

## AGENDA

Virtual Meeting via Zoom

Time		Item		Action		Page #
5 min	5:00 pm	1.	Opening Remarks		Dr. Ripstein	
0 min	5:05 pm	2.	Agenda	Approval	Dr. Ripstein	
0 min	5:05 pm	3.	Call for Conflict of Interest		Dr. Ripstein	
5 min	5:10 pm	4.	AGM Minutes June 19, 2020 - <b>Correction</b> <b>AGM not Council Meeting</b>	Approval	Dr. Ripstein	5
5 min	5:15 pm	5.	Financial Statements i. Summary ii. CPSM Financial Statements iii. Manitoba Quality Assurance Program iv. Child Health Standards and Maternal and Perinatal Health Standards Committee v. Substance Use & Addictions Program vi. Manitoba Practitioner Profile Program	Approval	Dr. Ripstein	9
0 min	5:15 pm	6.	Appointment of Auditors	Approval	Dr. Ripstein	63
5 min	5:20 pm	7.	Bylaw Amendments i. Accredited Facilities Bylaw	Approval	Dr. Ripstein	64
0 min	5:20 pm	8.	Election Results	Information	Dr. Ripstein	71

Time		Item		Action		Page #
40 min	5:20 pm	9.	Major Activities of CPSM A. Report from the Registrar i. Registration Report ii. Physician Health Program iii. Prescribing Practices Program Update iv. Information Technology v. Strategic Organizational Priorities vi. COVID -19 Pandemic Response by CPSM	Information	Dr. Ziomek	72
50 min	6:00 pm	10.	B. Committee Reports i. Executive Committee ii. Finance, Audit & Risk Management Committee iii. Complaints Committee iv. Investigation Committee v. Inquiry Committee vi. Central Standards Committee vii. Program Review Committee viii. Quality Improvement Committee  AGM Reports Slide Presentation	Information	Committee Chairs/CPSM Staff	83
10 min	6:50 pm	11.	President's Remarks/Transfer of Office		Dr. Ripstein	159
0 min	7:00 pm	12.	End Meeting		Dr. Ripstein	
2 hrs			Estimated time of sessions			



**150**  
YEARS  
1871-2021

## **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 19, 2020

A meeting of the Membership of The College of Physicians and Surgeons of Manitoba was held virtually on Friday, June 19, 2020 by Zoom from the College Office at 1661 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. Ira Ripstein.

**COUNCILLORS:**

Ms Leslie Agger, Public Councillor  
Ms Dorothy Albrecht, Public Councillor  
Dr. Brian Blakley, Winnipeg  
Dr. Kevin Convery, Morden  
Dr. Heather Domke, Winnipeg  
Dr. S. Jay Duncan, Brandon  
Dr. Jacobi Elliott, Grandview  
Mr. Allan Fineblit, Public Councillor  
Dr. Brent Kvern, Winnipeg (9:19)  
Dr. Ravi Kumbharathi, Winnipeg  
Dr. Daniel Lindsay, Selkirk  
Dr. Matthew MacDowell, Assoc. Member  
Ms Lynette Magnus, Public Councillor  
Dr. Wayne Manishen, Winnipeg  
Ms Marvelle McPherson, Public Councillor  
Ms Leanne Penny, Public Councillor  
Dr. Ira Ripstein, Winnipeg  
Dr. Nader Shenouda, Oakbank  
Dr. Eric Sigurdson, Winnipeg  
Dr. Heather Smith, Winnipeg  
Dr. Brett Stacey, Flin Flon  
Dr. Roger Süss, Winnipeg  
Dr. Alewyn Vorster, Treherne  
Dr. Anna Ziomek, Registrar

**REGRETS:**

Dr. Brian Postl, Winnipeg  
Dr. Josef Silha, Winnipeg

**MEMBERS:**

Dr. Karen Bullock Pries  
Dr. Garth Campbell  
Dr. Norman McLean  
Dr. Ainslie Mihalchuk  
Dr. Audrey Nguyen  
Dr. Charles Penner  
Dr. Christine Polimeni (9:07 am)  
Dr. Mary Jane Seager  
Dr. Marilyn Singer  
Ms Clara Wiese

**STAFF:**

Ms Kathy Kalinowsky, General Counsel  
Mr. Dave Rubel, Chief Operating Officer  
Ms Karen Sorenson, Executive Assistant  
Ms Erin Wilcosh, Administrative Assistant

**2. ADOPTION OF AGENDA**

IT WAS MOVED BY DR. BRIAN BLAKLEY, SECONDED BY DR. ERIC SIGURDSON:  
*CARRIED*

That the agenda be approved.

**3. ADOPTION OF MINUTES OF JUNE 21<sup>ST</sup>, 2019**

IT WAS MOVED BY DR. BRIAN BLAKLEY, SECONDED BY DR. ERIC SIGURDSON:  
*CARRIED*

That the minutes of June 21<sup>st</sup>, 2019 be accepted as presented.

**4. FINANCIAL STATEMENTS**

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

• Assets	\$10,093,328
• Liabilities	\$3,852,375
• Net Assets	\$6,240,953
• Revenues	\$8,475,112
• Expenses	\$7,991,998
• Net Income	\$ 483,114

All financial statements contained unqualified opinions from Deloitte LLP.

IT WAS MOVED BY DR. JACOBI ELLIOTT, SECONDED BY DR. STEPHEN J. DUNCAN:  
*CARRIED*

That the following audited financial statements for the fiscal year May 1, 2019 to April 30, 2020 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 Substance Use & Addictions Program
- CPSM Physician Public Register Program

**5. APPOINTMENT OF AUDITORS**

IT WAS MOVED BY DR. JACOBI ELLIOTT, SECONDED BY DR. ERIC SIGURDSON:  
*CARRIED*

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

## 6. BYLAW AMENDMENTS

IT WAS MOVED BY DR. JACOBI ELLIOTT, SECONDED BY DR. NADER SHENOUDA:

*CARRIED*

Membership approve the amendments as presented to the following:

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

## 7. ELECTION RESULTS

Congratulations were extended to the successful candidates in from the election that was conducted on May 25, 2020

- Eastman Electoral District – Dr. Nader Shenouda
- West Electoral District – Dr. Charles Penner
- Winnipeg Electoral District:
  - Dr. Norman McLean
  - Dr. Mary-Jane Seager
  - Dr. Roger Süß
- Regulated Associate Member – Dr. Audrey Nguyen

## 8. MAJOR ACTIVITIES OF THE COLLEGE

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

- Registration
- Prescribing Practices
- Information Technology
- Strategic Organizational Priorities
- COVID-19 Pandemic Response by CPSM

Annual reports were received from the following Committees:

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

**9. PRESIDENT'S REMARKS**

Dr. Ira Ripstein provided closing remarks.

There being no further business, the meeting ended at 9:54 a.m.

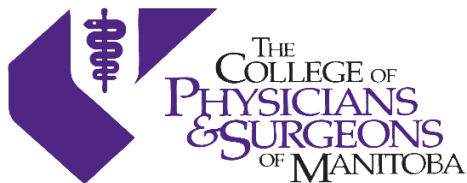
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Dr. I. Ripstein, President

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Dr. A. Ziomek, Registrar





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**ANNUAL GENERAL MEETING OF THE MEMBERSHIP  
JUNE 8, 2021  
NOTICE OF MOTION FOR APPROVAL**

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**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 26<sup>th</sup>, 2021 meeting, the Finance, Audit & Risk Management Committee approved recommending to Council acceptance of all CPSM audited financial statements for the fiscal year May 1, 2020 through April 30, 2021.

**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 8, 2021, DR. JACOBI ELLIOTT, CHAIRPERSON OF THE FINANCE, AUDIT AND RISK MANAGEMENT COMMITTEE, WILL MOVE THAT:**

The following financial statements for the fiscal year May 1, 2020 to April 30, 2021 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)

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

April 30, 2021

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## 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, 2021 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, 2021.

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

### Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian public sector accounting standards. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon. The summary financial statements and the audited financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial statements.

### The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated June 8, 2021.

### 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 8, 2021  
Winnipeg, Manitoba

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

As at April 30, 2021

	2021 \$	2020 \$
<b>Assets</b>		
Current assets		
Cash	4,331,607	4,070,094
Investments, maturing within one year	4,101,130	2,290,701
Accounts receivable and prepaid expenses	180,450	222,316
	<b>8,613,187</b>	6,583,111
Investments	1,117,270	2,779,686
Capital and intangible assets	834,157	730,531
	<b>10,564,614</b>	10,093,328
<b>Liabilities</b>		
Current liabilities		
Accounts payable and accrued liabilities	130,465	106,797
Accrued pre-retirement leave benefits	293,208	274,791
Accrued vacation	189,129	118,708
Deferred revenue	3,384,915	3,352,079
	<b>3,997,717</b>	3,852,375
<b>Net assets</b>		
Unrestricted	1,616,740	1,108,422
Invested in capital and intangible assets	834,157	730,531
Internally restricted	4,116,000	4,402,000
	<b>6,566,897</b>	6,240,953
	<b>10,564,614</b>	10,093,328

Approved on behalf of Council

\_\_\_\_\_, President

\_\_\_\_\_, Registrar

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

Year ended April 30, 2021

	<b>2021</b>	2020
	<b>\$</b>	<b>\$</b>
<b>Revenue</b>		
Physician and resident license fees	<b>6,025,030</b>	5,898,381
Educational register fees	<b>82,100</b>	91,975
Clinical assistant license fees	<b>34,950</b>	31,350
Physician assistant license fees	<b>41,100</b>	40,500
Medical corporation fees	<b>376,975</b>	370,461
Other fees and income	<b>442,463</b>	433,975
Interest income	<b>23,837</b>	82,413
Change in market value of investments	<b>205,268</b>	91,346
Government funded program revenue	<b>1,332,430</b>	1,434,711
	<b>8,564,153</b>	8,475,112
<b>Expenses</b>		
Governance	<b>140,797</b>	158,254
Qualifications	<b>1,103,633</b>	1,123,919
Complaints and investigations	<b>1,760,363</b>	1,703,150
Quality	<b>1,193,009</b>	1,121,329
Operations and general administration	<b>2,279,422</b>	2,131,378
Information technology	<b>347,050</b>	336,764
Government funded program expenses	<b>1,413,935</b>	1,417,204
	<b>8,238,209</b>	7,991,998
<b>Excess of revenue over expenses</b>	<b>325,944</b>	483,114

**The College of Physicians and Surgeons of Manitoba****Notes to the summary financial statements**April 30, 2021

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**1. Basis of presentation**

Management has prepared the summary financial statements from the Organization's April 30, 2021 audited financial statements. The complete financial statements, including notes to the financial statements and the independent auditor's report, are available upon request by contacting the Organization's office.

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Financial statements of  
The College of Physicians and  
Surgeons of Manitoba

April 30, 2021

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Independent Auditor's Report	1-2
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Statement of operations	4
Statement of changes in net assets	5
Statement of cash flows	6
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Schedule 1 – Programs administered by the College	13
Schedule 2 – Programs expenses by nature	14

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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, 2021, 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, 2021, 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.

### 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 8, 2021  
Winnipeg, Manitoba

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

As at April 30, 2021

	2021 \$	2020 \$
<b>Assets</b>		
Current assets		
Cash	4,331,607	4,070,094
Investments, maturing within one year (Note 3)	4,101,130	2,290,701
Accounts receivable	13,165	10,992
Prepaid expenses	167,285	211,324
	<b>8,613,187</b>	6,583,111
Investments (Note 3)	1,117,270	2,779,686
Capital assets (Note 4)	187,019	147,342
Intangible assets (Note 5)	647,138	583,189
	<b>10,564,614</b>	10,093,328
<b>Liabilities</b>		
Current liabilities		
Accounts payable and accrued liabilities	130,465	106,797
Accrued pre-retirement leave benefits (Note 6)	293,208	274,791
Accrued vacation	189,129	118,708
Deferred program revenue (Schedule 1)	221,195	240,834
Deferred member dues revenue	3,163,720	3,111,245
	<b>3,997,717</b>	3,852,375
Contingencies (Note 8)		
Commitments (Note 9)		
<b>Net assets</b>		
Unrestricted	1,616,740	1,108,422
Invested in capital and intangible assets	834,157	730,531
Internally restricted (Note 10)	4,116,000	4,402,000
	<b>6,566,897</b>	6,240,953
	<b>10,564,614</b>	10,093,328

Approved on behalf of Council

\_\_\_\_\_, President

\_\_\_\_\_, Registrar

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

Year ended April 30, 2021

	2021 \$	2020 \$
<b>Revenue</b>		
Physician and resident license fees	6,025,030	5,898,381
Educational register fees	82,100	91,975
Clinical assistant license fees	34,950	31,350
Physician assistant license fees	41,100	40,500
Medical corporation fees	376,975	370,461
Other fees and income	442,463	433,975
Interest income	23,837	82,413
Change in market value of investments	205,268	91,346
Government funded program revenue ( <i>Schedule 1</i> )	1,332,430	1,434,711
	<b>8,564,153</b>	<b>8,475,112</b>
<b>Expenses (<i>Schedule 2</i>)</b>		
Governance	140,797	158,254
Qualifications	1,103,633	1,123,919
Complaints and investigations	1,760,363	1,703,150
Quality	1,193,009	1,121,329
Operations and general administration	2,279,422	2,131,378
Information technology	347,050	336,764
Government funded program expenses ( <i>Schedule 1</i> )	1,413,935	1,417,204
	<b>8,238,209</b>	<b>7,991,998</b>
<b>Excess of revenue over expenses</b>	<b>325,944</b>	<b>483,114</b>

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

Year ended April 30, 2021

	Unrestricted \$	Invested in capital assets \$	Internally restricted \$	2021 \$
<b>Net assets, beginning of year</b>	<b>1,108,422</b>	<b>730,531</b>	<b>4,402,000</b>	<b>6,240,953</b>
Excess (deficiency) of revenue over expenses	560,303	(234,359)	-	325,944
Purchase of capital and intangible assets	(337,985)	337,985	-	-
Transfer to internally restricted	286,000	-	(286,000)	-
<b>Balance, end of year</b>	<b>1,616,740</b>	<b>834,157</b>	<b>4,116,000</b>	<b>6,566,897</b>

	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 from internally restricted	(291,000)	-	291,000	-
<b>Balance, end of year</b>	<b>1,108,422</b>	<b>730,531</b>	<b>4,402,000</b>	<b>6,240,953</b>

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

Year ended April 30, 2021

	2021 \$	2020 \$
<b>Operating activities</b>		
Excess of revenue over expenses	325,944	483,114
Items not affecting cash:		
Change in market value of investments	(205,268)	(91,346)
Amortization of capital assets and intangible assets	234,359	256,698
	355,035	648,466
Changes in non-cash operating working capital items:		
Accounts receivable	(2,173)	(7,525)
Prepaid expenses	44,039	62,950
Accounts payable	23,668	(12,235)
Accrued pre-retirement leave benefits	18,417	(27,166)
Accrued vacation	70,421	16,368
Deferred revenue	32,836	244,350
	542,243	925,208
<b>Investing activities</b>		
Redemption of investments, net	57,255	534,852
Purchase of capital assets	(98,277)	(87,658)
Purchase of intangible assets	(239,708)	—
	(280,730)	447,194
Net increase in cash position	261,513	1,372,402
Cash, beginning of year	4,070,094	2,697,692
<b>Cash, end of year</b>	<b>4,331,607</b>	<b>4,070,094</b>

**The College of Physicians and Surgeons of Manitoba**  
**Notes to the financial statements**  
 April 30, 2021

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**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 1<sup>st</sup> to October 31<sup>st</sup>, 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 represent the member application software, electronic document and records management system, and other software which are being amortized on a straight-line basis over 5 years.

**The College of Physicians and Surgeons of Manitoba**  
**Notes to the financial statements**  
April 30, 2021

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**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 publicly 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, 2021 (2020 - \$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, 2021

**3. Investments**

	2021 \$	2020 \$
Portfolio of bonds and other fixed rate investments, bearing effective interest rates between 0.45% and 2.70% with maturity dates between December 2021 and March 2022	<b>4,101,130</b>	4,067,017
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	<b>1,117,270</b>	1,003,370
	<b>5,218,400</b>	5,070,387
Less: investments maturing within 12 months	<b>(4,101,130)</b>	(2,290,701)
	<b>1,117,270</b>	2,779,686

**4. Capital assets**

	Cost \$	Accumulated amortization \$	2021 Net book value \$
Computer equipment	<b>800,076</b>	<b>691,381</b>	<b>108,695</b>
Office equipment	<b>468,292</b>	<b>389,968</b>	<b>78,324</b>
Leasehold improvements	<b>239,434</b>	<b>239,434</b>	—
	<b>1,507,802</b>	<b>1,320,783</b>	<b>187,019</b>

	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	—
	<b>1,409,525</b>	<b>1,262,183</b>	<b>147,342</b>

**The College of Physicians and Surgeons of Manitoba**  
**Notes to the financial statements**  
 April 30, 2021

**5. Intangible assets**

	<b>Cost</b>	<b>Accumulated amortization</b>	<b>2021 Net book value</b>	<b>2020 Net book value</b>
	\$	\$	\$	\$
Member application software	<b>878,793</b>	<b>471,363</b>	<b>407,430</b>	583,189
Software under development	<b>239,708</b>	—	<b>239,708</b>	—
	<b>1,118,501</b>	<b>471,363</b>	<b>647,138</b>	583,189

Amortization of \$175,759 (2020 - \$175,759) related to intangible assets is included in current year excess of revenue over expenditures. No amortization was taken on software under development during the year; it will be amortized over its estimated useful life once the software has been put into use.

