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ANNUAL REPORT

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THE YEAR

AT A GLANCE



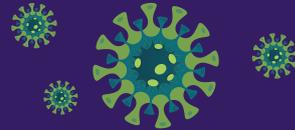


0 CPSM STAFF LAYOFFS
OR JOB LOSSES
as a result of the pandemic

6

**OPIOID
AGONIST THERAPY
WORKSHOPS** held virtually

132 PARTICIPANTS
attended workshops



9

COVID-19 related
FAQs, advice, and
guidance documents for
members developed



75

NEW REFERRALS
to Physician Health Program



234
**NEW REGISTRATION
and FULL CERTIFICATES
OF PRACTICE** issued



3083
MEMBERS with
Full Certificate of Practice



1089
**ASSOCIATE
MEMBERS**



1555
enrolled on the
SPECIALIST REGISTRAR



124
**NEW COMPLAINTS
RECEIVED**



114
**COMPLAINTS
CLOSED**



4
**PUBLIC
CONSULTATIONS**



3
**NEW STANDARDS OF
PRACTICE IMPLEMENTED**



THE ROLE OF

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

► OUR MANDATE

The College of Physicians and Surgeons of Manitoba (CPSM) has a mandate 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. CPSM Membership is mandatory for all physicians, clinical assistants, physician assistants, medical residents, and medical students seeking to practise medicine in Manitoba.

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

- Registration
- Quality
- Complaints and Investigations

Funding for these core functions comes almost entirely from fees paid by members.

Safe and Ethical Medical Care

CPSM establishes registration and licensure requirements to ensure that all members are competent to practice. Standards of professional conduct and clinical practice are established by a Code of Ethics and Standards of Practice; these are used to measure members' performance. CPSM has the authority to take action where a member practices in a manner that is ethically or clinically unacceptable.

Leadership for Quality Care

CPSM provides leadership for quality medical care by diligently performing its core functions and participating in quality improvement programs, practice audits, reviewing physicians' practices, and promoting regional equality in standards of physician care. As an active member of The Federation of Medical Regulatory Authorities of Canada (FMRAC), CPSM plays an active role in issues relating to quality medical care nationwide. CPSM participates in interdisciplinary initiatives to advance patient safety and quality of care.

Public Confidence in the Medical Profession

Responding appropriately to complaints from the public is essential. CPSM considers the doctor / patient relationship to be the cornerstone of quality medical care and strives to assist the patient, preserving that relationship where possible. CPSM has the authority to formally investigate complaints and discipline its members as part of our mandate to protect the public.

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

CPSM issues Standards of Practice, Practice Directions and upholds a Code of Ethics and Professionalism that all members must adhere to while practicing medicine.



PRESIDENT AND REGISTRAR'S

MESSAGE

The 2020 fiscal year began just as COVID-19 rates escalated worldwide. Within a span of a few weeks, the spread of COVID-19 not only impacted the medical profession but also disrupted society everywhere.

At CPSM, one thing that remained constant was our focus on regulatory responsibilities. We moved quickly and with caution to guide physicians, residents, physician assistants, clinical assistants, and medical students through the challenges posed by the pandemic.

2020 can be defined as the year of adapting. The topic of virtual medicine, triggered by social distancing and stay-at-home public health orders, became a strategic organizational priority. By the fiscal year-end, a new Standard of Practice was near completion.

CPSM also completed all other strategic organizational priorities set for the year on time. These include:

- Standard of Practice for Authorizing Cannabis for Medical Purposes
- Standard of Practice for Prescribing Benzodiazepines & Z-Drugs
- Standard of Practice for Sexual Boundaries with Patients, Former Patients & Interdependent Persons
- Updating the Accredited Facilities Bylaw

Other priorities focused on during this year include Standards of Practice for:

- Duty to Report Self, Colleagues, and Patients (completed)
- Virtual Medicine
- Documentation in Patient Records
- Maintenance of Patient Records
- Performing Office-Based Procedures

We continue to review all standards and practice directions on a 4-year cycle. Three new strategic organizational priorities were approved by Council and will move forward for the new fiscal year:

- Truth & Reconciliation – Addressing Indigenous Racism in Physician Practice
- Standard of Practice for Episodic Care / House Calls / Walk-In Clinics
- Reviewing Prescribing Practices

CPSM continued to examine complaints and investigations in a manner that aligns with our mandate to protect the safety of the public. Complaints received were slightly down from the previous fiscal year and the pivot to electronic and virtual systems improved the communication with complainants and CPSM members and increased efficiency.

The Physician Health Program saw an increase in referrals and the program continues to gain recognition and support among CPSM members.

The Manitoba Quality Assurance Program (MANQAP) adapted quickly to implement a remote accreditation process and granted temporary accreditation to a number of facilities.

The Central Standards Committee developed a *Framework for Decision and Outcomes of Standards Committees* to guide deliberation and decisions.

New features are continuously being added to the CPSM Member Portal to make renewing, registration, and delivering communications to CPSM members more effective and efficient.

The strength and resiliency displayed by CPSM members this past year have been remarkable. Physicians and other healthcare workers were rightfully celebrated as heroes on the frontline and will be remembered as such for years to come.

We thank CPSM Council members and all employees for their commitment during this challenging year.

CPSM remains committed to our regulatory responsibilities and looks forward to achieving our regular operations and strategic organizational priorities under more favourable circumstances in the coming year.

Despite the challenges posed by the pandemic, CPSM had a productive year, and we are pleased to share this report.



Ira Ripstein, MD
President



Anna Ziomek, MD
Registrar / CEO



CPSM'S COVID-19 RESPONSE

A YEAR LIKE
NO OTHER



SUPPORTING CPSM MEMBERS AND ENSURING PATIENT SAFETY

When the COVID-19 pandemic hit, our priority was to ensure members continued to provide safe and quality medical care as they are at the forefront of the COVID-19 response.

CPSM strived to equip members with the regulatory guidance they required to provide continuous quality healthcare for Manitobans. We continued our support during the second and third waves of the spread of the virus in the province.

CPSM's first response was to address the practice of medicine changes triggered by the pandemic. CPSM established a new standard of care; one that took into account the continuous changes brought about by the pandemic.

CPSM permitted virtual medicine as the new fee tariff was introduced. Physicians adapted quickly and ensured continuous medical care during the lockdown. This led to the development of a Standard of Practice for Virtual Medicine and Information Sheet on Practicing Virtual Medicine Across Borders.

CPSM collaborated with the College of Pharmacists of Manitoba on setting new rules for prescribing as issues emerged, including virtual or electronic prescribing and new rules for methadone / suboxone prescribing.

Regulatory Responsibilities

As information emerged daily, the pandemic required existing standards, rules, and policies to be reviewed, updated, and new ones to be developed. CPSM created new rules and guidance for:

- Registering medical students and residents notwithstanding exams being deferred

- Practicing with and without Personal Protective Equipment
- Healthcare for Essential Workers who cross the US / Canada border
- Prescribing via virtual medicine
- Ordering non-essential diagnostic testing
- Medical notes for mask exemptions
- Social media and email protocols
- The requirement to follow public health directives for vaccines
- Vaccine information

In November 2020, the province went into code red during the second wave of the pandemic as COVID-19 cases climbed and ICU capacity increased. To alleviate the stress on the medical system, particularly in ICUs, non-essential healthcare services (aesthetic and non-insured) were suspended temporarily.

