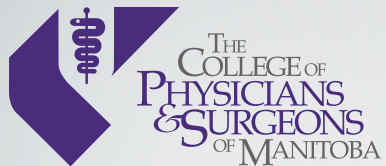


A photograph of surgeons in an operating room, wearing blue scrubs and masks, with a large white '2020' overlaid on the left side.

# 2020

ANNUAL REPORT





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# PRESIDENT AND REGISTRAR'S MESSAGE

The role of The CPSM is the regulation of the medical profession for the protection of the public. Our structure is designed to do this to the best of our abilities.

The Qualifications Department ensures that all licensed practitioners are qualified. In the past 10 years we have registered 1877 new practitioners, 198 in the past year.

Complaints, Investigations and Inquiry work as a continuum. In the past year 114 complaints were received, a small number considering a denominator of several million physician / patient interactions. 73 new cases were received by the Investigation Committee, and only 3 proceeded to inquiry. The best way to avoid a complaint is to be diligent with your history, physical examination, testing, communicate with patients and families and keep accurate documentation.



Physician Health was busy as well. Although we are seeing small numbers, there are more cases of substance abuse disorder than in times past. As a self-regulating profession, members should be aware that we are here to help members, but also to protect the public. Concealing a serious problem benefits no one.

**We have four Council strategic priorities:**

1. Benzodiazepine and Z-drugs Standard of Practice
2. Accredited Facilities Criteria
3. Maintaining Boundaries – Sexual Involvement with Patients
4. Authorizing Medical Cannabis Standard of Practice

**As well, we have begun a regular cycle of reviewing current CPSM Standards of Practice. Over the next year, we will review the following:**

- Home Births
- Retention of Medical Records (to include EMRs)
- Telemedicine (to update to Virtual Care)

The COVID-19 pandemic hit late in the fiscal year. We made rapid changes to Inter-Provincial Licensure, Virtual Medicine, the duty and standard of care required during a pandemic, and registration of the 2020 student and resident graduates.

While the office closed initially due to the pandemic, we continued to fulfill our regulatory responsibilities with staff working remotely from home and holding virtual meetings. Staff returned to the office early July and are as busy as ever keeping the organization running.

In the coming year, we will continue to focus on physician prescribing practices, particularly in the area of polypharmacy.

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**Ira Ripstein, MD**

*President, CPSM*



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**Anna Ziomek, MD**

*Registrar/CEO*





# **CPSM'S PHYSICIAN HEALTH PROGRAM**

CPSM recognizes the importance of ensuring the health of members as a way of upholding the regulatory mandate to act in the public interest, thereby protecting patients. We know that healthy members are in the best position to provide safe care. We also recognize the profession of medicine is challenging and that members will experience illness much like the rest of the population. Therefore, it is paramount we engage proactively and early with members to support optimal health and patient outcomes. CPSM membership includes medical learners, physician assistants, clinical assistants and practicing physicians. The Physician Health Program is designed to provide support to all classes of registrants within CPSM.

Members, as an integral part of self-regulation, are required to report to the CPSM when they have been diagnosed with a condition either physical or mental that has the potential to influence their ability to practice safely. Members are also given the opportunity to self-report annually during the renewal of their Certificate to Practice. This duty to report includes notifying CPSM when they have knowledge of a fellow member who has or is suspected to have a health condition that is or has the potential to interfere with their ability to practice safely.

It is critically important that members feel safe and supported when they report a health condition, either their own or that of a colleague and consequently, the Physician Health Program is managed independently from the disciplinary arm of CPSM.

The Physician Health Program aims to provide a compassionate, respectful and confidential experience for members who are experiencing acute or chronic health issues. We promote rehabilitation and continued practice or a return to practice when a member is deemed safe to do so. Through collaboration with the member's treating providers we work to ensure the necessary medical or mental health care is in place to support the member's continued safety to practice.

The Physician Health Program reports to the Registrar of the CPSM and is operated by the Assistant Registrar and the Director of Physician Health.

# CPSM COUNCIL MEMBERS

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## Associate Members Register

Brandon	Dr. S. Jay Duncan
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Central	Dr. Kevin Convery
---------	-------------------

Eastman	Dr. Nader Shenouda
---------	--------------------

Interlake	Dr. Daniel Lindsay
-----------	--------------------

Northman	Dr. Brett Stacey / Dr. Deborah Mabin
----------	---

Parkland	Dr. Jacobi Elliott
----------	--------------------

Westman	Dr. Alewyn Vorster
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## 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

---

## Public Councillor

### CPSM APPOINTED

Ms Leslie Agger

Ms Dorothy Albrecht

Ms Lynette Magnus, CA

---

## Public Councillor

### GOVERNMENT APPOINTED

Mr. Alan Fineblit, QC

Ms Marvelle McPherson, CM

Ms Leanne Penny, CA

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## University Of Manitoba

Dr. Ira Ripstein

Dr. Brian Postl

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# EXECUTIVE COMMITTEE

## Members:

Ira Ripstein, MD	<i>President</i>
Jacobi Elliott, MD	<i>President-Elect, Treasurer</i>
Eric Sigurdson, MD	<i>Past-President</i>
Brian Postl, MD	<i>Dean, U of M</i>
Allan Fineblit, QC	<i>Public Representative</i>
Marvelle McPherson, CM	<i>Public Representative</i>

## Activities:

The Executive Committee has dual functions – one to act as an executive leadership of Council and the second as an appellate panel. As an executive leadership of Council, the Executive Committee:

- Provides alternatives and options for Council
- Provides advice on Council's agenda
- Provides advice to the Registrar
- Evaluates the Registrar's performance
- Nominates to Council those persons for the positions of President, public representatives (not chosen by Government) and Committee membership

The Executive Committee met on the following dates during the past College year for Executive Leadership meetings:

- May 8, 2019
- June 25, 2019
- July 8, 2019 (Electronic)
- August 22, 2019
- August 29, 2019 (Electronic)
- October 10, 2019
- November 20, 2019
- January 8, 2020
- February 05, 2020
- April 08, 2020

Members of the Executive Committee also acted as an appeal body hearing appeals on the following dates:

- June 17, 2019
- June 26, 2019
- July 25, 2019
- January 8, 2020

### Acting as an appellate body, the Executive Committee heard the following matters:

- 1 Appeal of Interim Condition
- 2 Denials of Registration for Certificate of Practice
- 1 Reinstatement Application
- 5 Appeals of Investigation Committee Decision

The CPSM is statutorily responsible for regulating the practice of medicine in the public's interest in Manitoba. As an aspect of the CPSM's responsibility to regulate the practice of medicine in the public's interest, the CPSM plays an important role in determining qualifications and the demonstration of all criteria, including the good character and competence required to be a member of the CPSM. The Registrar denies registration to those applicants who do not meet the many criteria for registration. The applicants have the right to appeal these decisions to the Executive Committee of Council. The Executive Committee hears the appeal and issues a decision. The applicant's name is not made public, as they are not members of the CPSM. The Registrar may refer a matter to the

Executive Committee to revoke the registration of a member on various grounds, separate from the discipline process. These decisions are public as they are members of the CPSM. With the increased transparency of the RHPA, the CPSM will provide a brief summary of the denial of registration appeal decisions and will post on its website the entire appeal decision for the revocation of registration.

