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March 20, 2024

Practice Directions set out requirements related to specific aspects of the practice of medicine. Practice Directions are used to enhance, explain, or guide registrants with respect to the subject matter relevant to the practice of medicine. Practice Directions provide more detailed information than contained in *The Regulated Health Professions Act*, Regulations, Bylaws, and Standards of Practice issued by CPSM. All registrants must comply with Practice Directions, per s. 86 of *The Regulated Health Professions Act*.

This Practice Direction is made under the authority of s 85 of the RHPA with specific reference to Parts 3, 4, 7, and 8 of the CPSM General Regulation.

## 1. REGISTRATION AND CERTIFICATE OF PRACTICE

### Types of Certificates of Practice

- 1.1. Regulated registrants may apply for a certificate of practice in one of the following categories:
  - 1.1.1. full annual certificate of practice;
  - 1.1.2. full monthly certificate of practice, which is available only on a calendar month basis;
  - 1.1.3. limited certificate of practice applicable to the restricted purpose class of registration;
  - 1.1.4. resident annual certificate of practice;
  - 1.1.5. resident reduced term certificate of practice, which is available only for a period of fewer than 8 consecutive months.
- 1.2. Regulated associate registrants may apply for a certificate of practice in one of the following categories:
  - 1.2.1. resident annual certificate of practice;
  - 1.2.2. resident limited certificate of practice;
  - 1.2.3. external or visiting student certificate of practice;

- 1.2.4. medical student certificate of practice;
- 1.2.5. physician assistant annual certificate of practice;
- 1.2.6. clinical assistant annual certificate of practice;
- 1.2.7. assessment candidate specialty practice limited;
- 1.2.8. assessment candidate family practice limited;
- 1.2.9. assessment candidate re-entry; and
- 1.2.10. limited certificate of practice applicable to the restricted purpose class of registration.

### **Resident Qualified for Registration as Regulated Registrant - Full class**

- 1.3. A resident who meets the qualifications for registration in the full practising class and who wishes to practise medicine outside of his or her approved residency program must apply for a full annual certificate of practice or full monthly certificate of practice. Fees collected by CPSM for the resident's annual certificate of practice are applied against the full annual certificate of practice fee.

### **Renewal of Monthly Certificate of Practice**

- 1.4. A regulated registrant seeking to renew a monthly certificate of practice during a certificate of practice year in which he or she has already met the renewal requirements must pay the fee prescribed and declare to CPSM whether there have been any changes in the information provided by the individual at the time of his or her last renewal declaration, provided that each certificate of practice year all regulated registrants must comply with the annual renewal disclosure requirements.
- 1.5. On request at the time of an application for monthly certificate of practice, CPSM may issue monthly certificates of practice for consecutive months, but only for calendar months during the same certificate of practice year. When a regulated registrant who held one or more full monthly certificates of practice during a certificate year applies for a full annual certificate of practice in that same certificate year, the fees collected by CPSM for the full monthly certificates of practice are not applied against the full annual certificate of practice fee.
- 1.6. A registrant who opts for monthly or other reduced term certificates of practice will not be issued any reminder of the requirement for renewal and is solely responsible for ensuring that he or she has a valid certificate of practice at all times when practising medicine in Manitoba by renewing his or her certificate of practice and paying the fee before the expiry date of the monthly or other reduced term certificate of practice.

## Application and Renewal of Certificate of Practice

- 1.7. When applying for, or renewal of, a certificate of practice, in addition to complying with the requirements set out in s. 4.4 and 4.7 of the CPSM General Regulation, the Registrar requires a registrant to provide evidence satisfactory to the Registrar that the registrant has professional liability coverage and will maintain such coverage while holding a certificate of practice in accordance with s 4.12 of the CPSM General Regulation.

## 2. QUALIFICATIONS

### Approved Assessment Requirements

- 2.1. Clinical assistant assessments approved by Council for the purposes of CPSM General Regulation s. 3.67(a)

The following assessment processes are approved for registration as a clinical assistant:

- 2.1.1. with no field of practice restriction:

- 2.1.1.a. Registered Clinical Assistant assessment offered by the Rady Faculty of Health Sciences, Max Rady College of Medicine, University of Manitoba.

