

ANNUAL REPORT

PATHWAYS TO PROGRESS

2025



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

CPSA Acknowledgements of Peoples and Lands

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

VISION, MISSION & VALUES

Vision

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

Mission

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

Values

We do the right thing.

We make informed decisions.

We empower people.

We collaborate.

We are innovators.

We enjoy and find meaning in our work.

GOVERNANCE

Council & Committees

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

We are also advised by committees and panels made up of physicians, physician assistants, Albertans, healthcare partners and other experts who, with their unique knowledge and diverse backgrounds, help CPSA meet its obligations to patients across the province. In 2025, members of Council, advisory, regulatory and accreditation committees provided CPSA with advice to support legislated functions and positively impact health care in Alberta.

Council has established the following committees:

- Executive Committee
- Governance Committee
- Finance & Audit Committee
- Anti-Racism Anti-Discrimination Committee
- Indigenous Advisory Circle
- Building Fund Initiatives Committee (Ad Hoc)
- Bylaw Review Project Committee (Ad Hoc)
- Registrar & CEO Selection Committee (Ad Hoc) (January to September)

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

- Competence Committee
- Medical Facility Accreditation Committee
- Complaint Review Committee
- Council Appeal Panels
- Hearing Tribunals

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

- Infection Prevention & Control Advisory Committee
- Advisory Committee on Diagnostic Imaging
- Advisory Committee on Diagnostic Laboratory Medicine
- Advisory Committee on Neurodiagnostics
- Advisory Committee on Non-Hospital Surgical Facilities
- Advisory Committee on Pulmonary Function Diagnostics
- Advisory Committee on Sleep Medicine Diagnostics
- Advisory Committee on Psychedelic-Assisted Psychotherapy
- Summative Assessment Advisory Committee (January to May)
- Tracked Prescription Program Steering Committee

2025 Council

Elected Regulated Members

Dr. Richard Buckley (January to December)

Dr. Nicole Cardinal, Chair (January to December)

Dr. Daisy Fung, Executive Committee Member-at-Large
(January to December)

Dr. Maryana Kravtsenyuk (January to December)

Dr. Oluseyi Oladele (January to December)

Dr. Ian Walker (January to December)

Dr. Nahla Gomaa (January to December)

Appointed Public Members

Patrick Etokudo, Vice Chair (January to December)

Garnet Clark (January to December)

Rhonda Laboucan (January to December)

Robert Merrifield (January to December)

Pan Zhang (January to December)

Logan Day (January to December)

Laurie Steinbach (January to October)

Non-Voting Members

Dean: Dr. Brenda Hemmelgarn, University of Alberta
(January to December)

Dean: Dr. Todd Anderson, University of Calgary
(January to December)

Resident: Dr. Tamara Yee (January to December)

Medical Student: Jenna Salem (January to December)

Pictured:

Back (L-R): Garnet Clark, Dr. Todd Anderson, Logan Day,
Patrick Etokudo, Honourable Robert Merrifield, P.C.,
Dr. Richard Buckley

Front (L-R): Pan Zhang, Dr. Daisy Fung, Dr. Nicole Cardinal,
Dr. Nahla Gomaa, Dr. Tamara Yee

Not pictured: Dr. Brenda Hemmelgarn,
Dr. Maryana Kravtsenyuk, Rhonda Laboucan,
Dr. Oluseyi Oladele, Dr. Ian Walker, Jenna Salem,
Laurie Steinbach (January to October)



A message from the 2025 public members of CPSA Council

As the public members of CPSA Council, our role under the *Health Professions Act* is to represent the public perspective and ensure meaningful representation of Albertans. We are responsible for bringing forward Albertans' viewpoints and considerations of the scenarios they face within the healthcare system, including addressing systemic inequities that impact patient care and access.

By offering diverse perspectives, we help Council remain focused on its North Star: acting in the public interest. Council's performance is measured by how effectively we fulfill our legislative responsibilities and follow governance best practices. We are honoured to represent the public and value the opportunity to collaborate with fellow Council members as we work together to ensure CPSA consistently serves and protects all Albertans.

As Alberta's communities grow, so does the need for accessible, high-quality health care. This past year, Council supported the significant streamlining of CPSA's registration pathways, including the new Approved Jurisdiction Route, enabling qualified international medical graduates from comparable jurisdictions to move directly to the General Register while maintaining standards for safe, high-quality care. Additionally, Council streamlined CPSA's updated Provisional Register requirements by eliminating the high-stakes pass or fail Summative Assessment and introducing competency-based assessments. These changes reduced administrative barriers and allowed qualified physicians to begin practising sooner, supporting healthcare accessibility for Albertans.



(L-R): Garnet Clark, Pan Zhang, Patrick Etokudo,
Honourable Robert Merrifield, P.C., Logan Day

Not pictured: Rhonda Laboucan, Laurie Steinbach

Reflecting on 2025, we are confident that CPSA's hard work and successes demonstrate a strong commitment to the public interest. Through hearings, policy oversight and more, CPSA ensured regulated members remain accountable for the care they provide.

As we move forward, we remain focused on the evolving healthcare environment. We strive to remain resilient, adaptive and innovative as we seek to make meaningful contributions from the Council table. Finally, we would like to take this opportunity to thank our fellow Councillors and the CPSA team. By working together, we will continue to prioritize high-quality patient care in Alberta.

Sincerely,

The 2025 public members of CPSA Council

A message from the 2025 regulated members of CPSA Council

As the elected regulated members of Council, we ensure that all policy development and decision-making is done with the public interest at the forefront. As physicians ourselves, we have the opportunity to apply our diverse training, experiences and perspectives towards Council's important work.

In our role, we identify areas for improvement, plan for progress, implement initiatives and review results to ensure the cycle of improvement remains CPSA's priority. One important focus includes CPSA's duty to support responsible innovation within the practice of medicine. This past year, CPSA focused on the development of guidance on emerging healthcare initiatives to uphold patient safety and privacy.

As part of our work in ensuring CPSA meets its regulatory obligations to protect the public interest, we continue to recognize evidence and data indicating that differences in health outcomes and patient experiences exist across the healthcare system. CPSA's Indigenous Advisory Circle and Anti-Racism Anti-Discrimination Committee contributed important perspectives that helped inform evidence-based guidance grounded in competence, ethical care and the best interests of patients.

We would like to express our gratitude to our fellow Councillors and regulated members. Your commitment to medicine and high-quality care for your patients is essential and does not go unnoticed. If you are able, we encourage you to consider engaging with CPSA in any way you can. Whether it be running for Council or sharing your feedback, every contribution makes a major impact.



**Back (L-R): Dr. Todd Anderson, Dr. Nahla Goma,
Dr. Tamara Yee, Dr. Richard Buckley**

Front (L-R): Dr. Daisy Fung, Dr. Nicole Cardinal

**Not pictured: Dr. Maryana Kravtsenyuk,
Dr. Oluseyi Oladele, Dr. Ian Walker**

Finally, we would like to take a moment to thank Albertans for your engagement and feedback over the year that has helped CPSA adapt and evolve, improving medical regulation in our province for years to come.

Sincerely,

The 2025 regulated members of CPSA Council

A message from CPSA Registrar & CEO Dr. Colleen Forestier

This past fall, after 35 years in medicine, Dr. Scott McLeod retired from his eight-year tenure as CPSA's Registrar & CEO. I am honoured to carry this important work forward, officially stepping into the role in September 2025.

Since embarking on my journey with CPSA, I've been consistently impressed by this organization's commitment to regulatory improvement and meaningful innovation. This commitment is reflected in important milestones, including the continued growth in the number of registered physicians and physician assistants, the successful streamlining of the registration process and strengthened collaboration across departments. CPSA continues to evolve its regulatory approach to ensure Albertans receive safe, high-quality health care.

