2021-2022

Annual Report

Engagement
Collaboration
Support

ABOUT THIS REPORT

This report summarizes the major activities of CPSM's fiscal year from May 1, 2021 to April 30, 2022. It reflects CPSM's commitment to our mandate to act in the public's best interests and highlights the work guided by CPSM's Strategic Organizational Priorities.

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The Regulatory Role of CPSM

OUR MANDATE

The College of Physicians and Surgeons of Manitoba (CPSM) promotes the safe and ethical delivery of quality medical care by physicians in Manitoba.

All physicians, residents, clinical assistants, physician assistants, medical and physician assistant students in Manitoba must be registered and possess a Certificate of Practice (license) from CPSM.

CPSM oversees 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 comprising CPSM registrants and public representative members. We are guided by our responsibility to protect the public.

Every CPSM registrant, regardless of membership class, shares the responsibility of self-governance and ensuring that appropriate standards of clinical practice and ethical conduct are followed.

CPSM carries out our goal to protect the public through three core functions:

- **Registration** ensures that everyone registered to practice medicine in Manitoba is competent to practice and meets all the established registration requirements.
- **Quality** supervises the competency of practice and proactively promotes safe care for Manitobans.
- **Complaints and Investigations** responds to concerns regarding the conduct or care and investigates complaints about CPSM registrants.

Funding for these core functions comes almost entirely from fees paid by registrants.

Safe and Ethical Medical Care

CPSM establishes registration and licensure requirements to ensure all members are competent to practice. Standards of professional conduct and clinical practice are established by a Code of Ethics and Professionalism and Standards of Practice; these are used to measure registrants' performance. CPSM has the authority to take action when registrants practice in a manner that is ethically or clinically unacceptable.

Leadership for Quality Care

CPSM provides leadership for quality medical care by performing its core functions and by proactively engaging registrants in quality improvement programs, practice audits, reviewing physicians' practices, and promoting regional equality in standards of physician care. As an active member of The Federation of Medical Regulatory Authorities of Canada, CPSM plays an active role in issues relating to quality medical care nationwide. CPSM participates in interdisciplinary initiatives to advance patient safety and quality of care.

Public Confidence in the Medical Profession

Responding appropriately to complaints from the public is essential. CPSM considers the doctor-patient relationship the cornerstone of quality medical care and strives to assist the patient, preserving that relationship where possible. CPSM has the authority to formally investigate complaints and discipline its registrants as part of our mandate to protect the public.

Provision of Resources to Physicians for Advice on Ethics, Standards and Quality Issues

CPSM issues Standards of Practice, Practice Directions and upholds a Code of Ethics and Professionalism that all registrants must adhere to while practising medicine in Manitoba.

President and Registrar Letter

Just days into this fiscal year, on May 3, 2021, CPSM celebrated a significant milestone – **150 years of promoting safe, ethical, and quality medical care for Manitobans**. CPSM was established as The Provincial Medical Board of Manitoba in 1871; since then, registration with the board (and later, the college) has been compulsory for all medical practitioners in the province.

In 1877, just years after CPSM's formation, parts of Manitoba experienced a smallpox epidemic. Much like the COVID-19 pandemic, physicians played a critical role on the front lines.

A vaccination campaign became widespread, putting physicians in high demand. Examinations and licensing of the medical practice became a priority for CPSM. Little did we know the parallels in the medical profession between that period would emerge again beginning in 2020 and into 2022.

As public vaccinations got underway in the spring of 2021, the medical profession also battled hesitancy and misinformation from a segment of the public. CPSM remained vigilant and developed directives for registrants based on the continuously evolving information on the state of vaccinations, medical notes of exemption, virtual medicine, Public Health Orders, prescribing, and evidence-based COVID-19 treatments.

We know the pandemic is not over and we continue to monitor and step in to provide regulatory assistance to registrants where required.

A Year of Reflection

Our 150th anniversary in May 2021 came at a time of reflection on past harms inflicted on Indigenous people by the medical profession. In June 2021, CPSM Council made *Truth and Reconciliation - Addressing Indigenous Racism by Medical Practitioners* a Strategic Organizational Priority. We knew this was an opportunity to empower cultural changes required in the profession and we recognized this required leadership from Indigenous people. From the onset, we engaged with Dr. Lisa Monkman, an Anishinaabe family physician, to put together a Truth and Reconciliation Advisory Circle.

We recognize we have a long way to go. Still, we are making progress on our commitment to foster greater awareness and understanding of Indigenous perspectives among registrants, Council, and CPSM staff. Together with the Advisory Circle, CPSM has identified key initiatives to move forward with eradicating racism against Indigenous Peoples in medical practice. Truth and Reconciliation begin on an individual level; these actions will require engagement from CPSM registrants to be meaningful and we thank you in advance for your cooperation.

We look forward to taking the next steps to guide actions to advance truth, justice, and reconciliation in the medical profession and reporting on them next year.

CPSM also completed the following strategic organizational priorities:

- Standard of Practice - Duty to Report Self, Colleagues, or Patients (July 2021)
- Standard of Practice for Virtual Medicine (November 2021)
- Standard of Practice for Exercise Cardiac Stress Testing (December 2021)
- Standard of Practice for Performing Office-Based Procedures (January 2022)
- Standard of Practice for Documentation in Patient Records, Standard of Practice for Maintenance of Patient Records (February 2022)

Monitoring Competence in the Medical Profession

Setting high standards of competence and practice is only one mechanism for safeguarding public safety in medical care. Ensuring standards are being met and supervising the practice of medicine is also a key responsibility of CPSM.

The Quality department leads CPSM's role in assessing ongoing quality care by physicians in Manitoba and the work of the department is a significant contributor to public safety. Committees and programs focus on opportunities for education and identifying areas of improvement for registrants. This area is often overlooked when assessing CPSM's capability to serve in the public's best interest. We are pleased to highlight Quality programming achievements beginning on page 26.

The Complaints and Investigations process addresses patient concerns of conduct or care by investigating complaints about CPSM registrants. We are continuously improving transparency to the public in this area.

