

ANNUAL
REPORT

2023-
2024

➤ ABOUT THIS REPORT

This report summarizes CPSM's major activities from the fiscal year of May 1, 2023, to April 30, 2024. It reflects CPSM's dedication to acting in the public's best interests and emphasizes the work driven by our strategic organizational priorities.

➤ LAND ACKNOWLEDGMENT

We acknowledge we are gathered on Treaty 1 Territory and that CPSM regulates the practice of Western medicine on the Treaty Territories of Treaty 1, Treaty 2, Treaty 3, Treaty 4, Treaty 5, and Treaty 5-Adhesion. We recognize these are the ancestral lands of the Anishinaabeg, Anishinewuk, Cree, Oji-Cree, Dakota Oyate, Denesuline and Nehethowuk Nations, and the National Homeland of the Red River Métis.

We acknowledge northern Manitoba includes lands that were and are the ancestral lands of the Inuit.

CPSM acknowledges and apologizes for its role in contributing to the disproportionate health inequities that exist amongst the Indigenous communities in Manitoba. These failures include inadequately addressing Indigenous-specific racism by medical practitioners. We respect and celebrate the resilience and strength Manitoba's Indigenous people have displayed in the face of genocide and displacement of their communities.

It is a privilege to regulate the practice of medicine on these lands and CPSM pledges to improve. The first step to improving is continual acknowledgment of our respect for the spirit and intent of Treaties and remaining committed to working in partnership with First Nations, Inuit, and Métis people in the spirit of truth, reconciliation, and collaboration.



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OUR REGULATORY ROLE

The College of Physicians and Surgeons of Manitoba (CPSM) protects the public's interest by promoting the safe and ethical delivery of quality medical care in Manitoba. All physicians, residents, clinical assistants, physician assistants, physician assistant students, and medical students practicing in Manitoba must possess a Certificate of Practice (license).

Our primary responsibility is to oversee the practice of medicine in the province. We follow the framework set out by the government in the Regulated Health Professions Act (RHPA) and the processes and policies set by a Council, which includes CPSM registrants and public representatives. We are guided by our responsibility to protect the public.

The Privilege of Self-Regulation

Self-regulation is a privilege bestowed upon the medical profession. It demonstrates the profession can prioritize the interests of the public ahead of professional interests and the profession's ability to self-govern. Every CPSM registrant shares the responsibility of self-regulation by ensuring appropriate standards of clinical practice and ethical conduct are met. This is both an individual and collective effort and is crucial for maintaining the highest level of care for the people of Manitoba.

Public Confidence in the Medical Profession

CPSM ensures that all registrants are qualified to practice by setting registration and licensing requirements. We set and enforce standards of professional conduct and clinical practice through our Code of Ethics and Standards of Practice. This allows us to measure and assess the performance of registrants. When registrants fail to meet ethical or clinical standards, CPSM has the authority to take appropriate action. Through our efforts, CPSM strives to create a medical environment in Manitoba that promotes the highest standards for safe, ethical, and quality care.

Our Core Functions

CPSM carries out our goal of protecting the public through three core functions:

- 1 Registration** verifies that individuals seeking licensure to practice medicine in Manitoba meet all the established competency and registration requirements.
- 2 Quality** supervises the competency of medical practice and proactively promotes safe care for Manitobans through ongoing education and quality improvement initiatives.

- 3 Complaints and Investigations** addresses concerns regarding the care provided by or the professional conduct of registrants.

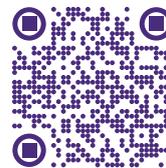
Funding for these essential core functions primarily comes from fees paid by registrants. This enables us to maintain the necessary infrastructure and resources required to fulfill our mandate effectively.

Ethics, Standards, and Quality Issues Guidance for the Profession

CPSM develops Standards of Practice, Practice Directions, and issues guidance and advice to the profession regarding emerging issues when necessary. We uphold the Code of Ethics and Professionalism that all registrants must adhere to while practising medicine in Manitoba.

Provincially, CPSM participates in interdisciplinary initiatives to advance patient safety and quality of care. This includes collaborating with other regulatory colleges such as the College of Pharmacists of Manitoba and the College of Registered Nurses of Manitoba.

As an active member of The Federation of Medical Regulatory Authorities of Canada (FMRAC), CPSM plays an active role in issues relating to quality medical care nationwide.



Learn more about how CPSM carries out our responsibility of protecting the public.

Using the camera on your smartphone, focus on the QR code by tapping on the code. Click on the link that appears on the screen to view the video.

LETTER FROM THE REGISTRAR AND CEO

I am pleased to present this fiscal year's annual report, highlighting our continued commitment to ensuring Manitoba residents receive high-quality medical care.

As regulators, our primary role is serving the public's interest. We must keep up with changing healthcare needs, emerging health threats, and technological advancements.

We remain in constant dialogue with our trusted stakeholders both within the province and across the country. Provincially, we collaborate with other regulated healthcare professions, Shared Health, and the Manitoba government.

Streamlining Registration Requirements & Process for IMGs

This past year, the Manitoba government approved an amendment to our regulations, streamlining the registration requirements and the process for international medical graduates (IMGs) to register and begin practicing in Manitoba. These changes were made to ensure patient safety and care are never compromised. We will continue to work with the government to align recruitment efforts with the high standards for competence and conduct expectations for those who practice medicine in the province.

Collaboration at the National Level

On a national level, we actively participate in crucial dialogues about current healthcare issues. We contribute to developing common standards and best practices through our involvement with the Federal Medical Regulatory Authorities of Canada.

While each province has its strengths and challenges, we all share the goal of having an adequate supply of physicians to ensure accessible medical care for everyone.

Retention begins with demonstrating that Manitoba is a rewarding place to practice medicine. In a recent focus group with physicians who relocated to the province to practice, we heard they enjoy Manitoba for many reasons, but coordinated efforts between the system, regulation, and other stakeholders could enhance retention.

We recognize Manitoba's unique rural and northern remote medical care needs. Physicians who practice in those locations and have limited or no experience in the local practice environment must be equipped with appropriate orientation, mentorship, and resources. This year, we formed an IMG Working Group whose role to explore ways to support the integration of IMGs into the healthcare system and address gaps in education and training to ease their transition into practice. Their work is in the beginning stages.

Artificial Intelligence in Medical Care

The use of Artificial Intelligence (AI) in the medical profession is a prevalent topic at the national level. AI can improve accessibility to healthcare, enhance quality, and reduce administrative burden and it must be used responsibly and ethically by the profession. CPSM has developed guidance for the profession that will continue to evolve as we adapt to changing technologies.

Enhancing Outcomes

Often, the public's perception of regulators is that our processes are rigid and we are resistant to change. CPSM continuously reviews provincial regulations, CPSM policies, Practice Directions, and Standards of Practice, and this year, we made several updates, always with a lens of safety for the public.

In particular, I want to highlight the Prescribing Practices Review working group. This review resulted in an updated Standard of Practice—Prescribing Requirements and the accompanying Practice Direction for Electronic Transmission of Prescriptions. The feedback received during the consultation was open and honest, sparking meaningful dialogue about improving patient safety while not making it burdensome for physicians.

Our Commitment to Reconciliation

Since 2021, CPSM has been committed to Reconciliation by recognizing the historical mistreatment of Indigenous People in Manitoba's healthcare. Guided by the CPSM Truth and Reconciliation Advisory Circle, we aim to correct past wrongs and eliminate anti-Indigenous racism. We are actively implementing seven recommendations. Two significant initiatives are in development: mandatory Indigenous-specific anti-racism training and a Standard of Practice. The Standard will be conceptually different from other CPSM Standards; it is being developed as a tool for registrants to prevent anti-Indigenous racism. This work is ongoing and I look forward to seeing where it takes the profession.

I invite you to read the reports from our three core areas—Registration, Quality, and Complaints and Investigations—which truly reflect the hard work of our entire team at CPSM. My sincere appreciation to staff and Council for contributing to a remarkable year of growth.

