

# Annual Report



**2010**

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

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## CPSM Officials & Agents

### Council

Position	Representative
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President	Dr. K. Saunders
Past President	Dr. B. MacKalski
President-Elect	Dr. R. Suss
Finance/Treasurer	Dr. R. Suss
Investigation Committee Chair	Dr. M. Burnett
<b>Public Representatives</b>	
Ministerial Appointment (Council)	Ms L. Read
Ministerial Appointment (Council)	Ms S. Hrynyk
Ministerial Appointment (Complaints Committee)	Mr. M. Marnock
Ministerial Appointment (Complaints Committee)	Ms S. Neel
Elected by Council	Mr. R. Toews
Elected by Council	Mr. W. Shead
Elected by Council (Complaints Committee)	Ms P. Grant

### Employees

Position	Employee
----------	----------

Registrar/CEO	Dr. W. Pope
Deputy Registrar (Standards)	Dr. T. Babick
Assistant Registrar (Qualifications)	Dr. A. Ziomek
Assistant Registrar/General Legal Counsel (Complaints/Investigations)	Ms D. Kelly

### External Advisors to the Council

Position	Name/Company
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Solicitor	Mr. Blair Graham, Q.C.
Accountant	BDO Dunwoody LLP

## Description and Structure of the College

The College of Physicians and Surgeons of Manitoba is the regulatory authority for medicine in the Province of Manitoba. It is governed by Council, consisting of physicians elected by jurisdictions in the province, a clinical assistant representative, two representatives from the University of Manitoba Faculty of Medicine, and four public representatives, two appointed by the Government of Manitoba and two elected by the Council.

The Council's global governance commitment states that "the purpose of the Council on behalf of the people of Manitoba is to ensure that the College of Physicians and Surgeons of Manitoba determines and achieves appropriate ends in a prudent and ethical manner". Council has established a policy which states that the Council will govern with an emphasis on strategic leadership, including commitment to obtaining public and membership input, encouragement, delivery and viewpoints, and a clear distinction of Council and staff roles.

The Council has directed that a policy governance model be followed in Manitoba. Council policy states that the "moral owners" of the College of Physicians and Surgeons of Manitoba are defined as the people of Manitoba. The Council shall be accountable for the organization to its owners as a whole. The Council shall act on behalf of the owners as a whole, rather than being advocates for specific geographic areas or interest groups. The Council exercises the authority granted by legislation to self-govern the medical profession in the best interests of the public. The Council recognizes that in order to exercise this authority on behalf of the profession, it must retain a special relationship with members.

The Council has the following legislated committees:

1. **Executive Committee:** This committee acts in accordance with the authority granted in Section 35 of *The Medical Act* and in particular makes decisions on matters delegated to Executive Committee in the By-Laws of the College.
2. **Standards Committee:** This committee is responsible for the supervision of the practice of medicine by members of the College.

## Description and Structure of the College (cont'd)

3. **Program Review Committee:** This committee may investigate and inspect on behalf of the Council all diagnostic and treatment facilities in which services are performed by members in Manitoba other than those which are under the jurisdiction of provincial or municipal governments and those facilities that are appointed hospitals under *The Manitoba Hospitals Act*.
4. **Complaints Committee:** This committee is responsible for reviewing complaints or other matters referred to it and shall attempt to resolve the complaint informally if the committee considers informal resolution to be appropriate. On resolving a complaint or other matter, the Complaints Committee may provide advice to the member about the practice of medicine. Where a matter is not suitable for informal resolution, the Complaints Committee refers it to the Investigation Committee for further review.
5. **Investigation Committee:** This committee, when it receives a referral from the Complaints Committee, the Registrar or the Executive Committee, or an appeal by a complainant from a decision of the Complaints Committee, may direct that an investigation of the matter referred be held and appoint a person to conduct the investigation. After a review or an investigation, the Investigation Committee may do one or more of the following:
  - (a) direct that the matter be referred, in whole or in part, to the Inquiry Committee;
  - (b) direct that no further action be taken;
  - (c) censure the member if:
    - (i) a member of the committee has met with the member and the member has agreed to accept the censure, and;
    - (ii) the committee has determined that no action is to be taken against the member other than the censure;
  - (d) enter into an agreement with the member or accept an undertaking from the member that provides for one or more of the following:

## Description and Structure of the College Cont'd

- (i) assessing the member's capacity or fitness to practice medicine;
  - (ii) counselling or treatment of the member;
  - (iii) monitoring or supervision of the member's practice of medicine;
  - (iv) the member's completion of a specified course of studies by way of remedial training;
  - (v) placing restrictions or conditions on the member's licence;
  - (e) accepting the voluntary surrender of the member's licence;
  - (f) taking any other action that it considers appropriate in the circumstances and that is not inconsistent with or contrary to this Act or the by-laws.
6. **Inquiry Committee:** This committee consists of a Councillor, who is the Chair, and other members of the College, former members of the College, public representatives or other persons appointed from time to time. One-third of the persons appointed to the Inquiry Committee must be public representatives. On referral of a matter to the Inquiry Committee, the Chair selects a panel from among the members of the Inquiry Committee to hold a hearing. The panel should be composed of at least three members, at least one of which is a public representative.
7. **Appeal Committee:** This committee has the authority to hear and determine appeals from decisions of the Investigation Committee in accordance with *The Medical Act*. It may make any decision that in its opinion ought to have been made by the Investigation Committee, and may quash, vary or confirm the decision of the Investigation Committee or it may refer the matter back to the Investigation Committee for further consideration in accordance with any direction that the Appeal Committee may make. The President of Council selects individuals from Council for each individual appeal. Each Appeal Committee consists of three members, one of whom is a public representative.

## Description and Structure of the College (cont'd)

### **Other Committees of the Council:**

#### **Audit Committee:**

The Audit Committee provides an opinion for the Council, based on evidence required of the external auditor, as to whether the independent audit of the organization was performed in an appropriate manner. It provides an opinion to Council semiannually as to Registrar compliance with criteria specified in executive limitations policies on finance. It provides a self-monitoring report on the appropriateness of the Council's own spending, based on criteria in the Council governance process policy on Council expenses, including periodic random audit of the Council members' expenses. It provides an annual report to Council highlighting the committee's review of the audited financial statements and any other significant information arising from discussions with the external auditor.

#### **Nominating Committee:**

This committee provides a slate of two nominees for the post of President-Elect by no later than March 31 in each year. It also provides, at least fourteen days before the Annual Meeting of the Council, a list of nominees for officers of the College, members of Council committees, chairs of Council committees, and the Councillor appointed as the Investigation Chair.

#### **Auditor Committee:**

This committee advises the College on best practices for conducting office audits. At the request of any College committee or subcommittee, it will conduct audits of physician records in compliance with standard audit processes, for the purpose of assessing the quality of medical practice or assessing other issues as identified in the request for audit, and to report in writing the findings, recommendations and opinions of the auditors to the committee or subcommittee that requested the audit.

# Officers of the College 2009-2010

President	President-Elect	Past President	Treasurer	Registrar
K. Saunders	R. Suss	B. MacKalski	R. Suss	W. Pope

## EXECUTIVE COMMITTEE

K. Saunders, Chair, President,  
 B. MacKalski, Past President  
 R. Lotocki, Chair, Program Review  
 E. Persson, Chair, Complaints  
 D. Sandham, Dean, U of M (Faculty Councillor)  
 R. Suss, Chair, Standards and Audit (Treasurer)  
 B. Kowaluk, Member-at-Large  
 R. Toews (Public Councillor – elected)  
*Ex Officio 2*

## COMPLAINTS COMMITTEE

### **E. Persson, Chair**

H. Domke  
 B. Kvern  
 H. Unruh  
 P. Grant (Public Rep – CPSM)  
 J. Marnock (Public Rep – Gov't Appt)  
 S. Neel (Public Rep – Gov't Appt)

## AUDIT COMMITTEE

### **R. Suss, Chair**

B. MacKalski  
 D. Sandham  
 B. Kowaluk  
*Ex Officio 1*

## INVESTIGATION COMMITTEE

### **M. Burnett, Chair**

A. MacDiarmid  
 S. Hrynyk (Public Councillor – Govt. Appt.)

### **Ex Officio:**

#1 *President, President-Elect*  
 #2 *Registrar (non-voting)*

## PROGRAM REVIEW COMMITTEE

### **R. Lotocki, Chair**

D. Lindsay (Radiologist)  
 L. Read (Public Councillor – Govt. Appt.)  
 J. Naidoo (Lab Medicine Physician)  
 I. Wilkinson (Manitoba Health)  
*Ex Officio 1,2*

## STANDARDS COMMITTEE

### **R. Suss, Chair**

M. Hochman (Clinical Assistant Register)  
 N. Carpenter  
 D. O'Hagan  
 R. Onotera  
 H. Tassi  
 W. Shead (Public Councillor - elected)  
 W. Fleisher (Designate of Assoc. Dean, CME)  
 D. Wilson Maté (CRNM)  
*Ex Officio 1, 2*

## INQUIRY COMMITTEE

### **D. Chapman, Chair**

## AUDITOR COMMITTEE

### **C. Scurfield, Chair**

## NOMINATING COMMITTEE

The Committee shall consist of the President, President-Elect and Past President (even if the Past President is no longer on Council) until the election of the new President-Elect, who shall then replace the Past President.