This year, we focused on making the complaints submission process more accessible. Additional changes to the process enhance timeliness, triage, communication, ease of access, transparency, and fairness. Find key information on the impacts the changes are making on pages 20-21.

Registrants

This year, the word *registrant* replaced *member* in CPSM Bylaws, Standards of Practice, Practice Directions, and Policies, and communications (unless it is a direct quote from the legislation which uses the term *members*) to describe all those registered to practice medicine in Manitoba. This change was made to reflect our function as a regulator better.

The medical profession faces some critical challenges — physician shortages, burnout and stress, decreasing support and resources from the health care system, and increased early retirements. This is in addition to working under extraordinarily difficult conditions during the COVID-19 pandemic. We will continue to regulate and guide the profession to respond to changes in practice environments and other emerging issues.

We know the profession stands with us in our goal to prioritize patient safety. We embrace the next 150 years of building confidence in the medical profession by putting patients first.

Dr. Anna Ziomek
Registrar / CEO

Dr. Jacobi Elliott
President

Driving Quality Prioritizes Patient Safety

Henry Ford once said, "Quality means doing it right when no one is looking."

Quality competence in the medical profession requires ongoing, proactive regulation, just like vehicles require regular maintenance to remain safe.

The focus on safety may be where the parallel between quality monitoring in the medical regulation and industrialism ends; CPSM's pursuit to ensure registrants remain compliant with their regulatory obligations is a significant function of the college, yet one of the least known to the public.

Responding to concerns regarding a CPSM registrant's conduct or care and investigating complaints that put patient safety at risk, is one of CPSM's functions through the Complaints and Investigations department. Still, it is not the only mechanism for ensuring standards of competence and conduct in medical practice are met. Promoting safe practice through education, monitoring, and support is also fundamental in regulation.

The Quality department proactively engages with physicians to monitor their professional competence and identify areas for improvement. Ongoing educational and quality improvement initiatives fulfill our duty to supervise the practice of medicine to protect patient safety.

Engagement, collaboration, and support work in unison in CPSM's Quality department.

Engagement

Quality improvement programs use a "right-touch" approach that meets our regulatory framework. Engaging registrants is more effective when education and quality improvement are mutually shared goals. Overall, engagement is across all programs. For registrants, being proactive in their competency monitoring may prevent situations in which registrants become the subject of a complaint.

Collaboration

Finding common ground with registrants is critical for quality improvement initiatives to attain successful outcomes for registrants and, ultimately, the public. Secondly, collaboration with regulatory counterparts such as the College of Pharmacists of Manitoba and the College of Registered Nurses of Manitoba benefits all parties.

Support

Many registrants initially fear CPSM's processes are reactive and punitive. This year, we have made significant strides in refuting that sentiment. Once registrants engage with CPSM's quality programs, it becomes evident that the programs are intended to foster growth and provide a supportive environment to improve practice and, ultimately better care for the public.

The following are some Quality program highlights that exhibited increased collaboration, engagement, and support this year.

The **Quality Improvement Program** initiates a peer review with CPSM registrants on a seven-year cycle intended to foster practice reflection and quality improvement at an individual level. The program heavily relies on registrant **engagement** and participation has considerably increased; participants have come to rely on the **supportive** environment for which the program has gained a reputation. (More details on page 30).

When a physician's well-being suffers, so does the quality of practice. The **Physician Health Program supports** CPSM registrants who prioritize their personal health while continuing to provide safe and effective care to patients. The program relies on self-referrals and disclosures, which increased by 50% this year, indicating participant confidence in **engaging** with the program when health concerns occur. The program's goal is to **support** registrants to continue working or enable them to return to practice as soon as they are safe to do so. (More details on page 31).

The **Manitoba Quality Improvement Program (MANQAP)** underwent a significant change this year by adding the **Non-Hospital Medical and Surgical Facilities** accreditation program. Accrediting each facility and its staff, equipment, space and safety procedures required a **collaborative** approach. Ongoing communications, **support**, and **engagement** with approximately 20 medical directors with varying degrees of complexity created a better understanding of MANQAP's role and fostered trust in the process. (More details on pages 34-35).

Quality improvement initiatives related to prescribing drugs with the potential for abuse have been structured into the Prescribing Practices Program. The program includes initiatives under General Prescribing Advice, High-Risk Prescribing & Controlled Substances, Opioid Agonist Therapy, and Chief Medical Examiner (CME) Death Reviews.

The **CME Death Review Program** reviews 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. Reviews generate an opportunity for engagement that delivers high-impact regulation.

Most physicians welcome the opportunity to engage, reflect, and improve their prescribing practices. The program informs physicians of circumstances when death is relevant to ongoing practice; letters are educational and create an opportunity for case-based education. See page 33 for this year's full report.

The exponential growth in the volume of questions and requests for guidance on prescribing has highlighted the need and value of the **General Prescribing Advice Program**. Demand for **support** has increased 140% over the previous year.

The program **supports** and **engages** registrants, other healthcare professionals, patients, and members of the public by providing guidance and advice on various issues, including relevant collaboration with other regulatory colleges in the province. This **collaborative** approach promotes consistent messaging to interprofessional members of the care team. The focus is on supportive and educational intervention, further information gathering, and clinical recommendations as needed for more complex matters.

Engagement with the program is increasing; registrants often reach out to the program again after their first encounter because they find the initial guidance received beneficial. (More details on page 32).

There are many accomplishments to be proud of as CPSM continues to expand its capacity for quality improvement. Supporting registrants to comply with their regulatory obligations fosters public trust in CPSM's ability to monitor competence and will continue to be a priority.

