

## AGENDA

CPSM Office – 1000 – 1661 Portage Avenue

	Time	Item	Action	Presenter	Page #
5:00 pm	5 min	1. Opening Remarks		Dr. Elliott	
5:05 pm	0 min	2. Agenda	Approval	Dr. Elliott	
5:05 pm	5 min	3. AGM Minutes June 8, 2021	Approval	Dr. Elliott	6
5:10 pm	5 min	4. 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. Elliott	10
5:15 pm	0 min	5. Appointment of Auditors	Approval	Dr. Elliott	65
5:15 pm	5 min	6. Bylaw Amendments i. Accredited Facilities Bylaw ii. Central Standards Bylaw iii. Affairs of the College Bylaw	Approval	Dr. Elliott	66
5:20 pm	0 min	7. Election Results	Information	Dr. Elliott	69

Time		Item		Action		Page #
5:20 pm	120 min	8.	<b>Major Activities and Committees of CPSM</b> A. Report from the Registrar <b>i. Strategic Organizational Priorities</b> <b>ii. Registration</b> <b>iii. Quality Department</b> <ul style="list-style-type: none"> <li>• Quality Improvement</li> <li>• Prescribing Practices Program</li> <li>• Physician Health</li> <li>• Central Standards Committee</li> <li>• Program Review Committee</li> <li>• Manitoba Quality Assurance Program (MANQAP)</li> </ul> <b>iv. Complaints/Investigations</b> <ul style="list-style-type: none"> <li>• Complaints Committee</li> <li>• Investigation Committee</li> <li>• Inquiry</li> </ul> <b>v. Other</b> <ul style="list-style-type: none"> <li>• Executive Committee</li> <li>• Council</li> <li>• Finance, Audit &amp; Risk Management Committee</li> <li>• Information Technology</li> <li>• COVID-19 Pandemic Response</li> </ul>	Information	Dr. Ziomek CPSM Staff and Committee Chairs	70
7:20 pm	0 min	9.	End Meeting		Dr. Elliott	
2 hrs 20 min			Estimated time of sessions			



## Regulated Health Professions Act

### Duty to serve the public interest

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

### CPSM Mandate

10(2) A college has the following mandate:

- (a) to regulate the practice of the health profession and govern its members in accordance with this Act and the regulations and by-laws;
- (b) to develop, establish and maintain standards of academic or technical achievement and qualification required for registration as a member and monitor compliance with and enforce those standards;
- (c) to develop, establish and maintain standards of practice to enhance the quality of practice by members and monitor compliance with and enforce those standards;
- (d) to develop, establish and maintain a continuing competency program for members to promote high standards of knowledge and skill;
- (e) to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues;
- (f) to work in consultation with the minister towards achieving access for the people of Manitoba to adequate numbers of qualified and competent members of the regulated health profession;
- (g) to develop, establish and maintain programs that provide information about the health profession, and that assist persons in exercising their rights under this Act and the regulations, by-laws and code of ethics;
- (h) to promote and enhance the college's relations with its members, other colleges, key stakeholders and the public;
- (i) to promote inter-professional collaboration with other colleges;
- (j) to administer the college's affairs and perform its duties and carry out its powers in accordance with this Act and the regulations and by-laws.

## CPSM Governance Policy – Governing Style and Code of Conduct:

### 1.1 General

Council recognizes its accountability to the people of Manitoba to carry out its mandate, duties, and powers and govern its members in a manner that serves and protects the public interest. To that end, Council will govern with an emphasis on strategic leadership, including a commitment to obtaining public and membership input, encouragement of diverse viewpoints, and clear distinction of Council and staff roles.



## 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.



## Minutes of the Annual Meeting of the Membership June 8, 2021

A meeting of the Membership of The College of Physicians and Surgeons of Manitoba was held virtually on Tuesday, June 8, 2021 by Zoom from the College Office at 1661 Portage Avenue, Winnipeg, Manitoba.

### 1. CALL TO ORDER

The meeting was called to order at 5:00 p.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. Jacobi Elliott, Grandview  
 Mr. Allan Fineblit, Public Councillor  
 Dr. Daniel Lindsay, Selkirk  
 Ms Lynette Magnus, Public Councillor  
 Dr. Wayne Manishen, Winnipeg  
 Dr. Norm McLean, Winnipeg  
 Ms Marvelle McPherson, Public Councillor  
 Dr. Audrey Nguyen, Assoc. Member  
 Dr. Charles Penner, Brandon  
 Ms Leanne Penny, Public Councillor  
 Dr. Ira Ripstein, Winnipeg  
 Dr. Mary Jane Seager, Winnipeg  
 Dr. Nader Shenouda, Oakbank  
 Dr. Eric Sigurdson, Winnipeg  
 Dr. Brett Stacey, Flin Flon  
 Dr. Roger Süß, Winnipeg  
 Dr. Anna Ziomek, Registrar

#### REGRETS:

Dr. Ravi Kumbharathi, Winnipeg  
 Dr. Brian Postl, Winnipeg  
 Dr. Heather Smith, Winnipeg

#### MEMBERS:

Dr. Karen Bullock Pries  
 Dr. Ainslie Mihalchuk  
 Dr. Garth Campbell  
 Dr. Marilyn Singer  
 Mr. Chris Barnes

#### STAFF:

Ms Kathy Kalinowsky, General Counsel  
 Mr. Dave Rubel, Chief Operating Officer  
 Ms Karen Sorenson, Executive Assistant  
 Ms Lynne Leah, Executive Assistant  
 Ms Barbie Rodrigues, Executive Assistant  
 Ms Jocelyn Ritchot, Legal Counsel  
 Ms Jo-Ell Stevenson, Manager Registration  
 Ms Wendy Elias-Gagnon, Communications

### 2. ADOPTION OF AGENDA

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

That the agenda be approved.

## Minutes of the Annual Meeting of the Membership June 8, 2021

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### 3. ADOPTION OF MINUTES OF JUNE 19<sup>th</sup>, 2020

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

That the minutes of June 19<sup>th</sup>, 2020 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	\$10,564,614
• Liabilities	\$3,997,717
• Net Assets	\$6,566,897
• Revenues	\$8,564,153
• Expenses	\$8,238,209
• Net Income	\$ 325,944

All financial statements contained unqualified opinions from Deloitte LLP.

IT WAS MOVED BY DR. JACOBI ELLIOTT, SECONDED BY DR. CHARLES PENNER:  
*CARRIED*

That the following audited financial statements for the fiscal year May 1, 2020 to April 30, 2021 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. BRIAN BLAKLEY:  
*CARRIED*

That the Membership approve Deloitte LLP being appointed as auditors for all College accounts in the forthcoming fiscal year 2021-2022 as recommended by the Audit and Risk Management Committee.

## 6. BYLAW AMENDMENTS

IT WAS MOVED BY DR. JACOBI ELLIOTT, SECONDED BY DR. MARY JANE SEAGER:  
*CARRIED*

Membership approve the amendments as presented to the following:

- Accredited Facilities Bylaw

## 7. ELECTION RESULTS

Congratulations were extended to the successful candidates in from the election that was conducted on May 4, 2021

- Regulated Associate Member – Mr. Christopher Barnes

## 8. MAJOR ACTIVITIES OF THE COLLEGE

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

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

Annual reports were received from the following Committees:

- Executive
- Finance, Audit & Risk Management
- Complaints
- Investigations
- Inquiry
- Central Standards
- Program Review
- Quality Improvement

## 9. PRESIDENT'S REMARKS/TRANSFER OF OFFICE

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

**Minutes of the Annual Meeting of the Membership June 8, 2021**

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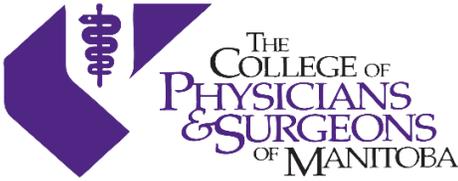
There being no further business, the meeting ended at 6:40 p.m.

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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 21, 2022**

**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 24<sup>th</sup>, 2022 meeting, the Finance, Audit & Risk Management Committee approved recommending to Council acceptance of all CPSM audited financial statements for the fiscal year May 1, 2021 through April 30, 2022.

**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

**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 21, 2022, DR. NADER SHENOUDA, CHAIRPERSON OF THE FINANCE, AUDIT AND RISK MANAGEMENT COMMITTEE, WILL MOVE THAT:**

The following financial statements for the fiscal year May 1, 2021 to April 30, 2022 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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Financial statements of  
The College of Physicians and  
Surgeons of Manitoba

April 30, 2022

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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, 2022, 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, 2022, 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 21, 2022  
Winnipeg, Manitoba

**The College of Physicians and Surgeons of Manitoba**  
**Statement of financial position**  
As at April 30, 2022

	2022	2021
	\$	\$
<b>Assets</b>		
Current assets		
Cash	4,164,166	4,331,607
Investments, maturing within one year (Note 3)	3,149,999	4,101,130
Accounts receivable	43,692	13,165
Prepaid expenses	172,308	167,285
	<b>7,530,165</b>	8,613,187
Investments (Note 3)	2,175,000	1,117,270
Capital assets (Note 4)	304,248	187,019
Intangible assets (Note 5)	433,880	647,138
	<b>10,443,293</b>	10,564,614
<b>Liabilities</b>		
Current liabilities		
Accounts payable and accrued liabilities	231,533	130,465
Accrued pre-retirement leave benefits (Note 6)	261,893	293,208
Accrued vacation	123,500	189,129
Deferred program revenue (Schedule 1)	45,693	221,195
Deferred member dues revenue	3,268,262	3,163,720
	<b>3,930,881</b>	3,997,717
Contingencies (Note 8)		
Commitments (Note 9)		
<b>Net assets</b>		
Unrestricted	1,561,284	1,616,740
Invested in capital and intangible assets	738,128	834,157
Internally restricted (Note 10)	4,213,000	4,116,000
	<b>6,512,412</b>	6,566,897
	<b>10,443,293</b>	10,564,614

Approved on behalf of Council

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

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

**The College of Physicians and Surgeons of Manitoba**  
**Statement of operations**  
Year ended April 30, 2022

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

**The College of Physicians and Surgeons of Manitoba**  
**Statement of changes in net assets**  
Year ended April 30, 2022

	Unrestricted \$	Invested in capital assets \$	Internally restricted \$	2022 \$
<b>Net assets, beginning of year</b>	<b>1,616,740</b>	<b>834,157</b>	<b>4,116,000</b>	<b>6,566,897</b>
Excess (deficiency) of revenue over expenses	251,508	(305,993)	-	(54,485)
Purchase of capital and intangible assets	(209,964)	209,964	-	-
Transfer to internally restricted	(97,000)	-	97,000	-
<b>Balance, end of year</b>	<b>1,561,284</b>	<b>738,128</b>	<b>4,213,000</b>	<b>6,512,412</b>

	Unrestricted \$	Invested in capital assets \$	Internally restricted \$	2021 \$
Net assets, beginning of year	1,108,422	730,531	4,402,000	6,240,953
Excess (deficiency) of revenue over expenses	560,303	(234,359)	-	325,944
Purchase of capital and intangible assets	(337,985)	337,985	-	-
Transfer from 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>

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

 Year ended April 30, 2022
 

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	2022	2021
	\$	\$
<b>Operating activities</b>		
(Deficiency) excess of revenue over expenses	<b>(54,485)</b>	325,944
Items not affecting cash:		
Change in market value of investments	<b>(101,247)</b>	(205,268)
Amortization of capital assets and intangible assets	<b>305,993</b>	234,359
	<b>150,261</b>	355,035
Changes in non-cash operating working capital items:		
Accounts receivable	<b>(30,527)</b>	(2,173)
Prepaid expenses	<b>(5,023)</b>	44,039
Accounts payable	<b>101,068</b>	23,668
Accrued pre-retirement leave benefits	<b>(31,315)</b>	18,417
Accrued vacation	<b>(65,629)</b>	70,421
Deferred revenue	<b>(70,960)</b>	32,836
	<b>47,875</b>	542,243
<b>Investing activities</b>		
Purchase of investments, net	<b>(5,352)</b>	—
Redemption of investments, net	—	57,255
Purchase of capital assets	<b>(196,911)</b>	(98,277)
Purchase of intangible assets	<b>(13,053)</b>	(239,708)
	<b>(215,316)</b>	(280,730)
Net (decrease) increase in cash position	<b>(167,441)</b>	261,513
Cash, beginning of year	<b>4,331,607</b>	4,070,094
<b>Cash, end of year</b>	<b>4,164,166</b>	4,331,607

**The College of Physicians and Surgeons of Manitoba**  
**Notes to the financial statements**  
 April 30, 2022

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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 furniture and 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, 2022

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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, 2022 (2021 - \$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, 2022

**3. Investments**

	<b>2022</b>	2021
	\$	\$
Portfolio of bonds and other fixed rate investments, bearing effective interest rate at 1.7%, maturing in April 2023	<b>3,149,999</b>	4,101,130
Principal Protected Note, 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, redeemed in January 2022	—	1,117,270
Principal Protected Note, generating fixed interest payments of \$0.50 per deposit note plus a variable interest payment of the greater of 85% of the share portfolio performance, as defined in the agreement, and nil, maturing on December 15, 2028.	<b>1,175,000</b>	—
Principal Protected Note, generating fixed interest payments of \$0.50 per deposit note, plus a variable interest payment of the greater of 105% of the index performance, as defined in the agreement, and nil, maturing on January 15, 2029	<b>1,000,000</b>	—
	<b>5,324,999</b>	5,218,400
Less: investments maturing within 12 months	<b>(3,149,999)</b>	(4,101,130)
	<b>2,175,000</b>	1,117,270

As of April 30, 2022, the market prices for the above Principal Protected Notes were 77.581 and 90.871 respectively. As the deposit notes guarantee the principal amount of the investment, the Organization is not required to recognize any unrealized losses when market value falls below book value, but is required to record any unrealized gains when market value exceeds book value.

