

Annual Report



2012

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

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CPSM Officials & Agents

Council

Position	Representative
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President	Dr. M. Burnett
Past President	Dr. R. Süß
President-Elect	Dr. B. Kowaluk
Finance/Treasurer	Dr. I. Ripstein
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. J. Marnock
Ministerial Appointment (Complaints Committee)	Ms S. Neel
Elected by Council	Mr. R. Toews
Elected by Council	Mr. R. Dawson
Elected by Council (Complaints Committee)	Rev. R. Long

Employees

Position	Employee
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Registrar/CEO	Dr. W. Pope
Deputy Registrar (Standards)	Dr. T. Babick
Assistant Registrar (Qualifications)	Dr. A. Ziomek

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 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 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. At least 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 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 the Standards or Investigation 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 report in writing the findings, recommendations and opinions of the auditors to the committee or subcommittee that requested the audit.

Officers of the College 2011-2012

President	President-Elect	Past President	Treasurer	Registrar
Dr. M. Burnett	Dr. B. Kowaluk	Dr. R. Süß	Dr. I. Ripstein	Dr. W. Pope

EXECUTIVE COMMITTEE

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

COMPLAINTS COMMITTEE

H. Domke, Chair
 D. Lindsay
 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

I. Ripstein, Chair
 R. Toews
 B. Postl
Ex Officio 1

INVESTIGATION COMMITTEE

A. MacDiarmid, Chair
 O. Persson
 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
 R. Dawson (Public Councillor – Elected)
 J. Naidoo (Lab Medicine Physician)
 I. Wilkinson (Manitoba Health)
Ex Officio 1,2

STANDARDS COMMITTEE

R. Onotera, Chair
 E. Tan (Associate Member)
 H. Unruh
 H. Tassi
 B. Kvern
 W. Manishen
 S. Duncan
 R. Toews (Public Councillor – elected)
 R. Dewar (Public Councillor – Gov't Appt.)
 J. François (Associate Dean, CPD)
 D. Wilson Maté (CRNM)
Ex Officio 1, 2

INQUIRY COMMITTEE

R. Süß, 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) 2011-2012

Chair: Dr. Roger Süß

Physician members:

Dr. N. Anthonisen

Dr. A. Arneja

Dr. G. Bristow

Dr. D. Brodovsky

Dr. L. Derzko

Dr. N. Marglois

Dr. C. Martens-Barnes

Dr. A. Naimark

Dr. T.D. Redekop

Dr. L. Rubin

Dr. M. Seshia

Dr. V. St. John

Dr. A. Vajcner

Public members:

Ms Penny Bowles

Ms Eleanor Chornoboy

Mr. Herald Driedger

Mr. Earl Gardiner

Ms Liz Lobban

Ms Gloria Matthes

Dr. J. Miles (PhD)

Ms Pat Murphy

Ms Annette Osted

Mr. Melvin Reimer

Ms Joan Skeene

Ms Estelle Sures

Potential Auditors (2011-2012)

Last Name	First Name	Specialty	City
Afifi	Tarek Jeremy	Dermatology	Winnipeg
Antonissen	Lou	Family Practice	Portage la Prairie
Baria	Kaikhushroo	Orthopedic Surgery	Winnipeg
Bedder	Phyllis	Family Practice	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
Bueddefeld	Dieter	Family Practice	Altona
Cisneros	Nestor	Pediatrics, Clin Imm & Allergy	Winnipeg
Cleghorn	Scott Alexander	Internal Medicine	Winnipeg
Collister	Carl	Obstetrics/Gynaecology	Winnipeg
Cram	David	Family Practice	Souris
Dale	Catherine	Dentistry	Winnipeg
De Korompay	Victor	Orthopedic Surgery	Winnipeg
De Moissac	Paul	Family Practice	Ste. Anne
Dittberner	Klaus	Family Practice	Winnipeg
Doermer	Erroll	Family Practice	Winnipeg
Dolynchuk	Kenneth	Plastic Surgery	Winnipeg
Domke	Heather	Family Practice	Winnipeg
Domke	Sheila	Family Practice	Winnipeg
Drachenberg	Darrell	Urology	Winnipeg
Dupont	Jacqueline	Nuclear Medicine	Winnipeg
Dyck	Michael	Psychiatry	Winkler
Edye	Frances	Psychiatry	Winnipeg
Eggertson	Douglas	Neurology	Winnipeg
Elliott	Jacobi	Family Practice	Grandview
Erhard	Philippe	Family Practice	Winnipeg