CPSM Council Members

President	Dr. Jacobi Elliott
President-Elect	Dr. Nader Shenouda
Past-President	Dr. Ira Ripstein

Representatives of the Medical Profession

Northman	Dr. Brett Stacey
Parklands	Dr. Jacobi Elliott
Interlake	Dr. Daniel Lindsay
Eastman	Dr. Nader Shenouda
West	Dr. Charles Penner
Central	Dr. Kevin Convery
Winnipeg	Dr. Norman McLean
	Dr. Mary Jane Seager
	Dr. Roger Suss
	Dr. Ravi Kumbharathi
	Dr. Wayne Manishen
	Dr. Eric Sigurdson
	Dr. Heather Smith

Associate Members Register

Christopher Barnes, PA

Public Councillors – CPSM Appointed

Lynette Magnus, CPA, CA
Dorothy Albrecht
Leslie Agger

Public Councillors – Government Appointed

Allan Fineblit, QC
Marvelle McPherson, CM
Leanne Penny, CPA, CA

Councillors Appointed by the Faculty of Medicine

Dr. Brian Postl
Dr. Ira Ripstein

Executive Committee

Dr. Jacobi Elliott	*President*
Dr. Nader Shenouda	*President-Elect*
Dr. Ira Ripstein	*Past-President*
Dr. Brian Postl, CM	*Dean, U of M Rady Faculty of Health Sciences*
Allan Fineblit, QC	*Public Representative*
Marvelle McPherson, CM	*Public Representative*

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 the following matters:

1 ***Cancellation of Certificate of Practice***

9 ***Appeals of Investigation Committee Decision***

CPSM is statutorily responsible for regulating the practice of medicine in the public interest in Manitoba. CPSM plays an important role in determining if applicants meet the qualifications and all criteria, including the good character and competence required to be a CPSM registrant. The Registrar denies registration to those applicants who do not meet the requirements for registration. Applicants have the right to appeal these decisions to the Executive Committee of the Council. The Executive Committee hears the appeal and issues a decision. The Registrar may refer a matter to the Executive Committee to revoke a member's registration on various grounds, separate from the discipline process. The Executive Committee held one hearing of this nature during this fiscal year:

Application Cancellation

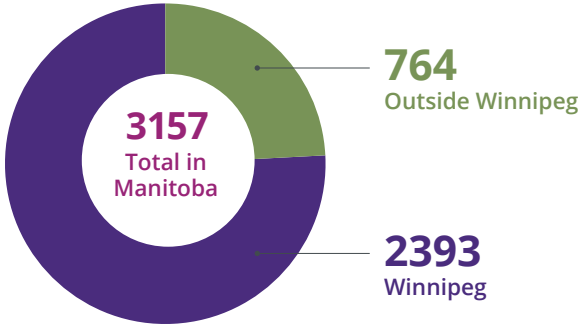
If the Registrar has reason to believe that a registration or certificate of practice has been obtained through false representation or declaration, the Registrar must report the matter to Council. The Registrar asked the Executive Committee to consider cancelling a registrant's Certificate of Practice for false representation or declaration. The Committee declined to cancel the registrant's Certificate of Practice. As the registration was not cancelled, the registrant's name is not made public.

Registration Statistics

NEWLY REGISTERED PHYSICIANS IN MANITOBA

2019 - 2022 WITH COUNTRY OF QUALIFICATION *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**
4 Year TOTAL	**326**	**187**	**12**	**31**	**47**	**140**	**10**	**1**	**72**	**30**	**856**

NUMBER OF PHYSICIANS WITH A CERTIFICATE OF PRACTICE IN MANITOBA AS OF APRIL 30, 2022

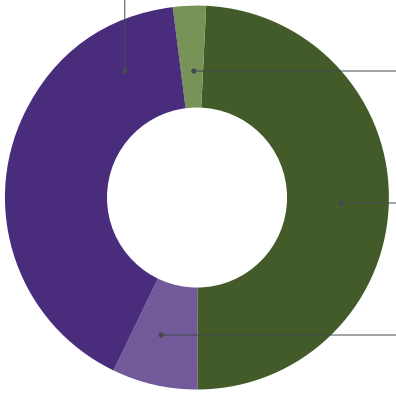


Regulated Member-Full, Regulated Member Provisional

Year	Winnipeg	Outside Winnipeg	Totals	Net Gain Net Loss (-)
2018	2215	687	**2902**	78
2019	2262	720	**2982**	80
2020	2285	744	**3029**	47
2021	2327	756	**3083**	54
2022	**2393**	**764**	**3157**	**74**

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 practice only within their residency training program (Resident Certificate of Practice) with an associate member certificate of practice or obtain a Full Certificate of Practice.



Medical Students	449	41.1%
Physician Assistant Students	30	2.8%
Residents	537	49.1%
Full Certificate of Practice	77	7.0%
TOTAL	1093	100%

1016
Total on Regulated Associate Member Register

(92.9%)

SPECIALIST REGISTER

1571
Specialists

There were 1571 specialists enrolled on the Specialist Register as of April 30, 2022.

140*

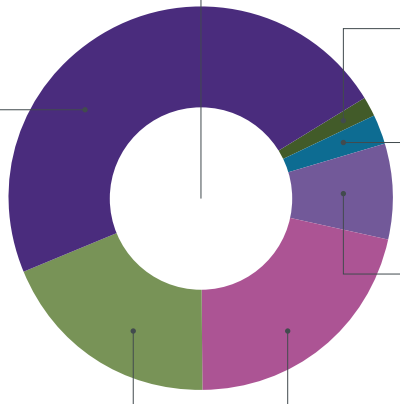
Provisional Registrants under a Minister Certificate.

**Note:* *There is a significant difference from the previous year due to exam availability due to COVID-19.*

APPLICATIONS PROCESSED

619 APPLICATIONS PROCESSED

383 NUMBER REGISTERED



10
Did Not Meet Requirements

15
Physician Assistants

49
Clinical Assistants

133
Regulated Member Provisional

295
Educational (Associate) Members

117
Regulated Members - Full

DISTRIBUTION OF PHYSICIANS BY COUNTRY OF QUALIFICATION*

AS OF APRIL 30, 2022

COUNTRY OF QUALIFICATION	Winnipeg	Brandon	Rural
	2393	**149**	**615**
Manitoba	1318	46	273
Canada	413	19	58
TOTAL CANADA	**1731**	**65**	**331**
USA	13	0	2
UK & Ireland	68	4	30
Europe	79	7	17
Asia	300	46	151
Australia	16	2	3
New Zealand	0	0	1
Africa	137	22	70
Central / South America	49	3	10

