Council Meeting

Wednesday, March 20, 2024 | 8:00 a.m. |

AGENDA - Revised

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		Dr. Shenouda	
0 min	8:05 am	3.	Call for Conflict of Interest		Dr. Shenouda	
5 min	8:05 am	4.	Consent Agenda i. Council Meeting Minutes Dec 13, 2023 & July 4, 2023 Special Meeting of Council ii. Council Policy Registration of Clinical and Physician Assistants and Physician Assistant Students iii. Affairs of the College Bylaw - Board of Assessor iv. Quality Prescribing Rules Review WG - Revised • Standard of Practice Prescribing Requirements • Practice Direction Electronic Transmission of Prescriptions-Revised	For Approval	Dr. Shenouda	3
20 min	8:10 am	5.	Standard of Practice Medical Assistance in Dying (MAiD)	For Approval	Dr. Ziomek	130
20 min	8:30 am	6.	Practice Direction Practice Supervision Requirements for Clinical and Physician Assistants and Physician Assistant Students	For Approval	Dr. Shenouda/ Mr. de Jong	173
20 min	8:50 am	7.	Registrar's Report on Deliverables	For Information	Dr. Ziomek	216
10 min	9:10 am	8.	CPSM Council Elections and Committee Membership	For Information	Dr. Shenouda	227
10 min	9:20 am	9.	Committee Report (written, questions taken) Executive Committee Finance, Audit & Risk Mgmt Committee Complaints Committee Investigations Committee Program Review Committee Central Standards Committee	For Information	Dr. Shenouda	233
20 min	9:30 am	10.	-- BREAK --			
70 min	9:50 am	11.	In Camera session			
	11:00 am	12.	Self-Evaluation of Governance Process Survey	Via Email		
			3 hrs - 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.

THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

COUNCIL MEETING – MARCH 20, 2024
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 on this consent agenda are for approval. See attached for details on each item.

i. Council Meeting Minutes – July 4, 2023 and December 13, 2023
ii. Council Policy Registration of Clinical and Physician Assistants and Physician Assistant Students
iii. Board of Assessors – Affairs of the College Bylaw
iv. Quality Prescribing Rules Review Working Group
    - Standard of Practice Prescribing Requirements
    - Practice Direction Electronic Transmission of Prescriptions

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON MARCH 20, 2024, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

All items on the consent agenda are approved as presented.

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

MINUTES OF COUNCIL

A meeting of the Council of The College of Physicians and Surgeons of Manitoba was held on December 13, 2023, at the CPSM Office with an option to join virtually via Zoom.

1. CALL TO ORDER

The meeting was called to order at 08:03 a.m. by the Chair of the meeting, Dr. Nader Shenouda.

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

MEMBERS:

STAFF:
Dr. Anna Ziomek, Registrar
Dr. Ainslie Mihalchuk, Assistant Registrar -Virtually
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-Ell St. Vincent, Director Registration
Mr. Jeremy de Jong, Legal Counsel
Ms Lynne Arnason
Dr. Sonja Bruin
Dr. Marilyn Singer

REGRETS:
Dr. Caroline Corbett, Winnipeg

2. ADOPTION OF AGENDA

IT WAS MOVED BY DR. ROGER SUSS, SECONDED BY MR. ALLAM FINEBLIT:
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

Dr. Shenouda, the President asked if any councillors wanted to discuss any of the consent agenda items and Mr. Chris Barnes ask that item ii. be discussed. After discussion it was determined that a change should be made to the document so the item was pulled from the consent agenda.

IT WAS MOVED BY DR. CHARLES PENNER, SECONDED BY MS LEANNE PENNY:
CARRIED

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

i. Council Meeting Minutes – September 27, 2023
ii. Removed from consent agenda
iii. Practice Direction Practice Supervision Requirements for Clinical and Physician Assistants and Physician Assistant Students
iv. Council Policy Specialist Register
v. Practice Direction Qualifications and Registration

5. QUALITY PRESCRIBING RULES REVIEW WORKING GROUP UPDATE

Dr. Shenouda provided an update and noted the working group reviewed the consultation feedback. There was discussion regarding the documents being brought forward for approval and the below motion was TABLED.

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

That the following motion be tabled.

Council approves:

i. The Standard of Practice Prescribing Requirements as presented to be effective March 1, ,2024.
ii. The Practice Direction Electronic Transmission of Prescriptions as presented to be effective March 1, 2024.

Council rescinds effective March 1, 2024:

- Standards of Practice – Prescribing Requirements
- Practice Directions – Dispensing Physicians
- Practice Directions – Facsimile Transmission of Prescriptions
- Practice Directions – Manitoba Prescribing Practices Program (M3P)
- Practice Directions – Prescribing Practices: Doctor/Pharmacist Relationship

6. STANDARD OF PRACTICE MEDICAL ASSISTANCE IN DYING (MAiD)

IT WAS MOVED BY DR. CHARLES PENNER, SECONDED BY MS LEANNE PENNY:
CARRIED

The revised Standard of Practice for Medical Assistance in Dying as attached is approved to be sent out for consultation.

7. IMG WORKING GROUP

Dr. Ziomek spoke on the plan to create a Working Group to support International Medical Graduates who begin practicing medicine in Manitoba.

The primary purpose of the IMG Working Group will be to assist in the development and establishment of a new orientation program. In this context, it will review current issues facing IMGs entering and maintaining practice in Manitoba.

8. BOARD OF ASSESSORS

IT WAS MOVED BY DR. CHARLES PENNER, SECONDED BY DR. ROGER SUSS:
CARRIED

Council approves the below proposed amendment to The Affairs of the College Bylaw be distributed to the public, stakeholders, and registrants for consultation.

BOARD OF ASSESSORS

The Board of Assessors is established in accordance with section 31 of the RHPA to consider and decide on applications for registration under section 32 or 33.

Terms of reference for the Board of Assessors are set out in the Governance Policy of Council, and include the Board's authority, purpose, composition, and the term of office for Board members. The Board of Assessors is required to operate within the terms of reference established from time to time by Council.

Members of the Board of Assessors shall be paid remuneration and travel expenses at such rates and in accordance with the Financial Management Policy of Council.

9. REGISTRAR DELIVERABLES

IT WAS MOVED BY MR. ALLAN FINEBLIT, SECONDED BY MS MARVELLE MCPHERSON:
CARRIED

That the Council adopt the proposed Registrar Deliverables for 2023/24.

10. PERFORMANCE METRICS REPORTING REGISTRATION DEPARTMENT

Ms. St. Vincent gave a presentation on the Registration Department Performance Metrics Reporting.

11. PRESCRIBING PRACTICES PROGRAM EXPANSION PRESENTATION

Dr. Reinecke and Dr. Mihalchuk gave a presentation on the work being done and the proposed expansion they would like to see for the Prescribing Practices Program at CPSM.

12. 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

13. REGISTRAR/CEO'S REPORT

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

14. IN CAMERA SESSION

An in-camera session was held, and the President advised that the following motions were put forward to Council.

IT WAS MOVED BY DR. NADER SHENOUDA, SECONDED BY MR. ALLAN FINEBLIT:
CARRIED

That Dr. Ainslie Mihalchuk be appointed as Deputy Registrar effective January 1st 2024 and for her to take over the Registrar position effective January 1st, 2025.

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

That Council approval of 0.6 EFT in Physician Health effective Spring of 2024 (to start hiring in January 2024) and 0.6 EFT in Prescribing Practices Program effective fall 2024 (to start hiring in the summer of 2024).

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

_____
Dr. N. Shenouda, President

_____
Dr. A. Ziomek, Registrar

The College of Physicians & Surgeons of Manitoba

1000 – 1661 Portage Avenue, Winnipeg Manitoba R3J 3

Tel: (204) 774-4344 Fax: (204) 774-0750

MINUTES OF COUNCIL

A special meeting of the Council of The College of Physicians and Surgeons of Manitoba was held on July 4, 2023, virtually via Zoom.

1. CALL TO ORDER

The meeting was called to order at 07:40 a.m. by the Chair of the meeting, Dr. Nader Shenouda.

COUNCILLORS:
- Ms. Dorothy Albrecht, Public Councillor
- Mr. Chris Barnes, Associate Member
- Dr. Kevin Convery, Morden
- Mr. Allan Fineblit, Public Councillor
- Ms. Marvelle McPherson, Public Councillor
- Dr. Peter Nickerson, Winnipeg
- Dr. Charles Penner, Brandon
- Dr. Nader Shenouda, Oakbank
- Dr. Heather Smith, Winnipeg
- Dr. Roger Süss, Winnipeg

REGRETS:
- Dr. Caroline Corbett, Winnipeg
- Ms. Lynette Magnus, Public Councillor
- Dr. Jacobi Elliott, Grandview
- Ms. Leslie Agger, Public Councillor
- Dr. Norman McLean, Winnipeg
- Dr. Lisa Monkman, Scanterbury
- Ms. Leanne Penny, Public Councillor

STAFF:
Dr. Anna Ziomek, Registrar
Dr. Karen Bullock Pries, Assistant Registrar
Mr. Mike Triggs, General Counsel
Ms. Karen Sorenson, Executive Assistant
Ms. Jo-Ell St. Vincent, Director Registration
Mr. Jeremy de Jong, Legal Counsel

2. ADOPTION OF AGENDA

IT WAS MOVED BY DR. CHARLES PENNER, SECONDED BY MR. CHRIS BARNES:
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. CPSM GENERAL REGULATION AMENDMENT

IT WAS MOVED BY DR. CHARLES PENNER, SECONDED BY MR. ALLAN FINEBLIT:
CARRIED with one abstention

That Council approves amending the College of Physicians and Surgeons of Manitoba General Regulations as presented and forward the proposed regulation amendments to the Lieutenant Governor in Council for consideration.

There being no further business, the meeting ended at 8:40 a.m.

_____

Dr. N. Shenouda, President

_____

Dr. A. Ziomek, Registrar

COUNCIL MEETING
MARCH 20, 2024
CONSENT AGENDA ITEM

SUBJECT: Council Policy - Registration of Clinical Assistants, Physician Assistants, and Physician Assistant Students

BACKGROUND:

A review of Council Policies, Registrar's Policies, and Registration Practice Directions is ongoing. As indicated at previous meetings of Council, the goal of this project is to revise and update these documents, and then compile and organize them into a single source to be referred to in future as CPSM's Compiled Registration Policies and Practice Directions. This will be an indexed and easy to navigate document that supports transparency and accessibility.

THE PROPOSED COUNCIL POLICY:

Registration requirements and processes for Clinical Assistants (ClAs), Physician Assistants (PAs), and PA Students are contained in the *CPSM General Regulation* as well as the *Practice Direction Registration and Qualifications*. Part of the current work involves determining whether certain requirements are best described as policies, or if they should be contained in a Practice Direction.

The Regulated Health Professions Act states that Practice Directions are in respect of the practice of the regulated health profession. It is therefore not appropriate to set registration requirements and processes in a Practice Direction. How individuals are registered is not in respect of how they practice.

Upon approving this motion, the registration processes for ClAs, PAs, and PA Students contained in the *Practice Direction Registration and Qualifications* will be removed. They will appear in a new Council Policy entitled *Registration of Clinical and Physician Assistants and Physician Assistant Students.* This policy also reproduces relevant portions of the *CPSM General Regulation* so that the reader does not need to look at multiple sources to understand our registration requirements.

Attached is a redline version of the amended Practice Direction Registration and Qualifications, and a copy of the proposed 'Council Policy - Registration of Clinical and Physician Assistants and Physician Assistant Students'.

For the most part, this action constitutes a reorganization of information and does not change eligibility requirements. Additional commentary is provided in the Council Policy for guidance. However, there is one significant change respecting the registration of PAs. It is proposed that

Council require that PAs pass a certification examination. The proposed Council Policy includes (at section 5.2) that:

> *In accordance with subsection 3.37(a) of the CPSM General Regulation, Council requires that the applicant must have passed one of the following examinations to be initially registered in the Physician Assistant (Full) Practicing Class:*
> *5.2.1.1. the Physician Assistant Entry to Practice Certification Examination ("PA Certification Examination"), or*
> *5.2.1.2. the examination set by the NCCPA.*

For reference, the Physician Assistant Certification Council of Canada ("PACCC") is a Council of the Canadian Association of Physician Assistants ("CAPA"). The Physician Assistant Entry to Practice Certification Examination (PA Certification Examination) is recognized by the PACCC. "CCPA" means Canadian Certified PA. The CPAP website includes, "*PACCC aims to reassure the public that there is a national standard of care from PA providers who successfully complete the PA Cert Exam.*" All currently registered PAs meet this requirement. Other Canadian MRAs that license PAs have this requirement.

The proposed Council Policy appeared on the agenda for Council's December 13, 2023, meeting, though was adjourned to this meeting to address several issues that were raised, including:

1. the completeness of the list of approved training programs for PAs,
2. PA Certification Examination and/or CCPA designation requirements for PAs, and
3. the desirability of further contextual information about the registration of PA Students and academic class PAs.

The attached copy of the Council Policy shows red-line edits indicating changes made since the December 13, 2023, meeting. In addition, newly drafted contextual information is also attached.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON MARCH 20, 2024, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

> The Council Policy - Registration of Clinical and Physician Assistants and Physician Assistant Students be approved as presented to be effective immediately.

AND FURTHER MOVE THAT:

> The Practice Direction Registration and Qualifications be amended to repeal sections 2.19 and 2.20, to be effective immediately.

COUNCIL POLICY

Registration of Clinical and Physician Assistants and Physician Assistant Students

Initial Approval: DATE

Effective Date: DATE

PREAMBLE:

Clinical Assistants (ClAs), Physician Assistants (PAs), and Physician Assistant Students (PA Students) may be registered as Regulated Associate Members in one of the following classes:[1]

- Educational (Physician Assistant Student),
- Educational (External or Visiting Student),
- Educational (Non-Practicing),
- Physician Assistant (Full),
- Physician Assistant (Restricted Purpose),
- Physician Assistant (Academic – S. 181 Faculty),
- Physician Assistant (Non-Practicing),
- Clinical Assistant (Full),
- Clinical Assistant (Non-Practicing),
- Retired (Physician Assistant), and
- Retired (Clinical Assistant).

ClA, PA, and PA Student applicants must satisfy the following registration requirements found in the *CPSM General Regulation*:[2]

- common requirements for all registrants of CPSM listed at s. 3.2,
- non-exemptible requirements for all Regulated Associate Members listed at s. 3.37, and
- specific provisions that apply to the class for which they are applying.[3, 4]

Specific provisions of the *CPSM General Regulation* that apply to ClA, PA and PA Student classes of registration are reproduced in this Policy for ease of reference. The purpose of this Policy is to set out additional registration requirements that have been approved by Council.

[1] See s. 2.4 of the *CPSM General Regulation*.

[2] The RHPA at s. 33 states, "*an application for registration as a regulated associate member must be considered and decided upon in accordance with the regulations.*"

[3] As an exception, an applicant for registration in the Physician Assistant (Academic — Section 181 Faculty) Class must provide satisfactory evidence that they meet the requirements at s. 181(1)(b) of the RHPA.

[4] See s. 3.2(1) of the *CPSM General Regulation* at point 9(b).

This Policy only relates to the issuance of certificates of registration. It does not deal with the requirements for certificates of practice listed at Part 4 of the *CPSM General Regulation*.[5] Certificates of practice and other practice requirements for ClAs, PAs, and PA Student are also addressed in the 'Practice and Supervision Requirements for ClAs, PAs, and PA Students' Practice Direction and at Part 8 of the *CPSM General Regulation*.

1. APPLICABLE PRACTICE LIMITATIONS

1.1. Although not registration requirements, it is important to note that the ability of ClAs and PAs to engage in their professional practice is limited by the following CPSM regulations:

1.1.1. Part 8 of the *CPSM General Regulation* concerning practice description and contract of supervision requirements for PAs and ClAs,[6]

1.1.2. Part 6 of the *CPSM General Regulation* concerning title restrictions, and

[5] Part 4 of the *CPSM General Regulation* establishes the requirements for issuing a certificate of practice. Of note, s. 4.1 states, "*A certificate of registration does not entitle a member to practise medicine. To do so, a member must also hold a certificate of practice. This Part adds to the requirements in the* [RHPA] *for a certificate of practice.*" Additional requirements for ClAs and PAs are set out at s. 4.5.

[6] See also the 'Practice and Supervision Requirements for ClAs, PAs, and PA Students' Practice Direction.

1.1.3. sections 4, 5 and 6 of the RHPA, section 6 of the *CPSM Practice of Medicine Regulation*, and Part 5 of the *CPSM General Regulation* respecting the performance and delegation of reserved acts.

1.2. PA Students do not require a practice description and contract of supervision. Their scope of practice is limited to practice under the supervision of the teaching staff in a particular department or departments of their educational program. Other conditions may be imposed, depending upon the circumstances. Sections 5.18, 5.19 and 5.20 of the *CPSM General Regulation* limit the performance of reserved acts by all students, including PA Students. Further information about the practice of PA Students is provided in the attached contextual information document.

2. EDUCATIONAL (PHYSICIAN ASSISTANT STUDENT) CLASS

2.1. Specific requirements for registration:

2.1.1. This class is established for the registration of PA Students. The specific requirements for the Educational (Physician Assistant Student) Class are set out at section 3.50 of the *CPSM General Regulation*:

> *3.50 An applicant for registration as an educational (physician assistant student) member must establish that he or she is confirmed by the Manitoba faculty to be enrolled as a physician assistant student.*

2.2. Terms and Conditions on registration:

2.2.1. Section 3.51 of the *CPSM General Regulation* states:

> *3.51 As a condition of registration, a member must continue to be enrolled as a physician assistant student in the Physician Assistant Education Program at the University of Manitoba.*

2.3. Cancellation of Registration:

2.3.1. Pursuant to section 3.93 of the *CPSM General Regulation*, a PA Student's registration is cancelled if they cease to be enrolled as a PA Student with the Physician Assistant Education Program, or if their registration in the Physician Assistant (Full) Class is approved by the Registrar, in which case they are converted to that class.

3. EDUCATIONAL (EXTERNAL OR VISITING STUDENT) CLASS

3.1. Specific requirements for registration:

3.1.1. The Educational (External or Visiting Student) Class is intended for students or graduates of approved faculties of medicine (i.e., medical students) or physician assistant training programs (i.e., PA Students) outside Manitoba who are also enrolled in the Manitoba faculty for a limited period. Given the special nature of registration as an external or visiting student, the applicant must meet all the following requirements instead of other usual disclosure requirements (i.e., the common requirements for all registrants are reduced for this class):

3.1.1.1. submit a signed application in the approved form,

3.1.1.2. submit the fees provided for in the by-laws,

3.1.1.3. establish that they are a graduate or a student of an approved physician assistant training program outside Manitoba,

3.1.1.4. establish that they are in good standing with the regulatory authority in the jurisdiction in which they are currently authorized to practise medicine, and

3.1.1.5. the specific requirements at section 3.57 of the *CPSM General Regulation*.

3.1.2. The specific requirements for registration in the Educational (External or Visiting Student) Class are set out at section 3.57 of the *CPSM General Regulation*:

> *3.57 An applicant for registration as an educational (external or visiting student) member must*
>
> *(a) establish that he or she is a graduate, or an undergraduate or post-graduate student in good standing, of either*
>
> *(i) a nationally approved faculty of medicine located outside Manitoba, or*
>
> *(ii) an approved physician assistant training program located outside Manitoba;*
>
> *(b) if applicable, establish that he or she is in good standing with the regulatory authority in the jurisdiction in which he or she is currently authorized to practise medicine; and*
>
> *(c) provide written confirmation from the dean of the Manitoba faculty (or the dean's designate) that*
>
> *(i) he or she has been accepted by the Manitoba faculty as an external or visiting student in a specified department,*
>
> *(ii) he or she is legally entitled to study in Manitoba,*
>
> *(iii) he or she meets the approved English language fluency criteria,*

(iv) a specified regulated member from the department in which the external or visiting student will be studying has been designated to supervise the student, and
(v) he or she has obtained a criminal record check from the jurisdiction in which the applicant is currently authorized to practise medicine, or is enrolled in the faculty or program, that is satisfactory to the Manitoba faculty.

3.2. Approved PA training programs located outside of Manitoba:

3.2.1. For the purposes of subsection 3.57(a)(ii) of the *CPSM General Regulation* (see directly above), Council has approved the following physician assistant training programs located outside of Manitoba:

3.2.1.1. the Canadian Armed Forces,
3.2.1.2. University of Toronto,
3.2.1.3. McMaster University,
3.2.1.4. a university-affiliated program in Canada satisfactory to the Board of Assessors, and
3.2.1.5. a physician assistant training program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) in the United States.

3.3. Terms and conditions on registration:

3.3.1. Section 3.58 of the *CPSM General Regulation* provides that "*A person may be registered as an educational (external or visiting student) member for a time period of not more than six consecutive months, which may be extended in accordance with sections 3.71 to 3.73.*"

3.3.1.1. The Registrar may extend registration for up to twelve (12) additional months. An extension can only occur if the student provides a written request from the dean of the Manitoba faculty, or the dean's designate, for an extension before the initial registration expires and sets out the reasons for the extension request. Written reasons must be given by the Registrar and the student has a right of appeal.

3.3.2. Section 3.59 of the *CPSM General Regulation* provides that "*As a condition of registration, an educational (external or visiting student) member must continue to be enrolled as an external or visiting student with the Manitoba faculty or the Physician Assistant Education Program at the University of Manitoba, as the case may be.*"

3.4. Cancellation of registration:

3.4.1. In accordance with section 3.93 of the *CPSM General Regulation*, an external or visiting PA Student's registration is cancelled if they cease to be enrolled with the Physician Assistant Education Program or the specified period for which the registration was issued expires.

4. EDUCATIONAL (NON-PRACTICING) CLASS

4.1. This class is for PA Students who are on leave of absence approved by the Manitoba faculty. Section 3.60 of the *CPSM General Regulation* provides:

> *An applicant for registration as an educational (non-practising) member must establish that*
>
> *(a) he or she was registered or was qualified to be registered as an educational member in good standing immediately before applying for educational (non-practising) membership; and*
>
> *(b) his or her leave of absence has been approved by the Manitoba faculty.*

5. PHYSICIAN ASSISTANT (FULL) CLASS

5.1. Specific requirements for registration:

5.1.1. The specific requirements for registration in the Physician Assistant (Full) Class are set out at section 3.61 of the *CPSM General Regulation*:

> *3.61 An applicant for registration as a physician assistant (full) member must*
>
> *(a) establish that he or she has satisfactorily completed an approved clinical training program; and*
>
> *(b) establish that he or she meets one of the following criteria:*
>
> *(i) he or she is a graduate of the Physician Assistant Education Program at the Manitoba faculty,*
>
> *(ii) he or she*
>
> *(A) is a graduate of a physician assistant training program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) in the United States,*
>
> *(B) has passed the examination set by the NCCPA, and*

(C) holds the designation "PA-C",[7] [or]
(iii) he or she is a graduate of another approved physician assistant training program.

