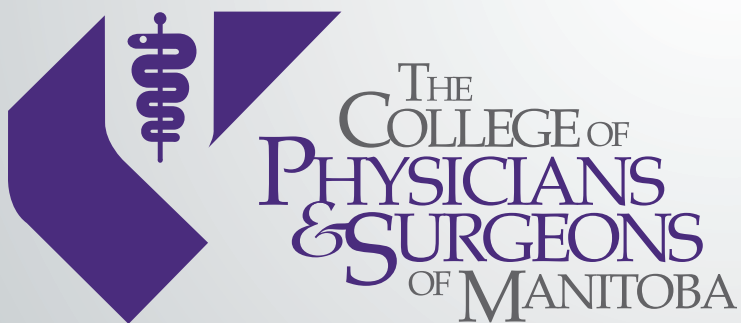


ANNUAL REPORT

2024 –

2025



[cpsm.mb.ca](http://cpsm.mb.ca)



## ▶ ABOUT THIS REPORT

*This report summarizes CPSM's major activities for the fiscal year of May 1, 2024, to April 30, 2025. 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 on Treaty 1 Territory and that CPSM regulates the practice of 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 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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# Table of Contents

**2** Our Regulatory Role

**4** Letter from the President

**6** Letter from the Registrar and CEO

**8** CPSM Council

**9** *CPSM Executive Committee*

**10** Registration

**15** Quality

**15** *Central Standards Committee*

**17** *Quality Improvement*

**18** *A Quality Assurance Success Story*

**19** *Physician Health Program*

**20** *Prescribing Practices Program*

**21** *Manitoba Quality Assurance Program*

**22** Complaints & Investigations

**23** *Summary*

**24** *Complaints Committee*

**25** *Investigation Committee*

**26** *Inquiry Committee*

**26** Information Technology

**27** Communications

**28** Financial Statements



# *Our* **Regulatory Role**

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*CPSM is the medical regulatory body responsible for overseeing the practice of medicine in Manitoba. We are guided by our responsibility to protect the public. We follow the framework outlined in The Regulated Health Professions Act and the processes and policies established by a Council, which includes CPSM registrants and public representatives.*

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## Who are CPSM registrants?

All physicians, residents, clinical assistants, physician assistants, medical students, and physician assistant students in Manitoba must be registered with CPSM and hold a Certificate of Practice (license) to practice medicine in the province.

## The Privilege of Self-Regulation

Self-regulation is a privilege granted to the medical profession. It demonstrates the profession's ability to prioritize public interest over professional interests and its capacity for self-governance.

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.

## 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.

## Public Confidence in the Medical Profession

We strive to create a medical environment in Manitoba that promotes the highest standards for safe, ethical, and quality care. We set and enforce standards of professional conduct and clinical practice through the Code of Ethics and Professionalism 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.

## Ethics, Standards, and Quality Issues Guidance for the Profession

CPSM develops Standards of Practice and Practice Directions, and issues guidance and advice to the profession on emerging issues as necessary.

## Collaboration

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.

We also engage with healthcare partners in the province, such as Manitoba Health, Seniors and Long-Term Care, Shared Health, the University of Manitoba, Doctors Manitoba, and Keewatinohk Inniniw Minoyawin Inc. (KIM).

As an active member of the Federation of Medical Regulatory Authorities of Canada (FMRAC), CPSM plays a key role in addressing issues related to quality medical care nationwide.

# Letter *from the* President



---

*On June 25, 2025, I will have the honour of passing the CPSM gavel to Dr. Charles Penner, marking the end of my term as President. As I reflect on this journey, I feel immense gratitude for the progress we've made together and for the many individuals who made it possible.*

---

Last summer, CPSM faced a period of significant transition. Within just five weeks, all three senior leadership roles across our core departments became vacant due to retirements. On July 1, 2024, **Dr. Ainslie Mihalchuk** stepped into the role of CEO/Registrar and immediately began the vital work of appointing interim leaders to ensure continuity and stability. Thanks to her steady leadership, CPSM remained grounded and forward-moving during this pivotal time.

### Over the months that followed:

- **Dr. Guillaume Poliquin** joined as Assistant Registrar of Complaints and Investigations in August 2024 after a competitive selection process.
- **Dr. Sonja Bruin** was appointed as Assistant Registrar of the Quality Department in November 2024, following a rigorous selection process.
- **Mr. Jeremy de Jong** assumed the role of Interim Director of the Registration Department.

I've had the privilege of working closely with each of these leaders. Their distinct perspectives, deep dedication, and shared commitment to serving the public give me great confidence in CPSM's future.

I'm especially proud of the strides we've made in strengthening our relationship with the Manitoba Government. CPSM's renewed government relations strategy has fostered open communication and collaboration. In December 2024, we welcomed the Honourable Uzoma Asagwara, Minister of Health, Seniors and Long-Term Care, to our Council meeting. We also continue to meet regularly with the Deputy Minister of Health. Several important regulatory changes aimed at improving physician workforce capacity and access to care have since been approved and are now being implemented. I am grateful for this spirit of partnership and shared purpose.

One of the most impactful and humbling parts of my presidency has been supporting our work to address anti-Indigenous racism in medical practice. Since 2021, Council has made this a central priority, and our commitment has only deepened. I offer heartfelt thanks to Dr. Lisa Monkman, Chair of the Indigenous

Advisory Circle, and to all members of the Circle for their courage in sharing their stories and lived experiences. In June 2025, this work will culminate in the launch of our new Standard of Practice, mandatory cultural safety and anti-Indigenous racism training, and the creation of a Restorative Practices Program. A Pipe Ceremony will be held in June 2025 to mark the occasion and serve as a reminder of what is possible when we listen, learn, and act with humility. I will carry those lessons with me.

As I transition into the role of Past-President and Chair of Inquiry, I remain deeply committed to CPSM's mandate and to serving the public interest. In the months ahead, our work will continue with the launch of a new orientation program and Standard of Practice to support International Medical Graduates and other physicians new to practice in Manitoba. A revised Collaborative Care Standard will guide registrants in fostering stronger, more accountable referral practices centered on patient care.

Council is also taking steps to strengthen its member selection process. Serving on Council is both a responsibility and a privilege, and I encourage all registrants to consider contributing to CPSM's important work in this way.

It has been an incredible honour to serve as President over the past two years. This role has shaped me in ways I never anticipated. I extend my deepest thanks to **Dr. Ainslie Mihalchuk**, our CEO/Registrar, for her visionary leadership, tireless dedication, and steadfast belief in the power of self-regulation. Her wisdom, intellect and clarity have inspired all of us.

To each of you — thank you for your commitment to the profession, to your patients, and to the people of Manitoba. It has been my privilege to serve alongside you.

Sincerely,

---

**DR. NADER SHENOUDA**  
MD MPH LMCC CCFP FCFP



# Letter *from* the Registrar and CEO



## A TRANSFORMATIVE YEAR

This was a transformational year at CPSM. On July 1, 2024, I assumed the role of Registrar and CEO. Three other key leadership roles for each of our core functions were left vacant due to retirements. [Dr. Guillaume Poliquin](#) joined CPSM as Assistant Registrar for Complaints and Investigations in August and [Dr. Sonja Bruin](#) stepped into the role of Assistant Registrar of the Quality department in November. Jeremy de Jong became the Interim Director of Registration.

My priority was to ensure our entire team was well-informed and supported during this significant leadership transition to continue our business functions without disruption. To accomplish this, I spent my first few weeks as Registrar listening to and speaking with staff, learning the ins and outs of each department, program, and role within the college.

Our staff demonstrated their willingness to work collaboratively and adapted well to a new leadership team.

After reviewing what works and what needs improvement, we've redesigned some processes to deliver outcomes that more effectively serve the public, support registrants, and strengthen our relationships with partners.