Over the past year, provincial and national health care has undergone rapid change, bringing growth, opportunity and, at times, uncertainty. I want to acknowledge the impact this has had on both our regulated members and the public they serve.

CPSA is committed to thoughtful profession-led regulation that supports high-quality health care for all Albertans. As I continue to settle into this role, I look forward to listening to, learning from and working alongside our regulated members, partners and the public as we navigate an ever-evolving healthcare environment.

Sincerely,

Dr. Colleen Forestier



Dr. Colleen Forestier

CPSA

LEADERSHIP

CPSA Council

Registrar & CEO
 Dr. Scott McLeod (Jan.-Sept. 2025), Dr. Colleen Forestier (Sept. 2025-present)

Deputy Registrar & Hearings Director
 Dr. Dawn Hartfield

- Hearings, reviews and appeals
- Policy and standards of practice

Assistant Registrars			
Registration & Registration Assessments Dr. Sayra Khandekar - Physician licensing - Registration assessments	Continuing Competence Dr. Michael Caffaro - Competence assessments - Infection Prevention & Control - Health & Practice Conditions Monitoring - Physician practice improvement - Continuing professional development	Accreditation Dr. Jeremy Beach (Jan.-Dec.) Dr. Neelam Mahil (Nov.-present) - Diagnostic and non-hospital surgical facility accreditation and standards - Radiation health registry for physicians and equipment	Professional Conduct Dr. Gordon Giddings - Complaints director - Complaints intake, investigation and resolution

Chief of Staff (Jan.-July)
Chief Operating Officer (July-present)
 Michael Neth

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

Chiefs		
Chief Information & Privacy Officer Jim Kiddoo - Information technology - Records and information management - Privacy	Chief Innovation Officer Ed Jess - Analytics, Innovation & Research - MD Snapshot reports - Physician Prescribing Practices - TPP Alberta - Research & Evaluation Unit	Chief Financial Officer Tracy Simons - Finance and accounting - Payroll and benefits - Corporate services - Risk management



PATHWAYS TO PATIENT CARE

Reducing barriers, increasing access: how CPSA is streamlining registration requirements to improve access to care

In 2025, CPSA made several significant enhancements to our registration processes to reduce barriers for physicians wanting to practise in Alberta. From streamlining assessments to lowering fees, these innovative changes help increase the number of physicians practising in Alberta without compromising quality of care or patient safety.



Scan the QR code to see how CPSA is supporting increased access to care across the province with timely, effective and innovative registration practices.

DEPARTMENTS & STATISTICS

Registration

To practise medicine in Alberta, all physicians, physician assistants (PAs) and medical learners must be registered with CPSA. CPSA's Registration team assesses and confirms that all applicants have the training and credentials needed to ensure patients in Alberta receive the highest quality of care.

Once registered, physicians and PAs must renew their CPSA practice permits annually to confirm any new certifications and practice details. We expect all physicians to practise competently, including locums, physicians with Canadian credentials and those with international training.

Assessments

In 2025, CPSA's Registration team was focused on streamlining the registration and assessment processes for applicants, while maintaining high standards of physician competence.

A significant process improvement recognized the substantial equivalence of credentials for internationally trained physicians from Approved Jurisdictions, allowing them to start practising in Alberta sooner. Previously, physicians eligible for CPSA's Accelerated Jurisdiction Route were required to obtain a sponsor and complete a Supervised Practice Assessment and two Competency Assessments before their transfer to the General Register. Now, physicians with certification in an Approved Jurisdiction, where their medical education and training are deemed substantially equivalent to Canadian standards, are eligible for licensure on the General Register without any additional assessments.

In 2025, CPSA's work to improve the registration process for international medical graduates (IMGs), who are not eligible for the Approved Jurisdiction Route, included replacing the high-stakes Summative Assessment process for physicians who have not obtained full Canadian credentials within six years on the Provisional Register. Now, physicians on the Provisional Register are required to complete up to two Competency Assessments before becoming eligible for the General Register. These assessments are designed to provide supportive feedback to physicians in their first few years of practice in Alberta. This change helps physicians transition to the General Register sooner while ensuring compliance with all CPSA guidelines and standards.

The increase in the number of IMGs entering the province in 2025 continues to increase the number of assessments we administer. CPSA recognizes the value of a nationally consistent approach to assessor training. Since 2018, we have been part of the National

Assessment Collaborative – Practice Readiness Assessment with the Medical Council of Canada. This collaboration benefits our assessment programs as well as the assessment programs of other medical regulators across the country.

Sponsorship

Before they can start working as physicians in Alberta, internationally trained physicians from countries that are not on the list of approved jurisdictions must apply for a sponsored physician position. Sponsorship plays a key role in helping physicians transition into medical practice in Alberta. To make the application process smoother for sponsors, CPSA reduced the sponsorship application fee in 2025 and streamlined the application process for new and current sponsors.

Currency of practice

In 2025, CPSA introduced a new option for internationally trained medical specialists who have completed a fellowship program at a Canadian university. If they meet all the requirements for the Provisional Register, their Canadian fellowship training can count toward their recent practice requirements.

This allows eligible specialists to join the Provisional Register and begin practising independently in Alberta without having to maintain recent practice in their home country.

Registration statistics

	2025	2024	Variance (%)	2023
Applications	1,090	1,052	3.6	1,044
Physician registrations¹				
Graduates from Alberta universities	224	227	-1.3	222
Graduates from other Canadian universities	220	168	30.9	201
Graduates from universities outside Canada	638	443	44.0	300
Total new registrations	1,082	838	29.1	723
Reinstated registrations ²	285	203	40.4	210
TOTAL	1,367	1,041	31.3	933

1. Includes registrations from applications issued in prior years.

2. Includes those previously registered in Alberta who allowed their permit to become inactive and then re-registered.

General Register

The General Register includes all physicians and physician assistants who are responsible and accountable for their medical practice without supervision by another physician or CPSA.

Provisional Register (Conditional Practice)

The Provisional Register includes physicians and physician assistants who do not meet the criteria for the General Register yet but are working on getting what they need to get onto the General Register (paperwork, experience, etc.).



For more definitions, visit cpsa.ca/glossary

General Register breakdown ¹	2025	2024	Variance	2023
Family Physician	6,408	5,002	1,406 ²	4,694
General Practitioner	16	1,001	-985 ²	1,060
Non-Specialist	0	11	-11 ²	58
Specialist	7,080	6,520	560 ²	6,278
Physician Assistant	62	56	6	53
TOTAL	13,566	12,590	976	12,143

1. Unique individuals actively practising at any point throughout the year.
2. CPSA eliminated the General Practitioner and Non-Specialist designations in September 2025. Physicians with these designations were moved to the Family Physician and Specialist designations. The significant variances are due to this reporting change. The remaining General Practitioners were in the process of being reviewed as of Dec. 31, 2025, before their designation change.

Provisional Register breakdown ¹	2025	2024	Variance	2023
Family Physician	355	12	343 ²	13
General Practitioner	2	311	-309 ²	260
Non-Specialist	0	6	-6 ²	54
Specialist	106	213	-107 ²	144
Physician Assistant	0	0	0	1
TOTAL	463	542	-79	472

1. Unique individuals actively practising at any point throughout the year.
2. CPSA eliminated the General Practitioner and Non-Specialist designations in September 2025. Physicians with these designations were moved to the Family Physician and Specialist designations. The significant variances are due to this reporting change. The remaining General Practitioners were in the process of being reviewed as of Dec. 31, 2025, before their designation change.

Family physician

A family physician has accredited postgraduate training in family medicine.

Specialist

A specialist can practise in the area for which they have received specialty training and hold certification in that area.

