



THE
COLLEGE OF
PHYSICIANS
& SURGEONS
OF MANITOBA

ANNUAL REPORT

2022-23

➤ ABOUT THIS REPORT

This report summarizes CPSM's major activities from the fiscal year of May 1, 2022, to April 30, 2023. 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, Anishininewuk, Cree, Oji-Cree, Dakota Oyate, Denesuline and Nehethowuk Nations, and the 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 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 Western 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.



1000 – 1661 Portage Ave, Winnipeg MB R3J 3T7

P: 204.774.4344

E: cpsm@cpsm.mb.ca

TF: 877.774.4344

W: cpsm.mb.ca

TABLE OF CONTENTS

2 CPSM's Regulatory Role

4 President and Registrar Letter

6 CPSM Council

7 Registration

13 Quality

13 *Central Standards Committee*

15 *Quality Improvement*

16 *Physician Health Program*

17 *Prescribing Practices Program:
General Prescribing Advice*

18 *Prescribing Practices Program:
Chief Medical Examiner's Death Review*

19 *Manitoba Quality Assurance Program*

21 Complaints & Investigations

23 *Complaints Committee*

24 *Investigations Committee*

26 *Inquiry Committee*

27 Information Technology

28 Bylaw Amendments

29 Financial Statements

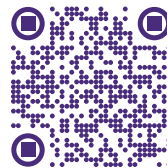
CPSM'S REGULATORY ROLE

▶ OUR MANDATE

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, 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.



▶ 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.

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 address 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 upholds a Code of Ethics and Professionalism that all registrants must adhere to while practising medicine in Manitoba. From time to time, guidance and advice relevant to emerging issues are also provided to registrants.

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.

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.

PRESIDENT AND REGISTRAR LETTER

On behalf of CPSM and CPMS Council, we are pleased to provide you with highlights of the fiscal year from May 1, 2022 to April 30, 2023.

It was a year shaped by both adversity and progress. The third year of the pandemic intensified some of the challenges the profession had already been experiencing. CPSM addresses issues from a regulatory standpoint to ensure the delivery of safe and quality care is not compromised.

Physician Shortage

Like most provinces across the country, Manitoba has been grappling with a shortage of physicians, particularly in family medicine and certain specialties. This shortage severely impacts timely access to medical care for Manitoba residents.

In response, CPSM has boosted our efforts to streamline licensure for out-of-province physicians and International Medical Graduates (IMGs). The province heavily relies on recruiting both nationally and internationally to support the health care system. As a regulator, we seek to eliminate barriers to practicing in Manitoba without putting the safety of the public at risk.

We implemented the following during this fiscal year:

1 Fast-Track Registration

In December, we announced a Fast-Track Registration pathway that expedites registration for physicians who meet the national standards for full registration. This move opens the door for more out-of-province physicians fully licensed in another Canadian jurisdiction to begin practicing medicine in Manitoba faster.

2 Removing barriers for International Medical Graduates (IMGs)

In March, we eliminated the requirement for IMGs to pass the Medical Council of Canada Qualifying Examination Part 1 (MCCQE1) before applying for the Practice Ready Assessment. The exam was a barrier for many skilled physicians seeking provisional licensure in Manitoba. If an IMG meets all other requirements for provisional registration, they must complete a Practice Ready Assessment, find a mentor, and are assigned a practice supervisor for the duration of their provisional registration. Almost all internationally educated physicians who apply are mid-career and already practicing outside of Canada, approximately half of them in specialties.

This change allows IMGs with specialties in areas such as anesthesia and obstetrics to fill a void and make highly valuable contributions that those departments and, ultimately, the public benefit from.

These two changes eliminate barriers to assessment without compromising quality of care and patient safety.

See the percentage of physicians in Manitoba based on where their medical degree was obtained on [page 9](#).

Physician Burnout

The demands placed on physicians, combined with the emotional and physical toll of their practice, have led to alarming rates of burnout, depression, and stress. We recognize that a registrant's health and well-being impact the quality of care they provide to their patients. The Physician Health Program (PHP) ensures registrants receive the support they need to continue delivering quality care to our communities. The program strives to keep registrants working or enable them to return to practice as soon as it is safe to do so. As more registrants become aware of the program, participation is increasing, but we recognize not everyone seeks the support they may need. The program is committed to reducing stigma and making it safe to seek help. As a self-governing profession, it is essential that registrants report issues that are causing impairment in practice, whether it is about themselves or a colleague. Read more about the PHP on [page 16](#).

Addressing Anti-Indigenous Racism in Medical Practice

We have made notable progress toward creating meaningful partnerships and addressing Indigenous-specific racism in medical care. In January, we met with Chiefs from Anishinaabeg, Anishininewuk, Dakota Oyate, Denesuline, and Nehethowuk First Nations at the Assembly of Manitoba Chiefs to issue a statement and apology for past and current Indigenous-specific racism in medical practice. In February, we delivered our statement and apology to Inuit leaders from the Manitoba Inuit Association.

We know that action must follow words and the apology included a pledge for improvement. CPSM committed to seven specific actions recommended by the CPSM Truth and Reconciliation Advisory Circle. We are grateful for the Indigenous physicians, scholars, Elders, and Knowledge Keepers who share their stories, experiences, knowledge, and guidance with us. Work is underway to accomplish the seven actions, each currently in various stages. We move forward humbly and anticipate many more advancements in the coming year.

Stay informed on our progress throughout the year by visiting the [Truth and Reconciliation section of our website](#).

As we reflect on the year, we extend our sincere gratitude to CPSM Council members and committees for their commitment to acting in the public's interest, to CPSM staff for carrying out the day-to-day business activities efficiently, and to the public for placing their confidence in our ability to regulate the profession.

Finally, we want to acknowledge our registrants – as physicians ourselves, we are impacted by these challenges too and we want you to know we are dedicated to balancing the public's interest with right-touch regulation of the profession.

