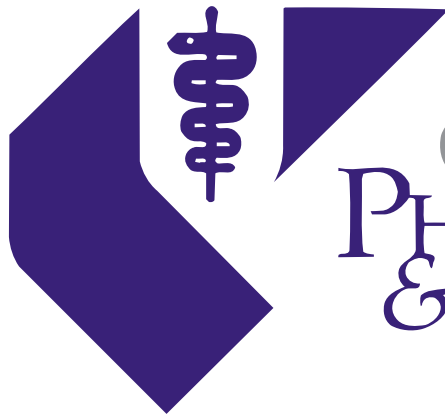


Annual Report



THE
COLLEGE OF
PHYSICIANS
& SURGEONS
OF MANITOBA

2011

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

1000-1661 PORTAGE AVENUE

WINNIPEG, MB R3J 3T7

TELEPHONE: (204) 774-4344 FAX: (204) 774-0750

E-MAIL: cpsm@cpsm.mb.ca

WEB ADDRESS: WWW.CPSM.MB.CA

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CPSM Officials & Agents

Council

Position	Representative
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President	Dr. Roger Süß
Past President	Dr. K. Saunders
President-Elect	Dr. M. Burnett
Finance/Treasurer	Dr. B. Kowaluk
Investigation Committee Chair	Dr. A. MacDiarmid

Public Representatives

Ministerial Appointment (Council)	Ms L. Read
Ministerial Appointment (Council)	Mr. R. Dewar
Ministerial Appointment (Complaints Committee)	Mr. M. Marnock
Ministerial Appointment (Complaints Committee)	Ms S. Neel
Elected by Council	Mr. R. Toews
Elected by Council	Dr. A. Friesen
Elected by Council (Complaints Committee)	Rev. R. Long

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
----------	--------------

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 to represent jurisdictions in the province, a representative from the Associate Member register (clinical assistant, physician assistant or educational register), 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. 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 federal, provincial or municipal governments and those facilities that are appointed hospitals under *The Manitoba Hospitals Act*. Inspection of publicly owned facilities may occur pursuant to agreement with the government.
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 whom 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, 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 the Standards or Investigation Committee or a subcommittee of Standards Committee, 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 2010-2011

President	President-Elect	Past President	Treasurer	Registrar
Dr. R. Süss	Dr. M. Burnett	Dr. K. Saunders	Dr. B. Kowaluk	Dr. W. Pope

EXECUTIVE COMMITTEE

R. Suss, Chair, President
 M. Burnett, President-Elect
 K. Saunders, Past President
 R. Lotocki, Chair, Program Review
 H. Domke, Chair, Complaints
 B. Kowaluk, Chair, Audit (Treasurer)
 R. Onotera, Chair, Standards
 O. Persson, Member-at-Large
 B. Postl, Dean, U of M (Faculty Councillor)
 R. Toews (Public Councillor – elected)
Ex Officio 2

COMPLAINTS COMMITTEE

H. Domke, Chair

B. Kowaluk
 J. Elliott
 A. Vorster
 Rev. R. Long (Public Rep – CPSM)
 J. Marnock (Public Rep – Gov't Appt)
 S. Neel (Public Rep – Gov't Appt)

AUDIT COMMITTEE

B. Kowaluk, Chair

R. Toews
 B. Postl
Ex Officio 1

INVESTIGATION COMMITTEE

A. MacDiarmid, Chair

W. Manishen
 L. Read (Public Councillor – Govt. Appt.)

Ex Officio:

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

PROGRAM REVIEW COMMITTEE

R. Lotocki, Chair

B. Henderson
 D. Lindsay
 B. Kvern
 A. Friesen (Public Councillor – Elected)
 J. Naidoo (Lab Medicine Physician)
 I. Wilkinson (Manitoba Health)
Ex Officio 1,2

STANDARDS COMMITTEE

R. Onotera, Chair

M. Hochman (Associate Member)
 O. Persson
 H. Unruh
 H. Tassi
 N. Carpenter
 B. Kvern
 R. Dewar (Public Councillor – Gov't Appt.)
 I. Ripstein U of M (Faculty Councillor)
 J. François (Designate of Associate Dean, CME)
 D. Wilson Maté (CRNM)
Ex Officio 1, 2

INQUIRY COMMITTEE

K. Saunders, 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) 2010-2011

Chair: Dr. Kevin Saunders

Physician members:

Dr. N. Anthonisen

Dr. A. Arneja

Dr. D. Biehl

Dr. G. Bristow

Dr. D. Brodovsky

Dr. D. Chapman

Dr. L. Derzko

Dr. N. Margolis

Dr. C. Martens-Barnes

Dr. J.K. McKenzie

Dr. A. Naimark

Dr. T.D. Redekop

Dr. L. Rubin

Dr. R. Sangster

Dr. M. Seshia

Dr. V. St.John

Dr. A. Vajcner

Dr. C. P .W. Warren

Public Members:

Ms Penny Bowles

Ms Eleanor Chornoboy

Mr. Bill Dowling

Mr. Herold Driedger

Mr. Earl Gardiner

Ms Liz Lobban

Ms Gloria Mathes

Dr. J. Miles (PhD)

Ms Pat Murphy

Ms Annette Osted

Ms Barbara Payne

Mr. Wayne Rankin

Mr. Melvin Reimer

Ms Joan Skeene

Ms Estelle Sures

Potential Auditors (2010-2011)

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

Potential Auditors Cont'd

Last Name	First Name	Specialty	City
Fisher	Morag	Family Practice	Winnipeg
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

Potential Auditors Cont'd

Last Name	First Name	Specialty	City
Koltek	Mark M.	Psychiatry	Winnipeg
Koodoo	Stanley	Psychiatry	Winnipeg
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

Potential Auditors Cont'd

Last Name	First Name	Specialty	City
Ranson	Allan	Family Practice	Hamiota
Reid	Gregory	Obstetrics/Gynaecology	Winnipeg
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	Internal Medicine/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

Potential Auditors Cont'd

Last Name	First Name	Specialty	City
Walton	Paul	Dentistry	Winnipeg
Warmer	Ms Ilana	Infection Control Practitioner	Winnipeg
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

Meetings Report

(A) MEETINGS

During the period 1 May 2010 to 30 April 2011, the following meetings were held □

- 4 Council: 11 June, 20 September, 17 December 2010; 11 March 2011
- 6 Executive Committee: 23 May, 11 June, 20 September, 4 October, 17 December 2010; 11 March 2011
- 4 Appeal Committee: 17 August, 18 August, 17 December 2010; 18 January 2011
- 8 Complaints Committee: 10 June, 27 July, 14 September, 19 October, 23 November 2010; 11 January, 8 March, 12 April 2011
- 2 Audit Committee: 2 June, 19 November 2010
- 0 Inquiry Committee
- 3 Inquiry Panel: 10 June, 31 August, 21 September 2010
- 6 Investigation Committee: 14 May, 11 June, 8 September, 3 November 2010; 25 January, 16 March 2011
- 0 Liaison Committee with M.M.A
- 5 Program Review Committee: 21 June, 13 September, 22 November 2010; 24 January, 28 March 2011
- 5 Standards Committee: 22 June, 10 September, 19 November 2010; 11 February, 5 April 2011
In addition: 2 meetings of Child Health Standards Committee
1 meeting of Maternal & Perinatal Health Standards Committee
14 meetings of Area Standards Committees

43 meetings

17 meetings of subcommittees, and

2 non-hospital reviews

62

Complaints Committee Report

The Complaints Committee Panels met 8 times over the period May 1, 2010 to April 30, 2011. A total of 208 new formal complaints were reviewed from the following sources:

Patient/legal representative	196
Registrar (College) - includes those reference directly to IC	9
Other	3

Complaints Committee closed 208 cases during the period May 1, 2010 to April 30, 2011 with the following dispositions:

Comments/No Further Action	102
Resolved by Correspondence by Medical Consultant	24
Complaint Referred to Investigation Committee (includes Registrar referrals to IC)	13
Advice/Criticism	50
Alternate Dispute Resolution	0
Withdrawn cases	19

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: [Some cases have more than one classification].

