of energy;
 - 3) Mohs micrographic surgery.
 - ii. General Surgical
 - 1) Upper gastrointestinal endoscopy with or without biopsy,
 - 2) Colonoscopy with or without biopsy or minor polypectomy,
 - 3) Simple mastectomy,
 - 4) Segmental resection of breast and sentinel node biopsy,
 - 5) Resection of large or deep soft tissue lesions,
 - 6) Deep lymph node biopsies – up to but not including full axillary dissection,
 - 7) Inguinal hernia repair, including femoral,
 - 8) Minor abdominal wall hernia repair, including umbilical hernia repair,
 - 9) Varicose vein ligation and stripping,
 - 10) Hemorrhoidectomy beyond simple single excision,
 - 11) Trans-anal excision of rectal polyps,

- 12) Laparoscopic procedures,
 - a. Diagnostic,
 - b. Biopsies – peritoneal,
 - c. Laparoscopic Adjustable Gastric Band procedures (insertion or removal).
- 13) Endovenous ablation (including, but not limited to, laser ablation, radio frequency ablation, mechano-chemical ablation).
- 14) Procedures limited to facilities approved for extended stay – as per the Standards for Non-Hospital Surgical Facility Accreditation: Bariatric Surgery
 - a. Laparoscopic Sleeve Gastrectomy
 - b. Laparoscopic Roux-en-Y Bypass (RYGB)
 - c. Laparoscopic Single Anastomosis Duodenal-Ileal (SADI)

iii. Gynecologic

- 1) Perineoplasty not requiring extensive dissection,
- 2) Marsupialization of Bartholin cysts,
- 3) Cervical, vaginal and vulvar polypectomy and biopsy with risk of bleeding requiring surgical control,
- 4) Dilatation and curettage of uterus,
- 5) Trans-cervical global endometrial ablation procedures except those performed by resection or by electrocautery that does not have impedance regulation,
- 6) Cystoscopy,
- 7) Minimally invasive incontinence procedures: injectables, percutaneous slings,
- 8) Laparoscopy with minor surgical interventions:
 - a. Diagnostic,
 - b. Tubal sterilization,
 - c. Aspiration of cysts,
 - d. Minor adhesiolysis,

- e. Diathermy for endometriosis (AFS Stages I and II),
 - f. Abortions – as per the general Non-hospital Surgical Facilities Standards and Guidelines and the Supplementary Standards for the Termination of Pregnancy.
- 9) Oocyte retrieval,
 - 10) Tumescant anterior and posterior vaginal repair,
 - 11) Hysteroscopic tubal sterilization,
 - 12) Laparoscopy with minor surgical interventions:
 - a. Ovarian Biopsy,*¹¹
 - 13) Transvaginal ovarian cyst aspiration,*
 - 14) Embryo Transfer,*
 - 15) In Vitro Fertilization.*
- iv. Ophthalmologic
- 1) Intra-ocular surgery requiring dissection of the tissues of the globe including procedures on:
 - a. the cornea (including ring segment implants, keratotomies, LASIK and corneal transplant),
 - b. the lens and implants,
 - c. the iris,
 - d. the sclera,
 - e. the vitreous.
 - 2) Eyelid procedures requiring implants or dissection of the orbital septum or beyond including,
 - a. rigid endoscopic brow lift
 - b. fat grafting
 - 3) Lacrimal procedures requiring incision into the nasal passages.
 - 4) Orbital and socket procedures not associated with risk of intracranial or neurovascular complications, including:

¹¹ (*) Denotes inclusion in an ART program

- a. orbital tumor excision,
 - b. insertion of an implant,
 - c. enucleation/evisceration with or without implant
 - d. socket reconstruction requiring implant, transplant or exposure of bone.
 - e. [Note: Minor anterior orbital procedures are considered office procedures.]
- 5) Strabismus procedures,
- 6) Rheopheresis for patients enrolled in a research study approved by a research ethics review body acceptable to CPSA.
- v. Orthopedic
 - 1) Arthroscopy
 - a. diagnostic,
 - b. repair and reconstruction of ligaments,
 - c. meniscectomy, meniscal repair and arthroplasty,
 - d. excision meniscal cysts, loose bodies and foreign bodies.
 - 2) Amputation
 - a. finger through MCP or IP joints, hand,
 - b. toe – through TP or IP joints foot,
 - c. single ray amputation hand or foot.
 - 3) Arthrodesis
 - a. hand and wrist,
 - b. foot and ankle.
 - 4) Arthroplasties
 - a. acromio-clavicular and sterno-clavicular joints,
 - b. radial head arthroplasty,
 - c. wrist and hand joints,
 - d. foot.

- 5) Osteotomies
 - a. hand/wrist/foot/ankle.
- 6) Ligament repair
 - a. shoulder,
 - b. elbow,
 - c. wrist,
 - d. hand,
 - e. knee,
 - f. ankle and foot.
- 7) Tendon or muscle repair or transplant or transfer
 - a. transfers repairs and transplants at or distal to elbow or knee,
 - b. decompression/repair rotator cuff at shoulder.
- 8) Fascia or tendon sheath
 - a. plantar fasciotomy or fasciectomy of hand or foot,
 - b. release or excision Dupuytren's contracture,
 - c. excision of minor hand tumors including ganglions
 - d. carpal tunnel release,
 - e. excision tendon sheaths: wrist, forearm or hand.
- 9) Arthrotomy or synovectomy
 - a. shoulder,
 - b. elbow,
 - c. wrist and hand,
 - d. knee,
 - e. ankle and foot,
 - f. excision Baker's cyst.
- 10) Excision of bursa or ganglia

11) Musculoskeletal tumors

- a. biopsy of peripheral tumors,
- b. needle biopsy only of tumors of the spine,
- c. excision of minor tumors.

12) Dislocations

- a. open reduction acromio-clavicular joint,
- b. closed or open reduction of joints of upper extremity,
- c. closed reduction of dislocated total hip,
- d. closed or open reduction of patello-femoral joint,
- e. closed or open reduction of ankle, hindfoot, midfoot or forefoot.

13) Fractures

- a. closed and open reduction clavicle, humerus, radius/ulna, wrist and hand,
- b. closed reduction of scapula,
- c. closed and open reduction of patella, fibula, ankle and foot,
- d. closed reduction of tibia.

14) Others

- a. single level lumbar discectomy and/or decompression – uncomplicated,
- b. procedures listed under podiatric surgery,
- c. removal of hardware including plates, pins, screws, nails and wires,
- d. peripheral nerve surgery – repairs, decompression or grafts
- e. saucerization,
- f. sequestrectomy,
- g. joint manipulation under general anesthesia or intravenous sedation,
- h. harvesting of bone graft,

- i. microdiscectomy,
- j. minimally invasive lateral recess and central decompression – 3 levels or less,
- k. minimally invasive lumbar foraminotomy (with or without central stenosis),
- l. Posterior minimally invasive foraminotomy (or laminoforaminotomy),
- m. posterior minimally invasive laminotomy for decompression of focal cervical canal stenosis – 2 levels or less.
- n. kyphoplasty.

15) Procedures limited to facilities approved for extended stay

- a. hip arthrotomy and primary arthroplasty (including total joint replacement),
- b. conversion of partial hip arthroplasty to total hip arthroplasty,
- c. knee arthrotomy and primary arthroplasty – (including total joint replacement),
- d. tibial osteotomy,
- e. shoulder arthrotomy and primary arthroplasty – (including total joint replacement),
- f. lumbar posterior spinal fusion – not exceeding two disc-space levels,
- g. lumbar spinal laminectomy – not exceeding two disc- space levels,
- h. ankle arthrotomy and primary arthroplasty (including total joint replacement),
- i. below knee amputation,
- j. anterior cervical discectomy two levels or less.

vi. Otolaryngologic

- a. deep*¹² biopsy of the nasopharynx,

¹² (*) The terms “deep”, “major”, and “complicated” refer to procedures that may require more resources than are commonly available in a medical office. Surgeons should make decisions as to the

- b. deep excision of intraoral papilloma,
- c. major* excision of lip, nasal, ear or neck lesions,
- d. lip shave procedures,
- e. major partial glossectomy limited to anterior 2/3 of tongue,
- f. adenoidectomy,
- g. rigid laryngoscopy,
- h. rigid trans-oral nasopharyngoscopy,
- i. complete esophagoscopy – flexible only,
- j. complete bronchoscopy – flexible only,
- k. Caldwell Luc procedure,
- l. intranasal antrostomy,
- m. intranasal complete ethmoidectomy,
- n. turbinate resection,
- o. sphenoidotomy,
- p. nasal septum reconstruction,
- q. nasal septum submucous resection,
- r. nasal polypectomy in conjunction with complete ethmoidectomy,
- s. rhinoplasty,
- t. complicated* nasal fractures,
- u. biopsies of the parotid beyond needle aspiration or sampling the tail of the gland,
- v. excision of submandibular gland,
- w. excision of sublingual gland,
- x. otoplasty,
- y. complicated myringoplasty,

appropriate location for these surgical procedures in accordance with the resources necessary for unexpected complications and with generally accepted standards of care in Alberta.

- z. dissection of neck beyond the platysma muscle,
- aa. deep cervical node biopsy,
- bb. endoscopic soft-tissue surgery.
- cc. Canalplasty
- dd. Type 1 Tympanoplasty with Autologous Graft
- ee. Tympanoplasty
- ff. Myringoplasty
- gg. Type 1 Tympanoplasty with Non-Autologous Material
- hh. Parotidectomy Surgery (Non-Cancer)
- ii. Submandibular Gland Resection (Non-Cancer)
- jj. Hemithyroidectomy
- kk. Parathyroidectomy
- ll. Functional Endoscopic Sinus Surgery

vii. Plastic

- 1) Skin and subcutaneous
 - a. excision of deep tumors outside a body cavity requiring exposure of bone or isolation of vascular or nerve supply,
 - b. grafts, flaps, and tissue expansion where there is a minimal risk of major bleeding or third space fluid loss that may require replacement fluids,
 - c. liposuction to a maximum of 5 litres total aspirate,
 - d. lipolysis by percutaneous application of any form of energy,
 - e. lipectomy,
 - f. brachioplasty,
 - g. facial implants,
 - h. fat grafting,
 - i. thigh lift,
 - j. buttocks (gluteoplasty) lift.

k. labiaplasty.