That would not have been possible with the support of Dr. Poliquin, Dr. Bruin, and the rest of CPSM's [senior leadership team](#). I am confident in our leadership team and its renewed commitment to accountability, transparency and delivering responsive, high-quality customer service.



## Enhancing Partnerships

This year, we prioritized open communication and proactive information sharing with partners, including Shared Health, Manitoba Health, Seniors and Long-Term Care, Manitoba Keewatinowi Okimakanak Inc., Northern Region Health Authority, and Doctors Manitoba.

We have strengthened our voice on key issues regarding regulatory matters that impact patients and registrants. We meet regularly with our partners, including the Manitoba Government, to maintain transparency and foster collaborative relationships that support our shared goals, such as streamlining qualification and registration processes.

## Anti-Indigenous Racism

Our work to address anti-Indigenous racism in medical care has also led to enhanced relationships with various organizations and health regions.

Four years after prioritizing confronting anti-Indigenous racism in medical care, CPSM has reached a pivotal moment in history. We are about to launch three actions that will require the profession to self-reflect, learn, and question their biases. In June, we plan to launch three key actions, marking a significant milestone on our path to reconciliation. We will launch mandatory cultural safety and anti-Indigenous training, a new Standard of Practice, and a program to offer support and education to registrants, allowing them to reflect on and learn from behaviours where there may be concerns. I will be in a better position to share more about these initiatives next year.

## Building relationships with the people we serve

Over the past year, I have spoken with or met members of the public who had concerns or were displeased with past outcomes. These conversations were valuable and a reminder that we have a long way to go in building trust with the people we are meant to protect. I understand that trust is built through actions, not just words. One immediate change was reviewing and streamlining processes to connect people directly with those who can assist them, ensuring they receive timely acknowledgments or responses to their questions or concerns.

There are further changes to come, particularly to the Complaints & Investigations department, that I look forward to reporting back on next year.

## Self-regulation can be positive

Our human-first approach applies to both the public, who entrust CPSM with their concerns, and registrants, who typically don't trust their regulator. I have had the pleasure of being invited to numerous events over the past year, where I have had the opportunity to speak with everyone from medical learners to system leaders. My message has been the same to all: the responsibility of regulation falls on all of us as members of the medical profession.

In this role, I am reminded daily what a privilege it is for the medical profession to be self-regulating. With this privilege comes the responsibility to monitor competency, set our own standards, and address concerns about practice in the public interest.

I aspire to challenge the negative perception of regulation and change how the profession and the public think about regulation. Our vision is to have a medical profession where everyone understands and takes self-regulation seriously, routinely engaging in behaviours that improve the practice of medicine.

## A team effort

I thank the senior leadership team, the entire staff at CPSM, and Council for your commitment to our mandate and for the support and faith in my leadership. I also want to thank Dr. Shenouda, outgoing Council president, who has been unwavering in his support as I embarked on my first year in this role. He leads with humility, heart and honesty. I am fortunate to have had his leadership during this transformational time.

I am pleased with what we have accomplished and I look forward to all that we will achieve in the following year.

---

**DR. AINSLIE MIHALCHUK**

MD CCFP FCFP

# CPSM Council



**Dr. Nader Shenouda**  
*President*



**Dr. Charles Penner**  
*President-Elect*



**Dr. Jacobi Elliott**  
*Past-President*

## Representatives of the Medical Profession

### EAST



Dr. Kevin Convery

### NORTH



Dr. Lisa Monkman

### WEST



Dr. Alewyn Vorster

### WINNIPEG



Dr. Caroline (Carrie)  
Corbett



Dr. Chaitasi Intwala



Dr. Rizwan Manji



Dr. Jennifer  
McNaught

## Associate Members Register



Dr. Wendy  
MacMillan-Wang,  
Resident

## Councillor Appointed by the Faculty of Medicine



Dr. Peter Nickerson

## Public Councillors – CPSM Appointed



Ms. Leslie  
Agger



Mr. Neil  
Cohen



Ms. Lynette  
Magnus, CPA, CA



Mr. Allan  
Fineblit, QC



Ms. Marvelle  
McPherson, CM



Ms. Leanne  
Penny, CPA, CA

## Public Councillors – Government Appointed

## Registrars



**Dr. Ainslie Mihalchuk**  
*Registrar and CEO*



**Dr. Sonja Bruin**  
*Assistant Registrar,  
Quality*



**Dr. Guillaume Poliquin**  
*Assistant Registrar,  
Complaints and Investigations*

## CPSM EXECUTIVE COMMITTEE

**Dr. Nader Shenouda**, *President*

**Dr. Charles Penner**, *President-Elect*

**Dr. Jacobi Elliott**, *Past-President*

**Dr. Peter Nickerson**, *Council Representative*

**Mr. Allan Fineblit, QC**, *Public Representative*

**Ms. Marvelle McPherson, CM**, *Public Representative*

**Dr. Sonja Bruin**, *Assistant Registrar, non-voting, ex-officio*

**Dr. Ainslie Mihalchuk**, *Registrar, non-voting, ex-officio*

**Dr. Guillaume Poliquin**, *Assistant Registrar, non-voting, ex-officio*

**Paul Penner, B.A., CPA (CMA)**, *Chief Financial Officer, non-voting, ex-officio*

**Mike Triggs, B.A., LL.B.**, *General Counsel, non-voting, ex-officio*

## ACTIVITIES THIS FISCAL YEAR

**The Executive Committee has dual functions. It acts as the 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 the Manitoba Government.

Acting as an appellate body, the Executive Committee heard 29 appeals of the Investigation Committee decisions.

Pursuant to Section 50 of The Regulated Health Professions Act, the executive committee held a hearing on February 26, 2025, and declined the reinstatement application of Dr. Amir Houshang Mazhari Ravesh's Certificate of Practice (licence). Dr. Ravesh's Certificate of Registration was cancelled after the Manitoba Court of King's Bench convicted him of six counts of sexual assault, respecting six separate women between April 2016 and October 2017.

# Registration

Registration numbers fluctuate daily depending on registration activity. The numbers in this report were generated on April 30, 2025, the final day of the fiscal year and are a snapshot of registration as of that day.

1672

**FAMILY  
PHYSICIANS**

1754

**SPECIALISTS**

72

**RESIDENTS**  
with a Full  
Certificate  
of Practice

3498

**TOTAL**  
in the  
Province

164\*  
Net Gain

\*Net gain is calculated as the difference between the number of registrants on April 30, 2024 and April 30, 2025

The term primary practice setting is not explicitly defined in the CPSM standards. However, it is generally understood within the regulatory framework to refer to the main location or clinical environment where a registrant conducts the majority of their medical practice. This can include institutional settings (such as hospitals) or non-institutional settings (like private clinics). The nature of the setting influences responsibilities related to documentation, patient record maintenance, and compliance with specific institutional or CPSM standards.

## Number of Practitioners by Region

### Geographic Distribution of Physicians Holding a Full Certificate of Practice

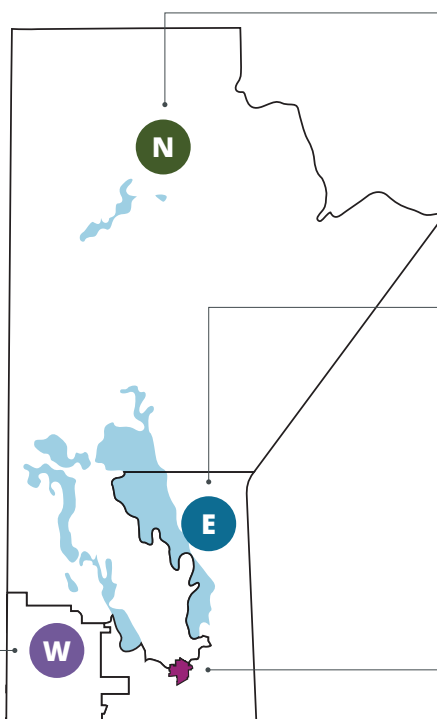
Manitoba is divided into four electoral districts as set out in CPSM's Affairs of the College ByLaw. CPSM registrants are accounted for based on the district their primary practice location is in.