### Summaries of the more notable hearings are below:

#### Applicant with Lengthy Period out of Practice

The applicant physician was denied registration on the basis of being out of practice for more than a decade. The applicant was unsuccessful in their final certifying examinations, but had worked within the healthcare system in the meantime, and was intending to undertake these examinations again. The Executive Committee applied the rule requiring a physician out of practice for more than three years to enroll in further training. The Executive Committee was satisfied that there was no satisfactory re-entry training program available due to the length of absence from practice. The Registrar's decision to deny registration was confirmed.

#### Applicant with Competence to Practice Concerns

The applicant had registered briefly with another Canadian College in a preliminary practice assessment category, broadly similar to the Manitoba Physician Assessment Program. The other College determined that the preliminary clinical

assessment was unsuccessful because of unprofessional comments and the physician did not demonstrate competence in at least four of eight areas required of an independent general practitioner. Of the 110 separate clinical assessments, 48 were found to need improvement and 8 were unsatisfactory. To reapply in the other province, the physician would have to first complete one additional year in a university based accredited family medicine residency training program. The Executive Committee noted that the applicant failed to satisfy the condition imposed to re-apply in the other province. Notwithstanding the other steps the applicant took to improve their medical practice, this condition remains outstanding. The decision of the Registrar to deny the application because they did not meet the applicable eligibility requirements was upheld. The applicant was found not fit to engage competently in the safe practice of medicine.

### **Reinstatement Application**

The Executive Committee refused to hear the application for reinstatement of a license by a physician whose license to practice medicine had been revoked in the past. The applicant had applied to reinstate their license unsuccessfully several times since revocation. The Executive Committee refused to hear this application on the basis of abuse of process and that the matter has already been heard previously.

### **Interim Conditions Imposed**

The physician appealed interim conditions imposed on their certificate of practice. The Executive Committee upheld the decision of the Investigations Committee on the basis of patient safety.



# PHYSICIAN RESOURCE STATISTICS

## CERTIFICATES OF REGISTRATION ISSUED

During the period 1 May 2019 to 30 April 2020, 198 persons were issued registration and a full certificate of practice (licence) to practise. In total there were 199 certificates issued of which one was for a resident certificate of practice.

MEDICAL PRACTITIONERS GRANTED REGISTRATION AND FULL CERTIFICATE OF PRACTICE ANNUALLY IN MANITOBA 2011 - 2020 WITH COUNTRY OF QUALIFICATION											
Year	Manitoba	Canada	USA	UK & Ireland	Europe	Asia	Australia	New Zealand	Africa	Central / South America	Total
2011	56	42	6	5	10	39	2	1	21	7	189
2012	39	30	2	3	8	24	2	0	20	5	133
2013	61	42	2	4	9	28	3	1	15	6	171
2014	64	44	2	6	9	44	6	1	16	7	199
2015	56	42	0	9	9	33	3	0	23	4	179
2016	60	46	0	8	15	24	4	0	11	7	175
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
2020	77	38	2	7	12	32	3	0	21	6	198
<b>Total (10 YEAR)</b>	<b>629</b>	<b>422</b>	<b>22</b>	<b>71</b>	<b>110</b>	<b>340</b>	<b>36</b>	<b>3</b>	<b>176</b>	<b>68</b>	<b>1877</b>

### New Practitioners % of Total

2020	38.9	19.2	1.0	3.5	6.1	16.2	1.6	0.0	10.6	3.0	100%
------	------	------	-----	-----	-----	------	-----	-----	------	-----	------

Percentages may not be exact due to rounding

## NUMBER OF PRACTITIONERS WITH FULL CERTIFICATE OF PRACTICE IN MANITOBA

AS AT 30 APRIL 2020

Year	Winnipeg	%	Outside Winnipeg	%	Totals	Net Gain Net Loss (-)
2011	1870	75.7	602	24.3	<b>2472</b>	57
2012	1931	76.1	607	23.9	<b>2538</b>	66
2013	1979	76.1	620	23.9	<b>2599</b>	61
2014	2055	76.6	627	23.4	<b>2682</b>	83
2015	2116	77.0	632	23.0	<b>2748</b>	66
2016	2122	76.7	646	23.3	<b>2768</b>	20
2017	2174	77.0	650	23.0	<b>2824</b>	56
2018	2215	76.3	687	23.7	<b>2902</b>	78
2019	2262	75.9	720	24.1	<b>2982</b>	80
2020	2285	75.4	744	24.6	<b>3029</b>	47

The total of 3029 includes 62 residents with a full certificate. There are no data on how many actually “moonlight”, or to what extent.

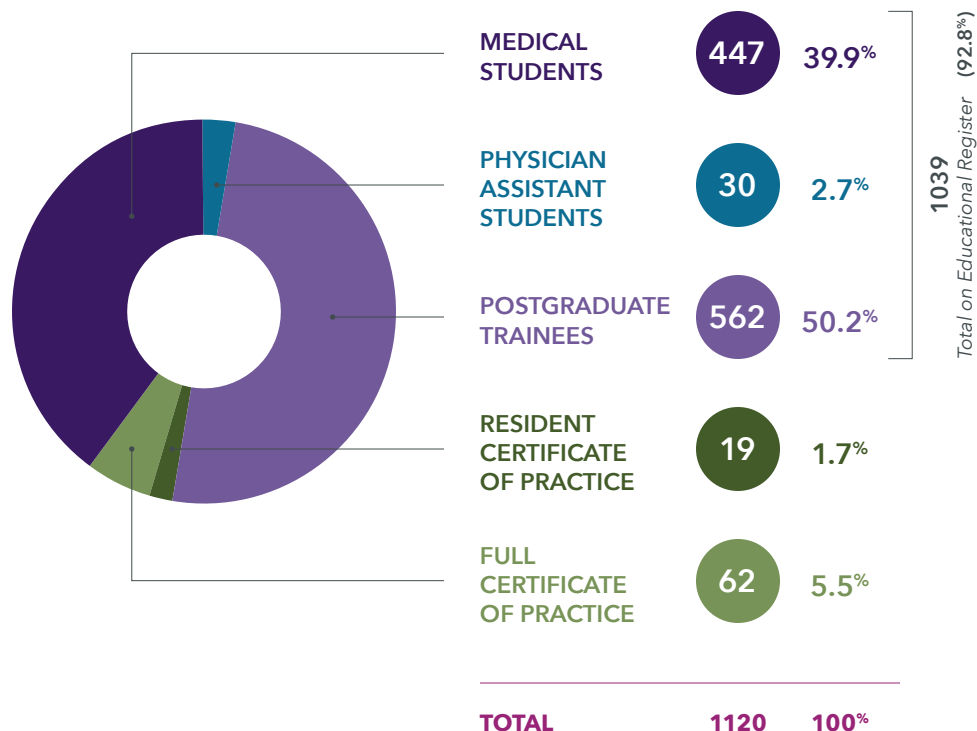
The total of 3029 includes 62 residents with a full certificate. There are no data on how many actually “moonlight”, or to what extent. The following table shows the possible influence of this resident population on the number in active practice.