5.2. Examinations required by Council:

5.2.1. ~~Council requires that practicing PAs hold the PA-C or CCPA designation.~~ In accordance with subsection 3.37(a) of the *CPSM General Regulation*, Council requires that the applicant must have passed one of the following examinations to be initially registered in the Physician Assistant (Full) Practicing Class:[8]

5.2.1.1. the Physician Assistant Entry to Practice Certification Examination ("PA Certification Examination")[9], or

5.2.1.2. the examination set by the NCCPA.

5.3. PA training programs approved by Council:

5.3.1. In addition to the PA training programs identified at ss. 3.61(b) of the *CPSM General Regulation* (see directly above), the following training programs have been approved by Council for the purposes of ss. 3.61(b)(iii):

5.3.1.1. the Canadian Armed Forces,

5.3.1.2. University of Toronto,

5.3.1.3. McMaster University, and

5.3.1.4. a university-affiliated program in Canada satisfactory to the Board of Assessors.

6. PHYSICIAN ASSISTANT (RESTRICTED PURPOSE) CLASS

6.1. Specific requirements for registration:

6.1.1. As with the restricted purpose class for Regulated Members, the Physician Assistant (Restricted Purpose) Class is for the purpose of enabling a PA to engage in practice in Manitoba for a restricted purpose approved by Council. Examples include a public emergency or military service.

[7] Per section 1.4 of the *CPSM General Regulation*, "PA-C" means the "Physician Assistant – Certified" designation granted by the NCCPA. "NCCPA" means the National Commission on Certification of Physician Assistants in the United States.

[8] Council does not expressly require PAs to hold the PA-C or CCPA designation to maintain registration. However, it is recognized this may be needed to meet CPSM's continuing competency requirements under Part 10 of the *CPSM General Regulation*.

[9] The Physician Assistant Certification Council of Canada ("PACCC") is a Council of the Canadian Association of Physician Assistants ("CAPA"). The Physician Assistant Entry to Practice Certification Examination (PA Certification Examination) is recognized by the PACCC. "CCPA" means Canadian Certified PA.

6.1.2. The specific requirements for registration in the Physician Assistant (Restricted Purpose) Class are set out at section 3.62 of the *CPSM General Regulation*:

> *3.62 An applicant for registration as a physician assistant (restricted purpose) member must*
>
> *(a) establish that he or she is authorized to practise medicine as a physician assistant in another jurisdiction in Canada or elsewhere and is in good standing in that jurisdiction;*
>
> *(b) submit to the registrar a signed declaration that he or she will engage in the practice of medicine only for one or more of the following purposes:*
>
> *(i) to provide medical services on a temporary basis at a specified location or facility,*
>
> *(ii) to conduct a training course or clinical presentation related to his or her professional practice,*
>
> *(iii) to conduct or engage in a research program related to his or her professional practice,*
>
> *(iv) to demonstrate equipment or techniques to be used in clinical care related to his or her professional practice,*
>
> *(v) to provide medical services during a public health emergency as authorized under subsection 56(1) of the Act,*
>
> *(vi) for any other approved purpose; and*
>
> *(c) establish that he or she has met any other approved requirements for physician assistant (restricted purpose) membership.*

6.2. Terms and conditions on registration:

6.2.1. Section 3.63 of the *CPSM General Regulation* provides:

> *3.63 A person may be registered as a physician assistant (restricted purpose) member for a time period, geographical area or practice setting specified by the registrar.*

6.3. Cancellation of registration:

6.3.1. Cancellation will occur on the earliest of:

6.3.1.1. expiry of the specified period of registration,

6.3.1.2. receipt by CPSM of written notice that the purpose or purposes for which the registration was granted have been fulfilled, or

6.3.1.3. the registrant ceasing to be registered and in good standing as a PA in another jurisdiction in Canada or elsewhere.

7. PHYSICIAN ASSISTANT (ACADEMIC – S. 181 FACULTY) CLASS

7.1. Specific requirements for registration:

7.1.1. Section 181 of the RHPA requires CPSM register PAs in the Physician Assistant (Academic – S. 181 Faculty) Class based on a certificate from the Manitoba Faculty when the requirements of that section are met.[10] Section 181 states:

> *181(1) The registrar must approve an application for registration*
>
> *...*
>
> *(b) as a regulated associate member, if the applicant*
>
> *(i) is granted a certificate by the university in accordance with subsection (2), and*
>
> *(ii) meets the requirements set out in the regulations.*
>
> *181(2) The university may grant a certificate under the academic seal of the university to an applicant who meets both of the following requirements:*
>
> *(a) the applicant is a full-time member of the Faculty of Medicine;*
>
> *(b) the applicant provides evidence to the university's satisfaction that he or she has passed any examinations required by the university and has met any other requirements of the university.*
>
> *181(3) A registration may be subject to any conditions that the registrar considers advisable.*

~~7.1.1.~~7.1.2. Section 3.64 of the *CPSM General Regulation* lists other specific requirements for registration in the Physician Assistant (Academic – S. 181 Faculty) Class:

> *3.64 An applicant for registration as a physician assistant (academic — s. 181 faculty) member must*
>
> *(a) submit to the registrar a written request to approve the applicant's registration from the dean of the Manitoba faculty (or the dean's designate) that contains the following:*
>
> *(i) a confirmation that the applicant is or will be legally entitled to work or study in Manitoba before engaging in his or her professional practice,*
>
> *(ii) a confirmation that the applicant meets the approved English language fluency criteria,*

[10] When registration occurs under this section, the usual common requirements, and non-exemptible requirements under *the CPSM General Regulation* are abrogated.

(iii) a description of the applicant's most recent professional practice and proposed professional practice; and

(b) establish that he or she has been granted a section 181 certificate.

7.2. Terms and conditions:

7.2.1. Section 3.65 of the *CPSM General Regulation* provides:

3.65(1) A person may be registered as a physician assistant (academic — s. 181 faculty) member for as long as he or she holds a section 181 certificate.

3.65(2) As a condition of registration, a physician assistant (academic — s. 181 faculty) member must continue to hold a section 181 certificate.

7.3. Cancellation

7.3.1. The Physician Assistant (academic – s. 181 faculty) Class registrant's membership is cancelled if the member's s. 181 certificate is revoked or lapses.

8. PHYSICIAN ASSISTANT (NON-PRACTICING) CLASS

8.1. The Physician Assistant (Non-Practising) Class is intended for those registrants who take a leave of absence from practice in Manitoba but intend to return to practice in Manitoba. This may occur when a Contract of Supervision is terminated. This class may also be used for those who no longer practice in Manitoba but whose registration has not been cancelled or surrendered. PAs without an approved Contract of Supervision may be placed in this class at the time of initial registration pending authorization of a contract.

8.2. This non-practicing class of registration is to be distinguished from the Retired (Physician Assistant) Class, which is intended for those registrants who have retired from practice. Public registry requirements are lessened in respect to those in the retired class, which is the main difference between the two classes.

8.3. To convert to the Physician Assistant (Non-Practising) Class, the registrant must meet the specific requirements set out at subsection 3.66(1) of the *CPSM General Regulation*:

3.66(1) An applicant for registration as a physician assistant (non-practising) member must establish that he or she was registered or was qualified to be registered as a physician assistant (full) member in good

standing immediately before applying for physician assistant (non-practising) membership.

8.4. Council has extended subsection 3.66(1) to include those registered in the Physician Assistant (Academic – S. 181 Faculty) Class.

8.5. As an exception to the usual requirement for an application to convert between classes of registration, section 3.79 of the *CPSM General Regulation provides*:

> *3.79 If a member fails to renew or voluntarily surrenders his or her certificate of practice, the registrar may change the member's registration to the applicable non-practising class.*

8.6. Conversion to the Physician Assistant (Non-Practising) Class will be the usual default for registrants who no longer hold a valid certificate of practice (e.g., if it was not renewed or their Contract of Supervision is terminated), have not expressly indicated an intention to retire, and have not otherwise had their registration cancelled.

9. RETIRED (PHYSICIAN ASSISTANT) CLASS

9.1. Section 3.69 of the *CPSM General Regulation* provides:

> *3.69 An applicant for registration as a retired (physician assistant) member must establish that he or she was registered in good standing in one of the following classes immediately before applying for retired membership:*
> *(a) physician assistant (full);*
> *(b) physician assistant (academic — s. 181 faculty);*
> *(c) physician assistant (non-practising).*

10. CLINICAL ASSISTANT (FULL) CLASS

10.1. Specific requirements for registration:

10.1.1. The specific requirements for registration in the Clinical Assistant (Full) Class are set out at section 3.67 of the *CPSM General Regulation*:

> *3.67 An applicant for registration as a clinical assistant (full) member must*
> *(a) complete an approved assessment; and*
> *(b) establish that he or she meets one of the following criteria:*
> *(i) he or she holds*

(A) a degree in medicine granted from a nationally approved faculty of medicine, or
(B) a Doctor of Osteopathic Medicine degree from a school in the United States accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation,
(ii) he or she is a graduate of an approved and accredited physician assistant or clinical assistant training program that is restricted to a field of practice,
(iii) he or she is a member in good standing of a regulated health profession in Manitoba, [or]
(iv) he or she is certified in the highest level of emergency medical attendant certification at the time of application.

10.2. Approved Assessments for ClAs:

10.2.1. ClA assessments approved by Council for the purposes of ss. 3.67(a) of the *CPSM General Regulation* are as follows:

10.2.1.1. For ClAs with no field of practice restriction on their registration:

i. Registered Clinical Assistant assessment offered by the Manitoba faculty.
ii. National Assessment Collaborative OSCE (NAC-OSCE).
iii. Hold the LMCC.

10.2.1.2. For ClAs with registration restricted to practice in a specific field of practice:

i. 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.

11. CLINICAL ASSISTANT (NON-PRACTICING) CLASS

11.1. The Clinical Assistant (Non-Practising) Class is intended for those registrants who take a leave of absence from practice in Manitoba but intend to return to practice in Manitoba. This may occur when a Contract of Supervision is terminated. This class may also be used for those who no longer practice in Manitoba but whose registration has not been cancelled or surrendered. ClAs without an approved Contract of Supervision may be placed in this class at the time of initial registration pending authorization of a contract.

11.2. This non-practicing class of registration is to be distinguished from the Retired (Clinical Assistant) Class, which is intended for those registrants who have retired from practice. Of note, public registry requirements are lessened in respect to those in the retired class.

11.3. To convert to the Clinical Assistant (Non-Practising) Class, the registrant must meet the specific requirements set out at subsection 3.68(1) of the *CPSM General Regulation*:

> *3.68(1) An applicant for registration as a clinical assistant (non-practising) member must establish that he or she was registered or was qualified to be registered as a clinical assistant (full) member in good standing immediately before applying for clinical assistant (non-practising) membership.*

11.4. As an exception to the usual requirement for an application to convert between classes of registration, section 3.79 of the *CPSM General Regulation provides*:

> *3.79 If a member fails to renew or voluntarily surrenders his or her certificate of practice, the registrar may change the member's registration to the applicable non-practising class.*

11.5. Conversion to the Clinical Assistant (Non-Practising) Class will be the usual default for registrants who no longer hold a valid certificate of practice (e.g., if it was not renewed or their contract of supervision is terminated), have not expressly indicated an intention to retire, and have not otherwise had their registration cancelled.

12. RETIRED (CLINICAL ASSISTANT) CLASS

12.1. Section 3.70 of the *CPSM General Regulation* provides:

> *3.70 An applicant for registration as a retired (clinical assistant) member must establish that he or she was registered in good standing in one of the following classes immediately before applying for retired membership:*
> *(a) clinical assistant (full);*
> *(b) clinical assistant (non-practising).*

Contextual Information and Resources

Council Policy
Registration of Clinical and Physician Assistants and Physician Assistant Students

The Contextual Information and Resources are provided to support registrants in implementing this Council Policy. The Contextual Information and Resources do not define this Council Policy, nor should it be interpreted as legal advice. The Contextual Information and Resources are dynamic and may be edited or updated for clarity, new developments, or new resources at any time.

Paragraph 1.2. of the Council Policy notes that PA Students do not require a practice description and contract of supervision. Instead, their scope of practice is limited to practice under the supervision of the teaching staff within their educational program. Supervision includes supervising the performance of reserved acts.

Sections 5.18, 5.19 and 5.20 of the *CPSM General Regulation* limit the performance of reserved acts by all students, including PA Students. Section 5.18 provides:

> *5.18(1) A regulated associate member in an educational class may perform a reserved act only if the member is supervised by a regulated member who is legally permitted and competent to perform the reserved act.*
>
> *5.18(2) A supervisor referred to in subsection (1) must be physically present and available to assist during the performance of the reserved act.*
>
> *5.18(3) Despite subsection (2), the supervisor does not need to be physically present if he or she determines that the member does not require that level of supervision. But the supervisor must be available for consultation while the member performs the reserved act.*

For reference:

- PA Students are defined as regulated associate registrants in an educational class.
- Regulated registrants include fully and provisionally registered physicians.

Notwithstanding section 5.18, sections 5.19 and 5.20 provide that PA Students may be supervised in performing reserved acts by a licensed PA who is themselves legally permitted and competent to person the reserved act:

> *5.19 Despite subsection 5.18(1), an educational (physician assistant student) member may perform a reserved act if the member is supervised by a physician*

assistant (full), (restricted purpose) or (academic — s. 181 faculty) member who is legally permitted and competent to perform the reserved act in accordance with section 5.20.

5.20(1) A physician assistant or clinical assistant may perform a reserved act only if the assistant

(a) receives authorization from his or her supervisor to perform the reserved act; and

(b) is supervised by a regulated member who is legally permitted and competent to perform the reserved act.

5.20(2) The following definitions apply in this section.

"clinical assistant" means a clinical assistant (full).

"physician assistant" means

(a) a physician assistant (full);

(b) a physician assistant (restricted purpose); or

(c) a physician assistant (academic — s. 181 faculty).

5.20(3) As an aid to the reader, see Part 8 for other provisions relating to physician assistants and clinical assistants.

The Practice Description of a PA who supervises the performance of reserved acts by PA Students should contain related details.

THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

COUNCIL MEETING
MARCH 20, 2024
CONSENT AGENDA ITEM

SUBJECT: Board of Assessors

RECOMMENDATION:

That Council approve an amendment to the Affairs of CPSM Bylaw to establish a Board of Assessors to consider and decide applications for registration and an amendment to the Governance Policy to establish terms of reference for the Board of Assessors.

BACKGROUND:

The Regulated Health Profession Act (RPHA) requires Council direct the Registrar to consider and decide applications for registration or establish a Board of Assessors to do so.

Currently, the Registrar is solely responsible for considering and deciding applications for registration. Decisions are made in accordance with the RHPA and the *CPSM General Regulation*. In most cases, approvals and rejections are performed by staff in the Registration Department as a function delegated by the Registrar. Applications involving complex issues are considered directly by the Registrar, for example if there are significant entries on the applicant's Certificate of Professional Conduct.

The volume and complexity of applications for registration are increasing. As well, more is expected by government and the public with respect to registration issues, particularly ensuring a fair, efficient, and supportive process. Significant benefits of having a Board of Assessors include:

- It will contribute to CPSM's capabilities and the maintenance of expertise and consistency in registration decision-making over-time.
- Public members will serve on the Board. Having public representation supports CPSM in meeting its public interest mandate.
- The Board will provide an additional stream for deciding registration applications which will assist the Registrar in ensuring timely processing of complex applications.
- The Board will also be responsible for advising and making recommendations to Council about CPSM's registration requirements, policies, and procedures on an ongoing basis.

PUBLIC CONSULTATION:

At its December 13, 2023, meeting, Council directed that a draft of the proposed Bylaw amendment be sent for public consultation. That consultation has been completed and is detailed in the attached Feedback from Consultation document.

Amendments to the Governance Policy do not require public consultation.

TERMS OF REFERENCE:

It is recommended that the Governance Policy be amended to include the following terms of reference for the Board of Assessors (strike-through and underlining added based on consultation):

4.17. Board of Assessors Terms of Reference

4.17.1 Authority

4.17.7.a The Board of Assessors is established in accordance with section 31 of the RHPA to consider and decide on applications for registration under section 32 or 33.

4.17.2 Purpose

4.17.2.a The functions and duties of the Board of Assessors include:

4.17.2.b Upon referral by the Registrar, sitting as the full Board of Assessor or as a panel of the Board, to consider and decide on applications for registration under section 32 or 33 of the RHPA.

4.17.2.c Upon approving an application for registration, placing conditions on the applicant's registration in accordance with subsection 32(2) of the RHPA.

4.17.2.d To advise and make recommendations to Council about CPSM's registration requirements, policies, and procedures on an ongoing basis.

4.17.2.e To advise and make to the Executive Committee respecting approved registration forms.

4.17.3 Procedure and Code of Conduct

4.17.3.a Members of the Board of Assessors must comply with the Council and Committee Code of Conduct. With necessary modifications, Council and Committee Policies apply to the Board of Assessors as if it were a committee of Council.

4.17.3.b Meetings of the Board of Assessors are closed to the public.

4.17.4 Appointment to the Board of Assessors and composition

4.17.4.a Council must appoint the members of the Board of Assessors and its Chair. The Chair must be a member of Council. The Board of Assessors must have at least five (5) members, two (2) of whom must be public representatives. In all cases, two-fifths of the members of the Board of Assessors must be public representatives.

4.17.4.b A member of the Executive Committee cannot be appointed as a member of the Board of Assessors.

4.17.5 Term of office:

4.17.5.a The term of office of all members of the Board of Assessors is one year. Members are eligible for reappointment.

4.17.6 Duties of the Chair

4.17.6.a The chair of the Board of Assessors must:

4.17.6.a.i preside over all meetings of the Board,

4.17.6.a.ii report to the Council about the Board's activities, either directly or by delegation as required from time to time,

4.17.6.a.iii submit a written annual report of the Board's activities to the Council, and

4.17.6.a.iv carry out other duties as the Council may direct.

4.17.7 Quorum for Council Committees

4.17.7.a The quorum for the Board of Assessors is:

4.17.7.a.i a majority of the voting members of the Board, at least two-fifths of whom must be public representatives, and

4.17.7.a.ii when sitting as a panel of the Board, five members, at least two of whom are to be public representatives and one must be the Chair of the Board of Assessors. The Chair will only vote when there is a tie.

4.17.8 Procedural Matters Respecting the Board of Assessors

4.17.8.a Subject to statutory requirements, the Board of Assessors must adhere to the procedural requirements of the RHPA and those established in the bylaws, as well as to this policy and other applicable registration policies or standards established by Council or the Registrar.

4.17.8.b The Board of Assessors may meet and conduct business in person, or by video, telephone conference, web casting, or an equivalent mechanism.

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

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

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON MARCH 20, 2024, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

1. Council approves amending The Affairs of the College Bylaw to include:

   BOARD OF ASSESSORS

   The Board of Assessors is established in accordance with section 31 of the RHPA to consider and decide on applications for registration under section 32 or 33 upon referral by the Registrar.

   Terms of reference for the Board of Assessors are set out in the Governance Policy of Council, and include the Board's authority, purpose, composition, and the term of office for Board members. The Board of Assessors is required to operate within the terms of reference established from time to time by Council.

   Members of the Board of Assessors shall be paid remuneration and travel expenses at such rates and in accordance with the Financial Management Policy of Council.

2. Council approves amending the Governance Policy to include the terms of reference for the Board of Assessors as set out above in this document.

CPSM
Affairs of the College Bylaw
FEEDBACK FROM CONSULTATION THEMES

Consultation Results:

5 Responses in total
2 from Registrants
2 from Stakeholders/Organizations
1 from member of the Public

THEMES

1. Board of Assessors Governance Issues

Questions were raised about some specific Board governance issues. In response:

- The title 'Board of Assessors' is used in the RHPA, and that is why it was chosen.
- The Registrar, in consultation with the Director of the Registration Department, determines whether an application is complex warranting referral to the Board of Assessors. This will occur, for example, if the applicant has significant items in their professional conduct history.
- The Registrar or their delegate will continue to determine routine applications. The recommended wording provided in response to the public consultation may be accepted to make this clearer, if Council so desires:

  The Board of Assessors is established in accordance with Section 31 of the RHPA to consider and decide on those applications for registration under section 32 or 33 referred by the Registrar. [Emphasis added]

- It was suggested that the appointment term be extended from 1-year to a longer period to support Board expertise. This is decided at the time of re-appointments, so this change is not needed.
- The terms of reference could be modified to allow the Board of Assessors to add conditions on the practice of a registrant whose registration is otherwise approved. It currently leaves this to the Registrar to decide. This change would be advisable.

2. Procedure and code of conduct

With respect to issues raised about procedure:

- The Board of Assessors will conduct a review of documentation in determining applications.
- The Board may resolve that it requires further information, in which case it would write to the source of that information. This may be the applicant, or another third-party.
- The RHPA established a right of appeal from decisions of the Board of Assessors. Applicants are provided information about the right of appeal in CPSM's standard correspondence.

Comment
the four-person Board of Assessors appears to be a solid proposal to facilitate registration. In the area of transparency, should there be a form of cumulative reporting perhaps annually that summarizes number of applicants, proportion approved, summary of reasons for not being approved? There are comments in the public and media about internationally trained physicians who are not being allowed to practice in Canada and it does not seem that there is a clear understanding of why this is the case (especially in the setting of the shortage of accessible physicians).
A great idea. Just some thoughts for your consideration. Am very supportive of this idea. (see attached word doc for additional comments and suggestions)
Comment
CPhM is supportive of the initiative to establish a Board of Assessors. CPhM's existing Board of Examiners (Board) significantly enhances the fairness of our registration and licensing processes, offering invaluable insights and expertise. The diverse expertise and perspectives of Board members are instrumental in fostering a more systematic, policy-driven approach across all facets of licensing and registration. They help to ensure that the College's licensing and registration processes reflect a commitment to fairness and equity, especially in cases where prospective registrants have been met with extenuating circumstances. Ultimately, a Board of Assessors helps to balance the College's mandate of public protection, while also demonstrating its commitment to impartiality and equitable treatment of all prospective registrants.
(see attached PDF for feedback)
Comment
I agree with creating a Board of assessors

CPSM is considering establishing a Board of Assessors whose role will be to assist in the process of making decisions about applications for registration.

Currently, the Registrar is responsible for considering and deciding on registration applications, which are generally administered through the Registration Department.

Applications involving more complex issues are directly reviewed and considered by the Registrar. For example, when an applicant raises significant concerns on their Certificate of Professional Conduct.