### Physicians without a primary practice location in Manitoba

Family Physicians	3
Physicians Practising in a Specialty	3
<b>TOTAL</b>	<b>6</b>

### WEST

Family Physicians	158
Physicians Practising in a Specialty	90
<b>TOTAL</b>	<b>248</b>



### NORTH

Family Physicians	252
Physicians Practising in a Specialty	81
<b>TOTAL</b>	<b>333</b>

### EAST

Family Physicians	222
Physicians Practising in a Specialty	56
Residents with a Full Certificate of Practice	1
<b>TOTAL</b>	<b>279</b>

### WINNIPEG

Family Physicians	1037
Physicians Practising in a Specialty	1524
Residents with a Full Certificate of Practice	71
<b>TOTAL</b>	<b>2632</b>

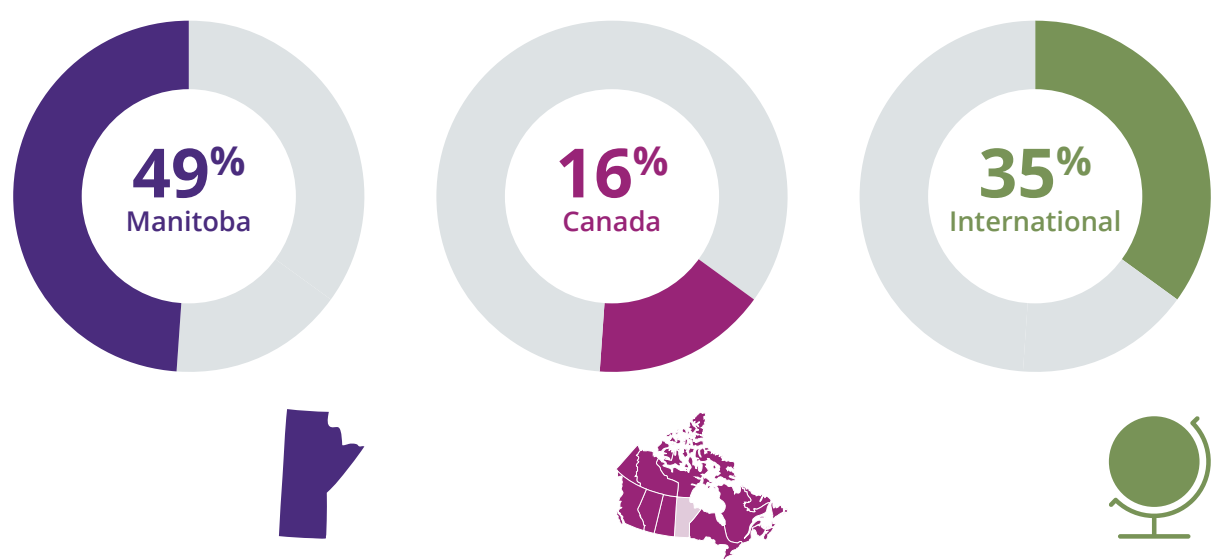
# Newly registered\* physicians in Manitoba and the jurisdiction they obtained their medical degree

(Regulated Member-Full, Regulated Member Provisional) AS OF APRIL 30, 2025

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
2025	70	67	3	21	16	60	3	0	47	15	302

**\*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. Although they could have previously been registered with CPSM as a medical student, resident, or clinical assistant membership class.

# Physicians with a full Certificate of Practice in Manitoba and the jurisdiction they obtained their medical degree



## Clinical Assistants and Physician Assistants

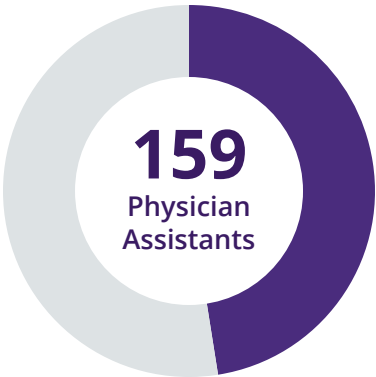
A **Clinical Assistant** is a health care professional who supports physicians in delivering medical care under specific conditions and practice settings. They must work under supervision and must function within clearly defined scopes of practice. Clinical Assistants are often internationally trained medical graduates who are not licensed as independent practitioners but are permitted to perform certain medical functions in accordance with a Contract of Supervision and Practice Description. Their responsibilities and practice parameters are defined by the Practice Description and must align with the CPSM's regulations and standards of practice.

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 in 2024 doubled the spots available in the program to 30. 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
2025	176	159*

**\*Dual Membership** – Physician Assistant & Medical Student  
(1 member)





## 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	467
Physician Assistant Students	45
Residents <i>(Including 24 residents in the Medical Licensure Program for International Medical Graduates (MLPIMG))</i>	620
<b>Total on Regulated Associate Member Register</b>	<b>1132</b>

### Applications received and processed

Registration Class	Received	Registered
Educational (Associate) Members	628	591
Regulated Members - Full	187	154
Regulated Member Provisional	304	94
Clinical Assistants	281	94
Physician Assistants	15	15
<b>Total Number Registered</b>	<b>1415</b>	<b>948</b>

<b>Applications Received &amp; Processed (Not Registered)</b>	<b>467</b>
<i>Reasons not registered:</i>	
Applications currently in Progress	259
Requirements not met	17
Applications expired and closed due to no job offer	80
Applications expired and closed	86
Applications withdrawn	24
Applications Denied	1

**2830**  
Total Applications Received and Processed

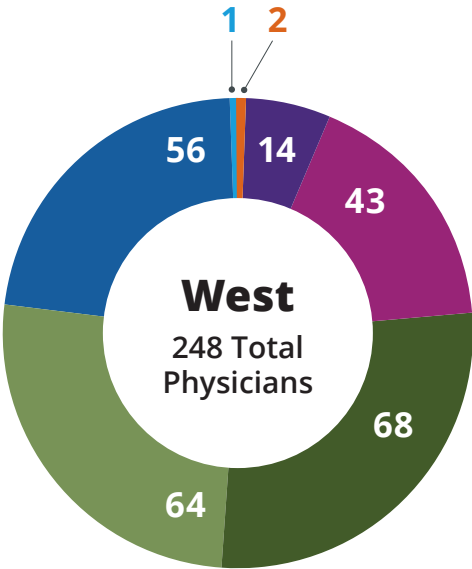
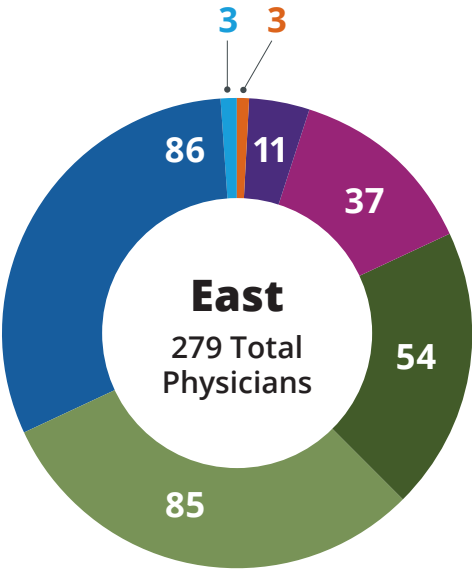
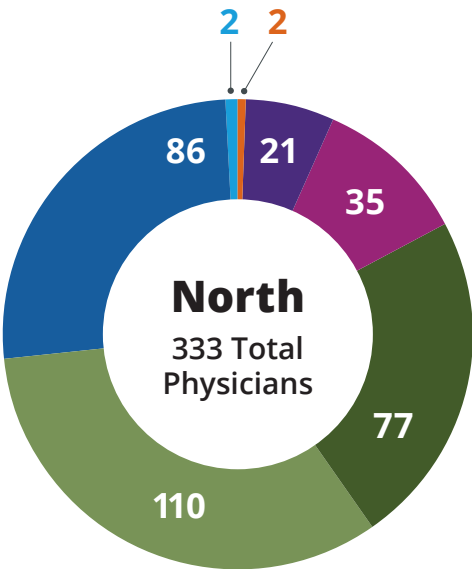
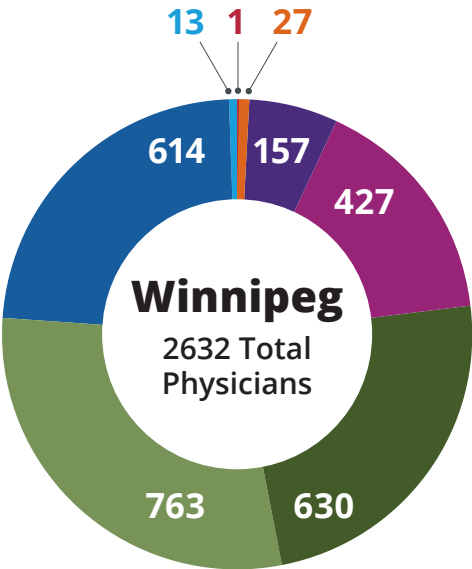
### Distribution of physicians in Manitoba and country where they obtained their medical degree