Year	Full Certificate	Resident with Full Certificate	Subtotal	Resident Certificate	Totals
2015	2695	53	2748	24	<b>2772</b>
2016	2716	52	2768	25	<b>2793</b>
2017	2778	46	2824	28	<b>2852</b>
2018	2845	57	2902	26	<b>2928</b>
2019	2915	67	2982	27	<b>3009</b>
2020	2967	62	3029	19	<b>3048</b>

APPLICATIONS RECEIVED FOR 2019 / 2020	
Number of Applications Received	<b>479</b>
<b>Number Registered</b>	<b>353</b>
Associate Members (Educational)	<b>212</b>
Regulated Members (of which 32 were provisional)	<b>122</b>
Clinical Assistants	<b>18</b>
Physician Assistants	<b>11</b>
Did Meet the Requirements, not yet registered	<b>58</b>
Did Not Meet the Requirements	<b>7</b>
Unknown whether or not met the requirements	<b>61</b>

## EDUCATIONAL (ASSOCIATE) MEMBERSHIP

Postgraduate physicians in training programs are referred to as residents. They may be pre-registration postgraduate trainees (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.





## DISTRIBUTION OF PRACTITIONERS

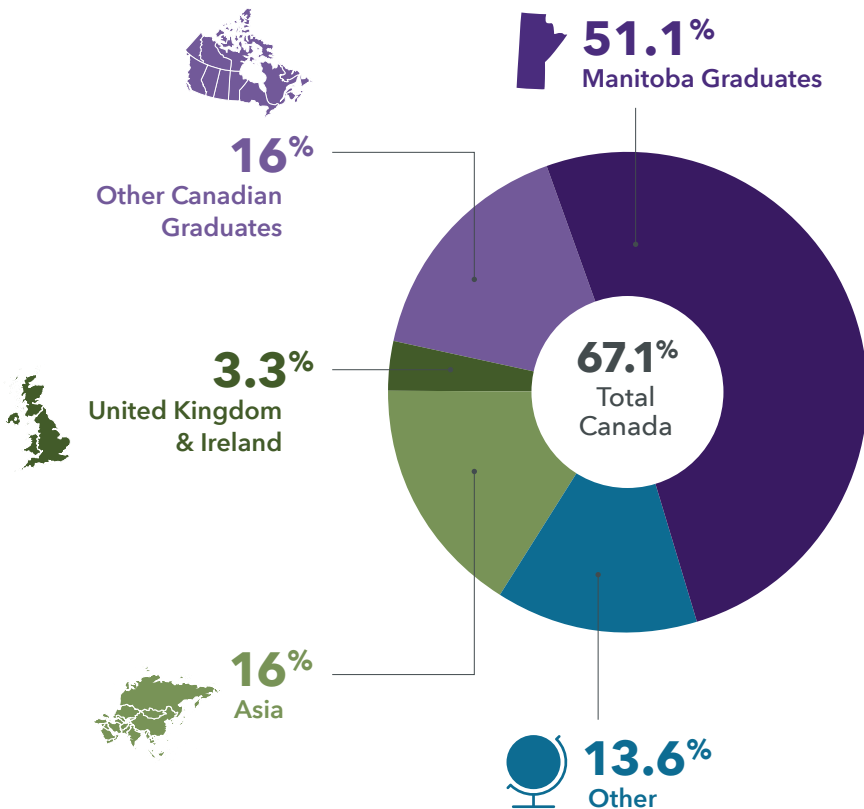
The following tables analyse the composition of the physicians in Manitoba by various breakdowns.

DISTRIBUTION OF MEDICAL PRACTITIONERS BY COUNTRY OF QUALIFICATION AS AT 30 APRIL 2020 <i>(as a percentage)</i>				
	Winnipeg	Brandon	Rural	Resident
	<b>2285</b>	<b>147</b>	<b>597</b>	<b>19</b>
Manitoba	54.7 %	28.6 %	42.9 %	79.0 %
Canada	17.3 %	14.3 %	11.2 %	15.8 %
TOTAL CANADA	72.0 %	42.9 %	54.1 %	94.8 %
USA	0.6 %	0.7 %	0.3 %	0.0 %
UK & Ireland	2.9 %	2.0 %	5.4 %	5.2 %
Europe	3.8 %	2.7 %	2.7 %	0.0 %
Asia	12.5 %	33.3 %	25.1 %	0.0 %
Australia / New Zealand	0.7 %	2.0 %	0.9 %	0.0 %
Africa	5.7 %	15.0 %	10.1 %	0.0 %
Central / South America	1.9 %	1.4 %	1.5 %	0.0 %

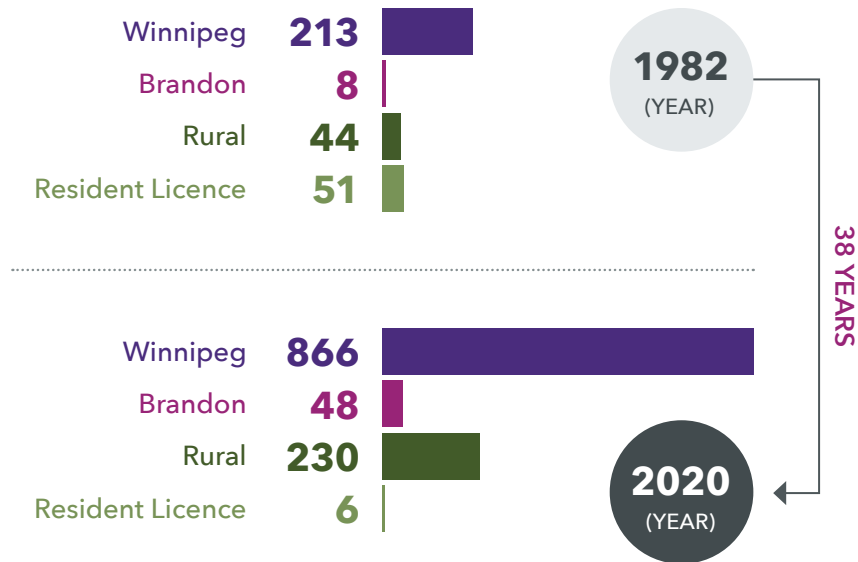
*Percentages may not be exact due to rounding*

## Percentage of Medical Practitioners in Manitoba

AS TO COUNTRY OF QUALIFICATION



## Geographic Distribution of Female Practitioners



- **37.8%** of physicians with a full certificate of practice are female.
- **37.9%** of practitioners in Winnipeg are women, **32.7%** in Brandon and **38.5%** in rural Manitoba.
- **31.5%** of those with a resident certificate of practice are female.
- **During the past 38 years** there has been an increase of **653** women in Winnipeg, **40** in Brandon and **186** in the remainder of the province.