In the early months of 2021, CPSM met with Manitoba Health and Doctors Manitoba to make vaccines available in doctor's offices and to ensure a smooth rollout.

The Complaints and Investigations department triaged complaints based on potential threats to patient safety and delayed active review of matters not deemed to meet that threshold in recognition of members occupied on the frontlines. Over time we returned to



our standard processes. Interviews with physicians, complainants, and other witnesses were conducted virtually. Committee meetings were held virtually, allowing more frequent meetings and fewer cases on the agenda to provide the best opportunity for discussion on each matter.

The Physician Health Program received more referrals over the previous year due to COVID-19 related impacts. Mental health issues related to excessive workload, family strain, exhaustion, and burn-out are likely to continue post-pandemic.

The Opioid Agonist Therapy (OAT) workshops also went virtual, allowing for remote attendance. Six workshops were held virtually throughout the year, with a total of 132 attendees.

The Quality Improvement Program successfully moved to online delivery without significant impacts, including the Auditor Training Workshop.

All Standards Audits and Provisional Registration monitoring reports and audits initially put on hold at the onset of the pandemic resumed and were completed by October 2020.

The Manitoba Quality Assurance Program (MANQAP) moved to a remote accreditation process and granted temporary accreditation to some facilities. They collaborated with stakeholders on the implementation of COVID-19 testing systems and testing locations. MANQAP also managed increased Patient Service Centre complaints involving wait times, site closures, and patient access concerns.

The Qualifications department experienced delays in receiving Canadian Resident Matching Service (CaRMS) matches. Immigration delays resulted in delays in registering applicants, but the team worked diligently to ensure annual renewals and registrations occurred

seamlessly. There were 245 Provisional Registrants registered under a Minister Certificate to allow registration of residents as full registrants, notwithstanding their exams being completed.

Protecting our Employees

Throughout the pandemic, we prioritized staff safety by enabling employees to work remotely. We offered flexibility for those who chose to come back into the office once it was safe to do so and enhanced cleaning and sanitizing protocols to support a safe workplace. We committed to no layoffs or job losses as a result of the pandemic.

Working remotely enabled CPSM staff to engage virtually and optimize our processes. Every department adapted and came together to ensure business continued safely and effectively without ever losing sight of CPSM's mandate. Not only did CPSM continue business operations, but processes and workflows were also adapted and resulted in increased efficiencies.

CPSM remains confident in our ability to provide leadership for quality, safe, and ethical medical care to the public.



CPSM COUNCIL MEMBERS

| | |
|------------------------|--------------------|
| <i>President</i> | Dr. Ira Ripstein |
| <i>President-Elect</i> | Dr. Jacobi Elliott |
| <i>Past-President</i> | Dr. Eric Sigurdson |

Representatives of the Medical Profession

| | |
|------------------|----------------------|
| <i>Northman</i> | Dr. Brett Stacey |
| <i>Parklands</i> | Dr. Jacobi Elliott |
| <i>Interlake</i> | Dr. Daniel Lindsay |
| <i>Eastman</i> | Dr. Nader Shenouda |
| <i>West</i> | Dr. Charles Penner |
| <i>Central</i> | Dr. Kevin Convery |
| <i>Winnipeg</i> | Dr. Mary Jane Seager |
| | Dr. Norman McLean |
| | Dr. Wayne Manishen |
| | Dr. Ravi Kumbharathi |
| | Dr. Heather Smith |
| | Dr. Eric Sigurdson |
| | Dr. Brian Blakley |
| | Dr. Roger Suss |

Associate Members Register

Dr. Audrey Nguyen

Public Councillors – CPSM Appointed

Ms. Lynette Magnus, CA
Ms. Dorothy Albrecht
Ms. Leslie Agger

Public Councillors – Government Appointed

Mr. Allan Fineblit, Q.C.
Ms. Marvella McPherson, C.M.
Ms. Leanne Penny, CA

Councillors Appointed by the Faculty of Medicine

Dr. Brian Postl
Dr. Ira Ripstein

EXECUTIVE COMMITTEE

Members

| | |
|---------------------------------------------------------------|-----------------------------|
| <i>President</i> | Ira Ripstein, MD |
| <i>President-Elect, Treasurer</i> | Jacobi Elliott, MB ChB |
| <i>Past-President</i> | Eric Sigurdson, MD |
| <i>Dean, U of M Faculties of Health Sciences and Medicine</i> | Brian Postl, MD, Councillor |
| <i>Public Representative</i> | Allan Fineblit, QC |
| <i>Public Representative</i> | Marvelle McPherson, CM |

Activities

The Executive Committee has dual functions. One is to act as an executive leader of the 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 CPSM year for Executive Leadership meetings:

- May 29, 2020
- June 30, 2020
- August 7, 2020 (Electronic)
- August 10, 2020
- September 2, 2020
- November 3, 2020 (Electronic)
- November 9, 2020
- November 30, 2020 (Electronic)
- January 13, 2021
- February 17, 2021
- March 29, 2021

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

- June 30, 2020
- February 17, 2021
- March 29, 2021

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

- 1 *Reinstatement Application*
- 1 *Cancellation of Certificate of Practice*
- 11 *Appeals of Investigation Committee Decision*

CPSM is statutorily responsible for regulating the practice of medicine in the public interest in Manitoba. As an aspect of the CPSM's responsibility to regulate the practice of medicine in the public interest, 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 CPSM. The Registrar denies registration to those applicants who do not meet the 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 Registrar may refer a matter to the Executive Committee to revoke a member's registration on various grounds, separate from the discipline process.

The Executive Committee held two such hearings in the past year.

Reinstatement Application

The Executive Committee refused to hear an application for the 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 based on abuse of process and that the matter has previously been heard. As the applicant is not a member of CPSM, the name is not made public.

Revocation of Registration and Certificate of Practice

Pursuant to Section 48(3) of The Regulated Health Professions Act, the Executive Committee cancelled the Certificate of Registration of Dr. Amir Houshang Mazhari Ravesh, who was convicted by the Court of Queen's Bench on December 16, 2019, of a criminal offence that is relevant to his suitability to practice. The criminal offence was the sexual assault of six different patients during medical examinations.

