



THE
COLLEGE OF
PHYSICIANS
& SURGEONS
OF MANITOBA

2019

ANNUAL REPORT

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THE ROLE OF THE COLLEGE

OUR MANDATE

The College's mandate is to protect the public as consumers of medical care and promote the safe and ethical delivery of quality medical care by physicians in Manitoba.

Autonomous Self-Regulation of The Medical Profession

Every member of the medical profession shares the responsibility of self-governance and ensuring that appropriate standards of clinical practice and ethical conduct are followed. Membership in the College is mandatory for all physicians seeking to practice medicine in Manitoba. The jurisdiction of the College extends to its members and associate members, including medical students, physician assistant students, residents, physician assistants and clinical assistants.

The College achieves this goal primarily through the performance of its three core functions:

- Registration
- Standards
- Complaints and Investigation

Funding for these core functions comes almost entirely from fees paid by members. The College is separate and distinct from professional associations of physicians such as Doctors MB.

Safe and Ethical Medical Care

The College establishes registration and licensure requirements to ensure that all members are eligible for licensure. Standards of professional conduct and clinical practice are established through the creation of a Code of Ethics and Standards, against which performance of members is measured and objectives of good patient care met. The College has the authority to take action where a member practices in a manner that is ethically and/or clinically unacceptable.

Leadership for Quality Care

The College provides leadership for quality medical care by diligently performing its core functions and through participating in many related activities such as patient safety conferences and quality assurance programs. It promotes regional equality in standards of physician care.

Public Confidence in The Medical Profession

Responding appropriately to complaints from the public is essential. The College considers the doctor/patient relationship to be the cornerstone of quality medical care. When things go wrong and a patient seeks help, the College strives to assist the patient, preserving the doctor/patient relationship where possible. As part of its mandate to protect the public, the College has the authority to formally investigate complaints and discipline its members.

Provision of Resources to Physicians for Advice on Ethics, Standards and Quality Issues

The College communicates its formal position relating to the interpretation of The Medical Act, Regulations, Code of Ethics and By-Laws. The College also provides advice to members in its regularly published Newsletter. Members who have specific questions or concerns are encouraged to contact the College directly.



MESSAGE FROM THE PRESIDENT & REGISTRAR

The past year has seen the culmination of many significant initiatives at the College and the beginning of new ones.

Given the personal and societal impact of opioid prescribing by physicians in some instances, the College is undertaking significant initiatives to improve opioid prescribing practices. A Standard of Practice of Prescribing Opioids became effective September 2018. This was a multi-disciplinary effort involving numerous physicians in different practice areas and other regulated health care professionals. A draft Standard was circulated to the profession, other regulated health care providers, and the public. Following extensive feedback, the Standard was revised to incorporate many suggested improvements.

This Standard establishes the standard of practice and ethical requirements of all physicians in relation to prescribing opioids. This Standard excludes the treatment of active cancer pain, palliative care, end-of-life care, opioid replacement therapy, and opioid use disorder. The purpose of the Standard is to assist members in prescribing opioids for maximum safety. Knowledge of the risk to benefit ratio of prescribing opioids has altered over time, so prescribing opioids must address pain, function, and the addiction. The Standard of Practice for Prescribing Opioids is unique as it provides different rules for different patient categories.

The CPSM is pursuing other initiatives relating to opioids. The CPSM Prescribing Practices Program includes the following components:

- Chief Medical Examiners` Death Review
- High Dose Opioid Prescribing Review
- CPSM Opioid Prescriber Profile
- Fentanyl Prescribing Review
- Generic Oxycontin Prescriber Education
- Opioid Agonist Treatment (methadone and buprenorphine/naloxone) Prescriber Training, Mentoring and Auditing
- Opioid Prescribing Standard and Resources
- Individual Case Support and Mentoring

Through a federal/provincial grant of just over \$1 million for four years the College will:

1. Provide Opioid Agonist Treatment prescriber training sessions to physicians, nurses, and pharmacists;
2. Conduct audits of physicians prescribing methadone and buprenorphine/naloxone;
3. Mentor Opioid Agonist Treatment prescribers;
4. Develop a Buprenorphine/Naloxone and Methadone Recommended Practices Manual.

The Opioid Prescriber Profile is an educational initiative that will ask physicians to reflect on their opioid prescribing practices as compared to other physicians with a similar practice. The Opioid Prescriber Profile will be provided to all Manitoba physicians on an annual basis. The profiles are generated using actual opioid prescribing data from the DPIN network. Each physician's profile will capture their individual opioid prescribing practices and compare it to a peer group of physicians with a similar practice. Individualized feedback on prescribing practices has been shown to be effective in changing practice. The profiles will also provide a snapshot of overall opioid prescribing trends in Manitoba. In future, reviewing the opioid prescriber profile will also form part of each physician's peer review process.

While not as topical as opioid prescribing, the College's new member data base, iMIS, was a major IT project that the College had embarked on in 2017. It went live in July 2018. The next priority for iMIS is the development of the "member portal" - which will serve as the primary communication vehicle between the College and its members.

The Regulated Health Professions Act became effective for the College on January 1, 2019. This was the culmination of a multi-year project from when the RHPA was first proclaimed in 2009 by the Government. The Medical Act and its Regulations were rescinded by Government concurrently. This necessitated new Regulations for the College, in addition to revising and ensuring the Bylaws, Practice Directions, Standards of Practice,

and Policies were in accordance with the new legislation. Many of these were extensively re-written. All Regulations and Bylaws were provided to the membership and others for their comment as part of the consultation process. Improvements in aspects of these documents ensured appropriate concerns of others were incorporated. A communications plan was developed and implemented to explain the RHPA to members and other interested persons.

The new Quality Improvement Program will encourage continuing quality improvement activities for College members. As well, it will provide a new mechanism for the CPSM to interact with members to gather detailed information about their practice. It will encourage them to reflect on this information, and to plan their continuing professional development and ongoing practice improvement around needs identified in their practice. Over time, this should lead to improved care for their patient populations. Lifelong learning is derived from our practices and it enhances care of our patients and service to our communities.

The College adopted a new Code of Ethics and Professionalism, utilizing the Code prepared by the Canadian Medical Association, and adopted by many medical regulators across Canada. The Code of Ethics is the primary source for ethical obligations for the College's membership.

The paramount objectives of the Code of Ethics are to:

- establish or otherwise codify ethical standards for the practice of medicine in a manner that maintains public confidence in the medical profession;
- inform the members and the public about the College's ethical expectations for the profession;
- serve as a tool for enforcement where members fail to meet those ethical standards; and
- in your dealing with the College you will be treated fairly and respectfully.

The College continues to examine its complaints and investigations processes to ensure we fulfill our statutory regulatory role efficiently and effectively. The RHPA requires that the college must carry out its mandate, duties, and powers and govern its members in a manner that serves and protects the public interest. Throughout every process and procedure at the College, we always ask ourselves if we are indeed serving and protecting the public. This question is answered after careful examination of the matter, through the process of self-regulation.