2) Head and neck

- a. grafts and flaps as above except where there is a significant risk of airway compromise requiring post- operative or overnight monitoring,
- b. eyelids (blepharoplasty, ptosis repair, tarsorrhaphy, canthopexy, canthoplasty),
- c. browlift, facelift (rhytidectomy), necklift,
- d. nose (SMR, rhinoplasty, turbinectomy, reduction of fractures),
- e. ears (otoplasty),
- f. genioplasty.

3) Breast

- a. deduction mammoplasty,
- b. augmentation mammoplasty,
- c. mastopexy,
- d. mastectomy without chest wall, muscle or axillary node dissection,
- e. capsulotomy and capsulectomy,
- f. gynecomastia surgery,
- g. reconstruction of breast or nipple.

4) Abdomen

- a. repair of abdominal wall hernia,
- b. abdominoplasty not requiring overnight monitoring of blood or third space fluid loss.

5) Others

- a. tendon – repairs, transfers or grafts,
- b. peripheral nerve – repairs, decompression or grafts,
- c. muscle – flaps or repairs,

- d. fascia – flaps, decompression or excision,
 - e. bone – biopsies (for patients aged 17 or younger), fusions, removal of hardware, excision of exostoses, amputations of digits or rays, open and closed reduction of hand fractures,
 - f. joints – arthrotomy, arthroscopy, arthrodesis, and reductions of hands, wrists, feet and TMJ,
 - g. minor treatment of surgical complications such as hematoma or wound separation.
- viii. Podiatric
- 1) amputation
 - a. single ray of the foot only.
 - 2) arthrodesis of joints of the foot and ankle
 - a. Lisfranc’s joint procedures.
 - 3) arthroplasty of joints of the foot and ankle
 - a. foot procedures requiring significant exposure of the joint,
 - b. ankle procedures which do not require tibial or fibular osteotomy for exposure.
 - 4) arthroscopy
 - a. ankle/subtalar joint/mid-tarsal joint.
 - 5) fractures and dislocations
 - a. uncomplicated closed fractures and dislocations of the foot.
 - 6) incision/excision/transfer/repair of tendons and ligaments
 - a. tendons and ligaments proximal to Lisfranc’s joint but not of the rear-foot/leg via the interosseous route.
 - 7) neoplasms
 - a. benign neoplasms of the cuneiforms,
 - b. benign neoplasms of soft tissues below deep fascia.
 - 8) neurolysis/neurectomy,
 - a. deep nerves including and distal to the tarsal tunnel and proximal to Lisfranc’s joint.

9) osteotomy of bones of the foot

a. osteotomy of the calcaneus, mid-tarsus and cuneiforms

ix. Urologic

- 1) inguinal canal surgery,
- 2) open procedures on scrotal contents,
- 3) penile procedures up to but not including implants,
- 4) Minor urethral reconstruction, urethral fistula repair and distal hypospadias repair,
- 5) minimally invasive incontinence procedures, including injemtables and percutaneous slings,
- 6) cystoscopy and ureteroscopy with or without biopsy or minor manipulation of stones or obstruction,
- 7) percutaneous epididymal sperm aspiration,*¹³
- 8) testicular sperm extraction,*
- 9) testis biopsies,*
- 10) rectal electroejaculation,*
- 11) varicocelelectomy,*
- 12) vasoepididymostomy,*
- 13) vasovasostomy,*
- 14) Rezum®

x. Other

- 1) adipose-derived stem/stromal cells (ADSC)
- 2) bone marrow aspirate concentrate (BMAC)

¹³ (*) Denotes inclusion in an ART program

Summary of Bylaw Changes – Draft CPSA Bylaws

EXISTING	PROPOSED	RATIONALE
DEFINITIONS		
This definition did not exist prior.	“Non-statutory activities” are programs, services and operational functions of CPSA that are not required by legislation, but that support and enable CPSA to fulfill its statutory function.	Definition added to provide clarity under the Operations Administration section.
COUNCIL AND ORGANIZATION		
Electoral District 10.1 Regulated members on Council are elected from one electoral district, being the entire Province of Alberta.	Repeal	While this bylaw may have been relevant in the past, it no longer serves a purpose and is therefore the Bylaw Review Committee proposes it for being repealed.
Removal of Standing Committee Member 18.1 A member of a Standing Committee may be removed on a two-thirds (2/3) majority vote of the Members of Council participating and eligible to vote at a meeting of Council.	Removal of Standing Committee Member 16.1 A member of a Standing Committee may be removed on a 50% majority vote in accordance with policy established by Council.	The Committee proposes this revision to reduce the criteria for removal, recognizing that the position applies to a committee member rather than a Council member. Detailed guidance on the process will instead be outlined in policy.
Attendance of Council Members as Observer at Committees 19.1 Members and non-voting members of Council may, with approval of the committee chair and in accordance with the process and expectations determined by Council as well as the applicable Committee Terms of Reference, attend as observer at a committee to which they have not been appointed. 19.2 Despite Bylaw 2.1, members and non-voting members of Council may not claim expenses or per diem amounts when attending as observer at a committee to which they have not been appointed.	Attendance of Council Members as Observer at Committees 15.1 Members and non-voting members of Council may, with approval of the committee chair and in accordance with the process and expectations determined by Council as well as the applicable Committee Terms of Reference, attend as observer at a committee to which they have not been appointed.	The Committee proposes that the previous Bylaw 19.2 is removed as this is already stated in policy and the wording would be duplicative in the Bylaws.
REGISTERS AND REGISTRATION OF REGULATED MEMBERS		

EXISTING	PROPOSED	RATIONALE
<p>Professional Liability Insurance 34.1 All applicants applying for registration, unless exempted in a policy of Council, and all regulated members at renewal or upon request by the Registrar, must provide evidence satisfactory to the Registrar that:</p> <ul style="list-style-type: none"> a. they hold, and continue to hold, professional liability insurance that extends to all areas of the member's practice, including any vicarious liability of the member as a result of the conduct of the member's employee or agent, and b. through a policy issued by a company licensed to carry on business in the province that provides coverage of at least \$10,000,000.00 per occurrence. <p>34.2 Bylaw 34.1 does not apply to a regulated member who is on a Student Register of CPSA and who is not performing medical services outside the member's educational program. 34.3 Membership in the Canadian Medical Protective Association is considered to meet the requirements of this section.</p>	<p>Professional Liability Insurance 35.1 All applicants applying for registration, unless exempted in a policy of Council, and all regulated members at renewal or upon request by the Registrar, must provide evidence satisfactory to the Registrar that:</p> <ul style="list-style-type: none"> a. they hold, and continue to hold, professional liability insurance that extends to all areas of the member's practice, including any vicarious liability of the member as a result of the conduct of the member's employee or agent, and b. through a policy issued by a company licensed to carry on business in the province that provides coverage of at least \$10,000,000.00 per occurrence. <p>35.2 Bylaw 35.1 does not apply to a. a regulated member who is on a Student Register of CPSA and who is not performing medical services outside the member's educational program. b. Physicians providing medical care through the Canadian Armed Forces. 35.3 Membership in the Canadian Medical Protective Association is considered to meet the requirements of this section.</p>	<p>The Committee recommends the addition of an exemption for professional liability insurance. Physicians who provide medical care through the Canadian Armed Forces are covered under their legal protections (see proposed bylaw 35.2). Therefore, they would not be required to be a member of the Canadian Medical Protective Association or other insurance provider. The College of Physicians and Surgeons of Saskatchewan also notes this exception in their bylaws.</p>
<p>Fitness to Practice 35.1 A regulated member making an application under Bylaw 29.3 must, on the request of the Registrar, submit evidence satisfactory to the Registrar confirming the member's fitness to practice.</p>	<p>Repeal</p>	<p>The Committee proposes that this bylaw be removed, as the requirement is already set out in the Health Professions Act and is therefore duplicative in the Bylaws.</p>

EXISTING	PROPOSED	RATIONALE
<p>Retired Members</p> <p>38.1 The Retired Member Register includes the names of those former regulated members who:</p> <p>a. have retired from the practice of medicine, and</p> <p>b. were in good standing with CPSA on the date of retirement.</p> <p>38.2 Each applicant for registration as a retired member must notify CPSA in writing of the effective date of retirement.</p> <p>38.3 A retired member shall not practice medicine in Alberta.</p>	Repeal	<p>These are existing bylaws that establish a Retired Member Register for former regulated members who have retired from practice and were in good standing at the time of retirement. However, the Committee believes that maintaining these bylaws is no longer necessary or practical for the following reasons:</p> <ul style="list-style-type: none">• The register is not being used.• Since retired members cannot practice medicine in Alberta, a retired member register no longer contributes to CPSA's regulatory activities.• Maintaining a register of retired physicians is more appropriately the role of professional associations, which focus on engagement, recognition, and support of members at all stages of their careers. CPSA, as a regulator, does not need to track or recognize retired members outside of its regulatory responsibilities.