Physician assistant

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



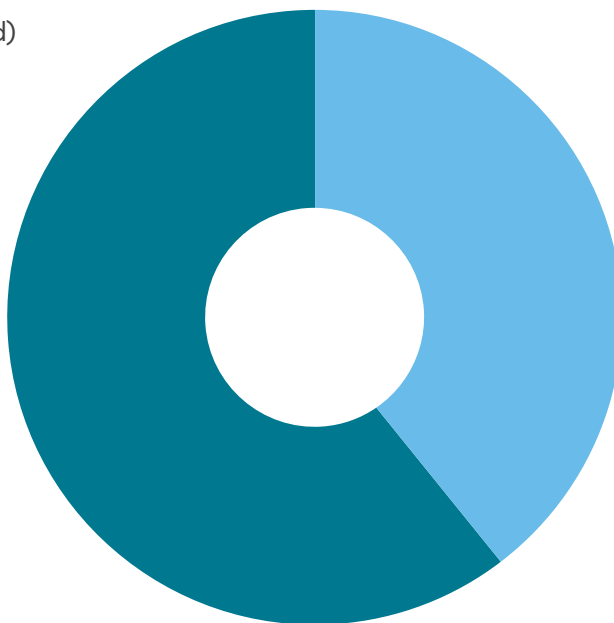
For more definitions, visit cpsa.ca/glossary

Physician breakdown

(General Register and
Provisional Register combined)

59.6%

Domestic Medical Graduates



40.4%

International Medical Graduates

Practice permits denied, appeals, conditions applied and not renewed	2025	2024	2023
Permits denied	4	6	2
Appeals submitted	4	0	2
Appeals rejected	2	0	1
Conditions applied	776	363	276
Not renewed (see breakdown)	358	405	399
TOTAL	1,144	774	680

Permits denied

When an individual proceeds with a full application and is subsequently denied registration. Physicians who have been denied a practice permit can appeal to CPSA Council for a review of the decision.

 For more definitions, visit cpsa.ca/glossary

Practice permits not renewed, by category	2025		2024		2023	
	Retired	Inactive ¹	Retired	Inactive ¹	Retired	Inactive ¹
General Register						
Family Physician	68	85	36	92	40	87
General Practitioner	4	9	38	15	39	14
Non-Specialist	0	0	1	2	1	2
Specialist	55	131	75	132	42	168
Provisional Register						
Family Physician	0	2	0	1	0	0
General Practitioner	0	2	0	3	0	1
Non-Specialist	0	1	0	2	0	1
Specialist	0	1	0	8	0	4
TOTAL	127	231	150	255	122	277

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

Courtesy Register ¹	2025		2024		2023	
	# of Physicians	Avg. Days ²	# of Physicians	Avg. Days ²	# of Physicians	Avg. Days ²
Clinicians	8	4	14	8	8	5
Instructors	3	1	1	4	3	2
Learners	10	23	12	13	11	36
TOTAL	21	28	27	25	22	43

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

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

Registration Assessments

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

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

Practice Readiness Assessment (PRA)	2025	2024	2023
Initiated	227	174	135
Probationary Assessment only (formerly known as Supervised Practice Assessment)	68	66	37
Preliminary Clinical Assessment plus Probationary Assessment (formerly known as Supervised Practice Assessment)	159	108	98
Completed¹			
Passed	137	144	109
Failed	1	0	1
Withdrawn	39	1	1
On hold	0	8	1
In progress at Dec. 31	91	61	36

CPSA leads the country in Practice Readiness Assessments (PRAs). In 2025, we initiated 227 PRAs in support of safe, community-based health care. This is a 30.5% increase from 2024.

Return to practice	2025	2024	2023
Initiated	3	0	5
Completed	3	1	4
In progress at Dec. 31	0	0	1
Change in scope	2025	2024	2023
Initiated	4	7	8
Approved for full change	3	7	4
In progress at Dec. 31	1	1	1
Summative Assessments	2025 ¹	2024	2023
Completed	7	16	13
Approved for General Register	5	19	7
Failed	0	0	0
Pending decision at Dec. 31	2	2	6

1. Effective July 16, 2025, CPSA eliminated the Summative Assessment—a mandatory, three-to-four-day, pass/fail evaluation previously required for physicians who had not obtained full Canadian credentials within six years on the Provisional Register.

Competency Assessments	2025 ¹
Initiated	17
Approved for General Register	0
Failed	0

1. Effective July 16, 2025, physicians who have not obtained full Canadian credentials are required to complete up to two Competency Assessments while on the Provisional Register before becoming eligible for the General Register.

Standards of Practice

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

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

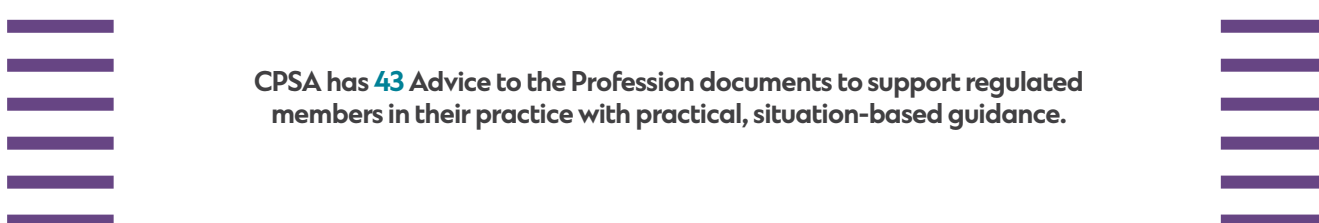
We regularly review our standards to ensure they are up to date and comply with provincial and federal laws and regulations. Throughout the year, CPSA works collaboratively with multiple organizations to review the standards and ensure our regulated members and the public have opportunities to share feedback through a consultation process that outlines the proposed changes and updates.

As indicated in the HPA, Council can only approve a new standard or an amendment to an existing standard after receiving feedback from the Minister of Primary and Preventative Health Services. The following draft standards are awaiting ministerial feedback before completing the consultation and approval process.

2025	2024	2023
• <i>Human Health Research</i> (May) • <i>Re-entering Medical Practice or Changing Scope of Practice</i> (May) • <i>Relationships with Industry</i> (May) • <i>Charging for Uninsured Professional Services</i> (Oct.) • <i>Non-Treating Medical Exams</i> (Oct.) • <i>Responding to Third Party Requests</i> (Oct.)	• <i>Disclosure of Harm</i> (Dec.) • <i>Dispensing of Schedule 1 or 2 Drugs for a Fee</i> (Dec.) • <i>Virtual Care</i> (Dec.)	• <i>Establishing the Physician-Patient Relationship</i> (June) • <i>Responsibility for a Medical Practice</i> (June) • <i>Terminating the Physician-Patient Relationship</i> (June) • <i>Prescribing: Administration</i> (Oct.) • <i>Conscientious Objection</i> (Dec.) • <i>Informed Consent</i> (Dec.) • <i>Medical Assistance in Dying (MAID)</i> (Dec.)



CPSA has 43 Advice to the Profession documents to support regulated members in their practice with practical, situation-based guidance.



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

In 2025, CPSA updated three existing Advice to the Profession documents:

- Legislated Reporting and Release of Medical Information
- Professionalism in Public Forums
- Social Media

Did you know CPSA has 10 Advice to Albertans documents to support improved patient care and safety? Learn more here.



Continuing Competence

A career in medicine means a commitment to lifelong learning. Medical knowledge constantly evolves and, for the benefit of patients, it's important that regulated members maintain their competence and continuously enhance their practice throughout their careers.

CPSA's Continuing Competence team works with physicians and physician assistants to ensure they have the skills necessary to provide patients in Alberta with high-quality care. With a focus on education and support through a variety of quality assurance and quality improvement programs, the goal is to encourage self-reflection and an overarching focus on ongoing practice improvements. In 2025, Continuing Competence welcomed several new team members, including three Senior Medical Advisors, to ensure physicians and physician assistants receive the support they need, when they need it.

After working in partnership with CPSA's Registration team to create an assessment program for international medical graduates entering practice in Alberta through the Approved Jurisdiction Route, the program successfully transitioned to the Registration team in 2025 for ongoing management.

