Council Meeting

Wednesday, June 28, 2023 | 8:30 a.m. |

AGENDA

CPSM Office – Brown Room
1000 – 1661 Portage Avenue

Time		Item		Action		Page #
5 min	8:30 am	1.	Opening Remarks		Dr. Shenouda	
0 min	8:35 am	2.	Agenda – Approval			
0 min	8:35 am	3.	Call for Conflict of Interest			
5 min	8:35 am	4.	Consent Agenda i. Council Meeting Minutes March 22, 2023 ii. Governance Policy iii. Financial Management Policy iv. Fee Bylaw v. Reappointment of Ms Agger vi. Appointments to Committees vii. Standard of Practice – Social Media viii. Practice Direction – Professional Practice and Inactivity ix. Specialty Fields of Practice- Endocrinology	For Approval	Dr. Shenouda	4
10 min	8:40 am	5.	Operating Budget 2023/24	For Approval	Dr. Shenouda	108
45 min	8:50 am	6.	Quality Prescribing Rules Review Working Group • Standard of Practice Prescribing Requirements • Practice Direction Electronic Transmission of Prescriptions	For Approval	Dr. Shenouda	117
15 min	9:35 am	7.	Standard of Practice – Research	For Approval	Dr. Shenouda/ Mr. Triggs	141
15 min	9:50 am	8.	Performance Metrics Reporting Template	For Information	Mr. P. Penner	148
20 min	10:05 am	9.	---Break---			
45 min	10:25 am	10.	Physician Health Program Presentation	For Information	Dr. Mihalchuk	169
20 min	11:10 am	11.	Strategic Organizational Priorities Update	For Direction	Dr. Shenouda Mr. Triggs	170

Time		Item		Action		Page #
15 min	11:30 am	12.	Registrar Deliverables	For Information	Dr. Shenouda Dr. Ziomek	181
0 min	11:45 am	13.	Meeting dates 2023/24	For Information	Dr. Shenouda	193
10 min	11:45 am	14.	Committee Report (written, questions taken) Executive Committee Finance, Audit & Risk Management Committee Complaints Committee Investigations Committee Program Review Committee Central Standards Committee	For Information	Dr. Shenouda	194
10 min	11:55 am	15.	Registrar's Report	For Information	Dr. Ziomek	200
25 min	12:05 pm	16.	Review of Self-Evaluation of Governance Process – In Camera			
4 hrs	12:30 pm		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.

COUNCIL MEETING – JUNE 28, 2023
CONSENT AGENDA
NOTICE OF MOTION FOR APPROVAL

SUBJECT: **Consent Agenda**

BACKGROUND:

In order to make Council meetings more efficient and effective the consent agenda is being used. Routine and non-contentious business has been consolidated into a 'consent agenda'. Many organizations and their committees use consent agendas. Below is how the consent agenda works:

1. The President decides which items will be placed on the consent agenda. The consent agenda appears as part of the normal meeting agenda.
2. The President authorizes the consent agenda and associated documents distribution in time for members to read and review.
3. At the beginning of the meeting, the President asks members if any of the consent agenda items should be transferred to the regular discussion items.
4. If a member requests an item be transferred, it must be transferred. Any reason is sufficient to transfer an item. A member can transfer an item to discuss the item, to query the item, or to vote against it.
5. Once the item has been transferred, the President may decide to take up the matter immediately or transfer it to a discussion item.
6. When there are no items to be transferred or if all requested items have been transferred, the President notes the remaining consent items.

The President Elect can move to adopt the consent agenda, and a seconder is required. A vote will be called on approving the items in the consent agenda. There will be a single (en bloc) motion for all the items included in the consent agenda.

The following items are on this consent agenda for approval. See attached for details on each item.

i. Council Meeting Minutes – March 22, 2023
ii. Governance Policy
iii. Financial Management Policy
iv. Fee Bylaw – For information only
v. Reappointment of Ms Agger

vi. Appointments to Committees
vii. Standard of Practice – Social Media
viii. Practice Direction – Professional Practice and Inactivity
ix. Specialty Fields of Practice - Endocrinology

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 28, 2023, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

All items on the consent agenda are approved as presented.

1000 – 1661 Portage Avenue, Winnipeg Manitoba R3J 3
Tel: (204) 774-4344 Fax: (204) 774-0750
Website: www.cpsm.mb.ca

MINUTES OF COUNCIL

A meeting of the Council of The College of Physicians and Surgeons of Manitoba was held on March 22, 2023 in-person.

1. CALL TO ORDER

The meeting was called to order at 08:00 a.m. by the Chair of the meeting, Dr. Jacobi Elliott.

COUNCILLORS:

Ms Dorothy Albrecht, Public Councillor
Mr. Chris Barnes, Associate Member
Dr. Kevin Convery, Morden
Dr. Jacobi Elliott, Grandview
Mr. Allan Fineblit, Public Councillor
Ms Lynette Magnus, Public Councillor
Dr. Norman McLean, Winnipeg
Ms Marvelle McPherson, Public Councillor
Dr. Lisa Monkman, Scanterbury - Virtually
Dr. Peter Nickerson, Winnipeg
Dr. Charles Penner, Brandon
Ms Leanne Penny, Public Councillor
Dr. Ira Ripstein, Winnipeg
Dr. Nader Shenouda, Oakbank
Dr. Heather Smith, Winnipeg
Dr. Roger Süss, Winnipeg

STAFF:

Dr. Anna Ziomek, Registrar
Dr. Ainslie Mihalchuk, Assistant Registrar
Dr. Karen Bullock Pries, Assistant Registrar
Ms Kathy Kalinowsky, General Counsel
Mr. Mike Triggs, General Counsel
Mr. Paul Penner, Chief Operating Officer
Ms Karen Sorenson, Executive Assistant
Ms Jo-Ell Stevenson, Director Registration
Mr. Mike Wiebe, PPP Dept (part)
Ms Joanne Conway, Registration Dept (virtual)
Ms Kim Parks, Physician Health Dept (part virtual)
Ms Wendy Elias-Gagnon, Communications (virtual)

Public: Ms Katrina Clarke

Regrets:

Ms Leslie Agger, Public Councillor
Dr. Caroline Corbett, Winnipeg

MEMBERS:

2. ADOPTION OF AGENDA

IT WAS MOVED BY Dr. IRA RIPSTEIN, SECONDED BY MR. ALLAN FINEBLIT:
CARRIED:

That the agenda be approved as presented.

3. CALL FOR CONFLICT OF INTEREST AND IN CAMERA SESSION

Dr. Elliott called for any conflicts of interest to be declared. There being none, the meeting proceeded. Similarly, there was no request for an in-camera session.

4. ADOPTION OF MINUTES

IT WAS MOVED BY DR. NADER SHENOUDA, SECONDED BY DR. ROGER SUSS:
CARRIED

- That the minutes of the December 14, 2022 meeting be accepted as presented.

5. PERFORMANCE METRICS

Dr. Ainslie Mihalchuk, Assistant Registrar, Quality Department presented the proposed Performance Metrices for the five areas of the Quality Department: Physician Health, Quality Improvement Program, Audits and Monitoring (Quality Assurance/Standards), Prescribing Practices Program, and Manitoba Quality Assurance Program and Non-hospital, Medical Surgical Facilities.

6. QUALITY PRESCRIBING RULES REVIEW UPDATE

Dr. Nader Shenouda, Chair, Quality Prescribing Rules Review Working Group gave a presentation and update on the work of the group and outlined the initiatives they plan to bring forward to Council in June for approval for consultation with the public and registrants.

7. PHYSICIAN HEALTH PROGRAM PRESENATION – DUE TO TIME THIS ITEM WAS DEFERRED.

8. REGISTRATION POLICES

IT WAS MOVED BY DR. NADER SHENOUDA, SECONDED BY DR. CHARLES PENNER:
CARRIED

That Council approves:

A) repealing the current MPAP Practice Direction and replacing it with Council Policy – Manitoba Practice Assessment Program as attached, to be effective immediately.

B) the attached Practice Direction – Professional Practice and Inactivity be distributed to the public, stakeholders, and registrants for consultation.

C) amending Practice Direction – Qualifications and Registration by deleting Part 2.3 and approves the new Council Policy – Assessment Candidate (Re-Entry to Practice) Class as attached, to be effective immediately.

9. STANDARD OF PRACTICE SOCIAL MEDIA

Results of the consultation were provided for Council's review. The working group will review and edit the Standard based on the feedback and bring it back to Council in June for approval to be sent for consultation with the public and registrants.

10. STRATEGIC ORGANIZATIONAL PRIORITIES UPDATE

Councillors were presented with the Progress Chart for the Strategic Organizational Priorities and progress.

11. STANDARD OF PRACTICE COLLABORATIVE CARE

IT WAS MOVED BY DR. NADER SHENOUDA, SECONDED BY DR. PETER NICKERSON:
CARRIED

Council approves the addition of the review of the Standard of Practice - Collaborative Care to the current list of Organizational Priorities.

12. COMMITTEE REPORTS

The following Reports were presented to Council for information:

- Executive Committee
- Audit & Risk Management Committee
- Complaints Committee
- Investigation Committee
- Program Review Committee
- Quality Improvement Committee
- Standards Committee

13. CEO/REGISTRAR'S REPORT

Dr. Ziomek provided Council with a written report for information outlining the matters currently being dealt with at the College.

14. IN CAMERA SESSION

An in-camera session was held, and the President advised that nothing be recorded in the minutes.

There being no further business, the meeting ended at 12: 45 p.m.

_____

Dr. J. Elliott, President

_____

Dr. A. Ziomek, Registrar

COUNCIL MEETING
JUNE 28, 2023
CONSENT AGENDA ITEM

SUBJECT: Governance Policy

RECOMMENDATION:

That Council approve amendments to the Governance Policy to:

a. correct a discrepancy in the Composition of the Program Review Committee to make the President and President-Elect ex officio – voting members.

b. discontinue the Maternal & Perinatal Health Standards Subcommittee and the Child Health Standards Subcommittee.

BACKGROUND:

In preparing the 2023 - 2024 CPSM Committee Membership it was noted there is a discrepancy in the Governance Policy regarding the voting status of the President and President-Elect on the Program Review Committee.

In Section 4 – Committees of Council and Terms of Reference number 4.1.2 indicates the President and President-Elect are ex-officio non-voting members of the Program Review Committee, whereas section 4.16.1.e.i. 5 and 6 of the Terms of Reference for the Committee has them as voting members.

4.1.2 The President and President-Elect are ex-officio non-voting members of the Central Standards Committee and Program Review Committee. The President is also an ex officio non-voting member of the Finance, Audit and Risk Management Committee.

4.16.1.e Composition

4.16.1.e.i The composition of the Program Review Committee is at least the following:

…….

4.16.1.e.i.5 the President, as an ex officio, voting member.

4.16.1.e.i.6 the President-Elect, as an ex officio, voting member.

It is believed a change was made to section 4.16.1.e as there were several occasions when the Program Review Committee had trouble achieving quorum for their meetings. At the time that the amendments were made there was an oversight in not making a corresponding amendment to section 4.1.2.

It is recommended that Section 4.1.2 be amended to:

> The President and President-Elect are ex-officio non-voting members of the Central Standards Committee and ex-officio voting members of the Program Review Committee. The President is also an ex officio non-voting member of the Finance, Audit and Risk Management Committee.

As well, under section 4.15 Subcommittees of the Central Standards Committee Terms of Reference the Maternal & Perinatal Health Standards Subcommittee and the Child Health Standards Subcommittee should be discontinued as those government programs are no longer with CPSM.

See attached Governance Policy with changes redlined.

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 COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 28, 2023, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

> The Governance Policy be updated to
> a. correct a discrepancy in the Composition of the Program Review Committee to make the President and President-Elect ex officio – voting members.
> b. discontinue the Maternal & Perinatal Health Standards Subcommittee and the Child Health Standards Subcommittee.

COUNCIL POLICY

Governance Policy

Initial Approval: September 21, 2018 **Effective Date: January 1, 2019**

Reviewed with NO Changes

Reviewed with Changes
March 15, 2019 **June 21, 2019**
December 13, 2019 **June 19,2020**
June 9, 2021 **June 28, 2023**

1. 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 registrants 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 registrants' input, encouragement of diverse viewpoints, and clear distinction of Council and staff roles.

1.2 Council and Committee Code of Conduct

All Council members and all Committee members are expected to adhere to the following Code of Conduct:

1.2.1. Carry out CPSM's mandate, duties and powers in a manner that serves and protects the public interest.

1.2.2. Be loyal to CPSM, un-conflicted by loyalties to staff, other organizations or any personal interest, and co-operate in the conduct of CPSM business.

1.2.3. Exercise the powers and discharge the duties of their office honestly and in good faith, including being willing to deal openly on all matters before Council or committee, as the case may be.

1.2.4. Exercise the degree of care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances, including:

1.2.4.a be familiar with *The Regulated Health Professions Act*, regulations, bylaws, and policies of CPSM, and the rules of procedure and proper conduct of a meeting;

1.2.4.b be familiar with the obligation to carry out CPSM activities and govern CPSM registrants in a manner that protects and serves the public interest;

1.2.4.c attend meetings on a regular and punctual basis and be properly prepared for deliberations and conduct themselves in an ethical, business-like and lawful manner;

1.2.4.d regularly take part in educational activities organized by Council that will assist them in carrying out their responsibilities.

1.2.5. Respect the confidentiality of issues.

1.2.6. Neither encourage nor condone unethical activities. Councillors and Committee members shall:

1.2.6.a. maintain the integrity and credibility of CPSM by conducting all activities in accordance with the highest legal and ethical business and professional standards and practice, and

1.2.6.b. maintain the highest standard of transparency and accountability at all times.

1.2.7. Treat one another and staff members with respect, including not attempting to:

1.2.7.a exercise individual authority over CPSM or its staff, except when explicitly authorized by Council,

1.2.7.b express individual judgment about the performance of CPSM staff other than as part of Council deliberations as part of Council's responsibility and authority to monitor organizational performance, or

1.2.7.c speak for the Council except to report explicitly stated Council decisions.

1.2.8. As a registrant of a self-regulated profession a conflict of interest exists where a reasonable person would conclude that a Councillor or Committee member's personal or financial interest may affect their judgment or the discharge of their duties to CPSM. A conflict of interest may be real or perceived, actual or potential, direct or indirect.

1.2.9. Avoid a conflict of interest with respect to their fiduciary responsibility to CPSM, including:

1.2.9.a. no self-dealing or any conduct of private business or personal services between a Councillor or Committee member and CPSM, except as procedurally controlled to assure openness, competitive opportunity, and equal access to "inside" information;

1.2.9.b. disclosure of a Councillor's or Committee member's involvement with other organizations (including vendors) or any associations that might be or might reasonably be seen as being a conflict of interest;

1.2.9.c. not use their position to obtain employment in the organization for themselves, family members, or close associates. Any Councillor or Committee member who applies for employment must take a leave of absence from Council or the Committee and, if hired, immediately resign from the Council or the Committee; or

1.2.9.d. any other matter that deals with themselves individually or as part of a business.

1.2.10. If a Councillor or Committee member has a conflict of interest on a matter before Council or the Committee, that Councillor or Committee member must disclose the conflict and absent herself or himself without comment from deliberations and from any vote on the matter.

1.2.11. Must abide by CPSM's standard on job action.

1.3 Councillor Oath of Office and Declaration of Confidentiality

1.3.1. A person elected, selected or appointed to be a council member must take and sign, by oath or solemn affirmation, an oath of office in the form attached as Schedule "A" to this governance policy and a declaration of confidentiality in the form attached as Schedule "B" to this governance policy.

1.3.2. A person cannot act as a council member or attend any council meetings unless and until they take and sign the oath of office and declaration of confidentiality.

1.3.3. The oath of office must be taken and signed before a commissioner of oaths, a Notary Public or the registrar.

1.3.4. If the council member takes and signs the oath of office before a commissioner of oaths or Notary Public, the member must provide a copy of the oath to the registrar.

2. COUNCIL AND COMMITTEE POLICIES

2.1. Role of the President

2.1.1 The President:

2.1.1.a. Provides leadership in guiding Council and coordinating its activities to enhance the effectiveness of Council, manages Council operations and processes, acts as a liaison between Council and the Registrar, and as a liaison between committees.

2.1.1.b. Guides Council in carrying out its responsibilities.

2.1.1.c. Builds Council unity, solidarity, and trust, demonstrates integrity and ethical leadership.

2.1.1.d. Initiates the proper process and procedure to ensure Council successfully fulfills its purpose and responsibilities.

2.1.1.e. Gains reasonable assurance that the Council members are properly informed on matters of substance.

2.1.1.f. Approves the agenda for all Council and registrants' meetings, ensuring that information that is not for monitoring performance or for Council decisions is minimized.

2.1.1.g. Chairs all meetings of Council and of the registrants, with all the commonly accepted power of that position (e.g. ruling, recognizing), and with the goal of ensuring the integrity of the Council process through ensuring:

2.1.1.g.i. Deliberation at the meeting is timely, fair, orderly and thorough, but also efficient and kept to the point.

2.1.1.g.ii. Council adheres to its own rules and those legitimately imposed upon it from outside the organization, including Council limiting itself to issues related to governance rather than to management.

2.1.1.h. Is the only Council member authorized to speak for the Council (beyond simply reporting Council decisions), other than in specifically authorized instances, and may represent the Council to outside parties in announcing Council-stated positions and in stating the President's interpretations within the area delegated to the President. Normally, the Registrar is the external spokesperson for CPSM.

2.1.1.i. Has authority to make reasonable interpretations of Council policies on Governance Process and Council-Registrar Relationship, with the exception of:

2.1.1.i.i Employment or termination of a Registrar and

2.1.1.i.ii Instances where the Council specifically delegates portions of this authority to others.

2.1.1.j. Has no authority to supervise or direct the Registrar.

2.1.1.k. With the President-Elect, may make appointments to external policy or advisory committees, provided they are satisfied that:

2.1.1.k.i The appointment is appropriate within Council's stated policies and current priorities;

2.1.1.k.ii The external committee provides appropriate insurance coverage, or in the case of the government indemnification, to CPSM appointee.

2.1.1.l. When an appointment is made, the President must inform the appointee of the reporting requirements and ensure the appointee is informed of any Council policies which may impact the external committee deliberations.

2.1.1.m. May delegate their authority but remains accountable for its use.

2.2. Procedure for Council and Committee Meeting

2.2.1 Committee Chair

The Committee Chair is the person who provides leadership in guiding the committee, ensures the committee is carrying out the duties assigned by the Act or the Council as per its Terms of Reference and ensures the overall committee effectiveness.

The Committee Chair must run meetings effectively, control discussion appropriately, manage dissent, work towards consensus if possible, communicate effectively with committee members, and, if required, effectively report on committee discussions and recommendations to Council.

2.2.2 Meeting Dates and Times

Council and Committee meetings are held as scheduled on the annual meeting slate prepared by the Registrar, or at such alternates as fixed by Chair of Council or the Committee.

2.2.3 Participation

Council or a Committee may meet and conduct business in person, or by video, telephone conference, web casting, or an equivalent mechanism. A Councillor or a Committee member participating in the meeting by electronic means is deemed to be present at that meeting.

2.2.4 Conduct of Meetings

2.2.4.a. The President presides at all Council meetings. If the President is unable or unwilling to preside at a meeting, the President-Elect shall preside. If both the President and the President-Elect are unable or unwilling to preside, the members of Council shall choose one of their number as Chair.

2.2.4.b. The Chair of a committee presides at all meetings of that committee, but if the Chair is unable or unwilling to preside at a meeting, the members present shall choose one of their number as Chair.

2.2.4.c. No business may be conducted until a quorum is declared.

2.2.4.d. The Chair decides the order of business at a meeting.

2.2.4.e. Any proposed change in the order of business may be moved by the Chair and, if approved by the Council or committee as the case may be, the order of business will proceed as amended.

2.2.5 Voting and asynchronous meetings

2.2.5.a. A matter may be decided by consensus or by vote.

2.2.5.b. Where a vote is held, the Chair is responsible to put the motion to the meeting and declare each motion carried or defeated, as the case may be.

2.2.5.c. When a vote is required, any Councillor may request a vote by ballot. A request for vote by ballot is not subject to debate.

2.2.5.d. Each Councillor or Committee member, except the Registrar and the Chair, has one vote on each matter. If there is an equality of votes on a matter, the Chair has the deciding vote.

2.2.5.e. Decisions are made on a simple majority of votes, except where otherwise required by the Act, regulations, governing policy, or bylaws.

2.2.6 Guest attendance at meetings

2.2.6.a. With the exception of Inquiry panel hearings and Executive Committee deliberations on reinstatement hearings, Committee meetings are not open to guests, except by express invitation of the Committee.

2.2.6.b. The following policies and procedures apply to guest attendance at Council meetings, which are open to the public:

2.2.6.c. A notice of the date, time and place of Council meetings must be posted on the CPSM website with notice that attendance is by advance registration only.

2.2.6.d. Anyone who is not a Councillor and who wishes to make a presentation to the meeting may submit a written request for permission to do so to the Chair. The Chair has sole discretion to permit the presentation, and, if permitted, to allot a set period of time the Chair deems appropriate. The Registrar must notify the registrant of the Chair's decision.

2.2.6.e. Any guest presentation to the meeting not requested in advance will be at the discretion of the Chair.

2.2.6.f. With the exception of electronic link with any Councillor who is participating in the meeting, the proceedings must not be recorded or transmitted electronically in any manner.

2.2.7 Council and Committee Functioning

2.2.7.a. Committees must function within the terms of reference, procedural rules and policies set by Council. No committee has authority to vary a policy fixed by Council.

2.2.7.b. This policy applies to any group that is formed by Council action, whether or not it is called a committee, and whether or not it includes Council members.

2.2.7.c. At any meeting, the Council may make, amend, suspend or repeal a rule.

2.2.8 Minutes and Resolutions

2.2.8.a. The President and the Registrar must sign any resolution of the Council.

2.2.8.b. The Council or committee must approve the minutes, and the Chair must sign the minutes of that meeting.

2.2.9 Parliamentary Procedure

2.2.9.a Any points of procedure not specifically provided for in CPSM's Bylaws or in Council Policies must be decided by the procedure of Parliament as set forth in Robert's Rules of Order.

2.3 Nominations and Appointments to Committees and for Public Representatives

2.3.1 Role of Executive Committee

The Executive Committee is required to recommend to Council candidates for appointment to Committees, with information sufficient to demonstrate the candidate has the skills and attributes required to serve on the Committees, in accordance with Article 4.1.1. of the Governing Policy.

2.3.2 Role of Council

Council will appoint registrants of CPSM to the Complaints, Investigation, and Inquiry Committees and other Committees of Council. Council will nominate persons to be named to the Minister's roster of public representatives for Complaints, Investigation, and Inquiry Committee in accordance with section 89 of the RHPA.

2.3.3 Skills and Attributes of Candidates who are Registrants of CPSM

The following are skills and attributes for Complaints, Investigation and Inquiry Committees and other Committees candidates who are registrants of CPSM:

a. Practising physicians, or who have retired from practice within three years
b. Skills and attributes as approved by Council for Councillors
c. Not have a formal disciplinary record (censure or findings of guilt by the Inquiry Panel) at CPSM
d. Not have any significant outstanding complaints at CPSM.

The Executive Committee and Council may consider all factors listed at subsection 3.7 of the CPSM General Regulation, including the registrant's professional conduct history.

2.3.4 Criteria for Appointment for Candidates who are Public Representatives

To ensure that public representatives are truly public and separate from the medical profession, the following individuals are not eligible to be Complaint, Investigation, or Inquiry Committee Candidate Public Representatives for the purposes of being named to a roster to be given to the Minister for inclusion on its roster in accordance with section 89 of the RHPA:

a. Previously or currently a member of a regulated health profession;
b. Previously or currently employed by a health authority or hospital (unless in a minor non-health related capacity many years ago); or
c. Previously or currently a consultant to a regulated health profession, health authority, or hospital.

This same criteria in this section applies for public representatives for Council and other committees.

2.3.5 Duration of Appointment

Appointments to the Complaints, Investigation, or Inquiry Committee may be made for the duration of one year or more, however, an appointment may be made for hearing one matter in the Inquiry Committee at the discretion of Council.

3. APPROVAL OF FORMS

3.1 Council delegates to the Executive Committee the ability to approve forms required pursuant to the RHPA CPSM General Regulation

The Executive Committee hereby approves the following forms:

3.1.1 Initial Registrant Registration application form - Regulation s. 3.2(1) 1

3.1.2 Initial Registration Application form for external or visiting students - Regulation s.3.2(5) 5

3.1.3 Conversion Application Form - Regulation s.3.3

3.1.4 Application for Certificate of Practice - Regulation s.4.4

3.1.5 Contract of Supervision - Regulation s.4.12(5)(b)

3.1.6 Form for M3P drugs - Regulation s.5.8(1)(a)

3.1.7 Form for Methadone Approval to prescribe methadone for opioid dependency or analgesia - Regulation s.5.9(1)

3.1.8 Form for Suboxone Approval to prescribe Suboxone for opioid dependency – Regulation s.5.11

4. COMMITTEES OF COUNCIL AND TERMS OF REFERENCE

4.1. Appointment of committee members

4.1.1 Council must appoint the members of Council committees, and the Chair of each Council committee.

4.1.2 The President and President-Elect are ex-officio non-voting members of the Central Standards Committee and ex-officio voting members of the Program Review Committee. The President is also an ex officio non-voting member of the Finance, Audit and Risk Management Committee.

4.1.3 The Registrar is an ex officio non-voting member of all Council Committees, except:

4.1.3.a the Central Standards, Complaints, Investigation, Inquiry, and Quality Improvement Committees, and

4.1.3.b the Executive Committee when it is determining any appeal, reinstatement or adjudication matter.

4.2. Terms of office for committee and subcommittee members

4.2.1 Subject to this section of the Policy or the terms of reference for a committee or subcommittee in this Part:

4.2.1.a the term of office of all committee and subcommittee members is one year, except for public representatives appointed to a committee by government for a longer period that is not to exceed three years; and

4.2.1.b for any committee on which they sit, the term of office of the President and President-Elect is two years.

4.2.2 Committee members are eligible for reappointment, unless otherwise set out in the terms of reference for the committee and subject to section 14(2) of the RHPA.

4.3. Vacancy on Council committee

4.3.1 In between the annual meeting of Council, The Executive Committee may:

4.3.1.a fill any vacancy occurring on any Council committee;

4.3.1.b upon request of the chair of the Inquiry Committee, appoint individuals to Inquiry Committee;

4.3.1.c appoint substitute members to Investigation Committee or Program Review Committee;

4.3.1.d terminate the appointment of any person appointed to a Council committee;

4.3.1.e at any time, it is requested to do so, appoint a substitute member for a member of any Council committee, except the Executive Committee, who is disqualified from fulfilling their duties due to a conflict of interest, provided that the substitute member's participation on the committee is limited to the matter on which the conflict of interest exists.

4.3.2 For any substitution due to conflict of interest by a member of Executive Committee, Council must appoint the substitute member.

4.4. Entitlement to attend committee meetings

4.4.1 All committee meetings are closed to the public, except:

4.4.1.a Inquiry Panel hearings, which are open to the public unless otherwise ordered by the Inquiry Panel in accordance with section 122 of the RHPA; and

4.4.1.b Reinstatement hearings held by Executive Committee, which are open to the public unless otherwise ordered by the Executive Committee that all or part of the hearing be held in private in accordance with the criteria set out in and the protections of privacy afforded to persons in Part 8 of the RHPA.

4.5. Duties of Committee Chair

4.5.1 The chair of a committee must:

4.5.1.a preside over all meetings of the committee;

4.5.1.b report to the Council about the committee's activities, either directly or by delegation as required for time to time;

4.5.1.c submit a written annual report of the committee's activities to the Council; and

4.5.1.d carry out other duties as the Council may direct.

4.6. Quorum for Council Committees

4.6.1 The quorum for Council Committees is:

4.6.1.a when sitting as a panel of the whole committee - three members, at least one of whom is a public representative;

4.6.1.b when the committee is comprised of three members - three members, at least one of whom is a public representative; and

4.6.1.c in all other circumstances, a majority of the voting members of the committee.

4.6.2 To determine the number of committee members for quorum purposes, all ex-officio voting members of the committee must be included, but the Registrar and any other non-voting member of the committee must not be included.

4.7. Procedural Matters Respecting Committees of Council

4.7.1 Subject to statutory requirements, each Council committee must adhere to the procedural requirements of the RHPA and those established in the bylaws or this policy approved by Council.

4.7.2 A committee may meet and conduct business in person, or by video, telephone conference, web casting, or an equivalent mechanism.

4.7.3 If, in the opinion of the chairperson of the committee a matter requires immediate attention by the committee, and if, in the opinion of the chairperson, the matter can be adequately addressed by providing information to the committee electronically or in writing, with the committee voting on a resolution included in the information by mail or by specified electronic means, the chairperson may provide such information to the members of the committee, and allow a time for response that is, in the opinion of the chairperson, sufficient to permit the committee members to respond.

4.7.4 In order to constitute quorum of the committee, a majority of the voting members of the committee must have voted on the resolution by specified electronic means by the time for response established by the person who called the meeting.

4.8. Subcommittees of Council Committees

4.8.1 Upon the request of a Council committee, Council may establish a subcommittee of that committee and fix the terms of reference for the subcommittee. A Council committee may appoint the members of its subcommittees in accordance with the terms of reference for the subcommittee except the subcommittees of the Central Standards Committee must be appointed by Council.

4.8.2 Subcommittees must operate pursuant to the requirements established in the Bylaws and in Council policies.

4.8.3 Terms of reference for each subcommittee, other than the terms of reference for the subcommittees of Central Standards Committee which are set out in this Governance Policy, may be recommended by the subcommittee but must be approved by the Council committee overseeing the subcommittee, and must include:

4.8.3.a Purpose of the subcommittee;

4.8.3.b Composition of the subcommittee; and

4.8.3.c Term of office for subcommittee members if the duration of the term is other than a one-year term.

4.9. Finance, Audit and Risk Management Committee Terms of Reference

4.9.1. Authority

4.9.1.a. In accordance with the RHPA, The Affairs of the College Bylaw, the Code of Ethics, and policies approved by Council and the authority delegated to the Finance, Audit and Risk Management Committee by Council pursuant to section 17 of the RHPA to make investment decisions on behalf of CPSM.

4.9.2. Purpose

4.9.2.a. The purpose of the Finance, Audit and Risk Management Committee is to assist Council in its oversight of:

4.9.2.a.i. the financial operations and investment activities of CPSM;

4.9.2.a.ii. the integrity of CPSM's financial planning;

4.9.2.a.iii. the quality and objectivity of CPSM's financial reporting and controls;

4.9.2.a.iv. the independence, qualifications, and appointment of the external auditor;

4.9.2.a.v. the performance of the external auditor; and

4.9.2.a.vi. the effectiveness of CPSM's risk management practices.

4.9.3. Responsibilities

4.9.3.a. The Audit and Risk Management Committee shall have the following duties and responsibilities:

4.9.3.a.i. Financial Management and Reporting

4.9.3.a.i.I. Periodic review of CPSM's investments and investment strategies, and approval of investment decisions in accordance with Council policies, as set out in the Affairs of the College Bylaw, the Code of Ethics and the Governance Policies.

4.9.3.a.i.II. An annual report for the Council as to Registrar compliance with Financial and Investment provisions of this Governance Policy.

4.9.3.a.i.III. Current information for the Council on significant new developments in accounting principles for not-for-profits or relevant rulings of regulatory bodies that affect the organization.

4.9.3.a.i.IV. Review of CPSM's annual financial plan (Operating budget) and recommend approval to Council.

4.9.3.a.i.V. Review the appropriateness of the rates and amounts of honoraria and stipends to be paid by CPSM.

4.9.3.a.i.VI. Periodic review of CPSM's financial operations, and report to Council on any significant financial results.

4.9.3.a.i.VII. An annual report to Council on the appropriation of reserves in accordance with Council policies, including recommendation on any significant changes to the reserves.

4.9.3.a.i.VIII. A self-monitoring report on the appropriateness of the Council's own spending based on criteria in the Council policy on Council expenses, including periodic random audit of the Council members' expenses, including honoraria and stipends.

4.9.3.a.ii. External Audit

4.9.3.a.ii.I. Recommendation for the annual registrants' meeting decision on the appointment of an independent financial auditor.

4.9.3.a.ii.II. Recommendation for the annual registrants' meeting approval of the audited financial statements.

4.9.3.a.ii.III. Review and discuss the annual audit plan with the external auditor, including the auditors' independence, materiality levels, areas of focus, engagement fees, and other matters of significance.

4.9.3.a.ii.IV. An opinion for the Council, based on evidence required by the external auditor, as to whether the independent audit of CPSM was performed in an appropriate manner, including the authority to meet independently with CPSM's auditors.

4.9.3.a.ii.V. An annual report to Council highlighting the committee's review of the audited financial statements and any other significant information arising from their discussions with the external auditor.

4.9.3.a.iii. Risk Management

4.9.3.a.iii.I. Periodic review of CPSM's risk assessments on operational, financial, reputational, regulatory, and IT and cyber security risks, and evaluate risk mitigation strategies and activities.

4.9.3.a.iii.II. Annual evaluation as to whether CPSM is meeting its legislative duties under the RHPA.

4.9.3.a.iii.III. Annual review of CPSM's disaster recovery and business continuity plans.

4.9.3.a.iii.IV. Yearly assessment of the adequacy of CPSM's insurance coverages.

4.9.4. Composition

4.9.4.a. Finance, Audit and Risk Management Committee shall consist of:

4.9.4.a.i. The President Elect/Treasurer;

4.9.4.a.ii. At minimum two other registrants;

4.9.4.a.iii. A public representative who is a qualified accountant;

4.9.4.a.iv. A person who is either a registrant or non-registrant with significant experience in risk management;

4.9.4.a.v. Additional public representatives as required to ensure one third representation by public representatives; and

4.9.4.a.vi. The President and Registrar as non-voting, ex officio committee members.

4.9.5. The President-Elect/Treasurer shall serve as the chair of the Finance, Audit and Risk Management Committee.

4.9.6. The Finance, Audit and Risk Management Committee shall review its Terms of Reference on a yearly basis to ensure its continued effectiveness and recommend to Council any changes that are deemed necessary.

4.10. Executive Committee Terms of Reference (AM03/19)

4.10.1 Authority

4.10.1.a In accordance with the RHPA, the Affairs of the College Bylaw, the Code of Ethics, and policies approved by Council and the following authority delegated to Executive Committee by Council pursuant to section 17 of the RHPA to:

4.10.1.a.i Employ, terminate, discipline or change the conditions of employment of the Registrar.

4.10.1.a.ii Hear and determine matters in accordance with the procedures set out in Part F of the Affairs of the College Bylaw and the Code of Ethics.

4.10.1.a.iii The committee has authority delegated by Council to take the necessary actions, to hear and to determine appeals and reinstatement applications and other adjudicative matters.

4.10.1.a.iv The committee has authority delegated by Council to approve forms where approval is required by the RHPA, as set out in the Governance Policy.

4.10.1.a.v The committee has the authority delegated by Council to direct a registrant to complete a specific course of action or supervised practical experience, on the advice of the Central Standards Committee pursuant to section 182(4) of the RHPA.

4.10.1.a.vi The committee has the authority to appoint practice auditors pursuant to section 135(1) of the RHPA. If an auditor is required to be appointed between meetings of the Executive the Chair may appoint the auditor(s) and provide the name for ratification at the next committee meeting and issue them identification cards. (AM03/19)

4.10.1.a.vii Give direction to a registrant pursuant to section 182(4) of the RHPA.

4.10.2 Purpose

4.10.2.a The purpose of the Executive Committee is to

4.10.2.a.i Carry out its authority pursuant to the RHPA and as delegated to it by Council in this Governance Policy.

4.10.2.a.ii At the discretion of the President, provide alternatives and options for the Council's consideration on any matter.

4.10.2.a.iii Provide advice to the Council President on agenda development for Council.

4.10.2.a.iv At the discretion of the President, provide advice to the Registrar on any matter.

4.10.2.a.v Evaluate the Registrar's performance and provide a summary to Council annually.

4.10.2.a.vi With respect to nominations and appointments:

4.10.2.a.vi.1 By no later than November 15 in every even-numbered year, provide a report to Council recommending at least one nominee for the office of President-Elect.

4.10.2.a.vi.2 At least 14 days before the date of each annual meeting of the Council, provide Council with a list of nominees for:

4.10.2.a.vi.2.1 officers of CPSM (excluding the Registrar) indicating, where appropriate, the reappointment of officers who have been elected for a two-year term,

4.10.2.a.vi.2.2 members of Council Committees, excluding those members of committees who are Public Representatives serving a three-year term appointment,

4.10.2.a.vi.2.3 chairs of the Council Committees, and

4.10.2.a.vi.2.4 the Councilor appointed as Investigation Chair of CPSM.

4.10.2.a.vi.3 By no later than the first Tuesday in April of each year in which a public representative is to be appointed by Council, recommend to Council at least as many candidates as there are vacancies, with information sufficient to demonstrate that the proposed candidate has the skills and attributes which meet the criteria fixed by Council for public representatives.

4.10.2.a.vi.4 By no later than June 1 of each year, recommend to Council candidates for appointment to Inquiry Committee, with information sufficient to demonstrate the candidate has the skills and attributes required to serve on the committee.