AGES OF DOCTORS RESIDING IN MANITOBA AS AT 30 APRIL 2020				
	Winnipeg	Brandon	Rural	TOTAL
Over 70	139 (6.1)	9 (6.1)	24 (4.0)	<b>172</b> (5.7)
65 - 70	204 (8.9)	13 (8.8)	42 (7.0)	<b>259</b> (8.6)
56 - 64	457 (20.0)	41 (27.9)	93 (15.6)	<b>591</b> (19.5)
46 - 55	626 (27.4)	40 (27.2)	144 (24.1)	<b>810</b> (26.7)
36 - 45	607 (26.6)	34 (23.1)	174 (29.2)	<b>815</b> (26.9)
31 - 35	222 (9.7)	7 (4.8)	102 (17.1)	<b>331</b> (10.9)
30 or under	30 (1.3)	3 (2.0)	18 (3.0)	<b>51</b> (1.7)

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

## SPECIALIST REGISTER

**1529**  
Specialists

There were 1529 specialists enrolled on the Specialist Register as at 30 April 2020.

## CERTIFICATES OF PROFESSIONAL CONDUCT (COPC)

During the period 1 May 2019 to 30 April 2020, 756 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 2019.

Provincial Licensing Bodies:	2020	2019
British Columbia	172	186
Alberta	140	142
Saskatchewan	23	28
Ontario	83	103
Quebec	9	5
Prince Edward Island	3	3
New Brunswick	11	9
Nova Scotia	21	19
Newfoundland / Labrador	11	25
Northwest Territories / Nunavut	34	27
Yukon	1	5
Australia & New Zealand	10	12
Overseas / Other	23	47
USA	23	33
CFPC	22	42
MB Healthcare Providers Network <i>(formerly Health Workforce Secretariat)</i>	91	101
RHAs <i>(previously combined with HWS)</i>	59	61
University of Manitoba	12	
Other Manitoba	8	
<b>TOTALS</b>	<b>756</b>	<b>848</b>



# COUNCIL REPORT

# **COMPLAINTS AND INVESTIGATIONS COMMITTEE**

MAY 1, 2019 TO APRIL 30, 2020

## COMPLAINTS COMMITTEE MAY 1, 2019 TO APRIL 30, 2020

### I. MEETINGS:

The Panels of the Complaints Committee met 7 times during this fiscal year:

- May 28, 2019
- July 30, 2019
- September 10, 2019
- November 7, 2019
- December 10, 2019
- February 4, 2020
- March 17, 2020

The Complaints Prescription Drug Matters Committee did not meet during this fiscal year.

### II. STATISTICAL SUMMARY:

#### A. TOTAL COMPLAINTS CONSIDERED:

Outstanding Cases as at April 30, 2019	49
Cases received during this fiscal year	114
<b>TOTAL:</b>	<b>163</b>
Cases outstanding as of April 30, 2020	30
<b>TOTAL CASES CLOSED</b> during this fiscal year	<b>133</b>

#### B. SOURCE OF COMPLAINT (FOR THE 114 NEW CASES RECEIVED):

Patient/legal guardian/legal representative	102
Registrar (College)	11
Other	1

#### C. RESOLUTION OF THE 133 CASES CLOSED:

No Further Action	83
Advice/Criticism	20
Resolved by Correspondence by Medical Consultant	6
Complaint Referred to Investigation Committee*	17
Complaint Referred to Standards Committee	0
Withdrawn cases	7
Abeyanced	0

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

#### D. ALTERNATE DISPUTE RESOLUTIONS (ADR'S)

not included in numbers above	7
-------------------------------	---

## E. LENGTH OF TIME TO ACKNOWLEDGE COMPLAINTS AND TIME REQUIRED TO RESOLVE COMPLAINTS

- see attached reports:

*Length of Time to Acknowledge Complaints Received*

*Length of Time to Resolve Complaints.*

Our goals are to acknowledge complaints within 5 days and to lessen overall resolution time to 120 days or less. The acknowledgement goal was met in 97 of 114 cases. The resolution goal was met in 89 of 133 cases.

The complaints process allows for a 30-day response time for physicians and a 30-day response period for complainants to respond to the physician's reply. The main reasons for 44 cases taking longer than 120 days to resolve is the number of extensions requested by physicians and complainants to provide their responses as well as receipt of unsigned correspondence which needed to be sent back for signature.

## F. COMMUNICATION

**12%**

*Communication was a contributing factor in 16 of the 133 closed complaints (12%)*

*(Last year this number was 28/168 - 17%).*

## G. COMMITTEE PERCEIVED DEFICIENCIES:

The Complaints Committee classified the 133 closed complaints as follows:

Communicator	10
Manager	3
Medical Expert	80
Professional	29
Unclassified (including 7 withdrawn)	11

## H. DEMOGRAPHICS OF PHYSICIANS

Of the 114 new complaints received this year, the following list shows the number of complaints by **geographical location** of the physician:

	Cases	Physicians
Urban Specialist (Winnipeg/Brandon)	42	37
Urban Family Physicians (Winnipeg/Brandon)	46	41
Urban Others	10	9
Rural Family Physicians	12	12
Rural Specialist	4	4
Residents	0	0
<b>TOTAL</b>	<b>114</b>	



Length of time to acknowledge complaints received  
between 01-May-2019 and 30-Apr-2020