Following the Medical Council of Canada's decision to discontinue their multi-source feedback program in 2025, CPSA began work on developing our own version of the program, so physicians in Alberta will continue to have access to this important personal development tool.

Continuing Competence statistics

Participation in our continuing competence programs is tracked according to the year a regulated member was initiated into their respective national college program. As a result, the number of cancelled, closed and in-progress files may change year-over-year.

Physician Assessment & Feedback (PAF)

Research on physician risk factors and scores is used to identify and select participants for PAF, with some participants chosen randomly for comparison purposes. Through PAF, a practice visit proactively identifies improvement opportunities.

PAF	2025	2024	2023
Files opened	126	59	182
Cancelled/excluded ¹	12	6	13
Files closed: retirement	7	3	22
Files closed ²	51	27	115
Files closed: referred to Individual Practice Review	13	21	30
Files closed: referred to Professional Conduct	0	1	2
In progress as of Dec. 31	43	1	0

- 1. Occurs when a physician's registration becomes inactive due to extended leave, withdrawal from practice, permit cancellation, etc.
- 2. Occurs when the PAF is complete and no other action is required.

Individual Practice Review (IPR)

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

Individual Practice Review (IPR)	2025	2024	2023
Physician referrals received	32	34 ¹	40
Files closed	6	27	36
Referred to Professional Conduct ²	0	0	0
In progress as of Dec. 31	26	7	4

- 1. A different figure was reported in the 2024 Annual Report due to a status change.
- 2. If an IPR is unable to help a physician meet a minimum standard, the file is referred to Professional Conduct.

IPR sources of referral	2025
Professional Conduct	5
Physician Prescribing Practices	0
Physician Assessment & Feedback (PAF)	18
Self-referral	0
Hearing Tribunal	3
Registration	6

Physician Practice Improvement Program (PPIP)

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

Members who self-reported participation in a PPIP activity	2025	2024	2023
Number of physician responses	12,740	12,114	11,434
Practice-driven quality improvement	55%	55%	57%
CPSA's <i>Standards of Practice</i> quality improvement	47%	48%	46%
Personal development	57%	58%	72%
Overall participation in PPIP	90%	66%	80%

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

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

Group Practice Review (GPR) and MCC 360

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

Group Practice Review (GPR)	2025	2024	2023
Number of participating physicians	238	238	258 ¹
Group practices initiated	53	62	58
Completed	32	50	46
Cancelled ²	5	7	12
In progress as of Dec. 31	16	5	0

- 1. A different figure was reported in the 2023 Annual Report due to a status change.
- 2. Occurs when a physician’s registration becomes inactive due to retirement, extended leave, withdrawal from practice, permit cancellation, etc.

MCC 360	2025	2024	2023
Initiated	425	492	495
Completed	268	362	417
Cancelled ¹	149	130	78
In progress as of Dec. 31 ²	8	0	0

- 1. Occurs when a physician’s registration becomes inactive due to retirement, extended leave, withdrawal from practice, permit cancellation, etc.
- 2. MCC 360 was discontinued at the end of 2025. Physicians who were enrolled but did not complete the program will be re-enrolled in CPSA’s new MSF360 program in 2026.

Health & Practice Conditions Monitoring (HPCM)

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

Some upcoming figures have changed from what was reported in previous years to reflect new tracking processes. Please refer to past annual reports for figures from prior years based on previous processes.

Health monitoring	2025	2024	2023
Opened	85	150	90
Closed ¹	48	114	86
In progress as of Dec. 31	37	36	4

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

Practice conditions monitoring	2025		2024		2023	
	Physicians	Conditions ¹	Physicians	Conditions ¹	Physicians	Conditions ¹
Opened	160	170	114	124	93	124
Closed	29	29	35	37	25	34
In progress as of Dec. 31	136	141	83	87	73	90

1. A physician can have more than one condition on their practice permit. Some may close while others remain active.

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

Chaperone monitoring	2025	2024	2023
Number of regulated members with chaperone conditions	28	19	20
Number of approved chaperone conditions ¹	72	40	53
Number of practice visits ²	23	21	18

1. A physician can have more than one condition on their practice.
2. While monitoring is continuous, not all physicians with a chaperone condition receive an in-person visit.

Infection Prevention & Control (IPAC)

CPSA’s IPAC team oversees infection prevention and control measures and medical device reprocessing in Alberta’s medical clinics. The team develops requirements, guidance and resources that help protect patients and clinic staff from the risk of infection.

In 2025, IPAC continued to support Alberta’s community-based medical clinics in delivering safe, high-quality patient care. IPAC’s clinic assessment data helped identify areas where medical clinics could benefit from additional support, and IPAC developed eight times more relevant support materials for clinics, including resources, guidance documents and templates, than in the previous year.

The integration of CPSA’s Medical Clinic Registry with the IPAC program has ensured that medical clinics are not only meeting high standards of care but also receiving ongoing support to maintain effective infection prevention and control practices. In 2025, the team launched the quarterly Medical Clinic Registry newsletter. This online publication provides clinic-specific updates and time-sensitive information every quarter.

CPSA is proud to acknowledge that we have met all World Health Organization 2030 targets specified in the Global Strategy on Infection Prevention and Control. This achievement demonstrates our ongoing commitment to supporting medical clinics in delivering safe, high-quality patient care.

Infection Prevention & Control (IPAC) statistics

Medical clinic assessments	2025	2024	2023
Medical device reprocessing (MDR) ¹	158	236	118
General IPAC	0	2	0
Follow-up assessments	8	16	18
Public concerns ²	3	9	7
By request from Professional Conduct ³	0	0	0
TOTAL	169	263	143
Reportable breaches ⁴	1	0	4

- 1. All clinics assessed achieved full compliance of requirements at end-of-assessment process.
- 2. Includes joint assessments conducted alongside Alberta Health Services Public Health Inspectors.
- 3. Senior Manager, IPAC may be named an inspector under Part 3.1 of the *Health Professions Act*.
- 4. Encompasses all notifications of concern to Medical Officer of Health regardless of source of identification.

Clinic deficiencies	2025	2024
Average percentage of deficiencies identified during an initial clinic assessment visit	7.69%	7.69%

Clinic registrations	
Number of clinics who registered with CPSA in 2025	460
Total number of clinics registered as of Dec. 31, 2025	1,606



PATHWAYS TO TRUST

Thank you for contacting CPSA: customer experience as a pathway to trust

Ever wonder what it's like to reach out to CPSA with a question or query, or what kind of information you can expect to get from contacting us? Through a series of short videos that feel like real conversations, you'll learn common questions CPSA receives and get real answers to help educate and guide those who turn to us for support.



Learn what it's like to connect with CPSA and how we can help patients navigate the health system.

Analytics, Innovation & Research (AIR)

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

The AIR department includes:

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

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

Physician Prescribing Practices (PPP)

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

Supporting antibiotic stewardship

The misuse and overuse of antibiotics are contributing to antimicrobial resistance. Because physicians account for approximately two-thirds of antibiotic dispensations in Alberta, providing ongoing antibiotic stewardship support to physicians was a primary focus of the PPP program in 2025.

Physicians have the opportunity to review their personalized prescribing patterns using an online tool called the MD Snapshot-Prescribing report. In an effort to improve the clarity, structure and clinical relevance of the report's antibiotic data, the antibiotic page underwent a comprehensive redesign from 2024 to 2025 to improve how physicians can interpret and reflect on their antibiotic prescribing patterns. Following the page's successful launch in fall 2025, our approach to prescribing feedback was shared nationally at the Antimicrobial Resistance Symposium in Toronto in November 2025. Our work involved collaboration with national audit and feedback experts through the Canadian Antibiotic Prescribing Feedback Initiative (CANBuild-AMR), including Choose Wisely Canada.