As we look ahead to the coming year, collaboration among our stakeholders is key to resolving the challenges we face while remaining committed to putting the interests of patients first.



Dr. Anna Ziomek
Registrar / CEO



Dr. Jacobi Elliott
President

CPSM COUNCIL

COUNCIL MEMBERS LISTING

<i>President</i>	Dr. Jacobi Elliott
<i>President-Elect</i>	Dr. Nader Shenouda
<i>Past-President</i>	Dr. Ira Ripstein

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 Representative of Registrants

Mr. Christopher Barnes, PA

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

Councillor Appointed by the Faculty of Medicine

Dr. Peter Nickerson

EXECUTIVE COMMITTEE LISTING

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

Activities

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

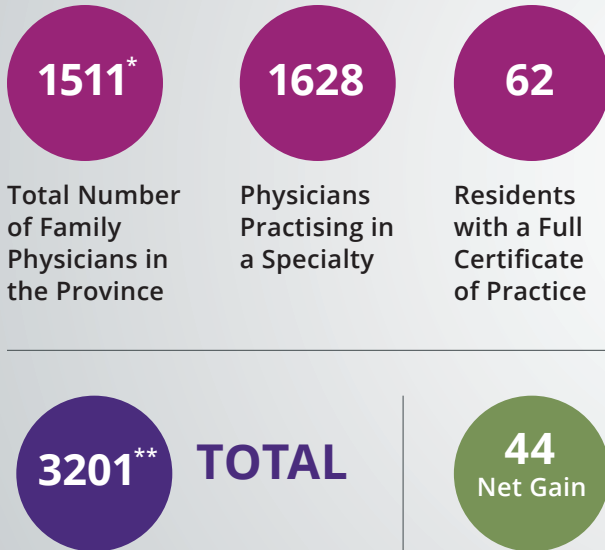
- Provides alternatives and options for Council
- Provides advice on Council's agenda
- Provides advice to the Registrar
- Evaluates the Registrar's performance
- Nominates Councillors for President, committee positions, and public representatives not chosen by Government

The Executive Committee met 11 times during the fiscal year.

Acting as an appellate body, the Executive Committee heard 12 appeals of Investigation Committee decisions.

REGISTRATION

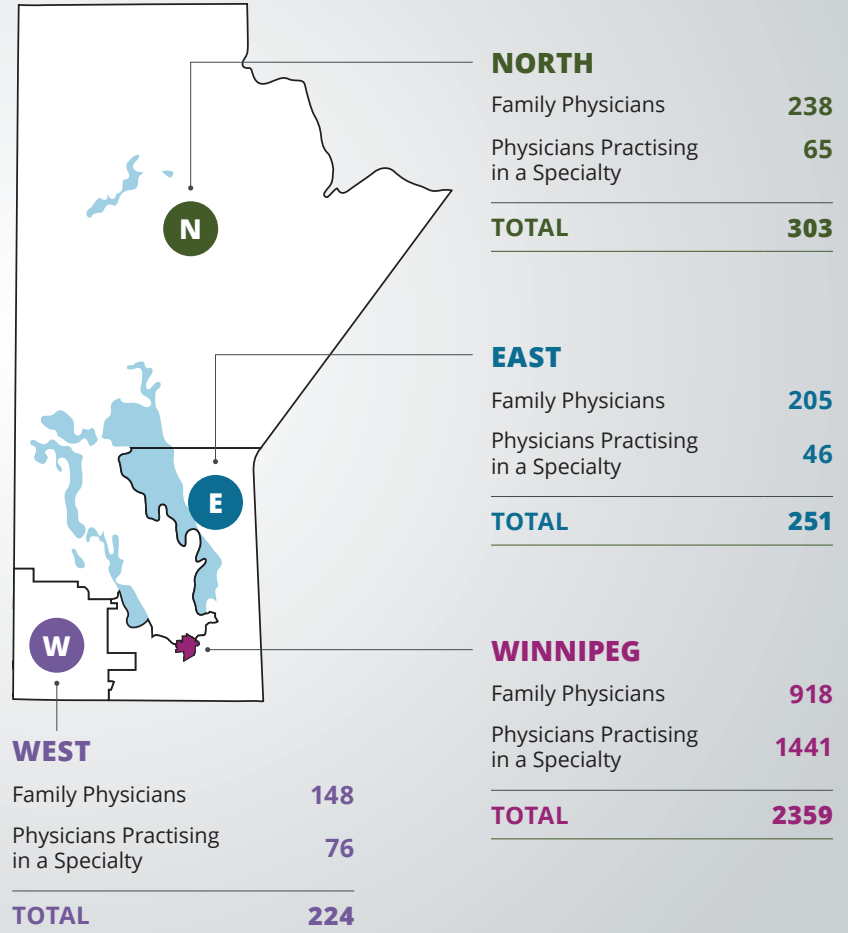
Geographic Distribution of Physicians Holding a Full Certificate of Practice (License)



* 2 family physicians licensed in Manitoba but employed by the federal government and practising outside of Manitoba are included in this number.

** 62 residents with a full license are included in this total

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.

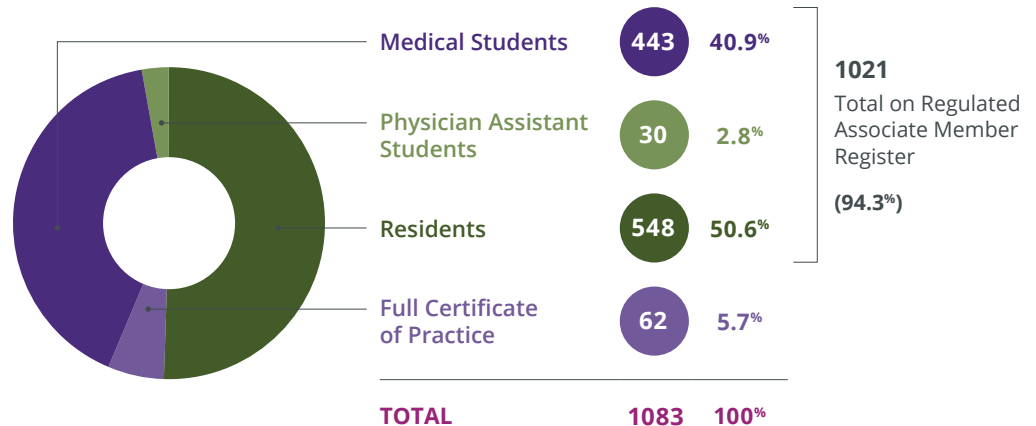


Newly Registered Physicians in Manitoba and the jurisdiction where their medical degree was obtained (Regulated Member-Full, Regulated Member Provisional)