Commented [BK1]: As determined by the Registration Department?

The Board of Assessors will establish an alternative means for complex applications to be considered. However, before the Board of Assessors can be created, The Affairs of the College Bylaw must establish the process for creating a Board of Assessors. Therefore, establishing a Board of Assessors requires an amendment to The Affairs of the College Bylaw.

Commented [BK2]: Assessment is an interesting choice for a title. Would a title like "Registration Review Board" or Board of Registration Review" be more specfic?

Amending a bylaw requires a public consultation.

The public consultation runs from January 10 – February 11, 2024.

Rationale

Registration applications require a fair, efficient, and supportive process. The volume and complexity of registration applications are increasing. Public and government expectations regarding registering physicians to address physician shortages are also growing.

Commented [BK3]: Supportive to whom? An assessment measures the degree to which a performance or an ability of interest meets a designated standard. It needs to be valid and reliable (i.e., consistent). I would argue the rationale should be a "fair, valid, reliable, and efficient process that functions in a way that recognizes applicant anxiety may be present.

The benefits of establishing a Board of Assessors includes:

- **Ensuring transparency**: Public members will serve on the Board supporting CPSM in meeting our mandate to act in the public's interest.
- **Timely processing of complex applications**: The ~~board~~ Board of Assessors will provide an additional ~~stream~~ route for deciding registration applications to assist the Registrar.
- **Advisory Responsibilities**: The board will also be responsible for advising and making recommendations to the Council about registration requirements, policies, and procedures on an ongoing basis.

Commented [BK4]: Is "judging the outcome of" a better phrase?

The Amendment

The following is the proposed amendment to be added to the Bylaw:

BOARD OF ASSESSORS

The Board of Assessors is established in accordance with section 31 of the RHPA to consider and decide on applications for registration under section 32 or 33.

Terms of reference for the Board of Assessors are set out in the Governance Policy of Council, and include the Board's authority, purpose, composition, and the term of office for Board members. The Board of Assessors is required to operate within the terms of reference established from time to time by Council.

Members of the Board of Assessors shall be paid remuneration and travel expenses at such rates and in accordance with the Financial Management Policy of Council.

Commented [BK5]: Unclear to me if the Board fo Assesors is to be responsible for ALL registration applications or just complex ones referred to it (see rationale above). Who makes a referral to the Board if it just the complex ones. Who decides what is complex? is it the Registrar or the Registration Department? Does the Registrar still get to make these decisions (implied in the rationale phrase "assist the Registrar"

Contextual Information

The following are the proposed Terms of Reference for the Board of Assessors. We do not require feedback for these Terms of Reference, but they are being shared to provide context into how the Board of Assessors will operate:

TERMS OF REFERENCE:

Procedure and Code of Conduct:
Members of the Board of Assessors must comply with the Council and Committee Code of Conduct. With necessary modifications, Council and Committee Policies apply to the Board of Assessors as if it were a committee of Council.
Meetings of the Board of Assessors are closed to the public.

Appointment to the Board of Assessors and composition:
Council must appoint the members of the Board of Assessors and its Chair. The Chair must be a member of Council. The Board of Assessors must have at least four (4) members, half of whom must be public representatives.

A member of the Executive Committee cannot be appointed as a member of the Board of Assessors.

Term of office:
The term of office of all members of the Board of Assessors is one year. Members are eligible for reappointment.

Commented [BK6]: Is the building of expertise of committee members only through re-appointment? Should there be staggered terms?

Duties of the Chair:
The chair of the Board of Assessors must:

- *preside over all meetings of the Board,*
- *report to the Council about the Board's activities, either directly or by delegation as required for time to time,*
- *submit a written annual report of the Board's activities to the Council, and*
- *carry out other duties as the Council may direct.*

Quorum for Council Committees:

The quorum for the Board of Assessors is:

- *a majority of the voting members of the Board, at least half of whom must be public representatives, and;*
- *when sitting as a panel of the Board, four members, at least two of whom are to be public representatives.*

Procedural Matters Respecting the Board of Assessors

Subject to statutory requirements, the Board of Assessors must adhere to the procedural requirements of the RHPA and those established in the bylaws, as well as to this policy and other applicable registration policies established by Council or the Registrar.

The Board of Assessors may meet and conduct business in person, or by video, telephone conference, web casting, or an equivalent mechanism.

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

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

Authority
The Board of Assessors is established in accordance with section 31 of the RHPA to consider and decide on applications for registration under section 32 or 33.

Purpose
The functions and duties of the Board of Assessors include:

- *Upon referral by the Registrar, sitting as the full Board of Assessor or as a panel of the Board, to consider and decide on applications for registration under section 32 or 33 of the RHPA.*
- *Upon approving an application for registration, to make recommendations to the Registrar respecting conditions on a certificate of practice in accordance with subsection 40(2) or 41(2) of the RHPA.*
- *To advise and make recommendations to Council about CPSM's registration requirements, policies, and procedures on an ongoing basis.*
- *To advise and make to the Executive Committee respecting approved registration forms.*

Commented [BK7]: Answers one of my questions above

Commented [BK8]: What if the Registrar disagrees with the recommendation?

Comments

A really good idea that I support. Is is worth indicating that the Board of Assessors can only judge those applying for registration according to the requirements set out either in legislation or in council direction. The Board of Assessors does not and cannot create such policy (thus the need to advise and make recommendations to Council).

Doctors Manitoba
20 Desjardins Drive
Winnipeg, Manitoba
R3X 0E8 Canada

T: 204 985-5888
T: 1 888 322-4242 (toll free)
F: 204 985-5844

Via Email

February 9, 2024

Dr. Anna Ziomek, Registrar
The College of Physicians & Surgeons of Manitoba
1000 – 1661 Portage Ave
Winnipeg, MB R3J 3T7
CPSMconsultation@cpsm.mb.ca

Dear Dr. Ziomek,

Re: CPSM Submission – Board of Assessors

Thank you for providing Doctors Manitoba with the opportunity to provide comments on the proposed amendments to the Affairs of the College Bylaw (the "Bylaw").

CPSM intends to establish a Board of Assessors (the "Board"). One of its key tasks will be considering applications for registration. At present, the Registrar is responsible for deciding all registration applications, with the assistance of the Registration Department. We appreciate that complex applications are directly reviewed and determined by the Registrar, and this a significant draw on the Registrar's time.

Doctors Manitoba agrees in principle with amending the Bylaw to establish the Board. Further, subject to our comments below, Doctors Manitoba supports the involvement of public representatives on the Board.

Our questions and comments are intended to be constructive, to ensure that the Board is empowered to carry out its mandate in a way which is beneficial to the mission of the CPSM, but is also timely, fair and transparent for prospective registrants.

Doctors Manitoba does not intervene often in applications for registration. New applicants from outside of Manitoba are unlikely to call upon Doctors Manitoba for assistance. Most of our work in this area is with applicants who already have some relationship (as medical students or residents) with the CPSM. When Doctors Manitoba assists applicants, our advice is generally limited to advising applicants on gathering evidence and coming up with a plan to satisfy any concerns raised by the CPSM. We do note that as we expand our physician health and wellness services, we may be approached by applicants more often.

Doctors Manitoba acknowledges the grave and weighty role of the CPSM as the regulator tasked with determining who is entitled to practice medicine in Manitoba.

1. Mandate of the Board

We are unclear from the consultation document whether all applications for registration will be considered by the Board, or only those cases referred to the Board by the Registrar. The Amendment (and the draft Terms of Reference) are ambiguous: while the Board is established "to consider and decide upon applications for registration", the draft Terms of Reference suggests this

will only be “upon referral” of the Registrar. The rationale in the consultation document describes the Board as an “additional stream” for deciding applications.

We expect the great majority of applications for registration are straightforward – particularly where the applicant has completed residency in a recognized Canadian program, and there are no issues respecting the applicant’s suitability to practice. It is reasonable that the Registrar (supported by the Registration Department) would continue to approve these applications without the involvement of the Board. If this is the intention, we believe the amendment to the Bylaw should make this clear. Possible wording could be:

> The Board of Assessors is established in accordance with Section 31 of the RHPA to consider and decide on *those* applications for registration under section 32 or 33 *referred by the Registrar*.

If it is intended that every application is to be considered by the Board, there are issues of resources and timeliness which must be assessed and resolved. Pulling together the Board, or even a panel, will require staff time and the coordination of schedules. Any perception that there are delays in approving applications will not be helpful to efforts to recruit physicians to Manitoba.

2. Terms of Reference

The consultation states that the CPSM does “not require feedback” for the Terms of Reference. However, these Terms of Reference will establish the procedures, size and quorum, duties, authority, and purpose of the Board. Decisions made respecting the Terms of Reference are keenly important to prospective applicants.

Doctors Manitoba believes that it is important for the CPSM to proceed in an open and transparent manner. Providing the draft Terms of Reference in the consultation document is extremely useful. However, we are concerned that CPSM may determine the final Terms of Reference and have them approved by Council without further input from interested parties. The draft Terms of Reference raise several questions and concerns.

Accordingly, Doctors Manitoba *will* provide its feedback on the Terms of Reference, with the goal of ensuring the Board is established in a way which will provide an effective and fair process in the consideration of registration applications. We will use the same headings set out in the consultation document.

Procedure and Code of Conduct

We agree with meetings of the Board being closed to the public. The consideration of an applicant’s educational and practice history, potentially including their personal health information, is not appropriate for a public hearing.

Is it intended that applicants will be entitled to attend meetings, or will the Board of Assessor simply consider the documentation? Can the Board ask an applicant to attend if they have questions about the application? If so, can applicants have a lawyer or a supporter attend with them?

What if an applicant disagrees with the decision of the Board – is there an appeal to the Registrar? Is there an appeal to Council? A timely and robust appeal process would reduce the likelihood of an unhappy applicant seeking judicial review.

Will the recommendation on conditions on a certificate of practice be provided to the applicant? Will reasons be given? Will the Registrar have complete discretion to adopt or reject these recommendations, or will there be some limitation on their ability to do so? Will the Registrar provide reasons to the applicant?

Appointment to the Board and composition

We note the draft Terms of Reference empowers Council to appoint the members of the Board, including the Chair. While the Chair must be a member of Council, we presume that all other members need not be.

It is the position of Doctors Manitoba that the Chair must not only be a member of Council, but should be a registrant as well. The involvement of public representatives on the Board will provide useful perspectives and will increase community confidence. However, as a self-governing profession it is appropriate that the Chair of such an important committee be a registrant.

Doctors Manitoba also submits that any panels of the Board struck to consider applications should have a registrant serve as Chair of the panel.

A Board or a panel of four (or any even number) could lead to uncertainty. While it is hoped that any panel (or the full Board) will endeavour to reach decisions by consensus, that may not always be possible. It would be an unhappy result if a panel of four splits on its decision. What happens then? Is the application denied?

This uncertainty can be avoided by requiring the Board and any panel to be comprised of an odd number of members, with a registrant Chair and an equal number of the other members being registrants and public representatives. The Chair would cast a deciding vote only if there was no majority reached by the panel.

Quorum for Council Committees

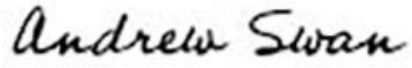
It appears that the intention is to define quorum as a majority of the voting members of the Board for any proceedings not referred to a panel (we assume panels will be limited to hearing applications).

The requirement that “at least half of whom must be public representatives” is ambiguous. If the appointment process set out above is established, it should be up to the appointed public representatives to attend. It would be unfair and a waste of registrants’ time if they attend a meeting only to be advised it cannot proceed because at least half of the attendees are not public representatives.

We do not believe that is what is intended by CPSM, and this can be clarified easily.

Doctors Manitoba appreciates the CPSM's efforts to make the application process more effective, certain, and timely. We wish to continue to work together with the CPSM to smooth the pathways for qualified and appropriate applicants to practice in Manitoba. We further recognize the considerable efforts of the CPSM to enhance its support for physicians through the Physician Health Program, and to impose reasonable conditions on practice where it is desirable for the wellbeing of patients.

Yours truly,



ANDREW SWAN
General Counsel

AS/cb

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

The Affairs of the College Bylaw

The College of Physicians and Surgeons of Manitoba

(Enacted by the Councillors of the College of Physicians and Surgeons of Manitoba on November 22, 2018 repealing Bylaws 1, 2, 3, 3D, 4, 5, 6, 7, 8, 9, 10 and 11 under *The Medical Act*)

Effective Date January 1, 2019

Table of Contents

PART A – DEFINITIONS

Definitions

1. Terms that are defined in *The Regulated Health Professions Act* ("RHPA") or the regulations have the same meaning in all parts of this Bylaw, unless specifically defined in this Bylaw.

2. The following definitions apply in this Bylaw:

"Bylaw" means a Bylaw of CPSM established under section 222 of the RHPA

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

"CPSM" means the College of Physicians and Surgeons continued under section 8(b) of the RHPA

"Councillor" means a person serving on the Council of CPSM

"elected Councillor" means a person elected to Council under clauses 180(1)(a) or (c) of the RHPA

"Executive Committee" means the Executive Committee of CPSM as established under section 22(1)(b) of the RHPA

"primary practice location" means the primary location at which a registrant is carrying on the practice of medicine

"regulations" mean regulations applicable to CPSM made under the RHPA

"RHPA" means *The Regulated Health Professions Act*

PART B – ELECTIONS AND APPOINTMENTS

Councillors Eligibility and Electoral Districts

Eligibility requirements for candidates

3. To be eligible to be a candidate for election as a Councillor, a regulated registrant must meet all of the following requirements:
   a. be on the voters list for that electoral district;
   b. maintain their primary practice location in the electoral district in which they seek to be a candidate up to the election date;
   c. be nominated as a candidate for election as set out in this Bylaw;
   d. meet the requirements of s. 14 of the RHPA;
   e. not be a current member of the Board of Director or Committee Member of Doctors Manitoba.

Electoral Districts

4. For the election of regulated registrants, Manitoba is divided into the four electoral districts described in Schedule A attached to this Bylaw.

Number of Elected Councillors from each Electoral District

5. The number of regulated registrants to be elected from each electoral district is:
   a. 4 registrants from the Winnipeg electoral district;
   b. 1 registrant from the North electoral district;
   c. 1 registrant from the East electoral district; and
   d. 1 registrant from the West electoral district.

Elections

Election Transition Provisions to Prevail

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

7.

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

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

b. The President Elect of the Council, whether or not they have been re-elected or re-appointed as a council member, will be a member of the Council of CPSM.

c. A chart representing the composition of Council is:

Council Position	Number	Appointed	Elected	Other
Public Representative	3	Appointed by Council		
Public Representative	3	Appointed by Minister		
University of Manitoba	1	Appointed by University		
President	1			Ex Officio
Past President	1			Ex Officio
President Elect	1			Ex Officio
Associate Registrant	1		Elected by Associate registrants	
Winnipeg	4		Elected by Registrants	
North	1		Elected by Registrants	
East	1		Elected by Registrants	
West	1		Elected by Registrants	
Total	**18**			

Election for Regulated Associate Registrants

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

Procedures governing all elections, by-elections and run-off elections

9. The Registrar must supervise and administer all Council elections and may establish procedures for that purpose consistent with the Bylaws.

10. The Registrar must:
    a. use electronic processes for the circulation of election notices, forms, ballots, nominations, other documentation, and the collection of votes must be by electronic ballot.
    b. ensure that all methods of voting are secure and preserve the anonymity of the voters and the secrecy of their votes.
    c. act as the returning officer in each election.
    d. resolve any dispute or irregularity with respect to any nomination, ballot or election.

Notice of Election

11. By no later than the fourth Tuesday in March preceding an election, the Registrar must circulate written notice of the election, the applicable voters list, the nomination form and nomination procedures to every regulated registrant or regulated associate registrant whose name is on the voters list for an election to be held that year.

Voters List

12. The Registrar must prepare a voters list by no later than the fourth Tuesday in March in each year:
    a. when an election of regulated registrants is required, for each electoral district in which an election is to be held, listing all regulated registrants whose business address is in that electoral district as of the date the voters list is prepared and who holds a current certificate of practice in one of the following classes:
        i. full practising;
        ii. provisional academic - s. 181 faculty;
        iii. provisional academic - post-certification trainee;
        iv. provisional specialty practice - limited;
        v. provisional family practice - limited;
        vi. provisional Manitoba Practice Assessment Program;
        vii. provisional public health officer.

    b. for a regulated associate registrants election, a voters list listing all regulated associate registrants who hold a current certificate of practice in one of the following classes:
        i. educational medical student;
        ii. educational physician assistant student;
        iii. educational resident;
        iv. educational resident limited;

v. educational external or visiting student;
vi. physician assistant full;
vii. physician assistant academic – s. 181 faculty;
viii. clinical assistant full.

Right to examine voters list

13. Any CPSM registrant may examine the voters list prepared for an election at the CPSM office during office hours.

Correction of voters list

14. Any registrant who believes that there is an error in the voters list may report the error to the Registrar. The Registrar must investigate and must correct any error found to exist.

Nominations

15. The nomination of a candidate for election is valid only if:
    a. it is on the nomination form approved by the Registrar;
    b. it is in writing, and names only one candidate;
    c. for an election of:
        i. regulated registrants, it is signed by at least two regulated registrants of CPSM who maintain a primary practice location in the same electoral district as the nominated registrant and whose names are on the voters list of regulated registrants;
        ii. a regulated associate registrant, it is signed by at least two regulated associate registrants whose names are on the voters list of regulated associate registrants;
    d. the nominee consents in writing to the nomination; and
    e. the written nomination and consent are received by the Registrar on or before noon on the second Tuesday in April preceding the date of an election.

Election dates

16. Any election of registrants to Council must be held on the first Tuesday in May. Ballots may be cast any time after the third Tuesday in April and the deadline for receipt of ballots in the election is noon on the first Tuesday in May.

Entitlement to vote

17. Every regulated registrant whose name is on the voters list created for an election in an electoral district is entitled to vote in the election in that electoral district.

18. Every regulated associate registrant whose name is on the voters list created for an election of a regulated associate registrant is entitled to vote in that election.

Election Procedure

19. For each election, by no later than the third Tuesday in April preceding the date of an election the Registrar must circulate to each registrant entitled to vote in an election of:
    a. regulated registrants, a form of ballot that lists under each electoral district the names in alphabetical order of all candidates nominated for that electoral district;
    b. a regulated associate registrant, a form of ballot that lists the names in alphabetical order of all candidates nominated;
    c. voting instructions, including the date and time by which ballots must be received by the Registrar;
    d. candidate biographical information in the form prescribed by the Registrar; and
    e. such other material as may be required.

Invalid ballots

20. A ballot is invalid that:
    a. is not cast in accordance with the instructions circulated by the Registrar,
    b. votes for more candidates than the number to be elected in the electoral district or the election as the case may be, or
    c. is not received by the Registrar before the deadline for receipt of ballots in the election.

Right to be present

21. Any of the candidates for election may be present at the tabulation of the election results.

Acclamation

22. The Registrar must declare that those nominated are elected by acclamation, if:
    a. for an election of a regulated associate registrant, only one regulated associate registrant is nominated,
    b. for an election of regulated registrants, the number of candidates nominated in an electoral district does not exceed the number to be elected in that district.

Procedure in the event of a tie

23. In the event of a tie vote, a run-off election must take place between the tied candidates, no later than fourteen days after the election date. The election procedure in Sections 14 to 18 applies to a run-off election, with the necessary modifications to dates and procedures implied.

Insufficient candidates

24. If insufficient candidates are nominated to elect the required number of Councillors, the Executive Committee must, within 45 days following the date nominations were due, appoint to fill the vacancy:
    a. For regulated registrants, a regulated registrant who meets the eligibility criteria for nomination in the electoral district with insufficient candidates;
    b. For a regulated associate registrant, a regulated associate registrant who meets the eligibility criteria for nomination as a regulated associate registrant.

Election results

25. The Registrar must declare elected the candidates with the highest number of votes, up to the number to be elected in the electoral district or the regulated associate registrant election as the case may be.

26. The Registrar must certify in writing as soon as possible after an election the names of the person or persons who have been elected and must give written notice of the election results to registrants.

Challenge to Election

27. Challenge to Election
    a. Any registrant who lawfully voted in the election may file a written petition challenging the election of any candidate and stating the grounds for the challenge. The Registrar must provide a copy of the challenge to the candidate whose election is disputed.
    b. The Executive Committee must hear the challenge, and the registrant challenging and the candidate whose election is disputed must be given notice of the date, time and place of the hearing.
    c. Following the hearing, the Executive Committee must report to the Council, which must declare whether the candidate whose election is disputed was duly elected. If the decision is that the candidate was not duly elected, Council must declare another eligible candidate elected.

Failure to comply

28. Any accidental failure to comply with the Bylaw or procedures set for elections does not invalidate an election.

Appointments

University Faculty selection

29. By no later than the first Tuesday in April in any year in which the Rady Faculty of Health Sciences, Max Rady College of Medicine selection of a representative to Council is required, the Registrar must request that the Dean of the Max Rady College of Medicine notify the Registrar of the name of the faculty member selected as Councillor and their alternate when they are not available, pursuant to s. 180(1)(d) of the RHPA.

Appointment of Public Representatives by Minister

30. By no later than the first Tuesday in April in any year in which the ministerial appointment of public representatives to Council is required, the Registrar must request that the Minister notify the Registrar of the names of the ministerial appointments to Council.

Appointment of Public Representatives by the Council

31. On or before the first Tuesday in April in any year which Council is to appoint a public representative, the Executive Committee shall submit to Council one or more candidates who meet the criteria established by Council as to identified skills or attributes required of public representatives.

32. If more candidates are nominated than there are positions to be filled, the Registrar must conduct an election by Councillors of public representatives according to the following process:
    a. no later than the fourth Tuesday in April preceding the date of an election, provide to each Councillor:
        i. a form of ballot that lists the names in alphabetical order of all candidates nominated;
        ii. voting instructions, including the date and time by which votes must be received by the Registrar; and
        iii. such other material as may be required.
    b. The Registrar must declare elected the candidate(s) with the greatest number of votes up to the number required to be elected and report the results to Council.
    c. In the event of a tie vote, the President shall cast the deciding vote.

Vacancies on Council

33. If an elected Councillor or a Councillor appointed by Council ceases to hold office before the end of their term, the Council shall conduct a by-election in the same manner as a scheduled election, with all necessary modifications to dates and procedures implied.

Term of office

34. Unless elected to fill a vacancy, the term of office of Councillors begins immediately after the annual meeting of Council following the election and after the Councillor has signed the oath of office, and is:
    a. For regulated registrants, including the Max Rady College of Medicine appointee, a four-year term;
    b. For regulated associate registrants, a one-year term;
    c. For public representatives, a four-year term, or, for government appointed public representatives, the term designated by the government to a maximum of four years.