Subtotal of complaints acknowledged in  
**2 DAYS OR LESS:**

**78****68.42%**

Subtotal of complaints acknowledged in  
**3 - 5 DAYS:**

**19****16.67%**

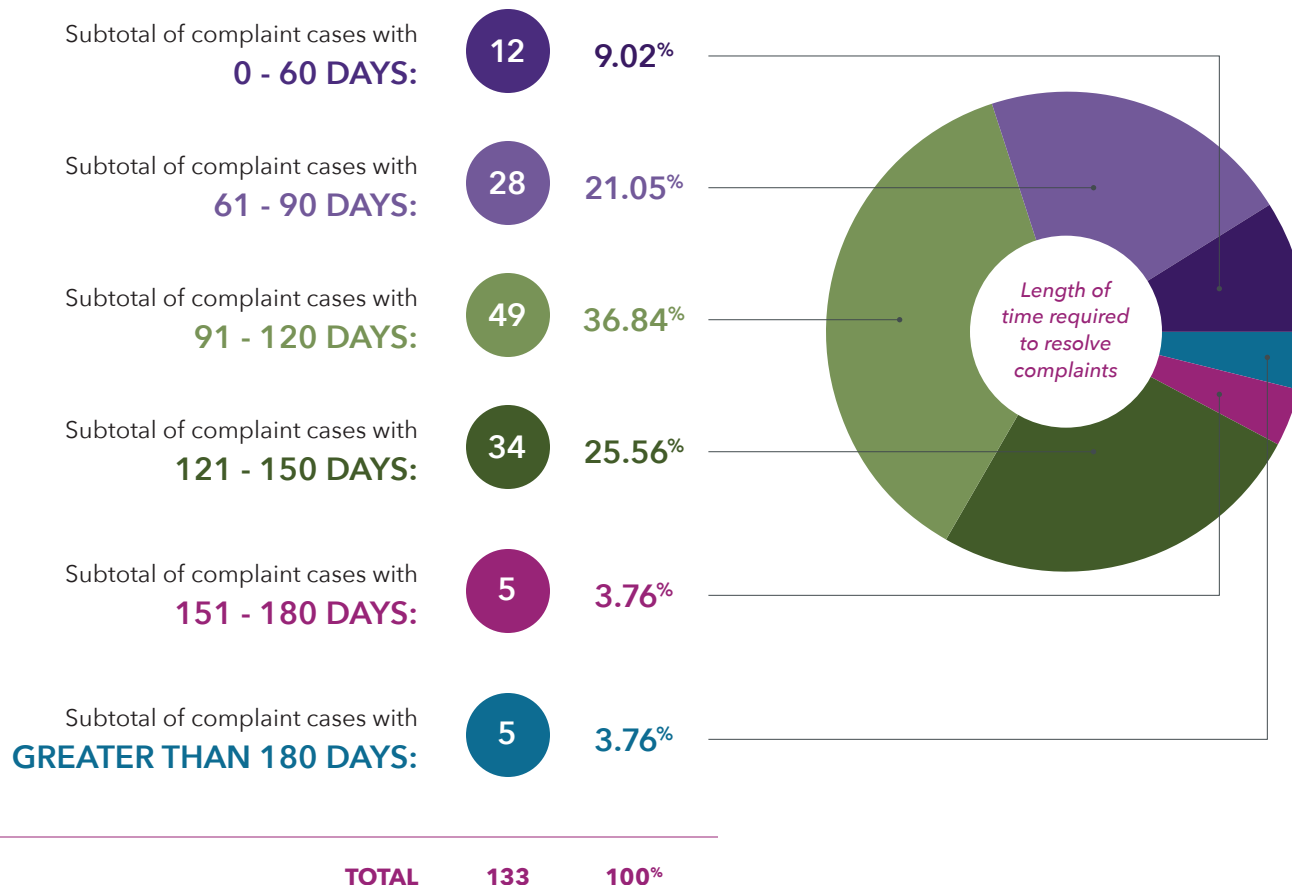
Subtotal of complaints acknowledged in  
**6 - 10 DAYS:**

**10****8.77%**

Subtotal of complaints acknowledged in  
**GREATER THAN 10 DAYS:**

**7****6.14%****TOTAL****114****100%**

## Length of time required to resolve complaints for cases closed between 01-May-2019 and 30-Apr-2020



## INVESTIGATION COMMITTEE MAY 1, 2019 TO APRIL 30, 2020

### I. MEETINGS:

The Investigation Committee met 5 times during this fiscal year:

- June 12, 2019
- October 2, 2019
- November 6, 2019
- December 11, 2019
- February 12, 2020

### II. STATISTICAL SUMMARY:

#### A. TOTAL CASES REVIEWED:

New cases received during this fiscal year	73
Outstanding cases as at April 30, 2019	55
<b>TOTAL CASES REVIEWED</b> by Investigation Committee	<b>128</b>
Outstanding as of April 30, 2020	84
<b>TOTAL CASES CLOSED</b> by Investigation Committee	<b>44</b>

#### B. SOURCE OF THE 73 NEW CASES REVIEWED BY THE INVESTIGATION COMMITTEE:

Complaints Committee	20
Registrar	35
Complainant Request for Referral*	18    25%

**\*Of the 18 complainant requests for referral - 5 / 18 (28%) appealed the IC decision to Appeal Committee.** *[Last year - 2 / 26 (8%) appealed the IC decision to Appeal Committee]*

#### C. DISPOSITION OF THE 44 CASES CLOSED BY INVESTIGATION COMMITTEE:

##### 1. Closed - No Further Action:

• with Criticism / Advice	17
• no further action and / or concur with Complaints Committee	16

##### 2. Undertakings

• Remedial Education	2
• Professional Boundaries Program	0
• Practice Restrictions	1
• Retire	0
• Other	6

##### 3. Censure

1

##### 4. Referred to Inquiry

1

##### 5. Referred to Standards

0

##### 6. Withdrawn

0

##### 7. Other

0

**D. RESPONSE TIME OF INVESTIGATION COMMITTEE:**

The following is the length of time taken to conclude the 44 cases closed by the Investigation Committee.

0 – 3 months:	3
4 – 6 months:	20
7 – 9 months:	11
10 – 12 months:	5
Greater than 1 year:	5

**23 / 44 or 52% of cases were finalized within 6 months.**

*(Last year, 48% of cases were finalized within 6 months.)*

**E. AGE OF THE 84 CASES REMAINING OPEN AT THE END OF THIS FISCAL YEAR:**

Of the 84 open cases:

older than one year:	28
between 10-12 months old:	17
between 7-9 months old:	8
between 4-6 months old:	13
between 0-3 months old:	18