I want to thank registrants for their commitment to self-regulation, which allows us to be a self-regulating profession. The majority of practitioners take this responsibility seriously, fostering trust in the profession as a whole.



DR. ANNA ZIOMEK
Registrar and CEO

LETTER FROM THE PRESIDENT

Reflecting on the past year, I am pleased to share CPSM's achievements for the past fiscal year.

My first full year as president has been one of notable progress, collaboration, and, above all, a commitment to excellence from everyone involved. Council members, a dedicated group of physicians, other registrants, and individuals representing the public, have shown a commitment to accountability and making decisions that align with CPSM's mandate to act in the public's interest.

A Year in Review

One of our significant achievements was the completion of the multi-year Prescribing Practices Review. This comprehensive review, undertaken by a working group, led to the development of recommendations for improvements to promote current best practices and enhance patient safety. One of the group's final steps was finalizing the updated Standard of Practice and Practice Direction for implementation in June. One pending item to review is the addition of codeine to the list of Manitoba Prescribing Practices Program (M3P) medications. This will not be completed without consultation.

This spring, the Registrar, Deputy Registrar, General Counsel, and I met with the Minister of Health, Seniors, and Long-Term Care to discuss our priorities and opportunities to modernize regulation. We look forward to meeting with them again to continue this dialogue and how we find ways to work together and achieve our shared goals.

Physician shortages continue to be a challenge for the profession. The retention of physicians begins with demonstrating that Manitoba is a rewarding place to practice medicine. We recognize more support and resources are required for international medical graduates (IMG) coming to practice in Manitoba. We must do more to ensure new registrants with limited or no experience in the local practice environment can access appropriate orientation, mentorship, and resources. CPSM formed an IMG Working Group to address this. The group's goal is to explore ways to support registrants during what is often a challenging and complex transition into practice. I look forward to bringing you updates from this group in the future.

Another step we took this year was establishing a Board of Assessors to ensure registration is fair, efficient, and supportive. The volume of registration applications is increasing and is expected to continue with plans to hire more physicians in Manitoba. The Board of Assessors offers an alternative method for reviewing the more complex applications and to ensure fair and consistent decision-making. This aligns Manitoba with the practices of other medical regulatory bodies across Canada.

I cannot fail to mention the incredible work the CPSM Truth and Reconciliation Advisory Committee, led by Dr. Lisa Monkman, has put in this year to guide CPSM on our path to reconciliation in the medical profession. A Standard of Practice for Practicing Medicine to Prevent Anti-Indigenous Racism will be launched within the next year and will be unlike any other standard. It will require the entire profession to acknowledge racism exists and shift the medical culture to one where we can identify and correct acts of racism in the name of self-regulation. I encourage you to read all the progress updates CPSM sends and I look forward to seeing feedback on the Standard when the public consultation is launched later in 2024.

Looking Ahead

On the topic of Standards of Practice, a working group is currently reviewing the Standard for Collaborative Care as part of CPSM's multi-year review cycle. In a survey on the Standard CPSM conducted, registrants flagged some barriers to meeting the current Standards. To address current concerns and due to its importance in promoting collaborative care, Council requested the review be expedited by one year. The updated Standard will rely on the Code of Ethics and Professionalism and require registrants to act with civility and clarify expectations for consultations among registrants. Watch for the public consultation on the Standard in the new year.

This annual report contains a year of commitment and steady progress in promoting high standards for quality care.

Thank you to the public for trusting us to self-regulate the profession; we recognize it is a privilege to do so. We could not do so without the many registrants who engage in councils, committees, and working groups—thank you.

I look forward to many more accomplishments in my second year as President.



DR. NADER SHENOUDA

Council President

CPSM COUNCIL

COUNCIL MEMBERS LISTING

Dr. Nader Shenouda	<i>President</i>
Dr. Charles Penner	<i>President-Elect</i>
Dr. Jacobi Elliott	<i>Past-President</i>

Representatives of the Medical Profession

<i>East</i>	Dr. Kevin Convery
<i>North</i>	Dr. Lisa Monkman
<i>West</i>	Dr. Charles Penner
<i>Winnipeg</i>	Dr. Roger Suss Dr. Norman McLean Dr. Caroline (Carrie) Corbett Dr. Heather Smith

Associate Members Register

Mr. Christopher Barnes, PA

Councillor Appointed by the Faculty of Medicine

Dr. Peter Nickerson

Public Councillors – CPSM Appointed

Ms. Lynette Magnus, CPA, CA
Ms. Dorothy Albrecht
Ms. Leslie Agger

Public Councillors – Government Appointed

Mr. Allan Fineblit, QC
Ms. Marvella McPherson, CM
Ms. Leanne Penny, CPA, CA

CPSM EXECUTIVE COMMITTEE

Dr. Nader Shenouda	<i>President</i>
Dr. Charles Penner	<i>President-Elect</i>
Dr. Jacobi Elliott	<i>Past-President</i>
Dr. Peter Nickerson	<i>Council Representative</i>
Mr. Allan Fineblit, QC	<i>Public Representative</i>
Ms. Marvella McPherson, CM	<i>Public Representative</i>

Activities

The Executive Committee has dual functions. It acts as executive leadership of Council and as an appellate panel. The Executive Committee:

- Provides alternatives and options for Council.
- Provides advice on Council's agenda.
- Provides advice to the Registrar.
- Evaluates the Registrar's performance
- Nominates Councillors for President, Committee positions, and public representatives not chosen by Government.

The Executive Committee met 11 times during the fiscal year.

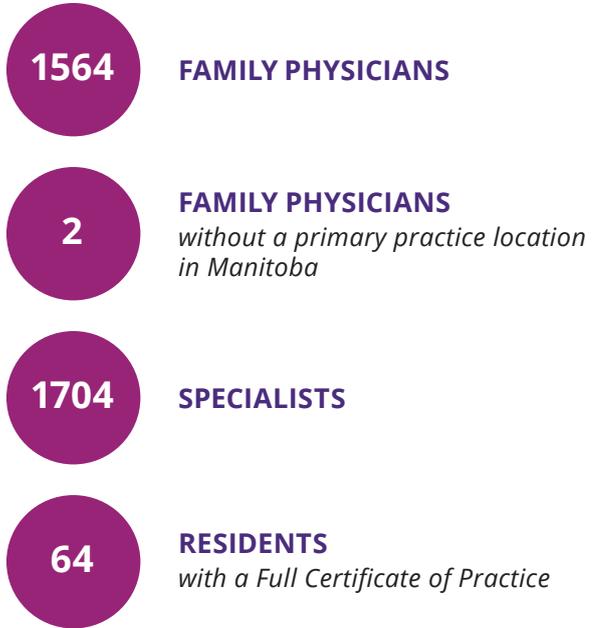
Acting as an appellate body, the Executive Committee heard 16 appeals of Investigation Committee decisions.

Pursuant to Section 48(3) of The Regulated Health Professions Act, the executive committee held a hearing for the cancellation of Dr. Arcel Bissonnette's Certificate of Practice (licence) on January 17, 2024. The Certificate of Registration of Dr. Arcel Bissonnette was cancelled after he was convicted in the Manitoba Court of King's Bench of sexually assaulting five women who were patients of his between 2001 and 2017.

Dr. Ainslie Mihalchuk was appointed by the executive committee, as delegated by the council, as Registrar and Chief Executive Officer, pending the current Registrar's upcoming retirement.

REGISTRATION

Registration numbers fluctuate daily depending on registration activity. The numbers in this report were generated on April 30, 2024, the final day of the fiscal year and are a snapshot of registration as of that day.

