

AGENDA

CPSM Office – Brown Room
1000 – 1661 Portage Avenue

Time		Item	Action		Page #	
5 min	8:00 am	1.	Opening Remarks		Dr. Shenouda	
0 min	8:05 am	2.	Agenda – Approval			
0 min	8:05 am	3.	Call for Conflict of Interest			
5 min	8:05 am	4.	Consent Agenda i. Council Meeting Minutes June 28, 2023 ii. Standard of Practice – Research iii. Council Policy – Supervision of Provisional Registrants	For Approval	Dr. Shenouda	3
60 min	8:10 am	5.	Strategic Plan and Annual Work Cycle	For Approval	Dr. Shenouda	52
5 min	9:10 am	6.	Registrar Deliverables (2022/23)	For Information	Dr. Shenouda/ Dr. Ziomek	61
30 min	9:15 am	7.	Performance Metrics Reporting	For Information	Mr. Penner	257
20 min	9:45 am	8.	-- Break --			
5 min	10:05 am	9.	Quality Prescribing Rules Review Working Group Update	For Information	Dr. Shenouda	267
10 min	10:10 am	10.	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	282
10 min	10:20 am	11.	Registrar's Report	For Information	Dr. Ziomek	287
90 min	10:30 pm	12.	In Camera – Succession Planning and Self-Evaluation of Governance Process			
4 hrs	12:00 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 – SEPTEMBER 27, 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 – June 28, 2023
- ii. Standard of Practice – Research
- iii. Council Policy – Supervision of Provisional Registrants

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON SEPTEMBER 27, 2023, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

All items on the consent agenda are approved as presented.



MINUTES OF COUNCIL

A meeting of the Council of The College of Physicians and Surgeons of Manitoba was held on June 28, 2023, at the CPSM Office with an option to join virtually via Zoom.

1. CALL TO ORDER

The meeting was called to order at 08:16 a.m. by the Chair of the meeting, Dr. Nader Shenouda.

COUNCILLORS:

Ms. Leslie Agger, Public Councillor
 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. Marvella McPherson, Public Councillor
 Dr. Lisa Monkman, Scantebury
 Dr. Peter Nickerson, Winnipeg
 Dr. Charles Penner, Brandon
 Ms. Leanne Penny, Public Councillor
 Dr. Nader Shenouda, Oakbank
 Dr. Heather Smith, Winnipeg
 Dr. Roger Süß, Winnipeg

MEMBERS:

STAFF:

Dr. Anna Ziomek, Registrar
 Dr. Ainslie Mihalchuk, Assistant Registrar
 Dr. Karen Bullock Pries, Assistant Registrar
 Mr. Mike Triggs, General Counsel
 Mr. Paul Penner, Chief Operating Officer
 Ms. Karen Sorenson, Executive Assistant
 Ms. Wendy Elias-Gagnon, Communications Officer
 Ms. Jo-El St. Vincent, Director Registration
 Mr. Jeremy de Jong, Legal Counsel
 Dr. Marilyn Singer, Medical Consultant, QI Program
 Dr. Sonja Bruin, Medical Consultant, QI Program

REGRETS:

Dr. Caroline Corbett, Winnipeg

2. ADOPTION OF AGENDA

IT WAS MOVED BY MS MAGNUS, SECONDED BY DR. PETER NICKERSON:
CARRIED:

That the agenda be approved as presented.

3. CALL FOR CONFLICT OF INTEREST AND IN CAMERA SESSION

Dr. Shenouda 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. CONSENT AGENDA

IT WAS MOVED BY DR. CHARLES PENNER, SECONDED BY DR. PETER NICKERSON:
CARRIED

That the following items on the consent agenda be approved as presented.

- 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

5. OPERATING BUDGET 2023/24

IT WAS MOVED BY DR. CHARLES PENNER, SECONDED BY MS MARVELLE MCPHERSON:
CARRIED

That the 2023/24 annual operating budget be approved as presented.

6. QUALITY PRESCRIBING RULES REVIEW WORKING GROUP

IT WAS MOVED BY DR. CHARLES PENNER, SECONDED BY MR. CHRIS BARNES that:
CARRIED

1. Council approves the attached draft Standard of Practice – Prescribing Requirements with options and amendments discussed 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.

7. STANDARD OF PRACTICE – RESEARCH

IT WAS MOVED BY DR. CHARLES PENNER, SECONDED BY MR. CHRIS BARNES:
CARRIED

That Council approves the draft Standard of Practice – Research to be distributed to the public, stakeholders, and registrants for consultation.

8. PERFORMANCE METRICS REPORTING TEMPLATE

Mr. Penner presented the Performance Metrics Reporting Template that will be used by the different areas of CPSM. Developing performance metrics reporting is a work in progress and updates will be brought to Council as staff work through the metrics to be presented for each department.

9. PHYSICIAN HEALTH PROGRAM PRESENTATION

Dr. Mihalchuk presented an update to the Council on the Physician Health Program. It included data from the last year and what CPSM is doing to promote the program to registrants.

10. STRATEGIC ORGANIZATIONAL PRIORITIES UPDATE

Mr. Triggs presented the Progress Chart for the Strategic Organizational Priorities outlining progress to date.

11. REGISTRAR DELIVERABLES

Dr. Ziomek and Mr. Triggs spoke to the Registrar Deliverables and presented a template for reporting on the deliverables. After discussion it was decided that the Registrar is to present, at the September meeting of the Council, further details of the deliverables for the past year and a proposed process for the annual development of new deliverables.

12. MEETING DATES

A schedule of meeting dates for 2023/24 committee meetings was for information only.

13. COMMITTEE REPORTS

The following Committee 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

14. CEO/REGISTRAR’S REPORT

Dr. Ziomek provided the Council with a written report for information outlining the matters currently being dealt with at CPSM. Dr. Ziomek responded to questions from the Councillors.

15. 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: 55 p.m.

Dr. N. Shenouda, President

Dr. A. Ziomek, Registrar



COUNCIL MEETING
SEPTEMBER 27, 2023
CONSENT AGENDA ITEM

SUBJECT: Standard of Practice - Research

RECOMMENDATION:

That Council approve amendments to the Standard of Practice - Research to replace the option that CPSM may approve research projects with the option to seek approval from a Research Ethics Board in compliance with the Tri-Council Group standards.

BACKGROUND:

At the June CPSM Council meeting Council approved the draft Standard of Practice – Research to be sent out for consultation. The Consultation period ended August 4, 2023.

CONSULTATION:

Consultation directed by Council resulted in 21 submissions. Anonymized submissions are attached. CPSM characterized them as either “yes” or “no” in support. 16 Registrants support the proposed amendments. Of the 5 responses characterized as “no”, 3 did not expressly state opposition to the amendment but rather disagreed with the statement in the consultation document that the changes will reduce administrative burdens faced by physicians. Another registrant who was characterized as “no” appears to have misread the amendment as their opposition is based on the mistaken interpretation that the amendment will leave “...the University of Manitoba REB as the only research ethics board...”. One registrant was opposed to the amendment.

Of note, two responses identified concerns with section 1.1 of the Standard of Practice, which was not the subject matter of the amendment. These concerns will be examined when the Standard of Practice is subject to its scheduled review in 2024/25.

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 SEPTEMBER 27, 2023, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves the attached Standard of Practice – Research to be effective immediately.

	FEEDBACK	SUPPORT (Yes or NO)
	<p>This amendment won't solve the issue referred to in the wait time task force.</p> <p>The UM and Shared Health just undertook a 5 year process to streamline the research approval process and succeeded in making reworking the forms and making it only slightly less complicated but equally cumbersome.</p> <p>CPSM is not the problem in this regard, this is entirely a Shared Health and WRHA issue. The UM REB needs to be compliant with the tri council and compared to many other universities is actually a very collegial and well run operation.</p>	No
	<p>Only one page is included for comment. Is this full extent of the standard? If not, it would seem to be a good idea to review the full document to address other pertinent updates that may be appropriate..</p> <p>The email refers to the challenges associated with the research review process required by the U of M and Shared Health. The proposed changes would not address this concern. Physicians with SH contracts and University appointments are required to submit their research projects for approval by these bodies, regardless of the CPSM standard.</p> <p>The U of M and SH have been working to address the duplication and other challenges of the research review process for over 5 years now (since before the formation of SH!). The “solution” – an online single access review process- is being managed by Research Manitoba. The rollout has taken much longer than anticipated with many glitches along the way but may address some of these concerns.</p> <p>Participation in Research:</p> <p>1.1: The language suggests that there is a requirement to participate in research “...must participate in...” As a researcher who understands the rigorous requirements for collecting data for research, I believe this requirement is not justified or feasible. There is considerable work and a significant time commitment with the associated costs, in collecting research data. It is not reasonable to make this a requirement of al CPSM members.</p> <p>1.2.4.ii: The MRC was replaced many years ago by the CIHR.</p>	No
	<p>I am concerned that leaving the University of Manitoba REB as the only research ethics board leaves no option for those researchers in community-based settings who are not affiliated with the University of Manitoba. Would you compel the U of M to then provide REB services for non-affiliated physicians?</p> <p>There is plenty of clinical research (in fact, probably most of the large clinical trials) that get done within the community, outside of the institution of the University.</p> <p>I am hoping you consider all physicians (and not just U of M physicians) when you make decisions affecting patients and physicians in the province.</p>	

	<p>I'd be so pleased if your proposal went through as it would increase research in Manitoba.</p> <p>I have almost given up accepting any research projects as dealing with University of Manitoba ethics is so painful, delays recruitment and increases workload unnecessarily to have a site in Manitoba.</p> <p>If proper approval occurs in Canada, it should be good for all Canadians. Ethic board approval in every province is not necessary and is just promoting jobs for the ethics board with minimal meaningful changes ever proposed to the already heavily vetted protocols.</p> <p>Hooray!!</p> <p>Thank you for eliminating the need to get further approval from the University of Manitoba ethics board if proper vetting has been done by an appropriate REB.</p>	Yes
	<p>I agree with the proposed amendment. Approval of the research project by a REB in compliance with the Tri-Council code of conduct should be sufficient to substitute for the CPSM's current involvement.</p> <p>Although I have not read the contents of the "Joint Task Force to Reduce Administrative Burdens on Physicians Progress Report #1", I fully agree with the excerpt below that research review from Shared Health in particular is "...overly complicated with an opportunity to reduce duplication and streamline."</p>	Yes
	<p>I don't see how the proposed change will have any impact on administrative burden for researchers.</p> <p>The issue with research approvals is the requirement for multiple approvals for certain projects – REB, Privacy committee, Shared Health, plus the contracts process.</p> <p>If a multicenter study – then this is required at each center. There are also often delays at each step.</p>	No
	<p>With this email, after reviewing the proposed changes to the bylaws. I would like to express my support of these changes. As physician, who has worked in clinical research, I think that providing an option would greatly benefit Manitoba researchers and our patients. There are unnecessary delays that may put Manitoba researchers and consequently our patients at a disadvantage.</p> <p>I thank CPSM for bringing this proposal.</p>	Yes
	<p>I'm writing in response to the recent proposed amendments to the standards of practice on research. For research originating in Manitoba, I agree it makes sense to minimize paperwork by only requiring UManitoba REB approval. However, my concern is for my colleagues participating in larger multi centre clinical trials. Would they also be required to apply locally for REB approval before they could participate in clinical trials? If this would be the result of the amendment, I think this would put an undue burden on my colleagues and would become another barrier to</p>	No

	<p>research participation, as in my experience the REB processes can be cumbersome.</p>	
	<p>I am very strongly in favour of the proposed amendment to the Standard of Practice on Research, regarding Research Ethics Board approvals.</p> <p>As a Manitoba researcher who is mandated to use the Bannetyne Research Ethics Board, I am at a great disadvantage. My patients are at a great disadvantage.</p> <p>Not only is the administrative work associated extremely excessive and duplicitous, but the body itself is inefficient. Meeting occur only monthly, with summer breaks. Communication is mediocre at the best of times. Resulting from this, my clinical research site is amongst the very very last to gain clinical research ethics approval nationally and internationally. Recruitment for studies is almost always competitive. Thus, my patients are at a great disadvantage. Often other trial sites have taken up all / the majority of the spots in the research and my patient are left with little or no opportunity to participate.</p> <p>Very often, these potential patients have skin problems with limited other therapeutic options. It is very unfortunate for these patients.</p> <p>I have had discussions with my colleagues who have moved away from clinical research because they just can't deal with the "BREB".</p> <p>Ethics approval for research is very important! However, I would like to have the same opportunities as my research colleagues in different provinces. and have choices regarding to where I send my ethics review. Excellent central ethics research boards exist.</p>	Yes
	<p>I am strongly in support of the proposed amendment to the Standard of Practice in Research regarding Research Ethics Board approvals. I have been sub investigator on many trials since 2014. Over this time, I have seen several trials with competitive recruitment close prior to being able to recruit for them due to delays in ethics approval. I appreciate how important the process is for ethics approval however having the same opportunities as other Canadian provinces is important. When we are unable to recruit for a study ultimately it is the patients who suffer.</p>	Yes
	<p>I would like to offer my support for researches to have options other than the Bannatyne research ethics board.</p> <p>I see no reason that Manitoba cannot use other ethics boards similar to other provinces.</p>	Yes
	<p>The proposed housekeeping changes are of no concern.</p> <p>However, I'm not clear on the rationale for Article 1.1. It seems to compel</p>	Yes

	<p>(i.e. “must participate”) a member to participate in every research project with which they may be approached, without regard to any expected demands on their time for recruitment, consent or data collection, nor any funding to offset the cost of those activities by hiring a research assistant. Given the amount of research ideas brought forward from researchers in academic settings and industry, this is simply untenable.</p> <p>At a hospital level this issue is managed by hospital based research impact committees. As a researcher, I can’t carry out research that would involve asking nurses or other members of the health care team to do a bunch of extra work— the impact committee won’t approve it as these front line health care workers are already quite busy. I am obliged to obtain the necessary funding to either pay for the hospital staff’s time or hire research assistants to complete the tasks. This requirement supercedes any consideration of the value of the research in advancing care. I would suggest that this clause be softened to allow the member to consider the impact of participating in the research in their practice when deciding whether to participate in the proposed project.</p> <p>It’s also unclear on what basis it will be determined that the research is in “an area of medicine with less well proven efficacy”. What if I disagree with the researcher’s interpretation of the evidence for the intervention they are proposing to study?</p>	
	<p>I am writing in support of Dr. Wiseman’s petition to use a Central REB for approval of research studies she and others undertake. All of us doing research in Winnipeg have had significant obstructions to the research process over the past 3-4 years. A major obstruction has been posed by Shared Health leadership is aware of the obstruction it has posed, and my sincere hope is that they will rectify this. There are times that I too experience some delays imposed by the Biologic Research Ethics Board (BREB) at the Bannatyne campus of the University of Manitoba. But in all honesty, they have not been the biggest impediment I have experienced. Nonetheless, sometimes their response time is slow and this to some extent may reflect the heavy burden of submissions that they have. One opportunity to reduce the burden on the University of Manitoba BREB is to allow for Central REBs. The benefit to them is more rapid approvals. The benefit to the University of Manitoba community will be to reduce the load on the BREB and therefore, enhance more rapid approvals. Dr. Wiseman in her letter has outlined other benefits of using a central REB as well as the legitimacy of central RBS that are available.</p>	Yes
	<p>I’d like to express my support for CPSM considering an alternative to the University based ethics approval for research occurring in Manitoba.</p>	Yes
	<p>Thank you for considering this Amendment. These changes will allow Manitoba researchers the options for research boards and will be a major step in the right direction for us and our subjects.</p> <p>I believe that the BREB has become a barrier to our success.</p>	Yes

	<p>BREB time delays can be excessive, and these time delays have a negative impact on my ability to recruit patients. This has resulted in the loss of clinical trials by the time we get approval.</p> <p>My research team and I are excited by this amendment and feel that these proposed changes will give us the opportunity to be competitive in both the national and international landscape, and benefit patients.</p>	
	<p>I am in favor of a change in the RCPSM bylaw to allow researchers in Manitoba to use any Health Canada accredited ethics board, instead of being constrained to the Bannatyne Research Ethics Board.</p>	Yes
	<p>I am writing to indicate my support for the proposed bylaw change by CPSM that would allow research ethics approval from a Research Ethics Board in compliance with the Tri-Council group.</p> <p>I feel that this would benefit both patients and Manitoba researchers.</p>	Yes
	<p>I am writing in support of the bylaw which would allow researchers in Manitoba to use an ethics board other than BREB, in the interest of advancing research in Manitoba and reducing unnecessary administrative burdens and delays.</p>	Yes



Aug 1, 2023

Attention: Dr. Anna Ziomek, Registrar
The College of Physicians & Surgeons of Manitoba
1000-1661 Portage Ave.
Winnipeg, Manitoba, Canada R3J 3T7

Dear Ziomek,

Regarding: Dr _____ Petition to use a Central Research Ethics Board (REB) as an alternative option to using the mandated local REB, BREB/CHIPER

I am writing in support of Dr. ____ petition to use a Central REB for approval of research studies she and others undertake. All of us doing research in Winnipeg have had significant obstructions to the research process over the past 3-4 years. A major obstruction has been posed by Shared Health. They were not signing contracts and research was leaving Manitoba. I believe the Shared Health leadership is aware of the obstruction it has posed and my sincere hope is that they will rectify this. There are times that I too experience some delays imposed by the Biologic Research Ethics Board (BREB) at the Bannatyne campus of the University of Manitoba. But in all honesty they have not been the biggest impediment I have experienced. Nonetheless, sometimes their response time is slow and this to some extent may reflect the heavy burden of submissions that they have. One opportunity to reduce the burden on the University of Manitoba BREB is to allow for Central REB to be used. I believe that researchers in community practice should be allowed to use Central REBs. The benefit to them is more rapid approvals. The benefit to the University of Manitoba community will be to reduce the load on the BREB and therefore, enhance more rapid approvals. Dr ____ in her letter has outlines other benefits of using a central REB as well as the legitimacy of central RBS that are available.

Sincerely





Winnipeg Clinic

425 St. Mary Ave
Winnipeg, MB
Canada, R3C 0N2

Tel: (204) 957-3390
Fax: (204) 942-2044

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SECTIONS/SPECIALTIES

ALLERGY

- M. Habicht, M.D.
- C. Hicks, M.D.
- *A. Kumar, M.D.
- *L. Rosenfield, M.D.

DERMATOLOGY

- *T. Afifi, M.D. (Dermatologist)
- *B. Colin, M.D. (Dermatologist)
- R.P. Haydev, M.D. (Dermatologist)
- J. Keddy-Grant, M.D. (Dermatologist)
- *B. Lee-Chen, M.D.
- R. Mouton, M.D.
- S. Oberman, M.D.

GENERAL MEDICINE

- K. Curtis, M.D.
- *M. Hochman, M.D.
- I. Kasloff, M.D.
- J. Michaud, M.D.
- *F. Sikora, M.D.

GENERAL AND OCCUPATIONAL MEDICINE

- O. Predan, M.D.

GENERAL INTERNAL MEDICINE

- K. Khosravi, M.D.

CARDIOLOGY

- *H.R. Bonakdar, M.D.

ENDOCRINOLOGY

- *C. Richardson, M.D.
- *E.A. Salamon, M.D.
- *V. Woo, M.D.

GASTROENTEROLOGY

- E. Abel, M.D.
- A. Benzadani, M.D.
- T. Hansen, M.D.
- K. Muthiah, M.D.

HEMATOLOGY

- P. Harris, M.D.

NEUROLOGY

- A. Dyck, M.D.
- K. Joyal, M.D.
- M. Khoshnam, M.D.

RESPIRATORY MEDICINE AND BRONCHOSCOPY

- *L.A. Honk, M.D.
- L. Madz, M.D.
- A. McKinnon, M.D.
- E. Orlikow, M.D.

RHEUMATOLOGY

- *S. Barac, M.D.
- *A. Man, M.D.

DEPARTMENT OF SURGERY

OBSTETRICS AND GYNAECOLOGY

- Z. Al-Mourmen, M.D.
- H. Azzam, M.D.
- *D.S. Dubvna, M.D.

OPHTHALMOLOGY

- T. Bower, M.D.
- D. Camorano, M.D.
- L. Gould, M.D.
- *R. Leicht, M.D.

ORTHOPAEDICS

- R. Mascarenhas, M.D.

UROLOGY

- V. Ruzhynskv, M.D.
- A. Mattelano, M.D.

CHIEF EXECUTIVE OFFICER

- Rob Deleak, C. Mar., MBA, M.Sc.

*Medical Corporation

July 20, 2023

The College of Physicians & Surgeons of Manitoba

RE: Standard of Practice – Research

Amendment regarding Research Ethics Board approvals

Thank you for considering this Amendment. These changes will allow Manitoba researchers the options for research boards and will be a major step in the right direction for us and our subjects.

I believe that the BREB has become a barrier to our success.

BREB time delays can be excessive and these time delays have a negative impact on my ability to recruit patients. This has resulted in the loss of clinical trials by the time we get approval.

My research team and I are excited by this amendment and feel that these proposed changes will give us the opportunity to be competitive in both the national and international landscape, and benefit patients.

Thank you to the College!

Kind regards,





SECTIONS/SPECIALTIES

ALLERGY

- M. Halbrich, M.D.
- C. Hicks, M.D.
- *A. Kumar, M.D.
- *L. Rosenfeld, M.D.

DERMATOLOGY

- *T. Afifi, M.D. (Dermatologist)
- *B. Collin, M.D. (Dermatologist)
- R.P. Havdev, M.D. (Dermatologist)
- J. Keddy-Grant, M.D. (Dermatologist)
- *B. Lee-Chen, M.D.
- R. Mouton, M.D.
- S. Oberman, M.D.

GENERAL MEDICINE

- K. Curtis, M.D.
- *M. Hochman, M.D.
- I. Kasloff, M.D.
- J. Michaud, M.D.
- *F. Sikora, M.D.

GENERAL AND OCCUPATIONAL MEDICINE

- O. Prodan, M.D.

GENERAL INTERNAL MEDICINE

- K. Khosravi, M.D.

CARDIOLOGY

- *H.R. Bonakdar, M.D.

ENDOCRINOLOGY

- *C. Richardson, M.D.
- *E.A. Salamon, M.D.
- *V. Woo, M.D.

GASTROENTEROLOGY

- E. Abei, M.D.
- A. Benzadani, M.D.
- T. Hansen, M.D.
- K. Muthiah, M.D.

HEMATOLOGY

- P. Harris, M.D.

NEUROLOGY

- A. Dyck, M.D.
- K. Jovai, M.D.
- M. Khoshnam, M.D.

RESPIRATORY MEDICINE AND BRONCHOSCOPY

- *L.A. Hornik, M.D.
- L. Madi, M.D.
- A. McKinnon, M.D.
- E. Orlikov, M.D.

RHEUMATOLOGY

- *S. Barac, M.D.
- *A. Man, M.D.

DEPARTMENT OF SURGERY

OBSTETRICS AND GYNAECOLOGY

- Z. Al-Mourmen, M.D.
- H. Azzam, M.D.
- *D.S. Dubyna, M.D.

OPHTHALMOLOGY

- T. Bower, M.D.
- D. Camoriano, M.D.
- L. Gould, M.D.
- *R. Leicht, M.D.

ORTHOPAEDICS

- R. Mascarenhas, M.D.

UROLOGY

- V. Ruzhynskv, M.D.
- A. Mattellano, M.D.

CHIEF EXECUTIVE OFFICER

- Rob Daikw, C.Mar., MBA, M.Sc.

*Medical Corporation

0017

Winnipeg Clinic

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Canada, R3C 0N2

Tel: (204) 957-3390

Fax: (204) 942-2044

July 20, 2023

The College of Physicians & Surgeons of Manitoba

RE: Standard of Practice – Research

Amendment regarding Research Ethics Board approvals

Thank you for considering this Amendment. These changes will allow Manitoba researchers the options for research boards and will be a major step in the right direction for us and our subjects.

I believe that the BREB has become a barrier to our success.

BREB time delays can be excessive and these time delays have a negative impact on my ability to recruit patients. This has resulted in the loss of clinical trials by the time we get approval.

My research team and I are excited by this amendment and feel that these proposed changes will give us the opportunity to be competitive in both the national and international landscape, and benefit patients.

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Kind regards,





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0018

SECTIONS/SPECIALTIES

ALLERGY

- M Halbrich, M.D.
- C. Hicks, M.D.
- *A. Kumar, M.D.
- *L. Rosenfield, M.D.

DERMATOLOGY

- *T. Afifi, M.D. (Dermatologist)
- *B. Collin, M.D. (Dermatologist)
- R.P. Havdev, M.D. (Dermatologist)
- J. Keddy-Grant, M.D. (Dermatologist)
- *B. Lee-Chen, M.D.
- R. Mouton, M.D.
- S. Oberman, M.D.

GENERAL MEDICINE

- K. Curtis, M.D.
- *M. Hochman, M.D.
- I. Kasloff, M.D.
- J. Michaud, M.D.
- *F. Sikora, M.D.

GENERAL AND OCCUPATIONAL MEDICINE

- O. Prodan, M.D.

GENERAL INTERNAL MEDICINE

- K. Khosravi, M.D.

CARDIOLOGY

- *H.R. Bonakdar, M.D.

ENDOCRINOLOGY

- *C. Richardson, M.D.
- *E. A. Salamon, M.D.
- *V. Woo, M.D.

GASTROENTEROLOGY

- E. Abel, M.D.
- A. Benzadani, M.D.
- T. Hansen, M.D.
- K. Muthiah, M.D.

HEMATOLOGY

- P. Harris, M.D.

NEUROLOGY

- A. Dyck, M.D.
- K. Joval, M.D.
- M. Khoshnam, M.D.

RESPIRATORY MEDICINE AND BRONCHOSCOPY

- *L.A. Hornik, M.D.
- L. Madi, M.D.
- A. McKinnon, M.D.
- E. Orlikow, M.D.

RHEUMATOLOGY

- *S. Barac, M.D.
- *A. Man, M.D.

DEPARTMENT OF SURGERY

OBSTETRICS AND GYNAECOLOGY

- Z. Al-Moumen, M.D.
- H. Azzam, M.D.
- *D.S. Dubvina, M.D.

OPHTHALMOLOGY

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A. Mattelano, M.D.

CHIEF EXECUTIVE OFFICER

Rob Dekiw, C.Mor., MBA, M.Sc.

Medical Corporation

Dear CPSM,

I am strongly in support of the proposed amendment to the Standard of Practice on Research regarding Research Ethics Board approvals. I have been sub investigator on many trials since 2014. Over this time I have seen several trials with competitive recruitment close prior to being able to recruit for them due to delays in ethics approval. I appreciate how important the process is for ethics approval however having the same opportunities as other Canadian provinces is important. When we are unable to recruit for a study ultimately it is the patients who suffer.

Thank you for your consideration,





Standard of Practice

Research

Initial Approval: January 1, 2019

Effective Date: January 1, 2019

Reviewed with Changes: September 27, 2023

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

- 1.1. If asked, a registrant 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 registrant 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~~ 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).



COUNCIL MEETING
SEPTEMBER 27, 2023
NOTICE OF MOTION

SUBJECT: New draft Council Policy – Supervision of Provisional Registrants

BACKGROUND:

Numerous amendments to the *CPSM General Regulation* were approved by Council at a special meeting on July 4, 2023. This included the addition of Subspecialist Affiliate status as a new route to full registration for subspecialists who can demonstrate their competency through the Royal College's Subspecialist Examination Affiliate Program (SEAP). This amendment was subsequently passed by Cabinet (government) and comes into force effective September 1, 2023. The amendment reads as follows:

Clause 3.8(b) [of the CPSM General Regulation] is further amended by adding the following after subclause (i):

(i.1) he or she

(A) holds affiliate status with the Royal College in a subspecialty, (B) successfully completed a Royal College subspecialty examination through the Royal College – Subspecialist Examination Affiliate Program, and

(C) satisfactorily completed an approved period of supervised practice,

Council must now establish a policy in respect to the “*approved period of supervision*” that must be satisfactorily completed before those with Subspecialist Affiliate status through SEAP can convert to full registration.

Section 1.4 (Definitions) of the *CPSM General Regulation* includes:

"approved" means approved by the council except where the approval is indicated to be given by the registrar or other person or body.

Note that candidates who meet all other requirements are registered as Provisional Registrants while undergoing the period of supervision.

Supervision of provisional registrants:

The current requirements for supervision of Provisional Registrants are found at sections 2.7 and 2.8 of the Qualifications and Registration Practice Direction. Content from these sections has been entered into a new draft policy for supervision of Provisional Registrants. See attached.

The new draft policy contains provisions for the approved period of supervision for SEAP candidates (see clauses 1.1.1 and 9).

The content of these provisions need not be the subject of a Practice Direction. The new draft policy will replace sections 2.7 and 2.8 of the Qualifications and Registration Practice Direction. See attached.

While the wording for supervision requirements for Provisional Registrants has been modified to be clearer and include explanatory footnotes, the substantive requirements have not been changed, apart from adding language for SEAP candidates.

In summary, with respect to SEAP candidates, the Registrar will have discretion to determine the length of the required period of supervision as well as review, audit and orientation requirements.

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 requirements for the approved period of supervision allow CPSM to assess competency in a flexible way depending on the individual candidate’s circumstances.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON SEPTEMBER 27, 2023, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves:

- A. Establishing the new Council Policy – Supervision of Provisional Registrants, as attached, to be effective immediately.
- B. Repealing sections 2.7 and 2.8 of the Qualifications and Registration Practice Direction, as attached, effective immediately.



POLICY

Supervision of Provisional Registrants

Initial Approval: **DATE**

Effective Date: **DATE**

Contents:

1. Application of this policy:.....	1
2. Approval criteria for practice supervisors:.....	2
3. Practice supervisor's role and responsibilities:.....	3
4. Degree of supervision:	4
5. Orientation plan:.....	5
6. Reporting mechanisms for practice supervisors:.....	5
7. Audits, reviews, and inspections by CPSM:.....	6
8. Agreements and undertakings:.....	6
9. Provisional Registrants who have completed the Royal College Subspecialty Examination Affiliate Program (SEAP):	7

1. Application of this policy:

- 1.1. For most classes of provisional registration there is a condition that the registrant only engage in the practice of medicine under supervision or monitoring. This Council Policy sets out the approved supervision requirements for provisional registrants in the following classes:¹
 - 1.1.1. Provisional (Specialty Practice-Limited), per subsections 3.16(1)(f) and 3.18(2) of the *CPSM General Regulation*,
 - 1.1.2. Provisional (Family Practice-Limited), per subsections 3.19(1)(f) and 3.21(2) of the *CPSM General Regulation*, and
 - 1.1.3. Provisional (MPAP), per section 3.23 of the *CPSM General Regulation*.

¹ This policy does not apply to supervision or monitoring requirements for those provisionally registered in the Academic classes (s. 181 Faculty, Visiting Professor, or Post-Certification Trainee), or the Public Health Officer, Restricted Purpose, Temporary-Locum, Transitional, and Non-Practising classes.

- 1.2. For the above listed classes of provisional registration, registrants must enter a satisfactory arrangement with a Practice Supervisor approved by the Registrar. The prescribed arrangements for supervision will be articulated in undertakings to CPSM to be signed by the Provisional Registrant and the Practice Supervisor.

2. Approval criteria for practice supervisors:

- 2.1. The Practice Supervisor must:
 - 2.1.1. be approved by the Registrar, who may consider the proposed supervisor's professional conduct history in determining whether they are approved as a supervisor,
 - 2.1.2. be a fully or provisionally registered physician, and
 - 2.1.3. recognize the importance of their need to demonstrate effective communication and interpersonal skills and knowledge and understanding of cultural differences and values and beliefs that affect performance in a Canadian practice environment.
- 2.2. The Practice Supervisor should:
 - 2.2.1. have a similar scope of practice and be in a similar current practice situation and environment as that in which the Provisional Registrant will be practising, including the possibility of geographic isolation, and
 - 2.2.2. be experienced in the system, with a minimum of two (2) years of independent practice.
- 2.3. Best practices for the Practice Supervisor include:
 - 2.3.1. affiliation with the Manitoba Faculty,
 - 2.3.2. affiliation with relevant health institutions in the community, and/or
 - 2.3.3. demonstrated commitment to training and evaluation of the work they do as a Practice Supervisor.
- 2.4. Prior to approval, the Practice Supervisor must have completed relevant, formal training satisfactory to the Registrar.²
- 2.5. The Practice Supervisor will have a direct link to a CPSM staff member or an experienced practice supervisor in the field to discuss supervision practices and concerns.

² The ordinary requirement is that proposed practice supervisors must have completed the Practice Supervisor Workshop organized by the Manitoba Faculty in association with CPSM.

3. Practice supervisor's role and responsibilities:

- 3.1. The Practice Supervisor is responsible for:
 - 3.1.1. assisting with orientation as may be necessary,
 - 3.1.2. reviewing the Provisional Registrant's professional practice at regular intervals, as prescribed by the Registrar,³
 - 3.1.3. receiving and reviewing audit reports prepared in accordance with this policy,⁴
 - 3.1.4. ascertaining whether the Provisional Registrant is practising safely, and meeting expected clinical standards of care,
 - 3.1.5. meeting with the Provisional Registrant to discuss supervision, and
 - 3.1.6. providing written Monitoring Reports to CPSM on a schedule prescribed by the Registrar.⁵

- 3.2. In fulfilling their supervisory responsibilities, the Practice Supervisor must always act in good faith and must:
 - 3.2.1. maintain appropriate boundaries with the Provisional Registrant respecting their role and responsibilities to CPSM,
 - 3.2.2. be an unbiased reporter of the observations of the Provisional Registrant's practice,
 - 3.2.3. provide written Monitoring Reports to CPSM, in a form satisfactory to CPSM, at the prescribed frequency, using the input of others, including other health professionals, in completing Monitoring Reports,
 - 3.2.4. make recommendations to CPSM regarding supervision and the frequency of reporting based upon the performance of the Provisional Registrant, and
 - 3.2.5. provide feedback to the Provisional Registrant in an unbiased and constructive manner.

- 3.3. The Practice Supervisor should identify physician enhancement opportunities to the Provisional Registrant as well as assist in learning about community resources to help meet patient needs and promote good care.

- 3.4. Provisionally registered physicians are usually linked to a separate mentor to assist with orientation, integration into the health care system and identification of professional development based upon need. If a separate mentor cannot be

³This usually includes chart reviews at a frequency determined by CPSM. A schedule of chart reviews will be set out in applicable undertakings. This requirement will include discretion for the Registrar to require additional chart reviews if concerns are identified.

⁴ To support supervision and monitoring, an auditor appointed by CPSM will conduct routine audits of the Provisional Registrant's practice and produce a report. The auditor's report will be made available to the Practice Supervisor. The schedule for audits will be described in applicable undertakings.

⁵ The schedule for Monitoring Reports will be set out in applicable undertakings. This will include discretion for the Registrar to require additional Monitoring Reports if concerns are raised. The schedule for Monitoring Reports will generally align with the schedule for prescribed chart reviews.

obtained, the Practice Supervisor may also assume the mentorship role, as long as this does not interfere with the Practice Supervisor's primary role, including their CPSM reporting obligations.

3.5. Supervision of the Provisional Registrant will be monitored by CPSM.⁶

4. Degree of supervision:

4.1. Supervision during provisional registration is one component of a progressive path to full registration. Some components of supervision of the Provisional Registrant remain in place until they receive full registration.

4.2. Supervision is of a graduated nature; the level will be more intense at the onset and gradually reduced through the supervisory period, as appropriate. The components and frequency of reviews and Monitoring Reports for the duration of provisional registration are to be determined by the Registrar.⁷ While under supervision, the intensity of supervision may be decreased or increased based on, but not limited to:

4.2.1. the Practice Supervisor's Monitoring Reports, which provide explicit indications as to whether the Provisional Registrant is meeting expected standards in prescribed areas,

4.2.2. recommendations by the Practice Supervisor,

4.2.3. other forms of feedback,

4.2.4. audit reports prepared in accordance with this policy,

4.2.5. professional conduct history (e.g., complaints), and

4.2.6. any issues addressed in the Quality Department.

4.3. Supervision as required under this Practice Direction will be removed immediately if the Provisional Registrant achieves the minimum eligibility requirements for full registration and converts to that class.⁸

⁶ Monitoring is typically overseen by the Assistant Registrar in the Quality Department.

⁷ This usually includes chart reviews followed by a Monitoring Report 1) monthly for the first three months of supervision, 2) at nine, eighteen, and twenty-four months, and 3) at any other time at the direction of the Registrar. Immediate reporting would be required where the Practice Supervisor, for whatever reason, is of the opinion that the Provisional Registrant is unable to practice medicine safely. CPSM's [Duty to Report Standard of Practice](#) otherwise applies in the usual way.

⁸ For some registrants, a determination may be made that further audits or monitoring is indicated, even after conversion to full registration. When that is the case, this will typically be accomplished through referral to the Central Standards Committee.

5. Orientation plan:

- 5.1. Provisional Registrants who have not practiced medicine in Manitoba may be required to complete an orientation plan to the satisfaction of the Registrar as part of their supervisory arrangements. This is mandatory for those who have not practiced in Canada for at least two (2) years. Orientation plans are individualized, but need to include one or more of the following components, as relevant to the Provisional Registrant's professional practice:^{9, 10}
 - 5.1.1. CPSM's regulatory scheme, including Standards of Practice and Practice Directions.
 - 5.1.2. Fundamentals regarding the Manitoba Health Care system and the role of the physician in that system.
 - 5.1.3. Cultural sensitivity and trauma informed practices in delivering good care,
 - 5.1.4. Patient-centered approach to care.
 - 5.1.5. Team-based practice environments.
 - 5.1.6. Documentation and maintenance of patient records.
 - 5.1.7. Business arrangements and practice management in non-institutional practice settings.
 - 5.1.8. Continuing professional development expectations.