**Numbers are based on registrants' primary practice location.*

CLINICAL ASSISTANTS AND PHYSICIAN ASSISTANTS

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

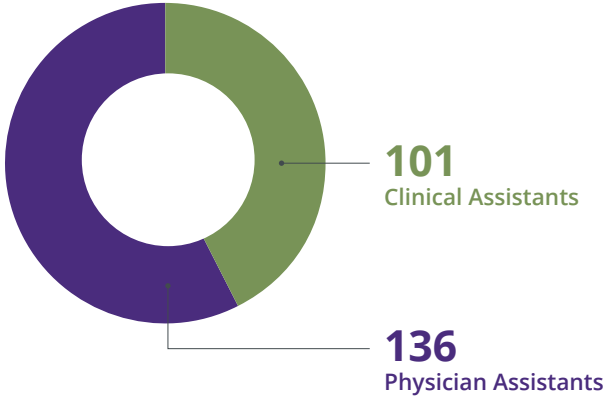
- Holds a Degree in Medicine from a nationally approved faculty of medicine, or
- Is a Doctor of Osteopathic Medicine Degree from a school in the United States accredited by the American Osteopathic Association Commission, or
- Is a Graduate of an approved and accredited physician assistant or clinical 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 practise only under supervision by a physician and a practice description approved by the Registrar.

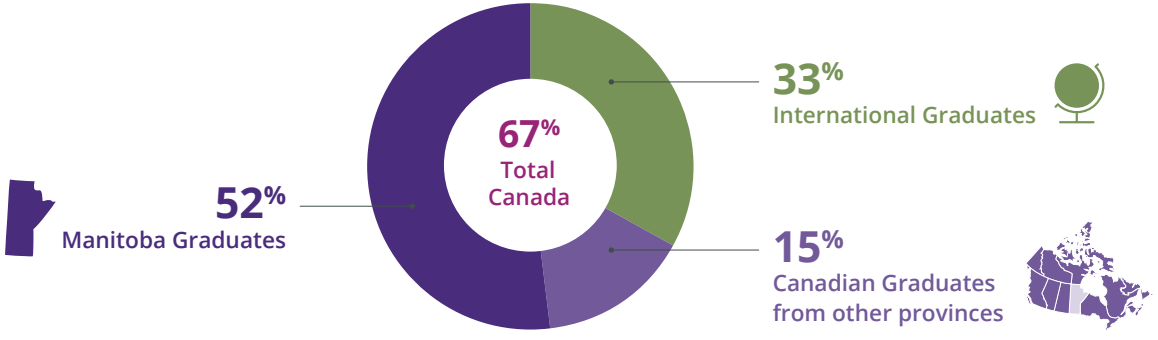
A **Physician Assistant** is a member that has completed an approved Physician Assistant program. They practice under supervision by a physician and a practice description approved by the Registrar.

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

Year	Clinical Assistants	Physician Assistants
2018	81	99
2019	93	112
2020	98	124
2021	94	130
2022	**101**	**136**



PERCENTAGE OF PHYSICIANS IN MANITOBA BASED ON COUNTRY OF GRADUATION



AGE OF PHYSICIANS RESIDING IN MANITOBA AS OF APRIL 30, 2022

AGE	Winnipeg	Brandon	Rural	TOTAL
Over 70	145	8	26	**179**
65 - 70	216	16	45	**277**
56 - 64	439	33	87	**559**
46 - 55	633	42	152	**827**
31 - 45	930	47	290	**1267**
30 or under	30	3	15	**48**
TOTAL	**2393**	**149**	**615**	**3157**

CERTIFICATES OF PROFESSIONAL CONDUCT

Provincial Licensing Body	# of COPCs Requested
British Columbia	197
Alberta	140
Saskatchewan	26
Ontario	113
Quebec	7
Prince Edward Island	3
New Brunswick	5
Nova Scotia	12
Newfoundland / Labrador	7
Northwest Territories	7
Nunavut	10
Yukon	8

Provincial Licensing Body	# of COPCs Requested
OTHER REQUESTS	
USA	30
Australia & New Zealand	6
Overseas/Other	23
College of Family Physicians of Canada	35
Provincial Medical Administrative Office	76
Regional Health Authorities	53
University of Manitoba	0
Other Manitoba	24

Total number of individuals who requested COPCs	**782**
TOTAL COPCs ISSUED	**789**

Complaints and Investigations

During this fiscal year, changes were made to CPSM processes for addressing complaints to facilitate a more transparent and efficient use of the processes set out in The Regulated Health Professions Act (RHPA). The RHPA sets out what actions the Registrar may take when a complaint is received. Complaints are addressed in the following four categories:

1. **Facilitated Communication**
   Encourages communication between the complainant and registrant to resolve the complaint through communication.
2. **Referral to the Complaints Committee**
3. **Referral to the Investigation Committee**
4. **Dismissal**
   If the Registrar is satisfied that a complaint is trivial, vexatious, or there is insufficient or no evidence of conduct for 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.

This fiscal year, CPSM received 360 complaints. A new online tool for submitting complaints was launched in August 2021, significantly increasing the number of complaints received. Of the 360 new complaints, 287 were submitted online. The 360 complaints were directed as follows:

- **58** Facilitated Communication
- **159** Referred to the Complaints Committee
- **134** Referred to the Investigation Committee
- **9** 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 breakdown. There is no right to request further review by either the Complaints Committee or the Investigation Committee if this path is taken.

STATISTICAL SUMMARY	2022
Outstanding Alternative Dispute Resolution Cases as of April 30, 2021	**3**
Cases received during this fiscal year	**58**
Total number of cases	**61**
Outstanding as of April 30, 2022	**48**
Total cases closed	**13**

DISMISSALS

Complaints may be dismissed if the Registrar is satisfied that it is trivial or vexatious or if there is insufficient or no evidence of conduct for which a panel could make a finding at a disciplinary hearing. These findings address serious matters - such as failure to uphold a standard of practice or the Code of Ethics and Professionalism or have displayed a lack of knowledge, skill or judgment in the practice of medicine. This is the first year that any complaints have been dismissed. Complainants have the right to appeal a dismissal of their complaint, and the Complaints Committee hears those appeals.