**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 \$310,868 (2020 - \$301,307).

**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, 2021, management believes that the 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, 2021. 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 \$420,000 (2020 - \$800,000) has been internally restricted which is based on adjusted estimates according to the recent historical cost analysis performed by the Organization.

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.

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

April 30, 2021

**9. Commitments**

The Organization has renewed the lease for its office space which was set to expire on July 31, 2021. The new lease, which includes an additional 4,064 square feet of space, is for 10 years and 3 months commencing on August 1, 2021 and ending on October 31, 2031. The total lease payments relating to the basic rent through to October 31, 2031 are \$2,438,978 with the payments over the next 5 years being as follows:

	\$
2022	145,795
2023	233,205
2024	233,205
2025	233,205
2026	233,205

The Organization has also entered into an equipment lease which expires in November 2023 and has minimum lease payments as follows:

	\$
2022	9,767
2023	9,767
2024	5,674
	<u>25,208</u>

**10. Internally restricted net assets**

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

	2021 \$	2020 \$
Reserve for wind-up costs	<b>3,196,000</b>	3,102,000
Reserve for potential inquiry costs	<b>420,000</b>	800,000
Reserve for IT projects	<b>500,000</b>	500,000
	<b><u>4,116,000</u></b>	<u>4,402,000</u>

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

April 30, 2021

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

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 Organization is exposed to interest rate cash flow risk with respect to interest bearing investments. As at April 30, 2021, the Organization holds \$5,184,226 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. COVID-19**

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.

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

For the year ended April 30, 2021

					2021	2021	2020	2020
	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	53,521	153,000	206,521	17,279	189,242	189,242	189,516	189,516
Manitoba Quality Assurance Program (MANQAP)	184,371	889,791	1,074,162	200,920	873,242	873,242	905,716	905,716
Manitoba Physician Public Register Program	(8,847)	15,000	6,153	(8,793)	14,946	14,946	16,170	16,170
Clinical Privileges Program	-	-	-	-	-	-	17,507	-
Substance Use and Addictions Program (SUAP)	11,789	255,000	266,789	11,789	255,000	336,505	305,802	305,802
	240,834	1,312,791	1,553,625	221,195	1,332,430	1,413,935	1,434,711	1,417,204

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

For the year ended April 30, 2021

	Governance	Qualifications	Complaints and Investigations	Quality	Operations and General Administration	Information Technology	Government- Funded Programs	2021	2020
	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>Employee costs</b>	2,700	702,819	1,262,370	868,213	1,891,525	298,952	899,100	5,925,679	5,514,556
<b>Committee meetings</b>	104,335	13	61,217	25,456	10,311	-	22,095	223,427	402,861
<b>Professional fees</b>	21,240	29,564	38,560	80,342	28,977	-	279,117	477,800	445,339
<b>Service fees</b>	12,037	-	1,875	9,430	6,198	163,918	-	193,458	190,096
<b>Legal</b>	-	16,637	95,380	-	13,868	-	-	125,885	141,303
<b>Building and occupancy costs</b>	-	4,344	3,787	2,825	360,899	739	71,349	443,943	426,977
<b>Office</b>	485	147,937	28,170	11,762	192,537	222,796	9,971	613,658	614,168
<b>Amortization</b>	-	-	-	-	14,638	219,721	-	234,359	256,698
	140,797	901,314	1,491,359	998,028	2,518,953	906,126	1,281,632	8,238,209	7,991,998
<b>Allocated expenditures</b>	-	202,319	269,004	194,981	(239,531)	(559,076)	132,303	-	-
<b>Total expenditures</b>	140,797	1,103,633	1,760,363	1,193,009	2,279,422	347,050	1,413,935	8,238,209	7,991,998

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

April 30, 2021

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## 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 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, 2021 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, 2021, and the results of its operations for the year then ended in accordance with the financial reporting provisions of the agreement effective April 1, 2020 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.

### 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 9, 2021  
Winnipeg, Manitoba

**The College of Physicians & Surgeons of Manitoba**  
 Manitoba Quality Assurance Program (MANQAP)  
**Statement of financial position**  
 As at April 30, 2021

	<b>2021</b>	2020
	<b>\$</b>	<b>\$</b>
<b>Assets</b>		
Current		
Cash	<b>200,920</b>	184,371
	<b>200,920</b>	184,371
<b>Liabilities</b>		
Current		
Deferred program revenue	<b>200,920</b>	184,371
<b>Net assets</b>		
Unrestricted	-	-
	-	-

Approved on behalf of Council

\_\_\_\_\_, President

\_\_\_\_\_, 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, 2021

	2021 Budget \$ (unaudited)	2021 Actual \$	2020 Actual \$
<b>Revenue</b>			
Manitoba Health	881,000	<b>864,451</b>	877,166
Other - Private laboratory survey	-	<b>8,791</b>	28,550
	<b>881,000</b>	<b>873,242</b>	905,716
<b>Expenses</b>			
Employee costs	632,475	<b>614,512</b>	649,796
Committee meetings	23,440	<b>9,376</b>	18,098
Professional fees	84,665	<b>106,034</b>	92,805
Building and occupancy costs	56,907	<b>58,723</b>	57,025
Office expenses	4,228	<b>4,662</b>	5,654
Overhead	80,172	<b>79,935</b>	82,338
	<b>881,887</b>	<b>873,242</b>	905,716
<b>Excess of revenues over expenses</b>	(887)	-	-
Net assets, beginning of year	-	-	-
<b>Net assets, end of year</b>	<b>(887)</b>	<b>-</b>	<b>-</b>

## The College of Physicians and Surgeons of Manitoba

Manitoba Quality Assurance Program (MANQAP)

### Notes to the financial statements

April 30, 2021

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## 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 publicly 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 statements**April 30, 2021

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**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.

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

April 30, 2021

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## 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 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, 2021 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, 2021, and the results of its operations for the year then ended in accordance with the financial reporting provisions of the agreement effective April 1, 2020 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.

### 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 9, 2021  
Winnipeg, Manitoba

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

Maternal/Child Quality Assurance Program

**Statement of financial position**

As at April 30, 2021

	2021 \$	2020 \$
<b>Asset</b>		
Current		
Cash	<b>17,279</b>	53,521
<b>Liabilities</b>		
Current		
Deferred program revenue	<b>17,279</b>	53,521
<b>Net assets</b>	<b>—</b>	<b>—</b>
Unrestricted	<b>17,279</b>	53,521

Approved on behalf of Council

\_\_\_\_\_, President

\_\_\_\_\_, 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, 2021

	<b>2021 Actual \$</b>	<b>2020 Actual \$</b>
<b>Revenue</b>		
Manitoba Health	<b>189,242</b>	189,516
<b>Expenses</b>		
Employee costs	<b>78,465</b>	78,454
Committee meetings	<b>7,030</b>	20,374
Professional fees	<b>81,145</b>	67,865
Building and occupancy costs	<b>4,258</b>	4,161
Office expenses	<b>1,140</b>	1,433
Overhead	<b>17,204</b>	17,229
	<b>189,242</b>	189,516
<b>Excess of revenues over expenses</b>	-	-
Net assets, beginning of year	-	-
<b>Net assets, end of year</b>	-	-

## The College of Physicians and Surgeons of Manitoba

Maternal/Child Quality Assurance Program

### Notes to the financial statements

April 30, 2021

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## 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 statements**April 30, 2021

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**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.

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

April 30, 2021

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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

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## 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, 2021 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, 2021, 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.

### 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.

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

Substance Use and Addictions Program (SUAP)

**Notes to the financial statements**April 30, 2021

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**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 8, 2021

Winnipeg, Manitoba

**The College of Physicians & Surgeons of Manitoba**

Substance Use and Addictions Program (SUAP)

**Statement of financial position**

As at April 30, 2021

	2021 \$	2020 \$
<b>Asset</b>		
Current		
Cash	11,789	11,789
	<b>11,789</b>	<b>11,789</b>
<b>Liability</b>		
Current		
Deferred program revenue	11,789	11,789
Cash deficiency	163,652	82,147
	<b>175,441</b>	93,936
<b>Net deficit</b>		
Unrestricted	(163,652)	(82,147)
	<b>11,789</b>	<b>11,789</b>

Approved on behalf of Council

\_\_\_\_\_, President

\_\_\_\_\_, Registrar

**The College of Physicians & Surgeons of Manitoba**

Substance Use and Addictions Program (SUAP)

**Statement of program operations and changes in net deficit**

Year ended April 30, 2021

	<b>2021</b>	2020
	<b>\$</b>	<b>\$</b>
<b>Revenue</b>		
Manitoba Health	<b>255,000</b>	305,802
<b>Expenses</b>		
Employee costs	<b>193,235</b>	164,415
ORT Training expenses	<b>96,927</b>	102,609
Building and occupancy costs	<b>8,368</b>	8,132
Office expenses	<b>4,169</b>	2,846
Overhead	<b>33,806</b>	27,800
	<b>336,505</b>	305,802
<b>Deficiency of revenues over expenses</b>	<b>(81,505)</b>	—
Net deficit, beginning of year	<b>(82,147)</b>	(82,147)
<b>Net deficit, end of year</b>	<b>(163,652)</b>	(82,147)

## The College of Physicians and Surgeons of Manitoba

Substance Use and Addictions Program (SUAP)

### Notes to the financial statements

April 30, 2021

## 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 statements**April 30, 2021

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**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.

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

April 30, 2021

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Statements of financial position	3
Statements of program operations and changes in net assets	4
Notes to the financial statements	5-6

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## 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 Manitoba 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, 2021 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, 2021, and the results of its operations for the year then ended in accordance with the financial reporting provisions of the agreement effective April 1, 2020 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.

### 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 9, 2021  
Winnipeg, Manitoba

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

Manitoba Physician Public Register Program

**Statement of financial position**

April 30, 2021

	<b>2021</b>	2020
	<b>\$</b>	<b>\$</b>
<b>Assets</b>		
Current		
Receivable - Government Program	<b>8,793</b>	8,847
	<b>8,793</b>	8,847
<b>Liabilities</b>		
Current		
Cash deficiency	<b>8,793</b>	8,847
	<b>8,793</b>	8,847
<b>Net assets</b>		
Unrestricted	<b>—</b>	—
	<b>8,793</b>	8,847

Approved on behalf of Council

\_\_\_\_\_, President

\_\_\_\_\_, Registrar

**The College of Physicians and Surgeons of Manitoba**  
 Manitoba Physician Public Register Program  
**Statement of program operations and changes in net assets**  
 Year ended April 30, 2021

	<b>2021</b>	2020
	<b>\$</b>	<b>\$</b>
<b>Revenue</b>		
Manitoba Health	<b>14,946</b>	16,170
<b>Expenses</b>		
Employee costs	<b>12,887</b>	14,000
Professional fees	<b>700</b>	700
Overhead	<b>1,359</b>	1,470
	<b>14,946</b>	16,170
<b>Excess of revenues over expenses</b>	-	-
Net assets, beginning of year	-	-
<b>Net assets, end of year</b>	-	-

# The College of Physicians and Surgeons of Manitoba

Manitoba Physician Public Register Program

## Notes to the financial statements

April 30, 2021

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### 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 Manitoba 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 publicly 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 Physician Public Register Program

**Notes to the financial statements**April 30, 2021

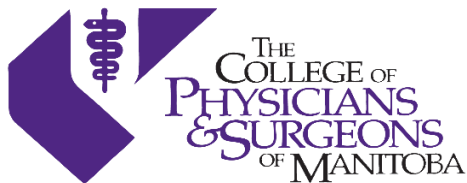
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**2. Significant accounting policies (*continued*)***d) Use of estimates*

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.



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**ANNUAL GENERAL MEETING OF THE MEMBERSHIP**  
**JUNE 8, 2021**  
**NOTICE OF MOTION FOR APPROVAL**

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**SUBJECT:**

Appointment of the Auditor

**BACKGROUND:**

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

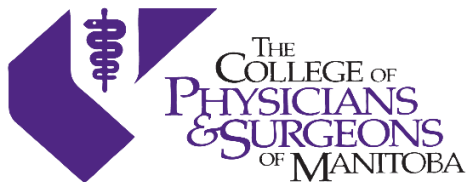
Deloitte LLP is in the second year of a 5-year agreement with CPSM as external auditors. Like last year, their audit process had to be revised to accommodate COVID-19, Deloitte successfully completed the audits for this fiscal year ending April 30, 2021.

The Finance, Audit and Risk Management Committee recommend that Deloitte LLP be appointed as the auditor for 2021/2022.

**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 8, 2021, DR. JACOBI ELLIOTT, CHAIR OF THE FINANCE, AUDIT AND RISK MANAGEMENT COMMITTEE, WILL MOVE THAT:**

Council approve Deloitte LLP be appointed as auditors for all CPSM accounts in the forthcoming fiscal year 2021/2022 as recommended by the Finance, Audit and Risk Management Committee.



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**ANNUAL GENERAL MEETING OF THE MEMBERSHIP  
JUNE 8, 2021  
NOTICE OF MOTION FOR APPROVAL**

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**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.

The only bylaw that was amended in the past year was the Accredited Facilities Bylaw. A significant update was undertaken.

A Review of the Criteria for Facilities that require CPSM Accreditation was a Strategic Organizational Priority set by Council. CPSM has the statutory power to make bylaws accrediting facilities and the diagnostic or treatment procedures that may be performed at a facility. As per the legislation, this applies to any facility in which a registrant performs or causes to be performed diagnostic or treatment services, such as a non-hospital medical or surgical facility or a nuclear medicine facility, other than a hospital of health care facility operated by the government.

The Working Group recommended the Bylaw be re-written to improve procedures and enhance patient safety. The recommended amendments were circulated to the registrants, stakeholders, and public to review. Feedback has been incorporated.

The Working Group met and provided their final recommendation to approve the Accredited Facilities Bylaw amendments. Council approved the amendments to the Bylaw at its meeting in December, 2020. Any change to the Bylaw requires ratification by the membership at the Annual General Meeting.

Attached are two copies of the Accredited Facilities Bylaw, one is a clean copy and one is a tracked changes copy.

To assist you in reviewing the changes, below are the main changes to the Accredited Facilities Bylaw recommended by the Working Group:



## Main Changes to the Accredited Facilities Bylaw

### 1 – Criteria for Accreditation by CPSM

The current criteria for accreditation is only for facilities engaging in procedures that require procedural sedation. The new criteria is:

- 13.1. Part B of this Bylaw applies to all non-hospital medical or surgical facilities, subject to section 183 of the RHPA, and not included in Part A of this Bylaw. All non-hospital medical or surgical facilities in which procedures that have a sufficient risk of potential harm to a patient must apply for, obtain, and maintain accreditation from CPSM prior to providing any such diagnostic or treatment services or procedures.*
- 13.2. The criteria for assessing sufficient risk of potential harm to a patient include:*
- 13.2.1. Level of anesthesia and/or sedation*
  - 13.2.2. Need for medical device reprocessing (infection risk)*
  - 13.2.3. Complexity of procedure and risk of complications*

### 2 – Procedures With Anesthesia and Certain Sedation to Require Accreditation by CPSM

Rather than just the current procedural anesthesia, this has been expanded to include other forms of anesthesia:

- 13.1.1. Any procedure that is carried out or should be carried out in accordance with generally accepted standards of care with the concurrent use of procedural or oral sedation including for patient comfort (pain and/or anxiety); See definitions of procedural and oral sedation in Article 13.*
- 13.1.2. Any procedure that requires general anaesthesia, See definition of general anaesthesia; or*

***“Oral sedation”** means an altered state or depressed state of awareness or perception of pain brought about by pharmacologic agents and which is accompanied by varying degrees of depression of respiration and protective reflexes in which verbal contact with the patient can be maintained. This is specific to the use of oral medication alone. An example may include oral dosing of opioids and/or benzodiazepines that produce the above states.*

***“procedural sedation”** means an altered or depressed state of awareness or perception of pain brought about by pharmacologic agents and which is accompanied by varying degrees of depression of respiration and protective reflexes in which verbal contact with the patient can be maintained, and*

- i. includes, but is not limited to, the use of any IV or intra-muscular agent for this purpose; and*
  - ii. requires the monitoring of vital signs,*
- but does not include the use of oral pre-medication alone or in combination with local anaesthesia. No distinction is made between light and deep procedural sedation for credentialing or monitoring purposes.*

**3 – Deep, Major, and Complicated Procedures to Require Accreditation by CPSM**

This section is all new.

*13.3.3.i. deep, major, and complicated procedures that may require more resources than are commonly available in a medical office. Surgeons should make decisions as to the appropriate location for these surgical procedures in accordance with the resources necessary for unexpected complications and with generally accepted standards of care. These procedures may include:*

- 13.3.3.i.a. resection of a deep, major or complicated lesion;*
- 13.3.3.i.b. surgical and diagnostic procedures with risk of bleeding from major vessels, gas embolism, perforation of internal organs, and other life-threatening complications or requiring sterile precautions to prevent blood borne deep closed cavity or implant-related infections;*

**4 – Specific Procedures to Require Accreditation by CPSM**

This section is all new.

- 13.3.3.ii. flexible endoscopic evaluation of the gastrointestinal or genitourinary tract;
- 13.3.3.iii. assisted reproduction technology, uterine evacuation procedures, and hysteroscopy;
- 13.3.3.iv. cataracts and retinal procedures;
- 13.3.3.v. Lasik therapeutic procedures;
- 13.3.3.vi. the use of drugs by injection which are intended or may induce a major nerve block or spinal, epidural or intravenous regional block;
- 13.3.3.vii. any tumescent liposuction procedure involving the administration of dilute local anesthesia;
- 13.3.3.viii. hair transplantation;
- 13.3.3.ix. venous sclerotherapy;
- 13.3.3.x. hyperbaric oxygen therapy;
- 13.3.3.xi. hemodialysis; or
- 13.3.3.xii. any procedure that the Committee directs, which must be performed in an approved, non-hospital medical or surgical facility, in order to meet the minimum acceptable standard of care for that procedure.