**4. Capital assets**

	<b>Cost</b>	<b>Accumulated amortization</b>	<b>2022 Net book value</b>
	\$	\$	\$
Computer equipment	<b>897,872</b>	<b>744,981</b>	<b>152,891</b>
Office furniture and equipment	<b>559,856</b>	<b>415,680</b>	<b>144,176</b>
Leasehold improvements	<b>246,984</b>	<b>239,803</b>	<b>7,181</b>
	<b>1,704,712</b>	<b>1,400,464</b>	<b>304,248</b>

**The College of Physicians and Surgeons of Manitoba**  
**Notes to the financial statements**  
 April 30, 2022

**4. Capital assets (continued)**

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

**5. Intangible assets**

	Cost	Accumulated amortization	2022 Net book value	2021 Net book value
	\$	\$	\$	\$
Member application software	<b>878,793</b>	<b>647,121</b>	<b>231,672</b>	407,430
Other software	<b>252,761</b>	<b>50,553</b>	<b>202,208</b>	239,708
	<u><b>1,131,554</b></u>	<u><b>697,674</b></u>	<u><b>433,880</b></u>	<u>647,138</u>

Amortization of \$226,311 (2021 - \$175,759) related to intangible assets is included in current year excess of revenue over expenditures. Amortization of \$50,553 (2021 - \$0) related to other software was taken in the current year.

**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 meet either of the following criteria: 60 years old and have completed 10 years of continuous employment with the Organization, or 55 years old and 25 years of continuous employment. 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 \$300,211 (2021 - \$310,868).

**The College of Physicians and Surgeons of Manitoba**  
**Notes to the financial statements**  
 April 30, 2022

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**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, 2022, 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, 2022. 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 is established at year-end based on extraordinary number of ongoing and anticipated inquiry cases known at that time and using estimates according to the recent historical cost analysis performed by the Organization. A \$420,000 reserve was established as at April 30, 2021 for several inquiry cases. Some of those cases have concluded in 2021-22. The reserve balance remains unadjusted as at April 30, 2022 at \$420,000 pending receipt of all associated costs of the concluded cases.

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

**9. Commitments**

The Organization has a lease for its office space over a term of 10 years and 3 months which commenced 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:

	\$
2023	233,205
2024	233,205
2025	233,205
2026	233,205
2027	248,752

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

	\$
2023	9,767
2024	5,674
	<u>15,441</u>

**The College of Physicians and Surgeons of Manitoba**  
**Notes to the financial statements**  
 April 30, 2022

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**10. Internally restricted net assets**

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

	<b>2022</b>	2021
	<b>\$</b>	\$
Reserve for wind-up costs	<b>3,293,000</b>	3,196,000
Reserve for potential inquiry costs	<b>420,000</b>	420,000
Reserve for IT projects	<b>500,000</b>	500,000
	<b><u>4,213,000</u></b>	<u>4,116,000</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 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, 2022, the Organization holds \$5,324,999 (2021 – \$5,218,400) of investments with fixed rates of interest. As a result, the impact of interest rate changes on cash flows has been substantially mitigated.

**The College of Physicians and Surgeons of Manitoba**  
**Notes to the financial statements**  
April 30, 2022

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

*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.

**The College of Physicians and Surgeons of Manitoba**  
**Schedule 1 - Programs Administered by the College**  
For the year ended April 30, 2022

					2022	2022	2021	2021
	Deferred Revenue (Receivable) Beginning of Year	Cash Received in Current Year	Revenue Available for Programming	Deferred Revenue (Receivable) from End of Year	Gross Program Revenues	Gross Program Expenditures	Gross Program Revenues	Gross Program Expenditures
	\$	\$	\$	\$	\$	\$	\$	\$
Maternal/Child Quality Assurance Program	17,279	84,721	102,000	(82,198)	184,198	184,198	189,242	189,242
Manitoba Quality Assurance Program (MANQAP)	200,920	893,436	1,094,356	227,981	866,375	866,375	873,242	873,242
Manitoba Physician Public Register Program	(8,793)	14,998	6,205	(8,879)	15,084	15,084	14,946	14,946
Substance Use and Addictions Program (SUAP)	11,789	103,000	114,789	(91,211)	206,000	303,853	255,000	336,505
	221,195	1,096,155	1,317,350	45,693	1,271,657	1,369,510	1,332,430	1,413,935

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

April 30, 2022

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**The College of Physicians and Surgeons of Manitoba**  
**Schedule 2 - Program Expenses by Nature**  
For the year ended April 30, 2022

	Governance	Qualifications	Complaints and Investigations	Quality	Operations and General Administration	Information Technology	Government- Funded Programs	2022	2021
	\$	\$	\$	\$	\$	\$	\$	\$	\$
Employee costs	-	557,529	1,481,602	1,012,826	1,935,590	355,399	869,754	6,212,700	5,925,679
Committee meetings	125,810	1,593	95,695	53,102	31,840	-	32,811	340,851	223,427
Professional fees	21,280	8,816	25,961	124,118	31,993	-	240,949	453,117	477,800
Service fees	5,064	-	20,690	18,280	6,934	226,573	-	277,541	193,458
Legal	-	8,763	148,153	-	-	-	-	156,916	125,885
Building and occupancy costs	-	3,116	3,325	2,798	412,802	1,376	87,818	511,235	443,943
Office	308	150,537	30,396	10,807	216,175	184,938	13,679	606,840	613,658
Amortization	-	-	-	-	26,081	279,912	-	305,993	234,359
	152,462	730,354	1,805,822	1,221,931	2,661,415	1,048,198	1,245,011	8,865,193	8,238,209
Allocated expenditures	-	184,353	350,706	285,936	(320,701)	(624,793)	124,499	-	-
<b>Total expenditures</b>	<b>152,462</b>	<b>914,707</b>	<b>2,156,528</b>	<b>1,507,867</b>	<b>2,340,714</b>	<b>423,405</b>	<b>1,369,510</b>	<b>8,865,193</b>	<b>8,238,209</b>



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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, 2022 and the summary statement of operations for the year then ended, are derived from the audited financial statements of The College of Physicians and Surgeons of Manitoba (the "Organization") for the year ended April 30, 2022.

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

### Summary Financial Statements

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

### The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated June XX, 2022.

### Management's Responsibility for the Summary Financial Statements

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

### Auditor's Responsibility

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

Chartered Professional Accountants

June XX, 2022  
Winnipeg, Manitoba

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

As at April 30, 2022

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

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

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

April 30, 2022

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**1. Basis of presentation**

Management has prepared the summary financial statements from the Organization's April 30, 2022 audited financial statements. The complete financial statements, including notes to the financial statements and the independent auditor's report, are available upon request by contacting the Organization's office.

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

April 30, 2022

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Independent Auditor's Report	1-2
Statement of financial position	3
Statement 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 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, 2022 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, 2022, 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 XX, 2022  
Winnipeg, Manitoba

**The College of Physicians & Surgeons of Manitoba**  
 Manitoba Quality Assurance Program (MANQAP)  
**Statement of financial position**  
 As at April 30, 2022

	<b>2022</b>	2021
	<b>\$</b>	\$
<b>Assets</b>		
Current		
Cash	<b>227,981</b>	200,920
	<b>227,981</b>	200,920
<b>Liabilities</b>		
Current		
Deferred program revenue	<b>227,981</b>	200,920
<b>Net assets</b>		
Unrestricted	-	-
	<b>227,981</b>	200,920

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, 2022

	2022 Budget \$	<b>2022 Actual \$</b>	2021 Actual \$
	<i>(unaudited)</i>		
<b>Revenue</b>			
Manitoba Health	881,000	<b>853,940</b>	864,451
Other - Private laboratory survey	-	<b>12,435</b>	8,791
	<u>881,000</u>	<u><b>866,375</b></u>	<u>873,242</u>
<b>Expenses</b>			
Employee costs	651,756	<b>618,552</b>	614,512
Committee meetings	20,000	<b>11,695</b>	9,376
Professional fees	67,732	<b>93,537</b>	106,034
Building and occupancy costs	55,259	<b>56,094</b>	58,723
Office expenses	6,154	<b>7,736</b>	4,662
Overhead	80,099	<b>78,761</b>	79,935
	<u>881,000</u>	<u><b>866,375</b></u>	<u>873,242</u>
<b>Excess of revenues over expenses</b>	-	-	-
Net assets, beginning of year	-	-	-
<b>Net assets, end of year</b>	<u>-</u>	<u>-</u>	<u>-</u>

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

Manitoba Quality Assurance Program (MANQAP)

**Notes to the financial statements**April 30, 2022

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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, 2022

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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.

DRAFT

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

April 30, 2022

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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, 2022 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, 2022, 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 XX, 2022  
Winnipeg, Manitoba

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

Maternal/Child Quality Assurance Program

**Statement of financial position**

As at April 30, 2022

	<u>2022</u>	2021
	\$	\$
<b>Asset</b>		
Current		
Cash	—	17,279
Receivable - Government Program	<b>82,198</b>	—
	<b>82,198</b>	<b>17,279</b>
<b>Liabilities</b>		
Current		
Deferred program revenue	—	17,279
Cash deficiency	<b>82,198</b>	—
	<b>82,198</b>	<b>17,279</b>
<b>Net assets - Unrestricted</b>	<b>—</b>	<b>—</b>
	<b>82,198</b>	<b>17,279</b>

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, 2022

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	<b>2022</b>	2021
	<b>Actual</b>	Actual
	<b>\$</b>	\$
<b>Revenue</b>		
Manitoba Health	<b>184,198</b>	189,242
<b>Expenses</b>		
Employee costs	<b>70,019</b>	78,465
Committee meetings	<b>12,058</b>	7,030
Professional fees	<b>73,785</b>	81,145
Building and occupancy costs	<b>10,650</b>	4,258
Office expenses	<b>941</b>	1,140
Overhead	<b>16,745</b>	17,204
	<b>184,198</b>	189,242
<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, 2022

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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 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.

**The College of Physicians and Surgeons of Manitoba**  
Maternal/Child Quality Assurance Program  
**Notes to the financial statements**  
April 30, 2022

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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, 2022

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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, 2022 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, 2022, 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, 2022

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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.
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- 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 XX, 2022

Winnipeg, Manitoba

**The College of Physicians & Surgeons of Manitoba**  
 Substance Use and Addictions Program (SUAP)  
**Statement of financial position**  
 As at April 30, 2022

	<b>2022</b>	2021
	<b>\$</b>	\$
<b>Asset</b>		
Current		
Cash	—	11,789
Receivable - Government program	<b>91,211</b>	—
	<b>91,211</b>	11,789
<b>Liabilities</b>		
Current		
Deferred program revenue	—	11,789
Cash deficiency	<b>352,716</b>	163,652
	<b>352,716</b>	175,441
<b>Net deficit</b>		
Unrestricted	<b>(261,505)</b>	(163,652)
	<b>91,211</b>	11,789

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, 2022

	<b>2022</b>	2021
	<b>\$</b>	\$
<b>Revenue</b>		
Manitoba Health	<b>206,000</b>	255,000
<b>Expenses</b>		
Employee costs	<b>168,183</b>	193,235
ORT Training expenses	<b>81,971</b>	96,927
Building and occupancy costs	<b>21,074</b>	8,368
Office expenses	<b>5,002</b>	4,169
Overhead	<b>27,623</b>	33,806
	<b>303,853</b>	336,505
<b>Deficiency of revenues over expenses</b>	<b>(97,853)</b>	(81,505)
Net deficit, beginning of year	<b>(163,652)</b>	(82,147)
<b>Net deficit, end of year</b>	<b>(261,505)</b>	(163,652)

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

Substance Use and Addictions Program (SUAP)

**Notes to the financial statements**April 30, 2022

---

**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 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.

*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, 2022

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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, 2022

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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, 2022 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, 2022, 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 XX, 2022  
Winnipeg, Manitoba

**The College of Physicians and Surgeons of Manitoba**  
 Manitoba Physician Public Register Program  
**Statement of financial position**  
 April 30, 2022

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	<b>2022</b>	2021
	<b>\$</b>	\$
<b>Assets</b>		
Current		
Receivable - Government Program	<b>8,879</b>	8,793
	<b>8,879</b>	8,793
<b>Liabilities</b>		
Current		
Cash deficiency	<b>8,879</b>	8,793
	<b>8,879</b>	8,793
<b>Net assets</b>		
Unrestricted	—	—
	<b>8,879</b>	8,793

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, 2022

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	<b>2022</b>	2021
	<b>\$</b>	\$
<b>Revenue</b>		
Manitoba Health	<b>15,084</b>	14,947
<b>Expenses</b>		
Employee costs	<b>12,999</b>	12,888
Professional fees	<b>714</b>	700
Overhead	<b>1,371</b>	1,359
	<b>15,084</b>	14,947
<b>Excess of revenues over expenses</b>	-	-
Net assets, beginning of year	-	-
<b>Net assets, end of year</b>	-	-

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

Manitoba Physician Public Register Program

**Notes to the financial statements**April 30, 2022

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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, 2022

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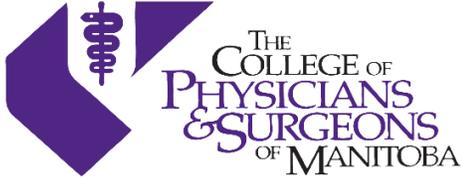
**2. Significant accounting policies (continued)***d) Use of estimates*

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.