STATISTICAL SUMMARY	
Cases dismissed	**9**
Number of dismissals appealed	**9**
Number of dismissals upheld by the Complaints Committee	**8**
Number of appeals pending	**1**

Complaints Committee

COMPLAINTS COMMITTEE MEMBERS:

Dr. Heather Smith, *Chair*

Dr. Boshra Hosseini

Dr. Norman McLean

Leanne Penny, CPA, CA, *Public Representative*

Dr. Shayne Reitmeier

Nicole Smith, *Public Representative*

Dr. Brett Stacey

Raymond Strike, *Public Representative*

MEETINGS:

The Panels of the Complaints Committee met 7 times during this fiscal year.

STATISTICAL SUMMARY:

A. TOTAL CASES RECEIVED:	2022	2021
Cases received during this fiscal year	**159**	**124**
Outstanding Cases from the previous fiscal year	**38**	**32**
Total number of complaints	**197**	**156**
Total cases closed by the Complaints Committee	**88**	**114**
Cases outstanding as of April 30, 2022	**109**	

B. SOURCE OF COMPLAINT *(for the 159 new cases received):*	
Patient / legal guardian / legal representative	**154**
Registrar (CPSM)	**4**
Other	**1**

C. RESOLUTION OF THE 88 CASES CLOSED:	
No Further Action	**46**
Advice / Criticism	**24**
Resolved by Correspondence	**7**
Complaint Referred to Investigation Committee	**8**
Withdrawn Cases	**3**

D. COMPLAINT CLASSIFICATIONS:

Complaints are classified using the CanMEDS framework for competencies. The framework is used by various bodies to address the core competencies of physicians and medical learners. Categories are described in detail on the Royal College of Physicians and Surgeons of Canada website here.

The Complaints Committee classified the 88 closed complaints as follows:

Communicator	**5**
Collaborator	**0**
Manager	**1**
Medical Expert	**43**
Professional	**27**
Scholar	**0**
Unclassified	**12**

E. DEMOGRAPHICS OF PHYSICIANS:

*Of the 159 new complaints received this year, the following list shows the number of complaints by the **geographical location** of the physician:*

	# of Cases	# of Physicians
Urban Specialist (Winnipeg / Brandon)	44	39
Urban Family Physicians (Winnipeg / Brandon)	83	69
Rural Family Physicians	20	19
Rural Specialist	3	2
Residents	3	3
Physician/Clinical Assistant	0	0
Others	6	4
Total	**159**	**136**

F. LENGTH OF TIME REQUIRED TO RESOLVE COMPLAINTS

For cases closed between May 1, 2021, and April 30, 2022:

Within 0 – 60 days	7
Within 61 – 90 days	17
Within 91 – 120 days	28
Within 121 – 150	13
Within 151 – 180 days	12
Greater than 180 days	11
Total	**88**

Our goal is to resolve cases by 120 days or less. That goal was achieved in 52 of the 88 closed cases this year.

Investigation Committee

INVESTIGATIONS COMMITTEE MEMBERS:

Dr. Kevin Convery, *Chair*
Dr. Gary Jawanda, *Substitute*
Dr. Brent Kvern, Substitute
Lynette Magnus, CPA, CA, *Public Representative*
Dr. Charles Penner
Elizabeth Tutiah, *Public Representative*

MEETINGS:

The Investigation Committee met ten times during this fiscal year.

STATISTICAL SUMMARY:

A. TOTAL CASES RECEIVED:	2022	2021
Outstanding cases from the previous fiscal year	76	
New cases received during this fiscal year	134	79
Total number of investigations	**210**	**83**
Total cases closed by the Investigation Committee	**78**	
Cases outstanding as of April 30, 2022	132	

B. SOURCE OF THE 134 NEW CASES REFERRED TO THE INVESTIGATION COMMITTEE:

Complaints Committee	9
Registrar	42
Direct from Complainant	67
Complainant Request for Referral*	16

**Of the 16 complainant requests for a referral from CC to IC – 10 out of 16 appealed the IC decision to Appeal Committee.*

C. DISPOSITION OF THE 78 CASES CLOSED BY INVESTIGATION COMMITTEE:

1. Closed – No Further Action:	
• with Criticism / Advice	27
• no further action and / or concur with Complaints Committee	27
2. Undertakings	
• Remedial Education	6
• Professional Boundaries Program	2
• Practice Restrictions	1
3. Censure	4
4. Referred to Inquiry *(4 physicians)*	7
5. Withdrawn	4

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.

D. RESPONSE TIME OF INVESTIGATION COMMITTEE:

The following is the length of time taken to conclude the 78 cases closed by the Investigation Committee.

0 – 3 months:	7
4 – 6 months:	28
7 – 9 months:	26
10 – 12 months:	11
Greater than 1 year:	6

35 / 78 (45%) of cases were finalized within 6 months.

Last year, 20% of cases were finalized within 6 months.

E. DURATION* OF THE 132 OPEN CASES REMAINING AT THE END OF THIS FISCAL YEAR:

0 – 3 months:	32
4 – 6 months:	27
7 – 9 months:	11
10 – 12 months:	33
Greater than 1 year:	29

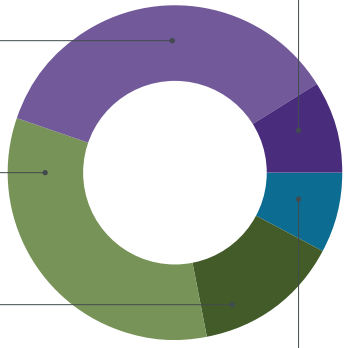
59 / 132 (45%) of cases have been open between 0-6 months.