- 2.1.1.b. National Assessment Collaborative OSCE.

- 2.1.1.c. Satisfactory completion of the MCCQE1 exam.

- 2.1.2. with practice restricted to a specific field of practice: satisfactory completion of a program accredited by the Royal College of Physicians and Surgeons of Canada in a Canadian University teaching hospital in the applicant's intended field of practice.

- 2.2. Provisional Registration Assessments approved by Council

The following assessment processes are approved for provisional registration in:

- 2.2.1. Family Medicine Assessments approved for the purposes of CPSM General Regulation s.3.19 (1)(g)(i):

- 2.2.1.a. Western Alliance for Assessment of International Physicians.

- 2.2.1.b. Practice Ready Assessment - Family Practice (PRA-FP), formerly known as the Assessment for Conditional Licensure for Family Medicine ("ACL"), excluding anaesthesia.

- 2.2.1.c. Family practice including anaesthesia

- 2.2.1.c.i. PRA-FP; and

- 2.2.1.c.ii. the anaesthesia assessment annexed hereto as Schedule A.

- 2.2.1.d. The practice ready assessment for family medicine used by the College of Physicians & Surgeons of Alberta.

- 2.2.1.e. An assessment conducted elsewhere in Canada certified by the Dean of the Faculty of Medicine as equivalent to the competencies for family medicine/practice ready assessment.
- 2.2.2. Specialty Practice Assessments approved for the purposes of CPSM General Regulation s. 3.16 (1) (g) (i):
  - 2.2.2.a. Satisfactory completion of a program accredited by the Royal College of Physicians and Surgeons of Canada in a Canadian university teaching hospital.
  - 2.2.2.b. Participation in the Practice Ready Assessment- Specialty Practice (“PRA-SP”), formerly known as the Non-Registered Specialist Assessment Programs, limited to those specialty programs offered by the Rady Faculty of Health Sciences, Max Rady College of Medicine at the University of Manitoba.
  - 2.2.2.c. An assessment conducted elsewhere in Canada certified by the Dean of the Faculty of Medicine as equivalent to the competencies for Royal College certification in that specialty, limited to those specialty fields of practice where a training program in that field is not offered by the Rady Faculty of Health Sciences, Max Rady College of Medicine.
  - 2.2.2.d. Limited to those candidates who have completed fellowship at the Rady Faculty of Health Sciences, Max Rady College of Medicine:
    - 2.2.2.d.i. Certification by the Program Director that in the fellowship the candidate successfully completed an equivalent assessment to specified components of the PRA-SP, and
    - 2.2.2.d.ii. Participation in the remaining components of the PRA-SP not covered by the fellowship, as certified by the Program Director.
  - 2.2.2.e. The Western Alliance for Assessment of International Physicians, limited to general surgery or internal medicine candidates.
  - 2.2.2.f. The Canadian practice ready assessment for specialty practice in psychiatry or internal medicine.
  - 2.2.2.g. In exceptional circumstances, an assessment that is satisfactory to the Registrar, is deemed equivalent to the above assessments by the Registrar and is endorsed by two other Manitoba specialists practicing in the same area of practice. Any decision made under this clause must be reported to the Executive Committee at the earliest opportunity.
- 2.3. REPEALED – MARCH 22, 2023 – See [Policy – Assessment Candidate \(Re-Entry to Practice\) Class](#)

## **Family Practice Registration – Fields of Practice for the purposes of CPSM General Regulation section 2.5(1)(c) and 2.10(2)**

- 2.4. REPEALED – JUNE 28, 2023 – See [Practice Direction – Professional Practice and Inactivity](#)
- 2.5. REPEALED – JUNE 28, 2023 – See [Practice Direction – Professional Practice and Inactivity](#)
- 2.6. REPEALED – JUNE 28, 2023 – See [Practice Direction – Professional Practice and Inactivity](#)

## **Provisional Registration**

- 2.7. REPEALED – SEPTEMBER 27, 2023 – See [Policy – Supervision of Provisional Registrants](#)
- 2.8. REPEALED – SEPTEMBER 27, 2023 – See [Policy – Supervision of Provisional Registrants](#)
- 2.9. Requirements for the use of extension of registration
  - 2.9.1. The Registrar has authority to permit an extension of registration for the classes listed in s. 3.71 of the CPSM General Regulation. In any application, the onus is on the physician to demonstrate that the extension should be granted, and the following conditions must be met:
    - 2.9.1.a. The applicant must be eligible to receive a satisfactory certificate of good standing.
    - 2.9.1.b. The physician must undertake to attend the earliest dates of the examination sittings and to cease registration if the physician is unsuccessful in the examinations.
  - 2.10. Time for Completion of Orientation
    - 2.10.1. A candidate is not eligible for movement from the assessment class to registration in the specialty limited or family practice limited class until orientation for provisional registration in specialty and family practice has been completed.