DRAFT



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**ANNUAL GENERAL MEETING OF THE MEMBERSHIP  
JUNE 21, 2022  
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 third 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, 2022.

The Finance, Audit and Risk Management Committee recommend that Deloitte LLP be appointed as the auditor for 2022/2023.

**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 21, 2022, DR. NADER SHENOUDA, CHAIR OF THE FINANCE, AUDIT AND RISK MANAGEMENT COMMITTEE, WILL MOVE THAT:**

The registrants approve Deloitte LLP be appointed as auditors for all CPSM accounts in the forthcoming fiscal year 2022/2023 as recommended by the Finance, Audit and Risk Management Committee.




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**ANNUAL GENERAL MEETING OF THE MEMBERSHIP  
JUNE 21, 2022  
NOTICE OF MOTION FOR APPROVAL**

---

**SUBJECT:**

Motion to approve Bylaw Amendments

**BACKGROUND:**

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

The following bylaws were amended in the past year.

[Accredited Facilities Bylaw](#) amendment June 2021

The following amendments to the Accredited Facilities Bylaw:

s.13.3.3.iv “cataracts and retinal procedures” and 13.3.3.v “Lasik therapeutic procedures” be replaced with:

“13.3.3.iv. the following Ophthalmological Procedures:

- Cataract surgical procedures
- Corneal laser procedures
- Retinal procedures limited to scleral buckling and vitrectomies
- Lasik therapeutic procedures”

s. 1.1.11 ““Standards” means the Standards approved by Council for facilities” be replaced with:

““Standards” means the Standards approved by the Committee for facilities.”

[Central Standards Bylaw](#) amendment September 2021

The following Standards Committees are deleted from Schedule C of the Central Standards Bylaw:

Assiniboine Surgical Centre Standards Committee  
Ageless Cosmetic Clinic Standards Committee  
First Glance Aesthetic Clinic Standards Committee  
Heartland Fertility & Gynecology Clinic Standards Committee  
Manitoba Clinic Endoscopy Suite Standards Committee

Maples Surgical Centre Standards Committee  
 Visage Clinic Standards Committee  
 Women's Health Clinic Standards Committee  
 Western Surgery Centre Standards Committee  
 Winnipeg Clinic (Endoscopy) Standards Committee

[Affairs of the College Bylaw](#) amendment March 2022

Section 5, 6, and 7 updated to reflect the President Elect hold a seat on Council.

The Affairs of the College Bylaw be amended as follows **in red**:

Number of Elected Councillors from each Electoral District

5. The number of regulated members to be elected from each electoral district is:

- a. ~~5~~ 4 members from the Winnipeg electoral district;
- b. 1 member from the North electoral district;
- c. 1 member from the East electoral district; and
- d. 1 member from the West electoral district.

6. For the election of regulated members, the Election Transition provisions at section 110 shall prevail over the terms of this Bylaw until the election in 2022.

7a. Commencing in 2020 and continuing every second year thereafter there must be an election of regulated members to Council on the following schedule:

- 2020 – 3 Councillors from the Winnipeg Electoral District
- 2020 - 1 Councillor from the West Electoral District
- 2022 – ~~2~~ 1 Councillors from the Winnipeg Electoral District
- 2022 - 1 Councillor from the North Electoral District
- 2022 - 1 Councillor from the East Electoral District

**President Elect**

7b. The President Elect of the Council, whether or not he or she has been re-elected or re-appointed as a council member, will be a member of the Council of the College.

7c. A chart representing the composition of Council is:

## Motion to approve Bylaw Amendments

<b>Council Position</b>	<b>Number</b>	<b>Appointed</b>	<b>Elected</b>	<b>Other</b>
Public Representative	3	Appointed by Council		
Public Representative	3	Appointed by Minister		
University of Manitoba	1	Appointed by University		
President	1			Ex Officio
Past President	1			Ex Officio
President Elect	1			Ex Officio
Associate Member	1		Elected by Associate members	
Winnipeg	4		Elected by Members	
North	1		Elected by Members	
East	1		Elected by Members	
West	1		Elected by Members	
<b>Total</b>	<b>18</b>			

**PUBLIC INTEREST RATIONALE**

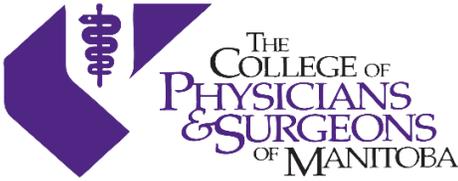
“A College must carry out its mandate, duties, and powers and govern its members in a manner that serves and protects the public interest.” s. 10(1) RHPA

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.

**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 21, 2022, DR. NADER SHENOUDA, PRESIDENT-ELECT WILL MOVE THAT:**

The Membership approve amendments to the above listed CPSM Bylaws.



---

**ANNUAL GENERAL MEETING OF THE MEMBERSHIP  
JUNE 21, 2022  
FOR INFORMATION**

---

**SUBJECT:** CPSM 2022 Election Results

**BACKGROUND:**

Section 7.a. of the Affairs of the College Bylaw states:

7.
  - a. Commencing in 2020 and continuing every second year thereafter there must be an election of regulated registrants to Council on the following schedule:
    - 2020 - 3 Councillors from the Winnipeg Electoral District
    - 2020 - 1 Councillor from the West Electoral District
    - 2022 - 1 Councillors from the Winnipeg Electoral District**
    - 2022 - 1 Councillor from the North Electoral District**
    - 2022 - 1 Councillor from the East Electoral District**

The election for one each member from the Winnipeg, North, and East Electoral District commenced in March 2022 and the outcome was as follows:

- Dr. Caroline (Carrie) Corbett was elected in Winnipeg Electoral District
- Dr. Lisa Monkman was elected by acclamation in the North Electoral District
- Dr. Kevin Convery was elected by acclamation in the East Electoral District

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 2022 and the outcome was Mr. Chris Barnes was re-elected as Associate Member Councillor for the 2022-2023 fiscal year.

**PUBLIC INTEREST RATIONALE:**

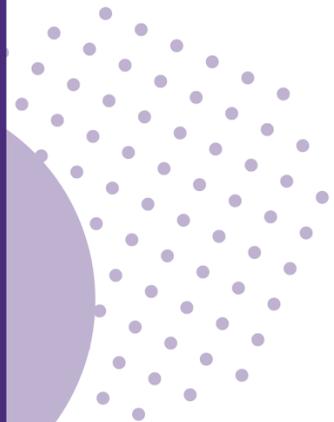
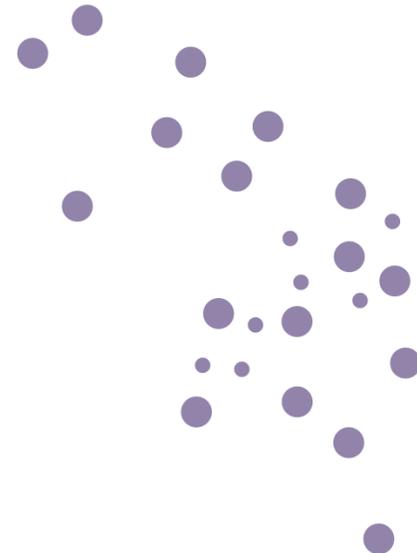
“A college must carry out its mandate, duties, and powers and govern its members in a manner that serves and protects the public interest.” S. 10(1) RHPA



# CPSM AGM

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# 2021/2022 CPSM MAJOR ACTIVITIES & COMMITTEE REPORTS





# STRATEGIC ORGANIZATIONAL PRIORITIES

# Strategic Organizational Priorities

CPSM AGM

## Standards of Practice Completed:

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

# Strategic Organizational Priorities

## STANDARD OF PRACTICE FOR EPISODIC CARE, HOUSE CALLS, WALK-IN CLINICS

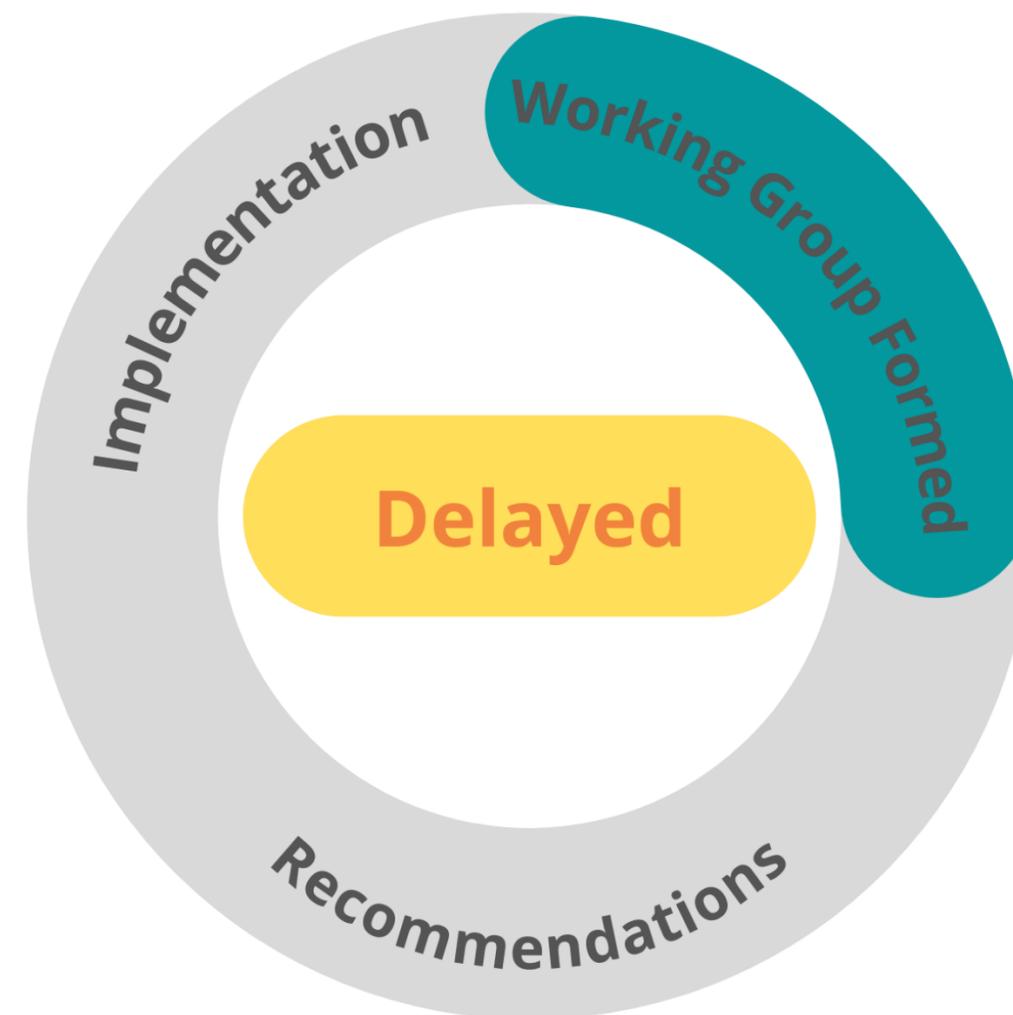


This Standard will establish minimum practice requirements for providing care that is episodic, house calls, or in a walk-in primary care basis.

# Strategic Organizational Priorities

CPSM AGM

## PRESCRIBING RULES REVIEW



The working group will review prescribing regulations, Standards of Practice, and Practice Directions and recommend improvements in prescribing that to promote current best practices and enhance patient safety. Jointly with College of Pharmacists.

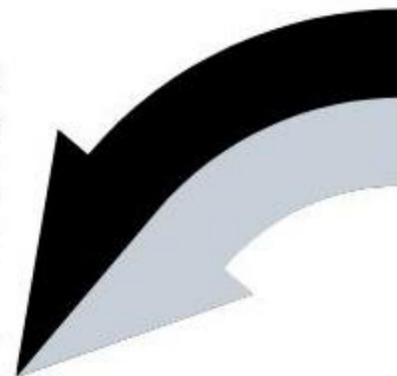
# Strategic Organizational Priorities

CPSM AGM

## Truth & Reconciliation: Addressing Indigenous Racism by Medical Practitioners

### Indigenous Leadership

Led by Dr. Lisa Monkman, the Advisory Circle includes Indigenous physicians, CPSM registrants, and community members (i.e. scholars, elders, knowledge keepers).



### Calls to Action

CPSM aims to act on the Truth & Reconciliation Commission Report Calls to Action which place responsibilities on healthcare professional regulators, to lead to real change.