4.10.2.a.vi.5 When requested by the Registrar, recommend to Council candidates for appointment to the list of CPSM practice auditors, with information sufficient to demonstrate that the candidate meets the criteria established by Council for such appointment.

4.10.3 Composition

4.10.3.a The Executive Committee shall consist of:

4.10.3.a.i the President, the President Elect/Treasurer and the Past-President;

4.10.3.a.ii At least two Public Representatives who are Councillors;

4.10.3.a.iii One additional physician registrant of Council.; and

4.10.3.a.iv The Registrar as an ex officio, non-voting member except when Executive Committee is determining an appeal, reinstatement or adjudication role.

4.10.3.b The President of the Council shall serve as the Executive Committee Chair.

4.11. Complaints Committee Terms of Reference

4.11.1 Authority

4.11.1.a In accordance with the RHPA, *The Prescription Drugs Costs Assistance Act*, this Governance Policy and polices approved by Council.

4.11.2 Purpose

4.11.2.a To sit in panels pursuant to s. 92.1 of the RHPA and this Governance Policy to review complaints and other matters referred to it pursuant to the RHPA in accordance with the RHPA and the procedures set out in Part I of this Governance Policy,

4.11.3 Composition

4.11.3.a The Complaints Committee shall consist of:

4.11.3.a.i The Chair, who must be a Councilor;

4.11.3.a.ii At least two Public Representatives appointed in accordance with s. 89 of the Regulated Health Professions Act; and

4.11.3.a.iii At least two regulated registrants of CPSM.

4.11.3.b At least one third of the persons appointed to the Complaints Committee must be Public Representatives and no person shall be eligible to be a member of the Complaints Committee for a period of greater than six years.

4.11.3.c The term of office of the Complaints Committee public representatives appointed by government is three years.

4.12. Investigation Committee Terms of Reference (AM03/19)

4.12.1 Authority

4.12.1.a In accordance with the RHPA, the Affairs of the Bylaw, the Code of Ethics, and policies approved by Council.

4.12.1.b Pursuant to subsection 17(1) of the RHPA, Council has delegated authority to the Investigation Committee to issue identification cards to investigators appointed under section 96 of the RHPA.

4.12.2 Purpose

4.12.2.a The Investigation Committee investigates matters referred to it pursuant to the RHPA and disposes of those matters within the scope of the jurisdiction granted to it in the RHPA.

4.12.3 Composition

4.12.3.a Investigation Committee shall consist of:

4.12.3.a.i A Chair who must be a Councilor;

4.12.3.a.ii At least one Public Representative appointed in accordance with s. 89 of the Regulated Health Professions Act; and

4.12.3.a.iii At least one regulated registrant of CPSM.

4.12.3.b At least one third of the persons appointed to the Investigation Committee must be Public Representatives, and no person shall be a member of the Investigation Committee for a period of greater than six years.

4.13. Inquiry Committee Terms of Reference

4.13.1 Authority

4.13.1.a In accordance with the RHPA, the Affairs of the College Bylaw, the Code of Ethics, and policies approved by Council.

4.13.2 Purpose

4.13.2.a The Inquiry Committee is responsible for holding hearings on matters referred to it by the Investigation Committee and making disciplinary decisions about the conduct of investigated registrants in accordance with the RHPA.

4.13.3 Composition

4.13.3.a The Inquiry Committee is to be appointed by Council to sit in panels in accordance with sections 114(1) and 115 of the RHPA and shall consist of:

4.14.3.a.i A registrant who is Chair;

4.14.3.a.ii One or more registrants of CPSM or former registrants of CPSM, one of whom shall be appointed as Vice Chair; and

4.14.3.a.iii One or more public representatives appointed in accordance with s. 89 of the Regulated Health Professions Act who must make up at least one third of the committee's membership.

4.13.3.b The term of office of the Inquiry Committee Chair is two years.

4.14. Central Standards Committee Terms of Reference

4.14.1 Purpose

4.14.1.a The Central Standards Committee is responsible to:

4.14.1.a.i Supervise the quality of the practice of medicine by physicians in Manitoba.

4.14.1.a.ii Supervise Area Standards Subcommittees and Hospital Standards Subcommittees.

4.14.1.a.iii Supervise a surgical and medical review subcommittee.

4.14.1.a.iv Supervise the Maternal and Perinatal Health Standards Subcommittee.

4.14.1.a.v Supervise the Child Health Standards Subcommittee.

4.14.1.a.vi Supervise Quality Improvement Subcommittee.

4.14.1.a.vii Supervise the Provincial Standards Subcommittees approved by Council.

4.14.1.a.viii To provide an approved process to assess one or more of the registrant's professional knowledge, behaviours, skills (including, communication skills, and practice management skills), and

professional ethics.

4.14.1.a.ix To facilitate the operation and oversee the administration of the College of Physicians and Surgeons of Manitoba Quality Improvement Program to assess a registrant in one or more of the following:

4.14.1.a.ix.1 Professional knowledge, behaviours and skills;

4.14.1.a.ix.2 Communication skills;

4.14.1.a.ix.3 Practice management skills; and

4.14.1.a.ix.4 Professional ethics.

4.14.2 Composition

4.14.2.a Central Standards Committee shall consist of:

4.14.2.a.i A Councillor who is a regulated registrant who is a practicing physician who shall be Chair;

4.14.2.a.ii at least two regulated registrants who are practicing physicians;

4.14.2.a.iii at least one regulated associate registrant;

4.14.2.a.iv representatives of other health care disciplines as Council may authorize annually;

4.14.2.a.v a physician-designate of the Vice Dean, Continuing Competency and Assessment, Rady Faculty of Health Sciences; and

4.14.2.a.vi the President and President-Elect as ex-officio non-voting members;

4.14.2.a.vii At least one third of voting members be public representatives.

4.14.3 Authority

4.14.3.a The Central Standards Committee has the authority to:

4.14.3.a.i Establish and administer programs, panels, and committees to oversee the practice of quality medicine.

4.14.3.a.ii Annually ratify members of all subcommittees, programs and panels under the auspices of the Standards Committee, including any changes to membership between the annual submissions.

4.14.3.a.iii Where it deems it appropriate to do so, refer a registrant to a specific course of studies or supervised practical experience and, if the registrant does not participate as requested, make a report pursuant to s. 182(4) of the RHPA recommending that the registrant be directed to participate.

4.14.3.a.iv Refer a matter to the Registrar in accordance with the Bylaws of CPSM.

4.14.3.a.v Refer a matter to the Investigation Committee in accordance with policies of Council.

4.14.3.a.vi Accept an undertaking from a physician and monitor that undertaking in accordance with the Bylaws of CPSM.

4.14.3.a.vii Where a review by the QI Program identifies a physician for whom further assessment and/or education is required, the subcommittee may provide advice to the physician regarding practice enhancement and quality improvement.

4.14.3.a.viii To assist with compliance with the QI Program where reasonable and to enforce compliance where necessary except that if the QI Committee is of the opinion a matter should be referred to the Registrar pursuant to s. 10.10(1) of the CPSM General Regulation.

4.14.3.a.ix The subcommittee has the authority to grant exemptions and deferrals as permitted by the CPSM General Regulation.

4.14.3.b *Evidence Act* Protection

4.14.3.b.i The Central Standards Committee operates within section 182 of the RHPA and the Bylaws of CPSM. Pursuant to the *Medical Research Committees Regulation*, the Central Standards Committee is specifically identified as an approved Committee for the purposes of s. 9 of *The Evidence Act.*

4.14.3.c Appeal Rights

4.14.3.c.i With the exception of decisions of the Central Standards Committee on accreditation of non-hospital medical/surgical facilities, decisions of the Central Standards Committee and its subcommittees are for the purpose of education and are not subject to a right of appeal.

4.14.3.d Referral to the Registrar

4.14.3.d.i Where a matter is brought to the attention of the Chair of the Central Standards Committee, including a referral by a subcommittee or its chair, that in the opinion of the Chair of the Central Standards Committee should be referred immediately to the Registrar for further action or referral to an external organization in accordance with the RHPA, its regulations and CPSM Bylaws and policies, the Chair has the authority to make an immediate referral to the Registrar. Any such referral should be brought to the attention of the Central Standards Committee at its next meeting for information.

4.15. Subcommittees of the Central Standards Committee Terms of Reference

4.15.1 Maternal & Perinatal Health Standards Subcommittee - DISCONTINUED and removed June 28, 2023

~~4.15.1.a Purpose~~

~~4.15.1.a.i The purpose of the Maternal & Perinatal Health Standards Subcommittee is to maintain and improve the quality of medical practice as related to maternal and perinatal health through peer review and analysis and through education rather than discipline, including:~~

~~4.15.1.a.i.1 making recommendations to Central Standards Committee on any matter pertinent to the monitoring and improvement of the quality of obstetrical and neonatal care in Manitoba.~~

~~4.15.1.a.i.2 Recommending that Central Standards Committee refer a matter to the Registrar in accordance with the Bylaws of CPSM.~~

~~4.15.1.a.i.3 Recommend that Central Standards Committee accept and monitor an undertaking from a registrant.~~

~~4.15.1.a.i.4 to function as a public advocate as appropriate.~~

~~4.15.1.b Composition~~

~~4.15.1.b.i The Subcommittee shall consist of 10 members including the chair, with one subcommittee member nominated by Manitoba Health;~~

~~4.15.1.b.ii One of the subcommittee members will be the Chair of the Central Standards Committee as ex officio and non-voting member. (AM12/19)~~

~~4.15.1.c Term of Office:~~

~~4.15.1.c.i Maternal & Perinatal Health Standards Subcommittee members are appointed for a four-year term and are eligible for re-appointment for another four year term, but once a Subcommittee member has served 2 consecutive terms, that member is not eligible to be a Subcommittee member for a period of 2 years. After the two-year period, the individual is eligible to serve for a further 2 consecutive terms.~~

~~4.15.1.d Government Funding~~

~~4.15.1.d.i The Government of Manitoba provides funding for the operation of the Subcommittee on Maternal and Perinatal Health Standards. Continued operation of this Subcommittee by CPSM is subject to the Government providing adequate resources for the proper operation of the Subcommittee.~~

~~4.15.1.e Evidence Act Protection~~

~~4.15.1.e.i The Subcommittee on Maternal and Perinatal Health Standards operates within the mandate of the Central Standards Committee as set forth in s. 182 of the RHPA and this Governance Policy. Pursuant to the Medical Research Committees Regulation, the Subcommittee on Maternal and Perinatal Health Standards is specifically identified as an approved~~

~~Committee for the purposes of s. 9 of *The Evidence Act.*~~

4.15.2 Child Health Standards Subcommittee - DISCONTINUED and removed June 28, 2023

~~4.15.2.a Purpose~~

~~4.15.2.a.i The purpose of the Child Health Standards Subcommittee is to maintain and improve the quality of medical practice as related to Child Health through peer review and analysis, and through education, rather than discipline, including~~

~~4.15.2.a.i.1 making recommendations to Central Standards Committee on any matter pertinent to the monitoring and improvement of the quality of care provided to children in Manitoba.~~

~~4.15.2.a.i.2 Recommending that Central Standards refer a matter to the Registrar in accordance with the Bylaws of CPSM.~~

~~4.15.2.a.i.3 Recommending that Central Standards Committee accept and monitor an undertaking.~~

~~4.15.2.a.i.4 To function as a public advocate.~~

~~4.15.2.b Composition~~

~~4.15.2.b.i The Subcommittee shall consist of 8 members including the chair;~~

~~4.15.2.b.ii One of the subcommittee members will be the Chair of the Central Standards Committee as ex officio and non-voting member. (AM12/19)~~

~~4.15.2.c Term of Office~~

~~4.15.2.c.i Child Health Standards Subcommittee members are appointed for a four-year term and are eligible for re-appointment for another four year term, but once a Subcommittee member has served 2 consecutive terms, that member is not eligible to be a Subcommittee member for a period of 2 years. After the two-year period, the individual is eligible to serve for a further 2 consecutive terms.~~

~~4.15.2.d Government Funding~~

~~4.15.2.d.i The Government of Manitoba provides funding for the operation of the Subcommittee on Child Health Standards. Continued operation of this Subcommittee by CPSM is subject to the Government providing adequate resources for the proper operation of the Subcommittee.~~

~~4.15.2.e Evidence Act Protection~~

~~4.15.2.e.i The Subcommittee on Child Health Standards operates within the mandate of the Central Standards Committee as set forth in s. 182 of the RHPA and this Governance Policy. Pursuant to the Medical Research Committees Regulation, the Subcommittee on Child Health Standards is specifically identified as an approved Committee for the purposes of s. 9~~

~~*of The Evidence Act.*~~

4.15.3 Area Standards Subcommittees

4.15.3.a Purpose

4.15.3.a.i The purpose of the Area Standards Subcommittee is to maintain and improve the quality of medical practice in the particular area through peer review and analysis, primarily through education, rather than discipline, including:

4.15.3.a.i.1 reporting to and making recommendations to Central Standards Committee on any matter pertinent to the monitoring and improvement of the quality of care provided by physicians in Manitoba within the defined area of that Area Standards Subcommittee.

4.15.3.a.i.2 Recommending that Central Standards refer a matter to the Registrar in accordance with the Bylaws of CPSM.

4.15.3.a.i.3 Recommending that Central Standards Committee accept and monitor an undertaking.

4.15.3.b Composition

4.15.3.b.i The Subcommittee shall consist of a minimum of 3 members and a maximum of 5 members including the Chair.

4.15.3.c Meeting Frequency

4.15.3.c.i An Area Standards Committee shall meet a minimum of three times a year for a maximum of 16 hours a year. Each meeting shall not exceed 4 hours of meeting time.

4.15.3.d Term of Office

4.15.3.d.i A member of the Area Standards Subcommittee is eligible to serve for a maximum of 8 consecutive one-year terms. Attempts will be made to introduce periodically new members to the committee.

4.15.4 Hospital Standards Subcommittees

4.15.4.a Purpose

4.15.4.a.i The purpose of the Hospital Standards Subcommittee is to maintain and improve the quality of medical practice in the particular hospital through peer review and analysis, primarily through education, rather than discipline, including

4.15.4.a.ii making recommendations directly to Central Standards Committee on any matter pertinent to the monitoring and improvement of the quality of

hospital care provided by physicians in Manitoba.

4.15.4.a.iii recommending that Central Standards refer a matter to the Registrar in accordance with this Governance Policy.

4.15.4.a.iv recommending that Central Standards Committee accept and monitor an undertaking.

4.15.4.b Composition

4.15.4.b.i The Subcommittee shall consist of a minimum of 3 members.

4.15.4.c Term of Office

4.15.4.c.i A member of the Hospital Standards Subcommittee is eligible to serve for a maximum of 8 consecutive one year terms. Attempts will be made to introduce periodically new members to the committee.

4.15.5 Quality Improvement Subcommittee – DISCONTINUED and removed June 9, 2021.

4.15.6 Provincial Standards Subcommittees

4.15.6.a Purpose

4.15.6.a.i The purpose of the Provincial Standards Subcommittees is to maintain and improve the quality of medical practice in a specified field of practice through peer review and analysis, with the intent to improve through education, rather than discipline.

4.15.6.a.ii Reporting to and making recommendations to Central Standards Committee on any matter pertinent to the monitoring and improvement of the quality of care provided by physicians practising in a specified field of practice in Manitoba.

4.15.6.a.iii Recommending that Central Standards Committee refer a matter to the Registrar in accordance with the Bylaws of CPSM.

4.15.6.a.iv Recommending that Central Standards Committee accept and monitor an undertaking.

4.15.6.b Composition

4.15.6.b.i Central Standards Committee will appoint the members of each Provincial Standards Subcommittee taking into account the recommendations on appointments received from the Manitoba Clinical Leadership Council.

4.15.6.b.ii Central Standards Committee will determine the number of members appropriate for each Provincial Standards Committee, taking into account the number of physicians who practice in the field, the benefit of appointing committee members from other health care disciplines related

to the specific field, and such other factors as Central Standards Committee deems appropriate.

4.15.7 Subcommittee on CancerCare Manitoba Standards

4.15.7.a Purpose

4.15.7.a.i to maintain and improve the quality of medical practice as related to the diagnosis and treatment of cancer and blood disorders in Manitoba through peer review and analysis; through education rather than discipline.

4.15.7.a.ii to function as a public advocate as appropriate.

4.15.7.b Authority

4.15.7.b.i Central Standards Committee is responsible to establish, supervise and make recommendations regarding the Subcommittee on CancerCare Manitoba Standards. The Subcommittee on Cancer Care Manitoba may make recommendations to Central Standards Committee on any matter pertinent to the monitoring and improvement of the quality of cancer care in Manitoba.

4.15.7.b.ii Refer a matter to the Registrar in accordance with this Governance Policy.

4.15.7.b.iii Refer a matter to Central Standards Committee for the implementation and monitoring of a commitment.

4.15.7.c Composition

4.15.7.c.i The Subcommittee will consist of at least eight members including the Chair. All members are from CancerCare Manitoba Medical Staff.

4.15.7.d Term of Office:

4.15.7.d.i Each member of the Subcommittee shall serve a four-year term and shall be eligible to serve for 2 consecutive terms of four years each but the term limits may be waived at the discretion of the Executive Committee.

4.15.7.d.ii After a Subcommittee member has served 3 consecutive terms, that member is not eligible to be a Subcommittee member for a period of 2 years. After the two-year period, the individual is eligible to serve for a further 2 consecutive terms.

4.15.7.e Funding

4.15.7.e.i CancerCare Manitoba is responsible for all funding of this subcommittee.

4.15.7.f Evidence Act Protection

4.15.7.f.i The Subcommittee on CancerCare Manitoba Standards operates within the mandate of the Central Standards Committee as set forth in s. 182 of the RHPA and this Governance Policy. Pursuant to the *Medical Research Committees Regulation* under the *Evidence Act*, the Subcommittee on CancerCare Standards is an approved subcommittee of the Central Standard Committee for the purposes of s. 9 of *The Evidence Act.*

~~4.15.~~4.16. Program Review Committee Terms of Reference

4.16.1.a Government Funding

4.16.1.a.i The Government of Manitoba provides funding for the Manitoba Quality Assurance Program (MANQAP). Continued participation by CPSM in MANQAP is subject to the Government providing adequate resources for the proper operation of MANQAP.

4.16.1.b Purpose

4.16.1.b.i The purpose of the Program Review Committee is to:

4.16.1.b.ii Provide oversight of any facility in which a registrant performs or causes to be performed diagnostic or treatment services in Manitoba, such as non-hospital medical or surgical facilities, and including laboratory medicine and diagnostic imaging facilities, and as set out in the Accredited Facilities Bylaw of CPSM.

4.16.1.b.iii Prepare for Council draft standards of practice or draft practice directions with respect to the operation of facilities and the performance of diagnostic or treatment procedures by registrants at those facilities.

4.16.1.b.iv Pursuant to section 183(6) of the RHPA

4.16.1.b.v Consider and decide on applications for accreditation and issue certificates of accreditation;

4.16.1.b.vi To monitor the compliance of facilities with the requirements of the RHPA and this Governance Policy; and

4.16.1.b.vii To investigate and inspect facilities and proposed facilities for the purposes of accreditation and to monitor compliance.

4.16.1.b.viii Establish the accreditation processes, the policies and procedures governing the accreditation process, the inspection protocols for facilities, and the qualifications of facility directors.

4.16.1.b.ix Administer the Accredited Facilities Bylaw of CPSM.

4.16.1.c Authority

4.16.1.c.i In accordance with the RHPA, the Affairs of the College Bylaw, the Code of Ethics, and policies approved by Council and the following authority delegated to Program Review Committee by Council pursuant to section 183 of the RHPA to:

4.16.1.c.i.1 use staff time related to administrative support for meeting logistics only.

4.16.1.c.i.2 Establish:

4.16.1.c.i.2.i accreditation processes;

4.16.1.c.i.2.ii policies, procedures and inspection protocols governing the accreditation process; and

4.16.1.c.i.2.iii the qualifications of facility directors.

4.16.1.d The Program Review Committee does not have authority to:

4.16.1.d.i change or contravene any CPSM Bylaw or policy.

4.16.1.d.ii spend CPSM resources without specific Council approval.

4.16.1.e Composition

4.16.1.e.i The composition of the Program Review Committee is at least the following:

4.16.1.e.i.1 a Chair who is a Councillor.

4.16.1.e.i.2 a radiologist.

4.16.1.e.i.3 a laboratory medicine physician.

4.16.1.e.i.4 two public representatives.

4.16.1.e.i.5 the President, as an ex officio, voting member.

4.16.1.e.i.6 the President-Elect, as an ex officio, voting member.

4.16.1.e.i.7 A non-voting representative of Manitoba Health; and

4.16.1.e.i.8 the Registrar, as an ex officio, non-voting member, and

4.16.1.e.i.9 any other physician with expertise in an area required for the committee to perform its functions.

4.16.1.f Appeal Rights

4.16.2.f.i Decisions of Program Review Committee are subject to the right of appeal to Executive Committee.

Schedule "A" – Councilor's Oath of Office

Councillor's Oath of Office

I do swear (I solemnly affirm) that as a member of the Council of the College of Physicians and Surgeons of Manitoba (CPSM):

- I will abide by *The Regulated Health Professions Act* and the Bylaws of CPSM and I will faithfully discharge the duties of the position, according to the best of my ability;
- I will act in accordance with the law and the public trust placed in me;
- I will act honestly and in the best interests of CPSM;
- I will uphold the objects of CPSM and ensure that I am guided by the public interest in the performance of my duties;
- I will declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest;
- I will ensure that other memberships, directorships, voluntary or paid positions or affiliations remain distinct from work undertaken in the course of performing my duty as a council member.

Member of Council Signature	Registrar of CPSM or Commissioner of Oaths Signature
Date	Date

Schedule "B" – Declaration of Confidentiality

Declaration of Confidentiality

Subsections 140(2) and 140(3) of *The Regulated Health Professions Act* clearly states that absolute confidentiality is required of all individuals who act in an official or other capacity with the College of Physicians and Surgeons of Manitoba. All councillors, committee members, consultants, contractors and employees of CPSM are expected to maintain confidentiality and share information only to the extent necessary to perform their duties.

I understand, and agree to, the confidentiality clause of *The Regulated Health Professions Act*:

Confidentiality of information

140(2) Every person employed, engaged or appointed for the purpose of administering or enforcing this Act, and every member of a council, a committee of a council or board established under this Act, must maintain as confidential all information that comes to their knowledge in the course of their duties and must not disclose this information to any other person or entity except in the following circumstances:

a. the information is available to the public under this Act;

b. the information is authorized or required to be disclosed under this Act;

c. disclosure of the information is necessary to administer or enforce this Act or the regulations, bylaws, standards of practice, code of ethics or practice directions, including where disclosure is necessary to register registrants, issue certificates of registration or practice, permits and licences, grant approvals or authorizations, deal with complaints or allegations that a registrant is incapable, unfit or incompetent, deal with allegations of professional misconduct, or govern the profession;

d. disclosure of the information is

    i. necessary to administer or enforce *The Health Services Insurance Act* or *The Prescription Drugs Cost Assistance Act*, or

    ii. to the medical review committee established under *The Health Services Insurance Act*;

e. disclosure of the information is

    i. authorized or required to be disclosed by another enactment of Manitoba or Canada, or

    ii. for the purpose of complying with a subpoena, warrant or order issued or made by a court, person or body with jurisdiction to compel the production of information or with a rule of court that relates to the production of information;

f. the information is disclosed to a body that has statutory authority to regulate

   i. a profession in Manitoba, or

   ii. the practice of the same or a similar health profession in any other jurisdiction,

if disclosure is necessary for that body to carry out its responsibilities;

g. the information is disclosed to a person who employs or engages a registrant to provide health care, or to a hospital or regional health authority that grants privileges to a registrant, if the purpose of the disclosure is to protect any individual or group of individuals;

h. the information is disclosed to a department of the government, a regional health authority or another agency of the government, or any department or agency of the government of Canada or a province or territory of Canada, dealing with health issues

   i. if

      A. the purpose of the disclosure is to protect any individual or group of individuals or to protect public health or safety, or

      B. the information concerns the practice of a health profession in any jurisdiction, and

   ii. the information does not reveal personal health information;

i. disclosure of the information is necessary to obtain legal advice or legal services;

j. the information is disclosed with the written consent of the person to whom the information relates.

Limits on disclosure of personal information and personal health information

140(3) When disclosing information under subsection (2), the following rules apply:

a. personal information and personal health information must be disclosed only if non-identifying information will not accomplish the purpose for which the information is disclosed;

b. any personal information or personal health information disclosed must be limited to the minimum amount necessary to accomplish the purpose for which it is disclosed.

I understand that failure to comply with this clause may result in disciplinary action from Council or the Registrar of CPSM of Physicians and Surgeons of Manitoba or dismissal.

_____ _____

Date Signature

_____

Name in print

THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

COUNCIL MEETING
JUNE 28, 2023
CONSENT AGENDA ITEM

SUBJECT: CPSM Financial Management Policy

BACKGROUND:

Annually, the Council must review the honoraria paid by CPSM, review the stipend paid to the President, President-Elect and Investigation Chair, fix the honoraria and stipends for the next fiscal year. In setting honoraria and stipends, Council must take into account the amount of the honoraria or stipends paid by other organizations of a like nature, the philosophy set forth above, the Finance Audit & Risk Management Committee recommendation to Council as to the appropriate level for honoraria and the stipends.

The following items have been presented to the Finance Audit and Risk Committee. The following items detail the changes made to the Financial Management Policy

1.4.4. **Contracts**

Recommend increasing the Registrar's signing authority on contracts to **$75,000**. This would match the signing authority to the transaction limit in 1.5.1 & 1.5.2. below.

1.5 **Cheques**

Recommend increasing the transaction amount from the current **$60,000** threshold to **$75,000**

1.13**. Requirements of Protection of CPSM Assets**

1.13.4. Recommend increasing the amount from $**50,000** to $**75,000** to match the Registrar's authority limit in 1.4.4 Contracts and 1.5 Cheques.

2.6 **Expenses**

2.6.1.c – Recommend increasing the per diems by the inflation rate of **8%** in each category to compensate for inflationary pressures and add the incidental category which was missed from the previous version of this policy.

2.8 **Honoraria & Stipends**

2.8.1 Recommend increasing the honoraria as per the table below and adding the stipend for the chair which was missing from the previous policy. The latest Honoria survey across the MRA's showed CPSM was on the low side of current honorariums paid.

	Current Rate	Proposed Rate
Hourly	$135	$150
Half Day maximum	$500	$550
Full Day maximum	$1,000	$1,100
Evening	$175	$190
Chair	$65	$70

2.8.2 recommend adding "+ annual registration fees" to each stipend line to clarify the total stipend provided to the listed 3 positions. The actual amount of the registration fees is not shown due to the changing nature of this fee category.

2.9 **Remuneration for Area Standards Committees**

2.9.1.a. Due to the proposed increase in honoraria, this category was appropriately adjusted to $150/hour and a total budget of $12,000 per area standards committee

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 COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 28, 2023, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

The Financial Management Policy be approved as attached.

POLICY

Financial Management

Initial Approval: November 22, 2018

Effective Date: January 1, 2019

Reviewed with No Changes
June 19, 2020

Reviewed with Changes
June 21, 2019
December 8, 2021
June 22, 2022
June XX, 2023

FINANCIAL MATTERS

Auditor

1.1. At each annual meeting of the registrants, a registrant of, or a firm licensed by the Chartered Professional Accountants of Manitoba, must be appointed as auditor.

Office

1.2. The office of CPSM shall be at such place in Manitoba as the Council from time to time determines.

Fiscal year

1.3. The fiscal year of CPSM commences on May 1 and ends on April 30 of the following year.

Contracts

1.4. All deeds, contracts and agreements entered into on behalf of CPSM shall be in form and content approved and signed by one of the President, President Elect or Past President and by one of the Registrar or an Assistant Registrar, except that the following may be approved and signed by the Registrar alone or in the Registrar's absence, an Assistant Registrar:

1.4.1. Employment contracts (other than the Registrar's contract which shall be approved and signed by the President);

1.4.2. Contracts or agreements for the provision of services by an individual or a medical corporation;

1.4.3. Contracts, agreements, memoranda with no financial commitment; and

1.4.4. Agreements or contracts, other than in (a) or (b) above, where the total financial commitment over the term of the agreement or contract is less than $~~50~~75,000.

Cheques

1.5. All cheques or other negotiable instruments to be sent out or requiring endorsement of CPSM require two signatures and

1.5.1. For transactions of $~~60~~75,000 or less may be signed by any two of the President, President-Elect, Registrar, Assistant Registrar, or the Chief Operating Officer of CPSM; and

1.5.2. For transactions above $~~60~~75,000 one of the signatures must be the President or President-Elect.

Banking

1.6. The Council or, subject to any directions given by the Council, the Registrar, may establish and maintain such accounts with a chartered bank, trust company or credit union as Council determines necessary from time to time.

Investments

1.7. The Audit and Risk Management Committee or, subject to any directions given by that committee, the Registrar, may invest funds of CPSM in accordance with Council's investment requirements set out in this Policy.

Restricted Accounts in the Accumulated Surplus:

1.8. In order to protect the fiscal soundness of future years and to build organizational capability sufficient to achieve ends in future years, the Registrar must maintain funds in the accumulated surplus of CPSM, as restricted accounts for the following specified purposes:

1.8.1. To cover the potential costs of extraordinary number of inquiry cases based on historical cost that management will analyze as part of the annual operating budget process.

1.8.2. To maintain an operating reserve to cover unanticipated operating deficit not covered by the above Inquiry reserve. The operating reserve should be the equivalent of one month's worth of core expenditures.

1.8.3. To maintain $500,000 reserve every five years to cover periodic IT upgrades, including, but not limited to, the registrant database software upgrade.

1.8.4. To cover the potential wind-up costs of CPSM of no less than $2,922,000 for the 2018-19 fiscal year, and thereafter adjusted annually for applicable inflationary and general salary increases.

1.9. To allow the Registrar flexibility to react quickly to operational needs, the Registrar may appropriate an amount of no more than $100,000 in a single year towards any discretionary program without requiring the approval of the President and President-Elect, or the Council.

1.10. The Registrar shall:

1.10.1. Evaluate the adequacy and appropriateness of the reserves at the end of each year, and incorporate in the budget of the following year a plan that supports or enhances the prescribed reserves, subject to the approval of the Audit and Risk Management Committee.

1.10.2. Determine the need for a special levy in case of any deficiency to the above reserves, provided the Registrar explores all other options first subject to the debt guidelines set forth in 6.2.1 below, and with the approval of the Council.

Restrictions on Registrar Discretion in Management of CPSM Funds

1.11. The Registrar must not expend more funds than have been received in the fiscal year to date unless both CPSM debt guidelines are met:

1.11.1. Not borrow more than $125,000 in order to obtain a financial advantage superior to cashing in investments.

1.11.2. Incur debt in an amount greater than can be repaid by certain, otherwise unencumbered revenues within 60 days.

1.12. The Registrar must:

1.12.1. settle CPSM payroll and debts in a timely manner.

1.12.2. settle CPSM payroll and debts in a timely manner.

1.12.3. aggressively pursue receivables after a reasonable grace period.

1.12.4. file all reports and make all payments required by government accurately and on time.

Requirements for Protection of CPSM Assets

1.13. For the protection of CPSM assets, the Registrar must:

1.13.1. Require staff with access to material amounts of CPSM funds to be bonded.

1.13.2. Receive, process, or disburse funds under controls which meet the Council-appointed auditor's standards.

1.13.3. Give due consideration to quality, after-purchase service, value for dollar, and opportunity for fair competition when making purchases.

1.13.4. Have the approval in writing of the President or President-Elect for any purchase not contemplated in the budget for an amount in excess of $~~50~~75,000.

1.14. The Registrar must not acquire, encumber or dispose of land or buildings.

1.15. Registrar must not initiate legal action outside of the disciplinary process.

Investment Policies

1.16. CPSM investments must be managed in a way that preserves capital, provides necessary

liquidity requirements, and adds value to the investments.

1.17. Speculation or leverage with CPSM investments is prohibited. This includes, but is not limited to, prohibition on equity investments, investments in options, futures and any type of derivative.

1.18. CPSM investments must be maintained in a conservative, low risk profile within the following parameters:

1.18.1. Short and medium term, cashable, fixed income obligations are permitted.

1.18.2. Permissible asset classes for CPSM investments are cash and money market securities and fixed income instruments, provided that each investment must have a minimum "A" or "R1" credit rating or equivalent as rated by a recognized rating service at the time of purchase.

1.18.3. Where liquidity is the primary concern, cash and money market securities are limited to treasury bills and other short-term government securities, bankers' acceptances, and guaranteed investment certificates with term to maturity of not more than 365 days.

1.18.4. Where long term growth is the primary concern, fixed income instruments are limited to federal and provincial bonds, municipal bonds, corporate bonds, and guaranteed investment certificates with a term to maturity of one to ten years.

1.18.5. Before making any investments, advice must be obtained from CPSM's professional portfolio advisor.

1.18.6. Performance of the investments must be reviewed at least semi-annually and reported to the Audit & Risk Management Committee and Council.

1.18.7. No investment may be made without taking into account the cash requirements for day-to-day operation of CPSM.

1.18.8. All parties involved in dealing with CPSM investments must disclose any conflict of interest.

COUNCIL AND COMMITTEE REMUNERATION AND EXPENSES

Council and Committee Expenses

2.1. The philosophy underlying honoraria and expenses recognizes the individual physician as a contributing registrant of the profession. Accordingly, honoraria and expense reimbursement are not intended as inducements. They are based on the wish of Council that there be no significant barriers to the participation of any registrant in the self-governing process.

Remuneration

2.2. Councillors, officers, and committee members are entitled to:

2.2.1. be reimbursed by the CPSM for reasonable expenses necessarily incurred in connection with the business of the CPSM in accordance with Council policies governing reimbursement established from time to time; and

2.2.2. receive honoraria for attending meetings (whether attendance is in person or by electronic communication) in connection with the business of the CPSM in accordance with Council policies governing honoraria established from time to time.

2.2.3. Notwithstanding clauses 2.2.1. and 2.2.2., members of a subcommittee of the Central Standards Committee, except for the Area Standards Committees, are not entitled to be reimbursed by the CPSM or to receive honoraria by the CPSM. Members of all other subcommittees of the Central Standards Committee may be entitled to honoraria pursuant to the policies of their "sponsor" organization.

2.3. The members of Council, Council committees, designated subcommittees and the President's working groups are entitled to receive honoraria, travel time and reimbursement of expenses, all in accordance with the provisions of this section, at the rates determined annually by Council.

2.4. Honoraria and Stipends

2.4.1. Honoraria are intended to replace time away from fee generating practice. A member may choose not to submit a claim for honorarium and instead submit only a claim for expenses.

2.4.2. The following policies govern the payment of honoraria:

2.4.2.a. In submitting claims, "Morning" is the period preceding 12:30 p.m., "Afternoon" is from 12:00 noon - 6:00 p.m., and "Evening" is any period after 4:00 p.m.

2.4.2.b. A member who leaves at noon for a meeting scheduled for the afternoon is entitled to claim for the ½ day session, regardless of the actual time taken in the meeting.

2.4.2.c. A member who attends any meeting scheduled for 4:00 p.m. or later is entitled to claim for the evening rate regardless of the actual time taken in the meeting.

2.4.2.d. A member may claim an hourly rate up to the maximum of a half day or full day rate.

2.4.2.e. A member who attends meetings scheduled for 6 or more hours in one day is entitled to claim the full day rate.

2.4.2.f. The maximum that can be charged for a 24 hour period is the full day rate.

2.4.2.g. Full day Council meetings, regardless of the day of the week, will be compensated.

2.4.2.h. When a member participates in a meeting by telephone or in person, the member is considered to be in attendance and is entitled to full payment.

2.4.2.i. If a member is scheduled to attend a morning, afternoon or all day meeting, arrived late and/or left early, the member is not entitled to the full honoraria, but is entitled to be paid for the hours the member was present.

2.4.2.j. Canada Revenue Agency (CRA) regulations state that all honoraria

payments are considered personal taxable income under the Income Tax Act of Canada and subject to withholding taxes and CPP deductions. A T4 slip will be issued for each calendar year. Council and Committee members may not bill honoraria through their corporations.

2.4.2.k. As the CRA permits individuals who are at least 65 years old but under 70 years old and who are receiving a Canada Pension Plan retirement pension to exercise an election to stop making CPP contributions by filing a CRA Form with CPSM and any other employer of that eligible individual. Members are advised to seek independent financial advice in this regard. Eligible members are responsible to file the completed CRA Form with the CPSM if they do not wish to contribute to the CPP plan.

2.4.2.l. Annual stipends are paid in recognition of the formal administrative roles held by the President, the President-Elect and the Investigation Chair. The stipend is intended to recognize the extra administrative time spent in discussions with the Registrar and staff (other than attendance at Committee meetings or other formal CPSM meetings covered by the payment of honoraria) in addition to covering the other administrative functions required by the holders of these positions to conduct the business of CPSM.

2.5. Travel Time

2.5.1. Subject to the exclusions for travel time set out in section 302, an hourly rate is billable for travel time for members, subject to the following policies, which govern the payment of travel time to meetings in Winnipeg.

2.5.1.a. Members who reside in the City of Winnipeg are not compensated for travel time to meetings held within the city.