The PPP program continues to advance evidence-informed antibiotic stewardship and support thoughtful reflection on all physician prescribing trends.

Tracked Prescription Program (TPP Alberta)

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

In 2024–25, TPP Alberta focused on strengthening governance, modernizing operations and enhancing reporting to support safe and appropriate prescribing across the province.

Expanding prescription monitoring oversight

A key milestone in 2025 was the expansion of the TPP Steering Committee to include Alberta's newly established health agencies: Acute Care Alberta, Primary and Preventative Health Services, Assisted Living Alberta and Recovery Alberta. The expansion of the TPP Steering Committee ensures prescription monitoring oversight remains aligned with Alberta's evolving health system structure.

Enriching prescribing data and trends

The TPP Alberta Interactive Atlas was updated with new prescribing and dispensing data, including the addition of five-year stimulant prescribing trends. The Atlas continues to provide accessible, aggregated insights across geography, patient demographic characteristics, prescriber type and medication class—supporting transparency and informed stewardship.

Advancing data quality through timely monitoring and collaboration

TPP Alberta advanced data quality initiatives by collaborating with system partners to fix gaps in prescriber attribution and correct medication misclassification in Pharmaceutical Information Network (PIN) data. Development of a new TPP application is underway to improve workflow efficiency, forgery tracking and data reliability, with a longer-term shift toward more timely prescribing monitoring.

Together, these initiatives reinforce TPP Alberta's commitment to proactive monitoring, system collaboration and responsible modernization in support of high-quality health care.

Research & Evaluation Unit (REVU)

REVU conducts health and regulatory-focused research with external partners and supports all CPSA departments by addressing salient research questions and evaluating program effectiveness. In 2025, REVU continued enhancing our strategic collaborations with provincial, national and international partners. This included presenting REVU's original research nationally with the Canadian Network of Agencies of Regulation and Federation of Medical Regulatory Authorities of Canada's Physician Health Special Interest Group, as well as on the global stage at the International Association of Medical Regulatory Authorities conference in Ireland.

REVU also co-chaired the 2025 FMRAC Evidence-Informed Regulation Special Interest Group and continued to co-lead a collaborative provincial working group titled the Physician Workforce Data Joint Initiative.

Throughout the year, REVU provided interdepartmental support, including conducting literature reviews and supporting evidence-informed decision-making to several CPSA departments. We also presented key initiatives to CPSA Council and CPSA's Competence Committee, including the design of a multivariate model to select specialists to undergo competence assessments. Additionally, REVU designed and developed several interactive dashboards and visualizations to elevate internal department work.

In 2025, REVU, along with collaborators, published several peer-reviewed manuscripts to support quality medical practice with evidence-based research and evaluation. Check out REVU's 2025 studies and publications [here](#).



Analytics, Innovation & Research (AIR) statistics

Physician Prescribing Practices (PPP)

High-risk patient identification interventions

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

Physicians who meet the prescribing intervention threshold are evaluated by the PPP team. Of those, physicians may receive a notification or a request for additional information.

- Number of cases meeting respective criteria in **2025: 495**
- Physicians contacted through a letter with notification or advice in **2025: 15**
- Physicians engaged through direct communication with a CPSA Senior Medical Advisor for ongoing education/support in **2025: 2**

3-plus benzodiazepines & 3-plus opioids

Physicians with patients identified as receiving three or more benzodiazepine and three or more opioid prescriptions within a three-month period may be provided with education and resources to support safe prescribing.

- Number of cases meeting respective criteria in **2025: 18**
- Physicians contacted through a letter with notification or advice in **2025: 0**
- Physicians engaged through direct communication with a CPSA Senior Medical Advisor for ongoing education/support in **2025: 0**

3-plus benzodiazepines

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

- Number of cases meeting respective criteria in **2025: 4,147**
- Physicians contacted through a letter with notification or advice in **2025: 19**
- Physicians engaged through direct communication with a CPSA Senior Medical Advisor for ongoing education/support in **2025: 3**

Graduated Assessment of Prescribing Practice (GAPP) program

PPP receives referrals from other CPSA departments to review a physician’s existing prescribing practice conditions. The GAPP program completes a systematic review and reconsideration of prescribing restrictions towards proactively ensuring safe patient care.

	2025	2024	2023
Opened	1	2	1
Closed ¹	1	3	1
In progress at Dec. 31	2	0	2

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

Opioid Agonist Treatment (OAT) prescribing approvals

Under our *Safe Prescribing for Opioid Use Disorder* standard of practice, physicians must successfully complete required training to apply for approval to initiate OAT for patients with opioid use disorder (OUD). As of Dec. 31, 2025, **2,116** total physicians have approval to prescribe OAT in Alberta.

	2025	2024	2023
Initiation ¹	12	23	9

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

MD Snapshot-Prescribing

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

Physicians who prescribed an antibiotic, opioid and/or a sedative (Benzodiazepines or Z-drugs) in the preceding quarter	2025	2024
Q1	11,348	10,845
Q2	11,284	10,849
Q3	11,734	11,283
Q4	11,903	11,353

Professional Conduct

Patients in Alberta deserve the highest quality of care, and CPSA's complaints process is one way we meet our mandate of serving the public interest.

The Professional Conduct team is responsible for accepting and investigating complaints about physicians and physician assistants practising in Alberta. While complaints are no doubt challenging to face, most regulated members will receive at least one at some point in their careers. Generally, CPSA approaches complaints as a learning opportunity and, when appropriate, will work with regulated members and patients to resolve issues so patient care can be improved going forward. Serious allegations of unprofessional conduct, where patient safety may have been compromised, will typically go before a Hearing Tribunal for formal disciplinary action.

In 2025, Professional Conduct continued to refine and expand the Expert Peer Review program, one of several complaint investigation and resolution pathways. This program has been successful at ensuring quality-of-care complaints are reviewed by experts with knowledge and experience similar to the regulated member who is the subject of the complaint. An expert peer review allows for a current, fair, robust and independent assessment of care that reflects the broad depth of medical practice in Alberta. To date, there have been over 1,600 individual experts supporting this program and CPSA's complaints process.

Complaints statistics

Complaints received	2025	2024	Variance (%)	2023
Open complaints as of Jan. 1 ¹	905	835	8.4	657
New complaint files created	1,421	1,543	-7.9	867
Complaint files closed by Dec. 31	1,072	1,062	0.9	959
Complaint files in progress as of Dec. 31	903	728	24.0	554
Total physicians receiving a complaint ²	1,133	1,237	-8.4	644

- 1. Total number of all complaint files still in our system, including those that are in progress, are on hold awaiting completion of other processes (e.g., criminal proceedings) or are resolved but have outstanding resolution of requirements.
- 2. Total number of active complaint files still going through our process.



Types of complaints received (%)¹

	2025	2024	2023
Quality of care Includes diagnosis (incorrect or delayed) and treatment (prescribing, procedural, counselling, referrals, consultations).	41.0	38.7	36.8
Practice management Includes physician availability and office management, including finance and communication.	30.5	34	32.1
Medical reporting Includes release of records, report completion and accuracy.	9.9	9	12
Ethics Includes confidentiality, informed consent, advertising/self-promotion, research-related and boundary violations (including sexual, financial and others).	16.6	15.8	15.3
Third party Independent medical examinations (Workers' Compensation Board, non-Workers' Compensation Board, all others).	1	1.1	1.6
Systemic Includes access to human resources and technology, continuity of care and interdisciplinary issues.	0.8	0.7	1.6
Unclassified² All others.	0.2	0.7	0.6

1. A single complaint may include multiple types.

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

Sources of complaints received (%)

	2025	2024	2023
Patient (or legal guardian)	73.5	73.9	70.6
Family member of patient	13.4	8.9	18.4
Complaints Director ¹	2.7	3.5	3.2
Third party ²	8.5	6.3	6.1
Lawyer	0.8	0.1	0
Other physician/self-reported	1.1	7.3	1.7

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

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

Dismissals

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

	2025	2024	2023
Total number of files resolved by outright dismissal	549	471	550
Total number of files dismissed after other processes ¹	283	220	598

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

Resolutions

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

	2025	2024	2023
Early consensual resolution			
Total number of files resolved	98	107	118
Resolution after investigation			
Total number of files closed	27	21	24
Resolution after expert review			
Total number of files closed	32	36	37

Investigations

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

	2025	2024	2023
Total number of investigations completed	194	195	130

Hearing/legal referrals

If we are considering referring a complaint to a disciplinary hearing, the complaint is assessed by our Hearing and Legal Referral team to determine if the matter will be referred to the Hearings Director’s Office or resolved in another way. As the *Health Professions Act* provides several avenues to manage complaints (depending on the individual circumstances and severity of the complaint), only a small number require a hearing tribunal. Improvements in our overall processes have resulted in the most serious files being managed promptly and proceeding to a hearing.