## **Temporary Registration Restrictions (Locum) – Approved Requirements for the purposes of CPSM General Regulation section 3.30(e).**

- 2.11. The Registrar must restrict the use of temporary - locum registration to register only those physicians who meet the requirements set out below.
- 2.12. A locum physician is a physician who will be carrying out the practice of medicine in place of another physician with a valid certificate of practice, for a fixed time period approved by the Registrar. A physician who wishes to practice medicine in Manitoba as a locum physician must establish that he or she:
  - 2.12.1. has satisfactory locum agreement with a regulated registrant; and
  - 2.12.2. meets any other requirements set by Council.

2.13. The Registrar must approve the time interval for the locum and the locum physician may act in place of the other physician only when written CPSM approval is received. The recommended time frame is 12 months. The Registrar has the discretion to extend this time period only in exceptional circumstances.

### **Applications for Registration on Specialists Register under section 2.9(2) of the CPSM General Regulation (non- Royal College specialists)**

2.14. REPEALED – DECEMBER 13, 2023 – See [Policy Specialist Register](#)

### **Approved Fields of Specialty Practice for Assessment for the purposes of CPSM General Regulation section 3.38(b)**

2.15. For the purposes of the CPSM General Regulation s. 3.38(b), the following are the approved fields of specialty practice eligible for registration for assessment:

- Anesthesia;
- Anatomical Pathology;
- Cardiac Surgery;
- Cardiology;
- Community Medicine;
- Dermatology;
- Diagnostic Radiology;
- Endocrinology;
- General Surgery;
- Gastroenterology;
- Infectious Diseases;
- Internal Medicine;
- Medical Oncology;
- Neonatal Perinatal Medicine;
- Nephrology;
- Neurology;
- Neurosurgery;
- Nuclear Medicine
- Obstetrics and Gynecology;
- Ophthalmology;
- Orthopedic Surgery;
- Otolaryngology;
- Palliative Care;
- Pediatric Hematology/Oncology;
- Pediatric Orthopaedic Surgery;
- Paediatric Surgery;
- Pediatrics;

- Plastic Surgery;
- Psychiatry;
- Radiation Oncology;
- Respiriology;
- Rheumatology;
- Thoracic Surgery;
- Urology;
- Vascular Surgery.

### Approved Special Designation Registration for the purposes of CPSM General Regulation s.2.10(2)(c)

2.16. Council approves special designation registration of physicians holding one of the following special designations:

2.16.1. A Certificate of Added Competence (CAC) from the College of Family Physicians of Canada in one of the following areas:

- Care of the Elderly
- Palliative Care
- Emergency Medicine
- Family Practice Anesthesia
- Sport and Exercise Medicine
- Enhanced Surgical Skills

2.16.2. From the Royal College of Physicians and Surgeons of Canada:

- A Diploma in Areas of Focused Competence (AFC).
- A Diploma of the Royal College of Physicians and Surgeons of Canada (DRCPSC).

2.16.3. Those physicians previously registered and licensed under *The Medical Act* in the following areas are grandfathered in and may continue to show as their designated area of practice the applicable area listed below:

- Adult Surgical Pathology
- Chemical Pathology
- Eye Physician
- Foot & Ankle Diabetic Foot Care
- Hair Restoration Physician
- Neuro-ophthalmology
- Pediatric and Adult Nephropathology

### **Approved Speciality Field of Practice for the purposes of - CPSM General Regulation section 2.10(2)(c) 45**

2.16a Council approves the following specialty field of practice:

- Molecular Genetic Pathology

### **Approved English Language Fluency Criteria for the purposes of - CPSM General Regulation section 3.7(d)**

2.17. CPSM adopts the Federation of Medical Regulatory Authorities of Canada's national standard for English Language testing, as amended from time to time.