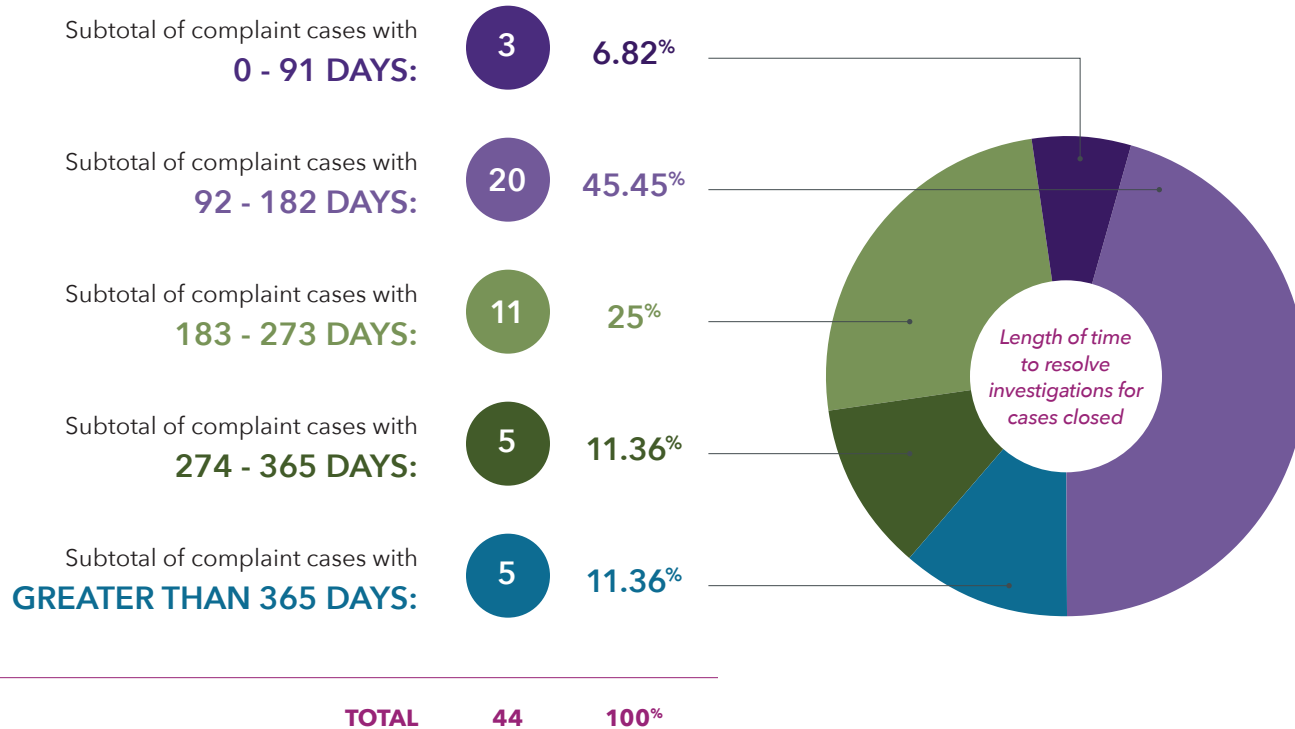
**31 / 83 or 37% are between 0-6 months old**

There are various reasons why investigations may be open for significant periods of time. This can include investigation of multiple or complex issues. It may also include circumstances where physicians are participating in remedial activities or awaiting re-audits after remediation or a period of supervision and monitoring.

**F. INTERVIEWS HELD BY INVESTIGATORS / CHAIR / COUNSEL:**

Physicians	12
Complainants/Witnesses	7
<b>TOTAL</b>	<b>19</b>

Length of time required to resolve investigations for cases closed  
Between 01-May-2019 and 30-Apr-2020



## APPEAL COMMITTEE

MAY 1, 2019 TO APRIL 30, 2020

### I. MEETINGS:

The Appeal Committee met 2 times during this fiscal year:

- September 13, 2019
- February 12, 2020

### A. CONCLUDED APPEALS OF INVESTIGATION COMMITTEE DECISION TO APPEAL COMMITTEE

*(Last year, there were 42 appeals)*

5

(11% of the closed IC cases)

### B. DISPOSITION OF CASES REVIEWED BY APPEAL COMMITTEE:

Confirmed Investigation Committee Decision	4
Varied Decision of Investigation Committee	0
Referred back to Investigation Committee	1
Referred to Standards Committee	0

## INQUIRY COMMITTEE

MAY 1, 2019 TO APRIL 30, 2020

### I. MEETINGS:

The Inquiry Panel met 15 times during this fiscal year on September 9, 11, 12, 16, 17, 18, 19, December 17, 2019, January 8, 13-17, 2020 and April 14, 2020. The meetings relate to appearances at Inquiries as well as dates of deliberation.

### II. STATISTICAL SUMMARY

#### A. INQUIRIES COMPLETED DURING THIS FISCAL YEAR:

2

#### B. MATTERS PENDING BEFORE THE INQUIRY COMMITTEE:

1

# COUNCIL REPORT

# STANDARDS DEPARTMENT

MAY 1, 2019 TO APRIL 30, 2020

## Central Standards Committee

Committee Membership September 2019  
to present:

Dr. Roger Süß, *Chair*  
Dr. Eric Sigurdson  
Dr. Christine Polimeni  
Dr. Kevin Convery  
Dr. Mathew McDowell  
Ms Katherine Stansfield  
Dr. Ira Ripstein, *President*  
Dr. Jacobi Elliott, *President Elect*

There were 4 meetings held

- May 3, 2019
- September 27, 2019
- November 29, 2019
- February 28, 2020

**Audits:**

NUMBER OF ELDERLY PHYSICIAN AUDITS (EPAS)	
New EPAs:	15
Follow-up EPAs:	2
<b>TOTAL EPAs:</b>	<b>17</b>
EPA OUTCOMES:	
Satisfactory outcome re-audit in five years:	9
Re-audit less than five years:	5
Re-audit less than five years with a referral to medical records course:	3
NUMBER OF REFERRED AUDITS	
Chief Medical Examiner Referrals:	5
CME REFERRAL OUTCOMES:	
Closed file with no further follow-up:	4
Referred to Registrar:	1
<b>TOTAL NUMBER OF AUDITS</b>	<b>22</b>

**Newsletter Items:**

- CPD Reminder – August 2019
- New Auditors required – August 2019

**Continuing Professional Development:****College of Family Physicians of Canada (CFPC):**

In October 2019, the CFPC reported that, for the 2018-19 year, Manitoba had 14 participants who failed to meet the minimum requirements for their 5-year cycle. These 14 members were enrolled in a two-year remedial cycle which started July 1, 2019 during which time they must meet a minimum of 50 credits per year with a total of 100 credits over the two-year cycle (double the usual number required). CPSM wrote to those 14 members to ensure they have a plan to meet the required minimum CPD credits.

Currently, the CFPC has granted their members an extension of one year due to the COVID-19 pandemic. CFPC staff have been working on updating their membership list and will have it ready for circulation either late May or early June to reflect the new cycle dates. Standards staff will be able to update the CPSM iMIS database when this updated data is received.

