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Practice Directions set out requirements related to specific aspects of the practice of medicine. Practice Directions are used to enhance, explain, or guide members 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 the College. All members 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 Certificate of Practice**

- 1.1. Regulated members 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 members 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 Member - 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 the College 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 member 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 the College 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 members must comply with the annual renewal disclosure requirements.
- 1.5. On request at the time of an application for monthly certificate of practice, the College may issue monthly certificates of practice for consecutive months, but only for calendar months during the same certificate of practice year. When a regulated member 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 the College for the full monthly certificates of practice are not applied against the full annual certificate of practice fee.
- 1.6. A member 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 member to provide evidence satisfactory to the Registrar that the member 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 MCCQE2 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.
- 2.3. Approved Requirements for Re-entry to Practice of inactive physicians including for registration as an assessment candidate for (Re-entry to Practice) Class for the purposes of CPSM General Regulation s. 3.8(c), 3.44(1)(ii), and 3.44(2)(ii)
  - 2.3.1. Before issuing registration or a certificate of practice, the Registrar must assess the ability of an inactive physician to provide safe, competent care. An inactive physician is defined to mean a physician who is planning to re-enter medical practice after:
    - 2.3.1.a. having been absent from clinical practice for a continuous period of 3 years, whether:

- 2.3.1.a.i. general absence from all clinical activity; or
  - 2.3.1.a.ii. specific absence (i.e. the physician has excluded one or more specific fields of clinical practice either through restriction of practice or through practice in a specific setting).
- 2.3.2. The Registrar must apply the following principles in assessing the ability of a member to provide safe competent care:
- 2.3.2.a. Assessment is required due to the absence of current practice experience and/or knowledge even though there has been no evidence of deficiencies in practice.
  - 2.3.2.b. An inactive physician who wishes to re-enter practice must provide the Registrar with a written description of his or her specific practice plans.
  - 2.3.2.c. An inactive physician must undergo an appropriate assessment and, where required, relevant retraining before returning to practice.
  - 2.3.2.d. Retraining must be based on two factors:
    - 2.3.2.d.i. The candidate's specific practice plans; and
    - 2.3.2.d.ii. An evaluation of the candidate's current knowledge and skills.To be relevant, the retraining must address those deficiencies in the candidate's current knowledge and skills which are relevant to the candidate's specific practice plans.
  - 2.3.2.e. The retraining must be according to one of the following options:
    - 2.3.2.e.i. The candidate may undergo an assessment acceptable to the Registrar, followed by satisfactory completion of such retraining as is recommended by the assessor.
    - 2.3.2.e.ii. The candidate may present to the Registrar a specific retraining proposal of not less than eight weeks. If the proposal is acceptable to the Registrar, the candidate must satisfactorily complete the retraining as proposed.
    - 2.3.2.e.iii. The candidate may present to the Registrar a specific mentorship proposal. If the proposal is acceptable to the Registrar, the candidate must satisfactorily complete the mentorship as proposed.
  - 2.3.2.f. Upon satisfactory completion of retraining, the Registrar will issue appropriate registration and certificate of practice, defined in accordance with the practice plan and with the CPSM General Regulation.

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

### 2.4. Family Practice Fields of Practice - “Primary care including obstetrics”.

The Registrar must not issue registration or a certificate of practice to a family practice physician with obstetrics unless the following conditions are met:

- 2.4.1. The family practice physician must have completed acceptable postgraduate clinical training in obstetrics and practiced obstetrics within the past 3 years.
- 2.4.2. Family practice physicians who do not meet the foregoing criteria and wish to provide obstetrical care may do so only after:
  - 2.4.2.a. unless the family practice physician has already completed it, acceptable postgraduate clinical training in obstetrics; or
  - 2.4.2.b. if the family practice physician has already completed acceptable postgraduate clinical training in obstetrics, an appropriate assessment and, if necessary, re-training, in accordance with the Executive Limitation on Retraining for the Inactive Physician.

### 2.5. Scope of obstetrical care by family practice physician

- 2.5.1. Family practice physicians who:
  - 2.5.1.a. are registered with entitlement to practise obstetrics, but who have not performed any deliveries for more than three years may provide prenatal care to patients but may not do deliveries.
  - 2.5.1.b. have not completed acceptable postgraduate clinical training in obstetrics and who are not registered with entitlement to practise obstetrics must refer a patient to an appropriately qualified physician:
    - 2.5.1.b.i. before 14 weeks of pregnancy, or
    - 2.5.1.b.ii. if the diagnosis is established after 14 weeks, as soon as possible after diagnosis.