Breach of Trust/Behaviour	4
Breach of Trust/Sexual Impropriety	3
Communication	102
Diagnosis/Treatment	112
Advertising	1
Record Keeping	2

Of the 208 new complaints received during the period May 1, 2010 to April 30, 2011, the following list shows the number of complaints by geographical location of the physician:

Urban General Practitioner (Winnipeg/Brandon)	93 (44%)
Urban Non-Specialist	1 (.5%)
Rural Non-Specialist	5 (2.5%)
Urban - Specialist (Winnipeg/Brandon)	61 (29%)
Rural Specialist	2 (1%)
Rural General Practitioner	41 (20%)
Residents	3 (1.5%)
Physician/Clinical Assistants	2 (1%)

Investigation Committee Report

The Investigation Committee met 6 times over the period May 1, 2010 to April 30, 2011, and received a total of 63 new cases during that period, from the following sources:

Complaints Committee	13 (20.5%)
Registrar	14 (22.5%)
Appeals of Complaints Committee Decision	36 (57%)

The Investigation Committee closed 77 cases during the period May 1, 2010 to April 30, 2011 with the following dispositions: (note: several cases had more than one outcome)

1. Closed - No Formal Action:		
• with Letter of Criticism/Advice		25
• no further action and/or concur with Complaints Committee		38
2. Undertakings		11
Self-Directed Learning	4	
Practice Limitations	4	
Body fluid monitoring	0	
Retire	3	
3. Censure		3
4. Surrender Licence		1
5. Other (terms and conditions if relicensed)		1
6. Withdrawn		5

Inquiry Committee Report

There were 3 Inquiry Panels completed between May 1, 2010 and April 30, 2011.

1. Completed in June 2010: Licensure/Registration Revoked
2. Completed in August 2010: Licensure/Registration Revoked
3. Completed in September 2010: Licensure/Registration Revoked

Appeal Committee Report

- There were 18 appeals of Investigation Committee decisions to Appeal Committee.
- Appeal Committee confirmed the Investigation Committee decision in sixteen of the eighteen cases.
- One referred back to the Investigative Committee.
- One was a varied decision of the Investigation 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 review, 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 Maternal/Perinatal Health Standards Committee reviews many physician charts on a per case basis as they review child mortality and perinatal/morbidity and mortality.**

*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. All specialists must participate in a maintenance of certification 5 year cycle program. All family physicians must participate in the MainPro program of 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.

Applications for Registration Received & Their Disposition

Number of applications received : 581

Number registered: 389

230 on the Educational Register; 138 on the MB Medical Register (of which 38 were conditional);
10 Clinical Assistants, 11 Physician Assistants

Clinical Assistants applied but not registered: 19

Did not meet the requirements: 22

Did meet the requirements, not yet registered: 42

Unknown at time of report whether or not met the requirements: 109

Physician Resource Statistics

(B) CERTIFICATES OF REGISTRATION ISSUED

During the period 1 May 2010 to 30 April 2011, 189 persons were issued registration and a full licence to practise. In total there were 190 certificates issued. One physician did not practise here.

TABLE I **MEDICAL PRACTITIONERS GRANTED REGISTRATION AND FULL LICENCE ANNUALLY IN MANITOBA 2002 - 2011 with Country of Qualification**

Year	Man	Can	USA	UK&I	Eur	Asia	Aust	NZ	Afr C/S	Am	Total
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
2011	56	42	6	5	10	39	2	1	21	7	189
Total (10 Yr)	381	332	15	44	67	301	6	2	309	35	1492
New Practitioners % of Total											
2011	29.6	22.2	3.2	2.7	5.3	20.6	1.0	0.5	11.1	3.7	100%

Percentages may not be exact due to rounding

(C) NUMBER OF LICENSED PRACTITIONERS IN MANITOBA AS AT 30 APRIL 2011

TABLE II **NUMBER OF LICENSED MEDICAL PRACTITIONERS IN MANITOBA 2002-2011**

Year	Winnipeg %	Outside Winnipeg %	Totals	Net Gain Net Loss(□)
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
2011	1888 75.5	614 24.5	2502	87

The total of 2502 includes 46 fully licensed residents. There are no data on how many actually “moonlight”, or to what extent.

Note: Due to a transition to a new database, the figures for the net gain in from last year's figure do not coincide.

Although not shown in the table above, the total for 2010 is corrected to 2415.

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)

	FL	Subtotal	RL	Total
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
2011	2456 46	2502	22	2524

(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.