**5 – Insertion of a New Provision for Standard of Care**

*22.1. An accredited facility and those members performing procedures must meet appropriate standards for the quality and safety of those treatments and procedures performed in that facility. To receive and maintain accredited status, a facility must:*

- 22.1.1. demonstrate compliance with appropriate standards for quality and safety of treatments and procedures performed;*
- 22.1.2. provide patient care in a manner consistent with good medical care as defined in the CPSM Standards of Practice Regulation and elaborated on in the Standards of Practice, Practice Directions, and Code of Ethics and Professionalism; and*
- 22.1.3. engage in ongoing processes of self-review and quality improvement.*

**6 – Facility Accreditation Process**

Article 15 sets out the process and rules for applying and receiving accreditation of an accredited facility.

**7 – New Manner to Grant Privileges**

Privileges can be granted by the Medical Director of an Accredited Facility if the privileges are the same as the member holds in Shared Health or a Regional Health Authority.

If the member does not hold privileges at either, then Shared Health will be asked to undertake an assessment of the member's competence and then CPSM's Program Review Committee will decide. The Working Group considered Shared Health to be the provincial body with the most knowledge to assess credentials, and CPSM did not have this expertise to perform such an in-depth assessment. See Article 21.

**8 – Rules for Anesthesia and Other Patient Care Expanded**

The Working Group originally recommended only those patients with ASA I and II have procedures performed in accredited facilities, and not those at ASA III as is permitted currently.

Several accredited facilities provided feedback advising of their extensive experience in providing safe care to ASA III patients, particularly those patients who due to obesity would be ASA III. Excluding ASA III patients would be particularly problematic for the Lasik clinics, and other eye procedures, where there is limited capacity in the hospitals for many eye procedures and many insured services for eyes are undertaken by contract with the health authority to be performed in an accredited facility. Assisted reproductive technologies are not provided in hospitals in Manitoba and excluding ASA III patients would mean many would not have access to this treatment in the province.

In the interest of patient safety, certain procedures could be limited to ASA I and II patients at facilities as part of the accreditation approval process of that facility.

Accordingly, the Working Group considered it appropriate for anesthesia risk level III patients to continue to undergo procedures in CPSM accredited facilities on an overall basis.

#### *Anesthetic Care*

- 23..1. All patients proposed to undergo anaesthesia in a facility must be assigned an American Society of Anaesthesia risk score and only patients with ASA I, II and III Risk scores may have a procedure performed unless otherwise indicated in the accreditation approval.*

### **9 – Anesthesiology in Dental Clinics**

CPSM members provide anesthesiology services in dental clinics for dentists performing dental surgery. These dental clinics are not CPSM accredited facilities, but they are accredited by the Manitoba Dental Association. A CPSM registered anesthesiologist accompanies the Manitoba Dental Association on its accreditation inspections and audits and plays a formal role in their accreditation process. The bylaw is recommended to include the provisions that CPSM members providing anesthesiology services for dentists must comply with the Pharmacologic Behaviour Management Bylaw of the Manitoba Dental Association. See Article 13.4

### **10 – Day Procedures**

The Working Group considered it important that the accredited facilities be confined to day surgeries and not become full hospitals as they cannot provide full hospital care.

- 23.3. A member shall not perform a procedure in an accredited facility unless the procedure is one that should safely allow the discharge of a patient from medical care in the facility within 23 hours of the day cycle (no overnight).*

### **11 – Role of Medical Director**

The role of the medical director was clarified and expanded to ensure one member was responsible for the accredited facility.

- 25.1 The facility shall appoint a medical director, who is a member acceptable to the committee, and who must:*
- 25.1.1 enforce the standards of care in the facility, which include the safe and effective care of patients in the facility;*
  - 25.1.2 be responsible for the administration of the facility; and*
  - 25.1.3 provide required reporting to CPSM.*

See Article 25 for the detailed list of the roles and responsibilities of the medical director under these three categories.

## **12 - Annual Reporting Requirements**

The annual reporting requirements were enhanced and streamlined to provide value and concentrate on patient safety. Many of these requirements are now comparable to other jurisdictions and enhance the value of regulating the accredited facilities. See Article 27.

## **PUBLIC INTEREST RATIONALE**

“A College must carry out its mandate, duties, and powers and govern its members in a manner that serves and protects the public interest.” s. 10(1) RHPA

All priorities are firmly within the public interest by improving patient safety by fulfilling CPSM’s mandate and enhancing the quality of care by physicians. Each priority has its own public interest rationale.

The first decision of the Working Group was to require accreditation based on procedures that have a sufficient risk of potential harm to a patient. The second decision was to define sufficient risk of potential harm to a patient as being based upon the level of anesthesia/sedation, medical device reprocessing (infection risk), and complexity of procedure and risk of complications. The third decision was to list the actual procedures. Each decision is based on risk of potential harm to a patient which ensures public interest (patient safety) is paramount in decision-making.

Other decisions such as who can perform these procedures (granting privileges) ensures that those in the province most knowledgeable with both the procedures and with the required knowledge, skills, and judgment exercise the greatest power (through Shared Health granting privileges or making an assessment for CPSM’s Program Review Committee). This heightens patient safety by having only those duly qualified by an external expert body perform such procedures.

The number of facilities performing procedures of an elevated risk and therefore requiring accreditation and regulation will increase, thereby enhancing patient safety.

## **Accredited Facilities Bylaw**

Access to the bylaw incorporating these amendments can be found at this link.

**[Accredited Facilities](#) - to become Effective June 9, 2021**

**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 8, 2021, DR. JACOBI ELLIOTT, PRESIDENT-ELECT WILL MOVE THAT:**

The Membership approve amendments to the [Accredited Facilities Bylaw](#) as linked.



**150**  
YEARS  
1871-2021

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**ANNUAL GENERAL MEETING – JUNE 8, 2021**  
**FOR INFORMATION**

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**SUBJECT:** Associate Member Election 2021

**BACKGROUND:**

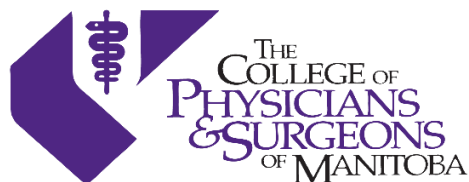
Section 8 of the Affairs of the College Bylaw states:

**Election for Regulated Associate Members**

8. Commencing in 2019 and continuing annually thereafter there must be an election for one Councillor from the regulated associate members.

The election commenced in March 2021 and the outcome was Mr. Chris Barnes was elected as Associate Member Councillor for the 2021-2022 fiscal year.

Mr. Christopher Barnes has been a Physician Assistant for 5 years and in healthcare for over 20 years. His term starts at the completion of the AGM on June 8<sup>th</sup>.




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**ANNUAL GENERAL MEETING OF THE MEMBERSHIP**  
**JUNE 8, 2021**  
**ITEM FOR INFORMATION**

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## Major Activities of CPSM

### Report from the Registrar

#### Registration Department Update

##### Certificates of Registration Issued

During the period 1 May 2020 to 30 April 2021, 234 persons were issued registration and a full Certificate of Practice.

#### Medical Practitioners Granted Registration and Full Certificate of Practice Annually in Manitoba 2012 - 2021 with Country of Qualification

Year	Man	Can	USA	UK&I	Eur	Asia	Aust	NZ	AfrC/S	Am	Total
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
2021	89	47	2	9	10	43	2	1	23	8	234
Total	629	422	22	71	110	340	36	3	176	68	1877
(10 Yr)											
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%
2021	37.7	19.9	0.8	3.8	4.2	18.2	0.8	0.4	9.7	3.4	100%

Percentages may not be exact due to rounding



## Number of Licensed Medical Practitioners in Manitoba 2012-2021

Year	Winnipeg	%	Outside Winnipeg	%	Totals	Net Gain Net Loss(-)
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
2021	2318	75.2	743	24.1	3083	54

The total of 3083 includes 66 residents with a full certificate. There is 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 Certificate of Practice	Total
2015	2695 53	2748
2016	2716 52	2768
2017	2778 46	2824
2018	2845 57	2902
2019	2915 67	2982
2020	2967 62	3029
2021	3017 66	3083

## 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.

### 2021

Medical Students	437
Physician Assistant Students	30
Postgraduate trainees	556
Total on Associate Register	1023
Full Certificate of Practice	66
TOTAL	1089

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 2021 (as a percentage)

	Winnipeg	Brandon	Rural	Other
	2318	148	595	22
% Man	55.52	28.4	42.5	63.64
Can	17.26	13.5	10.3	18.18
Total Canada	72.78	41.9	52.8	81.82
USA	0.56	0.68	0.34	0.0
UK & Ireland	2.9	2.0	5.5	4.55
Eur	3.4	4.0	2.7	0.0
Asia	12.5	33.8	24.5	13.64
Aust/NZ	0.7	1.3	.5	0.0
Afr	5.5	14.9	11.6	0.0
S.Am	1.9	1.4	1.9	0.0

Percentages may not be exact due to rounding.

### Percentage of Medical Practitioners in Manitoba As to Country of Qualification

	2021
Manitoba Graduates	51.8
Other Canadian Graduates	15.7
<b>TOTAL CANADA</b>	<b>67.5</b>
United Kingdom & Ireland	3.4
Asia	15.7
Other	13.5

### Geographic Distribution of Female Practitioners

	Winnipeg	Brandon	Rural	Total
1982	213	8	44	265
2020	866	48	230	1144
2021	895	51	225	1171

38.2% of physicians with a full certificate of practice are female. 38.9% of practitioners in Winnipeg are women, 34.5% in Brandon and 37.8% are in rural Manitoba. 35.3% of those with a resident certificate of practice are female.

### Ages of Doctors Residing in Manitoba as at 30 April 2021

	Winnipeg	Brandon	Rural	Other	Total
Over 70	142 (6.1)	8 (5.41)	25 (4.2)	1 (4.55)	176 (5.7)
65 - 70	217 (9.36)	15 (10.14)	42 (7.0)	5 (22.73)	259 (9.05)
56 - 64	445 (19.2)	36 (24.3)	89 (15)	3 (13.64)	573 (18.6)
46 - 55	627 (27)	45 (30.4)	149 (25)	1 (4.55)	822 (26.7)
36 - 45	627 (27)	33 (22.3)	184 (31)	9 (40.91)	853 (27.7)
31 - 35	228 (9.8)	10 (6.8)	95 (16)	3 (13.64)	336 (11)
30 or under	32 (1.4)	1 (0.7)	11 (1.9)	0 (0.0)	44 (1.4)

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

### Specialist Register

There were 1555 specialists enrolled on the Specialist Register as at 30 April 2021.

**Certificates of Professional Conduct (COPC)**

During the period 1 May 2020 to 30 April 2021, 710 COPCs were issued. These are usually required for the purposes of obtaining registration in another jurisdiction.

<b>Provincial Licensing Bodies:</b>	<b>2021</b>
British Columbia	172
Alberta	111
Saskatchewan	19
Ontario	87
Quebec	3
Prince Edward Island	5
New Brunswick	10
Nova Scotia	18
Newfoundland/Labrador	9
Northwest Territories	8
Nunavut	7
Yukon	3
Australia & New Zealand	3
Overseas/Other	17
U.S.A.	29
CFPC	44
Provincial Medical Administrative Office	79
RHAs (previously combined with HWS)	44
University of Manitoba	4
Other Manitoba	<u>21</u>
Total number of individuals who requested Certificates of Practice	693
<b>TOTAL CERTIFICATES ISSUED</b>	<b>710</b>

## 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. 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 Therapy (methadone and buprenorphine/naloxone) Prescriber Training, Mentoring and Auditing
- Support around the implementation of the new prescribing Standards of Practice through online resources and individual case support/mentoring

### Chief Medical Examiner's Death Review

A CPSM medical consultant attends the Chief Medical Examiners' Office monthly to review deaths involving prescription medications, in adults ages 18-65. 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.

### Chief Medical Examiner Program Statistics

	17/18	18/19	19/20	20/21
*Total number of deaths reviewed.	128	95	84	No data due
Prescribing deemed appropriate	30	58	59	to COVID-19
Prescribing falls outside current guidelines/best practices	95	67	106	Medical Examiner Office Closed
Referred to other Colleges	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

The new CPSM Standard of Practice for Prescribing Benzodiazepines and Z-Drugs has generated a lot of calls from the public, physicians and pharmacists. CPSM published a FAQ document to assist in explaining the Standard of Practice to patients, including why there medication may be tapered and dispensed quantities limited. The most frequent concern heard from patients has been the requirement for monthly dispensing, resulting in additional cost for some patients.

### CPSM Standard of Practice for Authorizing Cannabis

The Standard of Practice for Authorizing Cannabis was finalized this year. CPSM's Prescribing Practices Program has started to review authorizations of concern. A consultation service is also available for physicians seeking advice regarding cannabis authorizations.

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

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 has been maintained virtually throughout the pandemic.

Case support/mentoring is available to all opioid agonist therapy prescribers in Manitoba by contacting the Prescribing Practices Program. In addition, all new OAT prescribers undergo a

quality improvement audit after one year in practice, to support the development of high quality OAT services in Manitoba.

### **Support around the implementation of the new/updated Standards of Practice for Prescribing.**

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, opioid use disorder, 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 Standards of Practice for prescribing are addressed in writing as needed.
- If concerns, discussions are documented, and further support is offered.

## Physician Health

The Physician Health Program shifted to virtual interviews and assessments via video, in most cases. This permitted easier access for members in rural or remote environments and conformed to Public Health Directives.

- May 1, 2020 – April 30, 2021
  - 75 total new referrals
  - 28 referrals related to Mental Health
  - 4 required Undertakings

The Assistant Registrar, Dr. Ainslie Mihalchuk, has been very active in engaging with and presenting the rehabilitative and supportive approach offered to the members by the Physician Health Program. Presentations have been provided to the Chief Medical Officers in the province, Doctors Manitoba and MD Care, webinars to members, orientation to new CPSM members, and many other opportunities. The CMPA continues to be very helpful in supporting members when interacting with the Physician Health Program, recognizing the stress that the member is undergoing.

## Information Technology

- Embarked on a major IT implementation project as part of our paperless initiative. The *DOCing Station* as it was named by the staff was not deterred by the pandemic – it has recently been completed.
- The transition to an electronic document records management system began in September 2020. Working completely remotely with the project consultant – each department shifted their documents to SharePoint Online.
- This migration provides a more efficient way to navigate and find documents and files, a more secure platform to store sensitive and confidential documents, and the ability to safely manage files from anywhere with an internet connection.
- The project was a great success – coming in on time and within budget in a completely 100% remote environment with the consultants.

## Strategic Organizational Priorities

- Standard of Practice for Prescribing Benzodiazepines -Completed
- Standard of Practice for Authorizing Medical Cannabis - Completed
- Maintaining Boundaries – Sexual Involvement with a Patient - Completed
- Accredited Facilities Criteria – Completed
- Standard of Practice Office Based Procedures – in progress
- Standard of Practice Patient Records – in progress
- Standard of Practice Virtual Medicine – in progress
- Standard of Practice Duty to Report – in progress
- Standards of Practice Ongoing Review – 4 Year Cycle - – in progress

Awaiting FMRAC Guidance

- Streamlined Registration
- Artificial Intelligence



- Virtual Care

## 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:

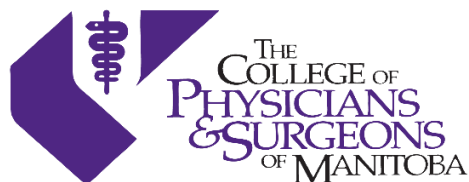
- Clarifying the mandatory duty to continue practicing medicine
- Advising of what the standard of practice is during a pandemic
- Permitting virtual medicine in many situations (in conjunction with new fee tariff)
- Working with the College of Pharmacists of Manitoba to authorize physicians to prescribe 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
- Ordering of non-essential diagnostic testing
- Waiving CME/CPD requirements for the QI program
- Requirement for members to follow Public Health directives on COVID-19
- Vaccine FAQs to assist with the rollout of the vaccines in the province
- Rules for Vaccines – requirement to follow Public Health directives
- Information Sheet on Virtual Medicine Beyond Borders
- Guidance on Medical Notes Exemptions (Mask and School attendance)
- Social Media and Email Guidelines
- Healthcare for Essential Workers who cross US/Canada border
- Non-Essential Healthcare Services (aesthetic and non-insured) suspended during the second COVID wave

### Workplace

CPSM staff worked at home from various dates throughout the past year. All staff continue to work fulltime whether it be in the office or at home.