### 2.6. Field of Practice – Family Practice Anesthesia

- 2.6.1. The Registrar must only grant registration and a certificate of practice to family practice physicians including anaesthesia if the physician has satisfactorily completed twelve months formal training in anaesthesia in an approved teaching centre.
- 2.6.2. Family practice physicians holding registration and a certificate of practice including anaesthesia as of the implementation of this policy may continue to hold that registration and a certificate of practice even though they may not meet the foregoing criteria.

- 2.6.3. The Registrar must impose the following conditions on the registration and certificate of practice of family practice physicians including anaesthesia:
- 2.6.3.a. Except in emergencies, limit anaesthesia to patients in physical status I, II and III according to the American Society of Anaesthesiologists Protocol:
- ASA I A normal healthy patient.
  - ASA II A patient with mild systemic disease.
  - ASA III A patient with severe systemic disease that limits activity but is not incapacitating.
  - ASA IV A patient with an incapacitating systemic disease that is a constant threat to life.
  - ASA V A moribund patient not expected to survive 24 hours with or without operation.
- 2.6.3.b. Anaesthesia for intrathoracic or neurosurgical procedures must not be undertaken.

## Provisional Registration

- 2.7. Approved Requirements for Practice Supervision of Provisionally Registered physicians for the purposes of CPSM General Regulation s. 3.18(2), 3.21 (2), 3.23, 3.27, 3.12(b)(iv), 3.10 and RHPA s.181(3).
- 2.7.1. All provisional registrants must be supervised in practice in accordance with this policy.
- 2.7.2. Components of Supervision
- 2.7.2.a Roles and Responsibilities of the Supervisor
- 2.7.2.a.i The Supervisor is responsible for reviewing the provisionally registered physician's practice at regular intervals, as prescribed by the College, to ascertain whether the physician is practising safely and meets the expected clinical standard of care.
- 2.7.2.a.ii The Supervisor must always act in good faith and must:
- maintain appropriate boundaries with the provisionally registered physician respecting his/her role as a physician responsible to report to the College.
  - be an unbiased reporter of the observations of the provisionally registered physician's practice.
  - provide written reports to the College at the prescribed frequency, using the input of others, including other health professionals, in completing a report.

- make recommendations to the College regarding the frequency of the supervision based upon the performance of the provisionally registered physician.
- provide feedback to the provisionally registered physician in an unbiased and constructive manner. The Supervisor may identify physician enhancement opportunities to the provisionally registered physician as well as assist in learning about community resources to help meet patient needs.

2.7.2.a.iii A provisionally registered physician is linked to a separate mentor to assist with orientation, integration into the health care system and identification of professional development based upon need. If a separate mentor cannot be obtained, the Supervisor may also assume the role of coach/mentor, as long as this does not interfere with the Supervisor's role as the physician responsible to report to the College.

### 2.7.3. Length of the period of supervision

- 2.7.3.a. Supervision during provisional registration is one component of a progressive path to full registration.
- 2.7.3.b. Supervision is of a graduated nature; the level will be more intense at the onset and will be gradually reduced through the supervisory period.
- 2.7.3.c. Some component(s) of supervision of the provisionally registered physician remain(s) in place until the physician receives full registration.
- 2.7.3.d. The components and frequency of reports of supervision for the duration of the provisional registration are determined by the College.
- 2.7.3.e. While in supervision, the length of time remaining, and the intensity of supervision may be decreased (or increased) by the College based on, but not limited to:
  - 2.7.3.e.i. Supervisor's reports that provide explicit indications that the provisionally registered physician is or is not meeting the standards in prescribed areas.
  - 2.7.3.e.ii. Recommendations by the Supervisor.
  - 2.7.3.e.iii. Other forms of feedback.
  - 2.7.3.e.iv. Record of complaints to the College or Physician Health issues.
- 2.7.3.f. Supervision will be removed immediately if the provisionally registered physician achieves the minimum eligibility requirements for full registration.



#### 2.7.4. Qualifications/Characteristics of the Supervisor

##### 2.7.4.a. The Supervisor must:

2.7.4.a.i. be approved by the Registrar who may exercise her/his discretion to determine if a member who has been formally disciplined by way of a censure or Inquiry, may serve as a supervisor.