Year	Manitoba	Canada	USA	UK & Ireland	Europe	Asia	Australia	New Zealand	Africa	Central / South America	TOTAL
2019	77	49	6	9	18	31	3	0	14	7	214
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
5 Year TOTAL	396	234	12	41	58	176	12	1	94	41	1,065

Regulated Associate Member – Educational

Postgraduate physicians in training programs are referred to as residents. They may be pre-registration postgraduate trainees (Educational – Resident), or they may have met the registration requirements and are eligible for a Regulated Member Practising Class Certificate of Practice. The latter category of residents may opt to obtain a Full Certificate of Practice.



Applications Received and Processed

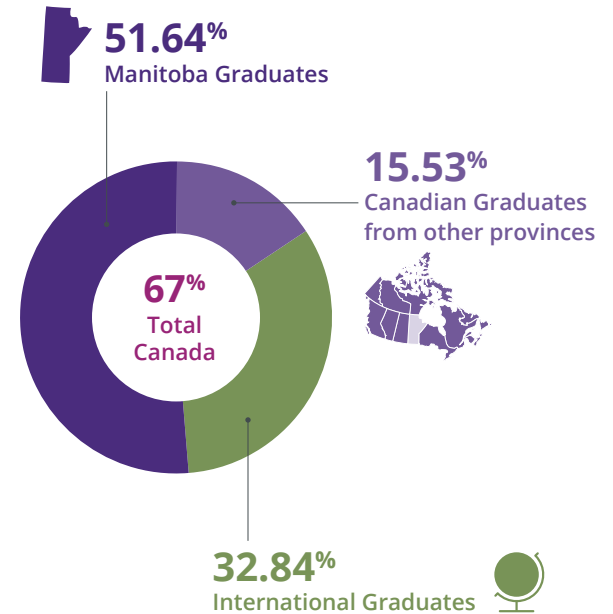
Registration Class	Received	Registered
Educational (Associate) Members	427	404
Regulated Members - Full	165	96
Regulated Member Provisional	158	49
Clinical Assistants	89	51
Physician Assistants	23	20
Total Number Registered		620

Applications Received & Processed (Not Registered)	242
<i>Reasons not registered:</i>	
Applications currently in Progress	153
Requirements not met	29
Applications expired and closed	43
Applications withdrawn	15
Applications Denied	2

862

Total Applications Received and Processed

Percentage of Physicians in Manitoba Based on the jurisdiction where medical degree was obtained



Geographic Distribution* of Practising Physicians by Country where Medical Degree was Obtained

Country of Qualification	Winnipeg	North	East	West	TOTAL
<i>Total Practising in Electoral District</i>	2417	303	254	225	3199**
Manitoba	1329	113	143	68	1653
Canada	407	34	25	29	495
TOTAL CANADA	1736	147	168	97	2148
USA	12	1	1	0	14
Uk & Ireland	66	15	11	10	102
Europe	84	11	3	8	106
Asia	302	79	49	71	501
Australia	17	3	1	2	23
New Zealand	0	1	0	0	1
Africa	149	37	18	32	236
Central & South America	51	9	3	5	68
TOTAL INTERNATIONAL MEDICAL GRADUATES	681	156	86	128	1051

* Numbers are based on registrants' primary practice location.

** 2 family physicians licensed in Manitoba but employed by the federal government and practising outside of Manitoba, are not included in this number.

Clinical Assistants and Physician Assistants

A **Clinical Assistant** is a registrant that:

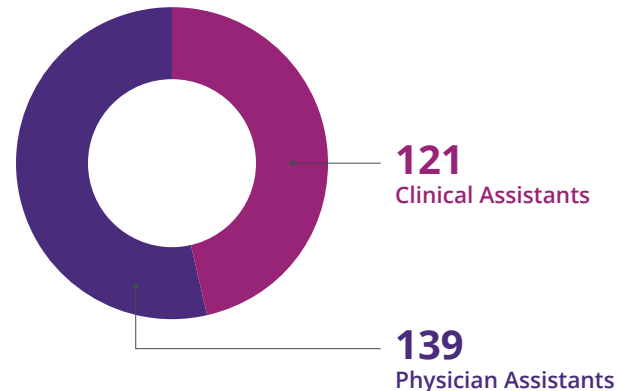
- Holds a Degree in Medicine from a nationally approved faculty of medicine, or
- Is a Doctor with an Osteopathic Medicine Degree from a school in the United States accredited by the American Osteopathic Association Commission, or
- Is a graduate of an approved and accredited physician assistant or clinical 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.

A Clinical Assistant may practice only under a contract of supervision with a regulated member and a practice description approved by the Registrar.