**Royal College of Physicians and Surgeons of Canada (RCPSC):**

There were no removals for non-compliance for Manitoba from the 2018 cohort. Removals for cycles ending 2018 are not confirmed until November 2019 due to the extension period for those who were eligible for extension. Any removals for the 2019 year will not be reported to the CPSM until November 2020.

RCPSC has granted all their members an extension of one year due to the COVID-19 pandemic.

RCPSC has advised that they are moving forward with a second testing phase of the pilot to report to MRAs on CPD participation. The purpose of this second phase is to test larger data sets,



resolve the issues/questions that came out of the first round of testing (in which CPSM participated), and ensure (insomuch as possible) that there are no further issues with matching data, etc.

### Canadian Association of Physician Assistants (CAPA).

Standards staff is working with CAPA to access information for PA's and CA's. 2020 is the second year of the new requirement for CA's and PA's to participate in mandatory CPD-tracking under the RHPA.

CAPA has also granted all members an extension of one year because of the COVID-19 pandemic.

### Child Health Standards Committee:

Medical Consultant: **Dr. Lynne Warda**

Membership of Committee:

<b>Dr. Darcy Beer, Chair</b>	<b>Dr. Tavis Bodnarchuk</b>
<b>Dr. Suyin Lum Min</b>	<b>Dr. Aviva Goldberg</b>
<b>Dr. Petra Rahaman</b>	<b>Dr. Stasa Veroukis</b>

There were 4 meetings held:

- June 4, 2019
- July 23, 2019
- November 26, 2019
- February 11, 2020

The Child Health Standards annual report for 2016 was finalized this fiscal year.

### Newsletter Items:

- Suicide Review – Timing of Follow-Up – CHSC – August 2019

- Hypoglycemia: Detection, Management and Transport Advice for Sick Infants – CHSC – December 2019

### Maternal Perinatal Health Standards Committee:

Medical Consultant: **Dr. Michael Helewa**

Membership of Committee:

<b>Dr. Wendy Hooper, Chair</b>	<b>Dr. Olalekan Akintola</b>
<b>Dr. Carol Schneider</b>	<b>Ms Kelly Fitzmaurice</b>
<b>Dr. Leanne Nause</b>	<b>Ms Kellie Thiessen</b>
<b>Dr. Chelsea Ruth</b>	

There were 4 meetings held:

- May 23, 2019
- September 11, 2019
- November 6, 2019
- March 11, 2020

The Maternal Perinatal Health Standards annual report for 2016 has not yet been finalized.

### Newsletter Items:

- Optimizing Conditions for Abdominal Delivery of a Pregnancy with Placenta Previa and Placenta Accreta – MPHSC – August 2019
- The Importance of Reviewing Previous Stillbirth Workup During the Care of a Subsequent Pregnancy – MPHSC – December 2019
- Management of Patients Who Present for Assessment Because of Perceived Decreased Fetal Movements – MPHSC – December 2019

# COUNCIL REPORT

# PHYSICIAN HEALTH PROGRAM

MAY 1, 2019 TO APRIL 30, 2020

Since May 1, 2019 the Physician Health Program (PHP) reports the following activities:

New Referrals:	41
Reviews of Existing Monitored Members	23
<b>Total # Members Reviewed</b>	<b>64</b>
Members on an extended LOA	28
<b>Total # Members in the PHP</b>	<b>92</b>
Telephone Interviews Conducted	45
Personal Interviews Conducted	27

OUTCOMES (OF THE 64 REVIEWED):	
No further action required	28 <i>(3 decided to retire)</i>
New Medical LOA	9* <i>(3 with formal UT's)</i>
Signed new Undertaking (UT)	19* <i>(3 not to practice; 1 to retire)</i>
Signed revised Undertaking	5*
Continue with current Undertaking	2
Released from Undertaking	4
Released from/Dropped out of UGME Program	1
Returned to UGME Program	1
Referral cancelled (confirmed as maternity leave)	1
Open - still under review	10* <i>(includes the 3 who signed UT not to practice until authorized)</i>

\*Some members have more than one outcome during this period, e.g. members may have more than one outcome; (some signing multiple UTs), or a learner may have returned to their program and then dropped out or are now back on another LOA. Members who signed an UT not to practice for health reasons, are added to the current LOA listing.

## Currently Monitored Members

(including LOAs with / without Undertakings):

There are currently 61 members who are actively monitored by Physician Health.

Of the 61 members, **43 have undertakings as follows:**

health / practice undertakings (practising members)	<b>33</b>
UT's not to practice	<b>10</b>

*(Remaining 18 members are on LOAs without an UT)*

## Specific Undertakings Include:

Substance Issues (for body fluid monitoring)	<b>7</b>
Mental Health	<b>15</b>
BBPs	<b>8</b>
Practice Limitations / Restrictions	<b>3</b>
Not to Practice	<b>10</b>
<b>TOTAL</b>	<b>43</b>

## Learners:

**Of the 33 actively monitored members:**

undergraduate students	<b>3</b>
postgraduate students	<b>7</b>

## 2019-20 License Renewal Process:

**1947**

Members reporting that they perform Exposure-Prone Procedures (EPPs)

*(up from last year's number: 1533)*

**3**

## Blood-Borne Pathogens

Of the three members who reported having a blood-borne pathogen, one of the reviews by Physician Health resulting in an undertaking. The remaining two do not perform EPPs.

## Newsletter Items:

- Reporting a leave of absence - December 2019



COUNCIL REPORT

# **QUALITY IMPROVEMENT PROGRAM**

MAY 1, 2019 TO APRIL 30, 2020

The Quality Improvement Program activities have been ongoing. Two further cohorts were launched September 2019, comprising of 95 participants, and January 2020, comprising of 159 participants. The work of the March 2019 cohort overlapped into this fiscal year as well. The participants to date have all been family physicians. The response has been good, with almost all participants submitting the required information and completing program requirements within a reasonable timeframe.

We plan to begin involving specialists in the program in 2020, beginning with psychiatry, general surgery, and pediatrics. A launch for psychiatry had been planned for March 2020.

Due to the COVID-19 pandemic, a decision was made in mid-March to suspend all program activities to avoid overtaxing our already stressed physician population. As of early May, we are looking at offering to re-engage with participants, as some physicians find themselves paradoxically less busy at this time.

As a reminder, some participants undergo an off-site chart review (done at the CPSM offices), multisource feedback, and/or an on-site office visit. The processes for these functions have been fine-tuned over the last year.

The deferral rate was 34% in 2019, with many participants having undergone a recent alternative assessment, most commonly the College of Family Physicians of Canada certifying examination. The deferral rate to date is 27% in 2020, with most now falling into the category of unable to assess. These are participants who have a narrower scope of practice. The QI program is working to broaden the cadre of reviewers such that we will be able to address this group more fully. We added the criterion of [CCFP after 2014] to our filter requirements for the 2020 intake as this specific examination is captured in the iMIS database. This will result in more physicians participating in the Quality Improvement program each year as there will be fewer deferrals. From what we see trending in the recent assessment category, we expect the overall deferral rate to reduce significantly in 2020.