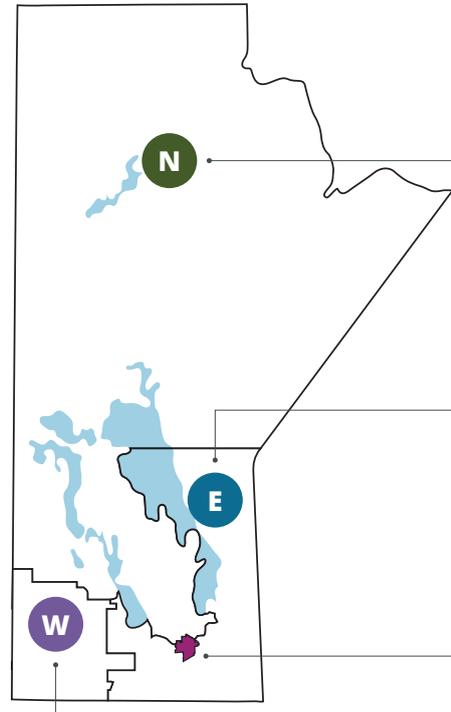


**Net gain is calculated as the difference between the number of registrants on April 30, 2023 and April 30, 2024*

NUMBER OF PRACTITIONERS BY REGION

Geographic Distribution of Physicians Holding a Full Certificate of Practice

Manitoba is divided into four electoral districts as set out in CPSM's Affairs of the College ByLaw. CPSM registrants are accounted for based on the district their primary practice location is in.



WEST	
Family Physicians	146
Physicians Practising in a Specialty	80
TOTAL	226

Physicians without a primary practice location in Manitoba	2
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NORTH	
Family Physicians	239
Physicians Practising in a Specialty	79
TOTAL	318

EAST	
Family Physicians	217
Physicians Practising in a Specialty	51
TOTAL	268

WINNIPEG	
Family Physicians	962
Physicians Practising in a Specialty	1494
Residents with a full certificate of practice	64
TOTAL	2520

Distribution of Physicians in Manitoba* and Country Where Medical Degree was Obtained

Country of Qualification	Winnipeg	North	East	West	TOTAL
<i>Total Practising in Electoral District</i>	2520	318	268	226	3332
Manitoba	1363	119	148	69	1699
Canada	425	38	25	31	519
TOTAL CANADA	1788	157	173	100	2218
USA	12	1	1	0	14
Uk & Ireland	76	15	15	9	115
Europe	80	13	5	8	106
Asia	271	53	31	32	387
Australia	18	5	1	2	26
New Zealand	1	0	0	0	1
Africa	215	62	39	68	384
Central & South America	59	12	3	7	81
TOTAL	732	161	95	126	1114

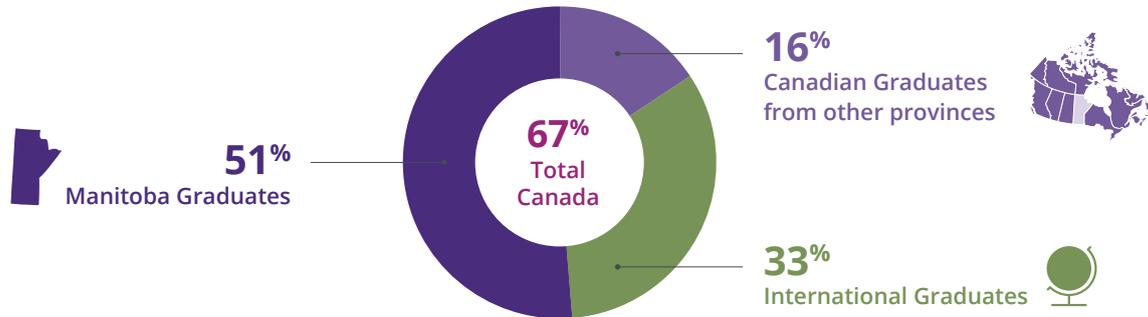
***Note:** The data in this table is based on the primary practice location, as some physicians may practice in multiple locations (including more than one electoral district).

Newly Registered* Physicians in Manitoba and the Jurisdiction Their Medical Degree was Obtained (Regulated Member-Full, Regulated Member Provisional) AS OF APRIL 30, 2024

Year	Manitoba	Canada	USA	UK & Ireland	Europe	Asia	Australia	New Zealand	Africa	Central / South America	TOTAL
2020	77	38	1	7	11	30	3	0	21	6	194
2021	87	46	2	8	7	35	2	1	19	8	215
2022	85	54	3	7	11	44	2	0	18	9	233
2023	70	47	0	10	11	36	2	0	22	11	209
2024	85	63	1	21	10	49	3	0	36	15	283

***Newly Registered** refers to physicians that have commenced practice in Manitoba either in the Full (Practising) Class or Provisional Registration Limited Class for the first time. They may have previously been registered with CPSM as a medical student, resident, or clinical assistant.

Physicians with a Full Certificate of Practice in Manitoba and the Jurisdiction Their Medical Degree Was Obtained



Clinical Assistants and Physician Assistants

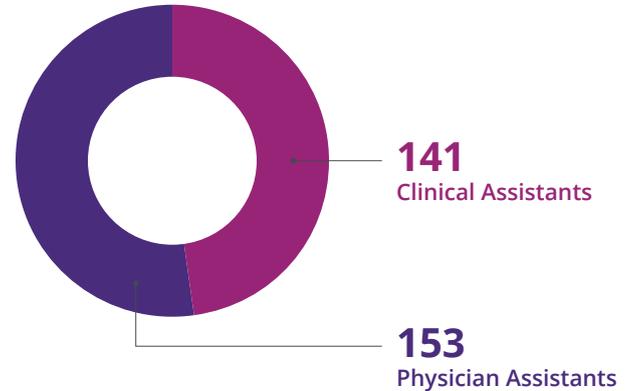
A Clinical Assistant:

- Holds a Degree in Medicine from a nationally approved faculty of medicine, or
- Is a Doctor of Osteopathic Medicine with a Degree from a school in the United States accredited by the American Osteopathic Association Commission, or
- Is a Graduate of an approved and accredited physician assistant or clinical assistant training program that is restricted to a field of practice, or
- Is a member in good standing of a regulated health profession in Manitoba, or
- Holds certification at the highest level of emergency medical attendant certification, and;
- May practice only under a contract of supervision with a regulated member and a practice description approved by the Registrar.

A Physician Assistant is a registrant who has completed an approved Physician Assistant Program. The University of Manitoba Max Rady College of Medicine has an approved two-year Master of Physician Assistant Studies Program, which has 15 spots available each year. Physician Assistants may practice only under a contract of supervision with a regulated member and a practice description approved by the Registrar.

Clinical Assistants and Physician Assistants with a Certificate Of Practice

Year	Clinical Assistants	Physician Assistants
2020	98	124
2021	94	130
2022	101	136
2023	121	139
2024	141	153



Educational Membership

Regulated Associate Member – Educational

Postgraduate physicians in training programs are referred to as residents. They may be pre-registration postgraduate trainees (Educational-Resident) and practice only within their residency training program, or they may have met the registration requirements and are eligible for a Regulated Member Full Practising Class Certificate of Practice.

