

Annual General Meeting of the Membership

Friday, June 19th, 2020 | 8:00 a.m.
Virtual Meeting
1661 Portage Avenue

Time		Item	Page Number
5 min	8:00 am	1. Opening Remarks	---
5 min	8:05 am	2. Agenda – Approval	--
		Call for Any Conflicts of Interest	
0 min	8:10 am	3. Approval of Minutes of June 21 st , 2019 Meeting	4
5 min	8:10 am	4. Financial Statements – Approval	8
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0 min	8:15 am	5. Appointment of Auditors – Approval	62
5 min	8:15 am	6. Bylaw Amendments	63
		i. Affairs of the College Bylaw	
		ii. Central Standards Committee Bylaw	
		iii. Accredited Facilities Bylaw	
0 min	8:20 am	7. Election Results	65
40 min	8:20 am	8. Major Activities of CPSM	66
		A. Report from the Registrar	
		i. Registration Report...5 min	
		ii. Physician Health Program...10 min	
		iii. Prescribing Practices Program Update...10 min	
		iv. Information Technology...5 min	
		v. Strategic Organizational Priorities... 5 min	
		vi. COVID -19 Pandemic Response by CPSM...5 min	

60 min	9:00 am	9. B. Committee Reports <ul style="list-style-type: none"> i. Executive Committee...2 min ii. Audit & Risk Management Committee...3 min iii. Complaints Committee...10 min iv. Investigation Committee ...10 min v. Inquiry Committee...10 min vi. Central Standards Committee...10 min vii. Program Review Committee...5 min viii. Quality Improvement Committee...10 min 	78
		AGM Reports Slide Presentation	98
5 min	10:00 am	10. President's Remarks	
0 min	10:05 am	11. End Meeting	

Rules of the Annual General Meeting of the Membership Affairs of the College Bylaw Excerpts

Meetings of Membership

Annual meeting of the membership

60. Each calendar year, an annual meeting of the members of the College must be held in Manitoba, at a time and place to be determined by Council.

Notice of meeting of the membership

65. For all annual general and special meetings of the membership:
- a. Council must provide at least 14 days notice of the meeting to each member of the College and to the public;
 - b. notice to members must include:
 - i. the place, date and time of the meeting, and
 - ii. any resolutions proposed to be presented at the meeting; and
 - c. notice to members and to the public may be given by posting a notice on the College website.
66. The accidental omission to give notice of a meeting to, or the non-receipt of a notice by, a person entitled to receive notice does not invalidate proceedings at the meeting.

Quorum at meeting of the membership

67. A quorum for a meeting of members is eight voting members.

Procedure at meeting of the membership

68. The President or in the absence of the President, the President-Elect or the Past-President, must preside over the meeting. In the absence of the President, President-Elect and Past-President, the

members present must elect a chairperson from among Councillors present at the meeting.

69. The President must set the agenda for the annual general meeting of the members. The agenda must include the following items:
- a. Council reports relevant to the activities of the College;
 - b. the CPSM's audited financial statement and report;
 - c. any new Bylaws or Bylaw amendments approved by Council in the preceding year, which require membership approval; and
 - d. the annual appointment of the auditors of the College.

Voting at meeting of the membership

70. A member of the College in good standing present in person at the meeting and entitled to vote at the meeting has one vote.
71. Voting will be conducted by a show of hands, unless the chairperson considers it necessary to conduct a vote by ballot.
72. In case of a tie vote, the proposed resolution does not pass.
73. Any resolution passed at an annual or special meeting of members, except for a resolution confirming or varying a Bylaw, must be considered by Council at its next regularly scheduled meeting.

Entitlement to vote at meeting of the membership

78. All regulated members and regulated associate members who attend a meeting of the membership in person are entitled to vote at the meeting, except members in the following classes:
- a. Full - academic, visiting professor;
 - b. Full - non-practising;
 - c. Full - retired;
 - d. Provisional - restricted purpose;
 - e. Provisional - temporary locum;
 - f. Provisional - non-practising;
 - g. Provisional - retired;
 - h. Assessment candidate - specialty practice;
 - i. Assessment candidate - family practice;
 - j. Assessment candidate - re-entry to practice;
 - k. Educational - non-practising;
 - l. Physician assistant - restricted purpose;
 - m. Physician assistant - non-practising;
 - n. Clinical assistant- non-practising;
 - o. Physician assistant or clinical assistant retired.

Procedural issues at members meeting

79. A dispute concerning the procedure to be followed at a meeting of members that is not provided for in the RHPA or Bylaws must be resolved in accordance with Roberts Rules of Order.

Annual Meeting of the Membership June 21, 2019

A meeting of the Membership of The College of Physicians and Surgeons of Manitoba was held on Friday, June 21, 2019 at the Viscount Gort Hotel, 1670 Portage Avenue, Winnipeg, Manitoba.

1. CALL TO ORDER

The meeting was called to order at 8:05 a.m. by the Chair of the meeting, Dr. Eric Sigurdson.

MEMBER COUNCILLORS PRESENT:

Dr. Eric Sigurdson, Chairperson (NV)
 Dr. S. Jay Duncan
 Dr. Nader Shenouda
 Dr. Jacobi Elliott
 Dr. Brian Blakley
 Dr. Kevin Convery
 Dr. Shayne Reitmeier
 Dr. Garth Campbell
 Dr. Ira Ripstein
 Dr. Roger Suss
 Dr. Deborah Mabin
 Dr. Brent Kvern
 Dr. Heather Smith
 Dr. Alewyn Vorster
 Dr. Matthew MacDowell (NV)
 Dr. Heather Domke
 Dr. Wayne Manishen
 Dr. Daniel Lindsay

STAFF:

Dr. Anna Ziomek, Registrar
 Dr. Terry Babick, Deputy Registrar
 Ms Kathy Kalinowsky, Legal Counsel
 Mr. Dave Rubel, Chief Operating Officer
 Ms Lynne Leah, Executive Assistant
 Ms Karen Sorenson, Executive Assistant

GUESTS:

Ms Dorothy Albrecht, Public Councillor
 Mr. Allan Fineblit, Public Councillor
 Ms Lynette Magnus, Public Councillor
 Ms Marvelle McPherson, Public Councillor

MEMBERS PRESENT:

Dr. Marilyn Singer, Medical Consultant
 Dr. Garth Campbell, Medical Consultant
 Dr. Karen Bullock Pries, Medical Consultant
 Dr. Maged Nashed
 Dr. Joel Kettner

2. MOMENT OF SILENCE

Dr. Sigurdson called for a moment of silence for deceased members.

3. ADOPTION OF AGENDA

IT WAS MOVED BY DR. DANIEL LINDSAY, SECONDED BY DR. JOEL KETTNER:
CARRIED

That the agenda be approved.

4. FINANCIAL STATEMENTS

The audited financial statements of the College of Physicians and Surgeons of Manitoba were reviewed, indicating the following:

• Assets	\$9,515,729
• Liabilities	\$3,757,891
• Net Assets	\$5,757,838
• Revenues	\$7,966,447
• Expenses	\$7,910,567
• Net Income	\$ 55,880

All financial statements contained unqualified opinions from Meyers Norris Penny.

IT WAS MOVED BY DR. IRA RIPSTEIN, SECONDED BY DR. JACOBI ELLIOTT:
CARRIED

That the following audited financial statements for the fiscal year May 1, 2018 to April 30, 2019 be approved as presented:

- The College of Physicians & Surgeons of Manitoba Financial Statements
- The College of Physicians & Surgeons of Manitoba Summary Financial Statements
- CPSM Manitoba Quality Assurance Program
- CPSM Maternal/Child Quality Assurance Program
- CPSM Manitoba Prescriber Education Audit Process
- CPSM Physician Profiling Program

5. APPOINTMENT OF AUDITORS

IT WAS MOVED BY DR. IRA RIPSTEIN, SECONDED BY DR. BRENT KVERN:
CARRIED

That the Membership approve Deloitte LLP being appointed as auditors for all College accounts in the forthcoming fiscal year 2019-2020 as recommended by the Audit and Risk Management Committee.

6. CODE OF ETHICS AND PROFESSIONALISM

The Code of Ethics and Professionalism was discussed at length. Notice of the consultation was sent to every member of the College, all regulated health professions, the Minister, CMPA, and Doctors Manitoba. The consultation yielded 11 responses, including several with multiple signatories, many in support and some expressing concerns with provisions regarding Medical Assistance in Dying and a member's religious rights. The current Code of Ethics will be removed

Annual Meeting of the Membership June 21, 2019

from the Affairs of the College By-Law and the CMA Code of Ethics and Professionalism be adopted and made into a stand-alone document named the Code of Ethics and Professionalism. Concerns were expressed by some regarding different provisions in the Code.

IT WAS MOVED BY DR. IRA RIPSTEIN, SECONDED BY DR. NADER SHENOUDA:
CARRIED

15 IN FAVOUR
5 AGAINST

That Membership approve the CMA Code of Ethics and Professionalism and delete section 80 of The Affairs of the College Bylaw:

~~80. "The Code of Ethics attached as Schedule B shall be the Code of Ethics and prescribe the professional and Ethical requirements of members of the College."~~

7. BY-LAWS

IT WAS MOVED BY DR. IRA RIPSTEIN, SECONDED BY DR. DANIEL LINDSAY:
CARRIED

The Membership approve the following Bylaws:

- Affairs of the College Bylaw;
- Accredited Facilities Bylaw; and
- Central Standards Bylaw.

8. MAJOR ACTIVITIES OF THE COLLEGE

The Registrar reported on the following major activities of the College:

- Prescribing Practices
- Registration
- iMIS Membership Database
- Regulated Health Professions Act

Annual reports were received from the following Committees:

- Executive
- Audit & Risk Management
- Complaints
- Investigations
- Inquiry
- Central Standards
- Program Review
- Physician Practice Enhancement

9. ELECTION RESULTS

Annual Meeting of the Membership June 21, 2019

Congratulations were extended to Dr. Matthew MacDowell who was elected as the Associate Member for the 2019-2020 year.

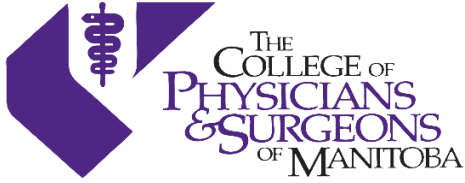
10. PRESIDENT'S REMARKS/TRANSFER OF OFFICE

Dr. Eric Sigurdson provided closing remarks and then passed the gavel to Dr. Ira Ripstein as the new President.

There being no further business, the meeting ended at 10:20 a.m.

Dr. E. Sigurdson, President

Dr. A. Ziomek, Registrar



**ANNUAL GENERAL MEETING OF THE MEMBERSHIP
JUNE 19TH, 2020
NOTICE OF MOTION FOR APPROVAL**

SUBJECT:

Annual Financial Statements

BACKGROUND:

CPSM had Deloitte LLP conduct audits of the financial statements. Unqualified opinions were provided by the accountants.

At its May 27th, 2020 meeting, the Audit & Risk Management Committee approved recommending to Council acceptance of all CPSM audited financial statements for the fiscal year May 1, 2019 through April 30, 2020.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE ANNUAL GENERAL MEETING OF THE MEMBERSHIP OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 19, 2020, DR. JACOBI ELLIOTT, CHAIRPERSON OF THE AUDIT AND RISK MANAGEMENT COMMITTEE, WILL MOVE THAT:

The following financial statements for the fiscal year May 1, 2019 to April 30, 2020 be accepted as presented:

- The College of Physicians & Surgeons of Manitoba Summary Financial Statements
- The College of Physicians & Surgeons of Manitoba Financial Statements
- CPSM Manitoba Quality Assurance Program
- CPSM Maternal/Child Quality Assurance Program
- CPSM Substance Use & Addictions Program
- CPSM Public Register Program (formerly Physician Profiling Program)

Summary financial statements of The College of Physicians and Surgeons of Manitoba

April 30, 2020

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, 2020 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, 2020.

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 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 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 19, 2020.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements.

Auditor's Responsibility

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

Chartered Professional Accountants

June 19, 2020
Winnipeg, Manitoba

The College of Physicians and Surgeons of Manitoba
Summary statement of financial position

As at April 30, 2020

	2020 \$	2019 \$
Assets		
Current assets		
Cash	4,070,094	2,697,692
Investments, maturing within one year	2,290,701	3,855,404
Accounts receivable and prepaid expenses	222,316	277,741
	6,583,111	6,830,837
Investments	2,779,686	1,658,489
Capital and intangible assets	730,531	899,571
	10,093,328	9,388,897
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	106,797	119,032
Accrued pre-retirement leave benefits	274,791	301,957
Accrued vacation	118,708	102,340
Deferred revenue	3,352,079	3,107,729
	3,852,375	3,631,058
Net assets		
Unrestricted	1,108,422	747,268
Invested in capital and intangible assets	730,531	899,571
Internally restricted	4,402,000	4,111,000
	6,240,953	5,757,839
	10,093,328	9,388,897

Approved on behalf of Council

_____, President

_____, Registrar

The College of Physicians and Surgeons of Manitoba**Summary statement of operations**

Year ended April 30, 2020

	2020	2019
	\$	\$
Revenue		
Physician and resident license fees	5,898,381	5,623,731
Educational register fees	91,975	94,424
Clinical assistant license fees	31,350	30,167
Physician assistant license fees	40,500	34,216
Medical corporation fees	370,461	358,226
Other fees and income	433,975	445,310
Interest income	82,413	115,081
Change in market value of investments	91,346	53,917
Government funded program revenue	1,434,711	1,211,375
	8,475,112	7,966,447
Expenses		
Governance	158,254	147,389
Qualifications	1,123,919	1,134,444
Complaints and investigations	1,703,150	1,668,560
Standards	1,121,329	1,177,365
Operations and general administration	2,131,378	2,123,325
Information technology	336,764	370,557
Government funded program expenses	1,417,204	1,288,926
	7,991,998	7,910,566
Excess of revenue over expenses	483,114	55,881

The College of Physicians and Surgeons of Manitoba**Notes to the summary financial statements**April 30, 2020

1. Basis of presentation

Management has prepared the summary financial statements from the Organization's April 30, 2020 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.

DRAFT

Financial statements of
The College of Physicians and
Surgeons of Manitoba

April 30, 2020

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Independent Auditor's Report

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

Opinion

We have audited the financial statements of The College of Physicians and Surgeons of Manitoba (the "Organization"), which comprise the statement of financial position as at April 30, 2020, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as at April 30, 2020, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Matter

The financial statements of The College of Physicians and Surgeons of Manitoba for the year ended April 30, 2019, were audited by another auditor who expressed an unmodified opinion on those statements on June 21, 2019.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants
June 19, 2020
Winnipeg, Manitoba

The College of Physicians and Surgeons of Manitoba**Statement of financial position**

As at April 30, 2020

	2020 \$	2019 \$
Assets		
Current assets		
Cash	4,070,094	2,697,692
Investments, maturing within one year (Note 3)	2,290,701	3,855,404
Accounts receivable	10,992	3,467
Prepaid expenses	211,324	274,274
	6,583,111	6,830,837
Investments (Note 3)	2,779,686	1,658,489
Capital assets (Note 4)	147,342	140,623
Intangible assets (Note 5)	583,189	758,948
	10,093,328	9,388,897
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	106,797	119,032
Accrued pre-retirement leave benefits (Note 6)	274,791	301,957
Accrued vacation	118,708	102,340
Deferred program revenue (Schedule 1)	240,834	110,278
Deferred member dues revenue	3,111,245	2,997,451
	3,852,375	3,631,058
Contingencies (Note 8)		
Commitments (Note 9)		
Net assets		
Unrestricted	1,108,422	747,268
Invested in capital and intangible assets	730,531	899,571
Internally restricted (Note 10)	4,402,000	4,111,000
	6,240,953	5,757,839
	10,093,328	9,388,897

Approved on behalf of Council

_____, President

_____, Registrar

The College of Physicians and Surgeons of Manitoba**Statement of operations**

Year ended April 30, 2020

	2020	2019
	\$	\$
Revenue		
Physician and resident license fees	5,898,381	5,623,731
Educational register fees	91,975	94,424
Clinical assistant license fees	31,350	30,167
Physician assistant license fees	40,500	34,216
Medical corporation fees	370,461	358,226
Other fees and income	433,975	445,310
Interest income	82,413	115,081
Change in market value of investments	91,346	53,917
Government funded program revenue (<i>Schedule 1</i>)	1,434,711	1,211,375
	8,475,112	7,966,447
Expenses (<i>Schedule 2</i>)		
Governance	158,254	147,389
Qualifications	1,123,919	1,134,444
Complaints and investigations	1,703,150	1,668,560
Standards	1,121,329	1,177,365
Operations and general administration	2,131,378	2,123,325
Information technology	336,764	370,557
Government funded program expenses (<i>Schedule 1</i>)	1,417,204	1,288,926
	7,991,998	7,910,566
Excess of revenue over expenses	483,114	55,881

The College of Physicians and Surgeons of Manitoba**Statement of changes in net assets**

Year ended April 30, 2020

	Unrestricted \$	Invested in capital assets \$	Internally restricted \$	2020 \$
Net assets, beginning of year	747,268	899,571	4,111,000	5,757,839
Excess (deficiency) of revenue over expenses	739,812	(256,698)	-	483,114
Purchase of capital and intangible assets	(87,658)	87,658	-	-
Transfer to internally restricted	(291,000)	-	291,000	-
Balance, end of year	1,108,422	730,531	4,402,000	6,240,953

	Unrestricted \$	Invested in capital assets \$	Internally restricted \$	2019 \$
Net assets, beginning of year	720,239	748,108	4,233,611	5,701,958
Excess (deficiency) of revenue over expenses	247,448	(191,567)	-	55,881
Purchase of capital and intangible assets	(343,030)	343,030	-	-
Transfer from internally restricted	122,611	-	(122,611)	-
Balance, end of year	747,268	899,571	4,111,000	5,757,839

The College of Physicians and Surgeons of Manitoba**Statement of cash flows**

Year ended April 30, 2020

	2020	2019
	\$	\$
Operating activities		
Excess of revenue over expenses	483,114	55,881
Items not affecting cash:		
Change in market value of investments	(91,346)	(53,917)
Amortization of capital assets and intangible assets	256,698	191,567
	648,466	193,531
Changes in non-cash operating working capital items:		
Accounts receivable	(7,525)	59,556
Prepaid expenses	62,950	(42,627)
Accounts payable	(12,235)	(130,298)
Accrued pre-retirement leave benefits	(27,166)	27,382
Accrued vacation	16,368	1,915
Deferred revenue	244,350	157,537
	925,208	266,996
Investing activities		
Redemption of investments, net	534,852	285,348
Purchase of capital assets	(87,658)	(11,078)
Purchase of intangible assets	—	(331,952)
	447,194	(57,682)
Net increase in cash position	1,372,402	209,314
Cash, beginning of year	2,697,692	2,488,378
Cash, end of year	4,070,094	2,697,692

The College of Physicians and Surgeons of Manitoba

Notes to the financial statements

April 30, 2020

1. Incorporation and nature of the organization

The College of Physicians and Surgeons of Manitoba (the "Organization") is the statutory body responsible for maintaining standards of medical practice within Manitoba through the administration of The Regulated Health Professions Act, Regulations, and related By-Laws, including the Code of Conduct.