2.5.1.b. Members who reside outside of the City of Winnipeg and who commute to meetings in Winnipeg may claim for travel time where the total commute exceeds one hour. This claim is in addition to the claim for honoraria in relation to attendance at the meeting.

2.5.1.c. Members who reside outside of Winnipeg and who travel more than one hour to attend meetings in Winnipeg, may charge for:

2.5.1.c.i. mileage for the round trip from the closest town or village to their residence to CPSM offices in Winnipeg provided they drive. The distance travelled will be calculated by CPSM staff using an internet satellite tracking system, selecting the “fastest time” calculation; and

2.5.1.c.ii. travel time as calculated by CPSM staff using an internet satellite tracking system’s fastest time calculation for the round trip rounded up to the nearest half hour unless the member flies to the meeting.

2.5.1.c.iii. if the member flies to the meeting, the calculation of time will be based on the flight time estimate provided by the airline used for travel. Time would be rounded up to the nearest half hour. No mileage will be paid for the portion

of travel by air.

2.5.1.c.iv. Total expense for a member travelling will be set at a maximum of what is calculated in 2.5.1.c.iv. For example, if a Council member chooses to drive from their location, then the maximum expense allowable between, mileage + travel time is equal to or less than the flight time estimate and the cost of the flight. This only applies for travel where the option of a regularly scheduled commercial flight exists.

2.6. Expenses

2.6.1. CPSM will not reimburse any expense incurred unless the member provides the supporting receipt, with the sole exception of claims for parking at a meter. The following policies govern claims for reimbursement of expenses:

2.6.1.a. CPSM must have a receipt documenting the GST in order to claim the GST input tax credit. Accordingly, credit card slips are not accepted in lieu of receipts. Members must submit the actual receipt. **Expenses will not be reimbursed if the member does not submit the actual receipt.**

2.6.1.b. CPSM anticipates that members travelling on CPSM business may incur reasonable expenses for transportation, meals, telephone call to home or office, and accommodation. Any expense outside of these items would be regarded as unusual, and must be specifically authorized by the Registrar. Expenses will be reimbursed in accordance with the CPSM Expense Policy.

2.6.1.c. **Meals** - CPSM will reimburse expenses for meals on a per diem basis. Councillors and Committee members may claim the meal per diems only if the corresponding meal was not provided at the meeting/conference attended. Meals will be reimbursed at the following established per diem rates:

- Breakfast: $~~15~~17
- Lunch: $~~25~~27
- Dinner: $~~35~~40
- Incidentals: $12 (for business travel that exceeds 24 hours)

Receipts are not required – only adherence to the per diem rates. Alcoholic beverages are not eligible for reimbursement.

2.6.1.d. **Mileage** – This covers the actual costs of transport to and from the meeting for those travelling from outside Winnipeg. For those who use their cars, the calculation must be shown on the claim form. For other forms of transport, attach a receipt. Airfare is paid at the scheduled economy rate. The reimbursement rate per kilometer will be consistent with the rate used by Shared Health. This is applicable to all reimbursable mileage claims (ie Area Standards, MANQAP, Council members, etc.)

2.7. Annual Review

2.7.1. Annually, the Council must:

2.7.1.a. review the honoraria paid by CPSM,

2.7.1.b. review the stipend paid to the President, President-Elect and Investigation Chair,

2.7.1.c. fix the honoraria and stipends for the next fiscal year. In setting honoraria and stipends,

2.7.2. Council must take into account:

2.7.2.a. the amount of the honoraria or stipends paid by other organizations of a like nature;

2.7.2.b. the philosophy set forth above; and

2.7.2.c. the Finance, Audit & Risk Management Committee recommendation to Council as to the appropriate level for honoraria and the stipends.

2.8. Honoraria and Stipends

2.8.1. Honoraria

Hourly	$~~135~~150
Half Day	$~~500~~550
Full Day	$~~1000~~1100
Evening	$~~175~~190
Chair	$70 (per meeting)

2.8.2. Stipends

President $12,500 + annual registration fees
President-Elect $5,000 + annual registration fees
Investigation Chair $10,000 + annual registration fees

2.9. Remuneration for Area Standards Committee

2.9.1. Notwithstanding remunerations provisions for other Committee members, members of an Area Standards Committee shall be entitled to be:

2.9.1.a. paid $~~135~~150.00 per hour of meeting time to a committee maximum of $~~10,800~~12,000 per year (based upon 5 members x 16 hours x $~~135~~150.00 = $~~10,800~~12,000)

2.9.1.b. reimbursed for mileage from their office to the meeting place provided that the member works outside of the municipality where the meeting is held. The reimbursement rate per kilometer will be consistent with the rate used by Shared Health.

THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

COUNCIL MEETING
JUNE 28, 2023
CONSENT AGENDA ITEM

SUBJECT: **Fee Bylaw - FOR INFORMATION ONLY**

BACKGROUND:

The Fee Bylaw sets out the following rules to be followed for fee increases.

Increases in Fees

3. The fee for the annual certificate of practice shall automatically increase by an amount equal to the Manitoba Consumer Price index to cover inflationary costs.
4. Council may also increase the fee for the annual certificate of practice by an additional amount provided that management presents Council with a budget and a satisfactory rationale justifying an increase.
5. The Council may issue a special assessment on some or all classes of members to cover unexpected expenses, which were not reasonably foreseeable at the time the budget was prepared.

Recommended Fee Increases

With the approval of Finance, Audit, and Risk Management Committee and the Executive Committee below are the details of the fee increase recommended for 2023-24 (effective November 2023)

1. **Physician annual certificate of practice fee** to be increased by 8% on November 1, 2023 which raises the 2022-23 certificate of practice fee from $**2,050 to $2,220**. In accordance with the Fee Bylaw the CPI inflation amount (8%) is automatically increased. The monthly fee is also adjusted by the same % which raises the amount from $**325 to $350**.

2. **Educational annual certificate of practice fee** to be increase by 8% on November 1, 2023 from $**75 to $80.**

3. **Clinical & Physician Assistants annual certificate of practice fees** to be increase by 8% from **$400 to $432**.

4. **Medical Corporation fee** to increase by 8% from $**200 to $215** in 2022-23.

Revised MRA comparison using CPSM's November 1, 2023 certificate of practice fee. Due to the variable timing of approvals at the Colleges across the country, it is uncertain how the fees will be adjusted due to the high levels of inflation.

	Aug 2022
AB*	$ 1,792
NS	$ 1,950
NB	$ 600
NF	$ 1,850
PEI	$ 2,125
MB**	$ 2,220
SK	$ 1,950
ON	$ 1,725
BC	$ 1,725

*CPSA is providing a one-time rebate to registrants out of their building fund. The 2021 fees are $2150.

**CPSM rate reflects that will be effective November 1, 2023

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

1000 – 1661 Portage Avenue
Winnipeg, Manitoba R3J 3T7
TEL: (204) 774-4344
FAX: (204) 774-0750
Website: www.cpsm.mb.ca

Fee Bylaw

The College of Physicians and Surgeons of Manitoba

(Enacted by the Councillors of the College of Physicians and Surgeons of Manitoba on November 22, 2018 repealing and replacing Schedule E of Bylaw #1 under The Medical Act)

Effective Date January 1, 2019

With Revisions up to and including June 28, 2023

Table of Contents

The following fees payable are set out in Schedule A to this Bylaw:

- Applicant's documentation and registration
- initial certificate of practice and for each renewal of a certificate of practice
- medical corporations for an initial permit and for each renewal of a permit
- late fees and daily assessments payable by a registrant who is in arrears of annual renewal of their certificate of practice
- fees payable by a registrant for an audit

FEES

Definition

1. **"certificate year"** means the time period for which a certificate of practice is issued for a particular class of registrants.

Fees Payable

2. Each registrant must pay the fees and levies applicable to the registrant as fixed by Council from time to time.

Increases in Fees

3. The fee for the annual certificate of practice shall automatically increase by an amount equal to the Manitoba Consumer Price index to cover inflationary costs.

4. Council may also increase the fee for the annual certificate of practice by an additional amount provided that management presents Council with a budget and a satisfactory rationale justifying an increase.

5. The council may issue a special assessment on some or all classes of registrants to cover unexpected expenses, which were not reasonably foreseeable at the time the budget was prepared.

Payment of Fees

6. Fees for all types of certificates of practice and permits are deemed to be a debt due to the College and must be paid in full on the due date stipulated in the renewal notice.

7. Notwithstanding section 6, classes of membership may pay their certificate of practice fee on a monthly basis in accordance with the fees set out in Schedule "A" to this Bylaw.

8. No renewal notice is sent to a certificate of practice paid on a monthly basis. Any registrant who wishes to continue to practise medicine in Manitoba after the expiry of his/her monthly certificate of practice must renew his/her certificate of practice and pay the certificate of practice fee before the effective date of the certificate of practice to be renewed.

9. A medical corporation permit is issued on an annual basis only and may not be obtained on a monthly basis.

Late Payment, Daily Assessments and Non-Renewal

10. Registrants must deliver a completed annual renewal of certificate of practice form and pay the annual certificate of practice fee to the College before November 1 each year. A registrant who does not meet this requirement is in arrears of annual renewal.

11. A registrant who is in arrears of annual renewal and who applies for renewal of his or her certificate of practice after November 1 and before November 30 or within such additional time as Council may allow, may apply to renew his or her certificate of practice, but must:
    a. pay the prescribed late fee; or
    b. if the Registrar exercises discretion to waive or lower the late payment fee, pay the reduced amount.

12. If a registrant fails to apply for renewal or to pay the late payment fees under section 11 before November 30, upon application for renewal by the registrant, the Registrar may renew the registrant's certificate of practice if the following conditions are met:
    a. the Registrar finds that exceptional circumstances exist warranting extension of the time for the registrant to apply for renewal; and
    b. the registrant pays the late payment fee and applicable daily assessment, unless the Registrar exercises discretion to waive or lower the late payment fee, the daily assessment, or both and the registrant pays the reduced amount.

13. Where the Registrar declines to extend the time for the registrant to apply for renewal, or the registrant fails to meet the conditions for renewal in section 12, the registrant must be notified of the right to appeal the Registrar's decision pursuant to s. 46 of the Act. Issuing a practice certificate effective a date other than the date the applicant applied for renewal is at the sole discretion of the Executive Committee. The appeal of the Registrar's decision must contain a complete written explanation of the circumstances that led to the failure to renew by the required renewal date.

14. Pending any appeal pursuant to section 46 of the Act, the registrant is not entitled to practice medicine unless and until the registrant is issued a certificate of practice.

Medical Corporation Late Payment and Non-Renewal

15. Section 10 to 14 apply to late applications or late payments for annual renewal of permits for medical corporations with all necessary modifications implied.

Administration Fees

16. The College may charge administration fees for services requested from the College in accordance with the administration fees approved by Council and set out on Schedule "A" to this Bylaw.

Fee Rebate

17. Where a registrant with an annual certificate of practice:
    a. has had a maternity or parental leave or has had an illness which required the registrant to take a leave of absence from the practice of medicine for a continuous period of at least two calendar months in any certificate year; and
    b. during the maternity or parental leave or leave of absence due to illness the registrant did not engage in the practice of medicine,

    the registrant may apply to the College for a rebate of fees.

18. Where a registrant with an annual certificate of practice dies, the legal representative of the estate may apply for a rebate of fees.

19. Fee rebates shall be calculated on a pro-rata basis, at the rate of one-twelfth of the certificate of practice fee for each full calendar month of the certificate year during which the registrant did not engage in the practice of medicine. ~~, but in all cases, there~~A rebate shall not exceed ~~be a minimum~~ one-half of a certificate of practice fee ~~equal to one-half of the amount of the applicable annual certificate of practice fee fixed~~ for the certificate year for which the rebate is sought.

20. Applications for a fee rebate must be made to the College by November 30 of the certificate year immediately following the certificate year for which the rebate is sought. The applicant shall be solely responsible for providing such evidence as may be required by the Registrar in support of the application for fee rebate.

21. The Registrar is responsible to review and decide each application for fee rebate.

22. Where the Registrar does not approve the application for fee rebate, the registrant may appeal the decision to the Executive Committee.

23. Where an appellant has paid the prescribed fee to appeal a denial of registration, the fee shall be refunded if the appeal is successful.

Schedule A

	Applicant's Documentation Fee	Registration Fee	Certificate of Practice Fee	Late Payment Fee for Certificate of Practice (payment during first 30 days following due date)	Late Payment Fee for Certificate of Practice per day (after first 30 days)
REGULATED MEMBER - FULL					
Regulated Member – Full Practising	$210[1]	$300[2]	$22202050 -per certificate of practice fee year $350325 monthly $250 Resident per certificate of practice fee year $125 Resident reduced (8 months or less)	$200 $200 $50 $50	$50 $50 $10 $10
Non-Practising	---	---	$22202050 required fee for those registrants who wish to maintain their medical corporation and require certificate of practice, otherwise $0.	---	---
Retired	---	---	---	---	---
REGULATED MEMBER – PROVISIONAL					
Academic Faculty S.181	$630	$300	$22202050 per certificate of practice fee year $350325 monthly	$200 $200	$50 $50
Academic Visiting Professor	$210	---	$100 per certificate of practice fee for the specified term	---	---
Academic Post Certification Trainees	$210	$300	$22202050 per certificate of practice fee year $350325 monthly $250 Resident per certificate of practice fee year $125 Resident reduced	$200 $200 $50 $50	$50 $50 $10 $10
Specialty Practice Limited	$210 Review of Qualifications	$300[5]	$22202050 per certificate of practice fee year[6] $350325 monthly	$200 $200	$50 $50

[1] Excluding Manitoba Medical graduates
[2] Less any registration fee submitted as an Associate Registrant - Educational
[5] Less any registration fee paid as an Assessment Candidate Specialty Practice Limited
[6] Less any certificate of practice fee paid as an Assessment Candidate Specialty Practice Limited

	$600[3][4]				
	Applicant's Documentation Fee	Registration Fee	Certificate of Practice Fee	Late Payment Fee for Certificate of Practice (payment during first 30 days following due date)	Late Payment Fee for Certificate of Practice per day (after first 30 days)
Family Practice Limited	$210 Review of Qualifications $600[7] [8]	$300[9]	$2220~~2050~~ per certificate of practice fee year)[10] $350~~325~~ monthly	$200 $200	$50 $50
MPAP	$600	---	---	---	---
Restricted Purpose	$210	$300	$100 per certificate of practice fee for the specified term	---	---
Temporary (locum)	$600	$300	$2220~~2050~~ per certificate of practice fee year $350~~325~~ monthly	$200 $200	$50 $50
Public Health Officer	$600	$300	$2220~~2050~~ per certificate of practice fee year $350~~325~~ monthly	$200 $200	$50 $50
Transitional	---	---	$2220~~2050~~ per certificate of practice fee year $350~~325~~ monthly $250 Resident per certificate of practice fee year $125 Resident reduced	$200 $200 $50 $50	$50 $50 $10 $10
Non-Practising	---	---	$2220~~2050~~ required fee for those registrants who wish to maintain their medical corporation and require certificate of practice, otherwise $0	---	---
Retired Physician	---	---	---	---	---
REGULATED ASSOCIATE MEMBER					

[3] Less any documentation fee paid as an Assessment Candidate Specialty Practice Limited
[4] Less any fee paid for Review of Qualifications
[7] Less any documentation fee paid as an Assessment Candidate Family Practice Limited
[8] Less any fee paid for Review of Qualifications
[9] Less any registration fee paid as an Assessment Candidate Family Practice Limited
[10] Less any certificate of practice fee paid as an Assessment Candidate Family Practice Limited

(a)Assessment Candidate					
(i) Specialty Practice Limited	$600 (i)$210 Review of Qualifications (ii) $390 following ROQ	$300	$2220~~2050~~ per certificate of practice fee year $350~~325~~ monthly	$200 $200	$50 $50
	Applicant's Documentation Fee	Registration Fee	Certificate of Practice Fee	Late Payment Fee for Certificate of Practice (payment during first 30 days following due date)	Late Payment Fee for Certificate of Practice per day (after first 30 days)
(ii) Family Practice Limited	$600 (i)$210 Review of Qualifications (ii) $390 following ROQ	$300	$2220~~2050~~ per certificate of practice fee year $350~~325~~ monthly	$200 $200	$50 $50
(iii) Re-Entry	$210	$300	$2220~~2050~~ per certificate of practice fee year $350~~325~~ monthly	$200 $200	$50 $50
(b)Educational					
(i) Undergraduate Manitoba Medical Student per certificate of practice year July 1-	---	$50	$80~~75~~	$20	$5
(ii) Manitoba Physician Assistant Student	---	$50	$80~~75~~	$20	$5
(iii) Resident	$330[11]	$50	$80~~75~~	$20	$5
(iv) Resident Limited	---	$250	$250 per certificate of practice fee year $125 reduced (8 months or less)	$50 $50	$10 $10
(v)External/Visiting Student	---	$50	$25 (per 6 month period)	---	---
(vi)Non-practising	---	---	---	---	---
(c) Physician Assistant					
(i) Full Physician Assistant	$330[12]	$300[13]	$432~~400~~ per certificate of practice fee year	$50	$10
(ii) Academic Faculty S.181	$630	$300	$432~~400~~ per certificate of practice fee year	$50	$10

[11] Except Manitoba Medical Graduates
[12] Except Manitoba Physician Assistant Graduates
[13] Less any registration fee paid as an Associate Registrant - Educational

(iii) Restricted Purpose	$210	$300	$100 per certificate of practice fee for the specified term	---	---
(iv) Non-Practising or Retired	---	---	---	---	---
(d) Clinical Assistant					
(i) Clinical Assistant Full	$330	$300	$432~~400~~ per certificate of practice fee year	$50	$10
(ii) Non-Practising or Retired	---	---	---	---	---

Other Fees

Medical Corporation Registration Fees ..... $380~~350~~

Medical Corporation Fees (renewal) ..... $215~~200~~

Medical Corporation Fees Late Payment on Renewal

(Payment during the first 30 days following the due date) $50

Medical Corporation Retroactive registration and licensure (Per calendar day thereafter) $15

Non-Hospital Reviews ..... $500 plus costs

Specialist Registration of Credentials $200

Specialist Register 2.9(2) Application $600

Appeal of a Registrar's Denial of Registration $2000

COUNCIL MEETING
JUNE 28, 2023
CONSENT AGENDA

SUBJECT: Public Representative Council Member Appointed by Council

KEY MESSAGES:

The Executive Committee recommends to Council that Leslie Agger be re-appointed as the CPSM appointed public representative on Council for a four- year term.

SUMMARY:

Leslie Agger is a Council appointed public representative on Council whose term expires on June 23, 2023.

The Governance Policy (section 4.10.2.a.vi.3) requires the Executive Committee recommend to Council at least as many candidates as there are vacancies, with information sufficient to demonstrate that the proposed candidate has the skills and attributes which meet the criteria fixed by Council for public representatives.

Ms. Agger has served on Council since 2019 and has the necessary skills and attributes to serve as a public representative on Council. Attached is Ms Agger's CV.

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 COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 28, 2023, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

> Ms. Agger be re-appointment to Council for a four-year term ending June 28, 2027.

LESLIE AGGER

18 Red Robin Place
Winnipeg, Manitoba, R3J 3L9
tel: (431) 277-6882 email: leslieolsenagger@gmail.com

Professional Experience & Committee Work

***Water Guardian,* The Assembly of Manitoba Chiefs** 2021-present

- Manage projects related to water, health, and environment including Lake Winnipeg and Species at Risk (woodland caribou, lake sturgeon, and other fish species)

***Manager of Community Research,* Fox Lake Cree Nations** 2004 – 2015

Fox Lake/Manitoba Hydro negotiations:

- Advise Fox Lake at Manitoba Clean Environment Commission hearings (re: licensing of the Keeyask Generation Project)
- Represent Fox Lake at the Manitoba Clean Environment Commission hearing on BiPole III Transmission Project
- Evaluate Environmental Impact Statements for various proposed hydroelectric projects (Keeyask Generation Project, Conawapa Generation Project, and BiPole III Transmissions Project)
- Represent and advise Fox Lake at various negotiations tables and committees: *Conawapa negotiations, Keeyask and Conawapa Environmental Studies Working Group, Conawapa Project Description Working Group, Lower Nelson River Sturgeon Stewardship Agreement Working Group, Keeyask Generation Station Environmental Impact Statement Coordinators, Keeyask Aquatics Working Group, Keeyask Mammals Working Group, Keeyask Mercury & Health Working Group, BiPole III/Keewatinow Converter Station Adverse Effects negotiations, Keeyask Cree Nation Worldview workshops, Caribou Management Advisory Committee, and Keeyask Monitoring Advisory Committee*
- Ensure the participation and inclusion of Fox Lake members' Traditional Knowledge in environmental assessments
- Coordinate and chair meetings with Fox Lake Core Elder and Harvester Group, membership, and Manitoba Hydro concerning environmental and social impacts of proposed hydroelectric projects

Traditional Knowledge/Land Use Studies:

- Prepare proposals and budgets for community based and implemented traditional knowledge research
- Implement traditional knowledge research in collaboration with Fox Lake members, hunters, and harvesters. Methodology and activities include:
  - *Recruit and hire local members*
  - *Conduct Elder and member interviews, group mapping sessions, and map biography interviews*
  - *Oversee the production of Cree-to-English translations and transcriptions*
  - *Carry out field research with members to ground-truth historical and cultural sites on Fox Lake homeland*
  - *Oversee the creation of land-use maps*
  - *Prepare reports summarizing study findings including historical and cultural knowledge, environmental and human impacts of past hydroelectric projects, local and current knowledge*

of the existing environment, and predictions based on AK about the affects of proposed hydroelectric projects

- *Validate reports with Fox Lake membership to ensure accountability to participants and accuracy of information*

- Develop recommendations for mitigation and monitoring of environmental and human impacts of proposed hydroelectric developments based on traditional knowledge research and community input

Reports & Research Projects:

- Conawapa Traditional Knowledge Study
- Fox Lake Gravesite Restoration and Re-consecration Project
- Makeso Sakikan Inninuwak Aski Keskentamowin on Nameowak in Kischi Machidou Powistik: *Fox Lake relationships to lake sturgeon and historical and existing inventories of populations and habitats in the Long Spruce forebay*. (2013). Unpublished report.
- Ninan: *Stories of the Fox Lake Cree*. (2012). Unpublished manuscript.
- Fox Lake Aski Keskentamowin Study on Lower Kischi Sipi Namaowak [lower Nelson River lake sturgeon]. (2009). Unpublished report.

***Researcher,* Lac Seul First Nation, Specific Flooding Claim** 2003-2004

Identify historical documents related to Lac Seul First Nations Specific Flood Claims Negotiations with Canada; sort, inventory, and summarize historical documents relevant to Lac Seul's flood claim

Academic Qualifications, Awards & Presentations

Master of Arts (Native Studies), University of Manitoba 2020

My thesis identified traditional Anishinaabe understandings of compassion and compared them to western neurophysiological research including functional MRI studies on the human brain in empathy versus compassion modes of thinking. I presented a healing paradigm based on the reduction of suffering rather than on re-experiencing and perpetuating the experience of trauma. My thesis demonstrated important parallels between traditional Anishinaabe worldviews and practices and the science of compassion.

Certificant*,* Government of Canada Panel on Research Ethics 2019
*"*Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Course on Research Ethics"

New Investigator*,* Mind and Life European Summer Research Institute 2018
"Kinship, Conflict & Compassion"
Poster Presentation, Indigenous Compassion

Researcher*,* Mind and Life Summer Research Institute 2014
"Transforming Craving"

The Mind & Life Institute was founded by the Dalai Lama to promote research bridging neuroscience & contemplative practises.

Bachelor of Science *(statistics)*, University of Manitoba 1998

Community Service

***Public Representative,* The Collage of Physicians and Surgeons of Manitoba** 2019 – present

Ensure public interest is maintained in the regulation of physicians and the delivery of patient care in Manitoba

École Robert H. Smith 2019-present
Indigenous compassion course curriculum development *(grades K - 6)*

Inter-church Task Force on Northern Hydroelectric Development 2013-2015
Board member

Trout Lake Ojibwa off-reserve community 2006-2010

Board of Directors (Vice-President), Condominium Corporation #116 2006-2008

COUNCIL MEETING
JUNE 28, 2023
CONSENT AGENDA ITEM

SUBJECT: CPSM Committee Membership 2023/24

BACKGROUND:

The Governance Policy requires Council appoint candidates to the Committees of Council.

Every year some committee member's term of office end in June and others will take on new Council positions which require them to have new roles on various committees. Each year Council is requested to approve updated Committee memberships. The proposed Committee membership for the 2023/24 year is as per the attached charts.

Dr. Nader Shenouda is the new President, and by virtue of this position he will become the Chair of the Executive Committee and have ex-officio positions on the Finance, Audit & Risk Management Committee, Central Standards Committee, and the Program Review Committee.

Dr. Charles Penner is the new President-Elect, and by virtue of this position he will become the Chair of the Finance, Audit & Risk Management Committee, be a member of the Executive Committee and hold ex-officio positions on the Central Standards Committee, and the Program Review Committee.

Dr. Jacobi Elliot is the new Past-President, and by virtue of this position she will be a member of the Executive Committee. She will become a member of the Central Standards Committee and Chair of the Inquiry Committee.

Dr. Ira Ripstein will become the Vice-Chair of the Inquiry Committee.

Dr. Peter Nickerson will become a member of the Executive Committee and the Finance, Audit & Risk Management Committee.

Dr. Heather Smith will become a member of the of the Investigations Committee.

All other remaining members of Council will retain the same committee assignments they previously held.

New Registrants appointments to various committees are:

Complaints Committee:

Dr. Stephanie Butterworth - Dr. Butterworth is a family physician with enhanced skills in palliative care. She completed her residency in 2017 in the Northern Remote Stream and worked in Swam Valley for 5 years before shifting to a Winnipeg based practice in Palliative Care and MAID.

Dr. Steven Gray - Dr. Gray completed his family medicine training in 2017. He is currently working as a hospitalist in Winnipeg, Steinbach and Selkirk. He is involved in the postgraduate education program including teaching undergraduate students.

Dr. Naom Katz - Dr. Katz is an emergency physician who completed his FRCPC training in 2017 and works at St. Boniface Hospital. He is involved in various committees at St. Boniface.

Investigation Committee:

Dr. Anthony Battad - Dr. Battad completed his internal medicine training in 2003 and worked as a physician in the Canadian military for 10 years. He currently works at St. Boniface Hospital. He has been a leader in the military and health care system and teaches undergraduate medical students.

Dr. Elsa Velthuysen - Dr. Velthuysen is a family physician in Brandon with experience in emergency medicine and anaesthesia. She is originally from South Africa, having completed her medical training in 2002. She has practiced in Manitoba since 2007.

Pursuant to section 89 of *The Regulated Health Profession Act* the Minister of Health has established a roster of persons from which Council is to appoint public representatives to the Committees.

Ms. Cheryl Smith is new to the roster as of January 18, 2023, and is to become a member of the Complaints Committee.

Ms. Sandra Benavidez, Mr. Ryan Gaudet, and Ms. Sandra Martin terms on the roster (and the Inquiry Committee) were to expire on June 23, 2023; however, the Minister has reappointed them to the roster. They are to be re-appointed to the Inquiry Committee.

Mr. Scott Greenlay has been added, by government, to the roster on May 10, 2023 and is to become a member of the Inquiry Committee.

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

The work of the Committees of Council is critical to CPSM carrying out its mandate. The RHPA and The Affairs of the College Bylaw together specify the membership composition of the various committees. It is important for the protection of the public interest that qualified individuals are appointed to these committees.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 28, 2023, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

Committee membership for the 2023/24 year be approved as per attached charts.

Committee Membership 2023 - 2024

Council Members	Executive	Finance, Audit & Risk Mgmt	Central Standards	Program Review	Complaints	Investigation	Inquiry
Agger, Ms Leslie				Pub Rep			
Albrecht, Ms Dorothy			Pub Rep				
Convery, Dr. Kevin						Chair	
Corbett, Dr. Carrie			Councillor				
Elliott, Dr. Jacobi (Past-President)	Councillor		Councillor				Chair
Fineblit, Mr. Allan	Pub Rep						
Magnus, Ms Lynette		Pub Rep				Pub Rep	
McLean, Dr. Norman					Chair		
McPherson, Ms Marvelle	Pub Rep		Pub Rep				
*Monkman, Dr. Lisa							
Penner, Dr. Charles (President-Elect)	Councillor	Chair	Ex O-NV	Ex Officio			
Penny, Ms Leanne		Pub Rep		Chair	Pub Rep		
Nickerson, Peter	Councillor	Councillor					
Shenouda, Dr. Nader(President)	Chair	Ex O-NV	Ex O-NV	Ex Officio			
Smith, Heather						Member Rep	
Suss, Dr. Roger			Chair				
Barnes, Mr. Christopher (Associate Member)			Councillor				
Ziomek, Dr. Anna (Registrar)	Ex O-NV	Ex O-NV	Ex O-NV	Ex O-NV			

External Members	Executive	Finance, Audit & Risk Mgmt	Central Standards	Program Review	Complaints	Investigation	Inquiry
Andani, Rafiq						Member Rep	
Appel, Karen			Member Rep				
Arya, Dr. Virendra				Member Rep			
Battad, Anthony						Member Rep	
Butterworth, Stephanie					Member Rep		
Cabel, Ms Jennifer				Gov Rep			
Gray, Steven					Member Rep		
Hosseini, Dr. Boshra					Member Rep		
Jawanda, Dr. Gurswinder (Gary)						Member Rep	
Kabani, Dr. Amin				Member Rep			
Katz, Naom					Member Rep		
Kirkpatrick, Dr. Iain				Member Rep			
Naidoo, Dr. Jenisa				Member Rep			
Pintin-Quezada, Dr. Julio				Member Rep			
Reitmeier, Dr. Shayne					Member Rep		
Ripstein, Ira							Vice Chair
Elias, Ms Deb			Pub Rep				
Velthuysen, Elsa						Member Rep	
Vosters, Dr. Nicole					Member Rep		

Ex-officio | Chair | Councillor

Public Rep | Vice Chair | Member Representative

* Chair CPSM TRC Advisory Circle

Committee Membership 2023 - 2024

Public Representatives on Roster

	Executive	Finance, Audit & Risk Mgmt	Central Standards	Program Review	Complaints	Investigation	Inquiry
Benavidez , Sandra							Pub Rep
Gaudet, Ryan							Pub Rep
Gelowitz, Eileen				Pub Rep			
Greenlay, Scott							Pub Rep
Magnus, Lynette		Pub Rep				Pub Rep	
Martin, Sandra							Pub Rep
Matthes, Leanne						Pub Rep	
Oyamienlen, Sylvester					Pub Rep		
Scramstad, Alan							Pub Rep
Smith, Cheryl						Pub Rep	
Smith, Nicole					Pub Rep		
Strike, Raymond					Pub Rep		
Tutiah, Elizabeth						Pub Rep	
Yelland, Diana							Pub Rep

Ex-officio
Chair
Councillor
Public Rep
Member Representative

CPSM Members Appointed to the Inquiry Panel 2023-2024

Sal	Last Name	First Name
Dr	Ahmed	Munir
Dr	Bello	Ahmed Babatunde
Dr	Bernstein	Keevin Norman
Dr	Bhangu	Manpreet Singh
Dr	Butler	James Blake
Dr	Cham	Bonnie Paula
Dr	Derzko	Lydia Ann Lubomyra
Dr	Dyck	Michael Paul
Dr	Ghorpade	Nitin Namdeo
Dr	Goldberg	Aviva
Dr	Hanlon-Dearman	Ana Catarina de Bazenga
Dr	Harris	Kristin Renee
Dr	Herd	Anthony Michael
Dr	Hynes	Adrian Francis Mary
Dr	Jones	Jodi Lynn Plohman
Dr	Kakumanu	Ankineedu Saranya
Dr	Kean	Sarah Lynn
Dr	Knezic	Kathy Ann
Dr	Lane	Eric Stener
Dr	Leonhart	Michael Warren
Dr	Manji	Rizwan Abdulmalik Samji
Dr	Martens-Barnes	Carolyn
Dr	McCammon	Richard James
Dr	Nair	Unni Krishnan
Dr	Nashed	Maged Shokry
Dr	Porhownik	Nancy Rose
Dr	Price	James Bryan
Dr	Ross	Timothy K.
Dr	Samuels	Lewis
Dr	Scott	Thomas Jason Paul
Dr	Shah	Ashish Hirjibhai
Dr	Simmonds	Reesa
Dr	Singh	Harminder
Dr	Sommer	Hillel Mordechai
Dr	Spencer	Mandy Lee
Dr	Tagin	Mohamed Ali Mashhoot

CPSM Members Appointed to the Inquiry Panel 2023-2024

Sal	Last Name	First Name
Dr	Thompson	Susan Bomany
Dr	Van Dyk	Werner Willem Adriaan
Dr	Maguet	Elise Collette
Dr	Yaffe	Clifford Stephen
	PUBLIC REPRESENTATIVES	
Ms	Benavidez	Sandra
Mr.	Gaudet	Ryan
Mr.	Greenlay	Scott
Ms	Martin	Sandra
Mr.	Scramstad	Alan
Ms	Yelland	Diana

COUNCIL MEETING
JUNE 28, 2023
NOTICE OF MOTION FOR APPROVAL

SUBJECT: **Standard of Practice – Social Media**

RECOMMENDATION:

That Council approve the new Standard of Practice – Social Media.

BACKGROUND:

In December 2022 Council approved the Draft Standard of Practice for Social Media document to be sent out for consultation.

The working group meet on March 9, 2023, to review the feedback and make possible changes based on the feedback. Although material for the March 22, 2023 meeting were sent to Council prior to the March 9, 2023 working group meeting; Council was provided with a verbal update of the working groups decisions.

Amendments discussed at the March 22, 2023 meeting attached in a redline version.

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 COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 28, 2023, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

> Council approves the new Standard of Practice as attached to be effective immediately.

Standard of Practice

Social Media

DRAFT

Initial Approval: DATE **Effective Date:** DATE

Standards of Practice of Medicine set out the requirements related to specific aspects for the quality of the practice of medicine. Standards of Practice of Medicine provide more detailed information than contained in the *Regulated Health Professions Act*, Regulations, and Bylaws. All members must comply with Standards of Practice of Medicine, per section 86 of the *Regulated Health Professions Act*.

This Standard of Practice of Medicine is made under the authority of section 82 of the *Regulated Health Professions Act* and section 15 of the CPSM Standards of Practice Regulation.

PREAMBLE

Social media plays an important role in communication, advocacy, education, and professional development between registrants, patients, and the public. Many registrants use social media in their practices to interact with colleagues, seek out medical information on-line, and share content with a broad public audience. Social media presents important societal health opportunities such as enhancing public education, furthering patient safety, and encouraging access to care among other benefits.

Medical practitioners~~Physicians~~ hold a respected place in society. While using social media, professional conduct and communication are important to avoid harm to the public, not adversely impact patient care, preserve the reputation of the profession, and foster a culture of respect.

As a guiding principle, registrants are reminded that, irrespective of whether participating in social media is for a personal or professional purpose, prevailing expectations of professional and ethical conduct are the same as when interacting with others in-person. CPSM recognizes that registrants have rights and freedoms under the *Charter of Rights and Freedoms,* including the freedom of expression, subject to reasonable limits.

Definition

Social media includes online platforms, technologies, and practices used to share content, opinions, insights, experiences, and perspectives.[1]

[1] Examples of social media include Facebook, LinkedIn, YouTube, Twitter, and discussion forums. While it excludes Cortext which is the secure communications platform for healthcare for health care coordination, most of the Professionalism, Relationships, and Boundaries Sections of this Standard are applicable to Cortext communication.

1. Application

~~1.1.~~ 1.1 This Standard applies to the professional use of social media. This Standard may also apply to personal use of social media depending upon certain factors.[2] ~~, but it can also apply to personal use depending upon several factors, for example, the connection between the physician's conduct and their professional role.~~

2. Professionalism, Relationships and Boundaries

2.1. Expectations of professional and ethical conduct are the same whether registrants are interacting in person, or online through social media.

2.2. Caution must be exercised when posting personal information on social media platforms. Assume content on the internet is public and widely accessible to all, and that closed groups may not be truly closed, or the contents may be re-posted.

2.3. Registrants must avoid engaging in conduct on social media that diminishes their professional standing or the reputation of the profession. This requires careful consideration of the potential consequences of their use of social media, both intended and unintended, and how their conduct might reasonably be perceived by others.

2.4. When using social media, registrants must:

~~2.4.1. maintain clear boundaries with patients in accordance with the *Sexual Boundaries with Patients, Former Patients, and Interdependent Persons.*~~

~~2.4.2. maintain professional and respectful communications with colleagues, other members of the health care team, residents, medical students, and the public.~~

~~2.4.3.~~2.4.1. uphold the standards of medical professionalism, conduct themselves in a professional manner, and not engage in disruptive behaviour[3] while using social media.

2.4.2. ~~be mindful of and remain in~~ compl~~y~~~~iance~~ with all relevant professional, ethical, and legal responsibilities, including CPSM Standards of Practice, the *Code of Ethics and Professionalism*, and the *Personal Health Information Act*~~.~~

2.4.3. maintain clear boundaries with patients in accordance with the *Sexual Boundaries with Patients, Former Patients, and Interdependent Persons.*

[2] See attached Contextual Information and Resources for an explanation of those factors such as the connection between the conduct and professional role.