REGISTRATION

STATISTICS

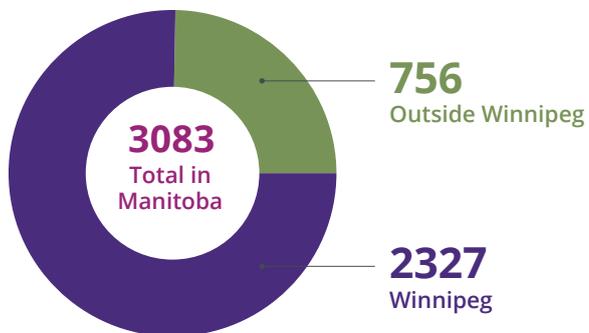


MEDICAL PRACTITIONERS GRANTED REGISTRATION AND FULL CERTIFICATE OF PRACTICE ANNUALLY IN MANITOBA

| 2012 - 2021 WITH COUNTRY OF QUALIFICATION | | | | | | | | | | | |
|-------------------------------------------|-------------|-------------|------------|--------------|------------|-------------|------------|-------------|------------|-------------------------|-------------|
| Year | Manitoba | Canada | USA | UK & Ireland | Europe | Asia | Australia | New Zealand | Africa | Central / South America | Total |
| 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 |
| 2021 | 89 | 47 | 2 | 9 | 10 | 43 | 2 | 1 | 23 | 8 | 234 |
| Total (10 YEAR) | 662 | 427 | 18 | 75 | 110 | 344 | 36 | 3 | 178 | 69 | 1992 |
| New Practitioners % of Total | | | | | | | | | | | |
| 2021 | 37.7 | 19.9 | 0.8 | 3.8 | 4.2 | 18.2 | 0.8 | 0.4 | 9.7 | 3.4 | 100% |

Percentages may not be exact due to rounding

NUMBER OF PRACTITIONERS WITH A FULL CERTIFICATE OF PRACTICE IN MANITOBA AS OF APRIL 30, 2021



| Year | Winnipeg | % | Outside Winnipeg | % | Totals | Net Gain Net Loss (-) |
|------|-------------|-------------|------------------|-------------|-------------|--------------------------|
| 2017 | 2174 | 77 | 650 | 23 | 2824 | 56 |
| 2018 | 2215 | 76.3 | 687 | 23.7 | 2902 | 78 |
| 2019 | 2262 | 75.9 | 720 | 24.1 | 2982 | 80 |
| 2020 | 2285 | 75.4 | 744 | 24.6 | 3029 | 47 |
| 2021 | 2327 | 75.5 | 756 | 24.5 | 3083 | 54 |

The total of 3083 includes 66 residents with a Full Certificate of Practice.

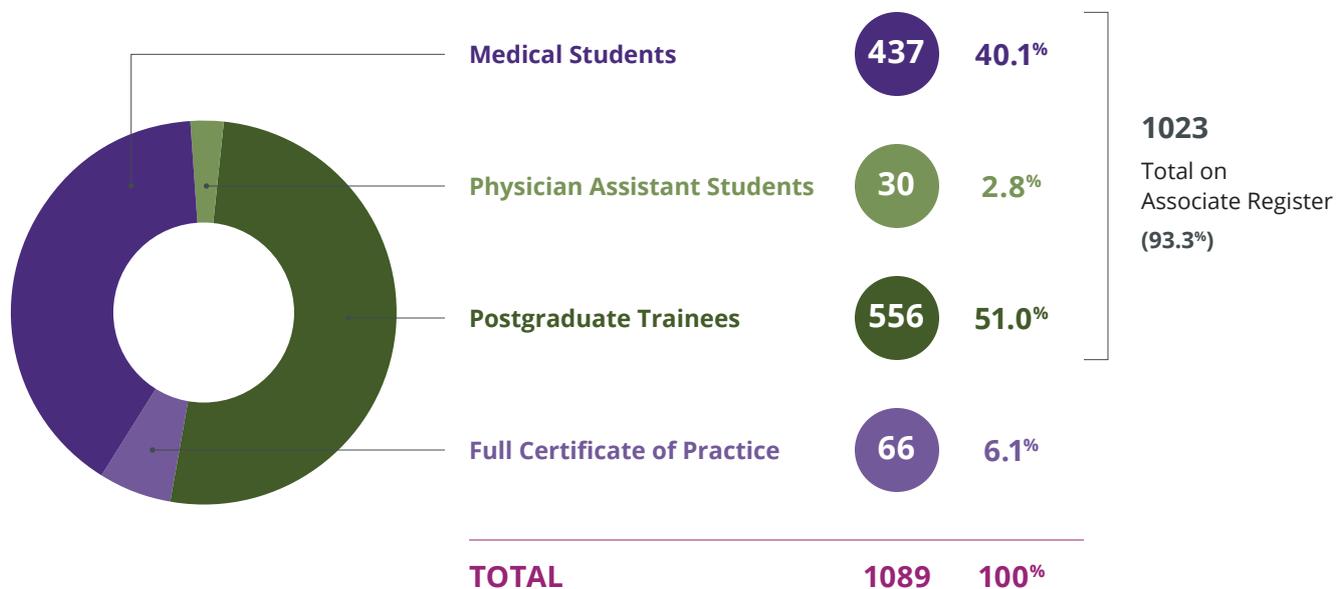
The total of 3083 practitioners includes 66 members that hold a Full Certificate of Practice while enrolled in a residency training program. This table shows the possible influence of the resident population on the number in active practice.



| Year | Full Certificate | Resident with a Full Certificate | Subtotal | Resident Certificate | Totals |
|------|------------------|----------------------------------|-------------|----------------------|-------------|
| 2017 | 2778 | 46 | 2824 | 28 | 2852 |
| 2018 | 2845 | 57 | 2902 | 26 | 2928 |
| 2019 | 2915 | 67 | 2982 | 27 | 3009 |
| 2020 | 2967 | 62 | 3029 | 19 | 3048 |
| 2021 | 3017 | 66 | 3083 | 17 | 3100 |

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. The latter category of residents may opt to practise only within their residency program (Resident Certificate of Practice) or obtain a Full Certificate of Practice.