Your College understands self-regulation is a responsibility and a sacred trust. On a personal note your President and Registrar observe this sacred trust and responsibility woven into College work on a daily basis for the protection of the public interest. These qualities are what we stand for.

In closing, we look forward to working with you on exciting new projects in the coming year.



Eric Sigurdson

MD MSc FRCPC

President



Anna Ziomek

MD

Registrar/CEO



PHYSICIAN RESOURCE
STATISTICS
2019

CERTIFICATES OF REGISTRATION ISSUED

During the period 1 May 2018 to 30 April 2019, 218 persons were issued registration and a full licence to practise. In total there were 243 certificates issued of which 24 were for a resident licence, 1 did not practise here.

Medical Practitioners Granted Registration and Full Licence Annually in Manitoba 2017 - 2019 with Country of Qualification											
YEAR	Manitoba	Canada	USA	UK & Ireland	Europe	Asia	Australia	New Zealand	Africa	Central / South America	TOTAL
2017	68	38	0	8	8	40	2	0	16	7	187
2018	71	50	2	10	11	45	8	0	19	12	228
2019	77	50	6	11	19	31	3	0	14	7	218
TOTAL (10 YEAR)	585	414	21	71	108	354	34	3	177	65	1832

New Practitioners % of Total

2019	35.3	23.0	2.8	5.0	8.7	14.2	1.4	0.0	6.4	3.2	100%
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Percentages may not be exact due to rounding



ADDITIONS AND DELETIONS

FROM 1 MAY 2018 TO 30 APRIL 2019

Deletions includes deaths, retirements, erasures, and transfers to Residency Licence. Additions are those entering who initiate a licence to practise and includes those who were previously registered.

Age	Addition	Deletion
30 or Under	42	10
31-35	137	69
36-45	119	91
46-55	39	34
56-64	16	21
65-70	13	31
Over 70	3	25
TOTAL	369	281

Deaths or Deletions	
Deaths	1
Transferred to Residency Licence	6
Removed from Register /Suspended	1
No Longer Practising / Retired	70

Departure to	
Atlantic Province	1
Quebec	4
Ontario	40
Saskatchewan	4
Alberta	10
British Columbia	39
NWT/NU	1
USA	7
United Kingdom	3
Others/Unknown	93
TOTAL	202



Total Canadian
Departures

99

Number of Licensed Medical Practitioners in Manitoba 2015-2019						
YEAR	Winnipeg	%	Outside Winnipeg	%	TOTAL	Net Gain Net Loss(-)
2015	2116	77.0	632	23.0	2748	66
2016	2122	76.7	646	23.3	2768	20
2017	2174	77.0	650	23.0	2824	56
2018	2215	76.3	687	23.7	2902	78
2019	2262	75.9	720	24.1	2982	80

The total of 2982 includes 67 fully licensed residents. There is no data on how many actually "moonlight", or to what extent.

The following shows the possible influence of this resident population on the number in active practice.

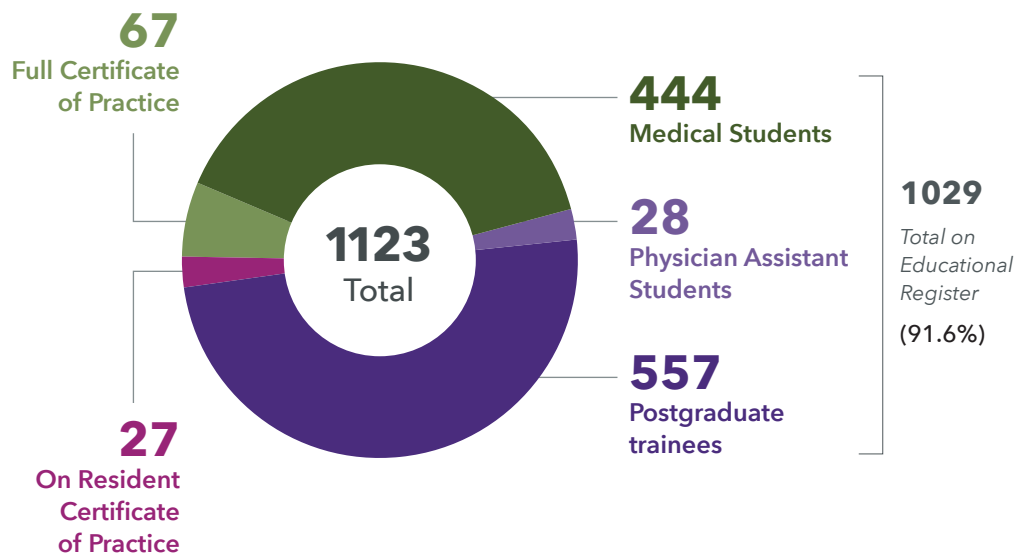
	Full Licence	Provisional Licence	SUBTOTAL	Resident Licence	TOTAL
2015	2695	53	2748	24	2772
2016	2716	52	2768	25	2793
2017	2778	46	2824	28	2852
2018	2845	57	2902	26	2928
2019	2915	67	2982	27	3009



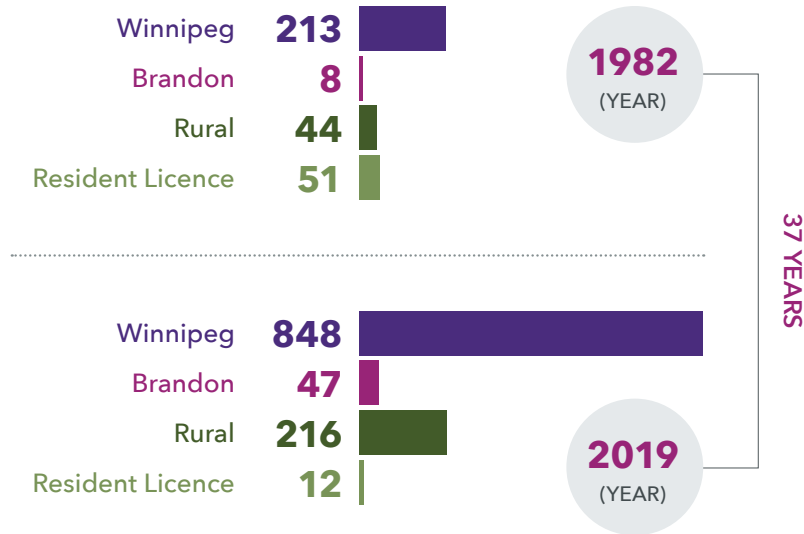


EDUCATIONAL (ASSOCIATE) MEMBERSHIP 2019

Postgraduate physicians in training programs are referred to as residents. They may be pre-registration (Associate Member - Educational - Resident) or they may have met the registration requirements and are eligible for an independent certificate of practice. This latter category of residents may opt to practise only within their residency program (resident certificate of practice) or may obtain a full certificate of practice.