35. Councillors elected to fill a vacancy take office immediately upon election and signing the oath of office and hold office for the unexpired portion of the vacant term.

Council registrants ceasing to hold office

36. An elected Councillor or a Councillor appointed by Council ceases to hold office if the Councillor:
    a. resigns by written notice delivered to the Registrar;
    b. ceases to be eligible for election or appointment to the Council, unless the Councillor loses eligibility only by reason of parental leave or illness;
    c. is censured pursuant to section 102 of the RHPA or an Inquiry Panel makes a finding against the registrant pursuant to section 124 of the RHPA;
    d. is absent, without cause, from three consecutive Council meetings, unless previously excused by the Council;
    e. is removed from Council in accordance with s. 20(5) of the RHPA governing breach of the Oath of Office or is removed for breach of the Councillor and Committee Code of Conduct located in the Governance Policy;
    f. dies; or
    g. is determined to be permanently mentally incapacitated;
    h. becomes a member of the Board of Directors or Committee of Doctors Manitoba.

CPSM Officers

Officers

37. The officers of CPSM are:

a. The President;
b. The President-Elect, who will also hold the office of Treasurer;
c. The Past President; and
d. The Registrar

38. The officers must:
    a. throughout their term of office be regulated registrants of CPSM with a current certificate of practice;
    b. perform the duties imposed and exercise the powers given to them by the RHPA, the regulations and the Bylaws, or assigned to them by the policies of Council.

Appointment of President-Elect

39. The President-Elect must be appointed from Councillors who are regulated registrants, according to the following process:
    a. Commencing in 2018, in every second year, the Executive Committee must present a report to Council prior to December, recommending at least one nominee for the office of President-Elect.
    b. In each year when appointment to the office of President-Elect is required, the Executive Committee's report must be included in the agenda material distributed to Councillors in advance of the December Council meeting.
    c. At the December Council meeting, the Chair must ask for nominations from the floor for the office of President-Elect, provided that only Councillors present (either in person or through electronic means) are eligible to nominate from the floor, and that a Councillor may nominate himself or herself as a candidate for President-Elect.
    d. If more than one candidate is nominated for President-Elect, the Registrar must conduct an election by Councillors according to the following process:
        i. No later than the first Wednesday following the December Council meeting, provide to each Councillor:
            1. a form of ballot that lists the names in alphabetical order of all candidates nominated;
            2. voting instructions, including the date and time by which votes must be received by the Registrar; and
            3. such other material as may be required.
        ii. Upon receipt of a vote, the Registrar must be satisfied that it is the vote of a Councillor entitled to vote.
        iii. The candidate for whom the highest number of votes is cast will be appointed as President-Elect.
        iv. In the event of a tie vote, the President shall cast the deciding vote.
        v. Any of the candidates for President-Elect may be present at the counting of the ballots.
        vi. The Registrar must resolve any dispute or irregularity with respect to any nomination, ballot or election.

Term of office – President and President-Elect

40. The President-Elect and President each hold office for a maximum term of two years except in exceptional circumstances and approved by Council.

41. At the end of their two-year term as President-Elect, the President-Elect assumes the office of the President for a two-year term and at the end of the two-year term as President, assumes the office of Past-President for a two-year term.

By-election for President-Elect

42. If the office of the President becomes vacant, the President-Elect becomes President for the unexpired term and a by-election must be conducted for the office of President-Elect.

43. The procedure set forth in section 37 of this Bylaw applies to any by-election for a President-Elect, with all necessary modifications as to date and procedure implied.

PART C – COUNCIL MEETINGS AND MEETINGS OF REGISTRANTS

Council Meetings

Regular meetings

44. Council must meet at least four times in each calendar year.

Special meetings

45. The President may call a special meeting of Council, and must convene a special meeting of Council upon receipt of a written request by at least four Councillors, stating the nature of the business that is proposed to be conducted at the special meeting

Notice of Council meeting

46. The President must provide at least 14 days' notice of a meeting of Council to all Councillors, registrants of CPSM and the public, unless shorter notice is required to conduct urgent business.

47. Notice of a Council meeting may be provided to registrants and to the public by posting a notice on CPSM website. The Council agenda and materials are to be included in the notice on CPSM website, except where a private meeting is necessary to consider matters of a confidential nature or of a personal nature concerning an individual in accordance with section 25 of the Regulated Health Professions Act.

48. The accidental omission to deliver notice of a Council meeting to, or the non-receipt of such notice by, any person entitled to receive notice does not invalidate proceedings at that meeting.

Entitlement to attend meeting

49. Council meetings must be open to registrants of CPSM and the public but:
    a. only Councillors are entitled to vote; and
    b. a person who is not a Councillor may not speak without permission of the chair.

Private meeting of Council

50. In accordance with section 25(5) of the RHPA, Council may decide that an item of business on the agenda be dealt with in a private meeting. For any private meeting, all Councillors are entitled to be present but only those CPSM staff members and guests invited by Council may attend.

Voting at Council meetings

51. Each Councillor, except the Chair, is entitled to one vote on all matters. If there is an equality of votes on a matter the Chair has the deciding vote.

52. All voting at Council and Committee meetings is open. Voting for the position of President-Elect may be conducted by secret ballot if requested by any councillor.

53. A Councillor is not entitled to vote by proxy.

Procedure at Council meetings

54. The Council may meet and conduct business in person, or by video, telephone conference, web casting, or an equivalent mechanism.

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

56. In order to constitute quorum of the Council for the purposes of section 53 of this Bylaw, a simple majority of the members of Council must have voted on the resolution by specified electronic means by the time for response established by the President.

57. Council meetings must be conducted in accordance with Council policy governing the conduct of meetings and the *Interpretation Act*.

Presiding Officer

58. The President, or in the absence of the President, the President-Elect or the Past-President, must preside at a Council meeting. In the absence of the President, President-Elect and Past-President, the Councillors present must choose a Councillor to preside at the meeting.

Dispute Resolution

59. A dispute concerning the procedure to be followed at a Council meeting that is not provided for in the RHPA, Bylaws or policies of Council may be resolved in accordance with Roberts Rules of Order.

Meetings of Registrants

Annual meeting of registrants

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

Special meeting of registrants

61. At any time, Council may convene a special meeting of registrants.

62. Upon receiving a written request signed by at least five percent of the regulated registrants of CPSM entitled to vote, Council must convene a special meeting registrants for the purpose specified in the request. The written request must be delivered to the Registrar and must state the nature of the business that is proposed to be considered at the meeting.

63. A special meeting of registrants convened under section 60 of this Bylaw must be held within 75 days of receipt of the written request.

Notice of meeting of registrants

64. The notice of a special meeting of registrants must state the business that will be considered at the meeting and the meeting must not consider any other business.

65. For all annual general and special meetings of registrants:
    a. Council must provide at least 14 days notice of the meeting to each registrant of CPSM and to the public;
    b. notice to registrants must include:
        i. the place, date and time of the meeting, and
        ii. any resolutions proposed to be presented at the meeting; and
    c. notice to registrants and to the public may be given by posting a notice on CPSM website.

66. The accidental omission to give notice of a meeting to, or the non-receipt of a notice by, a person entitled to receive notice does not invalidate proceedings at the meeting.

Quorum at meeting of registrants

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

Procedure at meeting of registrants

68. The President or in the absence of the President, the President-Elect or the Past-President, must preside over the meeting. In the absence of the President, President-Elect and Past-President, the registrants present must elect a chairperson from among Councillors present at the meeting.

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

Voting at meeting of registrants

70. A registrant of CPSM in good standing present in person at the meeting and entitled to vote at the meeting has one vote.

71. Voting will be conducted by a show of hands, unless the chairperson considers it necessary to conduct a vote by ballot.

72. In case of a tie vote, the proposed resolution does not pass.

73. Any resolution passed at an annual or special meeting of registrants, except for a resolution confirming or varying a Bylaw, must be considered by Council at its next regularly scheduled meeting.

Voting by Registrants on Bylaws Other than at a meeting

74. If Council determines that it is in the best interests of CPSM to have a bylaw amended or repealed by the registrants prior to the next annual meeting of registrants, Council may approve a vote on the proposed bylaw amendment or repeal by an electronic ballot of registrants who are entitled to vote at a meeting of registrants.

75. The vote on the bylaws by the registrants shall be conducted electronically as soon as practicable following the decision by Council to hold a vote prior to the annual meeting of registrants.

76. Registrants shall be allowed a minimum of seven calendar days in which to cast their vote following the date of the electronic distribution of the instructions and voting materials to the registrants entitled to vote. The voting materials shall include the proposed bylaw

amendment(s) and a concise explanation for the rationale for the proposed amendment(s).

77. A majority of the registrants who cast a valid electronic ballot shall determine the result of the vote provided that the minimum quorum of 8 registrants cast a vote.

Entitlement to vote at meeting of registrants

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

Procedural issues at registrants meeting

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

PART D - PROCEDURAL RULES FOR THE INQUIRY COMMITTEE

80. Rescinded

81. The Procedural Rules for the Inquiry Committee attached as Schedule B set out certain procedures to be followed by the Inquiry Committee.

82. Neither the Code of Ethics nor the Procedural Rules for the Inquiry Committee bind or limit an Inquiry Panel in determining its own procedures in accordance with s. 117(1) of the RHPA or whether the conduct of a registrant is professional misconduct in accordance with s. 124(2) of the RHPA.

PART E - COUNCIL REGULATIONS, STANDARDS OF PRACTICE OR BYLAWS AMENDMENTS, FORMS

Amendment to Regulations or Bylaws (AM03/19)

83(a) Before making a *Regulation* or adopting a *Code of Ethics*, the Registrar must:

i. post on CPSM website an explanation of the proposed Regulation or Code of Ethics,
ii. and, within a specified time frame of at least 30 days, seek the input of registrants, the Minister of Health, and any other person Council considers necessary on the proposed change; and
iii. present Council with the results of consultation for consideration before it votes on the proposed Regulation or Code of Ethics

83(b) Before making a *Bylaw (other than the Fee Bylaw)*, the Registrar must:

i. post on CPSM website an explanation of the proposed change,
ii. and, within a specified time frame of at least 30 days, seek the input of registrants and any other person Council considers necessary on the proposed change (and if the *Accredited Facilities Bylaw* additionally seek the input of the Minister of Health); and
iii. present Council with the results of consultation for consideration before it votes on the proposed Bylaw.

83(c) Before making a new *Standard of Practice of Medicine*, the Registrar must:

i. post on CPSM website an explanation of the proposed change,
ii. and, within a specified time frame of at least 30 days, seek the input of registrants, the Minister of Health, and any other person Council considers necessary on the proposed change; and
iii. present Council with the results of consultation for consideration before it votes on the proposed Standard of Practice.

83(d) Before making a new *Practice Direction*, the Registrar must:

a. post on CPSM website an explanation of the proposed change,
b. and, within a specified time frame of at least 30 days, seek the input of registrants and any other person Council considers necessary on the proposed change; and
c. present Council with the results of consultation for consideration before it votes on the proposed Practice Direction.

84. The Registrar may make non-substantive amendments to the Bylaws, Standards of Practice, Practice Directions, and Policies such as name changes, grammatical corrections, and non-material changes.

85. Following approval by Council, every amendment to Council Regulations shall be signed by the either the President, President-Elect, or Past-President, and the Registrar, and forwarded to the Lieutenant Governor in Council for consideration.

86. Every Bylaw or Bylaw amendment enacted by the Council shall be signed by:
    a. one of the President, President-Elect, or Past-President; and
    b. the Registrar.

PART F - COMMITTEES OF COUNCIL AND DELEGATION TO COMMITTEES

87. The Council committees are:
    a. Executive Committee;
    b. Audit and Risk Management Committee;
    c. Complaints Committee;
    d. Investigation Committee;
    e. Inquiry Committee;
    f. Central Standards Committee and its subcommittees; and
    g. Program Review Committee.

Terms of Reference for Council committees

88. Council must establish terms of reference for each Council committee which are set out in this Bylaw and include at least:
    a. Authority;
    b. Purpose;
    c. Composition; and
    d. Term of office for committee members if the duration of the term is other than a one-year term.

89. Each Council committee must operate within the terms of reference established from time to time by Council for that committee.

COUNCIL DELEGATED AUTHORITY TO COMMITTEES

Council Delegated Authority

90. Pursuant to section 17 of the RHPA, Council delegates the following authority:
    a. to Audit and Risk Management Committee the authority to make investment decisions on behalf of CPSM;
    b. to Executive Committee:
        i. The committee has authority delegated by Council to take the necessary actions, to hear and to determine appeals and reinstatement applications and other adjudicative matters as specified in this Part of this Bylaw.
        ii. The committee has authority delegated by Council to approve forms where approval is required by the RHPA, as set out in the Governance Policy.
        iii. The committee has the authority delegated by Council to direct a registrant to complete a specific course of action or supervised practical experience, on the advice of the Central Standards Committee pursuant to section 182(4) of the RHPA.
        iv. The committee has the authority to appoint practice auditors pursuant to section 135(1) of the RHPA. If an auditor is required to be appointed between meetings

of the Executive the Chair may appoint the auditor(s) and provide the name for ratification at the next committee meeting.

v. The committee has the authority delegated by Council to employ, terminate, discipline or change the conditions of employment of the Registrar.

Council Delegated Adjudication

91. Council has delegated to the Executive Committee responsibility to take necessary actions, to hear and to decide the following matters pursuant to the powers, authorities, privileges and duties conferred or imposed upon Council in the specified sections of the RHPA and the sections necessarily ancillary to those sections:

a. Sitting as a panel of Council pursuant to RHPA s. 38(4):
   i. registration appeals pursuant to:
   ii. **RHPA s. 38** - Denial of registration or approval of registration subject to conditions;
   iii. **RHPA s. 43** - Denial of certificate of practice or with conditions;
   iv. **RHPA s. 47** - Non-renewal due to failure to meet the requirements of the regulations;
   v. **RHPA s.183(10) and (11)**– decision to cancel certificate of accreditation and order to cease operations and consideration of written submissions to Council; or
   vi. **CPSM General Regulation s.3.73** - Request for extension.

b. The powers delegated by Council to the Executive Committee pursuant to **section 17(1)** of the RHPA include:
   i. **RHPA s.48** - Cancellation of registration or practice certificate due to false representation or declaration or if criminal conviction for an offence relevant to their suitability to practice;
   ii. **RHPA s. 50 and s.133** - Reinstatement applications;
   iii. **RHPA s.60** – refusal of a medical corporation permit;
   iv. **RHPA s.65** – suspension or cancellation of a medical corporation permit;
   v. **RHPA s.66** – alternatives to suspending or cancelling a medical corporation permit;
   vi. **RHPA s.110** – appeals from interim suspension or interim terms and conditions;
   vii. **RHPA s.126(6**) – decision to cancel or suspended certificate of practice or registration for contravention of an order under s.126(1); and
   viii. Registrar's decision on posting a criminal conviction on a profile under **CPSM General Regulation s. 9.13.**

c. Sitting in panels of three, one of whom must be a public representative, to hear appeals from the Investigation Committee, in accordance with the appeal guidelines fixed by Council, pursuant to **section 108** of the RHPA.

PART G – COUNCIL AND COMMITTEE EXPENSES AND REMUNERATION

92. Council members attending meetings of the Council or of any committee of the Council shall be paid remuneration and travel expenses at such rates and in accordance with the Financial Management Policy of Council.

PART H - REGISTRAR'S DUTIES

93. The Registrar may appoint one or more Assistant Registrars to assume all the Registrar's responsibilities when the Registrar is absent. An Assistant Registrar has the same authority as the Registrar when they are acting on behalf of the Registrar. An Assistant Registrar is not required to be a registrant.

94. The Registrar is authorized to:
    a. establish forms, certificates, or other documents for the purposes of the RHPA, Regulations, or Bylaws and to require the use of such forms, certificates, or other documents by registrants and applicants for registration; and
    b. delegate such duties as they may deem fit to CPSM staff.

95. The Registrar's other duties, authority, evaluation, requirements, and conflict of interest provisions are set out in the Council's Policy - Registrar.

96. Council directs the Registrar to consider and decide on applications for registration under sections 32 and 33 of the RHPA in accordance with the Act, Regulations, Bylaws, Practice Direction on Qualifications and Registration, and any other Council policies.

Registrar Response to Alleged Serious Criminal Behaviour by a Registrant

97. Where a registrant is charged with a serious criminal offence, there are competing interests (e.g. presumption of innocence, undermining public trust, registrant's privacy rights and the legitimate rights of other individuals or organizations with whom the registrant interacts to be aware of the allegations of a serious criminal offence). The Registrar must follow the process set out below when advised that a registrant of CPSM has been charged with a serious criminal offence:
    a. On receipt of information that a registrant has been charged with a criminal offence, the Registrar must assess whether the matter is sufficiently serious to warrant referral to the Investigation Committee. In all cases where the matter is of such a nature that referral to the Investigation Committee is warranted, the matter shall be regarded as an allegation of a serious criminal offence.
    b. Where there is an allegation of a serious criminal offence against a registrant of CPSM, the Registrar must promptly:
        i. Attempt to obtain a copy of the charges laid against the registrant;
        ii. Ascertain whether there are search warrants or other public documents from the court docket available in relation to the charges and, if so, attempt to obtain copies of those documents;
        iii. Determine the practice location(s) of the registrant, including whether the registrant has privileges at any facility;

iv. Where possible, ascertain whether the person reporting to CPSM has also made a report to each facility where the registrant has privileges and, if so, the content of that report and to whom the report was made.

c. Where a registrant who has been charged with a serious criminal offence is a member of the medical staff of a regional health authority, the Registrar must promptly communicate with the Chief Medical Officer of that regional health authority to ensure that the Chief Medical Officer is aware of the charges against the registrant.

d. Where a registrant who has been charged with a serious criminal offence is not a member of the medical staff of a regional health authority, the Registrar must promptly notify the Deputy Minister of Health of the charges against the registrant.

e. Where CPSM has obtained copies of charges or other documents from the court docket respecting the charges against a registrant, the Registrar must provide copies of these documents to the Chief Medical Officer or the Deputy Minister of Health as the case may be.

f. In accordance with *The Regulated Health Professions Act*, the Investigation Chair is responsible for determining whether a registrant who is charged with a serious criminal offence:
   i. should be allowed to continue to practice without restriction,
   ii. should be interim suspended from practice,
   iii. should be allowed to practice subject to the imposition of interim terms and conditions, or
   iv. should be allowed to practice subject to the terms of an undertaking

g. Where the Investigation Chair is contemplating allowing the individual to practice subject to the terms of an undertaking, the Investigation Chair must assess whether:
   i. the public can only be adequately protected by an undertaking that authorizes CPSM to provide any and all information respecting the criminal charges against the registrant to the Chief Medical Officer of any regional health authority where the registrant has privileges or to the Deputy Minister of Health, as the case may be.
   ii. the public can only be adequately protected by the imposition of terms and conditions which are a matter of public record.

h. Where the report to CPSM is made by the police, the Registrar must confirm with the police that CPSM will disclose the information provided by the police to Chief Medical Officer of any regional health authority, and if applicable CancerCare, Diagnostic Services of Manitoba, or Shared Health Services of Manitoba, where the registrant has privileges or to the Deputy Minister of Health, as the case may be.

Posting criminal conviction on Practitioner Profile

98. The Registrar must use the following criteria to assess whether a Registrant's criminal conviction is relevant to the registrant's competence or safe practice of medicine:

a. The conviction is based upon an event that resulted from a physician/patient relationship, and/or
b. The conviction results from harm to a patient or society related to or resulting from the practice of medicine, and/or
c. The conviction indicates that the registrant's ability to practise medicine safely is compromised taking into account the following factors:
    - the nature of the offence;
    - any prior convictions;
    - the length of time since the conviction;
    - the completion of any penalty imposed;
    - the degree of regret and remediation demonstrated by the registrant;
    - the potential that the offence will affect the registrant's current practice.

99. Where the Registrar is of the opinion that a Registrant's conviction is deemed relevant to the Registrant's competence or to the safe practise of medicine, the Registrar must inform the registrant that the registrant's conviction will be published on the practitioner profile within thirty days. The notification must be in writing and must include the reasons for the decision.

100. The registrant may appeal the decision to post their criminal conviction to the Executive Committee within 30 days of being so notified. The appeal must be in writing and must state the reasons for the appeal.

101. The Executive Committee shall notify the registrant of its decision in writing.

102. The conviction shall be posted pending the appeal decision of the Executive Committee.

PART I – COMMUNICATION WITH CPSM

Registrant's Response to CPSM Correspondence

103. When the Registrar, an Assistant Registrar or a Medical Consultant engaged by CPSM writes to a registrant with respect to any matter and requires a response, the registrant shall:
    a. respond in writing;
    b. when responding to correspondence related to a complaint or investigation, unless otherwise approved by the CPSM Medical Consultant, personally sign the response. In respect to all other correspondence, electronic signature of the registrant will suffice unless otherwise directed by the Registrar, Assistant Registrar or Medical Consultant.
    c. provide a response to the substance of the matter, and all particulars pertinent thereto; and
    d. respond within the length of time specified in CPSM correspondence.

Reminder

104. When reminder correspondence is sent to a registrant from the Registrar, an Assistant Registrar or a Medical Consultant engaged by CPSM and the registrant fails to respond in writing within 15 days from the date of the reminder correspondence, the registrant may be referred to the Investigation Committee.

Compliance

105. A registrant who, without a reasonable excuse, fails to comply with section 103 or 104 may be found guilty of professional misconduct.

106. Except for correspondence sent requiring a registrant to respond in less than 5 days, correspondence sent to a registrant may be sent by ordinary mail addressed to the registrant's business address as appears on the records of CPSM. A correspondence sent by ordinary mail to a registrant shall be deemed to be received by the registrant on the fifth working day after the date of the correspondence.

107. In the absence of specific instruction to the contrary, CPSM shall regard each registrant's primary practice location as that registrant's business address.

Business Address

108. Correspondence being mailed to a registrant will be sent to that registrant's primary practice location unless the registrant provides to CPSM an alternate address as the address for all official notifications.

PART J - MEDICAL CORPORATIONS

Change in information

109. A medical corporation must inform the Registrar, in writing, of any change in the shareholders, directors or officers of the medical corporation within 15 days of such change.

PART K – ELECTION TRANSITION

Election Transition

110. In 2020, the following elections of regulated registrants will be held:

East Electoral District	– one Councillor for a two-year term;
West Electoral District	– one Councillor for a four-year term;
Winnipeg Electoral District	– three Councillors for a four-year term.

111. In 2022, elections of regulated registrants will be held according to the schedule set out in Part B of this Affairs of the College Bylaw and the Code of Ethics of CPSM. Section 326 (Election Transition) shall continue in effect only until January 1, 2022.