Regulated Associate Members	
Medical Students	450
Physician Assistant Students	30
Residents <i>(Including 24 residents in the Medical Licensure Program for International Medical Graduates (MLPIMG))</i>	548
Total on Regulated Associate Member Register	1052

Applications Received and Processed

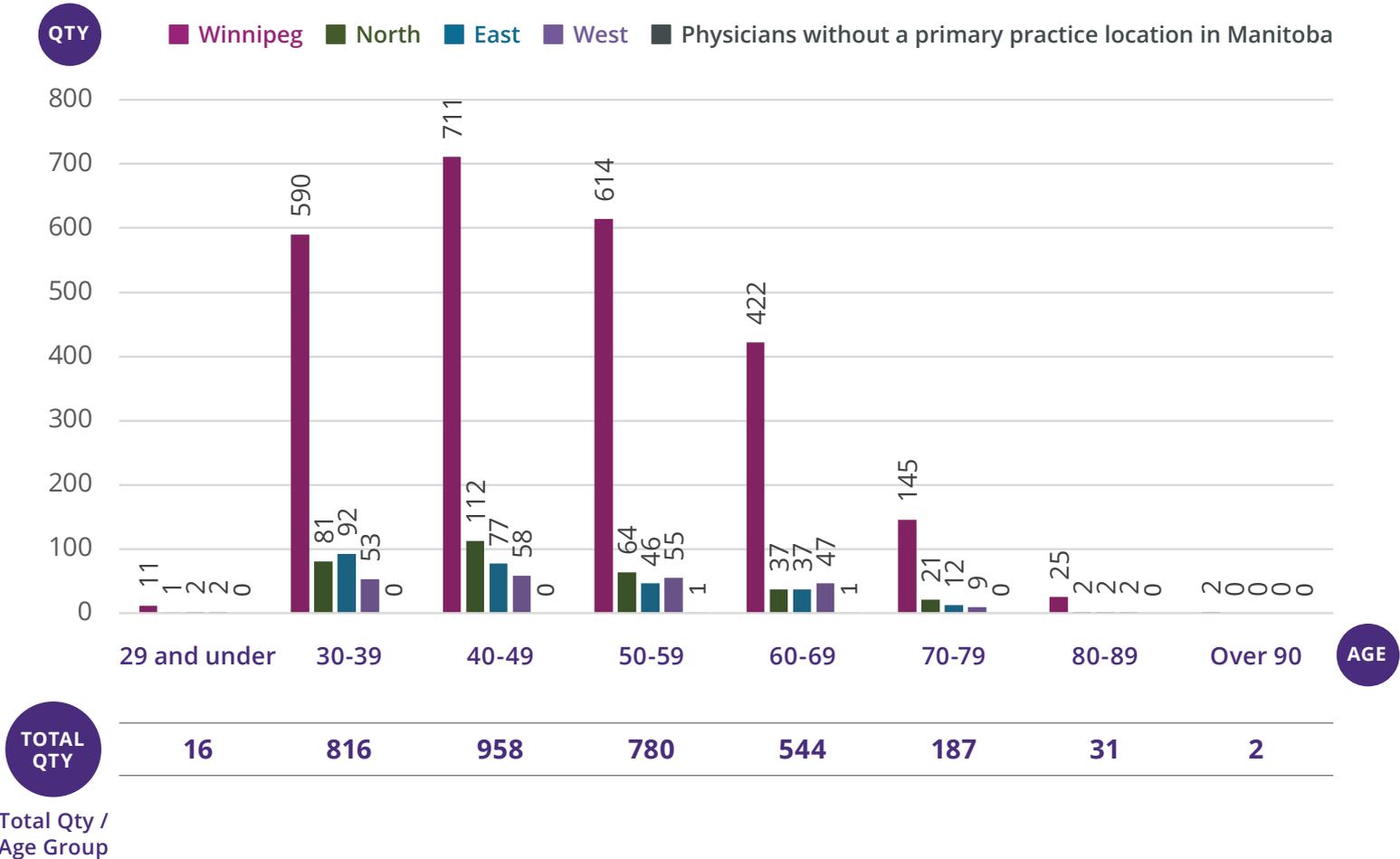
Registration Class	Received	Registered
Educational (Associate) Members	628	561
Regulated Members - Full	224	162
Regulated Member Provisional	214	50
Clinical Assistants	178	76
Physician Assistants	19	17
Total Number Registered		866

Applications Received & Processed (Not Registered)	397
<i>Reasons not registered:</i>	
Applications currently in Progress	297
Requirements not met	17
Applications expired and closed due to no job offer	19
Applications expired and closed	49
Applications withdrawn	14
Applications Denied	1

1263

Total Applications Received and Processed

Age of Practising Physicians



QUALITY

CENTRAL STANDARDS COMMITTEE (CSC)

COMMITTEE MEMBERS

Dr. Roger Suss, Chair

Ms. Dorothy Albrecht, CM

Dr. Karen Appel

Mr. Christopher Barnes, PA

Dr. Caroline (Carrie) Corbett

Ms. Deb Elias, RN MN FRE

Dr. Jacobi Elliott

Ms. Marvella McPherson, CM

Dr. Charles Penner *Ex Officio*

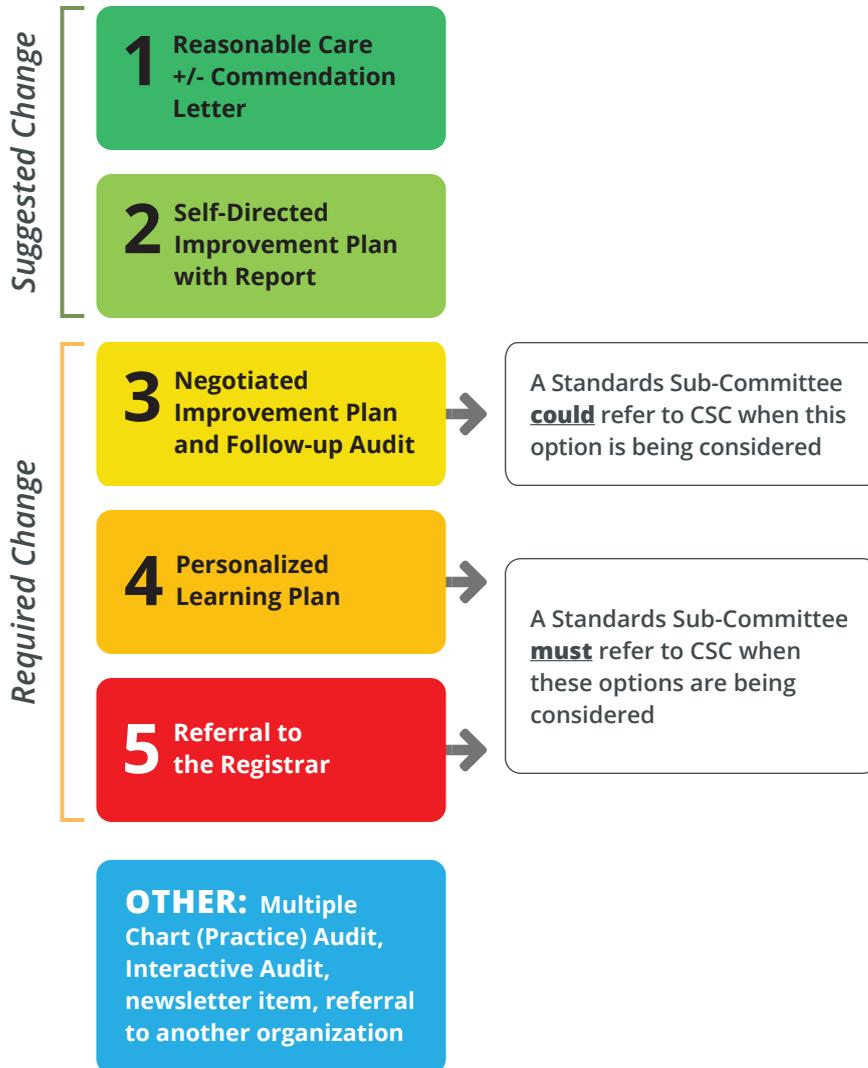
Dr. Nader Shenouda *Ex Officio*

Dr. Anna Ziomek *Ex Officio*

The introduction of the Framework for Decision and Outcomes of Standards Committees has continued to be a valuable tool used to guide deliberation and decisions within the Central Standards Committee (CSC). With the introduction of our updated chart audit form template and auditor refresher workshops, consistency in auditing documentation and reporting has improved. There were more audits with **Suggested Change** outcomes (categories #1 and #2) this year as a result of increased interventions and registrant engagement. Audits with **Required Change** outcomes (categories #3 and #4) and reaudit outcomes have improved.

We also provide registrants with the opportunity to discuss their audit reports with a CPSM medical consultant prior to their reports going to CSC for deliberation and decision. Registrants in the **Required Change** categories continue to be provided support, recommendations, and suggestions and/or resources to make the required changes in their practice prior to their follow-up call with a CPSM medical consultant. Registrant engagement has increased and their feedback has been generally positive.