Of the total participants, 7 files have been/are being brought forward to the QI Committee regarding concerns around practice deficiencies. Of these, 1 has been provided with practice suggestions with no further need for review. 2 have had a second review, with remedial activity pending. 2 have received practice suggestions and are awaiting a second review. 2 are awaiting a first discussion at the Committee. We have also had one case of non-compliance with program requirements; this case was referred to the Central Standards Committee.

Below is a summary of initiations/participants/completions for the 2019 and 2020 cohorts:

QI PARTICIPANTS 2019			
MONTH	INITIATED	PARTICIPATED	COMPLETED
January	99	71	71
March	100	69	69
September	95	54	49*
<b>TOTAL:</b>	<b>294</b>	<b>194</b>	<b>189</b>

\*On Hold due to COVID-19:

- 1 Off-Site Review
- 1 Multi-Source Feedback
- 3 On-Site Reviews

QI PARTICIPANTS 2020			
MONTH	INITIATED	PARTICIPATED	COMPLETED
January	159*	—	—

\*Currently 107 participants will move forward in the program when it resumes. 39 participants have been deferred to date and we are awaiting questionnaires from the balance of participants to see if eligible.

Based on chart reviews completed to date, it appears that medical record keeping is a challenging area of practice for some physicians and that there is a need for refresher training in medical record keeping. The University of Manitoba has offered a renewed version of a medical record keeping course. It is anticipated that this will be available on an ongoing basis.

Feedback from participants has largely been positive, including the feedback gathered via an anonymous online survey. Suggestions for improvement continue to be collated and incorporated where reasonable and feasible.

Further collaboration between the CPSM and the University has been occurring with the CPSM providing information to the University to inform development of CPD curriculum based on the learning needs identified by participants in the Quality Improvement program. All QI participants are required to complete an Action Plan identifying a learning opportunity or practice improvement that they wish to work on over the following year. Deidentified action plan information has been provided as a large scale needs assessment for CPD planning.

The QI Program has received CPD accreditation by both the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada. Both have granted the program a status of 3 credits/hour, the highest level available.

### The following updates/information was included in the August and November 2019 CPSM newsletters:

- August 2019 Newsletter:
  - MSF Process
  - New Auditors Required
  - Record Keeping – Patient Records
  - QI Update
- December 2019 Newsletter:
  - Assess your own Medical Records
  - QI Update



# 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 (WCDAA) which includes sister programs in Alberta and Saskatchewan. These provincial programs share standards, inspectors and expertise.



TOTAL NUMBER OF FACILITIES AS AT 31 MARCH 2020		
	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	199	164
Full Accreditation	157	141
Conditional Accreditation	14	17
Temporary Accreditation	12	6
In process of obtaining Accreditation	16	0

**Notes:**

1. There are also 15 pieces of mammography equipment that currently have full accreditation
2. Due to COVID-19 pandemic, 16 of the facilities noted above were temporarily closed in March 2020
3. Due to COVID-19 pandemic, 2 mammography facilities suspended services in March 2020
4. Due to the COVID-19 pandemic some facilities for which their accreditation was about to expire, were granted temporary accreditation in order to allow them to continue to provide diagnostic services.

ACTIVITY FROM 1 APRIL 2019 TO 31 MARCH 2020		
	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	27	40
Number of Inspections to open a facility	5	6



# FINANCIAL STATEMENTS

APRIL 30, 2020





## REPORT OF THE INDEPENDENT AUDITOR ON THE SUMMARY FINANCIAL STATEMENTS

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

### Opinion

The summary financial statements, which comprise the summary statement of financial position as at April 30, 2020 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 (the "Organization") for the year ended April 30, 2020.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements.

### Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian public sector accounting standards. 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 summary financial statements and the audited financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial statements.

### The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated June 19, 2020.

### Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements.

### Auditor's Responsibility

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 Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.

A stylized, handwritten-style signature of "Deloitte LLP" in black ink.


Chartered Professional Accountants


June 19, 2020  
Winnipeg, Manitoba

## SUMMARY STATEMENT OF FINANCIAL POSITION AS AT APRIL 30, 2020

	2020 \$	2019 \$
<b>ASSETS</b>		
<b>Current assets</b>		
Cash	4,070,094	2,697,692
Investments, maturing within one year	2,290,701	3,855,404
Accounts receivable and prepaid expenses	222,316	277,741
	6,583,111	6,830,837
Investments	2,779,686	1,658,489
Capital and intangible assets	730,531	899,571
	<b>10,093,328</b>	9,388,897
<b>LIABILITIES</b>		
<b>Current liabilities</b>		
Accounts payable and accrued liabilities	106,797	119,032
Accrued pre-retirement leave benefits	274,791	301,957
Accrued vacation	118,708	102,340
Deferred revenue	3,352,079	3,107,729
	<b>3,852,375</b>	3,631,058
<b>NET ASSETS</b>		
Unrestricted	1,108,422	747,268
Invested in capital and intangible assets	730,531	899,571
Internally restricted	4,402,000	4,111,000
	<b>6,240,953</b>	5,757,839
	<b>10,093,328</b>	9,388,897

Approved on behalf of Council


 , President


 , Registrar

## SUMMARY STATEMENT OF OPERATIONS

YEAR ENDED APRIL 30, 2020

	2020 \$	2019 \$
<b>REVENUE</b>		
Physician and resident license fees	5,898,381	5,623,731
Educational register fees	91,975	94,424
Clinical assistant license fees	31,350	30,167
Physician assistant license fees	40,500	34,216
Medical corporation fees	370,461	358,226
Other fees and income	433,975	445,310
Interest income	82,413	115,081
Change in market value of investments	91,346	53,917
Government funded program revenue	1,434,711	1,211,375
	<b>8,475,112</b>	7,966,447
<b>EXPENSES</b>		
Governance	158,254	147,389
Qualifications	1,123,919	1,134,444
Complaints and investigations	1,703,150	1,668,560
Standards	1,121,329	1,177,365
Operations and general administration	2,131,378	2,123,325
Information technology	336,764	370,557
Government funded program expenses	1,417,204	1,288,926
	<b>7,991,998</b>	7,910,566
<b>Excess of revenue over expenses</b>	<b>483,114</b>	55,881

## NOTES TO THE SUMMARY FINANCIAL STATEMENTS

APRIL 30, 2020

### 1. Basis of presentation

Management has prepared the summary financial statements from the Organization's April 30, 2020 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.



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