## Inquiry Committee (Panel Members) 2009-2010

**Chair: Dr. S.D. Chapman**

**Physician members:**

Dr. L. Antonissen	Dr. J.K. McKenzie
Dr. N. Anthonisen	Dr. A. Mehta
Dr. A. Arneja	Dr. A. Naimark
Dr. J. Barwinsky	Dr. F.D. Pauls
Dr. D. Biehl	Dr. T.D. Redekop
Dr. G. Bristow	Dr. L. Rubin
Dr. D. Brodovsky	Dr. R. Sangster
Dr. L. Derzko	Dr. M. Seshia
Dr. N. Marglois	Dr. V. St. John
Dr. C. Martens-Barnes	Dr. A. Vajcner
Dr. N. Margolis	Dr. C.P.W. Warren
Dr. D. Martens-Barnes	

**Public members:**

Ms Penny Bowles	Dr. John McCoshen (PhD)
Ms Eleanor Chornoboy	Dr. J. Miles (Ph.D.)
Ms Myra Danielson	Ms Pat Murphy
Mr. Bill Dowling	Ms Annette Osted
Mr. Herald Driedger	Ms Barbara Payne
Mr. Kelvin Dyck	Mr. Wayne Rankin
Mr. Earl Gardiner	Mr. Melvin Reimer
Ms Liz Lobban	Ms Joan Skeene
Ms Gloria Matthes	Ms Estelle Sures

## Potential Auditors (2009-2010)

Last Name	First Name	Specialty	City
Antonissen	Lou	Family Practice	Portage la Prairie
Babaian	Karen	Quality Officer	Winnipeg
Bedder	Phyllis	Family Practice	Winnipeg
Biehl	Diane	Anaesthesia	Winnipeg
Blakley	Brian	Otolaryngology	Winnipeg
Blouw	Richard	Family Practice	Winnipeg
Booy	Harold	Family Practice	Winkler
Bourque	Christopher	Neurology	Winnipeg
Boyd	April J.	Vascular Surgery	Winnipeg
Breneman	Christopher	Family Practice	Hamiota
Bretecher	Gilbert	Family Practice	Dauphin
Brown	Robert	Anaesthesia	Winnipeg
Bueddefeld	Dieter	Family Practice	Altona
Carson	James	Pediatrics	Winnipeg
Chapman	David	General Surgery	Neepawa
Collister	Carl	Obstetrics/Gynaecology	Winnipeg
Cram	David	Family Practice	Souris
Dale	Catherine	Dentistry	Winnipeg
Danzinger	Rudolph	Retired	Winnipeg
De Moissac	Paul	Family Practice	Ste. Anne
Dittberner	Klaus	Family Practice	Winnipeg
Doermer	Erroll	Family Practice	Winnipeg
Drachenberg	Darrell	Urology	Winnipeg
Dupont	Jacqueline	Nuclear Medicine	Winnipeg
Dyck	Michael	Psychiatry	Winkler
Edye	Frances	Psychiatry	Winnipeg
Elliott	Jacobi	Family Practice	Grandview
Erhard	Philippe	Family Practice	Winnipeg
Escott	Nicholas G.	Pathology	Thunder Bay
Esmail	Amirali	Anaesthesia	Winnipeg
Fisher	Morag	Family Practice	Winnipeg