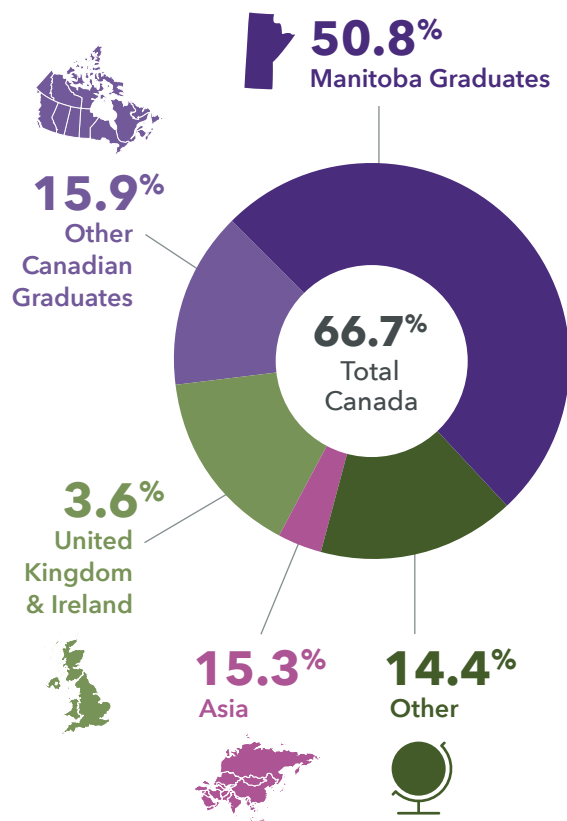
Geographic Distribution of Female Practitioners



- **37.3%** of fully licensed physicians are female.
- **37.5%** of practitioners in Winnipeg are women, **31.5%** in Brandon and **37.8%** in rural Manitoba.
- **44.4%** of those with a residency licence are female.
- **During the past 37 years** there has been an increase of 635 women in Winnipeg, 39 in Brandon and 172 in the remainder of the province.



Percentage of Medical Practitioners in Manitoba *as to Country of Qualification*



Distribution of Medical Practitioners by Country of Qualification
as at 30 April 2019 (as a percentage)

	Winnipeg	Brandon	Rural	Resident
Manitoba	2262 54.6 %	149 29.5 %	571 41.5 %	27 51.9 %
Canada	17.5 %	14.1 %	9.8 %	33.3 %
TOTAL CANADA	72.1 %	43.6 %	51.3 %	85.2 %
USA	0.7 %	0.7 %	0.4 %	0.0 %
UK & Ireland	3.0 %	2.0 %	6.1 %	3.7 %
Europe	4.0 %	3.4 %	3.5 %	3.7 %
Asia	12.0 %	28.7 %	25.0 %	3.7 %
Australia / New Zealand	0.7 %	1.3 %	1.2 %	3.7 %
Africa	5.3 %	15.4 %	9.8 %	0.0 %
Central / South America	2.3 %	4.7 %	2.5 %	0.0 %

Percentages may not be exact due to rounding.

Ages of Doctors Residing in Manitoba as at 30 April 2019

	Winnipeg	Brandon	Rural	TOTAL
OVER 70	141 (6.2)	11 (7.4)	16 (2.8)	168 (5.6)
65 - 70	183 (8.1)	11 (7.4)	42 (7.4)	236 (7.9)
56 - 64	474 (21.0)	45 (30.2)	93 (16.3)	612 (20.5)
46 - 55	610 (27.0)	36 (24.2)	144 (25.2)	790 (26.5)
36 - 45	601 (26.6)	31 (20.8)	159 (27.9)	791 (26.5)
31 - 35	223 (9.9)	12 (8.1)	90 (15.8)	325 (10.9)
30 OR UNDER*	30 (1.3)	3 (2.0)	27 (4.7)	60 (2.0)

Percentages (shown in brackets) may not be exact due to rounding

1513
Specialists

Specialist Register

There were 1513 specialists enrolled on the Specialist Register as at 30 April 2019.



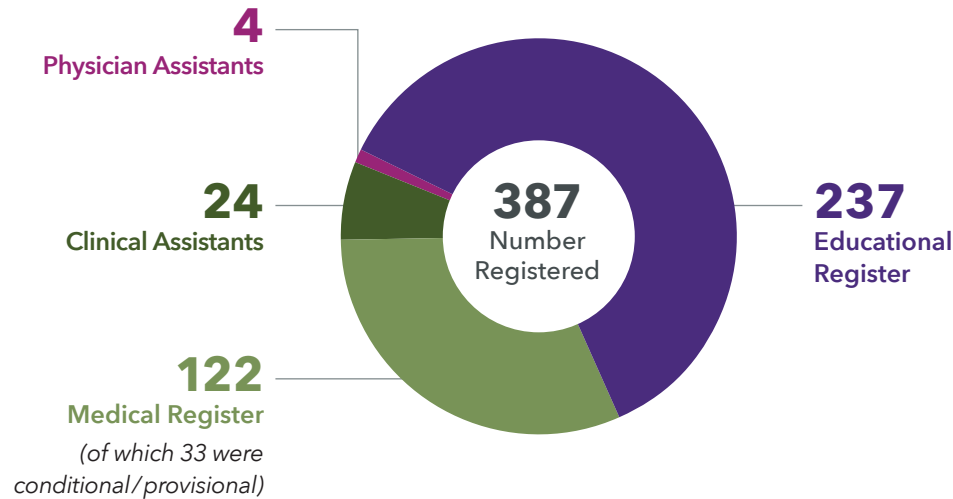


CERTIFICATES OF PROFESSIONAL CONDUCT (COPC)

During the period 1 May 2018 to 30 April 2019, 848 COPCs were issued. These are usually required for the purposes of obtaining registration in another jurisdiction. The following table indicates the purposes for which the certificates were issued and a comparison with 2018.

Provincial Licensing Bodies	2019	2018
British Columbia	186	162
Alberta	142	102
Saskatchewan	28	16
Ontario	103	88
Quebec	5	7
Prince Edward Island	3	4
New Brunswick	9	2
Nova Scotia	19	21
Newfoundland / Labrador	25	13
Northwest Territories / Nunavut	27	16
Yukon	5	2
Australia & New Zealand	12	6
Overseas / Other	47	52
USA	33	38
MB Healthcare Providers Network (formerly Health Workforce Secretariat)	101	74
RHAs (previously combined with HWS)	61	44
CFPC	42	24
TOTALS	848	671

APPLICATIONS FOR REGISTRATION RECEIVED & THEIR DISPOSITION



530
Number of
Applications
Received

Did Meet the Requirements, not yet registered	20
Did Not Meet the Requirements	17
Unknown whether or not met the requirements	106





THE CPSM
PRESCRIBING
PRACTICES
PROGRAM

The CPSM has, for several years, been working on a number of quality improvement initiatives related to the prescribing of drugs with potential for abuse.