The Organization's mandate is to protect the public as consumers of medical care and promote the safe and ethical delivery of quality medical care by physicians in Manitoba. The Organization is incorporated and exempt from income taxes under the provisions of The Income Tax Act.

2. Significant accounting policies

The financial statements are prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

a) *Revenue recognition*

The Organization follows the deferral method of accounting for contributions.

Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Until such time, externally restricted contributions are reported as deferred revenue. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Members are charged an annual license fee based on the period from November 1st to October 31st, and these fees are recognized into income on a straight-line basis over this 12 month period. Deferred revenue represents the members' fees for the six month period from May to October which will be recognized as revenue in the subsequent fiscal year.

Other fees and revenues are recognized as revenue when the related registration or licensing has occurred or the related services have been performed and collection is reasonably assured.

Investment income is recognized on an accrual basis as earned.

b) *Capital assets*

Purchased capital assets are recorded at cost, net of related grant revenue. Contributed capital assets are recorded at fair value at the date of contribution if fair value can be reasonably determined. Amortization is based on the estimated useful life of the asset and is calculated on a straight-line basis as follows:

Computer equipment	5 years
Office equipment	5 years
Leasehold improvements	10 year

c) *Intangible assets*

Intangible assets are recorded at cost. Contributed intangible assets are recorded at fair value at the date of contribution if fair value can be reasonably determined.

Intangible assets recorded in the statement of financial position represents the member application software which is being amortized on a straight-line basis over its estimated useful life of 5 years.

The College of Physicians and Surgeons of Manitoba

Notes to the financial statements

April 30, 2020

2. Significant accounting policies (continued)

d) *Financial instruments*

Financial assets and financial liabilities are initially recognized at fair value when the Organization becomes a party to the contractual provisions of the financial instrument. Subsequently, all financial instruments are measured at amortized cost except for investments in listed shares and derivative financial instruments which are measured at fair value at the balance sheet date. The fair value of listed shares is based on the latest closing price, and if the information is not otherwise publically available, the fair value quote received from the bank counterparty is used as a proxy for the fair value of derivative financial instruments.

Transaction costs related to financial instruments measured subsequent to initial recognition at fair value are expensed as incurred. Transaction costs related to other financial instruments are added to the carrying value of the asset or netted against the carrying value of the liability and are then recognized over the expected life of the instrument using the effective interest method. Any premium or discount related to an instrument measured at amortized cost is amortized over the expected life of the item using the effective interest method and recognized in net earnings as interest income or expense.

With respect to financial assets measured at cost or amortized cost, the Organization recognizes an impairment loss, if any, in net earnings when there are indicators of impairment and it determines that a significant adverse change has occurred during the period in the expected timing or amount of future cash flows. When the extent of impairment of a previously written-down asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to net earnings in the period the reversal occurs.

e) *Use of estimates*

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expense during the period. Significant estimates include the useful life of both the capital and intangible assets, the allowance for doubtful accounts, which was estimated to be \$144,307 at April 30, 2020 (2019 - \$144,307) and the accrued for pre-retirement leave benefits. Actual results could differ from these estimates.

The College of Physicians and Surgeons of Manitoba
Notes to the financial statements

April 30, 2020

3. Investments

	2020	2019
	\$	\$
Portfolio of bonds and other fixed rate investments, bearing effective interest rates between 2.30% and 2.70% with maturity dates between December 2020 and February 2022	4,067,017	5,513,893
Principal Protected Notes, generating fixed interest payments of 0.5% plus a variable interest payment of the greater of 70% of the index performance, as defined in the agreement, and nil, maturing in August 2024	1,003,370	—
	5,070,387	5,513,893
Less: investments maturing within 12 months	(2,290,701)	(3,855,404)
	2,779,686	1,658,489

4. Capital assets

	Cost	Accumulated amortization	2020 Net book value
	\$	\$	\$
Computer equipment	743,370	647,419	95,951
Office equipment	426,721	375,330	51,391
Leasehold improvements	239,434	239,434	—
	1,409,525	1,262,183	147,342

	Cost	Accumulated amortization	2019 Net book value
	\$	\$	\$
Computer equipment	712,864	613,130	99,734
Office equipment	369,570	362,886	6,684
Leasehold improvements	239,434	205,229	34,205
	1,321,868	1,181,245	140,623

5. Intangible assets

	2020	2019
	\$	\$
Member application software	583,189	758,948

Amortization of \$175,759 (2019 - \$119,845) related to intangible assets is included in current year excess of revenue over expenditures.

The College of Physicians and Surgeons of Manitoba**Notes to the financial statements**April 30, 2020

6. Accrued pre-retirement leave benefits

The Organization provides pre-retirement benefits to employees who meet certain criteria. This policy has been in effect since 2008 and provides a benefit for registrars and other salaried employees once they have completed 10 years of continuous employment with the Organization. The estimated liability related to the pre-retirement leave benefits is assessed on an annual basis and any change in the liability is recorded as an expense in the statement of operations.

7. Pension plan

The Organization has a defined contribution pension plan for its employees. For employees hired prior to May 1, 2017, the Organization contributes 8% of salaries for eligible employees. For employees hired on or after May 1, 2017 the Organization contributes 4% and eligible employees contribute a mandatory 4%. The amount expensed during the year related to this pension plan was \$301,307 (2019 - \$308,231).

8. Contingencies

Complaints and Claims – The nature of the Organization’s activities is such that there is usually litigation pending or in prospect at any time. With respect to claims at April 30, 2020, management believes that Organization has valid defenses and/or appropriate insurance coverage in place. All costs associated with these actions are not determinable at the time of the preparation of these financial statements and will be reflected as expenditures in the period that they are known and can be reasonably measured.

Inquiries and Investigations - The Organization has certain incomplete inquiries and investigations as at April 30, 2020. All costs associated with these actions are not determinable at the time of the preparation of these financial statements and will be reflected as expenditures and cost recovery fees (if any) in the period they are known and can be reasonably measured. A reserve for potential inquiry costs in the amount of \$800,000 (2019 - \$600,000) has been internally restricted.

With regard to completed inquiries and investigations, the Organization attempts to recover costs from those doctors who are found guilty. The outcome of these efforts are unknown at this time and will be reflected in the financial statements when these recoveries (if any) are known, can be reasonably measured and collection is likely.

9. Commitments

The Organization has entered into lease agreements with estimated minimum annual payments as follows:

	\$
2021	175,116
2022	43,779
	218,895

The College of Physicians and Surgeons of Manitoba
Notes to the financial statements
 April 30, 2020

10. Internally restricted net assets

Net assets have been internally restricted by the Council of the Organization as follows:

	2020	2019
	\$	\$
Reserve for wind-up costs	3,102,000	3,011,000
Reserve for potential inquiry costs	800,000	600,000
Reserve for special projects	500,000	500,000
	4,402,000	4,111,000

The internally restricted net assets of the Organization are governed by Section 1.8 – Restricted Accounts in the Accumulated Surplus of the Financial Management Policy of the Council.

11. Financial instrument risk management

The Organization, as part of its operations, carries a number of financial instruments. It is management's opinion that the Organization is not exposed to significant interest rate, currency, credit, liquidity or other price risks arising from these financial instruments except as otherwise disclosed.

Credit risk

Credit risk is the risk that a financial loss will be incurred due to the failure of a counterparty to discharge its contractual commitment or obligation to the Organization. The Organization has significant investments and receivables. The Organization is exposed to credit risk from members. An allowance for doubtful accounts is established based upon factors surrounding the credit risk of specific receivable accounts, historical trends and other information.

The Organization's credit risk policies set out the minimum requirements for management of credit risk in a variety of transactional and portfolio management contexts. Its credit risk policies comprise the following:

- Investment guidelines are in place that require only the purchase of investment grade assets and minimize concentration of assets in any single geographic area, industry and company;
- Credit ratings are determined by recognized external credit rating agencies;
- Portfolios are monitored continuously, and reviewed monthly by the Registrar and Chief Operating Officer. The Audit Committee receives reports quarterly during the year;

With respect to credit risk, investment objectives are discussed with a Professional Investment Advisor. Management receives monthly reports summarizing investment activity, in order to monitor credit risk for the Organization.

Interest rate risk

Interest rate risk is the risk that the value of a financial instrument might be adversely affected by a change in the interest rates. Changes in market interest rates may have an effect on the cash flows associated with some financial assets and liabilities, known as cash flow risk, and on the fair value of other financial assets or liabilities, known as price risk. The Organization is exposed to price risk with respect to its investment portfolio of bonds and other fixed rate investments, which are measured at fair value.

The College of Physicians and Surgeons of Manitoba**Notes to the financial statements**April 30, 2020

11. Financial instrument risk management (continued)*Interest rate risk (continued)*

The Organization is exposed to interest rate cash flow risk with respect to interest bearing investments. As at April 30, 2020, the Organization holds \$5,070,387 of investments with fixed rates of interest. As a result, the impact of interest rate changes on cash flows has been substantially mitigated.

Liquidity risk

Liquidity risk is the risk that the Organization encounters difficulty in meeting its obligations associated with financial liabilities. Liquidity risk includes the risk that, as a result of operational liquidity requirements, the company will not have sufficient funds to settle a transaction on the due date; will be forced to sell financial assets at a value, which is less than what they are worth; or may be unable to settle or recover a financial asset. Liquidity risk arises from accounts payable and accrued liabilities.

12. Allocated expenditures

The Organization allocates certain common expenditures among its programs as they represent indirect program costs. Examples of common costs which are allocated include office rent, insurance, IT support, amortization and others. The allocation is mainly based on program business volume. The allocated expenditures by program are shown in Schedule 2 – Program Expenses by Nature.

13. Recent developments

In March 2020, the World Health Organization declared coronavirus COVID-19 a global pandemic. This contagious disease outbreak, which has continued to spread, and any related adverse public health developments, has adversely affected workforces, economies, and financial markets globally, potentially leading to an economic downturn. It has also disrupted the normal operations of many businesses. At this time it is not possible for the Organization to predict the duration or magnitude of the adverse results of the outbreak and its effects on the Organization's operations.

14. Comparative figures

Certain prior year figures have been reclassified to conform with the current year's presentation.

The College of Physicians and Surgeons of Manitoba
Schedule 1 - Programs Administered by the College

For the year ended April 30, 2020

					2020	2020	2019	2019
	Deferred Revenue Beginning of \$	Cash Received in Current Year \$	Revenue Available for Programmin \$	Deferred Revenue End of Year \$	Gross Program Revenues \$	Gross Program Expenditure \$	Gross Program Revenues \$	Gross Program Expenditures \$
Maternal/Child Quality Assurance Program	39,037	204,000	243,037	53,521	189,516	189,516	187,780	187,780
Manitoba Quality Assurance Program (MANQAP)	180,537	909,550	1,090,087	184,371	905,716	905,716	889,469	889,469
Manitoba Physician Public Register Program	197	7,126	7,323	(8,847)	16,170	16,170	7,126	7,126
Clinical Privileges Program	17,507	-	17,507	-	17,507	-	-	-
Substance Use and Addictions Program (SUAP)	(127,000)	444,591	317,591	11,789	305,802	305,802	127,000	204,551
	110,278	1,565,267	1,675,545	240,834	1,434,711	1,417,204	1,211,375	1,288,926

The College of Physicians and Surgeons of Manitoba
Schedule 2 - Program Expenses by Nature

For the year ended April 30, 2020

	Governance	Qualifications	Complaints and Investigations	Standards	Operations and General Administration	Information Technology	Government- Funded Programs	2020	2019
	\$	\$	\$	\$	\$	\$	\$	\$	\$
Employee costs	-	727,312	1,135,788	770,595	1,696,774	277,422	906,665	5,514,556	5,282,373
Committee meetings	132,458	5,689	98,788	69,811	45,973	3,093	47,049	402,861	337,837
Professional fees	21,186	9,973	60,833	62,971	31,973	3,000	255,403	445,339	532,363
Service fees	3,965	9,267	3,167	15,689	3,590	154,418	-	190,096	472,404
Legal	-	11,405	115,490	-	14,408	-	-	141,303	93,077
Building and occupancy costs	-	2,546	1,196	1,682	346,459	5,775	69,319	426,977	412,850
Office	645	152,319	21,394	7,151	234,381	188,347	9,931	614,168	588,095
Amortization	-	-	-	-	46,649	210,049	-	256,698	191,567
	158,254	918,511	1,436,656	927,899	2,420,207	842,104	1,288,367	7,991,998	7,910,566
Allocated expenditures	-	205,408	266,494	193,430	(288,829)	(505,340)	128,837	-	-
Total expenditures	158,254	1,123,919	1,703,150	1,121,329	2,131,378	336,764	1,417,204	7,991,998	7,910,566

Financial statements of
The College of Physicians and
Surgeons of Manitoba
Manitoba Quality Assurance Program (MANQAP)

April 30, 2020

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Independent Auditor's Report

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

Opinion

We have audited the financial statements of the Manitoba Quality Assurance Program ("MANQAP" or the "Program") administered by The College of Physicians and Surgeons of Manitoba (the "Organization"), which comprise the statement of financial position as at April 30, 2020 and the statement of program operations and changes in net assets for the year then ended, and notes to the financial statements, including a summary of significant accounting policies (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Program as at April 30, 2020, and the results of its operations for the year then ended in accordance with the financial reporting provisions of the agreement effective April 1, 2019 between the Organization and the Government of Manitoba as represented by the Minister of Health, Seniors and Active Living (the "Agreement").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 2a to the financial statements, which describes the basis of accounting. The financial statements are prepared to assist the Organization in complying with the financial reporting provisions of the Agreement. As a result, the financial statements may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Other Matter

The financial statements of the Manitoba Quality Assurance Program administered by The College of Physicians and Surgeons of Manitoba for the year ended April 30, 2019, were audited by another auditor who expressed an unmodified opinion on those statements on June 21, 2019.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the financial reporting provisions of the Agreement, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Organization or to cease operations, or has no realistic alternative but to do so.

The College of Physicians and Surgeons of Manitoba

Manitoba Quality Assurance Program (MANQAP)

Notes to the financial statementsApril 30, 2020

Those charged with governance are responsible for overseeing the Organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants

June 19, 2020

Winnipeg, Manitoba

The College of Physicians & Surgeons of Manitoba

Manitoba Quality Assurance Program (MANQAP)

Statement of financial position

As at April 30, 2020

	2020 \$	2019 \$
Assets		
Current		
Cash	184,371	180,537
	184,371	180,537
Liabilities		
Current		
Deferred program revenue	184,371	180,537
	184,371	180,537
Net assets		
Unrestricted	-	-
	-	-

Approved on behalf of the council

_____, President

_____, CEO and Registrar

The College of Physicians & Surgeons of Manitoba

Manitoba Quality Assurance Program (MANQAP)

Statement of program operations and changes in net assets

Year ended April 30, 2020

	2020 Budget \$	2020 Actual \$	2019 Actual \$
	(unaudited)		
Revenue			
Manitoba Health	881,000	877,166	854,136
Other - Private laboratory survey	-	28,550	35,333
	881,000	905,716	889,469
Expenses			
Employee costs	588,868	649,796	599,416
Committee meetings	21,440	18,098	13,348
Professional fees	127,212	92,805	131,787
Building and occupancy costs	54,548	57,025	56,942
Office expenses	7,647	5,654	7,098
Overhead	81,285	82,338	80,878
	881,000	905,716	889,469
Excess of revenues over expenses	-	-	-
Net assets, beginning of year	-	-	-
Net assets, end of year	-	-	-

The College of Physicians and Surgeons of Manitoba

Manitoba Quality Assurance Program (MANQAP)

Notes to the financial statements

April 30, 2020

1. Nature of the program

MANQAP is run by the Organization on behalf of The Government of Manitoba as represented by the Minister of Health, Seniors and Active Living. The role of the program is to provide standards, inspect diagnostic facilities, and monitor compliance for the purpose of accreditation. In accordance with the "Accredited Facilities" Bylaw of the Organization, facility directors must be compliant with this Bylaw and all relevant standards as established by the Organization.

2. Significant accounting policies

a) *Basis of accounting*

These financial statements have been prepared for a specific purpose and are in accordance with Canadian accounting standards for not-for-profit organizations, except for the following:

The financial statements present the statements of financial position and operations and changes in net assets of MANQAP administered by The College of Physicians and Surgeons of Manitoba (the "Organization") and do not represent all assets, liabilities, net assets, and operations of the Organization.

b) *Revenue recognition*

Revenue for the program is deferred and recognized in the year in which the related expenses are incurred.

c) *Financial instruments*

Financial assets and financial liabilities are initially recognized at fair value when the Organization becomes a party to the contractual provisions of the financial instrument. Subsequently, all financial instruments are measured at amortized cost except for investments in listed shares and derivative financial instruments which are measured at fair value at the balance sheet date. The fair value of listed shares is based on the latest closing price, and if the information is not otherwise publically available, the fair value quote received from the bank counterparty is used as a proxy for the fair value of derivative financial instruments.

Transaction costs related to financial instruments measured subsequent to initial recognition at fair value are expensed as incurred. Transaction costs related to other financial instruments are added to the carrying value of the asset or netted against the carrying value of the liability and are then recognized over the expected life of the instrument using the effective interest method. Any premium or discount related to an instrument measured at amortized cost is amortized over the expected life of the item using the effective interest method and recognized in net earnings as interest income or expense.

With respect to financial assets measured at cost or amortized cost, the Organization recognizes an impairment loss, if any, in net earnings when there are indicators of impairment and it determines that a significant adverse change has occurred during the period in the expected timing or amount of future cash flows. When the extent of impairment of a previously written-down asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to net earnings in the period the reversal occurs.

The College of Physicians and Surgeons of Manitoba

Manitoba Quality Assurance Program (MANQAP)

Notes to the financial statementsApril 30, 2020

2. Significant accounting policies (*continued*)*d) Use of estimates*

The preparation of the financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

e) Statement of cash flows

Because the sources and uses of cash are apparent from a review of the financial statements, a statement of cash flows is not included with these financial statements.

3. Comparative figures

Certain prior year figures have been reclassified to conform with the current year's presentation.