## Potential Auditors Cont'd

Last Name	First Name	Specialty	City
Rice	Patrick	Family Practice	Portage la Prairie
Ritchie	Brian Albert	Family Practice	Winnipeg
Robertson	G. Andrew	Plastics	Winnipeg
Ross	Lonny L	Plastics	Winnipeg
Ross	James	General Surgery	Portage la Prairie
Roy	Mili	Ophthalmology	Winnipeg
Rubinger	Morel	Internal Medicine	Winnipeg
Rusen	David	Dentistry	Winnipeg
Sangster	Robert	Family Practice	Winnipeg
Saranchuk	Jeff	Urology	Winnipeg
Schmidt	Daphne	Family Practice	Beausejour
Schneider	Carol	Obstetrics/Gynaecology	Winnipeg
Scurfield	Carol	Family Practice	Winnipeg
Seager	Mary-Jane	Obstetrics/Gynaecology	Winnipeg
Sethi	Kris	Family Practice	Flin Flon
Smith	Hugh	InternalMedicine/Cardiology	Winnipeg
Smith	Roy	Family Practice	Winnipeg
St. John	Valerie	Family Practice	Minnedosa
Stearns	Eric	Obstetrics/Gynaecology	Winnipeg
Stoffman	Jayson	Paediatrics/Hematology	Winnipeg
Sutherland	Eric	Anaesthesia/Pain Control	Winnipeg
Sutton	Ian	Anaesthesia/Pain Control	Winnipeg
Szwajcer	David	Internal Medicine / Hematology	Winnipeg
Tenenbein	Milton	Pediatrics	Winnipeg
Thiessen	Myron	Family Practice	Steinbach
Thompson	Genevieve	Infection Control RN	Winnipeg
Tresoor	Tracy	Family Practice	Roblin
Turgeon	Thomas	Orthopedic Surgery	Winnipeg
Van Dyk	Werner	Family Practice	Winnipeg
Walton	Paul	Dentistry	Winnipeg
Warmer	Ms Ilana	Infection Control Practitioner	Winnipeg

## Potential Auditors Cont'd

Last Name	First Name	Specialty	City
Fishman	Larry	Otolaryngology	Winnipeg
Fitzgerald	Michael	Family Practice	Virden
Forsyth	Mr. Ross	Assistant Registrar, MPhA	Winnipeg
Fortier	Denis	Family Practice	Notre Dame
Fuchs	Graham	Family Practice	Selkirk
Galbraith	Paul	Int Med/ Hem/ Hem Path	Winnipeg
Galessiere	Paul	General Surgery	Steinbach
Gard	Sherry	Anaesthesia	Winnipeg
Gartner	John	Anatomical Pathology	Winnipeg
Globerman	Daniel	Psychiatry	Winnipeg
Goossen	Marvin	General Surgery	Brandon
Grabowski	Janet	Pediatrics	Winnipeg
Graham	Kerr	Family Practice	Stonewall
Gray	Michael	Family Practice	Portage la Prairie
Guzman	Randy	Vascular Surgery	Winnipeg
Harris	Pat	Oncology	Winnipeg
Hawaleshka	Adrian	Anaesthesia	Winnipeg
Helewa	Adrian	Obstetrics/Gynaecology	Winnipeg
Hesom	Margaret	Family Practice	Winkler
Holmes	Carol	Family Practice	Morden
Holota	Krystina	Infection Control RN	Winnipeg
Jansen van Rensburg	Nicholas	Family Practice	Beausejour
Juce	Karen	Family Practice	Hamiota
Kaethler	Wilfried	Family Practice	Steinbach
Karvelas	John	Urology	Winnipeg
Kellen	Rodney	Ophthalmology	Winnipeg
Kinnear	David	Family Practice	Portage la Prairie
Klassen	Donald	Family Practice	Winkler
Kliewer	Kenneth	Family Practice	Altona
Koltek	Mark M.	Psychiatry	Winnipeg
Koodoo	Stanley	Psychiatry	Winnipeg

## Potential Auditors Cont'd

Last Name	First Name	Specialty	City
Korenblum	Marshall	Psychiatry	Toronto
Krepart	Garry	Obstetrics/Gynaecology	Winnipeg
Kristjanson	David	Family Practice	Hamiota
Kulbisky	Gordon	Diagnostic Radiology	Winnipeg
Lane	Debra	Hematological Pathology	Winnipeg
Lane	Eric	Family Practice	Winkler
Lemoine	Gabriel	Family Practice	Ste. Anne
Lindenschmidt	Richard	Family Practice	Selkirk
Lotocki	Robert	Obstetrics/Gynaecology	Winnipeg
Lucy	Simon	Anaesthesia	Winnipeg
Manishen	Wayne	Internal Medicine	Winnipeg
Matter	Michele	Family Practice	Selkirk
Matthews	Maureen	Infection Control RN	Winnipeg
McConnell	Maureen	Family Practice	Winnipeg
Menticoglou	Savas	Obstetrics/Gynaecology	Winnipeg
Menzies	Robert	Family Practice	Morden
Minish	Kimberley	Family Practice	Winnipeg
Munsamy	Gonasagran K.	Family Practice	Winnipeg
Naidoo	Jenisa	Chemical Pathology	Winnipeg
O'Hagan	David	Family Practice	Ste. Rose
Ong	George	Family Practice	Neepawa
Onotera	Rodney	General Surgery	Winnipeg
Padua	Raymond	Family Practice	Winnipeg
Peabody	Deborah	Pediatrics	Portage la Prairie
Penrose	Michael	Family Practice	Dauphin
Persson	Enok D.	Family Practice	Morden
Phillips	Susan	Anatomical Pathology	Winnipeg
Price	James	Family Practice	Portage la Prairie
Quesada	Ricardo	Family Practice	Portage la Prairie
Ranson	Allan	Family Practice	Hamiota
Reid	Gregory	Obstetrics/Gynaecology	Winnipeg