[3] Disruptive behaviour includes inappropriate words, actions, or inactions that interferes with a registrant's ability to collaborate, the delivery of healthcare, or the safety (or perceived safety) of others. Disruptive behaviour may be demonstrated through a single act but is often identified through a pattern of events. Disruptive behaviour may include bullying, attacking, or harassing others and making discriminatory comments. An example of behaviour that is not likely to be considered disruptive includes constructive criticism offered in good faith with the intention of improving patient care of the healthcare system.

2.4.4. maintain professional and respectful communications with colleagues, other members of the health-care team, residents, medical students, and the public.

~~2.4.4.~~

2.4.5. consider the impact on and not exploit the power imbalance inherent in the relationships between registrant~~physician~~-patient, registrant~~physician~~-healthcare team members, registrant~~physician~~-medical learners, and with the public.

3. Privacy and Confidentiality

3.1. Registrants should avoid posting patient information if possible unless de-identified and for educational purposes. ~~Only post identifiable patient information or patient images to social media if the patient has provided a~~ Ffully informed consent may be required—even in a closed or private online forum. Once something is posted it is difficult to control further distribution and so consent to post these images should identify this as a risk. Treat photos and videos of a patient made in the context of patient care as part of the patient's medical record.

3.2. Registrants should refrain from seeking out a patient's (or former patient's) personal information from social media unless it is documented in the patient record why:

3.2.1. the information is necessary for providing health care;

3.2.2. there is an appropriate clinical rationale related to safety concerns;

~~3.2.2.~~3.2.3. the information can not be obtained form the patient and relied upon as accurate and complete, or cannot be obtained in a timely manner;

~~3.2.3.~~ they have considered how the search may impact the registrant~~physician~~-patient relationship.~~; and~~

3.2.4. ~~document this in the patient record.~~

3.3. If relying upon patient health information found online for clinical decision-making, registrants must:

3.3.1. take reasonable steps to confirm the information is accurate, complete, and up-to-date prior to using the information; and

3.3.2. ~~If safe and appropriate to do so,~~ disclose to the patient the source of the information, the clinical rationale, and any other relevant information. Do not disclose if unsafe.

3.4. Read, understand, and apply the most appropriate privacy settings to maintain control over access to information. Be aware that privacy settings are imperfect, can be compromised and may change over time.

4. Communicating Medical Information

4.1. When discussing health-related information on social media, registrants must be mindful about how the information might be relied upon, including considering the potential risk of creating a registrant~~physician~~-patient relationship or creating the reasonable perception that a registrant~~physician~~-patient relationship exists.

~~4.1.~~4.2. Registrants must avoid establishing a registrant~~physician~~-patient relationship and must not provide specific medical advice to individuals on social media. Remember that a duty of care may form when posting on-line medical advice.

~~4.2.~~4.3. If discussing general health information on social media for educational or information-sharing purposes registrants must:

4.2.1 ensure the information they present is verifiable by available, credible evidence and science if making statistical, scientific, or clinical claims,

4.2.2 acknowledge if they are challenging a widely-accepted position or proposing alternative theories which lack evidence and science, or if their position does not represent the majority of the medical profession. In these circumstances, the ~~clinical claims and~~ information must not be false, misleading, deceptive, or be a potential threat to health.

4.2.3 be aware of and transparent about the limits of their knowledge, expertise, and scope of practice; and

4.2.4 not misrepresent their qualifications.

5. Advocacy

5.1. ~~5.1~~ Registrants may use social media to promote health-related advocacy, including health in general or for health care system or societal change. This advocacy may include criticism of the health care system and government, subject to the requirements of professionalism. Registrants should be aware of institutional policies and guidelines that might govern their actions online.

~~Advocacy - Many registrants utilize social media as a platform to advocate for system or societal change. While this is an essential role registrants must ensure that any advocacy efforts abide by the above provisions.~~

Contextual Information and Resources

Social Media

DRAFT

The Contextual Information and Resources are provided to support members in implementing this Standard of Practice. The Contextual Information and Resources do not define this Standard of Practice, nor should it be interpreted as legal advice. It is not compulsory, unlike a Standard of Practice. The Contextual Information and Resources are dynamic and may be edited or updated for clarity, new developments, or new resources at any time.

Many registrants use social media to interact with others, share content with a broad audience, and seek out medical information online. Social media can present important opportunities to enhance education and facilitate discourse and knowledge translation. The use of social media, which is highly accessible, informal, fast-paced, and constantly evolving, raises questions about how registrants can uphold their professional obligations. This companion *Contextual Information and Resources* document provides further guidance around how the expectations in the *Social Media* Standard of Practice can be met.

General

Think before you post on social media.

Do these professional expectations apply to my personal use of social media?

The focus of the Standard is on a registrant's professional use of social media, but it can also apply to personal use. Several factors impact whether personal use of social media may be considered unprofessional, including, but not limited to, the nature and seriousness of the conduct and/or communication itself, whether or not the registrant was known to be, could reasonably be known to be, or represented themselves as a member of the profession, and the connection between the conduct and/or communication and their role and/or the profession.

Registrants may decide to use professional and personal accounts, but it is important to keep in mind that the professional and personal are not always easily separated. Even when posting in a personal capacity, others may know of your status as a medical professional, or registrants may sometimes share personal details on professional accounts. As such, it is important that registrants act professionally in both contexts.

Does the Standard apply to other forms of electronic communications such as emails, text messaging, video conferencing, and messaging applications?

Depending on the purposes and contexts for which they are used, electronic communications that are not traditionally considered social media can have a broad impact and involve interaction with others in a manner similar to that of social media. In these circumstances, the Standard is more likely to be applicable to a registrant's conduct. For instance, responding to an email list or sending out an email newsletter can reach a wide network of people online, similar to posting on a discussion forum or a group page on a social media platform.

Professionalism

What is considered disruptive behaviour?

Although the term "disruptive" may have different meanings in other contexts, in this Standard disruptive behaviour is demonstrated when inappropriate conduct interferes with, or has the potential to interfere with, quality health care delivery, the registrant's ability to collaborate, or the safety or perceived safety of others.

Disruptive behaviour poses a threat to patients and outcomes by inhibiting the collegiality and collaboration essential to teamwork, impeding communication, undermining morale, and inhibiting compliance with and implementation of new practices. Whether behaviour is truly disruptive depends on its nature, the context in which it arises, and the consequences flowing from it. Some examples which are not likely to be considered disruptive behaviour include constructive criticism offered in good faith with the intention of improving patient care or facilities or good faith patient advocacy.

Sometimes inappropriate conduct may occur concurrently with other problems, for example, health issues, or may be influenced by different stressors and/or registrant burnout.

What does the CPSM mean by "professionalism" and "reputation of the profession" when using social media?

Professionalism is a fluid and contextual concept. It can require registrants to navigate and balance their duties towards individual patients, the public, the health care system, colleagues, and themselves.

In general, what is considered professional behaviour will be informed and guided by CPSM resources, including policies, and other professional resources, such as the Code of Ethics and Professionalism and the Royal College of Physicians and Surgeons of Canada's CanMEDS Framework.

Maintaining trust is an important aspect of medical professionalism. Registrant conduct can impact the reputation of the profession when it undermines public trust and confidence in the profession. This in turn can adversely impact patient access to health care and patient care itself. The evaluation of the potential impact of a registrant's conduct and/or communication on the reputation of the profession will be based on an analysis of the facts and circumstances. In addition to communicating in accordance with the tenets of professionalism as outlined above, upholding the reputation of the profession includes:

- acting in accordance with the law
- participating in professional regulation
- adhering to clinical standards and demonstrating professional competence
- maintaining the same standard of professional conduct in an online environment as expected elsewhere

What do I have to consider when engaging in health advocacy on social media?

CPSM, as well as the Royal College of Physicians and Surgeons of Canada's CanMEDS framework, recognizes that advocacy is a key component of a medical professional's role.

It is important for registrants to understand the parameters of what the Standard will permit with regard to criticism of the government, regional health care authorities, etc. Criticism is permitted on contentious societal matters such as MAiD and abortion. Criticism is also permitted for government or health care system for lack of health care resources, planning, and health care transformation initiatives. Examples of permitted criticism includes health care transformation, lack of funding, lack of health care human resources, failing to provide programs such as safe injection sites, poor health care access and delivery in Northern First Nations. All criticism is to be professional in tone and professionalism required.

If practising in an institutional setting, registrants may be subject to their policies or guidelines around social media use.

On occasion, while engaged in advocacy intended for the betterment of patients, an institution, or the health-care system, registrants may find themselves in conflict with others, including colleagues or the administration of the institution where registrants work. In such cases, it may be necessary to consider the impact of the conduct on their ability to deliver quality health care, their ability to collaborate, or the safety of others. When these are impaired by advocacy, it is important to consider whether the advocacy efforts are in fact in the best interests of patients and the public.

CPSM recognizes that, unfortunately, registrants may find themselves experiencing personal attacks or harassment online with respect to their advocacy. Registrants can familiarize themselves with and use privacy controls and reporting mechanisms to help address this conduct. CPSM also recognizes that these interactions can be harmful and distressing to registrants.

How can I support equity, diversity, and inclusion goals through my social media use?

There is a growing commitment to integrating cultural humility and cultural safety within the health-care system and the medical profession. Cultural humility is a perspective that involves exercising self-reflection and acknowledging oneself as a learner when it comes to understanding another's experience. Cultural safety is an outcome that recognizes and strives to address power imbalances inherent in the health care system. The goal is an environment free of racism and other forms of discrimination, where people feel safe when receiving and accessing health care, and where providers feel safe and respected providing health care.

With these goals in mind, CPSM supports registrants striving to foster an environment that is inclusive. It is also important for registrants to be aware that their conduct on social media (including liking, sharing, or commenting on other content) may be visible to others and that unprofessional comments and behaviour (which can be overt, or more subtle) have the potential to make others feel marginalized and impact their feelings of safety and trust, and potentially impact patients' willingness to access care. For more information, please visit CMPA's guidance related to cultural safety.

What do I do if an individual reaches out to me on social media with a medical question?

Registrants are permitted to share health information that is intended for general education and not patient-specific. For example, information on a registrant's blog on diabetic self-care or information on a business page that encourages patients to get a seasonal flu shot are not intended as a substitute for a registrant's clinical advice. Clinical advice refers to individualized advice given to a specific patient for a particular health concern and should not be provided on social media.

Registrants can respond to questions without providing clinical advice. For instance, registrants can inform the individual that they do not provide advice on social media and direct them to make an appointment through appropriate channels, or provide information for emergency or urgent care services, if applicable.

If a patient requests communication via social media, the registrant is not obligated to do so.

What should I consider when sharing general health information that involves statistical, scientific, or clinical claims?

The Standard requires that registrants disseminate information that is verifiable by available, credible evidence and science if making statistical, scientific, or clinical claims. It is important for registrants to also consider the potential associated risks of sharing such information.

When registrants share information online, it is likely to be given significant weight or value by many, especially when that information makes statistical, scientific, or clinical claims. Sharing information without strong scientific evidence can introduce risks, including that patients and members of the public will act on this information in a way that could jeopardize their health.

For instance, if a registrant shares information about a potential new or unconventional drug or treatment, the risks of sharing this could include influencing members of the public to seek that drug when it may be inappropriate for them and when it may have unexpected negative consequences (e.g., side-effects). As when making treatment decisions for patients, generally speaking, the higher the potential risk, the higher the level of evidence required.

What about scientific debate in social media?

CPSM also recognizes the importance of scientific debate in the evolving development of science. The Standard is not to be used to stifle this debate, so long as the debate is based upon available credible evidence and science and undertaken with professionalism.

What kind of information would be considered misleading or deceptive?

Sharing false information would be a breach of the expectations in the Standard. What is considered "misleading or deceptive" is broader than this. Registrants can avoid being misleading or deceptive by thinking carefully about whether the wording of posts includes content that may lead the reader to an incorrect conclusion, create a false impression, or that leaves out key information or context.

In some circumstances, such as during a public health crisis, information may change and evolve rapidly, and information that may have been shared at one time may subsequently be inaccurate or no longer applicable. The Standard is not intended to capture such instances where registrants share what was the best available information at the time.

The Standard is also not intended to prevent reasonable debate and/or exploration of new developments in medicine. However, registrants who make statements that contradict scientific consensus, including in the context of a public health crisis, can create confusion, increase mistrust, and impact overall public health and safety. As a registrant, it is important to keep in mind that your statements, particularly those containing statistical, scientific, or clinical claims, can be very influential and be perceived as more credible, regardless of whether you are speaking about an issue within your expertise or not.

Professional Relationships and Boundaries

How can I maintain appropriate boundaries with patients on social media?

As a registrant, there is an increased risk associated with managing a dual relationship with a patient, including the potential for compromised professional judgment and/or unreasonable patient expectations. Personal information is more readily accessible on social media and connecting online can lead to inappropriate self-disclosure by patients and/or registrant.

CPSM recognizes that, especially in smaller communities, registrants and patients may interact within the same social network. What entails maintaining appropriate boundaries may therefore differ depending on the circumstances. Maintaining appropriate boundaries may mean refraining from connecting with patients and persons closely associated with them on social media. Patients may feel pressured into accepting an invitation from their medical practitioner due to the inherent power imbalance in the registrant-patient relationship. If a patient or a person closely associated with them requests to connect on social media, you must consider the potential impact on the registrant-patient relationship. Relevant factors include the type of clinical care provided, the length and intensity of the relationship, and the vulnerability of the patient. When declining an invitation, you can discuss with the patient the reasons for doing so to prevent harm to the registrant-patient relationship. Since personal content is generally limited on a professional social media account, using one can also help you connect with patients without compromising the therapeutic relationship.

Can I promote products or myself on social media?

The CPSM rules for this are the same regardless as to how the information is communicated – whether print ads or social media or radio. These rules are included in the Standards of Practice for Advertising and Conflict of Interest.

Privacy and Confidentiality

How do I de-identify information if I want to post about a patient on social media?

To de-identify the personal health information of an individual means to remove any circumstances that it could be utilized, either alone or with other information, to identify the individual.

An unnamed patient may still be identified through a range of information, such as a description of their clinical condition, or date, time, and/or location. When posting photographs, even if a patient is not directly pictured, other details such as the timestamp or location (which may be found in a photograph's metadata), can be used to reveal information about an individual. Even

if only the patient can identify themselves from the information, that may be deemed a breach of confidentiality.

Given the increased risks of identification and the highly accessible and permanent nature of the internet, protection of patient privacy is paramount and registrants may wish to consider obtaining consent for posting even de-identified information whenever possible. Registrants must obtain and document consent before publishing patient information where there is any doubt that the patient can be kept anonymous (for example, posting a photograph with an identifiable part of a patient's body).

Why must I refrain from seeking out patient health information if it is publicly available?

The Standard aligns with the requirements in the *Personal Health Information Act,* which only permits indirect collection of personal health information without consent in limited circumstances. In addition, registrants preserve patient trust and protect the registrant-patient relationship by refraining from seeking out patient health information online without consent. Many patients hold a reasonable expectation of privacy that their medical practitioner will not search for their information online. Patients may perceive this to be a boundary violation, a lack of trust, or a lack of respect for their autonomy, which may lead to a breakdown in the registrant-patient relationship.

What are appropriate clinical rationales related to safety concerns for seeking out patient health information online?

Situations where there is a risk of serious bodily harm to a patient or to others and danger is imminent would most clearly establish an appropriate clinical rationale related to safety concerns, for instance, where there are concerns about the risk of suicide or serious harm to a patient , or by public health in extremely limited circumstances to control infectious disease transmission. There are also circumstances which, in the registrant's professional judgment, may include urgent or emergent factors and it may be reasonable to search for information about them online in order to deliver appropriate care to the patient. For instance, this may occur when a patient presents to the emergency room unresponsive or otherwise unable to provide critical information.

What can I do to protect my privacy while using social media?

It is important to keep in mind that privacy can never be fully guaranteed online, even when posting in a closed forum. Posts can be shared more widely than originally intended (for example, screenshots of posts and messages can be shared on other platforms) and can be hard to remove once online. Resources from the Office of the Privacy Commissioner of Canada can provide useful

guidance on how registrants can customize account privacy settings to better maintain control over and limit access to their personal information when posting online.

RESOURCES

Canadian Medical Protective Association

- *Social media: The opportunities, the realities*
- *Top 10 tips for using social media in professional practice*
- *Good Practices Guide: Social Media*
- *Protecting patient privacy when delivering care virtually*
- *Participating in health advocacy*
- *Advocacy for change: An important role to undertake with care*

RECENT CASE LAW ON SOCIAL MEDIA

A medical student on a closed university Facebook page posts pro-guns and anti-abortion/pro-life essay they authored which scared other medical students. This resulted in expulsion from the University and is before the courts.

Physician posts on a Physicians' Only Facebook group inappropriate remarks impugning the reputation of a colleague, for which they were censured.

An RN highly criticizes their grandfather's medical and nursing care on Facebook and Twitter and was found guilty of professional misconduct by the regulatory body. The Court of Appeal found the off-duty conduct is subject to discipline by the regulator but overturned the decision because the regulator unjustly infringed the nurse's right to freedom of expression as the disciplinary panel failed to take a contextual approach in assessing whether the conduct was unprofessional.

A plastic surgeon failed to ensure the privacy of a patient as a result of the inadvertent posting of their images on social media on two occasions and posted before and after photos of the patients without consent.

There are ongoing disciplinary proceedings and court actions in several provinces related to physicians' social media posts that questioned the effectiveness of masks and vaccines and advocated for Ivermectin treatment during the COVID-19 pandemic.

COUNCIL MEETING
JUNE 28, 2023

CONSENT AGENDA ITEM

SUBJECT: **Practice Direction – Professional Practice and Inactivity**

RECOMMENDATION:

That Council approve the new Practice Direction – Professional Practice and Inactivity.

BACKGROUND:

At its March 22, 2023, meeting, Council resolved to distribute the new draft Practice Direction for 'Professional Practice and Inactivity' for public consultation. That consultation has now concluded. Attached are anonymized replies to the public consultation.

PROPPOSED AMENDMENT:

Based on replies to the public consultation, it is recommended that Council add the following at clause 7.1.3. (re Family practice including anaesthesia):

> *The Registrar must impose the following conditions on the registration and certificate of practice of family practice physicians including anaesthesia in their practice:*
>
> *…*
>
> *3. Anesthesia for any child before they are three years old must not be undertaken.*

FUTURE CONSIDERATIONS:

Of note, when this Practice Direction is reviewed again in the future, CPSM may consider adding other areas where Certificates of Added Competence in Family Medicine are offered by the College of Family Physicians of Canada (CFPC) to Part 7 of the Practice Direction. These include:

- Addiction Medicine
- Care of the Elderly
- Emergency Medicine
- Enhanced Surgical Skills
- Family Practice Anesthesia
- Obstetrical Surgical Skills
- Palliative Care
- Sport and Exercise Medicine

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

Developing new Practice Directions to address the ever-changing practice of medicine is a crucial function of CPSM. Up to date and modern Practice Directions to Manitoba physicians helps ensure the public is protected through safe and ethical delivery of quality medical care.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 28, 2023, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

> Council approves the new Practice Direction – Professional Practice and Inactivity as attached to be effective immediately.

Comment
CPSM REGISTRANTS
Thank you for the opportunity to provide feedback. Overall, the document is good. I have one point specific to section 7 in the Family Practice with anesthesia section. In section 7.1.2. there are two further points. I would ask the committee consider adding a third which is currently an unwritten rule in our practice. 3. Anesthesia for any child before they are three years old must not be undertaken. I appreciate you considering my suggestion.
PUBLIC
To start off let's review the some of the definitions of professional/professionalism: • The Royal College of Physicians and Surgeons of Canada suggests that, "As Professionals, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health… The Professional Role reflects contemporary society's expectations of physicians, which include clinical competence, a commitment to ongoing professional development, promotion of the public good, adherence to ethical standards, and values such as integrity, honesty, altruism, humility, respect for diversity, and transparency with respect to potential conflicts of interest… Professionalism is the basis of the implicit contract between society and the medical profession, granting the privilege of physician-led regulation with the understanding that physicians are accountable to those served, to society, to their profession, and to themselves." • The Canadian Medical Protective Association (CMPA) suggests, o "Attributes of professionalism include: Professional competence and continuing professional development/medical education, Honesty, Protecting confidentiality and privacy, Maintaining appropriate professional distance in relationships and respecting boundaries, Improving quality of care, Accepting professional responsibilities and accountabilities. o Four key elements support medical professionalism and quality care 1. Awareness of, and adherence to, standards of care, 2. Responsiveness to patients' individual clinical and emotional needs 3. Engagement to working in partnership with patients, colleagues, and administrators 4. Acting with integrity and participating in the process of professionally-led regulation, including holding each other accountable for our actions." As it pertains to the document "Practice Direction – Qualifications and Registration" dated March 22, 2023 for the new specific Parts 2.4 to 2.6, no comment. However should the opportunity present itself for review and comment on the rest of the document, additional review comments can be provided. As it pertains to the document "Practice Direction – Professional Practice and Inactivity" • Page 1 o This statement is agreed upon - "Practice Directions provide more detailed information than contained in The Regulated Health Professions Act, Regulations,

Bylaws, and Standards of Practice issued by CPSM. All registrants must comply with Practice Directions, per s. 86 of The Regulated Health Professions Act."

- Replace "This Practice Direction is made under the authority of s. 85 of the RHPA and represents requirements of CPSM registrants in so far as appropriate", with "This Practice Direction is made under the authority of s. 85 of the RHPA and represents guidelines for CPSM registrants, should assistance be required in its interpretation or that of any other mandatory and binding effects please contact the college."
- Add suitable statements: <u>The college needs to add a description cautioning that practitioner specialties and interests may be self-serving and not in the interest of the general public, which can also contribute to further gaps within the Manitoba Medical system.</u> It is important that a practitioners practice direction serve the needs of the public body and where gaps between specialties present themselves they shall notify the patient in writing, Shared Health, and the CPSM so that these gaps are addressed and not swept under the rug like they currently are. Shared Health and various other levels of the medical system shall track and escalate patient treatment wherever the need due to limits of their own competencies and resources; to that end it will require sending patients to other provinces for treatment and procedures when competence/resources cannot be found locally! And whenever delays to treatment are too long, patients have been neglected, or patients harmed by the system! The document unfortunately is missing responsible patient care and professional accountability for the protection of the public so please further elaborate upon. The college also needs to add a description cautioning that should a practitioner deny care based on their personal or religious beliefs that they clearly advise the patient in writing, Shared Health, and the CPSM so that the patients care can be tracked and escalated. <u>Shared Health and the CPSM must acknowledge and address harms of belief-based care denial on the public body that which often is swept under the rug and is a direct violation of patients right to health care and moral autonomy. It also demeans patients by undermining their dignity and autonomy and send a negative message that stigmatizes them and the healthcare they need all the while usually contributing to additional harm to the patient.</u>

- Page 2
  - Replace "'**Area of inactivity**' means an area of practice in which a registrant has not practiced within three (3) or more years. This includes an area in which the registrant has never practiced," with "'**Area of inactivity**' means an area of practice in which a registrant has not practiced within three (3) or more years (applies to both full registration and provisional). This includes an area in which the registrant has never practiced. The member has not maintained continued annual professional development within the past one (1) year directly related to their scope of practice. Or can imply in a university teaching program or post-graduate clinical training program that portions of that specialty field of practice have become inactive due to its desk-job like nature or other confinements."
  - Replace " 'available scope', which means activities that the registrant can safely and competently perform, such as diagnosis and treatment of rarely encountered conditions, and therefore forms part of the registrant's active scope of practice" with, 'available scope', which means activities that the registrant can safely and competently perform, such as diagnosis and treatment of rarely encountered conditions, and therefore forms part of the registrant's active scope of practice provided the practitioner has maintained core competency in these outlier areas."

- Page 3
    - Regarding Part 3.3, the CPSM under the physicians online public "Practitioner Profile" must "list exclusions, inclusions, or other terms and conditions" that clearly identify the "practice description" for the protection and trust of the general public. Similarly the same must be made public regarding medical corporations and conditions of permit. Updates must include any temporary effects and restrictions provided by the CPSM during an investigation for the protection and trust of the general public.
- Page 4
    - Regarding Part 3.4.2, I disagree with this statement in its entirety. When the scope of practice does not compartmentalize a description of the practice and clear exceptions must be made. That does not go onto say that the practitioner is prohibited from growing, it must be done through a combination of knowledge/experience/learning and an updated application to the College to expand on their current scope definition.
    - Regarding Part 3.4.3, the College must update the online public "Practioner Profile"as these inclusions, exclusions, and other terms and conditions change for the protection and trust of the general public. Updates must include any temporary effects and restrictions provided by the CPSM during an investigation for the protection and trust of the general public.
    - Regarding Part 3.5, delete "special interest in" because it is a vague statement that does not clarify whether the practitioner is competent in the area of special interest, it does not clarify the area they are currently working in (the well defined area for the "field of practice"), and it can exclude the needs of the public body. Furthermore, when applying a venn diagram to the term special interest it becomes even more vague because the interest can be outside their current knowledge/experience/learning bubble, it can exclude areas of the public, and from my personal experiences as a patient passed around between practitioners (it's been a waste of my time, practitioners time, and public funds) their "special interests" are not aligned with the needs of the public or properly aligned with their own scope of practice. The scope definition shall clearly identify the area of practice/competence, and limitations/restrictions of the same. If a practitioner desires to expand on their current scope definition by increasing their own knowledge/experience/learning then the practitioner would be considered a "student" within that area, and the term "special fellowship in" or "special residency in" shall be used instead to clearly identify that the practitioner may have interest is the described area however it is not currently under their scope of practice.
- Page 5
    - Replace "1.3 For the purpose of [the CPSM General Regulation], a member is considered to be competent to engage in [their] professional practice if the member has the requisite knowledge, skill and judgment to perform all aspects of that practice", with "For the purpose of [the CPSM General Regulation], a member is considered to be competent to engage in [their] professional practice if the member has the requisite knowledge, skill and judgment to perform all aspects as defined within their scope of practice."
- Page 6
    - Add Part 4.6, "Patient Consent whether taken in written form or through consultation shall not remove, restrict, or replace the patients rights. The practitioner shall focus on their obligation to protect the patient from harm, keeping in mind the medical knowledge that supports the standards (or various options) of treatment that are consistent with the patients values."

- Add Part 5.2.2, “A registrant or applicant who has not maintained continued annual professional development within the past one (1) year directly related to their scope of practice is considered inactive. This also requires their professional development to include maintenance towards their ‘available scope’ otherwise it will also be considered inactive.”
- Add Part 5.2.3, “A registrant or applicant who has engaged in a university teaching program or post-graduate clinical training program where portions of that specialty field of practice have become inactive due to its desk-job like nature or other confinements is considered inactive.”
- Replace Part 5.3.1 with, “As an exception, this assessment requirement does not apply to registrants entering professional practice in a position focused on clinical teaching, research, or administrative work so long as patient consultation is not performed. In such cases the practitioners “scope of practice” shall be updated to clearly identify that their scope and interests are purely within the realm of academia/administration.”
- Regarding Part 5.3.2 please reconsider the existing wording regarding “non-surgical cosmetic/aesthetic procedures” because for instance a laser or needle can permanently damage an eye.

- Page 7
  - Replace Part 5.4 with “Relevant considerations in determining whether a registrant is entering an area of inactivity (i.e., significantly changing their professional practice to include one or more new areas of practice, or reducing their scope), as opposed to an evolution of an ongoing professional practice that does not require assessment (e.g., adopting a new treatment modality), include the following (but not limited to):”
  - Replace Part 5.4.1 with “whether the subject matter falls within their scope of practice that was covered by past formal education, demonstrated training, and/or certification,”
  - Replace Part 5.4.2 with “whether the subject matter has been a focus of continuing professional development within their ‘practiced scope’ and ‘available scope’,”
  - Replace Part 5.4.3 with “whether the registrant has continued to demonstrate sound knowledge, skill, and judgment to perform all aspects of their scope of practice,”
  - Replace Part 5.4.4 with “any significant change in patient population, or demographics, or the needs of the public,”
  - Replace Part 5.4.5 with “whether the subject matter involves the performance of reserved acts not previously included in the practitioners scope of practice,”
  - Replace Part 5.4.6 with “whether the subject matter involves differential diagnoses or complications not previously included in the registrant’s scope of practice. Which may also contribute towards and include failure to provide continuity of care, failure to participate in harmful incident investigation(s), failure to provide patient support and addressing corrective measures and procedures needed to address the complication(s),”
  - Replace Part 5.4.7 with “whether the subject matter involves treatments or management not previously included in the registrant’s scope of practice, and”
  - Add Part 5.4.9 with “A practitioner’s scope of practice may be temporarily limited or conditions added to their scope during a complaint investigation by the college as a precautionary measure to protect the public body. Pending the college’s findings, outcomes, or steps taken during the resolution process the temporary limits/conditions may be lifted or they may be further defined or restricted.”

- Add Part 5.5.1 with “Inactivity also includes an area in which the registrant has never practiced. The member has not maintained continued annual professional development within the past one (1) year directly related to their scope of practice. Or can imply in a university teaching program or post-graduate clinical training program that portions of that specialty field of practice have become inactive due to its desk-job like nature or other confinements.”

- Page 8
  - Replace Part 6.1 with “Regulated registrants registered in the Full (Practicing) Class, Provisional (Specialty Practice-Limited) Class, or the Provisional (Family Practice-Limited) Class who intend to change their professional practice to include one or more new areas of practice (ie. increase their current scope of practice due to inactivity) in which they have not practiced within the previous three (3) years, have not maintained professional development for one (1) year, or are in a university teaching program or post-graduate clinical training program within the realm of academia/administration must:”
  - Replace Part 6.2.2 with “applicants for registration with CPSM who are not registered in any class and who meet the requirements for the Full (Practising) Class, Provisional (Academic — S. 181 Faculty) Class, Provisional (Specialty Practice-Limited) Class, or Provisional (Family Practice-Limited) Class but for recency of practice requirement (i.e., have not practiced in three (3) years, not maintained professional development for one (1) year, or within the realm of academia/administration) must apply to be assessed in accordance with subsection 3.44(2) of the CPSM General Regulation before they may be approved to re-enter the practice of medicine. The ‘Council Policy - Assessment Candidate (Re-entry to Practice) Class’ sets out applicable policies and procedures”
  - Add Part 6.2.3 with ”For practitioner’s intending to re-enter a scope of practice that was previously limited, conditional, or moved to complete inactivity due to the findings or outcomes of a complaint investigation (or other infraction as reported to the college) the practitioner shall additionally be required to undergo additional assessment and an undertaking.”
- Page 10
  - Include a full description for the “CPSM General Regulation” and add a link.
  - Include a full description for the “Practice of Medicine Regulation” and add a link.
  - Include a full description for the “The Regulated Health Professions Act” and add a link.
  - Include a full description for the “Canada Health Act” and add a link.
  - Include a full description for the “Canadian Charter of Rights and Freedoms Legal Rights” and add a link.
  - Include a full description for the “Accessibility for Manitobans Act (AMA)” and add a link.
  - Include a description that practitioners should contact the CPSM should they have any questions regarding other mandatory and binding effects.

PRACTICE DIRECTION

Professional Practice and Inactivity

DRAFT

Initial Approval: **Effective Date:**

Practice Directions set out requirements related to specific aspects of the practice of medicine. Practice Directions are used to enhance, explain, or guide registrants with respect to the subject matter relevant to the practice of medicine. Practice Directions provide more detailed information than contained in *The Regulated Health Professions Act*, Regulations, Bylaws, and Standards of Practice issued by CPSM. All registrants must comply with Practice Directions, per s. 86 of *The Regulated Health Professions Act*.

This Practice Direction is made under the authority of s. 85 of the RHPA and represents requirements of CPSM registrants in so far as appropriate.

PREAMBLE

This Practice Direction sets out requirements for registrants regarding the need to recognize the limits of their skills and knowledge, and steps that need to be taken when expanding their professional practice to enter areas of inactivity (e.g., new areas of practice). It also includes special requirements for family physicians to include obstetrics or anaesthesia in their professional practice.

CONTENTS

1. APPLICATION OF THIS PRACTICE DIRECTION

1.1. This Practice Direction applies to all regulated registrants (i.e., full, and provisionally registered physicians) and all regulated associate registrants who are registered as a resident or assessment candidate. The professional practice of Clinical and Physician Assistants is determined by their approved Practice Descriptions (see Part 8 of the *CPSM General Regulation*), which are not the subject of this Practice Direction.

2. DEFINITIONS

2.1. For the purposes of this Practice Direction:

'Area of inactivity' means an area of practice in which a registrant has not practiced within three (3) or more years. This includes an area in which the registrant has never practiced.

'Professional practice' has the same meaning as is set out at subsection 1.2(1) of the *CPSM General Regulation*:

> '*professional practice' means, for the purpose of the CPSM General Regulation, a member's specific area of practice in a field of practice within the scope of the practice of medicine."*[1]

The term **'active scope of practice'** as used in this Practice Direction is interchangeable with the term **'professional practice'**. A registrant's active scope of practice (or professional practice) includes their:

- **'practiced scope'**, which means the usual activities that constitute a registrant's core professional practice, and
- **'available scope'**, which means activities that the registrant can safely and competently perform, such as diagnosis and treatment of rarely encountered conditions, and therefore forms part of the registrant's active scope of practice.

3. REGISTRANT'S PROFESSIONAL PRACTICE

Active scope of practice

3.1. A registrant's active scope of practice (or professional practice) is determined by several factors including formal education, training, and certification(s), participation

[1] Section 3 of the *Practice of Medicine Regulation* further defines the "*scope of practice of medicine*" for the purposes of the RHPA.

in continuing professional development, and the registrant's clinical experience. Relevant factors to consider regarding clinical experience include:

- the patient population and demographics,
- reserved acts and procedures performed,
- differential diagnoses or complications addressed in practice,
- treatments and management provided, including prescribing, and
- the practice environment, including practice context (e.g., institutional, or non-institutional, and available supports and resources).[2]

3.2. Information about a registrant's professional practice is obtained by CPSM at the time of initial registration.[3] Applicants for registration are required, as applicable depending on the class applied for, to establish that they have engaged in the professional practice that they intend to practice in Manitoba within the approved period, which is three (3) years (i.e., the recency of practice requirement). In the case of an applicant who has just completed qualifying post-graduate medical education, the recency requirement is satisfied.

3.2.1. Applicants for registration that do not meet the recency of practice requirement may be eligible for registration as an assessment candidate.[4]

3.3. Regulated registrants (i.e., full, and provisional registrants) initially entering the independent practice of medicine do so based on their registrable qualifications and credentials, which comprehend their medical education, training, and clinical experience. They are limited in scope by their learned competencies and the certificate of practice issued by CPSM, which lists their field of practice and may also list exclusions, inclusions, or other terms and conditions.

<u>Field of practice</u>

3.4. Pursuant to the *CPSM General Regulation*, Manitoba has a defined licencing system for medical practitioners. Accordingly, the professional practice of registrants is limited to the field of practice identified in their certificate of practice subject to any denoted inclusions, exclusions, or other terms and conditions.

3.4.1. The interpretation or understanding of what the named field of practice comprises, including the reserved acts that fall within that field of practice (see section 4 of the RHPA), is a matter of professional convention. CPSM

[2] Subsection 9.6(1)(i) of the *CPSM General Regulation* provides that a registrant's public profile information must include "*in the case of a regulated member, [their] current field or fields of practice and, if the registrar considers it necessary or advisable, the member's current professional practice*".

[3] Subsection 3.2(1) of the *CPSM General Regulation* at point 11 requires that applicants for membership provide, "*A satisfactory description of the applicant's most recent professional practice and proposed professional practice*."

[4] See the 'Council Policy - Assessment Candidate (Re-entry to Practice) Class'.

will generally follow descriptions of fields of practice established by the CFPC and the RCPSC. The registrant's specific post-graduate medical education will also be a relevant factor (i.e., residency, fellowship, and professional credentials).

3.4.2. There is no bright-line test to delineate fields of practice, and specific medical procedures or reserved acts are not always compartmentalized to just one field (e.g., family practice, or specialty field of practice). In this regard, registrants' specific education, training, experience, and professional judgment respecting observance of their limitations is important in resolving grey areas.

3.4.3. Listing the field of practice on a registrant's Public Profile (see Part 9 of the *CPSM General Regulation*) and any inclusions, and exclusions, or other terms and conditions, is integral to CPSM's public protection mandate in that it ensures the public has access to a specific registrant's educational background and authorized professional practice.

3.5. Areas of special interest may also be listed on the Public Profile. Section 6.7. of the *CPSM General Regulation* provides for the use of the phrase "*special interest in*" or "*practice restricted to*":

> *6.7(1) A regulated member who is not registered on the specialist register is permitted to use the phrase "special interest in" or "practice restricted to", or both, when referring to the member's professional practice if*
>
> *(a) the member's field of practice is not one that is listed in clause 2.10(2)(b) as a specialty field of practice; or*
>
> *(b) the member's field of practice is listed in clause 2.10(2)(b) as a specialty field but the member's registration does not indicate that he or she is qualified to practise as a specialist in that specialty field.*
>
> *The phrase must appear immediately before the member's field of practice.*
>
> *6.7(2) As an aid to the reader, the following are examples of such phrases:*
>
> *(a) a member with a special interest in sports medicine;*
>
> *(b) a family practitioner with a special interest in psychiatry;*
>
> *(c) a member with a special interest in and practice restricted to oncology.*

<u>Name under which registrants may engage in practice</u>

3.6. No registrant or medical corporation may practice medicine under any name other than the name that is registered with CPSM, unless the Registrar has approved, in

writing, the name under which the registrant or medical corporation intends to practice medicine. A registrant or medical corporation desiring to practice under the name of a clinic, facility or business name that is not registered with CPSM, must send a written request to the Registrar to approve the name the registrant or medical corporation wishes to practice under. The name under which a registrant or medical corporation practices medicine must be published on their Physician Profile.