2.7.4.a.ii. be a fully or provisionally registered physician.

2.7.4.a.iii. recognize the importance of his or her need to demonstrate:

- effective communication and interpersonal skills;
- knowledge and understanding of cultural differences and values and beliefs that affect performance in a Canadian environment.

##### 2.7.4.b. The Supervisor should:

2.7.4.b.i. have a similar scope of practice and be in a similar current practice situation and environment as that in which the provisionally registered physician will be practising, including the possibility of geographic isolation.

2.7.4.b.ii. be experienced in the system, with a minimum of 2 years of practice.

##### 2.7.4.c. Best practices for the Supervisor include:

2.7.4.c.i. Affiliation with a Faculty of Medicine.

2.7.4.c.ii. Affiliation with relevant health institutions in the community.

2.7.4.c.iii. Committed to training and evaluation of the work they do as Supervisors.

2.7.4.c.iv. Has valid and adequate liability protection.

#### 2.7.5. Training and Support of the Supervisor

2.7.5.a. The Supervisor must have had formal training through the Rady Faculty of Health Sciences, Max Rady College of Medicine, which should include:

2.7.5.a.i. Application of CanMEDS Framework to assess competence

2.7.5.a.ii. Elements of report writing

2.7.5.a.iii. How to provide constructive critical feedback.

2.7.5.b. The Supervisor will have a direct link to a member of the College staff or an experienced Supervisor in the field to discuss supervision practices and concerns.

### 2.7.6. Reporting Mechanisms

#### 2.7.6.a. Nature/content of report

- 2.7.6.a.i. The provisionally registered physician must be appraised on a regular basis of their performance and provided with opportunities for response.
- 2.7.6.a.ii. A formal documented report must be provided by the Supervisor to the College and must provide evidence identifying the competence and quality of practice of the provisionally registered physician during the identified period of supervision.
- 2.7.6.a.iii. The Supervisor must report immediately to the College any concerns regarding patient safety.
- 2.7.6.a.iv. The College is responsible to make the final decision with respect to the continuance of practice or the achievement of full registration.

#### 2.7.6.b. Frequency of reports and management of the report information

- 2.7.6.b.i Report frequency and reporting mechanisms, with respect to content and scheduling, will be clearly defined by the College.
- 2.7.6.b.ii Schedule of reports, including tapered frequency over time, should be reflective of the demonstration of practice competence through the period of supervised practice.
- 2.7.6.b.iii Reports must be shared with the provisionally registered physician to enable them to identify personal areas for continuing professional development.
- 2.7.6.b.iv The report will form a part of the registration file held by the College.

### 2.7.7. Agreements with the Supervisor

- 2.7.7.a. The provisionally registered physician will have a written undertaking regarding the supervisor arrangement responsibilities, mechanism and frequency surrounding payment.
- 2.7.7.b. There must be a written undertaking between the College and the Supervisor, undertaking to commit to the described roles and responsibilities.
- 2.7.7.c. The undertaking should include details with respect to:
  - 2.7.7.c.i. reporting requirements and frequency;
  - 2.7.7.c.ii. declaration of freedom of any real or perceived bias or conflict of interest;

- 2.7.7.c.iii. fulfilling supervisory responsibilities notwithstanding any financial and remuneration arrangements between the Supervisor and the provisionally registered physician;
- 2.7.7.c.iv. confidentiality between the provisionally registered physician and Supervisor;
- 2.7.7.c.v. principles governing the relationship between the Supervisor and the provisionally registered physician and the Supervisor and the College including issues relating to power imbalance and resolving disputes.

## 2.8. Evaluation of the Supervised Physician

The norm for evaluation of whether the supervised physician possesses the essential abilities for optimal patient outcomes are the CanMEDS or CanMEDS-FM competencies. The CanMEDS framework is organized thematically around 7 key physician roles:

- Medical Expert
- Communicator
- Collaborator
- Manager
- Health Advocate
- Scholar
- Professional