## Potential Auditors Cont'd

Last Name	First Name	Specialty	City
Wiens	Anthony	Family Practice	Dauphin
Wiens	Harold	Obstetrics/Gynaecology	Winnipeg
Wiens	James	Ophthalmology	Winnipeg
Willemse	Pieter	General Surgery	Dauphin
Woelk	Cornelius	Family Practice	Winkler
Wong	Simon	Urology	Winnipeg
Zabolotny	Brent	General Surgery	Winnipeg
Zacharias	James	Nephrology	Winnipeg
Ziesmann	Manfred	Plastics	Winnipeg

## Applications for Registration Received & Their Disposition

Number of applications received : 571

Number registered: 424

(110 Manitoba Medical Students class of 2013; 144 Educational Register; 165 MB Medical Register (of which 40 were conditional, 2 were temporary); 2 Clinical Assistant Register; 3 Physician Assistant Register)

Did not meet the requirements: 29

Did meet the requirements, not yet registered: 53

Unknown at time of report whether or not met the requirements: 61

Withdrawn Application: 4

## Complaints Committee Report

The Complaints Committee Panels met 10 times over the period May 1, 2009 to April 30, 2010. A total of 207 new formal complaints were reviewed from the following sources:

Patient/legal representative	188
Registrar (College) - includes those reference directly to IC	11
Other	8

Complaints Committee closed 224 cases during the period May 1, 2009 to April 30, 2010 with the following dispositions:

Comments/No Further Action	145
Resolved by Correspondence by Medical Consultant	37
Complaint Referred to Investigation Committee (includes Registrar referrals to IC)	22
Advice/Criticism	18
Alternate Dispute Resolution	0
Withdrawn cases	2

As in previous years, communication was a contributing factor in a significant number of complaints received. The Complaints Committee classified the closed complaints as follows (excluding the 2 cases withdrawn) [Some cases have more than one classification].

Breach of Trust/Behaviour	0
Breach of Trust/Sexual Impropriety	1
Communication	121
Diagnosis/Treatment	109
Fitness to Practice	0
Use of Resources	1
Systemic Issues	0

Of the 207 new complaints received during the period May 1, 2009 to April 30, 2010, the following list shows the number of complaints by geographical location of the physician:

Urban General Practitioner (Winnipeg/Brandon)	96 (46.4%)
Urban Non-Specialist	2 (1%)
Rural Non-Specialist	1 (.5%)
Urban - Specialist (Winnipeg/Brandon)	71 (34.3%)
Rural Specialist	4 (2%)
Rural General Practitioner	29 (14%)
Residents	4 (2%)



# Investigation Committee Report

The Investigation Committee met 6 times over the period May 1, 2009 to April 30, 2010, and received a total of 83 new cases during that period, from the following sources:

Complaints Committee	25 (30%)
Registrar	19 (23%)
Appeals of Complaints Committee Decision	39 (47%)

The Investigation Committee closed 81 cases during the period May 1, 2009 to April 30, 2010 with the following dispositions.

<b>1. Closed - No Formal Action:</b>		
• with Letter of Criticism/Advice		26 (31.3%)
• no further action and/or concur with Complaints Committee		37 (44.5%)
<b>2. Undertakings</b>		15 (18%)
Self-Directed Learning	10	
Practice Limitations	1	
Body fluid monitoring	3	
Other	1	
<b>3. Censure</b>		0
<b>4. Referred to Standards</b>		1 (1.2%)
<b>5. Referred to Inquiry</b>		2 (2.41%)
<b>6. Withdrawn</b>		2 (2.41%)

## Inquiry Committee Report

There were 3 Inquiry Panel meetings held during the period May 1, 2009 to April 30, 2010.