Financial statements of
The College of Physicians and
Surgeons of Manitoba
Maternal/Child Quality Assurance Program

April 30, 2020

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Independent Auditor's Report

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

Opinion

We have audited the financial statements of the Maternal/Child Quality Assurance Program (the "Program") administered by The College of Physicians and Surgeons of Manitoba (the "Organization"), which comprise the statement of financial position as at April 30, 2020 and the statement of program operations and changes in net assets for the year then ended, and notes to the financial statements, including a summary of significant accounting policies (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Program as at April 30, 2020, and the results of its operations for the year then ended in accordance with the financial reporting provisions of the agreement effective April 1, 2019 between the Organization and the Government of Manitoba as represented by the Minister of Health, Seniors and Active Living (the "Agreement").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 2a to the financial statements, which describes the basis of accounting. The financial statements are prepared to assist the Organization in complying with the financial reporting provisions of the Agreement. As a result, the financial statements may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Other Matter

The financial statements of the Maternal/Child Quality Assurance Program administered by The College of Physicians and Surgeons of Manitoba for the year ended April 30, 2019, were audited by another auditor who expressed an unmodified opinion on those statements on June 21, 2019.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the financial reporting provisions of the Agreement, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants
June 19, 2020
Winnipeg, Manitoba

The College of Physicians and Surgeons of Manitoba

Maternal/Child Quality Assurance Program

Statement of financial position

As at April 30, 2020

	2020	2019
	\$	\$
Asset		
Current		
Cash	53,521	39,037
Liabilities		
Current		
Deferred program revenue	53,521	39,037
Net assets	—	—
Unrestricted	53,521	39,037

Approved on behalf of the council

_____, President

_____, CEO & Registrar

The College of Physicians and Surgeons of Manitoba
 Maternal/Child Quality Assurance Program
Statement of program operations and changes in net assets
 Year ended April 30, 2020

	2020 Actual \$	2019 Actual \$
Revenue		
Manitoba Health	189,516	187,780
Expenses		
Employee costs	78,454	77,617
Committee meetings	20,374	14,401
Professional fees	67,865	73,337
Building and occupancy costs	4,161	4,398
Office expenses	1,433	956
Overhead	17,229	17,071
	189,516	187,780
Excess of revenues over expenses	-	-
Net assets, beginning of year	-	-
Net assets, end of year	-	-

The College of Physicians and Surgeons of Manitoba

Maternal/Child Quality Assurance Program

Notes to the financial statements

April 30, 2020

1. Nature of the program

The Central Standards Committee of the Organization established the subcommittees of Maternal and Perinatal Health Standards Committee (MPHSC) and Child Health Standards Committee (CHSC). The purpose of MPHSC is to review all perinatal and maternal mortalities and morbidities in Manitoba, and evaluate the quality of perinatal and maternal care primarily for the purposes of education of Manitoba physicians and health care workers. The mandate of CHSC is to review all deaths of children and youth in Manitoba between the ages of 29 days and 17 years in order to improve the quality of pediatric care and to advocate for the health of Manitoba children by informing government and other public agencies of recommendations to improve legislation or public policy. Collectively, the purpose and mandates of these subcommittees are commonly referred to as the Maternal/Child Quality Assurance Program.

2. Significant accounting policies

a) *Basis of accounting*

These financial statements have been prepared for a specific purpose and are in accordance with Canadian accounting standards for not-for-profit organizations, except for the following:

The financial statements present the statements of financial position and operations and changes in net assets of the Maternal/Child Quality Assurance Program administered by The College of Physicians and Surgeons of Manitoba (the "Organization") and do not represent all assets, liabilities, net assets, and operations of the Organization.

b) *Revenue recognition*

Revenue for the program is deferred and recognized in the year in which the related expenses are incurred.

c) *Financial instruments*

Financial assets and financial liabilities are initially recognized at fair value when the Organization becomes a party to the contractual provisions of the financial instrument. Subsequently, all financial instruments are measured at amortized cost except for investments in listed shares and derivative financial instruments which are measured at fair value at the balance sheet date. The fair value of listed shares is based on the latest closing price, and if the information is not otherwise publically available, the fair value quote received from the bank counterparty is used as a proxy for the fair value of derivative financial instruments.

Transaction costs related to financial instruments measured subsequent to initial recognition at fair value are expensed as incurred. Transaction costs related to other financial instruments are added to the carrying value of the asset or netted against the carrying value of the liability and are then recognized over the expected life of the instrument using the effective interest method. Any premium or discount related to an instrument measured at amortized cost is amortized over the expected life of the item using the effective interest method and recognized in net earnings as interest income or expense.

The College of Physicians and Surgeons of Manitoba

Maternal/Child Quality Assurance Program

Notes to the financial statementsApril 30, 2020

2. Significant accounting policies (*continued*)**c) *Financial instruments (continued)***

With respect to financial assets measured at cost or amortized cost, the Organization recognizes an impairment loss, if any, in net earnings when there are indicators of impairment and it determines that a significant adverse change has occurred during the period in the expected timing or amount of future cash flows. When the extent of impairment of a previously written-down asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to net earnings in the period the reversal occurs.

d) *Use of estimates*

The preparation of the financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

e) *Statement of Cash Flows*

Because the sources and uses of cash are apparent from a review of the financial statements, a statement of cash flows is not included with these financial statements.

3. Comparative figures

Certain prior year figures have been reclassified to conform with the current year's presentation.

Financial statements of
The College of Physicians and
Surgeons of Manitoba
Substance Use and Addictions Program (SUAP)

April 30, 2020

Independent Auditor's Report	1-2
Statement of financial position	3
Statement of program operations and changes in net deficit	4
Notes to the financial statements	5-6

Independent Auditor's Report

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

Opinion

We have audited the financial statements of the Substance Use and Addictions Program (SUAP) (the "Program") administered by The College of Physicians and Surgeons of Manitoba (the "Organization"), which comprise the statement of financial position as at April 30, 2020 and the statement of program operations and changes in net deficit for the year then ended, and notes to the financial statements, including a summary of significant accounting policies (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Program as at April 30, 2020, and the results of its operations for the year then ended in accordance with the financial reporting provisions of the five year agreement effective April 1, 2018 between the Organization and the Government of Manitoba as represented by the Minister of Health, Seniors and Active Living (the "Agreement").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 2a to the financial statements, which describes the basis of accounting. The financial statements are prepared to assist the Organization in complying with the financial reporting provisions of the Agreement. As a result, the financial statements may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Other Matter

The financial statements of the Substance Use and Addictions Program (SUAP) administered by The College of Physicians and Surgeons of Manitoba for the year ended April 30, 2019, were audited by another auditor who expressed an unmodified opinion on those statements on June 21, 2019.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the financial reporting provisions of the Agreement, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Organization or to cease operations, or has no realistic alternative but to do so.

The College of Physicians and Surgeons of Manitoba

Substance Use and Addictions Program (SUAP)

Notes to the financial statementsApril 30, 2020

Those charged with governance are responsible for overseeing the Organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants

June 19, 2020

Winnipeg, Manitoba

The College of Physicians & Surgeons of Manitoba

Substance Use and Addictions Program

Statement of financial position

As at April 30, 2020

	2020 \$	2019 \$
Asset		
Current		
Cash	11,789	—
Receivable - Government program	—	127,000
	11,789	127,000
Liability		
Current		
Deferred program revenue	11,789	—
Cash deficiency	82,147	209,147
	93,936	209,147
Net deficit		
Unrestricted	(82,147)	(82,147)
	11,789	127,000

Approved on behalf of the Council

_____, President

_____, CEO & Registrar

The College of Physicians & Surgeons of Manitoba

Substance Use and Addictions Program

Statement of program operations and changes in net deficit

Year ended April 30, 2020

	2020	2019
	\$	\$
Revenue		
Manitoba Health	305,802	127,000
Expenses		
Employee costs	164,415	93,423
ORT Training expenses	102,609	90,475
Building and occupancy costs	8,132	7,650
Office expenses	2,846	1,131
Overhead	27,800	11,872
	305,802	204,551
Deficiency of revenues over expenses	—	(77,551)
Net deficit, beginning of year	(82,147)	(4,596)
Net deficit, end of year	(82,147)	(82,147)

The College of Physicians and Surgeons of Manitoba

Substance Use and Addictions Program (SUAP)

Notes to the financial statements

April 30, 2020

1. Nature of the program

The Program is aimed at the expansion of Opiate Agonist Therapy (OAT) in Manitoba, including related activities for establishing OAT Recommended Practices Manuals, and enhanced access to training for medical professionals and allied health and social service providers.

2. Significant accounting policies

a) *Basis of accounting*

These financial statements have been prepared for a specific purpose and are in accordance with Canadian accounting standards for not-for-profit organizations, except for the following:

The financial statements present the statements of financial position and operations and changes in net assets of the Substance Use and Addictions Program (SUAP) administered by The College of Physicians and Surgeons of Manitoba (the "Organization") and do not represent all assets, liabilities, net assets, and operations of the Organization.

b) *Revenue recognition*

Revenue for the program is deferred and recognized in the year in which the related expenses are incurred.

c) *Financial instruments*

Financial assets and financial liabilities are initially recognized at fair value when the Organization becomes a party to the contractual provisions of the financial instrument. Subsequently, all financial instruments are measured at amortized cost except for investments in listed shares and derivative financial instruments which are measured at fair value at the balance sheet date. The fair value of listed shares is based on the latest closing price, and if the information is not otherwise publically available, the fair value quote received from the bank counterparty is used as a proxy for the fair value of derivative financial instruments.

Transaction costs related to financial instruments measured subsequent to initial recognition at fair value are expensed as incurred. Transaction costs related to other financial instruments are added to the carrying value of the asset or netted against the carrying value of the liability and are then recognized over the expected life of the instrument using the effective interest method. Any premium or discount related to an instrument measured at amortized cost is amortized over the expected life of the item using the effective interest method and recognized in net earnings as interest income or expense.

With respect to financial assets measured at cost or amortized cost, the Organization recognizes an impairment loss, if any, in net earnings when there are indicators of impairment and it determines that a significant adverse change has occurred during the period in the expected timing or amount of future cash flows. When the extent of impairment of a previously written-down asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to net earnings in the period the reversal occurs.

d) *Use of estimates*

The preparation of the financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

The College of Physicians and Surgeons of Manitoba

Substance Use and Addictions Program (SUAP)

Notes to the financial statementsApril 30, 2020

2. Significant accounting policies (*continued*)*e) Statement of cash flows*

Because the sources and uses of cash are apparent from a review of the financial statements, a statement of cash flows is not included with these financial statements.

DRAFT

Financial statements of
The College of Physicians and
Surgeons of Manitoba
Physician Public Register Program

April 30, 2020

Independent Auditor’s Report	1-2
Statements of financial position	3
Statements of program operations and changes in net assets	4
Notes to the financial statements	5-6

Independent Auditor's Report

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

Opinion

We have audited the financial statements of the Physician Public Register Program (the "Program") administered by The College of Physicians and Surgeons of Manitoba (the "Organization"), which comprise the statement of financial position as at April 30, 2020 and the statement of program operations and changes in net assets for the year then ended, and notes to the financial statements, including a summary of significant accounting policies (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Program as at April 30, 2020, and the results of its operations for the year then ended in accordance with the financial reporting provisions of the agreement effective April 1, 2019 between the Organization and the Government of Manitoba as represented by the Minister of Health, Seniors and Active Living (the "Agreement").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 2a to the financial statements, which describes the basis of accounting. The financial statements are prepared to assist the Organization in complying with the financial reporting provisions of the Agreement. As a result, the financial statements may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Other Matter

The financial statements of the Physician Public Register Program administered by The College of Physicians and Surgeons of Manitoba for the year ended April 30, 2019, were audited by another auditor who expressed an unmodified opinion on those statements on June 21, 2019.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the financial reporting provisions of the Agreement, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants
June 19, 2020
Winnipeg, Manitoba

The College of Physicians and Surgeons of Manitoba

Physician Profiling Program

Statement of financial position

April 30, 2020

	2020	2019
	\$	\$
Assets		
Current		
Cash	—	197
Receivable - Government Program	8,847	—
	8,847	197
Liabilities		
Current		
Deferred program revenue	—	197
Cash deficiency	8,847	—
	8,847	197
Net assets		
Unrestricted	—	—
	8,847	197

Approved on behalf of the council

_____, President

_____, CEO and Registrar

The College of Physicians and Surgeons of Manitoba

Physician Profiling Program

Statement of program operations and changes in net assets

Year ended April 30, 2020

	2020	2019
	\$	\$
Revenue		
Manitoba Health	16,170	7,126
Expenses		
Employee costs	14,000	6,453
Professional fees	700	25
Overhead	1,470	648
	16,170	7,126
Excess of revenues over expenses	-	-
Net assets, beginning of year	-	-
Net assets, end of year	-	-

The College of Physicians and Surgeons of Manitoba

Physician Public Register Program

Notes to the financial statements

April 30, 2020

1. Nature of the program

The Organization, through the Manitoba Physician Public Register Program, makes available to the public Physician Public Register information in accordance with sections 28(3), (4), and (5) of the Regulated Health Professionals Act and section 2.6(1) of the College of Physicians and Surgeons General Regulation.

2. Significant accounting policies

a) *Basis of accounting*

These financial statements have been prepared for a specific purpose and are in accordance with Canadian accounting standards for not-for-profit organizations, except for the following:

The financial statements present the statements of financial position and operations and changes in net assets of the Physician Public Register Program administered by The College of Physicians and Surgeons of Manitoba (the "Organization") and do not represent all assets, liabilities, net assets, and operations of the Organization.

b) *Revenue recognition*

Revenue for the program is deferred and recognized in the year in which the related expenses are incurred.

c) *Financial instruments*

Financial assets and financial liabilities are initially recognized at fair value when the Organization becomes a party to the contractual provisions of the financial instrument. Subsequently, all financial instruments are measured at amortized cost except for investments in listed shares and derivative financial instruments which are measured at fair value at the balance sheet date. The fair value of listed shares is based on the latest closing price, and if the information is not otherwise publically available, the fair value quote received from the bank counterparty is used as a proxy for the fair value of derivative financial instruments.

Transaction costs related to financial instruments measured subsequent to initial recognition at fair value are expensed as incurred. Transaction costs related to other financial instruments are added to the carrying value of the asset or netted against the carrying value of the liability and are then recognized over the expected life of the instrument using the effective interest method. Any premium or discount related to an instrument measured at amortized cost is amortized over the expected life of the item using the effective interest method and recognized in net earnings as interest income or expense.

With respect to financial assets measured at cost or amortized cost, the Organization recognizes an impairment loss, if any, in net earnings when there are indicators of impairment and it determines that a significant adverse change has occurred during the period in the expected timing or amount of future cash flows. When the extent of impairment of a previously written-down asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to net earnings in the period the reversal occurs.

The College of Physicians and Surgeons of Manitoba

Physician Public Register Program

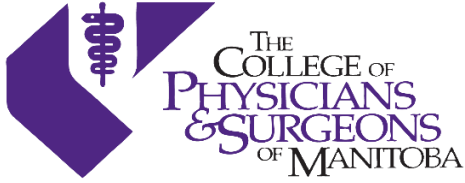
Notes to the financial statementsApril 30, 2020

2. Significant accounting policies (*continued*)*d) Use of estimates*

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expense during the period. Actual results could differ from these estimates.

e) Statement of cash flows

Because the sources and uses of cash are apparent from a review of the financial statements, a statement of cash flows is not included with these financial statements.



**ANNUAL GENERAL MEETING OF THE MEMBERSHIP
JUNE 19TH, 2020
NOTICE OF MOTION FOR APPROVAL**

SUBJECT:

Appointment of the Auditor

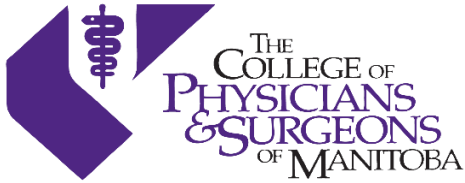
BACKGROUND:

According to the Affairs of the College and Code of Ethics Bylaw, the annual appointment of the auditors of the College is to take place at the Annual General Meeting.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE ANNUAL GENERAL MEETING OF THE MEMBERSHIP OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 19, 2020, DR. JACOBI ELLIOTT, CHAIRPERSON OF THE AUDIT AND RISK MANAGEMENT COMMITTEE, WILL MOVE THAT:

Council approve Deloitte LLP be appointed as auditors for all College accounts in the forthcoming fiscal year 2020-2021 as recommended by the Audit and Risk Management Committee.



ANNUAL GENERAL MEETING OF THE MEMBERSHIP
JUNE 19TH, 2020
NOTICE OF MOTION FOR APPROVAL

SUBJECT:

Motion to approve Bylaw Amendments

BACKGROUND:

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 this annual general meeting.

AFFAIRS OF THE COLLEGE BYLAW:

1. Following the retirement of the Deputy Registrar, there will no longer be a Deputy Registrar. Instead there will be two Assistant Registrars.

Revision:

The Terms “Deputy Registrar” and “Director of Complaints and Investigation” be replaced with Assistant Registrar in all Bylaws.

2. The Cayton Report into the BC Dental College and the Governance Review of this College recommended i - a separation between the self-regulation and the advocacy of the medical profession and ii – transparency in voting at Council.

Revision:

Amend the Affairs of the College Bylaw:

- To be eligible to be a candidate for election as a Councillor, a regulated member must not be a current member of the Board of Directors of Doctors Manitoba and a Councillor ceases to hold office if the Councillor they become a member of the Board of Directors or Committee of Doctors Manitoba.
- All voting at Council and Committee meetings is open, with the exception of voting for the position of presidency, if requested by secret ballot by any Councillor.

CENTRAL STANDARDS BYLAW:

3. The work of the Quality Improvement Committee is to be undertaken by the Central Standards Committee to improve efficiency in assessing the competence of members. As a Subcommittee of Central Standard Committee, the Quality Improvement Committee is a new committee with a new QI program and is still finalizing policies, so will remain active for one further year.

Revision:

Effective at the end of the next Annual General Meeting in June 2021 the Central Standards Bylaw:

- 1 – absorb the responsibilities and functions of the QI Committee into the Central Standards Committee and
- 2 – delete the provisions for the Quality Improvement Subcommittee.

ACCREDITED FACILITY BYLAW:

The Program Review Committee approves the accreditation of diagnostic facilities in which services are performed by registrants of the College. This includes diagnostic imaging facilities and laboratories under the jurisdiction of the Manitoba Government, including those belonging to Regional health authorities, and Shared Health. Each of these proposed amendments will enhance patient safety by improving the ability of MANQAP to perform its duties for accreditation and for the Program Review Committee to determine whether to accredit a diagnostic facility.

Revision:

Amend the Accredited Facilities Bylaw to:

- Require mandatory co-operation with MANQAP inspectors
- Review the accreditation status in certain conditions
- Modify Variance and renewal of accreditation processes
- Establish qualification and competence of laboratory/radiology technologists
- Other minor changes.

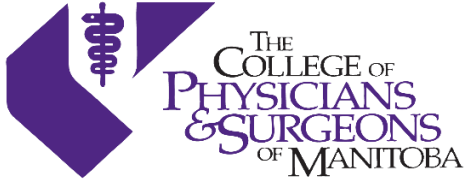
Access to the bylaws incorporating these amendments can be found at these links.

[The Affairs of the College](#)
[Central Standards](#)
[Accredited Facilities](#)

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE ANNUAL GENERAL MEETING OF THE MEMBERS OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 19, 2020, DR. JACOBI ELLIOTT, PRESIDENT-ELECT WILL MOVE THAT:

Membership **approve amendments** to the Affairs of the College Bylaw and Accredited Facilities Bylaw and Central Standards Bylaw.