6. Reporting mechanisms for practice supervisors:

- 6.1. Nature and content of Monitoring Reports:
 - 6.1.1. Monitoring Reports must be provided by the Practice Supervisor to CPSM. Reports must provide evidence of the competence and quality of practice of the Provisional Registrant during the identified period of supervision.
 - 6.1.2. The Provisional Registrant must be appraised on their performance on a regular basis by the Practice Supervisor and provided with opportunities for response. This includes discussion of Monitoring Reports.
- 6.2. Frequency of Monitoring Reports and management of the report information:
 - 6.2.1. Monitoring Report frequency and reporting mechanisms will be clearly defined by the Registrar.
 - 6.2.2. Scheduling of Monitoring Reports, including tapered frequency over time, will be reflective of the demonstration of practice competence through the period of supervised practice.

⁹ In all cases, Provisional Registrants are encouraged to seek out mentorship responsibilities and opportunities to orient themselves to their practice environment.

¹⁰ The intended purpose of the orientation plan is to set the Provisional Registrant up for success. Aspects of a good plan will be case specific. Numerous components can be accomplished through online resources, such as CPSM's published materials and educational modules offered through the Medical Council of Canada (MCC), the Canadian Medical Protective Association (CMPA), and the Manitoba Faculty.

- 6.2.3. Monitoring Reports must be shared with the Provisional Registrant to enable them to identify personal areas for continuing professional development.
 - 6.2.4. The Monitoring Report will form a part of the registration file held by CPSM.
- 6.3. The Practice Supervisor must immediately report any concerns regarding patient safety to CPSM.

7. Audits, reviews, and inspections by CPSM:

- 7.1. During the period of supervision, audits of the Provisional Registrant's practice will occur on a schedule determined by the Registrar. They are conducted by a CPSM appointed auditor. The Provisional Registrant must cooperate with and participate in audits as required. This may include chart or interactive audits, as appropriate in the circumstances. The Practice Supervisor is expected to assist with audits as necessary and is provided with the audit report as part of their supervision.¹¹
- 7.2. Reviews or inspections of the Provisional Registrant's practice by a CPSM appointee, as part of monitoring and supervision, may occur as determined by the Registrar. The Provisional Registrant must cooperate with and participate in such reviews or inspections. The Practice Supervisor is expected to assist with reviews and inspections as necessary and will be provided with any report arising therefrom.¹²

8. Agreements and undertakings:

- 8.1. The Provisional Registrant will be required to enter a written undertaking to CPSM regarding arrangements for supervision.
- 8.2. There must be a written undertaking to CPSM from the Practice Supervisor, including an undertaking to commit to the responsibilities described in this policy. The undertaking should include details with respect to:
 - 8.2.1. charts reviews, reporting requirements, and frequency determined by CPSM,
 - 8.2.2. declaration of freedom of any real or perceived bias or conflict of interest,
 - 8.2.3. fulfilling supervisory responsibilities notwithstanding any financial and remuneration arrangements between the Practice Supervisor and the Provisional Registrant,
 - 8.2.4. confidentiality between the Provisional Registrant and the Practice Supervisor, and

¹¹ This usually includes a chart audit after 6 months of practice, and at any other time at the direction of the Registrar.

¹² In the usual course, this is limited to a 360-degree multisource feedback review of the Provisional Registrant's practice. This is included in applicable undertakings.

- 8.2.5. principles governing the relationship between the Practice Supervisor and the Provisional Registrant and the Practice Supervisor and CPSM, including issues relating to power imbalance and resolving disputes.
 - 8.3. The Provisional Registrant will be responsible for costs associated with arrangements for supervision.
9. Provisional Registrants who have completed the Royal College Subspecialty Examination Affiliate Program (SEAP):
 - 9.1. For the purposes of subsection 3.8(b)(i.1)(C) of the *CPSM General Regulation*, the approved period of supervised practice for those seeking full registration based on successful completion of a Royal College SEAP is to be determined by the Registrar under the following framework:
 - 9.1.1. In situations where the candidate has successfully completed an accredited Canadian subspecialty training program in a Royal College recognized subspecialty discipline, the Registrar may deem them to have completed the approved period of supervised practice.
 - 9.1.2. If the candidate has no relevant training or experience in Canada, then supervision should be for a minimum of eighteen (18) months, plus any period required to complete additional orientation, reviews, audits, or Monitoring Reports prescribed by the Registrar in accordance with this policy, up to a maximum period of twenty-four (24) months.
 - 9.1.3. In all other situations, the required period of supervision shall be determined on a case-by-case basis by the Registrar, up to a maximum period of twenty-four (24) months.
 - 9.1.4. If the Registrar determines that the Provisional Registrant has not satisfactorily completed the approved period of supervised practice, then the candidate ceases to be eligible for full registration under subsection 3.8(b)(i.1) of the *CPSM General Regulation*. In this situation, they would need to pursue another path to full registration (i.e., MPAP or RC certification).
 - 9.1.5. In determining whether the Provisional Registrant has satisfactorily completed the approved period of supervised practice, the Registrar will consider relevant indicators of performance and competence, including reviews, audits, and Monitoring Reports prepared in accordance with this policy.
 - 9.2. For clarity, during the period of supervision, the Provisional Registrant will be registered in the Provisional (Specialty Practice-Limited) Class.



PRACTICE DIRECTION

Qualifications and Registration

Initial Approval: November 22, 2018

Effective Date: January 1, 2019

Reviewed with Changes
June 21, 2019, December 9, 2020
March 23, 2022, September 29, 2022
March 22, 2023, June 28, 2023

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 with specific reference to Parts 3, 4, 7, and 8 of the CPSM General Regulation.

1. REGISTRATION AND CERTIFICATE OF PRACTICE

Types of Certificates of Practice

- 1.1. Regulated registrants may apply for a certificate of practice in one of the following categories:
 - 1.1.1. full annual certificate of practice;
 - 1.1.2. full monthly certificate of practice, which is available only on a calendar month basis;
 - 1.1.3. limited certificate of practice applicable to the restricted purpose class of registration;
 - 1.1.4. resident annual certificate of practice;
 - 1.1.5. resident reduced term certificate of practice, which is available only for a period of fewer than 8 consecutive months.
- 1.2. Regulated associate registrants may apply for a certificate of practice in one of the following categories:
 - 1.2.1. resident annual certificate of practice;
 - 1.2.2. resident limited certificate of practice;
 - 1.2.3. external or visiting student certificate of practice;
 - 1.2.4. medical student certificate of practice;

- 1.2.5. physician assistant annual certificate of practice;
- 1.2.6. clinical assistant annual certificate of practice;
- 1.2.7. assessment candidate specialty practice limited;
- 1.2.8. assessment candidate family practice limited;
- 1.2.9. assessment candidate re-entry; and
- 1.2.10. limited certificate of practice applicable to the restricted purpose class of registration.

Resident Qualified for Registration as Regulated Registrant - Full class

- 1.3. A resident who meets the qualifications for registration in the full practising class and who wishes to practise medicine outside of his or her approved residency program must apply for a full annual certificate of practice or full monthly certificate of practice. Fees collected by CPSM for the resident's annual certificate of practice are applied against the full annual certificate of practice fee.

Renewal of Monthly Certificate of Practice

- 1.4. A regulated registrant seeking to renew a monthly certificate of practice during a certificate of practice year in which he or she has already met the renewal requirements must pay the fee prescribed and declare to CPSM whether there have been any changes in the information provided by the individual at the time of his or her last renewal declaration, provided that each certificate of practice year all regulated registrants must comply with the annual renewal disclosure requirements.
- 1.5. On request at the time of an application for monthly certificate of practice, CPSM may issue monthly certificates of practice for consecutive months, but only for calendar months during the same certificate of practice year. When a regulated registrant who held one or more full monthly certificates of practice during a certificate year applies for a full annual certificate of practice in that same certificate year, the fees collected by CPSM for the full monthly certificates of practice are not applied against the full annual certificate of practice fee.
- 1.6. A registrant who opts for monthly or other reduced term certificates of practice will not be issued any reminder of the requirement for renewal and is solely responsible for ensuring that he or she has a valid certificate of practice at all times when practising medicine in Manitoba by renewing his or her certificate of practice and paying the fee before the expiry date of the monthly or other reduced term certificate of practice.

Application and Renewal of Certificate of Practice

- 1.7. When applying for, or renewal of, a certificate of practice, in addition to complying with the requirements set out in s. 4.4 and 4.7 of the CPSM General Regulation, the Registrar requires a registrant to provide evidence satisfactory to the Registrar that the registrant has professional liability coverage and will maintain such coverage while holding a certificate of practice in accordance with s 4.12 of the CPSM General Regulation.

2. QUALIFICATIONS

Approved Assessment Requirements

- 2.1. Clinical assistant assessments approved by Council for the purposes of CPSM General Regulation s. 3.67(a)

The following assessment processes are approved for registration as a clinical assistant:

- 2.1.1. with no field of practice restriction:

- 2.1.1.a. Registered Clinical Assistant assessment offered by the Rady Faculty of Health Sciences, Max Rady College of Medicine, University of Manitoba.

- 2.1.1.b. National Assessment Collaborative OSCE.

- 2.1.1.c. Satisfactory completion of the MCCQE2 exam.

- 2.1.2. with practice restricted to a specific field of practice: satisfactory completion of a program accredited by the Royal College of Physicians and Surgeons of Canada in a Canadian University teaching hospital in the applicant's intended field of practice.

- 2.2. Provisional Registration Assessments approved by Council

The following assessment processes are approved for provisional registration in:

- 2.2.1. Family Medicine Assessments approved for the purposes of CPSM General Regulation s.3.19 (1)(g)(i):

- 2.2.1.a. Western Alliance for Assessment of International Physicians.

- 2.2.1.b. Practice Ready Assessment - Family Practice (PRA-FP), formerly known as the Assessment for Conditional Licensure for Family Medicine ("ACL"), excluding anaesthesia.

- 2.2.1.c. Family practice including anaesthesia

- 2.2.1.c.i. PRA-FP; and

- 2.2.1.c.ii. the anaesthesia assessment annexed hereto as Schedule A.

- 2.2.1.d. The practice ready assessment for family medicine used by the College of Physicians & Surgeons of Alberta.

- 2.2.1.e. An assessment conducted elsewhere in Canada certified by the Dean of the Faculty of Medicine as equivalent to the competencies for family medicine/practice ready assessment.
- 2.2.2. Specialty Practice Assessments approved for the purposes of CPSM General Regulation s. 3.16 (1) (g) (i):
 - 2.2.2.a. Satisfactory completion of a program accredited by the Royal College of Physicians and Surgeons of Canada in a Canadian university teaching hospital.
 - 2.2.2.b. Participation in the Practice Ready Assessment- Specialty Practice (“PRA-SP”), formerly known as the Non-Registered Specialist Assessment Programs, limited to those specialty programs offered by the Rady Faculty of Health Sciences, Max Rady College of Medicine at the University of Manitoba.
 - 2.2.2.c. An assessment conducted elsewhere in Canada certified by the Dean of the Faculty of Medicine as equivalent to the competencies for Royal College certification in that specialty, limited to those specialty fields of practice where a training program in that field is not offered by the Rady Faculty of Health Sciences, Max Rady College of Medicine.
 - 2.2.2.d. Limited to those candidates who have completed fellowship at the Rady Faculty of Health Sciences, Max Rady College of Medicine:
 - 2.2.2.d.i. Certification by the Program Director that in the fellowship the candidate successfully completed an equivalent assessment to specified components of the PRA-SP, and
 - 2.2.2.d.ii. Participation in the remaining components of the PRA-SP not covered by the fellowship, as certified by the Program Director.
 - 2.2.2.e. The Western Alliance for Assessment of International Physicians, limited to general surgery or internal medicine candidates.
 - 2.2.2.f. The Canadian practice ready assessment for specialty practice in psychiatry or internal medicine.
 - 2.2.2.g. In exceptional circumstances, an assessment that is satisfactory to the Registrar, is deemed equivalent to the above assessments by the Registrar and is endorsed by two other Manitoba specialists practicing in the same area of practice. Any decision made under this clause must be reported to the Executive Committee at the earliest opportunity.
- 2.3. REPEALED – MARCH 22, 2023 – See [Council Policy – Assessment Candidate \(Re-Entry to Practice\) Class](#)

Family Practice Registration – Fields of Practice for the purposes of CPSM General Regulation section 2.5(1)(c) and 2.10(2)

- 2.4. REPEALED – JUNE 28, 2023 – See [Practice Direction – Professional Practice and Inactivity](#)
- 2.5. REPEALED – JUNE 28, 2023 – See [Practice Direction – Professional Practice and Inactivity](#)
- 2.6. REPEALED – JUNE 28, 2023 – See [Practice Direction – Professional Practice and Inactivity](#)

Provisional Registration

~~2.7. REPEALED – SEPTEMBER 27, 2023 – See Council Policy – Supervision of Provisional Registrants Approved Requirements for Practice Supervision of Provisionally Registered physicians for the purposes of CPSM General Regulation s. 3.18(2), 3.21 (2), 3.23, 3.27, 3.12(b)(iv), 3.10 and RHPA s.181(3).~~

~~2.7.1. All provisional registrants must be supervised in practice in accordance with this policy.~~

~~2.7.2. Components of Supervision~~

~~2.7.2.a Roles and Responsibilities of the Supervisor~~

~~2.7.2.a.i — The Supervisor is responsible for reviewing the provisionally registered physician's practice at regular intervals, as prescribed by CPSM, to ascertain whether the physician is practising safely and meets the expected clinical standard of care.~~

~~2.7.2.a.ii — The Supervisor must always act in good faith and must:~~

- ~~• maintain appropriate boundaries with the provisionally registered physician respecting his/her role as a physician responsible to report to CPSM.~~
- ~~• be an unbiased reporter of the observations of the provisionally registered physician's practice.~~
- ~~• provide written reports to CPSM at the prescribed frequency, using the input of others, including other health professionals, in completing a report.~~
- ~~• make recommendations to CPSM regarding the frequency of the supervision based upon the performance of the provisionally registered physician.~~
- ~~• provide feedback to the provisionally registered physician in an unbiased and constructive manner. The Supervisor may identify physician enhancement opportunities to the provisionally registered physician as well as assist in learning about community resources to help meet patient needs.~~

~~2.7.2.a.iii — A provisionally registered physician is linked to a separate mentor to assist with orientation, integration into the health care system and identification of professional development based upon need. If a separate mentor cannot be obtained, the Supervisor may also assume the role of coach/mentor, as long as this does not interfere with the Supervisor's role as the physician responsible to report to CPSM.~~

~~2.7.3. Length of the period of supervision~~

~~2.7.3.a. — Supervision during provisional registration is one component of a progressive path to full registration.~~

~~2.7.3.b. — Supervision is of a graduated nature; the level will be more intense at the onset and will be gradually reduced through the supervisory period.~~

~~2.7.3.c. Some component(s) of supervision of the provisionally registered physician remain(s) in place until the physician receives full registration.~~

~~2.7.3.d. — The components and frequency of reports of supervision for the duration of the provisional registration are determined by CPSM.~~

~~2.7.3.e. — While in supervision, the length of time remaining, and the intensity of supervision may be decreased (or increased) by CPSM based on, but not limited to:~~

~~2.7.3.e.i. — Supervisor's reports that provide explicit indications that the provisionally registered physician is or is not meeting the standards in prescribed areas.~~

~~2.7.3.e.ii. — Recommendations by the Supervisor.~~

~~2.7.3.e.iii. — Other forms of feedback.~~

~~2.7.3.e.iv. — Record of complaints to CPSM or Physician Health issues.~~

~~2.7.3.f. Supervision will be removed immediately if the provisionally registered physician achieves the minimum eligibility requirements for full registration.~~

~~2.7.4. Qualifications/Characteristics of the Supervisor~~

~~2.7.4.a. — The Supervisor must:~~

~~2.7.4.a.i. — be approved by the Registrar who may exercise her/his discretion to determine if a registrant who has been formally disciplined by way of a censure or Inquiry, may serve as a supervisor.~~

~~2.7.4.a.ii. — be a fully or provisionally registered physician.~~

~~2.7.4.a.iii. — recognize the importance of his or her need to demonstrate:~~

- ~~• — effective communication and interpersonal skills;~~
- ~~• — knowledge and understanding of cultural differences and values and beliefs that affect performance in a Canadian environment.~~

~~2.7.4.b. — The Supervisor should:~~

~~2.7.4.b.i. — have a similar scope of practice and be in a similar current practice situation and environment as that in which the provisionally registered physician will be practising, including the possibility of geographic isolation.~~

~~2.7.4.b.ii. — be experienced in the system, with a minimum of 2 years of practice.~~

~~2.7.4.c. Best practices for the Supervisor include:~~

~~2.7.4.c.i. — Affiliation with a Faculty of Medicine.~~

~~2.7.4.c.ii. — Affiliation with relevant health institutions in the community.~~

~~2.7.4.c.iii. — Committed to training and evaluation of the work they do as Supervisors.~~

~~2.7.4.c.iv. — Has valid and adequate liability protection.~~

~~2.7.5. Training and Support of the Supervisor~~

~~2.7.5.a. — The Supervisor must have had formal training through the Rady Faculty of Health Sciences, Max Rady College of Medicine, which should include:~~

~~2.7.5.a.i. — Application of CanMEDS Framework to assess competence~~

~~2.7.5.a.ii. — Elements of report writing~~

~~2.7.5.a.iii. — How to provide constructive critical feedback.~~

~~2.7.5.b. — The Supervisor will have a direct link to a registrant of CPSM staff or an experienced Supervisor in the field to discuss supervision practices and concerns.~~

~~2.7.6. Reporting Mechanisms~~

~~2.7.6.a. — Nature/content of report~~

~~2.7.6.a.i. — The provisionally registered physician must be appraised on a regular basis of their performance and provided with opportunities for response.~~

~~2.7.6.a.ii. — A formal documented report must be provided by the Supervisor to CPSM and must provide evidence identifying the competence and quality of practice of the provisionally registered physician during the identified period of supervision.~~

~~2.7.6.a.iii. — The Supervisor must report immediately to CPSM any concerns regarding patient safety.~~

~~2.7.6.a.iv. — CPSM is responsible to make the final decision with respect to the continuance of practice or the achievement of full registration.~~

~~2.7.6.b. — Frequency of reports and management of the report information~~

~~2.7.6.b.i — Report frequency and reporting mechanisms, with respect to content and scheduling, will be clearly defined by CPSM.~~

~~2.7.6.b.ii — Schedule of reports, including tapered frequency over time, should be reflective of the demonstration of practice competence through the period of supervised practice.~~

~~2.7.6.b.iii — Reports must be shared with the provisionally registered physician to enable them to identify personal areas for continuing professional development.~~

~~2.7.6.b.iv — The report will form a part of the registration file held by CPSM.~~

~~2.7.7. Agreements with the Supervisor~~

~~2.7.7.a. — The provisionally registered physician will have a written undertaking regarding the supervisor arrangement responsibilities, mechanism and frequency surrounding payment.~~

~~2.7.7.b. — There must be a written undertaking between CPSM and the Supervisor, undertaking to commit to the described roles and responsibilities.~~

~~2.7.7.c. The undertaking should include details with respect to:~~

~~2.7.7.c.i. reporting requirements and frequency;~~

~~2.7.7.c.ii. declaration of freedom of any real or perceived bias or conflict of interest;~~

~~2.7.7.c.iii. fulfilling supervisory responsibilities notwithstanding any financial and remuneration arrangements between the Supervisor and the provisionally registered physician;~~

~~2.7.7.c.iv. confidentiality between the provisionally registered physician and Supervisor;~~

~~2.7.7.c.v. 2.7. principles governing the relationship between the Supervisor and the provisionally registered physician and the Supervisor and CPSM including issues relating to power imbalance and resolving disputes.~~

~~2.8. REPEALED – SEPTEMBER 27, 2023 – See Council Policy – Supervision of Provisional~~

~~2.8. Evaluation of the Supervised Physician~~

~~The norm for evaluation of whether the supervised physician possesses the essential abilities for optimal patient outcomes are the CanMEDS or CanMEDS-FM competencies.~~

~~The CanMEDS framework is organized thematically around 7 key physician roles:~~

- ~~• Medical Expert~~
- ~~• Communicator~~
- ~~• Collaborator~~
- ~~• Manager~~
- ~~• Health Advocate~~
- ~~• Scholar~~
- ~~• Professional~~

2.9. Requirements for the use of extension of registration

2.9.1. The Registrar has authority to permit an extension of registration for the classes listed in s. 3.71 of the CPSM General Regulation. In any application, the onus is on the physician to demonstrate that the extension should be granted, and the following conditions must be met:

2.9.1.a. The applicant must be eligible to receive a satisfactory certificate of good standing.

2.9.1.b. The physician must undertake to attend the earliest dates of the examination sittings and to cease registration if the physician is unsuccessful in the examinations.

2.10. Time for Completion of Orientation

2.10.1. A candidate is not eligible for movement from the assessment class to registration in the specialty limited or family practice limited class until orientation for provisional registration in specialty and family practice has been completed.

Temporary Registration Restrictions (Locum) – Approved Requirements for the purposes of CPSM General Regulation section 3.30(e).

- 2.11. The Registrar must restrict the use of temporary - locum registration to register only those physicians who meet the requirements set out below.
- 2.12. A locum physician is a physician who will be carrying out the practice of medicine in place of another physician with a valid certificate of practice, for a fixed time period approved by the Registrar. A physician who wishes to practice medicine in Manitoba as a locum physician must establish that he or she:
 - 2.12.1. has satisfactory locum agreement with a regulated registrant; and
 - 2.12.2. meets any other requirements set by Council.
- 2.13. The Registrar must approve the time interval for the locum and the locum physician may act in place of the other physician only when written CPSM approval is received. The recommended time frame is 12 months. The Registrar has the discretion to extend this time period only in exceptional circumstances.

Applications for Registration on Specialists Register under section 2.9(2) of the CPSM General Regulation (non- Royal College specialists)

- 2.14. The Registrar has the authority to register physicians in the specialist register who do not have a certificate of specialty issued by the Royal College of Physicians and Surgeons of Canada, but who:
 - 2.14.1. meet all requirements for registration other than holding Royal College certification,
 - 2.14.2. apply for entry on the specialist register,
 - 2.14.3. pay the prescribed fee, and
 - 2.14.4. meet one or more of the following criteria:
 - 2.14.4.a. holds examiner status in the Royal College of Physicians and Surgeons of Canada examinations.
 - 2.14.4.b. was registered pursuant to s. 64 of *The Medical Act* or s. 181 of *The Regulated Health Professions Act* in a specialty field of practice.
 - 2.14.4.c. possesses current certification from a registrant board of the American Board of Medical Specialties in a specialty field of practice set out in the CPSM General Regulation clause 2.10(2)(b).
 - 2.14.4.d. has recognized and established specialist skills acceptable to CPSM, with review based on the skills of the applicant. Minimum requirements to meet these criteria are:

- 2.14.4.d.i. hold the qualifications to engage independently in the practice of medicine in a specialty field of practice in a jurisdiction outside Canada in which the applicant trained.
- 2.14.4.d.ii. have satisfactorily completed post-graduate clinical training in the specialty that took place in one or more facilities that provide health care and are recognized by a national post-graduate training authority, was accredited by a national post-graduate training authority and is approved by the Registrar.
- 2.14.4.d.iii. successful completion of an on-going on-site assessment acceptable to CPSM. This assessment must:
- be done by the Department or Specialty Division of the Rady Faculty of Health Sciences, Max Rady College of Medicine, University of Manitoba or another Canadian University acceptable to CPSM.
 - include direct observation of the applicant's knowledge, skills and attitude.
 - for physicians who practise in interventional specialties, include evaluation and clear documentation of procedures performed by the applicant.
- submit at least three letters from assessors attesting in writing to the specialty competence of the applicant. Where possible, one letter must be from the Department Head or Section Head.
- 2.14.4.e. have recognized clinical excellence acceptable to CPSM. Minimum requirements to meet these criteria are:
- 2.14.4.e.i. Must have been in practice in Canada in the specialty for a minimum of two years.
- 2.14.4.e.ii. must provide at least three letters of support, one of which must be from a peer who has direct knowledge of and who has worked with the applicant and who can attest to the applicant functioning as a specialist. Where possible, one letter of support must come from a supervisor.
- 2.14.4.f. Successful completion of the Manitoba Practice Assessment Program.

Approved Fields of Specialty Practice for Assessment for the purposes of CPSM General Regulation section 3.38(b)

2.15. For the purposes of the CPSM General Regulation s. 3.38(b), the following are the approved fields of specialty practice eligible for registration for assessment:

- Anesthesia;
- Anatomical Pathology;
- Cardiac Surgery;
- Cardiology;
- Community Medicine;
- Dermatology;
- Diagnostic Radiology;
- Endocrinology;
- General Surgery;
- Gastroenterology;
- Infectious Diseases;
- Internal Medicine;
- Medical Oncology;
- Neonatal Perinatal Medicine;
- Nephrology;
- Neurology;
- Neurosurgery;
- Nuclear Medicine
- Obstetrics and Gynecology;
- Ophthalmology;
- Orthopedic Surgery;
- Otolaryngology;
- Palliative Care;
- Pediatric Hematology/Oncology;
- Pediatric Orthopaedic Surgery;
- Paediatric Surgery;
- Pediatrics;
- Plastic Surgery;
- Psychiatry;
- Radiation Oncology;
- Respiriology;
- Rheumatology;
- Thoracic Surgery;
- Urology;
- Vascular Surgery.

Approved Special Designation Registration for the purposes of CPSM General Regulation s.2.10(2)(c)

2.16. Council approves special designation registration of physicians holding one of the following special designations:

2.16.1. A Certificate of Added Competence (CAC) from the College of Family Physicians of Canada in one of the following areas:

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

2.16.2. From the Royal College of Physicians and Surgeons of Canada:

- A Diploma in Areas of Focused Competence (AFC).
- A Diploma of the Royal College of Physicians and Surgeons of Canada (DRCPSC).

2.16.3. Those physicians previously registered and licensed under *The Medical Act* in the following areas are grandfathered in and may continue to show as their designated area of practice the applicable area listed below:

- Adult Surgical Pathology
- Chemical Pathology
- Eye Physician
- Foot & Ankle Diabetic Foot Care
- Hair Restoration Physician
- Neuro-ophthalmology
- Pediatric and Adult Nephropathology

Approved Speciality Field of Practice for the purposes of - CPSM General Regulation section 2.10(2)(c) 45

2.16a Council approves the following specialty field of practice:

- Molecular Genetic Pathology

Approved English Language Fluency Criteria for the purposes of - CPSM General Regulation section 3.7(d)

2.17. CPSM adopts the Federation of Medical Regulatory Authorities of Canada's national standard for English Language testing, as amended from time to time.

Approved Resident Prescribing Educational Program for the purposes of CPSM General Regulation section 5.4(3)(b)(ii)

2.18. The approved pharmacology course for resident prescribing is the "Prescription Writing Course" offered through the Max Rady College of Medicine PGME core curriculum on limited resident prescribing.

Approved Physician Assistant Training Program for the purposes of CPSM General Regulation section 3.61(b)(iii)

2.19. In addition to the physician assistant training programs identified in CPSM General Regulation clauses 3.61 (b)(i) and (ii), the following are approved physician assistant training programs for the purposes of clause 3.61(b)(iii):

- 2.19.1. Canadian Military
- 2.19.2. University of Toronto
- 2.19.3. McMaster University

Approved Physician Assistant Training for External or Visiting students – CPSM General Regulation section 3.57(a)

2.20. For the purposes of registration as a Physician Assistant Educational (External or visiting student) class an applicant must establish he or she is a graduate or undergraduate or post-graduate of:

- 2.20.1. the Physician Assistant Education Program at the Manitoba faculty;
- 2.20.2. a physician assistant training program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) in the United States;
- 2.20.3. another approved physician assistant training program set out in 2.19 above.

Approved Criteria for Supervisor of Physician Assistants or Clinical Assistant for the purposes of CPSM General Regulation section 8.7

2.21. A regulated registrant who meets the following criteria may be a supervisor of a clinical

assistant or physician assistant:

- 2.21.1 holds a current certificate of practice; and
- 2.21.2 whose scope of practice is approved by the Registrar as being substantially similar to the scope of practice of the clinical assistant or physician assistant being supervised.

Certificate of Professional Conduct

- 2.22. CPSM form of Certificate of Professional Conduct used for registrants and former registrants as required by the RHPA s.144 is set forth in Schedule “B” annexed to and forming part of this policy.
- 2.23. Upon receipt of the written consent of the registrant or former registrant and payment of the fee for issuance of a certificate, the Registrar shall issue a certificate of professional conduct concerning the registrant.

Approved Fields of Practice for Resident Limited for the purposes of CPSM General Regulation section 3.54(b)

- 2.24. For residents who have completed a minimum of two years training in the applicable field and who have their Licentiate of the Medical Council of Canada (LMCC), the following are the approved fields of practice for registrants to be registered in the resident limited class:
 - 2.24.1. Neonatal and Perinatal Medicine
 - 2.24.2. Obstetrics and gynecology
 - 2.24.3. Anaesthesia; and
 - 2.24.4. Emergency medicine

Approved liability Insurance for the purposes of CPSM General Regulation section 4.12(1)(a)

- 2.25. In addition to the Canadian Medical Protective Association, for the purposes of the CPSM General Regulation s. 4.12(1) (a), the following are approved types of liability insurance or liability coverage:
 - 2.25.1 Lloyds of London;
 - 2.25.2 Healthcare Insurance Reciprocal of Canada (HIROC);
 - 2.25.3 Canadian University Reciprocal Insurance Exchange (CURIE)

Restricted Purpose Class: Approved Purposes

2.26. The following are approved as Restricted Purpose classes:

[To Be Approved by Council at a later date]

2.27. The following are additional requirements for registration in a restricted purpose class:

[To Be Approved by Council at a later date]

Schedule A – Anesthesia Assessment

LOW RISK ANESTHESIA ASSESSMENT PROGRAM

Department of Anesthesia
University of Manitoba

PREAMBLE

The College of Physicians and Surgeons of Manitoba recognizes two levels of Anesthesia practice. Unlimited practice requires Royal College certification. Low-risk anesthesia requires either completion of a College of Family Physicians of Canada Certificate of Added Competence program, or an equivalent. Candidates with the latter, whether from a Canadian non-standard program or from an International program, require an assessment in low risk anesthesia. This Low Risk Anesthesia Assessment (LRA), will be conducted within the Department of Anesthesia, under the governance of the Division of Continuing Professional Development in the College of Medicine.

GOALS AND OBJECTIVES

The overall goals and objectives of this program are to assess the skills, knowledge, and ethical behaviour of candidates for licensure. This is not a training program, and there is no intention to provide for remediation of any discovered deficiencies within the limits of this assessment program. The clinical standard against which candidates shall be assessed is the same as that for trainees within our own program. The full standard is the same as that for Family Practice Anesthesia residents. They will therefore need to demonstrate proficiency in Pediatric, Obstetrical and adult anesthesia. Specific goals and objectives for each of these components are attached. Thus, for each section the minimum standard shall be to fulfill the PGY2 goals and objectives.

PROGRAM ADMINISTRATION

A designated supervisor shall be appointed for each component. A committee consisting of all three supervisors, and the Anesthesia Program Administrator and the Associate Head for Education in Anesthesia shall be the governing body for the LRA. This committee shall formulate the specific outline and requirements of the program, as well as collaborate on each final evaluation report. The Chair shall report to the Anesthesia Department Head, and to the Faculty LRA Coordinator.

DURATION OF ASSESSMENT

The LRA in Anesthesia is organized into three rotations over two four-week periods. The minimum duration of the assessment will include one four-week period of adult anesthesia and a second four-week period comprising two weeks each of pediatric and obstetrical anesthesia. As outlined below, any individual rotation may be extended by 100 % if it is deemed that the candidate's performance is neither clearly acceptable nor unacceptable. This extension will not be used to remediate any deficiencies exposed during the first portion of the assessment.

EARLY TERMINATION OF ASSESSMENT

The LRA reserves the right to terminate an assessment after a period of one month if, in the opinion of the assessing department, the candidate is clearly unsuitable to continue the assessment period. The criteria for such unsuitability may include inadequate anesthesia skills or knowledge, the inability to work with colleagues, nursing and/or allied health professional staff, or any other pattern of behaviour that is felt to preclude competent practice. In the case of early termination, the LRA will have no further responsibility to the candidate or to the sponsoring institution.

FACULTY/SUPERVISION

For each component of the LRA within the department of anesthesia, there will a supervisor assigned. This supervisor will have the responsibility of collecting the input from staff with whom the candidate works. This data will be used as the basis of the interim and final evaluations.

DAILY RESPONSIBILITIES

The candidate shall have a graduated increase in responsibility in each of the components of the program. On initial exposure, it will be necessary for the purposes of safety to regard the candidate as a PGY1 resident. It is anticipated that candidates qualifying for this program will in fact be functioning at a level above that. By the mid-rotation evaluation, they will be expected to function at the same level as a Family Practice Anesthetist.

Candidates shall be assigned to daily slates in the same manner as FPA residents. In addition, they will be expected to do four calls per month, to allow assessment of emergency performance. These will be done according to the same rules established for residents on Scholarly activity, in the Anesthesia Postgraduate Program.

EVALUATIONS AND FORMS

There will be an evaluation at the midpoint and the end of each of the components. At the midpoint evaluation, if possible an indication will be made of the potential for extension. There may be formative feedback given in the process of this interim assessment, but this implies no commitment by the department to provide any necessary remediation. The assessment at the end of the component will serve as the final assessment for that component. The designated supervisor for the respective component shall perform these assessments.

The evaluation forms used shall be the same as those used for the resident ITAR. Daily forms will not be required, as they are intended primarily for formative, as opposed to summative evaluation. The Anesthesia Associate Head for Education shall compile a summary of the individual component evaluations, which will then be discussed the by the LRA committee to create an overall FITER for the LRA.

In addition to the clinical assessment, the LRA candidate shall complete the exam used by the department for family practice anesthesia. This is not required of full-program PGY2 residents because they will ultimately be assessed by the Royal College exam process. However, it is necessary in order to fulfill the first level of the assessment's goals, which is Family Practice Anesthesia equivalence.

REPORTING

Results of this assessment shall be reported to the Anesthesia Department Head and the LRA Coordinator for the Faculty of Medicine, as well as directly to the candidate. There will no other report provided directly to any other party.

ACCESSING THE PROGRAM

The Faculty LRA Coordinator shall refer candidates to the Anesthesia LRA committee for consideration. Eligible candidates for the program must have

- A conditional license from the College of Physicians and Surgeons of Manitoba
- Certification of Non-Specialist training from a program acceptable to the CPSMB

Schedule B – Certificate of Professional Conduct

THIS IS SCHEDULE “B” ANNEXED TO AND FORMING PART OF THE QUALIFICATIONS AND REGISTRATION POLICY OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA.

PRIVATE & CONFIDENTIAL

CERTIFICATE OF PROFESSIONAL CONDUCT

1. Identification and contact information for recipient of COPC¹.
2. Information about the applicant.
 - a. Personal Identifiers
 - i. Full legal name
 - ii. Practice Location in Manitoba
 - iii. Office telephone number
 - iv. Name of the Medical Corporation (shareholder or director)
 - v. Medical Identification Number for Canada/NIMC #
 - vi. Date of birth
 - vii. Name changes
3. Qualifications and credentials
 - i. Medical Degree
 - ii. Name of medical school
 - iii. Country of medical school
 - iv. Year of graduation
 - v. LMCC
 - vi. Date of LMCC
 - vii. Specialty qualifications
 - viii. Any other qualifications
 - ix. Source verification – Yes or No
4. Registration / Certificate of Practice information
 - i. Registration number
 - ii. Date of registration
 - iii. Certificate of Practice expires(d)
 - iv. Registration/licensure history
 - v. Registration Expiry, if any
 - vi. Membership class
 - vii. Field(s) of practice
 - viii. Specialist Register
 - ix. Terms conditions, and restrictions on Certificate of Practice
 - x. Actively practising in the jurisdiction – Yes or No
 - xi. If applicable, authorized/no authorized to perform a reserved Act

¹ Disclosure is based upon the best information available to the CPSM as of the date of this certificate.

5. Complaints^{2 3}
6. Investigations⁴
7. Disciplinary actions, except dismissals after a hearing
 - i. Date of the disciplinary action
 - ii. Particulars of the disciplinary actions
 - iii. Findings arising from disciplinary action
 - iv. Any remedy or sanction whether imposed or by consent
8. Current information of a non-disciplinary nature⁵
 - i. Conditions on Certificate of Practice or registration;
 - ii. Consent agreements or undertakings;
 - iii. Consent withdrawal from practice or a register; and if known, reasons for withdrawing;
 - iv. Restriction or cancellation of hospital privileges, if known.
9. Findings of guilt, criminal or otherwise⁶
 - a. Findings of guilt or pardoned offences and pending charges:
 - i. In Canada;
 - ii. Elsewhere if known.
 - b. Other; including;
 - i. Findings under the *Controlled Drugs and Substances Act*;
 - ii. Findings under the *Food and Drugs Act (Canada)*;
 - iii. Fraud findings;
 - iv. Restraining orders.

² A complaint means any initiating communication which:

- a) is an expression of concern about the conduct, competence or capacity of the registrant or former registrant, about which the registrant or former registrant is aware;
- b) identifies a registrant or former registrant of the issuing medical regulatory authority;
- c) is made by any person (including the Registrar of the issuing medical regulatory);
- d) meets the legal criteria or procedures in the jurisdiction in question; and
- e) does not necessarily have to lead to an action.

³ Open complaints and any past complaints for the current year and the 10 previous calendar years are included.