	2025	2024	2023
Complaints referred to a hearing (notice of hearing submitted)	12	20	29

Complaint or hearing assessments

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

Assessments required by Professional Conduct	2025	2024	2023
Initiated	18	8	8
Completed	9	3	6
In progress at Dec. 31 ¹	9	5	3

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

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

Physicians assessed under Section 118	2025	2024	2023
Files opened	4	1	0
Assessments completed	2	0	0



PATHWAYS TO PARTNERSHIPS

The power of collaboration

At CPSA, we know that meaningful and sustained progress can't be achieved alone. We also understand that true collaboration does not exist without first developing relationships built on mutual respect and shared values. In October 2025, after more than two years of conversation, CPSA entered into a formal relationship with G4 Health, a department within the Stoney Nakoda Tsuut'ina Tribal Council, to improve collaboration on addressing Indigenous health priorities. This partnership is an important step towards improving health outcomes and access to care for all Albertans, including the Îyethka and Tsuut'ina Peoples served by G4 Health.



Scan the QR code to learn more about how our partnership with G4 Health came to fruition and how, together, we're taking steps to ensure all patients in Alberta receive safe and equitable care from their physicians.

Boundary complaints

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

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

Sexual abuse & misconduct

	Sexual abuse			Sexual misconduct			Both		
	2025	2024	2023	2025	2024	2023	2025	2024	2023
Complaints opened	10	3	2	11	12	4	3	0	0
Hearings	2	0	1	0	0	2	0	0	1
Findings of unprofessional conduct ¹	2	0	1	0	0	2	0	0	1
Physician permit cancellations ¹	0	3	1	0	0	0	0	0	0
Physician permit suspensions ¹	1	1	0	0	14	1	0	0	0
Patients who accessed funds ²	7	5	5	4	6	5	1	3	1

1. Includes data from complaints opened in previous years.
2. Patients may have been granted access to funds in current year, or in previous years but continue to access funds in the current year.

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

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

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

Hearing Director’s Office (HDO)

CPSA’s HDO steps in when a complaint progresses to a hearing, a complainant requests a review of a dismissed complaint, or when there is an appeal of a Hearing Tribunal, registration, accreditation or capacity assessment decision.

The HDO team also oversees CPSA’s Complaint Review Committee (CRC) and Hearing Tribunal membership list, and organizes all logistics behind hearing, review and appeal proceedings, including scheduling times that work for all involved parties and circulating needed materials and documents to all participants.

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

The HDO also organizes training and educational opportunities for committee members. Throughout 2025, we scheduled several training sessions for committee members, including comprehensive orientation and decision writing. We also continued to refine processes to ensure efficiency and timeliness across the CRC process.

Hearings Director’s Office statistics

Requests to review a dismissed complaint

	2025	2024	2023
By complainant to Complaint Review Committee (CRC)	117	97	118

Complaint Review Committee (CRC)

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



For more definitions, visit cpsa.ca/glossary

CRC decisions¹

	2025	2024	2023
Decision to dismiss complaint upheld	117	123	67
Requests for investigation	8	16	4
Withdrawn by complainant	0	2	0
Referred directly to a hearing	0	0	0
TOTAL	125	141	71

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

Hearings statistics

	2025	2024	2023
Number of Hearing Tribunals convened	18	22	17
Ongoing matters carried over to next calendar year	11	6	2
Hearing decisions received (merits and/or sanctions) ¹	12	20	15
Percentage of hearing decisions with some or all allegations proven	100%	100%	100%
Hearings closed to the public (fully or partially) ²	2	2	4

1. Depending on circumstances, decisions on merits and sanctions can be delivered as one written decision, or separately.
2. At the discretion of the Hearing Tribunal, hearings can be closed to the public, either completely or partially (e.g., only during specific witness testimony) to protect the privacy of a vulnerable patient and/or the personal health and/or financial information of one of the parties.

Hearing Tribunal decisions

Hearing Tribunal decisions are delivered in writing.

The merits decision outlines whether a physician is guilty of unprofessional conduct.

If there is a finding of unprofessional conduct, the sanction decision outlines the penalties levied against the physician by the Hearing Tribunal.

These can be delivered as one written decision or two separate written decisions, depending on the circumstances of the case.

Hearing outcomes¹

	2025	2024	2023
Cancellation of practice permit	0	4	1
Suspension of practice permit	3	9	3
Charges dismissed	0	0	0
Competence assessment required	0	1	3
Conditions on practice permit	2	2	3
Monetary fine	1	4	1
Health assessment required	0	2	1
Recovery of costs (all or partial)	9	18 ²	8
Remedial education	8	9	4
Reprimand	5	7	4

1. Sanction decisions can have more than one outcome.

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

Total appeals and requests for review to Council

Hearing Tribunal decisions	2025	2024	2023
Appeal dismissed	1	1	2
Decision pending	0	1	0
Accreditation decisions	2025	2024	2023
Appeal dismissed	1	0	2
Registration decisions	2025	2024	2023
Review dismissed	1	0	1
Referred back to the Registrar	1	0	1
Appeals			2025
Appeals of a hearing decision to the Courts			0

Accreditation

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

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

Medical facilities that provide a prescribed health service, as defined under CPSA's *Bylaws*, must undergo an accreditation assessment when they first open or anytime they renovate, move or add a new service. We re-evaluate accredited facilities on a four-year assessment cycle (or sooner if needed).

In 2025, CPSA's non-hospital surgical facility program completed its first year of facility assessments using the 2023 version of process-based standards and had a record number of file closures. The Accreditation department also released version 4.1 of the diagnostic imaging standards, capturing important revisions that support increased access to tele-ultrasound and tele-echocardiography imaging. Over the course of the year, Accreditation collaborated with multiple other departments and programs. Working together, the Accreditation and IPAC teams released a guidance document on the Reprocessing of Ultrasound Transducers. In support of efficiency and following best practices across the Accreditation's laboratory and diagnostic imaging programs collaborated with provincial agencies to perform combined assessments in rural service areas and the cardiac stress testing program created a framework for collaboration between hybrid cardiac stress facilities, which include a nuclear stress test component.

In addition to developing accreditation standards and assessing facilities, CPSA registers x-ray, Class 3B and 4 laser, as well as mammography equipment. We ensure designated diagnostic equipment in Alberta is appropriately tested and meets legislated requirements. We register and re-certify equipment, keep a database of registered equipment and follow up on equipment safety concerns when necessary.

As of Dec. 31, 2025, there are 930 CPSA-accredited facilities in Alberta.