### 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 continues to respond to many inquiries from our members.




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**ANNUAL GENERAL MEETING OF THE MEMBERSHIP**  
**JUNE 8, 2021**  
**ITEM FOR INFORMATION**

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## CPSM Committee Reports

May 1, 2020 – April 30, 2021

### Executive Committee

#### Members:

- Ira Ripstein, MD, President
- Jacobi Elliott, MB ChB, President-Elect, Treasurer
- Eric Sigurdson, MD, Past-President
- Brian Postl, MD, Councillor, Dean, U of M Faculties of Health Sciences and Medicine
- Allan Fineblit, QC, Public Representative
- Marvelle McPherson, CM, 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 CPSM year for Executive Leadership meetings:

- |                                 |                                  |
|---------------------------------|----------------------------------|
| • May 29, 2020                  | • November 9, 2020               |
| • June 30, 2020                 | • November 30, 2020 (Electronic) |
| • August 7, 2020 (Electronic)   | • January 13, 2021               |
| • August 10, 2020               | • February 17, 2021              |
| • September 2, 2020             | • March 29, 2021                 |
| • November 3, 2020 (Electronic) |                                  |

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

- June 30, 2020
- February 17, 2021
- March 29, 2021

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

- 1 – Reinstatement Application
- 1 – Cancellation of Certificate of Practice
- 11 – Appeals of Investigation Committee Decision

CPSM is statutorily responsible for regulating the practice of medicine in the public interest in Manitoba. As an aspect of the CPSM's responsibility to regulate the practice of medicine in the public interest, CPSM 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 CPSM. 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 Registrar may refer a matter to the Executive Committee to revoke the registration of a member on various grounds, separate from the discipline process.

The Executive Committee held two such hearings in the past year.

### **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. As this applicant is not a member of CPSM, the name is not made public.

### **Revocation of Registration and Certificate of Practice**

Pursuant to Section 48(3) of The Regulated Health Professions Act, the Executive Committee canceled the Certificate of Registration of Dr. Amir Houshang Mazhari Ravesh, who was convicted by the Court of Queen's Bench on December 16, 2019 of a criminal offence that is relevant to his suitability to practice. The criminal offence was the sexual assault of six different patients during medical examinations.

## Finance, Audit, and Risk Management Committee

### Members:

- Jacobi Elliott, MB ChB, President-Elect, and Chair
- Brian Postl, MD
- Charles Penner, MD
- Lynette Magnus, CPA, CA (Public Councillor)
- Raymond Cadieux, CPA, CA (Public Rep-Qualified Accountant)
- Ira Ripstein, MD, President (ex officio, non-voting)
- Anna Ziomek, MD, (ex officio, non-voting)

### Approval of April 30, 2021 Draft Audited Financial Statements

An Audit opinion was presented by the CPSM auditor – Deloitte LLP indicating the financial statements present fairly, in all material respects, the financial position of CPSM as at April 30, 2021 in accordance with Canadian accounting standards for not-for-profit organizations.

### Selection of Financial Auditor

The Finance, Audit & Risk Management Committee has recommended to Council that Deloitte LLP be appointed as the external auditor for the fiscal year 2021-22.

### 2021/2022 Operating Budget

The CPSM 2021-22 Operating Budget was reviewed and will be presented to Council June 9, 2021 with a recommendation for approval. The 2021-22 budgeted deficit is projected to be \$543,510.

### Restricted Accounts in the Accumulated Surplus

Management discussed the balances of the various reserves as at April 30, 2021 which were set according to the Financial Management Policy of CPSM. These include restricted reserves for wind-up costs, inquiry costs and future IT requirements of CPSM.

### Honoraria & Expenses

The Finance, Audit & Risk Management Committee approved an operating budget for 2021-22 incorporating no change to the to the level for honoraria and stipends. It was noted that these rates increased in 2019 and are in line with other MRA's. The rates will be reviewed again next year.

## Complaints Committee

### Members:

- Heather Smith, MD Chair
- Garth Campbell, MD, Medical Consultant to the Complaints Committee
- Brian Blakley, MD
- Brett Stacey, MD
- Shaundra Popowich, MD
- Shayne Reitmeier, MD
- Leanne Penny, Public Representative
- Nichole Smith, Public Representative
- Raymond Strike, Public Representative

### I. Meetings:

The Panels of the Complaints Committee met 9 times during this fiscal year.

### II. Statistical Summary:

#### A. Total Complaints considered:

1) Outstanding Cases as at April 30, 2020	32
2) Cases received during this fiscal year	124
<b>Total</b>	<b>156</b>
3) Cases outstanding as of April 30, 2021	42
4) Total cases closed during this fiscal year	114

#### B. Source of Complaint (for the 124 new cases received):

Patient/legal guardian/legal representative	117
Registrar (CPSM)	6
Other	1

#### C. Resolution of the 114 cases closed:

No Further Action	74
Advice/Criticism	22
Resolved by Correspondence by Medical Consultant	4
Complaint Referred to Investigation Committee*	13
Complaint Referred to Standards Committee	0
Withdrawn cases	1
Abeyanced	0

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

**D. Alternate Dispute Resolutions (ADR's)** –not included in numbers above

9

**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 90 of 124 cases (62.10%). The resolution goal was met in 72 of 114 cases (63.15%).

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 42 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. Complaint Classifications:**

The Complaints Committee classified the 114 closed complaints as follows:

Communicator	5
Manager	0
Medical Expert	62
Professional	24
Unclassified (including 1 withdrawn)	23

**G. Demographics of Physicians**

Of the 124 new complaints received this year, the following list shows the number of complaints by **geographical location** of the physician:

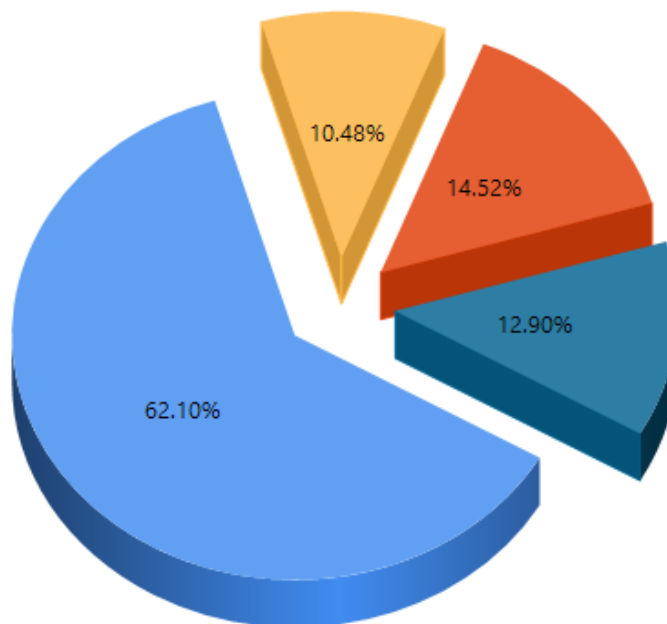
	<b># of Cases</b>	<b># of Physicians</b>
Urban Specialist (Winnipeg/Brandon)	52	48
Urban Family Physicians (Winnipeg/Brandon)	39	34
Rural Family Physicians	19	19
Rural Specialist	9	9
Rural Non-Specialist	1	1
Residents	3	3
Physician/Clinical Assistant	1	1
<b>TOTAL</b>	<b>124</b>	

**Length of Time to Acknowledge Complaints Received Between  
01-May-2019 and 30-Apr-2021**

Subtotal of complaints acknowledged in two days or less:	77
Subtotal of complaints acknowledged in in 3 - 5 days:	13
Subtotal of complaints acknowledged in 6 - 10 days:	18
Subtotal of complaints acknowledged in greater than 10 days:	16
	<hr/>
	<b>124</b>

**Length of Time to Acknowledge Complaints Received**

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





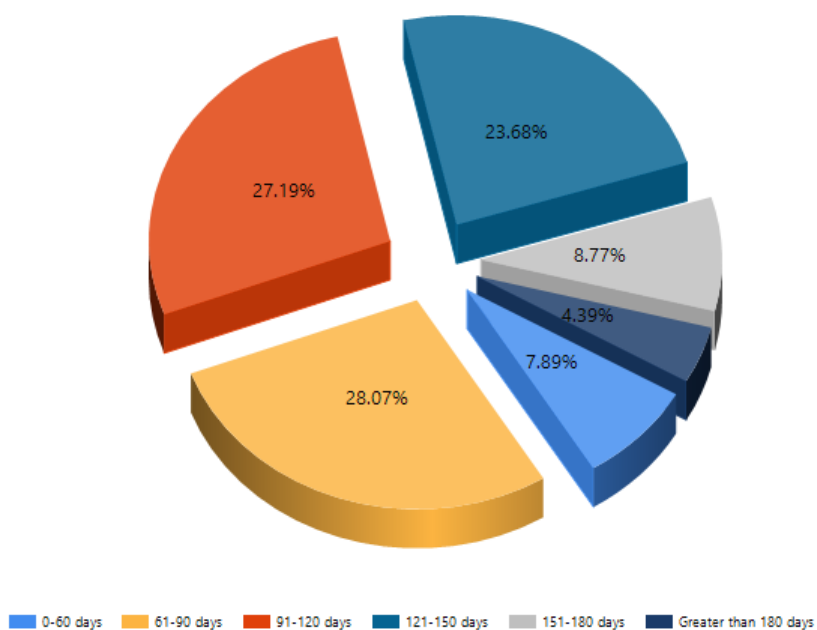
**Length of Time Required to Resolve Complaints for Cases Closed  
Between 01-May-2019 And 30-Apr-2020**

Subtotal of complaint cases with 0 - 60 days:	9
Subtotal of complaint cases with 61 - 90 days:	32
Subtotal of complaint cases with 91 - 120 days:	31
Subtotal of complaint cases with 121 - 150:	27
Subtotal of complaint cases with 151 - 180 days:	10
Subtotal of complaint cases with greater than 180 days:	5

---

**114**

**Length of Time Required to Resolve Complaints**



## Investigation Committee

### Members:

- Nader Shenouda, MD, Chair
- Kevin Convery, MD
- Lynette Magnus, CPA, CA, Public Representative
- Elizabeth Tutiah, Public Representative

### I. Meetings:

The Investigation Committee met 8 times during this fiscal year.

### II. Statistical Summary

#### A. Total Cases Reviewed:

New cases received during this fiscal year	79
Outstanding Cases as at April 30, 2020	80
<b>Total cases reviewed by Investigation Committee</b>	<b>159</b>
Outstanding as of April 30, 2021	76
<b>Total cases closed by Investigation Committee this fiscal year</b>	<b>83</b>

#### B. Source of the 79 New Cases Reviewed by the Investigation Committee:

Complaints Committee	10
Registrar	47
Complainant Request for Referral*	22 (28%)

\*Of the 22 complainant requests for referral – 5/22 (23%) appealed the IC decision to Appeal Committee. [Last year - 5/18 (28%) appealed the IC decision to Appeal Committee]

#### A. Disposition of the 83 Cases Closed by Investigation Committee:

##### 1. Closed - No Further Action:

- with Criticism/Advice 32
- no further action and/or concur with Complaints Committee 23

**2. Undertakings 15**

- Remedial Education 5
- Professional Boundaries Program 0
- Practice Restrictions 9
- Retire 1
- Other 6

**3. Censure 2****4. Referred to Inquiry 10\***

\*2 physicians, 1 with 9 separate matters.

**5. Referred to Standards 1****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: 5
- 4 – 6 months: 12
- 7 – 9 months: 27
- 10 – 12 months: 15
- Greater than 1 year: 24 28.

17/83 - 20% of cases were finalized within 6 months. (Last year, 52% of cases were finalized within 6 months.)

---

**E. Age of the 76 cases remaining open at the end of this fiscal year:****Of the 76 open cases:**

- older than one year: 17
- between 10-12 months old 22
- between 7-9 months old 3
- between 4-6 months old 8
- between 0-3 months old 26

34/76 or 45% 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.

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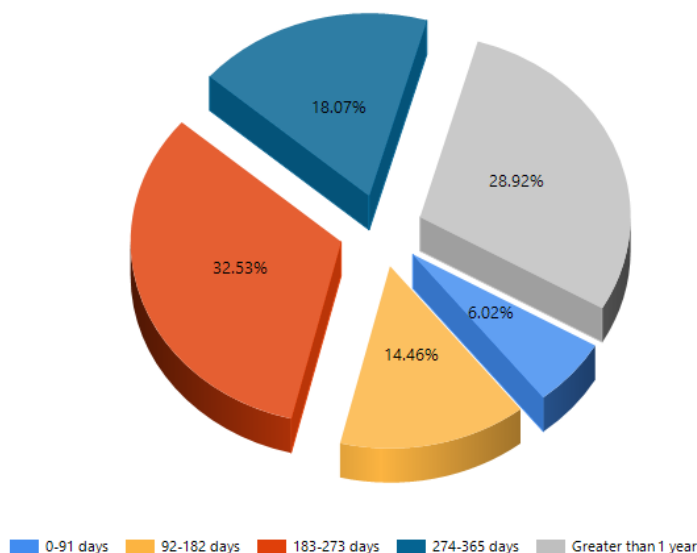
<b>F. Interviews Held by Investigators/Chair/Counsel:</b>	<b>34</b>
Physicians	28
Complainants/Witnesses	6

---

**Length of time required to resolve investigations for cases closed  
Between 01-May-2020 and 30-Apr-2021**

Subtotal of complaint cases with 0 - 91 days:	5
Subtotal of complaint cases with 92 - 182 days:	12
Subtotal of complaint cases with 183 - 273 days:	27
Subtotal of complaint cases with 274 - 365:	15
Subtotal of complaint cases with greater than 365 days:	24
	<b>83</b>

**Length of Time Required to Resolve Investigations**



## Inquiry Committee

May 1, 2020 to April 30, 2021

### I. Meetings:

The Inquiry Panels meet as necessary 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: 2

## Central Standards Committee

### Members

September 2020 to present:

- |                          |                        |
|--------------------------|------------------------|
| ▪ Roger Süss, MD, Chair  | ▪ Mary-Jane Seager, MD |
| ▪ Ira Ripstein, MD       | ▪ Audrey Nguyen, MD    |
| ▪ Jacobi Elliott, MD     | ▪ Katherine Stansfield |
| ▪ Eric Sigurdson, MD     | ▪ Dorothy Albrecht     |
| ▪ Christine Polimeni, MD | ▪ Marvelle McPherson   |

There were 4 meetings held – September 4, November 6, 2020 and February 5, and May 7, 2021.

**Audits:** Between July 2020-May 2021

<b>Age-Triggered and Repeat Age-Triggered audits</b>	<b>26</b>
Referred audits	6
<b>Total</b>	<b>32</b>

#### CME Referral Outcomes:

• Reasonable Care	12
• Self-Directed Improvement Plan	2
• Negotiated Improvement Plan & Follow-Up	13
• Educational Undertaking	1
• Referred to Registrar	2
• Other – Interactive Audit	2
<b>Total Number of Audits -</b>	<b>32</b>

**Standards Sub-committee Activity - July 2020 – June 2021****Southern Health RHA**

Portage ASC – met 2 times

Vita – met 3 times

Altona – met 2 times

Eden Mental Health Centre – met 10 times

**Prairie Mountain Health RHA**

No sub-committee activity reported

**Interlake/Eastern RHA**

No sub-committee activity reported

**Northern RHA**

No sub-committee activity reported

**Winnipeg RHA**

Met 6 times

**Provincial Standards Committees**

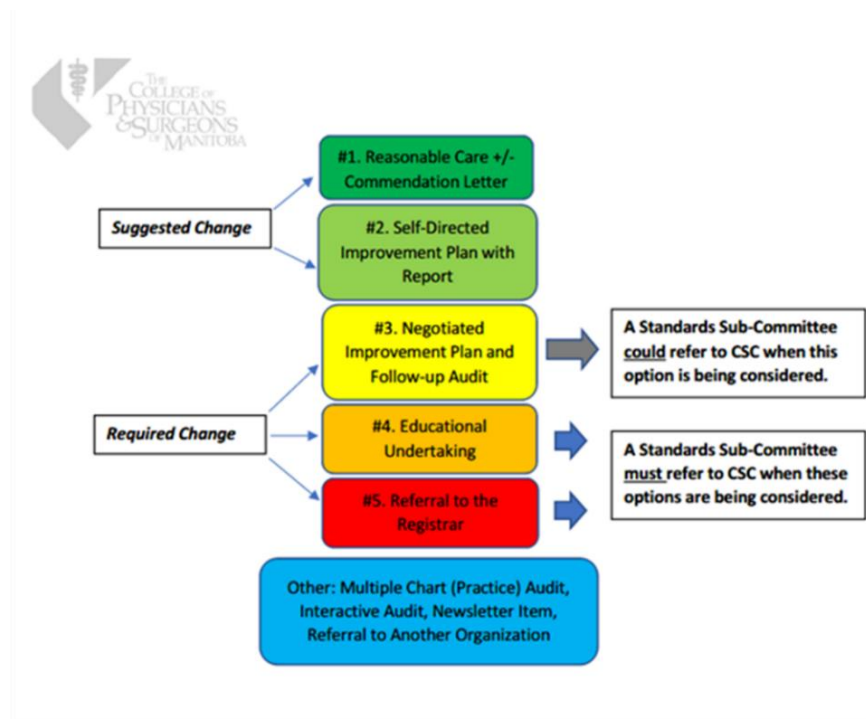
Orthopedic Standards Committee – met 2 times

Endoscopy Standards Committee – met 3 times

Some areas of the profession are represented more than others and that one of the goals for the upcoming year will be to increase activity of Standards to cover more of the membership.

**Framework for Decision and Outcomes of Standards Committees**

The Central Standards Committee recently introduced the Framework for Decision and Outcomes of Standards Committees. The framework includes options 1-5 and other to guide deliberation and decisions.



## **Quality Improvement Committee**

The Quality Improvement (QI) Committee will be absorbed by the Central Standards Committee following the June 2021 Council meeting. The Quality Improvement Program will continue with its mandate to supervise the practice of CPSM members. Referral of cases will be made to the CSC.