ANNUAL GENERAL MEETING OF THE MEMBERSHIP
JUNE 19, 2020
FOR INFORMATION

SUBJECT:

2020 CPSM Elections

BACKGROUND:

The CPSM 2020 Elections were delayed due to COVID-19. The Elections took place in April/May 2020 and the following are the results:

WINNIPEG

Mary-Jane Seager – Elected
Roger Suss – Re-elected
Norman McLean – Elected

Tom Bzura
 Colin Kazina
 Rizwan Manji
 James McEachern

Jenisa Naidoo
 Amanda Patenaude
 Abdalla Rizk
 Timothy Ross

WEST

Charles Penner – Elected

Noah Carpenter
 Lewis Samuels
 Alewyn Vorster

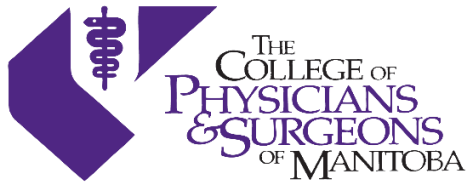
EAST

Nader Shenouda – Elected by Acclamation

ASSOCIATE MEMBER

Audrey Nguyen - Elected

Nasreen Merali
 Joseph Darcel
 Christopher Moskal
 Tara Clarke



ANNUAL GENERAL MEETING OF THE MEMBERSHIP
JUNE 19, 2020
ITEM FOR INFORMATION

Major Activities of the College

Report from the Registrar

Registration Department Update

Certificates of Registration Issued

During the period 1 May 2019 to 30 April 2020, 198 persons were issued registration and a full certificate of practice (licence) to practise. In total there were 199 certificates issued of which one was for a resident certificate of practice.

Medical Practitioners Granted Registration and Full Licence Annually in Manitoba

2011 - 2020 with Country of Qualification

Year	Man	Can	USA	UK&I	Eur	Asia	Aust	NZ	AfrC/S Am	Total	
2011	56	42	6	5	10	39	2	1	21	7	189
2012	39	30	2	3	8	24	2	0	20	5	133
2013	61	42	2	4	9	28	3	1	15	6	171
2014	64	44	2	6	9	44	6	1	16	7	199
2015	56	42	0	9	9	33	3	0	23	4	179
2016	60	46	0	8	15	24	4	0	11	7	175
2017	68	38	0	8	8	40	2	0	16	7	187
2018	71	50	2	10	11	45	8	0	19	12	228
2019	77	50	6	11	19	31	3	0	14	7	218
2020	77	38	2	7	12	32	3	0	21	6	198
Total (10 Yr)	629	422	22	71	110	340	36	3	176	68	1877

New Practitioners % of Total

2020	38.9	19.2	1.0	3.5	6.1	16.2	1.6	0.0	10.6	3.0	100%
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Percentages may not be exact due to rounding

Number of Licensed Medical Practitioners in Manitoba 2011-2020

Year	Winnipeg	%	Outside Winnipeg	%	Totals	Net Gain Net Loss(-)
2011	1870	75.7	602	24.3	2472	57
2012	1931	76.1	607	23.9	2538	66
2013	1979	76.1	620	23.9	2599	61
2014	2055	76.6	627	23.4	2682	83
2015	2116	77.0	632	23.0	2748	66
2016	2122	76.7	646	23.3	2768	20
2017	2174	77.0	650	23.0	2824	56
2018	2215	76.3	687	23.7	2902	78
2019	2262	75.9	720	24.1	2982	80
2020	2285	75.4	744	24.6	3029	47

The total of 3029 includes 62 residents with a full certificate. There are no data on how many actually “moonlight”, or to what extent.

The following shows the possible influence of this resident population on the number in active practice

	Full Licence	Subtotal	Resident Licence	Total
2015	2695 53	2748	24	2772
2016	2716 52	2768	25	2793
2017	2778 46	2824	28	2852
2018	2845 57	2902	26	2928
2019	2915 67	2982	27	3009
2020	2967 62	3029	19	3048

Educational (Associate) Membership

Postgraduate physicians in training programs are referred to as residents. They may be pre-registration (Associate Member - Educational – Resident) or they may have met the registration requirements and are eligible for an independent certificate of practice. This latter category of residents may opt to practise only within their residency program (resident certificate of practice) or may obtain a full certificate of practice.

	2020	%
Medical Students	447	
Physician Assistant Students	30	
Postgraduate trainees	562	
Total on Associate Register	1039	92.8
Resident Certificate of Practice	19	1.7
Full Certificate of Practice	62	5.5
TOTAL	1120	100.0

The following tables analyse the composition of the physicians in Manitoba by various breakdowns.

Distribution of Medical Practitioners by Country of Qualification as at 30 April 2020 (as a percentage)

	Winnipeg	Brandon	Rural	Resident
	2285	147	597	19
% Man	54.7	28.6	42.9	79.0
Can	17.3	14.3	11.2	15.8
Total Canada	72.0	42.9	54.1	94.8
USA	0.6	0.7	0.3	0.0
UK & Irel	2.9	2.0	5.4	5.2
Eur	3.8	2.7	2.7	0.0
Asia	12.5	33.3	25.1	0.0
Aust/NZ	0.7	2.0	.9	0.0
Afr	5.7	15.0	10.1	0.0
S.Am	1.9	1.4	1.5	0.0

Percentages may not be exact due to rounding.

Percentage of Medical Practitioners in Manitoba As to Country of Qualification

	2020
Manitoba Graduates	51.1
Other Canadian Graduates	16.0
TOTAL CANADA	67.1
United Kingdom & Ireland	3.3
Asia	16.0
Other	13.6

Geographic Distribution of Female Practitioners

	Winnipeg	Brandon	Rural	Total	Resident Licence
1982	213	8	44	265	51
2020	866	48	230	1144	6

37.8% of physicians with a full certificate of practice are female. 37.9% of practitioners in Winnipeg are women, 32.7% in Brandon and 38.5% in rural Manitoba. 31.5% of those with a resident certificate of practice are female. During the past 38 years there has been an increase of 653 women in Winnipeg, 40 in Brandon and 186 in the remainder of the province.

Ages of Doctors Residing in Manitoba as at 30 April 2020

	Winnipeg	Brandon	Rural	Total
Over 70	139 (6.1)	9 (6.1)	24 (4.0)	172 (5.7)
65 -70	204 (8.9)	13 (8.8)	42 (7.0)	259 (8.6)
56 - 64	457 (20.0)	41 (27.9)	93 (15.6)	591 (19.5)
46 – 55	626 (27.4)	40 (27.2)	144 (24.1)	810 (26.7)
36 - 45	607 (26.6)	34 (23.1)	174 (29.2)	815(26.9)
31 - 35	222 (9.7)	7 (4.8)	102 (17.1)	331(10.9)
30 or under	30 (1.3)	3 (2.0)	18 (3.0)	51(1.7)

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

Specialist Register

There were 1529 specialists enrolled on the Specialist Register as at 30 April 2020.

Certificates of Professional Conduct (COPC)

During the period 1 May 2019 to 30 April 2020, 759 COPCs were issued. These are usually required for the purposes of obtaining registration in another jurisdiction. The following table indicates the purposes for which the certificates were issued and a comparison with 2019.

Provincial Licensing Bodies:	2020	2019
British Columbia	172	186
Alberta	140	142
Saskatchewan	23	28
Ontario	83	103
Quebec	9	5
Prince Edward Island	3	3
New Brunswick	11	9
Nova Scotia	21	19
Newfoundland/Labrador	11	25
Northwest Territories/Nunavut	34	27
Yukon	1	5
Australia & New Zealand	10	12
Overseas/Other	23	47
U.S.A.		23 33
CFPC		22 42
MB Healthcare Providers Network (formerly Health Workforce Secretariat)	91	101
RHAs (previously combined with HWS)	59	61
University of Manitoba	12	
Other Manitoba	8	
TOTALS	756	848

Prescribing Practices Update

The CPSM has, for several years, been working on several quality improvement initiatives related to the prescribing of drugs with potential for abuse. These efforts were expanded and formalized under the Prescribing Practices Program in the summer of 2018. Some components of this program are well established, while others are in the development or early implementation phase. Some of the most notable outcomes of this program are reported below.

The CPSM Prescribing Practices Program includes the following components:

- Chief Medical Examiners' Death Review
- High Dose Opioid Prescribing Review
- CPSM Opioid Prescriber Profile
- Fentanyl Prescribing Review
- Generic Oxycontin Prescriber Education
- Opioid Agonist Treatment (methadone and buprenorphine/naloxone) Prescriber Training, Mentoring and Auditing
- Support around the implementation of the Opioid Prescribing Standard through online resources and individual case support/mentoring

Chief Medical Examiner's Death Review

A CPSM medical consultant attends the monthly Adult Inquest Review Committee meetings at the Chief Medical Examiners' Office to review deaths involving prescription medications. All methadone and buprenorphine/naloxone (Suboxone) deaths undergo detailed review as well. All prescribers involved receive a standard cover letter plus a summary of the ME report, along with feedback on prescribing practices noted.

Feedback can be divided into 3 categories:

- **FYI**
- **Prescribing falls outside of guidelines endorsed by the CPSM**
(Feedback is given utilizing standardized evidence-based quality indicators, e.g. concomitant prescribing of opioids and benzodiazepines); includes resources
- **Significant concerns (rare)**

Three Themes have been identified from this review process:

- ❖ Deaths involving **polypharmacy** where all prescriptions were written by a **single physician**.
- ❖ Deaths involving **multiple sedating medications** (often including an opioid and more than one benzodiazepine at a time) prescribed to the same patient by **different physicians; filled at multiple different pharmacies**.
- ❖ **OTC medication use** combined with Rx medication (often polypharmacy) increases overdose risk.

CME Program Statistics

	16/17	17/18	18/19	19/20
*Total Deaths from Overdose	73	128	95	84
Prescribing Deemed Appropriate	34	30	58	59
Prescribing falls Outside Guidelines	79	95	67	106
Referred to Other Colleges	0	3	0	5
*Numbers of letters don't add up to totals because in some cases letters to multiple physicians were generated from the same death.				

CPSM Standard of Practice for Prescribing Benzodiazepines

A new CPSM Standard of Practice for Prescribing Benzodiazepines and Z-Drugs is currently in the membership consultation phase.

CPSM Standard of Practice for Authorizing Cannabis

The Standard of Practice for Authorizing Cannabis will be reviewed by Council in June to determine whether it will be sent to the CPSM membership, stakeholders, and public for review.

CPSM Opioid Prescriber Profile

This is an educational initiative that will ask physicians to reflect on their opioid prescribing practices as compared to other physicians with a similar practice. The College is working with the Provincial Drug Program to generate a Standardized Opioid Utilization Report (Prescriber Profile) for each physician prescribing opioids in Manitoba. The profile will analyze various **opioid prescribing parameters** using data from the Drug Program Information Network.

It will identify **prescribing patterns** related to key opioids including “total numbers of patients in a physician’s practice on opioids”, “total morphine equivalents prescribed”, “quantities dispensed”, “the top ten” etc. This data will provide a “global” view of the opioid prescribing practices of each physician, as compared to all physicians and as compared to physicians with a similar practice. This information will be incorporated into the Quality Improvement review process at the CPSM and other regulatory colleges in Manitoba.

This initiative is in the final stage of categorizing every Manitoba physician according to their work type to facilitate appropriate comparison.

Opioid Agonist Treatment (methadone and buprenorphine/naloxone) Prescriber Training, Mentoring and Auditing.

The CPSM, in partnership with the CRNM and the CPhM, supports an interdisciplinary scientific planning committee that developed and maintains a 2 day, in-person, accredited training program for physicians, pharmacists, nurse practitioners, nurses and allied health professionals who wish to become involved in treating individuals with opioid use disorder.

This program, in its pilot format, became a major component of an application that secured a federal/provincial grant of just over \$1 million over four years to expand this work beyond the Winnipeg-based training of Opioid Agonist Treatment providers. The College is using this funding to:

1. Provide Opioid Agonist Treatment training sessions eight times per year, including two rural and two remote sessions per fiscal year.
2. Conduct audits of new (physician) OAT prescribers who have completed their first year in OAT practice;
3. Provide mentorship to new and existing Opioid Agonist Treatment prescribers.
4. Develop a CPSM Buprenorphine/naloxone Recommended Practices Manual, as well as update the existing CPSM Methadone Recommended Practices Manual.

Support around the implementation of the Opioid Prescribing Standard through online resources and individual case support/mentoring.

The Prescribing Practices Program developed an online list of resources, clinical tools, relevant Continuing Professional Development opportunities and Frequently Asked Questions to support physicians in implementing the Standard of Practice. Resources and Frequently Asked Questions were also developed for patients. These documents are housed on the CPSM website and are continually monitored and updated.

Physicians often contact the College with questions regarding resources for their patients who are experiencing difficulties with a variety of substance use and addiction issues. Other calls involve difficulties with prescribed opioids where there is no current clear diagnosis of ongoing chronic pain, addiction or a range of related issues. Providers often seek support in establishing a clear diagnosis and determining appropriate treatment options moving forward.

To support physicians, individual mentoring is offered that includes:

- Informal case discussion via phone or email.
- Inquiries regarding the Standard of Practice for Prescribing Opioids are addressed in writing as needed.
- If concerns, discussions are documented, and further support is offered.

A list of resources for physicians and patients with these concerns was also published in the CPSM newsletter.

Interdisciplinary Prescribing Practices Audits

The Prescribing Practices Program has now conducted its first interdisciplinary practice audit in collaboration with the College of Registered Nurses of Manitoba and the College of Pharmacists of Manitoba. This model holds great promise for interdisciplinary quality improvement work within the interdisciplinary team environment.

High Dose Opioid Prescribing Review

The Manitoba Monitored Drug Review Committee is an advisory committee of experts established by the Manitoba Government in 2013. Members are appointed by the Deputy Minister of Health. The MMDRC reviews the prescribing, dispensing and utilization of narcotics, benzodiazepines and other drugs selected for monitoring.

In 2018, based on advice from the MMDRC, Manitoba Health Seniors and Active Living's Provincial Drug Program referred to the CPSM a list of prescribers who were prescribing > 900 MME/day (high dose opioids) to at least one patient in the second quarter of 2018. This data, although concerning, was incomplete due to a lack of accompanying clinical/chart information. The CPSM elected to gather more detailed information regarding each case, to determine appropriate further steps. This information gathering process is currently in its early implementation phase.

Planned CPSM Approach to MMDRC Referral of High Dose Opioid Prescribing Data (>900mme/day):

- Each prescriber on the list will receive a letter from the Registrar explaining the current context of the opioid crisis and emphasizing that the intent of the review is educational. Detailed case information will be requested.
- Based on the information received, the Registrar will have the following options: an educational letter to the prescriber, a referral to standards or investigations. The latter will only occur if the physician does not participate or refuses to engage in reflective practice change over time.

Fentanyl Prescribing Review

The MMDRC continues to monitor fentanyl prescribing/dispensing data, specifically fentanyl prescribed to individuals who have had inadequate or no recent opioid prescriptions as per DPIN.

Moving forward, the College will review potentially concerning fentanyl prescribing practices from time to time, utilizing an educational review framework. The aim is to provide education and support to prescribers who may benefit from such intervention.

Generic Oxycontin Prescriber Education

The College will be communicating with all remaining prescribers of generic Oxycontin to provide education regarding **oxycodone abuse and the associated harms**, including diversion for illicit use. The generic formulation has significant street value. RCT's and observational studies indicate that **tamper-resistant Oxycodone** (e.g. OxyNeo – Available since March 2012 in Canada) has the potential to **reduce misuse, abuse and their associated harms**.

Information Technology

Launch of the new CPSM website

- Development progressed and we went live in December 2020
- “Member Portal” will now be initiated for development

Electronic Document & Records management System

CPSM's journey into a fully paperless environment

- RFP provided 4 responses – in contract stage with a successful proponent to initiate this priority project for CPSM

Information Technology Strategic Roadmap

- Broadview Networks – 4 major strategic projects – state of the art technology enhancements
- Cloud strategy; virtual server replacements; vulnerability assessment; cybersecurity

Strategic Organizational Priorities

- Standard of Practice for Prescribing Benzodiazepines
- Standard of Practice for Authorizing Medical Cannabis
- Maintaining Boundaries – Sexual Involvement with a Patient
- Accredited Facilities Criteria
- Standards of Practice Ongoing Review – 4 Year Cycle

Awaiting FMRAC Guidance

- Streamlined Registration
- Artificial Intelligence
- Telemedicine

COVID-19 Pandemic Response By CPSM

Supporting Practice of Medicine Changes

The practice of medicine was altered to take into account working in a pandemic including:

- Clarifying the mandatory duty to continue practicing medicine
- Advising of what the standard of practice is during a pandemic
- Permitting virtual medicine in many situations (in conjunction with new fee tariff)
- Working with the College of Pharmacists of Manitoba to authorizing physicians to prescribe up to 30 days of home carries for methadone and suboxone instead of daily witnessed doses at the pharmacy
- New rules for prescribing in virtual medicine, including M3P drugs
- Expanding the scope of practice
- Setting rules for medical students and residents to practice without writing their exams
- Setting rules for practicing with and without Personal Protective Equipment
- Caution against prescribing precautionary treatment drugs for COVID-19, jointly with the Colleges of Pharmacy and Registered Nurses
- Ordering of non-essential diagnostic testing
- Waiving CME/CPD requirements for the QI program

Registration Matters

There were three main initiatives to address registration matters during the COVID-19 challenge:

1. Council approved a Practice Direction to register specialists from the graduating 2020 cohort;
2. Permit the registration in Manitoba of physicians practicing in any other Canadian or American jurisdiction (not initialized).
3. Registration of recently retired physicians (not utilized).

Delay of Non-Covid-19 Matters

CPSM initially delayed certain other activities such as the Strategic Organizational Priorities Working Groups on Medical Cannabis, Accredited Facilities, Boundaries, and Benzodiazepines. Our situational awareness told us this would not have the desired impact now and so these items were delayed. By the end of the fiscal year, the strategic organizational priorities currently underway were resumed, albeit at a different timetable and pace.

Registrations continued, and there will be much work with the 2020 graduating students and residents. Complaints and Investigations was focusing on the most serious matters, initially, but resumed regular work insofar as possible. The Program Review Committee extended the

accreditation of diagnostic, X-ray, and laboratory facilities so as to not interrupt service at this critical time. Quality Improvement has paused.

Daily Covid-19 Meetings of Senior Leadership Team

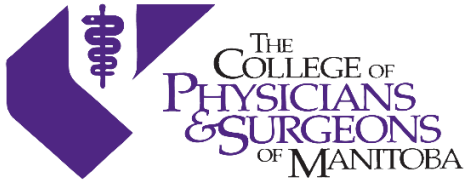
From March 16 the Senior Leadership Team of Registrars and senior staff met daily by Zoom to determine the best course of action during these challenging times. Priority charts were updated daily.

Workplace

CPSM staff worked at home from various dates towards the middle/end of March. The dedication of staff to continue to serve the doctors has been extremely strong and cohesive and they have much pride in trying to assist members providing healthcare during this pandemic. All staff continue to work fulltime.

Working with Other Organizations

Staff have worked collaboratively with the Colleges of Pharmacy and Registered Nurses, and with Shared Health, Health, Doctors Manitoba, CMPA, and FMRAC. CPSM also responded to many inquiries from our members.