	2011	%
Medical Students	427	
Physician Assistant Students	24	
Postgraduate trainees	454	
Total on Educational Register	905	93.0
On Resident Licence	22	2.3
Full Licence	46	4.7
TOTAL	973	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 2011 (as a percentage)

	Winnipeg	Brandon	Rural	Resident
	1888	127	487	22
%				
Man	56.0	22.8	30.8	27.3
Can	16.2	13.4	6.8	31.8
Total Canada	72.2	36.2	37.6	59.1
USA	1.0	0.0	0.6	0.0
UK & Irel	4.9	6.3	6.4	18.2
Eur	4.6	1.6	2.7	0.0
Asia	12.4	35.4	33.1	4.5
Aust/NZ	0.3	0.0	0.6	0.0
Afr	3.0	15.0	17.0	13.6
S.Am	1.6	5.5	2.1	4.5

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**

	2011
Manitoba Graduates	49.4
Other Canadian Graduates	14.2
TOTAL CANADA	63.6
United Kingdom & Ireland	5.3
Asia	17.6
Other	13.5

TABLE V

GEOGRAPHIC DISTRIBUTION OF FEMALE PRACTITIONERS

	Winnipeg	Brandon	Rural	Total	Resident Licence
1982	213	8	44	265	51
2011	628	36	153	817	10

32.7% of fully licensed physicians are female. 33.3% of practitioners in Winnipeg are women, 28.3% in Brandon and 31.4% in rural Manitoba. 45.5% of those with a residency licence are female. During the past 29 years there has been an increase of 415 women in Winnipeg, 28 in Brandon and 109 in the remainder of the province.

TABLE VI

AGES OF DOCTORS RESIDING IN MANITOBA AS AT 30 APRIL 2011

	Winnipeg	Brandon	Rural	Total
Over 70	102 (5.4)	7 (5.5)	17 (3.5)	126 (5.0)
65 - 70	105 (5.6)	7 (5.5)	24 (4.9)	136 (5.4)
56 - 64	379 (20.1)	21 (16.5)	78 (16.0)	478 (19.1)
46 - 55	548 (29.0)	46 (36.2)	141 (29.0)	735 (29.4)
36 - 45	536 (28.4)	36 (28.3)	163 (33.5)	735 (29.4)
31 - 35	190 (10.1)	9 (7.1)	50 (10.3)	249 (10.0)
30 or under	28 (1.5)	1 (0.8)	14 (2.9)	43 (1.7)

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

Physician Resource Statistics Cont'd

(F) MANPOWER CHANGES from 1 May 2010 to 30 April 2011

TABLE VII

ADDITIONS AND DELETIONS

Additions and deletions to the roll of physicians currently resident in Manitoba and licensed to practise: 1 May 2010 to 30 April 2011.

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		AGE	DELETIONS
2011			2011
27		30 or under	5
127		31 □ 35	56
147		36 - 45	124
53		46 - 55	40
16		56 - 64	20
7		65 - 70	15
17		over 70	47
394			307
YEARS SINCE QUALIFICATION			
61		5 or less	17
110		6 □ 10	69
185		11 □ 30	141
38		over 30	80
394			307
YEARS SINCE REGISTERED IN MANITOBA			
N/A	N/A	5 or less	151
		6 □ 10	60
		11 - 30	43
		over 30	53
			307
PLACE OF QUALIFICATION			
123		Manitoba	95
89		Canada	76
7		USA	1
20		UK & Ireland	27
16		Europe	14
88		Asia	66
3		Australia/New Zealand	3
40		Africa	23
8		C/S America	3
394			307

Physician Resource Statistics Cont'd

(G) SPECIALIST REGISTER

There were 1226 specialists enrolled on the Specialist Register as at 30 April 2011.

(H) CERTIFICATES OF PROFESSIONAL CONDUCT (COPC)

During the period 1 May 2010 to 30 April 2011, 526 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:	2011	2010
British Columbia	92	98
Alberta	60	65
Saskatchewan	18	8
Ontario	130	102
Quebec	6	5
Prince Edward Island	1	2
New Brunswick	9	8
Nova Scotia	7	8
Newfoundland/Labrador	5	10
Northwest Territories/Nunavut	11	14
Yukon	2	1
Australia & New Zealand	12	3
Overseas	9	8
U.S.A.	58	38
Miscellaneous	0	7
WRHA	49	65
Brandon RHA	3	4
CFPC	54	65
TOTALS	526	504

By-Law Changes May 1, 2010—April 30, 2011

June 2010

Bylaw #1— Schedule E (fees)

Bylaw #2—Repeal and to implement the requirements for Continuing Professional Development

Bylaw #6 - Repeal and replace Schedule B