⁴ Open Investigations and any past investigations for the current year and the 10 previous calendar years are included.

⁵ CPSM does not collect information about hospital privileges.

⁶ CPSM began collecting information about court findings of guilt from other jurisdictions, fraud findings, restraining orders, and pardoned offences on July 15, 2015. Only matters for the current year and the 10 previous calendar years are included.

10. Professional litigation history against registrant or former registrant⁷
- i. Settlements⁸;
 - ii. Civil suit finding;
 - iii. Statements of claim.

11. Any other information the Registrar deems relevant

DATE OF ISSUE:

REGISTRAR

Not official without signature of Registrar and impression of College seal
No further entries below

⁷ CPSM began collecting information about medical malpractice court judgments issued against the registrant by a court in Canada within the previous 10 years on July 4, 2005. On July 15, 2015, CPSM began collecting information about registrants' professional litigation history including pending civil actions and settlements of civil action. The registrant's professional litigation history involving a patient for the current year and the 10 previous calendar years is included.

⁸ Settlement means any resolution of a lawsuit involving a patient at any time during the proceeding, which included any payment of money in relation to a registrant's medical practice and/or any admission of liability in relation to a registrant's medical care.



COUNCIL MEETING
SEPTEMBER 27, 2023
BRIEFING NOTE

SUBJECT: Strategic Plan & Annual Work Cycle

RECOMMENDATION:

That Council approves the Strategic Plan and Annual Work Cycle.

BACKGROUND:

Over the past few years Council has made significant progress developing its strategic planning. The last stage is clarifying areas of confusion arising from either uncertainty in terminology or the relationship between various components of the strategic planning process.

All the components to the strategic plan have been previously developed. This decision item is merely approving the relabeling and reorganization of those components.

To address confusion the word “strategic” will only be used sparingly on a go forward basis, if at all. It is understood that Council should address “strategic” matters while management deals with “operational” matters. Unfortunately, the word “strategic” is often used in conjunction with words such as “goals”, “objectives”, “plan”, “planning”, and “priorities”. The use of the word “strategic” in conjunction with these words creates confusion as to who is responsible for what and the relationship between the various phrases – “strategic goals”, “strategic plan”, “strategic priorities”, “strategic objectives”. Furthermore, there is no accepted definitions for what each of these phrases means. Internet searches of these phrases will produce a variety of different definitions that are at times contradictory.

The strategic plan is based on solid concepts that are easy to understand and explain.

Concept 1 - Mandate

The mandate is **why** CPSM exists. Everything CPSM does must be in furtherance of its mandate. CPSM must not do anything that is outside its mandate. The Mandate Statement guides CPSM actions. The Mandate Statement has been set by Council and is well established. It is the pinnacle concept of CPSM strategic planning:

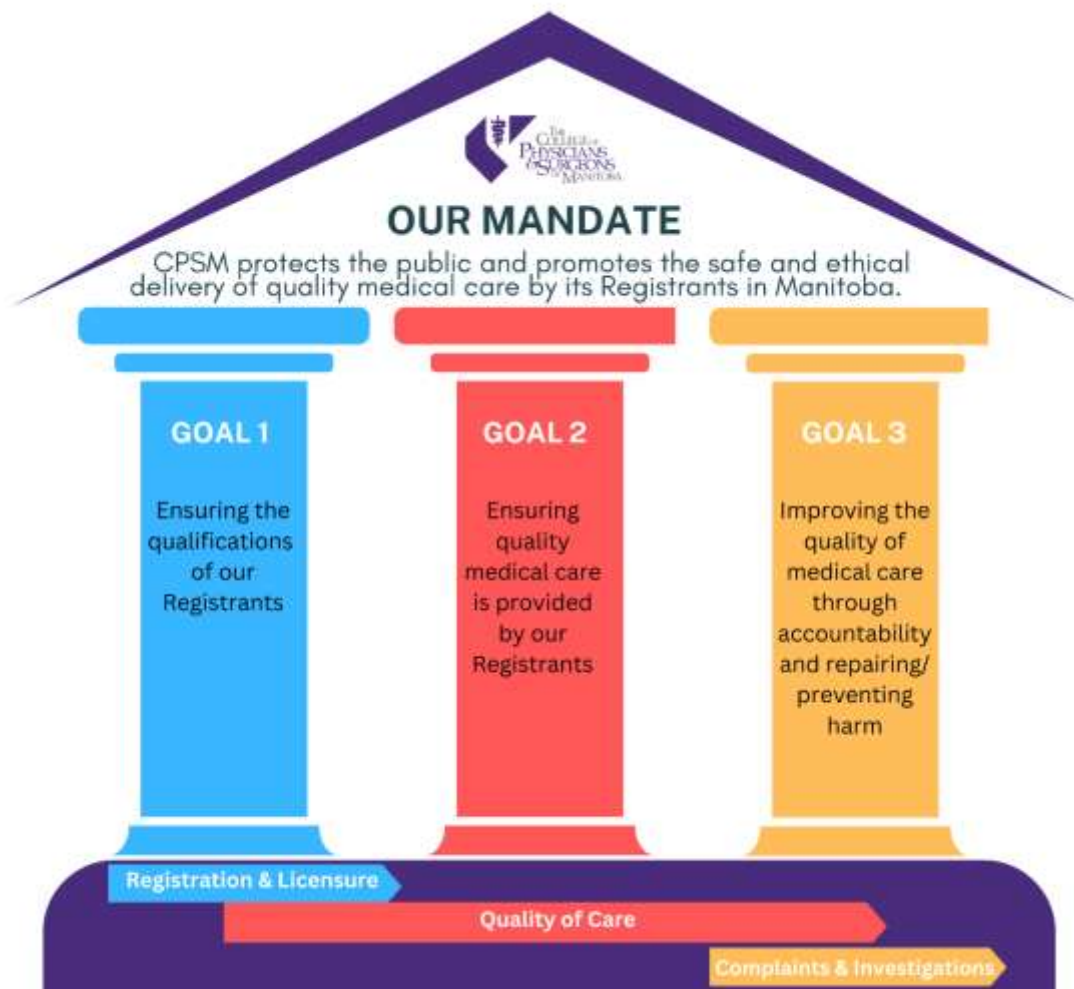
“CPSM protects the public and promotes the safe and ethical delivery of quality medical care by physicians in Manitoba.”

Concept 2 - Goals

Goals are a high-level expression of **what** CPSM does to achieve its Mandate. CPSM's Goals have been well understood for many years but have not been expressed as such. The proposed articulation of CPSM's Goals is:

1. Ensuring the qualifications of registrants.
2. Ensuring quality medical care is provided by registrants.
3. Improving the quality of medical care through accountability and repairing/preventing harm.

By achieving these goals CPSM is meeting its Mandate.



Concept 3 - Deliverables

In the governance structure, Council has the strategic responsibility of articulating the Mandate and the Goals. Council also has the responsibility of establishing at a high level **how** CPSM, through the Registrar, will achieve these goals. For the sake of defining and providing clarity, the **how** will be referred to as “Deliverables”. In other words, if the Registrar delivers on the high-level directions set by Council CPSM will achieve its goals.

Deliverables are assigned by Council to the Registrar. How each Deliverable is to be addressed is for the Registrar to determine. In governance parlance, the details of the how each Deliverable is addressed is an “operational matter”, defining what those Deliverables will be is a “strategic matter”. That said, examples of the Action Plans for achieving the Deliverables are provided in Appendix 1.

Each Deliverable must apply to one or more the Goals. Proposed Deliverables are listed in **bold** and alphabetical order.

- **Addressing Anti-Indigenous Racism**

CPSM has recognized and apologized for the past and current racist treatment of Indigenous peoples. The first words of the Mandate are “CPSM protects the public”. The Indigenous population of Manitoba is ~15 to 20% of the public CPSM is mandated to protect. Eliminating racism from the practice of medicine in Manitoba will require many years of evolving work.

The TRC Advisory Circle made 7 recommendations to address Anti-Indigenous Racism. Implementing these recommendations will most likely only be the first step. The 5 remaining recommendations are applicable to the 3 Goals.

- Mandatory Indigenous Specific Anti-Racism Training applies to the Goal of Ensuring the Qualifications of Registrants
- Standard of Practice – Practicing Medicine to Prevent Indigenous Specific Racism applies to the Goal of Ensuring Medical Care is Provided by Registrants
- Definition of Anti-Indigenous Specific Racism applies to the Goal of Ensuring Medical Care is Provided by Registrants
- Mentorship/Leadership at CPSM (including creating an open culture to support Indigenous physicians) apply to the Goal of Ensuring Quality Medical Care is Provided by Registrants
- Restorative Justice Approach to Complaints & Investigations applies to the Goal of Improving the Quality of Medical Care Through Accountability and Repairing/Preventing Harm

The Registrar’s responsibility will be to be to deliver on addressing Anti-Indigenous Racisms.

- **Applying the right-touch regulation to patient's concerns**

An inherent part of protecting the public and promoting the safe and ethical delivery of quality medical care is ensuring that patients' concerns are properly addressed. Addressing patients' concerns is the area in which CPSM has its greatest interaction with the public.

If self-regulation is to continue the public must be satisfied that patients' concerns are properly addressed.

Patients' concerns are varied. A "one size fits all" approach to procedures for addressing patients' concerns does not work. Patients require a procedure that addresses their concerns. This is referred to as "Applying the right-touch regulation" to patients' concerns and applies to the Goal of Improving the Quality of Medical Care Through Accountability and Repairing/Preventing Harm.

The Registrar is responsible for delivering the right-touch to address patients' concerns.

- **Creating an efficient and effective organization**

The Regulated Health Professions Act and CPSM's documentation specify the various responsibilities CPSM must deliver to the public and registrants. The delivery of these responsibilities must be efficient and effective. How these responsibilities are carried out will vary over time. Delivering an efficient and effective organization is applicable to all 3 Goals.

The Registrar's Deliverable is to create an efficient and effective organization.

- **Updating RHPA/CPSM Documentation**

Everything CPSM does or requires others to do is specified in either *The Regulated Health Professions Act* or CPSM's documentation. Ensuring these requirements continue to protect the public and promote the safe and ethical delivery of quality medical care by Registrants, they must be up to date.

The Registrar's Deliverable is to continually update the RHPA/CPSM Documentation.

Concept 4 – Action Plan

In summary, Council articulates the Mandate of why CPSM exists, it establishes the Goals of what CPSM does to achieve its Mandate, and it sets at a high-level how CPSM will go about delivering on achieving its Goals and Mandate.

The details of how a specific Deliverable is achieved is the Registrar's responsibility. This is an operational decision. For the purposes of transparency and accountability the details of how the various deliverables will be achieved is set out in Action Plans.

The Action Plans will contain measurable components that will identify the following:

- What is to be achieved.
- When it will be achieved.
- Milestones for achievement.
- Who is responsible for achieving various components of the plan.
- Resources necessary for achieving the Action.

Embedded into each plan are the following CPSM values:

- Quality of Care is the Identity of CPSM.
- Continuous Improvement is necessary to deliver the Mandate.
- Take the initiative to make positive change wherever possible.
- Relationships with stakeholders is based upon:
 - Collaboration
 - Compassion
 - Honesty
 - Respect
 - Transparency
 - Trust
- Data driven decision-making.

Theoretically, the Mandate, Goals and Deliverables should be consistent for an extended period. It is important for CPSM's success to know why it exists, what it is supposed to be doing and how it will carry out this work over extended periods. The details of how it carries out its work will vary from year to year in response to changing circumstances or the allocation of limited resources; however, there will always be consistency of aligning the details of the work with the Mandate, Goals, and Deliverables.

In a properly articulated and structured process the Mandate, Goals and Deliverables should address all the known issues facing CPSM for the foreseeable future. Action Plans, which address Deliverables, can vary from year to year as issues arise but every Action Plan should relate to a Deliverable which is designed for a Goal to achieve the Mandate.

If a matter does not address a Deliverable or a Goal, it is most likely not within CPSM's Mandate and should not be undertaken.

CPSM's growth and maturation in this area has been iterative.

Concept 5 – Reporting

At each regularly scheduled Council Meeting (June, September, December, and March) a Deliverable Status Report will be provided. The report will set out the Performance Measure, Completion Status, Executive Responsible, Status and what is planned for the next quarter. An early iteration of what will be the Deliverable Status Report was presented at the June 27, 2023 Meeting as “Registrar Deliverables”.

The status report provides Council with oversight of the work performed in relation to meeting CPSM Goals.

Concept 6 – Annual Cycle

Strategic planning and the operationalization of specific plans are carried out over successive years. Strategic planning is never completed, it continues year after year. Accordingly, for the process to be successful it requires structure and cyclical repetition. Certainty of process permits longer term calculated planning. It also avoids having to reinvent the process each year or to start from scratch.

The proposed Annual Cycle is:

- September 2023 - Council approves the Strategic Plan (i.e. Mandate, Goals, Deliverables) and the annual work cycle.
- December 2023 – President and President-Elect commence process/discussion on possible 2024/25 Deliverables and any emerging issues that may require addressing through Action Plans.
- December 2023 – 2023/24 Deliverables Status Report provided to Council.
- March 2024 - Council approves 2024/25 Deliverables and any emerging issues that may require addressing through Action Plans.
- March 2024 – 2023/24 Deliverables Status Report provided to Council.
- June 2024 - President conducts Registrar performance review based upon 2023/24 Deliverables and other factors.
- June 2024 – Council approves 2024/25 Budget.
- June 2024 – 2023/24 Deliverables Status Report provided to Council.
- July 2024 – CPSM staff commence work on approved 2024/25 Action Plans.
- September 2024 – 2024/25 Deliverables Status Report provided to Council.
- December 2024 – President & President Elect commence process/discussion on possible 2025/26 Deliverables and any emerging issues that may require addressing through Action Plans.
- December 2024 – 2024/25 Deliverables Status Report provided to Council.
- March 2025 - Council approves 2025/26 Deliverables.
- March 2025 – 2024/25 Deliverables Status Report provided to Council.
- June 2025 - President conducts Registrar performance review prior to end of President’s term.
- June 2025 – President-Elect assumes roll of President at Council.
- June 2025 – Council approves 2025/26 Budget.
- June 2025 – 2024/25 Deliverables Status Report provided to Council.
- July 2025 - CPSM staff commence work on approved 2025/26 Deliverables.

That said, the process cannot be so rigid that there is no flexibility to respond to new or urgent matters. Any amendment to the Action Plans will be based upon a Regulatory Impact Assessment which will help decide the prioritization of any insertions of work.

Concept 7 – Perspective Matters

It is important to recognize that the 3 most important stakeholders may have different perspectives on what each goal means and whether it is being achieved.

1. **The Public** - This means all persons seeking medical care in Manitoba. There is no single ubiquitous description of the public's perspective. CPSM is aware members of the public will have different perspectives based upon their geographic locations, economic status, social conditions, age, race, ethnicity, gender identification, and religious beliefs. An example of CPSM's failure to assess, from the perspective of all Manitobans, the ensuring of quality of care being provided by physicians was in the way in which medical care has been provided to Indigenous Manitobans.
2. **Registrants** - This means all Registrants. There is no single ubiquitous description of the registrants' perspective. CPSM is aware registrants will have different perspectives based upon their geographic location, personal backgrounds, nature of practice, and experience.
3. **Government** - Government has granted physicians, through CPSM, the privilege to self-regulate their profession. The Government needs to be satisfied that CPSM is achieving the mandate it gave CPSM.

When making decisions Council will have to be cognizant of stakeholders' varying perspectives.

APPENDIX 1

The Actions and Action Plans that support the achievement of each goal are:

Goal 1: Ensuring the Qualifications of Registrants

Actions:

- **Creating an efficient and effective organization**
Action Plan:
 - Website Registration Redesign
 - Registration Stakeholder Education
 - Database Analysis for Registration Bottlenecks
- **Updating RHPA/CPSM Documentation**
Action Plan:
 - Registration Policies & Practice Direction Guide
- **Addressing Anti-Indigenous Racism**
Action Plan:
 - Mandatory Indigenous Specific Anti-Racism Training

Goal 2: Ensuring Quality Medical Care is Provided by Registrants

Actions:

- **Improving Quality Medical Care**
Action Plan:
 - Audit Improvement
 - Physician Health Program Engagement
 - Prescribing Practices Program Engagement
- **Updating RHPA/CPSM Documentation**
Action Plan:
 - Cyclical Review Schedule for Standards – (Bloodborne Pathogens, Definitions, Good Medical Care)
- **Addressing Indigenous Anti-Racism**
Action Plan:
 - Standard of Practice – Practicing Medicine to Prevent Indigenous Specific Racism
 - Definition of Anti-Indigenous Specific Racism
 - Mentorship/Leadership at CPSM (includes creating an open culture to support indigenous physicians)

Goal 3: Improving the Quality of Medical Care Through Accountability and Repairing/Preventing Harm**Actions:**

- **Applying the right-touch regulation to patient's concerns**

Action Plan:

- Categorizing & Assigning Complaints to an Administrative Process
- Aligning Appropriate Process with the Nature of the Complaint/Concern
- Improve Communication & Informal Resolution Process

- **Creating an efficient and effective organization**

Action Plan:

- Audit Improvement

- **Updating RHPA Documentation**

Action Plan:

- Seek Legislative Amendment to sections 186 & 187 RHPA (improving Complaints & Investigation procedures).

- **Addressing Anti-Indigenous Racism**

Action Plan:

- Restorative Justice Approach to Complaints & Investigations

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON SEPTEMBER 27, 2023, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves the Strategic Plan and Annual Work Cycle as presented above.

COUNCIL MEETING
SEPTEMBER 27, 2023
BRIEFING NOTE

SUBJECT: Registrar Deliverables

RECOMMENDATION:

That Council receive this Briefing Note and the attached Registrar Performance Reporting for information.

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 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.

2.1 Ensure the efficient and effective operation of CPSM – Identifying key organizational performance indicators and report to Council on these measures semi-annually.

2.2 Ensure the efficient and effective operation of CPSM - Establish a long-term financial plan in alignment with CPSM's Strategic Plan

2.3 Ensure the efficient and effective operation of CPSM – Identifying key risks facing CPSM and related risk mitigation strategies.

- 2.4 Ensure the efficient and effective operation of CPSM – 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.

At the June 2023 Council meeting there was a discussion regarding these deliverables and the Registrar was asked to bring forward the work done over the last year. Attached are the deliverables categories with the work done over the past year on each of the deliverables.

The President also asked the Registrar for the following to be reported on for September Council.

1. Effort with the Government on the different health issues – See Deliverable #3
2. Your work with other outside organizations - Attached
3. Independent audit report from Deloitte about the financial status of CPSM – See Deliverable #2.2
4. Your new hires at CPSM for the different programs and your rational for the hiring. Included in this document is the projected hiring in the coming year – Attached

1(a) Develop a multi-year plan to improve the relationship between CPSM and its Registrants. During 2022/23, 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

Dr. Ziomek and the Senior Leadership Team

Status Report

Improvements to the Physicians Health Program	Complete
Improvements to the Quality Improvement Process	On Schedule
Development of Standards Committee Decision Making Framework (attached)	Complete
COPC Portal	Complete
Physicians Portal	In progress
Contracts of Supervision Portal	Complete
Enhanced Correspondence with Registrants	On going
News Blog to Website - Engaging Registrants to assist CPSM with disseminating important issues.	On going
Regulated Associate Member Applications Portal	Complete
Completed development of a Manitoba Opioid Agonist Therapy Recommended Practice Manual	Complete with Updates On going
Improved Communication with Registrants	On Going

Next Quarter

IMPROVING RELATIONSHIPS WITH REGISTRANTS

CPSM's relationship with Registrants must be based upon:

- Collaboration
- Compassion
- Honesty
- Respect
- Transparency
- Trust

Doing so puts the CPSM in the best position possible to protect the public and promote the safe and ethical delivery of quality medical care by physicians in Manitoba.

Relationships are built upon words and actions.

Words are the communication that sets the tone for the relationship. The words chosen by CPSM must always reflect and support the relationship it wants with registrants.

The actions taken by CPSM must align with its words. Actions Speak Louder Than Words.

Whether it is a Registrant who has a 60+ year relationship with CPSM or a member of the public who has a singular interaction with CPSM, the words and actions of CPSM will define that relationship. Their perspectives will also influence the perspectives of colleagues, family and friends.

Journey Map

CPSM must develop a comprehensive listing of current touchpoints registrants have with CPSM. The listing of current touchpoints will provide CPSM with basic information in a single document on how/where/when it interacts with registrants.

Data Analysis

Each touchpoint needs to be analyzed to determine how the related communication and actions of CPSM build the relationship. The communication and actions will either positively build the relationship, or be detrimental (or neutral). Knowing this will enable CPSM to decide if the touchpoint requires minor editing to a letter or a complete overall of a program delivery.

Project Delivery Timelines

Reviewing each touchpoint will be a multi-year project. Probably 5+ years.

It is not necessary to develop the complete Journey Map prior to commencing an analysis. Many touchpoints in Registration, Complaint & Investigations, and Quality may be amenable to simple changes that accomplish the goal. For example, using less formal language in written communication where it is not required. Each area is to identify and, where possible, make these changes while preparing their respective Journey Maps. As the Journey Maps are developed additional areas of improvement are to be identified and actioned. The Journey Maps and action plans will be “living documents” that will be periodically updated.

Reporting and Measurements

Each operational area that has interactions with Registrants will report to the Registrar on a bi-annual basis, the steps taken to develop a Journey Map, analyze touchpoints and make improvements.

Where applicable improvement measurements are to be reported. Given the nature of this project, measurements will probably not be easily quantifiable, and may be subjective. For example, “CPSM previously received 2 complaints a month about how a particular touchpoint was administered, now we don’t receive any complaints” or “A particular process used to take 30 days to complete, now it is completed in 10 days”.

Improvements to the Physicians Health Program

The Physician Health Program has implemented a new **Extreme** level to their contact level ranking system, adding to the existing Low, Moderate and High levels:

- **Low** - Initial communication with PHP Coordinator identifies nothing reportable to CPSM under the Duty to Report SoP. File is closed without official involvement with Assistant Registrar. Assistant Registrar may advise before closing.
- **Moderate** - Multiple attempts at communication with registrant and/or meeting required with Assistant Registrar to determine impairment. May require consent and caregiver reports required to close file.
- **High** - Meeting with Assistant Registrar & Director or PHP required to determine next steps. Consent and caregiver reports are required. CPSM legal likely required. Some result in an undertaking for the registrant involving limited requirements (i.e., BBP diagnosis with bi-annual Hepatology requirements or a depression diagnosis with quarterly Psychology requirements).
- **Extreme** - SUD and/or severe mental health related cases. Meetings with Assistant Registrar & Director of PHP required. Consent and caregiver reports are always required. Legal department involvement is probable. Will always end in an undertaking with multiple requirements and will be monitored for the longevity of the undertaking, normally a 5-year minimum (i.e., diagnosed with SUD and bi-polar disorder with requirements to see Psych, FP, PAR, etc.).

Certificate of Professional Conduct Portal

CPSM IT Staff have developed the Certificate of Professional Conduct (COPC) portal that can now be used by registrants to directly request a COPC. The portal produces an automatic report for review by the key departments within CPSM for their approval. Turn-around times are now tracked electronically to ensure COPC's are approved within 10 working days. Registrants now have 24 hours to review their COPC prior to it being sent to the requested recipient(s). Previously Registrants were not able to review their COPC's.

Contracts of Supervision Portal

Clinical and Physician Assistant Contracts of Supervision are now exclusively managed within the CPSM Portal. The enhancement has streamlined the process of creating and maintaining contracts without having to chase after signatures. Contracts can be created with a few clicks, revised quickly, approved with greater efficiency, and put in the hands of the registrants to sign with follow-ups automated thereafter. Signing is done within the Portal and completed contracts are made available when the last signature has been delivered. Administrative burden has decreased significantly because of the new process.

Regulated Associate Member Application Portal

Applications for Regulated Associate Members are now available through the portal. Registrants can manage every aspect of the application process through the CPSM Portal, including submitting required documents.

Manitoba Opioid Agonist Therapy Recommended Practice Manual

The manual is also intended to contribute to quality assurance in OAT practice, promote collaboration among professionals and with patients, and inspire continued growth of the OAT community. This [manual](#) is intended to be a dynamic online publication that is hosted on CPSM website to permit more regular revision. It will be updated periodically as evidence and best practices in this field evolve over time.

Correspondence with Registrants

Truth and Reconciliation

- May 10, 2022 - Email from the Registrar sent to all Registrants acknowledging Bear Witness Day and provided resources to learn more about the significance of the day and its connection to Truth and Reconciliation.
- June 20, 2022 - Email from the Registrar sent to all Registrants in honour of National Indigenous Peoples Day. The email included resources to listen, read, or watch including 7 Indigenous-themed podcasts, 4 links to videos/films, and 2 reading suggestions. This email also served as an announcement about CPSM's commitment to making Truth and Reconciliation a priority, the formation of CPSM's Truth and Reconciliation Advisory Circle (TRC) and the steps committed to.
- September 30, 2022 - Email sent from the Registrar acknowledging National Day for Truth and Reconciliation Day. This email included 4 educational resources on residential school history resources plus an update on CPSM's progress on Truth and Reconciliation. The seven actions the has committed to and approved by the TRC Advisory Circle were outlined and the connection between the significance of honouring the history of residential schools and CPSM's reconciliation efforts.
- January 31, 2023 - Announcement on CPSM's statement and apology to the Anishinaabeg, Anishinewuk, Dakota Oyate, Denesuline, and Nehethowuk, for racism experienced in their medical care in Manitoba. Full statement and apology included in the email to Registrants.
- February 27, 2023 – Announcement on CPSM delivering a statement and apology to the Inuit for the racism experienced in their medical care in Manitoba. Full statement and apology.

- May 10, 2023 – Annual acknowledgment of Bear Witness Day. Reviewed Jordan’s Principle, why it is important, and a link to a documentary on Jordan River Anderson.
- June 20, 2023 – Annual acknowledgment of National Indigenous Peoples Day included a recap of the past year’s accomplishments and encouraged Registrants to take some time to learn more about the diverse cultures, voices, experiences and histories of First Nations, Inuit and Métis Peoples. Five resources, each varying in length were provided.

General Communications

July 2022

- Email sent inviting Registrants to participate in the Consulting Obligations and Collaborative Care Survey.

November 2022

- Email sent from the Registrar to all Physician Assistants acknowledging National Physician Assistant Day.

December 2022

- Guidance on shortage of liquid formulations of pediatric antibiotics due to the potential for the shortage to impact the healthcare system; particularly disproportionately affecting families with fewer resources and low health literacy.

February 2023

- Resident Doctors Appreciation Week acknowledgement was sent to all Residents.

May 2023

- Message posted on CPSM website acknowledging National Physician’s Day (May 1).
- CPSM position on mask-wearing after Shared Health lifts masking requirements.
- CPSM Medical Consultant Job posting was sent to all physician registrants.

Standards of Practice and Consultations

October 2022

- New Standard of Practice – Episodic Visits, House Calls, and Walk-in Primary Care to be effective November 1, 2022
- Updated Standard of Practice – Virtual Medicine
- Updated Standard of Practice – Female Genital Cutting/Mutilation
- Updated Standard of Practice – Seatbelt/Helmet Exemptions
- Updated Accredited Facilities Bylaw to include Intravenous Ketamine Administration.

January 2023

- Public Consultation on a draft new Standard of Practice – Social Media

May 2023

- Consultation for Proposed Amendments to the CPSM General Regulation

July 2023

- Consultation on changes to the Standard of Practice – Research

Council Meeting Updates

An email is sent after every Council meeting to all CPSM Registrants to keep them updated on the happenings at Council meetings. Emails were sent to Registrants on October 5, December 20, 2022, March 31, and July 7, 2023.

CPSM Newsletters

Regular newsletters are sent to all CPSM Registrants that contain important information for Registrants to review.

In addition to regular email communications, CPSM posts news on the website and is included in the CPSM Newsletter. See attached archive of all news articles by category.

News blog to website

Ongoing

A [news blog](#) was embedded on the website for the purpose of relaying information in a more timely manner. This serves both the public who can view all the news CPSM shared with registrants, and registrants who do not have to wait for a monthly newsletter and can check the website for updates at any time.

News posts are categorized and while most are directed at registrants, the public can also see guidance to the profession that is distributed as a result of a complaint or Quality review (ie. An audit). Registrants themselves initiate or are engaged to write these posts and positive stories are also highlighted.

CPSM
Central Standards Committee
**AUDIT DECISION AND
FEEDBACK FRAMEWORK**

CPSM's Central Standards Committee (CSC) reviews de-identified audit reports and their corresponding de-identified responses to determine whether the audit was satisfactory, if additional improvements are suggested or required, and at what interval a repeat audit may be scheduled.

Audit Framework for Decision and Disposition

This framework is used to guide the CSC in determining the outcome of the audit reports reviewed.



Other: Multiple Chart (Practice) Audit, Interactive Audit, newsletter item, or referral to another organization.

Other

The CSC may require more information about an audit or a registrant's practice pattern to determine an appropriate outcome. This may include a multiple chart (practice) audit or interactive audit. The review may highlight important learnings that would be prudent to share with all registrants in the CPSM newsletter.

1. Reasonable Care

The standard of care is satisfactory and there are minimal **suggested change(s)** to improve practice.

2. Self-Reflective Quality Improvement Activity

The standard of care is satisfactory, but the audit highlights some **suggested changes(s)**. The registrant is asked to engage in a reflective quality improvement activity related to the suggested changes identified in the audit. CPSM staff will follow up on the progress of the registrant's self-identified goals and related changes as specified in their reflective activity.

3. Negotiated Improvement Plan

The standard of care needs improvement and the audit report identifies **required change(s)**. Registrants will speak with a CPSM consultant who will assist in developing a negotiated improvement plan. A re-audit will take place to assess the progress on the changes identified in the negotiated improvement plan.

4. Prescribed Learning Plan

The standard of care needs improvement. **Required change(s)** through prescribed educational opportunities is necessary to support ongoing safe patient care. Registrants will meet with a CPSM consultant to discuss their personalized prescribed learning plan. A re-audit will occur following the educational interventions to assess the progress with the identified required improvements from the plan.

5. Referral to the Registrar

The standard of care was not met and educational interventions would not or have not been effective in bringing about the **required change(s)**. This also applies in cases where there is evidence of misconduct or incompetence. A referral may occur if the registrant failed or refused to allow the committee to carry out an action permissible under s. 99 of the Regulated Health Professions Act.

CPSM [News Posts](#)/Newsletter Content by Category (May 2022 - Aug 2023)

General News/Guidance	Quality	Lessons Learned from Complaints	Registration	Prescribing Practices Program	Standards of Practice	Council
Health Care Coverage for Ukrainian Nationals	Quality Improvement Program Year-End Update	Management of Myeloma Manifestations and Complications	What You Need to Know Before Recruiting or Offering Employment to a New Physician at Your Practice	Intravenous Ketamine Administration	Templates for the Maintenance of Patient Records	End of year Message from the Dean
Infant Formula Shortage	Pulmonary Embolism and Oral Contraceptives	Could it be Charcot Foot?	National Physician Assistant Day	Notice to M3P Prescribers: Upcoming Prescription Pad Changes	New Standard of Practice: Exercise Cardiac Stress Testing	End of year Message from the Registrar
Certificates of Incapacity - Form 21 of the Mental Health Act	MANQAP seeks consultants	Gender-Affirming Medical Care	5 Tips to Help You Prepare for Certificate of Practice Renewals	Manitoba Prescribing Practices Program (M3P) Reminder	Consulting Obligations and Collaborative Care Survey	End of year Message from the President
CPSM Guidance Re: Abortions	Addressing the STBBI Outbreak	Dismissing a Patient	Retiring or Leaving Practice FAQs	Notice to all Prescribers: Manitoba Prescribing Practices Program (M3P) Update	Accommodating Patients with Hearing Loss in Virtual Medicine	Midyear Message from the Dean
Guidance on Shortage of Liquid Formulations of Antibiotics for Paediatrics	Join the Manitoba AMR Alliance		Fast-Track Registration Removes Administrative Burden for Out-of-Province Physicians	Prescribing to Patients Whom You Have Not Assessed In-Person	New Standard of Practice: Episodic Visits, House Calls, and Walk-in Primary Care	Meet this year's Associate Member Representative

			to Practice in Manitoba			
COVID-19 Spring Booster Recommendations	Risk of Pacemaker Failure		Resident Doctor Appreciation Week	New Recommended Practice Manual Launched to Support Opioid Agonist Therapy Prescribers in Manitoba	Public Consultation: Standard of Practice for Social Media	Meet the New CPSM Council President-Elect, Dr. Charles Penner
Position on Mask-Wearing	Collaborative Care		2023 CaRMS Matches in Manitoba	National Physician Assistant Day	Public Consultation: Amendments to the Standard of Practice for Research	Meet the New CPSM Council President, Dr. Nader Shenouda
June is Pride Month	A Multidisciplinary Approach to Maternal and Perinatal Quality of Care		Eliminating exam requirement removes major barrier for International Medical Graduates seeking to practice in Manitoba		Referring Patients to Emergency Departments & Urgent Care	
Identifying the “Most Responsible Physician”	Would Your Office Pass a CPSM Inspection?		CPSM participating in working group to develop the first nationally integrated source of data on physicians in Canada		Receiving and Discharging Patients to and from Emergency Departments & Urgent Care	

	Three things you may not know about the Physician Health Program		Amending Regulations to Streamline Registration for Qualified Internationally Trained Physicians			
	Identifying the “Most Responsible Physician”		National Physicians’ Day			
			May 19 is Family Doctors Day			
			Regulatory Changes Made as Part of Ongoing Efforts to Support Better Patient Outcomes			

1(b) Develop a similar plan to improve the relationship between CPSM and the public.**Performance Measure:**

Plan Developed.

Completion Status (Complete/On Schedule/Delayed/At Risk)**On Schedule****Executive Responsible****Status Report**

Truth & Reconciliation Apologies – See deliverable #5	On Schedule
Pursuing Restorative Justice initiative and mediation - See deliverable #5	On Schedule
Advertising awareness campaign on the role of CPSM	On Schedule
Video and letter communications	On Schedule

Next Quarter

IMPROVING RELATIONSHIPS WITH THE PUBLIC

CPSM's relationship with the Public must be based upon:

- Collaboration
- Compassion
- Honesty
- Respect
- Transparency
- Trust

Doing so puts the CPSM in the best position possible to protect the public and promote the safe and ethical delivery of quality medical care by physicians in Manitoba.

Relationships are built upon words and actions.

Words are the communication that sets the tone for the relationship. The words chosen by CPSM must always reflect and support the relationship it wants with the public.

The actions taken by CPSM must align with its words. Actions Speak Louder Than Words.

Whether it is a Registrant who has a 60+ year relationship with CPSM or a member of the public who has a singular interaction with CPSM, the words and actions of CPSM will define that relationship. Their perspectives will also influence the perspectives of colleagues, family, and friends.

Journey Map

CPSM must develop a comprehensive listing of current touchpoints the public have with CPSM. The listing of current touchpoints will provide CPSM with basic information in a single document on how/where/when it interacts with the public.

Data Analysis

Each touchpoint needs to be analyzed to determine how the related communication and actions of CPSM build the relationship. The communication and actions will either positively build the relationship or be detrimental (or neutral). Knowing this will enable CPSM to decide if the touchpoint requires minor editing to a letter or a complete overall of a program delivery.

Project Delivery Timelines

Reviewing each touchpoint will be a multi-year project. Probably 5+ years.

It is not necessary to develop the complete Journey Map prior to commencing an analysis. Many touchpoints in Registration, Complaint & Investigations, and Quality may be amenable to simple changes that accomplish the goal. For example, using less formal language in written communication where it is not required. Each area is to identify and, where possible, make these changes while preparing their respective Journey Maps. As the Journey Maps are developed additional areas of improvement are to be identified and actioned. The Journey Maps and action plans will be “living documents” that will be periodically updated.

Reporting and Measurements

Each operational area that has interactions with the public will report to the Registrar on a bi-annual basis, the steps taken to develop a Journey Map, analyze touchpoints and make improvements.

Where applicable improvement measurements are to be reported. Given the nature of this project, measurements will probably not be easily quantifiable, and may be subjective. For example, “CPSM previously received 2 complaints a month about how a particular touchpoint was administered, now we don’t receive any complaints” or “A particular process used to take 30 days to complete, now it is completed in 10 days”.

Activities to improve relationships with the public.

Who is CPSM explainer videos

To be launched Sept 2023

Videos will be released in this year's annual report.

Three animated videos were developed to create awareness about CPSM's role:

- 1) [About CPSM video](#) (who CPSM is and what do we do?) (2 minutes)
- 2) [Quality of Care video](#) (42 seconds)
- 3) [Complaints & Investigations video](#) (49 seconds)

The main targeted audience for the videos is the general public; the secondary audience is CPSM registrants and stakeholders.

Protecting the Public (CPSM awareness) campaign for the public

October/November 2022

- 1) Print ads acknowledging Canadian Patient Safety Week and for general CPSM awareness were placed in publications across the province between October 23 and November 2. Publications included the Winnipeg Free Press, 30 rural publications, and Grassroots News.
- 2) The ads included a QR code directing users to a landing page on the CPSM website titled [Protecting the Public](#) where an explanation of what CPSM does and a list of public tools (ie. Practitioner Profile, Disciplinary Actions database, and online complaint submission tool) are available.



THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

We promote the safe and ethical delivery of quality medical care by physicians in Manitoba.

About the College of Physicians and Surgeons of Manitoba (CPSM)

CPSM is the medical regulatory body that oversees the practice of medicine in Manitoba. We are guided by our responsibility to protect the public. We follow the framework in The Regulated Health Professions Act.

All physicians, residents, clinical assistants, physician assistants, medical and physician assistant students in Manitoba must be registered with CPSM.