Potential Auditors Cont'd

Last Name	First Name	Specialty	City
Esmail	Amirali	Anaesthesia	Winnipeg
Fisher	Morag	Addictions	Winnipeg
Fishman	Larry	Otolaryngology	Winnipeg
Fitzgerald	Michael	Family Practice	Virden
Fortier	Denis	Family Practice	Notre Dame
Fuchs	Graham	Family Practice	Selkirk
Galessiere	Paul	General Surgery	Steinbach
Gard	Sherry	Anaesthesia	Winnipeg
Gartner	John	Anatomical Pathology	Winnipeg
Gill	Eunice Charlene	Psychiatry	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
Hardy	Brian William	Diagnostic Radiology	Winnipeg
Harris	Pat	Oncology	Winnipeg
Hawaleshka	Adrian	Anaesthesia	Winnipeg
Helewa	Michael	Obstetrics/Gynaecology	Winnipeg
Hesom	Margaret	Family Practice	Winkler
Hicks	Cynthia	Clinical Immunology & Allergy	Winnipeg
Holmes	Carol	Family Practice	Morden
James	June M. Eleanor	Clinical Immunology & Allergy	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

Potential Auditors Cont'd

Last Name	First Name	Specialty	City
Kliewer	Kenneth	Family Practice	Altona
Koltek	Mark M.	Psychiatry	Winnipeg
Koodoo	Stanley	Psychiatry	Winnipeg
Kristjanson	David	Family Practice	Hamiota
Kulbisky	Gordon	Diagnostic Radiology	Winnipeg
Lane	Eric	Family Practice	Winkler
Lane	Debra	Hematological Pathology	Winnipeg
Lee	Lindy	Addictions	Winnipeg
Lemoine	Gabriel	Family Practice	Ste. Anne
Lindenschmidt	Richard	Family Practice	Selkirk
Lockwood	Anthony	Plastic Surgery	Winnipeg
Lotocki	Robert	Gynaecology Oncology	Winnipeg
Lucy	Simon	Anaesthesia	Winnipeg
Manishen	Wayne	Internal Medicine	Winnipeg
Matter	Michele	Family Practice	Selkirk
Menticoglou	Savas	Obstetrics	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
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
Rice	Patrick	Family Practice	Portage la Prairie
Ritchie	Janet	Family Practice	Winnipeg
Ritchie	Brian Albert	Urology	Winnipeg
Ross	James	General Surgery	Portage la Prairie
Ross	Lonny L	Plastic Surgery	Winnipeg
Rubinger	Morel	Internal Medicine	Winnipeg
Rusen	David	Dentistry	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
Shepertycky	Martha	Respiratory Medicine	Winnipeg
Silver	Shane Gordon	Dermatology	Winnipeg
Simkin	Ruth	Family Practice	Winnipeg
Smith	Roy	Family Practice	Winnipeg
Smith	Hugh	Internal Medicine/Cardiology	Winnipeg
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
Taraska	Vincent	Internal/ Respiratory Medicine	Winnipeg
Tenenbein	Milton	Pediatrics	Winnipeg
Thiessen	Myron	Family Practice	Steinbach
Thomson	Glen	Rheumatology	Winnipeg
Turgeon	Thomas	Orthopedic Surgery	Winnipeg
Walton	Paul	Dentistry	Winnipeg
Warda	Lynne	Pediatrics	Winnipeg
Warner	Ms Ilana	Infection Control Practitioner	Winnipeg
Warrington	Richard	Clinical Immunology & Allergy	Winnipeg

Potential Auditors Cont'd

Last Name	First Name	Specialty	City
Wiens	Anthony Victor	Family Practice	Dauphin
Wiens	James	Ophthalmology	Winnipeg
Willemse	Pieter	General Surgery	Dauphin
Woelk	Cornelius	Family Practice	Winkler
Wong	Simon	Urology	Winnipeg
Woo	Vincent Curtis	Internal Medicine / Endocrinology	Winnipeg
Zabolotny	Brent	General Surgery	Winnipeg
Zacharias	James	Nephrology	Winnipeg