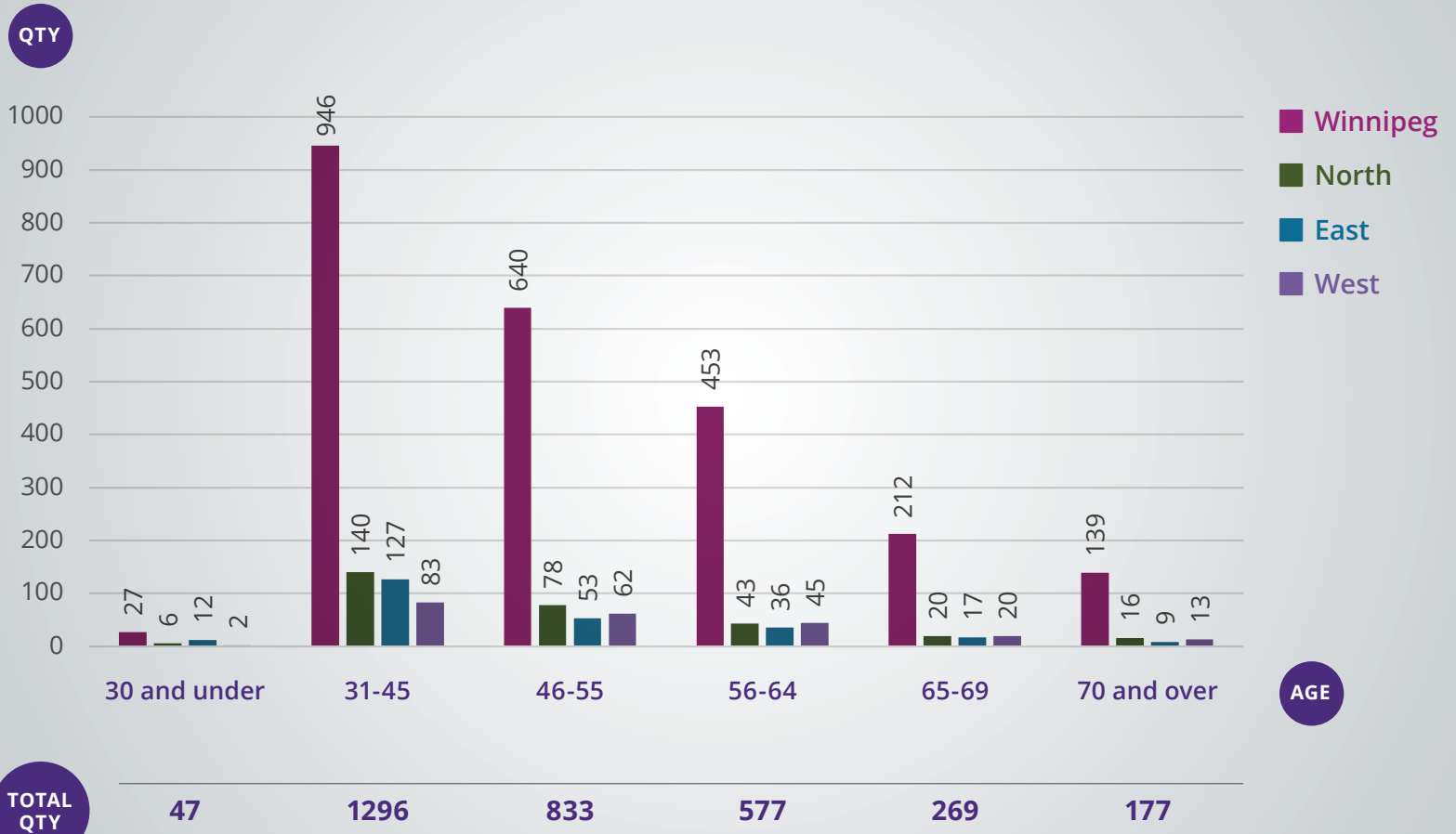
A Physician Assistant is a member that has completed an approved **Physician Assistant program**. They may practice only under a contract of supervision with a regulated member and a practice description approved by the Registrar.

Number of Clinical Assistants and Physician Assistants with a Regulated Associate Member: Full Practicing Class Certificate Of Practice

Year	Clinical Assistants	Physician Assistants
2019	93	112
2020	98	124
2021	94	130
2022	101	136
2023	121	139



Age of Practising Physicians



Total Qty /
Age Group

NOTE: 2 family physicians licensed in Manitoba but employed by the federal government and practicing outside of Manitoba are not included in this count.

QUALITY

CENTRAL STANDARDS COMMITTEE

Committee Members

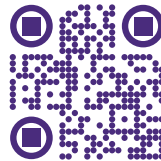
Dr. Roger Süss, Chair
 Dr. Ira Ripstein
 Dr. Eric Sigurdson
 Dr. Christine Polimeni
 Dr. Mary-Jane Seager
 Mr. Christopher Barnes, PA
 Ms. Katherine Stansfield
 Ms. Dorothy Albrecht
 Ms. Marvella McPherson, CM
 Dr. Jacobi Elliott (ex officio)
 Dr. Nader Shenouda (ex officio)
 Dr. Anna Ziomek (ex officio)

Meetings

There were 5 meetings held during the fiscal year.

Major Activities

- The introduction of the [Framework for Decision and Outcomes of Standards Committees](#) has proven to be a valuable tool used to guide deliberation and decisions within the Central Standards Committee (CSC). While there has been an increase in the required change outcomes since last year, most interactions are positive. Registrants are given the opportunity to discuss the findings of their reviews and are provided with suggestions and/or resources to make those required changes in their practice.
- Since the introduction of the Standards Subcommittee Guide for Operations in October 2021, the CSC has been able to engage with committee Chairs on a regular basis and has seen an increase in reporting through quarterly and annual reports from the various standards subcommittees operating in the province.
- A virtual Area Standards Committee sharing circle was held on April 6, 2023, with the Chairs of the Winnipeg Regional Health Authority, Southern Health Regional Health Authority, Prairie Mountain Health Regional Health Authority, and the Orthopedic and Endoscopy Provincial Standards Committees. Topics of discussion included what types of cases to review, benefits to patients, and the new reporting format. Highlights from two of the area standards committees within the province were also shared.



← Learn how the Quality department monitors the professional competency of practice and promotes safe care through ongoing education and quality improvement initiatives.

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.