PART L - REPEAL

Repeal

112. Bylaws No. 1, 2, 3, 3D, 4, 5, 6, 7, 8, 9, 10 and 11 of the CPSM previously enacted by Council, pursuant to *The Medical Act*, with all amendments thereto, are repealed effective January 1, 2019. This Bylaw shall be in force as of and from January 1, 2019. This Bylaw has not retroactive effect and the previous bylaws now repealed, maintain authority for the period in which they were in effect.

PART M – BOARD OF ASSESSORS

113. The Board of Assessors is established in accordance with section 31 of the RHPA to consider and decide on applications for registration under section 32 or 33 upon referral by the Registrar.

114. Terms of reference for the Board of Assessors are set out in the Governance Policy of Council, and include the Board's authority, purpose, composition, and the term of office for Board members. The Board of Assessors is required to operate within the terms of reference established from time to time by Council.

115. Members of the Board of Assessors shall be paid remuneration and travel expenses at such rates and in accordance with the Financial Management Policy of Council.

PART N~~M~~ - SCHEDULES

ELECTORAL DISTRICTS - SCHEDULE "A" TO THIS BYLAW

All references to Health Regions in this schedule refer to the Health Regions as defined in Manitoba Regulation 207-97 as at June 21st, 2002. The Health Regions are shown on the attached sketches of the southern area and northern area of Manitoba and are dated September 1999.

North Electoral District:

Those areas described as the former Northman, Parklands and Interlake Electoral Districts of CPSM as set out in Manitoba Regulation 207-97:

Northman those areas described in:

a. section 1 of Schedule 2 of Manitoba Regulation 207/97 as the Burntwood Health Region,
b. section 1 of Schedule 4 of Manitoba Regulation 207/97 as the Churchill Health Region, and
c. section 1 of Schedule 7 of Manitoba Regulation 207/97 as the Norman Health Region.

Parklands That area described in section 1 of Schedule 9 of Manitoba Regulation 207/97 as the Parkland Health Region.

Interlake That area described in section 1 of Schedule 5 of Manitoba Regulation 207/97 as the Interlake Health Region.

East Electoral District

Those areas described in:

Eastman Electoral District: Those areas described in:

a. section 1 of Schedule 8 of Manitoba Regulation 207/97 as the North Eastman Health Region, and
b. section 1 of Schedule 10 of Manitoba Regulation 207/97 as the South Eastman Health Region.

Central Electoral District: That area described in section 1 of Schedule 3 of Manitoba Regulation 207/97 as the Central Health Region.

****

West Electoral District

Those areas described in:

Westman Electoral District: Those areas described in:

a. section 1 of Schedule 6 of Manitoba Regulation 207/97 as the Marquette Health Region, and
b. section 1 of Schedule 11 of Manitoba Regulation 207/97 as the South Westman Health Region.

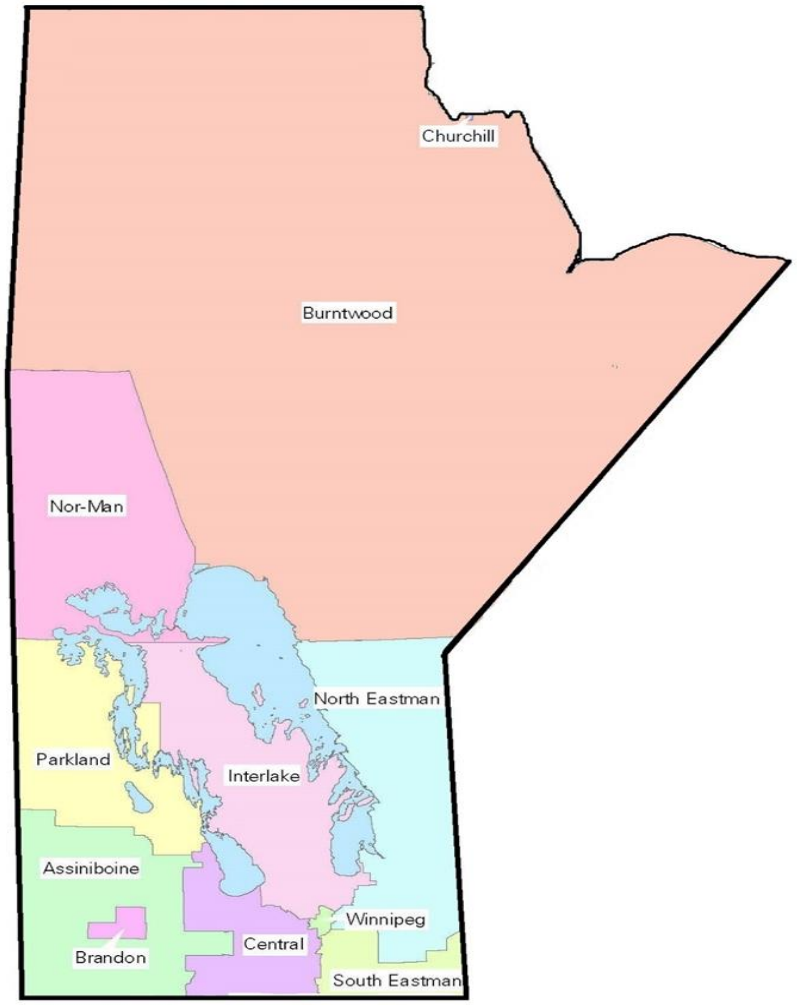
Brandon Electoral District: That area within the boundaries of the City of Brandon and the Rural Municipalities of Elton, Whitehead and Cornwallis.

****

Winnipeg Electoral District

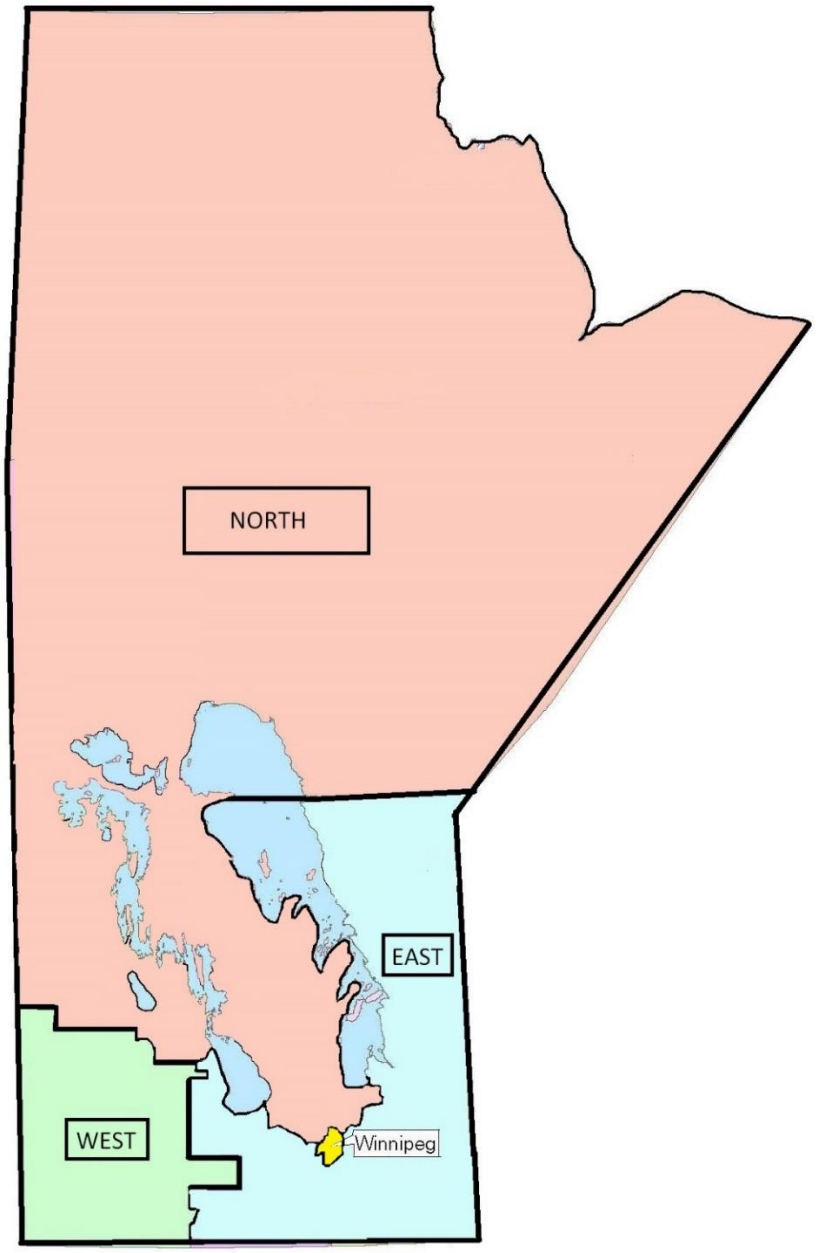
Winnipeg Electoral District: That area within the boundaries of the City of Winnipeg and the Rural Municipalities of West St. Paul and East St. Paul.

For each electoral district using the boundary descriptions set forth in Manitoba Regulation 207/97, the descriptions in effect as at June 21, 2002 are hereby incorporated into and form part of this Schedule.



The Sketch outlining the Health Regions as at September 1999 are hereby incorporated and form part of this schedule.

Below is a colour map showing the new CPSM Electoral Boundaries under the RHPA



PROCEDURAL RULES FOR THE INQUIRY COMMITTEE – SCHEDULE "B" TO THIS BYLAW

Meeting to Set Hearing Dates

1. Upon referral of a matter to the Inquiry Committee pursuant to s. 102(1) of the RHPA, the Registrar shall give written notice to the investigated registrant of the date on which the chair or vice-chair of the Inquiry Committee will hold a meeting for the purpose of setting a date for convening and conducting a hearing in accordance with the requirements of s. 116 of the RHPA.

2. Neither the investigated registrant nor CPSM are required to appear in person for any meeting for the purpose described in section 1 herein where the chair or vice-chair of the Inquiry Committee is provided with sufficient information from legal counsel for CPSM and the investigated registrant or the registrant's legal counsel in advance of the meeting for the purpose of:
   a. setting the date(s) for beginning and conducting the hearing; and
   b. selecting a panel of the Inquiry Committee which will hold the hearing.

3. In order to comply with the requirements of s. 116 of the RHPA:
   a. the date on which the hearing begins must be within 120 days of the matter is referred to the Inquiry Committee by the Investigation Committee unless the investigated registrant consents in writing to a later date; and
   b. allow for the Registrar to give written notice to the investigated registrant and the complainant stating the date, time and place of the hearing, and identifying in general terms the complaint or matter about which the hearing will be held at least 30 days before the hearing begins.

Pre-Hearing Conference

4. The chair or vice-chair of the Inquiry Committee or any other person who is a member of the Inquiry Committee and is appointed by the chair or vice-chair of the Inquiry Committee may order a pre-hearing conference at any time before the hearing begins at the request of the investigated registrant or the registrant's legal counsel or legal counsel for CPSM or on the chair or vice-chair's own initiative.

5. The pre-hearing conference may be conducted by the chair or vice-chair of the Inquiry Committee or their appointee or by legal counsel to the Inquiry Committee.

6. Legal counsel for CPSM and the investigated registrant or the investigated registrant's legal counsel must participate in any pre-hearing conference ordered pursuant to this bylaw.

7. The pre-hearing conference may be conducted in person, or by video, telephone conference, web casting, or an equivalent mechanism provided that all parties participating are able to communicate with each other.

8. A pre-hearing conference may address any number of matters, including the following:
   a. the identification and simplification of the issues;
   b. the necessity or desirability of amendments to the Notice of Inquiry;
   c. the possibility of obtaining admissions which might facilitate the hearing;
   d. the discovery and production of documents;
   e. the estimated duration of the hearing;
   f. whether any preliminary motions are anticipated and the need to file a motions brief in respect of same; and
   g. any other matters that may aid in the disposition of the Notice of Inquiry.

9. The person conducting the pre-hearing conference may adjourn the pre-hearing conference to a specified date, time and place.

10. Agreements and/or undertakings made at a pre-hearing conference may be recorded in a memorandum prepared by or at the direction of the person conducting the pre-hearing conference. Copies of the memorandum shall be provided to CPSM and the investigated registrant.

Appointment of Registrants of the Panel

11. The person who conducts any pre-hearing conference(s) will not be appointed as a member of the Inquiry Panel hearing the matter unless the investigated registrant or the registrant's legal counsel or legal counsel for CPSM all consent to that person's appointment to the Inquiry Panel.

12. After the chair or vice-chair of the Inquiry Committee makes a preliminary selection of Panel members, both counsel for CPSM and the investigated registrant will be notified of the selection and provided with an opportunity to object to any Panel member selected. If there are any objection(s), they must be communicated in writing and include the reason(s) for the objection(s) such that a determination can be made as to whether any selected member(s) should be disqualified from serving as a Panel member

13. The chair or vice-chair of the Inquiry Committee will decide if a potential Panel member should be disqualified and will provide written reasons for the decision to both CPSM and the investigated registrant.

14. If either CPSM or the investigated registrant objects to the decision of the chair or vice-chair not to disqualify a panel member for any reason, the objection shall be dealt with by a formal motion unless otherwise agreed by CPSM and the investigated registrant.

Notice to Attend and Produce Records

15. Where either legal counsel for CPSM or the investigated registrant or the registrant's legal counsel makes a request, in writing, the Registrar may issue a Notice to Attend and Produce Records with the names of any number of witnesses which legal counsel for CPSM or the investigated registrant or the registrant's legal counsel identifies in the request pursuant to section 119(5) of the RHPA.

Alternative means of receiving Oral Evidence

16. Upon the motion of either CPSM or the investigated registrant prior to or during the hearing and with the consent of the Inquiry Panel, a witness may give evidence in person, or by video, telephone conference, web casting, or an equivalent mechanism.

COUNCIL POLICY

Governance

Initial Approval: September 21, 2018

Effective Date: January 1, 2019

Reviewed with NO Changes

Reviewed with Changes
March 15, 2019
December 13, 2019
June 9, 2021
March 20, 2024
June 21, 2019
June 19,2020
June 28, 2023

1. GOVERNING STYLE AND CODE OF CONDUCT

1.1 General

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

1.2 Council and Committee Code of Conduct

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

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

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

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

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

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

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

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

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

1.2.5. Respect the confidentiality of issues.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1.3 Councillor Oath of Office and Declaration of Confidentiality

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

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

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

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

2. COUNCIL AND COMMITTEE POLICIES

2.1. Role of the President

2.1.1 The President:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2.2. Procedure for Council and Committee Meeting

2.2.1 Committee Chair

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

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

2.2.2 Meeting Dates and Times

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

2.2.3 Participation

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

2.2.4 Conduct of Meetings

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

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

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

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

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

2.2.5 Voting and asynchronous meetings

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

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

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

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

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

2.2.6 Guest attendance at meetings

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

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

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

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

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

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

2.2.7 Council and Committee Functioning

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

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

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

2.2.8 Minutes and Resolutions

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

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

2.2.9 Parliamentary Procedure

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

2.3 Nominations and Appointments to Committees and for Public Representatives

2.3.1 Role of Executive Committee

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

2.3.2 Role of Council

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

2.3.3 Skills and Attributes of Candidates who are Registrants of CPSM

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

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

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

2.3.4 Criteria for Appointment for Candidates who are Public Representatives

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

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

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

2.3.5 Duration of Appointment

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

3. APPROVAL OF FORMS

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

The Executive Committee hereby approves the following forms:

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

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

3.1.3 Conversion Application Form - Regulation s.3.3

3.1.4 Application for Certificate of Practice - Regulation s.4.4

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

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

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

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

4. COMMITTEES OF COUNCIL AND TERMS OF REFERENCE

4.1. Appointment of committee members

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

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

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

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

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

4.2. Terms of office for committee and subcommittee members

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

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

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

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

4.3. Vacancy on Council committee

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

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

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

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

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

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

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

4.4. Entitlement to attend committee meetings

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

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

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

4.5. Duties of Committee Chair

4.5.1 The chair of a committee must:

4.5.1.a preside over all meetings of the committee;

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

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

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

4.6. Quorum for Council Committees

4.6.1 The quorum for Council Committees is:

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

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

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

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

4.7. Procedural Matters Respecting Committees of Council

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

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

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

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

4.8. Subcommittees of Council Committees

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

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

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

4.8.3.a Purpose of the subcommittee;

4.8.3.b Composition of the subcommittee; and

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

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

4.9.1. Authority

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

4.9.2. Purpose

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

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

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

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

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

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

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

4.9.3. Responsibilities

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

4.9.3.a.i. Financial Management and Reporting

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

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

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

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

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

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

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

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

4.9.3.a.ii. External Audit

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

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

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

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

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

4.9.3.a.iii. Risk Management

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

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

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

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

4.9.4. Composition

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

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

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

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

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

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

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

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

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

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

4.10.1 Authority

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

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

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

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

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

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

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

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

4.10.2 Purpose

4.10.2.a The purpose of the Executive Committee is to

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4.10.3 Composition

4.10.3.a The Executive Committee shall consist of:

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

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

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

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

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

4.11. Complaints Committee Terms of Reference

4.11.1 Authority

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

4.11.2 Purpose

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

4.11.3 Composition

4.11.3.a The Complaints Committee shall consist of:

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

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

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

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

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

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

4.12.1 Authority

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

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

4.12.2 Purpose

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

4.12.3 Composition

4.12.3.a Investigation Committee shall consist of:

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

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

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

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

4.13. Inquiry Committee Terms of Reference

4.13.1 Authority

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

4.13.2 Purpose

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

4.13.3 Composition

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

4.14.3.a.i A registrant who is Chair;

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

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

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

4.14. Central Standards Committee Terms of Reference

4.14.1 Purpose

4.14.1.a The Central Standards Committee is responsible to:

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

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

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

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

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

4.14.1.a.vi Supervise Quality Improvement Subcommittee.

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

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

professional ethics.

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

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

4.14.1.a.ix.2 Communication skills;

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

4.14.1.a.ix.4 Professional ethics.

4.14.2 Composition

4.14.2.a Central Standards Committee shall consist of:

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

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

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

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

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

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

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

4.14.3 Authority

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

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

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

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

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

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

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

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

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

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

4.14.3.b *Evidence Act* Protection

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

4.14.3.c Appeal Rights

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

4.14.3.d Referral to the Registrar

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

4.15. Subcommittees of the Central Standards Committee Terms of Reference

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

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

4.15.3 Area Standards Subcommittees

4.15.3.a Purpose

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

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

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

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

4.15.3.b Composition

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

4.15.3.c Meeting Frequency

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

4.15.3.d Term of Office

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

4.15.4 Hospital Standards Subcommittees

4.15.4.a Purpose

4.15.4.a.i The purpose of the Hospital Standards Subcommittee is to maintain and

improve the quality of medical practice in the particular hospital through peer review and analysis, primarily through education, rather than discipline, including

4.15.4.a.ii making recommendations directly to Central Standards Committee on any matter pertinent to the monitoring and improvement of the quality of hospital care provided by physicians in Manitoba.

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

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

4.15.4.b Composition

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

4.15.4.c Term of Office

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

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

4.15.6 Provincial Standards Subcommittees

4.15.6.a Purpose

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

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

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

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

4.15.6.b Composition

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

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

4.15.7 Subcommittee on CancerCare Manitoba Standards

4.15.7.a Purpose

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

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

4.15.7.b Authority

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

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

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

4.15.7.c Composition

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

4.15.7.d Term of Office:

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

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

4.15.7.e Funding

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

4.15.7.f Evidence Act Protection

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

4.16. Program Review Committee Terms of Reference

4.16.1.a Government Funding

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

4.16.1.b Purpose

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

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

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

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

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

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

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

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

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

4.16.1.c Authority

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

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

4.16.1.c.i.2 Establish:

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

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

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

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

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

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

4.16.1.e Composition

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

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

4.16.1.e.i.2 a radiologist.

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

4.16.1.e.i.4 two public representatives.

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

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

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

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

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

4.16.1.f Appeal Rights

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

4.17. Board of Assessors Terms of Reference

4.17.1 Authority

4.17.1.a. The Board of Assessors is established in accordance with section 31 of the RHPA to consider and decide on applications for registration under section 32 or 33.

4.17.2 Purpose

4.17.2.a The functions and duties of the Board of Assessors include:

4.17.2.b Upon referral by the Registrar, sitting as the full Board of Assessor or as a panel of the Board, to consider and decide on applications for registration under section 32 or 33 of the RHPA.

4.17.2.c Upon approving an application for registration, placing conditions on the applicant's registration in accordance with subsection 32(2) of the RHPA.

4.17.2.d To advise and make recommendations to Council about CPSM's registration requirements, policies, and procedures on an ongoing basis.

4.17.2.e To advise and make to the Executive Committee respecting approved registration forms.

4.17.3 Procedure and Code of Conduct

4.17.3.a Members of the Board of Assessors must comply with the Council and Committee Code of Conduct. With necessary modifications, Council and Committee Policies apply to the Board of Assessors as if it were a committee of Council.

4.17.3.b Meetings of the Board of Assessors are closed to the public.

4.17.4 Appointment to the Board of Assessors and composition

4.17.4.a Council must appoint the members of the Board of Assessors and its Chair. The Chair must be a member of Council. The Board of Assessors must have at least five (5) members, two (2) of whom must be public representatives. In all cases, two-fifths of the members of the Board of Assessors must be public representatives.

4.17.4.b A member of the Executive Committee cannot be appointed as a member of the Board of Assessors.

4.17.5 Term of office:

4.17.5.a The term of office of all members of the Board of Assessors is one year. Members are eligible for reappointment.

4.17.6 Duties of the Chair

4.17.6.a The chair of the Board of Assessors must:

4.17.6.a.i preside over all meetings of the Board,

4.17.6.a.ii report to the Council about the Board's activities, either directly or by delegation as required from time to time,

4.17.6.a.iii submit a written annual report of the Board's activities to the Council, and

4.17.6.a.iv carry out other duties as the Council may direct.

4.17.7 Quorum for Council Committees

4.17.7.a The quorum for the Board of Assessors is:

4.17.7.a.i a majority of the voting members of the Board, at least two-fifths of whom must be public representatives, and

4.17.7.a.ii when sitting as a panel of the Board, five members, at least two of whom are to be public representatives and one must be the Chair of the Board of Assessors. The Chair will only vote when there is a tie.

4.17.8 Procedural Matters Respecting the Board of Assessors

4.17.8.a Subject to statutory requirements, the Board of Assessors must adhere to the procedural requirements of the RHPA and those established in the bylaws, as well as to this policy and other applicable registration policies or standards established by Council or the Registrar.

4.17.8.b The Board of Assessors may meet and conduct business in person, or by video, telephone conference, web casting, or an equivalent mechanism.