Meetings Report

During the period 1 May 2011 to 30 April 2012, the following meetings were held •

4	Council: 17 June, 16 September, 14 December 2011; 30 March 2012
4	Executive Committee: 17 June, 16 September, 7 November, 14 December 2011
6	Appeal Committee: 30 May, 3 June, 16 September, 12 December, 14 December 2011 30 March 2012
7	Complaints Committee: 9 August, 6 September, 18 October, 29 November 2011 12 February, 13 March, 17 April 2012
2	Audit Committee: 1 June, 18 November 2011
	Inquiry Committee
0	Inquiry Panel
5	Investigation Committee: 21 September, 23 November, 14 December 2011; 11 January, 7 March 2012
0	Liaison Committee with Doctors Manitoba
4	Program Review Committee: 30 May, 19 September, 12 December 2011; 12 March 2012
5	Standards Committee: 3 June, 23 September, 23 November 2011; 10 February, 13 April 2012
	In addition: 6 meetings of Child Health Standards Committee 1 meeting of Maternal & Perinatal Health Standards Committee 17 meetings of Area Standards Committees
37	meetings
24	meetings of subcommittees, and
<u>2</u>	non-hospital reviews
63	

Complaints Committee Report

The Complaints Committee Panels met 8 times over the period May 1, 2011 to April 30, 2012. A total of 232 new formal complaints were reviewed from the following sources:

Patient/legal representative	222
Registrar (College) - includes those referred directly to IC	8
Other	2

The Complaints Committee closed 218 cases during the period May 1, 2011 to April 30, 2012 with the following dispositions:

Comments/No Further Action	107
Resolved by Correspondence by Medical Consultant	14
Complaint Referred to Investigation Committee (includes Registrar referrals to IC)	19
Advice/Criticism	54
Abeyanced	1
Withdrawn cases	23

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	3
Breach of Trust/Sexual Impropriety	5
Communication	78
Diagnosis/Treatment	143
Advertising	0
Systemic Problems	2

Of the 232 new complaints received during the period May 1, 2011 to April 30, 2012, the following list shows the number of complaints by geographical location of the physician:

Urban General Practitioner (Winnipeg/Brandon)	134 (58%)
Urban Non-Specialist	1 (.5%)
Rural Non-Specialist	2 (1%)
Urban - Specialist (Winnipeg/Brandon)	41 (17.5%)
Rural Specialist	8 (3.5%)
Rural General Practitioner	41 (17.5%)
Residents	4 (1.5%)
Physician/Clinical Assistants	1 (.5%)

Investigation Committee Report

The Investigation Committee met 6 times over the period May 1, 2011 to April 30, 2012, and received a total of 64 new cases during that period, from the following sources:

Complaints Committee	19 (30%)
Registrar	14 (22.5%)
Appeals of Complaints Committee Decision	31 (47.5%)

The Investigation Committee closed 59 cases during the period May 1, 2011 to April 30, 2012 with the following dispositions: (note: several cases had more than one outcome):

1.	Closed - No Formal Action:		
	• with Letter of Criticism/Advice		21
	• no further action and/or concur with Complaints Committee		27
2.	Undertakings		7
	Self-Directed Learning	4	
	Practice Limitations	1	
	Other	1	
	Retire	1	
3.	Censure		1
4.	Referred to Inquiry		2
5.	Abeyanced		1

Inquiry Committee Report

- There were no Inquiry Panels completed between May 1, 2011 and April 30, 2012.
- There are two matters pending before the Inquiry Committee.

Appeal Committee Report

- There were 20 appeals of Investigation Committee decisions to the Appeal Committee.
- The Appeal Committee confirmed the Investigation Committee decision in all twenty cases.

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 arise 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's practice.
 - Referral to Standards may come from the Investigation Committee, the Registrar, or the Executive Committee/Council.
- The Investigation Committee may order a chart audit as part of its review of a physician.
- Physicians over the age of 75 years have routine chart audits every 5 years.
- 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 29 days and 18 years.*
- The Maternal and Perinatal Health Standards Committee reviews many physician charts on a per case basis as they review maternal 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 and through education rather than discipline. It functions as a public advocacy committee when appropriate.