These efforts were expanded and formalized under the Prescribing Practices Program in the summer of 2018. Some components of this program are well established, while others are in the development or early implementation phase. Some of the most notable outcomes of this program are reported below.

The CPSM Prescribing Practices Program includes the following components:

- Chief Medical Examiners' Death Review
- High Dose Opioid Prescribing Review
- CPSM Opioid Prescriber Profile
- Fentanyl Prescribing Review
- Generic Oxycontin Prescriber Education
- Opioid Agonist Treatment (methadone and buprenorphine/naloxone) Prescriber Training, Mentoring and Auditing
- Support around the implementation of the Opioid Prescribing Standard through online resources and individual case support/mentoring

Chief Medical Examiner's Death Review

A CPSM medical consultant attends the monthly Adult Inquest Review Committee meetings at the Chief Medical Examiners' Office to review deaths involving prescription medications. All methadone and buprenorphine/naloxone (Suboxone) deaths undergo detailed review as well. All prescribers involved receive a standard cover letter plus a summary of the ME report, along with feedback on prescribing practices noted.

Feedback can be divided into 3 categories:

1. FYI
2. **Prescribing falls outside of guidelines endorsed by the CPSM** (Feedback is given utilizing standardized evidence-based quality indicators, e.g. concomitant prescribing of opioids and benzodiazepines); includes resources
3. **Significant concerns (rare)**

Three Themes have been identified from this review process:

- Deaths involving **polypharmacy** where all prescriptions were written by a **single physician**.
- Deaths involving **multiple sedating medications** (often including an opioid and more than one benzodiazepine at a time) prescribed to the same patient by **different physicians; filled at multiple different pharmacies**.
- **OTC medication use** combined with Rx medication (often polypharmacy) increases overdose risk.

CME PROGRAM STATISTICS

	2016/17	2017/18	2018/19
Total Deaths from Overdose	73	128	47 <i>(48 cases pending review)</i>
Prescribing Deemed Appropriate	34	30	43
Prescribing falls Outside Guidelines	79	95	27
Referred to Other Colleges	0	3	1

Numbers don't add up because in some cases letters to multiple physicians were generated from the same death.

High Dose Opioid Prescribing Review

The Manitoba Monitored Drug Review Committee (MMDRC) is an advisory committee of experts established by the Manitoba Government in 2013. Members are appointed by the Deputy Minister of Health. The MMDRC reviews the prescribing, dispensing and utilization of narcotics, benzodiazepines and other drugs selected for monitoring.

In 2018, based on advice from the MMDRC, Manitoba Health Seniors and Active Living's Provincial Drug Program referred to the CPSM a list of prescribers who were prescribing > 900 MME/day to at

least one patient in the second quarter of 2018. This data, although concerning, was incomplete due to a lack of accompanying clinical/chart information. The CPSM elected to gather more detailed information regarding each case, to determine appropriate further steps. This information gathering process is currently in its early implementation phase.

Planned CPSM Approach to MMDRC Referral of High Dose Opioid Prescribing Data (>90-0mme/day):

- Each prescriber on the list will receive a letter from the Registrar explaining the current context of the opioid crisis and emphasizing that the intent of the review is educational. Detailed case information will be requested.
- Based on the information received, the Registrar will have the following options: an educational letter to the prescriber, a referral to standards or investigations. The latter will only occur if the physician does not participate or refuses to engage in reflective practice change over time.

CPSM Opioid Prescriber Profile

The College is working with the Provincial Drug Program to generate a Standardized Opioid Utilization Report (Prescriber Profile) for each physician prescribing opioids in Manitoba. The profile will analyze various **opioid prescribing parameters** using data from the Drug Program Information Network (DPIN).

It will identify **prescribing patterns** related to key opioids including "total number of patients in a physician's practice on opioids", "total morphine equivalents prescribed", "quantities dispensed",

“the top ten” etc. This data will provide a “global” view of the opioid prescribing practices of each physician, as compared to all physicians and as compared to physicians with a similar practice. This information will be incorporated into the Quality Improvement review process at the CPSM and other regulatory colleges in Manitoba.

Fentanyl Prescribing Review

The MMDRC continues to monitor fentanyl prescribing/dispensing data, specifically fentanyl prescribed to individuals who have had inadequate or no recent opioid prescriptions as per DPIN.

Moving forward, the College will review potentially concerning fentanyl prescribing practices from time to time, utilizing an educational review framework. The aim is to provide education and support to prescribers who may benefit from such intervention.

Generic Oxycontin Prescriber Education

The College will be communicating with all remaining prescribers of generic Oxycontin to provide education regarding **oxycodone abuse and the associated harms**, including diversion for illicit use. The generic formulation has significant street value. RCT’s and observational studies indicate that **tamper-resistant Oxycodone** (e.g. OxyNeo – Available since March 2012 in Canada) has the potential to **reduce misuse, abuse and their associated harms**.

Opioid Agonist Treatment (methadone and buprenorphine/naloxone) Prescriber Training, Mentoring and Auditing.

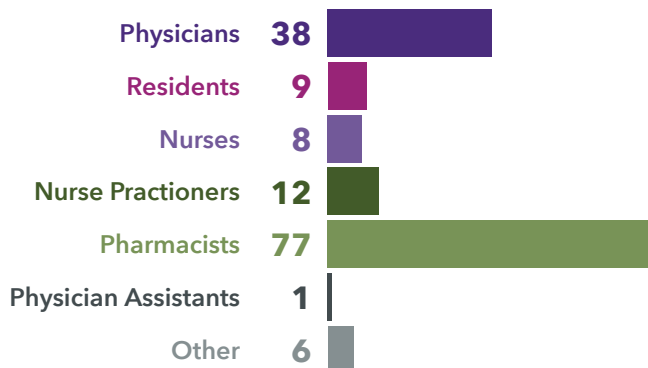
The CPSM, in partnership with the CRNM and the CPhM, supports an interdisciplinary scientific planning committee that developed and maintains a 2 day, in-person, accredited training program for physicians, pharmacists, nurse practitioners, nurses and allied health professionals who wish to become involved in treating individuals with opioid use disorder.

This program, in its pilot format, became a major component of an application that secured a federal/provincial grant of just over \$1 million over four years to expand this work beyond the Winnipeg-based training of Opioid Agonist Treatment (OAT) providers. The College is using this funding to:

1. Provide Opioid Agonist Treatment (OAT) training sessions eight times per year, including two rural and two remote sessions per fiscal year.
2. Conduct audits of new (physician) OAT prescribers who have completed their first year in OAT practice;
3. Provide mentorship to new and existing Opioid Agonist Treatment prescribers.
4. Develop a CPSM Buprenorphine/Naloxone Recommended Practices Manual, as well as update the existing CPSM Methadone Recommended Practices Manual.