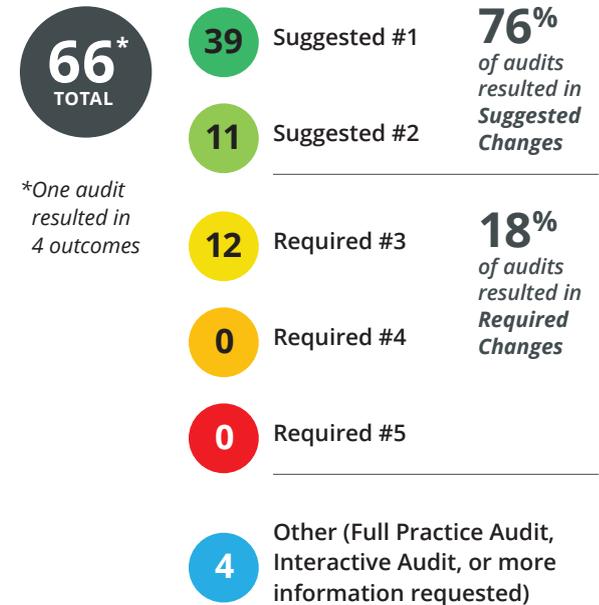
Since the introduction of the Standards Sub-Committee Guide for Operations in October 2021, we continue to engage with Sub-Committee Chairs on a regular basis and have seen an increase in reporting through quarterly and annual reports from the various standards subcommittees operating in the province.



Audits Reviews Completed by the CSC



Audit Review Outcomes



QUALITY IMPROVEMENT (QI) PROGRAM

Quality Improvement Program Participants AS OF APRIL 30, 2024

CALENDAR YEAR	Initiated	Deferred/ Cancelled	Participated	Completed	In Process	Referred To CSC (Unsatisfactory Review)
2018	18	0	18	18	-	0
2019	291	99	192	192	-	8
2020	223	64	159	159	-	2
2021	481	139	342	342	-	11
2022	449	120	329	328	1	2
2023	779	155	624	596	28	1
SPRING 2024	260	TBD	TBD	TBD		
TOTAL 2023-2024:	1039	155	624	596	28	
GRAND TOTAL:	2501	577	1664	1635	29	24

Total Eligible Population: 2594

Summary

The Quality Improvement Program engages CPSM registrants in a practice review on a seven-year cycle to meet the legislated obligation to supervise the practice of its registrants. This helps to ensure safe care for Manitobans. All participants provide in-depth information about their practice and their Continuing Professional Development. Some participants undergo chart reviews and/or multisource feedback. Participants are requested to submit an Action Plan for learning/practice improvement.

The QI Program will complete its first seven-year cycle of activity in December 2025. All medical specialties will be included by 2025. Possible modifications for the second seven-year cycle are being considered.

The QI Program moved operations into the CPSM Portal in late 2023. This has resulted in a more user-friendly experience for participants. It has also eased the administrative burden for staff and allowed for improved data collection and analysis.

QI observations

Challenge identified: Based on chart reviews completed to date, medical record keeping has been identified as a challenging area of practice for some physicians. Resources are provided for training in medical record keeping as appropriate.

Feedback: Feedback from participants has primarily been positive, including the feedback gathered via an anonymous online survey. Suggestions for program improvement continue to be collated and incorporated where reasonable and feasible.

Action Plans: As the concluding activity of their participation, participants are requested to submit an action plan for improvement. One year after participation, they are contacted for feedback on the success or challenges of implementing their plan. Most participants complete the plan thoughtfully and reflectively. The one-year feedback reveals honesty about accomplishments achieved and barriers encountered. The proportion of overtime reflects the high level of stress registrants have been experiencing.

Healthcare system issues: Some participants have identified system concerns on their Action Plans, which may impact patient safety. These concerns are escalated where appropriate.

Continuing Professional Development (CPD): The QI Program has received CPD accreditation from the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada. Both have granted the program the highest credit level available of 3 credits per hour MainPro+ and Section 3 Assessment credits, respectively.

PHYSICIAN HEALTH PROGRAM

A registrant's health and well-being impact the quality of care they provide to their patients. The Physician Health Program supports physicians, residents, medical students, physician assistants and clinical assistants who need to prioritize their personal health, while continuing to provide safe and effective care to patients.

DATA FOR THE DATES MAY 1, 2023 – APRIL 30, 2024

REFERRALS

84

New referrals to the program

54 of the 84 new referrals were self-referrals

SELF-REFERRALS

INCREASED BY

21%

since the previous year



MAKE UP

62%

of all new referrals for this fiscal year

Out of the 84 referrals, 22 were deemed to be *not reportable* to CPSM (no impairment).

TOP REFERRAL CATEGORIES

Out of the **62 reportable** referrals, the top categories reported were:

13%

Cancer

13%

Mental Health

10%

Stress / Burnout referrals

8%

Neurodevelopmental

8%

Substance Use Disorders

OUTCOMES

4

New Undertakings
(5% of all new referrals)

22

No Impairment Identified

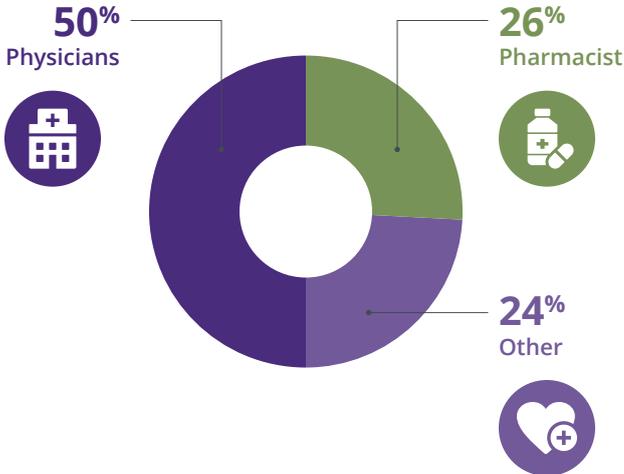
PRESCRIBING PRACTICES PROGRAM (PPP)

The Prescribing Practices Program is an educational and supportive program. Consultants use a quality improvement approach to promote prescribing practices that are informed by current evidence and reflective of best practices. This approach balances both patient safety and patient needs, with the registrant's duty to be a guardian of public safety.

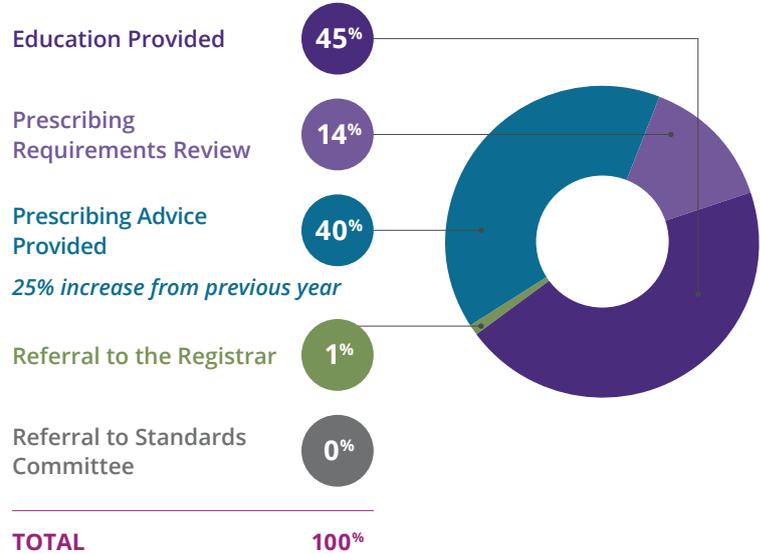


The program's demand for general prescribing advice support increased **83%** over the previous year. In **85%** of cases, either **education intervention or advice** was provided, enhancing competency and safer prescribing practices.