## **Standards Sub Committee Working Group**

The working group was tasked to develop recommendations for the operation and execution of its sub-committees of the CSC. The purpose of these recommendations is to facilitate consistency and standardization in approach and deliberation around the activities of Standards sub-committees as well as outcomes, data collection, and reporting, with the ultimate goal of enhancing CPSM's supervision of the Profession of Medicine. The draft report was presented to the CSC on May 7, 2021 and was approved. This document will be presented to Council in the fall of 2021.

## **Suggested guidelines and protocols for consideration by Council**

House Calls/Episodic Care. The Quality Improvement Program conducted an audit of a physician practicing as part of a house call service. This was brought forward to the CSC. The audit raised questions about whether episodic care physicians should be expected to have access the long-term patient record such as eChart. The Central Standards Committee would like to suggest that Council clarify expectations of episodic care and communicate those expectations to the membership. This issue will be brought back with more information and presented at the June Council meeting.

## **Continuing Professional Development:**

No further reporting has been obtained from the College of Family Physicians of Canada, Royal College of Physicians and Surgeons of Canada, and Canadian Association of Physician Assistants. Data will be requested from these three national bodies in August 2021.

All participants have been extended by a year leading to a 6-year cycle due to the pandemic. Central Standards is scheduled to begin Continuing Professional Development Audits in the fall of 2021, and continue to update our database to reflect those audits. Communications regarding the importance of Continuing Professional Development will be sent to CPSM members.

The 2021 the minimum requirements have been reinstated. The cycles run as follows:

- The College of Family Physicians of Canada cycle runs from July 1-June 30 with a six-week grace period to continue to enter credits for the previous year.
- The Royal College of Physicians and Surgeons of Canada cycles runs from January 1 – December 31 with a six-week grace period to enter credits for the previous year.
- The Canadian Association of Physician Assistants cycles run from January 1 – December 31.

## Child Health Standards Committee:

Medical Consultant: Dr. Lynne Warda

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

There were 5 meetings held: June 10, September 8, November 3, 2020 and February 2, April 20, 2021.

### Activities:

- The Children's Inquest Review Committee (CIRC), which is chaired by the Office of the Chief Medical Examiner (OCME) has not met since February 2020 due to the highly confidential nature of the meetings, which cannot be held virtually, and the COVID workload that the OCME experienced in the second wave. The CHSC relies on the OCME for identifying new cases for review.
- CHSC began holding virtual meetings at the beginning of 2021.
- The Office of the Chief Medical Examiner has begun to provide CHSC with case summaries so review can begin again.
- CHSC developed new guidelines for anaphylaxis for children which will be used in the province's CPG for COVID immunization providers.
- Click here to view [Annual Reports](#).

## Maternal Perinatal Health Standards Committee:

### Members:

Medical Consultant: Dr. Michael Helewa

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



There were 3 meetings held: July 23, November 19, 2020 and April 14, 2021.

### Activities:

- Area and hospital maternal and perinatal standards committees were put on hold in the beginning of 2020.
- For committees that already had a backlog of cases to review, this lengthened their backlog - the MPSHC relies on these area and hospital standards committees to identify cases for the MPHSC to review.
- The committee resumed meetings virtually and cases were couriered to the Medical Consultant for review to prevent the need to physically attend the office.
- Area and hospital maternal and perinatal standards committees also began virtual meetings in the summer of 2020.
- Click here to review [Annual Reports](#)

## 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 2021**

	Laboratory Medicine (Includes Patient Service Centres and Transfusion Medicine)	Diagnostic Imaging (Includes Radiology, Ultrasound, Computed Tomography and MRI)
Total number of Facilities	199	166
Full Accreditation	151	151
Conditional Accreditation	7	2
Temporary Accreditation	25	13
In process of obtaining Accreditation	16	0

**Activity from 1 April 2020 to 31 March 2021**

	Laboratory Medicine (Includes Patient Service Centres and Transfusion Medicine)	Diagnostic Imaging (Includes Radiology, Ultrasound, Computed Tomography and MRI)
Number of Accreditation Inspections	6	1
Number of Inspections to open a facility	6	1

## 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.

## Quality Improvement Committee

### Members

- Christine Polimeni, MD, Chair
- Leslie Agger (Public Councillor)
- Dorothy Albrecht (Public Councillor)
- Boshra Hosseini, MD
- Richard Leicht, MD
- Norman McLean, MD (Councillor)
- Shannon Prud'homme, MD
- Alewyn Vorster, MB ChB
- Ira Ripstein, MD (ex officio non-voting)
- Jacobi Elliott, MB ChB (ex officio non-voting)
- Roger Suss, MD, Chair CSC (ex officio non-voting)

### Activities:

- The QI Committee held its final meeting on April 8, 2021. Council will recall that the activities of the QI Committee will be subsumed under the Central Standards Committee after the June 9, 2021 Council Meeting.
- The Quality Improvement Program activities resumed after a pause in the spring of 2020 related to the COVID-19 pandemic. The program re-engaged with participants in early June. Participants were offered the option of resuming their program activity at that point or deferring to the fall. There is a small group of participants from the 2020 cohort in the final stages of the process.
- Initially, only family physicians were selected to participate in the Quality Improvement Program, however, in June of 2020 we began involving specialists, beginning with psychiatry and general surgery and added pediatrics in October 2020. Dr. Singer presented to Grand Rounds for Internal Medicine on February 9, 2021. The April 2021 cohort includes family physicians, general surgery, internal medicine, pediatrics, and psychiatry. Dr. Singer will present to Obstetrics and Gynecology Grand Rounds June 23<sup>rd</sup>, looking to launch a cohort in the fall.
- The program continues to show sensitivity and flexibility during these extraordinary times and accommodates reasonable requests from members for extensions or deferrals. Most participants to date have been able to complete their process.

- As a reminder, some participants undergo an off-site chart review (normally done at the CPSM offices), multisource feedback, and/or an on-site office visit. The processes for these functions have been reviewed in light of the pandemic, and alternate means of providing the reviews in a remote manner have been developed, so that the program can remain operational through the next year.
- Of the total participants, 9 files have been/are being brought forward to the QI Committee regarding concerns around practice deficiencies. Outcome details are as follows:
  - 3 – Closed
  - 5 – Pending remediation/follow-up review
  - 1 – Referred to Central Standard Committee

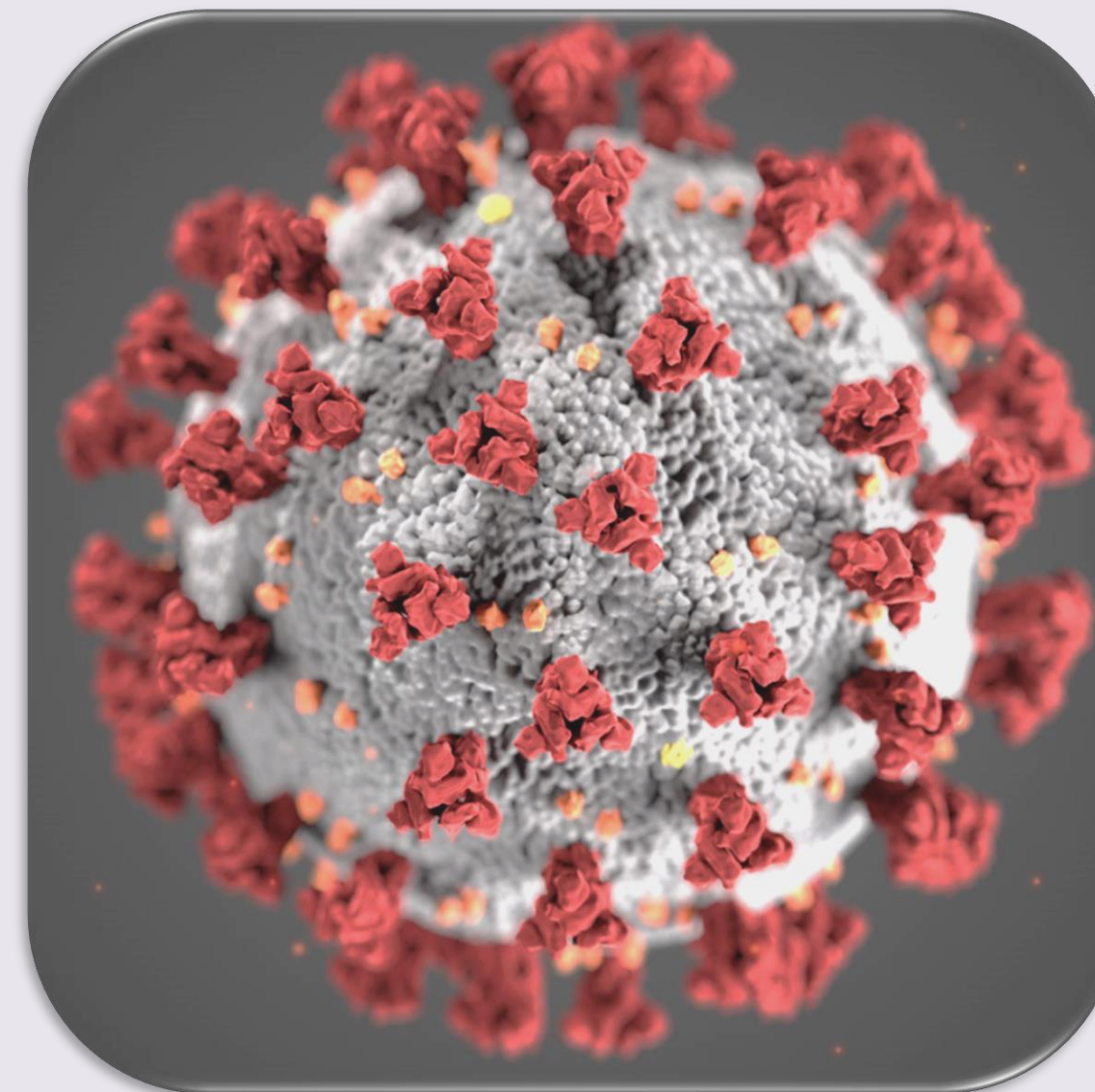
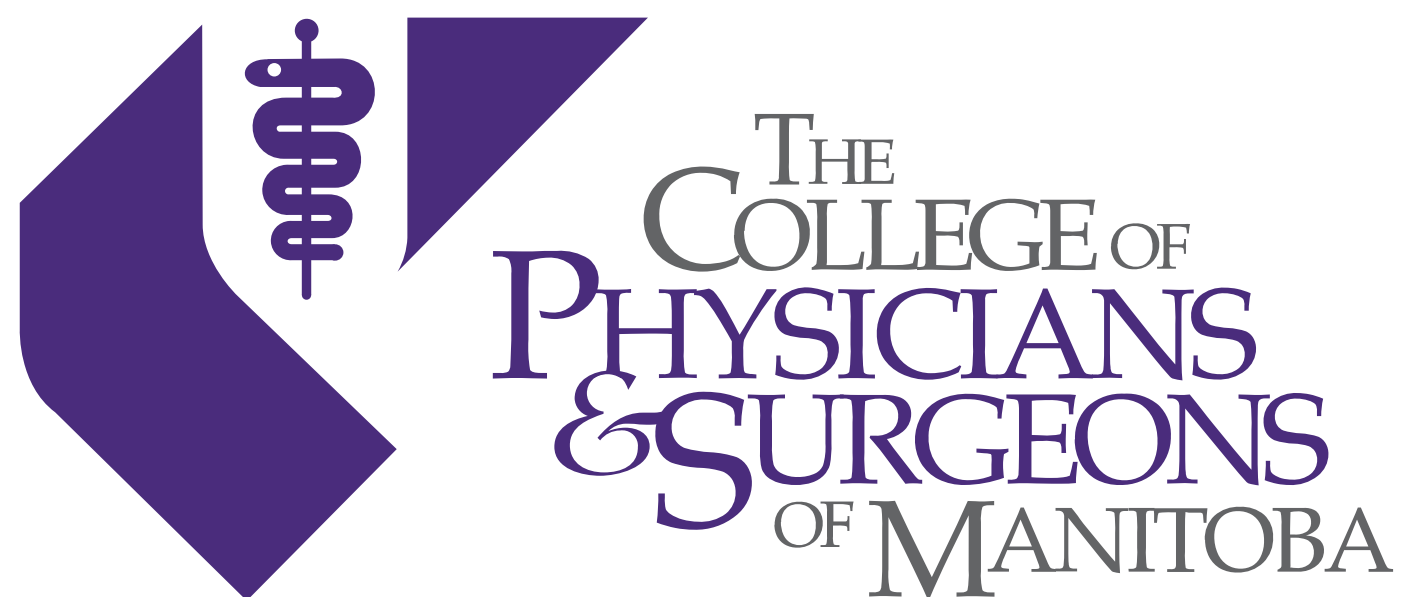
Below is a summary of initiations/participants/completions to date:

#### **QI PARTICIPANTS**

<b><u>YEAR</u></b>	<b><u>INITIATED</u></b>	<b><u>PARTICIPATED</u></b>	<b><u>COMPLETED</u></b>
2019	294	194	194
2020	251	150	111
2021 (April)	203	TBD	0

- 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 continues to work to determine the most effective way to offer a medical record keeping course to address this need.
- Feedback from participants has largely been positive, including the feedback gathered via an anonymous online survey. Suggestions for program improvement continue to be collated and incorporated where reasonable and feasible.
- All participants are required to submit an Action Plan for improvement as the concluding activity of their participation. They are contacted via email after one year to solicit feedback as to the success or challenges of realizing their plan. Most participants complete the plan in a thoughtful and reflective manner. The one-year feedback reveals honesty about accomplishments achieved and barriers encountered. COVID-19 affected the plans of many, and members found that they made many unanticipated changes to their processes and procedures related to this, such as incorporating virtual visits.
- 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 the highest credit level available of 3 credits per hour MainPro+ and Section 3 Assessment credits, respectively.

# CPSM COVID-19 RESPONSE



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COVID-19 RESPONSE

*When the pandemic hit, our priority was to ensure members could continue to provide safe and quality medical care as they are at the forefront of COVID-19. CPSM sought to ensure that members were equipped to provide continuous regular healthcare for Manitobans. Fifteen months later, we continue to do so in wave three.*

Anna Ziomek, MD  
CPSM Registrar



COVID-19 RESPONSE

## Supporting Practice of Medicine Changes

- 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 authorize 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
- Ordering of non-essential diagnostic testing

COVID-19 RESPONSE

## Supporting Practice of Medicine Changes

- Waiving CME/CPD requirements for the QI program
- Requirement for members to follow Public Health directives on COVID-19
- Vaccine FAQs to assist with the rollout of the vaccines in the province
- Rules for Vaccines – requirement to follow Public Health directives
- Information Sheet on Virtual Medicine Beyond Borders
- Guidance on Medical Notes Exemptions (Mask and School attendance)
- Social Media and Email Guidelines
- Healthcare for Essential Workers who cross US/Canada border
- Non-Essential Healthcare Services (aesthetic and non-insured) suspended during the second COVID wave



## Corporate Activities

- Due to working remotely, CPSM's transformation to SharePoint to digitize document management was accelerated. The transition involved meeting with consultants and completing migration entirely virtually.
- The project was on time and on budget.

## 2020/2021 HIGHLIGHTS

### COVID-19 RESPONSE

**50 %**

Increase in referrals related to stress, burnout and exhaustion in the Physicians Health Program

**86%**

Increase in referrals related to mental health.

**6**

Opioid Agonist Therapy (OAT) Workshops held virtually, allowing for remote attendance.

**132**

OAT workshop participants who attended virtually.

**11**

Registrants under Emergency Measures Minister Certificate

## COMPLAINTS & INVESTIGATIONS

- Triaged complaints based on potential threats to patient safety and delayed active review of matters not deemed to meet that threshold. This was in recognition of members being occupied with responding to the pandemic at the start of the pandemic. Over time we returned to our regular processes in the majority of cases.
- Interviews with physicians, complainants and other witnesses continue to be conducted virtually. Interviews can easily be recorded and transcribed if necessary. This has also resulted in cost savings (prior to the pandemic, the services of a court reporter for each interview was used).
- Committee meetings are held virtually, allowing the committee to meet more frequently and with fewer cases on the agenda to provide the best opportunity for discussion on each matter.

## COMPLAINTS & INVESTIGATIONS

- Recent hearings have been conducted virtually, so far with the consent of both the Investigation Committee and investigated member.
- Spurred by the change to electronic communication, IT is developing an online complaints submission to make it easier for the public to submit their complaints through the website.

## COMPLAINTS & INVESTIGATIONS

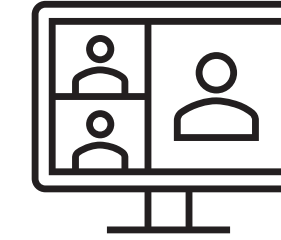
- The pandemic is considered a relevant factor in determining the appropriate standard of care to which practicing members are held in various circumstances, including in the context of care delayed or delivered differently as a result of public health orders and the shift to more frequent virtual encounters.
- Concerns about members' approach to issues relevant to the COVID, including the use of personal protective equipment, vaccines and public statements regarding government and public health measures continue to be met with careful consideration and balancing CPSM's role in protecting the public, allowing for freedom of expression and recognizing the role of our members in healthy debate in areas of legitimate scientific debate.

## COVID-19 RESPONSE

## PHYSICIAN HEALTH PROGRAM

- Interviews and assessments were held virtually, providing easier access for members in rural or remote environments.
- Increased Referrals: COVID-19 related impacts are likely to continue post pandemic; mental health issues related to excessive workload, fear of exposure and/or exposing their loved ones, family strain, exhaustion, burn-out, etc.
  - ↑ Increase in referrals related to stress, burnout, and exhaustion increased by 50% from previous year to 75 referrals.
  - ↑ Referrals related to mental health increased by 86% (from 15 to 28).