CPSA accredits:

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

Accreditation statistics

Facility type	Accreditation renewed ¹			New accreditation		
	2025	2024	2023	2025	2024	2023
Diagnostic Imaging	56	78	105	73	49 ²	11 ²
Diagnostic Laboratory Medicine	32	34	37	1	2 ²	6 ²
Non-Hospital Surgical ³	16	18	13	1	7 ²	10 ²
Pulmonary Function Diagnostics	35	13	23	14	17 ²	21 ²
Neurodiagnostics	6	12	11	1	2 ²	2 ²
Cardiac Stress Testing	9	5	1	0	1 ²	3 ²
Sleep Medicine Diagnostics	29	15	18	14	21 ²	9 ²
Psychedelic-Assisted Psychotherapy	0	0	0	5	3	1 ²
TOTAL	183	175	208	109	102	63

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

Other statistics:

	2025	2024	2023
Site visits	259	277	N/A
New standard versions released/developed	1	7	N/A
Pieces of equipment (laser) registered by CPSA	615	523	613
Pieces of equipment (x-ray) registered by CPSA	1,412	1,462	1,336



PATHWAYS TO INNOVATION

When innovation inspires effective collaboration

Artificial intelligence (AI) is one of the most innovative technologies of our time, continuously evolving and influencing how we live our lives and do our work.

Health care is no exception and as the medical regulator in Alberta, it is CPSA's responsibility to ensure we're keeping up with the evolution of AI and how it affects physician practice and patient care. This is why in 2025, team members from across CPSA came together to begin updating our resources on AI, ensuring the guidance we provide is accurate, reliable and based on the latest evidence and research.



Learn more about how this collaborative effort reflects CPSA's commitment to innovation and supports patient safety in Alberta.

Operational departments

At CPSA, our people help pave the path towards organizational progress and patient safety. In addition to our regulatory work, CPSA has operational departments that help keep the wheels of our organization turning while providing important support to our regulatory teams—all while working on their own projects that drive advancement and improvement within our organization.

Communications

CPSA's team of in-house communications professionals acts as a strategic partner to all departments across the organization, helping to determine the proper pathways for connecting and communicating with regulated members, Albertans and our partners. Our dynamic department ensures CPSA's annual report, website, social media channels and monthly digital newsletter are engaging and informative. Communications also leads CPSA's engagement efforts by hearing directly from Albertans and regulated members to ensure our messaging is meaningful and puts people on the right path towards the information and resources they need.

In 2025, the Communications department fielded more than 75 media inquiries.

Corporate Services

Corporate Services keeps our organizational operations running smoothly and efficiently by overseeing finance, payroll and benefits administration, risk management, infrastructure and general office support, while also supporting CPSA's Finance & Audit Committee. Our department continually searches for ways to enhance and make internal processes more efficient for team members.

In 2025, Corporate Services spearheaded renovations at CPSA's office to support our evolving team. In addition:

- Accounting processed 7,988 vendor invoices.
- Payment methods for annual renewal and professional corporations were a split of 80% credit cards, 19% preauthorized payments and 1% cheques.

Customer Experience (CX)

CPSA's CX team is the main pathway for those reaching out by phone, email and live chat to connect with CPSA. CX is a centralized place for information about all areas of CPSA, and Albertans, regulated members, our partners and anyone else who reaches out to us can expect quick and helpful support. Through our high volume of inquiries, CX also finds internal process improvement opportunities to continuously make the customer experience better.

CX statistics

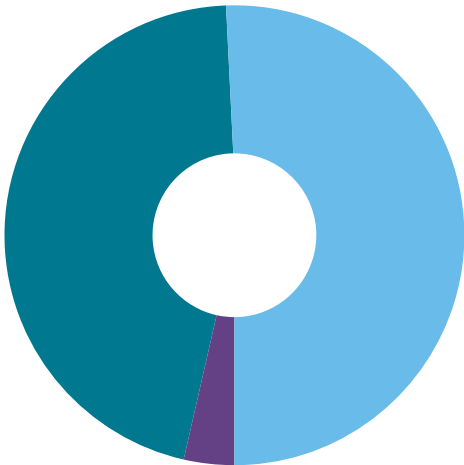
Top five standards asked about:

<i>Closing or Leaving a Practice</i>	136
<i>Ending the Physician-Patient Relationship</i>	124
<i>Relocating a Practice</i>	119
<i>Patient Record Retention</i>	83
<i>Referral Consultation</i>	78

Inquiries:

20,280
Number of total inquiries

44%
Percentage of inquiries
received by email



51%
Percentage of inquiries
received by phone

5%
Percentage of inquiries
received by live chat

Top three categories for public inquiries:

- Complaints
- Find a Physician
- Medical Records

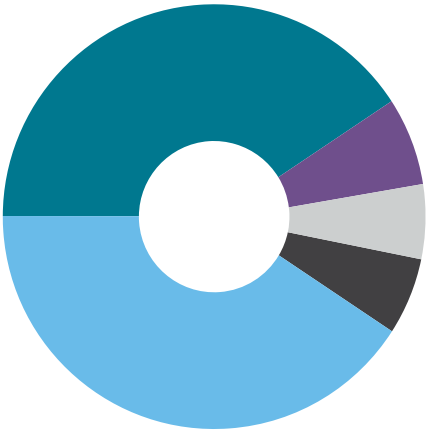
Top three categories for regulated member inquiries:

- Registration
- Annual Renewal
- Standards of Practice

Inquiry breakdown by audience:

41%
Regulated members

41%
Albertans



7%
Facilities and clinics

6%
Lawyers

5%
Other

Information Management

Bringing together our Information Technology (IT), Records Management and Privacy teams, the Information Management department creates pathways that connect our people to the tools and technology they need to do their work. Our department provides reliable systems and technical expertise to ensure our online programs, like cpsa.ca and CPSA Portal, are accessible and available to users. We also establish clear pathways for the secure storage, handling and access of confidential and non-confidential information, manage requests for sensitive records and lead CPSA’s response when privacy breaches occur.

The IT team responded to 2,634 internal inquiries in 2025 to support our team members.

Office of the Registrar

The Office of the Registrar provides strategic oversight for the two distinct pathways of CPSA’s work: regulatory and operational. The operational side of this department includes our Governance and Policy, Continuous Quality Improvement, Strategic Priorities and legal coordination teams, while the regulatory side includes our Standards of Practice team and the Hearings Director’s office. Our department supports CPSA Council and Council Committees and offers strategic executive leadership for CPSA’s Path to Truth and Reconciliation.

In 2025, CPSA Councillors each spent an average of 150 hours in service to their role on Council, including participating in Council meetings, committee meetings and hearings/appeals.

People & Culture

People & Culture supports team members along their career pathway at CPSA—from recruitment and onboarding, to supporting team members’ professional growth, to retaining team members to create meaningful careers. In addition to our human resources functions, our department leads CPSA’s people-focused programs that contribute to our positive, welcoming workplace culture. We also spearhead internal programs for respect in the workplace, team member engagement and Truth and Reconciliation initiatives.

People & Culture hired 37 positions on CPSA’s team in 2025, including 7 current team members taking on new roles within the organization and 30 new hires.

2025 FINANCIAL STATEMENTS

Independent auditor's report on the summary financial statements

To the Members of College of Physicians & Surgeons of Alberta

Our opinion

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

The summary financial statements

The College's summary financial statements derived from the audited financial statements for the year ended December 31, 2025 comprise:

- the summary statement of financial position as at December 31, 2025 ;
- the summary statement of revenues and expenditures for the year then ended;
- the related notes to the summary financial statements.

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

The audited financial statements and our report thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated May 28, 2026.