**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 advocacy committee 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 ensure 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 Continuing Professional Development. All specialists must participate in the Maintenance of Certification Program of the Royal College of Physician & Surgeons of Canada. 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.
- The College has introduced a mandatory review program called MPAR [Manitoba Physician Achievement Review]. MPAR is a multi-source performance assessment and feedback program that provides physicians with a view of their medical practice. Every 7 years doctors ask patients, medical colleagues and co-workers to complete a survey about their performance. Survey topics range from medical expertise and management ability to communication skills and success in relating to those with whom they work and those whom they serve. Feedback is presented to physicians in a confidential report that contains individualized data and comparisons to the average scores of physicians with a similar practice. This report helps doctors to build on their strengths and to identify opportunities for improvement.

Applications for Registration Received & Their Disposition

Number of applications received : 574

Number registered: 453

304 on the Educational Register; 129 on the MB Medical Register (of which 51 were conditional);
7 Clinical Assistants, 13 Physician Assistants

Did meet the requirements, not yet registered: 46

Did not meet the requirements: 25

Unknown at time of report whether or not met the requirements: 50

Physician Resource Statistics

(A) CERTIFICATES OF REGISTRATION ISSUED

During the period 1 May 2011 to 30 April 2012, 133 persons were issued registration and a full licence to practise. In total there were 159 certificates issued of which 24 were for a resident licence. Two physicians did not practise here.

TABLE I MEDICAL PRACTITIONERS GRANTED REGISTRATION AND FULL LICENCE ANNUALLY IN MANITOBA 2003 - 2012 with Country of Qualification

Year	Man	Can	USA	UK&I	Eur	Asia	Aust	NZ	AfrC/S	Am	Total
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
2012	39	30	2	3	8	24	2	0	20	5	133
Total (10 Yr)	387	337	16	44	73	312	7	2	268	40	1486

New Practitioners % of Total

2012	29.3	22.5	1.5	2.3	6.0	18.1	1.5	0.0	15.0	3.8	100%
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Percentages may not be exact due to rounding

(B) NUMBER OF LICENSED PRACTITIONERS IN MANITOBA AS AT 30 APRIL 2012

TABLE II NUMBER OF LICENSED MEDICAL PRACTITIONERS IN MANITOBA 2003-2012

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	1839	77.1	576	22.9	2415	33
2011	1870	75.7	602	24.3	2472	57
2012	1931	76.1	607	23.9	2538	66

The total of 2538 includes 63 fully licensed residents. There are no data on how many actually “moonlight”, or to what extent.

Note: Due to continuing data conversion requirements, the total for 2011 has been corrected to 2472 and the total for 2010 has been 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)				
	<i>FL</i>		<i>Subtotal</i>	<i>RL</i>	<i>Total</i>
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
2012	2475	63	2538	20	2558

(C) 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.

	2012	%
Medical Students	440	
Physician Assistant Students	24	
Postgraduate trainees	454	
Total on Educational Register	918	91.7
On Resident Licence	20	2.0
Full Licence	63	6.3
TOTAL	1001	100.0

(D) 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 2012 (as a percentage)

		Winnipeg	Brandon	Rural	Resident
		1931	132	475	20
%	Man	56.1	22.7	30.7	45.0
	Can	16.5	12.1	6.3	20.0
	Total Canada	72.6	34.8	37.0	65.0
	USA	0.9	0.8	0.6	0.0
	UK & Irel	4.8	6.1	5.9	10.0
	Eur	4.3	1.5	2.7	0.0
	Asia	11.9	34.1	36.2	10.0
	Aust/NZ	0.3	0.0	0.6	0.0
	Afr	3.5	17.4	15.2	15.0
	S.Am	1.8	5.3	1.7	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**

	2012
Manitoba Graduates	49.7
Other Canadian Graduates	14.3
TOTAL CANADA	64.0
United Kingdom & Ireland	5.0
Asia	17.6
Other	13.4

TABLE V

GEOGRAPHIC DISTRIBUTION OF FEMALE PRACTITIONERS

	Winnipeg	Brandon	Rural	Total	Resident Licence
1982	213	8	44	265	51
2012	651	33	158	842	7

33.2% of fully licensed physicians are female. 34.0% of practitioners in Winnipeg are women, 25.8% in Brandon and 31.9% in rural Manitoba. 35.0% of those with a residency licence are female. During the past 30 years there has been an increase of 438 women in Winnipeg, 25 in Brandon and 114 in the remainder of the province.