Who is seeking general prescribing advice?



Case Outcomes:



PRESCRIBING PRACTICES PROGRAM: Chief Medical Examiner's Death Review

With a lens of public safety, a consultant attends the Chief Medical Examiner (CME) office to review deaths involving prescribed medications and the role that over-the-counter medications and illicit drugs play in these deaths. The review focuses on medications that put patients at an elevated risk of serious harm, particularly sedating and/or psychoactive medications. Methadone and Suboxone deaths also undergo a detailed review.

All prescribers involved in the patient's care receive a standard cover letter, a summary of the Medical Examiner's report, and case-specific feedback utilizing standardized quality indicators. Informing physicians of the circumstances surrounding a patient's death is relevant to a physician's ongoing practice and serves as an opportunity to provide case-based education and promote self-reflection.

Common themes observed from the review process:

1. Polypharmacy continues to be a significant contributor to medication-related overdose deaths in Manitoba. Overdose risk increases when multiple sedating and/or psychoactive medications are prescribed concurrently. Patients rarely overdose on a single prescription medication.
2. Deaths involving multiple sedating or psychoactive medications most often involve one prescriber.
3. Sedating over-the-counter medications, such as diphenhydramine, contribute to many accidental overdose deaths yearly.
4. In Manitoba, post-mortem toxicology trends have shifted dramatically. Many patients now die from fatal overdoses involving one or more *illicit* drugs (i.e., fentanyl or methamphetamine). These deaths are usually accidental. Blood levels of these toxic illicit drugs at the time of death are dramatically higher than pre-pandemic.

Chief Medical Examiner Death Review Outcomes OF THE 64 CASE REVIEWS:

29	Prescribing Deemed Appropriate
33	Prescribing Falls Outside Guidelines
5	Letters to physician requesting response
28	Letters sent with prescribing concerns & recommendations
0	Referrals to Central Standards Committee
0	Referral to Complaints
2	Referrals to Another Regulatory College

Note: *This accounts for only part of the fiscal year as reviews were paused effective July 2023. We anticipate reviews will resume in the near future.*

PRESCRIBING PRACTICES PROGRAM: Opioid Agonist Therapy (OAT) Manual Launch

CPSM Prescribing Practices Program launched the *Manitoba Opioid Agonist Therapy (OAT) Recommended Practice Manual* in May 2023. With opioid deaths and overdoses rising, the manual is a tool to guide OAT prescribers in delivering life-saving treatment for individuals affected by Opioid Use Disorder (OUD). OUD is a chronic and potentially life-threatening illness that profoundly impacts all aspects of a person's life. Fortunately, effective long-term treatment is more accessible than ever in Manitoba.

The Recommended Practice Manual is the first of its kind. The inclusive 26 chapters were written by local experts and provide detailed guidance and expert recommendations for every aspect of OAT care. Unlike any other resource of its kind, it was developed within the context of Manitoba and addresses local care needs, barriers, and advocacy issues identified by providers who have spent years doing this critical work across the province.

Online OAT Manual Use (May 1, 2023–April 30, 2024)



3,261 Page Views



545 Downloads

MANITOBA QUALITY ASSURANCE PROGRAM (MANQAP)

MANQAP is the provincial accreditation agency responsible for assuring the quality and safety of diagnostic services in Manitoba. Under the Continuing Services Agreement with Manitoba Health, Senior, and Long-Term Care. MANQAP's role is to provide standards, inspect diagnostic and treatment facilities, and monitor compliance for accreditation, which falls under Manitoba jurisdiction.

MANQAP is a member of the Western Canadian Accreditation Alliance (WCAA) and incorporates the WCAA Standards in all accreditations through a Memorandum of Understanding. The standards meet the International Quality Standard (IQS) level of best practices for delivering diagnostic services to patients across Manitoba, Saskatchewan, and Alberta. Facilities compliance with all standards is required before the Program Review Committee grants full accreditation and issues a certificate of accreditation.

CPSM Council appoints a Program Review Committee to oversee the work of the Manitoba Quality Assurance Program (MANQAP), which includes investigating and inspecting all diagnostic facilities public and private, Non-Hospital Medical Surgical Facilities (NHMSF) and Physician Office Laboratories (POL) when requested.

Non-Hospital Medical and Surgical Facilities (NHMSF)

NHMSF on-site inspections began in May 2022. The operation of the NHMSF accreditation program is operationalized by MANQAP. CPSM revised the Accredited Facility Bylaw, effective June 9, 2021, in which Part B applies to all non-hospital medical or surgical facilities. Utilizing the WCAA standards, the NHMSF accreditation process emphasizes continuous quality improvement and promotes optimum performance to ensure quality health services and subsequently, a high standard of patient care. Included in the requirement as part of the Accredited Facilities Bylaw Part B, all NHMSF must report any major adverse patient events through this dedicated process which reviews each case and presents recommendations to PRC.

PROGRAM REVIEW COMMITTEE (PRC) MEMBERS

Ms. Leanne Penny	<i>Chair</i>
Ms. Leslie Agger	<i>Public Councillor</i>
Dr. Virendra Arya	<i>Anesthesia</i>
Ms. Jenn Cabel	<i>MB Nominee, Non-Voting (term ended in May 2023)</i>
Ms. Eileen Gelowitz	<i>Public Representative</i>
Ms. Fiona Jeffries	<i>MB Nominee, Non-Voting (November 2023-May 2024)</i>
Dr. Amin Kabani	<i>Laboratory Medicine</i>
Dr. Iain Kirkpatrick	<i>Diagnostic Imaging</i>
Dr. Jenisa Naidoo	<i>Laboratory Medicine</i>
Dr. Charles Penner	<i>President-Elect</i>
Dr. Julio Pintin-Quezada	<i>Surgery</i>
Dr. Nader Shenouda	<i>President, Ex-officio</i>
Dr. Anna Ziomek	<i>Registrar, Non-Voting, Ex-officio</i>

MANQAP AS OF MARCH 31, 2024	Laboratory Medicine <i>(Includes Patient Service Centres and Transfusion Medicine)</i>	Diagnostic Imaging <i>(Includes Radiology, Ultrasound, Computed Tomography and MRI)</i>	Non-Hospital Medical & Surgical Facilities
Total number of Facilities	174	165	24
Full Accreditation	121	100	3
Conditional Accreditation	15	15	9
Temporary Accreditation	34	50	12
In the Process of Obtaining Accreditation	4	0	0

Activities 1 APRIL 2023 TO 31 MARCH 2024	Laboratory Medicine <i>(Includes Patient Service Centres and Transfusion Medicine)</i>	Diagnostic Imaging <i>(Includes Radiology, Ultrasound, Computed Tomography and MRI)</i>	Non-Hospital Medical & Surgical Facilities
Number of Accreditation Inspections	26	34	2
Number of Inspections to Open a Facility	1	3	4

Complaints and Inspections	
<i>MANQAP investigates complaints received and may conduct unannounced site visits if required.</i>	
Complaints Received	5
Unannounced Inspections	3
Adverse Patient Outcomes reviewed by Program Review Committee	20

COMPLAINTS AND INVESTIGATIONS

The Regulated Health Professions Act (RHPA) sets out what actions the Registrar may take when a complaint is received ([see section 91\(2\) as amended by Part 14 of the RHPA](#)). The following list reflects the four categories of actions that can be taken:

- 1 Facilitated Communication** encourages the complainant and the investigated registrant to communicate with each other and resolve the complaint.
- 2 Referral to the Complaints Committee**
- 3 Referral to the Investigation Committee**
- 4 Dismissal** of complaint if the Registrar is satisfied that it is trivial or vexatious or that there is insufficient evidence or no evidence of conduct about which a finding could be made at a disciplinary hearing.

The processes followed for each action/category are described in the [CPSM Practice Direction, Resolving Conflict and CPSM's Complaints and Investigation Process](#).