CPSM protects the public through three core functions:

1. **REGISTRATION** ensures everyone registered to practice medicine in Manitoba is competent to practice and meets all the established registration requirements. Our Practitioner Profile Search contains information about all physicians practicing in Manitoba. Search by name, location, or practice specialty.
2. **QUALITY** monitors the professional competency of practice and promotes safe care through ongoing educational and quality improvement initiatives.
3. **COMPLAINTS AND INVESTIGATIONS** addresses concerns regarding the care provided by, or the professional conduct of registrants. Disciplinary Actions and a Complaints Submission Tool are available to the public online.

Learn more at
cpsm.mb.ca/protectingthepublic

Scan with smartphone



THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

We promote the safe and ethical delivery of quality medical care by physicians in Manitoba.

October 24-28 is Canadian Patient Safety Week

Safety conversations are an important step in building a proactive patient safety culture. With health systems under strain, it's more important now than ever. CPSM encourages honest discussions between you and your medical care provider. Just one conversation can change how we think about patient safety and quality of care.

For patient safety resources, visit healthcareexcellence.ca

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Scan with smartphone

News blog to website

Ongoing

A [news blog](#) was embedded on the website for the purpose of relaying information in a more timely manner. This serves both the public who can view all the news CPSM shared with registrants, and registrants who do not have to wait for a monthly newsletter and can check the website for updates at any time.

News posts are categorized and while most are directed at registrants, the public can also see guidance to the profession that is distributed as a result of a complaint or Quality review (ie. An audit). Registrants themselves initiate or are engaged to write these posts and positive stories are also highlighted.

New Portal for Disciplinary Publications & Hearings

October 2022

- 1) A new portal for viewing publications including disciplinary actions was launched on the website. Disciplinary actions are better defined and searchable by publication type and date issued. This makes access to disciplinary publications easier for the public to review, increasing transparency.
- 2) Scheduled hearing dates are published on the website to better inform the public and media.

Disciplinary Decision Statements

Ongoing

A summary and statement from the Registrar is issued to accompany any publication of censures and inquiry panel decisions. This assists in informing the public of the disciplinary actions, summarizing the case, and serves as a formal statement for the media.

Social Media presence

May 2022

A [LinkedIn page](#) was created and is regularly updated to communicate with both the public and registrants. Up until then, CPSM did not have a social media presence. With quickly decreasing public use and support of Twitter, a Twitter presence was not ideal at this time.

A Facebook page was also created to facilitate Facebook Live events but is not currently kept active. Increased resources will allow for increased communication with the public via social platforms.

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 - Registration

Status Report

Performance Indicators for Complaints & Investigations presented to Council @ Dec 2022 Meeting – See attached	Complete
Quality/Standards/Physicians & Facility Review presented to Council @ March 2023 meeting – See attached	Complete
Performance Indicators for Finance/IT/HR to be presented to Council @ June 2023 meeting along with other departmental P.I. in a draft dashboard format – See attached	Complete

Next Quarter

Registration Performance indicators will be provided to Council at the December meeting.

TITLE: Performance Metrics

BACKGROUND

Creating performance metrics is a strategic organizational priority directed by Council in June 2022.

Update on Performance Metrics development

CPSM is in the process of reviewing what data is currently being captured and reported with an eye on which components can be defined as workload, legislative/contractual requirements and measures that show progress in delivering on strategic objectives such as x number of standards were successfully reviewed and updated. While the eventual goal is to define and provide “Key Performance Indicators”, CPSM is working on defining performance metrics by area for eventual reporting.

In reviewing potential performance metrics, there will be a requirement for select performance indicators to be accompanied with additional information to provide proper context or “story”. Some quick examples are;

1. In measuring the length of time for a complaint to be resolved, any potential benchmark must include the fact that the complainant and the registrant both have 30 days to respond.
2. If a complainant wishes to appeal a decision, the complainant has 30 days to inform CPSM of their decision to appeal and at that point has an additional 30 days to provide the reasons for the appeal
3. In measuring the time to register and applicant, there are multiple scenarios that are out of CPSM’s control in issuing the “final” registration. There are cases where an applicant is “registration ready” but is not fully registered for a number of months due to delays by an outside party.

DATA



SORTED



ARRANGED



PRESENTED
VISUALLY



EXPLAINED
WITH A STORY



CPSM Current Performance Metrics

CPSM provides the following performance metrics in its annual report.

F. LENGTH OF TIME REQUIRED TO RESOLVE COMPLAINTS

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

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

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

C. DISPOSITION OF THE 78 CASES CLOSED BY INVESTIGATION COMMITTEE:**1. Closed – No Further Action:**

• with Criticism / Advice	27
• no further action and / or concur with Complaints Committee	27

2. Undertakings

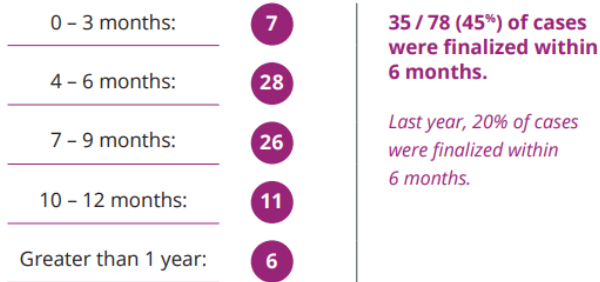
• Remedial Education	6
• Professional Boundaries Program	2
• Practice Restrictions	1

3. Censure 4**4. Referred to Inquiry** (4 physicians) 7**5. Withdrawn** 4

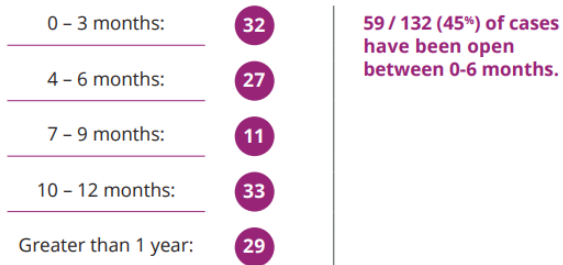
Note: Complainants can appeal the decision of the Investigation Committee to the Appeal Committee. Appeals do not involve the Complaints and Investigation Department and are a function of the Executive Committee.

D. RESPONSE TIME OF INVESTIGATION COMMITTEE:

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



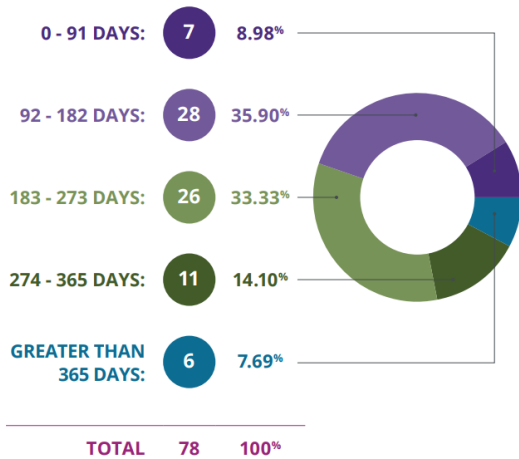
E. DURATION* OF THE 132 OPEN CASES REMAINING AT THE END OF THIS FISCAL YEAR:



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

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

BETWEEN MAY 1, 2021 AND APRIL 30, 2022



BC Examples of Performance Metrics

CPSM has also been investigating what other medical regulatory authorities are using to report to their Councils. Recent CPSM was able to meet with the Registrar from CPSBC. The Registrar provided CPSM with two PowerPoint presentations that were previously presented to the CPSBC Council. CPSM is reviewing the performance indicators and the reporting template. An example of the template and measures are shown below.

Complaints and practice investigations

Goal:

Regulatory compliance/adequacy of investigations

Objectives:

1. Inquiry matters are concluded within statutory timelines
2. Inquiry matters appealed to the HPRB are upheld
3. Effective and efficient practice investigations

College of Physicians and Surgeons of British Columbia

6

Key performance indicator

KPI	Related goal/objective	Target in 2021/22	Baseline (last year)	Actual as of August 31, 2021	Actual as of February 28, 2022	
% meeting timelines	Compliance with statutory timelines	30%*	47%	47%	43%	●
# returned	Inquiry matters are upheld	<10	3	3	4	●
% of project completed	Timely completion of practice investigations	100%	0%	80%	100%	●
* These timelines are under review by Ministry of Health						

College of Physicians and Surgeons of British Columbia

7

CPSM has begun to process to use the template above for all areas of the College as well as the strategic priorities approved. Below is some of the **preliminary** work from Complaints and Investigations.

Complaints and Investigations

Goal:

Protect the Public and Improve the Quality of Care

Objectives:

1. Patient safety is an identified priority and embedded in all of our processes
2. Improve the Quality of Care provided
 1. Identify and address deficiencies in care and conduct through education
3. Investigation matters are concluded within established timelines
4. Ensure our processes are helpful, respectful and culturally appropriate
5. Effective and efficient practice investigations

Key performance indicator – Complaints and Investigation

KPI	Related goal/objective	Target in 2022/23	Baseline (last year)	Actual as of XX date	Actual as of Year-End	● ● ●
High Risk Cases are reviewed within 24 hours	Patient safety	24 hours	Data points to be developed with IT			
Complaints review target timeline	Investigation matters are concluded within timelines	All complaints reviewed within 4 days Red flag cases with 24 hours				
Investigations 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			
Complainants are contacted and connected through the process	Ensure our processes are helpful, respectful and culturally appropriate	Benchmark to be developed				

Other Performance Metrics

In addition to the information from CPSBC, departments are reaching out to their key contacts. A comprehensive list from the Federation Law Societies of Canada performance metrics was obtained. The National Discipline Standards, which is attached for your review, has several potential performance metrics that will be applicable in particular to the Complaints and Investigations Department. As side-by-side comparison with CPSM's Complaint and Investigation Department is included at the end of this document

Council Meeting

A discussion on the possible performance metrics to be utilized by CPSM will occur at the Council Meeting. The Registration and Quality Department will be providing updates regarding their performance metrics development at the next Council meeting

National Discipline Standards & CPSM Complaints and Investigations		
Side by side comparison		
	Federation of Law Societies of Canada	The College of Physicians & Surgeons of Manitoba
Timeliness		
Telephone Inquiries	75% are acknowledged within 1 business day and 100% within 2 business days	Telephone Inquiries are acknowledged, response timelines are 100% within 2 days
Written Complaints	95% within 3 business days	Portal complaints receive and automatic response at the time of submission
Early Resolution	there is a system in place for early resolution of appropriate complaints	there is a system in place for early resolution of appropriate complaints
Timelines to resolve or refer a complaint	a) 80% complaints are resolved within 12 months	approx 85 % of all cases resolved or referred within 12 months (2021-22 data)
	b) 80% of appeals resolved within 90 days	review required to identify the metric
	c) 80% of those matters resolved for disciplinary response within a further 12 month	due to the small numbers - are not currently tracked
Contact w Complainant	For 90% of open complaints there is contact with the complainant at least once every 90 days during the investigation stage.	this is occurring however timelines not currently being tracked
Contact w Registrant	For 90% of open complaints there is contact with the registrant at least once every 90 days during the investigation stage	Contact with registrant is occurring however timelines not being tracked
Interim Measures	There is authority and a process for the Society/College to obtain an interlocutory or interim suspension, restrictions or conditions on a registrant	Yes

Hearings	75% of citations or notices of hearings are issued and served upon the registrant notary within 60 days of authorization	Yes
	75% of all hearing commence within 9 months of authorization	RHPA dictates the timelines 120 days – CPSM does not track
	Reasons for 90% of all decisions are rendered within 90 days from the last date the panel receives submissions	Yes
Public Participation	There is public participation at every stage of discipline	Yes
	There is a complaints review process in which there is public participation for complaints that are disposed of without going to a charging committee	In CPSM's resolution by communication process there is no public participation or representation from the public
Transparency	Hearings are open to the public	Yes
	Reasons are provided for any decision to close hearings	Yes
	Notices of charge are published promptly after a date for the hearing has been set	Yes
	Notices of hearing dates are published at least 60 days prior	Yes
	Information about a registrant either upon request or at its own initiative , with any other Society/College, or can require a registrant to disclose such information to which they are a member.	Yes - through the Certificate of Professional Conduct (COPC)
	There is an ability to report to Police about criminal activity in a manner that protects solicitor/client privilege.	Statutory ability to report where appropriate

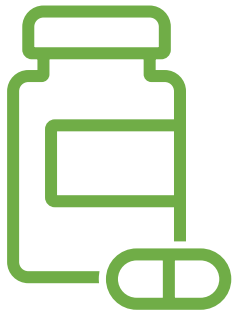
Accessibility	A complainant help form is available to complainants	Yes via the Portal and assistance through staff
	There is a directory available with status information on each lawyer including easily accessible information on discipline history	Yes
Qualifications of Adjudicators, Staff and Volunteers	Ongoing mandatory training and refresher training for all adjudicators	In-house training for committee members at the outset of their term
	Mandatory orientation for volunteers involved	NA
	Ongoing training available for all staff involved in complaint	Informal
Reporting on Standards	Each society/college will report annually to it's governing body on the status of the standards	Currently reported through the CPSM Annual Report



0089



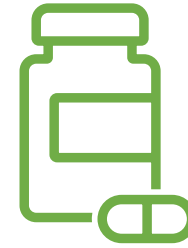
CPSM QUALITY DEPARTMENT PERFORMANCE METRICS



Dr. Ainslie Mihalchuk, Assistant Registrar - Quality

0090

Quality



Quality Department

**PHYSICIAN
HEALTH
PROGRAM**



**QUALITY
IMPROVEMENT
PROGRAM**



**AUDITS AND
MONITORING
(QUALITY
ASSURANCE/
STANDARDS**



**PRESCRIBING
PRACTICES
PROGRAM**



**MANQAP
AND
NHMSF**



The Process

**PHYSICIAN
HEALTH
PROGRAM**



**QUALITY
IMPROVEMENT
PROGRAM**



**AUDITS AND
MONITORING
(QUALITY
ASSURANCE)**



**PRESCRIBING
PRACTICES
PROGRAM**



**MANQAP
AND
NHMSF**



Physician Health Program⁰⁰⁹³

SELF-REPORTING (OR COLLEAGUE) TO PHP

OUTCOME MEASURE

The number of referrals coming from registrants about self/colleagues to the PHP.

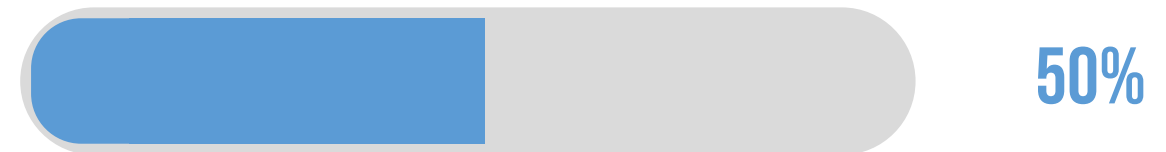
CURRENT STATE

41% of referrals are from registrants.



TARGET FOR 2023/2024

Increase referrals from registrants to **50%** (an increase of 10%).



Physician Health Program⁰⁰⁹⁴

OUTCOME MEASURE RATIONALE

Proposing a modest increase given the difficulty in changing registrant beliefs and behaviors around reporting to CPSM.

Physician Health Program⁰⁰⁹⁵

TIMELY RESPONSES & INTERVENTIONS

PROCESS MEASURE

Time to respond with initial contact to urgent referrals (high likelihood there is a relevant health issue which may be causing impairment but does not include emergent cases where there is immediate risk to patient safety).

CURRENT STATE

Not currently measured.

TARGET FOR 2023/2024:

For urgent health concerns, contact initiated with the registrant on the same business day the referral is received, **90%** of the time.



Physician Health Program⁰⁰⁹⁶

PROCESS MEASURE RATIONALE

- Timely response to new referrals of an urgent nature supports CPSM and PHP's mandate to protect the public.
- 9 out of 10 times allows for the fact that there will always be circumstances where the registrant may not be able to respond, or PHP is dealing with a different urgent matter and cannot get to a new referral the same day.
- Historically, minimal metrics were kept in Physician Health.
- In the last year, we have been proactively building and enhancing database capabilities in anticipation of the goal of using data to guide performance. The capability to track and report on these timelines is now in place.

Quality Improvement Program⁰⁰⁹⁷

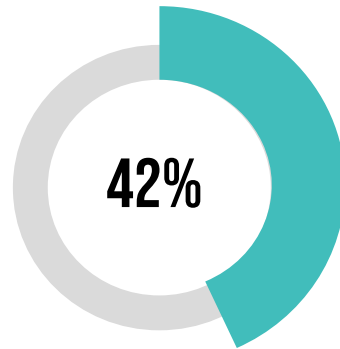
REVIEW COMPLETION

OUTCOME MEASURE

CPSM will complete reviews of 95% of all applicable registrants by the end of the first seven-year cycle (December 31, 2025).

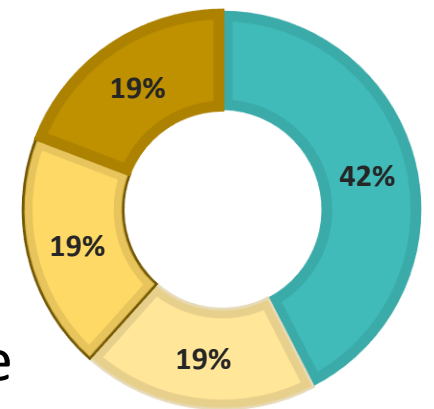
CURRENT STATE

In the program's 4th year, 42% of registrants have completed the program (1056/2529 registrants).



TARGET

To complete 19% of registrants *per annum* for the remaining three years of the program.



■ Current ■ Year 1 ■ Year 2 ■ Year 3

Quality Improvement Program⁰⁰⁹⁸

OUTCOME MEASURE RATIONALE

- Completing this legislated activity of supervising the practice of medicine is critical to CPSM's self-regulatory duty.
- This metric is intended to demonstrate the program's achievement in staying on track with projected volumes per annum.
- Each year, there are a variety of valid reasons that participants need to defer their participation.
- It is conceivable that despite the program's best efforts, a small percentage of registrants will be incomplete by the end of December 31, 2025, though it is expected that this will be <5% of the total cohort (125 registrants).

Quality Improvement Program⁰⁰⁹⁹

TIMELY PROCESSES

PROCESS MEASURE

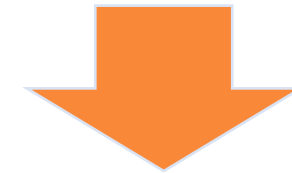
QI processes will be completed:

WITHIN 30 DAYS FOR (60%) FOR CATEGORY 1 PARTICIPANTS

WITHIN 90 DAYS FOR (35%) FOR CATEGORY 2 PARTICIPANTS

WITHIN 240 DAYS FOR (5%) FOR CATEGORY 3 PARTICIPANTS

CURRENT STATE: NOT CURRENTLY MEASURED



TARGET

Each category will be completed within the identified timelines **90%** of the time.

PROCESS MEASURE RATIONALE

- **Category 1** process completion is dependent only on CPSM staff and therefore the completion time is much shorter than Category 2 or 3.
- **Category 2** requires an audit which adds significant time.
- **Category 3** requires an MCC 360 review which adds considerable length to the process. Currently, Category 3 interactive audit and MCC 360 processes happen in series and not in parallel and the MCC process is external to CPSM; we do not have influence over those timelines. The interactive audit requires the coordination of the schedules for two auditors and the participant, which can be challenging.
- The opportunity to track timelines and efficiencies enables the QI program staff to assess and implement internal quality improvements as well as communicate clearly with registrants regarding timelines for completion. There is always the potential for issues to arise in the process, with delays on the registrant or the CPSM side.
- Nine out of 10 times to reach the desired timelines for the process has been identified as achievable by Quality Improvement Program staff. Given that this is the first seven-year cycle for the Quality Improvement Program, there is a need to evaluate each component and ensure that the investment of time and money is effectively producing the desired outcomes.
- Category 3, given its long time to completion, requires further review in terms of its value prior to the initiation of the next seven-year cycle.

Audits & Monitoring (Quality Assurance/Standards)⁰¹⁰¹

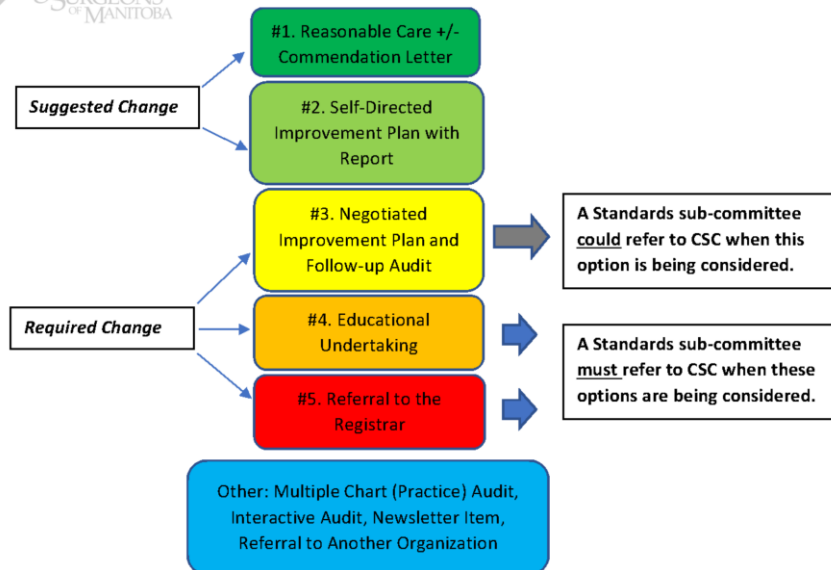
MEASURING IMPROVEMENT

OUTCOME MEASURE

Required Changes (decisions **#3 and #4**) outcomes from the Central Standards Committee review of a registrant's audit result in a measurable improvement on follow-up assessment.



CSC DECISION RUBRIC



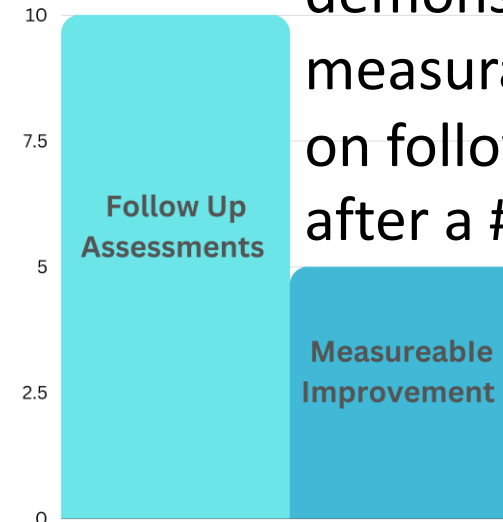
CURRENT STATE

Not measured.



TARGET FOR 2023/2024

50% of registrants will demonstrate a measurable improvement on follow-up assessment after a #3 or #4 outcome.



OUTCOME MEASURE RATIONALE

- The decision rubric used by the Central Standards Committee has only been in effect for one year; as a result, repeat audits after intervention are just starting to happen.
- Data is slowly being collected and will be used towards the end of 2023. This is a metric we hope to be able to develop more clearly by the end of 2023 once more of the required change (#3 and #4 decisions) follow-up audits have occurred.
- Demonstrating measurable change after intervention in Quality is a powerful indicator of the effectiveness of CPSM's ability to self-regulate, act in the public interest, and improve care for patients.

Audits & Monitoring (Quality Assurance/Standards)⁰¹⁰³

TIMELY & PREDICTABLE PROCESS

PROCESS MEASURE

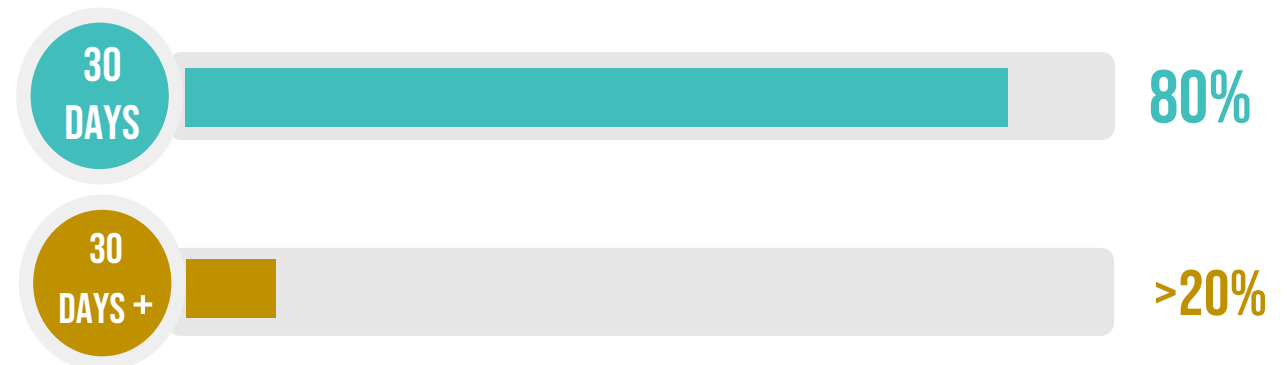
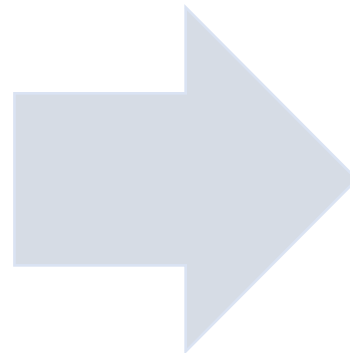
The audit process **from** *audit completion* **to** *audit addition to CSC meeting agenda* will be completed within 30 days.

TARGET

80% of audits will be completed within **30 days**.

CURRENT STATE

Not measured.



PROCESS MEASURE RATIONALE

- The preparatory steps for an audit take approximately **90 days**.
- **This** includes response times for the registrant's pre-audit questionnaire, requests for PHIN information from Manitoba Health based upon billing data, and arranging of the audit, including securing an auditor and time in their schedule.
- This can take longer if it is difficult to identify an auditor or if there are limited options and the auditor's schedule is busy.
- *Once the audit is booked, the process is well within the control of CPSM staff in most cases.* There are however times when audits are not completed as scheduled for technical issues or auditor availability. These disruptions currently happen in about 2 in 10 audits, thus 80% is an achievable target.
- Reliable timelines enable CPSM staff to be transparent in their communication with registrants about expectations for the audit process and can reduce the stress for registrants involved in a regulatory review.

Prescribing Practices Program (PPP)⁰¹⁰⁵

RESPONSE TIME FOR GENERAL PRESCRIBING ADVICE

OUTCOME MEASURE

PPP will respond to general prescribing advice (GPA) inquiries within **one business day 60% of the time** and **two business days 90% of the time**.

CURRENT STATE

Not currently measured.



TARGET

Respond to GPA inquiries within:



OUTCOME MEASURE RATIONALE

- The response time to address inquiries from registrants (and other professionals) within 1-2 business days is an *achievable* goal based *on current call volumes*.
- Should the call volume increase substantially in 2023, achieving this goal may become a challenge.
- This goal highlights the importance of providing **timely support** to our registrants re: prescribing/clinical care concerns. PPP already prioritizes these calls/inquiries and typically responds within 2 business days, although this has not been formally tracked.
- Responding to 90% of inquiries within this timeframe is a realistic goal at this time.
- Tracking this metric will further prioritize this function and monitor our ability to meet and maintain this goal while the **number of GPA cases continues to rise annually**. If it becomes difficult to meet this target, the data can help identify inefficiencies and pitfalls, or highlight the need for further resources as the volume of calls/inquiries continues to rise.

Prescribing Practices Program:⁰¹⁰⁷

ADDRESSING SERIOUS PRESCRIBING CONCERNS IN A TIMELY MANNER

PROCESS MEASURE:

Medical Examiner cases that identify serious prescribing concerns will be completed within 90 business days. (Completion includes PPP intervention and case closed.)

CURRENT STATE

Not formally tracked.



TARGET

75% of cases with serious prescribing concerns will be completed within **90 business days.**

 75% completed in 90 days

 25% completed <90 days



PROCESS MEASURE RATIONALE

- To complete 75% of complex ME cases within 90 days (3 months) is a *stretch* goal to help redefine our process for ME cases and **focus our PPP intervention on cases with serious prescribing concerns that can have the greatest impact on patient safety.**
- The 3-month window recognizes the time it takes to complete the back-and-forth correspondence needed to gather information and to provide quality case-specific recommendations and guidance (not unlike CI cases).
- These process performance measures will help determine how effectively we respond to complex or concerning prescribing issues that directly impact patient safety.
- A timely response is paramount for high-impact regulation and to support registrants. Some variables are outside of PPP control, such as registrants' response time to our letters or scheduling considerations for coaching/mentorship.
- This KPI leaves room for 25% of cases that can still be started in a prioritized manner but acknowledges some are so complex that more time is required to complete all necessary correspondence and coaching/mentoring.

MANITOBA QUALITY ASSURANCE PROGRAM: ⁰¹⁰⁹

COMPLYING WITH ACCREDITATION EXPECTATIONS

OUTCOME MEASURE:

1. MANQAP will inspect the required number of laboratory and diagnostic facilities for accreditation purposes in compliance with the Manitoba Health contract.
2. MANQAP will ensure all required NHMS facilities are inspected for accreditation purposes in alignment with the CPSM By-Law for Accredited Facilities.

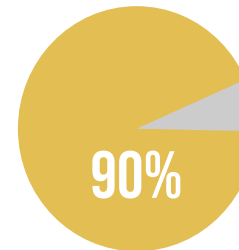
CURRENT STATE: on track


1. Laboratory and diagnostic facility accreditation inspections disrupted by COVID have resumed. COVID backlogs continue to be addressed.
2. By-Law for Accredited Facilities implementation delayed assessments due for inspection in 2022-2023. All new & existing facilities requiring inspections in 2023-2024 are expected to be completed.

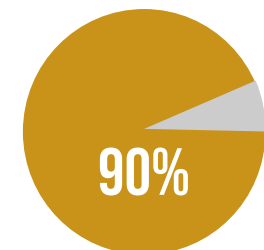



TARGET

> 90% of inspections will be completed by the end of the 2023-2024 fiscal year.



 Laboratory & Diagnostic Inspections Completed



 NHMS facility inspections completed.

OUTCOME MEASURE RATIONALE

- Compliance with contractual and By-Law requirements is necessary for CPSM to fulfill its duty to protect the public and ensure patient safety.
- The majority of laboratory, diagnostic, and NHMS facilities can be reviewed on the schedule outlined by MANQAP however, there are circumstances external to MANQAP that arise, which may result in delays.
- All delays in accreditation are reviewed and approved by the Program Review Committee. A margin of <10% for incomplete accreditation during identified timeframes is reasonable and within routinely observed limits.

MANITOBA QUALITY ASSURANCE PROGRAM:⁰¹¹¹

ADVERSE PATIENT OUTCOMES (APO)

PROCESS MEASURE:

Non-emergent APOs will be reviewed by an expert (providing an opinion and recommendation about safety) and the briefing for the Program Review Committee **will be completed within 14 days of receipt of the complete APO file.**

CURRENT STATE

Not measured.



TARGET

Reviews will be completed within 14 days of receipt of the complete APO file, **90%** of the time.

APO REVIEWS
COMPLETED IN 14 DAYS



PROCESS MEASURE RATIONALE

Timely review of APO details by experts enables MANQAP to identify any serious concerns with the safety at a facility where an adverse event has occurred.

If the APO review identifies serious concerns with the facility, communication can occur with the Chair of the Program Review Committee, the Assistant Registrar and Program Review Committee for action as appropriate.

This timely response ensures appropriate interventions can be made for patient safety. Once MANQAP receives the complete file, much of the process lies within MANQAP's control and therefore, the timeline is reasonable.

Emergent APOs would be dealt with on an expedited timeline. MANQAP has recently taken over this role of oversight for NHMSF and therefore, it is important to use our data to reflect and improve upon new processes.



These performance metrics allow the Quality department to measure and evaluate the **continued competence** of the medical profession.

The department's **proactive** and for-cause interventions provide **feedback to registrants and foster learning** to support improved practice and patient care.



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.

DATA



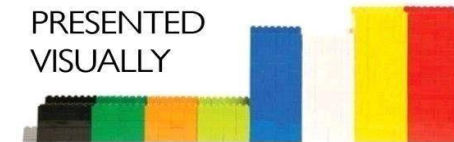
SORTED



ARRANGED



PRESENTED VISUALLY



EXPLAINED WITH A STORY



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 reviews are completed within 4 business days	Investigation matters are concluded within timelines	All complaints reviewed 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 management	


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 indicator 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 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	<ul style="list-style-type: none"> Debt to Equity ratio <1 Total Reserves at 70% of annual operating expenses 	<ul style="list-style-type: none"> 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 project 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	<ul style="list-style-type: none"> 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 members. - 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 in some cases stop measuring and explore new measurements.

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.

During fiscal years, CPSM has implemented an impact form (attached) that details the operational, financial and risk impacts of in year projects or programs. Approved impacts are then implemented into the 3 year rolling plan going forward.

Next Quarter

Key parameters used in the 2023-24 Budget process:

Revenues

- Inflationary increase of 8% for 2023-24 based on actual CPI stats as of March 31, 2023. Inflationary increase of 2% for 2024-25 and 2025-26 based on federal target.
- Yearly net increase of 67 in MMR membership base based on 5-year historical average.
- High short-term investment returns (interest income) sliding back to normal levels following the normalization of inflation as targeted by the federal government.
- Inquiry cost recovery not anticipated in the absence of a formal Panel decision respecting costs which the member has acknowledged.

Expenses

- Salaries
 - COLA's of 5%, 2% and 2% in the next 3 years based on forecasted CPI stats at August.
 - 3 new positions in Complaints & Investigations and 1 in Quality
- Committee Meetings
 - Full scale operation of Area Standards.
- Inquiry cases
 - 3 known cases anticipated in 2023-24 and 2 cases expected every year subsequently.
 - \$41,000 average cost per case based on 7-year historical data.
- Other expenses such as Professional Fees, Building & Occupancy, and Office Expenses were generally kept at prior year levels, adjusted for inflation.

College of Physicians & Surgeons of Manitoba

Budget Statement of Operations

FY's 2022-23 to 2024-25

	2021-22 Actual	2022-23 Actual	2023-24 Budget	Increase/ (Decrease)	%	2024-25 Estimate	%	2025-26 Estimate	%
Revenues									
Physician & Resident License Fees	6,227,838	6,589,634	7,191,898	602,264	8%	7,684,425	7%	7,987,740	4%
Educational Register Fees	84,300	88,288	99,925	11,638	12%	102,710	3%	102,710	0%
Clinical Assistant License Fees	38,400	53,800	56,700	2,900	5%	60,075	6%	61,425	2%
Physician Assistant License Fees	45,000	55,750	62,900	7,150	11%	66,750	6%	68,250	2%
Medical Corporation Fees	387,625	447,175	526,190	79,015	15%	561,725	7%	584,715	4%
Other Fees and Income	625,539	647,201	570,799	(76,402)	-13%	510,980	-10%	505,995	-1%
Interest Income	29,103	159,989	148,020	(11,969)	-8%	19,538	-87%	20,157	3%
Change In Market Value	101,247	117,024	147,750	30,726	21%	181,541	23%	150,082	-17%
Government Funded Program Revenues	1,271,658	1,045,212	919,037	(126,175)	-14%	943,707	3%	964,003	2%
	8,810,710	9,204,073	9,723,219	519,146	5.3%	10,131,450	4.2%	10,445,076	3.1%
Expenses									
Governance	161,279	99,229	96,091	(3,137)	-3%	96,283	0%	96,477	0%
Qualifications	721,502	790,160	820,984	30,824	4%	859,469	5%	889,578	4%
Complaints and Discipline	1,805,860	1,938,779	2,449,796	511,017	21%	2,525,989	3%	2,613,502	3%
Quality	1,221,931	1,509,143	2,187,486	678,343	31%	2,244,380	3%	2,321,422	3%
Operations and General Administration	2,661,415	2,861,966	2,986,227	124,261	4%	3,107,307	4%	2,847,848	-8%
IT	1,048,197	1,138,576	1,156,669	18,093	2%	1,051,861	-9%	1,022,592	-3%
Government Funded Program Expenses	1,245,010	1,107,645	835,650	(271,995)	-33%	858,075	3%	876,546	2%
	8,865,193	9,445,497	10,532,903	1,087,406	10.3%	10,743,364	2.0%	10,667,966	-0.7%
Excess (Deficiency) of Revenue Over Expenditures	(54,483)	(241,424)	(809,684)	(568,260)	70%	(611,914)	-24%	(222,890)	-64%

(Expenses by function)

College of Physicians & Surgeons of Manitoba

Budget Statement of Operations

FY's 2022-23 to 2024-25

	2021-22 Actual	2022-23 Actual	2023-24 Budget	Increase/ (Decrease)	%	2024-25 Estimate	%	2025-26 Estimate	%
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Educational Register Fees	84,300	88,288	99,925	11,638	12%	102,710	3%	102,710	0%
Clinical Assistant License Fees	38,400	53,800	56,700	2,900	5%	60,075	6%	61,425	2%
Physician Assistant License Fees	45,000	55,750	62,900	7,150	11%	66,750	6%	68,250	2%
Medical Corporation Fees	387,625	447,175	526,190	79,015	15%	561,725	7%	584,715	4%
Other Fees and Income	625,539	647,201	570,799	(76,402)	-13%	510,980	-10%	505,995	-1%
Interest Income	29,103	159,989	148,020	(11,969)	-8%	19,538	-87%	20,157	3%
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	8,810,710	9,204,073	9,723,219	519,146	5.3%	10,131,450	4.2%	10,445,076	3.1%
Expenses									
Employee Costs	6,212,701	6,870,917	7,847,335	976,418	12%	8,217,606	5%	8,127,968	-1%
Committee Meetings	340,850	332,794	448,639	115,845	26%	428,220	-5%	428,801	0%
Professional Fees	453,116	432,177	411,851	(20,326)	-5%	375,653	-9%	376,729	0%
Service Fees	277,690	201,910	320,423	118,514	37%	317,378	-1%	322,500	2%
Legal	156,916	44,607	63,000	18,393	29%	42,000	-33%	42,000	0%
Building & Occupancy Costs	511,234	603,223	587,589	(15,634)	-3%	593,860	1%	600,257	1%
Office Expenses	606,691	647,427	636,348	(11,079)	-2%	618,804	-3%	632,832	2%
Capital Assets	305,992	312,442	217,719	(94,723)	-44%	149,843	-31%	136,878	-9%
	8,865,193	9,445,497	10,532,903	1,087,406	10.3%	10,743,364	2.0%	10,667,966	-0.7%
Excess (Deficiency) of Revenue Over Expenditures	(54,483)	(241,424)	(809,684)	(568,260)	70%	(611,914)	-24%	(222,890)	-64%

(Expenses by nature)

**College of Physicians & Surgeons of Manitoba
Funding Analysis**

	2023-24	2024-25	2025-26	
	Budget	Estimate	Estimate	Cumulative
Deficit after inflationary increase on fees	(809,684)	(611,914)	(222,890)	(1,644,487)
Funded by reserves:				
Depreciation	217,719	149,843	136,878	
Inquiry	120,000	80,000	80,000	
IT project	69,505	-		
Restated Deficit	(402,461)	(382,071)	(6,011)	(790,543)

Year-on-year increase

<i>Inflation rate</i>	8%	2%	2%
<i>Inflation \$</i>	\$ 170.00	\$ 40.00	\$ 50.00
<i>Annual fee</i>	\$ 2,220.00	\$ 2,260.00	\$ 2,310.00



0139

CPSM REGULATORY IMPACT ASSESSMENT

PROJECT NAME

DATE:

Background/Issue:

Proposed Solution:

Not Applicable

Accountability:

Timeline:

Fixed Timeframe

Not Applicable

On-going

Not Applicable

Alignment of Organizational Priorities:

Not Applicable

Patient Safety:

Risk Analysis:

Public Risk

Not Applicable

DATE

Reputational Risk

Not Applicable

Regulatory Risk

Not Applicable

Operational Risk

Not Applicable

Regulatory Impact on Members:

Financial Impact:

Human Resources:

Not Applicable

Financial:

Not Applicable

Infrastructure:

Not Applicable

Transition Budget:

Not Applicable

Alternatives or Status Quo:

Not Applicable

Evaluation and Outcomes:

Not Applicable

Additional Information:

Not Applicable

Recommendation:

Submitted by:

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

April 30, 2023

Report of the Independent Auditor on the Summary Financial Statements

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

Opinion

The summary financial statements, which comprise the summary statement of financial position as at April 30, 2023 and the summary statement of operations for the year then ended, are derived from the audited financial statements of The College of Physicians and Surgeons of Manitoba (the "Organization") for the year ended April 30, 2023.