Audit Review Completed

46
REVIEWS

*One audit resulted
in two outcomes.*

- 14** Age-Triggered Audits 
- 4** Quality Improvement Referrals 
- 20** Referred Audits 
- 8** Repeat Age-Triggered 

Audit Review Outcomes

- 14** Reasonable Care
- 11** Self-Directed Improvement Plan with Report
- 16** Negotiated Improvement Plan & Follow-Up Audit
- 3** Educational Undertaking
- 2** Referral to Registrar
- 1** Full Practice Audit

54%

*of audits resulted in
suggested outcomes*

48%

*of audits resulted in
required outcomes*

QUALITY IMPROVEMENT

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

The QI Program has received Continuing Professional Development (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.

FISCAL YEAR	Initiated	Participated	Completed	In Process	Referred To CSC (Unsatisfactory Review)
2018-2019	223	155	158	0	5
2019-2020	233	139	142	0	4
2020-2021	259	198	201	0	11
2021-2022	488	367	370	0	1
November 2022 Intake	259	181	120	61	
April 2023 Intake	408	TBD	TBD	TBD	
TOTAL 2022-2023:	667	181	120	61	
GRAND TOTAL:	1870	1040	991	61	21
<i>Total Eligible Population: 2,529</i>					

- Based on chart reviews completed to date, it has been noted that medical record keeping is a challenging area of practice for some physicians. Resources are provided for training in medical record keeping as appropriate.
- 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.
- All participants are required to submit an Action Plan for improvement as the concluding activity of their participation. After one year, they are contacted via email to solicit feedback on the success or challenges of realizing 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 participants identifying self-care/well-being as their area of improvement has increased over time, reflecting the high level of stress that registrants have been experiencing.
- Some participants have identified system concerns in their Action Plans which may impact patient safety. These concerns are escalated where appropriate.

PHYSICIAN HEALTH PROGRAM

A registrant's health and well-being impact the quality of care they provide to their patients. The Physician Health Program (PHP) 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.

We strive to provide a place where registrants feel safe acknowledging they require support.

The reporting of mental health, anxiety, depression increased this year.

The program is non-punitive and focuses on enabling participants to maintain practice.

SELF-REFERRALS

INCREASED BY

11%

since the previous year



MAKE UP

40%

of all new referrals for this fiscal year

TOP REFERRAL CATEGORIES

24%

of referrals are due to

MENTAL HEALTH, ANXIETY AND DEPRESSION

9%

of referrals are due to

BURNOUT AND STRESS

OUTCOMES

15%

of new referrals resulted in

NO IMPAIRMENT BEING IDENTIFIED

ONLY 6/97

new referrals resulted in **UNDERTAKINGS**

To preserve the privilege of self-governing the profession, it is essential registrants report issues that are causing impairment in practice whether it is about themselves or another colleague. The focus is on enabling participants to maintain practice and to support rehabilitation.

Medicine is a demanding profession. Chronic stress can leave physicians at risk for acute and chronic health conditions, both physically and mentally. The PHP is committed to reducing stigma and making it safe to seek help and report to CPSM when required. Every referral is handled with compassion, discretion, and is customized to support every unique situation.

The PHP helps registrants prioritize their health to get the support they need to continue practicing safely. Our goal is to keep registrants working or enable them to safely return to practice as soon as possible. Ensuring access to safe care is paramount for meeting our responsibility to protect the public.

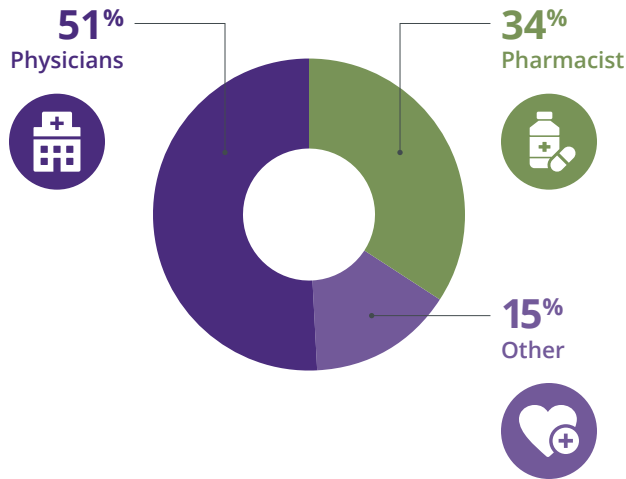
PRESCRIBING PRACTICES PROGRAM: General Prescribing Advice

The General Practices Advice portfolio is educational, collaborative, and supportive. When registrants develop proficiency in managing complex clinical cases, it allows them to manage other similar cases effectively, with increased confidence and share their learnings with colleagues.

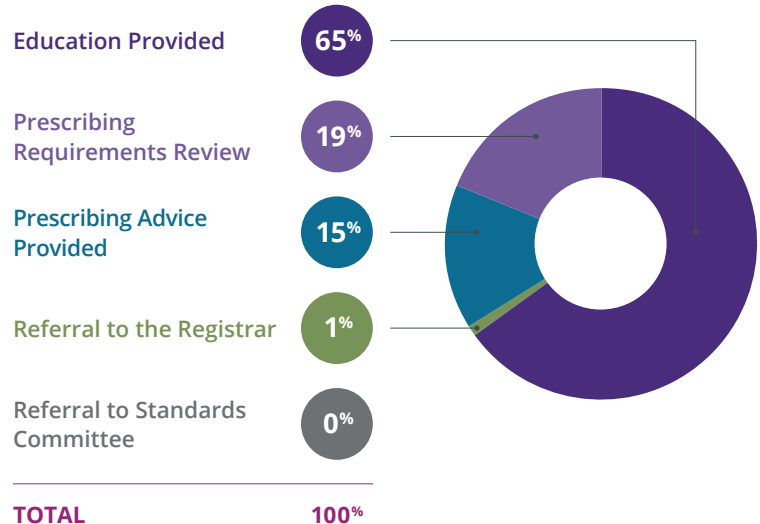


The program's demand for general prescribing advice support increased 87% over the previous year. In **80%** of cases, either **education intervention or advice** was provided, enhancing competency and safer prescribing practices.