Learn how the Complaints & Investigations department addresses concerns regarding the care provided by, or the professional conduct of registrants.

Using the camera on your smartphone, focus on the QR code by tapping on the code. Click on the link that appears on the screen to view the video.

SUMMARY

This fiscal year we received 409 complaints.

This is no change from last fiscal year when there were **408**.

The matters were directed to be addressed as follows:



- 116

Facilitated Communication

- 163

Referred to the Complaints Committee

- 130

Referred to the Investigation Committee

- 0

Dismissed

Facilitated Communication Process

This process involves assisting complainants and registrants to address matters that do not require review or action by a committee in accordance with the RHPA. This can include addressing outstanding tasks or communication breakdowns. If more serious concerns are identified, the matter may be referred to a committee for review and action.

Statistical Summary	2024	2023
Cases received during this fiscal year	116	72
Outstanding Cases as of April 30, 2023	36	48
Total number of cases	152	120
Outstanding as of April 30, 2024	39	21
Total cases closed	113	99

Dismissals

Cases may be dismissed if the Registrar is satisfied that it is trivial or vexatious or that there is insufficient evidence or no evidence of conduct about which a finding could be made under subsection 124(2), which are the findings that could be made by a panel at a disciplinary hearing. Complainants have the right to appeal a dismissal of their complaint and those appeals are heard by the Complaints Committee.

Statistical Summary	2024
Cases dismissed	0
Number of dismissals appealed	n/a
Number of dismissals upheld by the Complaints Committee	n/a
Number of appeals pending	n/a

COMPLAINTS COMMITTEE

COMPLAINTS COMMITTEE MEMBERS

Dr. Norman McLean	<i>Chair</i>
Dr. Stephanie Butterworth	
Dr. Steven Gray	
Dr. Boshra Hosseini	
Dr. Noam Katz	
Mr. Sylvester Oyamienien	<i>Public Representative</i>
Ms. Leanne Penny	<i>Public Representative</i>
Dr. Shayne Reitmeier	
Ms. Nicole Smith	<i>Public Representative</i>
Mr. Raymond Strike	<i>Public Representative</i>
Dr. Nicole Vosters	

Meetings

The Panels of the Complaints Committee met 11 times during this fiscal year.

Statistical Summary	2024	2023	2022
Outstanding Cases as at April 30, 2023	119		
New cases received during this fiscal year	163	169	159
Total number of complaints	282	274	
Outstanding Cases as at April 30, 2024	134	120	
Total cases closed by the Complaints Committee	148	154	88

Source of Complaint (for 163 new cases received)	2024
Patient / legal guardian / legal representative	152
CPSM Registrar*	11

* When a third party raises concerns about the care or conduct of a CPSM registrant, the Registrar may refer the matter to the Complaints Committee or the Investigations Committee.

Resolution of the 148 cases closed	2024
No Further Action	77
Advice / Criticism	62
Informal Resolution	0
Complaint Referred to Investigation Committee	4
Cases Withdrawn	5

Note: Complainants who are not satisfied with the outcome of the Complaints Committee may appeal the decision to the Investigation Committee.

Length of time required to resolve complaints for cases closed	2024
0 to 60 days:	2
61 to 90 days:	0
91 to 120 days:	2
121 to 150 days:	1
151-180 days:	3
Greater than 180 days:	140
Total	148

INVESTIGATION COMMITTEE

INVESTIGATION COMMITTEE MEMBERS

Dr. Kevin Convery	<i>Chair</i>
Dr. Rafiq Andani	
Ms. Lynette Magnus	<i>Public Representative</i>
Ms. Leanne Matthes	<i>Public Representative</i>
Dr. Heather Smith	
Ms. Cheryl Smith	<i>Public Representative</i>
Ms. Elizabeth Tutiah	<i>Public Representative</i>
Dr. Elsa Velthuysen	

Meetings

The Investigation Committee met 10 times during this fiscal year.

Statistical Summary	2024	2023	2022
Outstanding Cases as at April 30, 2023	165		
Cases received during this fiscal year	130	166	134
Total number of complaints	295	294	
Outstanding Cases as at April 30, 2024	142	169	
Total cases closed by the Investigation Committee	153	125	78

Source of Complaint (for the 130 new cases received):	2024
Patient / Legal Representative	76
Complaints Committee Referral	4
Registrar	23
Complainant Request for Appeal (Matters first heard by CC)	26
Returned by Appeal Committee	1

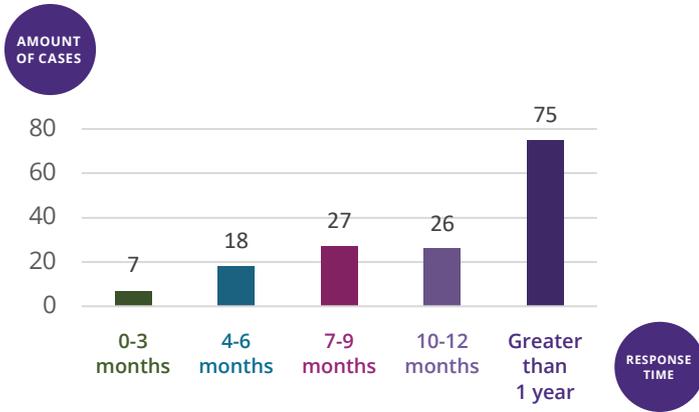
Disposition of the 153 Cases Closed by the Investigations Committee:	2024
<i>No Further Action:</i>	
→ With Advice / Criticism	64
→ No further action and / or concur with the Complaints Committee	52
→ Informal Resolution	2
<i>Undertakings:</i>	
→ Remedial Education	6
→ Professional Boundaries Program	0
→ Practice Restrictions	2
→ Other	1
<i>Censure</i>	0
<i>Referred to Inquiry</i>	21 (5 physicians)
<i>Withdrawn</i>	5

Note:

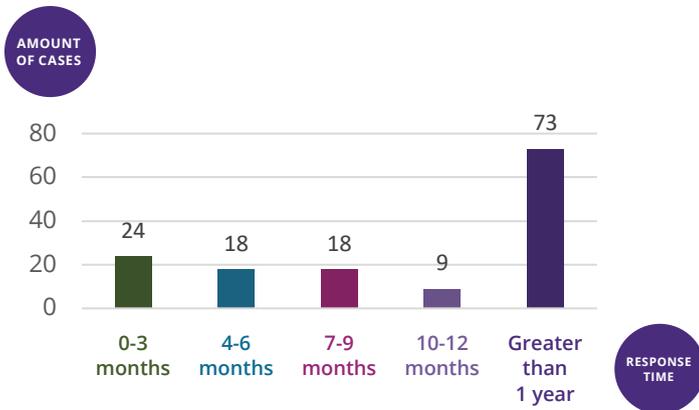
1. Complainants can appeal the decision of the Investigation Committee to the Appeal Committee. Appeals do not involve the Complaints and Investigation Department and are a function of the Executive Committee.
2. The 21 complaint files that were referred to an Inquiry Hearing were regarding five physicians, of which four physicians had multiple complaints. There will be one hearing for each physician to consider all aspects of the concerns.

Response time of Investigation Committee

The following is the length of time taken to conclude the 153 cases closed by the Investigation Committee.



Duration of the 142 cases open at the end of this fiscal year



INQUIRY COMMITTEE

Dr. Jacobi Elliott *Chair*

Meetings

Inquiry Panels are comprised of members of the Inquiry Committee who are appointed as necessary to convene and consider matters referred to Inquiry by the Investigation Committee. The hearings are for the purpose of making findings and orders to address allegations of misconduct and breaches of standards by particular registrants as alleged in Notices of Inquiries. The hearings may include consideration of more than one investigation file. Prosecution of matters referred to inquiry is overseen by the Investigation Committee and conducted by legal counsel in the Complaints and Investigations Department.