## 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 member; 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 College 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. The Registrar has the authority to register physicians in the specialist register who do not have a certificate of specialty issued by the Royal College of Physicians and Surgeons of Canada, but who:
  - 2.14.1. meet all requirements for registration other than holding Royal College certification,
  - 2.14.2. apply for entry on the specialist register,
  - 2.14.3. pay the prescribed fee, and
  - 2.14.4. meet one or more of the following criteria:
    - 2.14.4.a. holds examiner status in the Royal College of Physicians and Surgeons of Canada examinations.
    - 2.14.4.b. was registered pursuant to s. 64 of *The Medical Act* or s. 181 of *The Regulated Health Professions Act* in a specialty field of practice.
    - 2.14.4.c. possesses current certification from a member board of the American Board of Medical Specialties in a specialty field of practice set out in the CPSM General Regulation clause 2.10(2)(b).
    - 2.14.4.d. has recognized and established specialist skills acceptable to the College, with review based on the skills of the applicant. Minimum requirements to meet these criteria are:

- 2.14.4.d.i. hold the qualifications to engage independently in the practice of medicine in a specialty field of practice in a jurisdiction outside Canada in which the applicant trained.
- 2.14.4.d.ii. have satisfactorily completed post-graduate clinical training in the specialty that took place in one or more facilities that provide health care and are recognized by a national post-graduate training authority, was accredited by a national post-graduate training authority and is approved by the Registrar.
- 2.14.4.d.iii. successful completion of an on-going on-site assessment acceptable to the College. This assessment must:
- be done by the Department or Specialty Division of the Rady Faculty of Health Sciences, Max Rady College of Medicine, University of Manitoba or another Canadian University acceptable to the College.
  - include direct observation of the applicant's knowledge, skills and attitude.
  - for physicians who practise in interventional specialties, include evaluation and clear documentation of procedures performed by the applicant.
- submit at least three letters from assessors attesting in writing to the specialty competence of the applicant. Where possible, one letter must be from the Department Head or Section Head.
- 2.14.4.e. have recognized clinical excellence acceptable to the College. Minimum requirements to meet these criteria are:
- 2.14.4.e.i. Must have been in practice in Canada in the specialty for a minimum of two years.
- 2.14.4.e.ii. must provide at least three letters of support, one of which must be from a peer who has direct knowledge of and who has worked with the applicant and who can attest to the applicant functioning as a specialist. Where possible, one letter of support must come from a supervisor.
- 2.14.4.f. Successful completion of the Manitoba Practice Assessment Program.

## 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;
- Cardiology;
- Community Medicine;
- Diagnostic Radiology;
- General Surgery;
- Gastroenterology;
- Infectious Diseases;
- Internal Medicine;
- Medical Oncology;
- Molecular Genetic Pathology;
- Neonatal Perinatal Medicine;
- Nephrology;
- Neurology;
- Obstetrics and Gynecology;
- Ophthalmology;
- Orthopedic Surgery;
- Otolaryngology;
- Pediatric Hematology/Oncology;
- Pediatric Orthopaedic Surgery;
- Paediatric Surgery;
- Pediatrics;
- Psychiatry;
- Radiation Oncology;
- Respiriology;
- Urology.

### 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 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. In addition to the physician assistant training programs identified in CPSM General Regulation clauses 3.61 (b)(i) and (ii), the following are approved physician assistant training programs for the purposes of clause 3.61(b)(iii):

- 2.19.1. Canadian Military
- 2.19.2. University of Toronto
- 2.19.3. McMaster University

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

2.20. For the purposes of registration as a Physician Assistant Educational (External or visiting student) class an applicant must establish he or she is a graduate or undergraduate or post-graduate of:

- 2.20.1. the Physician Assistant Education Program at the Manitoba faculty;
- 2.20.2. a physician assistant training program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) in the United States;
- 2.20.3. another approved physician assistant training program set out in 2.19 above.

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

2.21. A regulated member who meets the following criteria may be a supervisor of a clinical assistant or physician assistant:

- 2.21.1 holds a current certificate of practice; and
- 2.21.2 whose scope of practice is approved by the Registrar as being substantially similar to the scope of practice of the clinical assistant or physician assistant being supervised.



### Certificate of Professional Conduct

- 2.22. The College form of Certificate of Professional Conduct used for members and former members 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 member or former member and payment of the fee for issuance of a certificate, the Registrar shall issue a certificate of professional conduct concerning the member.

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

<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.

<sup>7</sup> CPSM began collecting information about medical malpractice court judgments issued against the member by a court in Canada within the previous 10 years on July 4, 2005. On July 15, 2015, CPSM began collecting information about members' professional litigation history including pending civil actions and settlements of civil action. The member'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 member's medical practice and/or any admission of liability in relation to a member's medical care.