OAT TRAINING ATTENDEES BY PROFESSION

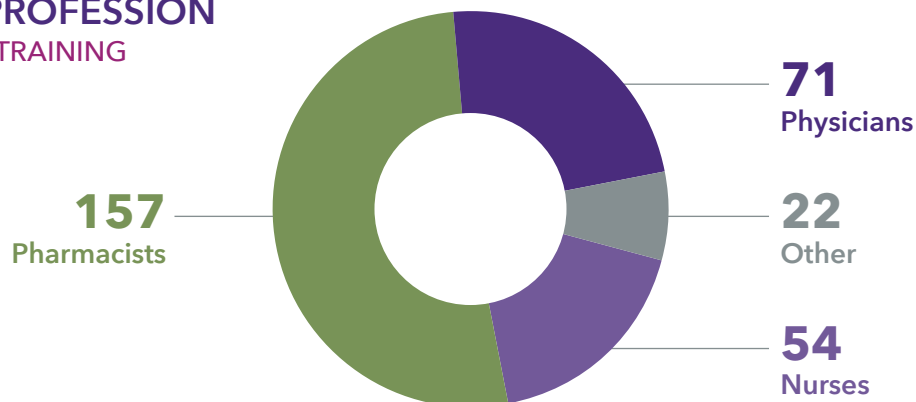
Fiscal Year 2018 - 2019



151
Total

ATTENDEES BY PROFESSION SINCE INCEPTION OF TRAINING

(November 2016)



304
Total

Support around the implementation of the Opioid Prescribing Standard through online resources and individual case support/mentoring.

The Prescribing Practices Program developed an online list of resources, clinical tools, relevant Continuing Professional Development (CPD) opportunities and Frequently Asked Questions to support physicians in implementing the Standard of Practice. Resources and Frequently Asked Questions were also developed for patients. These documents are housed on the CPSM website and are continually monitored and updated.

Physicians often contact the College with questions regarding resources for their patients who are experiencing difficulties with a variety of substance use and addiction issues. Other calls involve difficulties with prescribed opioids where there is no current clear diagnosis of ongoing chronic pain, addiction or a range of related issues. Providers often seek support in establishing a clear diagnosis and determining appropriate treatment options moving forward.

To support physicians, individual mentoring is offered that includes:

- Informal case discussion via phone or email.
- Inquiries regarding the Standard of Practice for Prescribing Opioids are addressed in writing as needed.
- If concerns, discussions are documented, and further support is offered.

A list of resources for physicians and patients with these concerns was also published in the CPSM newsletter.





COMMITTEE STATISTICS

MEETINGS

4 Council

June 15, 2018 | September 21, 2018
December 14, 2018 | March 15, 2019

7 Executive Committee

July 6, 2018 | September 19, 2018
November 21, 2018 | January 9, 2019
February 12, 2019 | April 17, 2019
May 8, 2019

4 Audit & Risk Management Committee

May 22, 2018 | August 31, 2018
November 22, 2018
February 28, 2019

4 Appeal Committee

May 22, 2018 | October 25, 2018
November 22, 2018 | April 17, 2019

9 Complaints Committee

May 8, 2018 | June 4, 2018
July 17, 2018 | September 11, 2018
October 30, 2018 | December 4, 2018
January 15, 2019 | February 19, 2019
April 2, 2019

5 Investigation Committee

June 6, 2018 | September 19, 2018
December 7, 2018
February 27, 2019 | April 24, 2019

12 Inquiry Panel

May 28 and 29, 2018
June 18, 2018 | July 23, 2018
October 10, 2018
October 15, 2018
November 2, 5, 6 and 27, 2018
February 5 and 27, 2019

4 Central Standards Committee

June 1, 2018 | October 5, 2018
November 23, 2018
January 25, 2019

4 Program Review Committee

May 23, 2018
September 28, 2018
November 28, 2018
February 27, 2019

IN ADDITION:

5 Child Health Standards

July 31, 2018 | September 25, 2018
November 27, 2018
February 19, 2019 | April 30, 2019

2 Maternal & Perinatal Health Standards Committee

August 29, 2018
November 12, 2018

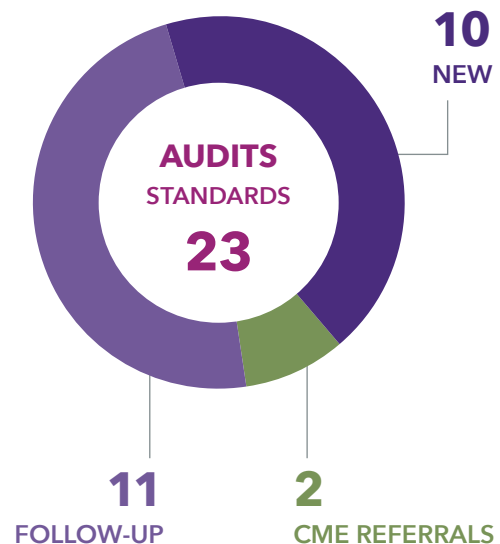
3 Physician Practice Enhancement Committee

June 22, 2018 | August 17, 2018
March 22, 2019

3 Non-hospital reviews

2 On-site inspections

AUDITS CONDUCTED



COMPLAINTS COMMITTEE

Meetings

The Panels of the Complaints Committee met 9 times during this fiscal year:

May 8, 2018 | June 4, 2018 | July 17, 2018 | September 11, 2018 | October 30, 2018 | December 4, 2018 | January 15, 2019
February 19, 2019 | April 2, 2019

Statistical Summary

Total Complaints considered:	
Outstanding Cases as at April 30, 2018	64
Cases received during this fiscal year	152
TOTAL	216
Cases outstanding as of April 30, 2019	48
Total cases closed during this fiscal year	168

Source of Complaint (for the 152 new cases received):	
Patient/legal guardian/legal representative	138
Registrar (College)	13
Other	1

Resolution of the 168 cases closed:	
No Further Action	98
Advice/Criticism	37
Resolved by Correspondence by Medical Consultant	9
Complaint Referred to Investigation Committee *	19
Complaint Referred to Standards Committee	0
Withdrawn cases	5
Abeyanced	0

**does not include Registrar referrals directly to IC or ADR's*

Alternate Dispute Resolutions	
not included in numbers above	11

INVESTIGATION COMMITTEE

Meetings

The Investigation Committee met 5 times during this fiscal year:

June 6, 2018 | September 19, 2018 | December 7, 2018 | February 27, 2019 | April 24, 2019

Statistical Summary

Total Cases Reviewed:	
New cases received during this fiscal year	80
Outstanding Cases as at April 30, 2018	64
TOTAL CASES REVIEWED	144
Outstanding as of April 30, 2019	55
TOTAL CASES CLOSED	89

Source of the 80 New Cases <i>Reviewed by the Investigation Committee</i>	
Complainant Request for Referral	26
Registrar	31
Complaints Committee	23