4. PRACTICE MUST BE SAFE AND COMPETENT

4.1. As a general and overarching requirement, registrants must be safe and competent to practice in a particular area of practice before they may do so. Section 1.3. of the *CPSM General Regulation* provides:

> *1.3 For the purpose of [the CPSM General Regulation], a member is considered to be competent to engage in [their] professional practice if the member has the requisite knowledge, skill and judgment to perform all aspects of that practice.*

4.2. Registrants are expected to recognize the limits of their skills and knowledge and not practice beyond those limits. The Code of Ethics provides:

> *A humble physician acknowledges and is cautious not to overstep the limits of their knowledge and skills or the limits of medicine, seeks advice and support from colleagues in challenging circumstances, and recognizes the patient's knowledge of their own circumstances.*

4.3. The RHPA and *Practice of Medicine Regulation* set out requirements related to the performance of reserved acts:[5]

4.3.1. Subsection 6(1) of the *Practice of Medicine Regulation* states that, "*In the course of engaging in the practice of medicine, a member is authorized — subject to the regulations made by the council and any conditions on [their] certificate of registration or certificate of practice — to perform the reserved acts referred to in section 4 of [the RHPA]*."

4.3.2. Subsection 6(2) states that "*Despite subsection (1), a member may only perform a reserved act that he or she is competent to perform and that is safe and appropriate to the clinical circumstance*".

4.4. Registrants are expected to remain current in their professional practice. The Code of Ethics provides that registrants are expected to:

- *Develop and advance your professional knowledge, skills, and competencies through lifelong learning.*

[5] See sections 4 and 5 of the RHPA.

- *Foster curiosity and exploration to further your personal and professional development and insight; be open to new knowledge, technologies, ways of practising, and learning from others.*

4.5. All registrants of CPSM are required to meet the continuing competency requirements set out at Part 10 of the *CPSM General Regulation* and CPSM's Continuing Professional Development Practice Direction.

5. EVOLUTION OF PROFESSIONAL PRACTICE VERSUS ENTERING AN AREA OF INACTIVITY

5.1. A registrant's professional practice can change over time, with some aspects being lost to inactivity or gained through appropriate training, education, and experience.

5.2. For the purposes of the *CPSM General Regulation* and this Practice Direction, a registrant or applicant for registration who has not practiced within an area or areas of practice within three (3) years, which is the considered "*the approved time period*" for the purposes of subsections 3.8(c), 3.44(1)(ii), and 3.44(2)(ii) of the *CPSM General Regulation*, is deemed to be inactive in the respective area or areas (i.e., the area is outside their active scope of practice).

5.2.1. For greater clarity, a registrant or applicant who has not practiced medicine at all for a continuous period of three (3) or more years is considered inactive in all areas of the scope of practice of medicine for the purposes of the *CPSM General Regulation*.

5.3. Registrants are not permitted to practice in a new area (i.e., an area of practice where they are inactive) unless and until they have been approved to do so in accordance with sections 3.44 to 3.47 of the *CPSM General Regulation* (i.e., the assessment provisions).[6]

5.3.1. As an exception, this assessment requirement does not apply to registrants entering professional practice in a position focused on clinical teaching, research, or administrative work.

5.3.2. For the purposes of the *CPSM General Regulation* and this Practice Direction, CPSM does not consider adding non-surgical cosmetic/aesthetic procedures to a member's professional practice as entering a new area of practice. However, this must be done in accordance with CPSM's Standard of Practice for Office Based Procedures.[7]

5.4. Relevant considerations in determining whether a registrant is entering an area of inactivity (i.e., significantly changing their professional practice to include one or more new areas of practice), as opposed to an evolution of an ongoing professional

[6] See the 'Council Policy - Assessment Candidate (Re-entry to Practice) Class'.
[7] See Standard of Practice for Office Based Procedures.

practice that does not require assessment (e.g., adopting a new treatment modality), include the following:

5.4.1. whether the subject matter falls within an area of practice that was covered by past formal education, training, or certification,

5.4.2. whether the subject matter has been a focus of continuing professional development,

5.4.3. whether the registrant has the knowledge, skill, and judgment to perform all aspects of the area of practice,

5.4.4. any significant change in patient population or demographics,

5.4.5. whether the subject matter involves the performance of reserved acts not previously included in the member's area of practice,

5.4.6. whether the subject matter involves differential diagnoses or complications not previously included in the registrant's area of practice,

5.4.7. whether the subject matter involves treatments or management not previously included in the registrant's area of practice, and

5.4.8. any significant changes to the practice environment, including practice context (e.g., institutional, or non-institutional, available supports and resources, etc.).

5.5. Inactivity may result from a general absence from all clinical activity or specific absence from one or more areas (i.e., the registrant or applicant has excluded one or more areas of clinical practice either through restriction of their practice or by virtue of their practice in a specific practice setting). Examples of inactivity include registrants or applicants for registration who have not practiced in relation to one or more of the following areas in the previous three-year period:

- chronic pain management,
- addictions medicine,
- endoscopy,
- public health,
- rural or urban emergency medicine,
- skin disorders,
- sleep medicine, and
- surgical cosmetic/aesthetic medicine.

This is not an exhaustive list.

5.6. Registrants are expected in all circumstances to use good clinical judgment in considering whether they are significantly changing their professional practice to include one or more areas of inactivity.

5.6.1. Registrants who are uncertain should contact the Registrar of CPSM for information.

5.7. Registrants or applicants who wish to practice in an area or areas of inactivity are required to comply with Part 6 of this Practice Direction.

6. ENTERING OR RE-ENTERING AN AREA OF INACTIVITY

Practicing registrants changing professional practice to enter an area of inactivity:

6.1. Regulated registrants registered in the Full (Practising) Class, Provisional (Specialty Practice-Limited) Class, or the Provisional (Family Practice-Limited) Class who intend to change their professional practice to include one or more new areas of practice in which they have not practiced within the previous three (3) years (i.e., areas of inactivity) must:

6.1.1. report their intention to CPSM in accordance with the 'Council Policy - Assessment Candidate (Re-entry to Practice) Class',

6.1.2. apply in the approved form to be assessed in accordance with subsection 3.44(1) of the *CPSM General Regulation*, and

6.1.3. refrain from entering the area of inactivity until they are approved to do so by the Registrar.

New applicants and non-practicing registrants re-entering practice:

6.2. Applicants who are:

6.2.1. registrants in a non-practising class and are inactive, or

6.2.2. applicants for registration with CPSM who are not registered in any class and who meet the requirements for the Full (Practising) Class, Provisional (Academic — S. 181 Faculty) Class, Provisional (Specialty Practice-Limited) Class, or Provisional (Family Practice-Limited) Class but for recency of practice requirement (i.e., have not practiced in three (3) years)

must apply to be assessed in accordance with subsection 3.44(2) of the *CPSM General Regulation* before they may be approved to re-enter the practice of medicine. The 'Council Policy - Assessment Candidate (Re-entry to Practice) Class' sets out applicable policies and procedures.

New applicants with recent practice experience entering an area of inactivity:

6.3. CPSM requires that new applicants for membership provide details about their most recent professional practice and their intended professional practice in Manitoba. Applicants are required to advise whether their intended practice includes areas of inactivity. Applicants who meet the requirements for full or provisional registration who wish to enter an area of inactivity will be registered in the usual way but must apply in the approved form to be assessed in accordance with subsection 3.44(1) of the *CPSM General Regulation*, and refrain from entering the area of inactivity until they are approved to do so by the Registrar. The 'Council Policy - Assessment Candidate (Re-entry to Practice) Class' sets out applicable policies and procedures.

Required assessment respecting section 3.44 of the *CPSM General Regulation*:

6.4. The degree of assessment indicated and extent of any additional education and training that may be required before approval is granted to enter an area or areas of inactivity will depend on the nature of the re-entry or change in professional practice. The individualized process for determining these components in respect to assessment candidates will be determined by the Registrar under section 3.44 of the *CPSM General Regulation*, this Practice Direction, and the 'Council Policy - Assessment Candidate (Re-entry to Practice) Class', which sets out applicable policies and procedures. The process will usually include:
- 6.4.1. a needs assessment,
- 6.4.2. any necessary training and education,
- 6.4.3. review of appropriate terms and conditions, and
- 6.4.4. a final assessment where appropriate.

7. FAMILY PRACTICE INCLUDING OBSTETRICS OR ANAESTHESIA

Family practice with anaesthesia

7.1. Pursuant to subsections 2.5(1)(c) and 2.10(2) of the *CPSM General Regulation*, registrants who practice family medicine will have one of the following indicated in the registry: family practice with anaesthesia or family medicine without anaesthesia. The Registrar may only grant registration and a certificate of practice to family practice physicians with anaesthesia included if the physician has satisfactorily completed twelve months of formal training in anaesthesia in an approved teaching centre.
- 7.1.1. Family practice physicians holding registration and a certificate of practice expressly including anaesthesia as of the implementation of this Practice Direction may continue to hold that registration and a certificate of practice even though they may not meet the foregoing requirement.
- 7.1.2. The Registrar must impose the following conditions on the registration and certificate of practice of family practice physicians including anaesthesia in their practice:
  1. Except in emergencies, limit anaesthesia to patients in physical status I, II and III according to the American Society of Anaesthesiologists Protocol:
     - i. ASA I - A normal healthy patient.
     - ii. ASA II - A patient with mild systemic disease.
     - iii. ASA III - A patient with severe systemic disease that limits activity but is not incapacitating.
     - iv. ASA IV - A patient with an incapacitating systemic disease that is a constant threat to life.
     - v. ASA V - A moribund patient not expected to survive 24 hours with or without operation.

2. Anaesthesia for intrathoracic or neurosurgical procedures must not be undertaken.
3. Anesthesia for any child before they are three (3) years old must not be undertaken.

Family practice including obstetrics

7.2. Physicians registered to practice in the field of family medicine must not practice obstetrics unless the following conditions are met:
  7.2.1. The family practice physician must have completed acceptable post-graduate clinical training in obstetrics and practiced obstetrics within the past three (3) years.
    1. Family practice physicians who do not meet the foregoing requirement and wish to provide obstetrical care must do so in accordance with the Council Policy - Assessment Candidate (Re-entry to Practice) Class. This must include completing acceptable post-graduate clinical training in obstetrics, if not already completed.
  7.2.2. Family practice physicians who are registered with entitlement to practice obstetrics, but who have not performed any deliveries for more than three (3) years may provide prenatal care to patients but may not do deliveries.

7.3. Family practice physicians who have not completed acceptable postgraduate clinical training in obstetrics and who are not registered with entitlement to practise obstetrics must refer a patient to an appropriately qualified physician:
  7.3.1. Before fourteen (14) weeks of pregnancy, or
  7.3.2. if the diagnosis is established after fourteen (14) weeks, as soon as possible after diagnosis.

COUNCIL MEETING
JUNE 28, 2023

CONSENT AGENDA ITEM

SUBJECT: Approval to include Endocrinology Field of Practice for Assessment for the Purposes of CPSM General Regulation Section 3.38(b).

BACKGROUND:

Provisional registration (specialty practice limited) may be granted for specialist fields of practice if the field is listed in the CPSM General Regulation s. 3.38(b). The College of Physicians and Surgeons of Manitoba General Regulation s.2.10(2)(b) 45. allows for the addition of "any other approved specialty field of practice".

If Council approves the addition of the fields of Medicine to the Specialist Field of Practice for Assessment, a physician can be referred to the Division of Continuing Professional Development for an assessment in that area. Dr. Reslerova, the Director of the International Medical Graduate Program has confirmed in writing that the Section Head of Endocrinology (Dr. P. Katz) has committed to participate in the Practice Ready Assessment of physicians who are seeking registration with CPSM.

There are now applicants for the above Speciality. In most cases the applicants practiced medicine independently and have been registered as specialists in this area of practice in another jurisdiction outside Canada. All applicants must have successfully passed the examinations to be a Licentiate of the Medical Council of Canada.

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

The Practice Ready Assessment is an alternative route to specialist registration for many, including International Medical Graduates. An assessment, rather than full residency and examinations, can be used in circumstances to ensure through a rigorous assessment exercise over a lengthy period of time that the applicant has the competency to safely practice independently in Manitoba.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 28, 2023, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

> Endocrinology be added to the Qualifications and Registration Practice Direction as a Specialist Field of Practice for Assessment for the purpose of CPSM General Regulation Section 3.38(b).

COUNCIL MEETING
JUNE 28, 2023
NOTICE OF MOTION FOR APPROVAL

SUBJECT: Operating Budget and Fee Increase

BACKGROUND:

PART I – OPERATING BUDGET

The 2023-24 proposed operating budget (see Appendix **A** for details) accounts for resources added in the previous year, new resources related to workload/volume pressures in Complaints & Investigations and the Physician Health Program, as well as current and future strategic objectives. CPSM has proposed a 3 year budget that will provide:

- Balanced budget by 2025-26,
- Inflation adjusted fee categories
- Partial Utilization of CPSM's unrestricted reserve to balance the budget by 2025-26.

CPSM ended the fiscal year with a modest deficit of approximately $241,000 while initially forecasting a deficit of $761,000. A number of factors contributed to the significant improvement that are most likely to be one time in nature.

- Interest income & investment income higher than originally anticipated.
- Cost recoveries and documentation fees
- Committee & Council meetings under budget
- Timing delays (staff hired late in 2022-23) that were expected to be in place in early 2022

The Operating Budget for 2023/24 to 2025/26 is attached as Appendix A. Council is only being asked to approve the Operating Budget for 2023/24.

CPSM Resources

The following table and detail illustrate where CPSM has expanded its workforce. The program expansions target the key areas and deliverables of CPSM and are directly linked to increasing workload pressures CPSM is experiencing.

CPSM Staffing and associated workload

Equivalent Full-Time @ Fiscal Year-End							
Department	**2018-19**	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24 - Proposed**	**Change**
Complaints	6.8	6.4	9.2	9.6	10.6	12.4	1.8
Corporate	7.0	7.0	8.0	8.0	**7.0**	8.0	0.0
Finance	2.0	2.0	2.0	2.0	2.0	2.0	0.0
IT	2.0	1.6	2.6	3.6	**4.0**	3.6	0.0
MANQAP	5.0	5.0	5.0	4.0	4.0	5.0	1.0
Quality	5.9	6.5	9.5	10.1	**11.5**	11.7	**1.0**
Registration	7.0	7.0	7.0	7.0	**7.0**	7.0	0.0
TOTAL	**35.7**	**35.5**	**43.3**	**46.3**	**47.1**	**50.9**	**3.8**

*Students and a term employee are not included in the above numbers

2023-24 EFT Changes- Detail

Complaints: 1.0 EFT Patient Navigation/Complaints & 2 Medical Consultants (0.4 EFT each – Total of 0.8 EFT) to assist with increasing workload and to deliver on strategic directions. A administrative support (1.0 EFT) was transferred from the executive office in 2022-23 (funding neutral).

Corporate: Due to the retirement of a senior administrative support, funding is available to support two admin positions. One position will support the executive office and funding will be transferred to Quality to support additional support for the Physician Health Program – Quality Department.

Quality: 1.0 EFT administrative support, Physician Health Program required to support growing volumes. The majority of funding for this position is coming from the recent Corporate Senior Admin position.

MANQAP: Additional EFT to support increasing workload for Non-Hospital Surgical Facilities (NHSF) accreditation. Funding for the additional EFT will be supported by NHSF fees.

Workload Trends

WORKLOAD TRENDS: Complaints and Investigations					
	2022-23**	**2021-22***	**2020-21**	**2019-20**	**2018-19**
Outstanding Cases from previous year	281	117	112	104	128
Cases received during the year	408	360	215	194	243
% Increase in cases received over prev year	13.3%	67.4%	10.8%	-20.2%	
Total	**689**	**477**	**327**	**298**	**371**
Cases outstanding as of year end	310	289	118	114	103
Total cases closed	379	188	206	184	268
% change in cases closed over prev year	101.6%	-8.7%	12.0%	-31.3%	
# of Cases Dismissed**	1	9	na	na	na
Inquiries	3	3	2	1	
Matters Pending before Inquiry Committee	0	1	3	1	
*2021-22 is the first year the public could initiate complaints through a web interface & the first year that complaints were dismissed **2022-23 numbers are preliminary					

WORKLOAD TRENDS: Quality				
Physician Health Program **234% increase** over 2019-20				
Referrals	**2022-23**	**2021-22**	**202-21**	**2019-20**
New Referrals	96	84	58	41

PART II - FEES

Fee Bylaw

The Fee Bylaw sets out the following rules to be followed or fee increases.

Increases in Fees

3. The fee for the annual certificate of practice shall automatically increase by an amount equal to the Manitoba Consumer Price index to cover inflationary costs.
4. Council may also increase the fee for the annual certificate of practice by an additional amount provided that management presents Council with a budget and a satisfactory rationale justifying an increase.
5. The Council may issue a special assessment on some or all classes of members to cover unexpected expenses, which were not reasonably foreseeable at the time the budget was prepared.

Recommended Fee Increases

With the approval of Finance, Audit, and Risk Management Committee and the Executive Committee below are the details of the fee increase recommended for 2023-24 (effective November 2023). Overall the annual renewal fees have been increased by the inflation indexation of 8% (see appendix B for inflation rate calculation details).

The following table illustrates the certificate of practice fees (annual renewal) charged in the other provinces (excluding Quebec) for the 2022 year.

College	2022
AB	$1,792
BC	$1,725
NB	$600
NF	$1,850
NS	$1,950
PEI	$2,125
SK	$1,950
ON	$1,725
MB	**$2,050**

PART III - RECOMMENDATION

The Finance, Audit and Risk Management Committee unanimously recommended to Council that:

A. Council approve the 2023-24 Annual Operating Budget as presented; and,

The fee bylaw will be amended to reflect the 8% inflation indexation, specifically;

1. **Physician annual certificate of practice fee** to be increased by 8% on November 1, 2023 which raises the 2022-23 certificate of practice fee from $**2,050 to $2,220**. The monthly fee is also adjusted by the same % which raises the amount from $**325 to $350**.
2. **Educational annual certificate of practice fee** to be increase by 8% on November 1, 2023 from $**75 to $80.**
3. **Clinical & Physician Assistants annual certificate of practice fees** to be increase by 8% from **$400 to $432**.
4. **Medical Corporation fee** to increase by 8% from $**200 to $215** in 2022-23.

The budget and fee increase are consistent with what was presented to Council in June of 2022 where CPSM stated that the expectation is there will be no need for an additional fee increase requested of Council for the proposed 3 year budget beyond the CPI.

The above funding options are expected to result in the following:

- Funding of baseline budget plus new initiatives
- Regaining path to financial stability by achieving breakeven status in 3rd year
- Partial utilization of the free reserve to help absorb the financial stress on members

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

The operating budget provides the financial resources required to regulate the medical profession in the public interest and to fulfill the statutory requirements of the RHPA. Fees are set at the appropriate amount to provide these financial resources for self-regulation in the public interest, and not set at whatever amount that is acceptable to the registrants. Having said that, these fees are within reasonableness when compared to other colleges and regulatory bodies.

MOTION

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 28, 2023, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

1. Council approve the 2023/24 annual operating budget as presented.

Appendix A – 2023-24 Budget

College of Physicians & Surgeons of Manitoba

Budget Statement of Operations

FY's 2023-24 to 2025-26

	2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Estimate	2025-26 Estimate
Revenues					
Physician & Resident License Fees	6,227,838	6,589,634	7,191,898	7,684,425	7,987,740
Educational Register Fees	84,300	88,288	99,925	102,710	102,710
Clinical Assistant License Fees	38,400	53,800	56,700	60,075	61,425
Physician Assistant License Fees	45,000	55,750	62,900	66,750	68,250
Medical Corporation Fees	387,625	447,175	526,190	561,725	584,715
Other Fees and Income	625,539	647,201	570,799	510,980	505,995
Interest Income	29,103	159,989	148,020	19,538	20,157
Change In Market Value	101,247	117,024	147,750	181,541	150,082
Government Funded Program Revenues	1,271,658	1,045,212	919,037	943,707	964,003
	8,810,710	**9,204,073**	**9,723,219**	**10,131,450**	**10,445,076**
Expenses (by function)					
Governance	161,279	99,229	96,091	96,283	96,477
Qualifications	721,502	790,160	820,984	859,469	889,578
Complaints and Discipline	1,805,860	1,938,779	2,449,796	2,525,989	2,613,502
Quality	1,221,931	1,509,143	2,187,486	2,244,380	2,321,422
Operations and General Administration	2,661,415	2,861,966	2,986,227	3,107,307	2,847,848
IT	1,048,197	1,138,576	1,156,669	1,051,861	1,022,592
Government Funded Program Expenses	1,245,010	1,107,645	835,650	858,075	876,546
	8,865,193	**9,445,497**	**10,532,903**	**10,743,364**	**10,667,966**
Excess (Deficiency) of Revenue Over Expenditures	**-54,483**	**-241,424**	**-809,684**	**-611,914**	**-222,890**

College of Physicians & Surgeons of Manitoba

Budget Statement of Operations

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Revenues					
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Change In Market Value	101,247	117,024	147,750	181,541	150,082
Government Funded Program Revenues	1,271,658	1,045,212	919,037	943,707	964,003
	8,810,710	**9,204,073**	**9,723,219**	**10,131,450**	**10,445,076**
Expenses (by nature)					
Employee Costs	6,212,701	6,870,917	7,847,335	8,217,606	8,127,968
Committee Meetings	340,850	332,794	448,639	428,220	428,801
Professional Fees	453,116	432,177	411,851	375,653	376,729
Service Fees	277,690	201,910	320,423	317,378	322,500
Legal	156,916	44,607	63,000	42,000	42,000
Building & Occupancy Costs	511,234	603,223	587,589	593,860	600,257
Office Expenses	606,691	647,427	636,348	618,804	632,832
Capital Assets	305,992	312,442	217,719	149,843	136,878
	8,865,193	**9,445,497**	**10,532,903**	**10,743,364**	**10,667,966**
Excess (Deficiency) of Revenue Over Expenditures	**-54,483**	**-241,424**	**-809,684**	**-611,914**	**-222,890**

Note – see changes in Expense categorization compared to previous page

College of Physicians and Surgeons of Manitoba

Funding Analysis	2023-23 Budget	2024-25 Estimate	2025-26 Estimate	Cumulative
Deficit after applying fee increases	**- 809,684**	**- 611,914**	**- 222,890**	**-1,644,487**
Funded by reserves:				
Depreciation	217,719	149,843	136,878	**504,440**
Inquiry	120,000	80,000	80,000	**280,000**
IT Project (Member Portal)	69,505	0	0	**69,505**
Unrestricted Reserve	402,461	382,071	6,011	**790,543**
Restated Deficit	-	-	-	-

The unrestricted reserve is currently $1.7 million (operating reserve + free reserve)

Appendix B

Manitoba Consumer Price Index
(per Stats Canada)

	2021-22	2022-23
April	140.6	151.1
May	141.5	153.9
June	141.9	155.3
July	142.8	155.3
August	143.2	154.6
September	143.6	155.2
October	144.6	156.7
November	144.7	157.0
December	144.0	155.5
January	146.1	156.2
February	147.4	156.9
March	149.9	157.7
Average	**144.2**	**155.5**
Change		11.3
% Change		**8%**

The method used above is consistent with the banking industry.

COUNCIL MEETING
JUNE 28, 2023
NOTICE OF MOTION FOR APPROVAL

SUBJECT: Quality Prescribing Rules Review Working Group

RECOMMENDATION:

That Council approve for consultation the drafts Standard of Practice – Prescribing Requirements and Practice Direction on Electronic Transmission of Prescriptions.

SUMMARY:

The Quality Prescribing Rules Review Working Group, led by Dr. Shenouda, is made up of representatives from CPSM, CPhM, and CRNM (the dental and veterinary regulatory bodies provide input on specific topics).

The goal of the working group was to develop documentation that the respective colleges would provide to their members regarding new standards of practice/practice directions for prescribing.

This goal was expressed in the March 22, 2023, Council Meeting Briefing Note as:

> The Working Group will recommend at the June Council Meeting approval for distribution for consultation of new:
>
> 1. Standard of Practice – Prescribing Requirements
> 2. M3P form for prescribing in all formats (electronic, handwritten, or verbal)
> 3. Practice Direction on Electronic Transmission of Prescriptions
> 4. Practice Direction – Prescribing by Clinical Assistants and Physician Assistants

The Practice Direction – Prescribing by Clinical Assistants and Physician Assistants is not proceeding at this time because of an unresolved issue with Health Canada. There is a remote possibility the matter may be successfully concluded between the time these materials are sent to Council and the June 28, 2023 meeting. If this occurs, the draft Practice Direction – Prescribing by Clinical Assistants and Physician Assistants will be forwarded to Council.

BACKGROUND:

The matters addressed by the Working Group are:

1. Verbal Prescribing of all Medications;
2. Permit Pharmacists to Transfer Prescriptions to other Pharmacists, including out of province;
3. M3P Future;
4. Update and combine the Facsimile and Electronic Transmission Prescription Practice Directions;
5. Update the Standards of Practice for Prescribing Requirements;
6. "Prescribing" in the Community and "Ordering" in the Hospital;
7. Transmitting Prescriptions by Email;
8. Dispensing Physicians Practice Direction;
9. Pharmacists Extending Prescriptions for All CDSA Medications
10. Addition of certain codeine containing products to the M3P drug list

1. Verbal Prescribing of all Medications

Permit verbal prescribing for all non-M3P medications. The current status permit verbal ordering of most medications, other than certain drugs under the federal *Controlled Drugs and Substances Act*. The recommendation is verbal prescribing of all medications, (including those in the *Controlled Drugs and Substances Act*) be permitted to ensure access, yet procedures be tightened so to ensure patient safety. M3P drugs will have special rules for verbal prescribing in very limited circumstances (as below).

The rules for verbal prescribing will now be contained in the Standard of Practice for Prescribing Requirements.

2. Permit Pharmacists to Transfer Prescriptions to Other Pharmacists, including Out of Province

Currently, some medications can not be transferred between pharmacist in different pharmacies (Tylenol 3, opioids, Concerta, etc).

It is recommended this exemption be implemented, with the requirement for a pharmacist to notify a prescriber simply that an out of province transfer is completed, to help ensure continuity of care. A prescriber could, at their discretion, contact a pharmacy for additional information in the interest of patient safety. It will be specified in guidance to healthcare professionals that additional information can be disclosed on a case-by-case basis. This is seen to be important for access to prescribed medicine and can be performed safely.

The College of Pharmacists of Manitoba has approved changes to their rules to permit this but are awaiting approval of all proposed changes prior to implementation. This initiative has only been recently available due to the new federal exemption to s.56 of the *Controlled Drugs and Substances Act* which makes this no longer an offence if provincial regulators permit this.

3. M3P Future

a. Retain M3P as a separate class of drugs with prescribing requirements that are in addition to the regular prescribing requirements.

b. Verbal prescribing of M3Ps prescriptions to be permitted under limited conditions. Manitoba is the only province that does not permit verbal prescribing of M3P prescriptions. There are currently some legal issues that need to be addressed but once they are these rules will be included in the Standard of Practice for Prescribing Requirements. Specifically, it establishes the contents of the prescription verbally relayed to the pharmacist. This is pretty much everything that a regular prescription includes other than signature and date.

The process for verbal prescribing M3P drugs will be as follows:

I) Verbally notify the pharmacist that the verbal order is required as timely fax or electronic transmission of a prescription is not possible **and** the medication is urgently needed by a Manitoba patient.
II) Clearly communicate the verbal order directly to the pharmacist[1], including all the information required for an M3P prescription.
III) Ask the pharmacist to verbally read the prescription back to the prescriber to ensure accuracy and patient safety.
IV) Fax or electronically transmit the same M3P prescription which was provided via a verbal order to the pharmacist. This must be done as soon as reasonably possible.
V) Indicate the following on the faxed electronic prescription "This prescription was previously provided as a verbal order".
VI) When making a verbal order for M3P drugs, the registrant must ensure all requirements of the prescription required in section 6 (except the signature in section 6.7) are repeated back to the registrant by the pharmacist.
VII) Verbal Prescribing of M3P drugs is to be **used sparingly, in very limited circumstances when timely fax or electronic transmission of a prescription is not**

[1] This requirement cannot be sufficiently satisfied by a prescriber leaving a voice message. If a voice message is left by a prescriber, a direct callback number must be included to facilitate the pharmacist calling back and verifying the verbal order directly with the prescriber. A verbal order is not considered valid until a pharmacist speaks directly with the prescriber to verify the order. No delegation to an agent is permitted.

possible <u>and</u> may otherwise lead to a delay in access to urgently needed medication for a patient. This is not to be used as a routine workaround to the usual M3P process.

c. Eliminate the paper M3P pads. Previously printed pads may continue to be used until all previously printed pads are utilized.

   The new approved form for M3P prescriptions will be provided on the CPSM and CPhM websites. Faxing/E-prescribing of M3P prescriptions using the approved form would be permitted, as well as printing and completing the form as a paper prescription. The completed M3P prescription could either be handed to the patient or faxed directly to a pharmacy.

   In the beginning days of the COVID-19 pandemic the Colleges of Physicians, Pharmacists, and Registered Nurses created a protocol for M3P drug prescriptions to be faxed directly to the pharmacy instead of a triplicate sheet being physically handed to a patient. This must be updated to reflect the post-pandemic world and adopted permanently.

d. The rules for prescribing M3P are currently in their own Practice Direction. As part of the consolidation of the information that is scattered in various documents, the rules for prescribing M3P will be included in the Standard of Practice for Prescribing Requirements.

e. Eliminate the application and CPSM approval to prescribe M3P (already implemented). This was described in detail to Council in December 2022 and will not be repeated here.

f. The Manitoba Dental Association uses M3P pads and has adopted many of the practices of CPSM-CPhM-CRNM, though it is not one of the regulators that has established this and their list of M3P drugs. We are awaiting feedback from the Manitoba Dental Association.

4. Update and combine the Facsimile and Electronic Transmission Prescriptions Practice Directions

a. Joint with CPhM, CRNM, MDA (dental), and MVMA (vets)

b. An earlier version was sent to Council in December. This has been revised to eliminate the reference to email prescribing (see Item 7)

c. The proposed requirement to include a treatment goal and/or clinical indication(s) and/or diagnosis in non-M3P prescriptions requires further review by CPSM council. CPhM requested that indication should be on all prescriptions [see attachment].

5. Update the Standard of Practice for Prescribing Requirements

a. Include section on M3P Drugs. The Schedule for M3P drugs will be attached to this Standard. The expectations for prescribing M3P drugs are moved into the Standard of Practice on Prescribing and the current Practice Direction for M3P Prescribing will need to be repealed. This prevents duplication and lack of consistency. It also consolidates the prescribing rules rather than the scattered approach in various documents.

b. Include section on Verbal Orders. The expectations on verbal prescribing were included in an obscure Practice Direction entitled "Doctor - Pharmacist Relationship". Again, for consolidation, the verbal prescribing has been moved to this Standard, and has been edited to ensure consistency and no duplication.

c. Include information on statutory requirements on Pharmacist's dispensing. There are certain statutory rules governing dispensing that prescribers may not be aware of and have led to friction between the professions. These include federal rules where the pharmacist has no discretion such as certain re-fills, repeats, and part-fills for different drugs and controlled substances. A list of these medications is currently being developed and will become part of the Practice Direction and Standard of Practice once completed.

d. A new application section provides that this Standard applies to both prescribing in the community and what are called "orders" in a hospital. It also makes clear what specific rules on prescribing do not apply in a hospital/PCH/institutional setting.

6. "Prescribing" in the Community and "Ordering" in the Hospital

There is no legal definition of orders in the RHPA or the Regulations. The reserved act is **prescribe** which means "to issue a prescription for a dental appliance, drug, vaccine, vision appliance or wearable hearing instrument." **Prescription** means "in respect of a drug or vaccine, a direction to dispense a stated amount of a drug or vaccine specified in the direction for the individual named in the direction". The law considers both prescribing in the community and in the hospital to be the same. This has been blurred in the past in the Standard of Practice and the Practice Directions on prescribing.

These documents are being revised with a view to explicitly establishing the expectations for prescribing in either setting. Many but not all requirements are the same, but the prescribing in the community has further requirements for patient safety. Prescribing in a hospital or healthcare facility has numerous different components and is part of team-based care and the institutions' rules. For instance, some of the requirements for the community prescribing are to prevent diversion of controlled substances– something that is not as applicable in a hospital setting where controlled substances are administered directly by a health care professional each time.

7. Transmitting Prescriptions by Email

Transmitting prescriptions by email will not be one of the changes the Working Group initially thought it might be able to implement. Unfortunately, as the Working Group explored this in detail, the technological requirements grew along with the complexity of interconnecting all prescribers with all pharmacists, verifying both parties, keeping records, and creating encryption.

The Ontario Government also just recently announced it would eliminate faxes between healthcare professionals through a five-year project, indicating its complexity. While it was important to consider eliminating faxes, it became apparent that a replacement is not readily available.
https://www.cbc.ca/news/canada/toronto/ontario-fax-machines-health-care-1.6734810

CPSM and CPhM will work with Manitoba Digital Health to determine any possible technical solutions that can be introduced province-wide to permit emailing of prescriptions and abandon faxes. We have been advised there are some pilot projects underway using new electronic transmission technology.

8. Dispensing Physicians Practice Direction

This Practice Direction establishes the rules and processes in the rare instances that a physician will dispense drugs directly to a patient under very strict conditions when no pharmacist is available. CPSM has reviewed its records and found that this has been utilized a number of years ago (2007) in a few locations such as Snow Lake, Gillam, and Grand Beach at the summer cottage for physicians. Apparently, none of these locations have physicians that have dispensed drugs in recent years. The Working Group also requested that CRNM be contacted to determine if there are any dispensing nurses, as this may be permitted per pharmacy legislation.

This is a joint Practice Direction with the College of Pharmacy. It is recommended that this Practice Direction be repealed. The Rural, Remote, and Underserved Populations: Access to Prescribed Medications Practice Direction provides the process for access to drugs in similar situations but relies upon different healthcare professionals.

9. Pharmacists Extending Prescriptions for All CDSA Medications

Currently, pharmacists can extend or renew most prescriptions. However, pharmacists cannot extend or renew prescriptions for drugs covered under the *Controlled Drugs and Substances Act*. Under very limited circumstances, a pharmacist may extend or renew a benzodiazepine prescription.

CPSM Counsel inquired at its December meeting as to the possibility of pharmacists being able to extend or bridge a prescription for a short duration if the prescribed quantity has been dispensed. This is for those situations in which the pharmacist is unable to contact the prescriber and in the interest of continuity of care, the patient should continue to receive the drugs for a short period. This might only be two to three days or even up to seven days perhaps.

Currently the Federal Section 56 (1) exemptions to the CDSA allows the CPhM to permit pharmacists to extend all CDSA prescriptions. However, provincial regulations have barriers to extending this for M3P drugs. It is our understanding the CPhM could provide a direction to all pharmacists establishing the expectations for extending prescription for non-M3P CDSA medications (ie, Concerta, Tylenol 3).

The statutory scheme is included in the federal *Controlled Drugs and Substances Act* and the provincial *Pharmaceutical Regulation* which is applicable to pharmacists. The CPhM legal counsel concluded that there is a legal impediment in the regulation – requires every M3P prescription must be signed by the authorized prescriber (CPSM registrant) prior to being dispensed by the pharmacist.

CPhM and CPSM Councils might consider recommending to Government that section 77 of the *Pharmaceutical Regulation* be amended to permit pharmacists to extend prescriptions for M3P drugs.

10. Addition of certain codeine containing products to the M3P drug list

CPSM Council had asked that, in the interest of patient safety, the Quality Prescribing Rules working group consider adding all codeine containing products which cannot currently be prescribed by a pharmacist to the M3P drug list. Products which may currently be prescribed by a pharmacist are referred to as “exempted codeine preparations”, and include Tylenol #1 with codeine^{R}, Robaxacet-8^{R}, and Calmylin with Codeine^{R}. It is important to note that, from this list, only Tylenol #1 is commonly prescribed.

Exempted codeine preparations are defined as products containing codeine with up to 8 mg/solid oral dosage form or up to 20 mg codeine per 30 ml of liquid + 2 or more active non-narcotic ingredients.

The working group agreed to this in-principle. The Manitoba Dental Association and Manitoba Veterinary Medicine Association were contacted to determine if there were any concerns, and we are awaiting their feedback.

If Council approves the updated Standard of Practice – Prescribing Requirements and updated Practice Direction on Electronic Transmission of Prescriptions to go out for consultation the consultation feedback and any updates to the documents will be brought back to Council for final approval. If approved, Council will have to concurrently repeal the following documents as they have been incorporated into the Standard or Practice Direction:

1. current Practice Direction - M3P – incorporated into the Standard of Practice
2. current Practice Direction – Facsimile Transmission of Prescriptions – incorporated into the Practice Direction
3. current Practice Direction – Dispensing Physicians – No longer required
4. current Practice Direction – Doctor/Pharmacist Relationship – incorporated into the Standard of Practice

Implementation

The implementation of some of these changes may take time and may require system changes. Also, the changes will be across many professions and almost all areas of medical practice. An implementation and communication plan will be required.