Country of Qualification	Winnipeg	North	East	West	Other	TOTAL
<i>Total Practising in Electoral District</i>	<b>2632</b>	<b>333</b>	<b>279</b>	<b>248</b>		<b>3498</b>
Manitoba	1382	115	155	72		1724
Canada	441	42	25	33	6	547
<b>TOTAL CANADA</b>	<b>1823</b>	<b>157</b>	<b>180</b>	<b>105</b>	<b>6</b>	<b>2271</b>
USA	14	1	2	0		17
UK & Ireland	81	18	16	10		125
Europe	86	13	9	9		117
Asia	271	51	27	32		381
Australia	18	5	1	2		26
New Zealand	1	0	0	0		1
Africa	248	68	36	71		423
Central & South America	90	20	8	19		137
<b>TOTAL</b>	<b>809</b>	<b>176</b>	<b>99</b>	<b>143</b>		<b>1227</b>

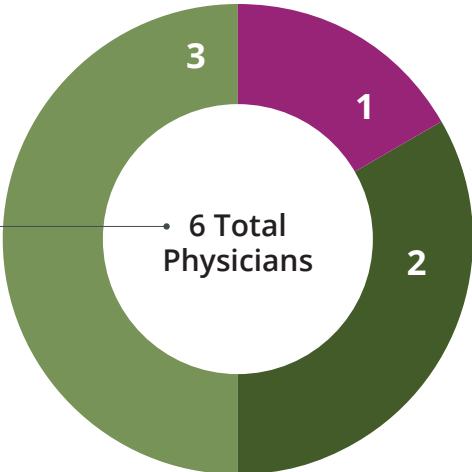
**\*Note:** The data in this table is based on the primary practice location, as some physicians may practice in multiple locations (including more than one electoral district).

Age of practicing physicians

Age	Total Physicians in Age Bracket
Over 90	1
80-89	34
70-79	203
60-69	543
50-59	831
40-49	1025
30-39	842
29 + under	19



Physicians without a  
primary practice location  
in Manitoba



# Quality

## CENTRAL STANDARDS COMMITTEE

### CSC COMMITTEE MEMBERS

**Dr. Roger Süß**  
*Chair*

**Dr. Karen Appel**

**Mr. Kinsley Bowles**  
*Public Representative*

**Dr. Carrie Corbett**

**Ms. Deb Elias, RN MN FRE**

**Dr. Jacobi Elliott**

**Ms. Marvelle McPherson**  
*Public Representative*

**Dr. Wendy MacMillan-Wang**

**Dr. Ainslie Mihalchuk**  
*(ex officio)*

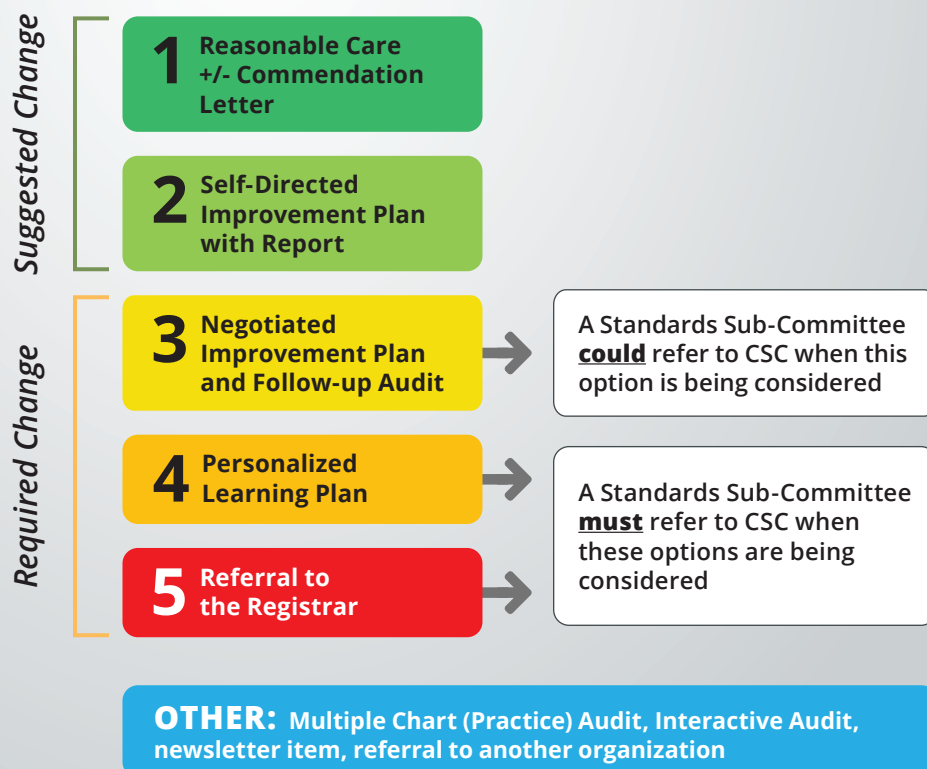
**Dr. Charles Penner**  
*(ex officio)*

**Dr. Nader Shenouda**  
*(ex officio)*

The framework for Decision and Outcomes of Standards Committees continues to be a valuable tool for guiding deliberation and decisions within the Central Standards Committee (CSC). With increased interventions and registrant engagement, there has been a significant rise in **suggested change** Categories #1 and #2 from last year and a considerable improvement in Categories #3 and #4 follow-up review outcomes.




CSC also provide registrants with the opportunity to discuss their quality assurance review reports with a CPSM consultant prior to submitting them to CSC for deliberation and decision. For registrants in the **required change** category, they continue to be provided with support, recommendations, and suggestions and/or resources to make the required changes in their practice when they have their follow-up call with a CPSM consultant. Our engagement with members has increased and has been generally positive.

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. Two sharing circle meetings were held: one in the fall of 2024 and one in the spring of 2025. The sharing circle meetings provide an opportunity for the CSC Chair to engage with Chairs from other subcommittees of the CSC, to discuss ideas, share experiences, and offer guidance on peer reviews.