EXISTING	PROPOSED	RATIONALE
<p>Naming of a Professional Corporation 43.1 Subject to section 10 of the Business Corporations Act and approval by the Registrar, the name of a professional corporation shall contain only the surname, or the surname and any combination of the given names or initials, of one or more regulated members of CPSA who are shareholders of the corporation followed by "Professional" and "Corporation" and an appropriate descriptive term such as "medical" or "surgical."</p>	<p>Naming of a Professional Corporation 42.1 Subject to section 10 of the Business Corporations Act and approval by the Registrar, the name of a professional corporation shall contain the surname, or the surname and any combination of the given names or initials, of one or more regulated members of CPSA who are shareholders of the corporation followed by "Professional" and "Corporation" or their abbreviations.</p>	<p>The Committee proposes the following two amendments: 1. Removal of the word 'only' and 2. Revision of last phrase.</p> <p>Removal of the word 'only' The use of the word "only" is intended to restrict advertising language that is prohibited under our Advertising SOP. However, including "only" in the Bylaws may inadvertently create an overly restrictive list of acceptable naming conventions. specifically: Given that the Standard of Practice already governs advertising content, removing "only" from the Bylaws would still ensure that, at a minimum, a physician's name and the words "professional corporation" are required. This would be compliant with legal advice received on this bylaw.</p> <p>Revision of last phrase Under the current bylaw, the name of a professional corporation must include the terms "Professional" and "Corporation," followed by an appropriate descriptive term such as "medical" or "surgical." However, it was noted that the requirement of a descriptive term is not supported by legislation and was not deemed enforceable by legal counsel. Given the administrative resources that would be needed to begin enforcing this bylaw now—especially considering other Registration priorities—it was determined that doing so would not be a practical or beneficial use of resources. Upon additional review, external legal counsel advised that the bylaw could be clarified to state that a professional corporation may include an appropriate descriptive term such as "medical" or "surgical." After considering both this advice and the resource implications, the team concluded that the requirement for a descriptive term</p>

EXISTING	PROPOSED	RATIONALE
		could be removed altogether and replaced with “or their abbreviations.”
COMMUNICATION WITH THE PUBLIC		

EXISTING	PROPOSED	RATIONALE
<p>Publication 49.1 The Registrar may publish or distribute any information required or permitted to be disclosed pursuant to: (a) Any section of the Act; (b) The Regulations; (c) The Personal Information Protection Act; (d) Any other enactment that applies to the College; or (e) As otherwise permitted or required by law.</p>	<p>Repeal</p>	<p>It is proposed that this bylaw be repealed, as it duplicates provisions already outlined in the HPA regarding the Registrar’s authority.</p>
<p>Publication 49.2 The information that the Registrar may publish or distribute includes, but is not limited to, the following: (A) information on the College’s register, including (i to viii). (B) information described below (i to xviii). (d) information regarding upcoming hearings or appeals; and (e) any decision, order or direction made under Part 4, Division 4 and Division 5 of the Act, including written decisions issued by a hearing tribunal or Council with respect to any matter.</p>	<p>See rationale column.</p>	<p>In Phase I of the Bylaw Review presented to Council in May 2025, these bylaws were revised and placed in the Registers and Registration of Regulated Members section. These can be found under Information in Registers and Disclosure of Register Information.</p>

EXISTING	PROPOSED	RATIONALE
There were no existing bylaws.	Publication of Information Respecting a Hearing or Appeal 47.1 The Registrar may publish information on the CPSA website concerning scheduled hearings of Hearing Tribunals or scheduled appeals to be heard by Council. 47.2 The information published may include the date, time, and location of the hearing or appeal and provide information on how to attend. It may also include the name of the registered member, the allegations, or a summary of the allegations subject to section 135.93 (Exceptions to disclosure) of the HPA.	These bylaws are being introduced to formalize bylaw oversight and authorization for information on hearings and appeals that is already published on the CPSA website.

EXISTING	PROPOSED	RATIONALE
There were no existing bylaws.	<p>Publication of Information on Orders of Hearing Tribunals, Complaint Review Committees, or Appeals</p> <p>47.3 Subject to sections 60(6) (Settlement); 119(1) (Access to regulated members' information); 135.92 (College website); 135.93 (Exceptions to disclosure), the Registrar may publish or distribute decisions and orders by Hearing Tribunals, Complaint Review Committees, and panels of Council (in whole or in part) in which there is a finding of unprofessional conduct as permitted or required by the Health Professions HPA and may include the investigated person's name.</p> <p>47.4 If a decision of a Hearing Tribunal, Complaint Review Committee, or panel of Council is under appeal, the Registrar may, in their sole discretion, either withhold publishing until all appeals are completed or publish the decision but add a notation that the decision is under appeal.</p> <p>47.5 If a decision of a Council panel is appealed to the Court of Appeal, then a note on the outcome of the appeal shall be included with the publication of the Hearing Tribunal and panel of Council decision.</p>	These bylaws are being introduced to formalize bylaw oversight and authorization for information on hearings and appeals that is already published on the CPSA website.

EXISTING	PROPOSED	RATIONALE
<p>49.4 In determining what information should be distributed or published for the purposes of section 119(1)(f) of the Act, the Registrar shall consider the following factors:</p> <ul style="list-style-type: none"> (a) whether publication or distribution is likely to cause harm to one or more persons; (b) whether publication or distribution is relevant to the regulated member's suitability to practice; (c) the public interest, including transparency of the College's discipline process; (d) the education of regulated members; and (e) any other factors that the Registrar considers relevant to this matter. 	<p>47.6 In determining what information should be distributed or published for the purposes of section 119(1)(f) of the HPA (Access to regulated members' information), the Registrar shall consider the following factors:</p> <ul style="list-style-type: none"> a. whether publication or distribution is likely to cause harm to one or more persons; b. whether publication or distribution is relevant to the regulated member's suitability to practice; c. the public interest, including transparency of the College's discipline process; d. the education of regulated members; and e. any other factors that the Registrar considers relevant to this matter. 	<p>This bylaw continues the existing provisions related to the publication of information on orders of hearing tribunals, complaint review committees, and appeals. The wording remains unchanged, apart from an update to the numbering scheme.</p>
<p>49.5 For the purpose of section 119(1)(f) of the Act, the Registrar may omit from publication or distribution any individually identifying information about any person identified in an order made by a hearing tribunal or the Council under Part 4 of the Act.</p>	<p>47.7 For the purpose of section 119(1)(f) of the HPA (Access to regulated members' information), the Registrar may omit from publication or distribution any individually identifying information about any person identified in an order made by a hearing tribunal or the Council under Part 4 of the HPA.</p>	<p>This bylaw continues the existing provisions related to the publication of information on orders of hearing tribunals, complaint review committees, and appeals. The wording remains unchanged, apart from an update to the numbering scheme.</p>
<p>There were no existing bylaws.</p>	<p>47.8 Subject to section 135.93 of the HPA (Exceptions to disclosure), with the permission of the investigated member, the Registrar may publish decisions, resolution agreements, or information pieces based on decisions or resolution agreements, in which there is no finding or admission of unprofessional conduct under the HPA, and may include the investigated person's name with their permission.</p>	<p>This bylaw continues the existing provisions related to the publication of information on orders of hearing tribunals, complaint review committees, and appeals. However, this is a new bylaw that allows for permission from investigated members in the publication of information.</p>

EXISTING	PROPOSED	RATIONALE
There were no existing bylaws.	47.9 For the purposes of this section, a. “published” means published on the CPSA website or a social media feed or channel controlled by CPSA, and b. “distributed” means circulated by email or a social media feed or channel controlled by CPSA.	This bylaw continues the existing provisions related to the publication of information on orders of hearing tribunals, complaint review committees, and appeals. However, this is a new bylaw that provides clarity around words used in this section.
49.3 The information described in this section may, subject to the Act, be published or distributed for the minimum period of time referred to in the Act, or such longer period as determined by the Registrar. 49.6 The information described above may, subject to the Act, be published or distributed for the minimum period of time referred to in the Act, or such longer period as determined by the Registrar.	47.10 The information described in this section may, subject to the HPA, be published or distributed for the minimum period of time referred to in the HPA, or such longer period as determined by the Registrar.	This bylaw continues the existing provisions related to the publication of information on orders of hearing tribunals, complaint review committees, and appeals. There was a duplication of this bylaw in the previous edition; therefore, this has been merged into one bylaw. The wording remains unchanged.
There were no existing bylaws.	Additional Information on the CPSA Website 47.11 In addition to information required on the CPSA website under section 135.92 (College website), and these Bylaws, CPSA may publish any information on its site, subject to any policies which may be approved by Council, a. that is made available in accordance with any applicable section of the HPA, Regulations, or these Bylaws, or b. that assists CPSA in carrying out the activities and performing other duties and functions that align with the role of the college under the HPA.	These bylaws are being introduced to formalize bylaw oversight and authorization for additional information published on CPSA's website.
ACCREDITATION		

EXISTING	PROPOSED	RATIONALE
50.1 For the purposes of this section, the definitions set out in section 8 of Schedule 21 of the HPA (Definitions) shall apply.	Definitions 48.1 For the purposes of this Part (a) "medical director" means a regulated member approved by the Registrar to be the medical director of a medical facility for the purposes of Schedule 21 of the Act and this Part of the bylaws. (b) "Schedule 21" means schedule 21 of the HPA. (c) "surgical service" has the same meaning as in section 0.1(q) of the Health Facilities Act	<p>The Committee recommends the expansion of this definitions section for greater clarity and understanding, along with a heading for Definitions.</p> <p>The definition of a medical director in this definition section replaces bylaw 50.7, which states, "An accredited medical facility shall have a designated medical director who is a regulated member in good standing with the College and with qualifications as set out in the accreditation standards. Notwithstanding, a medical laboratory that is operated by a regional health authority in Alberta may designate a certified clinical laboratory doctoral scientist with the qualifications as set out in the accreditation standards as a medical director."</p>