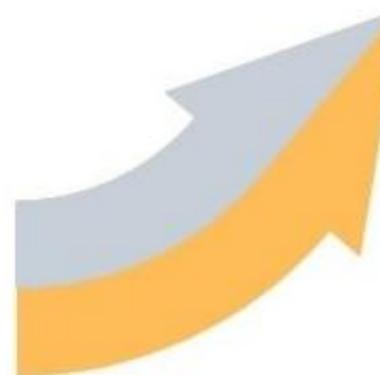
### Inclusion & Respect

The Advisory Circle operates in a spirit of inclusion and respect for the diversity of Indigenous cultures, communities, and experiences.



### Guidance & Recommendations

The Advisory Circle provides guidance and recommendations to CPSM to reflect on its processes and guide registrants to better serve Indigenous patients.



# CPSM CORE FUNCTIONS



**Registration**



**Quality**



**Complaints  
&  
Investigations**

# REGISTRATION



# REGISTRATION

CPSM AGM



Oversees registration and renewal of physicians, medical students, residents, physician assistants, physician assistant students and clinical assistants.



Registration of Medical Corporations.

# REGISTRATION

CPSM AGM



# 3157

## Physicians with a full Certificate of Practice

(Regulated Member - Full and Regulated Member - Provisional)



Total over the past 5 years	
2021	3083
2020	3029
2019	2982
2018	2902
2017	2824

# 1093



## Associate Members (Educational)

Medical Students **449**

Physician Assistant Students **30**

Residents **537**

Full Certificate of Practice **77**



Clinical Assistants **101**

Physician Assistants **136**

# REGISTRATION

CPSM AGM

# 308

## TOTAL NEW

Registration & Full  
Certificate of Practice granted



Country of  
Qualification

 MANITOBA 102

 CANADA 56

 ASIA 68

 EUROPE 13

 USA 3

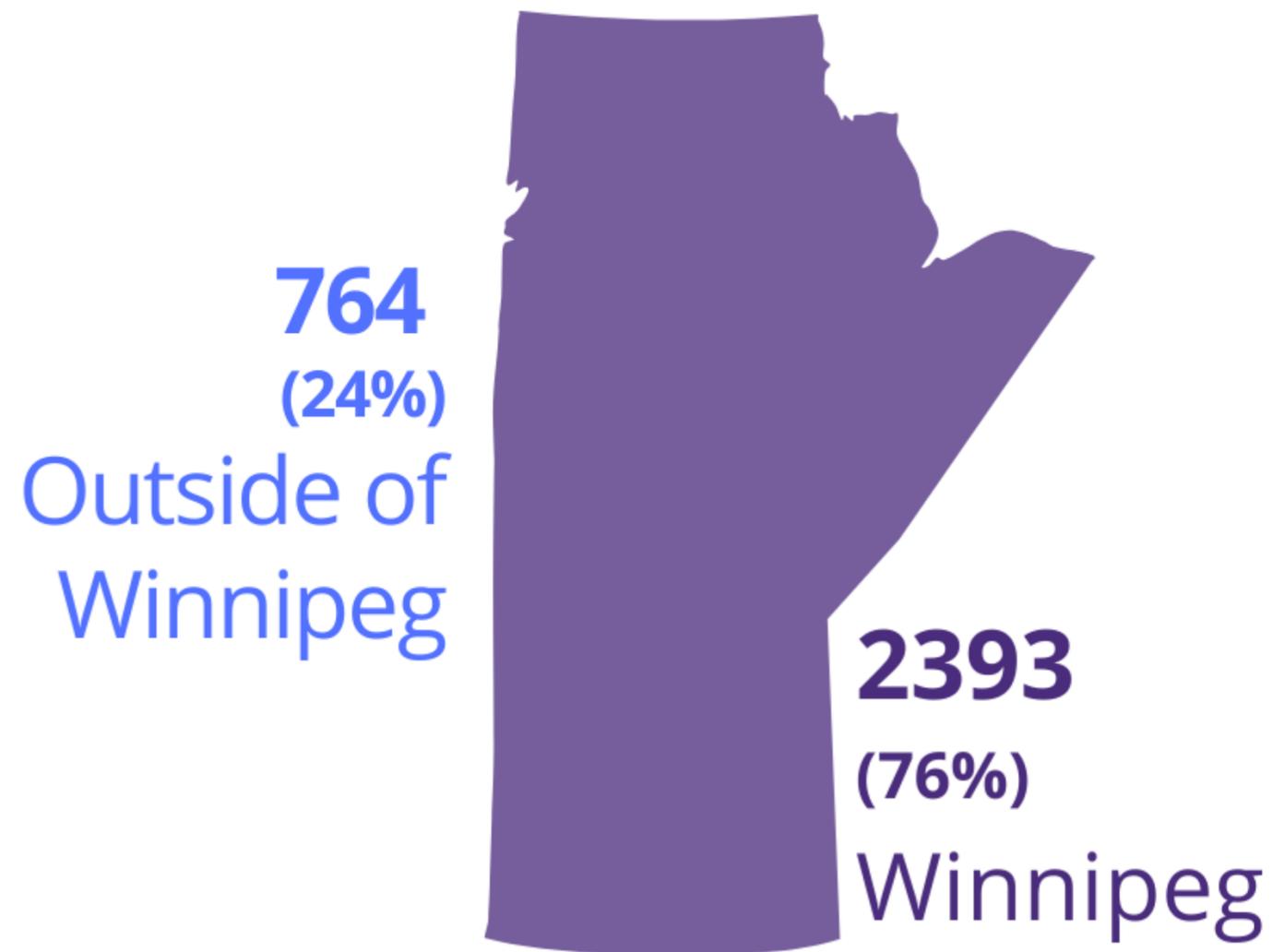
 AFRICA 42

 UK & IRELAND 10

 CENTRAL & SOUTH AMERICA 12

 AUSTRALIA 2

## Distribution of physicians in Manitoba



# REGISTRATION

CPSM AGM

Physicians in Manitoba based on  
**country of graduation**



**52%**

**Manitoba**



**15%**

**Canada**  
other provinces



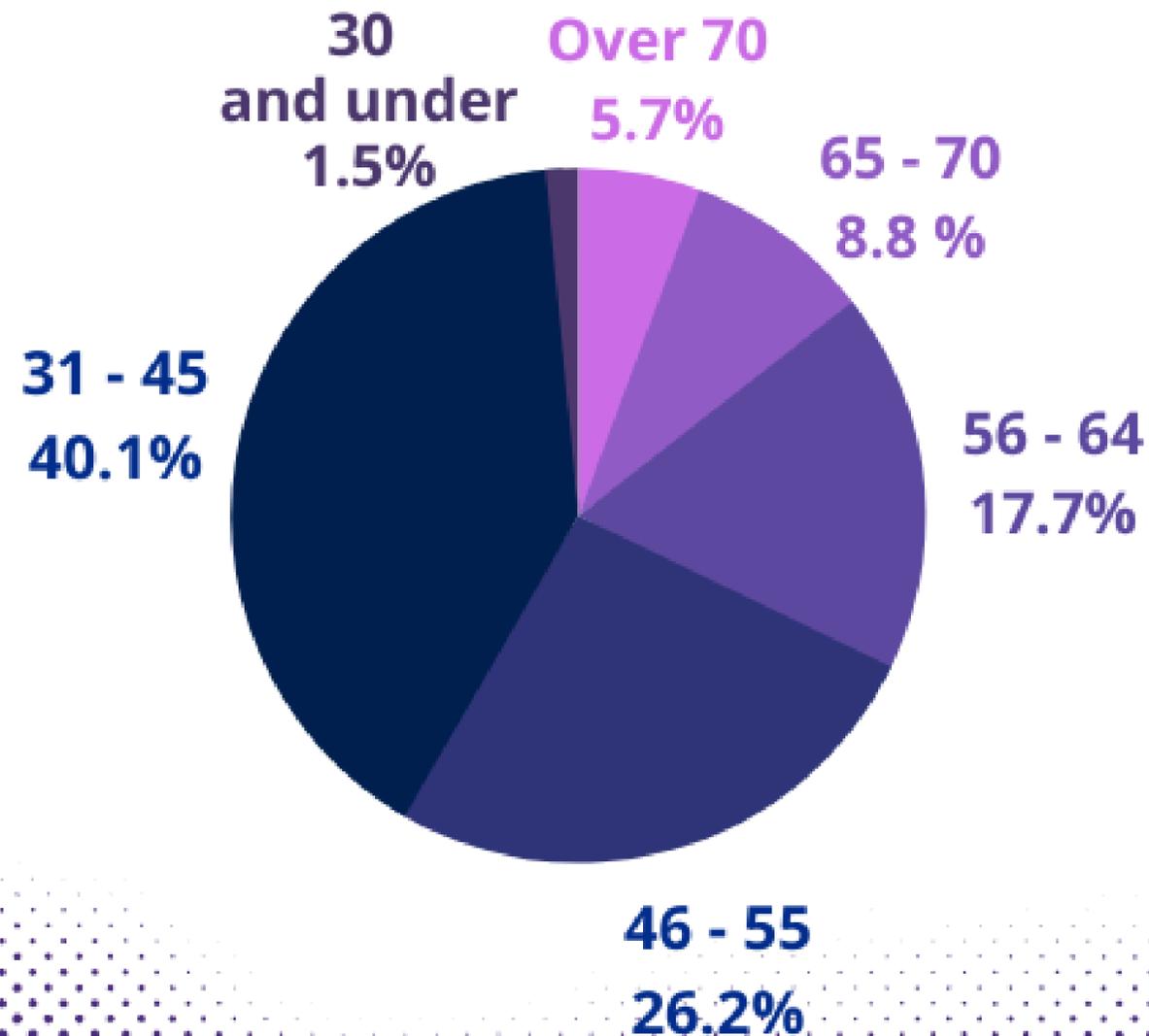
**33%**

**International**

# REGISTRATION

CPSM AGM

## Age of Physicians

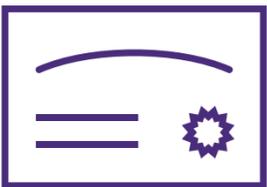


# REGISTRATION

CPSM AGM

**1571**  
Specialist  
Register



**142**   
Provisional Registrants under  
a Minister's Certificate

**2260**

**Total Medical  
Corporations Registered**

**789**

**Certificates of Professional  
Conduct Issued**

CPSM AGM

QUALITY



# QUALITY DEPARTMENT OVERVIEW

CPSM AGM



# QUALITY DEPARTMENT OVERVIEW

CPSM AGM



# PHYSICIAN HEALTH PROGRAM

CPSM AGM

# 84 New Referrals

# 4 New Undertakings

(out of the new 84 referrals)