CPSM abides by the framework set out by the Manitoba government in the Regulated Health Professions Act (RHPA) for the publication of certain decisions related to the registration and discipline of its registrants. Publications of formal disciplinary action taken by CPSM concerning a registrant, including Censures and Inquiry Panel decisions, are posted once the decision is final. View the [Disciplinary Actions and Publications](#).

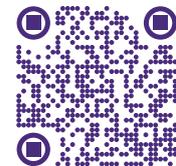
Statistical Summary

Inquiries Completed during this fiscal year **0**

Reprimand

Cancellation of Registration

Matters in Progress **5**



View the Disciplinary Actions and Publications

Using the camera on your smartphone, focus on the QR code by tapping on the code. Click on the link that appears on the screen to view the video.

REGISTRANT COMMUNICATIONS

The CPSM communications team works with all departments to ensure external communications align with the organization's broader communication goals.

The communications team manages CPSM's website and online presence, the monthly registrant newsletter, quarterly Council updates, and other digital communications. The team also oversees the communications components of public consultations, the launch of new or updated Standards of Practice and Practice Directions, the annual report, and other corporate communications.



This year, three videos were launched to bring awareness of CPSM's core functions. Click on the QR code to view them.

Registrants are one of our key stakeholders and timely and relevant communication is critical for disseminating information to the profession, engagement, and collaboration.

The following became effective this fiscal year (public consultations were held in the previous fiscal year)

- Standard of Practice - Social Media, effective June 28, 2023
- Practice Direction – Professional Practice and Inactivity, effective June 28, 2023

Public Consultations were held for the following:

- Standard of Practice – Prescribing Requirements, effective in the new fiscal year
- Practice Direction on Electronic Transmission of Prescriptions, effective in the new fiscal year
- Amendments to the CPSM General Regulation, amendments effective September 1, 2023
- Amendments to the Standard of Practice on Research, amendments effective September 27, 2023
- New Council Policy: Supervision of Provisional Registrants, effective September 27, 2023
- New Practice Direction - Practice and Supervision Requirements for Clinical and Physician Assistants and Physician Assistant Students, effective March 20, 2024
- Amendments to The Affairs of the College Bylaw, amendments effective March 20, 2024

The following resources and guidance were issued to the profession:

- [New Recommended Practice Manual to Support Opioid Agonist Therapy Prescribers in Manitoba](#)
- [Guidance: Patient Care Expectations](#)
- [Receiving and Discharging Patients to and from Emergency Departments & Urgent Care](#)
- [Referring Patients to Emergency Departments & Urgent Care](#)
- [What is an appropriate window of time for virtual appointments?](#)
- [Using Your Legal Name for Practice](#)
- [Guidance: In-Hospital Prescribing of Methadone for Palliative Care Analgesia](#)
- [Gender-Affirming Medical Care](#)
- [Identifying the “Most Responsible Physician”](#)
- [Guidance: Dismissing a Patient](#)

INFORMATION TECHNOLOGY

Electronic Solutions to Improve Usability and Efficiency

The CPSM Portal has been used by Registrants and staff for years but has undergone some major enhancements in the past year.

While initially only a place to complete annual registration renewals online, the IT department continues to find ways to improve the user experience and the overall process.

These improvements bring tangible benefits to our staff, registrants, and the public, making their interactions with the portal more seamless and productive.

Supporting the Public Interest

Locally - Manitoba pharmacists must be able to verify prescribing practitioners as well as identify those that have special prescribing permission, but access to this type of information was limited.

CPSM developed a dedicated pharmacist login to the portal to support pharmacists in verifying this information. As a public safety tool, it facilitates up-to-date prescriber information to support access to care.

Nationally - CPSM is actively collaborating with Medical Regulatory Authorities (MRAs). The IT department is working closely with the Medical Council of Canada and other provincial/territorial regulatory authorities to develop the National Registry of Physicians. This registry, which will include CPSM full and provisional registrant data, is a significant step towards single-source access to accurate physician data.

Creating Efficiencies

We are leveraging modern solutions to improve internal processes across the organization continuously. For example:

- Quality Improvement Program processes have been implemented on the portal allowing registrants to provide the necessary documentation required for quality improvement audits. This process increases efficiency for both CPSM and registrants.
- Enhancements to procedures within the Complaints and Investigations department have streamlined workflow.
- Applications for full and provisional registrations have been online for years. This year, the IT department has now addressed many of the remaining membership classes. Online registration applications were developed and implemented for clinical assistants, physician assistants, and visiting students. The remaining applications will be completed in the coming year.

Our vision for the CPSM Portal is to make it a space where Registrants can access timely communications, confidential correspondence, and resources all in one place.

April 30, 2024

FINANCIAL STATEMENTS

INDEPENDENT AUDITOR'S REPORT ON THE SUMMARY FINANCIAL STATEMENTS

To the Council of the The College of Physicians and Surgeons of Manitoba

Opinion

The summary financial statements, which comprise the summary statement of financial position as at April 30, 2024, and the summary statement of operations for the year then ended, and related note, are derived from the audited financial statements of The College of Physicians and Surgeons of Manitoba (the "Organization") for the year ended April 30, 2024.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, on the basis described in the Note to the summary financial statements.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated June 26, 2024.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements in accordance with the Note to the summary financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.

Comparative Information

The summary financial statements of the Organization for the year ended April 30, 2023 were reported on by another auditor who expressed an unmodified opinion on those summary financial statements on June 28, 2023.

BDO Canada LLP

Chartered Professional Accountants

Winnipeg, Manitoba
June 27, 2024



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SUMMARY STATEMENT OF FINANCIAL POSITION

AS AT APRIL 30

	2024	2023
ASSETS		
Current assets		
Cash and bank	\$ 5,471,430	\$ 4,477,743
Investments	2,241,825	91,480
Accounts receivable	80,559	100,027
Prepaid expenses	251,331	188,879
	8,045,145	4,858,129
Investments	3,174,999	5,324,999
Capital assets	306,672	350,534
Intangible assets	101,105	207,570
	\$ 11,627,921	\$ 10,741,232
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable and accrued liabilities	\$ 321,250	\$ 226,560
Accrued pre-retirement leave benefits	273,261	304,872
Accrued vacation	174,544	114,912
Deferred program revenue	351,368	163,521
Deferred registrant dues revenue	4,121,383	3,671,483
	5,241,806	4,481,348
Net Assets		
Unrestricted	1,693,338	1,698,780
Invested in capital and intangible assets	407,777	558,104
Internally restricted	4,285,000	4,003,000
	6,386,115	6,259,884
	\$ 11,627,921	\$ 10,741,232

Approved on behalf of Council



, President



, Registrar

The accompanying notes are an integral part of these financial statements.

SUMMARY STATEMENT OF OPERATIONS

YEAR ENDED APRIL 30	2024	2023
REVENUE		
Physician and resident license fees	\$ 7,404,617	\$ 6,589,634
Educational register fees	98,963	88,288
Clinical assistant license fees	87,512	53,800
Physician assistant license fees	72,322	55,750
Medical corporation fees	547,815	447,175
Other fees and income	794,255	647,129
Interest income	257,243	159,989
Investment income	137,220	117,024
Government funded program revenue	831,798	1,045,213
	10,231,745	9,204,002
EXPENSES		
Governance	146,790	99,229
Qualifications	994,598	973,415
Complaints and investigations	2,542,702	2,313,948
Operations and general administration	2,561,730	2,397,889
Government funded program expenses	832,250	1,221,943
Quality	2,384,392	1,865,309
Information technology	643,052	584,797
	10,105,514	9,456,530
Excess (deficiency) of revenue over expenses for the year	\$ 126,231	\$ (252,528)

NOTE TO THE SUMMARY FINANCIAL STATEMENTS

FOR THE YEAR ENDED APRIL 30, 2024

1. Basis of presentation

Management has prepared the summary financial statements from the Organization's April 30, 2024 audited financial statements. The complete financial statements, including notes to the financial statements and the independent auditor's report, are available upon request by contacting the Organization's office.

The accompanying notes are an integral part of these financial statements.



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