## PRESCRIBING PRACTICES PROGRAM

- Opioid Agonist Therapy workshops went virtual meaning less audience engagement and networking, but also created the opportunity for remote attendance.
- Opioid Agonist Therapy audits were done remotely as much as possible.
- Opioid Agonist Therapy preceptorship opportunities were severely strained by many sites not accepting learners to reduce numbers on site. Working to develop new opportunities.
- Suboxone Recommended Practice Working Group meetings were held remotely.
- Benzo/Z-drug Standard of Practice Implementation:  
Worked through a significant number of challenges with prescribers/pharmacists around dispensing restrictions due to pandemic's impact on availability of pharmacy delivery services.

## QUALITY IMPROVEMENT PROGRAM

- Onsite chart reviews conducted at CPSM offices included a virtual discussion component.
- Online delivery of Auditor Training Workshop.
- iMIS database finalized with all participant data entered
- Program communications updated
- Flexibility of online program delivery
- Online Auditor Training Workshop availability



## QUALIFICATIONS

### COVID IMPACTS:

- Delay in receiving CaRMS matches.
- Delays in immigration, therefore, delays in registering applicants – applications expiring, documents expiring, etc.
- Elimination of visiting/external students.
- 11 Registrants under Emergency Measures Minister Certificate.
- **New Registration Process for Cohort of Residents under provisional registration who could not access the usual certifying exams and LMCC at completion of residency.**



## CENTRAL STANDARDS COMMITTEE AUDITS AND MONITORING

- All Standards Audits (Age Triggered, Referred) and Provisional Registration monitoring reports and audits were put on hold mid-March 2020 and resumed July 2020.
- Approximately 25 provisional registration chart audits originally scheduled for March to June 2020 were rescheduled starting August 2020 and completed in October 2020.
- Provisional Registration monitoring and audits resumed under normal electronic process.
- Some audits and assessments undertaken virtually, others remained in person as required.





## MANITOBA QUALITY ASSURANCE PROGRAM (MANAQP)

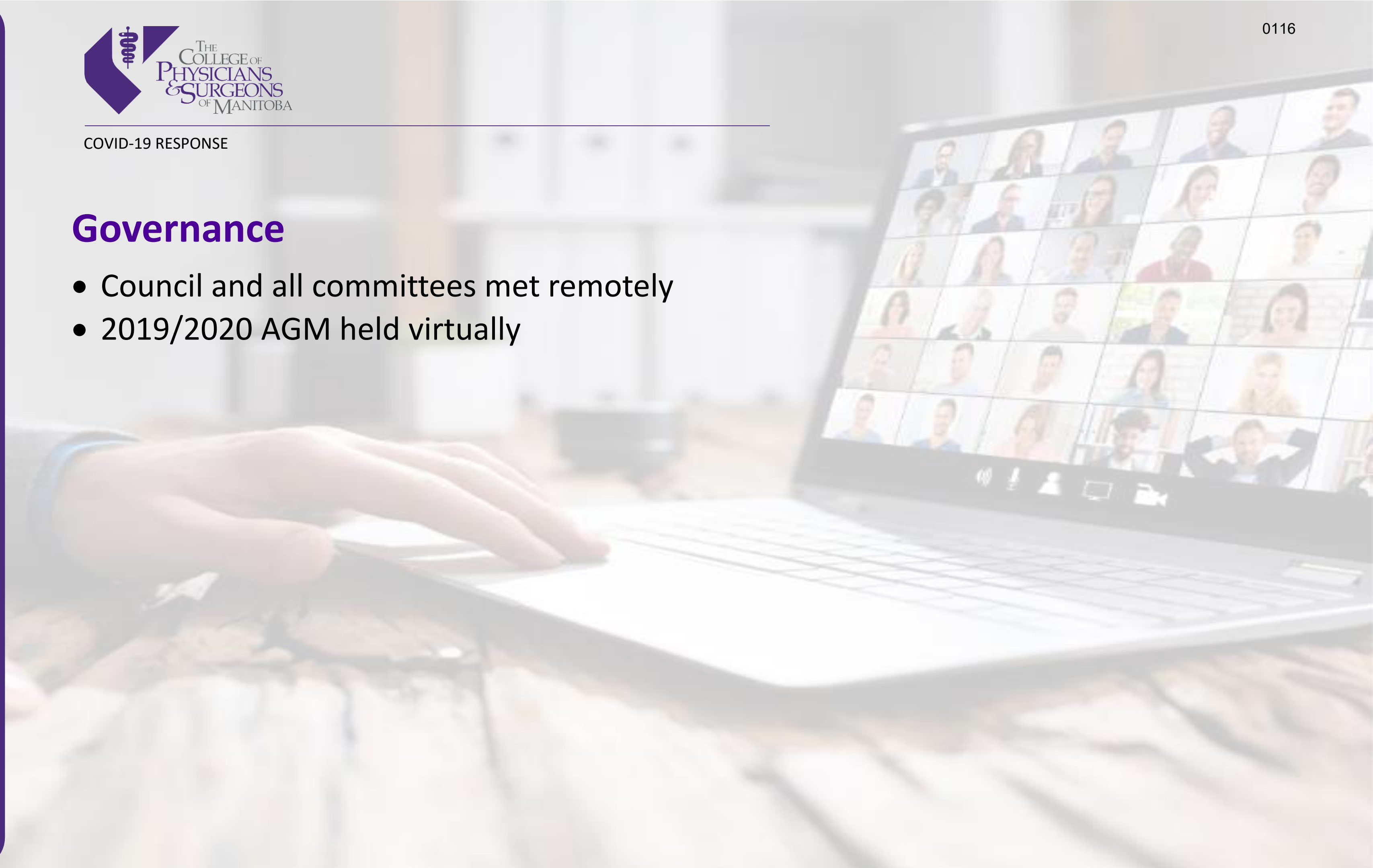
- Temporary suspension of in-person inspections, implemented virtual inspections.
- Implemented a remote accreditation process.
- Granted temporary accreditation to some facilities.
- Collaborated with stakeholders on implementation of COVID-19 testing systems and testing locations.
- Managed increased Patient Service Centre complaints involving wait times, site closures, and patient access especially for the elderly and disabled.



## COVID-19 RESPONSE

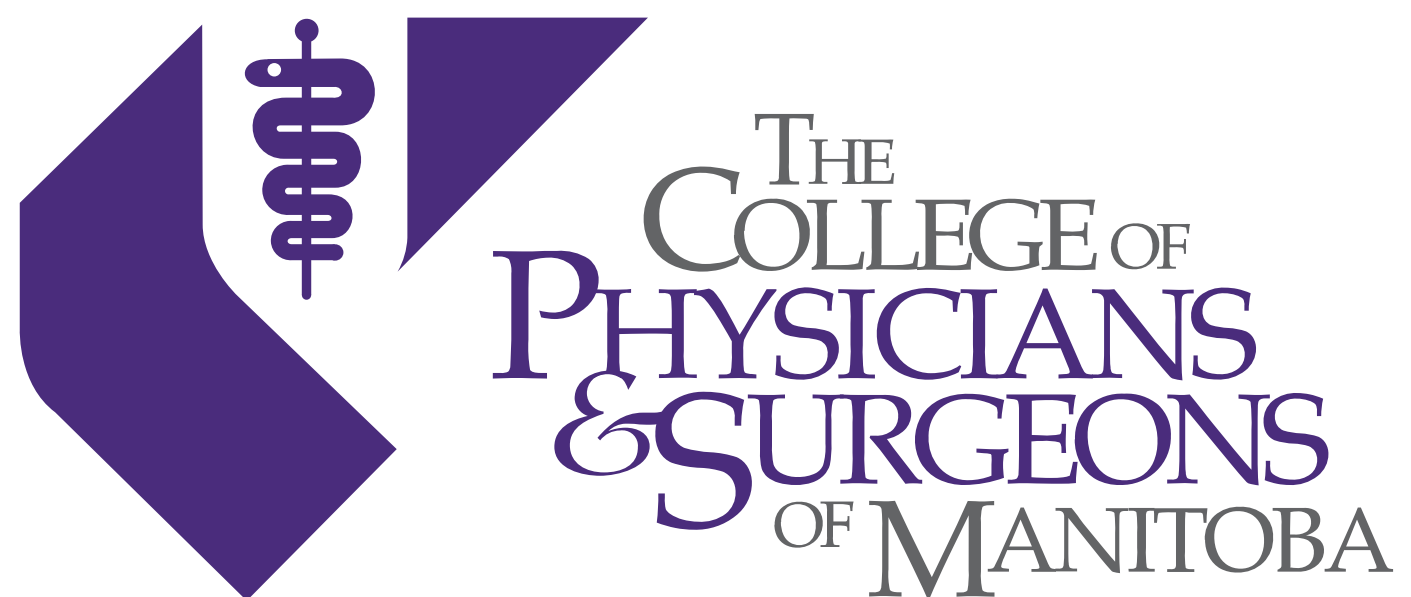
### Governance

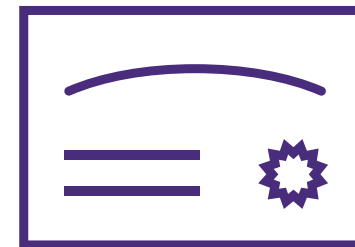
- Council and all committees met remotely
- 2019/2020 AGM held virtually



# 2020/2021 DEPARTMENT & COMMITTEE REPORTS

## CPSM AGM





# QUALIFICATIONS



# Qualifications



Registration of physicians, medical students, residents, physician assistants, physician assistant students and clinical assistants.

Registration of Medical Corporations.

Preparing denial of registration appeals.



# Qualifications

CPSM AGM

## CERTIFICATE OF PRACTICE STATISTICS May 1, 2020 to April 31, 2021\*

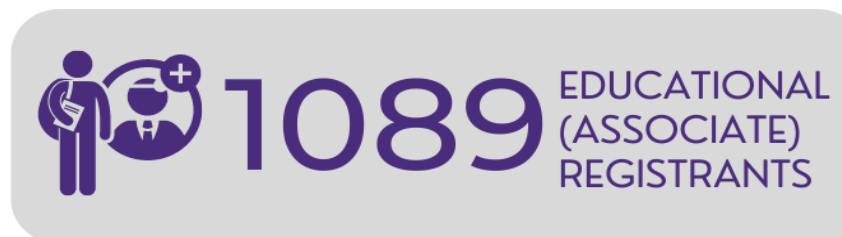


**3017** FULL CERTIFICATE OF PRACTICE

**66** RESIDENTS WITH FULL CERTIFICATE OF PRACTICE

**99** CLINICAL ASSISTANTS

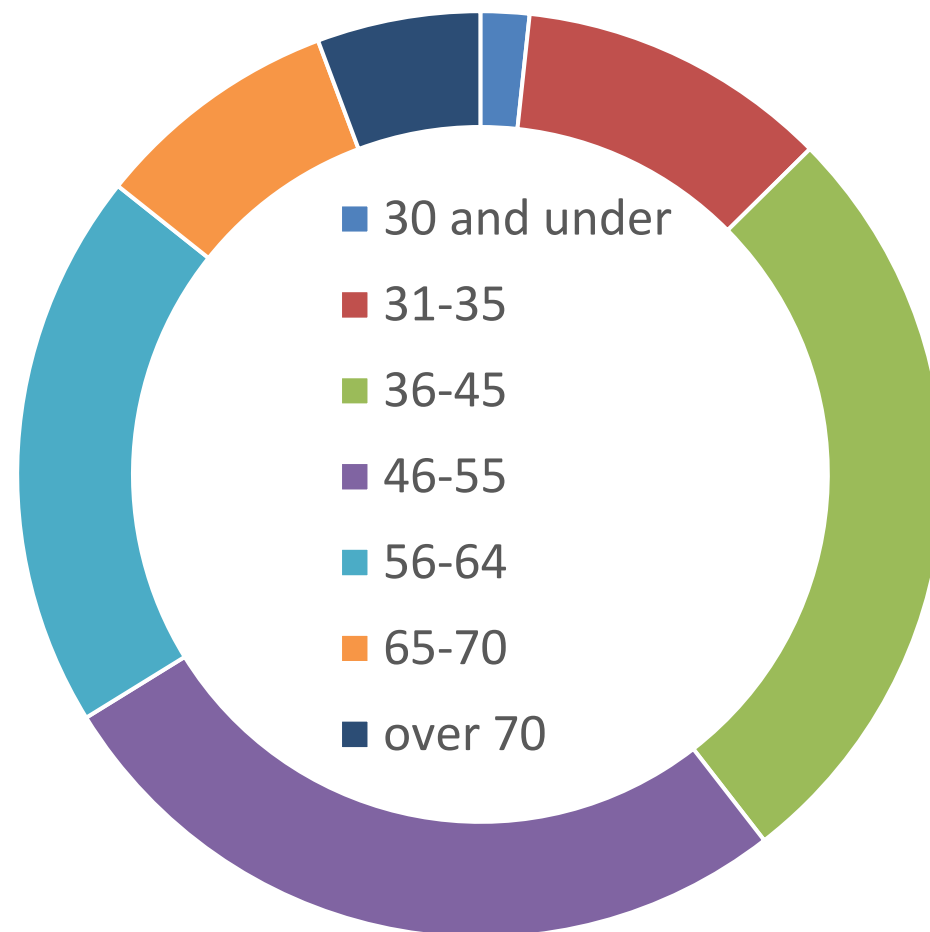
**132** PHYSICIAN ASSISTANTS



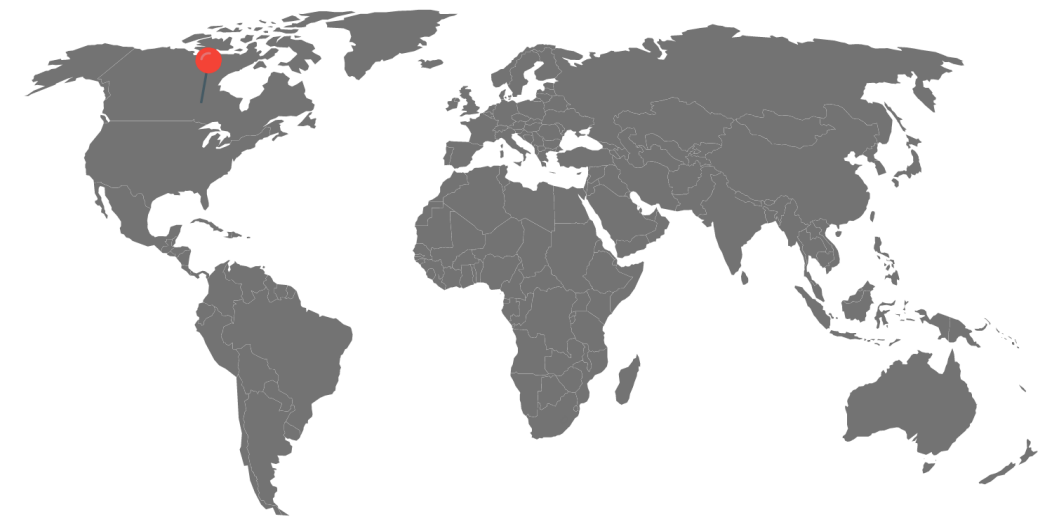


# Qualifications

## Physician Age



## Country of Qualification of Physicians in Manitoba



MANITOBA

51.8%



CANADA

17.3%



INTERNATIONAL

32.6%

**1555**  
Specialists

There are 1555  
physicians enrolled on  
the Specialist Registrar.



# Qualifications

CPSM AGM

NUMBER OF ACTIVE MEDICAL PRACTITIONERS IN MANITOBA				
Year	Winnipeg	Outside Winnipeg	Totals	Net Gain /Net Loss
2017	2174	650	2824	56
2018	2215	687	2902	78
2019	2262	720	2982	80
2020	2285	744	3029	47
2021	2318	765	3083	54

	2019	2020	2021
Medical Corporations Registered Current Total Medical Corporations Registered: 2,186	101	110	133
Certificates of Professional Conduct Issued	848	756	710



# STRATEGIC ORGANIZATIONAL PRIORITIES

# Strategic Organizational Priorities

## Standards of Practice Completed:

- ✓ Accredited Facilities Criteria
- ✓ Authorizing Cannabis for Medical Purposes
- ✓ Prescribing Benzodiazepines & Z-Drugs
- ✓ Sexual Boundaries with Patients, Former Patients & Interdependent Persons



CPSM AGM

# Strategic Organizational Priorities

## Standards of Practice In Progress:

STANDARD OF PRACTICE:	DRAFT				
	STARTED	REVIEWED	CONSULTATION	APPROVAL	IMPLEMENTATION
Virtual Medicine	● ● ●	JUNE	JULY	SEPTEMBER	OCTOBER
Patient Records	● ● ●	JUNE	JULY	SEPTEMBER	OCTOBER
Duty to Report	● ● ●	● ● ●	● ● ●	JUNE	JULY
Office Based Procedures	● ● ●	JUNE	JULY	SEPTEMBER	OCTOBER
Ongoing Review - 4-year cycle	● ● ●	● ● ●	● ● ●	ON TRACK	● ● ● ● ● ● ● ●

### FMRAC-DIRECTED PRIORITIES:

- Streamlined Registration
  - Fast Track Application
  - Portable License
- Artificial Intelligence in the Practice of Medicine
- Virtual Care



# INFORMATION TECHNOLOGY

# Information Technology

## MAJOR ACTIVITIES



Ensured staff has necessary equipment to and IT systems functioned smoothly as CPSM staff worked remotely through much of the year.