EXISTING	PROPOSED	RATIONALE
<p>50.5 In this section and for the purposes of section 8(g) of Schedule 21 of the HPA (Definitions) "prescribed health service" includes: (a-v list of services).</p>	<p>Prescribed Health Services</p> <p>50.1 For the purposes of Schedule 21, health services identified by the Council as "prescribed health services" are listed in Schedule 1.</p> <p>50.2 Notwithstanding anything else in these bylaws, the process for amending Schedule 1 of these bylaws shall be:</p> <p>(a) Proposed amendments shall be recommended to Council for approval by the Medical Facilities Accreditation Committee (MFAC).</p> <p>(b) Prior to making a recommendation to Council, MFAC may refer proposed amendments to advisory committees or other organizations, groups, corporations, or persons who have technical expertise or other relevant knowledge, for their review and comment.</p> <p>50.3 The Council shall consider the process leading up to MFAC's recommendation and may consider feedback received, provided that such input is received within the timeframe specified for feedback. If Council is satisfied that the process is appropriate in the circumstances and that the recommendation to amend the schedule is in the public interest, the Council will approve the amended schedule by simple majority vote, which may be conducted by resolution in writing in accordance with these bylaws.</p> <p>50.4 The Registrar and MFAC may establish policies or procedures for the review, amendment, gathering and reporting of feedback, and recording of amendments.</p>	<p>In our current bylaws, there is a long list of prescribed health services that runs for 9 pages, representing approximately 23% of the bylaw. These new bylaws propose moving the long list out of the main body of the bylaws into a schedule. This will</p> <ul style="list-style-type: none"> • take the list out of the middle of the bylaws, and • give the opportunity to update the list without updating the bylaws-proper, and • give CPSA the ability to have different rules for approving changes to the list because it isn't part of the core bylaws. <p>Bylaws 50.2 and 50.3 describe the simplified process for approving updates to the list. Under this proposal, Council is putting the onus on MFAC to do the due diligence before recommending a change to the list, and Council becomes the decider of whether</p> <ul style="list-style-type: none"> • the due diligence looks robust, and • the change to the list serves the public interest. <p>Council would not be in the business of deciding the medical/clinical aspects of adding or removing the procedure from the list (MFAC duty).</p> <p>Bylaw 50.4 clarifies that policies and procedures for how the list will be updated can be made. This would improve consistency and rigor but would not bind Council (as a higher authority Council is not bound by a policy made by a subordinate official/committee).</p> <p>A heading has also been added.</p>

EXISTING	PROPOSED	RATIONALE
<p>50.6 In addition to Bylaw 50(5), “prescribed health service” shall mean only those procedures which will safely allow the discharge of a patient from medical care in the accredited medical facility within 12 hours of completion of the surgical procedure by a regulated member unless the accredited medical facility is approved for extended stays.</p>	<p>Schedule 1 In this section and for the purposes of section 8(g) of Schedule 21 of the HPA (Definitions) "prescribed health service" means only those procedures which will safely allow the discharge of a patient from medical care in the accredited medical facility within 12 hours of completion of the surgical procedure by a regulated member unless the accredited medical facility is approved for extended stays and includes: (list of services).</p>	<p>The wording for this bylaw remains unchanged, but has been moved to Schedule 1 to remove any confusion with the proposed Bylaw 50.1 and provide a general definition.</p>
<p>50.7 An accredited medical facility shall have a designated medical director who is a regulated member in good standing with the College and with qualifications as set out in the accreditation standards. Notwithstanding, a medical laboratory that is operated by a regional health authority in Alberta may designate a certified clinical laboratory doctoral scientist with the qualifications as set out in the accreditation standards as a medical director.</p>	<p>It is proposed that this bylaw is removed, based on the proposed bylaw and rationale for Bylaw 48.1.</p>	<p>See rationale explained for Bylaw 48.1</p>

EXISTING	PROPOSED	RATIONALE
There were no pre-existing bylaws.	<p>Accreditation Category</p> <p>51.1 In addition to accreditations performed under Schedule 21, CPSA may enter into agreements with the Government of Alberta or a Health Authority to provide accreditation services under contract.</p> <p>51.2 An accreditation performed under Schedule 21 shall be categorized as a "Schedule 21 Accreditation". An accreditation performed under contract shall be categorized as a "Contract Accreditation Service."</p> <p>51.3 The HPA, these bylaws, and policies and procedures established under these bylaws apply only to Schedule 21 Accreditations.</p> <p>51.4 The Registrar and MFAC may establish policies and procedures for the administration of Contract Accreditation Services, subject to the applicable contracts and any conditions established by the Council in policy.</p>	<p>The Committee recommends the addition of this bylaw to deal with the fact that CPSA does two kinds of accreditation:</p> <ul style="list-style-type: none">• accreditation under the HPA• accreditation by contract <p>The aim is to clarify that contracted accreditation is not subject to the bylaws and should not rely on CPSA's regulatory powers. There aren't currently any Council policies that govern these contracts or how they are fulfilled but theoretically there could be in the future. This makes it clear that Council is retaining this authority in case it chooses to use it in the future.</p>

EXISTING	PROPOSED	RATIONALE
<p>50.8 Upon application by a medical director of a medical facility, the Registrar may, subject to the accreditation standards, provide interim approval for the performance of any prescribed health service until the determination of the request by the accreditation committee.</p> <p>50.9 The medical director of a medical facility shall pay or cause to be paid to the College those fees and expenses determined by the accreditation committee, which shall include:</p> <ul style="list-style-type: none"> a. an initial registration fee set by Council, b. an annual renewal of registration fee set by Council, and c. the actual cost of any initial or subsequent inspection of the medical facility, including all expenses incurred by the accreditation committee or its sub- committee for any assessment, inspection, or both. 	<p>Application for Accreditation</p> <p>53.1 A regulated member who files an application for accreditation of a medical facility under section 8.3 of Schedule 21 shall provide to the Registrar:</p> <ul style="list-style-type: none"> (a) an application in the form determined by the Registrar, (b) the name and contact information of the proposed medical director and information satisfactory to the Registrar describing their qualifications to be the medical director for the purposes of Schedule 21 and these bylaws, and their responsibilities and authorities within the facility, (c) the name of the medical facility, (d) the business and mailing addresses of the corporation, (e) the legal names and contact information, including email and home addresses, of all voting and non-voting shareholders, (f) a listing of all directors who are regulated members and their contact information, (g) a description of the proposed medical procedures the facility offers or intends to offer if accreditation is granted, (h) information required to be provided in accordance with the applicable accreditation standard or standards, (i) the requested accreditation start date, (j) other information of an administrative nature required by the Registrar for the expedient processing of the application, and (k) payment of the applicable application fee and any outstanding fees. 	<p>Application for Accreditation</p> <p>It is proposed that Bylaws 50.8 and 50.9 are replaced by Bylaws 53.1 to 53.3.</p> <p>Bylaw 53.1 by outlines the rules for accreditation applications. The HPA says “8.3(1) The medical director of a medical facility may apply to the registrar in accordance with the regulations...” but CPSA’s regulations are silent on how to register. In the absence of regulations (which have to go through the legislature), the Committee recommends the addition of rules for application in the bylaws. The requirements here are consistent with CPSA’s current application requirements and would provide legitimacy for requested requirements.</p> <p>Decision on Application for Approval</p> <p>Bylaws 53.2 and 53.3 seek to define what it means to submit an application, and attempts to define basic procedural fairness consistent with the requirements found in other sections of the HPA.</p> <p>The HPA says “(2) On receipt of an application under subsection (1) the accreditation committee must review the application in accordance with the bylaws...” so 53.3 describes the review process. Under the current bylaws, the Registrar provides an interim approval for an unspecified period of time before MFAC reviews the application and makes a final determination. The Committee proposes that MFAC delegate the review process and decision-making to the Registrar.</p>

EXISTING	PROPOSED	RATIONALE
	<p>Decision on Application for Approval</p> <p>53.2 The Registrar must, as soon as reasonably possible, on receipt of an application for accreditation, give notice to the medical director that the application has been received, whether it is complete and if it is not complete, why it is not complete.</p> <p>53.3 On receipt of a complete application, the Registrar must, under delegated MFAC authority,</p> <p>(a) consider the suitability of the proposed medical director to act as the medical director for the medical facility for the purposes of the Schedule 21 and these bylaws, and decide whether to recognize the person as the medical director for the facility, and</p> <p>(b) consider the application in accordance with sections 8.2(2) and (3) of Schedule 21.</p>	
<p>50.10 Any accreditation granted by the accreditation committee under Section 8.3(2) of Schedule 21 of the HPA (Application for accreditation) shall expire effective 12:01 a.m. on February 1 following the date of accreditation unless the accreditation has been renewed in accordance with these bylaws.</p>	<p>Granting Accreditation</p> <p>53.4 Accreditation granted by the Registrar under delegated MFAC authority in accordance with section 8.3(2) of Schedule 21</p> <p>(a) is effective on the actual date that it is issued or the requested accreditation start date provided in the accreditation application, whichever is later,</p> <p>(b) applies only to prescribed health procedures and accreditation standards the facility is accredited to offer,</p> <p>(c) expires on the date specified by the Registrar on the accreditation certificate.</p> <p>53.5 An accredited medical facility must submit a complete application for renewal of their accreditation, including payment of any applicable fees and levies, at least 30 days before the expiry date.</p>	<p>These bylaws provide more basic procedural fairness, consistent with current bylaws except decision-making is more clearly given to the Registrar.</p>

EXISTING	PROPOSED	RATIONALE
<p>50.11 The accreditation committee may, from time to time, appoint one or more of its members, consultants or both as a sub-committee with particular expertise in the services provided in a medical facility and delegate to that sub-committee the authority to conduct an assessment of an application for accreditation or renewal of accreditation of a medical facility or to conduct an inspection of a medical facility, or both and report thereafter to the accreditation committee.</p> <p>50.15 As part of an assessment of an application for accreditation, an application for renewal of accreditation or ensuring the continuing compliance of a medical facility with existing accreditation, the accreditation committee shall determine whether the skill, knowledge and training of a specified regulated member is sufficient for that regulated member to perform a prescribed health service in the medical facility.</p>	<p>Renewal of Accreditation 53.6 An accredited medical facility applying for renewal of its accreditation shall provide to the Registrar: (a) an application in the form determined by the Registrar, (b) evidence satisfactory to the Registrar that the medical facility continues to comply with Schedule 21 and the applicable accreditation standard or standards, and (c) other information of an administrative nature required by the Registrar for the expedient processing of the application.</p> <p>Changes to Scope of Accreditation 53.7 An accredited medical facility seeking to add additional prescribed health procedures to its scope of accreditation shall submit an application acceptable to the Registrar for the accreditation of the new procedures in accordance with the application for accreditation section of these bylaws.</p> <p>Cancelled or Expired Accreditations 53.8 The Registrar shall: (a) enter on the appropriate record a memorandum with respect to the name of an accredited medical facility whose accreditation has expired or been cancelled; and (b) notify the medical director, the Minister of Health, and all other parties considered necessary by the Registrar, that the accreditation has expired or been cancelled.</p>	<p>These bylaws provide more basic procedural fairness, consistent with current bylaws except decision-making is more clearly given to the Registrar.</p>