# CENTRAL STANDARDS COMMITTEE

## Audit Reviews Completed by the CSC in 2024/2025

TYPE OF QUALITY ASSURANCE (QA) REVIEW		# OF REVIEWS
	Age-Related Review	34
	Repeat Age-Related Review	16
	QA Referred Review	56
TOTAL		106

## Audit Review Outcomes

SUGGESTED/REQUIRED	# REVIEWED	DESCRIPTION
Suggested #1	56	#1 Outcomes
Suggested #2	27	#2 Outcomes
Required #3	8	#3 Outcomes
Required #4	4	#4 Outcomes
Required #5	8+1*	#5 Outcomes *2 separate outcomes from one review.
Other (Full Practice Audit, Interactive Audit, or more information requested)	2**	Full Practice Review, Interactive Review and More Information Requested **Interactive Chart Review on one physician from two Referred Reviews
TOTAL	105	

## QUALITY IMPROVEMENT

### Quality Improvement Program Participants AS OF APRIL 30, 2025

CALENDAR YEAR	<i>Initiated</i>	<i>Deferred/ Cancelled</i>	<i>Participated</i>	<i>Completed</i>	<i>In Process</i>	<i>Referred To CSC (Unsatisfactory Review)</i>
2018	18	0	18	18	0	0
2019	291	99	192	192	0	8
2020	223	64	159	159	0	2
2021	481	139	342	342	0	11
2022	449	120	329	329	0	2
2023	778	155	623	620	3	1
2024	339	74	265	257	8	0
SPRING 2025	250	TBD	TBD	TBD	TBD	TBD

<b>GRAND TOTAL:</b>	<b>2829</b>	<b>651</b>	<b>1928</b>	<b>1917</b>	<b>11</b>	<b>24</b>
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TOTAL ELIGIBLE POPULATION: 2594

### Summary

The Quality Improvement Program (QI) engages CPSM registrants in a practice review on a seven-year cycle to meet the legislated obligation to supervise the practice of registrants. All participants provide in-depth information about their practice and about 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 cycle of activity in December 2025. All medical specialties will be incorporated by 2025. Possible modifications for the second 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.

## Turning Hesitation into Confidence: A QUALITY ASSURANCE SUCCESS STORY

### *Fear and panic.*

That is what many registrants tell us they feel when they receive a letter from CPSM, even when it is coming from one of our Quality monitoring programs.

Dr. Christopher Emery is one of them.

He is quick to admit that when CPSM first contacted him about undergoing a practice review, he was apprehensive about the process.

His concerns were twofold: he questioned what someone unfamiliar with his patients and their history could offer him to improve his practice.

He also worried about the potential repercussions the review would have on his practice. Would significant changes be required?

### *Surprises in the review process*

His first review did, in fact, result in required improvements to his practice as well as a prescribed educational plan.

What he didn't expect was how CPSM worked with him to ensure he succeeded.

After taking over his current practice in 2010, Dr. Emery realized many of his patients had complex prescribing needs. Since he had not been involved in the decision-making regarding their prescribing history, reviewing and making changes to his patients' prescriptions proved to be difficult. This had caught up with him.

He understood why mechanisms for prescribing controlled drugs with the potential for harm are necessary. However, helping patients manage their pain while they waited to see a psychiatrist or someone at the Pain Management Clinic, sometimes for over a year, was challenging.

"Dealing with patients' pain management on the front lines is a difficult part of family medicine," he said. "The reality is, people don't take well to changes in their prescriptions, especially if they have been receiving them for a long time."

What happened next was not what he expected.

The Quality Assurance Program engaged the Prescribing Practices Program as part of the educational component. Dr. Marina Reinecke, medical consultant for the program, visited him at his practice and observed his patient interactions with a lens on his opioid prescribing.

Afterwards, she provided feedback, recommendations, and support.

That was when it clicked in for him.

He appreciated that someone from the college visited his practice, sat on the front lines with him, and acknowledged how difficult it was to change prescribing. "It is one thing to say, 'change this', but she came out and said to me, 'it must be done gradually and here is how you can do it'. I saw the logic in that," he recalls.

### *Implementing improvements in practice*

One of the changes Dr. Emery put into practice was conducting routine urine tests for patients who are prescribed opioids, something he never thought could be a safeguard for his patients and himself.

He also improved his charting and documentation of patient records. What he once considered an administrative burden became a much more manageable part of his day.

He also shares his wisdom with new physicians who join the practice, many of whom are International Medical Graduates.

"Write down what you're thinking. You need to chart what happened on that specific day. You may be the nicest physician in the world, but you have to document what occurred in that interaction," he advises them.

### *A changed perspective*

He has come a long way since he first received the letter from CPSM.

Looking back, he admits the whole process wasn't as bad as he expected.

"People are always going to have their guard up anytime someone questions your judgement, but it is important to have an open mind and understand they (CPSM) are trying to help you improve."

He recognizes that CPSM's approach is "gentler" than he imagined.

CPSM's Quality programs operate separately from the Complaints & Investigations department. Whether it's undergoing a Quality Assurance Review, Quality Improvement, Physician Health, or the Prescribing Practices Program, the human-first approach is consistent across all programs.

Each program is overseen by medical consultants who understand the Manitoba practice environment, as most currently maintain their practices. They are peers who experience the same system challenges, administrative burdens, and understand the impacts on the profession.

His initial review, which had required changes to his practice, also meant that a follow-up review was needed to assess his progress after completing the educational plan.

The outcome of his last review proved that self-reflecting on his practice, implementing changes, and staying committed to improvement were well worth the effort.

He received a commendation letter, which is the best possible review outcome available.

He remains committed to his practice in an area where most physicians don't usually flock, demonstrating his continued dedication to providing quality care despite the complexities of his patient population.



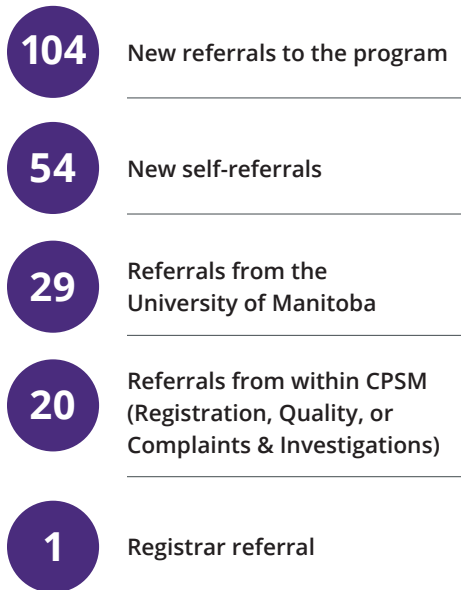
## PHYSICIAN HEALTH PROGRAM

*A registrant's health and well-being can 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.*

PROGRAM STATS FOR THE 2024-2025 FISCAL YEAR (MAY 1, 2024 – APRIL 30, 2025):

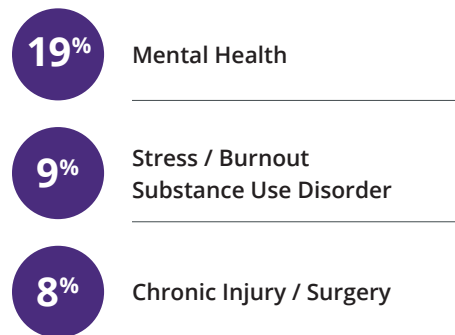
### REFERRALS



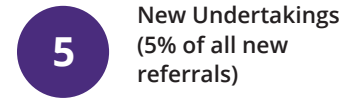
### TOP REFERRAL CATEGORIES

Out of the **104 referrals**, 24 of them, or 23%, were deemed *not reportable* to CPSM (no impairment).

Out of the **80 reportable** referrals, the top 3 categories were:



### OUTCOMES



### SELF-REFERRALS MAKE UP

**52%** of all new referrals for this fiscal year

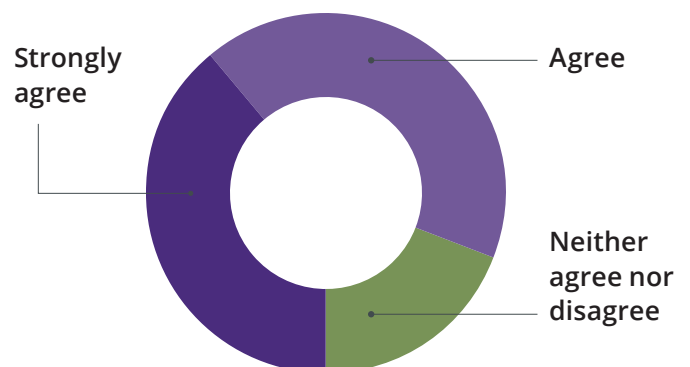
### SURVEY SAYS

The PHP launched a survey on April 2, 2025, to collect feedback from registrants who have engaged with the program. As of April 30, 2025, the survey had been sent to 88 out of the 104 new referrals from last fiscal.