New CPSM Portal features are continuously being added to make delivering member communications more effective and efficient.








# Information Technology

## MAJOR ACTIVITY: DOCing Station

Embarked on a major IT implementation project as part of our paperless initiative. The ***DOCing Station*** as it was named by the staff was not deterred by the pandemic – it has recently been completed.

 The transition to an electronic document records management system began in September 2020. Working completely remotely with the project consultant – each department shifted their documents to SharePoint Online.

 This migration provides a more efficient way to navigate and find documents and files, a more secure platform to store sensitive and confidential documents, and the ability to safely manage files from anywhere with an internet connection.

 The project was a great success – coming in on time and within budget in a completely 100% remote environment with the consultants.







# Executive Committee

# Executive Committee

## Committee Members

Ira Ripstein, MD, President (Chair)

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 11 times in the past fiscal year.

**The Executive Committee met 5 times to hear appeals as follows:**

1 Reinstatement Application.



1 Cancellation of Certificate of Practice.



11 Appeals of Investigation Committee Decisions.





# FINANCE, AUDIT, AND RISK MANAGEMENT COMMITTEE

# Finance, Audit, and Risk Management

CPSM AGM

## Committee Members

**Jacobi Elliott, MB ChB, President-Elect and Chair**

Brian Postl, MD

Charles Penner, MD

Lynette Magnus, CPA, CA (Public Councillor)

Raymond Cadieux, CPA, CA (Public Rep-Qualified Accountant)

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

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

# Finance, Audit, and Risk Management



The Finance, Audit, and Risk Management Committee met 3 times in the last year.

## **The Committee is responsible for:**

Recommending for approval the April 30, 2021 Draft Audited Financial Statements.

Recommending the appointment of the independent Financial Auditor.

Recommending for approval the 2021 – 2022 Annual Operating Budget.

Reviewing the Restricted Accounts in the Accumulated Surplus.

Reviewing the Honoraria and Expenses for Council and its Committees.

Assessing Risk Management for the College.



# COMPLAINTS & INVESTIGATIONS COMMITTEES



# Complaints & Investigations

## MAJOR ACTIVITIES



**Hired a social worker** as a Public Support Advisor.

She does not provide counselling but communicates with complainants as their matter moves through the process, connects people to services where required, and provides support to witnesses in Inquiry Proceedings.



**Hired an additional lawyer** to assist with investigations.

She will also focus on Inquiry Hearings rather than contract external counsel for this purpose.

# Complaints & Investigations

## MAJOR ACTIVITIES



### More Frequent Meetings

Held Complaints and Investigation meetings more frequently and with fewer cases on the agenda to provide the best opportunity for fulsome discussion on each matter.



### Improved Communications

Changed to electronic communication with members and complainants where applicable, improving our efficiencies over regular mail.



### Online Complaint Submission

We are moving towards making it easier for the public to submit complaints with the ability to submit them through the website.

## Complaints Committee Members

**Heather Smith, MD, Chair**

Brian Blakley, MD

Brett Stacey, MD

Shaundra Popowich, MD

Shayne Reitmeier, MD

Leanne Penny, Public Representative

Nichole Smith, Public Representative

Raymond Strike, Public Representative

# Complaints

## CPSM AGM

### COMPLAINT CASES MANAGED

**32** CASES OUTSTANDING  
 +  
**124** CASES RECEIVED TO APRIL 30, 2021  
 = **156**  
 TOTAL CASES  
**42** CASES OUTSTANDING TO APRIL 30, 2021  
**114** TOTAL CASES CLOSED

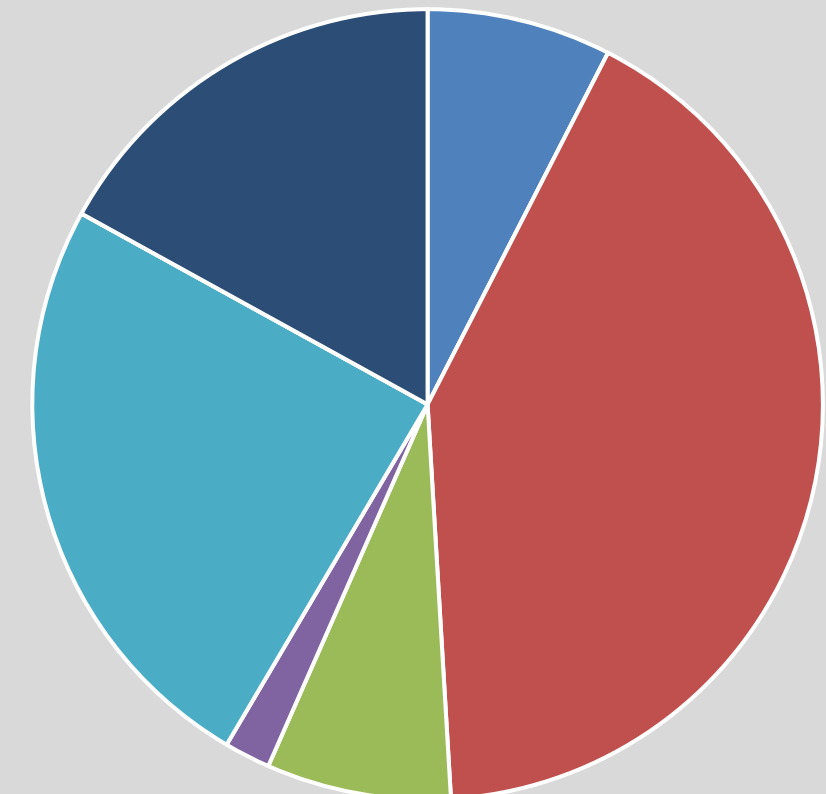
### CASES RECEIVED PER YEAR

2019	2020
<b>163</b>	<b>156</b>

### COMPLAINT CLASSIFICATIONS

COMMUNICATOR	<b>5</b>
MEDICAL EXPERT	<b>62</b>
PROFESSIONAL	<b>24</b>
UNCLASSIFIED	<b>23</b>

### Resolution of Cases Closed

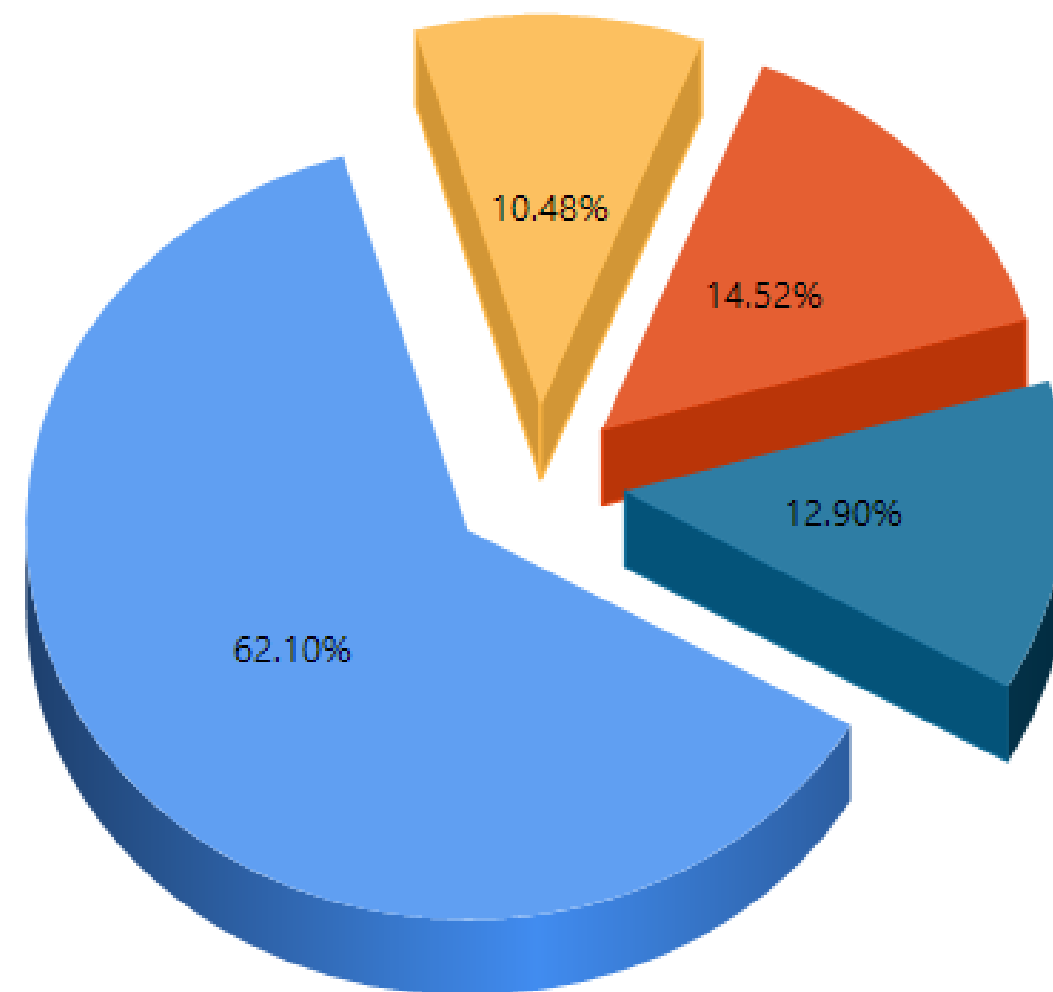


- No Further Action Required (74)
- Advice/Criticism (22)
- Resolved by Medical Consultant (4)
- Complaint Withdrawn (1)
- Referred to Investigation Committee (13)
- Referred to Standards Committee (0)
- Alternate Resolutions (9)

# Complaints

## Length of Time to Acknowledge Complaints Received

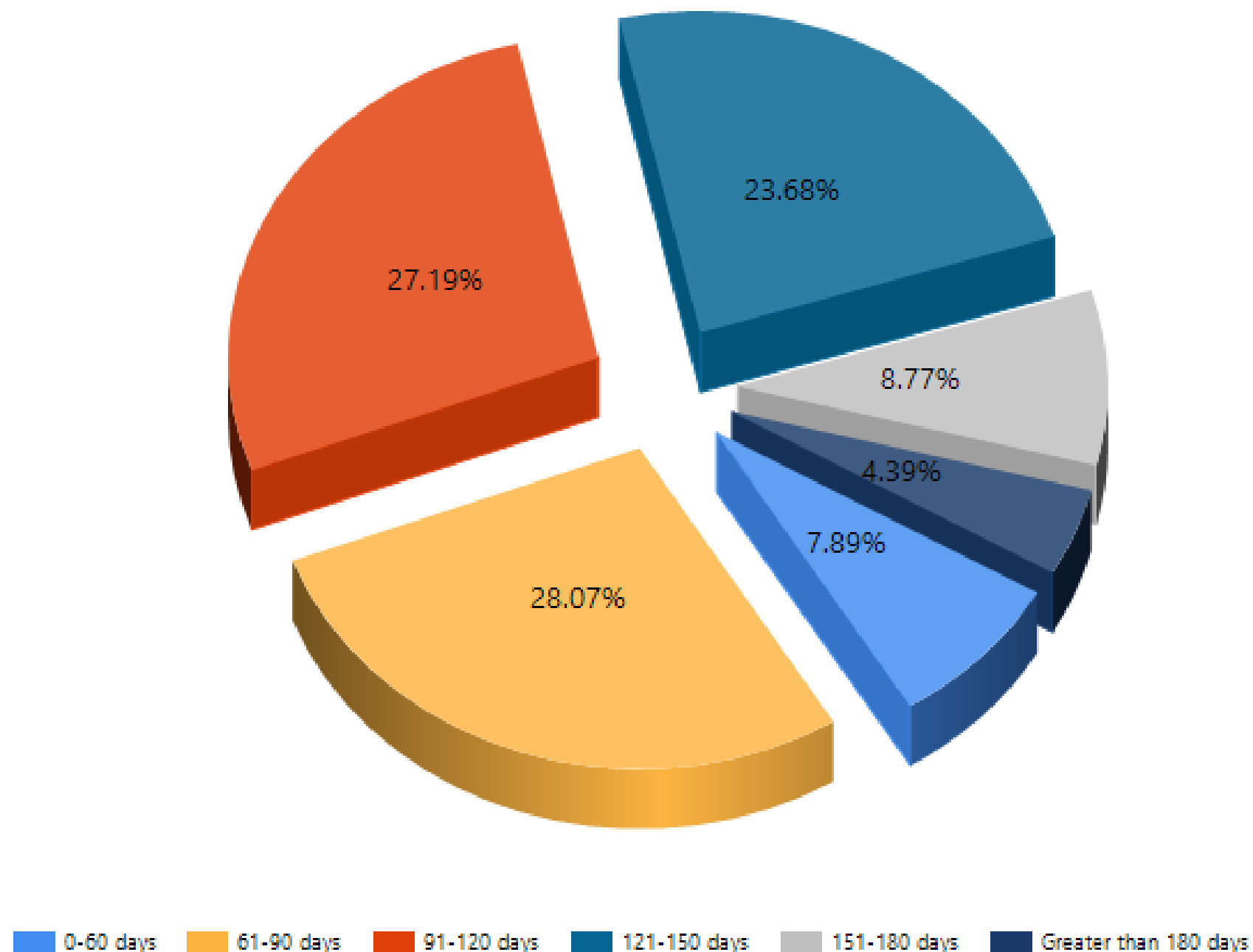
2 days or less   3-5 days   6-10 days   Greater than 10 days



*CPSM's goal is to  
acknowledge  
complaints within  
5 days.*

# Complaints

## Length of Time Required to Resolve Complaints



*CPSM aims to resolve complaints within 120 days.*

*Delays most often result from the requiring more time to submit their documentation.*

## Investigations Committee Members

**Nader Shenouda, MD, Chair**

Kevin Convery, MD

Lynette Magnus, CPA, CA, Public Representative

Elizabeth Tutiah, Public Representative

# Investigations

## TOTAL CASES REVIEWED

80

CASES  
OUTSTANDING  
APRIL 30, 2020

+

79

CASES RECEIVED  
TO APRIL 30, 2021

= 159

TOTAL CASES  
REVIEWED

## CASE REFERRAL SOURCE

FROM COMPLAINTS  
COMMITTEE

10

REGISTRAR DIRECT  
REFERRAL

47

AT COMPLAINANT  
REQUEST

22

76 CASES OUTSTANDING TO  
APRIL 30, 2021

83 TOTAL  
CASES CLOSED

## RESOLUTION OF CASES CLOSED

NO FURTHER ACTION 23

ADVICE/CRITICISM 32

REFERRAL TO STANDARDS 1

CENSURE 1

REFERRAL TO INQUIRY 10\*

*UNDERTAKINGS (15)*

REMEDIAL EDUCATION 5

PRACTICE RESTRICTIONS 9

RETIREMENT 1

TOTAL = 83

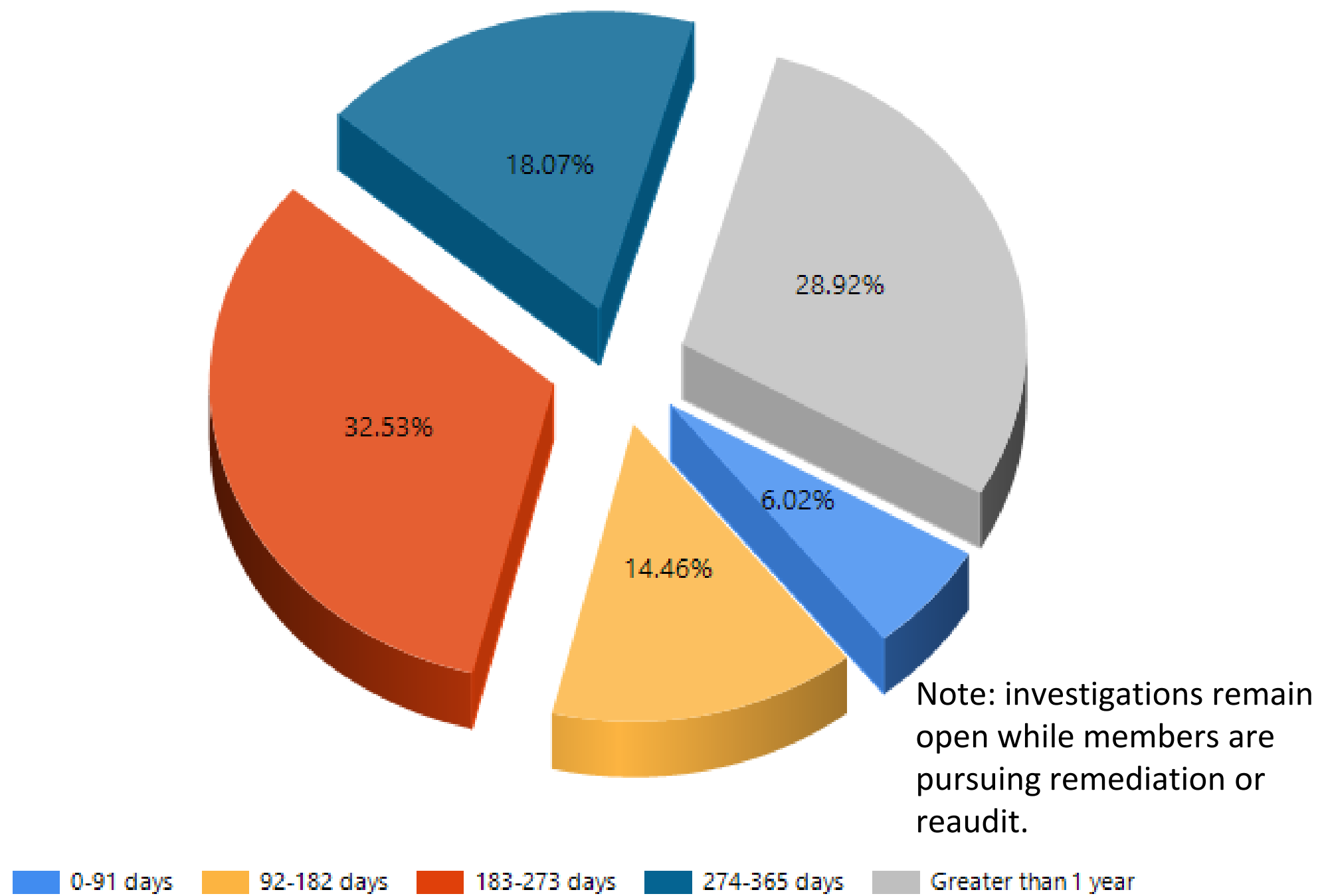
\*Charges of Professional Misconduct.  
NOTE: 9 investigation cases were related  
to the same physician.