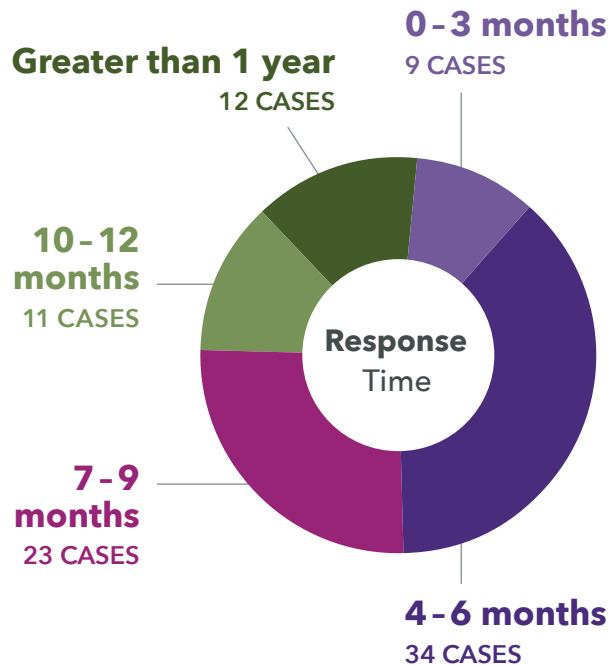
**Of the 26 complainant requests for referral:
2/26 (8%) appealed the IC decision to Appeal Committee.*

Last year: 9/52 (17%) appealed the IC decision to Appeal Committee.

Disposition of the 89 Cases Closed by Investigation Committee	
1. Closed - No Further Action	
with Criticism/Advice	39
no further action and/or concur with Complaints Committee	34
2. Undertakings	
Remedial education	3
Professional Boundaries Program	0
Practice Restrictions	2
Retire	0
Other	1
3. Censure	1
4. Referred to Inquiry	6
5. Referred to Standards	1
6. Withdrawn	1
7. Other	1

Response Time of Investigation Committee

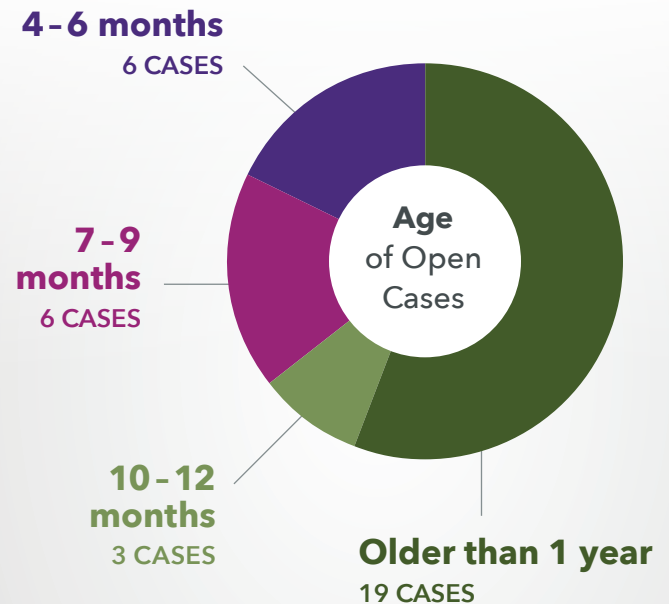
The following is the length of time taken to conclude the 89 cases closed by the Investigation Committee.



43/89 - 48% of cases were finalized within 6 months.
 Last year: 36% of cases were finalized within 6 months.

Age of the 55 cases remaining open

AT THE END OF THIS FISCAL YEAR



- **27/55 or 49%** are between 0-6 months old.
- Of the 19 cases older than one year, 15 are related to 7 physicians, with complex matters. The remaining 4 cases involve 1 physician and are abeyanced pending the outcome of a criminal matter.



APPEAL COMMITTEE

Concluded Appeals of Investigation Committee
Decision to Appeal Committee

42

(50% of the closed IC cases)

(Last year, there were 8 appeals)

Disposition of cases reviewed by Appeal Committee:

Confirmed Investigation Committee Decision	41
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Varied Decision of Investigation Committee	0
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Referred back to Investigation Committee	1
--	----------

Referred to Standards Committee	0
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0 appeals open as of April 30, 2019	
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Of the 42 concluded appeals:

34

*were Complaints
Committee Appeals to IC*

INQUIRY COMMITTEE

Meetings:

The Inquiry Panel met 12 times during this fiscal year:

May 28 and 29, 2018 | June 18, 2018 | July 23, 2018 | October 10, 2018
October 15, 2018 | November 2, 5, 6 and 27, 2018 | February 5 and 27, 2019

The meetings related to appearances at Inquiries as well as dates of deliberation.

Statistical Summary:

5

Inquiries completed during this fiscal year

Discipline case decisions can be found on the College's website under Complaints & Investigations/Discipline Cases/Inquiry Committee Decisions.

2

Matters pending before the Inquiry Committee





PROGRAM REVIEW COMMITTEE

The Manitoba Quality Assurance Program

The Council of the College of Physicians and Surgeons of Manitoba (CPSM) has appointed a Program Review Committee to investigate and inspect all diagnostic facilities. The Committee's primary function is to oversee the work of the Manitoba Quality Assurance Program (MANQAP).

MANQAP is the provincial accreditation agency and is responsible for assuring the quality and safety of diagnostic services in Manitoba. The role of MANQAP is to provide standards, inspect diagnostic facilities, and monitor compliance for accreditation. These standards reflect an international level of best practices for the delivery of diagnostic services to patients. Compliance to all relevant standards is required before the Committee will grant full accreditation and issue a certificate of accreditation.

MANQAP is part of the the Western Canadian Diagnostic Accreditation Alliance which includes sister programs in Alberta and Saskatchewan. These provincial programs share standards, inspectors and expertise.

	Laboratory Medicine <i>(Includes Patient Service Centres and Transfusion Medicine)</i>	Diagnostic Imaging <i>(Includes Radiology, Ultrasound, Computed Tomography and MRI)</i>
TOTAL NUMBER OF FACILITIES	219	166
Full Accreditation	168	138
Conditional Accreditation	14	25
Temporary Accreditation	0	1
In process of obtaining Accreditation	37	0
Accreditation Withdrawn	0	2

ACTIVITY FROM APRIL 2018 TO MARCH 2019	Laboratory Medicine <i>(Includes Patient Service Centres and Transfusion Medicine)</i>	Diagnostic Imaging <i>(Includes Radiology, Ultrasound, Computed Tomography and MRI)</i>
Number of Accreditation Inspections	37	69
Number of Inspections to open a facility	1	7

Non-Hospital Surgical Facilities

Under the RHPA the accreditation of non-hospital surgical facilities has moved to the Program Review Committee effective January 1, 2019. Since then, one such facility has been inspected:

- Visage Clinic



CPSM's QUALITY IMPROVEMENT PROGRAM

Over 200 Family Physicians have participated in the Quality Improvement Program since its launch in January 2019. We will start including specialists in 2020. The first group has completed their process, and the second group is also nearing completion. Feedback from participants has largely been positive. A further group of 100 participants will begin in September.

The College of Physicians and Surgeons of Manitoba is mandated by legislation to supervise the practice of its members. The College's new Quality Improvement Program incorporates a more robust review of physicians' practices.