### **Approved Resident Prescribing Educational Program for the purposes of CPSM General Regulation section 5.4(3)(b)(ii)**

2.18. The approved pharmacology course for resident prescribing is the "Prescription Writing Course" offered through the Max Rady College of Medicine PGME core curriculum on limited resident prescribing.

### **Approved Physician Assistant Training Program for the purposes of CPSM General Regulation section 3.61(b)(iii)**

2.19. REPEALED – MARCH 20, 2024 – See [Council Policy Registration of Clinical and Physician Assistants and Physician Assistant Students](#)

### **Approved Physician Assistant Training for External or Visiting students – CPSM General Regulation section 3.57(a)**

2.20. REPEALED – MARCH 20, 2024 – See [Council Policy Registration of Clinical and Physician Assistants and Physician Assistant Students](#)

### **Approved Criteria for Supervisor of Physician Assistants or Clinical Assistant for the purposes of CPSM General Regulation section 8.7**

2.21. REPEALED – MARCH 20, 2024 – See [Practice Direction Supervision Requirements for Clinical and Physician Assistants and Physician Assistant Students](#)

### **Certificate of Professional Conduct**

2.22. CPSM form of Certificate of Professional Conduct used for registrants and former registrants as required by the RHPA s.144 is set forth in Schedule "B" annexed to and forming part of this policy.



- 2.23. Upon receipt of the written consent of the registrant or former registrant and payment of the fee for issuance of a certificate, the Registrar shall issue a certificate of professional conduct concerning the registrant.

### **Approved Fields of Practice for Resident Limited for the purposes of CPSM General Regulation section 3.54(b)**

- 2.24. For residents who have completed a minimum of two years training in the applicable field and who have their Licentiate of the Medical Council of Canada (LMCC), the following are the approved fields of practice for registrants to be registered in the resident limited class:
- 2.24.1. Neonatal and Perinatal Medicine
  - 2.24.2. Obstetrics and gynecology
  - 2.24.3. Anaesthesia; and
  - 2.24.4. Emergency medicine

### **Approved liability Insurance for the purposes of CPSM General Regulation section 4.12(1)(a)**

- 2.25. In addition to the Canadian Medical Protective Association, for the purposes of the CPSM General Regulation s. 4.12(1) (a), the following are approved types of liability insurance or liability coverage:
- 2.25.1 Lloyds of London;
  - 2.25.2 Healthcare Insurance Reciprocal of Canada (HIROC);
  - 2.25.3 Canadian University Reciprocal Insurance Exchange (CURIE)

### **Restricted Purpose Class: Approved Purposes**

- 2.26. The following are approved as Restricted Purpose classes:

***[To Be Approved by Council at a later date]***

- 2.27. The following are additional requirements for registration in a restricted purpose class:

***[To Be Approved by Council at a later date]***

## Schedule A – Anesthesia Assessment

### LOW RISK ANESTHESIA ASSESSMENT PROGRAM

Department of Anesthesia  
University of Manitoba

#### PREAMBLE

The College of Physicians and Surgeons of Manitoba recognizes two levels of Anesthesia practice. Unlimited practice requires Royal College certification. Low-risk anesthesia requires either completion of a College of Family Physicians of Canada Certificate of Added Competence program, or an equivalent. Candidates with the latter, whether from a Canadian non-standard program or from an International program, require an assessment in low risk anesthesia. This Low-Risk Anesthesia Assessment (LRA) will be conducted within the Department of Anesthesia, under the governance of the Division of Continuing Professional Development in the College of Medicine.

#### GOALS AND OBJECTIVES

The overall goals and objectives of this program are to assess the skills, knowledge, and ethical behaviour of candidates for licensure. This is not a training program, and there is no intention to provide for remediation of any discovered deficiencies within the limits of this assessment program. The clinical standard against which candidates shall be assessed is the same as that for trainees within our own program. The full standard is the same as that for Family Practice Anesthesia residents. They will therefore need to demonstrate proficiency in Pediatric, Obstetrical and adult anesthesia. Specific goals and objectives for each of these components are attached. Thus, for each section the minimum standard shall be to fulfill the PGY2 goals and objectives.