SPECIALIST REGISTER

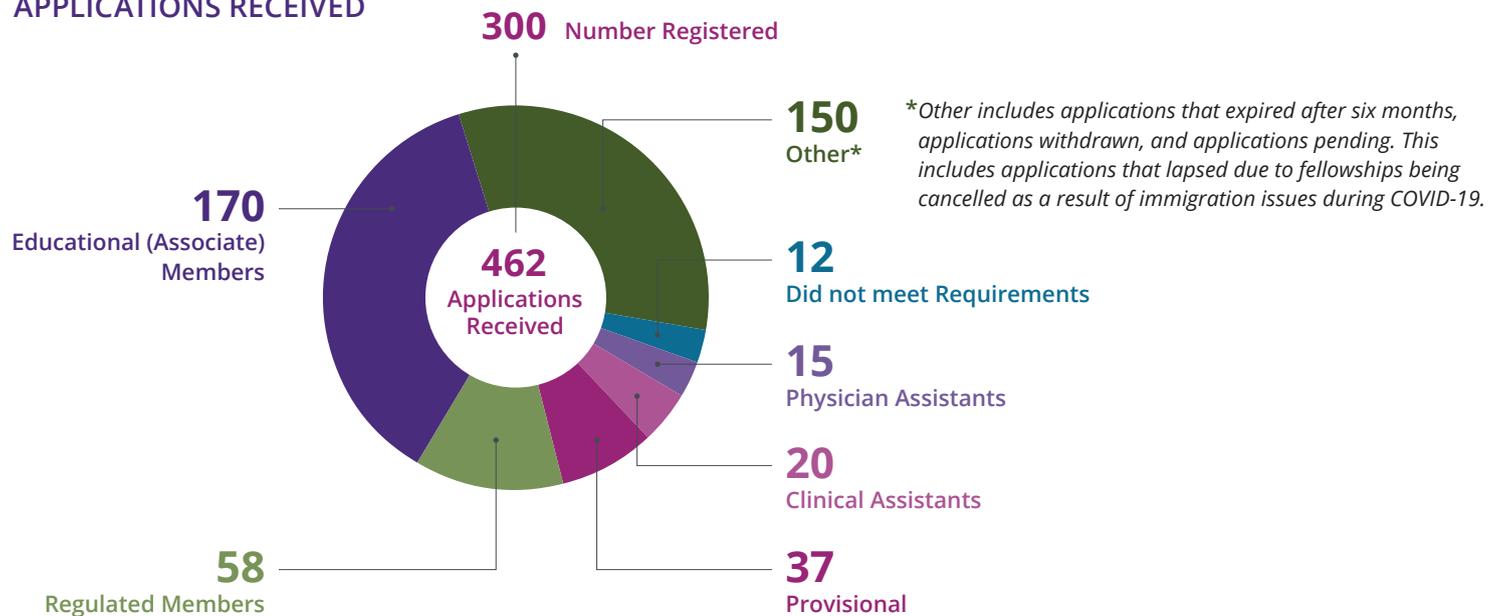
1555
Specialists

There were 1555 specialists enrolled on the Specialist Register as of April 30, 2021.

245

Provisional Registrants under a Minister Certificate

APPLICATIONS RECEIVED



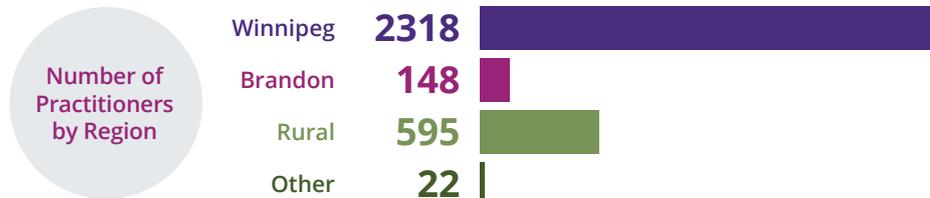
DISTRIBUTION OF MEDICAL PRACTITIONERS BY COUNTRY OF QUALIFICATION

AS OF APRIL 30, 2021

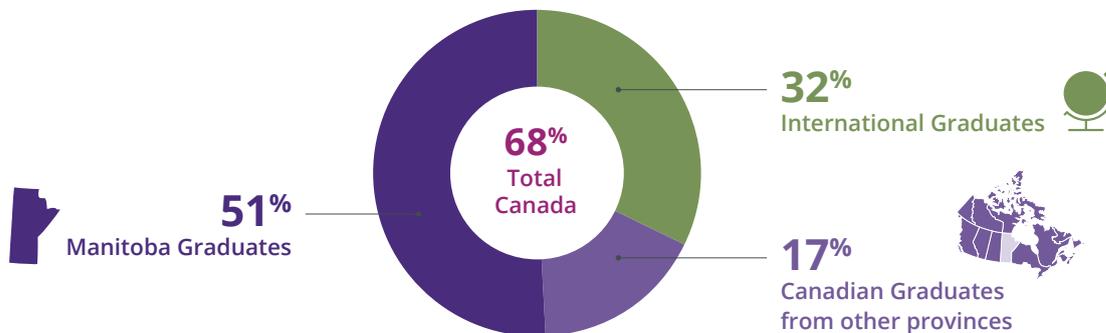
| COUNTRY OF QUALIFICATION | Winnipeg | Brandon | Rural | Other |
|--------------------------|----------------|---------------|---------------|----------------|
| | 2318 | 148 | 595 | 22 |
| Manitoba | 55.52 % | 28.4 % | 42.5 % | 63.64 % |
| Canada | 17.26 % | 13.5 % | 10.3 % | 18.18 % |
| TOTAL CANADA | 72.78 % | 41.9 % | 52.8 % | 81.82 % |
| USA | 0.56 % | 0.68 % | 0.34 % | 0.0 % |
| UK & Ireland | 2.9 % | 2.0 % | 5.5 % | 4.55 % |
| Europe | 3.4 % | 4.0 % | 2.7 % | 0.0 % |
| Asia | 12.5 % | 33.8 % | 24.5 % | 13.64 % |
| Australia / New Zealand | 0.7 % | 1.3 % | 0.5 % | 0.0 % |
| Africa | 5.5 % | 14.9 % | 11.6 % | 0.0 % |
| Central / South America | 1.9 % | 1.4 % | 1.9 % | 0.0 % |



Percentages may not be exact due to rounding



PERCENTAGE OF MEDICAL PRACTITIONERS IN MANITOBA AS TO COUNTRY OF QUALIFICATION



AGES OF DOCTORS RESIDING IN MANITOBA AS OF APRIL 30, 2021

| AGE | Winnipeg | Brandon | Rural | Other | TOTAL |
|-------------|------------|------------|----------|-----------|-------------------|
| Over 70 | 142 (6.1) | 8 (5.41) | 25 (4.2) | 1 (4.55) | 176 (5.7) |
| 65 - 70 | 217 (9.36) | 15 (10.14) | 42 (7.0) | 5 (22.73) | 259 (9.05) |
| 56 - 64 | 445 (19.2) | 36 (24.3) | 89 (15) | 3 (13.64) | 573 (18.6) |
| 46 - 55 | 627 (27) | 45 (30.4) | 149 (25) | 1 (4.55) | 822 (26.7) |
| 36 - 45 | 627 (27) | 33 (22.3) | 184 (31) | 9 (40.91) | 853 (27.7) |
| 31 - 35 | 228 (9.8) | 10 (6.8) | 95 (16) | 3 (13.64) | 336 (11) |
| 30 or under | 32 (1.4) | 1 (0.7) | 11 (1.9) | 0 (0.0) | 44 (1.4) |

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

CERTIFICATES OF PROFESSIONAL CONDUCT

Between May 1, 2020 to April 30, 2021, 710 Certificates of Professional Conduct (COPCs) were issued. These are usually required to obtain registration in another jurisdiction.

| Provincial Licensing Body | # of COPCs Requested |
|---------------------------|----------------------|
| British Columbia | 172 |
| Alberta | 111 |
| Saskatchewan | 19 |
| Ontario | 87 |
| Quebec | 3 |
| Prince Edward Island | 5 |
| New Brunswick | 10 |
| Nova Scotia | 18 |
| Newfoundland / Labrador | 9 |
| Northwest Territories | 8 |
| Nunavut | 7 |
| Yukon | 3 |

| Provincial Licensing Body | # of COPCs Requested |
|----------------------------------------------|----------------------|
| OTHER REQUESTS | |
| Australia & New Zealand | 3 |
| Overseas / Other | 17 |
| USA | 29 |
| College of Family Physicians of Canada | 44 |
| Provincial Medical Administrative Office | 79 |
| RHAs (<i>previously combined with HWS</i>) | 44 |
| University of Manitoba | 4 |
| Other Manitoba | 21 |

| | |
|-------------------------------------------------|------------|
| Total number of individuals who requested COPCs | 693 |
| TOTAL COPCs ISSUED | 710 |



COMPLAINTS & INVESTIGATION

COMMITTEES

COMPLAINTS COMMITTEE

MEETINGS:

The Panels of the Complaints Committee met nine times during this fiscal year.