- |  |   |
|--|---|
| 1. Suspension of 3 month duration      | 1 |
| 2. Erasure                             | 1 |
| 3. Pending (to be concluded June 2010) | 1 |

## Appeal Committee Report

- There were 16 appeals of Investigation Committee decisions to Appeal Committee.
- Appeal Committee confirmed the Investigation Committee decision in fourteen of the sixteen cases.
- The two remaining complaints were referred back to the Investigative Committee.

## Measuring the Competency of Members

The College of Physicians and Surgeons of Manitoba utilizes a number of tools to review members' continuing competency. The most important of these is chart audits. Chart audits arrive from a number of avenues:

- As part of the Qualifications process, new physicians on the conditional register undergo a chart audit at approximately 6 months of practice.
- The Standards Committee may direct an audit because the committee is reviewing a physician.
- The Investigation Committee may order a chart audit as part of its review of a physician.
- Referral to Standards may come from the Investigation Committee, the Registrar, or the Executive Committee/Council.
- Physicians over the age of 75 years have routine chart audits every 5 years.
- When the College performs a rural hospital survey, all rural physicians who admit to that hospital have a chart audit.
- Chart audits are a significant component of accreditation surveys for non-hospital medical/surgical facilities which occur when the facilities open and every 5 years thereafter.
- The Child Health Standards Committee reviews the deaths of all patients between the ages of 3 months and 18 years.\*

\*The Government of Manitoba provides funding for the operation of the subcommittee on Child Health standards. Its purpose is to maintain and improve the quality of medical practice as related to child health through peer review and analysis; through education rather than discipline. It functions as a public advocate when needed.

The Government of Manitoba provides funding for the operation of the subcommittee on Maternal and Perinatal Health standards. Its purpose is to maintain and improve the quality of medical practice as related to maternal and perinatal health through peer review and analysis; through education rather than discipline. It also functions as a public advocate when appropriate.

Education and peer review are the two key components that assist continuing physician competence. In addition to the above educational audits, there are several other processes which act to update physician quality of care.

## Measuring the Competency of Members Cont'd

The College newsletter outlines important new issues, especially related to the ethical practice of medicine.

- All physicians participate in some form of Continuing Medical Education. When they renew their licence on a yearly basis, they must declare if they have completed 100 hours of Continuing Medical Education every 2 years. As noted in the Registrar's Qualifications report, 85.7% of all Manitoba physicians report that they have completed this recommendation. Moreover, all specialists certified by the Royal College of Physicians and Surgeons of Canada and all family physicians who are members of the College of Family Physicians of Canada must participate in a maintenance of competence 5 year cycle program in order to retain their designation of fellowship with the Royal College of Physicians and Surgeons of Canada or certification with the College of Family Physicians of Canada.
- The Registrars provide many hours of educational sessions each year to the Faculty of Medicine at the University of Manitoba related to professional and ethical issues.
- Issues related to prescribing are reviewed with individual physicians. These may arise from complaints, Standards matters, calls to the Registrar from the Manitoba Pharmaceutical Association or comments from other physicians.
- Each hospital or Regional Health Authority has a Clinical Privileges Panel which reviews physicians' competencies in hospitals over the course of the year. When concerns are raised, they may refer these physicians to the College for further consideration.
- Physician members are legally and ethically required to report colleagues who may be at risk to the public to the Registrar. These individuals are then reviewed and appropriate educational action is taken.

## Physician Resource Statistics

### A) MEETINGS

During the period 1 May 2009 to 30 April 2010, the following meetings were held -

- 4 Council: 10 June, 14 September, 14 December 2008; 12 March 2010
- 2 Executive Committee: 14 May, 14 December 2009
- 4 Appeal Committee: 5 August, 14 December 2009; 3 February, 12 March 2010
- 10 Complaints Committee: 19 May, 21 July, 4 August, 8 September, 20 October, 24 November 2009; 19 January, 9 February, 16 March, 27 April 2010
- 2 Audit Committee: 1 June, 27 November 2009
- 0 Inquiry Committee
- 3 Inquiry Panel: 15 July 2009; 25 February, 19 March 2010
- 6 Investigation Committee: 6 May, 22 July, 23 September, 25 November 2009; 19 January, 26 March 2010
- 0 Liaison Committee with M.M.A
- 4 Program Review Committee: 8 June, 31 August, 16 November 2009; 12 April 2010
- 5 Standards Committee: 5 June, 9 September, 27 November 2009; 12 February, 16 April 2010  
In addition: 6 meetings of Child Health Standards Committee  
4 meeting of Maternal & Perinatal Health Standards Committee  
11 meetings of Area Standards Committees
- 40 meetings
- 21 meetings of subcommittees, and
- 1 non-hospital review

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## Physician Resource Statistics Cont'd

### (B) CERTIFICATES OF REGISTRATION ISSUED

During the period 1 May 2009 to 30 April 2010, 153 persons were issued registration and a full licence to practise. In total there were 169 certificates of which 15 were for a residency licence. One physician did not practise here.