Who is seeking general prescribing advice?



Case Outcomes:



PRESCRIBING PRACTICES PROGRAM: Chief Medical Examiner’s Death Review

A Medical Consultant attends the Chief Medical Examiner's office to review deaths in adults ages 18-65 involving prescription and non-prescription medications. The review focuses on medications prescribed by physicians which may put patients at an elevated risk of serious harm, including medications with sedating and/or psychoactive properties. All methadone and buprenorphine/naloxone (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. The risk increases with multiple sedating and/or psychoactive medications. Patients rarely die from one prescription medication alone.
2. Deaths involving multiple sedating or psychoactive medications most often involve one single prescriber.
3. Sedating over-the-counter medications, such as diphenhydramine, contribute to many accidental overdose deaths yearly.
4. Since the COVID-19 pandemic and land border closures, 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 remain dramatically higher than pre-pandemic.

The outcome of Chief Medical Examiner Death Reviews (of 115 ME case reviews)

30

Prescribing Deemed Appropriate

81*

Prescribing Falls Outside Guidelines

**One case resulted in two outcomes.*

- 10 Letters to Physician Requesting Response
 - 71 Letters sent with prescribing concerns & recommendations
 - 0 Referrals to Central Standards
 - 1 Referral to Complaints
-

4

Referral to Other Regulatory College

MANITOBA QUALITY ASSURANCE PROGRAM (MANQAP)

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.

Program Review Committee Members

Ms. Leanne Penny, CPA, CA	<i>Chair</i>
Ms. Leslie Agger	<i>Public Councillor</i>
Dr. Virendra Arya	<i>Anesthesia</i>
Ms. Jennifer Cabel	<i>MB nominee, non-voting</i>
Dr. Jacobi Elliot	<i>President, ex-officio</i>
Ms. Eileen Gelowitz	<i>Public Representative</i>
Dr. Amin Kabani	<i>Laboratory Medicine</i>
Dr. Iain Kirkpatrick	<i>Diagnostic Imaging</i>
Dr. Jenisa Naidoo	<i>Laboratory Medicine</i>
Dr. Julio Pintin-Quezada	<i>Surgery</i>
Dr. Nader Shenouda	<i>Present-Elect, ex-officio</i>
Dr. A. Ziomek	<i>Registrar, non-voting, ex-officio</i>

MANQAP is the provincial accreditation agency responsible for assuring the quality and safety of diagnostic services in Manitoba. MANQAP's role is to provide standards, inspect diagnostic facilities, and monitor compliance for accreditation.

These standards reflect an international level of best practices for delivering diagnostic services to patients. Compliance with all standards is required before the Committee grants full accreditation and issues a certificate of accreditation.

Non-Hospital Medical and Surgical Facilities (NHMSF)

The operation of the NHMSF accreditation program is conducted by MANQAP.

CPSM revised the Accredited Facility Bylaw, effective June 9, 2021. Part B of this bylaw affects NHMSFs. Accreditation emphasizes continuous quality improvement and promotes optimum performance to ensure quality health services, and subsequently a high standard of patient care. CPSM has also adopted and adapted new standards which apply to all NHMSFs falling under the revised Accredited Facilities Bylaw. These standards codify and clarify best practices for the operation of a NHMSF.

The NHMSF Standards were originally developed by our partners at the College of Physicians and Surgeons of Alberta and have been extensively reviewed and adapted for use in Manitoba by specialist CPSM registrants and other subject matter experts.

MANQAP began on-site inspections in May 2022.

MANQAP	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	166	22
Full Accreditation	132	110	4
Conditional Accreditation	14	14	4
Temporary Accreditation	23	42	14
In the Process of Obtaining Accreditation	5		

Activity	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	40	34	
Number of Inspections to Open a Facility	2	5	7

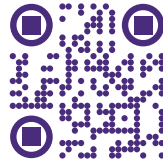
Complaints and Inspections	
<i>MANQAP investigates complaints received and may conduct unannounced site visits if required.</i>	
Complaints Received	6
Unannounced Inspections	3
Adverse Patient Outcomes reviewed by Program Review Committee	17

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:** Encourage 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; or**
- 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.

This fiscal year we received 408 complaints.

This is an increase from last fiscal year when there were 360. The matters were directed to be addressed as follows:



- 72
Facilitated Communication

- 169
Referred to the Complaints Committee

- 166
Referred to the Investigation Committee

- 1
Dismissed

Facilitated Communication Process

This process involves assisting registrants and complainants 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	2023	2022
Outstanding Alternate Dispute Resolution Cases as of April 30, 2022	48	
Cases received during this fiscal year	72	58
Total number of cases	120	61
Outstanding as of April 30, 2023	21	
Total cases closed	99	13

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	2023
Cases dismissed	1
Number of dismissals appealed	1
Number of dismissals upheld by the Complaints Committee	1
Number of appeals pending	0

COMPLAINTS COMMITTEE

Committee Members

Dr. Norman McLean	<i>Chair</i>
Dr. Boshra Hosseini	
Mr. Sylvester Oyamienien	<i>Public Representative</i>
Ms. Leanne Penny, CPA, CA	<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 10 times during this fiscal year.

Statistical Summary	2023	2022	2021
Outstanding Cases as of April 30, 2022	105		
New cases received during this fiscal year	169	159	124
Total number of complaints	274		
Outstanding as of April 30, 2023	120		
Total cases closed by the Complaints Committee	154	88	114

Source of Complaint (for 169 new cases received)	2023
Patient / legal guardian/legal representative	163
CPSM Registrar*	6

* When a third-party brings forward 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 154 cases closed	
No Further Action	59
Advice / Criticism	70
Informal Resolution	2
Complaint Referred to Investigation Committee	15
Cases Withdrawn	8

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	
0-60 Days	6
91-120 Days	1
121-150 Days	9
151-180 Days	12
Greater than 180 Days	126
Total	154

INVESTIGATIONS COMMITTEE

Committee Members

Dr. Kevin Convery	<i>Chair</i>
Dr. Rafiq Andani	
Dr. Gary Jawanda	
Ms. Lynette Magnus, CPA, CA	<i>Public Representative</i>
Ms. Leanne Matthes	<i>Public Representative</i>
Ms. Cheryl Smith	<i>Public Representative</i>
Dr. Heather Smith	
Ms. Elizabeth Tutiah	<i>Public Representative</i>

Meetings

The Investigation Committee met 10 times during this fiscal year.