The survey had a 34% engagement with positive overall results.

**77% of survey participants agreed or strongly agreed they felt supported in their interaction with the program.**

*I felt supported by my interaction with the CPSM Physician Health Program*



# PRESCRIBING PRACTICES PROGRAM (PPP)

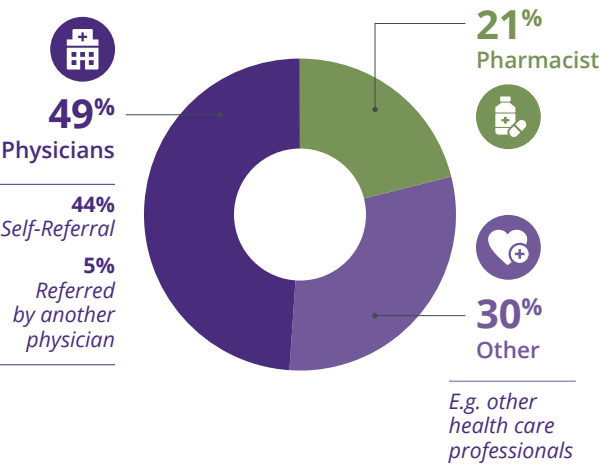
## General Prescribing Advice

The General Prescribing 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 to share their learnings with colleagues.

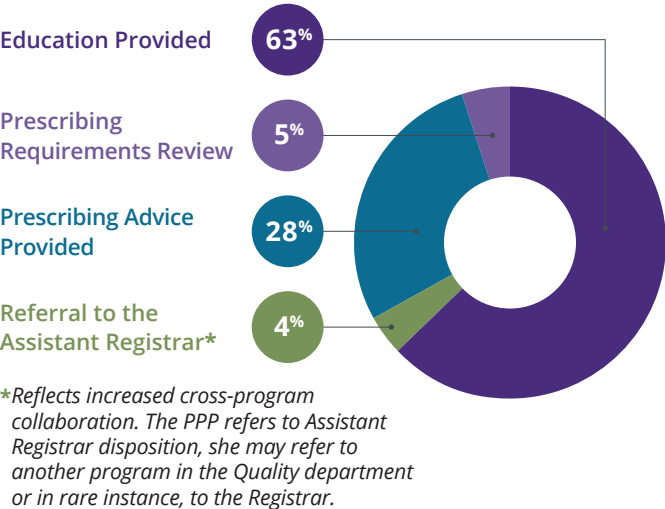


The program’s demand for general prescribing advice support was maintained over the last year (**1%** growth from the previous year). In **91%** of cases, either **education intervention or advice** was provided, enhancing competency and safer prescribing practices.

### Who is seeking general prescribing advice?



### Case Outcomes:



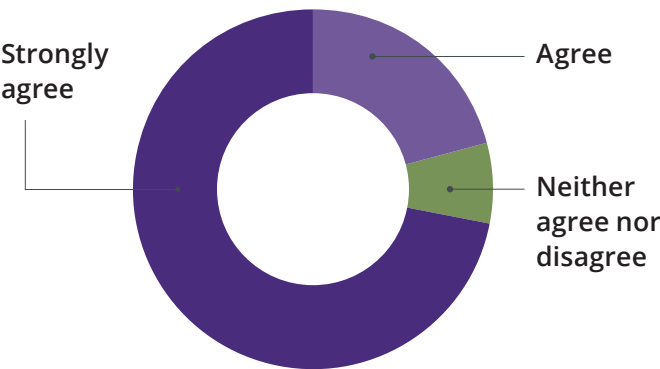
## SURVEY SAYS

In April 2024, the Prescribing Practices Program began sending satisfaction surveys to registrants and other healthcare professionals who sought prescribing advice, to (anonymously) evaluate the impact of PPP interventions and identify opportunities for the program’s own quality improvement.

For Q1-Q4, the response rate was 68% and the results have shown:

- 93% of survey participants agreed or strongly agreed they would recommend the program to a colleague.
- 96% of responses rated the impact of PPP interventions as positive (i.e., ≥ 4, agree to strongly agree).

*I would recommend the CPSM Prescribing Practices Program to my colleague(s) if they needed education / advice / support*



# MANITOBA QUALITY ASSURANCE PROGRAM (MANQAP)

## PROGRAM REVIEW COMMITTEE (PRC) MEMBERS

<b>Ms. Leanne Penny CPA, CA</b>	<i>Chair, Councillor</i>
<b>Ms. Leslie Agger</b>	<i>Public Councillor</i>
<b>Dr. Virendra Arya</b>	<i>Anesthesia</i>
<b>Ms. Eileen Gelowitz</b>	<i>Public Representative</i>
<b>Dr. Chaitasi Intwala</b>	<i>Council Member</i>
<b>Dr. Amin Kabani</b>	<i>Laboratory Medicine</i>
<b>Dr. Iain Kirkpatrick</b>	<i>Diagnostic Imaging</i>
<b>Ms. Shana Menkis</b>	<i>Manitoba Health Representative, Non-Voting (Until November 2024)</i>
<b>Dr. Jenisa Naidoo</b>	<i>Laboratory Medicine</i>
<b>Dr. Julio Pintin-Quezada</b>	<i>Surgery</i>
<b>Dr. Ainslie Mihalchuk</b>	<i>Registrar, Non-Voting, Ex Officio (June 2024-Present)</i>
<b>Dr. Charles Penner</b>	<i>President-Elect, Ex Officio</i>
<b>Dr. Nader Shenouda</b>	<i>President, Ex Officio</i>
<b>Ms. Teresa Snider</b>	<i>Manitoba Health Representative, Non-voting (February 2025 and on)</i>
<b>Dr. Anna Ziomek</b>	<i>Registrar, Non-Voting, Ex Officio (Until June 2024)</i>

The Manitoba Quality Assurance Program (MANQAP) is the provincial accreditation agency responsible for assuring continuous quality improvement and safety of diagnostic and non-hospital medical surgical services in Manitoba. MANQAP's role is to provide standards, inspect diagnostic and treatment facilities, ensure and monitor compliance for accreditation, which fall under the Manitoba jurisdiction.

CPSM Council appoints a Program Review Committee to oversee the operations of 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.

Facilities must comply with all standards before the Program Review Committee grants full accreditation and issues a certificate of accreditation.

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 are evidence-based and reference accepted best practices, Provincial and Canadian legislation, and relevant International Organization for Standardization (ISO) standards for delivering diagnostic services to patients across Manitoba, Saskatchewan, and Alberta.

Accreditation STATUS AS OF 31 MARCH 2025	Laboratory, Transfusion Medicine and Patient Service Centres		Diagnostic Imaging (Radiology, Ultrasound, MRI, CT)		Non-Hospital Medical Surgical Facilities
	PUBLIC	PRIVATE	PUBLIC	PRIVATE	
Total number of Facilities	143	27	132	36	22
Full Accreditation	96	21	96	21	3
Conditional Accreditation	33	6	23	9	11
Temporary Accreditation	14	0	13	6	8

Activities APRIL 1, 2024 – MARCH 31, 2025	Laboratory, Transfusion Medicine and Patient Service Centres		Diagnostic Imaging (Radiology, Ultrasound, MRI, CT)		Non-Hospital Medical Surgical Facilities
	PUBLIC	PRIVATE	PUBLIC	PRIVATE	
Number of Accreditation Inspections	34	8	40	17	2
Number of Inspections to Open	2	0	2	1	4

Number of NHMSF Adverse Patient Outcomes Reviewed = 30

Physician Office Labs	
Total number of Physician Office Labs	2478
Applications Approved since 1 April 2024	216
Complaints Received	9
Inspections due to Complaints	4

# Complaints & Investigations

## What is a complaint?

*Complaints against physicians and other CPSM registrants occur when patients feel their needs were not met or they were dissatisfied with the care they received. Complaints range from clinical care concerns, such as treatment and post-treatment failures or other complications, to issues with communication or overall experience.*

Historically, complaints data has not been analyzed or measured to identify trends or provide a snapshot of the quality of care in Manitoba in comparison to other provinces.