**Duration of open cases does not always mean a delay in addressing the relevant issues. There are various reasons why investigations may be open for significant periods of time. This can include investigation of multiple or complex issues. It may also include circumstances where physicians are participating in remedial activities or awaiting re-audits after remediation or a period of supervision and monitoring.*

F. LENGTH OF TIME REQUIRED TO RESOLVE INVESTIGATIONS FOR CASES CLOSED:

BETWEEN MAY 1, 2021 AND APRIL 30, 2022

0 - 91 DAYS:	7	8.98%
92 - 182 DAYS:	28	35.90%
183 - 273 DAYS:	26	33.33%
274 - 365 DAYS:	11	14.10%
GREATER THAN 365 DAYS:	6	7.69%
TOTAL	78	100%



Inquiry Committee

Ira Ripstein, MD, *Inquiry Committee 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 to make findings and orders to address allegations of misconduct and breaches of standards by registrants as alleged in Notices of Inquiries. The hearings may include consideration of more than one investigation file. For example, this fiscal year, there were seven matters involving four physicians referred to Inquiry. Prosecution of matters referred to inquiry are overseen by the Investigation Committee and conducted by legal counsel in the Complaints and Investigations Department.

STATISTICAL SUMMARY:

3 **Inquiries completed during this fiscal year**

1 **Matters in progress**

Quality

Central Standards Committee

MEMBERS:

- **Dr. Roger Süss,** *Chair*
- **Dr. Ira Ripstein**
- **Dr. Eric Sigurdson**
- **Dr. Christine Polimeni**
- **Dr. Mary-Jane Seager**
- **Christopher Barnes, PA**
- **Katherine Stansfield, R.N.,** *Public Representative*
- **Dorothy Albrecht,** *Public Representative*
- **Marvelle McPherson,** *Public Representative*
- **Dr. Jacobi Elliott** *(ex officio)*
- **Dr. Nader Shenouda** *(ex officio)*

MEETINGS:

There were four meetings held during the fiscal year.

MAJOR ACTIVITIES

- Central Standards Committee Sub-Committees were introduced to the Standards Sub-Committee Guide for Operations in October 2021 and have started using the reporting templates that were included in the guide.
- Two information sessions were held in November 2021, with participants attending from various standards sub-committees.
- The Chair and Assistant Registrar continue to communicate with the sub-committees to assist with implementation of the new Guide for Operations, and offer support to sub-committees experiencing membership turnover due to retirements, leaving the community etc.

AUDIT REVIEWS COMPLETED

47 REVIEWS

19	Age-Triggered
16	Quality Improvement Referrals
7	Referred
5	Repeat Age-Triggered

Note: *Total reviews completed were 48, but one audit resulted in two outcomes.*

Last year, the Central Standards Committee introduced the Framework for Decision and Outcomes of Standards Committees. The framework has proven to be a valuable tool for audits in its first full year of use. It is used to guide deliberation and decisions consistently across committees. It includes five options categorized into suggested changes or required changes (see Audit Review Outcomes).

AUDIT REVIEW OUTCOMES

14	Reasonable Care	**62.5%** ***Suggested Outcomes***
16	Self-directed Improvement Plan with Report	
9	Negotiated Improvement Plan & Follow-up Audit	**37.5%** ***Required Outcomes***
5	Referral to Registrar	
3	Educational Undertaking	
1	Interactive Audit	

The majority of reviews (62.5%) resulted in suggested changes. An Educational Undertaking category was implemented this year.

Child Health Standards Committee

MEMBERS:

Dr. Lynne Warda, *Medical Consultant*

Dr. Darcy Beer, *Chair*

Dr. Aviva Goldberg

Dr. Bryan Magwood

Dr. Petra Rahaman

Dr. Anna Shawyer

Dr. Stasa Veroukis

Dr. Jason Zhang

MEETINGS:

The committee met five times throughout the year.

Manitoba Government did not renew funding. Shared Health will resume responsibility.

MAJOR ACTIVITIES

74 cases were reviewed and classified.

Safe Sleep Resource for Parents

Provided feedback on a safe sleep and risk factors for sudden infant death resources for families to WRHA Population and Public Health program.

Anaphylaxis Management

- Updated and standardized the management of pediatric anaphylaxis in Manitoba with Child Health, Manitoba EMS, pediatrics and primary care physicians, and the College of Pharmacists of Manitoba.
- This included a quick reference guide and a widely distributed CPSM newsletter item. The pediatric anaphylaxis standard order set was approved by the WRHA Professional Advisory Committee as an Evidence-Informed Practice Tool and was posted on the online database.

Manitoba Poison Centre

Recommended improvements to the MPC operations and poison control services in Manitoba, resulting in significant changes, including introducing a priority call line, a critical care line, and a requirement for the MPC Medical Toxicologist to contact Manitoba physicians caring for any critically ill patient.

Primary Care Clinical Practice Guidelines

Identified revisions or retirement of three WRHA Primary Care Practice and Operational Guidelines relating to the management of seizures, febrile seizures, and asthma in Primary Care settings.

Review of death files is dependent upon the completion of files at the Office of Chief Medical Examiner. Fifty-two notifications of deaths were received (for deaths that occurred January to June 2020) during this fiscal year.

Maternal Perinatal Health Standards Committee

MEMBERS:

Dr. Michael Helewa, *Consultant*

Dr. Wendy Hooper, *Chair*

Dr. Olalekan Akintola

Kelly Fitzmaurice, RM

Dr. Leanne Nause

Dr. Chelsea Ruth

Dr. Carol Schneider

MEETINGS:

The committee met 5 times throughout the year.

Manitoba Government did not renew funding. Shared Health will resume responsibility.

MAJOR ACTIVITIES

The Medical Consultant reviewed 391 cases.

Manitoba Prenatal Record

Updated the Manitoba Prenatal Record to conform to national prenatal care standards and includes areas to record all new diagnostic tests, vaccines, genetic and family histories, psychosocial issues, and identify risk of suicide. The updated form was transferred to Shared Health for distribution throughout the province.

Educational Letters

A total of 43 educational letters were sent to physicians on how to improve their practice and diagnoses, support letters to Chairs of rural and hospital standards committees on how to improve their committee reviews and processes, and referrals to hospitals regarding systems and resource issues that were identified through these reviews.

Quality Improvement

The Quality Improvement Program initiates a peer review with CPSM registrants on a seven-year cycle to supervise the practice of its registrants to help 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 offsite chart reviews, multisource feedback, and/or onsite office visits.