EXISTING	PROPOSED	RATIONALE
<p>50.12 There shall be paid to members of the accreditation committee, a sub-committee and any consultants retained by them such fees for attendance and such reasonable traveling expenses as may be fixed by Council.</p>	<p>Repeal</p>	<p>It is proposed that this bylaw is being removed as it is duplicative and already addressed in the Honoraria and Expenses Policy.</p>
<p>50.13 The accreditation committee shall: a. develop and direct regular reviews of the ownership and operation of any medical facility and the financial arrangements pertaining thereto, b. ensure that the operation of a medical facility is in accordance with the accreditation standards, c. confirm that the practice of medicine conducted in a medical facility and the financial arrangements pertaining thereto are in accordance with the code of ethics and standards of practice approved by the Council, d. assess the adequacy of the design of the medical facility and the equipment utilized therein along with the standards of operation of the medical facility in providing medical services, including prescribed health services, to the public, and e. assess the business and professional relationships between regulated members conducting the practice of medicine and the owners of the medical facility.</p>	<p>Medical Facilities Accreditation Committee (MFAC) 27.1 MFAC may exercise the following powers and duties, in addition to any powers and duties prescribed under the HPA , and [Part 5] in these bylaws: a. ensure the operation of an accredited medical facility is in accordance with the Accreditation Standards , b. assess the adequacy of the design of an accredited medical facility and the equipment utilized therein, along with the standards of operation used in providing medical services, including prescribed health services, to the public, and</p>	<p>This bylaw was moved from this section to Part 1 – Council and Organization, under the Medical Facilities Accreditation Committee, during Phase I of the bylaw review brought to Council in May 2025. Legal review revealed that MFAC is not required to complete these actions under the HPA; therefore, the language was changed from "shall" to "may."</p> <p>Based on legal advice, clauses (a), (c), and (e) are being removed, as the financial and business aspects of medical facilities are not reviewed as part of the accreditation process and are not required for the purpose of accreditation.</p>

EXISTING	PROPOSED	RATIONALE
50.14 The accreditation committee shall determine the specific provisions of the accreditation standards which apply to a specific medical facility or class of medical facility.	27.1 MFAC may exercise the following powers and duties, in addition to any powers and duties prescribed under the HPA, and [Part 5] in these bylaws: c. recommend the specific provisions of the accreditation standards which apply to a specific medical facility or class of medical facility.	<p>This bylaw follows the same pattern as 50.13, therefore, it has been moved to Part 1 – Council and Organization, under the Medical Facilities Accreditation Committee, as an additional bullet point for what MFAC may do.</p> <p>The wording was also changed from 'determine' to 'recommend' to be consistent with Council's final approval on accreditation standards.</p>

<p>Responsibilities of a Medical Director of a Medical Facility</p> <p>51.1 Subject to section 8.4 of Schedule 21 of the HPA (Inspections of medical facilities), the medical director of a medical facility which is the subject of an assessment or inspection by the accreditation committee shall co-operate fully, which shall include:</p> <ul style="list-style-type: none">a. permitting assessors to enter the medical facility and inspect the premises and all diagnostic equipment located therein,b. permitting the assessors to inspect all records pertaining to the provision of medical services, including prescribed health services, and providing copies of the same if so requested,c. providing to the assessors information requested by them in respect of the provision of medical services, including prescribed health services, in the medical facility,d. providing the information described in Bylaw 51(1)(C) in the form requested by the assessors,e. providing requested samples or copies of any material, specimen, radiological image or product originating from the medical services, including prescribed health services, provided by the medical facility,f. answering questions posed by the assessors as to procedures or standards of performance and if requested providing copies of records relating to procedures followed and standards of performance applied in the medical facility, andg. providing requested copies of all documents and information relating to business arrangements involving the practice of medicine conducted in the medical facility, which shall include lease arrangements, management agreements, records of advertising and agreements for the provision of	<p>Responsibilities of a Medical Director of a Medical Facility</p> <p>55.1 For the purposes of this section, “assessors” means a person or committee appointed or established by MFAC under clauses 8(2)(4) and (5) of Schedule 21.</p> <p>55.2 Subject to section 8.4 of Schedule 21 of the HPA, the medical director of a medical facility which is the subject of an assessment or inspection shall co-operate with MFAC or any person acting on behalf of MFAC under the HPA. Full co-operation includes:</p> <ul style="list-style-type: none">(a) permitting assessors to enter the medical facility and inspect the premises and all diagnostic equipment located therein;(b) permitting the assessors to inspect all records pertaining to the provision of medical services, including prescribed health services, and providing copies of the same if so requested;(c) providing to the assessors information requested by them in respect of the provision of medical services, including prescribed health services, in the medical facility;(d) providing requested samples or copies of any material, specimen, radiological image or product originating from the medical services, including prescribed health services, provided by the medical facility;(e) answering questions posed by the assessors as to procedures or standards of performance and, if requested, providing copies of records relating to procedures followed and standards of performance applied in the medical facility;(f) providing requested copies of all documents and information relating to business arrangements involving the practice of medicine conducted in the medical facility, which shall include lease arrangements, management agreements, records	<p>This section is consistent with the existing bylaws, with changes to the extent to which medical facilities cooperate with MFAC and the inclusion of a definition for assessors.</p>
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EXISTING	PROPOSED	RATIONALE
<p>medical services, including prescribed health services.</p> <p>51.1 A medical director must assess the educational background, qualifications and ongoing experience of regulated members and non-medical personnel assisting a regulated member in the provision of medical services, including prescribed health services, in the medical facility and authorize them to provide services within a specific clinical domain and/or individual clinical procedure(s) in the medical facility.</p> <p>51.2 The accreditation committee may, with or without notice, suspend the accreditation or impose conditions on the accreditations of a medical facility if the medical director fails to co-operate fully with an assessment or inspection by the accreditation committee or its sub-committee appointed under Bylaw 50(15).</p> <p>51.3 Any suspension or conditions imposed under Bylaw 51(3) shall be cancelled once the accreditation committee is satisfied that medical director has co-operated fully pursuant to Bylaw 51(1).</p>	<p>of advertising and agreements for the provision of medical services, including prescribed health services.</p> <p>55.3 A medical director must</p> <p>(a) assess the educational background, qualifications and ongoing experience of regulated members and non-medical personnel assisting a regulated member in the provision of medical services including prescribed health services in the medical facility, and</p> <p>(b) authorize regulated members, allied health professionals and non-medical personnel to provide services within a specific clinical domain and/or individual clinical procedure(s) in the medical facility,</p> <p>(c) report to the Registrar any changes to the scope of medical services provided by the facility,</p> <p>(d) participate in any mandatory training or education provided by CPSA to Medical Directors.</p> <p>55.4 The accreditation committee may, with or without notice, suspend the accreditation or impose conditions on the accreditation of a medical facility if the medical director fails to co-operate fully with an assessment or inspection by the accreditation committee or an assessor.</p> <p>55.5 A suspension or conditions imposed under this section shall be removed once the accreditation committee is satisfied that medical director has co-operated fully.</p>	

EXISTING	PROPOSED	RATIONALE
<p>Accreditation Standards 52.1 Despite Bylaws 7 and 8, the accreditation standards for accreditation of all medical facilities required under this section and section 8.1(1) of Schedule 21 of the HPA (Requirement for Accreditation) are determined, and amended from time to time, by simple majority resolution of Council.</p>	<p>Accreditation Standards 52.1 Accreditation standards shall be approved and amended as described in sections 50(2) through (4) of these Bylaws, all necessary changes implied. 52.2 Prior to making a recommendation to Council, MFAC may provide any proposed amendments for review and comment to a. regulated members, b. affected health authorities, and c. other relevant stakeholders as determined by the Registrar and MFAC, unless the change constitutes a minor revision that is administrative or editorial in nature, as determined by MFAC.</p>	<p>The Committee recommends a revision to Bylaw 52.1, which includes the same abbreviated process for approving accreditation standards as for approving prescribed health services. This would mean the onus would be on MFAC to do the due diligence and Council would stay focused on does the due diligence looks robust, and does the standard serve the public interest.</p>
<p>There were no existing bylaws.</p>	<p>Record of Accredited Medical Facilities 54.1 The Registrar shall keep and maintain the following information in the record of accredited medical facilities: (a) the business name and business and mailing addresses of the medical facility, (b) the unique accreditation number issued to the medical facility, (c) the name and contact information of the medical director and of any other directors who are regulated members, (c) a listing of all directors who are regulated members, (d) the date on which the accreditation was granted and on which it expires, (e) a description of any conditions on the accreditation and of any directions given to the medical director or the medical facility, (e) information on expiry or cancellation of the accreditation if it expires or is cancelled.</p>	<p>The HPA and current bylaws are silent on a Register or Record of medical facilities that are accredited. This sets up the basic parameters of a register using similar principles that applied to the member register and current practices.</p>

EXISTING	PROPOSED	RATIONALE
	54.2 The Registrar may remove information from the record of accredited medical facilities when the information is incorrect or after five years once the facility is no longer accredited and when CPSA has no legal or business reason to retain the information.	
There were no existing bylaws.	Disclosure of Information on the Record of Accreditation 54.3 The Registrar shall publish a list of active accredited medical facilities in Alberta on the College website. The list will include as a minimum the business name of each accredited medical facility as well as the dates of issue and expiry of the accreditation certificate.	The introduction of this new bylaw allows for CPSA to publish an accredited facility searchable database on the CPSA website.
APPEALS		
There were no existing bylaws.	Definitions 56.1 For the purposes of this Part, a. "party" means a person entitled to appear and make representations before Council in a review or appeal proceeding. b. "book of authorities" means a document containing complete copies of any case law and excerpts of any statute law on which a party intends to rely in written or oral argument.	The current bylaws lack a definition section for this Part. The Committee supports adding this section to enhance clarity and make the section more accessible to non-legal readers.