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

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

Schedule "A" – Councilor's Oath of Office

Councillor's Oath of Office

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

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

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

Schedule "B" – Declaration of Confidentiality

Declaration of Confidentiality

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

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

Confidentiality of information

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

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

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

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

d. disclosure of the information is

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

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

e. disclosure of the information is

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

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

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

   i. a profession in Manitoba, or

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

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

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

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

   i. if

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

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

   ii. the information does not reveal personal health information;

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

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

Limits on disclosure of personal information and personal health information

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

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

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

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

_____ _____

Date Signature

_____

Name in print

THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

COUNCIL MEETING
MARCH 20, 2024

CONSENT AGENDA ITEM - REVISED

SUBJECT: Quality Prescribing Rules Review

i. Standard of Practice Prescribing Requirements

ii. Practice Direction Electronic Transmission of Prescriptions

BACKGROUND:

At its December 13, 2023 Meeting, Council considered a recommendation to approve the above documents as presented. However, Council was concerned about the use of:

- The word "recommended" in relation to inclusion of the diagnosis, clinical indication, or treatment goal or a combination thereof being in the prescription.
- The terminology "best practice" in the Standard of Practice Prescribing Requirements Contextual Information and Resources.

The motion was tabled and revised wording was to be brought to the March 20, 2024 meeting. The draft amendments were reviewed and approved by those Councillors who expressed concerns. On February 2, 2024, redlined versions of the amended documents (see attached) were provided to the Quality Prescribing Rules Review Working Group for comment by February 20, 2024. No comments were received.

The amendment to the Standard of Practice Prescribing Requirements is:

3.1. Prescribers **must** use their professional judgment to determine whether it would be beneficial ~~is necessary~~ to include any additional information on the prescription ~~(e.g.,~~ such as the patient's weight or date of birth ~~where this information would affect dosage). It is recommended that~~ and either the diagnosis, clinical indication, or treatment goal or a combination thereof be included on the prescription. In exercising their professional judgment, it is important for the prescriber to understand how this additional information may be beneficial to the pharmacist who is filling the prescription and the patient who is taking the medication. See the Contextual Information and Resources document following this Standard for guidance on this matter.

The Standard of Practice Prescribing Requirements Contextual Information and Resources was amended to add the following to the introductory paragraph:

> From the pharmacist's perspective it is best practice for them to have the diagnosis, clinical indication, or treatment goal when filling a prescription. For the reasons outlined in this document when pharmacists have appropriate information, they are in a better position to exercise their professional responsibilities to the patient. CPSM is primarily concerned with patient safety. This document provides guidance to prescribers exercising their professional judgment to determine if it is beneficial to the patient to include the diagnosis, clinical indication, or treatment goal. The starting point is that if the information can assist the pharmacists carry out their professional duties to the patient's safety, then it should be included. However, there may be situations when doing so is deemed unnecessary or inappropriate by the prescriber. The latter may occur in rare circumstances when sensitive psychosocial or ethical considerations prevail.

The paragraph below was deleted from the Contextual Information and Resources document:

> *Best Practice*
>
> It is considered best practice and recommended to include appropriate clinical information on the prescription. While CPSM recognizes that including the diagnosis, clinical indication, or treatment goal on every prescription can add time or administrative burden for prescribers, this must be balanced with the benefits of doing so. There may be situations when doing so is deemed unnecessary or inappropriate by the prescriber. The latter may occur in rare circumstances when sensitive psychosocial or ethical considerations prevail. When writing a prescription, the registrant may identify a valid reason to omit the diagnosis, clinical indication, or treatment goal (e.g., when the harm of information sharing outweighs the benefit). Otherwise, it remains best practice.

Corresponding amendments were also made to the Practice Direction Electronic Transmission of Prescriptions.

REVISED

The following line has been added to the Practice Direction Electronic Transmission of Prescriptions (page 4) to include Podiatrists who prescribe.

3.5 If the prescriber is a COPOM Registrant (Podiatrist), a prescription **must** include the diagnosis or expected outcome of the treatment prescribed.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON MARCH 20, 2024, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves:

i. The Standard of Practice Prescribing Requirements as presented to be effective June 1, ,2024.
ii. The Practice Direction Electronic Transmission of Prescriptions as presented to be effective June 1, 2024.

Council rescinds effective June 1, 2024:

- Standards of Practice – Prescribing Requirements
- Practice Directions – Dispensing Physicians
- Practice Directions – Facsimile Transmission of Prescriptions
- Practice Directions – Manitoba Prescribing Practices Program (M3P)
- Practice Directions – Prescribing Practices: Doctor/Pharmacist Relationship

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 on a matter. 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. Prescribe[1] and Prescription[2] 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 inpatients and residential health care institutions.

1.1.1 Hospitals include healthcare facilities owned and operated by the Government or a Health Authority (including Personal Care Homes 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** meet the following requirements. These requirements are subject to the limited exceptions specified in Section 6.3:

- 2.2.1 complete an appropriate clinical assessment of the patient;
- 2.2.2 document in the patient's medical record a diagnosis or differential diagnosis and/or a clinical indication for the drug prescribed based on the clinical assessment and any other relevant information;
- 2.2.3 consider the risks and benefits of prescribing the chosen drug, including the combined risks and benefits when prescribing multiple drugs, and the risks and benefits when providing long-term prescriptions; and
- 2.2.4 obtain informed consent.

3. Content of Prescriptions

3.1. Prescribers **must** ensure the following information is included on every written or electronic prescription:

- 3.1.1. the prescriber's printed name, signature[3], 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, the patient's address, date of birth, and PHIN must be included);
- 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. the full date the prescription was issued (day/month/year);
- 3.1.7. the total quantity and interval between part-fills must be specified for:
  - 3.1.7.a- any medication on the M3P drug list
  - 3.1.7.b any medications that are classified federally as a narcotic or a controlled substance (refer to the appendix {to be developed} for a complete listing of these medications);
- 3.1.8. for all other medications, refill instructions must be specified;
- 3.1.9. a method to contact the prescriber (telephone number[4], email address, or facsimile number).

[3] 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.

[4] This can be the hospital, clinic, or institutional phone number. If desired, a prescriber may also include a personal phone number on prescriptions intended for electronic transmission (i.e., faxed directly to pharmacy and not handed to the patient).

3.2. Prescribers **must** use their professional judgment to determine whether it would be beneficial ~~is necessary~~ to include any additional information on the prescription ~~(e.g.,~~such as the patient's weight or date of birth ~~where this information would affect dosage). It is recommended that~~and either the diagnosis, clinical indication, or treatment goal or a combination thereof be included on the prescription. In exercising their professional judgment, it is important for the prescriber to understand how this additional information may be beneficial to the pharmacist who is filling the prescription and the patient who is taking the medication. See the Contextual Information and Resources document following this Standard for guidance on this matter.

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. the 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 Prescribing

4.1. Prescriptions may be handwritten (legibly), electronically generated in accordance with the Practice Direction Electronic Transmission of Prescriptions, verbally relayed, or in the physician's order sheet in a hospital, Personal Care Home, 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.

6. Direct Patient Contact

6.1 In most cases, prescribing medication or counter-signing a prescription without direct patient contact does not meet an acceptable standard of care. The requirements of section 2 and this section must be met for most prescriptions. These requirements are subject to limited exceptions specified in section 6.3. There is no direct patient contact when the registrant only relies upon a mailed, faxed or an electronic medical questionnaire.

6.2 The registrant **must** demonstrate there has been:

- 6.2.1 a documented patient evaluation by the registrant signing the prescription, that includes an adequate history and physical examination (subject to the requirements of the Standard of Practice – Virtual Medicine), to establish the diagnosis for which the drug is being prescribed and identify underlying conditions and contra-indications;
- 6.2.2 sufficient direct dialogue between the registrant and patient regarding treatment options and the risks and benefits of treatment(s);
- 6.2.3 a plan for follow-up to review the course and efficacy of treatment to assess therapeutic outcome, as needed; and
- 6.2.4 maintenance of a contemporaneous medical record that can be accessed by the registrant, and be made available to the patient, and the patient's other healthcare professionals.

6.3 Exceptions exist to the direct patient contact requirement when the registrant:

- 6.3.1 is fulfilling responsibilities as part of a call group, true group practice or healthcare institution. In these scenarios registrants must reasonably satisfy themselves that:
  - 6.3.1.a. the healthcare professional who conducted the assessment has the appropriate knowledge, skill, and judgment to do so, and
  - 6.3.1.b. the prescription is clinically sound and in the patient's best interest;
- 6.3.2 treats their own patients after normal office hours;
- 6.3.3 works in an academic teaching environment;
- 6.3.4 is providing naloxone as part of a harm reduction strategy and overdose prevention.;
- 6.3.5 prescribes prophylaxis as part of a Public Health Program;
- 6.3.6 prescribes for the sexual partner of a patient with a sexually transmitted infection;
- 6.3.7 prescribes anti-retroviral medication within the context of the Provincial HIV program; or
- 6.3.8 prescribes a medication available in Manitoba without requiring a prescription (e.g., an over-the-counter medication such as acetaminophen).

7. Manitoba Prescribing Practices Program (M3P Drugs)

7.1. Physicians **must** prescribe the drugs listed on the 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 M3P Schedule must be written on a prescription form as is approved by CPSM.

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.

Part B - Prescribing in a Hospital, Personal Care Home, or Residential Healthcare Institution (Orders)

8. Prescribing

8.1 Prescribers in the facilities listed in sections 1.1.1. and 1.1.2 **must** ensure the following:

Content of prescription orders:

8.1.1. the name of the drug;

8.1.2. the drug strength 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, Personal Care Home, 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; and

9.3.3 sign the order within a reasonable timeframe, if required by the institution's operating policy.

Contextual Information and Resources

Prescribing Requirements

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

Importance of Pharmacists as Part of the Health Care Team

Pharmacists are important members of a patient's health care team. Their knowledge, skill, and judgement contribute to improving health care of patients.

However, without knowing the diagnosis, clinical indication, or treatment goal(s) associated with a prescription, the pharmacist's ability to optimize patient outcomes is limited.

It is important for registrants to understand that pharmacists aim to work collaboratively with prescribers to ensure the patient receives good medical care. Pharmacists have expertise in navigating complex drug therapy, in-depth knowledge about pharmacology, and specialized training in hundreds of medications and how these may interact with one another.

From the pharmacist's perspective it is best practice for them to have the diagnosis, clinical indication, or treatment goal when filling a prescription. For the reasons outlined in this document when pharmacists have appropriate information, they are in a better position to exercise their professional responsibilities to the patient. CPSM is primarily concerned with patient safety. This document provides guidance to prescribers exercising their professional judgment to determine if it is beneficial to the patient to include the diagnosis, clinical indication, or treatment goal. The starting point is that if the information can assist the pharmacists carry out their professional duties to the patient's safety, then it should be included. However, there may be situations when doing so is deemed unnecessary or inappropriate by the prescriber. The latter may occur in rare circumstances when sensitive psychosocial or ethical considerations prevail.

The Role of the Pharmacist

Patient safety and quality medical care are optimized when pharmacists know the diagnosis, clinical indication, or treatment goal for medications.

Patient Safety

Good medical care requires safety checks along the care path to prevent inadvertent errors from

occurring. Unintended prescribing errors do occur. Pharmacists provide a safety check to catch these errors. However, they may not be able to identify an error if they are unaware of the diagnosis, clinical indication, or treatment goals. For example, a pharmacist would not be able to identify an error if the registrant inadvertently prescribed hydroxyzine when the intention was to prescribe hydralazine. Additionally, there is also a need to verify the correct dose for the intended indication. Verifying doses, formulations, or directions for use can be difficult without knowing the therapeutic indication.

There will also be occasions when a drug prescribed needs to be changed, whether it be due to a drug shortage, interaction, cost concerns, or other reasons. If the pharmacist understands the therapeutic indication, they can effectively and efficiently advise on appropriate alternatives based upon what is available and covered by third-party payors.

Quality Patient Care

Often the community pharmacist will be the last health care provider the patient speaks with prior to taking a new medication. Although the registrant has provided the patient with counselling regarding the appropriate use of the medication, this information may be complex and new to the patient. It is often beneficial for the pharmacist to ensure that the patient understood this important information and will be able to follow through on taking the medication appropriately.

Proper patient counselling requires that the patient understands the purpose and desired therapeutic effect of the medication, and that any safety concerns are addressed. It is also important for the patient to have an opportunity to have their questions answered. However, without knowing the diagnosis, clinical indication, or treatment goals it can be more challenging for the pharmacist to provide effective counselling. If the pharmacist is unable to answer the patient's questions, this may result in delays in patient care while the pharmacist verifies the appropriateness of the prescription by contacting the prescriber. Providing specific information on a prescription can enhance patient care. For example, listing treatment goals will allow the pharmacist to reinforce care goals when counselling the patient, particularly when managing medication titrations, transitions, or changes.

Resource for the Health Care Team

Pharmacists should be viewed as a valuable resource for the health care team. Pharmacists have expertise evaluating the effectiveness and safety of medications and the appropriateness of medication regimens in general. This is especially true for the management of chronic conditions and complex or high-risk medication regimens.

Pharmacists can suggest medication options that are optimal for the patient in the context of their current conditions and medications. They can assist in developing care plans to achieve the patient's treatment goals through optimal medication therapy and support of chronic disease management and prevention. Keeping pharmacists informed about the therapeutic intent of medications prescribed can maximize their effectiveness as a key resource to the care team.

~~*Best Practice*~~

~~It is considered best practice and recommended to include appropriate clinical information on the prescription. While CPSM recognizes that including the diagnosis, clinical indication, or treatment goal on every prescription can add time or administrative burden for prescribers, this must be balanced with the benefits of doing so. There may be situations when doing so is deemed unnecessary or inappropriate by the prescriber. The latter may occur in rare circumstances when sensitive psychosocial or ethical considerations prevail. When writing a prescription, the registrant may identify a valid reason to omit the diagnosis, clinical indication, or treatment goal (e.g., when the harm of information sharing outweighs the benefit). Otherwise, it remains best practice.~~

Considering Prescription Drug Costs

Effective prescribing involves consideration of efficacy, safety, convenience/burden, and cost. Available research shows that a failure to consider prescription drugs costs at the point of care can have a variety of unintended negative consequences, including:

- many prescriptions going unfilled because the patient is unable to afford the medication;
- many patients do not take their medications as prescribed due to cost; and
- high prescription drug costs are associated with increased clinic and emergency room visits, and hospitalizations.

For this reason, prescribers should consider the following on a proactive basis:

- the cost of the drugs they prescribe, and
- whether there is a therapeutically equivalent alternative that is available at a lower price.

This analysis will be particularly important when a prescriber has reason to believe that their patient may struggle to afford or be unable to pay for the medication being prescribed.

CPSM recognizes that physicians may not be aware of up-to-date resources regarding the cost of prescription drugs in Manitoba. Consultation with a pharmacist may be helpful. Additionally, the MEDS (Medications, Evidence, & Decision Support) Conference site is a source of current, convenient, and up-to-date information, specifically the list of Price Comparisons of Commonly Prescribed Medications in Manitoba (2023).

Reporting Adverse Drug Reactions or Medication Incidents

Registrants can help support the ongoing evaluation of prescription drug safety by reporting adverse drug reactions, suspected adverse drug reactions, and medication incidents to the relevant organizations/authorities, especially those that are:

- unexpected, regardless of their severity;
- serious, whether expected or not; and
- related to recently marketed health products (on the market for less than five years).

Registrants can report adverse drug reactions to Health Canada's Vigilance Program and medication incidents through the Institute for Safe Medication Practices Canada.

Prescription Drug Disposal

Because most community pharmacies have procedures in place to safely dispose of patients' returned medications (also called post-consumer waste), it is generally best practice for registrants to direct patients to their local pharmacy to return unused medication.

In circumstances where a registrant takes possession of the patient's drugs directly or is in possession of any other types of medications (e.g., unused or expired medication samples), registrants can contact a drug disposal company to set up their own contract for safe disposal. Registrants may further consider arranging for the disposal of unused/expired/returned drug samples directly through the pharmaceutical representative or company that has provided them.

Suspected Prescription Forgery

What Physicians Can Do

Report Forgeries. Physicians should notify CPSM, CPhM, and the pharmacies involved upon becoming aware of forgeries. Likewise, pharmacies should alert prescribers of forgery attempts and notify CPhM.

Notify Police. If impersonated, physicians can report to local police authorities. If a patient's information was fraudulently used, the physician may review this with their patient and involve police if safety concerns arise.

Safeguard Practice. Reduce risk of theft and forgery by locking up all prescription pads, letterhead, and fax templates. Pharmacists may contact prescribers to verify prescriptions for opioids, benzodiazepines, or other potential products of abuse, particularly if they seem unusual or concerning.

What Pharmacists Can Do

Verify Suspected Forgeries. Pharmacists should contact the prescriber to confirm any unusual or concerning prescriptions prior to dispensing.

Report Forgeries. Pharmacists should notify the prescriber, CPhM, and see Forgery of Narcotics and Controlled Substances on CPhM's website for details of reporting to Health Canada.

Notify Police. Pharmacists should report prescription forgeries to the local police authorities. Whenever possible, this should be done while the individual(s) are waiting in the pharmacy. If the individual requests the forgery back, the pharmacist should take a copy, stamp the original with the pharmacy contact information and document refusal to fill on the original and in Drug Program Information Network (DPIN).

What CPSM & CPhM Are Doing

CPSM and CPhM work directly with prescribers and pharmacies involved in forgeries. The Colleges monitor situations and trends, and collaborate to raise awareness by informing registrants of identified trends, risks, and actions to take.

Resources

ADD LEGISLATION AT THE BACK

The Pharmaceutical Act of Manitoba

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),
- The College of Podiatrists of Manitoba (COPOM).

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 machine[1], facsimile machine to facsimile machine, facsimile machine to computer, or via a closed e-prescribing system[2]. 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.

2.1.1.c. The process **must** incorporate mechanisms to decrease prescription forgery risk and minimize the risk of the prescription being transmitted to more than one pharmacy unintentionally.

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).

[3] CPSM Standard of Practice Prescribing Requirements, CRNM xx, CPhM xx, MVMA xx, DVA xx
[4] Veterinary prescriptions are exempt from the confidentiality requirement.

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 prescription fraud.[5]

2.3.1.b. After transmission, the prescriber **must** ensure 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.[6] 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, the patient's address, date of birth, and PHIN must be included).[7]

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. The full date the prescription was issued (day/month/year).

3.1.7. The total quantity and interval between part-fills **must** be specified for:

3.1.7.a. Any medication on the M3P drug list.

3.1.7.b. Any medication classified federally as narcotic or a controlled substance. (Refer to the appendix {to be developed} for a complete listing of these medications.)

3.1.8. For all other medications, refill instructions must be specified.

3.1.9. The time and date of prescription transmission.

[5] 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.

[6] For greater clarity, dedicated pharmacy electronic and/or facsimile equipment must not be accessed by individuals who are not authorized pharmacy staff.

[7] Veterinary prescriptions are exempt from PHIN and date of birth.

3.1.10. The name and address of the one pharmacy intended to receive the prescription.
3.1.11. The method to contact the prescriber (telephone number, email address, or facsimile number).
3.1.12. Signed certification that:
3.1.12.a. the prescription represents the original of the prescription drug order;
3.1.12.b. the addressee is the only intended recipient and there are no others; and
3.1.12.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~~would be beneficial to include any additional information on the prescription ~~(e.g.,~~such as the patient's weight or date of birth ~~where this information would affect dosage). It is recommended that~~ and either the diagnosis, clinical indication, or treatment goal or a combination thereof be included on the prescription. In exercising their professional judgment, it is important for the prescriber to understand how this additional information may be beneficial to the pharmacist who is filling the prescription and the patient who is taking the medication. See the Contextual Information and Resources document following the Standard of Practice for Prescribing Requirements {link will be inserted when document approved by Council} for guidance on this matter.

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.

3.5. If the prescriber is a COPOM Registrant (Podiatrist), a prescription must include the diagnosis or expected outcome of the treatment prescribed.

COUNCIL MEETING
MARCH 20, 2024
NOTICE OF MOTION

SUBJECT: Standard of Practice – Medical Assistance in Dying (MAiD)

BACKGROUND:

Council directed at the December 2023 meeting the proposed amendments to the Standard of Practice – Medical Assistance in Dying (MAiD) be sent out for consultation. The consultation period was from January 10 to February 11, 2024.

The proposed amendments were initiated to address Criminal Code amendments scheduled to come into force on March 17, 2024, that would permit MAiD where a mental disorder is the sole underlying medical condition (MD-SUMC) of the patient requesting MAiD. However, during the consultation period a Bill was introduced in Parliament to postpone the coming into force of this provision until 2027.

Although work on the proposed amendments was in response to MD-SUMC, the amendments were drafted for the purpose of ensuring appropriate safeguards are in place for all patients who are eligible for MAiD regardless of MD-SUMC. From a drafting perspective, amending the consultation draft to reflect the postponement of MD-SUMC is minor.

CPSM received a total of 31 Responses, of which 15 were from Registrants, 3 from stakeholders/organizations, and 13 were from members of the Public.

Attached is a summary of the feedback as well as the feedback received. Although the number of responses were not significant, the length and complexity of the feedback was significant. It is difficult to provide a summary of the feedback, therefore it is recommended that the comments be read thoroughly.

Based on the consultation CPSM is recommending the following amendments to the Standard of Practice – Medical Assistance in Dying (MAiD):

1. MAiD is not available to MD-SUMC patients.
2. Minor grammatical and editing corrections.
3. The requirement is that a registrant should advise a patient who is unaware of MAiD that MAiD is only applicable to “Track 1 Patients” – those whose death is reasonably foreseeable. (section 1.7)

4. Collateral information to be shared with patient. (section 2.2.1)
5. Definition of Assessing Physician(s) change “There can, and is some cases must be, more than one Assessing Physician.” To “There may be more than one Assessing Physician.”
6. Addressing issues of self-administration to clarify that the Administering Physician needs to be present as opposed to current wording of “readily available” (section 8.1.3)

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON MARCH 20, 2024, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves replacing the current Standard of Practice – Medical Assistance in Dying with the updated Standard of Practice Medical Assistance in Dying attached, to be effective immediately.

CPSM STANDARD OF PRACTICE
MEDICAL ASSISTANCE IN DYING
FEEDBACK FROM CONSULTATION THEMES

Consultation Results:

31 Responses in total
15 from Registrants
3 from Stakeholders/Organizations
13 from the Public

THEMES

1. PASSIONATE

A significant number of the responses were expressed in strong, emotional terms. Several responses did not address the draft Standard of Practice but expressed opinions on the concept of medical assistance in dying. These opinions are included in the materials but are not summarized here as the consultation materials stated - "**This consultation does not re-open the debate as to whether MAiD should be accessible by patients with MD-SUMC.**"

2. EDITING OBSERVATIONS

Several editing/grammatical comments were suggested, those agreed to are marked in the tracked changes.