STATISTICAL SUMMARY:

| A. TOTAL COMPLAINTS CONSIDERED: | |
|---------------------------------------------------|------------|
| Outstanding Cases as of April 30, 2020 | 32 |
| Cases received during this fiscal year | 124 |
| TOTAL: | 156 |
| Cases outstanding as of April 30, 2021 | 42 |
| TOTAL CASES CLOSED during this fiscal year | 114 |

| B. SOURCE OF COMPLAINT (FOR THE 124 NEW CASES RECEIVED): | |
|----------------------------------------------------------|-----|
| Patient / legal guardian / legal representative | 117 |
| Registrar (CPSM) | 6 |
| Other | 1 |

| C. RESOLUTION OF THE 114 CASES CLOSED: | |
|--------------------------------------------------|----|
| No Further Action | 74 |
| Advice / Criticism | 22 |
| Resolved by Correspondence by Medical Consultant | 4 |
| Complaint Referred to Investigation Committee* | 13 |
| Complaint Referred to Standards Committee | 0 |
| Withdrawn cases | 1 |
| Abeyance | 0 |

**Does not include Registrar referrals directly to IC or ADRs*

| D. ALTERNATE DISPUTE RESOLUTIONS (ADRs) | |
|-----------------------------------------|---|
| Not included in numbers above | 9 |

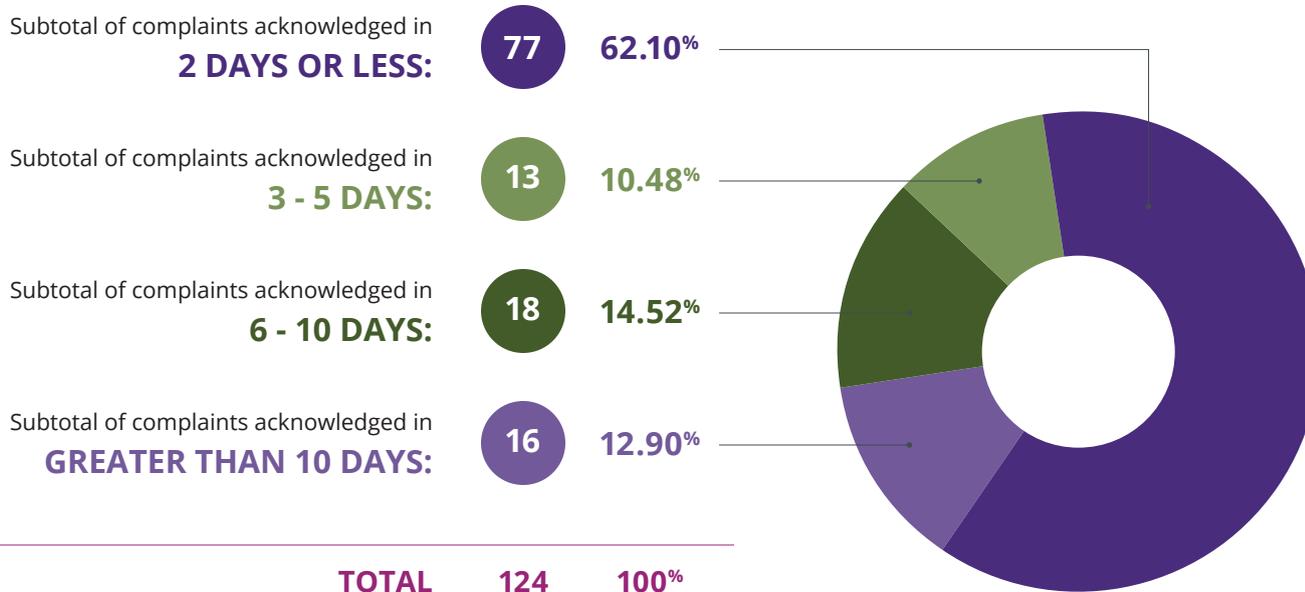
E. LENGTH OF TIME TO ACKNOWLEDGE COMPLAINTS AND TIME REQUIRED TO RESOLVE COMPLAINTS

Our goals are to acknowledge complaints within five days and lessen the overall resolution time to 120 days or less. The acknowledgement goal was met in 90 of 124 cases (62.10%). The resolution goal was met in 72 of 114 cases (63.15%).

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 42 cases taking longer than 120 days to resolve are the number of extensions requested by physicians and complainants to provide their responses and receipt of unsigned correspondence that needed to be sent back for a signature.