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

Prescribing medication is a major responsibility of registrants. The public is dependent upon safe, efficient, and reliable prescription of medicine. Ensuring appropriate prescribing Standards of Practices and Practice Directions is a core responsibility of Council to govern members in a manner that serves and protects the public interest.

A good working relationship between the prescriber and the dispenser is critical for ensuring the joint goal of access to safe medication to the patient, whatever their location (hospital, community, rural and remote, and northern First Nations). Practitioners working in all these locations have been involved in the working group to ensure that the patients residing in those communities will have their interests served by providing access to safe prescribing and medication in what can be unique circumstances.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 28, 2023, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

1. Council approves the attached draft Standard of Practice – Prescribing Requirements to be distributed to the public, stakeholders, and registrants for consultation.

2. Council approves the attached draft Practice Direction on Electronic Transmission of Prescriptions to be distributed to the public, stakeholders, and registrants for consultation.

Standard of Practice

Prescribing Requirements

DRAFT

Initial Approval: **Effective Date:**

Standards of Practice of Medicine set out the requirements related to specific aspects for the quality of the practice of medicine. Standards of Practice of Medicine provide more detailed information than contained in the *Regulated Health Professions Act*, Regulations, and Bylaws. All members must comply with Standards of Practice of Medicine, per section 86 of the *Regulated Health Professions Act*.

This Standard of Practice of Medicine is made under the authority of section 82 of the *Regulated Health Professions Act* and section 15 of the CPSM Standards of Practice Regulation.

PREAMBLE

Medicine and Pharmacy are two professions which are often jointly involved in the management of the same patient. Unfortunately, the pharmacist and physician often have very little direct contact with each other in this matter, as all contact is usually through the written prescription or by verbal order from the physician. The two individuals may never have met each other and may not totally understand each other's responsibilities. This attempts to improve this liaison and ensure better access to quality safe prescribing for Manitobans.

1. Application and Definitions

1.1. Prescribe[1] and Prescription[2] includes both prescriptions in the community and what are commonly called "orders" in hospital and residential health care institutions. Only the requirements in Part B apply to prescribing for hospital in-patients and residential health care institutions.

1.1.1 Hospitals include Healthcare facilities owned and operated by the Government or a Health Authority (including PCH and other Government-run residential care facilities).

1.1.2 Residential healthcare institutions are defined as privately-owned residential care settings.

[1] Prescribe is defined as "to issue a prescription for a dental appliance, drug, vaccine, vision appliance, or wearable hearing instrument." *RHPA* s. 3

[2] Prescription is defined as "in respect of a drug or vaccine, a direction to dispense a stated amount of a drug or vaccine specified in the direction of the individual named in the direction." RHPA, s. 3

Part A – Prescribing in the Community

2. Before Prescribing

2.1 Prescribers **must** only prescribe a drug if they have the knowledge, skill, and judgment to do so safely and effectively.

2.2 Before prescribing a drug, prescribers **must**:

- 2.2.1 complete an appropriate clinical assessment of the patient;[3]
- 2.2.2 document in the patient's medical record a diagnosis or differential diagnosis and/or a clinical indication for the drug prescribed based on the clinical assessment and any other relevant information;
- 2.2.3 consider the risks and benefits of prescribing the chosen drug, including the combined risks and benefits when prescribing multiple drugs, and the risks and benefits when providing long-term prescriptions; and
- 2.2.4 obtain informed consent.

3. Content of Prescriptions

3.1. Prescribers **must** ensure the following information is included on every written or electronic prescription:

- 3.1.1. the prescriber's printed name, signature[4], practice address, and CPSM registration number;
- 3.1.2. the patient's name and either date of birth or personal identification number (PHIN); (For M3P drugs, also include patient's address and date of birth)
- 3.1.3. For M3P drugs, the patient's address and date of birth must be included;
- 3.1.4. the name of the drug;
- 3.1.5. the drug strength, quantity, and formulation (tablet, liquid, patch);
- 3.1.6. the dose and directions for use;
- 3.1.7. For new and off-label prescriptions- one of diagnosis and/or clinical indication and/or treatment goal- to be further discussed
- 3.1.8. the full date the prescription was issued (day/month/year);
- 3.1.9. the total quantity and interval between part-fills must be specified for:
  - 3.1.9.1. Any medication on the M3P drug list
  - 3.1.9.2. Non-M3P medications that are federally as a narcotic or a controlled substance. Refer to the appendix for a complete listing of these medications.

[3] Limited exceptions are:

- Having reasonable grounds to believe that the person who conducted the initial assessment had the appropriate knowledge, skill, and judgment to do so and prescriber themselves evaluating the assessment and judging it to be appropriate (eg, true group practices or call groups, healthcare institutions;
- Prescribing for the sexual partner of a patient with a sexually transmitted infection;
- Prescribing a prophylaxis as part of a Public Health program, including Naloxone;

[4] Paper prescriptions handed to the patient must be signed in ink by the prescriber. Electronically transmitted prescriptions may be signed electronically. Rubber stamped signatures are not permitted.

3.1.10. method to contact the prescriber - telephone number[5], email address, or facsimile number.

3.2. Prescribers **must** use their professional judgment to determine whether it is necessary to include any additional information on the prescription (eg., the patient's weight or date of birth where this information would affect dosage).

3.3. If the prescriber is an associate registrant (Resident, Physician Assistant, Clinical Assistant), the prescription must also include:
- 3.3.1. Their Designation (e.g., PA or Cl.A)
- 3.3.2. Treatment goal and/or diagnosis and/or clinical indication
- 3.3.3. The name of their supervising physician

4. Format of Prescriptions including Verbal

4.1. Prescriptions may be handwritten (legibly), electronically generated in accordance with the Practice Direction on Electronic Transmission of Prescriptions, verbally relayed, or in the physician's order sheet in a hospital, PCH, or residential healthcare institution as per Part B of this Standard.

4.2. Verbal prescriptions for all drugs must include all the information included in s.2.1 above other than the signature and prescription issue date.

4.3. Verbal prescriptions are permitted for all drugs and substances, subject to section 7 of this Standard and any institutional policies.

5. Sample Medication

5.1. A registrant must:
- 5.1.1. keep sample medication in a secure location;
- 5.1.2. dispose of sample medication in a safe and environmentally acceptable manner;
- 5.1.3. not offer to sell or barter sample medication for any purpose whatsoever; and
- 5.1.4. not have any form of material gain from distributing the sample medication.

5.2. A registrant must ensure if a sample drug is provided to the patient it is provided with clear instructions for its use, including any precautions, and it is not expired.

[5] This can be the hospital, clinic, or institutional phone number. If desired, a prescriber may also include a personal phone number on electronic prescriptions.

6. Direct Patient Contact

6.1 Prescribing medication or counter-signing a prescription without direct patient contact does not meet an acceptable standard of care. Subject to subsection (2), there is no direct patient contact when the registrant relies upon a mailed, faxed or an electronic medical questionnaire.

6.2 An exception to the requirement for direct patient contact exists for registrants who:

- 6.2.1 are fulfilling responsibility as part of a call group;
- 6.2.2 treat their own patients after normal office hours;
- 6.2.3 are in an academic teaching environment;
- 6.2.4 are providing Naloxone as part of a harm reduction strategy for substance abuse;
- 6.2.5 prescribing a prophylaxis as part of a Public Health Program;
- 6.2.6 prescribing for the sexual partner of a patient with a sexually transmitted infection;
- 6.2.7 prescribe anti-viral medication within the Provincial HIV program.

6.3 In order to meet an acceptable standard of practice, the registrant must demonstrate that there has been:

- 6.3.1 a documented patient evaluation by the Manitoba registrant signing the prescription, including history and physical examination, adequate to establish the diagnosis for which the drug is being prescribed and identify underlying conditions and contra-indications;
- 6.3.2 sufficient direct dialogue between the Manitoba registrant and patient regarding treatment options and the risks and benefits of treatment(s);
- 6.3.3 a review of the course and efficacy of treatment to assess therapeutic outcome, as needed and;
- 6.3.4 maintenance of a contemporaneous medical record that is easily available to the Manitoba registrant, the patient, and the patient's other health care professionals.

7. Manitoba Prescribing Practices Program (M3P Drugs)

7.1. Physicians must prescribe the drugs listed on the attached M3P schedule in the manner prescribed in the Regulation and this Standard.

7.2. Section 7 of this Standard does not apply to:

- 7.2.1. prescriptions for drugs administered in a personal care home as described under the Manitoba Health Services Insurance Act,
- 7.2.2. prescriptions for drugs administered in a hospital or institutional residential healthcare facility,
- 7.2.3. the direct administration of a designated drug to a patient by a prescriber.

7.3. All prescription drugs on the attached Schedule must be written on a prescription form as is approved by CPSM. This requirement for a written form is exempt from verbal prescribing under section 7.8.

7.4. The treatment goal and/or diagnosis and/or clinical indication(s) must be included for all M3P prescriptions.

7.5. The prescription must contain only one drug per prescription form.

7.6. The prescription is only valid for three days after its issuance to the patient and the physician must so advise the patient.

7.7. Prescribers must prescribe in accordance with the Practice Direction for Prescribing Methadone or Buprenorphine/Naloxone.

7.8. If verbal prescribing for M3P medications the prescriber must:

7.8.1. notify the pharmacist the verbal order is required as timely access to fax or electronic transmission is not possible **and** the medication is urgently required by a Manitoba patient.

7.8.2. clearly communicate the verbal order directly to the pharmacist[6], including all the information on the M3P form required for an M3P prescription.

7.8.3. ask the pharmacist to repeat back all contents of the prescription required in section 3 (Contents of Prescription) to ensure accuracy and patient safety.

7.8.4. fax or electronically transmit the same M3P prescription which was provided via a verbal order to the pharmacist. This must be done as soon as reasonably possible.

7.8.5. indicate the following on the faxed electronic prescription "This prescription was previously provided as a verbal order".

7.8.6. verbal prescribing of M3P drugs is to be **used sparingly, in very limited circumstances when timely fax or electronic transmission of a prescription is not possible and may otherwise lead to a delay in access to urgently needed medication for a patient.** This is not to be used as a routine workaround to the usual M3P process.

[6] This requirement cannot be sufficiently satisfied by a prescriber leaving a voice message. If a voice message is left by a prescriber, a direct callback number must be included to facilitate the pharmacist calling back and verifying the verbal order directly with the prescriber. A verbal order is not considered valid until a pharmacist speaks directly with the prescriber to verify the order.

Part B - Prescribing in a Hospital, PCH, or Residential Health Care Institution ("Orders")

8. Sections 8 and 9 apply to prescribing of drugs that are administered:

- As per section 1.1

Notwithstanding the above, prescribers in these facilities must only do the following:

8.1. Content of Prescription Orders:

8.1.1. the name of the drug;
8.1.2. the drug strength, quantity, and formulation (tablet, liquid, patch);
8.1.3. the dose and directions for use (for example the exact time of administration, if applicable);
8.1.4. the full date and time the prescription was issued (hour/day/month/year);
8.1.5. the prescriber's printed name and signature

9. Before Prescribing in a Hospital, PCH, or Residential Health Care Institution

9.1. Prescribers must only prescribe a drug if they have the knowledge, skill, and judgment to do so safely and effectively.

9.2. Before prescribing a drug, prescribers **must:**

9.2.1. :document in the patient's medical record a diagnosis or differential diagnosis and/or a clinical indication for the drug prescribed based on the clinical assessment and any other relevant information (as reasonably appropriate);
9.2.2. consider the risks and benefits of prescribing the chosen drug, including the combined risks and benefits when prescribing multiple drugs, and the risks and benefits when providing long-term prescriptions;
9.2.3. Prescribers **must** use their professional judgment to determine whether it is necessary to include any additional information on the prescription (eg., the patient's weight or date of birth where this information would affect dosage).

9.3. Verbal Prescribing/Orders - In addition to the requirements under section 9.1 and 9.2, prescribers must:

9.3.1 Provide the verbal order to a nurse or pharmacist, including all required content.
9.3.2 If a voice message is left by a prescriber, a direct callback number must be included to facilitate the nurse or pharmacist calling back and verifying the verbal order directly with the prescriber. A verbal order is not considered valid until a nurse or pharmacist speaks directly with the prescriber to verify the order.
9.3.3 The nurse or pharmacist must document all requirements in section 8.1, as well as their name and the name of the prescriber.
9.3.4 The prescriber must sign the order within a reasonable timeframe, to be determined by the institution's operating policy.

LIST OF DRUGS COVERED BY THE MANITOBA PRESCRIBING PRACTICES PROGRAM (M3P)

NOTE: All sales reportable narcotics and controlled drugs are included under the M3P Program.
WARNING: This is a reference list provided for convenience.
While all generic names appear, only sample brand names are provided. It should not be viewed as an all-inclusive listing of brand names included under the M3P program.

AMPHETAMINES & DERIVATIVES
- Adderall XR
- Dexedrine
- Dexedrine Spansule

ANILERIDINE BUPRENORPHINE & NALOXONE
- Suboxone

NOTE: May be prescribed only by those prescribers approved by their regulatory authority.
- Butrans

BUTALBITAL WITH OR WITHOUT CODEINE
- Fiorinal
- Tecnal

BUTORPHANOL
- Apo - Butorphanol
- PMS - Butorphanol

COCAINE

CODEINE (either pure or those preparations with only 1 active ingredient other than codeine)
- Codeine Contin
- Ratio-Emtec
- Lenoltec #4
- Tylenol #4
- Tylenol with Codeine Elixir

DIACETYLMORPHINE
NOTE: May be prescribed only by those prescribers approved by their regulatory authority.

DIETHYLPROPION
- Tenuate

DIPHENOXYLATE
- Lomotil

FENTANYL/SUFENTANIL/ ALFENTANIL
- Fentanyl Patches
- Sufentanil injection
- Alfentanil injection

HYDROCODONE
- Ratio-Coristex DH
- Dimetane Expectorant DC
- Hycodan
- Novahistex DH & DH Expectorant
- Novahistine DH
- Triaminic Expectorant DH
- Tussionex

HYDROMORPHONE
- Dilaudid
- Dilaudid HP
- Dilaudid LA
- Dilaudid Powder
- Hydromorph Contin
- Hydromorph-IR

KETAMINE (Including compounded prescriptions containing ketamine)

MEPERIDINE (PETHIDINE)
- Demerol

METHAQUALONE

METHADONE
NOTE: May be prescribed only by those prescribers approved by their regulatory authority.

METHYLPHENIDATE
- Ritalin

MORPHINE
- Kadian

NOTE: If for opioid replacement therapy, may be prescribed only by those prescribers approved by their regulatory authority.
- M-Eslon
- Morphine
- MOS
- MS Contin
- MS-IR
- Statex

NABILONE
- Cesamet

NALBUPHINE
- Nubain

NORMETHADONE-p-HYDROXYEPHEDRINE
- Cophylac

OPIUM & BELLADONNA
- *SAB*-Opium & Belladonna suppositories

OXYCODONE
- Endocet
- Oxycodan
- Oxycocet
- OxyContin
- Oxy-IR
- Percocet
- Supeudol

PENTAZOCINE
- Talwin

PENTOBARBITAL
- Nembutal Sodium

PHENOBARBITAL WITH CODEINE

PHENTERMINE
- Ionamin

PROPOXYPHENE
- Darvon N

SODIUM OXYBATE
- Xyrem

TAPENTADOL
- Nucynta CR

TETRAHYDROCANNABINOL (and all derivatives of Cannabis including synthetic preparations)
- Marinol
- Sativex

TRAMADOL
- Tridural
- Zytram XL
- Tramacet

REVISION: March 2022

***Please note that lisdexamfetamine (Vyvanse®), methylphenidate OROS (Concerta®), methylphenidate MLR (Biphentin®) and methylphenidate ER (Foquest®) are no longer on the M3P Drug List.**

Practice Direction

Electronic Transmission of Prescriptions

DRAFT

Initial Approval: **Effective Date:**

Practice Directions set out requirements related to specific aspects of the practice of medicine. Practice Directions are used to enhance, explain, or guide registrants with respect to the subject matter relevant to the practice of medicine. Practice Directions provide more detailed information than contained in *The Regulated Health Professions Act*, Regulations, Bylaws, and Standards of Practice issued by CPSM. All registrants must comply with Practice Directions, per s. 86 of *The Regulated Health Professions Act.*

This Practice Direction is made under the authority of s. 85 of the RHPA and represents requirements of CPSM registrants in so far as appropriate.

This joint Practice Direction is the result of Interprofessional Collaboration between:

- College of Pharmacists of Manitoba (CPhM),
- College of Physicians and Surgeons of Manitoba (CPSM),
- College of Registered Nurses of Manitoba (CRNM),
- The Manitoba Dental Association (MDA), and
- The Manitoba Veterinary Medical Association (MVMA).

Purpose

To better serve all patient populations (urban, rural, and remote) and to leverage the benefits of modern technology, the electronic transmission of prescriptions is necessary to ensure timely access to care. The purpose of this *Practice Direction* is to outline the minimum practice expectations for health professionals whose scope of practice includes prescribing. The Practice Direction clarifies the expectations of safeguards for electronic transmission of prescriptions.

1. Definition and Application

"Electronic transmission " is the communication of an original prescription or refill authorization by electronic means, to include computer-to-facsimile machine[1], facsimile machine to facsimile machine, facsimile machine to computer, or via a closed e-prescribing system[2] which contains the same information it contained when the authorized prescriber transmitted it but does not include verbally transmitted prescriptions or prescriptions transmitted by email at this time.

This joint Practice Direction applies to all medications prescribed for outpatients and persons receiving care in an ambulatory community practice.

[1] For instance, a prescription sent by Accuro is converted into a fax and sent to the pharmacy's fax machine.
[2] For example the PrescribeIT prescribing system

The Manitoba Prescribing Practices Program (M3P) will supersede this process when the drug being prescribed is covered under the M3P Program. Prescribers should refer to their respective regulatory body for further guidance[3].

2. Electronic Transmission of Prescriptions

2.1. Principles

2.1.1. In consideration of patient safety and to minimize the risks associated with drug diversion, prescribers and pharmacists must adhere to the following principles:

2.1.1.a. the process must maintain confidentiality.[4] It must do so by either facsimile or closed e-prescribing system. Prescribers and pharmacists are jointly responsible for maintaining the confidential nature of electronic transmission.

2.1.1.b. the accuracy and authenticity of the prescription must be able to be validated.[5]

2.1.1.c. the process must incorporate mechanisms to decrease prescription forgery risk, and minimize the prescription being transmitted to more than one pharmacy; and

2.1.1.d. the patient's choice of pharmacy must be protected, taking into consideration the treatment plan and drug availability.

2.2 Shared Responsibility

2.2.1. To facilitate congruence with the above principles, prescribers and pharmacists have the following responsibilities

2.2.1.a. the prescriber must ensure the prescription is transmitted directly to the pharmacist in a clear, unambiguous manner and the mode of transmission is secure and maintains confidentiality; and

2.2.1.b. the pharmacist must only accept a prescription once satisfied that it came directly from someone who has the authority to prescribe, and the prescription is appropriate for the patient. A pharmacist is also responsible for verifying a prescriber's written and/or electronic signature if it is unknown to the pharmacist.

2.2.1.c. both prescribers and pharmacists must ensure that prescribing is done in accordance with each profession's scope of practice (as outlined by their regulatory body).

2.3. Safeguards

2.3.1. The following additional safeguards apply to electronic prescriptions:

2.3.1.a. All prescriptions transmitted electronically (except veterinary prescriptions) must be entered into the Drug Program Information Network (DPIN) to enhance patient care and safety, and to restrict opportunities for potential

[3] CPSM Standard of Practice Prescribing Requirements, CRNM xx, CPhM xx, MVMA xx, DVA xx

[4]. Veterinary prescriptions are exempt from the confidentiality requirement.

prescription fraud.[6]

2.3.1.b. After transmission, the prescriber must ensure that the original prescription is invalidated to ensure it is not transmitted elsewhere at another time. A prescription record must be retained in accordance with the prescriber's regulatory body.

2.3.1.c. Pharmacists must ensure the electronic and facsimile equipment at the pharmacy is under the control of the pharmacist so the transmission is received and only handled by staff in the dispensary in a manner which protects the patient's privacy and confidentiality.[7] Prescriptions, including any relevant prescription information received by electronic transmission must be appropriately filed by the pharmacist in accordance with CPhM's record keeping requirements.

3. Content of Electronic Prescriptions

3.1. The prescription must be legible and must include the following information:

3.1.1. The prescriber's printed name, signature, practice address, and Registration number.

3.1.2. The patient's name and either date of birth or Personal Health Information Number (PHIN) (For M3P drugs, also include patient's address and date of birth); [8]

3.1.3. The name of the drug;

3.1.4. The drug strength, quantity, and formulation (tablet, liquid, patch);

3.1.5. The dose and directions for use;

3.1.6. For new and off-label prescriptions- one of diagnosis and/or clinical indication and/or treatment goal- to be further discussed[9]

3.1.7. The full date the prescription was issued (day, month, and year);

3.1.8. The total quantity and interval between part-fills must be specified for:

3.1.8.1. Any medication on the M3P drug list

3.1.8.2. Any medication classified federally as narcotic or a controlled substance. Refer to the appendix for a complete listing of these medications

3.1.9. For all other medications- Refill instructions must be specified;

3.1.10. The time and date of prescription transmission;

3.1.11. The name and address of the one pharmacy intended to receive the prescription;

3.1.12. Method to contact the prescriber – telephone number, email address, or facsimile number.

3.1.13. Signed certification that:

3.1.13.1. the prescription represents the original of the prescription drug order,

[6] Should a patient refuse a drug that falls under the Controlled Drugs and Substance Act (CDSA) be entered into DPIN under their PHIN (or if they do not have a Manitoba PHIN), a pharmacist must directly confirm prescription authenticity with the prescriber. Such drugs would include opioids, controlled medications, benzodiazepines, and targeted substances.

[7] For greater clarity, dedicated pharmacy electronic and/or facsimile equipment must not be accessed by individuals who are not authorized pharmacy staff.

[8] Veterinary prescriptions are exempt from PHIN and date of birth

[9] Practitioners of dentistry and veterinary medicine are exempt from this requirement.

3.1.13.2. the addressee is the only intended recipient and there are no others, and

3.1.13.3. the original prescription will be invalidated, securely filed, and not transmitted elsewhere at another time.

3.2. Prescribers **must** use their professional judgment to determine whether it is necessary to include any additional information on the prescription (eg., the patient's weight or date of birth where this information would affect dosage).

3.3. If the prescriber is a CPSM associate registrant (Resident, Physician Assistant, Clinical Assistant), a prescription must also include:

3.3.1. Their Designation (e.g., PA or Cl.A)

3.3.2. Treatment goal and/or diagnosis and/or clinical indication

3.3.3. The name of the supervising physician

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Dear CPSM Council,

The College of Pharmacists of Manitoba (CPhM) is appreciative of the opportunity to provide input on including a clinical indication and/or treatment goal and/or diagnosis on prescriptions. CPhM is aware that the CPSM Council is presently looking at adding this requirement to prescriptions designated as "new" or "off-label" and recognizes there may be administrative burdens and time considerations to implementation.

The recommendation to provide an indication on prescriptions is not new and, as such, there is published research to support it. With patient safety at the forefront of the discussion, it would be prudent to look to the Institute for Safe Medication Practices (ISMP) first. ISMP published an article based upon the July 28, 2016, issue of *The New England Journal of Medicine* which discusses the benefits of indication-based prescribing. Of great benefit is a decrease in medication errors because medication choices, dosage forms, and dosing regimens are narrowed by providing the indication. For example, if by error, a prescriber writes/selects hydroxyzine instead of hydralazine, that error would be caught right away by the pharmacist if an indication is present. The indication also helps to empower and educate patients to improve adherence. Patients are not always aware why a medication was prescribed, which can lead to delays in care due to confusion and refusal to take the medication. For example, there are reports in which patients with head and neck pain were angry with their physicians after learning that a medication prescribed to them was an antidepressant. Neither the patients nor the pharmacists were aware that the drug had been prescribed to treat neuropathic pain. Had the pharmacist been aware of the indication, that information could have been provided to the patient and prevented the misunderstanding. Full details and further benefits discussed within the article can be found on the ISMP website here.

A systematic review "Documenting the indication for antimicrobial prescribing: a scoping review", published in 2022, looked at indications on antibiotic prescriptions and concluded that "emerging evidence demonstrates that antimicrobial indication documentation is associated with improved prescribing and patient outcomes both in community and hospital settings." The article can be found here.

While including the indication on a prescription improves patient safety, it is also helpful to pharmacists for many reasons. Pharmacists are required by legislation to verify the appropriateness of drug therapy for all prescriptions, which would include ensuring the medication and dose is appropriate for the patient and the condition being treated. Part of a pharmacist's role is to verify that the patient is not being under/overdosed for their condition and that the medication selected is appropriate. Counselling from a pharmacist is often the last interaction that a patient will have with a health care provider prior to taking a medication. It's important that pharmacists have as much information as possible for that discussion/counselling

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session to help the patient understand the medication and address any concerns/questions to improve patient safety and outcomes. Without an indication, this leaves pharmacists guessing as to what condition is being treated and having to verify that information with the patient. This becomes difficult if the patient is unaware or unable to provide that information and may lead to delays while the pharmacist verifies the appropriateness of the prescription. In just one example (Figure 1), drug doses can vary for initial, titration, and maximum doses based upon condition. With indications being provided on the prescription, a pharmacist will be able to assess appropriateness of the dose for the condition upon receipt of the prescription and address concerns without delay. This will also reduce time spent communicating back and forth between the pharmacist and patient/physician to assess if the dose is appropriate for the patient's diagnosis. Thus, the initial administrative burden will likely reduce both the physician's and pharmacist's time during dispensing.

Figure 1: *Compendium of Pharmaceuticals and Specialties, 2018*

Table 3: Dose in Adult Patients

Drug	Indication	Initial Dose	Dose Titration	Usual Dose	Usual Maximum Dose
Amitriptyline	Depression	25–50 mg/day PO in single or divided doses	Increase dose every 3–5 days, as needed/tolerated	75–200 mg/day PO Once therapeutic dose established, can be given as a single daily dose at HS	300 mg/day PO
	Abdominal pain in patients with irritable bowel syndrome (not a Health Canada–approved use)	25 mg QHS PO	Increase by 10–25 mg daily PO at weekly intervals, as needed/tolerated	25–100 mg QHS PO	100 mg/day PO
	Chronic peripheral neuropathic pain (not a Health Canada–approved use)	10–25 mg QHS PO	Increase by 10–25 mg daily PO at weekly intervals, as needed/tolerated	50–150 mg QHS PO	150 mg/day PO
	Fibromyalgia (not a Health Canada–approved use)	5 mg 2–3 h before bedtime PO	Increase as needed/tolerated every 2–3 wk	5–50 mg 2–3 h before bedtime PO	50 mg/day PO
	Migraine prophylaxis (not a Health Canada–approved use)	10–25 mg QHS PO	Increase by 10 mg/day PO every 1–2 wk, as needed/tolerated	20–40 mg QHS PO Continue for several months then gradually discontinue, to assess ongoing need	150 mg/day PO

Also, if a drug needs to be changed (e.g., drug shortage, interaction, cost concerns) and the indication is known, pharmacists will be able to better help physicians select another medication as they can advise on appropriate alternatives based upon what is available and covered by third-party payors, if that's a concern.

CPhM was made aware of some concerns the CPSM Council had, specifically related to how prescriptions would be managed should the indication be missing or determined too vague, and if this would lead to delays in patient access to medication. Currently in Manitoba, all prescriptions by pharmacists, registered nurses, medical residents, podiatrists, and physician assistants/clinical assistants require a treatment goal and/or diagnosis and/or clinical indication. Having this requirement on prescriptions would not be a new concept to pharmacists. Pharmacists will continue to act in the best interests of the patient and use their professional judgement when

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prescriptions are missing content, which may include dispensing a prescription without an indication noted and confirming with the prescriber afterwards.

Pharmacists are a self-regulating profession and are upheld to high standards. We have an ethical obligation to ensure each patient receives evidence-informed, person-centred care. As such, pharmacists are accountable for their actions and subject to disciplinary action should it be found they were practicing in a way that is inconsistent with the *Pharmaceutical Act*, its regulations, and subsequent practice directions. Any complaint matter, especially those resulting in direct adverse patient outcomes, that are brought to CPhM's attention will be dealt with accordingly.

While CPhM understands the rationale on requiring an indication only on "new" or "off-label" prescriptions, there are some operational difficulties that may lead to confusion on the part of the prescriber and pharmacist. For example, what reference (e.g., drug monograph or other) will determine "off-label" status? What will determine "new"? Is it if the patient has never had the medication before or is it if a certain amount of time has lapsed since they have last been on it (e.g., antibiotics)? What if the patient had been on the medication in the past but for a different indication? A definition of each would be required to provide clarity. This may require more time by the physician verifying whether the prescription needs an indication or not. If a patient attends a new community pharmacy, most pharmacists will not have access to a patient's medication history beyond what is provided in that patient's DPIN record (six months), which does not show what pharmacy the patient received the medication at. This may mean more time spent by the physician and pharmacist communicating to determine whether the prescription is considered "new" or "off-label" and thus an indication required. If CPSM Council chooses to continue with this option, we would also ask that they also consider the inclusion of high-alert medications, where dosing errors could cause significant patient harm.

Interprofessional collaboration has been shown to improve patient outcomes. All healthcare professionals involved in a patient's care should be working together as a team in order to provide the best care possible. Community pharmacists are the most accessible and frequently visited members of the healthcare team and as such they are well positioned to discuss and inform other members of the healthcare team of updates or concerns about their patients. With physicians providing an indication to pharmacists, they are then able to better aid in the care of that patient and have more comprehensive conversations with patients and physicians. CPhM recognizes that there may be uncertainty from physicians with this change, however we believe that the addition of indications on prescriptions would lead to enhanced and beneficial collaboration between physicians and pharmacists, thus improving patient care and outcomes.

CPSM Council had proposed that instead of *requiring* an indication, would it be acceptable to instead *recommend* physicians provide it. While recommending the inclusion of a clinical

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indication on the prescription would be of value, CPhM is concerned that uptake on the recommendation will be low. While we understand that there are challenges to the incorporation of indications into the medication prescribing process, we believe that the benefits exceed these barriers. As health care regulators, we are responsible for ensuring and promoting patient safety practices. We believe that including the indication on all prescriptions would be in the best interest of all patients and therefore respectfully ask the CPSM Council consider including an indication on all prescriptions.

Sincerely,

Kevin Hamilton, BSP, MSc.
Registrar & Chief Executive Office

COUNCIL MEETING
JUNE 28, 2023
NOTICE OF MOTION FOR APPROVAL

SUBJECT: **Standard of Practice - Research**

RECOMMENDATION:

It is recommended that Council approve for consultation amendments to the Standard of Practice on Research to replace the approval of research by CPSM with approval of research by a Research Ethics Board in compliance with the Tri-Council Group.

BACKGROUND:

CPSM has a Standard of Practice on Research. One of the provisions is that the research project must be approved by a Canadian University or a regulator. In Manitoba, there is only one approval body – Bannatyne Research Ethics Board (BREB) at the University of Manitoba. CPSM does not have the capacity or competency to act as a Research Ethics Board (REB).

A registrant requested CPSM amended the Standard of Practice so that research can be approved by a REB in compliance with the Tri-Council Working Group – Medical Research Council (MRC), Natural Sciences and Engineering Council (NSERC) and the Social Sciences and Humanities Research Council (SSHRC) final report.

The registrant asserts delays in approving clinical trials through the University of Manitoba resulted in Manitobans being excluded from competitive environment clinical trials due to the time sensitivity in getting the trials started. These clinical trials are often multi-jurisdictional/multi-national and can receive REB approval in other jurisdictions in a matter of one to two weeks while in Manitoba it takes 2 to 6 months.

The table below is provided by the registrant comparing the time it took their research site to obtain ethics approval using BREB, to research sites using other approved REBs for the same studies:

	# days between site ethics submission & approval	
	BREB	REB Average
Study 1 (atopic dermatitis)	143	14
Study 2 (psoriasis)	60	5
Study 3 (alopecia areata)	88	16
Study 4 (hidradenitis suppurativa)	38	8
Study 5 (hidradenitis suppurativa)	112	9

A May 30,2023, *Joint Task Force to Reduce Administrative Burdens on Physicians – Progress Report #1 Measuring the Burden* prepared by the Government of Manitoba and Doctors Manitoba states:

> "For physician researchers, the university and Shared Health research review processes were described as overly complicated with an opportunity to reduce duplication and streamline."

Some other Colleges permit approval by Research Ethics Boards that are not part of the University and may be at the health authorities, hospitals, Research Institutes, Public Health (Nova Scotia and Ontario). Other Colleges only permit approval at the University (Saskatchewan and British Columbia). Attached is a jurisdictional survey.

None of the colleges authorizes research on its own, with the reason being they are not knowledgeable in this area.

In Canada, industry-sponsored clinical trials are typically conducted under a REB. There are a number of REBs in operation that meet Health Canada's requirements for oversight for a clinical trial.

The process of enrolment of patients into many clinical trials is competitive. This means the spots are filled on a first patient qualified for the study, first patient enrolled in the study. Spots are not held for research sites or their patients. Most clinical trials take place across many different clinical trial/research sites in many different countries. When a clinical trial enrolls the number of patients planned for in the protocol, the trial closes to further enrollment and no further patients are allowed into the study. There are often very few, and sometimes no spots left in the clinical trial by the time Manitoba researchers are ready to enroll; leaving patients without an opportunity to participate.

It is recommended the Standard of Practice on Research be altered by deleting the approval of research by CPSM and adding the approval of research by a Research Ethics Board in compliance with the Tri-Council Group.

1. Participation in Research

1.1. If asked, a member who provides treatment in any area of medicine with less well proven efficacy must participate in the collection of information that can be appraised qualitatively and quantitatively, so that new knowledge is created, to be shared with and critically appraised by the profession.

1.2. A procedure or therapy which has not been proven to be reliable, reproducible and with benefits that outweigh its risks, may be offered by a member as part of an approved research project, provided that:

1.2.1. participating patients must provide informed consent;
1.2.2. no fee is assessed to the patient;
1.2.3. the patient is not asked to contribute to the research costs;
1.2.4. the research project has been approved by:
1.2.4.i. a committee established by a Canadian University; or
~~1.2.4.ii. a Canadian Medical Regulatory Authority~~
1.2.4.ii a Research Ethics Board in compliance with the Code of Conduct for Research Involving Humans Final Report of the Tri-Council Working Group – Medical Research Council (MRC), Natural Sciences and Engineering Council (NSERC) and the Social Sciences and Humanities Research Council (SSHRC), 1997 (as amended).

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 COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 28, 2023, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves the attached draft Standard of Practice – Research to be distributed to the public, stakeholders, and registrants for consultation.

Standard of Practice

Research

DRAFT

Initial Approval: January 1, 2019 **Effective Date: January 1, 2019**

Standards of Practice of Medicine set out the requirements related to specific aspects for the quality of the practice of medicine. Standards of Practice of Medicine provide more detailed information than contained in the *Regulated Health Professions Act*, Regulations, and Bylaws. All registrants must comply with Standards of Practice of Medicine, per section 86 of the *Regulated Health Professions Act*.

This Standard of Practice of Medicine is made under the authority of section 82 of the *Regulated Health Professions Act* and section 15 of the CPSM Standards of Practice Regulation.

1. Participation in Research

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1.2. A procedure or therapy which has not been proven to be reliable, reproducible and with benefits that outweigh its risks, may be offered by a registrant as part of an approved research project, provided that:

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1.2.4.i. a committee established by a Canadian University; or

1.2.4.ii. ~~a Canadian Medical Regulatory Authority~~a Research Ethics Board in compliance with the Code of Conduct for Research Involving Humans Final Report of the Tri-Council Working Group – Medical Research Council (MRC), Natural Sciences and Engineering Council (NSERC) and the Social Sciences and Humanities Research Council (SSHRC), 1997 (as amended).

Province	Response/Comments
AB	Do you only allow a University Research Ethics Board to approve? Any research that is conducted by CPSA in-house (e.g. by our Research & Evaluation Unit) goes through the University of Alberta research ethics board, because myself and Dr. Nigel Ashworth both hold appointments to the U of A and we are both Principal Investigators (PIs) on these projects. That being said, if we are collaborating with an external researcher (e.g. from the University of Calgary), the approval may be through another board. We typically only use the U of A and U of C research ethics boards in our work, but that doesn't mean we can't go through other research boards. OR If other REBs are adequate, which ones do you use? I've attached a pdf that shows which board(s) should be applied to, based on the type of research. There is also a handy tool from Alberta Innovates which can guide researchers through the process of whether or not they require ethics approvals for their project: https://albertainnovates.ca/programs/arecci/ Does University Faculty have to use the University REB? This is the case when the University Faculty/affiliate is the PI and the work they are doing is tied to their position in the University, but not necessary when they are a collaborator/co-investigator. For example if CPSA was leading a study where I was the PI, we would go through the University of Alberta research ethics board; but if the PI was a community researcher that project would likely go through the Community Health Committee (see PDF). For community researchers is the process different? If so how? As above and detailed in the PDF attached. You can also visit the Alberta Clinical Research Consortium https://albertainnovates.ca/programs/alberta-clinical-research-consortium-acrc/ for more information on clinical trials and research being conducted in Alberta.
BC	We only point to the CMA code of ethics and professionalism sec 9. Ensure that any research to which you contribute is approved by a research ethics board that adheres to current standards of practice. We do not have a standard otherwise. The REBs are usually UBC based and or health authority based, but there are others that are more entrepreneurial based. Can't say that this is a big area of complaints.
NL	CSPNL does not have a SoP re this. We would also refer to the CMA code of ethics and professionalism, and that any research is approved by a research ethics board that adheres to current standards of practice.