ANNUAL GENERAL MEETING OF THE MEMBERSHIP
JUNE 19, 2020
ITEM FOR INFORMATION

CPSM Committee Reports

May 1, 2010 – April 30, 2020

Executive Committee

Members:

- Ira Ripstein, MD, President
- Jacobi Elliott, MD, President-Elect, Treasurer
- Eric Sigurdson, Past-President
- Brian Postl, MD, Dean, U of M
- Allan Fineblit, Public Representative
- Marvelle McPherson, Public Representative

Activities:

The Executive Committee has dual functions – one to act as an executive leadership of Council and the second as an appellate panel. As an executive leadership of Council, 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 to Council those persons for the positions of President, public representatives (not chosen by Government) and Committee membership

The Executive Committee met on the following dates during the past College year for Executive Leadership meetings:

- | | |
|--------------------------------|---------------------|
| • June 25, 2019 | • November 20, 2019 |
| • July 8, 2019 (Electronic) | • January 8, 2020 |
| • August 22, 2019 | • February 05, 2020 |
| • August 29, 2019 (Electronic) | • April 08, 2020 |
| • October 10, 2019 | • May 29, 2020 |

Members of the Executive Committee also acted as an appeal body hearing appeals on the following dates:

- June 26, 2019
- July 25, 2019
- September 30, 2018
- January 8, 2020

Acting as an appellate body, the Executive Committee heard the following matters:

- 1 - Appeal of Interim Condition
- 2 - Denials of Registration for Certificate of Practice
- 1 – Reinstatement Application
- 5 – Appeals of Investigation Committee Decision

The College is statutorily responsible for regulating the practice of medicine in the public interest in Manitoba. As an aspect of the College's responsibility to regulate the practice of medicine in the public interest, the College plays an important role in determining qualifications and the demonstration of all criteria, including the good character and competence required to be a member of the College. The Registrar denies registration to those applicants who do not meet the many criteria for registration. The applicants have the right to appeal these decisions to the Executive Committee of Council. The Executive Committee hears the appeal and issues a decision. The applicant's name is not made public, as they are not members of the College. The Registrar may refer a matter to the Executive Committee to revoke the registration of a member on various grounds, separate from the discipline process. These decisions are public as they are members of the College. With the increased transparency of the RHPA, the College will provide a brief summary of the denial of registration appeal decisions and will post on its website the entire appeal decision for the revocation of registration.

Summaries of the more notable hearings are below:

Applicant with Lengthy Period out of Practice

The applicant physician was denied registration on the basis of being out of practice for more than a decade. The applicant was unsuccessful their final certifying examinations but had worked within the healthcare system in the meantime and was intending to undertake these examinations again. The Executive Committee applied the rule requiring a physician out of practice more than three years enroll in further training. The Executive Committee was satisfied that there was no satisfactory re-entry training program available due to the length of absence from practice. The Registrar's decision to deny registration was confirmed.

Applicant with Competence to Practice Concerns

The applicant had registered briefly with another Canadian college in a preliminary practice assessment category, broadly similar to the Manitoba Physician Assessment Program. The other College determined that the preliminary clinical assessment was unsuccessful because of unprofessional comments and the physician did not demonstrate competence in at least four of eight areas required of an independent general practitioner. Of the 110 separate clinical assessments, 48 were found to need improvement and 8 were unsatisfactory. To

reapply in the other province, the physician would have to first complete one additional year in a university based accredited family medicine residency training program. The Executive Committee noted that the applicant failed to satisfy the condition imposed to re-apply in the other province. Notwithstanding the other steps the applicant took to improve their medical practice, this condition remains outstanding. The decision of the Registrar to deny the application because they did not meet the applicable eligibility requirements was upheld. The applicant was found not fit to engage competently in the safe practice of medicine.

Reinstatement Application

The Executive Committee refused to hear the application for reinstatement of a license by a physician whose license to practice medicine had been revoked in the past. The applicant had applied to reinstate their license unsuccessfully several times since revocation. The Executive Committee refused to hear this application on the basis of abuse of process and that the matter has already been heard previously.

Interim Conditions Imposed

The Physician appealed interim conditions imposed on their certificate of practice. The Executive Committee upheld the decision of the Investigations Committee on the basis of patient safety.

Audit & Risk Management Committee

Members:

- Jacobi Elliott, MD, President-Elect, Chair
- Ira Ripstein, MD, President
- Brian Postl, MD, Dean, U of M
- Jay Duncan, MD
- Ray Cadieux, Public Representative
- Lynette Magnus, Public Representative

Approval of April 30, 2020 Draft Audited Financial Statements

An Audit opinion was presented by the College auditor – Deloitte LLP indicating the financial statements present fairly, in all material respects, the financial position of CPSM as at April 30, 2020 in accordance with Canadian accounting standards for not-for-profit organizations.

Selection of Financial Auditor

The Audit & Risk Management Committee has recommended to Council that Deloitte LLP be appointed as the external auditor for the fiscal year 2020-21.

2020/2021 Operating Budget

The CPSM 2020-21 Operating Budget was reviewed and will be presented to Council later today with a recommendation for approval. The 2020-21 budgeted surplus is estimated to be \$68,320.

Restricted Accounts in the Accumulated Surplus

Management discussed the balances of the various reserves as at April 30, 2020 which were set according to the Financial Management Policy of the College. These include restricted reserves for wind-up costs, inquiry costs and future IT requirements of the College.

Honoraria & Expenses

The Audit & Risk Management Committee approved an operating budget for 2020-21 incorporating no change to the to the level for honoraria and stipends. It was noted that these rates increased last year and will be reviewed again next year.

Audit & Risk Management Committee – Terms of Reference

Recognizing there were several important gaps within the current Terms of Reference, management conducted an in-depth review and recommended certain changes including:

- Elaborate on the purpose of the Committee
- Change the name to Finance, Audit & Risk Management Committee
- Enhance the responsibilities for finance & risk management functions

Complaints Committee

Members:

- Heather Smith, MD, Chair
- Brian Blakley, MD
- Deborah Mabin, MD (Resigned October, 2019)
- Shaundra Popowich, MD, Member Representative
- Shayne Reitmeier, MD, Member Representative
- Ardith Sigurdson, Public Representative
- Nichole Smith, Public Representative

I. Meetings:

The Panels of the Complaints Committee met 7 times during this fiscal year: May 28, July 30, September 10, November 7, December 10, 2019, February 4 and March 17, 2020.

The Complaints Prescription Drug Matters Committee did not meet during this fiscal year.

II. Statistical Summary:

A. Total Complaints considered:

1) Outstanding Cases as at April 30, 2019	49
2) Cases received during this fiscal year	114
Total	163
3) Cases outstanding as of April 30, 2020	30
4) Total cases closed during this fiscal year	133

B. Source of Complaint (for the 114 new cases received):

Patient/legal guardian/legal representative	102
Registrar (College)	11
Other	1

C. Resolution of the 133 cases closed:

No Further Action	83
Advice/Criticism	20
Resolved by Correspondence by Medical Consultant	6
Complaint Referred to Investigation Committee*	17
Complaint Referred to Standards Committee	0
Withdrawn cases	7
Abeyanced	0

*does not include Registrar referrals directly to IC or ADR's

D. Alternate Dispute Resolutions (ADR's) –not included in numbers above**7****E. Length of Time to Acknowledge Complaints and Time Required to Resolve Complaints**

- see reports below:

- 1) Length of Time to Acknowledge Complaints Received
- 2) Length of Time to Resolve Complaints.

Our goals are to acknowledge complaints within 5 days and to lessen overall resolution time to 120 days or less. The acknowledgement goal was met in 97 of 114 cases. The resolution goal was met in 89 of 133 cases.

The complaints process allows for a 30-day response time for physicians and a 30-day response period for complainants to respond to the physician's reply. The main reasons for 44 cases taking longer than 120 days to resolve is the number of extensions requested by physicians and complainants to provide their responses as well as receipt of unsigned correspondence which needed to be sent back for signature.

F. Communication

Communication was a contributing factor in 16 of the 133 closed complaints (12%) (Last year this number was 28/168 - 17%).

G. Committee Perceived Deficiencies:

The Complaints Committee classified the 133 closed complaints as follows:

Communicator	10
Manager	3
Medical Expert	80
Professional	29
Unclassified (including 7 withdrawn)	11

H. Demographics of Physicians

Of the 114 new complaints received this year, the following list shows the number of complaints by **geographical location** of the physician:

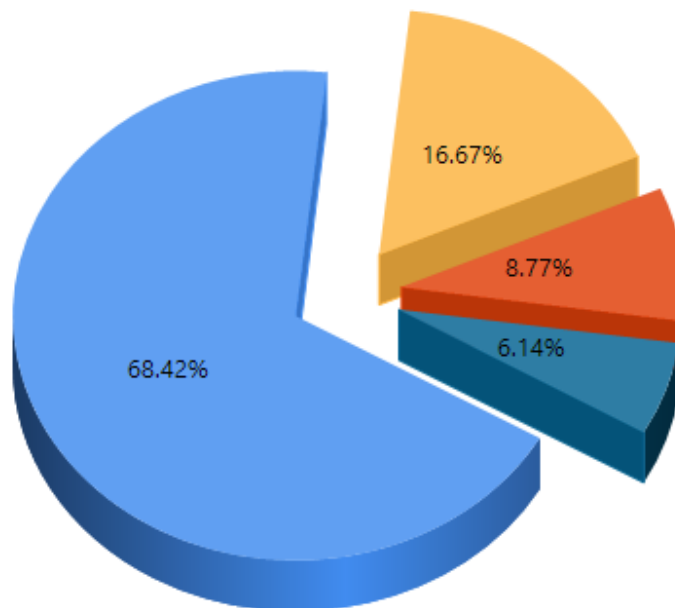
	# of Cases	# of Physicians
Urban Specialist (Winnipeg/Brandon)	42	37
Urban Family Physicians (Winnipeg/Brandon)	46	41
Urban Others	10	9
Rural Family Physicians	12	12
Rural Specialist	4	4
Residents	0	0
TOTAL	114	

LENGTH OF TIME TO ACKNOWLEDGE COMPLAINTS RECEIVED BETWEEN**01-MAY-2019 AND 30-APR-2020**

Subtotal of complaints acknowledged in two days or less:	78
Subtotal of complaints acknowledged in in 3 - 5 days:	19
Subtotal of complaints acknowledged in 6 - 10 days:	10
Subtotal of complaints acknowledged in greater than 10 days:	7
	<hr/>
	114

Length of Time to Acknowledge Complaints Received

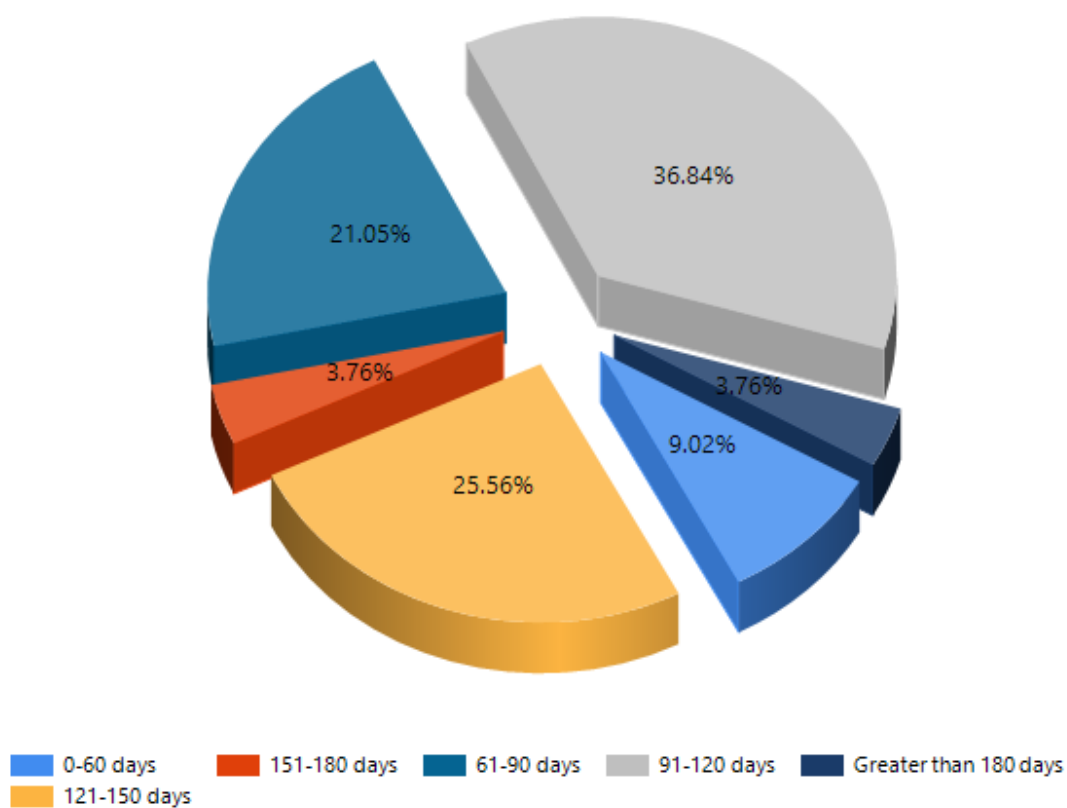
2 days or less 6-10 days Greater than 10 days
3-5 days



**LENGTH OF TIME REQUIRED TO RESOLVE COMPLAINTS FOR CASES CLOSED
BETWEEN 01-MAY-2019 AND 30-APR-2020**

Subtotal of complaint cases with 0 - 60 days:	12
Subtotal of complaint cases with 61 - 90 days:	28
Subtotal of complaint cases with 91 - 120 days:	49
Subtotal of complaint cases with 121 - 150:	34
Subtotal of complaint cases with 151 - 180 days:	5
Subtotal of complaint cases with greater than 180 days:	5
	133

Length of Time Required to Resolve Complaints



Investigation Committee

Members:

- Nader Shenouda, MD, Chair
- Brent Kvern, MD
- Ray Cadieux, Public Representative
- Lynette Magnus, Public Representative (January, 2020)

I. Meetings:

The Investigation Committee met 5 times during this fiscal year: June 12, October 2, November 6, December 11, 2019 and February 12, 2020.

II. Statistical Summary

A. Total Cases Reviewed:

New cases received during this fiscal year	73
Outstanding Cases as at April 30, 2019	55
Total cases reviewed by Investigation Committee	128
Outstanding as of April 30, 2020	84
Total cases closed by Investigation Committee	44

B. Source of the 73 New Cases Reviewed by the Investigation Committee:

Complaints Committee	20
Registrar	35
Complainant Request for Referral*	18(25%)

*Of the 18 complainant requests for referral – 5/18 (28%) appealed the IC decision to Appeal Committee. [Last year - 2/26 (8%) appealed the IC decision to Appeal Committee]

A. Disposition of the 44 Cases Closed by Investigation Committee:

1. Closed - No Further Action:

- with Criticism/Advice 17
- no further action and/or concur with Complaints Committee 16

2. Undertakings	9
• Remedial Education	2
• Professional Boundaries Program	0
• Practice Restrictions	1
• Retire	0
• Other	6
3. Censure	1
4. Referred to Inquiry	1
5. Referred to Standards	0
6. Withdrawn	0
7. Other	0

D. Response time of Investigation Committee:

The following is the length of time taken to conclude the 44 cases closed by the Investigation Committee.

➤ 0 – 3 months:	3
➤ 4 – 6 months:	20
➤ 7 – 9 months:	11
➤ 10 – 12 months:	5
➤ Greater than 1 year:	5

23/44 - 52% of cases were finalized within 6 months. (Last year, 48% of cases were finalized within 6 months.)

E. Age of the 84 cases remaining open at the end of this fiscal year:

Of the 84 open cases:

➤ older than one year:	28
➤ between 10-12 months old	17
➤ between 7-9 months old	8
➤ between 4-6 months old	13
➤ between 0-3 months old	18

31/83 or 37% are between 0-6 months old

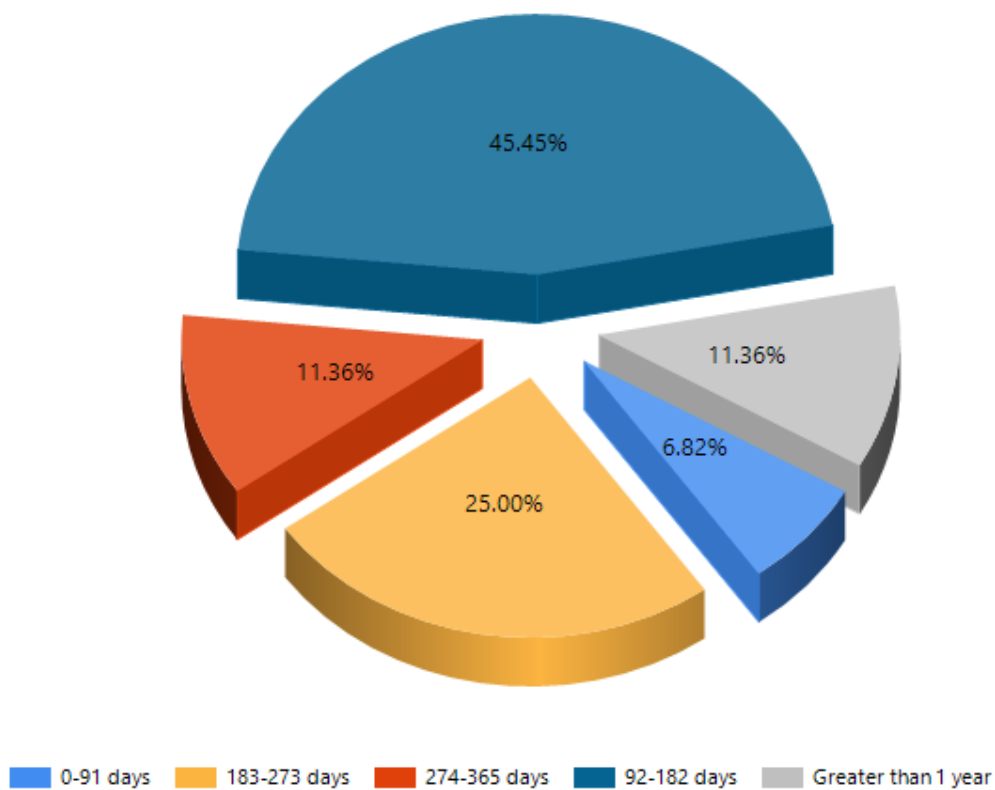
There are various reasons why investigations may be open for significant periods of time. This can include investigation of multiple or complex issues. It may also include circumstances where physicians are participating in remedial activities or awaiting re-audits after remediation or a period of supervision and monitoring.

F. Interviews Held by Investigators/Chair/Counsel:		19
Physicians	12	
Complainants/Witnesses	7	

**Length of time required to resolve investigations for cases closed
Between 01-May-2019 and 30-Apr-2020**

Subtotal of complaint cases with 0 - 91 days:	3
Subtotal of complaint cases with 92 - 182 days:	20
Subtotal of complaint cases with 183 - 273 days:	11
Subtotal of complaint cases with 274 - 365:	5
Subtotal of complaint cases with greater than 365 days:	5
	44

Length of Time Required to Resolve Investigations



Inquiry Committee

I. Meetings:

The Inquiry Panel met 15 times during this fiscal year on September 9, 11, 12, 16, 17, 18, 19, December 17, 2019, January 8, 2020, January 13-17, 2020 and April 14, 2020. The meetings related to appearances at Inquiries as well as dates of deliberation.

II. Statistical Summary

- A. Inquiries Completed during this fiscal year: 2
- B. Matters Pending before the Inquiry Committee: 1

Central Standards Committee

Committee Membership:

SEPTEMBER 2019 TO PRESENT:

- Dr. Roger Süss, Chair
- Dr. Ira Ripstein, President
- Dr. Jacobi Elliott, President Elect
- Dr. Eric Sigurdson
- Dr. Christine Polimeni
- Dr. Kevin Convery
- Dr. Mathew McDowell
- Ms Katherine Stansfield

There were 4 meetings held – May 3, September 27, November 29, 2019 and February 28, 2020.