EXISTING	PROPOSED	RATIONALE
<p>Delegation of Council Reviews and Appeals to a Review Panel</p> <p>53.1 Council delegates its duty and authority to hear and determine:</p> <ul style="list-style-type: none"> a. a request for review under section 31 of the HPA (Review application); b. a request for a review under section 41 of the HPA (Review by council); c. a request for a review under section 38 of the Regulations; d. an appeal under section 87(1) of the HPA (Appeal to council); e. an appeal under section 118(6) of the HPA (Assessing incapacity); and f. an appeal under section 8.5 of Schedule 21 of the HPA (Appeal of accreditation committee's decision); to a panel (Review Panel) of the Council. 	<p>Delegation of Council Reviews and Appeals to a Review Panel</p> <p>57.1 In accordance with section 18(1)(a) of the HPA, Council delegates its duty and authority to hear and determine the following to a panel (Review Panel) of the Council:</p> <ul style="list-style-type: none"> a. a request for review under section 31 of the HPA (Review application); b. a request for a review under section 41 of the HPA (Review by council); c. a request for a review under section 38 of the Regulations; d. an appeal under section 87(1) of the HPA (Appeal to council); e. an appeal under section 118(6) of the HPA (Assessing incapacity); f. an appeal under section 8.5 of Schedule 21 of the HPA (Appeal of accreditation committee's decision); and g. an appeal under section 93 of the HPA (Application to vary order). 	<p>The Committee proposes two amendments:</p> <ol style="list-style-type: none"> 1. Addition of connection to the HPA in the opening line: The revision strengthens the connection to the HPA, explicitly demonstrating why Council has the authority to delegate its powers. 2. Addition of HPA section: The addition of (g) aligns with (a) to (f) by reinforcing this direct link to the HPA.
<p>Delegation of Council Reviews and Appeals to a Review Panel</p> <p>53.3 An appeal or review for all matters other than an appeal under section 87(1) of the HPA (Appeal to council) shall be heard by a Review Panel of four (4) voting members of Council as selected by the Hearings Director. At least two (2) of these four members shall be public members.</p> <p>53.4 An appeal under section 87(1) of the HPA (Appeal to council) shall be heard by a panel of four voting members of the Council as selected by the Hearings Director. At least two (2) of the four (4) members shall be public members.</p>	<p>Delegation of Council Reviews and Appeals to a Review Panel</p> <p>57.3 Subject to sections 12 and 18(4) of the HPA, an appeal or review, in accordance with bylaw 57.1, shall be heard by a Review Panel composed of four (4) voting members of Council, as selected by the Hearings Director. The composition of the Review Panel shall reflect a 50% balance between public members and physician members, with two (2) public members and two (2) physician members.</p>	<p>The Committee proposes two amendments:</p> <ol style="list-style-type: none"> 1. Merger of bylaws: Both existing bylaws address the composition of the review panel. To reduce redundancy and improve clarity, the Committee recommends merging them into a single bylaw. 2. Composition of the review panel: The proposed bylaw explicitly includes two (2) physician members on the panel to ensure balanced representation and uphold the principle of physician self-governance. Legal review also proposed that this bylaw is subject to sections 12 and 18(4) of the HPA which allows for a Review Panel to continue if one member is unable to continue.

EXISTING	PROPOSED	RATIONALE
Filing Deadlines and Length of Submissions to the Review Panel 54.3 A party may request the chair of the Panel, through the Hearings Director, that the Panel, with notice to all involved parties, to authorize a different date for the filing deadline. 54.6 A party may request the chair of the Panel, through the Hearings Director that the Panel, with notice to all involved parties, to authorize written submissions in excess of the 30- page limit.	Filing Deadlines and Length of Submissions to the Review Panel 58.3 A party may request the chair of the Panel authorize a different date for the filing deadline. This request may be made through the Hearing Director who will communicate with the Chair of the Panel. 58.5 A party may request the chair of the Panel authorize written submissions in excess of the 30- page limit. This request may be made through the Hearing Director who will communicate with the Chair of the Panel.	The Committee recommends these changes to improve readability and enhance clarity.
There were no existing bylaws.	58.8 As per section 132(1)(d) of the HPA (Bylaws), hearings, appeals, registration reviews, and complaint reviews will all be held virtually unless the panel decides to hold the session in person. Requests for in person sessions should be submitted to the Hearing’s Director, who will forward the request to the panel to decide.	Section 132(1)(d) of the HPA states that “a council may make bylaws respecting quorum, procedures at meetings and the holding of council, committees, tribunals and other entities meetings by mail, telephone conference, audiovisual or other electronic means...” The Committee proposes this new bylaw to provide further guidance on virtual and in-person appeal sessions.
STATUTORY ADMINISTRATION		
Remuneration of Council Members 2.1 Members of Council, including non-voting members and members of committees when attending or conducting business on behalf of CPSA, may claim expenses and per diem amounts as determined by resolution of Council.	Expenses and Remuneration 59.1 Members of Council, members of committees established under the HPA or these bylaws, and tribunals, or other Committees established by Council are eligible for per diem amounts and expenses determined by Council in policy.	This bylaw has been moved from the Council and Organization section to the Statutory Administration section. It has also been revised. The revision introduces greater clarity and removes duplication.

EXISTING	PROPOSED	RATIONALE
<p>Fees, Charges and Levies 24.1 The fees, charges and levies of CPSA shall be determined by resolution of Council.</p>	<p>Cost, Fees, Levies and Assessments 60.1 Council shall approve all costs, fees, levies, and assessments charged under the HPA. 60.2 Any fee approved for a preceding year shall continue in subsequent years until or unless a different fee is approved, or the fee is discontinued by Council. 60.3 Costs and fees charged for any thing or service that is not specifically under the HPA shall be administered in accordance with policies established by the CEO.</p>	<p>The existing bylaws briefly state: 'The fees, charges and levies of CPSA shall be determined by resolution of Council,' and the proposed bylaws aim to expand this, as this matter has a significant impact on the rights and legitimate expectations of regulated members and applicants. Clause (2) is a new clause which was added in case the annual review isn't completed or in case a fee is missed in the annual approval process. Clause (3) is a new bylaw. CPSA can charge fees under the Personal Information Protection Act (PIPA) as well as for accreditation and TPP services under contract and could (as a contract and charge other fees for non-HPA services. This, in conjunction with "under the Act" in subsection (1) brings the approval and review of those fees outside the purview of the bylaws and of council.</p>

EXISTING	PROPOSED	RATIONALE
<p>Code of Ethics and Standards of Practice</p> <p>8.1 At least thirty (30) days before Council considers a motion to adopt or amend a code of ethics or a standard of practice, the Registrar shall provide, for review and comment, a copy of the proposed code of ethics or standard of practice in accordance with section 133(2) of the HPA (Code of Ethics, standards of practice).</p> <p>8.1 A person receiving notice under Bylaw 8(1) may make submissions in writing to the Registrar within the time period stipulated by the Registrar.</p> <p>8.2 Council shall review and consider any submissions made under Bylaw 8(2).</p> <p>8.3 Council may, on a two-thirds (2/3) majority vote of members of Council present at a meeting, adopt or amend the code of ethics.</p> <p>8.4 Council may, on a majority vote of members of Council present at a meeting, adopt or amend standards of practice.</p> <p>8.5 Whenever amendments are made to the code of ethics or standards of practice, any consequential editorial changes as required are implied.</p>	<p>Standards of Practice and Code of Ethics</p> <p>61.1 Council shall approve and adopt a Code of Ethics and Standards of Practice following an internal and external stakeholder feedback process in accordance with the HPA and policies or processes approved by the Registrar.</p> <p>(a) Regulated members and stakeholders shall have at least 30 days to review and provide comment on any proposed new Standard of Practice or Code of ethics, or any substantive amendment to either.</p> <p>61.2 Council shall review and consider the feedback that has been obtained via all feedback processes prior to final approval and adoption.</p> <p>61.3 Council may, on a two-thirds (2/3) majority vote of members of Council in attendance at a meeting, adopt or amend the code of ethics.</p> <p>61.4 Council may, on a majority vote of members of Council in attendance at a meeting, adopt or amend standards of practice.</p> <p>61.5 The Code of Ethics will be reviewed at least every 7 years, or as required, based on new or revised legislation, and/or any new or impending changes in practice impacting professional ethics.</p> <p>61.6 Standards of Practice will be reviewed as required to address new or impending changes in professional practice.</p> <p>61.7 Whenever amendments are approved to the Code of Ethics or Standards of Practice, any consequential editorial changes required to bring the amendment to proper effect are implied. The Registrar shall approve editorial changes before publication.</p>	<p>This section builds on the existing Bylaws 8. It is proposed that this is moved out of the Section on Council and Organization, and placed under a new section, Statutory Administration.</p> <p>Bylaw 61.1(a) tries to capture the time aspect of 61.1 while leaving significant discretion on process to the Registrar.</p> <p>Bylaw 61.5 is new. Conceptually, the Code of Ethics deals with a person's motives (WHY they did what they did) and a violation of the code suggests moral blameworthiness. Morality tends to shift slowly and so reviews need not be too frequent but should occur with some regularity.</p> <p>Bylaw 61.6 is new. Conceptually, Standards of Practice deal with a person's actions (WHAT they did). Standards should stay current with best medical practice and so they should be reviewed and amended whenever changes occur in medical best practices.</p> <p>Bylaw 61.7 has been extended slightly for clarity and gives the Registrar oversight on editorial changes.</p>