# Investigations

CPSM AGM

## Length of Time Required to Resolve Investigations



# Inquiry Committee

CPSM AGM

## Inquiry Committee

### **Eric Sigurdson, MD, Inquiry Committee Chair;**

Plus numerous physicians and public representatives who are available to form a panel, as necessary, to hold a Hearing to consider charges of professional misconduct against a member.

## MAJOR ACTIVITIES



This year, CPSM in conjunction with Canadian Medical Protective Association and an independent lawyer ran a training session for potential panel members.



There were two Inquiries completed during this fiscal year.



There are two matters currently in progress before the Inquiry Committee.



# Central Standards Committee

# Central Standards Committee

## Committee Members

**Roger Süss, MD, Chair**

Ira Ripstein, MD

Jacobi Elliott, MB ChB

Eric Sigurdson, MD

Christine Polimeni, MD

Mary-Jane Seager, MD

Audrey Nguyen, MD

Katherine Stansfield

Dorothy Albrecht

Marvelle McPherson

Meeting dates:

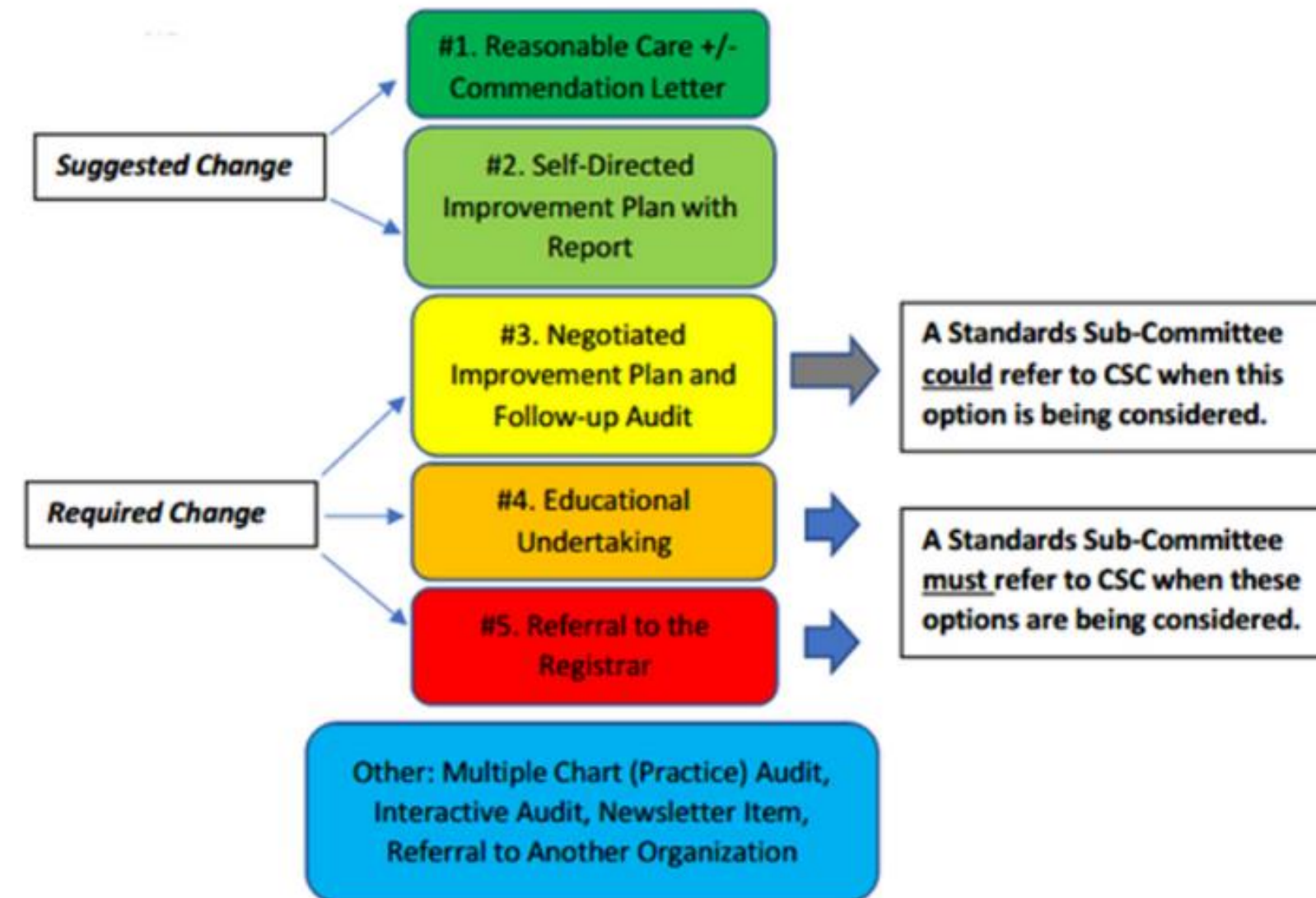
September 4, 2020 | November 6, 2020 | February 5, 2021 | May 7, 2021

# Central Standards Committee

The Central Standards Committee recently introduced the

## Framework for Decision and Outcomes of Standards Committees

The framework includes *options 1-5 and other* to guide deliberation and decisions.



# Central Standards Committee

AGE  
TRIGGERED  
& REPEAT AGE  
TRIGGERED  
AUDITS\*

26

REFERRED  
AUDITS\*

6

\*July 2020 – May  
2021

TOTAL AUDITS: 32



12

REASONABLE  
CARE



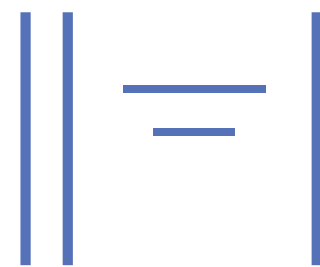
2

SELF-DIRECTED  
IMPROVEMENT  
PLAN



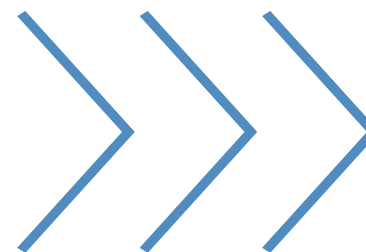
13

NEGOTIATED  
IMPROVEMENT PLAN &  
FOLLOW UP



1

EDUCATIONAL  
UNDERTAKING



2

REFERRAL TO THE  
REGISTRAR



2

OTHER –  
INTERACTIVE  
AUDITS

# Central Standards Committee

## OTHER ACTIVITIES

- The CSC has absorbed the Quality Improvement Committee.
- Directed the formation of an Area Standards Working Group, which produced – the Draft Report for Standards Sub-committees. This document will be made into a toolkit for Standards Sub-Committees to refer to.





# Program Review Committee



# Program Review Committee

CPSM AGM

## Committee Members

**Wayne Manishen, MD, Chair**

Leslie Agger (Public Councillor)

Brent Anderson, MD – Surgery

Jacobi Elliott, MB ChB (ex officio)

Eileen Gelowitz (Public Representative)

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)

Jennifer Cable (MB Nominee, non-voting)

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

# Program Review Committee

CPSM AGM

## Manitoba Quality Assurance Program (MANQAP) is:



The provincial accreditation agency.



Responsible for assuring the quality and safety of diagnostic services.



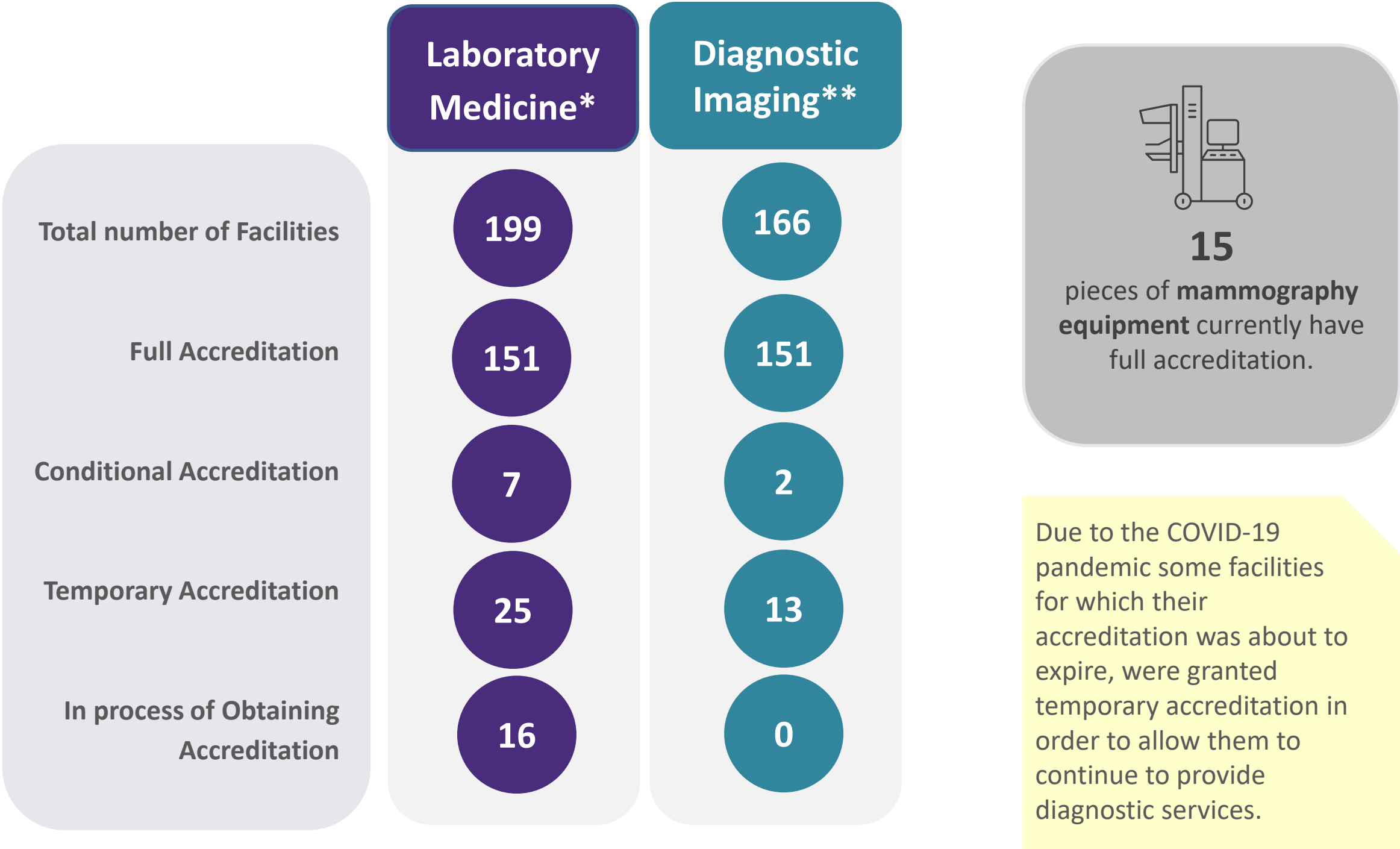
MANQAP's role is to provide standards, inspect diagnostic facilities, and monitor compliance for accreditation.



MANQAP is part of the Western Canadian Diagnostic Accreditation Alliance, which includes Alberta and Saskatchewan.

# Program Review Committee

CPSM AGM



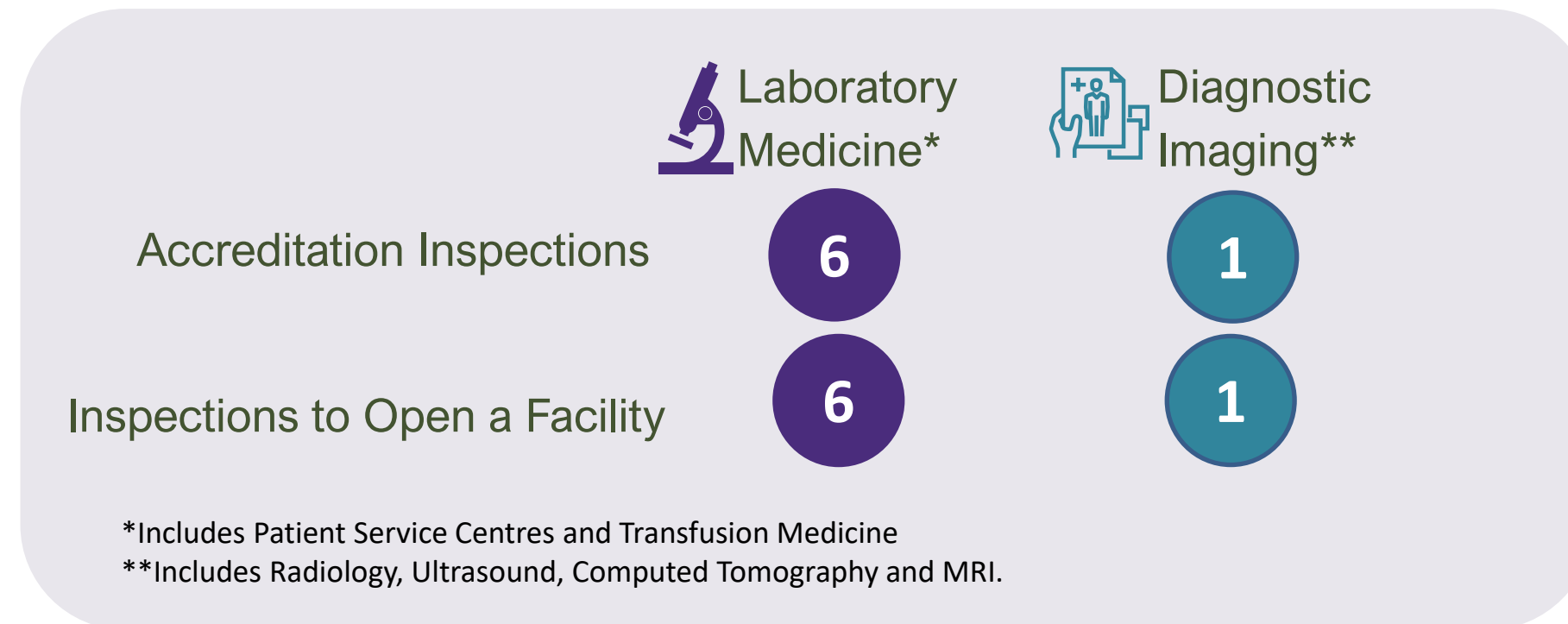
\*Includes Patient Service Centres and Transfusion Medicine  
\*\*Includes Radiology, Ultrasound, Computed Tomography and MRI.



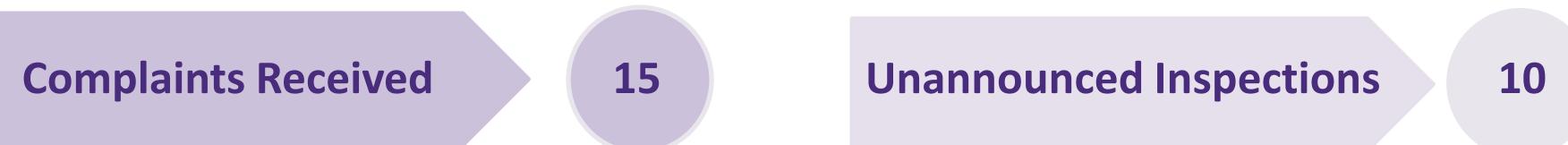
# Program Review Committee

CPSM AGM

**MAJOR ACTIVITIES May 1, 2020 – March 30, 2021**



MANQAP investigates written complaints that are received.  
 MANQAP may also conduct an unannounced site visit if required.





# Program Review Committee

CPSM AGM

Accredits Non-Hospital Medical/Surgical Facilities that are not government owned and/or operated that perform procedural sedation (surgery centres, dermatology facilities, assisted reproduction, and abortion facilities).

**Activity from 1 April 2020 to 30 March 2021**

Number of Facilities with Full Accreditation at 31 March 2021	8
Number of Facilities with Temporary Accreditation at 31 March 2021	1
Number of Accreditation Inspections	1
Number of Adverse Patient Outcomes Reviewed	12

# Questions/Comments





**150**  
YEARS  
1871-2021

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**ANNUAL GENERAL MEETING OF THE MEMBERSHIP**  
**JUNE 8, 2021**  
**BRIEFING NOTE**

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**SUBJECT:** Transfer of Presidency

**BACKGROUND:**

Dr. Ira Ripstein has completed his two-year term and the office of Presidency will be transferred to President-Elect, Dr. Jacobi Elliott.

Dr. Nader Shenouda will take over the President-Elect position.