QUALITY IMPROVEMENT PARTICIPANTS AS OF APRIL 30, 2022				
Year	**Initiated**	**Participated**	**Completed**	**In Process**
2021	481	337	313	24
2022	212	–	6	212

TOTAL PARTICIPANTS INITIATED (2018-2022)	**1225**
REFERRAL TO CENTRAL STANDARDS COMMITTEE	**16**

- Based on chart reviews completed to date, 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. COVID-19 affected many plans and registrants found that they made many unanticipated changes to their processes and procedures. The proportion of participants identifying Self Care/Wellbeing as their area of improvement has increased as the pandemic has worn on.
- The QI Program has received CPD accreditation from the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada. Both have granted the program the highest credit level available of 3 credits per hour MainPro+ and Section 3 Assessment credits, respectively.

Physician Health Program

The Physician Health Program supports CPSM registrants who prioritize their personal health while continuing to provide safe and effective care to patients. The program had a **44%** increase in referrals over the previous year, as more registrants see the program's value. Self-referrals increased by **50%** over the previous year.

Cases of anxiety, depression, burnout, and stress increased this year. Cases of cancer also increased, but this is likely due to the Duty to Report Self, Colleagues, or Patients Standard of Practice that went into effect July 2021 and lists cancer as an example of a reportable health condition.

The program is safe, confidential, and non-punitive. Only four out of 84 cases resulted in undertakings. Supporting registrants with their health concerns contributes to improved quality of care for patients.

84
NEW REFERRALS

4
NEW UNDERTAKINGS
(out of the new 84 referrals)

SELF-REFERRALS

INCREASED BY
50%
Over Last Year

AND MAKE UP
29%
Of All Referrals

TOP REFERRAL CATEGORIES

19%
ANXIETY & DEPRESSION
Including Major Depressive Episodes

11%
BURNOUT & STRESS

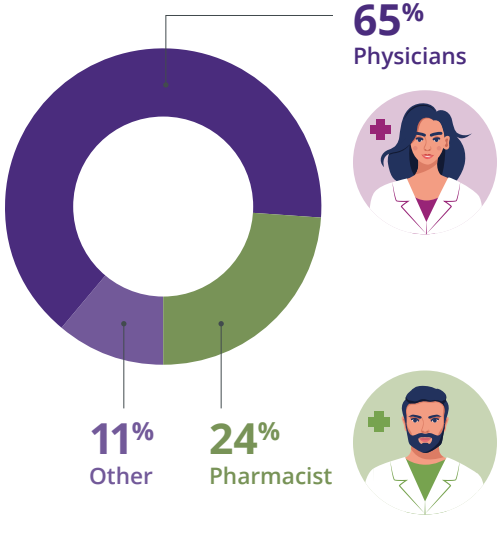
Prescribing Practices Program: General Prescribing Advice

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.

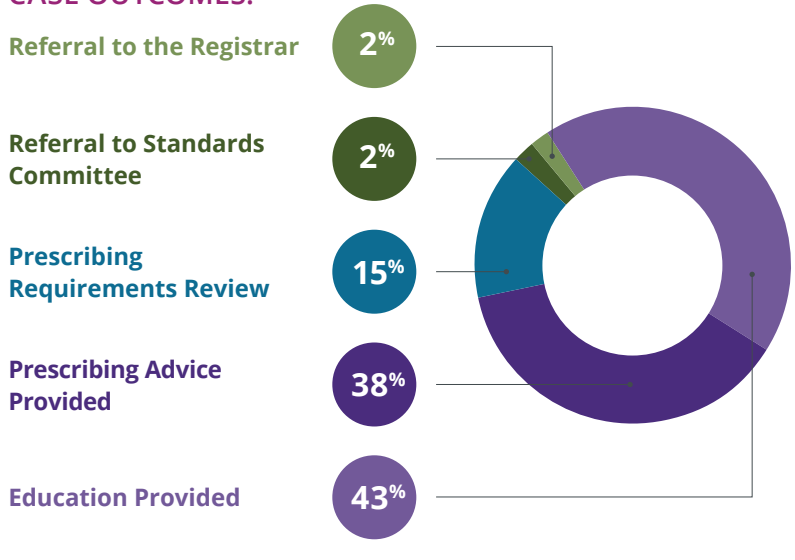
↑ 140%

The program's demand for general prescribing advice support has increased 140% over the previous year. In 81% of cases, either education intervention or advice was provided, enhancing competency and safer prescribing practices.

GENERAL PRESCRIBING ADVICE SOUGHT BY:



CASE OUTCOMES:



Total	100%

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.

From this review process, some common themes have emerged:

1) Polypharmacy is 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 a single prescriber.
3) Sedating over-the-counter medications, such as diphenhydramine, contributes to many accidental overdose deaths yearly.
4) In the context of 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 are dramatically higher than pre-pandemic.

Outcomes of Individual Chief Medical Examiner Death Reviews in 2021-2022

44 **Prescribing Deemed Appropriate**

- **27** Letters sent as courtesy
- **17** Letters sent with prescribing recommendations

56 **Prescribing Falls Outside Guidelines**

- **11** Letter to Physician Requesting Response
- **42** Letters sent with prescribing concerns & recommendations
- **2** Referrals to Central Standards Committee
- **1** Referral to Complaints

10 **Referral to Other Regulatory College**

- **10** Referrals to the College of Pharmacists of Manitoba / College of Registered Nurses of Manitoba

Manitoba Quality Assurance Program (MANQAP)

CPSM Council appoints a Program Review Committee to investigate and inspect all diagnostic facilities. The Committee's primary function is to oversee the work of the Manitoba Quality Assurance Program (MANQAP).