3. REGISTRANT RAISING AWARENESS OF MAiD

Both registrants and members of the public raised concerns about section 1.7.1 requiring the registrant to inform the patient if they reasonably believe the patient is unaware that MAiD is a medical service available to patients. Reference was made to requirements in Europe that prohibited medical practitioners from raising MAiD first. There was reference to power imbalances between the registrant and the patient.

4. ALTERNATIVE SUPPORTS

Section 7.1 addresses the importance of the registrant discussing with the patient alternative supports and ensuring that reasonable efforts have been made prior to administering MAiD. Responses commented on the importance of this requirement. Comments also noted social inequities that might exist for people accessing these alternative supports.

5. COLLATERAL INFORMATION

Comments were made in relation to the requirement, collection and sharing of collateral information to assist the Registrant conduct an assessment.

6. SELF-ADMINISTRATION

Clarity on the Administering Physician's role in self-administration was sought.

7. OUT OF SCOPE COMMENTS

There were numerous comments on out-of-scope topics. A few examples are:

the limited access to psychiatric practitioners,
autopsy permissions,
CPSM advocating for mental health access,
Oversight of the MAiD program, and
standardized prescription templates for MAiD medications.

REGISTRANT FEEDBACK
Comment
See attached PDF
The heart of the problem in providing guidance is in the terms grievous and irremediable. These terms exclude and include anyone depending upon your philosophy. Buddhism says life is suffering. I feel these are lazy and ill defined. There is no medical definition of either term. No way to measure them Just because the Supreme Court and parliament have lost their way does not mean we must lose ours. Please provide some objective definitions of these terms to help guide clinicians. I think this is a Herculean task but one that would help physicians provide better opinions about when someone should be killed.
For thousands of years, active killing of a patient by a physician, or assisting in that, has been a No-no, in our creed. That is also what was included in my vow as a newly minted MD. I am not willing to change my belief and would hand in my permission to practice Medicine if I were forced to participate, even in referring a patient to someone else for MAID.
Psychiatric diseases remain very poorly understood at the biological level. Would it be possible to solicit autopsy permission to allow expedited removal of brain for research purposes? This might give the patients some sense that they are helping others even when their own lives seem hopeless. As a neuropathologist I could facilitate the autopsy and redirection of the tissue to researchers interested. Essentially all suicide autopsies are almost useless for this kind of research because of significant delays and tissue degradation. It might also give the families some closure if no treatable neurological disease is identified.
I have read all the information and the DRAFT. I foresee many physicians who have been treating a person with a "mental illness" not feeling experienced enough to refer their patient to MAiD; this will increase the demand for specialists who declare themselves experienced ["expert"] enough. This predicament is no reflection on the revised Draft, only a concern that wait times and limited access to psychiatric practitioners is going to result in a massive backlog of suffering people, a proportion of whom may take their own lives rather than wait [conceivably] for more than a year for MAiD to become available. Such is the dire state of the medical system in Manitoba at present. The draft itself seems thorough and therefore safe for people requesting MAiD.....
Regarding Revised Standard of Practice / Medical Assistance in Dying, I am in agreement with the draft, which is quite specific and yet detailed. The current consultation process is not typical, in that the decisions are already made. In a topic like this, it is hard even for physicians to remain

objective and apolitical. It is nice to have the safeguards, though it may not be easy to implement them. An average Family physician looks after several patients with mental Illness/ disability, throughout their practice period. One can see why MAid should be extended to those patients. Of course with the necessary safeguards.
MAiD revisions - no specific feedback about the content of the revision. A general concern about the MAiD path for mental illness being employed for persons with extremely difficult personal and social setting problems that precipitate their decision-making in favour of MAiD. And whether or how these circumstances could be redirected if there were better social resources (eg financial support for better housing, more social contacts etc). Although this is outside of the CPSM's direct purview is this something that can be at least mentioned as a larger societal need?
I forwarded this email to CPSM prior to them sending the email requesting feedback, but would like to resubmit it, to ensure my voice is heard. I would like to voice my concerns with regards to page 194, Section 1.7 which reads as follows: ***1.7 Unless a registrant has a conscience-based objection to MAiD, where a registrant reasonably believes that:*** ***1.7.1. a patient is unaware that MAiD is a medical service available to patients who meet the eligibility requirements; and*** ***1.7.2. MAiD is consistent with the patient's values and goals of care, the registrant should inform the patient about MAiD, taking reasonable steps to ensure that the patient does not perceive the providing information as pressure to pursue or MAiD or not and must not otherwise promote the registrant's own values or beliefs and document the interactions in the patient's medical record.*** I am hoping that the inclusion of this section in the Standard of Practice will be reconsidered, as it seems to suggest that a registrant is compelled to inform a patient about MAiD as an option if the registrant believes the patient meets the specified criteria. It is my understanding that a MAiD discussion is reserved for situations where the patient has either specifically asked about it, or has expressed an active desire to die. I agree with this. But it seems the standard now suggests that providers ***should*** inform patients about MAiD as an option, even if a patient has not requested information about it. I feel very strongly that providers should not be initiating a conversation about MAiD with patients for the following reasons: • There is a large power differential between a patient and their provider. Patients are often in a very vulnerable state when they are sick. Having their provider suggest MAiD as an option could cause unintended pressure or stress on someone who is already possibly struggling with feeling like a burden to their family or society. • Patients may interpret such discussions as a lack of confidence in the available medical interventions or a premature focus on the end rather than the pursuit of optimal care and comfort. • A healthcare provider suggesting MAiD as an option implies a value judgment that a patient's life might no longer be deemed valuable. This suggestion could inadvertently contribute to a vulnerable patient feeling burdensome to others, potentially exerting undue pressure on them to contemplate ending their life. It raises a paradox wherein a provider, traditionally a proponent of health and well-being, is now proposing that

choosing to end one's life could be a reasonable option. The question arises: as healthcare providers, do we have the authority to determine which lives are worth living?

I realize that the proposed clause has a caveat - that MAiD should only be suggested if the provider feels that the patient would be open to hearing about MAiD and MAiD may align with their values. But this is rather subjective. How would a provider figure out if MAiD aligns with a patient's beliefs? To be reasonably certain of this, a provider would be required to have engaged in many conversations with the patient, exploring their values. I have seen from experience that often times providers have very little time, and few take the time required to have these conversations to the depth required to become well acquainted with what the patient's beliefs truly are.

One of the core responsibilities a provider is charged with is to protect a patient from harm. Clause 1.7 is overly broad and subjective. Even if a provider feels MAiD might align with a patient's values, there is enormous risk for errors in judgment that could indirectly result in an unwarranted, fatal outcome. Clause 1.7 also doesn't specify which patients "should" be made aware of MAiD as an option. Should every patient we have be told about it? Should this only be for those who have a terminal illness? Or those who specifically qualify for MAiD? Should it only be for those in distress? It's not clear. This clause seems to leave room for MAiD to be brought up as part of a code discussion, which the CPSM has told me is absolutely unacceptable. I agree with the CPSM that MAiD is not a treatment nor a care option and should not be discussed as part of a code discussion.

In light of this, I suggest removing clause 1.7 altogether to protect vulnerable patients. Instead, I suggest adding a clause that states that a MAiD discussion may only be initiated by a patient.

If that is not acceptable, I would, at a minimum, suggest that the word "should" be changed to "could", and that additional guidance is added describing who MAiD could be presented to.

With regards to MAiD-SUMC, if this comes into effect, does that mean that we are doing away with suicide prevention? Essentially, if someone is depressed and wants to end their life, the new guidelines that have opened up MAiD to those with mental health conditions support those individuals in seeking to end their lives. Do we still try to prevent suicide? Or do we refer everyone to the MAiD team when they request a desire to die? This seems gravely problematic.

[redacted] who has followed the evolution of both legislation and professional standards since the SCC decision in Feb 2015, I am writing to comment on two aspects of the revised CPSM Standard on MAiD.

The first of these is found in 7.1.2 of the standard.
Clearly, we do not see MAiD as an alternative to the provision of heath care, social supports, housing and so forth.

In theory at least, part of any assessment would include asking an individual who is requesting MAiD (whether NDRF of not) the following question:

Are there supports or services which, were they made available to you in a timely and appropriate fashion, might alter your decision to request MAiD?

While the available data on overall health care savings in Canada associated with MAID suggest that these savings are relatively modest, nevertheless there are savings.

Not in theory but in practice, improving access to supports and services, both in health care and otherwise, would require considerable resources.

A second issue concerns "irremediable" medical conditions, As the Supreme Court and the Quebec Superior Court have clearly separated MAiD eligibility from NDRF, we are obliged to determine that a condition is "grievous and irremediable."
While this has led to very intense disagreements within psychiatry as the whether of not anyone with MD-SUMC can ever be said (or predicted) to have an irremediable mental disorder, the limits of prognostication are by no means confined to mental disorders.
It is clear that a substantial portion of psychiatrists and other physicians would be reluctant to "sign off on" irremediability in assessing an individual without NDRF for MAiD.

This may lead to "doctor shopping," for those with MD-SUMC, as it apparently has in those seeking MAiD in other contexts.
Is there an alternative?
If there is, the otherwise excellent proposed Standard does not articulate one. To borrow a phrase used with reference to the Senate of Canada, "sober second thought" might provide oversight during the 90 day waiting period for Track Two applicants.

I am a [redacted], and also the parent of a young adult who died by suicide. I also have a loved one currently suffering from serious mental illness. I am very concerned about the upcoming expansion of MAiD to include MAiD for MD-SUMC.

I have several comments about the Draft Revised Standard which plans to include MAiD for Mental Disorder as the Sole Underlying Medical Condition, if and when it becomes lawful.

First, I am pleased to see that you have provisions for conscience-based objection (Clause 1.3) by health professionals. I agree that asking physicians to continue to provide care for the patient, in matters unrelated to MAiD and referral for MAiD, is appropriate.

Second, in Clause 7.1.2, I am pleased to see that the draft adds housing and income supports for the patient, as well as consultation for other needed social supports.

Third, in regard to Clause 7.1.3, I wonder if it might be simpler and more helpful to say "The patient must have demonstrated a willingness to be open to the reasonable means available to relieve their suffering by trying those means." Patients with mental disorders may be exhausted by their struggles with their illness, but might find relief from their symptoms with a different or newer treatment, and choose life, instead of death by MAiD.

Fourth, I am surprised and very concerned to see that patients requesting MAiD-SUMC are not required to have a psychiatric consultation. Surely, in a situation that is so controversial, where determining suicidality vs ongoing and irremediable suffering from mental illness is difficult (if not impossible) when a psychiatrist attempts to make that distinction, then a psychiatrist (or

perhaps two) should be consulted! If I am reading this draft correctly, psychiatric consultation is not required.

Thank you for the opportunity to take part in this consultative process. Respectfully, I would like the following four comments to be included in the CPSM deliberations regarding the update:

a) There is a contradiction in the update with the existing policy:
"All physicians who receive a request for MAiD should consult with and consider referral of patients to the Provincial MAiD Clinical Team." (page 1)

contradicts policy item 1.2.3

" 1.2. On the grounds of a conscience-based objection, a physician who receives a request about MAiD may refuse to:
1.2.1. provide it; or
1.2.2. personally offer specific information about it; or
1.2.3. refer the patient to another physician who will provide it" (page 3).

I would therefore strongly advocate that item 1.2.3 be struck / deleted from the policy, so that patients seeking MAiD information / services are not excluded from such health care resources based on the registrant's personal beliefs or values, which are in fact processes covered under item 1.3 of the policy.

b) I have a concern regarding item 2.2.1.iii.1.

A patient may become ineligible if they do not give consent for an assessing physician to gather information from a family member; this however does not consider that a patient may not want family members to give information because that family member does not want MAiD to take place or has similar conscience-based objections that a CPSM registrant may have under 1.2 of the policy; 2.2.1.iii.1 also overlooks the potential for damaging / abusive relationships between family members, and that such abusive setting epidemiologically fall along gendered - structural lines.

I would therefore advocate that item 2.2.1.iii.1 be rephrased to acknowledge this social determinant of ill health, and not preclude an assessment.

c) Regarding item 7.1.3 there is considerable variability in what is "reasonable means"(page 13) depending on geographic location. Despite policy and politician rhetoric there are clear differences in accessibility to and outcomes of health and other social services relating to location of any given patient. Notwithstanding consultative, telehealth and other services there are substantive qualitative and quantitative differences both between various RHA (i.e I-E RHA and N RHA) and also within the same RHA (i.e. there are considerable differences between service provision in Selkirk to Ashern hospital or Flin Flon vs Lynn Lake hospitals). What then counts as "reasonable means have been tried by the patient"(page 13) is context specific, and without additional and timely resources for a patient these differences in "reasonable means" are considerable, and a barrier to both standard care as well as to MAiD assessment / administration.

I would therefore advocate that time 7.1.3 be rephrased acknowledging these systems level differences.

and finally,
d) 7.1.4 refers to the need for MAiD assessment to take place when a patient is not experiencing "a period of crisis" (page 13). Unfortunately, in relation to patients with mental disorders severe enough that they may be requesting information about MAiD and or an assessment for MAiD, they are likely serially in "period(s) of crisis", and if fact such serial crises are part of the criteria set out in 2.1.2 in terms of suffering, incurable-ness, severity, and its advanced state (page 5). As such, ongoing crises and or the frequency of crises would bar a request for MAiD that would otherwise meet MAiD eligibility. This is therefore a barrier to MAiD care.

I would therefore advocate that 7.1.4 is rephrased to include an element of timeliness/temporality to the notion of "not during a period of crisis" so that clarity is more evident.

You have requested feedback on the draft standard, and the prevailing opinion that MAiD-SUMC provisions need not differ from any other where the death is not reasonably foreseeable.

Although I am in general agreement with the idea that mental conditions ought not to be made a special case in the provision of medical care or service (of any kind), I believe that am not alone amongst my colleagues in also stating that (hopefully without apparent contradiction or sophistry) at the same time, psychiatry distinguishes itself as a specialty of medicine by virtue of some elements of its subject matter that renders it *completely different* from any other specialty. (This would be true, in perhaps an obvious way, for any designated specialty).

My point would only be then that, despite our understandable wish and intention to make sure psychiatric patients duly receive the same access as every other person (those without SUMC), it is also the case that it is amongst those aspects of psychiatry, ***particular and unique only to the*** *subject matter that defines and distinguishes psychiatry*, that render provision of MAiD-SUMC highly problematic.

Those aspects unique and particular *only to the subject matter that defines and distinguishes* ***psychiatry from all other specialties in medicine*** if they would considered (as I am going to state they should be) to be possibly having an impact on the provision of MAID-SUMC, then it would seem fairly obvious that they would have a ***profound*** impact and must be carefully reconsidered.

The difference in psychiatry that has an impact on MAiD-SUMC might seem to be only that the condition is mental which is, of course, at some level complex neurological in some way, and therefore obviously qualitatively the same and worthy of dismissal as simply identical to any other condition whereby death is not reasonably foreseeable (grievous and irremediable etc.). By this reasoning it is only that emphasis on thoroughness and appropriate expertise and stability of the condition and request over time etc. is required (as it ought to be in all not reasonably foreseeable death conditions).

However, whereas all medical conditions and all patients bear the vexing property of complexity, ***it is only in psychiatry, (where the subject matter is mental), that its complexity is, inextricably, a*** *defining characteristic. Indeed it is its complexity which defines its unique epistemic properties* ***and renders the subject matter what it is (as 'mental'), and that confers the possibility of***

rationality (as opposed to irrationality conferred by descriptions of mental states by way of *exceptionless cause and effect relationships). This means that regardless of the technique, technology or methods used to find out what needs to be known about anything mental,* ***regardless of any depth of enquiry and caution with respect to the probability of error etc., regardless of any possible future innovation that could—for example—allow one to see deeper into the mental states of a person requesting MAiD-SUMC, and regardless of the expressed*** *certainty of the person to receive MAiD, its defining character (that which makes it "mental" and* ***rational as opposed to "solely physical" and mechanistic) is the way in which it can be known, by all parties to the matter, regardless of epistemic authority granted by various methods. The way in which anyone (including the person making the request) can make a claim to have any*** *knowledge of the request (first person present tense testimony as to states of mind are uniquely* ***and notoriously fallible and expert opinions as such are notoriously inconsistent almost as*** *defining qualities to psychiatry), is to make the claim that it cannot be known with a sufficient* ***qualitative properties that could ever justify the provision of this service. This is to say that the provisions that govern MAiD-SUMC, as currently imagined (as qualitatively identical to those where death is not reasonably foreseeable) are contradicting themselves in asserting that the disorder is uniquely and solely mental, and at the same time depriving it of the very characteristic*** *that qualifies it as mental. This also deprives anyone of the ability to have real respect for the* ***parties, because the way we are claiming to have knowledge makes it not "mental" anymore.*** *Mental states, those that would define eligibility, would be, usually falling far short, at best only a matter of carefully cultivated opinion (a combination of both expert and first person opinions), and as such can never sufficiently approach probabilistic certainty to qualify reasonably enough* ***as something akin to any matters of fact, and this includes the grievous irremediability and other distinct and necessary properties required to grant eligibility and provide service.***

It should also be mentioned that MAiD is unique as a healthcare service in such a way that renders it different from all other services provided in healthcare; this is that the desired consequence is also an irremediable one, and indeed perhaps its very defining characteristic as well; it is the performative declaration of permanently lost hope. Because this property of being a mental state is what confers rationality (and our respect for the patient thereby derived), and despite the statement that the patient is, according to the facts of their testimony and the expert's enquiry, are all reasonably certain, it is also true that in order for the parties to be granted rationality and respect, they must also be afforded the property of being willing and able to change their mind someday, despite their present certainty. One cannot change one's mind after the fact, and one dare not change one's opinion on the matter in light of new facts that someday emerge. This fallibility mixed with irreversibility is not only tied to the number of MAiD-SUMC services that would be taken in error, (as if this "number" could then be adequately minimized for our purposes by way of process). No, it is profoundly and inescapably tied to the very notion of respect for people. It is ironic that this philosophical position would be misconstrued as disrespect of the patient's expressed and consistent wishes and likewise disrespectful of the thoroughness of the expert's enquiry, when it is this exact characteristic, a characteristic formally and clearly identified and characterized by the experts in the field of philosophy and ethics as being the ability to change one's mind in light of new and prior unforeseen information, which affords rationality to the participants and respect for the nature of opinion. In infectious disease, what we are proposing would be equivalent to the declaration of the right of pathogens to destroy host tissue.

Since the original request by the CPSM to consult, the landscape has changed re MAiD in that Parliament has agreed to extend the moratorium of accessibility by patients with MAiD – SUMC.

Although the CPSM is correct in stating that a decision was made two years ago by Parliament to afford availability to MAiD for mental health patients, until implementation and full acceptance to move forward, mental health cannot be determined as a "disease" re MAiD at this time. Given the paucity of access to psychiatric assessments generally in our province – now a 10 month wait in Central Intake in Winnipeg – access and treatment options for mental health patients is imperative and should be more readily available than access to MAID. Having CPSM's support in advocating for mental health access is essential.

The lack of readiness (as accepted by the Parliament Committee) reported by the many psychiatrists including Dr. Sareen who represents a number of other Psychiatric Heads throughout Canada, makes it essential to undertake a complete review of the appropriateness of MAiD-SUMC in our province. The Province of Manitoba and the CPSM should consider following Quebec's lead on this and indefinitely postpone and not pursue the inclusion of mental health patients' access to MAiD for the following reasons:

There is no evidence to determine the difference between a patients' request for MAiD and suicidal ideation.
There is no sound construct to determine what condition is irremediable. Once a 'determination' is made by someone who claims to have 'expertise' – rightly or wrongly - a threshold will have been set and there will be no turning back. The lives of many will be impacted.
The subjective nature of the standards particularly of "exploring" what is "reasonable" will place vulnerable patients at risk by those providers who promote their interpretation as to what "dignity" is defined as.
Does the CPSM have the final say as to whether a physician has the sufficient training, and expertise to be engaged in the practice of MAiD or is that a Shared Health or Regional Health decision? How would one determine if a provider was not qualified? Has anyone ever been rejected because they did not have the adequate expertise? Was there a vetting process by the WRHA/Shared Health to oversee and determine who was eligible to provide this procedure originally in 2016 and was the CPSM involved at that time in the initial determination of qualifications of those involved?
If patients can make the choice for MAiD "under conditions that they consider acceptable," slowly, the clinical review becomes a 'shopping list' as to the likes and dislikes of treatment options the patient can choose from. A patient once stated that even if there was a treatment available to help their mental health issue, they would not choose it because of the fear it might interfere with their cognitive ability to be able to choose MAiD in the future. Is this best practice?
As seen in other jurisdictions, where particular providers (BC) are keen in promoting the 'rights' of patients and in some ways the standards allow for a subjective evaluation of suffering, finding two willing providers is simply another consultation request away. Where questions were raised in that province, authorities have not stepped in to review practice. Has the CPSM consulted the Medical Examiner's Office and authorities on these matters?
Should MAiD-SUMC go forward, providers should be required to document patients' mental diagnoses and state that the cause of death is by MAiD in order to monitor and evaluate this practice in our province.

It has recently come to my attention that the CPSM Council will be reviewing proposed amendments to the Standard of Practice Medical Assistance in Dying (MAiD), particularly page 194, Section 1.7 :

1.7 Unless a registrant has a conscience-based objection to MAiD, where a registrant reasonably believes that:
1.7.1. A patient is unaware that MAiD is a medical service available to patients who meet the eligibility requirements; and
1.7.2. MAiD is consistent with the patient's values and goals of care, the registrant should inform the patient about MAiD, taking reasonable steps to ensure that the patient does not perceive the providing information as pressure to pursue or MAiD or not and must not otherwise promote the registrant's own values or beliefs and document the interactions in the patient's medical record.

MAiD practice remains an exemption to the Canadian Criminal Code. The Criminal Code is prohibitory in nature and an exemption in the Criminal Code does not create a positive right to that activity. This is consistent with the Netherlands, which in light of its long history with euthanasia, continues to view "termination of life" practice as *different* from standard medical treatment. This view is not seen as controversial nor an affront to rights.

That said, pursuant to the Criminal Code exemption, willing physicians must ensure that eligibility criteria and safeguards are followed. To be ***eligible*** for MAID, the person must have made a ***voluntary request***. In other words, voluntary request is ***not*** a safeguard but rather an ***eligibility*** criterion. Therefore, the request must remain patient initiated & patient led.

Eliciting patients' values &goals of care in advanced disease is not a brief one-off conversation, but rather takes time for thorough nuanced discussion. The predominant fee for service model is not well suited for such care of patients.