## Complaint Volumes as a Measure of Responsiveness

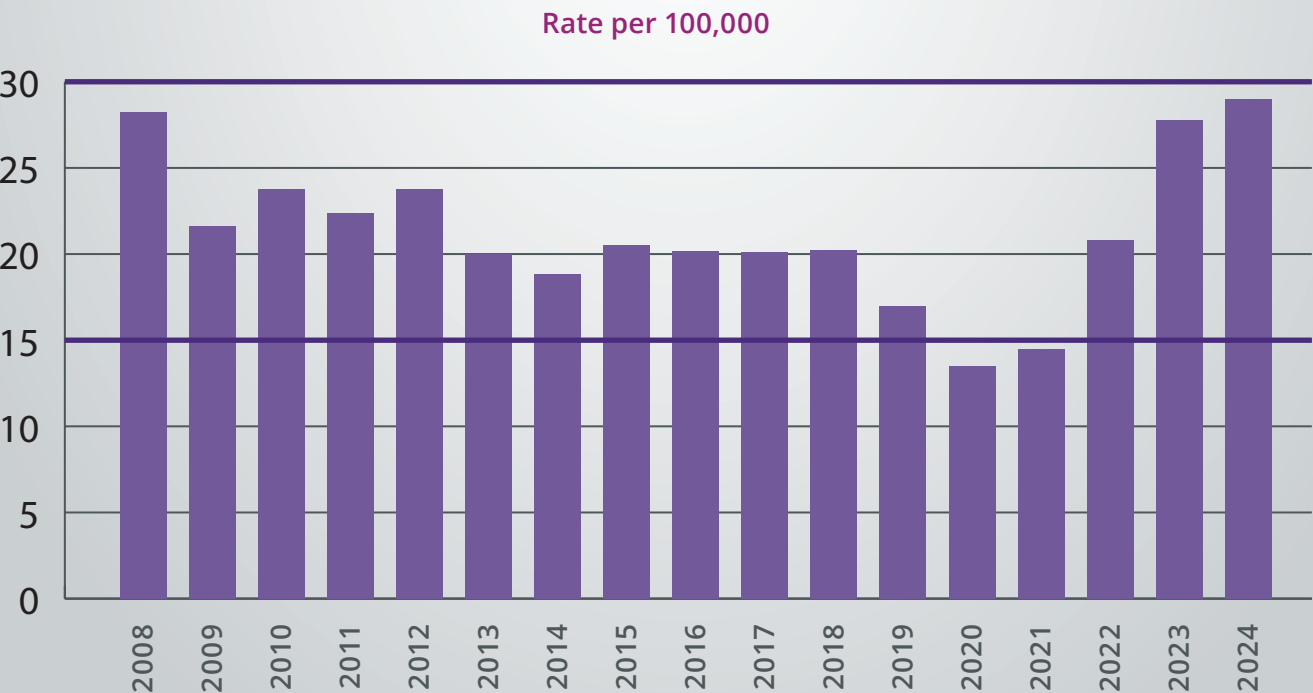
The number of complaints received in any given year does not present a full picture of the quality of medical care Manitobans receive. Complaints are not necessarily a measure of failure but rather a way to gauge how responsive CPSM is to public concerns.

Complaints & Investigations have reviewed historical data to determine the rate of complaints per population growth to help determine the expected range of complaints that should be received on a yearly basis.

This is important since too few complaints may indicate that our complaint system is difficult to access or navigate, while too many complaints could point to important issues that need to be explored.

**CPSM is targeting to receive 15-30 complaints per 100,000 people per year.**

**For 2024, CPSM received 29 complaints per 100,000 population, which places us on target.**



## Shifting toward outcome-based measures

This year, we began the shift to outcome-based measures. The goal of Complaints & Investigations is to identify physicians who are struggling by receiving complaints from members of the public and investigating. In most instances, physicians can undergo successful remediation, either through education, coaching, or ongoing monitoring and support.

An improved physician following the complaints process represents the most successful outcome of a complaints process. Disciplinary measures can therefore be reserved for instances where remediation is unsuccessful. As we continue to develop outcomes-based measures, we expect future Annual Reports to be able to speak to those measures.

The Regulated Health Professions Act outlines the 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 Encourage the complainant and the investigated member to communicate with each other and resolve the complaint (referred to as **Facilitated Communication**);
- 2 **Referral to the Complaints Committee**;
- 3 **Referral to the Investigation Committee**; or
- 4 **Dismissal of the 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.
- 5 **Redirected** - Concerns can be brought forward for review that ultimately are found to be outside of CPSM's jurisdiction. These can include concerns about other health professions, issues with respect to restrictions on driving, concerns about the health system rather than specific doctors, and others. When these are identified, the department provides information back to the complainant about who to contact to address their concerns.

## SUMMARY

This fiscal year, CPSM received **434 new** complaints. This is an increase from the 409 complaints received in the previous fiscal year.

The matters were directed to be addressed as follows:

### 434 COMPLAINTS

105 **Facilitated Communication**

160 **Referred to the Complaints Committee**

169 **Referred to the Investigation Committee**

2 **Dismissed**

131 **Redirected**

## 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 breakdown. If more serious concerns are identified, the matter may be referred to a committee for review and action.

Statistical Summary	2025
Cases received	105
Outstanding cases as of April 30, 2024	43
<b>Total number of cases</b>	<b>148</b>
Outstanding as of April 30, 2025	50
<b>Total cases closed</b>	<b>98</b>

## 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 for a dismissal of their complaint, and those appeals are heard by the Complaints Committee.

Statistical Summary	2025
Cases dismissed	2

# COMPLAINTS COMMITTEE

## COMMITTEE MEMBERS

Ms. Lynette Magnus	Chair, Public Representative
Dr. Stephanie Butterworth	
Mr. Neil Cohen	Public Representative
Dr. Boshra Hosseini	
Dr. Noam Katz	
Dr. Rizwan Manji	
Mr. Sylvester Oyamienlen	Public Representative
Dr. Shayne Reitmeier	
Mr. Raymond Strike	Public Representative
Dr. Nicole Vosters	

Complaints Committee Statistical Summary	2025
New cases received	160
Outstanding Cases as at April 30, 2024	132
<b>Total number of complaints</b>	<b>292</b>
Outstanding Cases as at April 30, 2025	133
<b>Total cases closed by the Complaints Committee</b>	<b>159</b>

Resolution	2025
No Further Action	80
Advice/Criticism	49
Informal Resolution	6
Complaint Referred to Investigation Committee	16
Withdrawn cases	1
Referred to Quality	3
Other	4

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



# INVESTIGATION COMMITTEE

## COMMITTEE MEMBERS

Dr. Kevin Convery	Chair
Dr. Steven Gray	
Ms. Leanne Matthes	Public Representative
Dr. Jennifer McNaught	
Ms. Cheryl Smith	Public Representative
Dr. Heather Smith	
Ms. Elizabeth Tutiah	Public Representative
Dr. Elsa Velthuysen	