Audits:

Number of elderly physician audits

• New	15
• Follow-up	2
Total	17

EPA Outcomes:

• Satisfactory outcome re-audit in five years:	9
• Re-audit less than five years:	5
• Re-audit less than five years with a referral to medical records course:	3

Number of Referred Audits

• Chief Medical Examiner Referrals:	5
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CME Referral Outcomes:

• Closed file with no further follow-up:	4
• Referred to Registrar:	1

Total Number of Audits - 22

Newsletter Items:

- CPD Reminder – August 2019
- New Auditors required – August 2019

Continuing Professional Development:

College of Family Physicians of Canada (CFPC):

In October 2019, the CFPC reported that, for the 2018-19 year, Manitoba had 14 participants who failed to meet the minimum requirements for their 5-year cycle. These 14 members were enrolled in a two-year remedial cycle which started July 1, 2019 during which time they must meet a minimum of 50 credits per year with a total of 100 credits over the two-year cycle (double the usual number required). CPSM wrote to those 14 members to ensure they have a plan to meet the required minimum CPD credits.

Currently, the CFPC has granted their members an extension of one year due to the COVID-19 pandemic. CFPC staff have been working on updating their membership list and will have it ready for circulation either late May or early June to reflect the new cycle dates. Standards staff will be able to update the CPSM iMIS database when this updated data is received.

Royal College of Physicians and Surgeons of Canada (RCPSC):

There were no removals for non-compliance for Manitoba from the 2018 cohort. Removals for cycles ending 2018 confirmed until November 2019 due to the extension period for those who were eligible for extension. Any removals for the 2019 year will not be reported to the CPSM until November 2020.

RCPSC has granted all their members an extension of one year due to the COVID-19 pandemic.

RCPSC has advised that they are moving forward with a second testing phase of the pilot to report to MRAs on CPD participation. The purpose of this second phase is to test larger data sets, resolve the issues/questions that came out of the first round of testing (in which CPSM participated), and ensure (insomuch as possible) that there are no further issues with matching data, etc.

Canadian Association of Physician Assistants (CAPA).

Standards staff is working with CAPA to access information for PA's and CA's. 2020 is the second year of the new requirement for CA's and PA's to participate in mandatory CPD-tracking under the RHPA.

CAPA has also granted all members an extension of one year because of the COVID-19 pandemic.

Child Health Standards Committee:

Medical Consultant: Dr. Lynne Warda

Membership of Committee:

- Dr. Darcy Beer, Chair
- Dr. Suyin Lum Min
- Dr. Petra Rahaman
- Dr. Tavis Bodnarchuk
- Dr. Aviva Goldberg
- Dr. Stasa Veroukis

There were 4 meetings held: June 4, July 23, November 26, 2019 and February 11, 2020

The Child Health Standards Annual Report for 2016 was finalized this fiscal year.

Newsletter Items:

- Suicide Review – Timing of Follow-Up – CHSC – August 2019
- Hypoglycemia: Detection, Management and Transport Advice for Sick Infants – CHSC – December 2019

Maternal Perinatal Health Standards Committee:

Medical Consultant: Dr. Michael Helewa

Membership of Committee:

- Dr. Wendy Hooper, Chair
- Dr. Carol Schneider
- Dr. Leanne Nause
- Dr. Chelsea Ruth
- Dr. Olalekan Akintola
- Ms Kelly Fitzmaurice
- Ms Kellie Thiessen

There were 4 meetings held: May 23, September 11, November 6, 2019 and March 11, 2020

The Maternal Perinatal Health Standards annual report for 2016 has not yet been finalized.

Newsletter Items:

- Optimizing Conditions for Abdominal Delivery of a Pregnancy with Placenta Previa and Placenta Accreta - MPHSC – August 2019
- The Importance of Reviewing Previous Stillbirth Workup During the Care of a Subsequent Pregnancy – MPHSC – December 2019
- Management of Patients Who Present for Assessment Because of Perceived Decreased Fetal Movements – MPHSC – December 2019

Program Review Committee

The Council of the College of Physicians and Surgeons of Manitoba has appointed 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).

MANQAP is the provincial accreditation agency and is responsible for assuring the quality and safety of diagnostic services in Manitoba. The role of MANQAP is to provide standards, inspect diagnostic facilities, and monitor compliance for accreditation. These standards reflect an international level of best practices for the delivery of diagnostic services to patients. Compliance to all relevant standards is required before the Committee will grant full accreditation and issue a certificate of accreditation.

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

Total number of facilities as at 31 March 2020

	Laboratory Medicine (Includes Patient Service Centres and Transfusion Medicine)	Diagnostic Imaging (Includes Radiology, Ultrasound, Computed Tomography and MRI)
Total number of Facilities	199	164
Full Accreditation	157	141
Conditional Accreditation	14	17
Temporary Accreditation	12	6
In process of obtaining Accreditation	16	0

Notes:

- 1) There are also 15 pieces of mammography equipment that currently have full accreditation
- 2) Due to COVID-19 pandemic, 16 of the facilities noted above were temporarily closed in March 2020
- 3) Due to COVID-19 pandemic, 2 mammography facilities suspended services in March 2020
- 4) Due to the COVID-19 pandemic some facilities for which their accreditation was about to expire, were granted temporary accreditation in order to allow them to continue to provide diagnostic services.

Activity from 1 April 2019 to 31 March 2020

	Laboratory Medicine (Includes Patient Service Centres and Transfusion Medicine)	Diagnostic Imaging (Includes Radiology, Ultrasound, Computed Tomography and MRI)
Number of Accreditation Inspections	27	40
Number of Inspections to open a facility	5	6

Quality Improvement Committee

The Quality Improvement Program activities have been ongoing. Two further cohorts were launched September 2019, comprising 95 participants, and January of 2020, comprising 159 participants. The work of the March 2019 cohort overlapped into this fiscal year as well. The participants to date have all been family physicians. The response has been good, with almost all participants submitting the required information and completing program requirements within a reasonable timeframe.

We plan to begin involving specialists in the program in 2020, beginning with psychiatry, general surgery, and pediatrics. A launch for psychiatry had been planned for March.

Due to the COVID-19 pandemic, a decision was made in mid-March to suspend all program activities to avoid overtaxing our already stressed physician population. As of early May, we are looking at offering to re-engage with participants, as some physicians find themselves paradoxically less busy at this time. A date for mandatory re-engagement has not yet been determined.

As a reminder, some participants undergo an off-site chart review (done at the CPSM offices), multisource feedback, and/or an on-site office visit. The processes for these functions have been fine-tuned over the last year.

The deferral rate was 34% in 2019, with many participants having undergone a recent alternative assessment, most commonly the College of Family Physicians of Canada certifying examination. The deferral rate to date is 27% in 2020, with most now falling into the category of unable to assess. These are participants who have a narrower scope of practice. The QI program is working to broaden the cadre of reviewers such that we will be able to address this group more fully. We added the criterion of [CCFP after 2014] to our filter requirements for the 2020 intake as this specific examination is captured in the iMIS database. This will result in more physicians participating in the Quality Improvement program each year as there will be fewer deferrals. From what we see trending in the recent assessment category, we expect the overall deferral rate to reduce significantly in 2020.

Of the total participants, 7 files have been/are being brought forward to the QI Committee regarding concerns around practice deficiencies. Of these, 1 has been provided with practice suggestions with no further need for review. 2 have had a second review, with remedial activity pending. 2 have received practice suggestions and are awaiting a second review. 2 are awaiting a first discussion at the Committee. We have also had one case of non-compliance with program requirements; this case was referred to the Central Standards Committee.

Below is a summary of initiations/participants/completions for the 2019 and 2020 cohorts:

QI PARTICIPANTS - 2019

MONTH	INITIATED	PARTICIPATED	COMPLETED
January	99	71	71
March	100	69	69
September	95	54	*49
TOTAL:	294	194	189

***On Hold due to COVID-19:**

- 1 Off-Site Review
- 1 Multi-Source Feedback
- 3 On-Site Reviews

QI PARTICIPANTS - 2020

MONTH	INITIATED	PARTICIPATED	COMPLETED
January	*159	--	--

*Currently 107 participants will move forward in the program when it resumes. 39 participants have been deferred to date and we are awaiting questionnaires from the balance of participants to see if eligible.

Based on chart reviews completed to date, it appears that medical record keeping is a challenging area of practice for some physicians and that there is a need for refresher training in medical record keeping. The University of Manitoba has offered a renewed version of a medical record keeping course. It is anticipated that this will be available on an ongoing basis.

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

Further collaboration between the CPSM and the University has been occurring with the CPSM providing information to the University to inform development of CPD curriculum based on the learning needs identified by participants in the Quality Improvement program. All QI participants are required to complete an Action Plan identifying a learning opportunity or

practice improvement that they wish to work on over the following year. Deidentified action plan information has been provided as a large scale needs assessment for CPD planning.

The QI Program has received CPD accreditation by both the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada. Both have granted the program a status of 3 credits/hour, the highest level available.

The following updates/information was included in the August and November 2019 CPSM newsletters:

- August 2019 Newsletter:

- MSF Process
- New Auditors Required
- Record Keeping – Patient Records
- QI Update

- December 2019 Newsletter:

- Assess your own Medical Records
- QI Update

The College of Physicians & Surgeons
of Manitoba

Major Activities of the College

June 2020 Annual General Meeting

Registration

Registration

The Registration Department at the College is responsible for:

- ❖ Registration of physicians, residents, educational registrants, physician assistants, and clinical assistants
- ❖ Medical Corporations
- ❖ Issuing Certificates of Professional Conduct
- ❖ Preparing denial of registration appeals

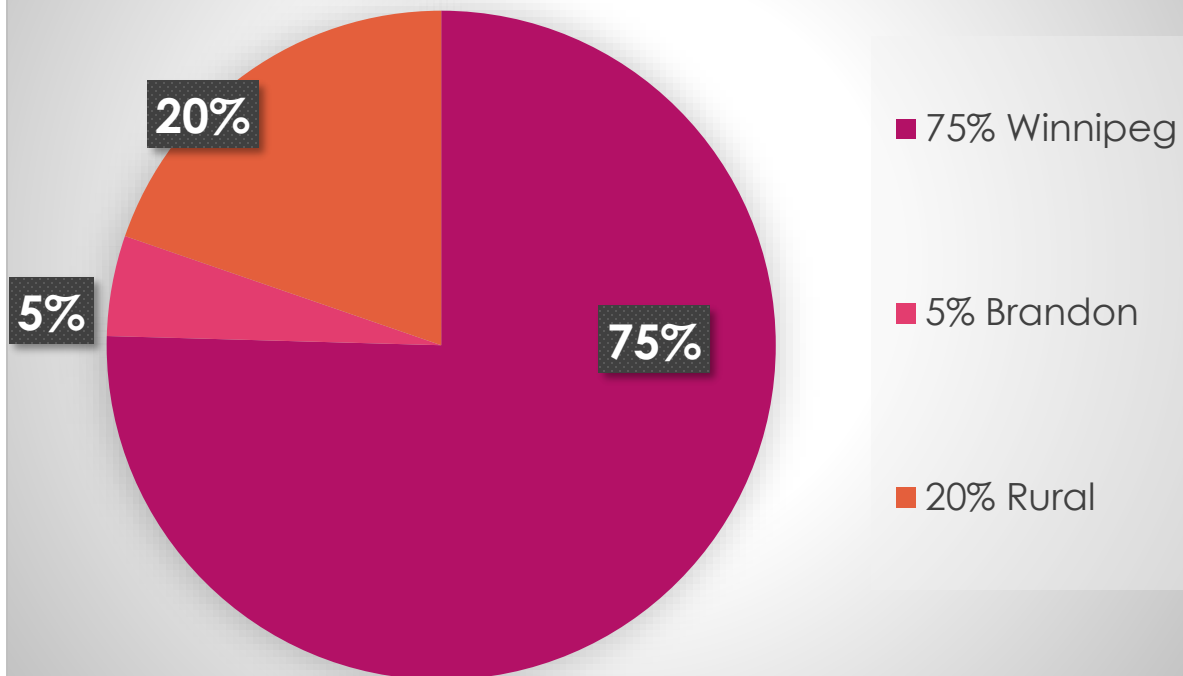
Registration

NUMBER OF LICENSED MEDICAL PRACTITIONERS IN MANITOBA

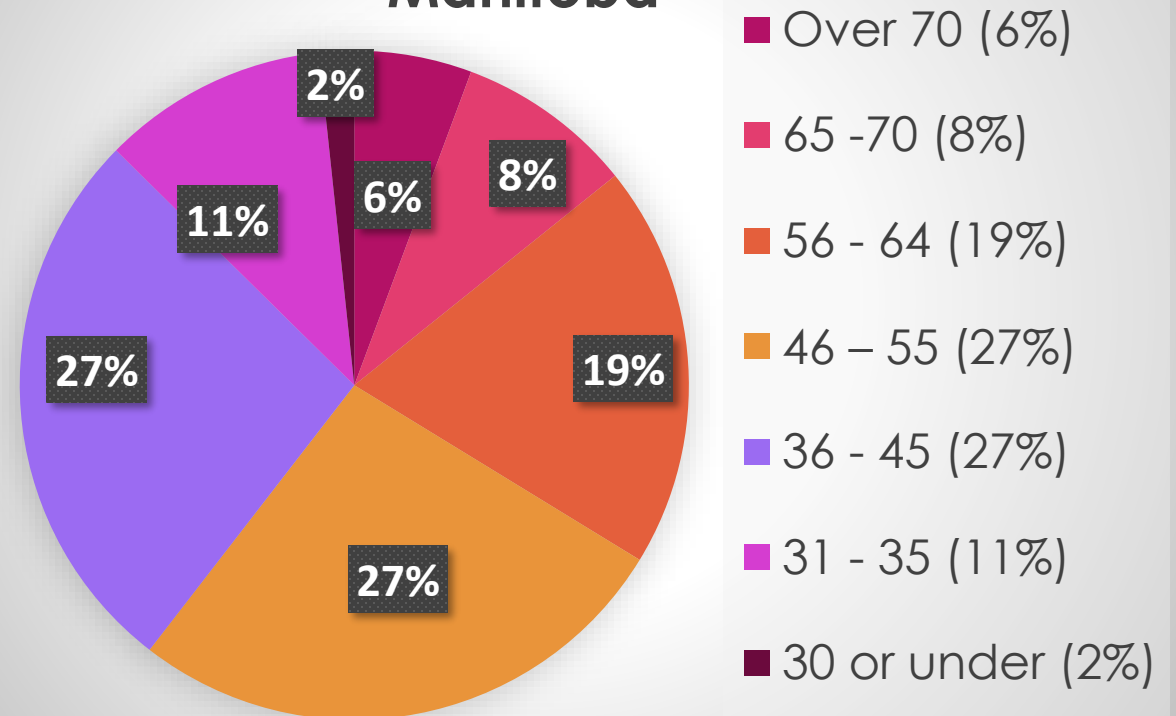
Year	Winnipeg	Outside Winnipeg	Totals	Net Gain Net Loss(-)
2016	2122	646	2768	20
2017	2174	650	2824	56
2018	2215	687	2902	78
2019	2262	720	2982	80
2020	2285	744	3029	47

Registration

Distribution of Medical Practitioners



Ages of Physicians Residing in Manitoba



Registration

Medical Corporations Registered May 1, 2019 to April 30, 2020

2018	2019	2020
113	101	110

Certificates of Professional Conduct Issued May 1, 2019 to April 30, 2020

2018	2019	2020
671	848	756

**Current Total Medical Corporations
Registered – 2,126**

Physician Health Program

Physician Health Program

CPSM must ensure members are safe to practice to
protect the public

*“Healthy Physicians are in the best position to
provide safe care.”*

Program administered by:

Dr. Alewyn Vorster, Director Physician Health

Dr. Ainslie Mihalchuk, Assistant Registrar

Physician Health Program

- ▶ Doctors are **human beings** and not immune to acute or chronic health issues
- ▶ Medicine is a **demanding** profession and the associated **stress** can put physicians at particular risk
- ▶ Physicians need to feel **safe** to report their health issues and **supported** along their health journey

Physician Health Program

- ▶ Physician Health Program provides **compassionate and collaborative** support for members facing acute or chronic health issues
- ▶ Goal is to enable members to **maintain practice or return to practice** as soon as they are safe to do so

Physician Health Program Referrals

- ▶ Sources of referrals to Physician Health Program
 - ▶ Self
 - ▶ Registrar
 - ▶ Colleague
 - ▶ Health system
 - ▶ University
 - ▶ Treating physicians or other health professional
 - ▶ Police or Crown Attorney

Physician Health Program Reporting

- ▶ Questions are included on the annual renewal of the Certificate of Practice to ascertain if a member has experienced a health condition that has the potential to adversely impact the member's ability to practice medicine safely (current or in the past)
- ▶ Examples of reportable conditions: *cancer, mental illness, neurodegenerative disorders, addiction, chronic pain, blood borne infections....*
- ▶ Taking a **leave of absence** for medical reasons must be reported to the CPSM

Physician Health Program Data

- ▶ Currently **62 members are actively monitored** by Physician Health
- ▶ Monitoring is only required for health issues when there are potential safety concerns without a formal arrangement in place (undertaking)
 - Health/practice undertakings (practising members) 33
 - Undertaking not to practice 10
 - Members on LOAs without an undertaking 18
- ▶ 10 of the 33 actively monitored members are students either undergraduate or post-graduate

Physician Health Program Undertaking Data

Undertakings Include:

▶ Substance Issues (for body fluid monitoring)	7
▶ Mental Health	15
▶ Blood Borne Pathogens	8
▶ Practice Limitations/Restrictions	3
▶ Not to Practice	<u>10</u>
TOTAL	43

Physician Health Undertakings

- ▶ Examples of clauses in undertakings include:
 - Drug screening
 - Attendance at group meetings for addiction support
 - Compliance with specific treatment or medication regimens
 - Monitoring requirements by care providers
 - Limits on hours or type of work
 - Graduated return to work
 - Requirements for supervision of practice

Prescribing Practices Program

Prescribing Practices Program

The CPSM Prescribing Practices Program includes the following components:

- ▶ Chief Medical Examiners` Death Review
- ▶ High Dose Opioid Prescribing Review
- ▶ CPSM Opioid Prescriber Profile
- ▶ Fentanyl Prescribing Review
- ▶ Generic Oxycontin Prescriber Education
- ▶ Opioid Agonist Treatment (methadone and buprenorphine/naloxone) Prescriber Training, Mentoring and Auditing

Program is administered by Dr. Marina Reinecke, and Dr. Kernjeet Sandhu, Medical Consultants