## TOP REFERRAL CATEGORIES

# 19%

### Anxiety & depression

including major depressive episodes

# 11%

### Burnout & Stress

# 12%

### Cancer



## SELF-REFERRALS

INCREASED BY AND MAKE UP

# 50%

# 29%

OVER LAST YEAR OF ALL REFERRALS



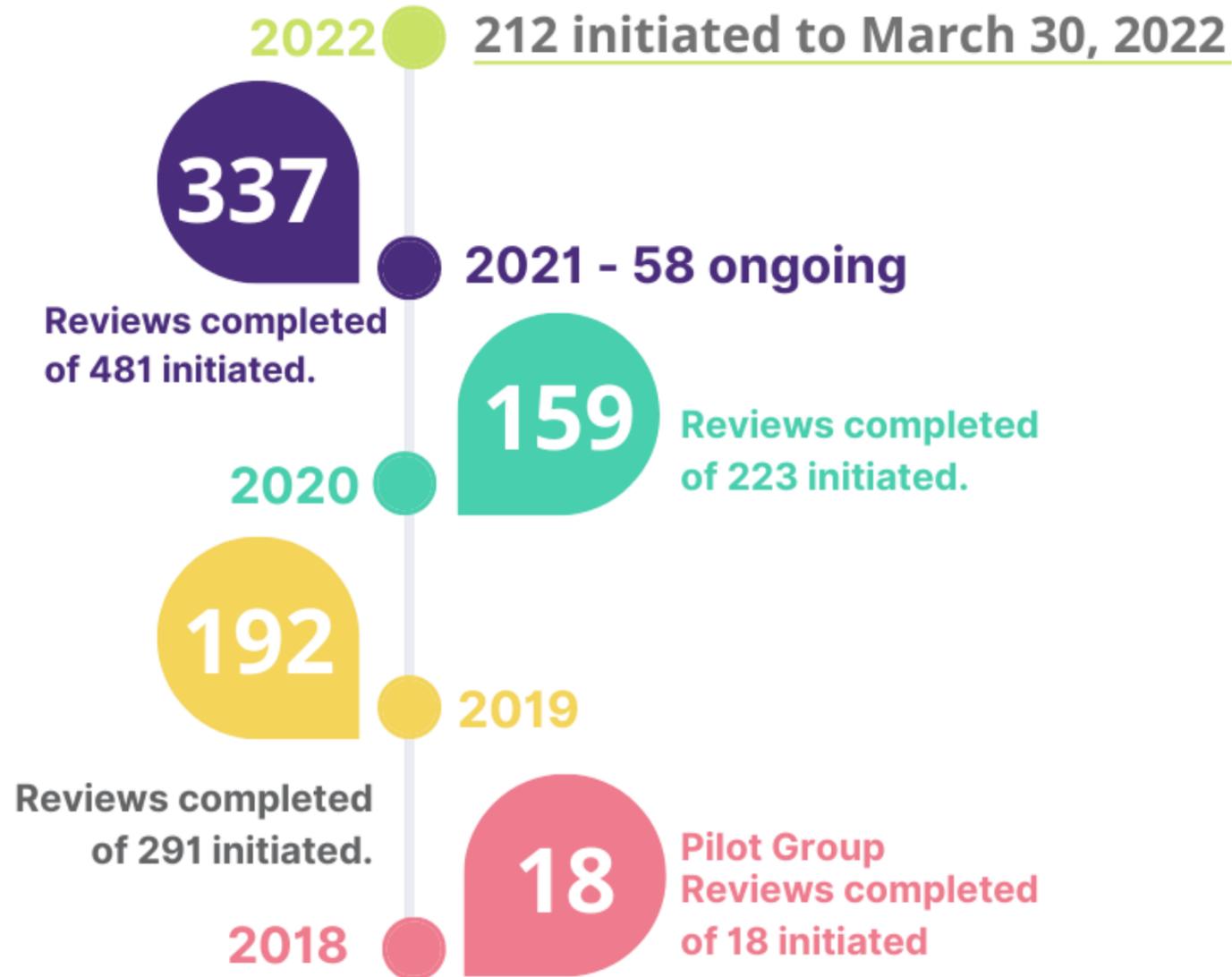


# QUALITY IMPROVEMENT PROGRAM

CPSM AGM

## 1225 QI Reviews INITIATED TO-DATE

29%  
Deferral  
Rate\*



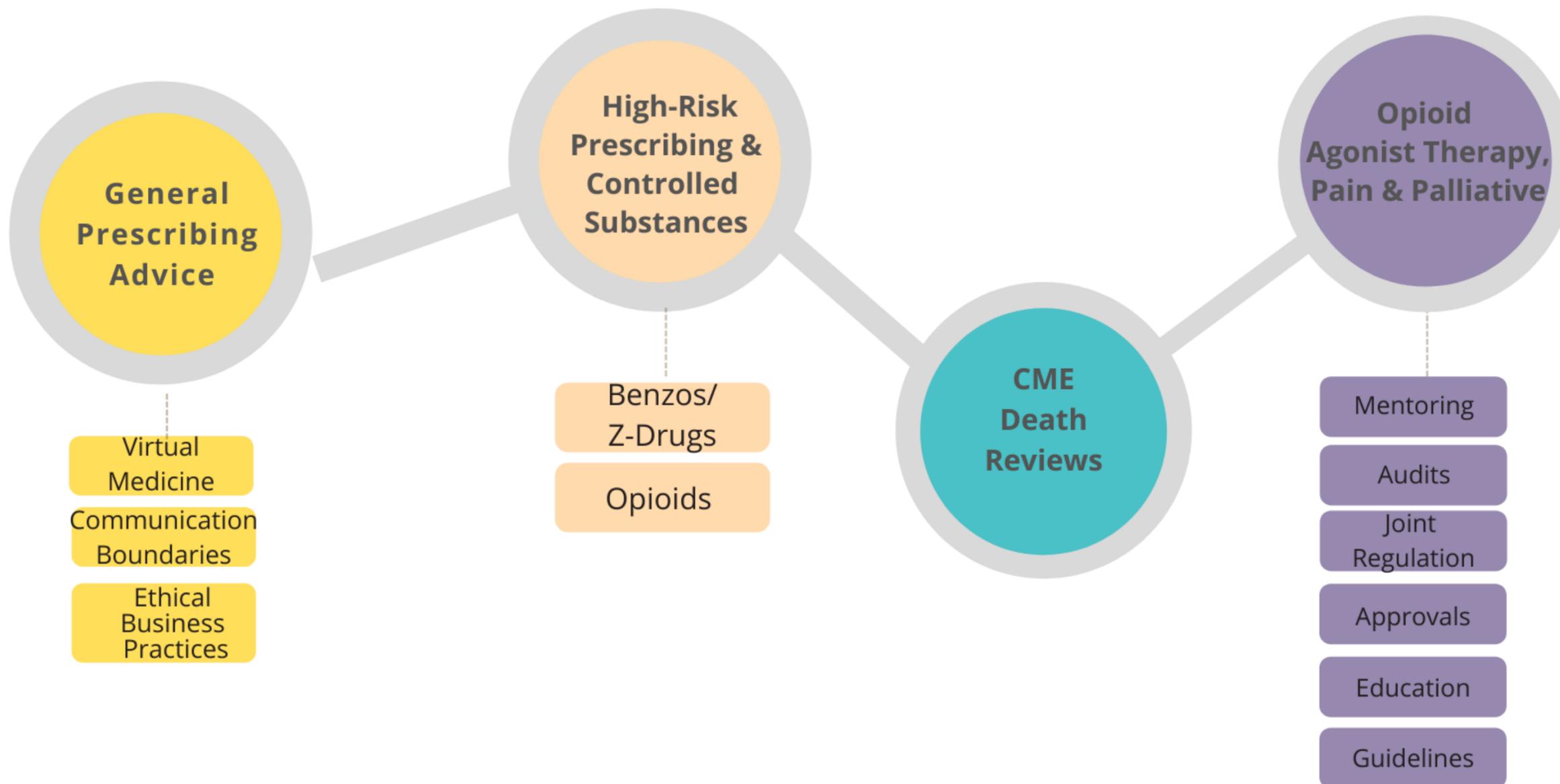
Only **16** escalated for further assessment to Central Standards Committee



\*From January 2018 - October 2021

# PRESCRIBING PRACTICES PROGRAM

CPSM AGM





# PRESCRIBING PRACTICES PROGRAM

CPSM AGM

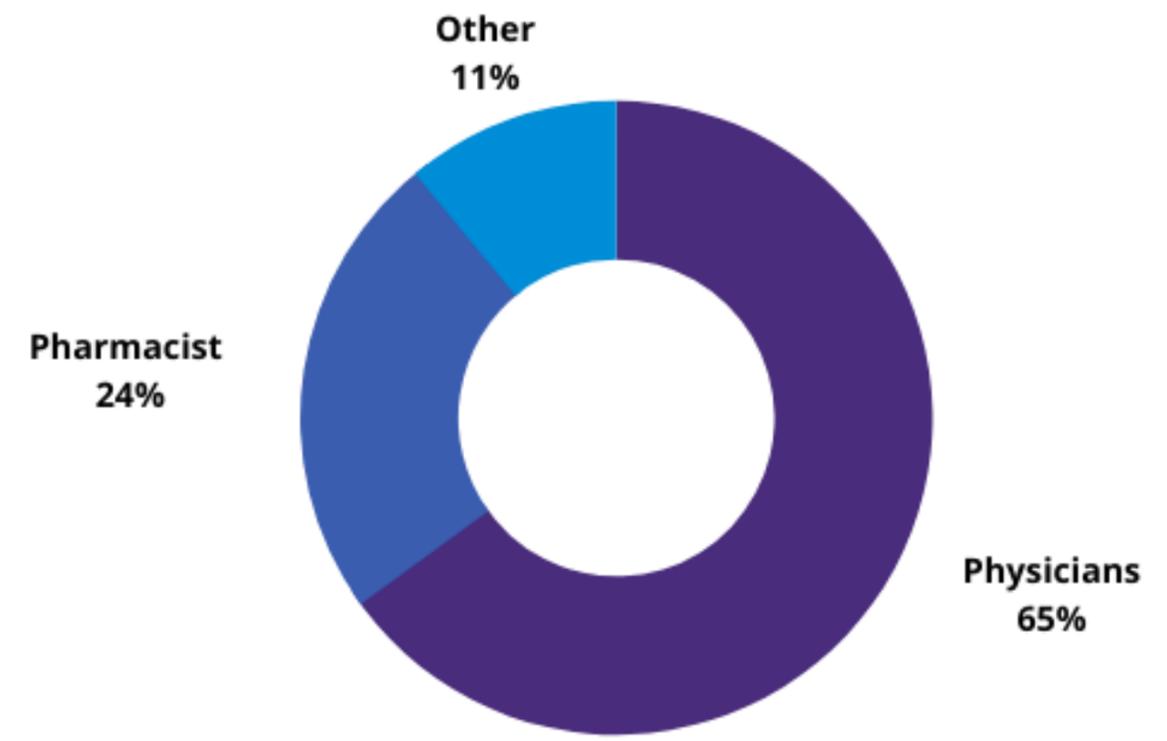
## General Prescribing Advice

Supporting and engaging CPSM registrants by providing an avenue for case-specific advice.

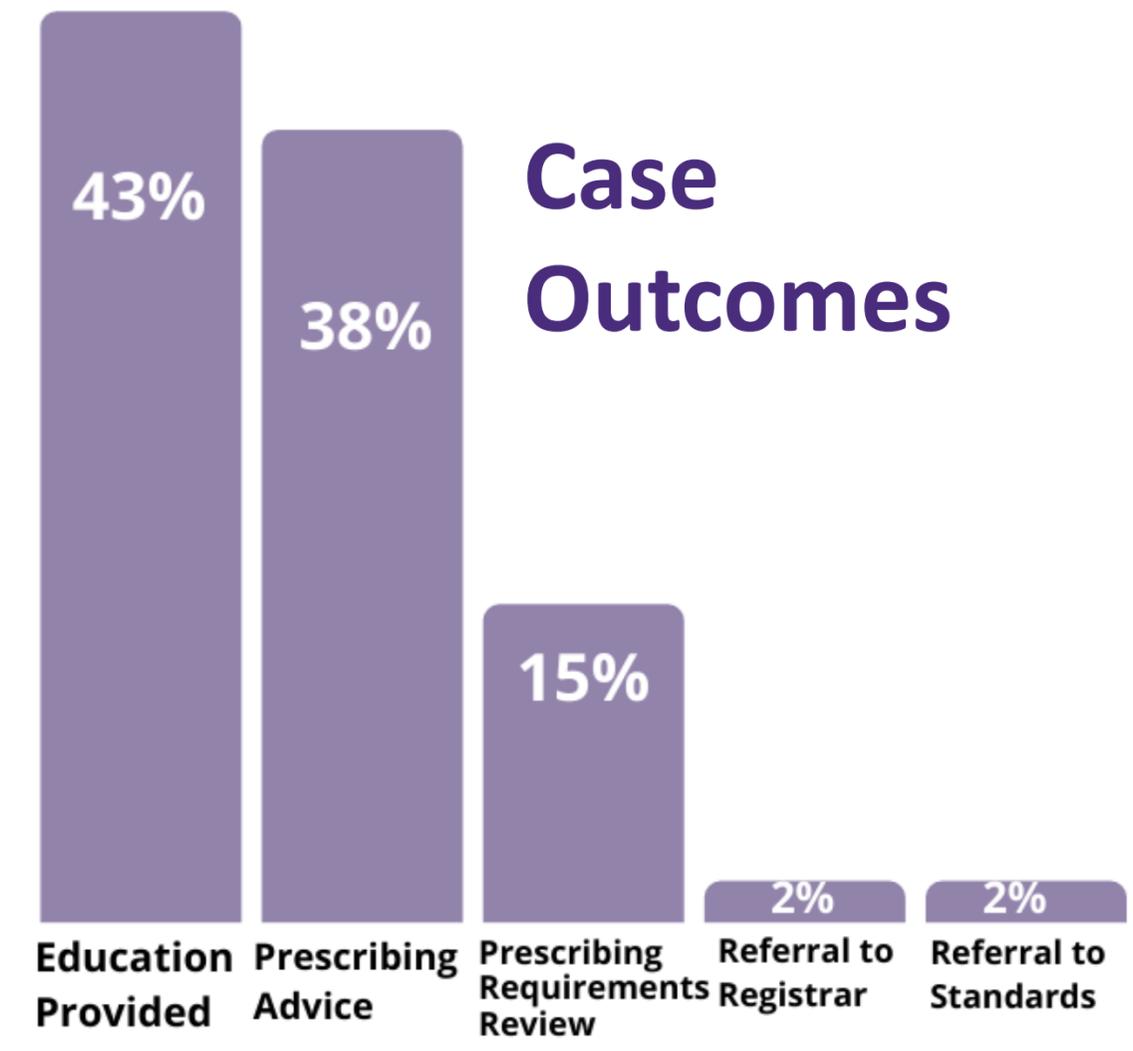
# 140%↑

Increase in general practice advice cases.