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

Summary Financial Statements

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

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated June 28, 2023.

Management's Responsibility for the Summary Financial Statements

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

Auditor's Responsibility

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

The Deloitte logo, featuring the word "Deloitte" in a stylized, handwritten-style font, followed by the letters "UP" in a smaller, bold, sans-serif font.

Chartered Professional Accountants

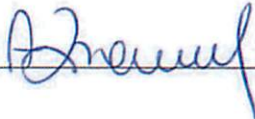
Winnipeg, Manitoba
June 28, 2023

The College of Physicians and Surgeons of Manitoba
Summary statement of financial position
As at April 30, 2023

	2023 \$	2022 \$
Assets		
Current assets		
Cash	4,477,743	4,164,166
Investments, maturing within one year	3,241,479	3,149,999
Accounts receivable and prepaid expenses	288,906	216,000
	8,008,128	7,530,165
Investments	2,175,000	2,175,000
Capital and intangible assets	558,104	738,128
	10,741,232	10,443,293
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	226,560	231,533
Accrued pre-retirement leave benefits	304,872	261,893
Accrued vacation	114,912	123,500
Deferred revenue	3,835,004	3,313,955
	4,481,348	3,930,881
Net assets		
Unrestricted	1,698,780	1,561,284
Invested in capital and intangible assets	558,104	738,128
Internally restricted	4,003,000	4,213,000
	6,259,884	6,512,413
	10,741,232	10,443,294

Approved on behalf of Council


_____, President


_____, Registrar

The College of Physicians and Surgeons of Manitoba
Summary statement of operations
Year ended April 30, 2023

	2023	2022
	\$	\$
Revenue		
Physician and resident license fees	6,589,634	6,227,838
Educational register fees	88,288	84,300
Clinical assistant license fees	53,800	38,400
Physician assistant license fees	55,750	45,000
Medical corporation fees	447,175	387,625
Other fees and income	647,129	625,538
Interest income	159,989	29,103
Change in market value of investments	117,024	101,247
Government funded program revenue	1,045,213	1,271,657
	9,204,002	8,810,708
Expenses		
Governance	99,229	152,462
Qualifications	973,415	914,707
Complaints and investigations	2,313,948	2,156,736
Quality	1,865,309	1,507,866
Operations and general administration	2,397,889	2,340,506
Information technology	584,797	423,405
Government funded program expenses	1,221,943	1,369,510
	9,456,530	8,865,192
Deficiency of revenue over expenses	(252,528)	(54,484)

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

April 30, 2023

1. Basis of presentation

Management has prepared the summary financial statements from the Organization's April 30, 2023 audited financial statements. The complete financial statements, including notes to the financial statements and the independent auditor's report, are available upon request by contacting the Organization's office.

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

April 30, 2023

Independent Auditor's Report	1-2
Statement of financial position	3
Statement of operations	4
Statement of changes in net assets	5
Statement of cash flows	6
Notes to the financial statements	7-12
Schedule 1 - Programs administered by the College	13
Schedule 2 - Programs expenses by nature	14



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Independent Auditor's Report

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

Opinion

We have audited the financial statements of The College of Physicians and Surgeons of Manitoba (the "Organization"), which comprise the statement of financial position as at April 30, 2023, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as at April 30, 2023, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

The logo for Deloitte, featuring the word "Deloitte" in a stylized, cursive font with a small "UP" to its right.

Chartered Professional Accountants

Winnipeg, Manitoba
June 28, 2023

The College of Physicians and Surgeons of Manitoba
Statement of financial position
As at April 30, 2023

	2023 \$	2022 \$
Assets		
Current assets		
Cash	4,477,743	4,164,166
Investments, maturing within one year (Note 3)	3,241,479	3,149,999
Accounts receivable	100,027	43,692
Prepaid expenses	188,879	172,308
	8,008,128	7,530,165
Investments (Note 3)	2,175,000	2,175,000
Capital assets (Note 4)	350,534	304,248
Intangible assets (Note 5)	207,570	433,880
	10,741,232	10,443,293
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	226,560	231,533
Accrued pre-retirement leave benefits (Note 6)	304,872	261,893
Accrued vacation	114,912	123,500
Deferred program revenue (Schedule 1)	163,521	45,693
Deferred member dues revenue	3,671,483	3,268,262
	4,481,348	3,930,881
Contingencies (Note 8)		
Commitments (Note 9)		
Net assets		
Unrestricted	1,698,780	1,561,284
Invested in capital and intangible assets	558,104	738,128
Internally restricted (Note 10)	4,003,000	4,213,000
	6,259,884	6,512,412
	10,741,232	10,443,293

Approved on behalf of Council


_____, President


_____, Registrar

The College of Physicians and Surgeons of Manitoba
Statement of operations
Year ended April 30, 2023

	2023	2022
	\$	\$
Revenue		
Physician and resident license fees	6,589,634	6,227,838
Educational register fees	88,288	84,300
Clinical assistant license fees	53,800	38,400
Physician assistant license fees	55,750	45,000
Medical corporation fees	447,175	387,625
Other fees and income	647,129	625,538
Interest income	159,989	29,103
Change in market value of investments	117,024	101,247
Government funded program revenue (<i>Schedule 1</i>)	1,045,213	1,271,657
	9,204,002	8,810,708
Expenses (<i>Schedule 2</i>)		
Governance	99,229	152,462
Qualifications	973,415	914,707
Complaints and investigations	2,313,948	2,156,736
Quality	1,865,309	1,507,867
Operations and general administration	2,397,889	2,340,506
Information technology	584,797	423,405
Government funded program expenses (<i>Schedule 1</i>)	1,221,943	1,369,510
	9,456,530	8,865,193
Deficiency of revenue over expenses	(252,528)	(54,485)

The College of Physicians and Surgeons of Manitoba
Statement of changes in net assets
Year ended April 30, 2023

	Unrestricted \$	Invested in capital assets \$	Internally restricted \$	2023 \$
Net assets, beginning of year	1,561,284	738,128	4,213,000	6,512,412
Excess (deficiency) of revenue over expenses	59,913	(312,441)	-	(252,528)
Purchase of capital and intangible assets	(132,417)	132,417	-	-
Transfer to internally restricted	210,000	-	(210,000)	-
Balance, end of year	1,698,780	558,104	4,003,000	6,259,884

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

The College of Physicians and Surgeons of Manitoba

Statement of cash flows

Year ended April 30, 2023

	2023	2022
	\$	\$
Operating activities		
Deficiency of revenue over expenses	(252,528)	(54,485)
Items not affecting cash:		
Change in market value of investments	(117,024)	(101,247)
Amortization of capital assets and intangible assets	312,441	305,993
	(57,111)	150,261
Changes in non-cash operating working capital items:		
Accounts receivable	(56,335)	(30,527)
Prepaid expenses	(16,571)	(5,023)
Accounts payable	(4,973)	101,068
Accrued pre-retirement leave benefits	42,979	(31,315)
Accrued vacation	(8,588)	(65,629)
Deferred revenue	521,049	(70,960)
	420,450	47,875
Investing activities		
Purchase of investments, net	—	(5,352)
Redemption of investments, net	25,544	—
Purchase of capital assets	(132,417)	(196,911)
Purchase of intangible assets	—	(13,053)
	(106,873)	(215,316)
Net increase (decrease) in cash position	313,577	(167,441)
Cash, beginning of year	4,164,166	4,331,607
Cash, end of year	4,477,743	4,164,166

The College of Physicians and Surgeons of Manitoba
Notes to the financial statements
 April 30, 2023

1. Incorporation and nature of the organization

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

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

2. Significant accounting policies

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

a) Revenue recognition

The Organization follows the deferral method of accounting for contributions.

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

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

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

Investment income is recognized on an accrual basis as earned.

b) Capital assets

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

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

c) Intangible assets

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

Intangible assets recorded in the statement of financial position represent the member application software, electronic document and records management system, and other software which are being amortized on a straight-line basis over 5 years.

The College of Physicians and Surgeons of Manitoba
Notes to the financial statements
April 30, 2023

2. Significant accounting policies (continued)

d) Financial instruments

Financial assets and financial liabilities are initially recognized at fair value when the Organization becomes a party to the contractual provisions of the financial instrument. Subsequently, all financial instruments are measured at amortized cost. Financial assets and financial liabilities originated or exchanged in related party transactions, except for those that involve parties whose sole relationship with the Organization is in the capacity of management, are initially recognized at cost.

The cost of a financial instrument in a related party transaction depends on whether the instrument has repayment terms. The cost financial instruments with repayment terms is determined using its undiscounted cash flows, excluding interest and dividend payments, less any impairment losses previously recognized by the transferor. The cost of financial instruments without repayment terms is determined using the consideration transferred or received by the Organization in the transaction.

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

The Organization recognizes in net earnings an impairment loss, if any, when it determines that a significant adverse change has occurred during the period in the expected timing or amount of future cash flows. When the extent of impairment of a previously written-down asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss shall be reversed in net earnings in the period the reversal occurs.

e) Use of estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expense during the period. Significant estimates include the useful life of both the capital and intangible assets, the allowance for doubtful accounts, which was estimated to be \$144,308 at April 30, 2023 (2022 - \$144,308), and the accrued for pre-retirement leave benefits. Actual results could differ from these estimates.

The College of Physicians and Surgeons of Manitoba
Notes to the financial statements
 April 30, 2023

3. Investments

	2023	2022
	\$	\$
Portfolio of fixed rate investments, bearing effective interest rate at 4%, maturing August of 2024 and 2025	3,241,479	3,149,999
Principal Protected Note, generating fixed interest payments of \$0.50 per deposit note plus a variable interest payment of the greater of 85% of the share portfolio performance, as defined in the agreement, and nil, maturing on December 15, 2028.	1,175,000	1,175,000
Principal Protected Note, generating fixed interest payments of \$0.50 per deposit note, plus a variable interest payment of the greater of 105% of the index performance, as defined in the agreement, and nil, maturing on January 10, 2029	1,000,000	1,000,000
	5,416,479	5,324,999
Less: investments maturing within 12 months	—	(3,149,999)
	5,416,479	2,175,000

As of April 30, 2023, the market prices for the above Principal Protected Notes were 82.947 and 89.127 respectively. As the deposit notes guarantee the principal amount of the investment, the Organization is not required to recognize any unrealized losses when market value falls below book value, but is required to record any unrealized gains when market value exceeds book value.

4. Capital assets

	Cost	Accumulated amortization	Net book value
	\$	\$	\$
Computer equipment	1,003,646	790,542	213,104
Office furniture and equipment	586,499	455,495	131,004
Leasehold improvements	246,984	240,558	6,426
	1,837,129	1,486,595	350,534

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

The College of Physicians and Surgeons of Manitoba
Notes to the financial statements
 April 30, 2023

5. Intangible assets

	Cost	Accumulated amortization	2023 Net book value	2022 Net book value
	\$	\$	\$	\$
Member application software	878,793	822,880	55,913	231,672
Other software	252,761	101,104	151,657	202,208
	1,131,554	923,984	207,570	433,880

Amortization of \$226,311 (2022 - \$226,311) related to intangible assets is included in program expenses in Schedule 2.

6. Accrued pre-retirement leave benefits

The Organization provides pre-retirement benefits to employees who meet certain criteria. This policy has been in effect since 2008 and provides a benefit for registrars and other salaried employees once they meet either of the following criteria: 60 years old and have completed 10 years of continuous employment with the Organization, or 55 years old and 25 years of continuous employment. The estimated liability related to the pre-retirement leave benefits is assessed on an annual basis and any change in the liability is recorded as an expense in the statement of operations.

7. Pension plan

The Organization has a defined contribution pension plan for its employees. For employees hired prior to May 1, 2017, the Organization contributes 8% of salaries for eligible employees. For employees hired on or after May 1, 2017 the Organization contributes 4% and eligible employees contribute a mandatory 4%. The amount expensed during the year related to this pension plan was \$318,831 (2022 - \$300,211).

8. Contingencies

Complaints and Claims – The nature of the Organization’s activities is such that there is usually litigation pending or in prospect at any time. With respect to claims at April 30, 2023, management believes that the Organization has valid defenses and/or appropriate insurance coverage in place. All costs associated with these actions are not determinable at the time of the preparation of these financial statements and will be reflected as expenditures in the period that they are known and can be reasonably measured.

Inquiries and Investigations - The Organization has certain incomplete inquiries and investigations as at April 30, 2023. All costs associated with these actions are not determinable at the time of the preparation of these financial statements and will be reflected as expenditures and cost recovery fees (if any) in the period they are known and can be reasonably measured. A reserve for potential inquiry costs is established at year-end based on extraordinary number of ongoing and anticipated inquiry cases known at that time and using estimates according to the recent historical cost analysis performed by the Organization.

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

The College of Physicians and Surgeons of Manitoba
Notes to the financial statements
 April 30, 2023

9. Commitments

The Organization has a lease for its office space over a term of 10 years and 3 months which commenced on August 1, 2021 and ending on October 31, 2031. The total lease payments relating to the basic rent through to October 31, 2031 are \$2,438,978 with the payments over the next 5 years being as follows:

	\$
2024	233,205
2025	233,205
2026	233,205
2027	240,979
2028	248,752

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

	\$
2024	9,767

10. Internally restricted net assets

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

	2023	2022
	\$	\$
Reserve for wind-up costs	3,293,000	3,293,000
Reserve for potential inquiry costs	210,000	420,000
Reserve for IT projects	500,000	500,000
	<u>4,003,000</u>	<u>4,213,000</u>

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

11. Financial instrument risk management

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

Credit risk

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

The College of Physicians and Surgeons of Manitoba
Notes to the financial statements
April 30, 2023

11. Financial instrument risk management (continued)

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

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

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

Interest rate risk

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

The Organization is exposed to interest rate cash flow risk with respect to interest bearing investments. As at April 30, 2023, the Organization holds \$5,416,479 (2022 - \$5,324,999) of investments with fixed rates of interest. As a result, the impact of interest rate changes on cash flows has been substantially mitigated.

Liquidity risk

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

12. Allocated expenditures

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

The College of Physicians and Surgeons of Manitoba
Schedule 1 - Programs Administered by the College
Year ended April 30, 2023

	2023		2023		2022		2022	
	Deferred Revenue (Receivable) Beginning of Year	Cash Received in Current Year	Revenue Available for Programming	Deferred Revenue (Receivable) from End of Year	Gross Program Revenues	Gross Program Expenditures	Gross Program Revenues	Gross Program Expenditures
	\$	\$	\$	\$	\$	\$	\$	\$
Maternal/Child Quality Assurance Program	(82,198)	141,690	59,492	-	59,492	60,068	184,198	184,198
Manitoba Quality Assurance Program (MANQAP)	227,981	895,477	1,123,458	255,146	868,312	871,843	866,375	866,375
Manitoba Physician Public Register Program	(8,879)	22,874	13,995	(1,005)	15,000	15,420	15,084	15,084
Substance Use and Addictions Program (SUAP)	(91,211)	103,000	11,789	(90,620)	102,409	274,612	206,000	303,853
	45,693	1,163,041	1,208,734	163,521	1,045,213	1,221,943	1,271,657	1,369,510

The College of Physicians and Surgeons of Manitoba
Schedule 2 - Program Expenses by Nature
Year ended April 30, 2023

	Governance	Qualifications	Complaints and Investigations	Quality	Operations and General Administration	Information Technology	Government- Funded Programs	2023	2022
	\$	\$	\$	\$	\$	\$	\$	\$	\$
Employee costs	2,500	620,350	1,697,957	1,269,845	1,958,535	508,766	812,968	6,870,921	6,212,700
Committee meetings	71,677	5,011	128,238	55,477	63,973	2,410	8,231	335,017	340,851
Professional fees	21,600	-	29,828	135,860	39,583	-	213,434	440,305	453,117
Service fees	3,201	57	2,887	34,733	2,016	159,016	-	201,910	277,541
Legal	-	-	44,607	-	-	-	-	44,607	156,916
Building and occupancy costs	-	1,495	3,284	4,270	528,638	2,317	63,216	603,220	511,235
Office	251	163,245	32,654	15,102	229,333	194,195	13,329	648,109	606,840
Amortization	-	-	-	-	40,569	271,872	-	312,441	305,993
	99,229	790,158	1,939,455	1,515,287	2,862,647	1,138,576	1,111,178	9,456,530	8,865,193
Allocated expenditures	-	183,257	374,493	350,022	(464,758)	(553,779)	110,765	-	-
Total expenditures	99,229	973,415	2,313,948	1,865,309	2,397,889	584,797	1,221,943	9,456,530	8,865,193

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

April 30, 2023

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



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Independent Auditor's Report

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

Opinion

We have audited the financial statements of the Manitoba Quality Assurance Program ("MANQAP" or the "Program") administered by The College of Physicians and Surgeons of Manitoba (the "Organization"), which comprise the statement of financial position as at April 30, 2023 and the statement of program operations and changes in net assets for the year then ended, and notes to the financial statements, including a summary of significant accounting policies (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Program as at April 30, 2023, and the results of its operations for the year then ended in accordance with the financial reporting provisions of the agreement effective April 1, 2020 between the Organization and the Government of Manitoba as represented by the Minister of Health, Seniors and Active Living (the "Agreement").

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

The logo for Deloitte, featuring the word "Deloitte" in a stylized, cursive font with a small "up" to its right.

Chartered Professional Accountants

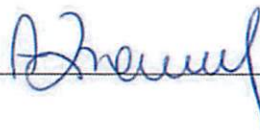
Winnipeg, Manitoba
June 28, 2023

The College of Physicians & Surgeons of Manitoba
 Manitoba Quality Assurance Program (MANQAP)
Statement of financial position
 As at April 30, 2023

	2023 \$	2022 \$
Assets		
Current		
Cash	251,615	227,981
	<u>251,615</u>	<u>227,981</u>
Liabilities		
Current		
Deferred program revenue	255,146	227,981
	<u>255,146</u>	<u>227,981</u>
Net assets		
Unrestricted	(3,531)	-
	<u>251,615</u>	<u>227,981</u>

Approved on behalf of Council


 _____, President


 _____, Registrar

The College of Physicians & Surgeons of Manitoba
Manitoba Quality Assurance Program (MANQAP)
Statement of program operations and changes in net assets
As at April 30, 2023

	2023 Budget \$	2023 Actual \$	2022 Actual \$
	<i>(unaudited)</i>		
Revenue			
Manitoba Health	881,000	853,835	853,940
Other - Private laboratory survey	-	14,477	12,435
	881,000	868,312	866,375
Expenses			
Employee costs	636,899	616,069	618,552
Committee meetings	18,000	8,231	11,695
Professional fees	83,670	102,718	93,537
Building and occupancy costs	54,392	56,864	56,094
Office expenses	7,949	9,024	7,736
Overhead	80,090	78,937	78,761
	881,000	871,843	866,375
Excess of revenues over expenses	-	(3,531)	-
Net assets, beginning of year	-	-	-
Net assets, end of year	-	(3,531)	-

The College of Physicians and Surgeons of Manitoba
Manitoba Quality Assurance Program (MANQAP)
Notes to the financial statements
April 30, 2023

1. Nature of the program

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

2. Significant accounting policies

a) Basis of accounting

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

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

b) Revenue recognition

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

c) Financial instruments

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

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

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

The College of Physicians and Surgeons of Manitoba
Manitoba Quality Assurance Program (MANQAP)
Notes to the financial statements
April 30, 2023

2. Significant accounting policies (*continued*)

d) Use of estimates

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

e) Statement of cash flows

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

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

April 30, 2023

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

Independent Auditor's Report

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

Opinion

We have audited the financial statements of the Maternal/Child Quality Assurance Program (the "Program") administered by The College of Physicians and Surgeons of Manitoba (the "Organization"), which comprise the statement of financial position as at April 30, 2023 and the statement of program operations and changes in net assets for the year then ended, and notes to the financial statements, including a summary of significant accounting policies (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Program as at April 30, 2023, and the results of its operations for the year then ended in accordance with the financial reporting provisions of the agreement effective April 1, 2020 between the Organization and the Government of Manitoba as represented by the Minister of Health, Seniors and Active Living (the "Agreement").

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

The logo for Deloitte, featuring the word "Deloitte" in a stylized, cursive font, followed by the letters "CPA" in a smaller, sans-serif font.

Chartered Professional Accountants

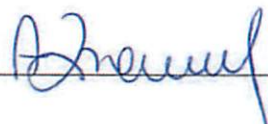
Winnipeg, Manitoba
June 28, 2023

The College of Physicians and Surgeons of Manitoba
 Maternal/Child Quality Assurance Program
Statement of financial position
 As at April 30, 2023

	2023	2022
	\$	\$
Asset		
Current		
Cash	—	—
Receivable - Government Program	—	82,198
	—	82,198
Liabilities		
Current		
Deferred program revenue	—	—
Cash deficiency	576	82,198
	576	82,198
Net deficit - Unrestricted	(576)	—
	—	82,198

Approved on behalf of Council


 _____, President


 _____, Registrar

The College of Physicians and Surgeons of Manitoba
Maternal/Child Quality Assurance Program
Statement of program operations and changes in net assets
Year ended April 30, 2023

	2023	2022
	Actual	Actual
	\$	\$
Revenue		
Manitoba Health	59,492	184,198
Expenses		
Employee costs	30,607	70,019
Committee meetings	—	12,058
Professional fees	24,000	73,785
Building and occupancy costs	—	10,650
Office expenses	—	941
Overhead	5,461	16,745
	60,068	184,198
Deficiency of revenue over expenses	(576)	-
Net assets, beginning of year	-	-
Net deficit, end of year	(576)	-

The College of Physicians and Surgeons of Manitoba
Maternal/Child Quality Assurance Program
Notes to the financial statements
April 30, 2023

1. Nature of the program

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

2. Significant accounting policies

a) Basis of accounting

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

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

b) Revenue recognition

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

c) Financial instruments

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

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

The College of Physicians and Surgeons of Manitoba
Maternal/Child Quality Assurance Program
Notes to the financial statements
April 30, 2023

2. Significant accounting policies (*continued*)

c) *Financial instruments (continued)*

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

d) *Use of estimates*

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

e) *Statement of Cash Flows*

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

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

April 30, 2023

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



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Independent Auditor's Report

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

Opinion

We have audited the financial statements of the Manitoba Physician Public Register Program (the "Program") administered by The College of Physicians and Surgeons of Manitoba (the "Organization"), which comprise the statement of financial position as at April 30, 2023 and the statement of program operations and changes in net assets for the year then ended, and notes to the financial statements, including a summary of significant accounting policies (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Program as at April 30, 2023, and the results of its operations for the year then ended in accordance with the financial reporting provisions of the agreement effective April 1, 2020 between the Organization and the Government of Manitoba as represented by the Minister of Health, Seniors and Active Living (the "Agreement").

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

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

The logo for Deloitte, featuring the word "Deloitte" in a stylized, cursive font, followed by the letters "UP" in a smaller, bold, sans-serif font.

Chartered Professional Accountants

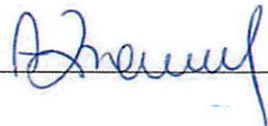
Winnipeg, Manitoba
June 28, 2023

The College of Physicians and Surgeons of Manitoba
 Manitoba Physician Public Register Program
Statement of financial position
 April 30, 2023

	2023	2022
	\$	\$
Assets		
Current		
Cash	—	—
Receivable - Government Program	1,005	8,879
	1,005	8,879
Liabilities		
Current		
Deferred program revenue	—	—
Cash deficiency	1,425	8,879
	1,425	8,879
Net assets		
Unrestricted deficit	(420)	—
	1,005	8,879

Approved on behalf of Council


 _____, President


 _____, Registrar

The College of Physicians and Surgeons of Manitoba
Manitoba Physician Public Register Program
Statement of program operations and changes in net assets
 April 30, 2023

	2023	2022
	\$	\$
Revenue		
Manitoba Health	15,000	15,084
Expenses		
Employee costs	13,000	12,999
Professional fees	1,018	714
Overhead	1,402	1,371
	15,420	15,084
Deficiency of revenue over expenses	(420)	-
Net assets, beginning of year	-	-
Net deficit, end of year	(420)	-

The College of Physicians and Surgeons of Manitoba
Manitoba Physician Public Register Program
Notes to the financial statements
April 30, 2023

1. Nature of the program

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

2. Significant accounting policies

a) Basis of accounting

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

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

b) Revenue recognition

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

c) Financial instruments

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

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

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

The College of Physicians and Surgeons of Manitoba

Manitoba Physician Public Register Program

Notes to the financial statementsApril 30, 2023

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

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

e) Statement of cash flows

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

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

April 30, 2023

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



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Independent Auditor's Report

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

Opinion

We have audited the financial statements of the Substance Use and Addictions Program (SUAP) (the "Program") administered by The College of Physicians and Surgeons of Manitoba (the "Organization"), which comprise the statement of financial position as at April 30, 2023 and the statement of program operations and changes in net deficit for the year then ended, and notes to the financial statements, including a summary of significant accounting policies (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Program as at April 30, 2023, and the results of its operations for the year then ended in accordance with the financial reporting provisions of the five year agreement effective April 1, 2018 between the Organization and the Government of Manitoba as represented by the Minister of Health, Seniors and Active Living (the "Agreement").

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

The logo for Deloitte, featuring the word "Deloitte" in a stylized, cursive script font, followed by a small graphic element resembling a checkmark or a stylized 'W'.

Chartered Professional Accountants

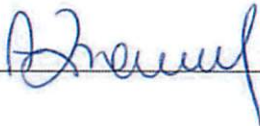
Winnipeg, Manitoba
June 28, 2023

The College of Physicians & Surgeons of Manitoba
 Substance Use and Addictions Program (SUAP)
Statement of financial position
 As at April 30, 2023

	2023 \$	2022 \$
Asset		
Current		
Cash	—	—
Receivable - Government program	90,620	91,211
	90,620	91,211
Liabilities		
Current		
Cash deficiency	524,328	352,716
Net deficit		
Unrestricted	(433,708)	(261,505)
	90,620	91,211

Approved on behalf of Council


 _____, President


 _____, Registrar

The College of Physicians & Surgeons of Manitoba
Substance Use and Addictions Program (SUAP)
Statement of program operations and changes in net deficit
As at April 30, 2023

	2023	2022
	\$	\$
Revenue		
Manitoba Health	102,409	206,000
Expenses		
Employee costs	153,292	168,183
ORT Training expenses	85,698	81,971
Building and occupancy costs	6,352	21,074
Office expenses	4,305	5,002
Overhead	24,965	27,623
	274,612	303,853
Deficiency of revenues over expenses	(172,203)	(97,853)
Net deficit, beginning of year	(261,505)	(163,652)
Net deficit, end of year	(433,708)	(261,505)

The College of Physicians and Surgeons of Manitoba
Substance Use and Addictions Program (SUAP)
Notes to the financial statements
April 30, 2023

1. Nature of the program

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

2. Significant accounting policies

a) *Basis of accounting*

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

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

b) *Revenue recognition*

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

c) *Financial instruments*

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

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

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

The College of Physicians and Surgeons of Manitoba
Substance Use and Addictions Program (SUAP)
Notes to the financial statements
April 30, 2023

2. Significant accounting policies (continued)

d) Use of estimates

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

e) Statement of cash flows

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

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 through FMRAC but is continually updated and improved.

Completion Status (Complete/On Schedule/Delayed/At Risk)

**Completed
Annually**

Executive Responsible

Paul Penner

Status Report

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.

Digital Safety / Cybersecurity – the IT Department continues to implement safeguards and improve cybersecurity through ongoing 3rd party assessments (Centre for Internet Security). Risk assessment report on CPSM done by Broadview Networks. See attached Security report to Management.

Next Quarter

October 2023 - updated Risk Registry (including Heat Map) will be provided to Audit, Finance & Risk Management Committee

College of Physicians and Surgeons of Manitoba

FMRAC Integrated Risk Management System (FIRMS) Standards Risk Assessment Checklist Annual Report

June 20, 2023

Table of Contents

Contents

FMRAC Integrated Risk Management System (FIRMS) Standards Risk Assessment Checklist Annual Report.....3

 Methods3

 Implementation Score by FIRMS Standard and Peer Comparison.....4

Longitudinal Results.....6

FIRMS Standards - Opportunities for Improvement.....7

FMRAC Integrated Risk Management System (FIRMS) Standards Risk Assessment Checklist – Next Steps10

FMRAC Integrated Risk Management System (FIRMS) Standards Risk Assessment Checklist Annual Report

This FMRAC Integrated Risk Management System (FIRMS) Standards Risk Assessment Checklist Annual Report contains results from College of Physicians and Surgeons of Manitoba (CPSM) for the FIRMS Standards that were reported in the HIROC Risk Assessment Checklist. This report includes results for CPSM from FIRMS Standards Cycle 1, Year 3 (March 1st, 2022 – March 31st, 2023).

HIROC and FMRAC commend the CPSM's participation in the FIRMS Standards Risk Assessment Checklist program. Prior to the commencement of your next cycle year submission, you are encouraged to review the results found in this report and validate the findings.

Methods

Each year, MRA's complete or update a set of modules to self-assess against the FIRMS Standards using HIROC's online Risk Assessment Checklists (RAC) program. The RAC program follows a three-year cycle, outlined below:

Year 1	Complete self-assessment within a year
Year 2	Implement mitigation strategies; provide update to Year 1 responses
Year 3	Implement mitigation strategies; provide update to Year 2 responses

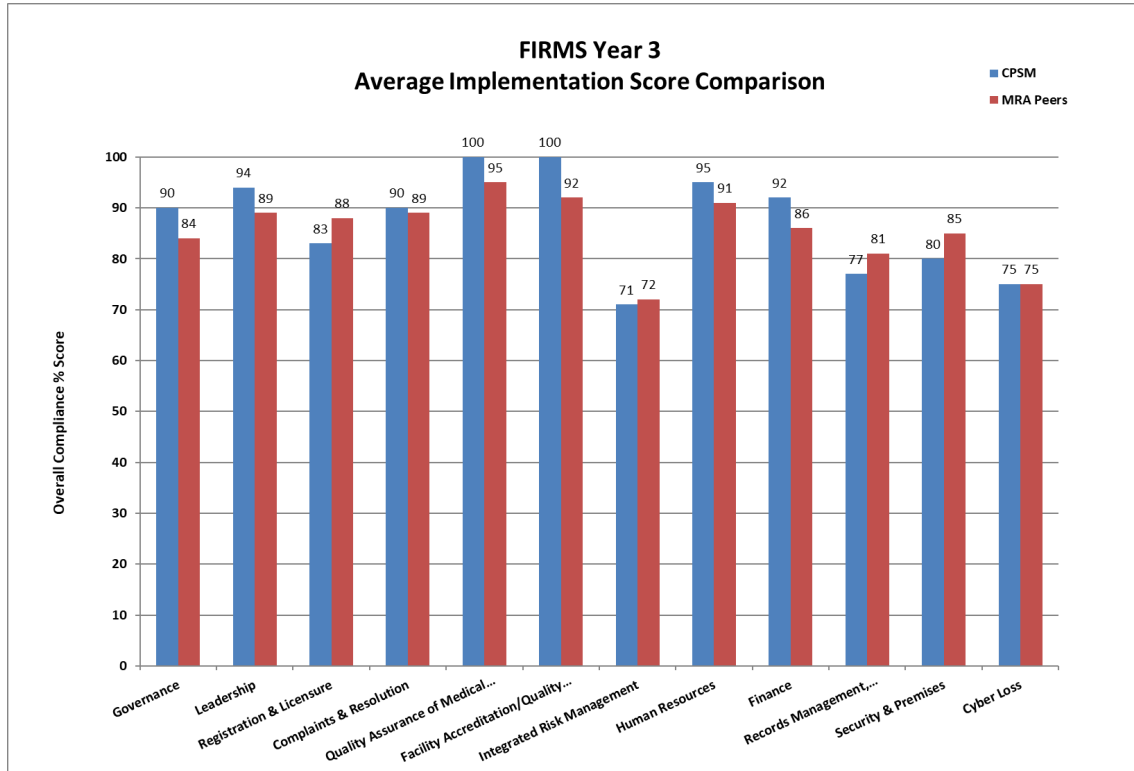
FIRMS Standards RAC Modules Results

Implementation Score by FIRMS Standard and Peer Comparison

Table 1 includes results for the eleven FIRMS Standards and the additional Cyber Loss Module. The table includes details about FIRMS standards, the average implementation score for your organization as well as the average implementation score for all Medical Regulated Authority's that completed Cycle 1, Year 3. The average implementation score for each FIRMS Standard is calculated based on the summed average of the implementation responses (i.e. Yes, No, Partial, Not Applicable) inputted.

Table 1: Implementation Score by FIRMS Standard and Peer Comparison

Category	Standard	Number of Mitigation Strategies	Average Implementation Score (CPSM)	Average Implementation Score for Peers
Overarching	Governance	10	90	84
Overarching	Leadership	8	94	89
Core Mandate	Registration & Licensure	3	83	88
Core Mandate	Complaints & Resolution	5	90	89
Core Mandate	Quality Assurance of Medical Practice	6	100	95
Core Mandate	Facility Accreditation/Quality Review Programs	4	100	92
Operations	Integrated Risk Management	7	71	72
Operations	Human Resources	10	95	91
Operations	Finance	11	92	86
Operations	Records Management, Privacy & Information Technology	15	77	81
Operations	Security & Premises	5	80	85
Administration	Cyber Loss	8	75	75



Summary

The analysis presented above suggests the College of Physicians and Surgeons of Manitoba is currently responding to the FIRMS modules in a manner consistent with that of peer MRAs. Your organization scored above the MRA peer average in four of the 11 FIRMS modules. CPSM scored below the MRA peer average for three of the 11 FIRMS modules. CPSM scored similarly to the MRA peers for 4 of the eleven FIRMS Standards and the additional Cyber Loss Module.