EXISTING	PROPOSED	RATIONALE
<p>Bylaws</p> <p>7.1 A Bylaw or an amendment of a Bylaw requires a two-thirds (2/3) majority vote.</p> <p>7.2 A Bylaw, or an amendment to a Bylaw, under section 132(1) of the HPA (Bylaws) may be passed at any meeting of the Council provided:</p> <p>a. A notice of motion has been given at a previous meeting, or</p> <p>b. A notice of motion has been sent to all members of Council at least fourteen (14) days prior to the meeting.</p> <p>7.3 A notice of motion may be waived by a unanimous vote of the Council.</p> <p>7.4 Whenever an amendment is made to the Bylaws, any consequential editorial changes to the bylaws as required are implied.</p>	<p>Approval and Amendment of Bylaws</p> <p>62.1 The bylaws will be reviewed as needed to address specific matters as they arise and shall undergo a comprehensive review at least once every 7 years.</p> <p>62.2 Any proposed amendments shall be reviewed by Council. If, in the opinion of Council, a proposed amendment constitutes a substantive change that affects regulated members in their professional practice or their rights within CPSA, Council shall direct that the proposed amendment be circulated to regulated members for feedback. When the proposed amendments are circulated for feedback, regulated members shall have at least 30 days to review and provide comment. Minor revisions that are administrative or editorial in nature will not require regulated member review.</p> <p>62.3 The Council must consider feedback received from the members if such input was sought, provided that such input is received within the timeframe specified for feedback.</p> <p>62.4 Amendments of the Bylaws must be approved and adopted by Council by a two-thirds (2/3) majority vote of members in attendance before coming into force.</p> <p>62.5 The Registrar may establish policies or procedures for the review, drafting, gathering and reporting of feedback, and recording of amendments.</p> <p>62.6 A Bylaw, or an amendment to a Bylaw may be passed at any meeting of the Council provided:</p> <p>(a) A notice of motion has been given at a previous meeting, or</p> <p>(b) A notice of motion has been sent to all members of Council at least fourteen (14) days prior to the meeting.</p>	<p>This section builds on the existing Bylaws 7. It is proposed that this is moved out of the Section on Council and Organization, and placed under a new section, Statutory Administration.</p> <p>Bylaw 62.1 is a new bylaw, introduced to standardize the time when comprehensive reviews are needed.</p> <p>Bylaws 62.2 and 62.3 are new bylaws, which introduce stakeholder consultation for substantive bylaw changes.</p> <p>Bylaw 62.8 has been extended slightly for clarity and gives the Registrar oversight on editorial changes.</p>

EXISTING	PROPOSED	RATIONALE
	<p>62.7 A notice of motion may be waived by a unanimous vote of the Council.</p> <p>62.8 Whenever amendments are approved to the Code of Ethics or Standards of Practice, any consequential editorial changes required to bring the amendment to proper effect are implied. The Registrar shall approve editorial changes before publication.</p>	
OPERATIONS ADMINISTRATION		
There were no existing bylaws.	<p>Scope of Operational Administration</p> <p>63.1 This Part applies to the management and conduct of non-statutory activities of CPSA that support and enable its ability to exercise the rights, powers, and privileges of CPSA and to carry out the duties of CPSA. Nothing in this Part is intended to interfere with the appropriate exercise of the powers and duties of CPSA established by the HPA and these Bylaws.</p>	This new section of the Bylaws includes updates to some existing bylaws as well as new bylaws that have been added. The updates modernize current rules, and the new bylaws address areas that were not previously covered.
<p>CPSA Seal</p> <p>45.1 The Registrar shall:</p> <p>(A) have custody of the seal of the College; and</p> <p>(B) affix the seal to all documents requiring the seal.</p> <p>45.2 Council may amend the design of the seal.</p>	<p>CPSA Seal</p> <p>64.1 CPSA shall have a college seal in the form approved by the Council. The Registrar may maintain care and custody of the seal and shall determine in policy, the purposes for which the seal may be used.</p>	This is an update to the existing bylaw. The existing bylaw gives the Registrar authority to have custody of the seal and to affix to all documents requiring the seal. It also says that Council may amend the design of the seal. This bylaw has been updated to improve clarity and make it less prescriptive.

EXISTING	PROPOSED	RATIONALE
There were no existing bylaws.	<p>Administrative Functions on behalf of others</p> <p>65.1 CPSA may enter into agreements with the Government of Alberta or other entities to administer programs or functions on their behalf, provided such activities are consistent with the role of CPSA as permitted by subsection 3(4) of the HPA.</p> <p>65.2 CPSA may enter into agreements with the Government of Alberta or other entities to administer programs or functions on their behalf, provided such activities are consistent with the role of CPSA as permitted by subsection 3(4) of the Act.</p> <p>65.3 The Registrar may establish policies and procedures for the administration of the TPP or other programs, subject to the applicable agreements and any conditions established by Council in policy.</p>	CPSA administers the Tracked Prescription Program (TPP) under contract on behalf of Alberta Health as well as facilities accreditation (which is addressed in the MFAC section) and could conceivably enter into other similar agreements. This section makes this legitimate. There is no similar section in the current bylaws. It also makes room for other agreements.
There were no existing bylaws.	<p>Execution of Documents</p> <p>66.1 Deeds, transfers, mortgages, assignments, contracts, agreements, obligations and other instruments in writing requiring execution by CPSA shall be signed in accordance with policy approved by the CEO.</p>	This is a new bylaw to fill a gap that is not in the current bylaws.

EXISTING	PROPOSED	RATIONALE
Documents, Records and Forms 46.1 The Registrar is authorized to determine such forms, certificates, permits or other documents that may be required for the purposes of the HPA, the Regulations and these Bylaws. 46.2 All deeds, mortgages, securities, documents or other papers not in current use in the Registrar's office shall be retained in safe keeping as determined by the Registrar. 46.3 Subject to any enactment of Alberta or Canada, the Registrar is authorized to prescribe the record retention period for all records, provided all legal requirements are met. 46.4 For the purpose of Bylaw 44(3), "records" shall mean the physical representation or recording of any information, data or other thing that is capable of being represented or reproduced visually or by sound, or by both.	Documents and Records 67.1 All documents and records required under the HPA or for any other legal or business purpose shall be retained in safe keeping in accordance with policies approved by the CEO. Subject to any applicable laws of Alberta or Canada, the CEO is authorized to prescribe the retention periods for such documents and records, provided that all legal requirements are met.	The proposed bylaws update and streamline the existing bylaws and shift authority from the Registrar to the CEO, as this was determined to be an operational responsibility.
There were no existing bylaws.	Annual Reporting Year 68.1 CPSA's annual reporting year begins on January 1 and ends the following December 31.	This is a new bylaw, which seeks to differentiate that there is an annual reporting year and a fiscal year.
Fiscal Year 25.1 The fiscal year of CPSA commences January 1 and ends the following December 31.	Fiscal Year 69.1 CPSA's fiscal year begins on January 1 and ends the following December 31.	It has been moved to the Operations Administration section for better flow. Minor editorial change has been made to the bylaw for clarity.

EXISTING	PROPOSED	RATIONALE
Money on Deposits 27.1 All funds of CPSA shall be deposited in the banking institution designated by the Registrar. 27.2 The Registrar shall designate the individuals authorized to withdraw and pay out the funds of CPSA.	Banking Arrangement 70.1 The banking business of CPSA shall be transacted with one or more Schedule 1 banks or financial institutions approved by the CEO. 70.2 All funds received shall be deposited in the name of the College of Physicians & Surgeons of Alberta. 70.3 The CEO is authorized to conduct all banking and investment transactions on behalf of CPSA, including, but not limited to, credit arrangements, deposits, withdrawals, and investments, in accordance with applicable CEO policy as approved by Council.	The current CPSA bylaws on Moneys on Deposit and Investments grant authority to the Registrar. The following revision is proposed which adds new bylaws on banking and credit arrangements, and revises investment provisions, shifting authority to the CEO as operational matters. CPSO bylaws were also used as a model.
Investments 28.1 Investments made by CPSA shall be made in the name of the College of Physicians & Surgeons of Alberta. 28.2 Council shall establish an investment policy and amend it from time to time.	Investments 71.1 Investments shall be made in the name of the College of Physicians & Surgeons of Alberta and shall comply with the investment parameters established by the CEO-approved policy.	The wording has been simplified and revised to grant authority to the CEO.
Auditors 26.1 Council shall appoint one or more chartered accountants registered in the Province of Alberta as auditor for CPSA. 26.2 The Auditor shall, at least once each year, examine the accounts, books, and securities of CPSA, and provide a written report to the Council. 26.3 The Registrar shall publish annually a copy of the audited financial statements.	Auditors 72.1 Council shall appoint one or more chartered professional accountants registered in the Province of Alberta as auditor for CPSA. 72.2 The Auditor shall, at least once each year, conduct an audit of the accounts, books, and securities of CPSA, in accordance with generally accepted auditing standards, and provide a written auditor's report to the Council. 72.3 The Registrar shall publish annually a copy of the audited financial statements.	These bylaws have been moved to the Operations Administration section for better flow. The wording has been revised to reflect current titles, e.g., chartered professional accountant, and to provide greater clarity on the work of the auditors.

EXISTING	PROPOSED	RATIONALE
There were no existing bylaws.	Employment and Human Resources 73.1 The CEO is responsible for all matters related to the hiring, retention, compensation, performance management, recognition, direction, and termination of CPSA employees and contractors, in accordance with applicable legislation and CEO-approved policies. 73.2 Notwithstanding bylaw 73.1, Council retains authority over the hiring, retention, compensation, performance management, recognition, direction, and termination of the Registrar & CEO. 73.3 Council's impact on human resources is exercised through its approval of budgets, strategic directions, and policies.	This is intended to be a foundational piece that enables the effective delegation and governance of the operations of CPSA. This ideally sets the stage that the CEO has sole responsibility for these duties, while clarifying Council's role.
There were no existing bylaws.	Employment Conditions 74.1 No member of Council or Committee of Council may be employed by CPSA in any paid capacity, nor may they apply for employment or any contracted position, including staff, consultant, or advisory roles, with CPSA during their term on Council or term of appointment. 74.2 Subsection (1) applies until the end of the person's term on council or term of appointment, regardless of whether they take a leave of absence, resign, or are vacated from their position during the term.	This new bylaw addresses potential conflicts of interest that arise when individuals serving on Council seek employment with CPSA. Such situations create perceptions of bias and compromise the integrity of processes.

EXISTING	PROPOSED	RATIONALE
There were no existing bylaws.	<p>Omissions and Errors</p> <p>75.1 Any decision taken at a meeting of Council, a Council committee, or a statutory committee, shall not be invalidated by:</p> <ul style="list-style-type: none">a. an accidental omission in giving notice to any member to whom notice was due,b. the non-receipt of such notice where CPSA has provided it in accordance with these bylaws, orc. any minor error in a notice that does not affect its substance. <p>75.2 If a material error or omission in a notice is discovered, and that error could reasonably be expected to affect decision-making or the integrity of the process, the notice and any related decision shall be deemed invalid. In such cases, the process must be restarted with corrected notice.</p> <p>75.3 This section applies only to administrative notices that support CPSA's governance or internal administrative functions. Any notice required under the HPA is not governed by this section.</p>	This is a new bylaw modelled from ISED/Gov't of Canada Model Bylaws for Not for Profit Corporations.