TABLE I

#### MEDICAL PRACTITIONERS GRANTED REGISTRATION AND FULL LICENCE ANNUALLY IN MANITOBA 2001 - 2010 with Country of Qualification

Year	Man	Can	USA	UK&I	Eur	Asia	Aust	NZ	Afr C/S	Am	Total
2001	16	19	3	1	1	9	1	0	48	0	98
2002	33	25	1	3	2	13	1	0	61	0	139
2003	30	35	0	1	8	12	0	1	45	4	136
2004	28	19	1	2	9	20	0	0	38	4	121
2005	36	33	2	3	6	23	0	0	22	4	129
2006	30	43	0	3	8	40	0	0	26	2	152
2007	41	31	0	8	4	40	1	0	29	3	157
2008	45	48	2	7	8	40	0	0	25	6	181
2009	49	26	2	5	2	28	1	0	20	2	135
2010	33	30	1	7	10	46	1	0	22	3	153
Total (10 Yr)	341	309	12	40	58	271	5	1	336	28	1401
New Practitioners % of Total											
2010	21.6	19.6	0.6	4.6	6.5	30.1	0.6	0.0	14.4	1.9	100%

Percentages may not be exact due to rounding

### (C) NUMBER OF LICENSED PRACTITIONERS IN MANITOBA AS AT 30 APRIL 2010

TABLE II

#### NUMBER OF LICENSED MEDICAL PRACTITIONERS IN MANITOBA 2001-2010

Year	Winnipeg	%	Outside Winnipeg	%	Totals	Net Gain Net Loss(-)
2001	1560	75.2	514	24.8	2074	16
2002	1592	75.0	530	25.0	2122	48
2003	1618	75.2	534	24.8	2152	30
2004	1626	74.7	550	25.3	2176	24
2005	1640	75.0	546	25.0	2186	10
2006	1663	75.0	555	25.0	2218	32
2007	1688	74.3	584	25.7	2272	54
2008	1722	74.1	603	25.9	2325	53
2009	1788	75.1	594	24.9	2382	57
2010	1833	75.1	609	24.9	2442	60

The total of 2442 includes 56 fully licensed residents. There are no data on how many actually "moonlight", or to what extent.

## Physician Resource Statistics Cont'd

The following table shows the possible influence of this resident population on the number in active practice.  
(Full Licence: FL; Resident Licence: RL)

	<i>FL</i>	<i>Subtotal</i>	<i>RL</i>	<i>Total</i>
2005	2145 41	2186	21	2207
2006	2185 33	2218	24	2242
2007	2237 35	2272	24	2296
2008	2289 36	2325	22	2346
2009	2345 37	2382	22	2404
2010	2386 56	2442	19	2461

### (D) EDUCATIONAL REGISTER

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

	2010	%
Medical Students	428	
Physician Assistant Students	23	
Postgraduate trainees	429	
Total on Educational Register	880	92.1
On Resident Licence	19	2.0
Full Licence	56	5.9
TOTAL	955	100.0

### (E) DISTRIBUTION OF PRACTITIONERS

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

TABLE III

#### DISTRIBUTION OF MEDICAL PRACTITIONERS BY COUNTRY OF QUALIFICATION as at 30 April 2010 (as a percentage)

	Winnipeg	Brandon	Rural	Resident
	1833	123	486	19
%				
Man	56.7	26.0	30.1	26.3
Can	16.4	13.0	6.6	36.8
Total Canada	73.1	39.0	36.7	63.1
USA	0.8	0.0	0.2	0.0
UK & Irel	5.3	8.1	6.6	15.8
Eur	4.5	1.6	2.9	0.0
Asia	11.8	38.2	33.6	5.3
Aust/NZ	0.3	0.0	0.6	0.0
Afr	2.6	8.1	17.9	15.8
S.Am	1.5	4.9	1.4	0.0

Percentages may not be exact due to rounding.