TABLE VI

AGES OF DOCTORS RESIDING IN MANITOBA AS AT 30 APRIL 2012

	Winnipeg	Brandon	Rural	Total
Over 70	95 (4.9)	6 (4.6)	15 (3.2)	116 (4.6)
65 - 70	170 (8.8)	11 (8.3)	24 (5.1)	205 (8.1)
56 - 64	422 (21.9)	26 (19.7)	90 (18.9)	538 (21.2)
46 - 55	526 (27.2)	46 (34.9)	145 (30.5)	717 (28.3)
36 - 45	534 (27.7)	35 (26.5)	154 (32.4)	723 (28.5)
31 - 35	167 (8.7)	8 (6.1)	40 (8.4)	215 (8.5)
30 or under	17 (0.9)	0 (0.0)	7 (1.5)	24 (0.9)

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

Physician Resource Statistics Cont'd

(E) MANPOWER CHANGES from 1 May 2011 to 30 April 2012

TABLE VII

ADDITIONS AND DELETIONS

In response to requests, the additions and deletions refer to a physician's status at the beginning of the reporting period and at the end of the reporting period.

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
2012		2012
16	30 or under	0
64	31 □ 35	17
61	36 - 45	42
17	46 - 55	23
7	56 - 64	8
3	65 - 70	3
2	over 70	11
170		104

YEARS SINCE QUALIFICATION

46	5 or less	2
56	6 □ 10	21
59	11 □ 30	58
9	over 30	23
170		104

YEARS SINCE REGISTERED IN MANITOBA

146	5 or less	48
9	6 □ 10	23
9	11 - 30	24
6	over 30	9
170		104

PLACE OF QUALIFICATION

62	Manitoba	24
37	Canada	24
2	USA	1
5	UK & Ireland	5
5	Europe	8
27	Asia	20
2	Australia/New Zealand	1
23	Africa	18
7	C/S America	3
170		104

Physician Resource Statistics Cont'd

DEATHS or DELETIONS 2012

Deaths	2
Transferred to Residency Licence	2
Removed from Register/Suspended	0
No Longer Practising/Retired	10

DEPARTURES to: (Total) 90

Atlantic Provinces	1
Quebec	3
Ontario	20
Saskatchewan	2
Alberta	10
British Columbia	8
NWT/NU	0

TOTAL CANADA 44

U.S.A.	4
U.K. & Ireland	0
Others/Unknown	42

(F) SPECIALIST REGISTER

There were 1251 specialists enrolled on the Specialist Register as at 30 April 2012.

Physician Resource Statistics Cont'd

(H) CERTIFICATES OF PROFESSIONAL CONDUCT (COPC)

During the period 1 May 2011 to 30 April 2012, 553 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 2011.

Provincial Licensing Bodies:	2012	2011
British Columbia	92	92
Alberta	85	60
Saskatchewan	25	18
Ontario	102	130
Quebec	5	6
Prince Edward Island	2	1
New Brunswick	3	9
Nova Scotia	14	7
Newfoundland/Labrador	10	5
Northwest Territories/Nunavut	16	11
Yukon	0	2
Australia & New Zealand	12	12
Overseas	7	9
U.S.A.	37	58
WRHA	56	49
Brandon RHA	1	3
CFPC	86	54
TOTALS	553	526

By-Law Changes May 1, 2011—April 30, 2012

June 2011

Bylaw #1— Schedule E (fees)

Bylaw #1— Article 4—Elections—Nominating Process

Bylaw # 1—Article 8—Committees—Nominating Process

Bylaw # 1—Article 16— Renewal of Licensure—Information Collected

Bylaw # 1—Schedule J—Continuing Competence—Added to Bylaw #1

Bylaw # 7—Article 12—Names of Corporations- Rewording

March 2012

Bylaw #1—Article 4—Elections— Electronic Voting Procedure

Bylaw # 3—Part 2—Facility Accreditation -Temporary Accreditation

Bylaw #6 - Section 2—Establishment of Subcommittees