PROGRAM REVIEW COMMITTEE MEMBERS

Dr. Wayne Manishen, *Chair*

Leslie Agger, *Public Councillor*

Dr. Brent Anderson, *Surgery*

Jennifer Cable, *MB Nominee, non-voting*

Dr. Jacobi Elliott, *ex officio*

Eileen Gelowitz, *Public Representative*

Dr. Amin Kabani, *Laboratory Medicine*

Dr. Iain Kirkpatrick, *Diagnostic Imaging*

Dr. Dan Lindsay, *Diagnostic Imaging*

Dr. Jenisa Naidoo, *Laboratory Medicine*

Dr. Ira Ripstein, *ex officio*

Dr. Anna Ziomek, *Registrar, ex officio, non-voting*

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

MANQAP took responsibility for the accreditation of **Non-Hospital Medical and Surgical Facilities** during the last fiscal year. To enhance patient safety, revisions to the Accredited Facilities Bylaw resulted in more facilities requiring accreditation due to the complex and higher risk procedures undertaken. Operating standards have been extensively reviewed by subject matter experts and adapted for use in Manitoba. A new Adverse Patient Outcome reporting and review process was also implemented during the year.

MANQAP is part of the Western Canadian Diagnostic Accreditation Alliance, including sister programs in Alberta and Saskatchewan. These provincial programs share standards, inspectors, and expertise.

MANQAP

TOTAL NUMBER OF FACILITIES AS OF MARCH 30, 2022

	LABORATORY MEDICINE *(Includes Patient Service Centres and Transfusion Medicine)*	DIAGNOSTIC IMAGING *(Includes Radiology, Ultrasound, Computed Tomography and MRI)*	NON-HOSPITAL MEDICAL & SURGICAL FACILITIES
Total number of Facilities	176	165	20
Full Accreditation	143	138	6
Conditional Accreditation	6	12	0
Temporary Accreditation	20	15	3
In the Process of Obtaining Accreditation	7	0	11

ACTIVITY FROM MAY 1, 2021 TO MARCH 30, 2022

	LABORATORY MEDICINE *(Includes Patient Service Centres and Transfusion Medicine)*	DIAGNOSTIC IMAGING *(Includes Radiology, Ultrasound, Computed Tomography and MRI)*
Number of Accreditation Inspections	42	30
Number of Inspections to Open a Facility	2	2

COMPLAINTS AND INSPECTIONS

MANQAP investigates complaints received and may conduct unannounced site visits if required.

Complaints Received	7
Unannounced Inspections	2
Number of NHMSF Adverse Patient Outcomes Reviewed	12

Bylaw Amendments

In accordance with the Regulated Health Professions Act, all Bylaw amendments approved by Council in the past year must now be confirmed or varied by the members who are present and voting at the annual general meeting.

The following bylaws were amended in the past year.

ACCREDITED FACILITIES BYLAW (June 2021):

Various ophthalmological procedures were clarified for inclusion and exclusion from the Bylaw.

CENTRAL STANDARDS BYLAW (September 2021):

Various Standards Sub-Committees were deleted from the Bylaw.

AFFAIRS OF THE COLLEGE BYLAW (March 2022):

This Bylaw was updated to reflect the President-Elect holds a seat on Council and that the composition of Council is:

COUNCIL POSITION	NUMBER	APPOINTED	ELECTED	OTHER
Public Representative	3	Appointed by Council		
Public Representative	3	Appointed by Minister		
University of Manitoba	1	Appointed by University		
President	1			Ex Officio
Past President	1			Ex Officio
President-Elect	1			Ex Officio
Associate Member	1		Elected by Associate Members	
Winnipeg	4		Elected by Members	
North	1		Elected by Members	
East	1		Elected by Members	
West	1		Elected by Members	
Total	**18**			

Financial Statements

APRIL 30, 2022

Deloitte.

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, 2022 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, 2022.

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 21, 2022.

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*.

Deloitte LLP

Chartered Professional Accountants

Winnipeg, Manitoba
June 21, 2022

Deloitte LLP | 360 Main Street, Suite 2300, Winnipeg MB R3C 3Z3 Canada | Phone: (204) 942-0051 | Fax: (204) 947-9390 | www.deloitte.ca

SUMMARY STATEMENT OF FINANCIAL POSITION

AS AT APRIL 30, 2022

	2022 $	2021 $
ASSETS		
Current assets		
Cash	**4,164,166**	4,331,607
Investments, maturing within one year	**3,149,999**	4,101,130
Accounts receivable and prepaid expenses	**216,000**	180,450
	7,530,165	8,613,187
Investments	**2,175,000**	1,117,270
Capital and intangible assets	**738,128**	834,157
	10,443,293	10,564,614
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	**231,533**	130,465
Accrued pre-retirement leave benefits	**261,893**	293,208
Accrued vacation	**123,500**	189,129
Deferred revenue	**3,313,955**	3,384,915
	3,930,881	3,997,717
NET ASSETS		
Unrestricted	**1,561,284**	1,616,740
Invested in capital and intangible assets	**738,128**	834,157
Internally restricted	**4,213,000**	4,116,000
	6,512,412	6,566,897
	10,443,293	10,564,614

Approved on behalf of Council _____, President _____, Registrar

SUMMARY STATEMENT OF OPERATIONS

YEAR ENDED APRIL 30, 2022

	2022 $	2021 $
REVENUE		
Physician and resident license fees	**6,227,838**	6,025,030
Educational register fees	**84,300**	82,100
Clinical assistant license fees	**38,400**	34,950
Physician assistant license fees	**45,000**	41,100
Medical corporation fees	**387,625**	376,975
Other fees and income	**625,538**	442,463
Interest income	**29,103**	23,837
Change in market value of investments	**101,247**	205,268
Government funded program revenue	**1,271,657**	1,332,430
	8,810,708	8,564,153
EXPENSES		
Governance	**152,462**	140,797
Qualifications	**914,707**	1,103,633
Complaints and investigations	**2,156,528**	1,760,363
Quality	**1,507,867**	1,193,009
Operations and general administration	**2,340,714**	2,279,422
Information technology	**423,405**	347,050
Government funded program expenses	**1,369,510**	1,413,935
	8,865,193	8,238,209
(Deficiency) excess of revenue over expenses	**(54,485)**	325,944

NOTES TO THE SUMMARY FINANCIAL STATEMENTS

APRIL 30, 2022

1. Basis of presentation

Management has prepared the summary financial statements from the Organization's April 30, 2022 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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