Investigations Statistical Summary	2025
Cases received during this fiscal year	169
Outstanding Cases as at April 30, 2024	145
<b>Total number of complaints</b>	<b>314</b>
Outstanding Cases as at April 30, 2025	188
<b>Total cases closed by the Investigation Committee</b>	<b>126</b>

Disposition of the 126 Cases Closed by the Investigation Committee:	2025
<b>No Further Action:</b>	
→ With Advice / Criticism	38
→ No further action and / or concur with the Complaints Committee	58
→ Informal Resolution	3
→ Refer to Quality	1
→ Deferred to later meeting	1
<b>Undertakings:</b>	
→ Remedial Education	9
→ Professional Boundaries Program	0
→ Practice Restrictions	3
→ Retire	1
→ Other (Surrendered Licence)	6
<b>Censure</b>	<b>0</b>
<b>Referred to Inquiry</b>	<b>0</b>
<b>Withdrawn</b>	<b>4</b>
<b>Closed Without a Finding</b>	<b>2</b>

**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.

## INQUIRY COMMITTEE

Dr. Jacobi Elliott *Chair*

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 registrants as alleged in a Notice of Inquiry. The hearings may include consideration of multiple investigation files. Prosecution of matters referred to inquiry is overseen by the Investigation Committee and conducted by legal counsel in the Complaints and Investigations Department.

CPSM adheres to the framework established in the Regulated Health Professions Act for publishing 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 on the [Disciplinary Actions and Publications](#) section of the CPSM website once the decision is final.

Statistical Summary	
Inquiries Completed during this fiscal year	1 (Reprimand, conditions, and suspension)
Matters in Progress	4

# Information *Technology*

### Focus on Security

CPSM continues its commitment to strengthening cybersecurity processes. Over the past year, we have taken several steps to better respond to advanced cybersecurity threats. These efforts include enhancing staff awareness about growing threats through interactive training, improving defensive and preventative measures for cyberattacks, and adopting policies to support CPSM's cybersecurity management.

### Improving Processes

IT introduced enhancements to internal processes, utilizing the CPSM portal, creating a collaborative workflow among departments.

Additionally, enhancements to the renewal process, spearheaded by the Quality department, were designed to provide a better picture of the professional practice

settings across the province. The IT department played a supporting role by collecting important information for physicians and providing reports that will drive sustainability for the practice of medicine in Manitoba.

### Collaboration

CPSM has completed phase one of the National Registry of Physicians (NRP) in partnership with the Medical Council of Canada and other medical regulatory colleges across the country. The NRP facilitates improved communication across the colleges in Canada and benefits physicians working in Manitoba.

CPSM has also enhanced data sharing capabilities with Doctors Manitoba. This collaboration has led to improved communication, ensuring that valuable report information is shared in a timely and effective manner.

# Communications

*The Communications function supports CPSM's mandate through strategic internal and external communications to staff, registrants, the public, partners, and the media. Core functions include developing and delivering messaging that aligns across a range of audiences and channels to support transparency and public trust. This includes news releases, public consultations, the launch of new or updated standards of practice, the annual report, and content management across the website and digital platforms.*

## REGISTRANT COMMUNICATIONS

The following announcements and advice were issued to the profession:

- [Announcement: Leadership Transition](#)
- [Prescribing Requirement Changes Effective June 1](#)
- [New Assistant Registrar of Complaints & Investigations Announced](#)
- [Advice to the Profession: Maintaining Professional Obligations when Engaging on Public Platforms](#)
- [Advice to the Profession on the Responsible Use of Artificial Intelligence in the Practice of Medicine](#)
- [CPSM's Commitment to Reconciliation](#)
- [Webinar: Truth: the Medical Profession's First Step Towards Reconciliation](#)  
(link redirects to YouTube video of webinar)
- [CPSM Announces New Assistant Registrar of Quality Department](#)

The following Public Consultations were held this year:

Regulation Amendments (April 2025)

1. Removing restrictions that delay American Board-Certified physicians from becoming fully licenced registrants;
  2. Reducing barriers for Provisional Registration of Family Registrants;
  3. Allowing Clinical Assistants to use the title "Dr." or "Doctor" in conjunction with "Clinical Assistant" or "Cl.A." if they have a medical degree from a nationally approved faculty of medicine in another jurisdiction.
- Non-exempted codeine products (including Tylenol #3, Tylenol #2, and cotridin) added to the [Manitoba Prescribing Practices \(M3P\) schedule](#) (January 2025)
  - Amendments to Practice Direction - Professional Practice and Inactivity (January 2025)
  - Standard of Practice – Practicing Medicine to Eliminate Anti-Indigenous Racism (October 2024)
  - Amendments to the Accredited Facilities Bylaw (July 2024)
  - Intravenous administration of ketamine added to the list of procedures in the Bylaw that are required to be performed in an accredited facility
  - MDMA (3,4-methylenedioxymethamphetamine) administration added to the list of procedures required to be performed within Non-Hospital Medical Surgical Facilities
  - Anesthesiologists working in dental clinics are required to report Adverse Patient Outcomes

# 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, 2025, 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, 2025.

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 25, 2025.

### 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*.

*BDO Canada LLP*

Chartered Professional Accountants

Winnipeg, Manitoba

June 25, 2025



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BDO Canada LLP, a Canadian limited liability partnership, is a member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

## SUMMARY STATEMENT OF FINANCIAL POSITION

AS AT APRIL 30	2025	2024
<b>ASSETS</b>		
<b>Current assets</b>		
Cash and bank	\$ 6,179,751	\$ 5,471,430
Investments	2,214,943	2,241,825
Accounts receivable	97,991	80,559
Prepaid expenses	225,836	251,331
	8,718,521	8,045,145
<b>Investments</b>	3,277,331	3,174,999
<b>Capital assets</b>	354,866	306,672
<b>Intangible assets</b>	50,553	101,105
	<b>\$ 12,401,271</b>	<b>\$ 11,627,921</b>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Current liabilities</b>		
Accounts payable and accrued liabilities	\$ 340,085	\$ 321,250
Accrued pre-retirement leave benefits	89,597	273,261
Accrued vacation	134,086	174,544
Deferred program revenue	335,692	351,368
Deferred registrant dues revenue	4,360,476	4,121,383
	<b>5,259,936</b>	<b>5,241,806</b>
<b>Net Assets</b>		
Unrestricted	2,654,916	1,693,338
Invested in capital and intangible assets	405,419	407,777
Internally restricted	4,081,000	4,285,000
	<b>7,141,335</b>	<b>6,386,115</b>
	<b>\$ 12,401,271</b>	<b>\$ 11,627,921</b>

## SUMMARY STATEMENT OF OPERATIONS

YEAR ENDED APRIL 30	2025	2024
<b>REVENUE</b>		
Physician assistant license fees	\$ 74,597	\$ 72,322
Educational register fees	103,476	98,963
Clinical assistant license fees	105,085	87,512
Investment income	212,325	137,220
Interest income	246,315	257,243
Medical corporation fees	595,010	547,815
Government funded program revenue	984,813	831,798
Other fees and income	1,044,352	794,255
Physician and resident license fees	8,088,036	7,404,617
	<b>11,454,009</b>	<b>10,231,745</b>
<b>EXPENSES</b>		
Governance	143,475	146,790
Information technology	704,032	643,052
Qualifications	829,683	994,598
Government funded program expenses	984,990	832,250
Quality	2,560,689	2,384,392
Complaints and investigations	2,635,392	2,542,702
Operations and general administration	2,840,528	2,561,730
	<b>10,698,789</b>	<b>10,105,514</b>
<b>Excess of revenue over expenses for the year</b>	<b>\$ 755,220</b>	<b>\$ 126,231</b>

Approved  
on behalf  
of Council



, President



, Registrar

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

## NOTE TO THE SUMMARY FINANCIAL STATEMENTS

### FOR THE YEAR ENDED APRIL 30, 2025

#### 1. Basis of presentation

Management has prepared the summary financial statements from the Organization's April 30, 2025 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.



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