Prescribing Practices Program - Highlights

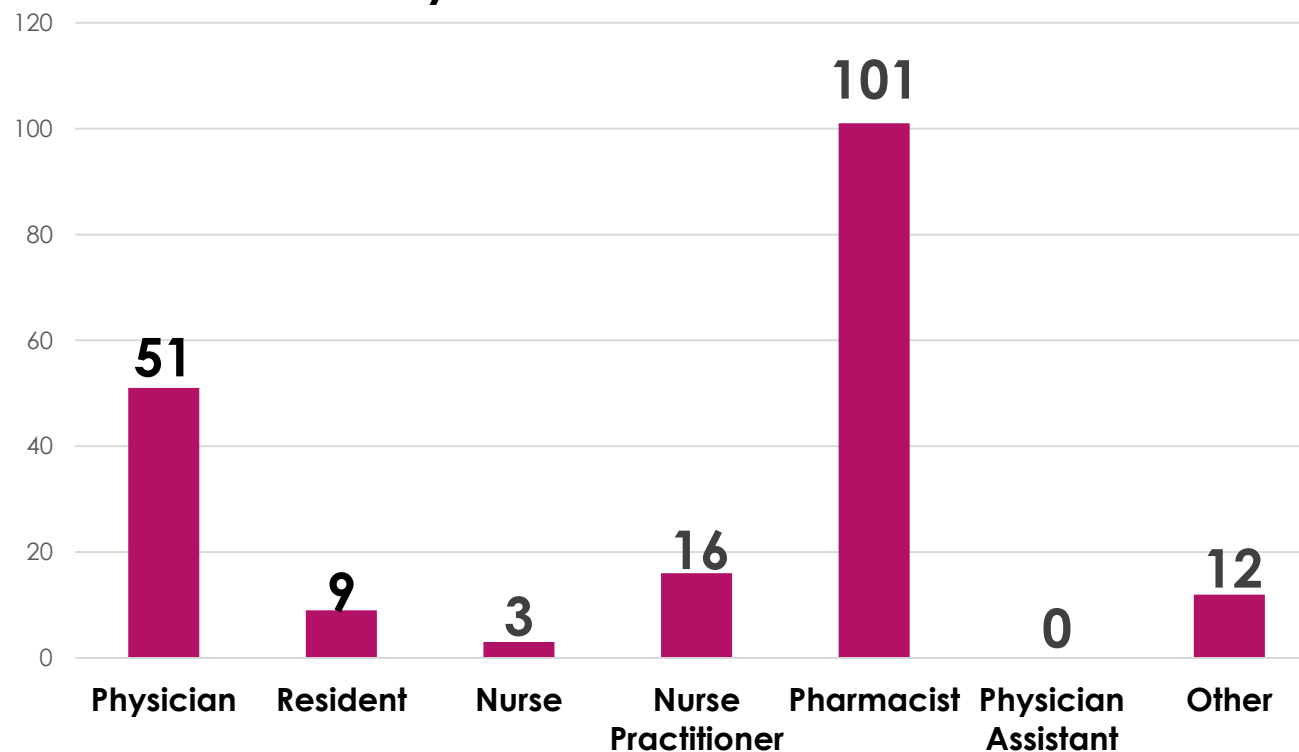
- ❖ A new CPSM Standard of Practice for Prescribing Benzodiazepines and Z-Drugs is currently in the membership consultation phase.
- ❖ Opioid Prescriber Profile – An educational initiative that will ask physicians to reflect on their opioid prescribing practices as compared to other physicians with a similar practice. This initiative is in the final stage of categorizing every Manitoba physician according to their work type to facilitate appropriate comparison.

Prescribing Practices Program - Highlights

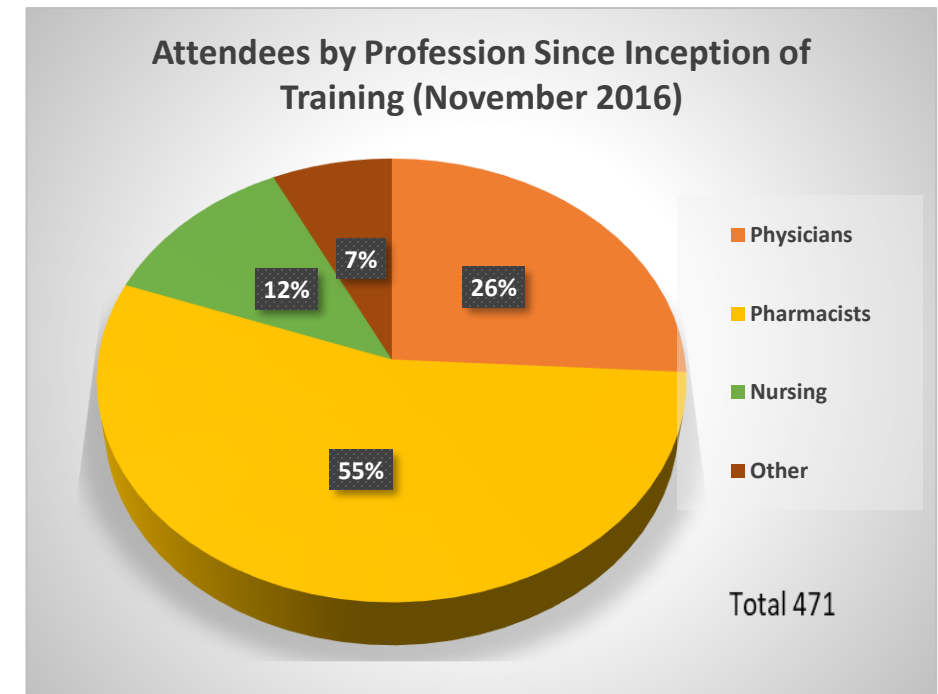
- ❖ The Prescribing Practices Program has now conducted its first interdisciplinary practice audit in collaboration with the College of Registered Nurses of Manitoba and the College of Pharmacists of Manitoba. This model holds great promise for interdisciplinary quality improvement work within the interdisciplinary team environment.
- ❖ The Standard of Practice for Authorizing Cannabis will be reviewed by Council in June to determine whether it will be sent to the CPSM membership, stakeholders, and public for review.

Prescribing Practices Program

Attendees By Profession Fiscal Year 2019-2020



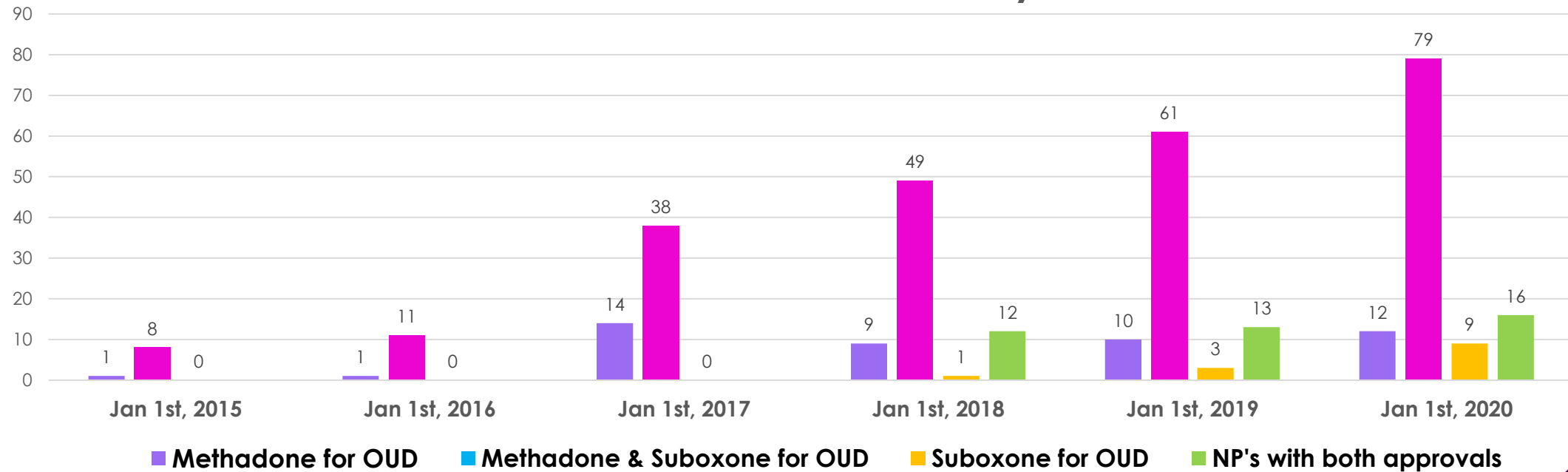
Attendees by Profession Since Inception of Training (November 2016)



Prescribing Practices Program

Approved Opioid Agonist Therapy (OAT) Providers

OAT Prescribers at January 1, 2020



Opioid Use Disorder (OUD)

Prescribing Practices Program

Chief Medical Examiners` Death Review

- ▶ All deaths involving prescription medications undergo detailed review
- ▶ Deaths involving methadone; buprenorphine/naloxone (Suboxone) are all reviewed
- ▶ Prescribers receive standard cover letter plus resources as needed
- ▶ Feedback to prescribers in 3 categories:
 - FYI
 - Prescribing falls outside of guidelines
 - Significant concerns (rare)

**170 Letters sent
2019-2020**

Information Technology

Information Technology

Launch of the new CPSM website

- ▶ Development progressed and we went live in December 2020
- ▶ “Member Portal” will now be initiated for development

Electronic Document & Records management System

- ▶ CPSM’s journey into a fully paperless environment
- ▶ RFP provided 4 responses – in contract stage with a successful proponent to initiate this priority project for CPSM

Information Technology Strategic Roadmap

- ▶ Broadview Networks – 4 major strategic projects – state of the art technology enhancements
- ▶ Cloud strategy; virtual server replacements; vulnerability assessment; cybersecurity

Strategic Organizational Priorities

Strategic Organizational Priorities

- ▶ Standard of Practice for Prescribing Benzodiazepines
- ▶ Standard of Practice for Authorizing Medical Cannabis
- ▶ Maintaining Boundaries – Sexual Involvement with a Patient
- ▶ Accredited Facilities Criteria
- ▶ Standards of Practice Ongoing Review – 4 Year Cycle

Awaiting FMRAC guidance

- ▶ Streamlined Registration
- ▶ Artificial Intelligence
- ▶ Telemedicine

COVID-19 Pandemic Response by CPSM

COVID-19 Pandemic Response by CPSM

- ▶ CPSM closed offices but continued working remotely
- ▶ Virtual meetings of Senior Leadership Team daily then twice per week
- ▶ Registration, Complaints, Investigations, Standards, Physician Health all continued operational work, just virtually
- ▶ Delay of non-COVID priorities initially, then resumed
- ▶ Cross Canada approach to make consistent changes

COVID-19 Pandemic Response by CPSM

CPSM released two messages from the President and Register and three sets of FAQs (and updates) that changed the practice of medicine including:

- ▶ Clarifying the mandatory duty to continue practicing medicine
- ▶ Advising of what the standard of practice is during a pandemic
- ▶ Permitting virtual medicine in many situations (in conjunction with new fee tariff)
- ▶ Working with the College of Pharmacists of Manitoba to allow physicians to prescribe up to 30 days of home carries for methadone and suboxone instead of daily witnessed doses at the pharmacy
- ▶ New rules for prescribing in virtual medicine, including M3P drugs
- ▶ Expanding the scope of practice
- ▶ Setting rules for medical students and residents to practice without challenging their certification exams
- ▶ Setting rules for practicing with and without Personal Protective Equipment
- ▶ Caution against prescribing precautionary treatment drugs for COVID-19, jointly with the Colleges of Pharmacy and Registered Nurses
- ▶ Ordering of non-essential diagnostic testing
- ▶ Waiving CME/CPD requirements for the QI program

COVID-19 Pandemic Response by CPSM

Registration

- ▶ Provisional registration for 2020 graduating cohort until exams written and passed
- ▶ Registration of recently retired physicians in conjunction with Shared Health – prepared but not utilized
- ▶ Registration of physicians registered in Canada or US – prepared but not utilized
- ▶ Able to utilize the new electronic iMIS membership database

CPSM Committee Reports

June 2020 Annual General Meeting

Executive Committee



Executive Committee

Committee Members

Ira Ripstein, MD, President

Jacobi Elliott, MB ChB, President-Elect

Eric Sigurdson, MD, Past-President

Brian Postl, MD

Allan Fineblit (Public Councillor)

Marvelle McPherson (Public Councillor)

Executive Committee

The Executive Committee has a dual function:

- ▶ Acts as an executive leadership of Council
- ▶ Acts as an appellate panel

Activities of the Executive Committee

- ▶ Provides alternatives & options for Council
- ▶ Provides advice on Council's agenda
- ▶ Provides advice to the Registrar
- ▶ Evaluates the Registrar's Performance
- ▶ Nominates to Council person for positions on Council and Committees

Executive Committee

The Executive Committee met 8 times in the past year

The Executive Committee met 4 times to hear appeals as follows:

- ▶ 1 each Reinstatement Application
- ▶ 2 each Denials of Registration for Certificate of Practice
- ▶ 1 each Appeal of Interim Conditions
- ▶ 5 each Appeals of Investigation Committee Decisions (note 24 each from 1 patient)

Audit & Risk Management Committee



Audit & Risk Management Committee

Committee Members

Jacobi Elliott, MB ChB, President-Elect - Chair

Brian Postl, MD

S.J. (Jay) Duncan, MD

Lynette Magnus (Public Councillor)

Raymond Cadieux (Public Rep–Qualified Accountant)

Kim Dielman (Risk Management)

Ira Ripstein, MD, President (ex officio, non voting)

Anna Ziomek, MD (ex officio, non-voting)

Audit & Risk Management Committee

The Audit & Risk Management Committee met 3 times in the last year.

The Committee is responsible for:

- ▶ Recommending for approval the April 30, 2020 Draft Audited Financial Statements.
- ▶ Recommending the appointment of the independent Financial Auditor
- ▶ Recommending for approval the 2020 – 2021 Annual Operating Budget
- ▶ Reviewing of the Restricted Accounts in the Accumulated Surplus
- ▶ Reviewing of Honoraria and Expenses for Council and its Committees
- ▶ Assessing Risk Management for the College

Complaints Committee

Complaints Committee

Committee Members

Heather Smith, MD, Chair

Brian Blakley, MD

Shaundra Popowich, MD (Member Rep)

Debra Mabin *resigned in October 2019

Shayne Reitmeier, MD (Member Rep)

Nicole Smith (Public Representative)

Ardith Sigurdson (Public Representative)

Heather Domke, MD, (Rx Drug Matters, Chair)

Morag Fisher, MB ChB, (Rx Drug Matters)

Laura Goosen, Public Representative (Rx Drug Matters)

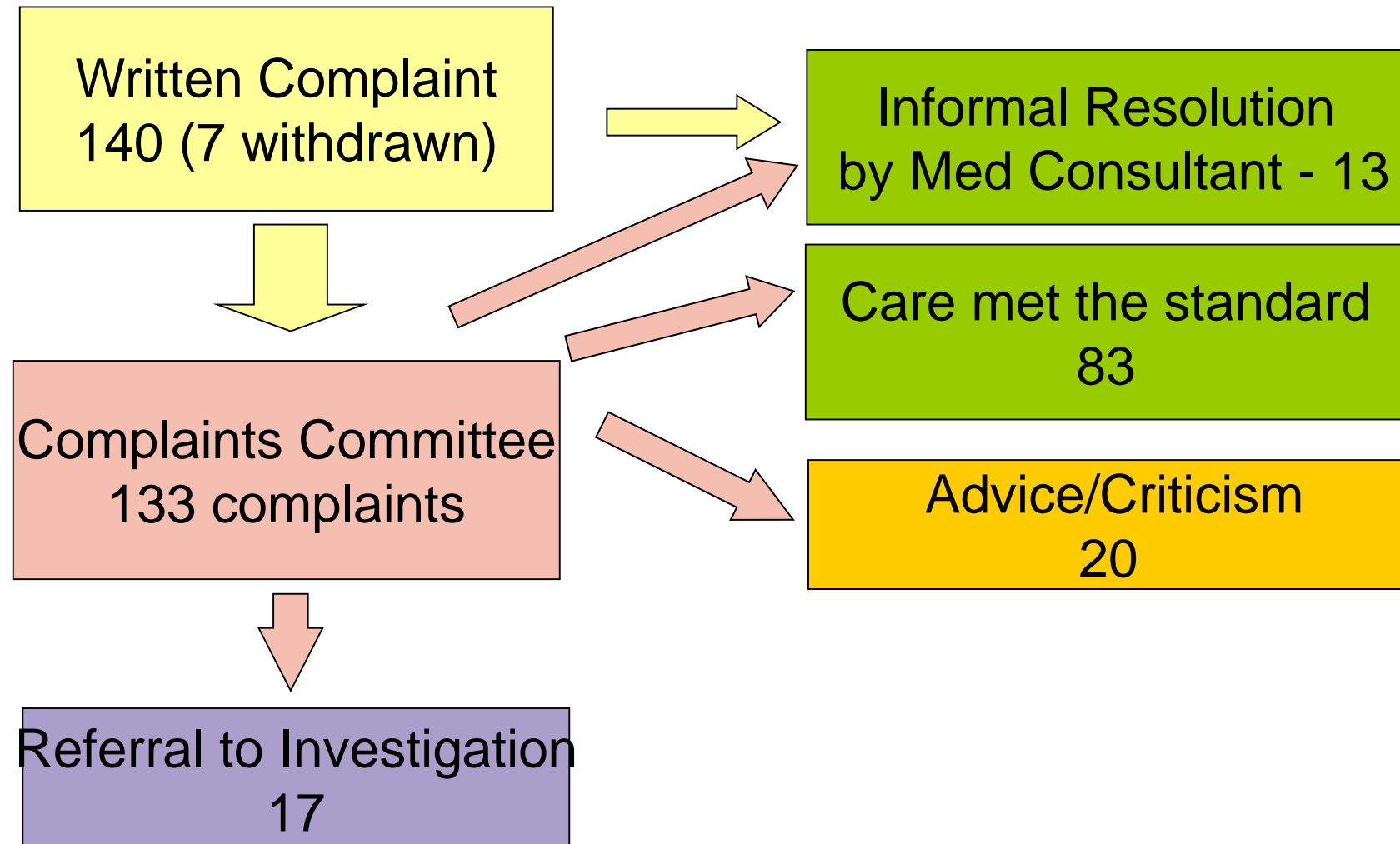
Complaints Committee

- Meets as panels of 2 MDs and 1 public rep
- Panels met 7 times and heard 133 complaints.
- The Prescription Drug Matters panel did not meet this year. This panel considers opioid prescribing issues. This work continued through the prescribing practices program of the College
- Medical Consultant is Dr. Garth Campbell

Complaints Information

- ▶ Goal is to resolve cases within 120 days.
 - ▶ Goal met 67% of the time.
 - ▶ 92% were resolved within 150 days
- ▶ Primary reasons for complaints in the 133 closed matters:
 - ▶ 80 were primarily related to diagnosis and treatment (60%)
 - ▶ 10 were primarily communication (8%)
 - ▶ Others involved communication as a secondary issue

What happens to a complaint at the College?