#### PROGRAM ADMINISTRATION

A designated supervisor shall be appointed for each component. A committee consisting of all three supervisors, and the Anesthesia Program Administrator and the Associate Head for Education in Anesthesia shall be the governing body for the LRA. This committee shall formulate the specific outline and requirements of the program, as well as collaborate on each final evaluation report. The Chair shall report to the Anesthesia Department Head, and to the Faculty LRA Coordinator.

#### DURATION OF ASSESSMENT

The LRA in Anesthesia is organized into three rotations over two four-week periods. The minimum duration of the assessment will include one four-week period of adult anesthesia and a second four-week period comprising two weeks each of pediatric and obstetrical anesthesia. As outlined below, any individual rotation may be extended by 100 % if it is deemed that the candidate's performance is neither clearly acceptable nor unacceptable. This extension will not be used to remediate any deficiencies exposed during the first portion of the assessment.

**EARLY TERMINATION OF ASSESSMENT**

The LRA reserves the right to terminate an assessment after a period of one month if, in the opinion of the assessing department, the candidate is clearly unsuitable to continue the assessment period. The criteria for such unsuitability may include inadequate anesthesia skills or knowledge, the inability to work with colleagues, nursing and/or allied health professional staff, or any other pattern of behaviour that is felt to preclude competent practice. In the case of early termination, the LRA will have no further responsibility to the candidate or to the sponsoring institution.

**FACULTY/SUPERVISION**

For each component of the LRA within the department of anesthesia, there will be a supervisor assigned. This supervisor will have the responsibility of collecting the input from staff with whom the candidate works. This data will be used as the basis of the interim and final evaluations.

**DAILY RESPONSIBILITIES**

The candidate shall have a graduated increase in responsibility in each of the components of the program. On initial exposure, it will be necessary for the purposes of safety to regard the candidate as a PGY1 resident. It is anticipated that candidates qualifying for this program will in fact be functioning at a level above that. By the mid-rotation evaluation, they will be expected to function at the same level as a Family Practice Anesthetist.

Candidates shall be assigned to daily slates in the same manner as FPA residents. In addition, they will be expected to do four calls per month, to allow assessment of emergency performance. These will be done according to the same rules established for residents on Scholarly activity, in the Anesthesia Postgraduate Program.

**EVALUATIONS AND FORMS**

There will be an evaluation at the midpoint and the end of each of the components. At the midpoint evaluation, if possible, an indication will be made of the potential for extension. There may be formative feedback given in the process of this interim assessment, but this implies no commitment by the department to provide any necessary remediation. The assessment at the end of the component will serve as the final assessment for that component. The designated supervisor for the respective component shall perform these assessments.

The evaluation forms used shall be the same as those used for the resident ITAR. Daily forms will not be required, as they are intended primarily for formative, as opposed to summative evaluation. The Anesthesia Associate Head for Education shall compile a summary of the individual component evaluations, which will then be discussed by the LRA committee to create an overall FITER for the LRA.

In addition to the clinical assessment, the LRA candidate shall complete the exam used by the department for family practice anesthesia. This is not required of full-program PGY2 residents because they will ultimately be assessed by the Royal College exam process. However, it is necessary in order to fulfill the first level of the assessment's goals, which is Family Practice Anesthesia equivalence.

### **REPORTING**

Results of this assessment shall be reported to the Anesthesia Department Head and the LRA Coordinator for the Faculty of Medicine, as well as directly to the candidate. There will be no other report provided directly to any other party.

### **ACCESSING THE PROGRAM**

The Faculty LRA Coordinator shall refer candidates to the Anesthesia LRA committee for consideration. Eligible candidates for the program must have

- A conditional license from the College of Physicians and Surgeons of Manitoba
- Certification of Non-Specialist training from a program acceptable to the CPSMB

## Schedule B – Certificate of Professional Conduct

THIS IS SCHEDULE “B” ANNEXED TO AND FORMING PART OF THE QUALIFICATIONS AND REGISTRATION POLICY OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA.