The purpose of the College QI program is to encourage continuing quality improvement activities and continuing practice improvement by its members. This will help ensure the provision of safe medical care to Manitobans. As well, it will provide a new mechanism for the CPSM to interact with members to gather detailed information about their practice, to encourage them to reflect on this information, and to plan their continuing professional development (CPD) around needs they identify in their practice. Over time, this should lead to improved care for their patient populations. Lifelong learning is ideally related to each of our practices, and makes it easier for us to serve our patients and communities.

The goals of the program are:

- to be meaningful to its members and the public
- to be educational in nature, collegial and non-invasive
- to promote quality improvement throughout the span of a member's career

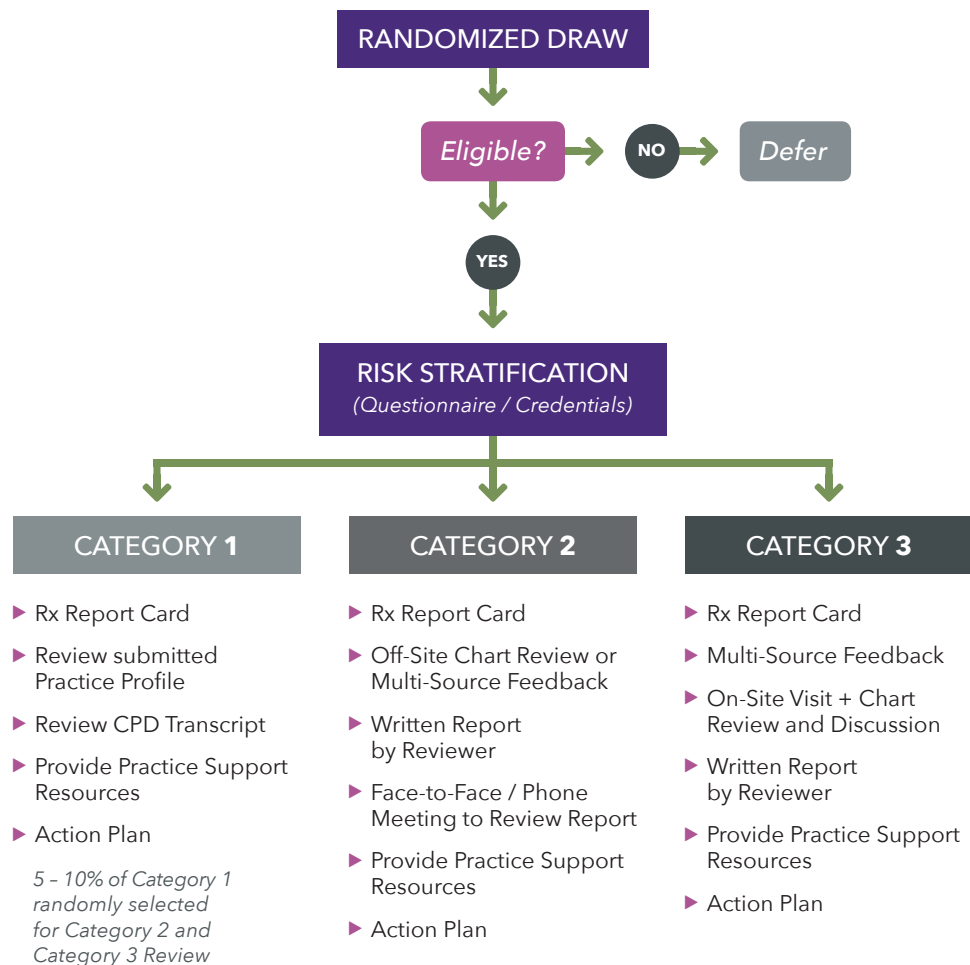
- to fulfill the legal and ethical responsibility of the College
- to be reproducible, and comparable with other programs nationally

The program will operate on a seven-year cycle. All participants will be required to provide in-depth information about their practice, and their CPD. It will introduce an element of peer review to Manitoba; other jurisdictions have used peer review for many years. Some participants will undergo offsite chart reviews, multisource feedback, and/or onsite office visits. All participants will be required to identify one or more challenges in their practice, and to develop a plan to address those needs. All participants will receive feedback and practice support resources.

The first group of physicians to participate will be a group of family physicians. This will occur in the fall of this year. Feedback from participants and reviewers will be sought for program improvement.



QUALITY IMPROVEMENT PROGRAM



BYLAW CHANGES

With the advent of the Regulated Health Professions Act, the following Bylaws were repealed effective January 1, 2019.

Bylaw 1	Affairs of the College and The Code of Ethics
Bylaw 2	Declaration of CME Credits
Bylaw 3	Accredited Facilities
Bylaw 3D	Accredited Facilities of Non-Hospital Medical/Surgical Facilities
Bylaw 4	Bylaw to Institute New Electoral Districts
Bylaw 5	The Manitoba Prescribing Practices Program
Bylaw 6	Central Standards Committee
Bylaw 7	Medical Corporations
Bylaw 8	Transition to New Licence Year Start Date
Bylaw 9	Enacted to Provide Changes in Terms of Office
Bylaw 10	Enacted to Facilitate the Transition of New Electoral Districts and Reduce the Number of Councillors
Bylaw 11	Standards of Practice of Medicine

The following Bylaws were enacted effective January 1, 2019 and approved by the membership at the Annual General Meeting on June 21, 2019:

- Accredited Facilities Bylaw
- Affairs of the College Bylaw
- Central Standards Bylaw
- Fee Bylaw (*not required to be approved by the membership).

See all our bylaws on our website:

www.cpsm.mb.ca/about-the-college/by-laws-code-of-ethics

OFFICERS OF THE COLLEGE & MEMBERS OF COUNCIL 2018-2019

PRESIDENT

- Eric Sigurdson, MD

PRESIDENT-ELECT / TREASURER

- Ira Ripstein, MD

PAST-PRESIDENT

- Alewyn Vorster, MB ChB

REGISTRAR

- Anna Ziomek, MD

CPSM COUNCIL MEMBERS

Associate Members Register

Dr. Shayne Reitmeier

Brandon

Dr. S. Jay Duncan

Central

Dr. Kevin Convery

Eastman

Dr. Nader Shenouda

Interlake

Dr. Daniel Lindsay

Northman

Dr. Deborah Mabin

Parkland

Dr. Jacobi Elliott

Public Councillor, *Elected*

Ms Dorothy Albrecht

Ms Lynette Magnus, CPA, CA

Public Councillor,

Government Appointed

Mr. Alan Fineblit

Ms Marvella McPherson

University of Manitoba

Dr. Ira Ripstein

Dr. Brian Postl

Winnipeg

Dr. Brian Blakley

Dr. Heather Domke

Dr. Ravi Kumbharathi

Dr. Brent Kvern

Dr. Wayne Manishen

Dr. Eric Sigurdson

Dr. Josef Silha

Dr. Heather Smith

Dr. Roger Süss

Westman

Dr. Alewyn Vorster

EXECUTIVE COMMITTEE

Eric Sigurdson, MD, *President*
 Ira Ripstein, MD, *President-Elect*
 Alewyn Vorster, MB CHB, *Past President*
 Brian Postl, MD
 Allan Fineblit (*Public Councillor*)
 Marvella McPherson (*Public Councillor*)