Statistical Summary	2023	2022	2021
Outstanding Cases as of April 30, 2022	128		
Cases received during this fiscal year	166	134	79
Total number of investigations	294		
Outstanding as of April 30, 2023	169		
Total cases closed by the Investigation Committee	125	78	83

Source of 166 investigations received	2023
Patient / legal representative	91
Complaints Committee referral	15
CPSM Registrar*	34
Complainant Request for Referral (Matters first heard by the Complaints Committee)	26

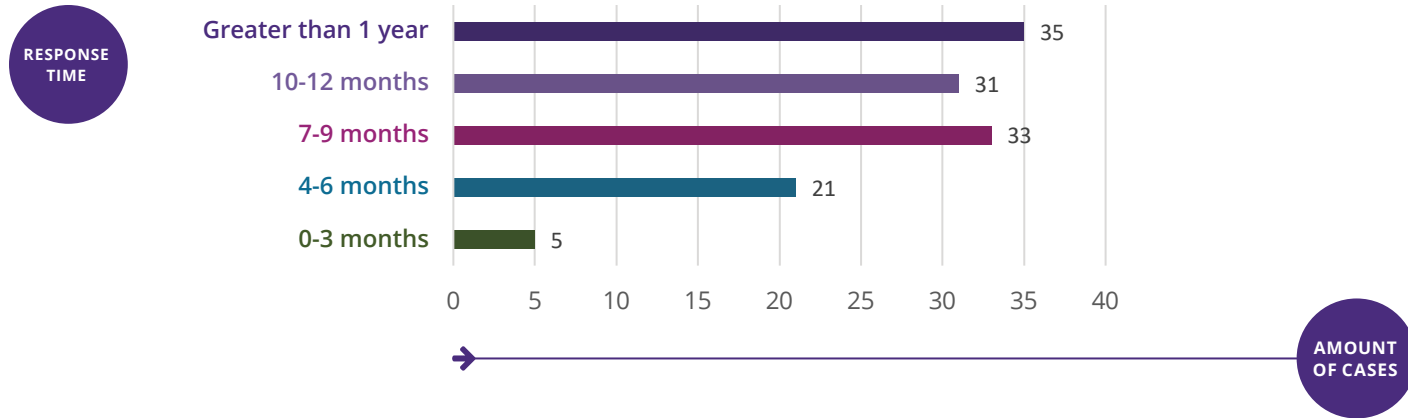
* When a third-party brings forward concerns about the care or conduct of a CPSM registrant, the Registrar may refer the matter to the Complaints Committee or the Investigations Committee.

Disposition of the 125 cases closed by Investigation Committee	
<i>Closed - No Further Action:</i>	
→ With advice / criticism	54
→ No further action and / or concur with Complaints Committee	46
<i>Undertakings:</i>	
→ Remedial Education	6
→ Professional Boundaries Program	1
→ Practice Restrictions	4
→ Other	2
<i>Censure</i>	4
<i>Referred to Inquiry</i>	1
<i>Withdrawn</i>	7

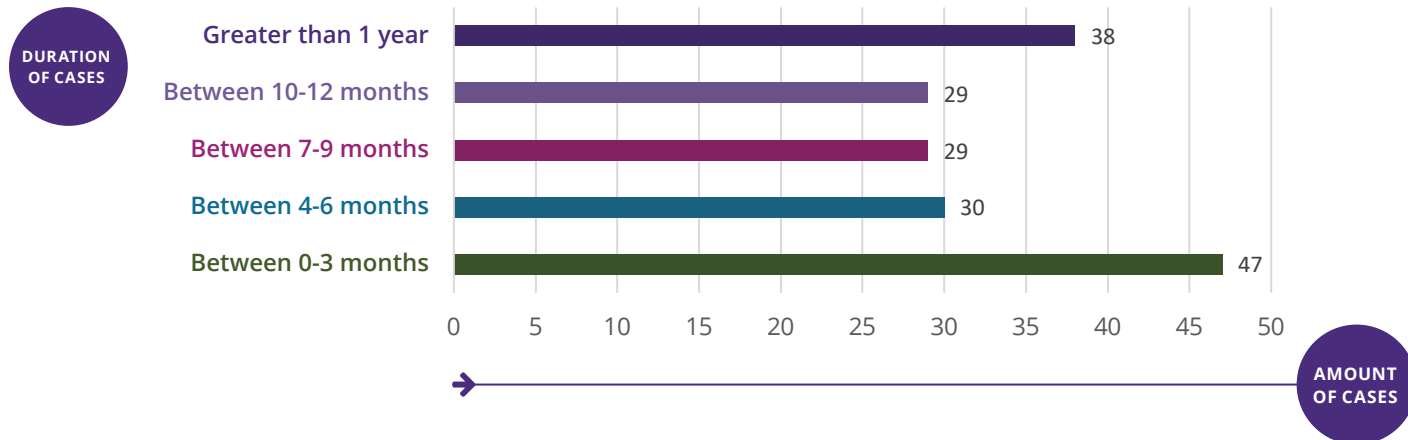
Note: Complainants can appeal the decision of the Investigation Committee to the Appeal Committee. Appeals do not involve the Complaints and Investigation Department and are a function of the Executive Committee.