### General Prescribing Advice Sought by:



### Case Outcomes



## PRESCRIBING PRACTICES PROGRAM

*“I found all your feedback very informative. It made me think in some more expansive ways about the case, the problem with addiction, and how it contributes to the total disease burden. This has been a learning experience for me. I appreciate all the help from the College. Thank you.”*



- Specialist physician who used the Prescribing Practices Program for assistance managing a complex clinical case

## CME DEATH REVIEW OUTCOMES



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

**10** Referrals to CPhM/CRNM

**11** Letters sent to registrant requesting response  
**42** Letters sent with prescribing concerns and recommendations  
**2** Referrals to Central Standards Committee  
**1** Referral to Complaints

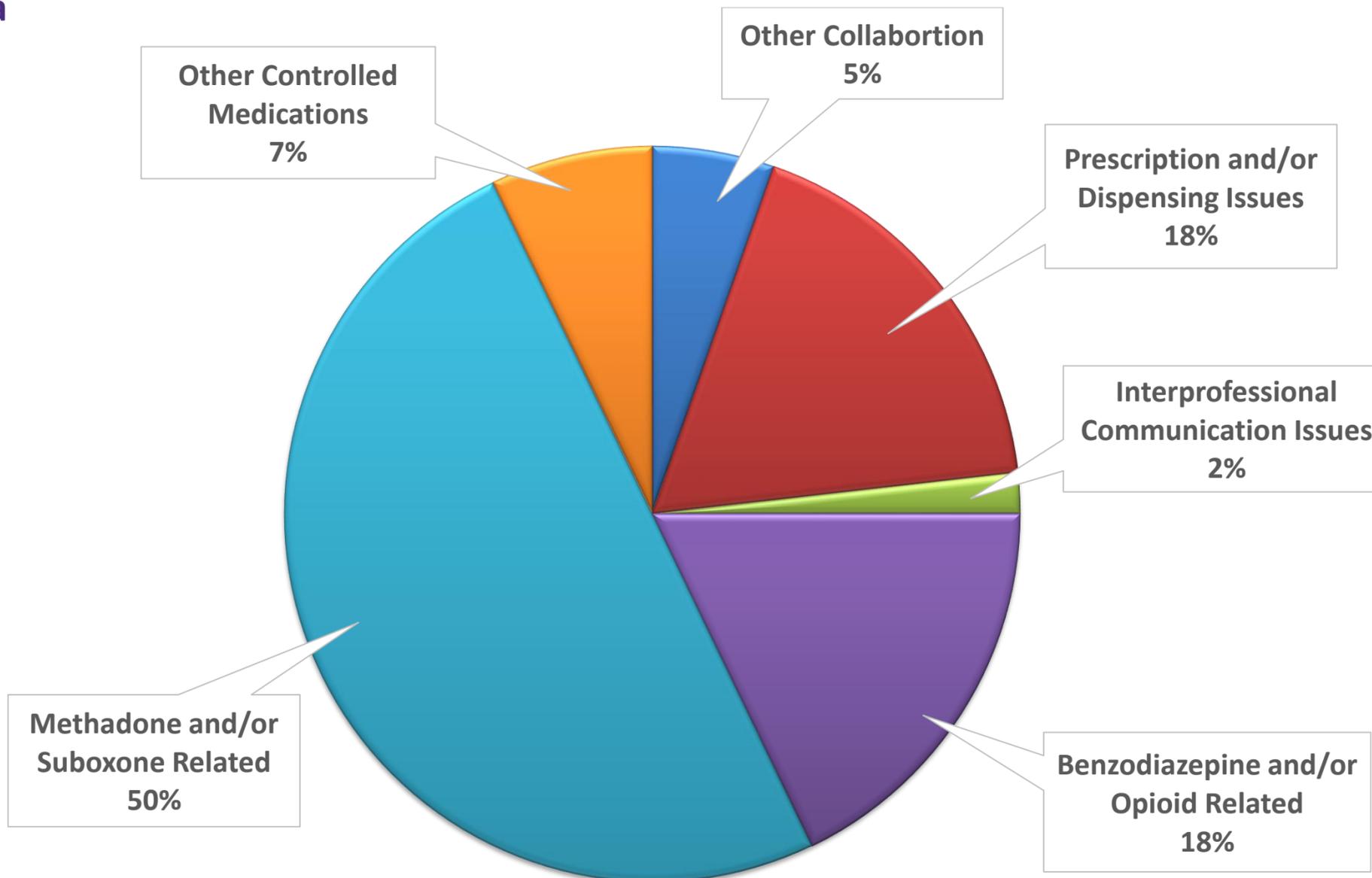




# PRESCRIBING PRACTICES PROGRAM

## Joint Regulation Collaboration

with The College of Pharmacists of Manitoba & The College of Registered Nurses of Manitoba



# Central Standards Committee

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CPSM AGM

## Committee Members

**Roger Süss, MD, Chair**

Ira Ripstein, MD

Eric Sigurdson, MD

Christine Polimeni, MD

Jacobi Elliott, MB, ChB (ex officio)

Nader Shenouda, MD, (ex officio)

Mary-Jane Seager, MD

Christopher Barnes, CA

Katherine Stansfield

Dorothy Albrecht

Marvelle McPherson

# Central Standards Committee

CPSM AGM

## Other Activities



- Central Standards Committee Sub-Committees of the were introduced to the [Standards Sub-Committee Guide for Operations](#) in October 2021 and have started using the reporting templates that were included in the guide.
- Two [information sessions](#) were held in November 2021, with participants attending from various standards sub-committees.

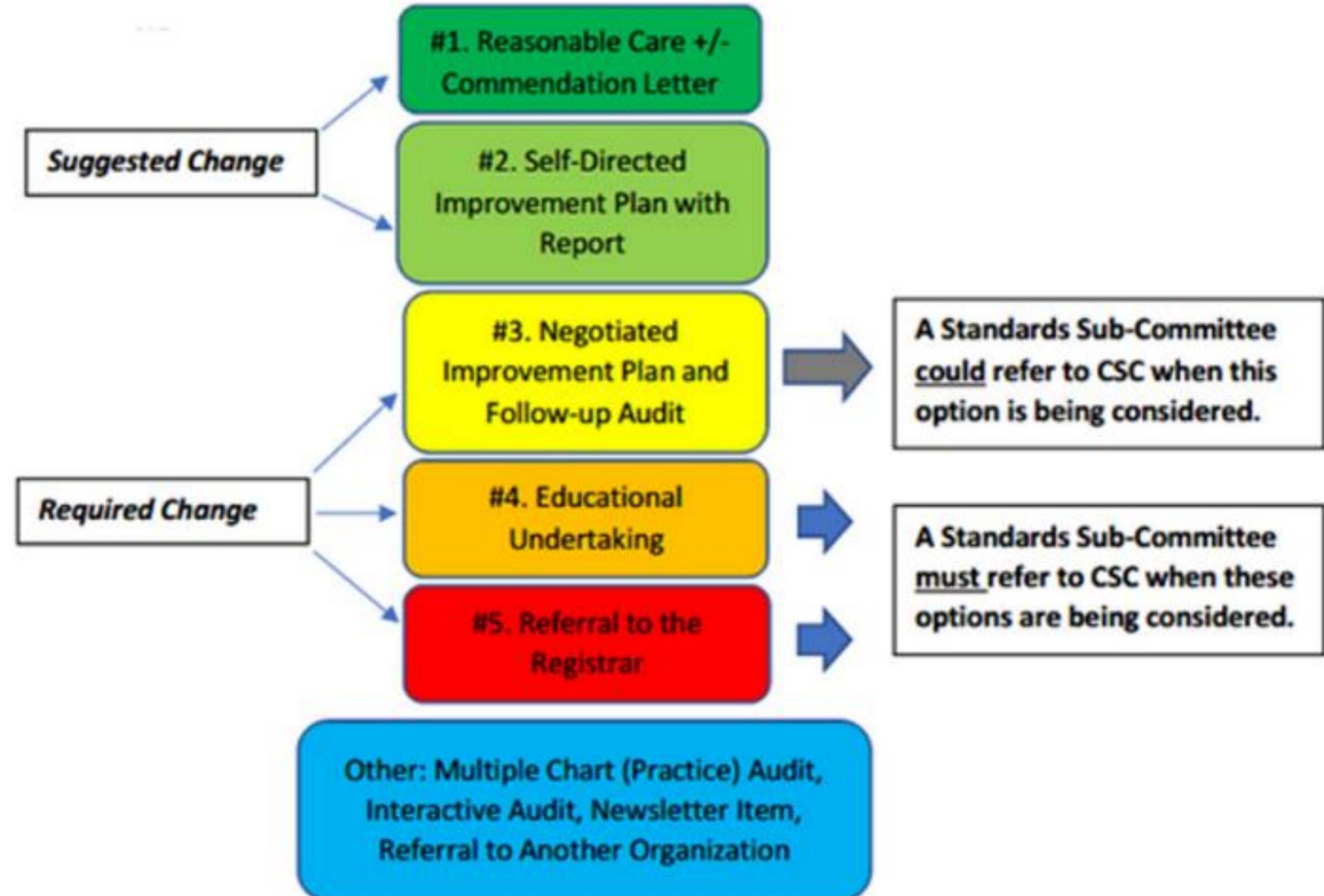


- The CSC Chair and Assistant Registrar continue to [communicate](#) with the sub-committees and offer support to sub-committees experiencing membership turnover due to retirements, leaving the community etc.

# Central Standards Committee

## Framework for Decision and Outcomes of Standards Committees

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

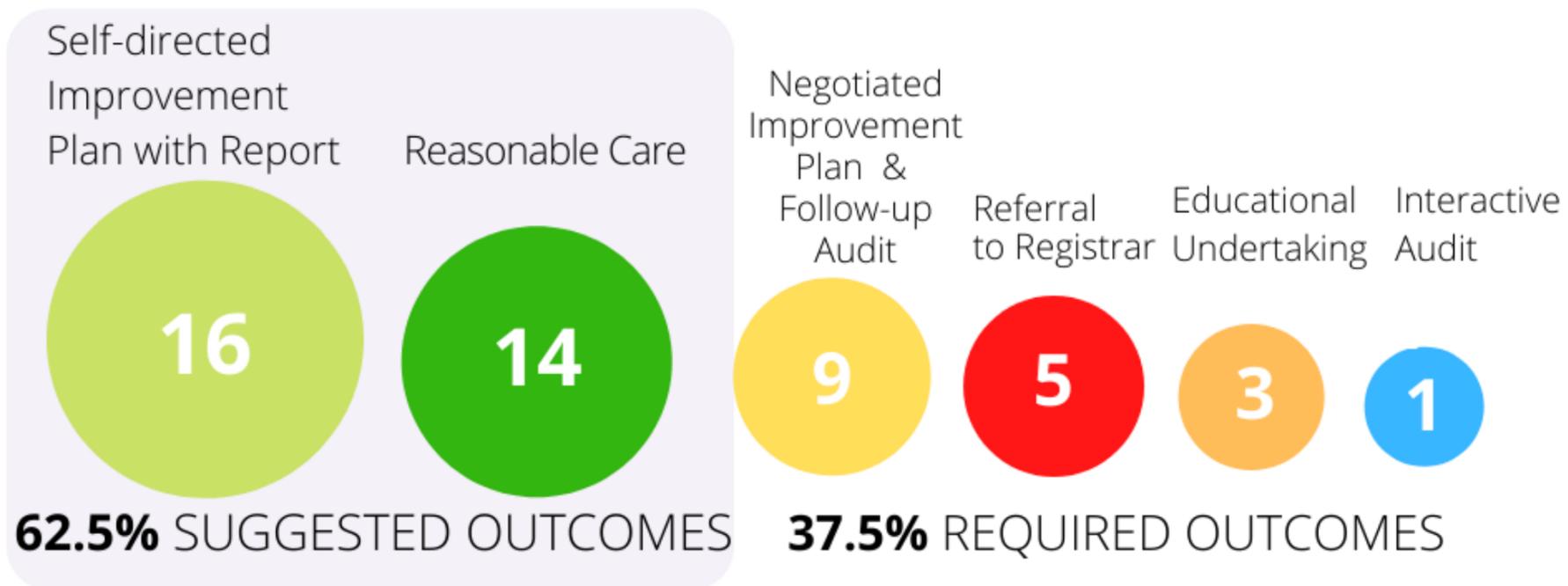


# Central Standards Committee

CPSM AGM



## Audit Review Breakdown\*



\*Total Reviews = 48 as a result of two outcomes from one audit.



# Child Health Standards Committee

---

CPSM AGM

## Committee Members

**Darcy Beer, MD, Chair**

Aviva Goldberg, MD

Bryan Magwood, MD

Petra Rahaman, MD

Anna Shawyer, MD

Stasa Veroukis, MD

Jason Zhang, MD

The committee met 5 times throughout the year.

*Operations of this committee came to an end March 31, 2022, due to removal of funding. Transition plans are currently underway with Shared Health.*

# Child Health Standards Committee

CPSM AGM

## Major Activities

### Safe Sleep Resource for Parents

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

### Anaphylaxis Management

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

# Child Health Standards Committee

CPSM AGM

## Major Activities

### Manitoba Poison Centre

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

### Primary Care Clinical Practice Guidelines

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

Reporting delays from the OCME continue, related to COVID. 52 notifications of death were received (deaths occurred in January to June 2020) during this year.

74 cases were reviewed and classified.

CPSM AGM

## Committee Members

**Wendy Hooper, MD, Chair**

Olalekan Akintola, MD

Ms. Kelly Fitzmaurice

Leanne Nause, MD

Chelsea Ruth, MD

Carol Schneider, MD

The committee met 5 times throughout the year.