Nova Scotia	**Professional Standards Regarding Commercial and Ethical Aspects of Research** **Preamble** The College seeks to ensure that all medical research conducted by physicians is safe for patients and conducted with appropriate ethical rigour. The College endorses the medical research approval policies of the Nova Scotia Health Authority Research and Ethics Board, the IWK Health Sciences Centre and the Dalhousie University Health Sciences Research Ethics Board. **Professional Standards** 1. Physicians must only participate in medical research approved by the: • Nova Scotia Health Authority Research Ethics Board; • IWK Research Ethics Board; or • Dalhousie University Health Sciences Research Ethics Board; or • An ethics board that complies with relevant national guidelines including the Good Clinical Practice Standards and Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans. 2. When recruiting or enlisting patients for a medical research study, physicians must disclose any financial interest or benefit they receive for the medical research. 3. Physicians must not be listed as an author of medical research unless they played an active role in the authoring, conducting or overseeing of the medical research.
Nunavut	We have not had any clinical trails in Nunavut. All research projects must be approved by the Nunavut research Institute before a research license would be issued .
ON	Nancy forwarded your question to the Policy Department for a response. I'm a Policy Analyst under Craig Roxborough's (Policy Director) team, leading our review of the *Physicians' Relationships with Industry* policy. In the current policy, we don't specify the type of research ethics board approval needed:

	21. Physicians **must** only participate in industry-sponsored research that is ethically defensible, scientifically valid, and that complies with relevant national guidelines, including the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (TCPS-2).[12,13] 22. Physicians **must** only participate in research involving human participants, including post-marketing surveillance studies (phase IV clinical research), that has the approval of a research ethics board (REB). This applies equally to research that only involves the use of personal health information [PHI].[14] We refer to the TCPS-2 (and continue to do so in the draft version of the policy being updated) and would expect the REBs to comply with that standard.
PEI	In PEI, without a medical school, any trials are approved through a Provincial REB. This applies to all research by physicians and including our Fam Med Residents.
SK	We used to have a committee to perform the service for physicians when Dr. Kendel was here years ago. It all goes to the University Ethics Board as far as I know. We have an ethicist with the SHA accessible for physicians, for clinical concerns but I am not aware of any other choice for research but the University Ethics Board. I know that they are slow so there is a lot of discontent with timelines.
Yukon	As far as I am aware of, any medical research being done in the Yukon is linked to a Southern University usually UBC, so it would be their REB process.
NT	NT does not have a SOP for this either however, our legislation requires that any person who wishes to conduct clinical research within the NT to apply for a medical research permit and in doing so must indicate the nature of the medical research to be conducted; state the place or places in which the research will be conducted; and state the period of time for which the permit is desired. The Medical Registration Committee has the discretion to approve the permit request and may ask that the research proposal first be authorized by an ethics committee at a NWT research institute.

THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

COUNCIL MEETING
JUNE 28, 2023
BRIEFING NOTE

SUBJECT: Performance Metrics Reporting Template

BACKGROUND:

CPSM management staff are currently gathering and consolidating the performance metrics that will populate the performance reporting template. The template will be provided to Council as soon as possible prior to the Council meeting of June 28, 2023.

Performance metrics reporting will be using the following template and will include metrics for the following areas;

1. Complaints & Investigations
2. Quality
    - Physician Health
    - Quality Improvement Program (QIP)
    - Audits & Monitoring
    - Prescribing Practices Program (PPP)
    - Manitoba Quality Assurance Program (MANQAP) & Non-Hospital Medical Surgical Facilities (NHMSF)
3. Corporate
    - Information Technology
    - Finance
    - Communications
    - Human Resources

Performance Indicators – Physician Health

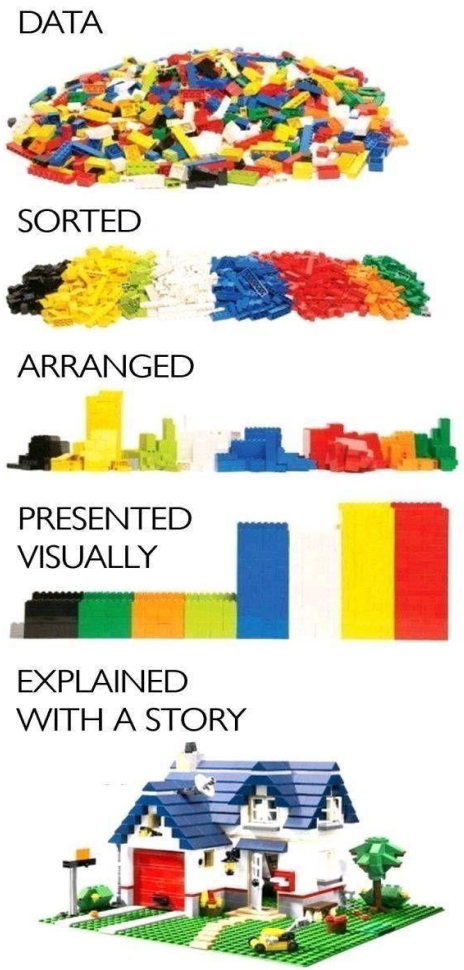
KPI	Related goal/objective	Target in 2023/24	Baseline (last year)	Actual as of	Actual as of	
# of referrals coming from registrants about self/colleagues to the PHP	Increase self referrals from registrants	50% of all referrals are generated from registrant self referrals	41% (77 referrals in total)			
Response Time (initial contact) for urgent referrals	Timely response to new referrals of an urgent nature supports CPSM's mandate to protect the public	90% same business day	NA			

The College of Physicians & Surgeons of Manitoba

CPSM PERFORMANCE METRICS 2023-24

Performance Metrics Journey

CPSM has begun the journey that started with data and is now proceeding to the sorting and arranging phase. In the following slides CPSM is showing its initial performance metrics scorecards. The goal is to move to Key Performance Metrics.



Strategic Priorities

Goal: Develop, implement and track progress on the following objectives

Objectives:

1. Prescribing Rules Review
2. Truth and Reconciliation
3. Quality of Care “rebranding” of CPSM
4. Establish Performance Metrics
5. Review of Standards of Practice/PD/Bylaws/Policies

These are all reported through the Registrars report currently

Performance Metrics - Reporting

The following performance metrics reporting scorecards follow

1. **Complaints and Investigations**
2. **Registration (additional metrics under development)**
3. **Quality**
   - **Audits & Monitoring**
   - **Physician Health**
   - **Quality Improvement Program**
   - **Prescribing Practices Program**
   - **Accreditation Programs**

Performance Metrics (continued)

4. **Finance**
5. **Information Technology**
6. **Human Resources**
7. **Communications**

Scorecards also indicate where the performance metric links to the HIROC Risk Registry (FIRMS)

Performance Indicators – Complaints and Investigation

KPI	Related goal/objective	Target in 2023/24	Baseline (last year)	FIRMS	
Complaints screened are completed within 4 business days	Investigation matters are concluded within timelines	All complaints screened within 4 days Red flag cases with 24 hours	Not currently captured	Adopt a standardized investigation process including a triage mechanism to prioritize complaints	
Complaint reviews are Completed within 120 days	Investigation matters are concluded within timelines	50% of cases are completed within 120 days	45% of cases completed within 120 days	Monitoring and measuring performance & case management system	
Complainants are contacted and connected through the process	Ensure our processes are helpful, respectful and culturally appropriate	Complainants and Registrants are contacted within 14 days	Not currently captured	Monitoring and measuring performance & case managment	

Performance Indicators – Complaints & Investigations

KPI	Related goal/objective	Target in 2023/24	Baseline (last year)	FIRMS	
% of Complaints resolved through alternative means	CPSM processes are appropriate and respectful	5%	1.3%	Case management system	
% of Complaints that request referral to Investigations	CPSM is effective and efficient	10% or less	16.9%	Case management system	
Time to Investigative action taken for serious allegations	Protection of the Public	Investigative action taken on serious allegations within 3 days	Not currently measured	Monitor Performance and adherence	

Performance Indicator - Inquiries

KPI	Related goal/objective	Target in 2023/24	Baseline (last year)	FIRMS	● ● ●
# of Inquiries overturned by Court of Kings Bench	Inquiry matters are appropriate, and the process is effective	0	0	Reliable Complaints and Resolution Process	

Performance Indicators - Registration

KPI	Related goal/objective	Target in 2023/24	Baseline (last year)	FIRMS	
Support National Registry Initiatives	Implement project initiatives required to support the National Registry	Complete the National Registry Project by March 2024	NA	Adopt standardized registration and licensure policies that address; requirements, source verification, approval processes, and triggers for reconsideration	
Annual Fairness commissioner Review	Protection of the public through regulatory compliance	Implement Fairness Commissioner recommendations by year end		Monitor performance with regulatory compliance	
Process Metrics – Application turn around times		Length of time to process applications	Under development	Monitoring & measuring performance	

Performance Indicators – Audits & Monitoring

KPI	Related goal/objective	Target in 2023-24	Baseline (last year)	FIRMS	● ● ●
Registrants will demonstrate a measurable improvement on follow-up assessments*	Demonstrating measurable change after interventions is a powerful indictor of the effectiveness of CPSM's ability to self regulate, act in the public interest and improve care for patients	50% of registrants will demonstrate a measurable improvement for Category 3 and 4 audits	Not currently measure	Monitor and respond to physician compliance with quality improvements	
Audits will be performed a timely and predictable manner	Registrants typically find engaging with CPSM audits as stressful. Having a timely and predictable process can reduce stress & improve registrant engagement.	80% of audits will be completed with 30 days	Not currently measured	Monitor and measure	

*KPI applies to these two categories;
Category 3 – Negotiated improvement plan and follow-up audit
Category 4 – Educational undertaking

Performance Indicators – Physician Health

KPI	Related goal/objective	Target in 2023/24	Baseline (last year)	FIRMS	● ● ●
# of referrals coming from registrants about self/colleagues to the PHP	Increase self referrals from registrants	50% of all referrals are generated from registrant self referrals	41% (77 referrals in total)	TBD	
Response Time (initial contact) for urgent referrals	Timely response to new referrals of an urgent nature supports CPSM's mandate to protect the public	90% same business day	NA	Measuring and Monitoring	

Performance Indicators– Quality Improvement Program

KPI	Related goal/objective	Target in 2023/24	Baseline (last year)	FIRMS	● ● ●
CPSM will complete reviews of 95% of all applicable registrants by the end of the seven year cycle (December 2025)	Supervising the practice of medicine is critical to CPSM's self regulatory duty and is a legislated requirement	Complete 19% of registrants per annum for the remaining three years	42% of CPSM's registrants have completed the program (1056/2529)	Adopt a standardized physician practice/ performance assessment framework	
QI process will be completed within targeted timelines 90% of the time for Category I(30 days), II (90 days)& III (240 days)	CPSM has a duty to supervise the practice of medicine and ensure the competence of its registrants in the interest of patient safety.	90% completion for Category 1. - 30 days Category 2 – 90 days Category 3 – 240 days	NA	Monitoring and measuring	

Performance Indicators Prescribing Practices Program

KPI	Related goal/objective	Target in 2023-24	Baseline (last year)	FIRMS	● ● ●
PPP will respond in a timely way to general prescribing advice inquiries.	Providing advice in a timely manner for prescribing opioids, benzo's, OAT and methadone provide impactful support for safe patient care	PPP will respond to general prescribing advice inquiries within; 60% -1 business day 90% - 2 business days	Not currently measured	NA	
Medical Examiner cases that identify serious prescribing concerns will be completed within 90 days	Timely completion of case reviews are paramount for high-impact regulation	75% of cases with serious prescribing concerns will be completed within 90 days	Not currently tracked	NA	

Performance Indicators– Accreditation Programs

KPI	Related goal/objective	Target in 2023-24	Baseline	FIRMS	● ● ●
MANQAP will inspect the required number of facilities to be in compliance with the Manitoba Health contract & will ensure all required NHMS facilities are inspected	Protecting the public and contract compliance	90% of inspections in both lab & diagnostics as well as NHMSF will be completed by the end of 2023-24 fiscal year		Monitoring and measuring	
Non-emergent Adverse Patient Outcomes (APO's) reports and briefing to the Program review committee will occur within 14 days	Monitoring APO's is a requirement for ongoing patient safety (CPSM Accredited Facilities By-Law). Core function of the accreditation role in protecting the public and ensuring public safety	90% - reviews will be completed within 14 days of the receipt of the complete APO file	Not currently measured	Monitoring and measuring	

Performance Indicators - Finance

KPI	Related goal/objective	Target in 2023/24	Baseline	FIRMS	
CPSM will maintain adequate reserves	Ensure the College is appropriately resourced to effectively achieve its mandate	• Debt to Equity ratio <1 • Total Reserves at 70% of annual operating expenses	• Debt to Equity ratio of 0.7 • Reserves @ 66% of annual operating expenses	Transparent reserve policies	●
CPSM will achieve a balanced budget	Ensure CPSM is financially stable and able to sustain the activities and objectives as set out by CPSM's mandate	Achieve a balanced budget by 2025/26		Monitoring and measuring financial performance	

Performance Indicators - IT

KPI	Related goal/objective	Target in 2023/24	Baseline	FIRMS	● ● ●
CPSM's technology and information is protected from both external and internal loss/destruction	Protect the public, our Registrants and the reputation of CPSM	Improve CPSM's Center for Internet Security Score to 45% or 2.25/5	28% or 1.4/5	Adopt an enterprise wide cyber security policy and monitoring system	●
Information Systems are considered highly reliable and available	Maintain high network availability/uptime	>TBD	TBD	Implement formal strategies to ensure information and business systems support the organizations functions	●

Performance Indicators - IT

KPI	Related goal/objective	Target in 2023/24	Baseline	FIRMS	● ● ●
High IT Accountability and satisfaction	Implement project documentation, prioritization scores and tracking for all IT projects	Full implementation of projecting tracking and reporting in 2023/24	NA	Monitoring & measuring	●
High IT responsiveness	Effective issue tracking, management and reporting	Triage all IT issues within 1 business days of receipt	Not currently tracked	Monitoring & Measuring, reliable IT and infrastructure	●

Performance Indicators - Human Resources

KPI	Related goal/objective	Target in 2023/24	Baseline (last year)	FIRMS	
Employee satisfaction and engagement with CPSM priorities	CPSM employees high levels of job satisfaction and are engaged in the delivery of the CPSM mandate	Conduct survey of CPSM staff and report on findings.	NA	Monitoring and measuring	
Retention of staff	CPSM retains its valuable staff in order to delivery on its mandate	• Average Length of Service • # of Employees resigning from CPSM other than retirement	Avg LOS – 8 years Resignations – 0	Human Resource planning	
Employees are productive	CPSM employees are available to deliver on the goals and objectives of CPSM	Establish absenteeism benchmark	Average of 6.6 days lost to sick time or approximately 1.3 EFT	Monitoring of human resource performance	

Performance Indicators - Communications

KPI	Related goal/objective	Target in 2023/24	Baseline (last year)	Actual to-date	FIRMS	
Increase positive sentiment score in media coverage by 20%	Improve public perception of CPSM.	Increase positive associations of CPSM in media coverage through improved sentiment score.	Media coverage sentiment scores as of December 31, 2021: Negative – 8.1% Positive – 3.8% Neutral – 88.1%	Current sentiment scores as of Nov 2022: Negative 5.6% Positive 22.5% Neutral 71.9%	Leadership – transparency and disclosure Measuring and Monitoring	●
# of educational opportunities executed	Educate the public on CPSM's role to protect the public and how that is accomplished through three core functions.	Launch public awareness campaign.	n/a	Plan developed and initiated as of Nov 2022.	Leadership – training/transparency	●
# of engagement targets met	Boost engagement from the public and registrants.	- Host 4 webinars and/or lead other opportunities to engage the public or registrants. - Assess engagement metrics.	One webinar (for registrants) was hosted in 2022.	Two activities are planned between now and fiscal year-end (April 30, 2023).	Leadership – training and transparency	●

The goal is to start measuring what seems important (using existing data and tools available), reflect on what information that data provides, and use it to make changes and improve where possible. Or is some cases stop measuring and explore new measurements.

COUNCIL MEETING
MARCH 22, 2023
BRIEFING NOTE

SUBJECT: Physician Health Program Presentation

RECOMMENDATION:

That Council receive this presentation, which will be provided at the meeting, for information.

KEY MESSAGE:

The Physician Health Program is an important part of CPSM's Department of Quality. Their work is to help the increasing numbers of registrants who are struggling with acute or chronic health issues and support the CPSM mandate to protect the public and supervise the practice of medicine.

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

Registrants have the same physical and mental health issues as the general population. However, there has been a culture of silence which has hindered registrants seeking help. Registrants practice in a high stress, high risk profession. If registrants are addressing their physical and mental health issues alone and in silence, there is a significant risk to patients who are relying upon them for professional services. Providing a safe, confidential and non-disciplinary structured program to help registrants address their health issues reduces the risk to patients who are relying upon registrants for medical services. Enabling registrants to address their health issues also assists them to remain practicing which they might otherwise have to leave if their health issues are not addressed.

COUNCIL MEETING
JUNE 28, 2023
BRIEFING NOTE

SUBJECT: CPSM Strategic Organizational Priorities

RECOMMENDATION:

That Council receive this status update on Strategic Organizational Priorities for discussion.

KEY MESSAGE:

A high-level status update of the six 2022/23 Strategic Organizational Priorities is attached.

Greater details for the priorities are found:

- Prescribing Rules Review (Agenda Item 6)
- Truth & Reconciliation – Addressing Anti-Indigenous Racism by Medical Practitioners (Attached)
- Episodic Visits, House Calls, Walk-In Primary Care – Standard of Practice (Approved at September 2022 Council Meeting)
- Quality of Care as Identity of CPSM (see Registrar Deliverables, Agenda Item 12)
- Performance Metrics Creation (see Agenda Item 8)
- Review of Standard of Practice/Practice Directions/Bylaws/Policies (4 Attachments)

BACKGROUND:

Council established the above six Strategic Organizational Priorities for CPSM for 2022/23.

At the March 2023 Council Meeting Standard of Practice Collaborative Care was added to the list of Strategic Organizational Priorities.

Prior to the establishment of the Strategic Organizational Priorities a working group of Council developed the Registrar Deliverables for 2022/23 (see Agenda Item 12). Although there is significant overlap between the two documents, they were not developed in conjunction with each other. As a result, there has been some confusion in the relationship between the various priorities and deliverables, and how best to organize the work to be performed as well as reporting on progress made.

Over the summer months CPSM will reorganize the various priorities and deliverables to provide Council with a single document that will guide CPSM work for the upcoming year while providing Council with transparent oversight.

The starting point is CPSM's mandate/mission statement:

> We protect the public and promote the safe and ethical delivery of quality medical care by physicians in Manitoba.

Corporate priorities will be the goals that help attain the mandate/mission statement. Corporate priorities should be generally consistent year over year. The various tasks necessary to carry out the priorities can vary from year to year.

For example, promoting safe and ethical delivery of quality medical care will require appropriate Standards of Practice. A consistent year over year corporate priority should be ensuring Standards of Practice are appropriate. The tasks associated with ensuring Standards of Practice are appropriate will include a mechanism for the ongoing review of all standards of practice combined with the ability to be responsive to urgently developing issues.

In any given year a particular Standard of Practice may be a matter of significant importance that needs to be addressed on an urgent basis but the fact it is important in that year does not make it a "corporate priority". When urgency is the test to define corporate priorities, the result is an organization "putting out fires" as opposed to acting strategically. That said, corporate plans and priorities must be flexible to address unplanned for matters.

Equally important to having organizational priorities and articulated tasks for achieving them is having measurable deliverables and reporting mechanism. The measurable deliverables (what and when) establish what management is to be held accountable to produce while providing Council with an oversight tool.

The work that Council wishes to be accomplished through the Strategic Organizational Priorities and the Registrar Deliverables will not change. The change will be in how it is presented to Council.

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
STRATEGIC ORGANIZATIONAL PRIORITIES
NEW INITIATIVES
PROGRESS TRACKING

Initiative	Start Date	Finish Date	CPSM Working Group	Council Reviews Draft	Consultation	Council Approval	Implementation Readiness Go-Live	Goal Status	Additional Comments
Quality Prescribing Rules Review	21-Sep-21		Formed	1-Jun-23	1-Jul-23			**On Track**	Various Items are on the March Council Agenda for information. This is complex due to the number of Regulatory Bodies involved and the decision to implement almost all changes at one time rather than staggering changes over a period of time. It is intended for all materials to come to Council for approval for consultation at the June 2023 meeting.
Truth & Reconciliation - Addressing Anti-Indigenous Racism by Medical Practitioners	21-Sep-21		Formed					On Track	The Advisory Circle comtinues to meet in smaller subgroups to work on the following recommendations.
Statement & Apology	Approved by Council. Delivered to Assembly of Manitoba Chiefs and Manitoba Inuit Association. Working with Manitoba Metis Federation.							On Track	
CPSM Land Acknowledgement								Achieved	will be posted to CPSM website June 6 and used by CPSM going forward
Standard of Practice	Working on hiring an Indigenous Consultant to assist.							On Track	Meeting with consultant to be scheduled for late June/early July
Restorative Justice	Meetings held with University. CPSM staff attended a 3 Day workshop.							On Track	
Mandatory Training for Registrants	Decision to be forthcoming on which training to pursue at June Council meeting.							On Track	Decision was made to await the program being developed by the University - Scheduled completion of project is June 2024
Mentorship/Leadership								Delayed	
Definition of Indigenous-Specific Racism								Delayed	
Episodic Visits, House Calls, Walk-Iin Primary Care - Standard of Practice	21-Sep-21	21-Jun-21	Formed	22-Mar-21	22-Apr-21	22-Jun-21	1-Nov-22	Achieved	Council approved at September 2022 meeting with effective date of November 1, 2022
Quality of Care as Identity of CPSM	22-Jun-22				N/A	N/A		Delayed	Various initiatives have been undertaken to further this priority but not yet as an organized project.
Performance Metrics Creation	22-Jun-22			22-Mar-23	N/A	N/A		On Track	A Performance Metrics Reporting Template will be presented to Council in June 2023
Review of SofP/PD/Bylaws/Policies	22-Jun-22							On Track	This is ongoing over a 5 year period
Standard of Practice Collaborative Care	22-Mar-23							Not Started	This priority was added at the March 2023 meeting. The Registrar to determine when/what will be required to start this review

COUNCIL MEETING
JUNE 28, 2023
BRIEFING NOTE

SUBJECT: Strategic Organizational Priority – TRC Advisory Circle Update

RECOMMENDATION:

That Council receive this Briefing Note for discussion.

BACKGROUND:

Council passed a motion at its September 29, 2022 meeting adopting the following seven recommendations of the TRC Advisory Circle. This Briefing Note is an update of progress taken on these recommendations.

1. CPSM to issue an **Apology and Statement** by CPSM on Indigenous-Specific Racism (prepared by CPSM, reviewed by TRC Advisory Circle)
2. CPSM **Land Acknowledgment** (prepared by CPSM, reviewed by TRC Advisory Circle)
3. **Standard of Practice** – Practicing Medicine to Prevent Indigenous-Specific Racism
4. **Restorative Justice** Approach to Complaints and Investigations (includes – Creating a Culture for Receiving and Addressing Complaints by Indigenous Patients)
5. Mandatory **Indigenous-Specific Anti-Racism Training** for CPSM Registrants and Staff
6. **Mentorship/Leadership** at CPSM (Includes Creating an Open Culture to Support Indigenous Physicians)
7. **Definition of Indigenous-Specific Racism** (adopt In Plain Sight and FMRAC) and Gather Examples of Racism by Medical Professionals (to be used for educational purposes)

1. CPSM to issue an **Apology and Statement** by CPSM on Indigenous-Specific Racism (prepared by CPSM, reviewed by TRC Advisory Circle).

Dr. Ziomek advised Council on March 22, 2023, that on January 31 CPSM delivered the Statement and Apology to the Assembly of Manitoba Chiefs at their Special Meeting on Health Legislation and UNDRIP, and that on February 27 CPSM delivered the Statement and Apology to the Manitoba Inuit Association.

2. CPSM **Land Acknowledgment** (prepared by CPSM, reviewed by TRC Advisory Circle).

The following Land Acknowledgment was prepared by CPSM and reviewed by TRC Advisory Circle:

> We acknowledge we are gathered on Treaty 1 Territory and that CPSM regulates the practice of Western medicine on the Treaty Territories of Treaty 1, Treaty 2, Treaty 3, Treaty 4, Treaty 5, and Treaty 5-Adhesion. We recognize these are the ancestral lands of the Anishinaabeg, Anishininewuk, Cree, Oji-Cree, Dakota Oyate, Denesuline and Nehethowuk Nations, and the Homeland of the Red River Métis.
> We acknowledge northern Manitoba includes lands that were and are the ancestral lands of the Inuit.
>
> CPSM acknowledges and apologizes for its role contributing to the disproportionate health inequities that exist amongst the Indigenous communities in Manitoba. These failures include inadequately addressing Indigenous-specific racism by medical practitioners. We respect and celebrate the resilience and strength Manitoba's Indigenous people have displayed in the face of genocide and displacement of their communities.
>
> It is a privilege to regulate the practice of Western Medicine on these lands and CPSM pledges to improve. The first step to improving is continual acknowledgment of our respect for the spirit and intent of Treaties and remaining committed to working in partnership with First Nations, Inuit and Métis people in the spirit of truth, reconciliation and collaboration.

3. **Standard of Practice** – Practicing Medicine to Prevent Indigenous-Specific Racism

CPSM will require specialized expertise to assist creating a Standard of Practice for Practicing Medicine to Prevent Indigenous-Specific Racism. Dr. Monkman has suggested a qualified candidate whom she contacted and has confirmed they will work with CPSM and a meeting will be scheduled for late June/early July.

4. **Restorative Justice** Approach to Complaints and Investigations (includes – Creating a Culture for Receiving and Addressing Complaints by Indigenous Patients).

Restorative Justice Circles are part of a larger traditional practice of many Indigenous groups in building relationships and addressing harm to individuals within the community. A fundamental component is the focus on addressing harm to an individual, rather than focusing on the disciplinary consequence of breaking a rule. A justice circle requires significant preparation by both the person harmed as well as the one who caused the harm before they can engage in discussion within the circle. It is vital that this work be facilitated by individuals with significant knowledge and experience so that no further harm is inadvertently caused and that there can be meaningful resolution that is satisfactory to both parties.

In February, Ms. Jocelyne Ritchot, Dr. Karen Bullock Pries and Dr. Ainslie Mihalchuk participated in a 3-day seminar in Washington DC to gain a better understanding of the fundamentals and begin to consider how this could be used in CPSM's complaint process. Several meetings have subsequently been held with individuals from the medical school who are committed to promoting the practice in that context. The goal is to identify and train individuals who can do this work when requested by CPSM or the University. Currently we are working with an expert from the University of San Diego Centre for Restorative Justice on how to educate a broad base of people and train specific individuals. CPSM's representatives in this endeavour are Dr. Monkman, Dr. Bullock Pries, and Ms. Ritchot.

5. Mandatory Indigenous-Specific Anti-Racism Training for CPSM Registrants and Staff.

The TRC Advisory Circle determined, after considering a number of options, that the mandatory training for CPSM registrants would be the training that is being developed through a project at the university. The project lead is Linda Diffey, who is a member of the CPSM TRC Advisory Circle and the project is scheduled to be completed in June 2024. Here is an update on the project.

> ***Project Summary of Improving Indigenous Cultural Safety in Manitoba: Advancing a Multi-Level Strategy***
>
> *This project builds on prior work on the Indigenous Health curriculum development for health professionals as well as previous work done in developing and implementing the Manitoba Indigenous Cultural Safety Training (MICST). While the content of this course remains relevant, it requires updates. Through a modular approach, additional learning modules will be developed that go beyond the beginner, fundamental stages of cultural safety, to include more advanced topics including application, clinical practice, and leadership. These modules respond to the diverse roles-based needs within health professional education, public health, and health care systems. The project responds to the reported gap of the current MICST approach between education, clinical practice change, and health systems change that are necessary for improved patient experience.*

6. **Mentorship/Leadership** at CPSM (Includes Creating an Open Culture to Support Indigenous Physicians).

CPSM agrees with all the listed possible considerations provided to Council by the TRC Advisory Circle and is actively considering the simplest means to designate one specific Indigenous physician position on Council and will be developing a diversity rubric for staff hiring.

7. **Definition of Indigenous-Specific Racism** (adopt In Plain Sight and FMRAC) and Gather Examples of Racism by Medical Professionals (to be used for educational purposes).

The starting point is to understand what Indigenous-Specific Racism is. The definition provided *In Plain Sight – Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* provides the following guidance:

> **Indigenous-specific racism** refers to the unique nature of stereotyping, bias and prejudice about Indigenous peoples in Canada that is rooted in the history of settler colonialism. It is the ongoing race-based discrimination, negative stereotyping and injustice experienced by Indigenous peoples that perpetuates power imbalances, systemic discrimination and inequitable outcomes stemming from the colonial policies and practices.

A stronger appreciation for what Indigenous-Specific Racism is and the impact it has upon individuals is gained through the real life examples of the medical profession's racism towards Indigenous people. Further discussion with Dr. Monkman are ongoing and we will create a sub working group for this topic in fall of 2023.

Standards of Practice Multi-Year Review Cycle

Title	Level of Review	Origin Date	19/20	20/21	21/22	22/23	23/24	24/25	25/26
Advertising	Medium	1-Jan-19				X			
Authorizing Cannabis for Medical Purposes	Medium	1-Nov-20		✓					
Bloodborne Pathogens	Small	1-Jan-19					X		
Collaborative Care	Large	1-Jan-19						X	
Confidentiality and Privacy	Medium	1-Jan-19							X
Conflict of Interest	Medium	1-Jan-19							X
Continuing Disclosure Requirements and Notices of Changes for Members Matters	Small	1-Jan-19						X	
Definitions	Small	1-Jan-19					X		
Duty to Assist in an Emergency	Small	1-Jan-19						X	
Duty to Report Self, Colleagues, or Patients	Medium	1-Jul-21			✓				
Episodic Visits, House Calls and Walk-in Primary Care	Medium	1-Nov-22				New			
Exercise Cardiac Stress Testing	Medium	1-Jun-22			✓				
Female Genital Cutting/Mutilation	Small	1-Jan-19				✓			
Good Medical Care	Large	1-Jan-19					X		
~~Home Births~~ Repealed	Small	1-Jan-19			✓				
Medical Assistance in Dying (MAID)	Large	1-Jun-19			✓				
Patient Records - Documentation in Patient Records	Large	15-Feb-22			✓				
Patient Records - Maintenance of Patient Records in all Settings	Large	15-Feb-22			✓				
~~Patient Records~~ Repealed	Large	1-Jun-19							
Performing Office Based Procedures	Large	31-Jan-22			✓				
Practice Environment	Large	1-Jan-19						X	
Practice Management	Large	1-Jan-19						X	
Prescribing Benzodiazepines & Z-Drugs	Large	1-Nov-20		✓					
Prescribing Opioids	Large	1-Jan-19	✓						X
Prescribing Requirements	Large	1-Jan-19				X	X		
Professional Responsibilities in Undergraduate & Postgraduate Medical Education	Large	1-Jan-19				X			
Research	Small	1-Jan-19						X	
Seatbelt/Helmet Exceptions	Small	1-Jan-19				✓			
~~Self-Reporting to the College~~ Repealed	Medium	1-Jan-19			✓				
Sexual Boundaries with Patients, Former Patients & Interdependent Persons	Large	31-Mar-21		✓					
Social Media - New	Small	TBD				X			
Treating of Self and Family Members	Small	1-Jan-19							X
Virtual Medicine	Large	1-Nov-21			✓				
Volume of Service	Medium	1-Jan-19							X
Withholding & Withdrawing Life-Sustaining Treatment	Large	1-Jan-19							X

Practice Directions Multi-Year Review Cycle

Title	Level of Review	Origin Date	19/20	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29
Appeals from Investigation Committee Decisions	Medium	23-Mar-22			✓						X	
Appeals Pursuant to Section 38 of the RHPA	Small	1-Jan-19							X			
Cancellation of Registration or Certificate of Practice Pursuant to S48 of the RHPA	Small	1-Jan-19				X						
Complaints Investigations - Resolving Conflict & CPSM's Complaints & Investigations Processes	Large	8-Dec-21			✓						X	
Continuing Professional Development	Small	1-Jan-19						X				
Decisions Regarding Permits for Health Profession Corporations & Related Appeals	Medium	1-Jan-19						X				
Dispensing Physicians	Small	1-Jan-19				X	X					
EKG Interpretation and Billing Eligibility	Small	1-Jan-19		✓						X		
Electronic Transmission of Prescriptions	Small	1-Jan-19				X	X					
Facsimile Transmission of Prescriptions	Small	1-Jan-19				X	X					
Interprofessional Collaborative Care	Large	21-Jun-19							X			
Manitoba Practice Assessment Program Summative Assessment	Large	1-Jan-19				X						
Manitoba Prescribing Practices Program (M3P)	Medium	1-Jan-19				X	X					
Medical Corporations and Clinic Names	Large	1-Jan-19						X				
Prescribing Methadone or Suboxone	Medium	1-Jan-19				✓					X	
Prescribing Practices: Doctor/Pharmacist Relationships	Medium	1-Jan-19				X	X					
Qualifications and Registration	Large	1-Jan-19				X						
Reinstatement Application	Medium	1-Jan-19				X						
Rural, Remote, and Underserved Populations: Access to Prescribed Drugs	Medium	1-Jan-19				X	X					
Specialist Register Procedures During COVID-9 Pandemic	Small	9-Apr-20	✓									

Policies Multi-Year Review Cycle

Title	Level of Review	Origin Date	19/20	20/21	21/22	22/23	23/24	24/25	25/26
Age Triggered Quality Audit	Small	9-Dec-20		✓					X
Appeal Guidelines of IC Decisions	Small	1-Jan-19						X	
Ends	Small	1-Jan-19					X		
Financial Management	Medium	1-Jan-19				Updated			X
Governance Policy	Large	1-Jan-19				Updated		X	
Physician Health Program	Large	16-Sep-15							X
Prescribing Practices Program	Medium	19-Mar-21		✓					
Privacy Policy	Medium	13-Mar-20	✓					X	
Registrar Duties and Authority	Large	1-Jan-19				X			

Bylaws Multi-Year Review Cycle

Title	Level of Review	Origin Date	19/20	20/21	21/22	22/23	23/24	24/25	25/26
The Affairs of the College	Large	1-Jan-19			X				X
Accredited Facilities	Large	1-Jan-19			X				
Central Standards	Large	1-Jan-19				Updated		X	
Fee	Medium	1-Jan-19		Updated	Updated	Updated			

COUNCIL MEETING
JUNE 28, 2023
BRIEFING NOTE

SUBJECT: Registrar Deliverables

RECOMMENDATION:

That Council receive this Briefing Note and the attached Registrar Performance Reporting spreadsheet for discussion.

KEY MESSAGE:

The Registrar attained the following significant achievements:

- Building the foundations for improved relationships with registrants and the public.
- Establishing key organisational performance indicators.
- Creating a rolling three-year financial plan.
- Developing an Annual Risk Registry and Integrated Risk Management System.
- Creating a Regulatory Impact Tool.
- Taking initiatives to promote improvements in health care services that align with CPSM regulatory mandate.
- Increasing non-councillor registrants on Council Committees.
- Working with the TRC Advisory Circle towards implementing their recommendations.

BACKGROUND:

In 2022, a CPSM Council working group developed the following objectives for the Registrar:

1(a) Develop a multi-year plan to improve the relationship between the College and its members. During 2022. Implement at least one initiative in support of this plan.

1(b) Develop a similar plan to improve the relationship between the College and the public.

2. Ensure the efficient and effective operation of the College

- Identify key organizational performance indicators and report to Council on these key measures semi-annually.
- Establish a long term-financial plan in alignment with CPSM's strategic plan
- Identify key risks facing CPSM and related risk mitigation strategies
- Implement a new reporting format for Council when recommending changes to or introductions of new policy and program initiatives

3. Develop a strategy for promoting improvements in healthcare services that align with the College's regulatory mandate. In 2022, identify at least one area where such improvement is needed and implement initiatives in support of this change.

4. Assess the potential impacts of RHPA-mandated changes to Council and develop a plan to mitigate the negative impacts of such change.

5. Develop a plan to address Indigenous specific racism in areas under CPSM jurisdiction and present the plan to Council by September 30, 2022.