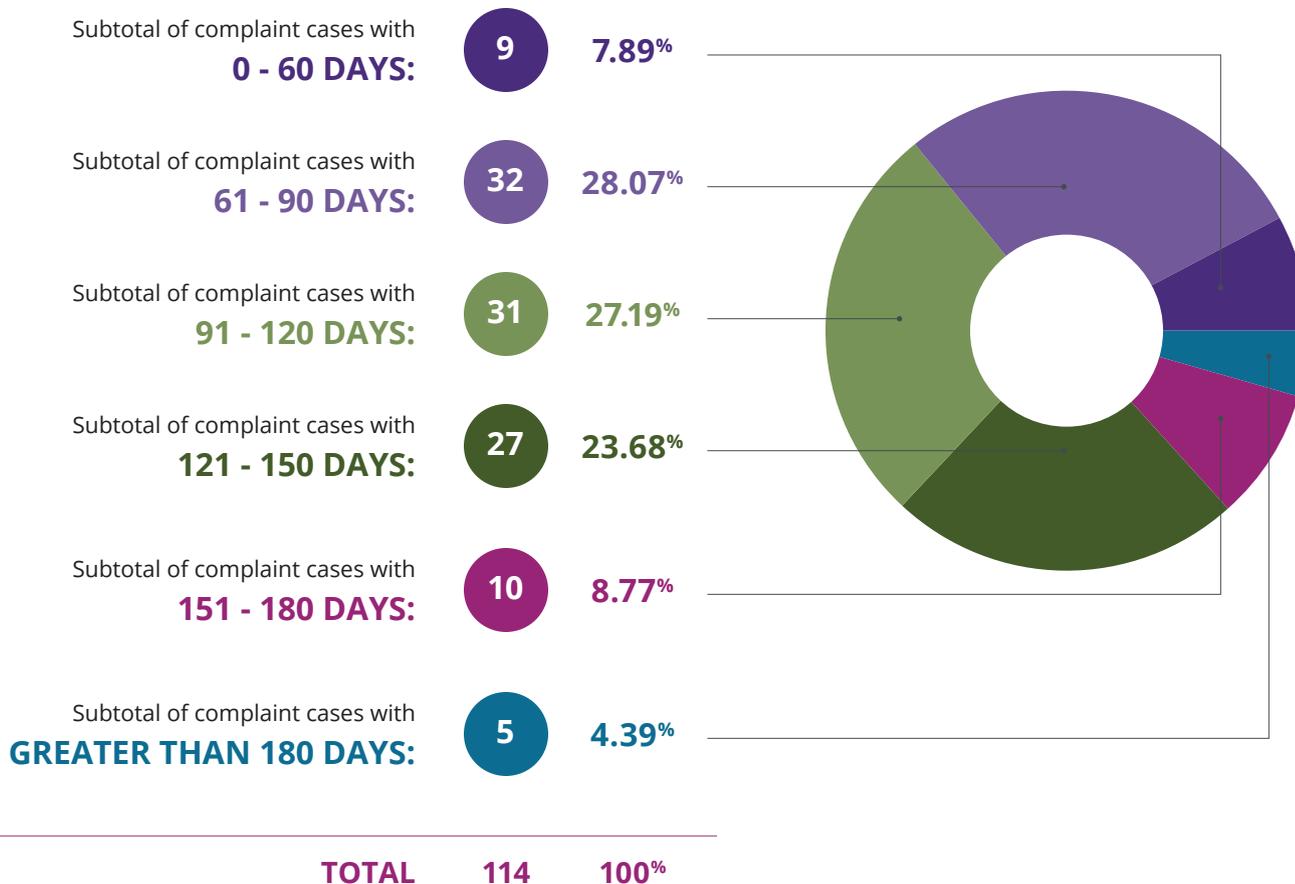
LENGTH OF TIME TO ACKNOWLEDGE COMPLAINTS RECEIVED

BETWEEN MAY 1, 2020 AND APRIL 30, 2021



LENGTH OF TIME REQUIRED TO RESOLVE COMPLAINTS FOR CASES CLOSED

BETWEEN MAY 1, 2020 AND APRIL 30, 2021



F. COMPLAINT CLASSIFICATIONS:

The Complaints Committee classified the 114 closed complaints as follows:

- 5 Communicator
- 24 Professional
- 0 Manager
- 23 Unclassified *(including 1 withdrawn)*
- 62 Medical Expert

G. DEMOGRAPHICS OF PHYSICIANS

Of the 124 new complaints received this year, the following list shows the number of complaints by the geographical location of the physician:

| | # of Cases | # of Physicians |
|----------------------------------------------|------------|-----------------|
| Urban Specialist (Winnipeg / Brandon) | 52 | 48 |
| Urban Family Physicians (Winnipeg / Brandon) | 39 | 34 |
| Rural Family Physicians | 19 | 19 |
| Rural Specialist | 9 | 9 |
| Rural Non-Specialist | 1 | 1 |
| Residents | 3 | 3 |
| Physician / Clinical Assistant | 1 | 1 |
| TOTAL | 124 | |

INVESTIGATIONS COMMITTEE

MEETINGS:

The Investigation Committee met eight times during this fiscal year.

STATISTICAL SUMMARY:

| A. TOTAL CASES REVIEWED: | |
|--------------------------------------------------------|------------|
| TOTAL CASES REVIEWED: | 79 |
| Outstanding cases as of April 30, 2020 | 80 |
| TOTAL CASES REVIEWED by Investigation Committee | 159 |
| Outstanding as of April 30, 2021 | 76 |
| TOTAL CASES CLOSED during this fiscal year | 83 |

| B. SOURCE OF THE 79 NEW CASES REVIEWED BY THE INVESTIGATION COMMITTEE: | |
|---------------------------------------------------------------------------|-------------|
| Complaints Committee | 10 |
| Registrar | 47 |
| Complainant Request for Referral* | 22 (28%) |

***Of the 22 complainant requests for a referral – 5 / 22 (23%) appealed the IC decision to Appeal Committee.**

Last year - 5 / 18 (28%) appealed the IC decision to Appeal Committee.

| C. DISPOSITION OF THE 83 CASES CLOSED BY THE INVESTIGATION COMMITTEE: | |
|--------------------------------------------------------------------------|------------|
| 1. Closed – No Further Action: | |
| • with Criticism / Advice | 32 |
| • no further action and / or concur with Complaints Committee | 23 |
| 2. Undertakings | 15 |
| • Remedial Education | 5 |
| • Professional Boundaries Program | 0 |
| • Practice Restrictions | 9 |
| • Retired | 1 |
| • Other | 6 |
| 3. Censure | 2 |
| 4. Referred to Inquiry | 10* |
| *2 physicians, 1 with 9 separate matters. | 5 |
| 5. Referred to Standards | 1 |
| 6. Withdrawn | 0 |
| 7. Other | 0 |

D. RESPONSE TIME OF INVESTIGATION COMMITTEE:

The following is the length of time taken to conclude the 83 cases closed by the Investigation Committee.

| | |
|----------------------|----|
| 0 – 3 months: | 5 |
| 4 – 6 months: | 12 |
| 7 – 9 months: | 27 |
| 10 – 12 months: | 15 |
| Greater than 1 year: | 24 |

17 / 83 or 20% of cases were finalized within 6 months.

(Last year, 52% of cases were finalized within 6 months.)

E. AGE OF THE 76 CASES REMAINING OPEN AT THE END OF THIS FISCAL YEAR:

Of the 76 open cases:

| | |
|---------------------------|----|
| older than one year: | 17 |
| between 10-12 months old: | 22 |
| between 7-9 months old: | 3 |
| between 4-6 months old: | 8 |
| between 0-3 months old: | 26 |

34 / 76 or 45% are between 0-6 months old

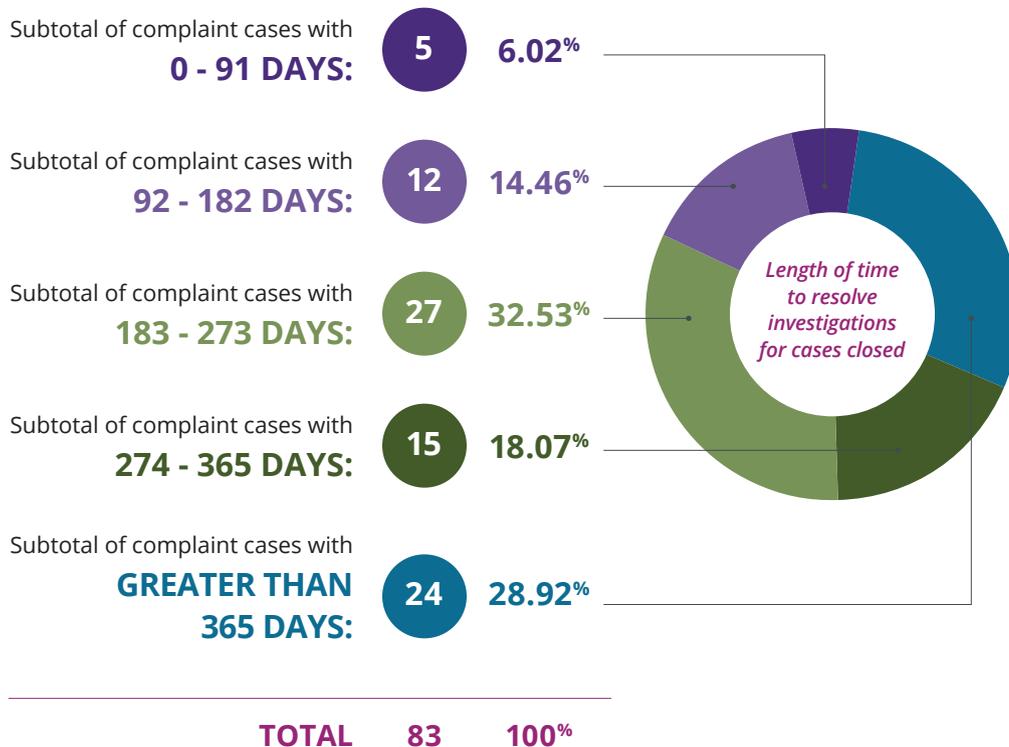
There are various reasons why investigations may be open for significant periods of time. This includes the investigation of multiple or complex issues. It may also include circumstances where physicians are participating in remedial activities or awaiting re-audits after remediation or a period of supervision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