## Physician Resource Statistics Cont'd

**TABLE IV**

**PERCENTAGE OF MEDICAL PRACTITIONERS IN MANITOBA  
AS TO COUNTRY OF QUALIFICATION**

	<b>2010</b>
Manitoba Graduates	49.9
Other Canadian Graduates	14.3
<b>TOTAL CANADA</b>	<b>64.2</b>
United Kingdom & Ireland	5.7
Asia	17.4
Other	12.7

**TABLE V**

**GEOGRAPHIC DISTRIBUTION OF FEMALE PRACTITIONERS**

	<b>Winnipeg</b>	<b>Brandon</b>	<b>Rural</b>	<b>Total</b>	<b>Resident Licence</b>
1982	213	8	44	265	51
2010	609	34	135	778	9

**TABLE VI**

**AGES OF DOCTORS RESIDING IN MANITOBA AS AT 30 APRIL 2010**

	<b>Winnipeg</b>	<b>Brandon</b>	<b>Rural</b>	<b>Total</b>
Over 70	117 (6.4)	12 (9.8)	23 (4.7)	152 (6.2)
65 -70	112 (6.1)	8 (6.5)	27 (5.6)	147 (6.0)
56 - 64	385 (21.0)	23 (18.7)	77 (15.8)	485 (19.9)
46 - 55	543 (29.6)	42 (34.1)	146 (30.0)	731 (29.9)
36 - 45	506 (27.6)	30 (24.4)	173 (35.6)	709 (29.0)
31 - 35	151 (8.2)	7 (5.7)	36 (7.4)	194 (7.9)
30 or under	19 (1.0)	1 (0.8)	4 (0.8)	24 (1.0)

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



# Physician Resource Statistics Cont'd

## (F) MANPOWER CHANGES from 1 May 2009 to 30 April 2010

TABLE VII

### ADDITIONS AND DELETIONS

Additions and deletions to the roll of physicians currently resident in Manitoba and licensed to practise: 1 May 2009 to 30 April 2010. **Note: Due to a transition to a new database, the data from 2009 is not available, and the figures for the net gain in table II do not coincide.**

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

ADDITIONS 2010	AGE	DELETIONS 2010
16	30 or under	6
80	31 - 35	55
133	36 - 45	96
67	46 - 55	54
12	56 - 64	18
4	65 - 70	4
14	over 70	24
<b>326</b>		<b>257</b>

### YEARS SINCE QUALIFICATION

44	5 or less	19
86	6 - 10	57
167	11 - 30	136
29	over 30	45
<b>326</b>		<b>257</b>

### YEARS SINCE REGISTERED IN MANITOBA

N/A	5 or less	142
	6 - 10	49
	11 - 30	52
	over 30	14
		<b>257</b>

### PLACE OF QUALIFICATION

94	Manitoba	76
52	Canada	45
3	USA	2
22	UK & Ireland	24
15	Europe	3
95	Asia	72
2	Australia	3
39	Africa	28
4	C/S America	4
<b>326</b>		<b>257</b>

## Physician Resource Statistics Cont'd

### (G) SPECIALIST REGISTER

There were 1184 specialists enrolled on the Specialist Register as at 30 April 2010.

### (H) CERTIFICATES OF PROFESSIONAL CONDUCT (COPC)

During the period 1 May 2009 to 30 April 2010, 504 COPCs were issued. These are usually required for the purposes of obtaining registration in another jurisdiction. The following table indicates the purposes for which the certificates were issued and a comparison with 2009.

Provincial Licensing Bodies:	2010	2009
British Columbia	98	64
Alberta	65	47
Saskatchewan	8	11
Ontario	102	70
Quebec	5	4
Prince Edward Island	2	0
New Brunswick	8	3
Nova Scotia	8	8
Newfoundland/Labrador	10	6
Northwest Territories/Nunavut	14	6
Yukon	1	1
Australia & New Zealand	3	5
Overseas 8	6	
U.S.A.	38	45
Miscellaneous	7	7
WRHA	65	47
Brandon RHA	4	0
CFPC	65	90
<b>TOTALS</b>	<b>504</b>	<b>420</b>

## By-Law Changes May 1, 2009—April 30, 2010

### June 2009

Bylaw # 1—Article Definitions

Bylaw # 1—Article 4 Elections

Bylaw # 1—Article 15—Requirements for Licensure

Bylaw # 1—Article 16—Renewal of Licensure

Bylaw # 1—Article 19—Fees

Bylaw #1— Schedule E (fees)

Bylaw #6 - Repeal and replace Bylaw amendments to accommodate new educational register, physician assistants and clinical assistants register.