*Operations of this committee came to an end March 31, 2022, due to removal of funding. Transition plans are currently underway with Shared Health.*

## Major Activities

### Manitoba Prenatal Record

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

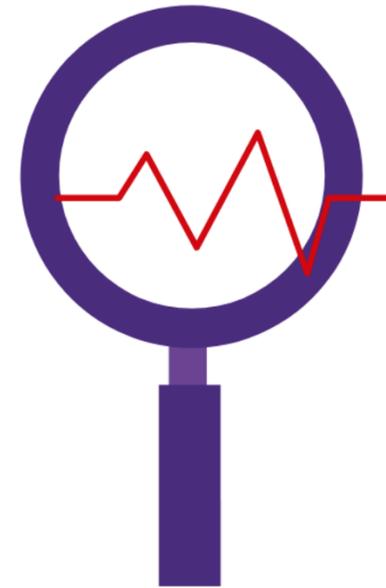
### Educational Letters

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

### Case Reviews

**391 cases were reviewed** by the Medical Consultant.

CPSM AGM



# PROGRAM REVIEW COMMITTEE

# Program Review Committee

CPSM AGM

## Committee Members

**Wayne Manishen, MD, Chair**

Leslie Agger (Public Councillor)

Brent Anderson, MD – Surgery

Eileen Gelowitz (Public Representative)

Amin Kabani, MB ChB- Laboratory Medicine

Iain Kirkpatrick, MD - Diagnostic Imaging

Dan Lindsay, MD – Diagnostic Imaging

Jenisa Naidoo, MB ChB – Laboratory Medicine

Jennifer Cable (MB Nominee, non-voting)

Ira Ripstein, MD (ex officio)

Jacobi Elliott, MB ChB (ex officio)

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

The committee met four times during the year.

# Program Review Committee

---

CPSM AGM

## Major Activities

- The committee adopted consent agenda allowing them to focus more time on adverse patient outcomes.
- The committee now includes a surgeon and an aneathetist .
- MANQAP is now responsible for the accreditation of **Non-Hospital Medical and Surgical Facilities (NHMSF)**.

# Manitoba Quality Assurance Program

CPSM AGM

## Manitoba Quality Assurance Program (MANQAP) is:



The provincial accreditation agency.



Responsible for assuring the quality and safety of diagnostic and non-hospital medical and surgical facilities\*.



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



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

\*which are not government owned and/or operated that perform procedural sedation (surgery centres, dermatology facilities, assisted reproduction, and abortion facilities).

## Major Activities

- On-site inspections have been re-established for diagnostic facilities.
- Work continues to reduce the back-log of inspections resulting from COVID-19 pandemic restrictions.



### Non-Hospital Medical and Surgical Facilities

- MANQAP is now responsible for the accreditation of **Non-Hospital Medical and Surgical Facilities (NHMSF)**.
- NHMSF standards have been extensively reviewed by subject matter experts and adapted for use in Manitoba.
- A new NHMSF Adverse Patient Outcome reporting and review process has been implemented.



# Manitoba Quality Assurance Program (MANQAP)

CPSM AGM



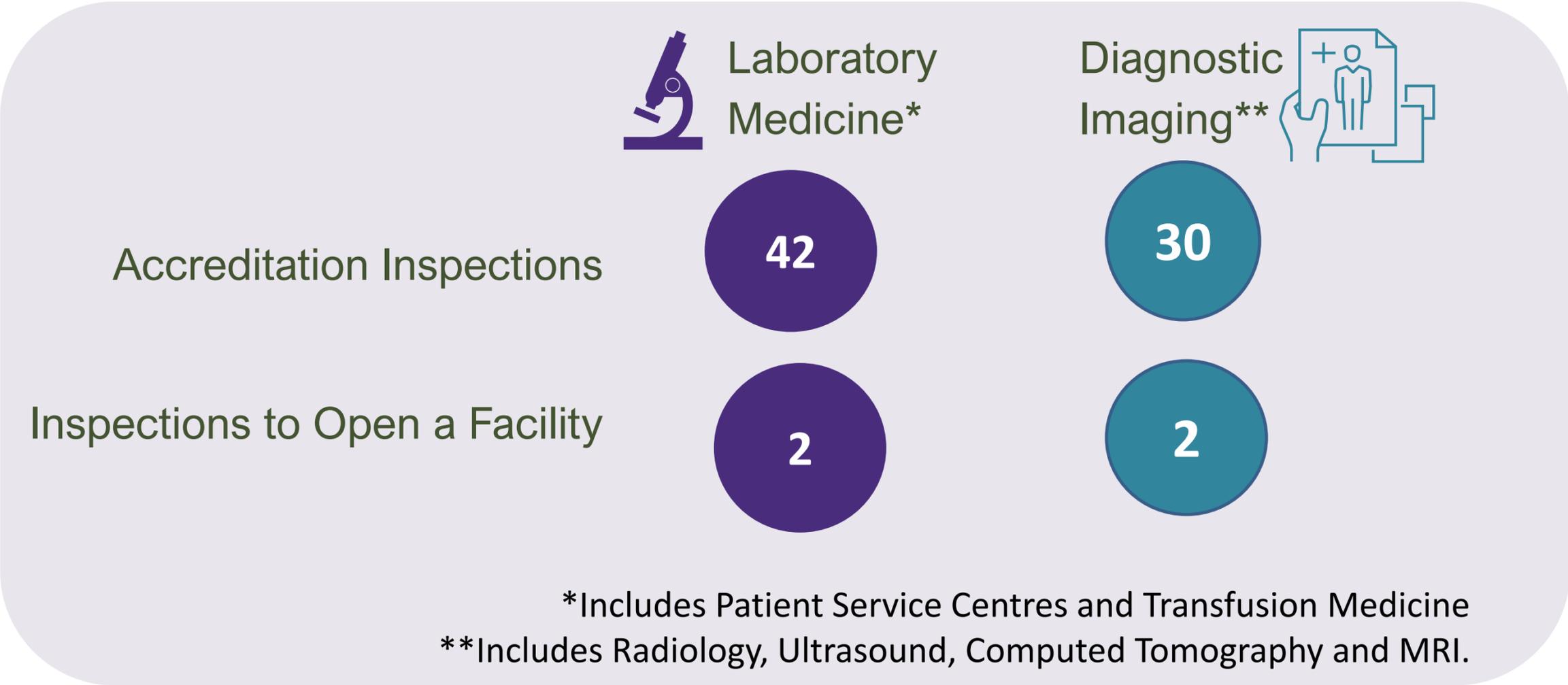
	Laboratory Medicine*	Diagnostic Imaging**	Non-Hospital Medical & Surgical Facilities
Total number of Facilities	176	165	20
Full Accreditation	143	138	6
Conditional Accreditation	6	12	0
Temporary Accreditation	20	15	3
In process of Obtaining Accreditation	7	0	11

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

# Manitoba Quality Assurance Program (MANQAP)

CPSM AGM

## Major Activities May 1, 2021 – March 30, 2022



# Manitoba Quality Assurance Program (MANQAP)

CPSM AGM

## Activities

2

Unannounced  
Inspections

7

Complaints  
Received

12

Number of NHMSF  
Adverse Patient  
Outcomes Reviewed

MANQAP investigates written complaints that are received.

MANQAP may also conduct unannounced site visits if required.



# COMPLAINTS & INVESTIGATIONS



CPSM AGM

## Major Activities

### Launched a new process for Complaints & Investigations

The emphasis is on assigning the **right resources and process** in addressing a complaint and is dependent on the nature of the concerns. (see next slide for details)

### Held an informational webinar on new process

Over **400 registrants registered in webinar** to learn about the new process and updated Practice Direction. The webinar had over 53% attendance rate and was highly rated by attendees. It was recorded and available to registrants who were unable to attend.

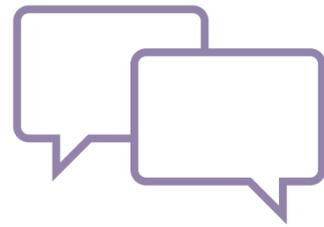
### Hired additional staff

To help deal with an increasing volume of work, we added an additional medical consultant (0.6 EFT) and a full-time assistant to the legal team.

# Complaints & Investigations

CPSM AGM

## A New Process



### FACILITATED COMMUNICATION

Encourages communication between the complainant and registrant to resolve the complaint.



### REFERRAL TO THE COMPLAINTS COMMITTEE

Where an informal resolution is considered appropriate based on the concerns raised.



### REFERRAL TO THE INVESTIGATION COMMITTEE

Where the concerns are not suitable for informal resolution and/or the powers of the Investigation Committee may be required for a complete review.



### DISMISSAL

If the Registrar is satisfied a complaint is trivial, vexatious, or there is insufficient or no evidence of conduct about which a finding could be made at a disciplinary hearing.