F. INTERVIEWS HELD BY INVESTIGATORS / CHAIR / COUNSEL:

| | |
|--------------------------|-----------|
| Physicians | 28 |
| Complainants / Witnesses | 6 |
| TOTAL | 34 |

LENGTH OF TIME REQUIRED TO RESOLVE INVESTIGATIONS FOR CASES CLOSED

BETWEEN MAY 1, 2020 AND APRIL 30, 2021



INQUIRY COMMITTEE

MAY 1, 2020 TO APRIL 30, 2021

MEETINGS:

The Inquiry Panels meet as necessary related to appearances at Inquiries as well as dates of deliberation.

STATISTICAL SUMMARY

INQUIRIES COMPLETED DURING THIS FISCAL YEAR:

1

MATTERS PENDING BEFORE THE INQUIRY COMMITTEE:

3

QUALITY DEPARTMENT

CENTRAL STANDARDS COMMITTEE

Members

September 2020 to present:

Dr. Roger Süß, *Chair*
Dr. Ira Ripstein
Dr. Jacobi Elliott
Dr. Eric Sigurdson
Dr. Christine Polimeni
Dr. Mary-Jane Seager
Dr. Audrey Nguyen
Ms. Katherine Stansfield
Ms. Dorothy Albrecht
Ms. Marvella McPherson

Meetings

There were four meetings held:

- September 4, 2020
- November 6, 2020
- February 5, 2021
- May 7, 2021

AUDITS *Between July 2020-May 2021*

| | |
|--------------------------------------------------|----|
| Age-Triggered and Repeat Age-Triggered audits | 26 |
|--------------------------------------------------|----|

| | |
|-----------------|---|
| Referred audits | 6 |
|-----------------|---|

| | |
|--------------|-----------|
| TOTAL | 32 |
|--------------|-----------|

CHIEF MEDICAL EXAMINER (CME) REFERRAL OUTCOMES:

| | |
|-----------------|----|
| Reasonable Care | 12 |
|-----------------|----|

| | |
|--------------------------------|---|
| Self-Directed Improvement Plan | 2 |
|--------------------------------|---|

| | |
|--------------------------------------------|----|
| Negotiated Improvement Plan & Follow-Up | 13 |
|--------------------------------------------|----|

| | |
|-------------------------|---|
| Educational Undertaking | 1 |
|-------------------------|---|

| | |
|-----------------------|---|
| Referred to Registrar | 2 |
|-----------------------|---|

| | |
|---------------------------|---|
| Other – Interactive Audit | 2 |
|---------------------------|---|

| | |
|--------------|-----------|
| TOTAL | 32 |
|--------------|-----------|

CHILD HEALTH STANDARDS COMMITTEE

Members

Medical Consultant:
Dr. Lynne Warda

Dr. Darcy Beer, *Chair*
Dr. Tavis Bodnarchuk
Dr. Aviva Goldberg
Dr. Suyin Lum Min
Dr. Petra Rahaman
Dr. Stasa Veroukis
Dr. Jason Zhang

Meetings

There were five meetings held:

- June 10, 2020
- September 8, 2020
- November 3, 2020
- February 2, 2021
- April 20, 2021

Activities:

- The Children's Inquest Review Committee (CIRC), which is chaired by the Office of the Chief Medical Examiner (OCME) has not met since February 2020 due to the highly confidential nature of the meetings, which cannot be held virtually, and the COVID workload that the OCME experienced in the second wave. The CHSC relies on the OCME for identifying new cases for review.
- CHSC began holding virtual meetings at the beginning of 2021.
- The Office of the Chief Medical Examiner has begun to provide CHSC with case summaries so review can begin again.
- CHSC developed new guidelines for anaphylaxis for children which will be used in the province's CPG for COVID immunization providers.

MATERNAL PERINATAL HEALTH STANDARDS COMMITTEE

Members

Medical Consultant:
Dr. Michael Helewa

Dr. Wendy Hooper, *Chair*
Dr. Olalekan Akintola
Dr. Carol Schneider
Ms. Kelly Fitzmaurice
Dr. Leanne Nause
Dr. Chelsea Ruth
Ms. Kellie Thiessen

Meetings

There were three meetings held:

- July 23, 2020
- November 19, 2020
- April 14, 2021

Activities:

- Area and hospital maternal and perinatal standards committees were put on hold in the beginning of 2020.
- For committees that already had a backlog of cases to review, this lengthened their backlog - the MPSHC relies on these area and hospital standards committees to identify cases for the MPHSC to review.
- The committee resumed meetings virtually and cases were couriered to the Medical Consultant for review to prevent the need to physically attend the office.
- Area and hospital maternal and perinatal standards committees also began virtual meetings in the summer of 2020.

QUALITY IMPROVEMENT COMMITTEE

The Quality Improvement Committee (QI) was absorbed by the Central Standards Committee (CSC) following the June 2021 Council meeting. The Quality Improvement Program will continue with its mandate to supervise the practice of CPSM members. Case referrals will be made to the CSC.

Activities

- The Quality Improvement Program activities resumed after a pause in the spring of 2020 related to the COVID-19 pandemic. The program re-engaged with participants in early June. Participants were offered the option of resuming their program activity at that point or deferring to the fall. There is a small group of participants from the 2020 cohort in the final stages of the process.
- Initially, only family physicians were selected to participate in the Quality Improvement Program, however, in June of 2020 we began involving specialists, beginning with psychiatry and general surgery and added pediatrics in October 2020. The April 2021 cohort includes family physicians, general surgery, internal medicine, pediatrics, and psychiatry.
- Some participants undergo an off-site chart review (normally done at the CPSM offices), multisource feedback, and / or an on-site office visit. The processes for these functions have been reviewed in light of the pandemic, and alternate means of providing the reviews in a remote manner have been developed, so that the program can remain operational through the next year.