Best practices require regular status reporting on progress towards achieving deliverables. The attached "Registrar Performance Reporting" spreadsheet provides an update on each objective specifying:

- Performance Measure
- Completion Status
- Executive Responsible
- Status Report
- Next Quarter actions

The purpose of the spreadsheet is to provide up to date "at a glance" oversight of the status of various performance requirements. The spreadsheet will track who is responsible, timelines for completion and tasks still required. The purpose of the spreadsheet is not to provide detailed specifics on each objective but rather a high-level overview on whether objectives are being achieved.

As discussed in Agenda Item - Strategic Organizational Priorities there is a significant amount of overlap with the Registrar Deliverables. Over the summer months CPSM will reorganize the various priorities and deliverables into a single document that will guide CPSM work for the upcoming year while providing Council with a transparent oversight tool.

REGISTRAR'S QUARTERLY PERFORMANCE REPORTING

Performance Objectives

1(a) Develop a multi-year plan to improve the relationship between the College and its members. During 2022, implement at least one initiative in support of this plan.

1(b) Develop a similar plan to improve the relationship between the College and the public.

2.1 Ensure the efficient and effective operation of the College - Identifying key organizational performance indicators and report to Council on these measures semi-annually

2.2 Ensure the efficient and effective operation of the College - Establish a long-term financial plan in alignment with CPSM's strategic plan

2.3 Ensure the efficient and effective operation of the College - Identifying key risks facing CPSM and related risk mitigation strategies

2.4 Ensure the efficient and effective operation of the College - Implement a new reporting format for Council when recommending changes to or introductions of new policy and program initiatives

3. Develop a strategy for promoting improvements in healthcare services that align with the College's regulatory mandate. In 2022, identifying at least one area where such improvement is needed and implement intiatives in support of the change.

4. Assess the potential impacts of RHPA-mandated changes to Council and develop a plan to mitigate the negative impacts of such change.

5 Develop a plan to address indigenous specific racism in areas under CPSM jurisdiction and present the plan to Council by September 30, 2022.

1(a) Develop a multi-year plan to improve the relationship between the College and its members. During 2022, implement at least one initiative in support of this plan.

Performance Measure:
Plan Developed. At least one initiative implemented.

Completion Status (Complete/On Schedule/Delayed/At Risk)	**On Schedule**

Executive Responsible

Status Report	
Improvements to the Physicians Health Program	Complete
Improvements to the Quality Improvement Process	On Schedule
Development of Standards Committee Decision Making Chart	Complete
COPC Portal	Complete
Physicians Portal	

Next Quarter
A draft plan (see attachment) has been prepared but needs to be approved. Once approved work plans need to be developed.

1(b) Develop a similar plan to improve the relationship between the College and the public.

Performance Measure:
Plan Developed.

Completion Status (Complete/On Schedule/Delayed/At Risk)	**On Schedule**

Executive Responsible

Status Report	
Truth & Reconciliation Apologies	On Schedule
pursuing Restorative Justice initiative and mediation	On Schedule
advertising awareness campaign on the role of CPSM	On Schedule
video and letter communications	On Schedule

Next Quarter
A draft plan (see attachment) has been prepared and needs to be approved. Once approved work plans need to be developed.

2.1 Ensure the efficient and effective operation of the College - Identifying key organizational performance indicators and report to Council on these measures semi-annually

Performance Measure:

Performance Indicators developed and reported to Council on semi-annual basis

Completion Status (Complete/On Schedule/Delayed/At Risk)

Executive Responsible

Dr. Bullock Pries - Complaints & Investigations
Dr. Mihalchuk - Quality/Standards/Physicians & Facility Review
Mr. Penner - Finance/IT/Risk Management
Ms Stevenson - Registraton

Status Report

Performance Indicators for Complaints & Investigations presented to Council @ Dec 2022 Meeting	Complete
Quality/Standards/Physicians & Facility Review presented to Council @ March 2023 meeting.	Complete
Performance Indicators for Finance/IT/HR to be presented to Council @ June 2023	

Next Quarter

Registration Performance indicators will be provided to Council at the September meeting.

2.2 Ensure the efficient and effective operation of the College - Establish a long-term financial plan in alignment with CPSM's strategic plan

Performance Measure:

Plan Developed.

Completion Status (Complete/On Schedule/Delayed/At Risk)	**Complete**

Executive Responsible

Paul Penner

Status Report

Rolling 3 year Financial Plan developed: The plan includes a review of past expenditures, surplus and deficits, volume impacts, human resource changes, technological impacts as well as potential impacts related to strategic directions. The second part of the exercise involves reviewing factors that impact the revenue streams such as; volume, interest rates & investment strategy, inflation and initiatives that may provide revenue streams that offset costs. Currently CPSM finance take the information and develops a rolling 3 year finance plan. Year 1 (the upcoming year) and Year 2 illicit the highest degree of review and discussion with year 3 as more a forecast of Years 1&2 impacts rolling forward.

Next Quarter

2.3 Ensure the efficient and effective operation of the College - Identifying key risks facing CPSM and related risk mitigation strategies

Performance Measure:

Plan Developed.

Completion Status (Complete/On Schedule/Delayed/At Risk) **Complete**

Executive Responsible

Paul Penner

Status Report

Annual Risk Registry developed
Integrated Risk Management System implemented
CPSM annually reviews and updates a HIROC risk register that has been developed specifically for medical regulatory authorities called FIRMS (FMRAC Integrated Risk Management System). FIRMS tracks risk across 12 Categories. For the 2023-24 year CPSM will be integrating additional features into its' risk review and broadening the scope by adding a heat map and related scoring to identified risks.

Next Quarter

September 2023 - updated Risk Registry (including Heat Map) will be provided to Audit, Finance & Risk Management Committee

2.4 Ensure the efficient and effective operation of the College - Implement a new reporting format for Council when recommending changes to or introductions of new policy and program initiatives

Performance Measure:	
Reporting format developed.	
Completion Status (Complete/On Schedule/Delayed/At Risk)	**Complete**
Executive Responsible	
Status Report	
Regulatory Impact Tool created and approved by Council.	Complete
Next Quarter	

3. Develop a strategy for promoting improvements in healthcare services that align with the College's regulatory mandate. In 2022, identifying at least one area where such improvement is needed and implement intiatives in support of the change.

Performance Measure:	
Strategy Developed. Improvement initiative implemented	

Completion Status (Complete/On Schedule/Delayed/At Risk)	**On Schedule**

Executive Responsible	
Dr. Ziomek Mike Triggs Jo-Ell St. Vincent	

Status Report	
Fast Track Registration implemented December 2022	Complete
Elimination of examinations for certain International Medical School Graduates.	Complete
Rural Summit on Health Care.	On Schedule
Advocated more Resident Positions.	On Schedule
Proposed General Regulation Amendments - registration	On Schedule

Next Quarter

4. Assess the potential impacts of RHPA-mandated changes to Council and develop a plan to mitigate the negative impacts of such change.

Performance Measure:
Plan Developed.

Completion Status (Complete/On Schedule/Delayed/At Risk)	**Not Started**

Executive Responsible

Status Report	
Increased appointment of more non-councillor registrants to various committees.	On Schedule
Upcoming Newsletter developed to encourage more registrant participation.	On Schedule

Next Quarter

5 Develop a plan to address indigenous specific racism in areas under CPSM jurisdiction and present the plan to Council by September 30, 2022.

Performance Measure:
Plan Developed by September 30, 2022.

Completion Status (Complete/On Schedule/Delayed/At Risk)	**On Schedule**

Executive Responsible
Dr. Ziomek Dr. Mihalchuk Mike Triggs

Status Report	
TRC Advisory Circle 7 recommendations	
1. Apology & Statement - Apology & Statement issued at AMC meeting on January 31, 2023 and Manitoba Inuit Association on February 27, 2023.	Complete
2. Land Acknowledgement - adopt for CPSM meetings/website	Complete
3. Standard of Practice - Practicing Medicine to Prevent Indigenous Specific Racism	Delayed
4. Restorative Justice Approach to Complaints and Investigations	On Schedule
5. Mandatory Indigenous-Specific Anti-Racism Training - CPSM Registrants & Staff	Delayed
6. Mentorship/Leadership at CPSM (includes creating an open culture to support indigenous physicians)	Not Started
7. Definition of Indigenous-Specific Racism - adopt In Plain Sight & FMRAC	On Schedule

Next Quarter

COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

2023-2024 MEETING DATES

MONTH	MEETING DATE			COMMITTEE	OTHER DATES
July 2023					1st : Canada Day - CPSM Closed June 30
August 2023					7th: Civic Holiday - CPSM Closed
September 2023	Wed	6	8:00	Executive Committee	4th : Labour Day - CPSM Closed
	Wed	6	1:00	Investigation Committee	
	Tue	12	1:30	Complaints Committee	
	Wed	13	8:30	Program Review	
	Fri	22	8:30	Central Standards Committee	
	Wed	27	08:00	Council	
October 2023	Tue	3	1:30	Complaints Committee	9th : Thanksgiving Day - CPSM Closed
	Wed	4	1:00	Investigation Committee	
	Tues	10	8:30	Finance Audit & Risk Committee	
	Wed	18	8:00	Executive Committee	
	Wed	25	1:00	Investigation Committee	
November 2023	Tue	7	1:30	Complaints Committee	11th : Remembrance Day
	Wed	15	1:00	Investigation Committee	
	Wed	15	8:30	Program Review	
	Tues	14	8:30	Finance Audit & Risk Committee	
	Wed	22	8:00	Executive Committee	
December 2023	Tue	5	1:30	Complaints Committee	27th Dec - 29th Dec: CPSM Closed
	Wed	6	1:00	Investigation Committee	
	Fri	8	8:30	Central Standards Committee	
	Wed	13	8:00	Council	
January 2024	Tue	9	1:30	Complaints Committee	1st : New Year's Day - CPSM Closed
	Wed	10	1:00	Investigation Committee	
	Wed	17	8:00	Executive Committee	
	Wed	31	1:00	Investigation Committee	
February 2024	Tue	6	1:30	Complaints Committee	19th : Louis Riel Day - CPSM Closed
	Wed	14	8:30	Program Review	
	Wed	21	1:00	Investigation Committee	
	Wed	21	8:30	Finance, Audit & Risk Management	
	Wed	28	8:00	Executive Committee	
March 2024	Tue	5	1:30	Complaints Committee	22: Associate Member Nominations Out
	Wed	13	1:00	Investigation Committee	29th : Good Friday
	Fri	15	8:30	Central Standards Committee	
	Wed	20	08:00	Council	
April 2024	Wed	3	1:00	Investigation Committee	12: Associate Member Nominations Closed
	Tue	9	1:30	Complaints Committee	19:Associate Member Ballot out
	Wed	24	8:00	Executive Committee	
May 2024	Wed	1	1:00	Investigation Committee	03: Ballots In - Associate Member Election Day
	Tue	7	1:30	Complaints Committee	20th : Victoria Day - CPSM Closed
	Wed	8	8:30	Program Review	
	Wed	29	8:30	Finance Audit & Risk Committee	
	Wed	29	1:00	Investigation Committee	
June 2024	Tue	4	130	Complaints Committee	FMRAC: 14 - 17 in Muskoka - To be confirmed
	Wed	5	8:00	Executive Committee	
	Tues	11	8:30	Finance Audit & Risk Committee	
	Wed	19	1:00	Investigation Committee	
	Thu	20	8:30	Central Standards Committee	
	Tue	25	5:00	AGM	
	Wed	26	8:00	Council	

COUNCIL MEETING – JUNE 28, 2023
COMMITTEE REPORTS
FOR INFORMATION

EXECUTIVE COMMITTEE REPORT:

The Executive Committee held an electronic vote on March 23, 2023, and met in person, with a few members joining virtually, on May 3 and June 7, 2023. Most matters discussed at the meetings appear on this Council agenda.

An Appeal Panel met on May 3, 2023, to hear three Investigation Committee appeals and another panel met on May 9, 2023 to hear four Investigation Committee appeals.

Respectfully Submitted,
Dr. Jacobi Elliott
President, CPSM and Chair of the Executive Committee

FINANCE, AUDIT & RISK MANAGEMENT COMMITTEE REPORT:

1. Audit RFP

- Management presented the RFP results with recommendation. Motion will be brought to the AGM.
- Due to the timing of this years audit, a special meeting will be held in the third week of June to review the audited financial statement and prepare a motion for the June 28 Annual General Meeting.

2. Year-End Financial Statements - 2022-23 Fiscal Year

- Management presented the CPSM financial statements for the 12 months ending April 31, 2023. Analysis was provided for the actuals and budgets were appreciably different.
- The year end deficit is $241,000, which is a significant improvement from the originally projected $787,000 deficit.
- The significant improvement from the originally projected deficit was largely due to a number of non-recurring items such as; unanticipated cost recoveries, larger than anticipated documentation fees and interest & investment income. Expenses were also lower in some categories due to timing.
- Management provided CPSM's investment portfolio summary as of April 2023, including CIBC's Investment Advisor Letter of Compliance.

3. 2023-24 Operating Budget

- Management presented the 2023-24 as well as the 2024-26 operating forecasted budgets. Management also provided background on human resources growth by program and selected information on volume pressures.
- The committee requested additional information on how management was calculating the inflation factor which was provided in a follow up email.
- The committee unanimously agreed to recommend to Council that the 2023-24 budget be approved.

4. Self-monitoring Report

- The committee has requested additional information with respect to committee budgets and expenses. Management will provide further detail on the nature of expense by committee in the upcoming meeting.

5. Financial Management Policy

- Revisions to the Financial Management Policy were presented by Management to the Committee with changes, including the level of Honoraria based on a recent MRA Honoraria Survey.
- The committee approved the recommended revisions to be forwarded to the Council for approval.

Respectfully submitted
Dr. Nader Shenouda
Chair, Finance, Audit & Risk Management Committee

PROGRAM REVIEW COMMITTEE REPORT:

Diagnostic Facilities:

Shared Health has been unable to meet MANQAP standards for signed job descriptions for Cross-trained technologists due to ongoing collective bargaining talks with the Unions.

PRC voted to grant an extension of condition accreditation until the May 2024 Committee meeting in hopes that Shared Health, the Unions and Manitoba Health will be able to resolve the matter.

Non-Hospital Medical Surgical Facilities (NHMSF):

As per the CPSM Accredited Facilities Bylaw, NHMSF Medical Directors are required to submit an Annual Report to CPSM.

MANQAP has developed a standardized annual report format for the Medical Director to use. Procedure volumes, members with privileges at the facility and adverse event information are some of the information being captured by this report.

A review of the data is currently being conducted to identify trends, monitor compliance with NHMSF standards and determine other potential areas of quality improvement.

Respectfully submitted
Ms Leanne Penny
Chair, Program Review Committee

COMPLAINTS COMMITTEE REPORT:

The Complaints Committee met on:

March 7, 2023 and reviewed 15 complaints and they were disposed as follows:
- 01 cases resulted in a letter of criticism
- 02 cases resulted in a letter of advice
- 10 cases resulted in a decision that no further action was required
- 02 cases resulted if endorsement of an informal resolution
- 00 case resulted in a referral to the Investigation Committee

April 4, 2023 and reviewed 12 complaints and they were disposed as follows:
- 00 cases resulted in a letter of criticism
- 07 cases resulted in a letter of advice
- 04 cases resulted in a decision that no further action was required
- 01 cases resulted if endorsement of an informal resolution
- 00 case resulted in a referral to the Investigation Committee

May 2, 2023 and reviewed 12 complaints and they were disposed as follows:
- 02 cases resulted in a letter of criticism
- 04 cases resulted in a letter of advice
- 05 cases resulted in a decision that no further action was required
- 01 cases resulted if endorsement of an informal resolution
- 00 case resulted in a referral to the Investigation Committee

Respectfully submitted
Dr. Norman McLean
Chair, Complaints Committee

INVESTIGATION COMMITTEE REPORT:

Dear CPSM Council Members,

The Investigations Committee has met four times since our last meeting. We continue to work hard to try and keep up with the growing number of Investigations we are seeing. The staff are doing excellent work preparing detailed Investigator Reports that make the Committee's job much easier to do. Here are the statistics from our recent meetings.

March 15 we reviewed 12 matters. Five resulted in “no further action”, six resulted in letters of criticism or advice and one matter was deferred.

April 12 we reviewed 14 cases. Only two merited no further action. There were 9 letters of criticism or advice and one of these criticisms included an undertaking for education. One case was deferred and we decided to censure two registrants.

On May 23 we held a special meeting to review 8 matters that were held over for one registrant as we requested an audit into the practice. After reviewing the audit and considering all the matters before us, we decided to write one letter of advice and we asked the other seven matters be sent for inquiry.

On May 25 we discussed 15 cases. 5 cases were no further action and the other 10 had letters of criticism or advice.

Please let me know if anyone has any questions.

Respectfully submitted
Dr. Kevin Convery, Chair, Investigations Committee

STANDARDS COMMITTEE REPORT:

Central Standards Committee (CSC) Activities 2023

The CSC met January 27 and March 17, 2023

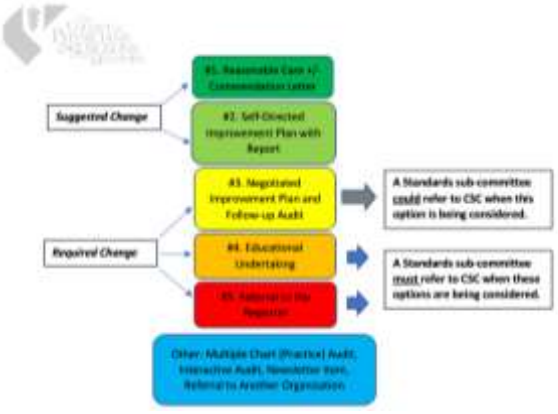
AGE TRIGGERED/REFERRED AUDITS REVIEWED IN 2023

The CSC reviewed:

- 7 Age Triggered Audits
- 12 Referred Audits

The following outcomes were determined at CSC.

7	#1 Outcomes
5	#2 Outcomes
5	#3 Outcomes
1	#4 Outcomes
	#5 Outcomes
1	Other – Full Practice Audit
19	Total outcomes



Standards Sub-Committee Reporting.

The Central Standards Committee has been receiving quarterly and annual reports from the various Standards Committees within the province.

Scheduled reminders for any outstanding quarterly reports and annual reports have gone out to the Chairs of currently active standards committees that are due.

Dr. Süss and Dr. Mihalchuk held a virtual Area Standards Committee sharing circle on April 6, 2023, with the Chairs of the WRHA, Southern Health RHA, Prairie Mountain Health RHA, and the Orthopedic and Endoscopy Provincial Standards Committees. Topics of discussion included: what types of cases to review, benefits to patients and the new reporting format. The sharing circle also included the sharing of highlights from 2 of the more engaged ASC within the province.

Currently active and inactive Standards Committees:

Committee - Active	RHA	Chair	Current Status
Interlake-Eastern ASC	Interlake-Eastern	Currently no Chair	No further update since last CSC - Committee will resume when a new Chair has been found.
Selkirk ASC	Interlake-Eastern	Dr. Ian Alexander	Emailed Dr. Alexander for Q1, Q2, Q3 reports, Oct. 17, 2022. Reminder sent Jan. 16. Reminder sent Feb. 17.
Northern ASC	Northern	Dr. Shadi Mahmoud	Q1 Report Outstanding
Brandon Regional Health Centre ASC	Prairie Mountain	Dr. Nicolaas Butler	Up to date.
Prairie Mountain Health ASC	Prairie Mountain	Dr. Shannon Prud'homme	Up to date.
Brandon Regional Health Centre Psychiatry	Prairie Mountain	Chair Retired	Committee is on hold due to lack of psychiatrists in Brandon. No update since November CSC.
Portage ASC	Southern	Dr. Jim Ross	Minutes Received
Southern ASC	Southern	Dr. Shayne Reitmeier	No reports yet. Committee was just newly formed. Dr. Shayne Reitmeier was approved as Chair at the January 2023, CSC meeting.
Boundary Trails Health Centre	Southern	Dr. Kevin Convery	Up to date.
C.W. Wiebe Medical Centre	Southern	Dr. Louw Greyling	Up to date.
Eden Mental Health Centre	Southern	Dr. William Miller	No Meetings in Q1
CancerCare	Provincial	Dr. Catherine Moltzan	Q1 Report Outstanding

			Suggested Change Outcomes		Required Change Outcomes		
	Cases Reviewed	Total	Option #1 Reasonable Care	Option #2 Self-Directed Improvement Plan	Option #3 Negotiated Improvement Plan	Option #4 Educational Undertaking	Option #5 Referral to CPSM Registrar
All Regional Area Standards Committees	Clinical Audits: Adverse Patient Occurences	441	358	17	0	0	0
	Referred Concern	17	1	0	0	0	0
	Random Audit	0	0	0	0	0	0
	Not an APO	129	0	0	0	0	0
	Practice Audit or Interactive Audit	0					
	Newsletter Item	2					
	Referral to Another Organization	3					
	Number of Meetings in 2023	5					

Endoscopy Provincial	Provincial	Dr. Ross Stimpson	Q1 Report Outstanding
Orthopedic Surgery Provincial	Provincial	Dr. Eric Bohm	Q1 Report Outstanding
Winnipeg Regional Health Standards Committee	WRHA	Dr. Elizabeth Salamon	Up to date.

Committee - Inactive	RHA	Chair	Current Status
Altona Community Memorial Health Centre	Southern	**Unknown**	Southern Health is going through a re-structure. Dr. Shayne Reitmeier, recently approved as Chair, will be working with the hospitals and health centers within Southern Health to re-activate the Standards Subcommittees in this section as well as from other sites in the Southern Health RHA.
Bethesda Hospital (Steinbach)	Southern	**Unknown**	
Carmen Memorial Hospital	Southern	**Unknown**	
Gladstone Health Centre	Southern	**Unknown**	
Morris-Emerson	Southern	**Unknown**	
St. Claude, Notre-Dame-de-Lourdes, Trehern	Southern	**Unknown**	
Ste. Anne Hospital	Southern	**Unknown**	
Vita & District Health Centre	Southern	Unknown	
Selkirk Mental Health Centre	Interlake-Eastern	**Unknown**	Chair unknown.

Respectfully submitted
Dr. Roger Suss, Chair
Central Standards Committee

THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

COUNCIL MEETING – JUNE 28, 2023

ITEM FOR INFORMATION

SUBJECT: Registrar/CEO's Report

CPSM STATEMENT AND APOLOGY ON TRUTH AND RECONCILIATION AND INDIGENOUS-SPECIFIC RACISM IN MEDICAL PRACTICE

On March 24, 2023, I participated in an Assembly of Manitoba Chiefs "Facebook Live" event with Grand Chief Kathy Merrick. It was a discussion regarding CPSM's apology and questions from the viewers were taken and answered.

CPSM is working with the regional health authorities and Shared Health on the processes to streamline exchange of information. We have met on two occasions and are working on a draft document that will be presented to the group in September.

The Opioid Agonist Therapy Recommended Practice Manual has now been completed. This was the last item pertaining to the SUAP grant. A launch of the manual was held at River Point Centre on May 25 with Denisa Gavan-Koop **,** Director, Decision Support, Education and Staff Development | Mental Health and Addictions, Shared Health, and Vanessa Van Helden who attended on behalf of Deputy Minister Kym Kaufmann along with the members of the working group who produced the manual and other CPSM staff.

NATIONAL REGISTRY OF PHYSICANS

Update on meeting National Registration Presentation – April 3 - originally each province was allotted up to $125,000 for completion of the project, however that has been amended to $225,000 due to the grant award from the Government of Canada.

STAFF MATTERS

The information described below highlights staffing changes and additions that are known to be occurring in 2023.

Executive Office – Search for a Senior Administrative Assistant to assist with workload in the Executive Office. An new HR consultant has been hired to replace the outgoing HR consultant (retiring). The new HR Consultant starts on June 7, 2023.

Manitoba Quality Assurance Program – New Director has been hired and is scheduled to start at CPSM on June 12, 2023

Quality Department – A Coordinator for the Quality Improvement program has been hired as well as an additional Administrative Assistant to assist in the area of Physician Health and Prescribing Practice Program. A search for an Administrative Assistant, Audits is underway.

Complaints and Investigation – Two medical consultants will be staring work in July, each working 2 days per week.

MEETINGS ATTENDED - OTHER ORGANIZATIONS

Provincial CMO/Speciality Lead Meeting – May 4, June 1, 2023

Medicine Subcommittee of Joint Council – March 23, April 26, 2023

Minister of Health Meeting – April 25, 2023

MLPIMG Orientation on being a registrant of CPSM – May 16, 2023

Presented, along with Dr. Falk, at Grand Rounds: Over Prescribing – April 26, 2023

PGME Executive Committee – April 11, May 16, & June 13, 2023

Participated in College of Medical Laboratory Technologists of Manitoba Reserved Acts Consultation with CMLTM and Government – March 29, 2023

Participated in College of Physiotherapists of Manitoba Reserved Acts Consultation with CPM and Government – April 13, 2023

Professionalism Subcommittee on Admissions – April 19, May 3, & May 10, 2023

Shared Health Medical Advisory Committee – April 27, 2023

Winnipeg Regional Health Authority Medical Advisory Committee – April 13, & May 25, 2023

CPSM TRC Advisory Circle Mandatory Training Subgroup meeting – April 10, 2023

CPSM/RHAs Exchange of Information Working Group meeting – April 17, 2023

CPSM Quality Prescribing Rules Review Working Group – May 18, 2023

Class of 2023 Spring Convocation – May 18, 2023

Canadian Medical Association Committee on Ethics – May 12, 2023

National Assessment Collaboration IMG Alliance Committee – May 29, 2023

Western Registrar's Meeting, Vancouver BC – April 24, 2023

Federation of Medical Regulatory Authorities of Canada (FMRAC) (May/June Report attached)

- Board Retreat – May 11, 2023
- AGM, Halifax NS – June 11 & 12, 2023

MEDIA

CPSM responded to local and national media inquiries on various topics including CPSM's position on masking requirements, the number of new physicians hired in past 6 months, disciplinary actions against CSM registrants, Ozempic prescribing, gender-affirming care, MCCQE1 Exam elimination.

Responses to media are provided based on transparency and the ability to provide awareness on CPSM's role, strategic organizational priorities, and initiatives. Media coverage this quarter included:

- **(Media release) Opioid Agonist Therapy Recommended Practice Manual launch**: CBC (online, News at 6, Information Radio)
- **The Role of Health Professional Regulation in Addressing Racism in Health Care:** McGill Journal of Law and Health
- **Masking requirements lifted**: CTV News
- **Ozempic prescriptions**: Canadian Healthcare Network/The Medical Post
- **Indigenous Trans Health (Gender-Affirming Care)**: APTN
- **(Media release) MCCQE1 exam elimination:** Winnipeg Free Press, Winnipeg Sun, CTV News Winnipeg
- **Suboxone training requirement removed:** Brandon Sun, Winnipeg Free Press
- **Censure of Dr. Chehadi**
- **Practitioner Profile Search and disciplinary actions**: Wpg Free Press

COMMUNICATIONS

- April newsletter communicated guidance on providing gender-affirming care, collaborative care, prescribing to patients who are not assessed in-person, risks of pacemaker failure, and a new resource for the clinical management of patients who are expected to die at home.
- May newsletter included guidance on dismissing patients, referring patients to the Emergency departments and urgent care, what to expect during physician office inspections, position on mask-wearing, and new OAT Recommended Practice Manual.
- Email from the Registrar acknowledging Bear Witness Day on May 10.
- Letters of recognition were posted on the website to acknowledge National Physicians Day (May 1) and National Family Doctors Day (May 19)
- A public consultation held for the *Practice Direction – Professional Practice and Inactivity*
- In progress: CPSM explainer videos in development.
- In progress: updating to email distribution platform to improve outgoing communications to registrants.

FINANCE

The Finance Department is currently undergoing its year-end audit. Please see the Finance Audit Risk Management Committee update for additional information.

INFORMATION TECHNOLOGY

Server Hardware Upgrade - the IT department along with Broadview networks recently completed a necessary server hardware upgrade initiative. The cutover went smoothly with only a few minor issues. The equipment upgrade was required to replace items that were no longer supported by the vendor.

Human Resource Management System (HRMS) – The IT and Human Resources teams have completed the testing and configuration of the HRMS and will begin training and roll-out of the HRMS in the summer.

Portal Enhancements- testing has been completed for contracts of supervision and the system is now live. Regulated Associate Member applications are now live in the portal.

Cybersecurity – the IT department continues to advance cybersecurity improvements/enhancements. This item will become part of the Department's performance metrics going forward.

QUALITY DEPARTMENT

Physician Health Program (PHP)

- Since March 1, 2023, physician health has had 24 new referrals to the program, 16 of these 24 new referrals are still open/active files.
- There are currently 75 registrants in the PHP caseload
    - Caseload includes registrants with undertakings, registrants who require future follow-up, and new referrals who have yet to be reviewed or are in mid-review
- The 2022-2023 fiscal year resulted in 96 new referrals
    - 56 referrals low contact level
    - 27 moderate level contact
    - 9 high level contact
    - 4 extreme level contact
- New Administrative Assistant was hired to work in both PHP and PPP, to offload some of the administrative tasks. This will allow more time to focus on quality improvements to the PHP.

MANQAP

- Completed inspections for all the Diagnostic sites whose accreditation inspections were delayed due to the COVID-19 Pandemic.
- Begun Non-hospital Medical Surgical Facilities (NHMSF) accreditation inspections for the group of facilities that had NHMSF accreditation prior to the Accredited Facilities Bylaw revision in June 2021. This is the first inspection for these facilities under MANQAP and using the new CPSM NHMSF Standards.
- Initiated a pilot project of physician office laboratories (POL) inspections to ascertain compliance with CPSM Patient Services Centre Standards. Have completed 7 of 20 of the sample group sites.
- Refined the NHMSF Adverse Patient Outcome (APO) process by:
    - Recruiting specialist physician consultants to review APOs;
    - Providing education to facilities around identifying and reporting APOs via accreditation inspections and targeted follow up; and
    - Analyzing existing data for trends and areas for quality improvement.

Quality Improvement Program (QIP)

- Program operations are working at a normal pace.
- Work plan being finalized to meet the end of the first QI Program cycle which ends in December 2025.
- Portal development underway so that program operations will be available to registrants for fall 2023 cohort, this will streamline the process for participants and staff.
- Auditor Training Workshop held May 19, 2023. Further workshop being planned for the fall. Attendees being accepted based on CPSM needs/gaps – across all audit programs.
- Continued expansion into different specialty areas year by year.
- QI Program reports to Central Standards Committee, process is going smoothly.
- Senior administrative staff person retiring, QIP Admin Assistant successful candidate for senior admin role, transition to new role is underway. The team is functioning well.

Standards Audits and Monitoring (SAM)

- **121 Total qualifying audits for 2023:** This includes new, repeat, carryover age triggered audits and new and repeat referred audits.
    - 6 YOB: 1947 (76 yrs) & 1946 (77 yrs) - (Carried over, challenging to audit)
    - 15 YOB: 1948 (75 yrs) - (Newly initiated)
    - 12 YOB: 1949 (74 yrs) - (In Progress)
    - 21 YOB: 1950 (73 yrs) - (In Progress)
    - 24 YOB: 1951 (72 yrs) - (Initiate in the last half of 2023)
    - 21 Repeat Age Triggered (In progress and to be initiated throughout 2023)
    - 17 Repeat Referred (In progress and to be initiated throughout 2023)
    - 5 New Referrals (In Progress)
- An estimated 65% of all qualifying audits fall into the last half of 2023 (July-December).
- Referred audits continue to be processed and completed as received.
- The Central Standards Committee held meetings in January and March 2023 and has reviewed 19 audits to date.

- Lateral move of SAM Admin Assistant staff person as successful candidate to QIP admin role, transition date to QIP admin role pending as interview process is underway to fill SAM admin role.

Prescribing Practices Program (PPP)

- **Registrant Advice & Support**: responded to **34 general prescribing advice** inquiries in Q2 (53 GPA cases thus far in 2023). 62% required education or advice, 38% required review of prescribing requirements.
- **Methadone & Suboxone**: Issued **13 OAT** prescribing approvals in Q2 (**10 Suboxone only** under revised PD). No pain/palliative methadone approvals. The OAT Recommended Practice Manual was officially launched May 25th (26 Chapters, 382 pages).
- **CME Death Review**: In Q2 reviewed **32 ME cases** (26 registrant communication completed, 6 pending final communication); **7** cases prescribing deemed appropriate (letter sent to inform) and **25** prescribing falls outside of guidelines (recommendations & potential further intervention required). 11 registrants identified for Secondary Review (≥3 concerning cases within 36 months); **1 secondary review** completed in Q2, several reviews pending concurrent involvement with other CPSM departments.
- **Quality Prescribing Review Working Group**: Attending meetings, assisting with revisions to relevant Practice Directions and Standards of Practice, and responding to registrant inquires re: changes, specifically **11 M3P-related inquires** in Q2 (22 thus far in 2023).
- **Collaboration**: Working with other regulators on a Companion Guide for Joint Practice Direction on Rural, Remote, and Underserved Populations (targeted survey of planned for Q3-Q4). Collaborated with SLT for OAT Manual launch event and media engagement.

COMPLAINTS & INVESTIGATIONS DEPARTMENT

Staff continue to work hard at addressing the large number of complaints in a timely way. The annual report indicates a continued rise in the number of complaints received and a significant rise in the number of matters that were closed, including through informal resolution.

Two part time physicians will begin work in July.

REGISTRATION DEPARTMENT

- Registration department, working in collaboration with IT, moving all applications through the portal
- Working on documentation for legislation changes
- Meetings for the Application for Medical Registration (AMR) for implementation of the second phase of the AMR
- National Registry Meetings

Federation of
Medical Regulatory
Authorities of Canada

Fédération des
ordres des médecins
du Canada

FEDERATION OF MEDICAL REGULATORY AUTHORITIES OF CANADA

May - June, 2023

Mission: *Supporting medical regulators; advancing medical regulation*.

CURRENT PRIORITIES

#	Organizational Priority – Access to Safe, Competent Care
1	***Interjurisdictional Physician Mobility*** FMRAC is collaborating with a number of organizations to develop and implement improvements to licensing schemes and processes that will facilitate physician mobility across provincial / territorial borders. This includes working with Health Canada and the Canadian Medical Forum.
2	***Position Statement on National Licensure*** Specific to national licensure as an approach to improving interjurisdictional physician mobility, FMRAC issued the following position statement in January 2023: *"As the body that represents the 13 Canadian medical regulatory authorities (MRA), the Federation of Medical Regulatory Authorities of Canada (FMRAC) supports the concept of enhanced physician mobility and finding ways for all Canadians to access medical care. Over the past number of years, MRAs have developed and introduced various initiatives to support this objective, both individually and collectively through FMRAC. This work includes the careful examination of the benefits, feasibility, and implications of implementing National Physician Licensure in the complex context of the Canadian healthcare system.* *FMRAC recognizes the crisis that exists in Canada and the MRAs are working hard to support their respective health systems in improving access to healthcare. FMRAC welcomes governments' engagement in the development of a framework that supports physician mobility while recognizing the importance of effective professional regulation and ensuring continued accountability for the provision of safe and competent medical care to Canadians."*
3	***The National Registry of Physicians*** MRAs are collaborating with the Medical Council of Canada on the National Registry of Physicians project. This Registry will provide a central repository of information relevant to the licensing and regulation of physicians across multiple jurisdictions within Canada and facilitate physician mobility.

4	***FMRAC Registration Working Group*** The FMRAC Registration Working Group is continuing its work to update the FMRAC Model Standards for Registration, maximizing alignment between MRAs wherever possible during this time of rapid change.
5	***Virtual Care*** In June 2022, FMRAC issued a statement relating to *Virtual Care Complaints and Physicians Providing Care in Multiple Canadian Jurisdictions* (see: www.fmrac.ca). The Statement reflects FMRAC's members' commitment to addressing complaints that arise relating to the provision of virtual care by physicians who either have licenses or are providing such care in multiple Canadian jurisdictions.

CORE AND OTHER RECENT ACTIVITIES OR ISSUES

2023 FMRAC Annual Meetings – June 2023, Halifax, Nova Scotia

FMRAC's annual event this year will comprise a variety of meetings between June 9-12, 2023, including an educational portion comprising plenary speakers, a World Café, and working groups that will address the over-arching theme of, "Access to Safe, Competent Care: What Can the Regulators Do?". This year's theme reflects the work our member MRAs are currently doing to review and optimize the effectiveness and efficiency of their licensing policies and processes. Topics of discussion will include licensing schemes that support interjurisdictional mobility as well as standards and processes for licensing of internationally trained physicians. We look forward to engaging with our partners on this important and timely subject in Halifax in June.

Anti-racism in Medical Regulation

FMRAC's Framework on *Indigenous-specific Racism: Wise Practices in Medical Regulation,* was approved by the Board in December 2022 following a consultation with partner organizations; it is posted on the FMRAC website.

Artificial Intelligence and the Practice of Medicine

In June 2022, the FMRAC Board approved a Summary Statement on Artificial Intelligence and the Practice of Medicine. FMRAC also developed a description of the continuum of artificial intelligence, which is also posted on the FMRAC website. FMRAC will continue to stay abreast of current and emerging issues of potential relevance to medical regulatory authorities.

New FMRAC Executive Director

Marcie Lorenzen, MD, was appointed FMRAC's interim Executive Director, effective January 3, 2023. She replaces Ms. Fleur-Ange Lefebvre, Executive Director and CEO, who retired from FMRAC on 31 December 2022.

Respectfully submitted,

Dr. Marcie Lorenzen
Interim Executive Director, FMRAC