Response time of Investigation Committee

The length of time taken to conclude the 125 cases closed



Duration of the 175 cases remaining open at the end of this fiscal year



INQUIRY COMMITTEE

Dr. Ira Ripstein *Chair*

Meetings

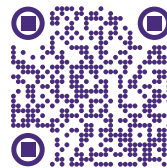
Inquiry Panels are comprised of members of the Inquiry Committee who are appointed as necessary to convene and consider matters referred to Inquiry by the Investigation Committee. The hearings are for the purpose of making findings and orders to address allegations of misconduct and breaches of standards 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.

Statistical Summary	
Inquiries Completed during this fiscal year	2
Reprimand	1
Cancellation of Registration	1
Matters in Progress	0

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: <https://member.cpsm.mb.ca/member/disciplinaryactions>



← 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.

INFORMATION TECHNOLOGY

CPSM's Information Technology department delivers technology services to meet the business needs of the organization. CPSM's IT infrastructure is used by staff, Registrants, some categories of new applicants and the public.

The CPSM Portal is a major component of the IT Strategic Roadmap. Until this year registrants predominantly used the CPSM Portal for annual renewals. In response to requests for adding new functionality, the changing digital landscape, and the need for digital security, significant resources were allocated to improve the CPSM Portal. These enhancements include:

- **Contracts of Supervision for Clinical Assistants and Physician Assistants** – the implementation of Contracts of Supervision improves coordination and reduces the associated administrative resource requirement to manage the overall process.
- **Certificates of Professional Conduct (COPCs)** - all COPC requests are now made through the portal with additional functionality built in. The internal process turnaround times are tracked to ensure COPCs are approved within 10 working days and Registrants now have the ability to review their COPC prior to CPSM sending the document to the requested location.
- **Fast-Track Application** – this new application was added to the CPSM Portal which expedites registration for physicians who meet the national standards for full registration.
- **Regulated Associate Member Applications** – these applications are now available through the portal. Registrants can manage every aspect of the application process through the CPSM Portal, including submitting required documents.
- **Electronic payments** are now available in the portal making it more efficient for registrants to pay their invoices.
- **Disciplinary Actions and Publications** database has been updated to allow filtering of publications by name or type, increasing transparency.
- **Digital Safety / Cybersecurity** - the IT Department continues to implement safeguards and improve cybersecurity through ongoing 3rd party assessments (Centre for Internet Security).

BYLAW AMENDMENTS

APPROVED THIS FISCAL YEAR

In December 2022, Council approved amendments to the [Central Standards Bylaw](#). Amendments made were:

- 1 Deleted reference to:**
 - the CPSM Maternal and Perinatal Health Standards Subcommittee
 - the CPSM Child Health Standards Subcommittee
 - the WRHA Oral Health Standards Committee
 - the WRHA Clinical Psychology Standards Committee
- 2 Deleted references to the Schedules of Standards Subcommittees.**
- 3 Deleted the four schedules to the Central Standards Bylaw containing lists of all Standards Subcommittees.**
- 4 Permit the Central Standards Committee to approve all Standards Subcommittees.**
- 5 Updated the reference to the new legislation:** The Health System Governance and Accountability Act - and delete the reference to the now repealed Hospitals Act.

April 30, 2023

FINANCIAL STATEMENTS

REPORT OF THE INDEPENDENT AUDITOR ON THE SUMMARY FINANCIAL STATEMENTS

To the Members of 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, 2023 and the summary statement of operations for the year then ended, are derived from the audited financial statements of The College of Physicians and Surgeons of Manitoba (the “Organization”) for the year ended April 30, 2023.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian public sector accounting standards. 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 summary financial statements and the audited financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial statements.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated June 28, 2023.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of 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*.



Chartered Professional Accountants

Winnipeg, Manitoba
June 28, 2023

SUMMARY STATEMENT OF FINANCIAL POSITION

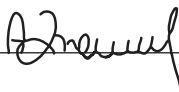
AS AT APRIL 30, 2023

	2023 \$	2022 \$
ASSETS		
Current assets		
Cash	4,477,743	4,164,166
Investments, maturing within one year	3,241,479	3,149,999
Accounts receivable and prepaid expenses	288,906	216,000
	8,008,128	7,530,165
Investments	2,175,000	2,175,000
Capital and intangible assets	558,104	738,128
	10,741,232	10,443,293
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	226,560	231,533
Accrued pre-retirement leave benefits	304,872	261,893
Accrued vacation	114,912	123,500
Deferred revenue	3,835,004	3,313,955
	4,481,348	3,930,881
NET ASSETS		
Unrestricted	1,698,780	1,561,284
Invested in capital and intangible assets	558,104	738,128
Internally restricted	4,003,000	4,213,000
	6,259,884	6,512,412
	10,741,232	10,443,293

Approved on behalf of Council



, President



, Registrar

SUMMARY STATEMENT OF OPERATIONS

YEAR ENDED APRIL 30, 2023	2023 \$	2022 \$
REVENUE		
Physician and resident license fees	6,589,634	6,227,838
Educational register fees	88,288	84,300
Clinical assistant license fees	53,800	38,400
Physician assistant license fees	55,750	45,000
Medical corporation fees	447,175	387,625
Other fees and income	647,129	625,538
Interest income	159,989	29,103
Change in market value of investments	117,024	101,247
Government funded program revenue	1,045,213	1,271,657
	9,204,002	8,810,708
EXPENSES		
Governance	99,229	152,462
Qualifications	973,415	914,707
Complaints and investigations	2,313,948	2,156,528
Quality	1,865,309	1,507,867
Operations and general administration	2,397,889	2,340,714
Information technology	584,797	423,405
Government funded program expenses	1,221,943	1,369,510
	9,456,530	8,865,193
Deficiency of revenue over expenses	(252,528)	(54,485)

NOTES TO THE SUMMARY FINANCIAL STATEMENTS

APRIL 30, 2023

1. Basis of presentation

Management has prepared the summary financial statements from the Organization's April 30, 2023 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.



1000 – 1661 Portage Ave, Winnipeg MB R3J 3T7

P: 204.774.4344

E: cpsm@cpsm.mb.ca

TF: 877.774.4344

W: cpsm.mb.ca