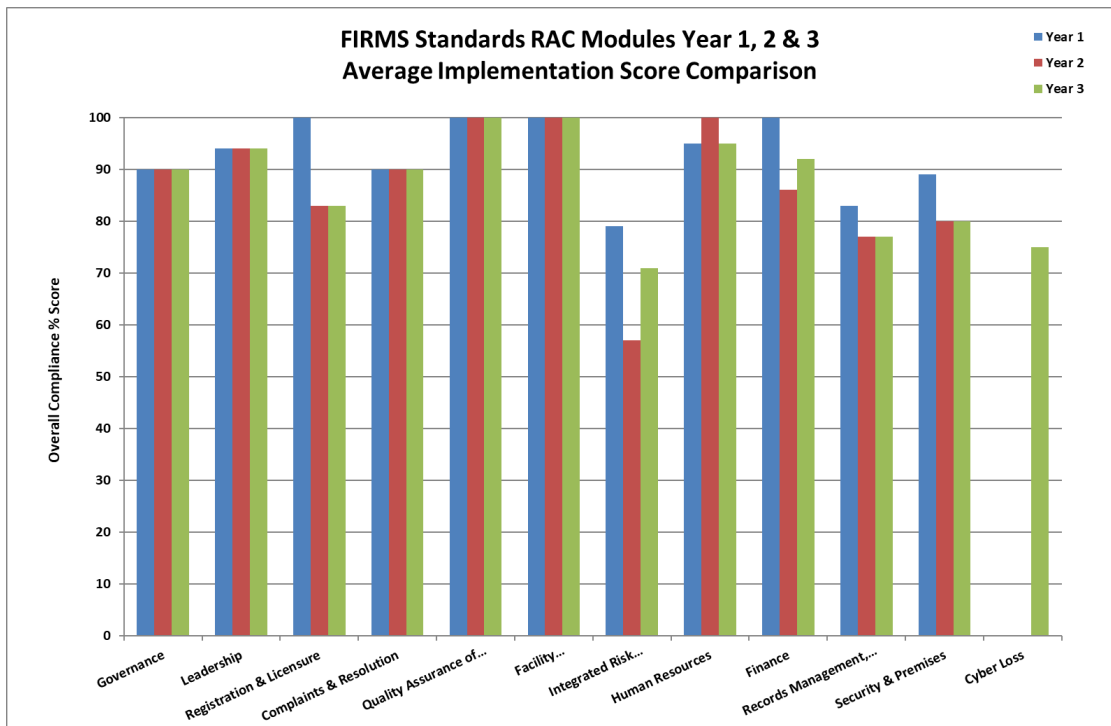
Longitudinal Results

Table 2 provides an overview of your organization’s average implementation scores over the course of the past three cycle years. The value provided for “% Change” has been calculated to represent the percent change in average implementation score from Year 1 to Year 3.

Table 2: Longitudinal Results

Category	Standard	Year 1	Year 2	Year 3	% Change
Overarching	Governance	90	90	90	0%
Overarching	Leadership	94	94	94	0%
Core Mandate	Registration & Licensure	100	83	83	-17%
Core Mandate	Complaints & Resolution	90	90	90	0%
Core Mandate	Quality Assurance of Medical Practice	100	100	100	0%
Core Mandate	Facility Accreditation/Quality Review Programs	100	100	100	0%
Operations	Integrated Risk Management	79	57	71	-10%
Operations	Human Resources	95	100	95	0%
Operations	Finance	100	86	92	-8%
Operations	Records Management, Privacy & Information Technology	83	77	77	-7%
Operations	Security & Premises	89	80	80	-10%
Administration	Cyber Loss	NA	NA	75	0%

The following graph has been compiled utilizing the information presented within the longitudinal results table provided above.



FIRMS Standards - Opportunities for Improvement

Table 3 includes your results for the FIRMS Standards that have mitigation strategies with a “partial” or “no” response and the submitted action plan response. See Appendix A: RAC Response Options.

Table 3: FIRMS Standards – Opportunities for Improvement

Standard	Mitigation Strategy	Status	Action Plan
Finance	Adopt a policy/process for contract management (for example, contract initiation, review, approval and oversight).	Partial	Planning to implement
Human Resources	Implement, maintain and regularly disseminate an Employee Handbook to all employees; ensure changes to HR policies/practices are effectively communicated to all employees.	Partial	Implementation in progress
Complaints & Resolution	Monitor performance and adherence, as well as trends and themes, related to complaints and resolution processes across the spectrum of outcomes (for example, chart audits, database extracts, and learnings from public/member complaints and medical-legal matters).	Partial	Implementation in progress
Governance	Implement formal educational policies and procedures for the Board/Council necessary to oversee all aspects of an MRA's roles.	Partial	Implementation in progress
Governance	Adopt formal reporting mechanisms to facilitate Board/Council assurance that: <ul style="list-style-type: none"> The organization's risk management program, including controls for key risks, is adequately and appropriately evaluated (for example, annually assess the maturity and effectiveness of the program against best practice, receive reports regarding serious events including implementation of recommendations, and receive reports of audits to ensure key controls are in place); The organization and its core mandated and operational programs are adequately and appropriate resource to meet the organization's mandate. 	Partial	Implementation in progress
Records Management, Privacy & Information Technology	Adopt a standardized record retention policy for all records (policies/procedures, investigation files, peer reviews, results of appeals, etc.) developed by and under care/custody of the MRA.	Partial	Implementation in progress
Records Management, Privacy & Information Technology	Adopt standardized decision aids/checklists/protocol (for example, HIROC's Key Measures for Preventing and Mitigating Cyber Attacks and Ransomware checklist, and email) to aid in the immediate response to a suspected or actual cyber risk incident.	Partial	Implementation in progress
Records Management, Privacy & Information Technology	Develop a standardized privacy breach response protocol, including (but not limited to): <ul style="list-style-type: none"> A decision aid/checklist to facilitate the systematic, comprehensive and immediate response to suspected and actual privacy breaches; Immediate internal notification and steps to prevent further unauthorized use or disclosure; Timely notification of the MRA's liability insurer before the commencement of the internal investigation (i.e. a requirement for HIROC insured organizations to trigger legal assistance for covered losses); Consulting with the MRA's privacy officer, risk manager and legal experts (and communications professionals) to determine the appropriate threshold for disclosure. 	Partial	Implementation in progress

FIRMS Program Report – College of Physicians and Surgeons of Manitoba
Confidential. For Quality Assurance Purposes.

Standard	Mitigation Strategy	Status	Action Plan
Records Management, Privacy & Information Technology	Provide ongoing record retention, privacy and IT security training to staff, volunteers, Board/Council members, agents and third parties who may have access to PHI and/or sensitive administrative data, including (but not limited to): <ul style="list-style-type: none"> • Their roles and responsibilities related to the collection, protection, use and disclosure of PHI and sensitive administrative data; • Annual written acknowledgement of having read and understood the MRA's privacy and IT security requirements and consequences for non-compliance; • Strict prohibition on sharing user IDs and passwords; • The permitted use of mobile and peripheral devices. 	Partial	Implementation in progress
Records Management, Privacy & Information Technology	Implement a formal system to track all disclosures of PHI and sensitive administrative data (for example, name of requestor, what data/information was disclosed, purpose of the disclosure, method for accessing/disclosure).	Partial	Planning to implement
Records Management, Privacy & Information Technology	Implement formal strategies to monitor performance and adherence, as well as trends and themes, related to records management and privacy (for example, chart audits, access/disclosure records results from data recovery drills, database extracts, and learnings from public/member complaints and medical-legal matters).	Partial	Implementation in progress
Records Management, Privacy & Information Technology	Implement formal strategies to monitor performance and adherence, as well as trends and themes, related to IT and infrastructure (for example, monitoring reports related to backup power, data integrity, capacity usage, equipment room temperature, hardware reviews, compliance with maintenance schedules).	Partial	Implementation in progress
Integrated Risk Management	Adopt a standardized and effective IRM program including processes for: <ul style="list-style-type: none"> • Identifying risks to the MRA; • Assessing and prioritizing the identified risks (for example, a Risk Matrix plotting frequency/probability and severity/impact); • Evaluating existing controls; • Assessing mitigation strategies for each risk (for example, avoid, reduce, transfer, share or retain); • Developing and implementing mitigation strategies as required; • Monitoring the effectiveness and adequacy of mitigation strategies. 	Partial	Implementation in progress
Integrated Risk Management	Involve staff and leadership in risk identification and assessment, both proactively and reactively, to ensure a comprehensive list of both operational and strategic risks.	Partial	Implementation in progress
Integrated Risk Management	Integrate risk management into strategic and operational planning and decision-making processes (identify Key Performance Indicators by area, identify the risks associated with achieving the KPIs, conduct risk analysis, evaluate the controls, etc.).	Partial	Implementation in progress
Integrated Risk Management	Utilize IRM data, analyses, insights and trends to help identify opportunities for quality improvement across the MRA.	Partial	Implementation in progress
Leadership	Implement formal strategies to ensure all staff, volunteers, consultants and committees receive ongoing training and performance management related to: <ul style="list-style-type: none"> • Their roles and responsibilities; • Privacy and confidentiality; • Workplace safety and security practices; • Conflict of interest; • Documentation and record retention requirements. 	Partial	Implementation in progress
Registration & Licensure	Monitor performance and adherence, as well as trends and themes, related to registration and licensure policy(ies)/processes (for example, chart audits, database extracts, and learnings from public/member complaints and medical-legal matters).	Partial	Implementation in progress

FIRMS Program Report – College of Physicians and Surgeons of Manitoba
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Standard	Mitigation Strategy	Status	Action Plan
Security & Premises	Adopt a standardized Emergency Preparedness Plan/Continuity Plan, including (but not limited to): <ul style="list-style-type: none"> • Assignment of roles including contingency plan for backup coverage; • Conducting scheduled and ad hoc drills; • Providing drill feedback to participants. 	Partial	Planning to implement
Security & Premises	Monitor performance and adherence, as well as trends and themes, related to security and premises policy(ies)/processes (for example, results from safety and emergency preparedness drills, compliance with preventive maintenance schedules, chart audits, database extracts, and learnings from public/member complaints, and human resources and medical-legal matters).	Partial	Planning to implement
Cyber Loss	Adopt standardized and enterprise-wide cyber security policy that includes (but is not limited to): <ul style="list-style-type: none"> • Roles and responsibilities of all employees, independent practitioners, volunteers, students, agents, partners, suppliers, and vendors; • A defined and common taxonomy for cyber-security risk; • Links/cross references to relevant risk management policies; • A targeted cyber security implementation plan (initiatives and timelines) 	Partial	Implementation in progress
Cyber Loss	Implement formal strategies to ensure: <ul style="list-style-type: none"> • Employees, independent practitioners, volunteers, students, partners and third parties/vendors that work with the organization's information systems participate in mandatory cybersecurity awareness education, that includes (but is not limited) to the need to verify all unusual funds and payment requests with two or more people before processing. • Educational opportunities and news/information (e.g. Canadian Centre for Cyber Security alerts & advisories) sharing to support and enhance the ongoing knowledge, skills experience of employees and consultants responsible for information security and cybersecurity. 	Partial	Implementation in progress
Cyber Loss	Develop a standardized current evidence based cyber incident response plan/protocol that includes the specific steps/procedures necessary to immediately contain and control the cyberattack upon discovery including (but not limited to): <ul style="list-style-type: none"> • The immediate and coordinated response; • Clearly defined role and responsibility; • Data backup and recovery strategy; • Continuous internal reporting and communication; • Continuous external reporting and communication (including but not limited to the organization's insurer); • The need to follow the organization's privacy breach protocol where indicated; • Steps required for contacting security subject matter experts 	Partial	Implementation in progress
Cyber Loss	Implement formal strategies to monitor and measure the effectiveness and efficiency of, and organization-wide adherence to cyber risk and response protocols including: <ul style="list-style-type: none"> • Conducting regular penetration tests of the network boundary to identify security control gaps; • Conducting regular cyber-attached and recovery in situ simulations/table top exercises; • Centrally storing and analyzing all security event/cyber loss information for trends and correlations; • Undertaking penetration tests and vulnerability scans proactively to identify weaknesses and prioritized and begin remediation activities (according to the severity of the vulnerability). 	Partial	Implementation in progress

FMRAC Integrated Risk Management System (FIRMS) Standards Risk Assessment Checklist – Next Steps

On behalf of FMRAC and HIROC we commend the College of Physicians and Surgeons of Manitoba in completing its submission of the FIRMS Standards Risk Assessment Checklist (RAC) Cycle 1, Year 3. By participating in the program your organization continues to qualify for the five percent risk management premium discount.

The FMRAC Risk Management Committee is developing recommendations for the content revisions and implementation of the next iteration of FIRMS Standards and the RAC Cycle.

If you have any questions regarding this report, please contact Nadia Andani, Risk Management Coordinator at nandani@hiroc.com or riskapplications@hiroc.com.

Appendix A: RAC Response Options

There are four response options for each of the mitigation strategies within the 11 FIRMS Standards.

1. Responding 'Yes' to a Mitigation Strategy means you have implemented approximately 80% or more of the Mitigation Strategy or comply with the Mitigation Strategy approximately 80% or more of the time.
2. Responding 'Partial' to a Mitigation Strategy means you have implemented approximately between 50-80% of the Mitigation Strategy or comply with the Mitigation Strategy approximately between 50-80% of the time.
3. Responding 'No' to a Mitigation Strategy means you have implemented less than 50% of the Mitigation Strategy or comply with the Mitigation Strategy less than 50% of the time.
4. Responding 'Not Applicable' to a Mitigation Strategy means the organization does not engage in the practice specified by the Mitigation Strategy

There are five Action Plans to choose from:

1. Implementation in progress,
2. Planning to implement,
3. Discuss with leadership/team,
4. Discuss with HIROC
5. Not planning to implement at this time.



Annual vISO Review

Security Presentation and Report to Management

College of Physicians & Surgeons of Manitoba

Q4 2022



Contents

Executive Summary.....	3
Current Recommendations.....	4
Future Recommendations (2023 – 2025)	5
CIS Compliance Details.....	6



Executive Summary

We have assessed and reviewed twelve Centre for Internet Security (CIS) Version 8 Controls as part of your Virtual Information Security Officer service this year. Your current maturity rating and scoring is below:


CIS Version 8	24%
1. Inventory and Control of Enterprise Assets	51
2. Inventory and Control of Software Assets	32
3. Data protection	35
4. Secure Configuration of Enterprise Assets and Software	34
5. Account Management	28
6. Access Control Management	34
7. Continuous Vulnerability Management	34
8. Audit Log Management	Q1 2023
9. Email and Web Browser Protections	36
10. Malware Defense	53
11. Data Recovery	50
12. Network Infrastructure Management	27
13. Network Monitoring and Defense	Q1 2023
14. Security Awareness and Skills Training	Q1 2023
15. Service Provider Management	Q2 2023
16. Application Software Security	Q2 2023
17. Incident Response Management	Q3 2023
18. Penetration Testing	Q3 2023

































All items are continuously being worked on and updated to improve scoring. A low score with many controls implemented means that policies need to be written and adopted in order to improve scoring. CPSM scores in the top 25 percentile of organizations of similar size.

Current Recommendations








Current security posture recommendations from this year are documented below. The recommendations are created from and prioritized based on our monthly, quarterly, semi-annual, and annual review tasks.

Completed recommendations are marked with a .

Declined recommendations are marked with a .








VISO - MFA for administrative roles 
VISO - MFA for All Users in one CA Policy 
CIS - Review Windows Server firewall management 
CIS - Configure DNS Protection  (deferred due to costs)
VISO - Inactive Accounts 
Advanced Email Protection 
 VISO - Review Privileged Accounts and Roles 
VISO - Spam Policies for Allowed Domains Senders 
 CIS & Microsoft 365 Remediation 
CIS - Allow List Software Scripts  (due to compensating controls planned)
STR - Upgrade Sage 300 to a Supported Version 
VISO - Ensure Internet Explorer is no longer used 
VISO - Browser Hardening (Extensions) 
VISO - Update DMARC Record Policy 
 VISO - Anti-Exploitation Features 
 VISO - Configure DLP in M365 
 VISO - Review CISA Scuba M365 Failures 
 VISO - Remediate Multiple Active Directory items 
 COS - Network Segmentation 
 CIS - Protect Recovery Data 
CIS - WPA2 Enterprise or greater for Staff Wi-Fi 
CIS - Test Data Recovery 
Phase 2 Security Remediation 
Phase 3 Security Remediation 



 Privacy Impact Assessment - Initial Discovery 
STR - Upgrade unsupported Server Operating Systems 
 Phase 1 VISO Dark web monitoring and Phishing Test 
 Phase 1 VISO Vulnerability Scanning 

Future Recommendations (2023 – 2025)

Recommendations for 2023 include:

Phase 3 Security Remediation 
Phase 4 Security Remediation 
Phase 3 VISO Network Threat Detection and Response 
 Phase 3 VISO Endpoint Detection and Response. 
 Phase 4 Security Remediation Azure AD P2 

CIS Compliance Details

This is a summary of the Centre for Internet Security (CIS) framework assessment to date.

PD = Policy Defined CA = Control Automated CI = Control Implemented CR = Control Reported

CIS V.8 ▶ 1. Inventory and Control of Enterprise Assets ▶ 1.1

Question	Last Update	PD	CA	CI	CR
Establish and Maintain Detailed Enterprise Asset Inventory	02/03/2022 by John Martynuk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CIS V.8 ▶ 1. Inventory and Control of Enterprise Assets ▶ 1.2

Question	Last Update	PD	CA	CI	CR
Address Unauthorized Assets	02/03/2022 by John Martynuk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CIS V.8 ▶ 1. Inventory and Control of Enterprise Assets ▶ 1.3

Question	Last Update	PD	CA	CI	CR
Utilize an Active Discovery Tool	02/03/2022 by John Martynuk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CIS V.8 ▶ 1. Inventory and Control of Enterprise Assets ▶ 1.4

Question	Last Update	PD	CA	CI	CR
Use Dynamic Host Configuration Protocol (DHCP) Logging to Update Enterprise Asset Inventory	02/03/2022 by John Martynuk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CIS V.8 ▶ 1. Inventory and Control of Enterprise Assets ▶ 1.5

Question	Last Update	PD	CA	CI	CR
Use a Passive Asset Discovery Tool	02/03/2022 by John Martynuk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CIS V.8 ▶ 2. Inventory and Control of Software Assets ▶ 2.1

Question	Last Update	PD	CA	CI	CR
Establish and Maintain a Software Inventory	02/03/2022 by John Martynuk				

CIS V.8 ▶ 2. Inventory and Control of Software Assets ▶ 2.2

Question	Last Update	PD	CA	CI	CR
Ensure Authorized Software is Currently Supported	02/03/2022 by John Martynuk				

CIS V.8 ▶ 2. Inventory and Control of Software Assets ▶ 2.3

Question	Last Update	PD	CA	CI	CR
Address Unauthorized Software	02/03/2022 by John Martynuk				

CIS V.8 ▶ 2. Inventory and Control of Software Assets ▶ 2.4

Question	Last Update	PD	CA	CI	CR
Utilize Automated Software Inventory Tools	02/03/2022 by John Martynuk				

CIS V.8 ▶ 2. Inventory and Control of Software Assets ▶ 2.5

Question	Last Update	PD	CA	CI	CR
Allow list Authorized Software	02/03/2022 by John Martynuk				

CIS V.8 ▶ 2. Inventory and Control of Software Assets ▶ 2.6

Question	Last Update	PD	CA	CI	CR
Allow list Authorized Libraries	02/03/2022 by John Martynuk				

CIS V.8 ▶ 2. Inventory and Control of Software Assets ▶ 2.7

Question	Last Update	PD	CA	CI	CR
Allow list Authorized Scripts	02/03/2022 by John Martynuk				

CIS V.8 ▶ 3. Data protection ▶ 3.1

Question	Last Update	PD	CA	CI	CR
Establish and Maintain a Data Management Process	04/28/2022 by John Martynuk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CIS V.8 ▶ 3. Data protection ▶ 3.2

Question	Last Update	PD	CA	CI	CR
Establish and Maintain a Data Inventory	04/28/2022 by John Martynuk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CIS V.8 ▶ 3. Data protection ▶ 3.3

Question	Last Update	PD	CA	CI	CR
Configure Data Access Control Lists	04/28/2022 by John Martynuk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CIS V.8 ▶ 3. Data protection ▶ 3.4

Question	Last Update	PD	CA	CI	CR
Enforce Data Retention	04/28/2022 by John Martynuk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CIS V.8 ▶ 3. Data protection ▶ 3.5

Question	Last Update	PD	CA	CI	CR
Securely Dispose of Data	04/28/2022 by John Martynuk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CIS V.8 ▶ 3. Data protection ▶ 3.6

Question	Last Update	PD	CA	CI	CR
Encrypt Data on End-User Devices	04/28/2022 by John Martynuk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CIS V.8 ▶ 3. Data protection ▶ 3.7

Question	Last Update	PD	CA	CI	CR
Establish and Maintain a Data Classification Scheme	04/28/2022 by John Martynuk				

CIS V.8 ▶ 3. Data protection ▶ 3.8

Question	Last Update	PD	CA	CI	CR
Document Data Flows	04/28/2022 by John Martynuk				

CIS V.8 ▶ 3. Data protection ▶ 3.9

Question	Last Update	PD	CA	CI	CR
Encrypt Data on Removable Media	04/28/2022 by John Martynuk				

CIS V.8 ▶ 3. Data protection ▶ 3.10

Question	Last Update	PD	CA	CI	CR
Encrypt Sensitive Data in Transit	04/28/2022 by John Martynuk				

CIS V.8 ▶ 3. Data protection ▶ 3.11

Question	Last Update	PD	CA	CI	CR
Encrypt Sensitive Data at Rest	04/28/2022 by John Martynuk				

CIS V.8 ▶ 3. Data protection ▶ 3.12

Question	Last Update	PD	CA	CI	CR
Segment Data Processing and Storage Based on Sensitivity	04/28/2022 by John Martynuk				

CIS V.8 ▶ 3. Data protection ▶ 3.13

Question	Last Update	PD	CA	CI	CR
Deploy a Data Loss Prevention Solution	04/28/2022 by John Martynuk				

CIS V.8 ▶ 3. Data protection ▶ 3.14

Question	Last Update	PD	CA	CI	CR
Log Sensitive Data Access	04/28/2022 by John Martynuk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CIS V.8 ▶ 4. Secure Configuration of Enterprise Assets and Software ▶ 4.1

Question	Last Update	PD	CA	CI	CR
Establish and Maintain a Secure Configuration Process	05/05/2022 by John Martynuk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CIS V.8 ▶ 4. Secure Configuration of Enterprise Assets and Software ▶ 4.2

Question	Last Update	PD	CA	CI	CR
Establish and Maintain a Secure Configuration Process for Network Infrastructure	05/05/2022 by John Martynuk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CIS V.8 ▶ 4. Secure Configuration of Enterprise Assets and Software ▶ 4.3

Question	Last Update	PD	CA	CI	CR
Configure Automatic Session Locking on Enterprise Assets	05/05/2022 by John Martynuk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CIS V.8 ▶ 4. Secure Configuration of Enterprise Assets and Software ▶ 4.4

Question	Last Update	PD	CA	CI	CR
Implement and Manage a Firewall on Servers	05/05/2022 by John Martynuk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CIS V.8 ▶ 4. Secure Configuration of Enterprise Assets and Software ▶ 4.5

Question	Last Update	PD	CA	CI	CR
Implement and Manage a Firewall on End-User Devices	05/05/2022 by John Martynuk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CIS V.8 ▶ 4. Secure Configuration of Enterprise Assets and Software ▶ 4.6

Question	Last Update	PD	CA	CI	CR
Securely Manage Enterprise Assets and Software	05/05/2022 by John Martynuk				

CIS V.8 ▶ 4. Secure Configuration of Enterprise Assets and Software ▶ 4.7

Question	Last Update	PD	CA	CI	CR
Manage Default Accounts on Enterprise Assets and Software	05/05/2022 by John Martynuk				

CIS V.8 ▶ 4. Secure Configuration of Enterprise Assets and Software ▶ 4.8

Question	Last Update	PD	CA	CI	CR
Uninstall or Disable Unnecessary Services on Enterprise Assets and Software	05/05/2022 by John Martynuk				

CIS V.8 ▶ 4. Secure Configuration of Enterprise Assets and Software ▶ 4.9

Question	Last Update	PD	CA	CI	CR
Configure Trusted DNS Servers on Enterprise Assets	05/05/2022 by John Martynuk				

CIS V.8 ▶ 4. Secure Configuration of Enterprise Assets and Software ▶ 4.10

Question	Last Update	PD	CA	CI	CR
Enforce Automatic Device Lockout on Portable End-User Devices	05/05/2022 by John Martynuk				

CIS V.8 ▶ 4. Secure Configuration of Enterprise Assets and Software ▶ 4.11

Question	Last Update	PD	CA	CI	CR
Enforce Remote Wipe Capability on Portable End-User Devices	05/05/2022 by John Martynuk				

CIS V.8 ▶ 4. Secure Configuration of Enterprise Assets and Software ▶ 4.12

Question	Last Update	PD	CA	CI	CR
Separate Enterprise Workspaces on Mobile End-User Devices	05/05/2022 by John Martynuk				

CIS V.8 ▶ 5. Account Management ▶ 5.1

Question	Last Update	PD	CA	CI	CR
Establish and Maintain an Inventory of Accounts	07/04/2022 by John Martynuk				

CIS V.8 ▶ 5. Account Management ▶ 5.2

Question	Last Update	PD	CA	CI	CR
Use Unique Passwords	07/04/2022 by John Martynuk				


CIS V.8 ▶ 5. Account Management ▶ 5.3

Question	Last Update	PD	CA	CI	CR
Disable Dormant Accounts	07/04/2022 by John Martynuk				

CIS V.8 ▶ 5. Account Management ▶ 5.4

Question	Last Update	PD	CA	CI	CR
Restrict Administrator Privileges to Dedicated Administrator Accounts	07/04/2022 by John Martynuk				

CIS V.8 ▶ 5. Account Management ▶ 5.5

Question	Last Update	PD	CA	CI	CR
Establish and Maintain an Inventory of Service Accounts	07/04/2022 by John Martynuk				

CIS V.8 ▶ 5. Account Management ▶ 5.6

Question	Last Update	PD	CA	CI	CR
Centralize Account Management	07/04/2022 by John Martynuk				

CIS V.8 ▶ 6. Access Control Management ▶ 6.1

Question	Last Update	PD	CA	CI	CR
Establish an Access Granting Process	07/04/2022 by John Martynuk				

CIS V.8 ▶ 6. Access Control Management ▶ 6.2

Question	Last Update	PD	CA	CI	CR
Establish an Access Revoking Process	07/04/2022 by John Martynuk				

CIS V.8 ▶ 6. Access Control Management ▶ 6.3

Question	Last Update	PD	CA	CI	CR
Require MFA for Externally Exposed Applications	07/04/2022 by John Martynuk				

CIS V.8 ▶ 6. Access Control Management ▶ 6.4

Question	Last Update	PD	CA	CI	CR
Require MFA for Remote Network Access	07/04/2022 by John Martynuk				

CIS V.8 ▶ 6. Access Control Management ▶ 6.5

Question	Last Update	PD	CA	CI	CR
Require MFA for Administrative Access	07/04/2022 by John Martynuk				

CIS V.8 ▶ 6. Access Control Management ▶ 6.6

Question	Last Update	PD	CA	CI	CR
Establish and Maintain an Inventory of Authentication and Authorization Systems	07/04/2022 by John Martynuk				

CIS V.8 ▶ 6. Access Control Management ▶ 6.7

Question	Last Update	PD	CA	CI	CR
Centralize Access Control	07/04/2022 by John Martynuk				

CIS V.8 ▶ 6. Access Control Management ▶ 6.8

Question	Last Update	PD	CA	CI	CR
Define and Maintain Role-Based Access Control	07/04/2022 by John Martynuk				

CIS V.8 ▶ 7. Continuous Vulnerability Management ▶ 7.1

Question	Last Update	PD	CA	CI	CR
Establish and Maintain a Vulnerability Management Process	07/13/2022 by John Martynuk				

CIS V.8 ▶ 7. Continuous Vulnerability Management ▶ 7.2

Question	Last Update	PD	CA	CI	CR
Establish and Maintain a Remediation Process	07/13/2022 by John Martynuk				

CIS V.8 ▶ 7. Continuous Vulnerability Management ▶ 7.3

Question	Last Update	PD	CA	CI	CR
Perform Automated Operating System Patch Management	07/13/2022 by John Martynuk				

CIS V.8 ▶ 7. Continuous Vulnerability Management ▶ 7.4

Question	Last Update	PD	CA	CI	CR
Perform Automated Application Patch Management	07/13/2022 by John Martynuk				

CIS V.8 ▶ 7. Continuous Vulnerability Management ▶ 7.5

Question	Last Update	PD	CA	CI	CR
Perform Automated Vulnerability Scans of Internal Enterprise Assets	07/13/2022 by John Martynuk				

CIS V.8 ▶ 7. Continuous Vulnerability Management ▶ 7.6

Question	Last Update	PD	CA	CI	CR
Perform Automated Vulnerability Scans of Externally Exposed Enterprise Assets	07/13/2022 by John Martynuk				


CIS V.8 ▶ 7. Continuous Vulnerability Management ▶ 7.7

Question	Last Update	PD	CA	CI	CR
Remediate Detected Vulnerabilities	07/13/2022 by John Martynuk				

CIS V.8 ▶ 8. Audit Log Management ▶ 8.1

Question	Last Update	PD	CA	CI	CR
Establish and Maintain an Audit Log Management Process	07/13/2022 by John Martynuk				

CIS V.8 ▶ 8. Audit Log Management ▶ 8.2

Question	Last Update	PD	CA	CI	CR
Collect Audit Logs	07/13/2022 by John Martynuk				

CIS V.8 ▶ 8. Audit Log Management ▶ 8.3

Question	Last Update	PD	CA	CI	CR
Ensure Adequate Audit Log Storage	07/13/2022 by John Martynuk				



CIS V.8 ▶ 8. Audit Log Management ▶ 8.4

Question	Last Update	PD	CA	CI	CR
Standardize Time Synchronization	07/13/2022 by John Martynuk				

CIS V.8 ▶ 8. Audit Log Management ▶ 8.5

Question	Last Update	PD	CA	CI	CR
Collect Detailed Audit Logs	07/13/2022 by John Martynuk				

CIS V.8 ▶ 8. Audit Log Management ▶ 8.6

Question	Last Update	PD	CA	CI	CR
Collect DNS Query Audit Logs	07/13/2022 by John Martynuk				

CIS V.8 ▶ 8. Audit Log Management ▶ 8.7

Question	Last Update	PD	CA	CI	CR
Collect URL Request Audit Logs	07/13/2022 by John Martynuk				

CIS V.8 ▶ 8. Audit Log Management ▶ 8.8

Question	Last Update	PD	CA	CI	CR
Collect Command-Line Audit Logs	07/13/2022 by John Martynuk				

CIS V.8 ▶ 8. Audit Log Management ▶ 8.9

Question	Last Update	PD	CA	CI	CR
Centralize Audit Logs	07/13/2022 by John Martynuk				

CIS V.8 ▶ 8. Audit Log Management ▶ 8.10

Question	Last Update	PD	CA	CI	CR
Retain Audit Logs	07/13/2022 by John Martynuk				

CIS V.8 ▶ 8. Audit Log Management ▶ 8.11

Question	Last Update	PD	CA	CI	CR
Conduct Audit Log Reviews	07/13/2022 by John Martynuk				

CIS V.8 ▶ 8. Audit Log Management ▶ 8.12

Question	Last Update	PD	CA	CI	CR
Collect Service Provider Logs	07/13/2022 by John Martynuk				

CIS V.8 ▶ 9. Email and Web Browser Protections ▶ 9.1

Question	Last Update	PD	CA	CI	CR
Ensure Use of Only Fully Supported Browsers and Email Clients	09/16/2022 by John Martynuk				

CIS V.8 ▶ 9. Email and Web Browser Protections ▶ 9.2

Question	Last Update	PD	CA	CI	CR
Use DNS Filtering Services	09/16/2022 by John Martynuk				

CIS V.8 ▶ 9. Email and Web Browser Protections ▶ 9.3

Question	Last Update	PD	CA	CI	CR
Maintain and Enforce Network-Based URL Filters	09/16/2022 by John Martynuk				

CIS V.8 ▶ 9. Email and Web Browser Protections ▶ 9.4

Question	Last Update	PD	CA	CI	CR
Restrict Unnecessary or Unauthorized Browser and Email Client Extensions	09/16/2022 by John Martynuk				




CIS V.8 ▶ 9. Email and Web Browser Protections ▶ 9.5

Question	Last Update	PD	CA	CI	CR
Implement DMARC	09/16/2022 by John Martynuk				

CIS V.8 ▶ 9. Email and Web Browser Protections ▶ 9.6

Question	Last Update	PD	CA	CI	CR
Block Unnecessary File Types	09/16/2022 by John Martynuk				

CIS V.8 ▶ 9. Email and Web Browser Protections ▶ 9.7

Question	Last Update	PD	CA	CI	CR
Deploy and Maintain Email Server Anti-Malware Protections	09/16/2022 by John Martynuk				

CIS V.8 ▶ 10. Malware Defense ▶ 10.1

Question	Last Update	PD	CA	CI	CR
Deploy and Maintain Anti-Malware Software	09/16/2022 by John Martynuk				

CIS V.8 ▶ 10. Malware Defense ▶ 10.2

Question	Last Update	PD	CA	CI	CR
Configure Automatic Anti-Malware Signature Updates	09/16/2022 by John Martynuk				

CIS V.8 ▶ 10. Malware Defense ▶ 10.3

Question	Last Update	PD	CA	CI	CR
Disable Autorun and Autoplay for Removable Media	09/16/2022 by John Martynuk				

CIS V.8 ▶ 10. Malware Defense ▶ 10.4

Question	Last Update	PD	CA	CI	CR
Configure Automatic Anti-Malware Scanning of Removable Media	09/16/2022 by John Martynuk				

CIS V.8 ▶ 10. Malware Defense ▶ 10.5

Question	Last Update	PD	CA	CI	CR
Enable Anti-Exploitation Features	09/16/2022 by John Martynuk				


CIS V.8 ▶ 10. Malware Defense ▶ 10.6

Question	Last Update	PD	CA	CI	CR
Centrally Manage Anti-Malware Software	09/16/2022 by John Martynuk				




CIS V.8 ▶ 10. Malware Defense ▶ 10.7

Question	Last Update	PD	CA	CI	CR
Use Behavior-Based Anti-Malware Software	09/16/2022 by John Martynuk				

CIS V.8 ▶ 11.Data Recovery ▶ 11.1

Question	Last Update	PD	CA	CI	CR
Establish and Maintain a Data Recovery Process	11/16/2022 by John Martynuk				

CIS V.8 ▶ 11.Data Recovery ▶ 11.2

Question	Last Update	PD	CA	CI	CR
Perform Automated Backups	11/16/2022 by John Martynuk				

CIS V.8 ▶ 11.Data Recovery ▶ 11.3

Question	Last Update	PD	CA	CI	CR
Protect Recovery Data	11/16/2022 by John Martynuk				

CIS V.8 ▶ 11.Data Recovery ▶ 11.4

Question	Last Update	PD	CA	CI	CR
Establish and Maintain an Isolated Instance of Recovery Data	11/16/2022 by John Martynuk				

CIS V.8 ▶ 11.Data Recovery ▶ 11.5

Question	Last Update	PD	CA	CI	CR
Test Data Recovery	11/16/2022 by John Martynuk				

CIS V.8 ▶ 12. Network Infrastructure Management ▶ 12.1

Question	Last Update	PD	CA	CI	CR
Ensure Network Infrastructure is Up to Date	11/16/2022 by John Martynuk				

CIS V.8 ▶ 12. Network Infrastructure Management ▶ 12.2

Question	Last Update	PD	CA	CI	CR
Establish and Maintain a Secure Network Architecture	11/16/2022 by John Martynuk				

CIS V.8 ▶ 12. Network Infrastructure Management ▶ 12.3

Question	Last Update	PD	CA	CI	CR
Securely Manage Network Infrastructure	11/16/2022 by John Martynuk				

CIS V.8 ▶ 12. Network Infrastructure Management ▶ 12.4

Question	Last Update	PD	CA	CI	CR
Establish and Maintain Architecture Diagram(s)	11/16/2022 by John Martynuk				





CIS V.8 ▶ 12. Network Infrastructure Management ▶ 12.5

Question	Last Update	PD	CA	CI	CR
Centralize Network Authentication, Authorization, and Auditing (AAA)	11/16/2022 by John Martynuk				

CIS V.8 ▶ 12. Network Infrastructure Management ▶ 12.6

Question	Last Update	PD	CA	CI	CR
Use of Secure Network Management and Communication Protocols	11/16/2022 by John Martynuk				

CIS V.8 ▶ 12. Network Infrastructure Management ▶ 12.7

Question	Last Update	PD	CA	CI	CR
Ensure Remote Devices Utilize a VPN and are Connecting to an Enterprise's AAA Infrastructure	11/16/2022 by John Martynuk				

CIS V.8 ▶ 12. Network Infrastructure Management ▶ 12.8

Question	Last Update	PD	CA	CI	CR
Establish and Maintain Dedicated Computing Resources for All Administrative Work	11/16/2022 by John Martynuk				

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. (Attached)

Complete

New Strategic Plan Annual Work Cycle and Actions Plans (See Item 4 of September 6 Executive Committee Agenda)

Next Quarter



0229

CPSM REGULATORY IMPACT ASSESSMENT

PROJECT NAME

DATE:

Background/Issue:

Proposed Solution:

Not Applicable

Accountability:

Timeline:

Fixed Timeframe

Not Applicable

On-going

Not Applicable

Alignment of Organizational Priorities:

Not Applicable

Patient Safety:

Risk Analysis:

Public Risk

Not Applicable

DATE

Reputational Risk

Not Applicable

Regulatory Risk

Not Applicable

Operational Risk

Not Applicable

Regulatory Impact on Members:

Financial Impact:

Human Resources:

Not Applicable

Financial:

Not Applicable

Infrastructure:

Not Applicable

Transition Budget:

Not Applicable

Alternatives or Status Quo:

Not Applicable

Evaluation and Outcomes:

Not Applicable

Additional Information:

Not Applicable

Recommendation:

Submitted by:

3. Strategy for promoting improvements in Healthcare Services

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 initiatives 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 initiatives – Establishment of a single point of contact, the provincial Virtual Emergency Care and Transfer Resource Service (VECTORS) provided by Shared Health's Emergency Response Services will support continuity of care in urgent, emergent and critical situations.	Initiated/continually expanding	
Advocated more Resident Positions	On going	
Proposed General Regulation Amendments	On going	
Advocated for increased medical school enrolment	On going	
Advocated for increased MLPIMG enrolment	On going	
CPSM General Regulation changes were proposed, consulted on and approved by Government. <ol style="list-style-type: none"> 1. Establish an efficient route to full registration for internationally trained subspecialists who have successfully completed a Royal College subspecialty examination through Subspecialist Examination Affiliate Program (SEAP) and are a Royal College Subspecialist Affiliate. 2. Provide CPSM the flexibility to create appropriate exemptions to the assessment and mentoring requirements for provisional registrants 3. Remove the requirement that experienced internationally trained doctors must take the LMCC (Licentiate of the Medical Council of Canada) testing 	Complete	
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.	On Schedule	

Manitoba Health Physician Recruiting Initiative – CPSM Staff are part of a working group with the Government working on a Request for Proposal for a recruitment firm to recruit physicians to Manitoba.	On Going	
Worked with University to add eight new specialties to the list of available Practice Ready Assessments.	Complete	

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 Going
See attached.