PRIVATE & CONFIDENTIAL

### CERTIFICATE OF PROFESSIONAL CONDUCT

1. Identification and contact information for recipient of COPC<sup>1</sup>.
2. Information about the applicant.
  - a. Personal Identifiers
    - i. Full legal name
    - ii. Practice Location in Manitoba
    - iii. Office telephone number
    - iv. Name of the Medical Corporation (shareholder or director)
    - v. Medical Identification Number for Canada/NIMC #
    - vi. Date of birth
    - vii. Name changes
3. Qualifications and credentials
  - i. Medical Degree
  - ii. Name of medical school
  - iii. Country of medical school
  - iv. Year of graduation
  - v. LMCC
  - vi. Date of LMCC
  - vii. Specialty qualifications
  - viii. Any other qualifications
  - ix. Source verification – Yes or No
4. Registration / Certificate of Practice information
  - i. Registration number
  - ii. Date of registration
  - iii. Certificate of Practice expires(d)
  - iv. Registration/licensure history
  - v. Registration Expiry, if any
  - vi. Membership class
  - vii. Field(s) of practice
  - viii. Specialist Register
  - ix. Terms conditions, and restrictions on Certificate of Practice
  - x. Actively practising in the jurisdiction – Yes or No
  - xi. If applicable, authorized/no authorized to perform a reserved Act

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<sup>1</sup> Disclosure is based upon the best information available to the CPSM as of the date of this certificate.

5. Complaints<sup>2 3</sup>
6. Investigations<sup>4</sup>
7. Disciplinary actions, except dismissals after a hearing
  - i. Date of the disciplinary action
  - ii. Particulars of the disciplinary actions
  - iii. Findings arising from disciplinary action
  - iv. Any remedy or sanction whether imposed or by consent
8. Current information of a non-disciplinary nature<sup>5</sup>
  - i. Conditions on Certificate of Practice or registration;
  - ii. Consent agreements or undertakings;
  - iii. Consent withdrawal from practice or a register; and if known, reasons for withdrawing;
  - iv. Restriction or cancellation of hospital privileges, if known.
9. Findings of guilt, criminal or otherwise<sup>6</sup>
  - a. Findings of guilt or pardoned offences and pending charges:
    - i. In Canada;
    - ii. Elsewhere if known.
  - b. Other; including;
    - i. Findings under the *Controlled Drugs and Substances Act*;
    - ii. Findings under the *Food and Drugs Act (Canada)*;
    - iii. Fraud findings;
    - iv. Restraining orders.

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<sup>2</sup> A complaint means any initiating communication which:

- a) is an expression of concern about the conduct, competence or capacity of the registrant or former registrant, about which the registrant or former registrant is aware;
- b) identifies a registrant or former registrant of the issuing medical regulatory authority;
- c) is made by any person (including the Registrar of the issuing medical regulatory);
- d) meets the legal criteria or procedures in the jurisdiction in question; and
- e) does not necessarily have to lead to an action.

<sup>3</sup> Open complaints and any past complaints for the current year and the 10 previous calendar years are included.

<sup>4</sup> Open Investigations and any past investigations for the current year and the 10 previous calendar years are included.

<sup>5</sup> CPSM does not collect information about hospital privileges.

<sup>6</sup> CPSM began collecting information about court findings of guilt from other jurisdictions, fraud findings, restraining orders, and pardoned offences on July 15, 2015. Only matters for the current year and the 10 previous calendar years are included.

10. Professional litigation history against registrant or former registrant<sup>7</sup>

- i. Settlements<sup>8</sup>;
- ii. Civil suit finding;
- iii. Statements of claim.

11. Any other information the Registrar deems relevant

DATE OF ISSUE:

REGISTRAR

Not official without signature of Registrar and impression of College seal

No further entries below

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<sup>7</sup> CPSM began collecting information about medical malpractice court judgments issued against the registrant by a court in Canada within the previous 10 years on July 4, 2005. On July 15, 2015, CPSM began collecting information about registrants' professional litigation history including pending civil actions and settlements of civil action. The registrant's professional litigation history involving a patient for the current year and the 10 previous calendar years is included.

<sup>8</sup> Settlement means any resolution of a lawsuit involving a patient at any time during the proceeding, which included any payment of money in relation to a registrant's medical practice and/or any admission of liability in relation to a registrant's medical care.