Management's responsibility for the summary financial statements

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

Auditor's responsibility

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

PricewaterhouseCoopers LLP

Chartered Professional Accountants

Edmonton, Alberta

May 28, 2026

Summary Statement of Financial Position

As at December 31, 2025

Assets	2025 \$	2024 \$
Current assets		
Cash	37,006,436	40,436,616
Accounts receivable	6,473,517	5,571,549
Prepaid expenses and other assets	917,468	904,523
	44,397,421	46,912,688
Investments	37,297,905	34,100,543
Equipment and leasehold improvements	2,659,490	3,143,384
Lease deposit	105,000	105,000
Employee future benefits – registered plan (note 2)	14,946,111	12,823,703
	99,405,927	97,085,318
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	3,596,365	3,487,592
Deferred fee revenue	27,050,310	26,041,898
Deferred contributions	360,271	133,814
Deferred rent inducement	22,239	22,239
Deferred leasehold inducements	336,716	336,716
	31,365,901	30,022,259
Deferred rent inducement	297,232	319,471
Deferred leasehold inducements	729,551	1,066,267
Employee future benefits – supplemental plan (note 2)	3,795,300	4,393,247
Employee future benefits – defined contribution supplemental plan	969,374	975,517
	37,157,358	36,776,761
Net Assets		
Invested in equipment and leasehold improvements	2,653,545	3,131,884
Internally restricted	3,538,609	5,090,452
Unrestricted	56,056,415	52,086,221
	62,248,569	60,308,557
	99,405,927	97,085,318

Summary Statement of Revenues and Expenditures

For the year ended December 31, 2025

	2025 \$	2024 \$
Revenues		
Physician annual fees	27,992,101	29,494,239
Practice readiness fees	5,838,265	4,609,100
Investment income	2,641,839	2,893,240
Professional corporation fees	2,220,300	2,081,440
Physician registration fees	1,595,700	1,224,200
Grant funding	1,108,578	1,129,696
Penalties to members	368,800	356,950
Continuing competence fees	348,291	267,302
Miscellaneous	283,225	257,958
Sponsorship application fees	275,000	654,500
Recovery of investigation and hearing expenditures	261,506	391,118
Certificates	214,325	192,700
Summative assessment fees	109,873	206,055
Physician assistant fees	33,900	27,350
	43,291,703	43,785,848
Expenditures		
Corporate services	4,707,931	3,698,474
Information management and privacy	3,934,250	3,466,232
Office of the Registrar	3,064,321	2,460,529
People and culture	1,933,376	1,608,962
Communication	1,404,623	1,246,305
Governance	1,036,387	1,131,174
Amortization of equipment and leasehold improvements	893,229	832,463
CPSA activities		
Professional conduct and hearings – director office	8,069,301	8,098,391
Practice readiness	5,452,015	4,408,769
Continuing competence	4,782,693	4,413,206
Analytics, innovation and research	4,287,550	3,975,058
Registration	3,318,772	3,097,293
	42,884,448	38,436,856

Summary Statement of Revenues and Expenditures (cont.)

For the year ended December 31, 2025

	2025 \$	2024 \$
Excess of revenues over expenditures before development costs, accreditation program and other items	407,255	5,348,992
Development costs	-	(28,600)
Accreditation program		
Revenues	4,097,208	3,539,373
Expenditures	(4,062,017)	(3,269,014)
Excess of revenues over expenditures for accreditation program	35,191	270,359
Excess of revenues over expenditures before other items	442,446	5,590,751
Other income (expenditures)		
Fair value changes in investments	1,540,305	1,972,329
Investment income – CPSA Healthier Albertan Grant	96,278	211,753
Expenditures in relation to CPSA Healthier Albertan Grant	(1,683,312)	(1,289,196)
	(46,729)	894,886
Excess of revenues over expenditures for the year	395,717	6,485,637

Notes to Summary Financial Statements

December 31, 2025

1. Basis of presentation

The summary financial statements are derived from the audited financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations as at December 31, 2025 and for the year then ended.

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

Management prepared these summary financial statements using the following criteria:

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

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

2. Summary of select significant accounting policies

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

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

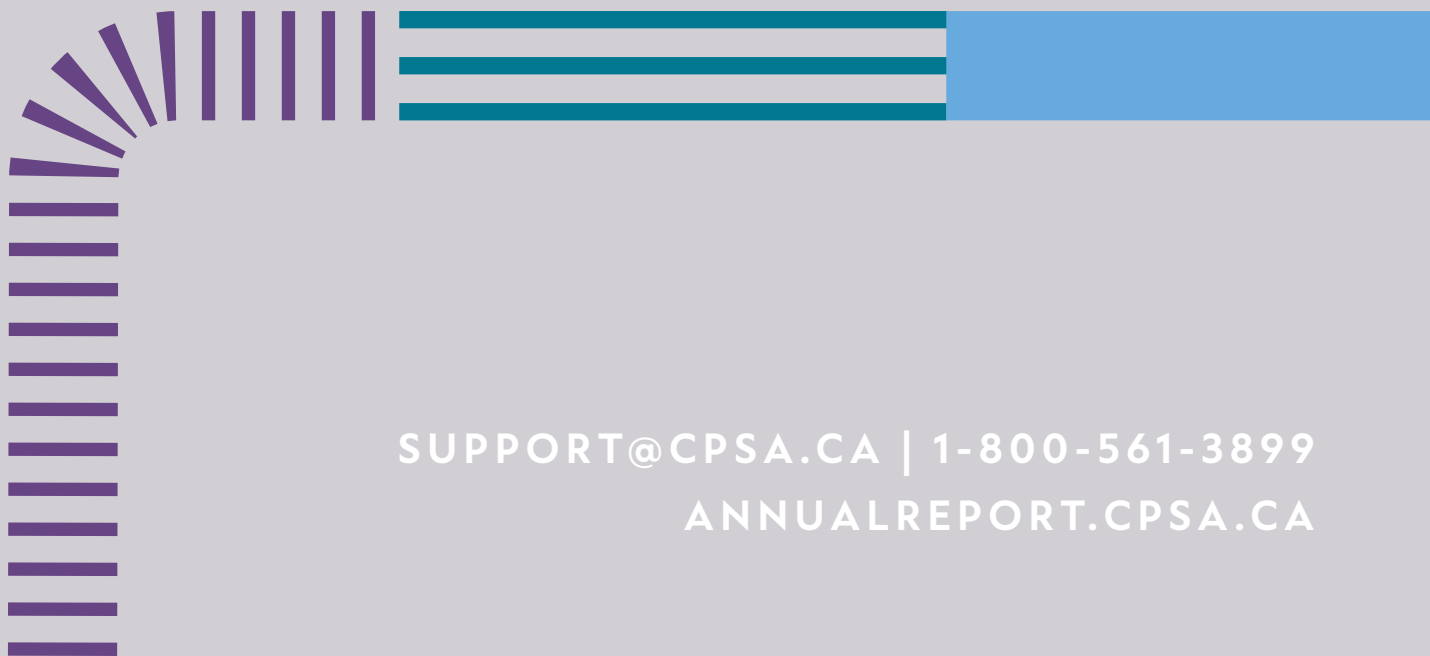
- Annual physician, physician assistant, professional corporation, registration and accreditation program fees – Annual physician, physician assistant, professional corporation, registration and accreditation program fees are set annually by the Council and are recognized as revenue in the fiscal year to which they relate. Fees received in advance are recognized as deferred fee revenue.
- Penalties to members – Penalties to members are recognized when received or receivable.
- Practice readiness fees, sponsorship application fees, recovery of investigation and hearing expenditures, continuing competence fees, summative assessment fees, certificate, miscellaneous revenue program fees and other general revenue are recognized when the related services are provided or goods are shipped.
- Investment income – Investment income includes interest and dividends. Interest and dividends are recognized when received.
- Grant funding – Grant funding is recognized in accordance with the terms of the grant agreement as expenses are incurred.

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

	2025		2024	
	Registered \$	Supplemental \$	Registered \$	Supplemental \$
Fair value of plan assets	53,221,014	-	50,766,332	-
Defined benefit obligation	(38,274,903)	(3,795,300)	(37,942,629)	(4,393,247)
Plan surplus (deficit)	14,946,111	(3,795,300)	12,823,703	(4,393,247)

3. Comparative figures

The comparative figures for the Physician Health Monitoring program have been included with the Continuing Competence activity on the summary statement of revenues and expenditures in the comparative year to ensure consistency of presentation with the current year.



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