Preliminary discussion regarding having a dedicated seat on CPSM Council for an Indigenous Physician On Going

Next Quarter

The following CPSM Registrants serve on committees to lessen the demands of Councillor due to the RHPA shrinking the size of Council.

	Executive	Finance, Audit & Risk Mgmt	Central Standards	Program Review	Complaints	Investigation	Inquiry
External Members							
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				
* Chair CPSM TRC Advisory Circle	Public Rep	Vice Chair	Member Representative				

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									
Dr. Bullock Pries									
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									

1. Apology & Statement

On January 31 CPSM delivered the Statement and Apology to the Assembly of Manitoba Chiefs at their Special Meeting on Health Legislation and UNDRIP. All Chiefs were gathered in a three- day meeting, and had staff and others in attendance, for maybe 125 in the room. The CPSM Statement and Apology was delivered in person to the Assembly of Manitoba Chiefs by Dr. Jacobi Elliott (President), Dr. Ira Ripstein (Past President), and myself.

Based upon the formal comments afterwards it was quite impactful. The Grand Chief Cathy Merrick stated her heart was broken reflecting how the medical profession had treated her people but was pleased with what CPSM had said. Many other Chiefs genuinely thanked the three doctors, commended what they had to say, and said that they welcome the changes, and will watch for changes. While words are important, the follow-up actions are even more important. As the AMC news release states – “cautious optimism”.

On February 27 CPSM delivered the Statement and Apology to the Manitoba Inuit Association. Again, the delivery was quite impactful for both the physicians and the members of the Manitoba Inuit Association. The Association has asked for a framed copy of the Statement and Apology. The Manitoba Inuit Association thanked CPSM and questioned whether CPSM will be delivering the Apology to those patients living in the communities, who have been affected by the racism in medical practice.

CPSM was working with the Manitoba Metis Federation to deliver the Statement and Apology but to date the MMF has not engaged with CPSM.

2. Land Acknowledgement

A CPSM Land Acknowledgement was prepared by CPSM staff and reviewed by the TRC Advisory Circle. The Land Acknowledgement is posted on the CPSM web site and will be used by CPSM Staff prior to meetings, presentation, training sessions, etc. hosted by CPSM.

3. Standard of Practice - Practicing Medicine to Prevent Indigenous Specific Racism

A subgroup of the TRC Advisory Circle was established to research and develop a Standard of Practice. In December 2022 the group met virtually with Dr. Heidi Oetter, Registrar, CPSBC. They were looking for insight and direction from CPSBC as they had already developed a Standard of Practice. After the meeting and further discussion, it was decided CPSM would engage a consultant to assist us with the initiative.

In June 2023 CPSM Staff and the TRC Advisory Circle Chair met with Ms Laborero, from Laborero Consulting to discuss the possibility of her working with CPSM on this initiative. Ms Laborero provided CPSM with a proposal for her services.

Upon further discussion with the Chair of the Advisory Circle it was decided to also invite Ms Tessa Blaikie Whitecloud to join the subgroup for her expertise and knowledge on reconciliation.

The subgroup, including Ms Laborero and Ms Whitecloud, will meet on August 28, 2023 to discuss a plan to move forward with the development of a draft Standard of Practice that will be brought to Council for review and approval upon completion.

4. Restorative Justice Approach to Complaints and Investigations

At the March 2022 TRC Advisory Circle meeting, representatives from the College of Physicians & Surgeons of Alberta attended virtually to discuss their introduction of restorative justice techniques adopted to address anti-indigenous racism.

In September 2022 CPSM Staff met with CMPA staff for a discussion regarding restorative approaches in healthcare. A follow up meeting is scheduled for September 2023 as CMPA has been working with a group in British Columbia to help bring about a deeper understanding of these approaches and promote their adoption and they would like to know where CPSM is at in our journey.

In February 2023, 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.

In September 2023 CPSM will participate in presenting **Grand Rounds: "The Restorative Imperative in Healthcare"** by Dr. Pedro Flores. This keynote, which will be offered in a hybrid format, will address the most pressing issues afflicting healthcare communities and will include restorative justice definitions and origins, restorative justice applications in healthcare contexts and research outcomes. All are invited to join.

CPSM is also participating in presenting a **Restorative Leadership Training** that will consist of three, three-hour sessions. This course will be offered to Deans, Departments Heads and Section Heads with the goal of enhancing the utilization of restorative approaches in our day-to-day leadership. This will include restorative leadership theory; restorative accountability models; restorative mindset; and, interrogating power, privilege, identity and influence. This course includes three half-day sessions and will culminate with a skill-building intensive aimed at restoratively resolving conflict.

CPSM is also participating in presenting a course on **Responding Restoratively to Harm and Conflict**. This course is an intensive skill-building workshop in restorative practices. The focus is on developing skills necessary for facilitating restorative dialogue in response to harm and conflict. Participants will develop skills for both “community concern circles” and “restorative conferences,” two distinct and commonly used restorative practices. The course is highly experiential with intensive role play and debriefing. This course will begin and end with in-person sessions, with biweekly virtual sessions in between. Eight sessions in total.

5. Mandatory Indigenous-Specific Anti-Racism Training - CPSM Registrants and Staff

March 2023 – CPSM Staff met with the University of Manitoba Staff regarding collaborating together on education and training of 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 discussions with Dr. Monkman are ongoing and we will create a sub working group for this topic in fall of 2023.

2. Work with other Outside organizations

Government meetings

Deputy Minister meeting – met once

Federal Government Final Report on MAiD/Mental Health Meeting – Aug 25/22 - In 2021, the Government of Canada announced that changes to Canada’s MAID law are officially in force. The new law includes changes to eligibility, procedural safeguards, and the framework for the federal government’s data collection and reporting regime. Patients with mental illness will be able to access MAID in March 2023. The implementation of this change was delayed and CPSM continues to keep abreast of the situation. CPSM is reviewing and working on updating our Standard of Practice. It will be brought to Council with changes and sent out for consultation in the coming months.

Minister of Health Meeting – April 25, 2023

Met with government officials regarding providing health care to Ukrainian Nationals arriving in Manitoba. CPSM put together a listing of Registrants with a Ukrainian background and provided to government.

Participated in College of Medical Laboratory Technologists of Manitoba Reserved Acts Consultation with CMLTM and Government – attended 2 meetings and provided feedback

Participated in College of Licensed Practical Nurses of Manitoba Reserved Acts Consultation with CLPNM and Government – attended 2 meetings and provided feedback

Participated in College of Physiotherapists of Manitoba Reserved Acts Consultation with CPM and Government – attended 2 meetings and provided feedback

Fairness Registration Practices Office - The *Fair Registration Practices in Regulated Professions Act* came into effect December 2021. There were some proposed amendments to the Act and CPSM met with the FRPO to provide feedback to the amendments. The FRPO provided a report to CPSM that included recommendations for improvement of CPSM registration processes.

Committee/Other meetings attended (May 2022 to August 2023)

Administrative Burden Task Force – Government/Doctors Manitoba/CPSM – met once

CPSM Quality Prescribing Rules Review Working Group – met 8 times to date – Meeting updates were brought to Council and in June the Draft Standard of Practice and Practice Direction were approved to be sent out for consultation.

CPSM TRC Advisory Circle – met 6 times to date plus various meetings with Chair – Meeting updates were brought to Council on a regular basis and work continues on the 7 recommendations from the Advisory Circle.

CPSM/RHAs Exchange of Information Working Group meeting – met 3 times – A draft document has been done and it will be presented to the Working Group for review and comment at the next meeting scheduled to take place in September.

Extended Practice Pharmacy Advisory Committee – met 1 time. – This committee provides oversight and makes recommendations to CPhM Council on matters that relate to extended practice pharmacists.

Medical Clinical Leadership Council Meeting – met 2 times. – This committee is the most senior clinical and preventative services body in the province that advises and endorses recommendations from various leadership tables such as Shared Health, SDOs Medical, Nursing and Allied Health provincial tables on clinical and preventative issues.

Medicine Subcommittee of Joint Council – Met 7 times. – this committee is a subcommittee of the Joint Council of the University and Shared Health for the purpose of facilitating coordination and cooperation between the University and Shared Health in relation to clinical care, education and research activities in which they have mutual interests. (i.e. its “Mandate)

Northern Manitoba Nursing Station Staffing Issues – Aug 15/22 – The issue discussed was around Physician Assistants prescribing in a Federal Nursing Station and some of the difficulties this was having on patient care.

Post Graduate Medical Education (PGME) Executive Committee – met 9 times – this committee of the Max Rady College of Medicine, Rady Faculty of Health Sciences is to support the Postgraduate Dean in planning, organizing, and evaluating all aspects of residency education.

Presidential Advisory Committee-Search for Dean – met 11 times – With the retirement of Dr. Postl as Dean, this committee was formed to search for the new Dean.

Professionalism Subcommittee on Admissions – met 5 times – The Professionalism Subcommittee on Admissions is a subcommittee of the Admissions Committee of the Max Rady College of Medicine, established to review the applications/information of individuals who have applied to the Undergraduate Medical Education Program and who manifest concerns that may be predictive of future breaches of professionalism.

Provincial CMO/Specialty Lead Meeting – met 9 times – This group consists of Provincial Chief Medical Officers and Specialty Leads in the province and discusses various issues ranging from access to care to policies and procedures.

Provincial Health Research Privacy Committee – met 4 times (no longer on this committee) Mr. Paul Penner of CPSM now sits on this committee. The committee reviews applications for research projects.

Public Health webinar on Syphilis outbreak – 2023 – CPSM worked with Public Health and hosted an information webinar that was open to all Registrants to attend.

Stakeholder Engagement Summit: Strategies for Physician Recruitment & Retention in Support of Strong Rural and Northern Health Care – September 2022 – The Manitoba Chambers of Commerce and Doctors Manitoba invited CPSM, to participate in a stakeholder engagement summit designed to collect and advance strategic recommendations for physician recruitment and retention to Manitoba’s rural and northern health regions.

Senate Committee on Medical Qualifications – Oct 25 Nov 30/22 – This committee supports the Senate of the University of Manitoba (the Senate) by determining, on behalf of Senate, those faculty members who are eligible for registration with CPSM.

Shared Health Dispensing Working Group – met 2 times

Shared Health Medical Advisory Committee – met 4 times – Items discussed are appointments and privileges approvals, digital road map for Electronic health records and updates from the various provincial leads as to happenings in their areas.

Winnipeg Regional Health Authority Medical Advisory Committee – met 5 times - Items discussed are appointments and privileges approvals in WRHA and updates from the various CMOs as to happenings in their sites.

Participation in University Ceremonies/Orientations

Class of 2023 Spring Convocation – yearly

Class of 2024 – Welcome to Clerkship – yearly

Inauguration of Class of 2026 White Coat Ceremony – yearly

MLPIMG Orientation on being a registrant of CPSM – provided 1 hour orientation on 2 occasions about self-regulation, governance, the various areas of CPSM, and the services CPSM offers registrants.

PGME Orientation for New Residents – yearly – Info on self-regulation, governance, the various areas of CPSM, and the services CPSM offers registrants.

Grand Rounds – Over Prescribing – participate in these grand rounds every year with Pharmacy

Grand Rounds – Psychiatry regarding MAiD and Mental Health – one time grand rounds

Regulation Governance presentation to Med I Students – yearly – Info on self-regulation, governance, the various areas of CPSM, and the services CPSM offers registrants.

Other Canadian Colleges/Organizations

Presented on Clinical and Physician Assistants Registration in Manitoba to the College of Physicians and Surgeons of British Columbia Board and BC Provincial Government Representatives

Western Registrar's Meetings – meets twice a year

International Association of Medical Regulators Authorities (IAMRA) – CPSM staff from the Quality Improvement Program and the Prescribing Practice Program will present at this international conference in November 2023.

- QI Presentation is on **The College of Physicians & Surgeons of Manitoba (CPSM) Quality Improvement Program** (abstract attached)
- Prescribing Practices Program is giving two live presentations on:
 - Chief Medical Examiner Death Review Program: High Impact Regulation Utilizing Death Data to Facilitate Patient Safety Through Case-Based Learning (see attached)
 - Protecting Patient Safety and Building Physician Resource Capacity by Reverse Engineering the Traditional Regulatory Approach to Prescribing Related Concerns and Complaints (see attached)

Federation of Medical Regulatory Authorities of Canada (FMRAC) – 10 full day & 7 Board Meetings

- FMRAC multi-jurisdictional licensure project. CPSM staff are part of the working group.
- Registration Working Group
- Canadian Medical Association Committee on Ethics – two full day meetings
- National Assessment Collaboration IMG Alliance Committee – meets twice yearly
- National Committee on Continuing Professional Development – meets twice yearly

Medical Council of Canada (MCC)

- National Assessment Collaboration IMG Alliance Committee – This committee is responsible for development of Practice Ready Assessments and is working on current challenges for and future needs of IMGs.
- AMR Working Group - CPSM staff participate in the Application for Medical Regulation (AMR) Working Group.
- National Registry Working Group – CPSM Staff participate in this working group which is working on the development of a National Registry of Physicians across Canada. MCC successfully submitted a grant proposal for this work and each Medical Regulatory Authority that participates will receive \$125,000 of the grant for any expenses incurred to participate.

IAMRA 2023 Abstract

Conference Theme: Regulation in a disrupted world: challenges and opportunities – Sub Theme – Best Practice in Professional Regulation

The College of Physicians & Surgeons of Manitoba (CPSM) Quality Improvement Program Abstract

Marilyn Singer, MD CCFP (Medical Consultant) and Sonja Bruin, MBBS CCFP(EM) (Medical Consultant),
College of Physicians and Surgeons of Manitoba, Winnipeg Canada

Introduction: CPSM regulates physicians, physician assistants, and clinical assistants in Manitoba, Canada. The goal of the CPSM Quality Improvement Program (QIP) is to meaningfully engage members in continued competency activities in a self-regulatory environment while minimizing risk of harm to patients. 100% of eligible registrants will be engaged in the Manitoba Quality Improvement Program within a seven-year timeframe.

Methods: Each year, 15% of eligible Manitoba physician registrants will be randomly selected by computer algorithm for initial QIP engagement with the goal of having 100% engagement of registrants over the seven-year cycle. Risk/protective stratification factors appropriately determine members at risk who may require additional support or assistance. Over time, outcomes will help to validate the risk/protective factors. We will also gather information about impacts on practice change. Our presentation will be descriptive of our program.

Results: Over time all members can meaningfully engage in the Manitoba QIP process and submit high-quality individualized improvement/learning plans. Risk stratification and evaluation appropriately identify members who would benefit from additional supports and/or coaching to promote safe care and protect the public.

Conclusion: Regulators can undertake and complete comprehensive member assessment within a reasonable time frame, while promoting safe patient care. CPSM can stratify members to allocate resources where the need is highest, and to align with right-touch regulation. Members can engage with continuous quality improvement and the QI Program will help ensure at-risk members can be identified and supported.

Category: New Regulation

Title: Chief Medical Examiner Death Review Program: High Impact Regulation Utilizing Death Data to Facilitate Patient Safety Through Case-Based Learning

Marina Reinecke

I am a family physician with a focused practice in Addiction Medicine. I hold a Certificate of Added Competence in Addiction Medicine from the College of Family Physicians of Canada and I successfully completed the International Certification Examination in Addiction Medicine, hosted by the International Society of Addiction Medicine.

I participate in a fly-in addiction medicine service serv four northern remote Indigenous communities, with a focus on Opioid Agonist Therapy.

I am also a Medical Consultant with the College of Physicians and Surgeons of Manitoba, overseeing the Prescribing Practices Program (PPP). Our mandate is to utilize a quality improvement approach to promote prescribing practices that are informed by current evidence and reflect best practices.

PPP's educational approach balances patient safety with a registrant's duty to be a guardian of public safety.

Michael Wiebe

I am a practicing community pharmacist. I work at the College of Physicians and Surgeons of Manitoba as an Analyst with the Prescribing Practices Program, where I am primarily involved in the Medical Examiner Death Review and OAT portfolios.

Abstract

The College of Physicians and Surgeons of Manitoba's (CPSM) Chief Medical Examiner (CME) Death Review Program features high impact regulation that utilizes actual death data to facilitate case-based learning by registrants.

A CPSM Medical consultant reviews deaths of Manitobans, aged 18-65, who died of unnatural causes quarterly. Special attention is paid to accidental overdose deaths and those involving controlled medications and high-risk medication regimens (polypharmacy).

Relevant information is collected from the autopsy report, toxicology findings, and available clinical information. This information is harnessed to produce case-based correspondence to prescribers involved in the patient's care. Standardized quality improvement indicators are utilized to highlight higher risk prescribing practices, which is accompanied by individualized case-based recommendations. Such correspondence promotes case-based learning and broader reflection on the practitioner's practice.

Concrete evidence of serious harms, including death related to prescribing practices is a powerful tool to stimulate reflective practice improvements, a core component of self-regulation.

While the majority of cases are handled through educational correspondence, select cases are forwarded for review by the Registrar, who may elect to refer cases to Standards or Complaints and Investigations (CI).

Registrants who receive several letters from the program within a designated period are selected to undergo a “Secondary Review”. This involves correspondence that requires the registrant to engage in an in-depth evaluation of their prescribing practices and how it contributed to deaths in their practice. While not all prescription related deaths are preventable, lessons learned can promote meaningful practice change. Program consultants assist such registrants in designing and implementing appropriate learning plans to address deficiencies.

CPSM’s relationship with the CME office also facilitates awareness and communication around forensic toxicology trends, and by extension drug utilization patterns, that are communicated to all registrants.

This presentation will discuss the program’s operation and demonstrate meaningful impacts associated with this initiative.

(See next page for graphics)

Data from The College of Physicians and Surgeons’s (CPSM) Chief Medical Examiner Death Review Program

CME Death Review

Annual Comparison

Deaths categorized into appropriate prescribing & prescribing that outside of guidelines endorsed by CPSM

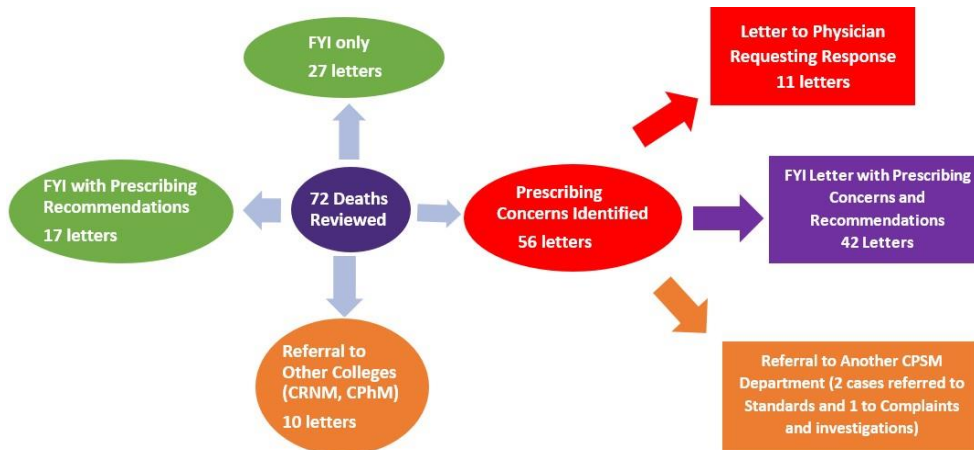
CPSM Year	17/18	18/19	19/20	20/21	21/22
Total Number of Deaths Reviewed*	128	95	54	39	71
Prescribing Deemed Appropriate	30	58	28	13	44
Prescribing Falls Outside Guidelines	95	67	21	34	58
Referred to Other Colleges	3	0	5	6	10

*Total number of deaths ≠ sum of corresponding categories (letters often sent to multiple prescribers re: same death)

CMEO closed for part of 2020/2022 (COVID related) → stats 19/20 to 21/22 likely underrepresented



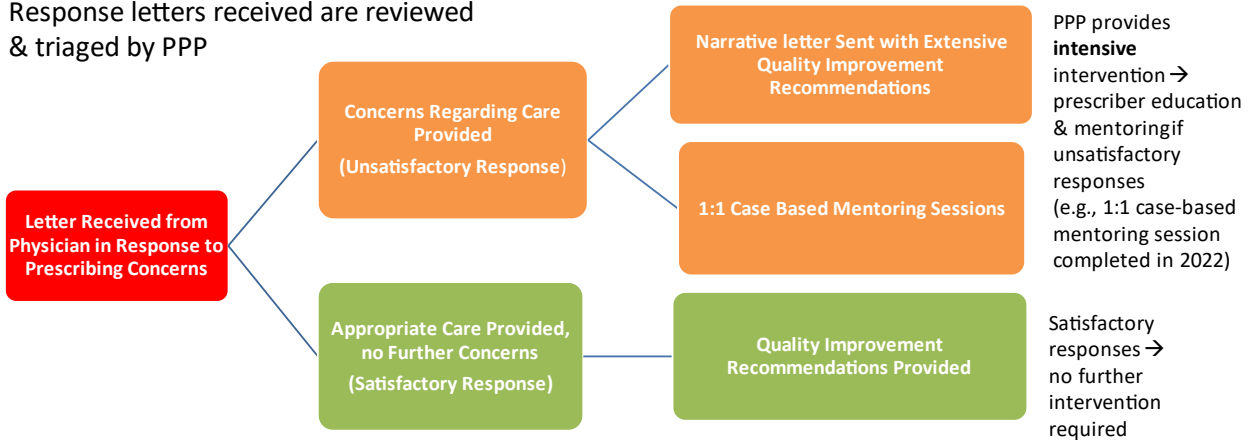
CME Death Review Outcomes May 2021-April 2022





CME Death Review Outcomes May 2021-April 2022

Response letters received are reviewed & triaged by PPP



CME Deaths – Secondary Reviews



CME Death Review Letters can identify need for Secondary Reviews

Secondary Review may involve...

- Written communication for reflection on past patient deaths
- In-person/self-directed educational support for prescribers
- Referral to Standards or Complaints & Investigations



Category: New Regulation

Title: Protecting Patient Safety and Building Physician Resource Capacity by Reverse Engineering the Traditional Regulatory Approach to Prescribing Related Concerns and Complaints

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Abstract

The Canadian healthcare system faces unprecedented challenges related to physician shortages exacerbated by "burnout" from the COVID-19 pandemic, increasing difficulty matching patients to family physicians and the ongoing opioid crisis. These issues impact patient care and are compounded by prescribing practices that do not align with current best practices.

Unsafe prescribing practices, including polypharmacy and inappropriate psychoactive medication management contribute to mortality, and significant morbidity: cognitive impairment, metabolic complications, compounded side effects, falls, and motor vehicle accidents. These high-risk medication regimes are increasingly recognized by physician peers, pharmacists, and educated family members, leading to increasing reports to the College of Physicians and Surgeons of Manitoba (CPSM).

Traditionally, Complaints and Investigations (CI) was the primary avenue to resolve matters, including prescribing-related concerns. Although an important component of medical regulation, the CI route is resource and time-intensive, and adversely impacts both patients and physicians (see figure 1).

Born from patient and registrant needs, and a desire to lessen the unintended adverse consequences of prescribing matters referred to CI, CPSM's Prescribing Practices Program (PPP) addresses prescribing concerns through an innovative primarily educational approach. PPP's general prescribing advice program's interventions range from supportive case discussion to intensive 1:1 academic detailing and

coaching to assist in managing complex patients, improve patient outcomes, and address public safety concerns.

This approach successfully rehabilitates prescribing through registrant engagement in a process that is less stressful than a CI referral and builds capacity within the healthcare system when registrants share their learning through "hallway consultation." Capacity building results in healthier physicians, more resilient health systems, and increased quality of life for patients. Well-managed patients are easier to match to a new provider when their existing provider retires.

This presentation will highlight impactful outcome data and demonstrate this program's efficient use of regulatory resources.

Data: From SharePoint- Council Presentation: [Meeting our Mandate June 2022](#)_Data

from 2018-2022

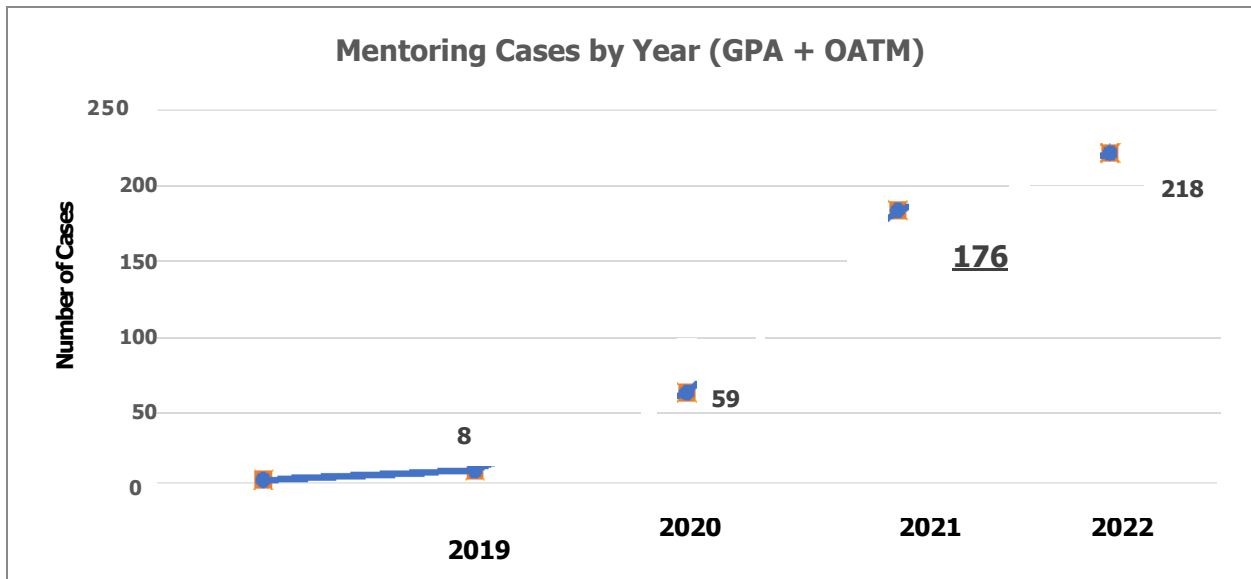
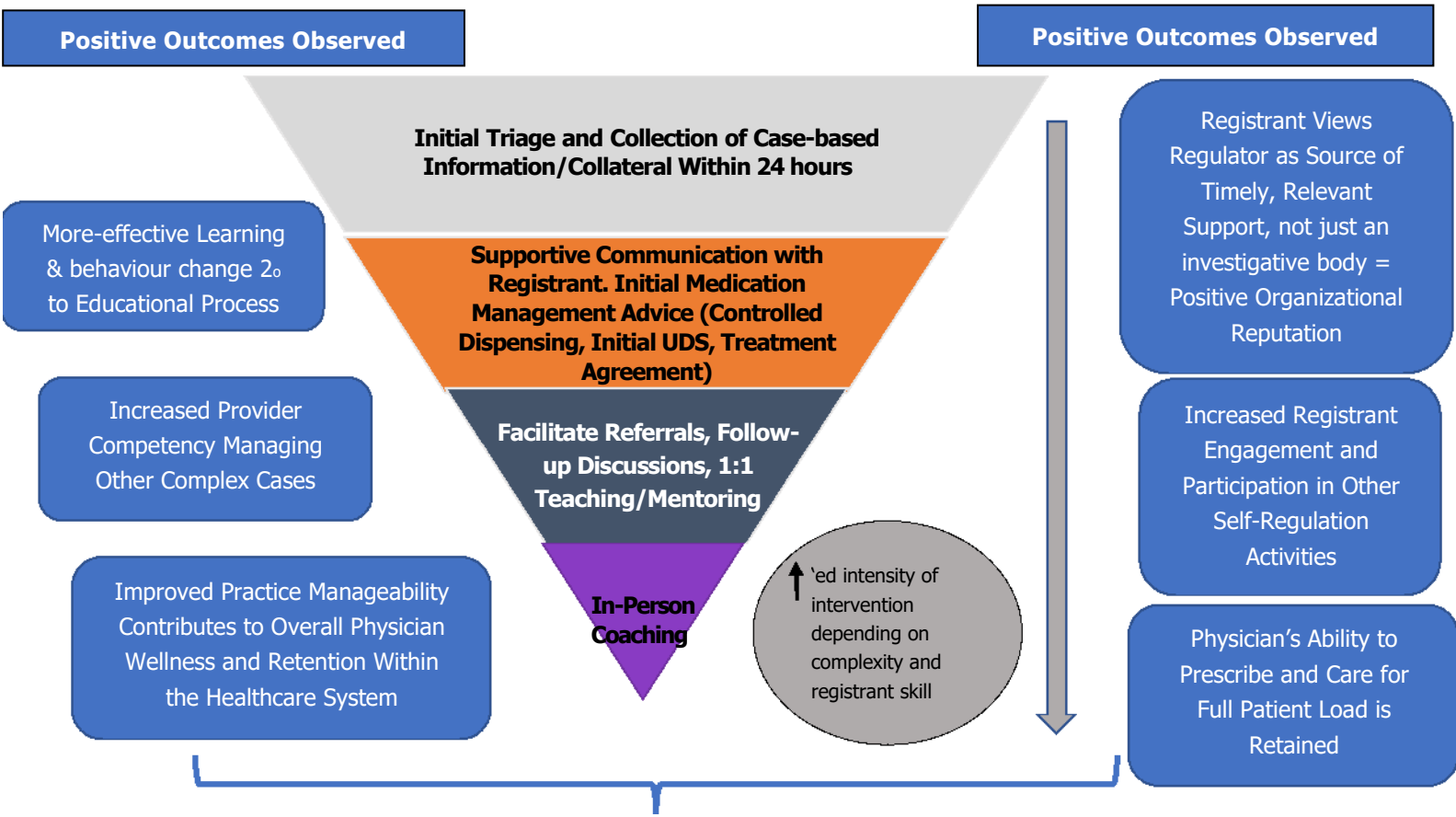


Figure 1: Number of unique patients (cases) whose care the program supported. For 2023, we are presently at 51 cases. We will add an extrapolated 2023 data point in November 2023.

Prescribing Practices Program Approach



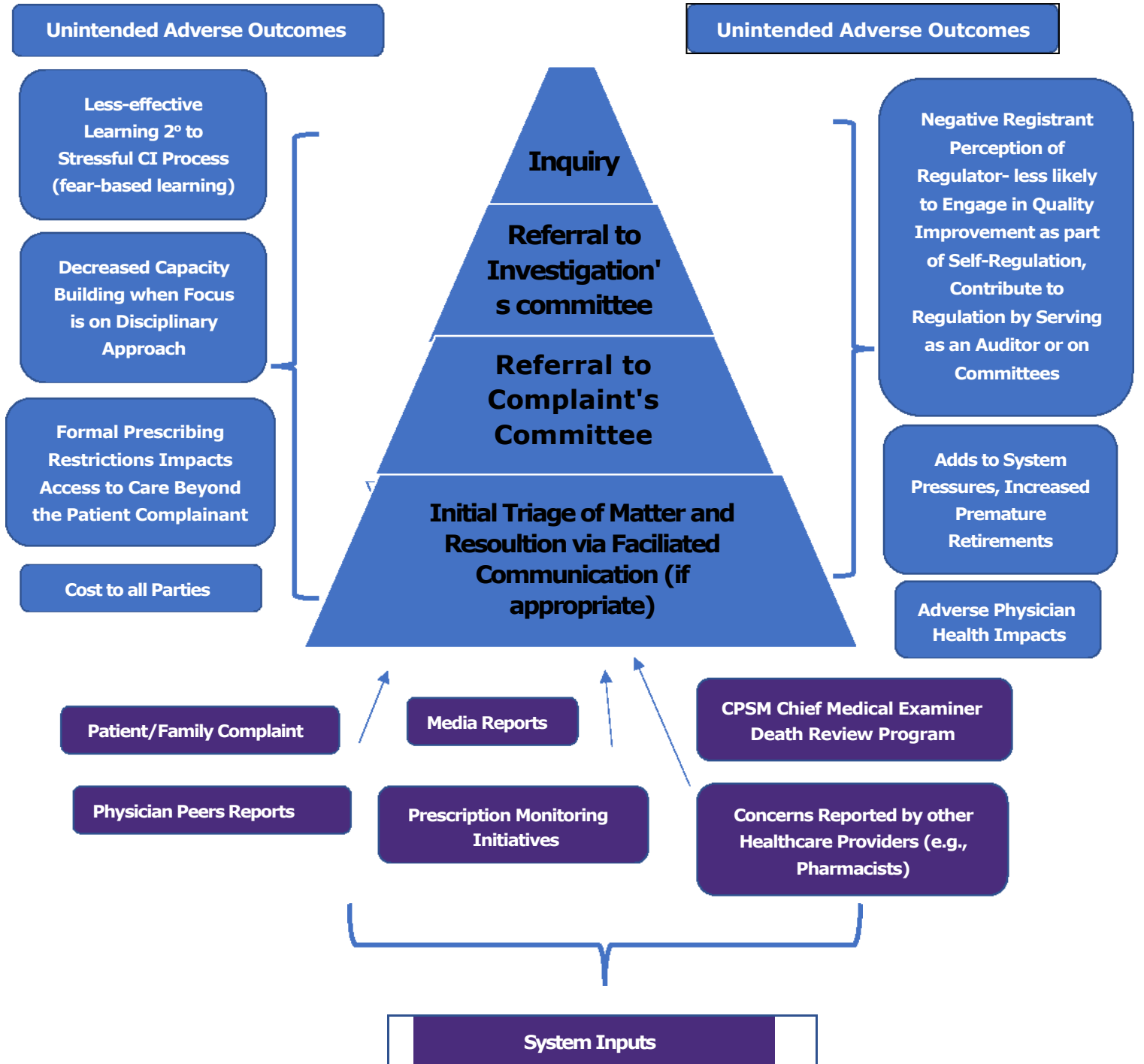
Majority of Cases Closed within 1-2 weeks with Satisfactory Registrant Engagement

Small Number of Cases Followed for 3-6 months for support/to ensure follow through

Rarely Registrant declines to Satisfactorily Engage with PPP, Resulting in CI or Standards Referral

Overwhelmingly Positive Feedback re Timely Availability of Relevant Practice Support

Traditional Regulatory Approach



4. New Hires with rational for hiring

Reception

February 2023 – Receptionist resignation. CPSM restructured the reception resources and allocating the funding from this vacancy to the Complaints and Investigation department to hire an additional Administrative Assistant. Complaints volumes continue to rise. Reception is not expected to be adversely impacted due to recent automation and part-time students.

February 2023 – Two casual summer students were hired to assist all departments that require assistance with projects.

Executive Office

February 2023 – due to the retirement of CPSM General Counsel a new General Counsel was hired to take the position.

March 2023 - Executive Assistant/HR Coordinator - Executive Office announced retirement effective April 28, 2023. It was decided this position would not be filled. The salary from this position will be allocated to hire staff in other areas of CSPM.

May 2023 – HR Consultant retired, and a new HR Consultant was hired. HR Consultant works one day a week in the CPSM office.

August 2023 – Senior Administrative Assistant was hired. This position supports the Registrar's office, General Counsel and Chief Operating Officer. Previously support for the General Counsel and COO came from the current Executive Assistant to the Registrar. Funding for this position was reallocated from the vacant Executive Assistant/HR Coordinator.

August 2023 - Recruitment Underway – 0.6 EFT Communications Assistant

The communications will support the communications function by:

- CPSM's communication needs are increasing; the communications admin will support growth for communications in all departments. They will streamline "admin" tasks, allowing the Communications Officer to focus on high-level strategic initiatives and decision-making.
 - Support a content development strategy to ensure CPSM's digital presence is timely and relevant (through website, newsletter, email, and social media) for both registrants and the public.
 - Enhancing (positive) public awareness: More focus on enhancing awareness of CPSM to the public by allowing the Comms Officer to proactively pitch positive stories to the media.
 - Monitoring and evaluating: We have recently invested in platforms (Cision, Campaigner, SurveyMonkey) to help us evaluate the effectiveness of CPSM's communications; consistently monitoring and analyzing the data these platforms

provide is the next logical step. The Comms Assistant can assist with more regularly monitoring and maintaining reports to provide insights and identify emerging issues to SLT.

- Improve internal communications and staff engagement
- Support the development of the annual report year-round so that it tells a better “story” and does not occupy the Communications Officer’s time May through August.

Complaints and Investigation

March 2023 - an additional Administrative Assistant through the reallocation of funding from the reception area was hired.

April 2023 – Legal Counsel retirement announced. Search took place and a new Legal Counsel was hired to start at CPSM in November 2023.

July 2023 - Due to increasing volumes CPSM hired two additional Medical Consultants (2 positions @ 0.4 EFT each)

August 2023 – due to 0.6 Medical Consultant resignation CPSM has begun recruitment activities.