# Complaints & Investigations

CPSM AGM

# 360

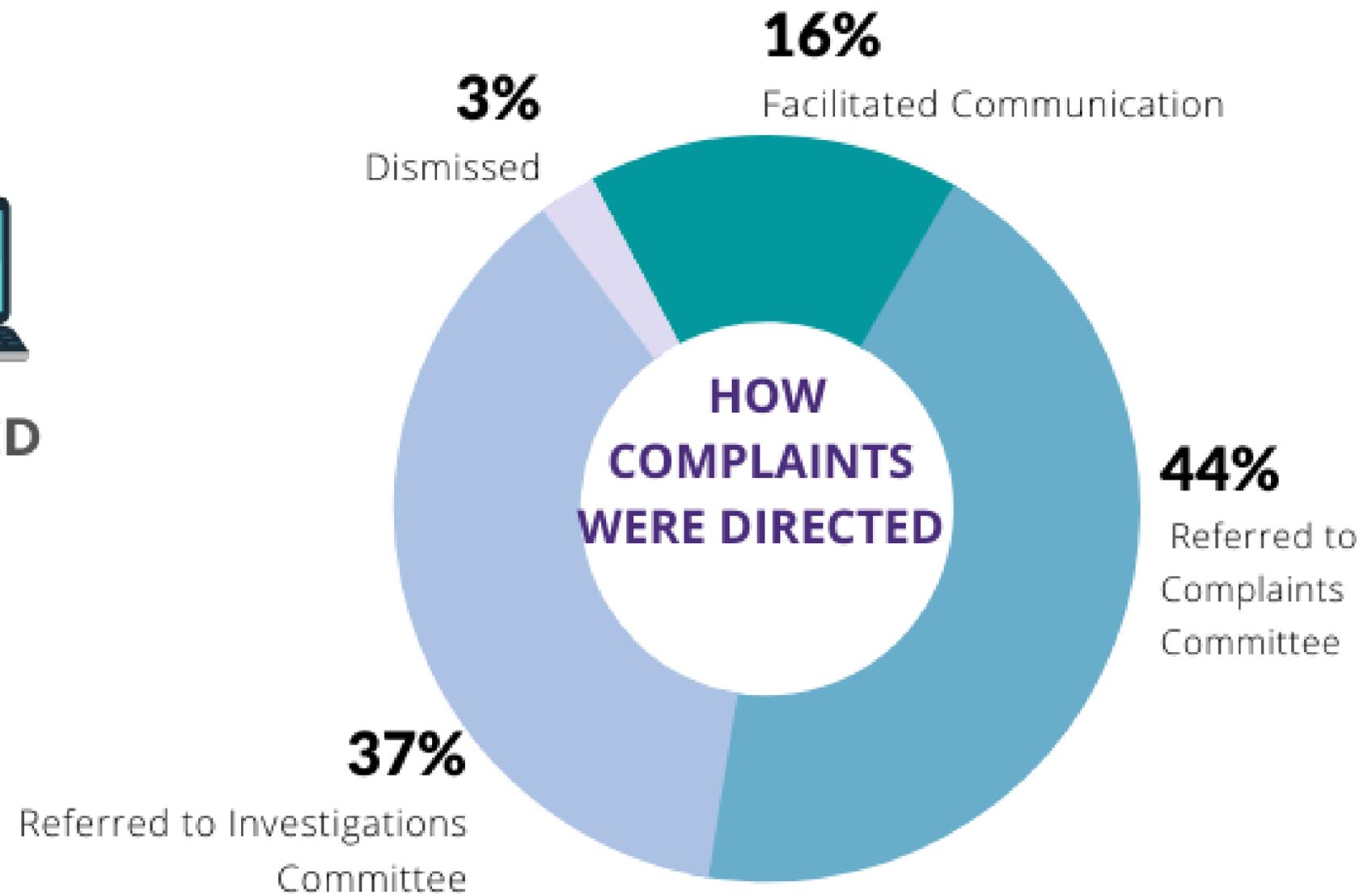


**TOTAL NEW COMPLAINTS RECEIVED**

That is a

## 69.8%

increase over the previous year





# Complaints Committee

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CPSM AGM

## Committee Members

**Heather Smith, MD, Chair**

Shayne Reitmeier , MD

Brett Stacey, MD

Norman McLean, MD

Boshra Hosseini , MD

Leanne Penny, Public Representative

Nicole Smith, Public Representative

Raymond Strike, Public Representative

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

CPSM AGM

**38**

CASES OUTSTANDING  
FROM PREVIOUS YEAR

**159**

NEW CASES RECEIVED

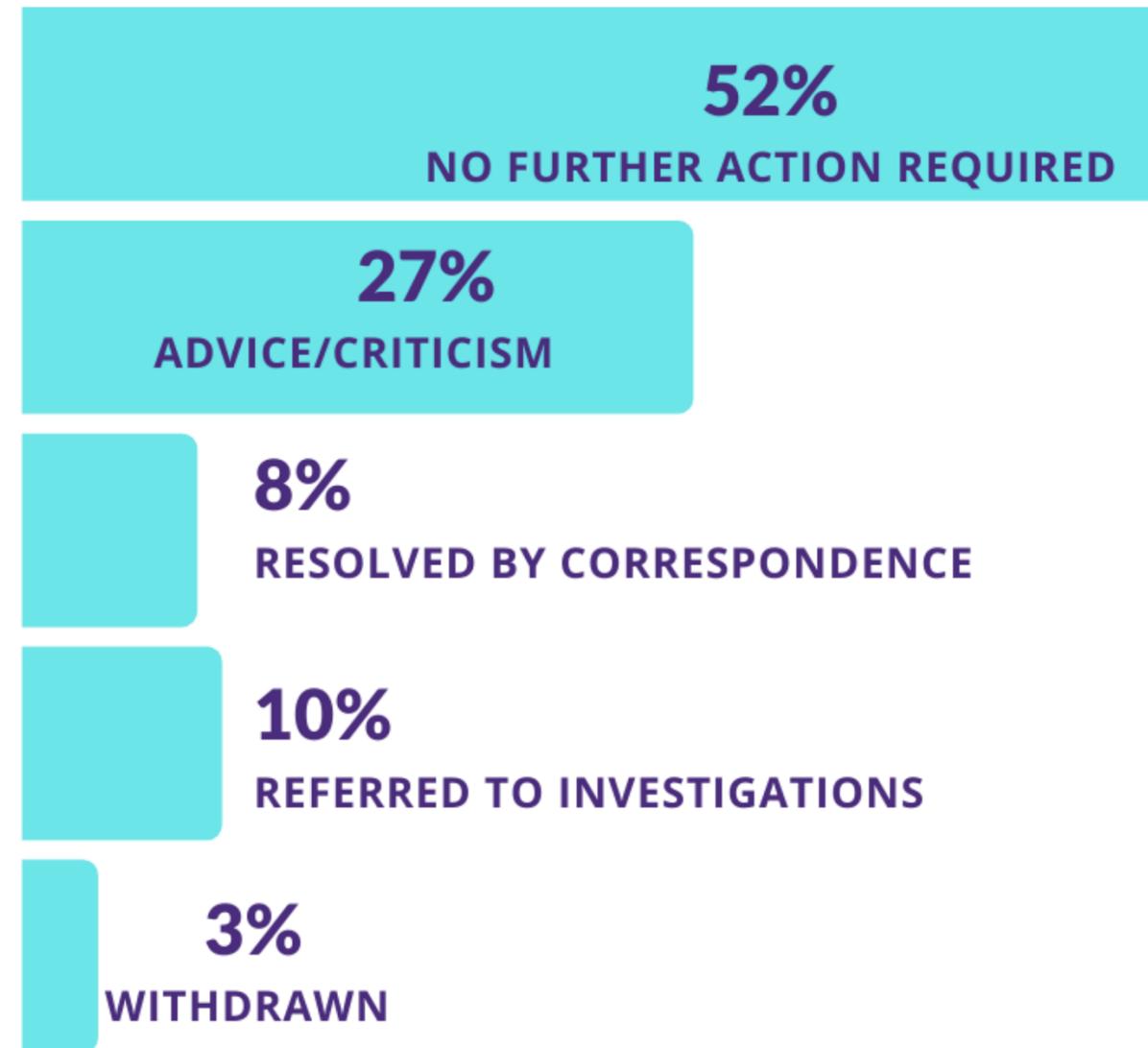
**88**

CASES CLOSED

**109**

CASES OUTSTANDING

## RESOLUTION OF CLOSED CASES\*



# Investigations Committee

---

CPSM AGM

## Committee Members

**Kevin Convery, MD, Chair**

Charles Penner, MD

Brent Kvern, MD, Substitute

Gary Jawanda, MD, Substitute

Lynette Magnus, Public Representative

Elizabeth Tutiah, Public Representative

The Investigation Committee met 10 times during this fiscal year.

# Investigations Committee

CPSM AGM

**76**

CASES OUTSTANDING  
FROM PREVIOUS YEAR

**134**

NEW CASES RECEIVED

**78**

CASES CLOSED

**132**

CASES OUTSTANDING

## RESOLUTION OF CLOSED CASES

**27**

NO FURTHER  
ACTION

**27**

CRITICISM OR  
ADVICE

**9**

UNDERTAKINGS

**4**

CENSURES

**7\***

REFERRED TO  
INQUIRY

**4**

WITHDRAWN

\*7 cases, 4 physicians

# Inquiry Committee

CPSM AGM

## Ira Ripstein, MD, Inquiry Committee Chair

The Inquiry Panels meet as necessary for hearings and deliberations

The hearings are required when the Investigation Committee lays charges for allegations of misconduct and breaches of standards.

**3**

**Inquiries completed during this fiscal year.**

**1**

**Matter in progress before the Inquiry Committee.**

CPSM AGM



# EXECUTIVE COMMITTEE

# Executive Committee

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CPSM AGM

## Committee Members

Jacobi Elliott, MB ChB, President (Chair)

Nader Shenouda, MD, President-Elect

Ira Ripstein, MD, Past-President

Brian Postl, MD

Allan Fineblit, Public Councillor

Marvelle McPherson, Public Councillor



# Executive Committee

CPSM AGM

## **The Executive Committee has a dual function:**

- Act as executive leaders 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 Councillors for Committee positions
- Hears appeals for registration and from Investigations

# Executive Committee

## CPSM AGM

**The Executive Committee met 11 times in the past year.**

5 virtually

2 in-person

4 electronically

A Panel of the Executive Committee met 5 times to hear cases as follows:

1

**Cancellation of Certificate of Practice**

9

**Appeals of Investigation Committee Decisions**



# CPSM Council

## CPSM AGM

Major Activities	
4 Regular meeting of Council	2 Virtual / 2 In-person
1 AGM	Virtual
3 additional meetings including a Blue Sky meeting	Virtual
2 half-day Governance Education Session	In-person

CPSM AGM



# FINANCE, AUDIT, AND RISK MANAGEMENT COMMITTEE

# Finance, Audit, and Risk Management

CPSM AGM

## Committee Members

**Nader Shenouda, MD, President-Elect and Chair**

Brian Postl, MDS.

Charles Penner, MD

Lynette Magnus (Public Representative-Qualified Accountant)

Leanne Penny, (Public Representative-Qualified Accountant)

Jacobi Elliott, MD, President (ex officio, non-voting)

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



# Finance, Audit, and Risk Management

## CPSM AGM

**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, 2022 Draft Audited Financial Statements.
- Recommending the appointment of the independent Financial Auditor.
- Recommending for approval the 2021-22 Annual Operating Budget.
- Reviewing a rolling 3 year budget projection that will more effectively match CPSM activities and the resources required to revenue.
- Reviewing the Restricted and Unrestricted Accounts.
- Reviewing the Honoraria and Expenses for Council and its Committees.
- Risk Management for CPSM.

# Finance, Audit, and Risk Management

## CPSM AGM

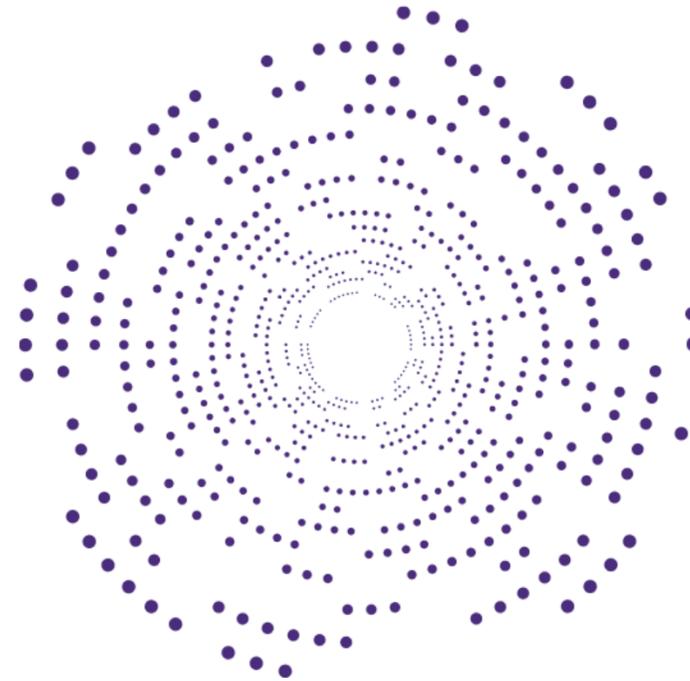
### Major Activities

- 2021-22 AGM indicated that CPSM was projected a 2021-22 year-end deficit of \$543,510. Due to a number of factors; COVID, virtual meetings, delays in hiring, etc - CPSM will have a very minor deficit of approximately **\$50,000** at year-end.
- PPN\* investment – In 2019-20, CPSM entered into a new financial instrument that while still conservative in nature allows CPSM to take advantage of the equity market. That investment decision proved profitable which led to CPSM increasing its PPN portfolio in 2021-22.
- From a risk management perspective CPSM underwent an industry standard Information Technology security audit. CPSM fared very well and is in the process of implementing recommendations identified in the Audit.

*\*A Principle Protected Note (PPN) is a fixed-income security that guarantees a minimum return equal to the investor's initial investment (the principal amount), regardless of the performance of the underlying assets.*

*These investments are tailored for risk-averse (conservative) investors wishing to protect their investments while participating in gains from favorable market movements. Principal protected notes are also known as guaranteed linked notes.*

CPSM AGM



# INFORMATION TECHNOLOGY

# Information Technology

CPSM AGM

## Major Activities



Completed an industry standard IT Risk Assessment and recommended changes to improve IT Security are being implemented.



Created Enhancements for the CPSM Portal:

- ❖ Complaints can be submitted through the CPSM Portal.
- ❖ Pain and Palliative Methadone Prescribing Approval Renewals administered through the CPSM Portal.

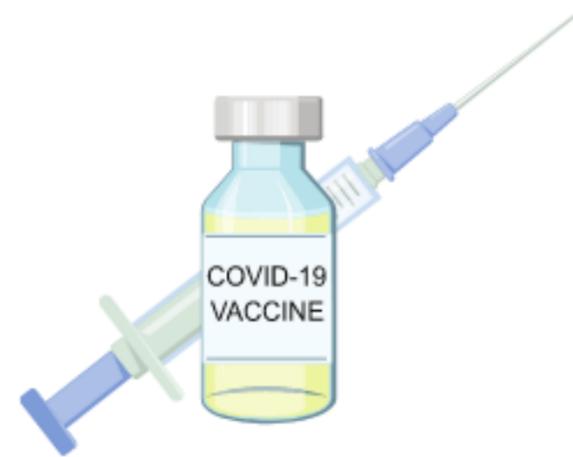
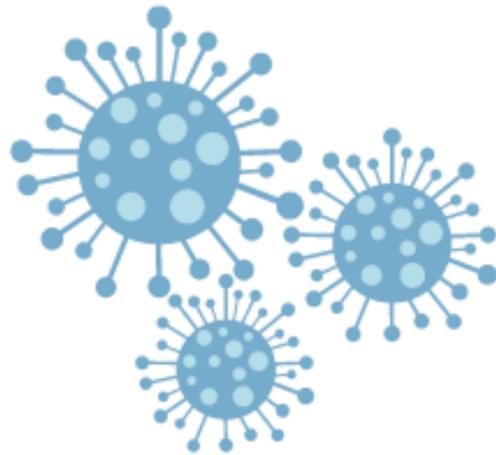


Completed transition to electronic document management system (SharePoint).

# COVID-19 Response

CPSM AGM

## Regulatory Directives from the CPSM Registrar to the Profession



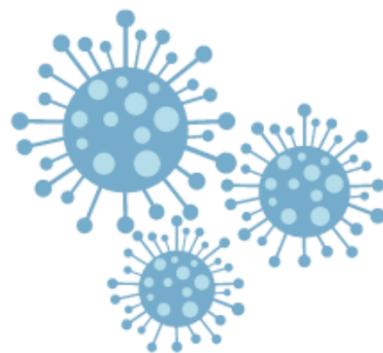
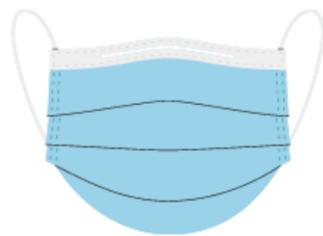
COVID-19 Vaccine Directives and FAQs  
(developed and updated **five times** throughout the  
year!)

Virtual Medicine Directives  
and FAQs

# COVID-19 Response

## CPSM AGM

### CPSM COVID-19 Response and Guidance to the Profession



- Monitored unvaccinated physicians and required testing prior to seeing patients.
- Provided guidance on safely seeing patients in-person.
- Implemented Standard of Practice for Virtual Medicine
- Reduced Standard of Practice on Virtual Medicine to allow for virtual medicine appointments during Omicron spike. 7
- Provided guidance on critical care resources being overwhelmed.
- Provided guidance on transportation of ICU patients to other provinces.
- Participated in Vaccine Task Force – Medical.
- Medical Exemption Notes Guidance & FAQs.
- Vaccine Mandates for Healthcare Professionals Guidance & FAQs.
- Ivermectin Guidance & FAQs.
- Public Health Orders and Mask Mandate Directives.

# COVID-19 Response

## CPSM AGM



The Registrar participated in Public Health Orders discussions on a bi-weekly basis throughout the year.



Letter of Encouragement and Support to the Profession issued from the Registrar and President.



Staff working remotely officially returned to the office in September 2021, though many had returned earlier.

Staff worked remotely temporarily due to Omicron surge December 20, 2021 – February 2022.

CPSM AGM

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