COMPLAINTS COMMITTEE

Jacobi Elliott, MB CHB, Chair
 Candace Bradshaw, MD
 Brian Blakley, MD
 Heather Smith, MD
 Deborah Mabin, MB CHB
 Shaundra Popowich, MD (*Member Rep*)
 Ardith Sigurdson (*Public Representative*)
 Nicole Smith (*Public Representative*)
 Leanne Penny (*Public Representative*)
Heather Domke, MD, (Rx Drug Matters, Chair)
 Morag Fisher, MB ChB, (*Rx Drug Matters*)
 Laura Goosen, *Public Representative*
 (*Rx Drug Matters*)

AUDIT AND RISK MANAGEMENT COMMITTEE

Ira Ripstein, MD, Chair (ex officio)
 Brian Postl, MD
 S.J. (Jay) Duncan, MD
 Lynette Magnus (*Public Councillor*)
 Raymond Cadieux
 (*Public Rep-Qualified Accountant*)
 Kim Dieleman
 (*Experienced in Risk Management*)
 Eric Sigurdson, MD (*ex officio*)
 Anna Ziomek, MD (*ex officio, non-voting*)

INVESTIGATION COMMITTEE

Nader Shenouda, MB CHB, Chair
 Brent Kvern, MD
 Ray Cadieux (*Public Representative*)

PROGRAM REVIEW COMMITTEE

Eric Sigurdson, MD, Chair
 Daniel Lindsay, MD
 Josef Silha, MD
 Ravi Kumbharathi, MBBS
 Iain Kirkpatrick, MD, *Radiology*
 Dorothy Albrecht (*Public Councillor*)
 Jenisa Naidoo, MB CHB (*Laboratory Medicine*)
 Michele Mathae-Hunter / Heather Sparling
 (*MB Health Nominee, non-voting*)
 Amin Kabani, MB CHB (*Physician Member*)
 Ira Ripstein, MD (*ex officio*)
 Anna Ziomek, MD (*ex officio, non-voting*)

STANDARDS COMMITTEE

Wayne Manishen, MD, Chair
 Kevin Convery, MD
 Shayne Reitmeier (*Associate Member*)
 Marvella McPherson (*Public Councillor*)
 Christine Polimeni, MD (*U of M CME Appt.*)
 Katherine Stansfield
 (*Other Healthcare Discipline*)
 Eric Sigurdson, MD (*ex officio*)
 Ira Ripstein, MD (*ex officio*)
 Anna Ziomek, MD (*ex officio, non-voting*)

PHYSICIAN PRACTICE ENHANCEMENT COMMITTEE

Christine Polimeni, MD, Chair
 Jan Ritchie, MD
 Jacobi Elliott, MB CHB
 Shannon Prud'homme, MD (*Doctors MB Rep*)
 Dorothy Albrecht (*Public Councillor*)
 Rev. Russell Toews (*Public Representative*)

INQUIRY COMMITTEE

Heather Domke, MD, Chair

PHYSICIAN HEALTH COMMITTEE (REGISTRAR APPOINTED)

Alewyn Vorster, MB CHB, Chair
 Heather Domke, MD
 Roger Süß, MD
 Diane Wilson-Maté (*Public Representative*)



FINANCIAL STATEMENTS

APRIL 30, 2019

INDEPENDENT AUDITOR'S REPORT

To the Members of The College of Physicians and Surgeons of Manitoba:

Opinion

The summary financial statements of The College of Physicians and Surgeons of Manitoba (the "Organization"), which comprise the summary statement of financial position as at April 30, 2019, and the summary statement of operations for the year then ended, are derived from the audited financial statements of The College of Physicians and Surgeons of Manitoba for the year ended April 30, 2019.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, on the basis described in Note 1 to the summary financial statements.

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 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 June 21, 2019.

Management Responsibilities 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 Responsibilities

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards (CAS) 810, Engagements to Report on Summary Financial Statements.

Winnipeg, Manitoba

June 21, 2019

MNP LLP

Chartered Professional Accountants



Summary Statement of Financial Position

AS AT APRIL 30, 2019

	2019	2018
Assets		
Current		
Cash	273,498	454,332
Investments	8,125,368	7,779,370
Accounts receivable and prepaid expenses	217,292	294,670
	8,616,158	8,528,372
Capital and intangible assets	899,571	748,108
	9,515,729	9,276,480
Liabilities		
Current		
Accounts payable and accrued liabilities	245,865	249,330
Accrued pre-retirement leave benefits	301,957	274,575
Accrued vacation	102,340	100,425
Deferred revenue	3,107,729	2,950,192
	3,757,891	3,574,522
Net Assets		
Unrestricted	747,267	720,239
Invested in capital and intangible assets	899,571	748,108
Internally restricted	4,111,000	4,233,611
	5,757,838	5,701,958
	9,515,729	9,276,480

Approved on behalf of council


President


Registrar

Summary Statement of Operations

FOR THE YEAR ENDED APRIL 30, 2019

	2019	2018
Revenues		
Physician and resident license fees	5,623,731	5,466,207
Educational register fees	94,424	91,784
Clinical assistant license fees	30,167	25,509
Physician assistant license fees	34,216	27,319
Medical corporation fees	358,226	246,813
Other fees and income	370,483	410,440
Cost recovery fees	74,827	111,246
Interest and dividend income	115,081	118,697
Change in market value of investments	53,917	(37,757)
Government funded program revenues	1,211,375	1,230,364
	7,966,447	7,690,622
Expenses		
Governance	147,389	162,302
Qualifications	1,134,444	986,061
Complaints and investigations	1,668,560	1,550,862
Standards	1,177,365	1,136,008
Operations and general administration	2,123,326	2,129,024
Information technology	370,557	196,175
Government funded program expenses	1,288,926	1,234,960
	7,910,567	7,395,392
Excess of revenues over expenditures	55,880	295,230



The accompanying notes are an integral part of these financial statements



Notes to the Summary Financial Statements

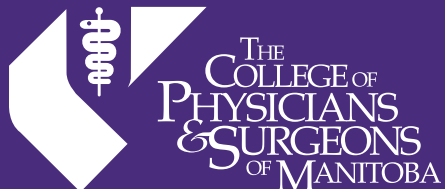
FOR THE YEAR ENDED APRIL 30, 2019

1. Significant accounting policies

Basis of presentation

Management has prepared the summary financial statements from the Organization's April 30, 2019 audited financial statements.

The complete financial statements, including notes to the financial statements and the independent auditor's report are available upon request by contacting the Organization's office.



THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

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