- Of the total participants, 9 files have been / are being brought forward to the QI Committee regarding concerns around practice deficiencies. Outcome details are as follows:

| | |
|----------------------------------------|---|
| Closed | 3 |
| Pending remediation / follow-up review | 5 |
| Referred to Central Standard Committee | 1 |

Below is a summary of initiations / participants / completions to date:

QUALITY IMPROVEMENT PROGRAM PARTICIPANTS

| Year | INITIATED | PARTICIPATED | COMPLETED |
|-----------------|-----------|--------------|-----------|
| 2019 | 294 | 194 | 194 |
| 2020 | 251 | 150 | 111 |
| 2021 (to April) | 203 | TBD | 0 |

- Based on chart reviews completed to date, it appears that medical record keeping is a challenging area of practice for some physicians. There is a need for refresher training in medical record keeping.

- Feedback from participants has primarily been positive, including the feedback gathered via an anonymous online survey. Suggestions for program improvement continue to be collated and incorporated where reasonable and feasible.
- All participants are required to submit an Action Plan for improvement as the concluding activity of their participation. After one year, they are contacted via email to solicit feedback on the success or challenges of realizing their plan. Most participants complete the plan thoughtfully and reflectively. The one-year feedback reveals honesty about accomplishments achieved and barriers encountered. COVID-19 affected many plans and members found that they made many unanticipated changes to their processes and procedures, such as incorporating virtual visits.
- The QI Program has received CPD accreditation from the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada. Both have granted the program the highest credit level available of 3 credits per hour MainPro+ and Section 3 Assessment credits, respectively.

PHYSICIAN HEALTH PROGRAM

The Physician Health Program shifted to virtual interviews and assessments via video, in most cases.

This permitted easier access for members in rural or remote environments and conformed to Public Health Directives.

May 1, 2020 – April 30, 2021

- 75 total new referrals
- 28 referrals related to Mental Health
- 4 required Undertakings

Dr. Ainslie Mihalchuk, CPSM Assistant Registrar, has been actively engaging with and presenting the rehabilitative and supportive approach offered to the members by the Physician Health Program. Presentations have been provided to the Chief Medical Officers in the province, Doctors Manitoba and MD Care, webinars to members, orientation to new CPSM members, and many other opportunities. The Canadian Medical Protective Agency continues to be very helpful in supporting members when interacting with the Physician Health Program, recognizing the stress that the member is undergoing.

PRESCRIBING PRACTICES PROGRAM

For several years, CPSM has worked on several quality improvement initiatives related to the prescribing of drugs with potential for abuse.

These efforts were expanded and formalized under the Prescribing Practices Program. 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 Examiner's Death Review
- High Dose Opioid Prescribing Review
- CPSM Opioid Prescriber Profile
- Fentanyl Prescribing Review
- Generic Oxycontin Prescriber Education
- Opioid Agonist Therapy (methadone and buprenorphine / naloxone) Prescriber Training, Mentoring and Auditing
- Support around the implementation of the new prescribing Standards of Practice through online resources and individual case support / mentoring

Chief Medical Examiner's Death Review

A CPSM medical consultant attends the Chief Medical Examiners' Office monthly to review deaths involving prescription medications in adults ages 18-65. 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 three 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:

1. Deaths involving polypharmacy where a single physician wrote all prescriptions.
2. 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 pharmacies.
3. OTC medication use combined with Rx medication (often polypharmacy) increases overdose risk.

MANITOBA QUALITY ASSURANCE PROGRAM

CPSM Council appoints 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 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 with all relevant standards is required before the Committee will grant full accreditation and issue a certificate of accreditation. MANQAP is part of the Western Canadian Diagnostic Accreditation Alliance, including sister programs in Alberta and Saskatchewan. These provincial programs share standards, inspectors, and expertise.

| TOTAL NUMBER OF FACILITIES AS OF MARCH 31, 2021 | | |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| | 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 | 166 |
| Full Accreditation | 151 | 151 |
| Conditional Accreditation | 7 | 2 |
| Temporary Accreditation | 25 | 13 |
| In the process of obtaining Accreditation | 16 | 0 |

| ACTIVITY FROM APRIL 1, 2020 TO MARCH 31, 2021 | | |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| | 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 | 6 | 1 |
| Number of Inspections to open a facility | 6 | 1 |

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.

FINANCIAL STATEMENTS

April 30, 2021





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, 2021 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, 2021.

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 8, 2021.

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*.

Deloitte LLP

Chartered Professional Accountants

June 8, 2021
Winnipeg, Manitoba

SUMMARY STATEMENT OF FINANCIAL POSITION

AS AT APRIL 30, 2021

| | 2021 \$ | 2020 \$ |
|-------------------------------------------|-------------------|------------|
| ASSETS | | |
| Current assets | | |
| Cash | 4,331,607 | 4,070,094 |
| Investments, maturing within one year | 4,101,130 | 2,290,701 |
| Accounts receivable and prepaid expenses | 180,450 | 222,316 |
| | 8,613,187 | 6,583,111 |
| Investments | 1,117,270 | 2,779,686 |
| Capital and intangible assets | 834,157 | 730,531 |
| | 10,564,614 | 10,093,328 |
| LIABILITIES | | |
| Current liabilities | | |
| Accounts payable and accrued liabilities | 130,465 | 106,797 |
| Accrued pre-retirement leave benefits | 293,208 | 274,791 |
| Accrued vacation | 189,129 | 118,708 |
| Deferred revenue | 3,384,915 | 3,352,079 |
| | 3,997,717 | 3,852,375 |
| NET ASSETS | | |
| Unrestricted | 1,616,740 | 1,108,422 |
| Invested in capital and intangible assets | 834,157 | 730,531 |
| Internally restricted | 4,116,000 | 4,402,000 |
| | 6,566,897 | 6,240,953 |
| | 10,564,614 | 10,093,328 |

Approved on behalf of Council


 , President


 , Registrar

SUMMARY STATEMENT OF OPERATIONS

YEAR ENDED APRIL 30, 2021

| | 2021 \$ | 2020 \$ |
|----------------------------------------|------------------|------------|
| REVENUE | | |
| Physician and resident license fees | 6,025,030 | 5,898,381 |
| Educational register fees | 82,100 | 91,975 |
| Clinical assistant license fees | 34,950 | 31,350 |
| Physician assistant license fees | 41,100 | 40,500 |
| Medical corporation fees | 376,975 | 370,461 |
| Other fees and income | 442,463 | 433,975 |
| Interest income | 23,837 | 82,413 |
| Change in market value of investments | 205,268 | 91,346 |
| Government funded program revenue | 1,332,430 | 1,434,711 |
| | 8,564,153 | 8,475,112 |
| EXPENSES | | |
| Governance | 140,797 | 158,254 |
| Qualifications | 1,103,633 | 1,123,919 |
| Complaints and investigations | 1,760,363 | 1,703,150 |
| Quality | 1,193,009 | 1,121,329 |
| Operations and general administration | 2,279,422 | 2,131,378 |
| Information technology | 347,050 | 336,764 |
| Government funded program expenses | 1,413,935 | 1,417,204 |
| | 8,238,209 | 7,991,998 |
| Excess of revenue over expenses | 325,944 | 483,114 |

NOTES TO THE SUMMARY FINANCIAL STATEMENTS

APRIL 30, 2021

1. Basis of presentation

Management has prepared the summary financial statements from the Organization's April 30, 2021 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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