Investigation Committee

Investigation Committee

Committee Members

Nader Shenouda, MD, Chair

Brent Kvern, MD

Ray Cadieux (Public Representative)

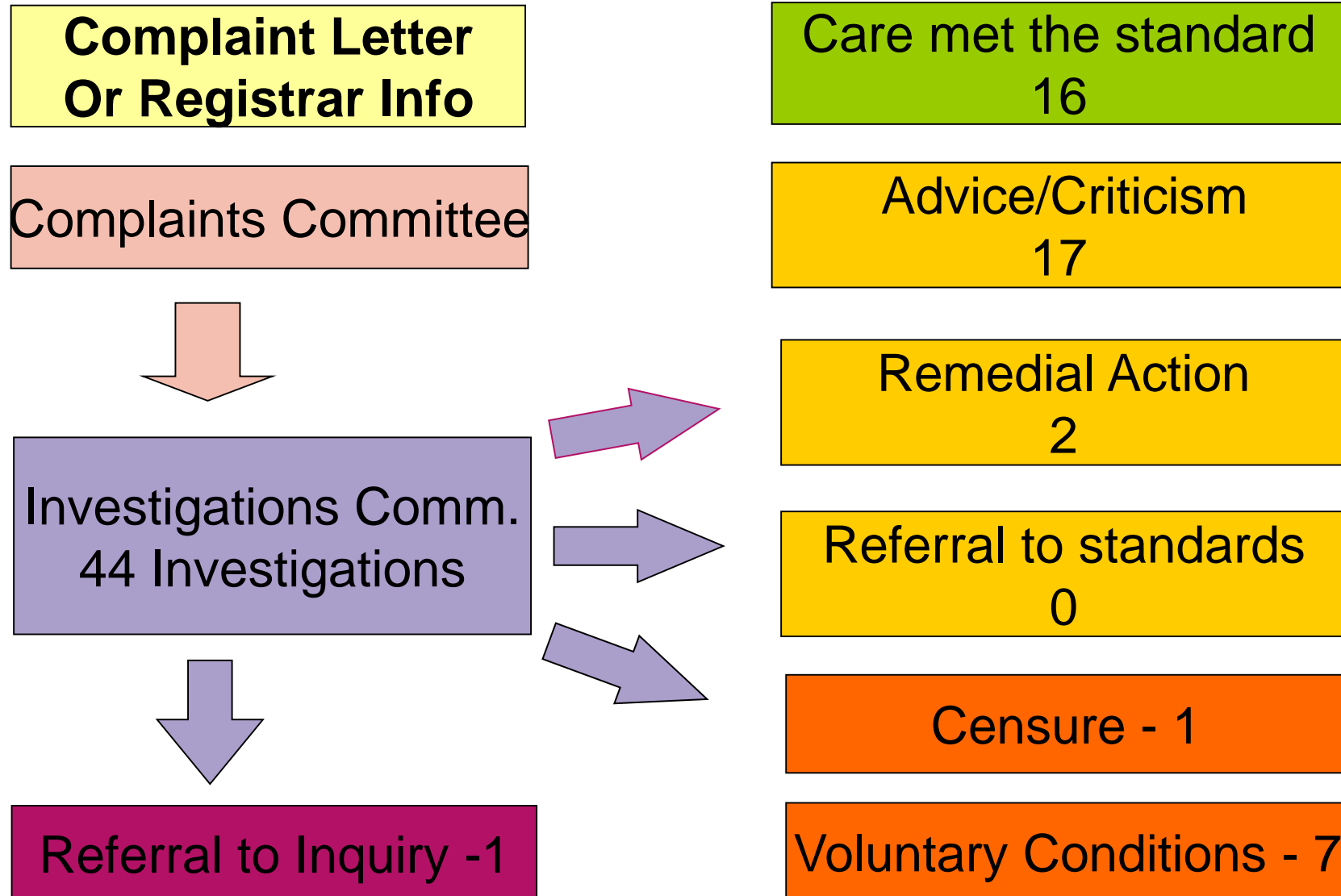
Lynette Magnus (Public Representative) *Appointed in January 2020

Medical Consultant is Dr. Karen Bullock Pries

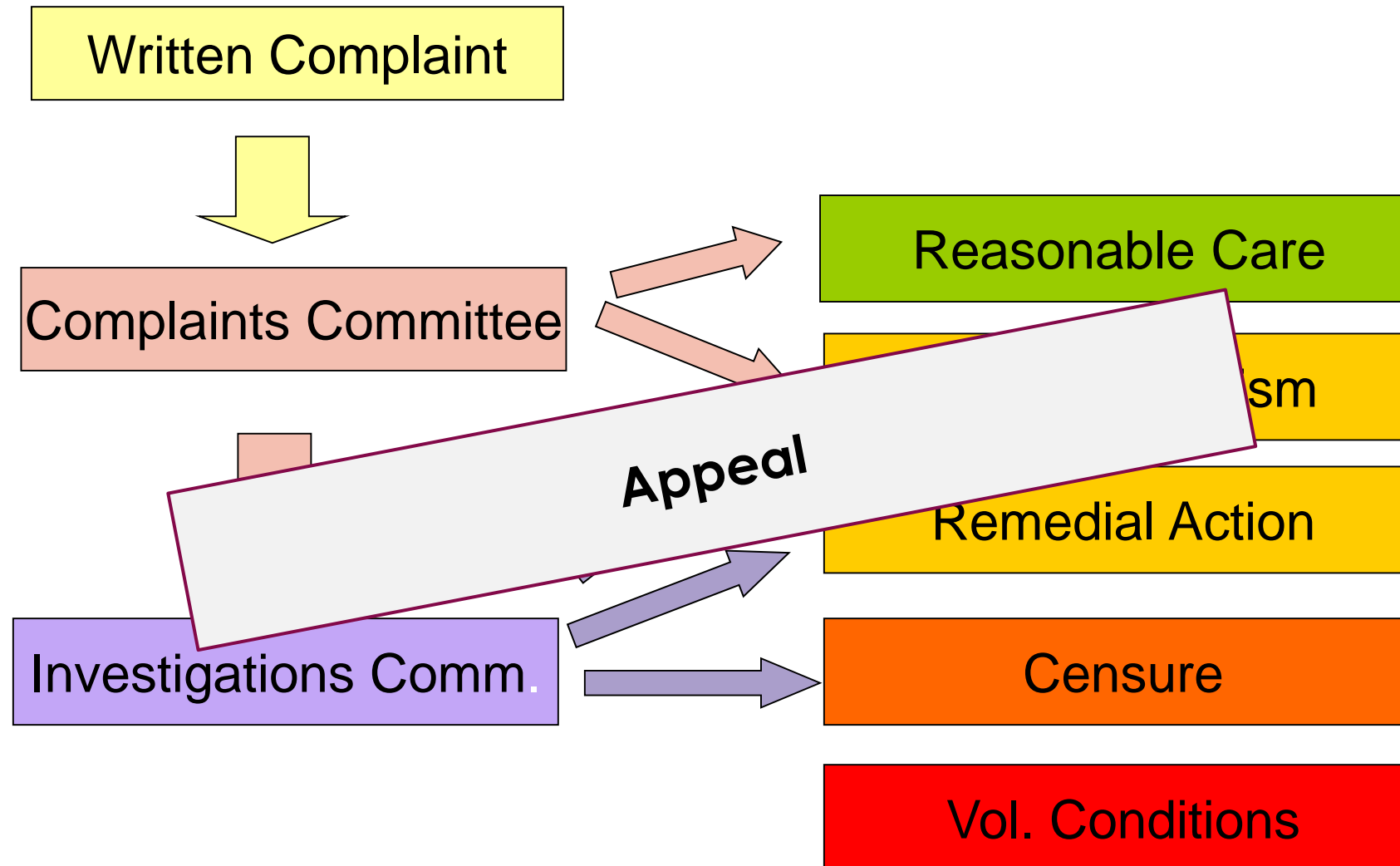
Investigations completed

- Met 5 times and considered 44 matters
 - 23 investigations were completed within 6 months
 - 5 were more than 1 year old
- As of April 30 there were 84 open investigations
- Cases can be prolonged due to complexity, need for repeat audits after remediation, interviews (MD and patients/families), etc.

Investigation Decisions



What happens to a complaint at the College?



Appeal Committee

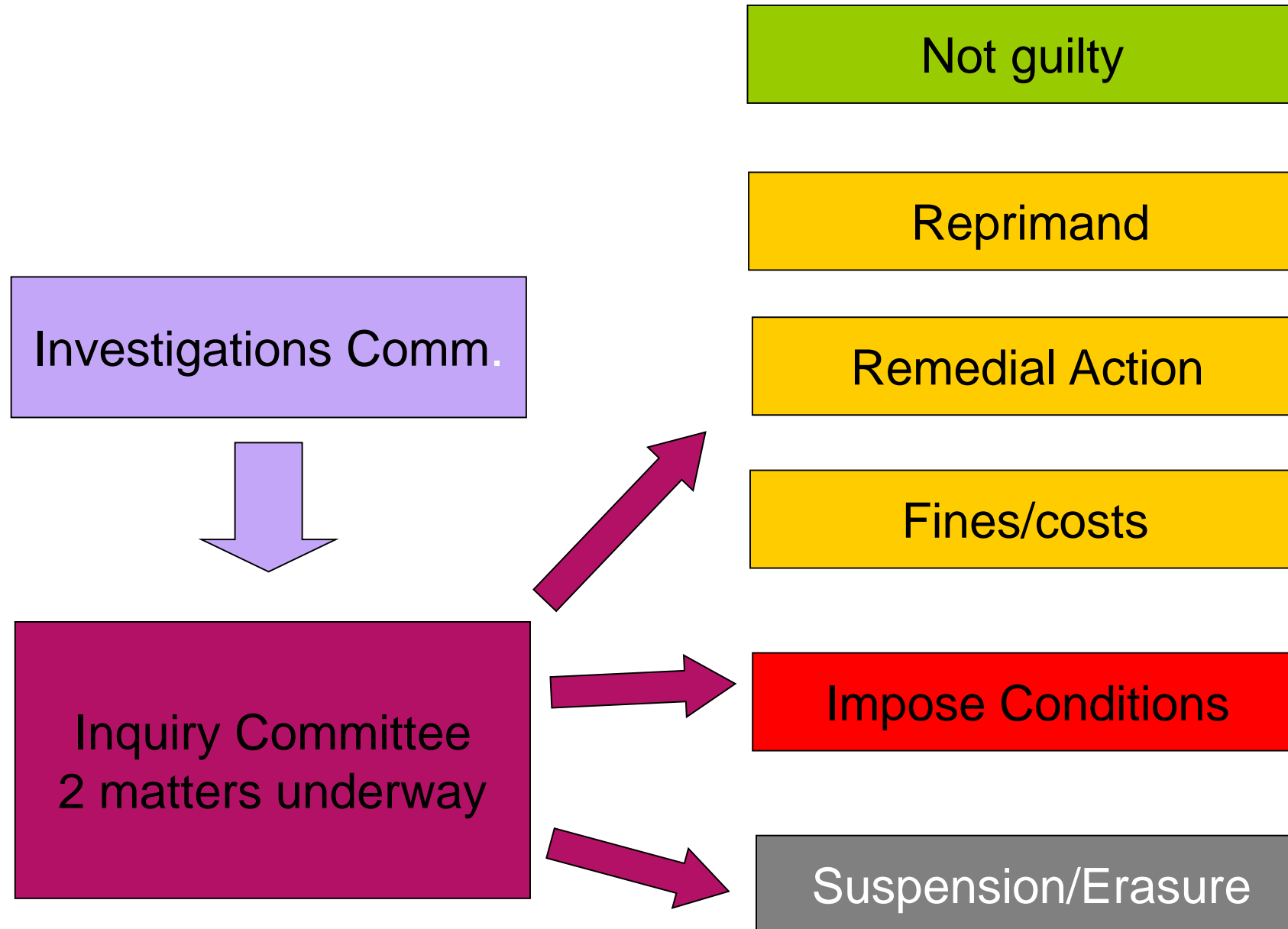
Appeal Committee

- ▶ The Appeal Committee is a function of the Executive Committee
- ▶ Met 2 times and heard 5 matters
 - ▶ All 5 represented cases that were appealed from Complaints Committee to Investigation Committee
 - ▶ 4 confirmed the Investigation Committee decision
 - ▶ 1 was returned to Investigation Committee for further investigation

Inquiry Committee

Inquiry Committee

- Committee Chair is Heather Domke, MD
- Panel members chosen from a list of committee members.
- 2 Inquiries were held this year (no final resolution as of April 30)
 - involved a total of 15 meetings of the panel as of April 30
 - 1 matter is pending.
- Decisions of the panel are public and must be published on the College website for 10 years.



Central Standards Committee

Central Standards Committee

Committee Members

- ▶ Dr. Roger Süss, Chair
- ▶ Dr. Ira Ripstein, President
- ▶ Dr. Jacobi Elliott, President Elect
- ▶ Dr. Eric Sigurdson
- ▶ Dr. Kevin Convery
- ▶ Dr. Christine Polimeni (Vice Dean Continuing Competency and Assessment Rady Faculty of Health Sciences)
- ▶ Dr. Matthew MacDowell (Associate Member)
- ▶ Ms. Katherine Stansfield (CRNM Registrar)

Central Standards Committee

- ▶ Responsible for supervising the practice of medicine by members
- ▶ Reviews the professional competence of members
- ▶ Takes steps to improve the knowledge, skill or safety of its members carrying on the practice of medicine and may make recommendations to regional health authorities

Central Standards Committee

Activities of Central Standards

- ▶ Review audits
- ▶ Review referrals from the Quality Improvement Committee
- ▶ Review minutes from various Standards Sub-Committees
- ▶ Review cases identified by various Standard Sub-Committees
- ▶ Review cases referred by the Chief Medical Examiner
- ▶ The Committee met 4 times in the past year

Central Standards Committee

Audits are initiated by a variety of sources

- ▶ Referrals from Registrar
- ▶ Elderly Physician Audit Program (once a physician reaches the age of 75)
- ▶ Ongoing follow-up from the Elderly Physician Audits program
- ▶ Referrals from Complaints and Investigations
- ▶ Referrals from the Chief Medical Examiner's Office
- ▶ Referrals from the Quality Improvement Committee
- ▶ Referrals from Area Standards Committees

Central Standards Committee

Audits - Total Number of Audits 22

Elderly physician audits 17

➤ New 15

➤ Follow-up 2

Number of referred audits 5

Audit Type

Chart Audits 22

Interactive Audits 0

Central Standards Committee

Sub-Committees

- ▶ WRHA Standards Committee
- ▶ CancerCare Standards Committee
- ▶ Area Standards Committees
 - Northern Southern
 - Prairie Mountain Interlake-Eastern
- ▶ Maternal & Perinatal Health Standards Sub-Committee
- ▶ Child Health Standards Sub-Committee
- ▶ Endoscopy Standards Committee
- ▶ Orthopedics Standards Committee

Central Standards Committee

Child Health Standards Subcommittee

- ▶ Purpose of committee is to maintain and improve the quality of medical practices as related to Child Health
- ▶ Peer Review and analysis
- ▶ Educational rather than discipline
- ▶ Functions as a public advocate.
- ▶ Committee met 4 times this year

Central Standards Committee

Maternal Perinatal Health Standards Subcommittee

- ▶ Purpose of committee is to maintain and improve the quality of medical practices as related to maternal and perinatal health
- ▶ Peer Review and analysis
- ▶ Educational rather than discipline
- ▶ Functions as a public advocate as appropriate

- ▶ Committee met 4 times this year

Program Review Committee

Program Review Committee

Committee Members

Wayne Manishen, MD, Chair

Dorothy Albrecht (Public Councillor)

Brent Anderson, MD – Surgery

Jacobi Elliott, MB ChB (ex officio)

Eileen Gelowitz (Public Councillor)

Amin Kabani, MB ChB- Laboratory Medicine

Iain Kirkpatrick, MD - Diagnostic Imaging

Ravi Kumbharathi, MBBS

Dan Lindsay, MD – Diagnostic Imaging

Jenisa Naidoo, MB ChB – Laboratory Medicine

Ira Ripstein, MD (ex officio)

Josef Silha, MD

Heather Sparling (MB Nominee, non-voting)

Anna Ziomek, MD (ex officio, non-voting)

Program Review Committee

Manitoba Quality Assurance Program

- ▶ Provincial accreditation agency
- ▶ Responsible for assuring the quality and safety of diagnostic services
- ▶ MANQAP's role is to provide standards, inspect diagnostic facilities, and monitor compliance for accreditation
- ▶ MANQAP is part of the Western Canadian Diagnostic Accreditation Alliance which includes Alberta and Saskatchewan

Program Review Committee

	Laboratory Medicine (Includes Patient Service Centres and Transfusion Medicine)	Diagnostic Imaging (Includes Radiology, Ultrasound, Computed Tomography and MRI)
As at 31 March 2020		
Total number of Facilities	199	164
Full Accreditation	157	141
Conditional Accreditation	14	17
Temporary Accreditation	12	6
In process of obtaining Accreditation	16	0

- 1) In addition, there are also 15 pieces of mammography equipment that currently have full accreditation
- 2) Due to the COVID-19 pandemic, 16 of the facilities noted above were temporarily closed in March 2020
- 3) Due to COVID-19 pandemic, 2 mammography facilities suspended services in March 2020
- 4) Due to the COVID-19 pandemic some facilities for which their accreditation was about to expire, were granted temporary accreditation in order to allow them to continue to provide diagnostic services.

Program Review Committee

Activity from 1 April 2019 to 31 March 2020

	Laboratory Medicine (Includes Patient Service Centres and Transfusion Medicine)	Diagnostic Imaging (Includes Radiology, Ultrasound, Computed Tomography and MRI)
Number of Accreditation Inspections	27	40
Number of Inspection to open a facility	5	6

Program Review Committee

- ▶ **Accredits Non-Hospital Medical/Surgical Facilities that are not government owned and/or operated that perform procedural sedation. Examples are surgery centres, dermatology facilities, assisted reproduction and abortion facilities**
- ▶ **One Non-Hospital Medical/Surgical Facility Review took place between May 1, 2019 and April 30, 2020**
- ▶ **Review of several patient outcomes from accredited facilities were undertaken**

Quality Improvement Committee

Quality Improvement Committee

Committee Members

Christine Polimeni, MD, Chair

Alewyn Vorster, MB ChB

Dorothy Albrecht (Public Councillor)

Boshra Hosseini, MD

Richard Leicht, MD

Shannon Prud'homme, MD

Ira Ripstein, MD (ex officio non-voting)

Jacobi Elliott, MB ChB (ex officio non-voting)

Roger Suss, MD, Chair CSC (ex officio non-voting)

Quality Improvement Committee

Goals of Quality Improvement Program:

- ▶ to be meaningful to its members and the public
- ▶ to be educational in nature, collegial and non-invasive
- ▶ to promote quality improvement throughout the span of a member's career
- ▶ to fulfill the legal and ethical responsibility of the College
- ▶ to be reproducible, and comparable with other programs nationally

7 year cycle, peer review, off site chart reviews/multi-source feedback/onsite office visits, and action plan

Quality Improvement Committee

- ▶ Meeting dates: June 25, 2019; September 17, 2019; February 13, 2020; April 16, 2020 (Cancelled due to COVID-19 pandemic)
- ▶ Updates of program policies and procedures. Discussion around new policies under development.
- ▶ 7 files reviewed/under review for practice concerns. 1 file referred to Central Standards Committee for non-compliance with program requirements
- ▶ Program activity to date – 453 participants initiated since January 2019, 100 deferred, 189 have completed their process
- ▶ Program activities suspended mid March due to COVID-19 pandemic