Quality Department

August 2022 - Administrative Assistant Quality Improvement Program. This position was created to ensure CPSM had the resources required to meet the legislated 7 year quality audit requirements and to build in sustainability into the program due the suspected upcoming retirement of the Quality Improvement Coordinator.

October 2022 – Medical Consultant for Quality Improvement (EFT .6). This position was created to ensure CPSM had the resources required to meet the legislated 7 year quality audit requirements as well as providing sustainability for the program.

March 2023 – Quality Improvement Program Co-ordinator retirement announced for end of June 23. A new co-ordinator was hired for the position to start end of June 2023.

May 2023 – New position for Administrative Assistant for Physician Health Program and Prescribing Practices Program. Position filled end of May. This position was funded through the vacant Executive Assistant/HR Coordinator position.

June 2023 – Administrative Assistant Quality Improvement Program position open as current staff member was successful in moving into the Co-ordinator position. This position was filled internally by the Administrative Assistant for Standards and Audits.

July 2023 – Administrative Assistant for Standards and Audits position become open as current staff member got the Administrative Assistant Quality Improvement Program position. This position was filled in mid July.

Manitoba Quality Assurance Program

October 2022 - The Director of MANQAP announced his retirement but has agreed to stay on until the end of March 2023 to assist with the continuity of the program and potential transition. A new MANQAP Director was hired to start June 2023.



**COUNCIL MEETING
SEPTEMBER 27, 2023**

BRIEFING NOTE

SUBJECT: Performance Metrics Reporting

BACKGROUND:

CPSM management continues to review and refine performance metrics. The following performance scorecard shows data for the first quarter of 2023-24 for the metrics where data is available.



The Quality Department has begun the next iteration of performance reporting by reporting on variances to target as well as indicating actions to bring performance back on track. As areas begin to review performance, questions regarding the validity of the metric and how processes may not match the intended performance start to materialize. We can expect this iterative review and constructive evaluation to happen across all areas of CPSM over the next 1-2 years.

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 PERFORMANCE SCORE CARD 2023-24								
Performance Indicator	Related goal/objective	Target in 2023/24	Baseline (last year)	2023-24 1st Qtr	FIRMS		Variance Explanation	Course Correction
QUALITY DEPARTMENT								
Audits & Monitoring								
Registrants will demonstrate a measurable improvement on follow-up assessments*	Demonstrating measurable change after interventions is a powerful indicator 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 measured	100% of registrants demonstrate improvement. 9 repeat audits (5 referred and 4 age triggered) - 55% (5/9) stayed in the #3 outcome (no movement but have shown improvement) 1 of 9 moved up from a #4 to #1 outcome 1 of 9 moved up from a #3 to #1 outcome 1 of 9 moved up from a #3 to #2 outcome 1 of 9 remained at #1 outcome	Monitor and respond to physician compliance with quality improvements		Ability to maintain category 3 or move up to a higher category implies some improvement, otherwise decision would be escalated	Course correction includes new audit form which is more clear for auditors and auditees. This will provide more effective information to go to CSC for decision making. New tracking tool will make it easier to extract data and keep track of progress ongoing. Will continue to monitor ongoing and revise process as needed.
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	0% completed with 30 days. 77% (14 of 18) in progress. 22% (4 of 18) have been scheduled in the range of Q1.	Monitor and measure		Not meeting target. May have set overly optimistic target goal to be reassessed ongoing. Some difficulty with unique audit requirements and need for more auditors for highly specialized audits. Staffing challenges.	Course correction will include admin support, weekly meeting to monitor, improved tracking of progress and updated spreadsheet. Also holding ATW in December and will invite auditors in areas of need. To explore use of alternative audit engagement process for hard to audit registrants. Plan to add internal goal of time to completion of process, to reduce stress on participants and reduce overall process time.





Physician Health								
# 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)	60% of referrals in Q1 were self referrals		●	Improvement greater than expected	Monitor data over longer term for trend
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% within 1 business day	NA	100% of referrals deemed urgent were done same business day in Q1. Q1 had 22 new referrals with 3 (14%) of them being deemed urgent. I have defined "urgent" as any referral containing information that has the obvious potential for patient or self harm.	Monitor and Measure	●	Addition of staff has helped with timeliness of response	
Quality Improvement Program								
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 registrants have completed the program (1056/2529)	On track for cycle completion. Workflow plan is up to date. 50% of registrants have completed (1256/2529)	Adopt a standardized physician practice/ performance assessment framework	●	On track	Continue to monitor by cohort (biannually)
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	N/A	Category 1: 51% <30 49% >30 Category 2: no data yet Category 3: no data yet	Monitoring and measuring	●	Vacation time during the 30 day period, new staffing and largest cohort to date have impacted the timelines for category 1. Category 2 & 3 - new cohort in progress and cannot yet be measured.	Biweekly team review of targets to date. Introducing intermediate goals to ensure on target with next cohort.

Prescribing Practices Program								
<p>PPP will respond in a timely manner to general prescribing advice inquiries</p>	<p>Provide timely advice related to prescribing opioids, benzodiazepines, opioid agonist therapy, and other complex medication regimens, to provide impactful support for safe patient care</p>	<p>PPP will respond to general prescribing advice inquiries within: 60% – 1 business day 90% – 2 business days</p>	<p>Not currently measured</p>	<p>PPP responded to general prescribing advice inquiries within: 91% – 1 business day 96% – 2 business days 100% – ≥ 3 business days</p>	<p>NA</p>		<p>This work has been prioritized within the team and process is working well.</p>	<p>Continue to monitor and follow trends.</p>
<p>Medical Examiner cases that identify serious prescribing concerns will be completed within 90 days</p>	<p>Timely completion of case reviews are paramount for high-impact regulation</p>	<p>75% of ME cases with serious prescribing concerns will be completed within 90 days</p>	<p>Not currently tracked</p>	<p>3/42 (7%) Q1 ME cases identified serious prescribing concern and these remain open this quarter (awaiting response from registrants), on track for completion by November.</p>	<p>NA</p>		<p>Not met this quarter as recently reversed the ME process to prioritize cases with serious concerns (still adapting approach). Analyst (assigned to ME portfolio) on parental leave. Also limited by Medical Consultant time for multistep case review process. Prescribers in all 3 complex cases requested 30-day extension for response letter (beyond our control).</p>	<p>Comparatively 93% of Q1 ME cases closed within the same quarter. Identified current target may not be the most important target. Will introduce sub-metric: 90% of serious prescribing concern cases will be processed and initial correspondence sent to prescribers within 4 weeks. (This measures PPP's performance re: timely communication for higher-impact regulation and is not dependent on registrant response times.)</p>




Accreditation Programs								
<p>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</p>	<p>Protecting the public and contract compliance</p>	<p>90% of inspections in both lab & diagnostics as well as NHMSF will be completed by the end of 2023-24 fiscal year</p>	<p>N/A</p>	<p>All facilities have been inspected that were listed in the Q1 report to the provincial government.</p> <p>Working to address the backlog of NHMSF inspections due to the expansion of the revised Accredited Facilities.</p>	<p>Monitoring and measuring</p>	<p>●</p>	<p>All inspections were completed as indicated in the quarterly reports to the provincial government. Exception of 3 - one needed to be rescheduled due to closure and two granted temporary status until November. New NHMSF standards implemented in May 2022 to accommodate revisions to the CPSM Accredited Facilities Bylaw. Inspections using new standards began in May 2022.</p>	<p>Human Resources being our number one limitation for timely site inspections. Action/course correction is the addition of 2 new positions (now posted) Permanent part time DI (0.5 FTE) inspector and permanent Lab inspector</p>
<p>Non-emergent Adverse Patient Outcomes (APO's) reports and briefing to the Program review committee will occur within 14 days</p>	<p>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</p>	<p>90% - reviews will be completed within 14 days of the receipt of the complete APO file</p>	<p>Not currently measured</p>	<p>All the APOs for this quarter, where the consultant's review was complete and ready to be reviewed by PRC, were ready for the PRC agenda within the 14 day deadline.</p>	<p>Monitoring and measuring</p>	<p>●</p>	<p>Our largest uncontrolled variable is the timeframe it takes for the hospital to releases the requested patient chart (up to 6months). Consultant reviews are more predictable and inhouse staff do meet the 14 day completion rate.</p>	<p>Human Resources is an issues for APO output. Depending on NHMSF funding we are posting a contract IPAC inspection position to assist in addressing the increasing outcomes that are being submitted. Action/course correction will be the addition of 1 new positions (depending on finances outside of MANQAP) Contract postion 6-12 months, date TBD.</p>

Performance Indicator	Related goal/objective	Target in 2023/24	Baseline (last year)	2023-24 1st Qtr	FIRMS		Variance Explanation	Course Correction
COMPLAINTS & INVESTIGATIONS								
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	data capture under development with IT	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	0/25	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	not currently captured	Monitoring and measuring performance & case management			
% of Complaints resolved through alternative means	CPSM processes are appropriate and respectful	5%	1.30%	16/77 - 20.8%	Case management system			
% of Complaints that request referral to Investigations	CPSM is effective and efficient	10% or less	16.90%	4/25 = 16%	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	not currently captured	Monitor Performance and adherence			
# of Inquiries overturned by Court of Kings Bench	Inquiry matters are appropriate, and the process is effective	0	0	No inquiries	Reliable Complaints and Resolution Process			

Performance Indicator	Related goal/objective	Target in 2023/24	Baseline (last year)	2023-24 1st Qtr	FIRMS	
REGISTRATION						
Support National Registry Initiatives	Implement project initiatives required to support the National Registry	Complete the National Registry Project by March 2024	NA	CPSM has met all project requirements to date	Adopt standardized registration and licensure policies that address; requirements, source verification, approval processes, and triggers for reconsideration	
Annual Report - Fair Registration Practices Office	Protection of the public through regulatory compliance	Implement recommendations made by FRPO		All recommendations are complete	Monitor performance with regulatory compliance	
Process Metrics – Application turn around times		Length of time to process applications	Under development	Target to report by year-end	Monitoring & measuring performance	

Performance Indicator	Related goal/objective	Target in 2023/24	Baseline	2023-24 1ST QUARTER	FIRMS	
FINANCE						
CPSM will maintain adequate reserves	Ensure the College is appropriately resourced to effectively achieve its mandate	<ul style="list-style-type: none"> Debt to Equity ratio <1 Total Reserves at 70% of annual operating expenses 	<ul style="list-style-type: none"> Debt to Equity ratio of 0.7 Reserves @ 66% of annual operating expenses 	0.4 will report annually	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		will report annually	Monitoring and measuring financial performance	
INFORMATION TECHNOLOGY						
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	31%	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	99%	Implement formal strategies to ensure information and business systems support the organizations functions	
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	Will be reporting annually	Monitoring & measuring	

High IT responsiveness	Effective issue tracking, management and reporting	Triage all IT issues within 1 business days of receipt	Not currently tracked	Adjustment to process in order to track start and triage date for reporting	Monitoring & Measuring, reliable IT and infrastructure	
HUMAN RESOURCES						
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	HR Consultant is reviewing options and will report back on progress next quarter	Monitoring and measuring	
Retention of staff	CPSM retains its valuable staff in order to delivery on its mandate	<ul style="list-style-type: none"> •Average Length of Service •# of Employees resigning from CPSM other than retirement 	Avg LOS – 8 years Resignations – 0	will report annually Resignations - 1 (May-Sept)	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	1st quarter sick days- 68.5 days (equivalent to 1.1 EFT)	Monitoring of human resource performance	●

COMMUNICATIONS						
<p>Increase positive sentiment score in media coverage by 20%</p>	<p>Improve public perception of CPSM.</p>	<p>Increase positive associations of CPSM in media coverage through improved sentiment score.</p>	<p>Media coverage sentiment scores as of December 31, 2021: Negative – 8.1% Positive – 3.8% Neutral – 88.1%</p>	<p>Sentiment scores as of Aug 2023: Negative 14% Positive 17% Neutral 69%</p>	<p>Leadership – transparency and disclosure Measuring and Monitoring</p>	
<p># of educational opportunities executed</p>	<p>Educate the public on CPSM's role to protect the public and how that is accomplished through three core functions.</p>	<p>Launch public awareness campaign.</p>	<p>n/a</p>	<p>Three videos explaining what CPSN does for the public were developed. Videos to be launched in Sept with annual report.</p>	<p>Leadership – training/transparency</p>	
<p># of engagement targets met</p>	<p>Boost engagement from the public and registrants.</p>	<p>- Host 4 webinars and/or lead other opportunities to engage the public or registrants. - Assess engagement metrics.</p>	<p>One webinar (for registrants) was hosted in 2022.</p>	<p>Two events: 1) February 7 - Registrant webinar hosted jointly with Shared Health (Addressing the STBBI surge) 2) Sept 12 - Grand Rounds on Restorative Justice to be hosted in partnership with the Rady Faculty of Health Sciences/Ongomiizwin for Registrants</p>	<p>Leadership – training and transparency</p>	



**COUNCIL MEETING
SEPTEMBER 27, 2023**

BRIEFING NOTE

SUBJECT: Quality Prescribing Rules Review Working Group Update

BACKGROUND:

At the CPSM June Council meeting Council approved the following documents be distributed for consultation:

1. DRAFT Standard of Practice – Prescribing Requirements
2. DRAFT Practice Direction on Electronic Transmission of Prescriptions

The notice of consultation was sent to registrants, stakeholders and the public on August 24, 2023 with a closing date of September 29, 2023. See attached consultation documents.

Feedback from the consultation will be compiled and brought to the Working Group for review and discussion. It is anticipated the documents will be brought back to Council in December 2023, with any revisions due to the consultation feedback, for Council approval.



PUBLIC CONSULTATION

to CPSM registrants, stakeholders, and the public

CPSM Requests your feedback on the following documents:

1. DRAFT Revised CPSM Standard of Practice - Prescribing Requirements
2. DRAFT Revised CPSM Practice Direction - Electronic Transmission of Prescriptions

Background

A working group consisting of representatives from several Manitoba regulatory colleges met in 2022-2023 to review prescribing-related legislation and existing Standards of Practice and Practice Directions.

Currently, prescribing rules are set out in various Standards of Practice and Practice Directions:

- [Standard of Practice - Prescribing Requirements](#)
- [Practice Direction - Manitoba Prescribing Practices Program \(M3P\)](#)
- [Practice Direction - Electronic Transmission of Prescriptions](#)
- [Practice Direction - Facsimile Transmission of Prescriptions](#)
- [Practice Direction - Prescribing Practices: Doctor/Pharmacist Relationship](#)

The working group recommended consolidating the current requirements into one Standard of Practice and one Practice Direction. In addition to consolidating, the working group recommended updating the content of these documents to reflect better prescribing practices.

Request for Feedback

Prescribing medication is a major responsibility of CPSM registrants. The public relies on safe, efficient, and reliable prescribing of medication. It is CPSM's duty to establish appropriate standards that prioritize the public's safety and well-being.

CPSM is seeking feedback on:

1. **DRAFT Revised Standard of Practice: Prescribing Requirements**
 - a) Clinical indication, and/or treatment goal, and/or diagnosis on prescriptions
 - b) Verbal prescriptions for M3P drugs
2. **DRAFT Revised Practice Direction: Electronic Transmission of Prescriptions**

1. DRAFT Revised CPSM Standard of Practice: Prescribing Requirements (the Standard)

Key Updates Include:

- Section 7 on Manitoba Prescribing Practices Program (M3P Drugs) - As the list of M3P drugs is attached to this Standard of Practice, the current *Practice Direction for Manitoba Prescribing Practices Program (M3P)* will be repealed. This prevents duplication and consolidates prescribing rules.
- Section 4 on Verbal Orders - This consolidation involves moving the verbal prescribing expectations, currently located in the *Practice Direction for Prescribing Practices: Doctor/Pharmacist Relationship*, to this Standard.
- Section 3.8 - The information on statutory requirements on Pharmacist's dispensing - There are certain statutory rules governing dispensing of which prescribers may not be aware, at times leading to friction between the professions. These include federal rules where the pharmacist has no discretion such as certain refills, repeats, and part-fills for different drugs and controlled substances. Additionally, a list of involved medications is being developed and will be included as an appendix in the Standard.
- New sections clarify that the Standard applies to both prescribing in the community (Part A) and what are called "orders" in a hospital (Part B). It also clearly specifies which prescribing rules do not apply in a hospital, Personal Care Home, or other institutional settings.

Additionally, within the Standard, CPSM seeks feedback on:

a. The potential requirement to include either a clinical indication, and/or treatment goal, and/or diagnosis on all prescriptions.

CPhM requested that clinical indication, and/or treatment goal, and/or diagnosis should be included on all prescriptions.

This would be beneficial for patients in allowing pharmacists to determine prescription appropriateness in a timely manner. Conversely, physician time in writing indications, and delays whilst pharmacists confirm indications before dispensing medications remain points of concern.

The three options below are being considered. In your response, we ask that you provide your feedback on your preference regarding the use of indications.

- a) Should indication, and/or treatment goal, and/or clinical indication **be required on all prescriptions?**
- b) Should indication, and/or treatment goal, and/or clinical indication **be required on all new and "off-label"* prescriptions only?**

- c) Should indication, and/or treatment goal, and/or clinical indication **be recommended only on all prescriptions?**

**Off-label is defined as the use of a medication that has not been approved for the treatment of a specific disease by Health Canada, as listed in the Canadian drug product monograph.*

See the draft Standard for detailed language of the proposed options.

The College of Pharmacists has advised CPSM Council that:

“Pharmacists will continue to act in the best interests of the patient and use their professional judgement when prescriptions are missing content, which may include dispensing a prescription without an indication noted and confirming with the prescriber afterwards”.

Environmental Scan:

Quebec is the only Canadian province that requires an indication on:

- new prescriptions,
- prescriptions containing a change in dosage/medication, and
- prescriptions where multiple physicians or healthcare professionals are providing medical care (e.g., in a team-based environment).

b. The Implementation of verbal prescriptions for M3P drugs under limited circumstances when timely fax or electronic transmission is not possible AND may otherwise lead to a delay in access to urgently needed medication.

Section 7.8 of the draft Standard of Practice for Prescribing Requirements specifies the situations in which the verbal prescribing of M3P drugs would be permitted and the necessary requirements for the same. However, prior to implementing this change an amendment to the College of Pharmacists of Manitoba General Regulation is required.

CPSM requests feedback on this proposed change and whether the regulation amendment should be pursued.

2. DRAFT Revised CPSM Practice Direction: Electronic Transmission of Prescriptions*

Key Updates Include:

- The Practice Direction combines the *Practice Direction - Electronic Transmission of Prescriptions* and *Practice Direction - Facsimile Transmission of Prescriptions*. Combining these into one Practice Direction makes it easier for physicians (and pharmacists) to ensure the completeness of their prescriptions while eliminating redundancy between these two documents.

*Please note: This Practice Direction *does not* permit the transmission of prescriptions via email. The necessary IT infrastructure to allow for secure and safe email transmission

of prescriptions between the various prescribers and pharmacies does not currently exist in Manitoba. As such, it is prudent not to allow email prescribing for confidentiality reasons at this time.

How to Submit Your Feedback

Review the DRAFT Standard of Practice - Prescribing Requirements.

Review the DRAFT Practice Direction on Electronic Transmission of Prescriptions

Submit your comments in writing by email to: CPSMconsultation@cpsm.mb.ca

The deadline for feedback is September 29, 2023.



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 that 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 Standard of Practice attempts to improve this liaison and ensure better access to quality safe prescribing for Manitobans.

1. Application and Definitions

1.1. Prescribe¹ and Prescription² includes both prescriptions in the community and what are commonly called “orders” in hospital and residential healthcare 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, signature⁴, practice address, and CPSM registration number;
 - 3.1.2. the patient’s name and either date of birth or Personal Health Identification Number (PHIN) (for M3P drugs, also include patient’s address and date of birth);
 - 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. one of: diagnosis, and/or clinical indication, and/or treatment goal is required on all prescriptions OR is required on new and off-label prescriptions only OR is recommended on all prescriptions; (Refer to consultation document)
 - 3.1.7. the full date the prescription was issued (day/month/year);
 - 3.1.8. the total quantity and interval between part-fills must be specified for:
 - 3.1.8.a. Any medication on the M3P drug list
 - 3.1.8.b. Any medications that are classified 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 the person who conducted the assessment has the appropriate knowledge, skill, and judgment to do so and the prescriber themselves evaluating the assessment and judging it to be appropriate (e.g., true group practices or call groups, healthcare institutions);
- Prescribing for the sexual partner of a patient with a sexually transmitted infection; or
- 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.

- 3.1.9. method to contact the prescriber (telephone number⁵, 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 (e.g., 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; and
 - 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 information included in section 3.1 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 section 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 use/substance use disorders;
 - 6.2.5 prescribe a prophylaxis as part of a Public Health Program;
 - 6.2.6 prescribe for the sexual partner of a patient with a sexually transmitted infection;
 - 6.2.7 prescribe anti-retroviral medication within the Provincial HIV program; or
 - 6.2.8 prescribe a medication available in Manitoba without requiring a prescription (e.g., an over-the-counter medication such as acetaminophen).
- 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 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 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 registrant, the patient, and the patient's other healthcare 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; and
 - 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. 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. 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 pharmacist⁶, 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 that 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”; and

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 Healthcare 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); and
- 8.1.5. the prescriber's printed name and signature.

9. Before Prescribing in a Hospital, PCH, or Residential Healthcare 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; and
- 9.2.3. use their professional judgment to determine whether it is necessary to include any additional information on the prescription (e.g., the patient's weight or date of birth where this information would affect dosage).

9.3. For 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 ensure if a voice message is left that a direct callback number is 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 ensure the nurse or pharmacist documents all requirements in section 8.1, as well as their name and the name of the prescriber; and
- 9.3.4 sign the order within a reasonable timeframe, to be determined by the institution's operating policy.



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. This includes computer-to-facsimile machine¹, facsimile machine to facsimile machine, facsimile machine to computer, or via a closed e-prescribing system². It 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.
- 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.
- 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. one of: diagnosis, and/or clinical indication, and/or treatment goal, is required on all prescriptions OR is required on new and off-label prescriptions only OR is recommended on all prescriptions.⁹ (Refer to consultation document)
 - 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.a. Any medication on the M3P drug list.
 - 3.1.8.b. 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. The method to contact the prescriber (telephone number, email address, or facsimile number).

⁶ Should a patient request a drug that falls under the Controlled Drugs and Substance Act (CDSA) *not* 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. Signed certification that:
- 3.1.13.a. the prescription represents the original of the prescription drug order;
 - 3.1.13.b. the addressee is the only intended recipient and there are no others;
and
 - 3.1.13.c. 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 (e.g., 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; and
 - 3.3.3. the name of the supervising physician.
- 3.4. If the prescriber is a CRNM Registrant (e.g., RN(NP)), a prescription must include a treatment goal and/or diagnosis and/or clinical indication.



COUNCIL MEETING – SEPTEMBER 27, 2023
COMMITTEE REPORTS
FOR INFORMATION

EXECUTIVE COMMITTEE REPORT:

The Executive Committee held an electronic vote on June 8 and July 21, 2023 to appoint new Practice Auditors.

An in-person meeting was held on September 6, 2023. Most matters discussed at the meeting appear on this Council agenda.

Respectfully Submitted,
Dr. Nader Shenouda
President, CPSM and Chair of the Executive Committee

FINANCE, AUDIT & RISK MANAGEMENT COMMITTEE REPORT:

The Committee has not met since the June 2023 Council meeting and therefore has nothing to report at this time.

Respectfully submitted
Dr. Charles Penner
Chair, Finance, Audit & Risk Management Committee

PROGRAM REVIEW COMMITTEE REPORT:

The Program Review Committee has not met since the June 2023 Council meeting and therefore has nothing to report at this time.

Next meeting is September 13, 2023

Respectfully submitted
Ms Leanne Penny
Chair, Program Review Committee

COMPLAINTS COMMITTEE REPORT:

The Complaints Committee met on August 1, 2023, at 1:30 p.m. and reviewed 11 complaints. Of those complaints considered, they were disposed as follows:

- 1 case resulted in a letter of criticism
- 2 cases resulted in a letter of advice
- 8 cases resulted in a decision that no further action was required
- 0 cases resulted if endorsement of an informal resolution
- 0 case resulted in a referral to the Investigation Committee

Respectfully submitted
Dr. Norman McLean
Chair, Complaints Committee

INVESTIGATION COMMITTEE REPORT:

Dear Council Members,

I hope everyone enjoyed the summer. The Investigation Committee met on two occasions since our last Council meeting.

On August 28th, we reviewed nine matters. Six of these resulted in no further action, there was one letter of advice, one letter of criticism and one case was deferred.

On September 6th, we had a short meeting reviewing 5 matters. The results of these discussions were three that required no further action, one letter of advice and one letter of criticism.

Our team's membership continues to evolve. We have welcomed several new members of the public to our committee and we have a solid core of public and medical representatives who come to meetings well prepared and offer meaningful contributions to our discussions.

We are unfortunate to lose one of our medical investigators, Dr Michael Stephensen, who has returned to clinical practice. We wish him the best and thank him for the excellent work he did while preparing the Investigator reports for our committee. We have found a new investigator to help with the workload.

The plan moving forward is to divide the work up amongst our members and try to meet as often as we can (ideally, every three weeks) to work through our cases.

Please let me know if you have any questions.

Respectfully submitted
Dr. Kevin Convery, Chair, Investigations Committee

STANDARDS COMMITTEE REPORT:

Central Standards Committee Report to Council September 2023

Central Standards Committee (CSC) Activities 2023

The CSC met January 27 and March 17, 2023, and June 16, 2023

AGE TRIGGERED/REFERRED AUDITS REVIEWED IN 2023

The CSC reviewed:

- 13 Age Triggered Audits
- 17 Referred Audits

The following outcomes were determined at CSC.

12	#1 Outcomes
8	#2 Outcomes
8	#3 Outcomes
1	#4 Outcomes
0	#5 Outcomes
1	Other – Full Practice Audit
30	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.

Currently active and inactive Standards Committees:

Committee	RHA	Chair	Current Status
Interlake-Eastern ASC	Interlake-Eastern	Dr. Jonathan Gabor (No longer Chair)	No update since last report. Still no Chair.
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	Up to date.
Brandon Regional Health Centre ASC	Prairie Mountain	Dr. Nicolaas Butler	Received minutes from January 10, 2023, meeting.
Prairie Mountain Health ASC	Prairie Mountain	Dr. Shannon Prud'homme	Up to date.
Brandon Regional Health Centre Psychiatry	Prairie Mountain	Dr. Gilbert Lee	Committee is on hold due to lack of psychiatrists in Brandon. No update since November CSC.
Portage ASC	Southern	Dr. Jim Ross	Up to date.
Southern ASC	Southern	Dr. Shayne Reitmeier	Still working on organizing the Committee. Reminder sent August 3 for Q2 report.
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	Up to date.
CancerCare	Provincial	Dr. Catherine Moltzan	Up to date.
Endoscopy Provincial	Provincial	Dr. Ross Stimpson	Up to date.
Orthopedic Surgery Provincial	Provincial	Dr. Eric Bohm	Up to date.
Winnipeg Regional Health Standards Committee	WRHA	Dr. Elizabeth Salamon	Up to date.

Committee	RHA	Chair	Current Status
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Committee Reports

Altona Community Memorial Health Centre	Southern	Unknown	Southern Health is currently re-organizing and many of these smaller hospital committees will now report up to the Southern Area Standards Committee.
Bethesda Hospital (Steinbach)	Southern	Unknown	
Carmen Memorial Hospital	Southern	Unknown	
Gladstone Health Centre	Southern	Unknown	
Morrison-Emerson	Southern	Unknown	
St. Claude, Notre-Dame-de-Lourdes, Treherne	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



COUNCIL MEETING - SEPTEMBER 27, 2023**FOR INFORMATION**

SUBJECT: Registrar/CEO's Report

STAFF MATTERS

The information described below highlights staffing changes and additions since the June 2023 Council meeting.

Executive Office – a new Senior Administrative Assistant, Lauren Phoutthavongsin, started August 21 to assist with workload in the Executive Office. A search has begun for a 0.6 EFT Communications Assistant to support the overall CPSM communications efforts.

Quality – An Administrative Assistant has been hired, Danica Laco, on July 10 to fill a vacancy in the Standards and Audit area.

Complaints and Investigations – Dr. Anthony Battad has been recruited to replace Dr. Michael Stephensen who resigned effective September 6 from his 0.6 EFT Medical Consultant position. Dr. Battad's start date is September 18.

MEETINGS ATTENDED - OTHER ORGANIZATIONS

Physician Recruitment Meeting with Shared Health – June 15, 2023

MLPIMG Welcome from CPSM – June 19, 2023

College of Paramedics Meeting – June 19, 2023

Physician Administrative Burden Meeting – June 20, 2023 & July 20, 2023

IMG Orientation on being a registrant of CPSM – June 21, 2023

Shared Health Medical Advisory Committee – June 22, 2023

Health Canada Meeting regarding Physician and Clinical Assistants Prescribing – June 22, 2023

PGME Orientation to CPSM – June 29, 2023

PGME Executive Committee – July 11, 2023

Participated in Government Press Conference re Legislative Amendment – July 24, 2023

Senate Committee on Medical Qualifications – August 22, 2023

Max Rady Class of 2027 Ceremony – August 23, 2023

Deputy Minister Sinclair – August 31, 2023

Master Physician Assistant Studies presentation on the Role of CPSM – September 1, 2023

Master Physician Assistant Studies Class of 2025 Inaugural Exercises – September 1, 2023

Undergraduate Medical Education Welcome to Clerkship – September 5, 2023

Provincial CMO/Specialty Lead Meeting – September 7, 2023

Federation of Medical Regulatory Authorities of Canada (FMRAC)

- Registrar’s Forum – July 21, 2023
 - Registrar’s Forum – September 11, 2023
-

COMMUNICATIONS

- Regulation Amendment media release
A joint announcement with the Manitoba Government on CPSM General Regulation to streamline registration requirements and expedite the registration process for International Medical graduates was made on July 24, 2023. The announcement included CPSM messaging garnered local and national news attention. Some major outlets include the Globe and Mail, Global News, the Canadian Press
 - Registrant communications:
An AGM and Council Update was emailed to all registrants on July 7, 2023.

The CPSM newsletter was sent to all registrants on July 10, 2023.

An email notifying registrants of the Standard of Practice – Research consultation was sent on July 5, 2023.

An email notifying registrants of the prescribing requirements consultation was sent on August 24, 2023.
 - Annual Report
The 2022-23 Annual Report was finalized. It was submitted to the Manitoba Government on August 30, meeting the requirements of the RHPA. It was published on the CPSM website and available to the public on September 6.
 - About CPSM videos
CPSM developed three videos explaining who CPSM is, how we regulate the medical profession, and how we meet our mandate to protect the public as consumers of medical care. The videos are being launched together with the annual report.
-

FINANCE

Finance has completed its engagement of Deloitte as CPSM's Auditor. Arrangements have begun with BDO to take over the role as the Auditor for CPSM.

1st Quarter results show a modest surplus (May 1 to July 31) of \$225,053. The positive variance is primarily due to timing issues related to revenue recognition and expenditures related to staffing as well some unexpected revenue above budget in categories of Other Income & interest income.

INFORMATION TECHNOLOGY

The following items have been completed or introduced since the last report:

1. **Security Logging and Monitoring** – The replacement of a previous service through our former IT partner, EPIC, [Trustwave] with our new integrated service [SIEM] will kick off on August 28. This will increase our reach by extending our logging and monitoring to all CPSM laptops along with our internal network. SIEM provides a 24x7 threat response and allows us to contain or prevent an intrusion before the “intruder” can gain broader access. This is a critical important step in improving our cybersecurity posture. We expect this implement to be complete near the end of September.
 2. **Renewals** – Work on both minor and major changes is currently underway with respect to Renewals. Minor changes to regulated member renewals are being put into place. Some more major changes are being put in place for Medical Corporation Renewals. Testing is expected to start the week of Sept. 5
 3. **Ongoing Work** – Work is continuing with QI and Complaints enhancements as well. Development has begun on the Non Hospital & Medical Surgical Facilities (NHMSF) phase of the MANQAP enhancement project.
-

QUALITY DEPARTMENT

Physician Health Program (PHP)

- Since June 1, 2023, the program has had 19 referrals (29 total to date this fiscal year).
 - We currently have an equal number of referrals in comparison to this time last year.
 - The current caseload is 86 (caseload includes registrants with undertakings, require further follow-up and new referrals who are pending review or mid-review).
 - Have finalized new PHP undertaking templates for use moving forward.
 - Currently working on IME Policy and related IME Process.
-

MANQAP

- HR Update:
 - 5-month contract clerk position added.
 - Internal and external job description continue to be developed.
- The Western Canadian Accreditation Alliance (WCAA):
 - Laboratory and Transfusion Medicine Standards are ready for distribution and utilization, rollout to stakeholders to begin in September after PRC with full implementation completed by Jan 2024.
 - Confirmed the arrangement with WCAA to purchase and adopt Diagnostic Imaging Standards. Discussion to be introduced at September PRC. Standards will be released to MANQAP on October 4, 2023.
 - Process started to implement WCAA Inspector Training.
- Developing revised fee schedules for NHMSF and private facilities to ensure cost recovery.
- Work continues around several areas that have been identified through the APO process, including:
 - Targeted consultation with physician specialists to onboard and clarify the scope and parameters of providing certain NHMSF procedures;
 - Identified system areas for improvements regarding reporting of APOs and other required information from the NHMSFs to MANQAP (next steps include developing communication strategies for facilities);
 - Coordinated the data elements/data reports and tracking for integration into CPSM Portal system.
- NHMSF Procedures:
- In addition to the procedure specific work being accomplished through the APO process, standardized procedure lists for all NHMSF specialties (plastic surgery, general surgery, gynecology) are being developed in consultation with physician specialists. This will allow for greater clarity for the approved facility procedure lists and the denominator data for the APOs.

Quality Improvement Program (QIP)

- Program operations are working at a normal pace. New Senior Admin staff and QIP Admin Assistant in place. New one page summary of QI Program near completion.
- Work plan to meet end of the first QI Program Cycle period ending December 2025. To date, 1870 registrants have entered the QI Program of 2529 eligible. This leaves 659 remaining to be completed in 2024/2025.
- Portal development in process with plan for implementation in 2024. This will help streamline the process for participants and staff.
- Auditor training workshop planned for December 1, 2023, and Practice Supervisor Workshop scheduled for October 6, 2023. Auditor list has been updated, auditor form updated, and auditor survey completed in 2023.
- To date 17 specialties have been entered into QI program with 16 remaining to be engaged in process in 2024-2025.
- Measuring of KPIs in process to track participation rates and time to completion in each category for 2023.

Standards Audits and Monitoring (SAM)

- Total qualifying audits for 2023 was 125 as the year progressed, we are now sitting at 106 audits, which includes:
 - 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 quarter 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)
 - 9 New Referrals (In Progress)
 - = 125 in total**
 - 8 cancelled audits – retirements, admin only, and teaching.
 - 11 deferred to other years due to recent Quality Improvement Program participation.
 - = 106 new total**
- The Age Triggered Audits (ATA) Program is currently completing cohorts 1947, 1948, 1949, and 1950. The 72-year-old physicians' cohort 1951 will begin later this fall in Q4 and carried out through the winter.

Prescribing Practices Program (PPP)

- **Registrant Advice & Support:** responded to **40 general prescribing advice** inquiries since June 1, 2023 (99 GPA cases thus far in 2023). KPI update: 88% responded within 1 business day; 95% within 2 business days.
- **Methadone & Suboxone:** Issued **15 OAT** (Suboxone-only) prescribing approvals since June (47 thus far in 2023). No pain/palliative methadone approvals. Collaborating on educational initiatives with RAAM HUB, and Palliative Care Program Leadership on in-hospital methadone prescribing guidance.
- **CME Death Review:** Reviewed **42 ME cases** since June (93% cases closed): 48% cases prescribing deemed appropriate, 45% prescribing falls outside of guidelines, and 8% serious prescribing concerns noted (these cases remain open). KPI: Reconfiguring ME workflow towards meeting KPI *reach goal* of completing 75% of cases with serious prescribing concerns in 90 days.
- **Quality Prescribing Review Working Group:** Responded to **8 M3P-related inquiries** since June (29 thus far in 2023). Will assist with roll-out of prescribing rules changes and respond to inquiries.

COMPLAINTS & INVESTIGATIONS DEPARTMENT

Restorative Justice - CPSM and the University of Manitoba/Ongomiizwin Institute of Health and Healing have partnered to introduce the medical community to the principles of restorative justice. Restorative practices seek to address the harm caused to an individual through supportive dialogue rather than a focus on discipline for a rule that was broken. The event began with Grand Rounds on September 12 and will continue with a series of workshops to educate leaders and train facilitators. Dr. Bullock Pries and Ms Ritchot have been part of a planning committee and will assist with some of the workshops.

Dr. Stephensen has returned to clinical practice and our loss is his patients' gain. We are happy to welcome Dr. Anthony Battad to the department as an investigator.

Dr. Bullock Pries and Ms Arnason hosted an orientation session for new members of the Complaints and Investigation Committees. Once we have a full complement of Medical Consultants, we plan to increase the number of Committee meetings by having multiple slates who can meet more frequently.

REGISTRATION DEPARTMENT

- Associate Member Renewals completed as of 30 June 2023.
- Class of 2025 Physician Assistants registered (15)
- Class of 2027 Medical Students registered (125)
- New Residents registered for 1 July 2023
 - 52 International Medical Graduates
 - 48 Canadian Graduates
 - 77 Manitoba Graduates
- Regulated Member Renewals to start last week of September to 31 October 2023. Testing is currently underway.
- Website review and updates are in progress to reflect all Legislative changes.
- A major review and update of the Registration section of the website is in progress.
- National Registry of Physicians project is nearing the end of the first phase which was determining the information that can be provided to the registry and IT to determine the logistics of providing it.