EXISTING	PROPOSED	RATIONALE
There were no existing bylaws.	<p>Dispute Resolution</p> <p>76.1 Disputes or controversies among members of Council, officers, committee members, or volunteers, or between any of these persons and a CPSA Official, are as much as possible to be resolved in accordance with mediation and/or arbitration as provided in these bylaws.</p> <p>76.2 In the event that a dispute or controversy is not resolved in private meetings between the parties, then without prejudice to or in any other way derogating from the rights of parties and as an alternative to such person instituting a lawsuit or legal action, such dispute or controversy shall be settled by a process of dispute resolution as follows:</p> <p>a. The dispute or controversy shall first be submitted to a panel of mediators whereby the one party appoints one mediator, the other party (or if applicable the Council) appoints one mediator, and the two mediators so appointed jointly appoint a third mediator. The three mediators will then meet with the parties in question in an attempt to mediate a resolution.</p> <p>b. The number of mediators may be reduced from three to one or two upon agreement of the parties.</p> <p>c. If the parties are not successful in resolving the dispute through mediation, then the parties may agree that the dispute be settled by arbitration before a single arbitrator, who shall not be any one of the mediators referred to above, in accordance with provincial legislation governing domestic arbitrations.</p> <p>76.3 In order for a mediation or arbitration to take place, the parties must agree that all proceedings relating to mediation or arbitration shall be kept confidential and there shall be no disclosure to the</p>	Although rare, internal disputes do arise within professional colleges, sometimes escalating into public court cases that can undermine confidence in governance. This bylaw is intended to ensure such disputes are resolved internally through confidential mediation or arbitration rather than through the courts.

EXISTING	PROPOSED	RATIONALE
	public of any kind. 76.4 The decision of an arbitrator under this section shall be final and binding and shall not be subject to appeal on a question of fact, law or mixed fact and law.	

EXISTING	PROPOSED	RATIONALE
There were no existing bylaws.	<p>Indemnification of Members of Council, Volunteers, Staff and Others</p> <p>77.1 The CPSA shall indemnify every current or former Member of Council, Officer, Official, committee member, employee, or volunteer, and their heirs, executors and administrators, against all losses, costs and expenses, including solicitor and client fees and any amounts paid to settle an action or satisfy a judgement, reasonably incurred for any act done in good faith, honesty, and in the best interests of the College, in connection with any action, suit or proceeding to which they may be made a party by reason of their duties to the CPSA.</p> <p>77.2 Notwithstanding subsection (1), the CEO may decide the CPSA will not indemnify an individual</p> <ul style="list-style-type: none"> a. to the extent that such losses, costs and expenses are attributable to the negligence or willful misconduct of the party in question, and b. in the case of a criminal or administrative action or proceeding, the individual did not have reasonable grounds for believing that their conduct was lawful or should have known their conduct was unlawful. 	This is a new bylaw introduced to provide indemnification for Council members, volunteers, and staff.
There were no existing bylaws.	<p>Dissolution and Asset Distribution</p> <p>78.1 In the event of the dissolution or winding up of CPSA, all remaining assets, after payment of its liabilities, shall be distributed to one or more not-for-profit or charitable organizations located in Alberta that carry out activities similar to those of CPSA and are approved by Council.</p>	This bylaw is newly introduced and aligns with similar provisions from the College of Physicians and Surgeons of Ontario (CPSO). It ensures that, in the unlikely event of dissolution or winding up of CPSA, any remaining assets will be directed to approved not-for-profit or charitable organizations in Alberta with comparable purposes, as determined by Council.

EXISTING	PROPOSED	RATIONALE
Awards 6.1 Certificates of Merit may be awarded by Council to individuals who promote regulatory excellence.	Repeal	The Bylaw Review Committee is proposing that this bylaw be removed because it undermines objectivity. For example, if an award were granted to a physician and complaints were subsequently raised, CPSA's impartiality could be questioned. In addition, this type of activity is considered association-focused rather than regulatory. Other colleges have discontinued similar practices, particularly following the introduction of Bill 46, which prohibits a college from acting as, or presenting itself as, a professional association.
Grants 9.1 The Council may make grants as it determines from time to time.	Repeal	The Bylaw Review Committee is proposing that this bylaw be removed because CPSA should not use regulated members' funds to make charitable donations or grants. This reflects the principle that members' fees are to be directed solely toward regulatory activities.

Agenda Item Title: 6.5.2 Bylaw Review Project Committee - Dissolution of the Committee

Meeting date: 12/4/2025

Submission to: Council

Submitted by: Ad Hoc Bylaw Review Project Committee

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 the Ad Hoc Bylaw Review Project Committee be officially dissolved, as it has completed its designated work by reviewing the CPSA Bylaws.

Background:

Provide all situational context and any historical background.

At its March 2024 meeting, Council approved the Terms of Reference for the Ad Hoc Bylaw Review Project Committee. The purpose of the Committee is to collaborate with staff and legal counsel to provide input into how CPSA and the profession are governed through a comprehensive review and re-writing of the CPSA Bylaws. Once satisfied with the quality and completeness of the work, the Committee is responsible for recommending the proposed CPSA Bylaws to Council for approval.

Roles and Responsibilities of the Committee

According to the Terms of Reference, the Committee was responsible for the following:

1. Participate in Committee meetings to discuss policy and provide policy recommendations regarding Bylaws.
2. Recommend policy questions to inform the final form of the bylaws to be brought to Governance Committee or Council, as appropriate, for discussion and direction.
3. Review how the policy recommendations are translated into draft CPSA Bylaws.
4. Office of the Registrar staff will work with CPSA Departments and legal counsel to provide analysis of policy and draft the Bylaws.
5. Via motion from the Committee, recommend the new set of Bylaws to Council.

The Committee has fulfilled its mandate in completing the comprehensive review of the bylaws and has presented the proposed amendments to 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.

The bylaw review strengthens CPSA's governance framework and supports transparent and effective decision-making by Council. These improvements enhance CPSA's ability to serve and protect the public by promoting fairness, efficiency, and trust in our regulatory processes.

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.

Going forward, any future bylaw changes will be brought forward through the Governance Committee as part of its ongoing oversight responsibilities.

Supporting Documents

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

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| 1. Terms of Reference for Ad Hoc Bylaw Review Project Committee |
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Terms of Reference
Ad Hoc Bylaws Review Committee
APPROVED: April 24, 2024

Purpose

To provide input into the review and revision of the CPSA Bylaws and recommend a proposed set of CPSA Bylaws to Council for approval.

Background

The College of Physicians & Surgeons of Alberta (CPSA) Bylaws are made by the Council of the CPSA pursuant to section 132 of the *Health Professions Act*.

The Bylaws Review Project has the following objectives:

1. Incorporate changes resulting from the 2022 CPSA Governance Review, as approved by Council.
2. Ensure the bylaws are broad and enabling, structured to be appropriate, clear and understandable, to facilitate the organization in meeting its mandate and mission.
3. Apply an anti-racism, anti-discrimination lens to the bylaws.
4. Ensure bylaws remain relevant and appropriate over time by incorporating a review and amendment schedule.
5. Inform and support the CPSA Team, Council and regulated members in understanding the bylaws and how they intersect with the provision of care/protection of public.

Membership

Up to 4 Council members may volunteer for this ad hoc Committee. As of March 25, 2024, Committee members are: Nicole Cardinal, Oluseyi Oladele; Sam Shaw, Ian Walker.

A Committee spokesperson will be chosen by the Committee members at the first Committee meeting. The Committee spokesperson's role will be to report on the Committee's work at Council meetings as required.

Authority and Accountability

- CPSA Bylaw 16(1): Council may establish or remove:
 - (A) Standing Committees;
 - (B) Priority Committees;
 - (C) any other committees.
- March 7, 2024 Council motion: MOTION C11-24 which establishes an Ad Hoc Bylaws Review Project Committee with the following elements:
 - membership of up to 4 interested Council members;
 - a term of March to December 2024; and
 - TOR will be approved by the Governance Committee.

Roles and Responsibilities

- Participate in Committee meetings to discuss policy and provide policy recommendations regarding Bylaws.
- Recommend policy questions to inform the final form of the bylaws to be brought to Governance Committee or Council, as appropriate, for discussion and direction.
- Review how the policy recommendations are translated into draft CPSA Bylaws.
- Office of the Registrar staff will work with CPSA Departments and legal counsel to provide analysis of policy and draft the Bylaws.
- Via motion from the Committee, recommend the new set of Bylaws to Council.

Confidentiality

- The Confidentiality and Non-disclosure Agreement signed annually by all Council members extends to their work and actions on Council Committees.

Meetings

Frequency

- During its March – December 2024 term, the Committee will meet about 4 times, or more often if needed, in advance of Council meetings.

Procedures

- The Committee will be a working group and thus meetings will be less formal than other CPSA committees. CPSA staff will provide meeting materials and facilitate input and suggestions of the Committee.

Decision Making

- Motions will only be made and approved by consensus when there is a recommendation to be made to Council. Motions are not necessary at every meeting.

Records of the Committee

- Brief meeting notes and action items shall be recorded for all meetings and will be reviewed by the Committee in advance of the Council meeting following the Committee meeting. Meeting notes will be used by the Committee spokesperson during the Council meeting, as required.

Committee Resources (both financial and people resources)

- Committee members are paid an honorarium and are reimbursed for their expenses as per CPSA's Honoraria and Expense Policy.
- The Chief of Staff and Program Manager, Governance will support the Committee and attend meetings.
- An Executive Assistant may attend the meeting to take brief notes and record action items.
- Other CPSA staff and potentially consultants/advisors will attend meetings as requested or required.

Next Review Date – N/A (term ends December 31, 2024)