Furthermore, the inherent power differential between patients and physicians is too significant to allow MDs to initiate the proposal of MAiD. Patients faced with serious disease are vulnerable, facing new fears & challenges. They often express concern about feeling as a burden to their loved ones or even the health care system. Thus the importance of safeguards in this fiduciary patient-physician relationship.

I have witnessed on more than one occasion the delivery of "bad news" (ex. new diagnosis of ALS) concurrently with the delivery of all "treatment options" to which MAiD was listed. This possibly unsolicited addition bears the risk of being interpreted as a value judgment by the patient (e.g. life not worth living with such a disease/diagnosis, no hope for quality of life…). The additional concern is this approach becomes part of a check list ensuring patients are "informed" but falls short of allowing adequate space for the patient to absorb life-altering information, discuss further with family/friends/supports, and relay back to the physician their hopes, values & expectations for care.

In countries who have experience with euthanasia long before Canada (e.g. Netherlands), it appears to continue to be a patient led request for information from the medical system at large, not the physician. Clearly separating these roles is vital due to the many vulnerabilities identified above.

In view of these significant concerns, I suggest removing Section 1.7 altogether.

I think that there is an error in the second line from the bottom of page 1 in that the word "medical disorder" should be "mental disorder". This is in the section titled "Contex". I hope you can find what I am referring to, because I really think it is meant to say "mental disorder" in that spot.

STAKEHOLDERS FEEDBACK
Comment
See attached PDF
CPhM is supportive of CPSM's proposed revisions to this Standard of Practice, despite the federal government's decision to delay access to MAiD for individuals where a mental disorder is the sole underlying medical condition of the patient requesting MAiD. The revisions are comprehensive and appear to be in-line with the Federal Expert Panel's recommendations and the national Model Standards. The additional guidance in the Standard strengthens the existing expectations of clinicians already providing MAiD for individuals whose death is not reasonably foreseeable and will assist in their duty to assess individuals' incurability, irreversibility, capacity, and other vulnerabilities. In the spirit of creating more gender-inclusive Standards of Practice, CPhM recommends that pronouns be changed to "they/them" instead of "he/she" throughout the Standard. Lastly, although not directly related to the Standard, it would be prudent to prepare for a time in the future where access to MAiD is more widely available. Based on previous discussions with representatives from Shared Health's Provincial MAiD Clinical Team, CPhM is supportive of their suggestion to create a standardized prescription template for MAiD medications and is willing to collaborate on this initiative. Note that most pharmacists in Manitoba are not currently involved in the direct provision of MAiD medications, but a standardized prescription template would create an additional safeguard for patients accessing MAiD.
Below are my feedback/comments which are largely editorial as I have no concerns with the content of the document. **DEFINITIONS** **Page 2** Administering Physician the previous definition "Assessing Physician(s)" this is capitalized as a proper noun in the body of he definition while "administering physician" is not capitalized within the body of that definition. ey both should be capitalized as they are proper nouns, and both are capitalized in other sections f the document. **EXPECTATIONS AND REQUIREMENTS** **Page 6** 2. ELIGIBILITY FOR MAiD 2.2.2.i.1. "render a diagnosis and **opine…"** I think this word is meant to be 'opinion'? **Page 7** 2.2.1.i.i.i.2. "essential for completion of a **MAID** assessment…" edit MAID to "**MAiD**" **Page 9** 3. CAPACITY 3.1 "…with respect **to** MAiD…(add 'to' in the sentence as it doesn't read properly)

7. ADDITIONAL SAFEGUARDS FOR PATIENTS WHOSE DEATH IS NOT REASONABLY FORSEEABLE 7.1.4 The Administering **physician** and Assessing Physician (Administering **Physician** should both be capitalized) 8. SPECIFIC REQUIREMENTS OF THE ADMINSTERING PHYSICIAN **Page 14** 8.1.3. "…or taken by the patient until the patient is **dead;** (consider rephrasing to use the work 'death' as that is used throughout the document) Perhaps …"until the patient death occurs".
PUBLIC FEEDBACK
Comment
Acceptable if it is only provided to eligible patients.
The federal government was correct in including those with severe mental illness in MAID. I think 2 years to re-evaluate and get feedback, although I just noticed the CPSM notice requesting comments with the deadline less than a month away. I do not think an extension in the amount of time is necessary. There has been enough time.
Thank you for providing the opportunity to provide comments relating to the above document. As background, my wife [redacted] was diagnosed with early onset Alzheimer's disease at age 51. I was [redacted] primary caregiver for the next 13 years until she passed in 2011. There is no question in my mind that if MAiD had been available while [redacted] was still competent that she would have wanted it at some time in the future after her quality of life had diminished. In fact, [redacted] suffered greatly until life supports were withdrawn and she passed in palliative care. In reading the draft document it appears to me that the option for people with Alzheimer's disease to provide an advance directive to obtain relief through MAid in the future exists, but this is not totally clear to me after reading your document. Can you please confirm this and cite the applicable clauses? Further, can a user-friendly document for people with Alzheimer's disease and their caregivers be developed? If this option is not feasible under the current draft standard of practise, I would strongly urge you to make the necessary revisions to include this option.
Everybody who wants assistance in dying whether mental or physical illness should be accommodated. A mental illness is just as bad as a physical one. I also think you should have the MAID option just because of your age. When you're old and your only option is to die in a nursing home, that's not an exciting outcome either.
Having read through the "Draft - Standard of Pracfice" (it's discouragingly long) , I see everywhere that the standards do not reflect reality, and that they have been, and confinue to be consistently violated. Nonetheless, we are talking here about physicians' direct involvement in the administering of MAID. The tone of the draft proposals is that physicians (registrants) will be expected to either administer MAID themselves or, because of conscience objecfions, refer their pafients to other physicians, and make all informafion available to those pafients seeking MAID. I submit that, for a physician refusing to administer MAID, he/she will also not wish to have any part in referring or informing pafients in this

regard. I strongly believe such a physician should be free to refrain from any and all involvement with this process, and that without fear of reprisal.

From what I read in the draft proposal and from what I have been able to glean from the media, it appears that the chief concern is to train enough physicians to safely administer MAID; the decision has already been made. I do hope you will listen to those physicians who are not only opposed to this requirement, they went into the profession to first "do no harm", and to help people.

In closing, I need to state how ashamed and embarrassed I am to be a cifizen of a nafion whose rates of euthanasia are the highest in the world, thanks to MAID.

I am replying to your request for feedback on DRAFT Revised Standard of Practice – Medical Assistance in Dying (MAiD).

I congratulate you for including a Public Consultation section prominently on your main webpage (Newsfeed), and for identifying members of the general public as stakeholders.

MY BACKGROUND:
I am a retired [redacted]. I consider myself quite knowledgeable about MAiD, and I have been following and researching both health and legislative developments concerning MAiD in Canada for many years. I watched all the sessions, read the public briefs, and submissions, and read the reports of the Special Joint Committee on Medical Assistance in Dying, 1st Session, 44th Parliament, including their Third Report, MAID and Mental Disorders: The Road Ahead (parl.ca), released January 29, 2024. I have participated in numerous requests for public comment on health care issues. I plan to contact the MAiD team in Manitoba to find out about their policies and assessment protocols.

I am a physically disabled senior who has prepared for my future health care. After researching in reliable medical sources, I wrote both a detailed health care directive and an advance care directive, both of which include referral to MAiD services. I want to continue to live at home. My husband is my 24/7 caregiver; we have no other family here. I do not want to receive certain treatments that I find overly intrusive. I have been a home care client for three years; currently I am contesting their respite policy eligibility criteria since respite normally is only offered to clients with cognitive impairment. I have become an advocate for my health care.

Since 2004, I have had an idiopathic, rare, neurological "condition" with no formal diagnosis despite many tests and procedures. My specialists treat what symptoms they see, and those I report. I have kept detailed medical records of my condition. My condition is not stable due to reliance on many strong medications and their side effects. These medications make me immunocompromised, so I rarely leave the house. As attempts are made to reduce and change my medications, I experience flare-ups, and further or repeat declines in function, requiring me to repeat rehabilitation programs as best I can at home.

I know that the Manitoba health care system, as it exists (and likely will exist in the near future), will not meet all my increased physical and social support needs if I continue to decline, because staffing and other resources are lacking. CPSM's stated goal 'consideration of the means available to address suffering, including housing and income supports and other factors impacting the most vulnerable" is quite valid. Lack of social supports can cause a patient and their family caregivers mental and physical distress and illness. But that is not my reason for

wanting to be referred to MAiD services. I want to maintain some control over my remaining life, with dignity, given my condition.

THE CPSM DRAFT STANDARD

I have read the national Model standard, your draft Standard, and standards from the other provinces and territories, where available. I believe that the CPSM has achieved your objectives as far as the Draft Standards document goes, but further clarifications concerning the patient's rights and responsibilities are warranted. I realize that the national Model standard does not address this issue sufficiently either, which I consider a deficiency.

I found your yellow highlighting feature, to identify the latest wording additions to the CPSM Draft Standard, to be extremely helpful. To my knowledge, you are the only College in Canada to do this for revised/updated versions.

I note in the CPSM Draft Standards of Practice that " the proposed revisions are intended to address all complex cases where death is not reasonably foreseeable", and "the primary focus of the changes is expanding existing expectations of physicians assessing eligibility and implementing safeguards for patients seeking MAiD whose death is not reasonably foreseeable", i.e. Track 2. That is my situation. I am functionally impaired in all four extremities, but not cognitively impaired or mentally disordered.

I note that "opinion must be based on appropriate medical judgment and reasonable method of assessment…where that physician lacks sufficient expertise to render a diagnosis and opine on the patient's medical condition, a formal consultation with another physician with relevant expertise for the limited purpose of confirming the diagnosis, prognosis or treatment options". What is a "reasonable method of assessment"? Does CPSM have a standard MAiD assessment form, as some other jurisdictions use and have posted? If so, is it posted somewhere on your website? Can the patient request information about the assessor(s) or consultant(s) expertise, or request assessor(s) with the relevant expertise? This could be important to the patient, given that more than one assessment might be conducted over a period of time.

COMMUNICATION

The Government of Canada Model Practice Standard for Medical Assistance in Dying (MAID) - Canada.ca includes Section 12: Virtual Care [***Note to users: include this section if the regulatory authority allows virtual care]."*** I have received medical services from specialists on an in-person and virtual basis since virtual care became practice in Manitoba. Why is there no provision for Virtual Care in the CPSM Draft Standard? Some other jurisdictions include Virtual Care specifically in their MAiD standard, or they refer stakeholders to their general standards of practice which include it.

This same Model Practice Standard advises: [Note to users: sections 13.0 to 16.0 are intentionally left blank as the logistics of these topics vary by jurisdiction. Regulatory authorities can populate these sections based on the Criminal Code, the regulations under the Criminal Code, provincial/territorial legislation and policy, and their individual requirements]." My focus is on Section 16.1 and 16.3 Documentation and Reporting. From the viewpoint of the patient, communication is a 2-way street. If the patient gives written consent to have their health records

examined by the MAiD practitioners, and their family and others are contacted as required for one or more patient assessments, then the patient should have the right to receive ongoing communication (verbal and in writing, directly or to Proxy), about their MAiD assessments and other Maid information gathered by medical practitioners. This includes receiving copies of written reports, assessment reports, and written reasons for denial of MAiD requests.

There is nothing in the CPSM Draft standard advising the medical profession and other stakeholders about the Personal Heath Information Act The Personal Health Information Act (PHIA) | Manitoba Health | Province of Manitoba (gov.mb.ca); patients' rights to information under this Act and Regulations phia_guide.pdf (gov.mb.ca); and the medical professional's responsibility as a Trustee for that information. The closest reference appears to be 4.2. "Each physician who obtains informed consent from the patient for MAiD must: 4.2.1. have either conducted his/her own assessment or be fully informed of the assessments conducted by other physicians of the patient's medical decision-making capacity; and 4.2.2. meet the legal requirements for informed consent, including informing the patient of: 4.2.2.i. material information which a reasonable person in the patient's position would want to have about MAiD." What is "material information", and in what form is it to be provided?

There should be a section in the CPSM Draft Standard on patients' rights under provincial legislation as it applies to MAiD services. Other jurisdictions also accomplish this by including below their Standard a section on 'other resources" or "companion resources", containing links to relevant legislation including patients' rights legislation.

My only comment is that, in sections that referred to consideration of the patients' state of health, beliefs, values, etc., perhaps the patient's economic position should also be considered. Eg 2.2.2.iii.
curable should be interpreted as meaning that there are no reasonable treatments remaining where reasonable is determined by the physician and patient together exploring the recognized, available, and potentially effective treatments in light of the patient's overall state of health, beliefs, values, ECONOMIC SITUATION, and goals of care.

My thoughts behind this are to note that not all treatments are financially available. Not everyone's economic status allows them to seek out potentially life-improving treatments, either elsewhere in Canada or out of country. I think noting whether a treatment is simply 'available' is too ambiguous a term. The treatment must be financially available.

---

1)Doctors and other medical practitioners **should not** be allowed to **bring up MAiD first**. This rule is in place in some areas in Europe where they offer euthanasia or assisted suicide. We all already know it is available so there is no need to advertise it. And it can be traumatic for a patient to hear as it can imply the medical staff believe the patient would be better off dead even if they want to continue to live. Stories from patients feeling pressured by healthcare providers have been reported from the early days of MAiD and continues to be reported in the media even recently.

2)There should be a clear mechanism to investigate abuses within the system and cases like the one referenced in the article below. In this case the police could not obtain confidential records and so could not properly investigate if criminal wrong doing had taken place. It should be possible to properly investigate suspected abuses of MAiD laws and maintain confidentiality of heath records.

https://www.mapleridgenews.com/local-news/lower-mainland-daughters-continue-fight-for-answers-in-mothers-maid-death-5935023

Though I already made a couple of comments in a previous email I would like to add another.

Allowing individual **healthcare providers** and institutions such as hospitals, clinics or hospices to **opt-out of providing MAiD** protects not only there right to their own conscience, but also h**elps patients**, like me, make decisions about what institutions or providers we visit. By allowing conscience objections by providers, I, as a patient, can be sure to avoid succumbing to my own suicidal thoughts in the event of illnesses as well as avoid culturally hurtful conversations about MAiD with healthcare providers, however well meaning they are.

Yet again psychological illness takes a back bench and is poorly understood and supported as we deny MAID to those debilitated with disease in this catagory. Shame on those making this poor decision. Torture presents itself not only in the physically evident way such as cancer and the multitude of other incurable diseases. Care and understanding and indeed empathy is necessary for those suffering from mental illness and its lack of treatment and affects on so many peoples lives.

See attached PDF

My understanding is that the government is considering whether to pause its original plan to broaden the rules that govern MAiD so they include patients whose only underlying condition is a mental disorder. I understand this is a very difficult and complex issue. (I have attached two recent articles from the Winnipeg Free Press on this subject - "Ottawa open to pause on expanding assisted dying rules" and "Are we ready? Should we do this?")

I am a supporter of MAiD. I believed it should be allowed long before it became legal in Canada. I knew a few people who chose MAiD. And was recently honoured to have been present at a MAiD death. It was a profound experience and only solidified my desire to choose MAiD should my circumstances allow it. Which is why I am writing you.

I am approaching my 70th birthday and am currently mentally and physically healthy. But given my family history, I believe there is a very good chance I will end up with dementia / Alzheimer's.

Under the current rules people must have "decision-making capacity" immediately before the drugs to end their life are administered. This means that people with dementia / Alzheimer's disease cannot choose MAiD because they do not have decision-making capacity.

I ***strongly*** believe that now, while I do have decision-making capacity, I should be able to pre-arrange for MAiD in the event I get dementia / Alzheimer's. I know it is complicated but am confident rules / guidelines can be worked out. (For instance, when a person has Health Care Proxies I assume the MAiD team would work with them. My proxies are very clear on my wishes around this issue in particular, and all other end-of-life decisions, because it is a subject we discuss openly and often, even more so as we age.)

I have several reasons for wanting to be able to pre-arrange MAiD with respect to dementia / Alzheimer's but will name just two. First, based on what I have experienced and seen with other family, friends, and my work which often took me into personal care homes, I am absolutely

100% sure – there is no doubt in my mind – that I simply do not want to "live" with dementia / Alzheimer's. I've seen too much. It's not what I want. I do not believe it is "life". Second, given the deplorable crisis around the state of personal care homes in our country that is not going to improve anytime soon, even if I were able to be placed in a personal care home I am not at all confident I would get proper and decent care, and do not want to "live" that way. In fact, **I will not** live that way.

So for these, and reasons and arguments I know others have made much more eloquently, I ask that the laws around MAiD be changed to allow pre-arrangement with respect to dementia / Alzheimer's. And that the change not be tied up with / delayed by the conversation around whether or not to allow MAiD for patients whose only underlying condition is a mental disorder. They are two very different issues.

I am disappointed with the government's recent decision to delay the changes to MAiD until 2027 for a few reasons.

One being that, regrettably, I don't believe the Liberals will win the next election and the best we can hope for is a Conservative minority government. And if the Conservatives win a majority they will "scrap the expansion" as Poilievre is quoted as saying in the attached article, and perhaps even go further and tighten up the MAiD criteria even more than they already are.

As I said in my January 7, 2024 email below to you Minister Virani, I understand that the issue of MAiD and mental disorders is complex. What is not complex is allowing people who have full mental capacity to pre-arrange MAiD in the event that they are diagnosed with dementia / Alzheimer's. Can you not make that change before the next federal election?

I do not support MAID for any reason as well as for mental health. Systems and processes will always break down. Life goes from order to disorder, human cells repair and die, it is a given. The problem with MAID is that it is not an exempt from these laws. Though safeguards and redundancies are in place these will fail they always do. Sometimes it will be a slow fade but nevertheless in the end harm will occur. Governments and licensing bodies which often times act in unison; or will when the system breaks down will justify these harms to citizens. History is your example.

There is no question that mental illness is a real illness capable of causing great suffering, but I breathed a sigh of relief when I heard that MAID for mental illness is being postponed. This issue must be approached with great caution.

Before MAID for mental illness becomes legal in Canada, a vast improvement in access to first-rate mental health care and all required social supports must be undertaken. Access must be equitable across the country. This will require a substantial investment in training more psychiatrists, psychologists, social workers, etc. as well as some investment in infrastructure. If we value human life, we must support it.

Assessing for MAID will require a substantial amount of time from mental health experts. Is this a good use of their time? How much time will this ongoing discussion of MAID have taken from the treatment of patients, and is this a relevant concern?

Public Consultafion - Revised SoP – MaiD
January 10 – February 11, 2024

There must be clear criteria for acceptance for MAID. This will not be simple. When does acceptance for MAID represent respect for an individual's autonomy, and when is it saying we really don't value your existence all that much. There may be some instances of a person who has tried everything unsuccessfully for many years and could be allowed to choose assisted death, but many people who request an assisted death might get better at least to the point where they can manage their illness. It is experts who should determine criteria; their experience will have provided a lot of input from patients.

And how stressful will it be for a professional whose training has led him/her to prevent suicide, to decide if someone is eligible for MAID?

Suicide devastates families. Will MAID for mental illness do the same, and is this relevant?

I do not have enough knowledge of the many ways in which mental illness can present to have a firm opinion of whether it is possible to know when a case is hopeless. In the end, acceptance to MAID will depend on the philosophy of the assessor. Patients will come to know which assessors are pro MAID and which are more reluctant. That is the way it is in other aspects of medicine, too.

N.B. Parliament can change its mind.

January 3, 2024

RE: Amendment to the Standard of Practice for MAiD

Dear Dr. Ziomek and CPSM council,

By this present letter, I wish to voice my concerns regarding the ***Amended Standard of Practice for MAiD.***

1.7 Unless a registrant has a conscience-based objection to MAiD, where a registrant reasonably believes that:
1.7.1. a patient is unaware that MAiD is a medical service available to patients who meet the eligibility requirements; and
1.7.2. MAiD is consistent with the patient's values and goals of care, the registrant should inform the patient about MAiD, taking reasonable steps to ensure that the patient does not perceive the providing information as pressure to pursue MAiD or not and must not otherwise promote the registrant's own values or beliefs and document the interactions in the patient's medical record.

I am concerned with these proposed changes to the Standard of Practice for MAiD for the following reasons.

As you are well aware, the physician and patient relationship is an important relationship in which our patients place their trust in us, as their physicians, to help guide their care. Due to the power differential in this relationship, many patients may perceive that if we, as providers, bring up MAiD as an option, that this is the preferred and recommended option for them.

In these situations, patients are extremely vulnerable as they are not only struggling with their physical illness but also struggling with the emotional ailments which accompany their physical suffering. Offering MAiD to patients who already feel overwhelmed may be perceived as if we, as their providers, are "giving up" on them, and no longer wish to pursue medical treatment and referrals for them and no longer wish to accompany them in their suffering but rather dismiss them by offering to take their lives rather than to alleviate their suffering. Patients may already feel like a burden and emotionally overwhelmed. Bringing up this topic in these situations may greatly discourage our patients and prompt them to do something which would otherwise go against their values.

Due to this power differential and the misperceptions patients may have if physicians suggest MAiD as an option, I strongly believe that physicians should NOT initiate a conversation about MAiD.

In addition, as physicians, we strive to empathize with our patients, but the reality is that we will never fully understand our patient's situation and therefore, what may seem to us as poor quality of life may not be to our patients. Projecting our view on their quality of life in these situations is in no way helpful to our patients.

January 3, 2024

Furthermore, I understand that the amendment states that “MAiD is consistent with the patient’s values and goals, the registrant should inform the patient about MAiD”. This being said, understanding our patient’s values and goals takes time and many conversations. In view of the fact that physicians are often busy and preoccupied by their work, we do not truly take the time to understand our patient’s values and goals and are often not in a position to make conclusions about what our patients’ values and goals are. Moreover, as individuals we often project our own values and goals onto others, and so in our role as physicians we may very well do the same with our patients.
For all of the reasons stated above, I would suggest that conversations regarding MAiD be only initiated by patients.

Thank you for taking the time to reconsider the proposed amendments.

[redacted]

CMPA.ACPM
Empowering better healthcare
Pour l'avancement des soins de santé

February 2, 2024

Via email: CPSMconsultation@cpsm.mb.ca

Dr. Anna M. Ziomek
Registrar/CEO
College of Physicians & Surgeons of Manitoba
1000-1661 Portage Avenue
Winnipeg, MB R3J 3T7

Dear Anna:

Re: Draft Revised MAID Standard

The Canadian Medical Protective Association ("CMPA") appreciates the opportunity to participate in the College's consultations on the draft ***Medical Assistance in Dying*** ("MAID") Standard of Practice.

As you know, the CMPA delivers efficient, high-quality physician-to-physician advice and assistance in medico-legal matters, including the provision of appropriate compensation to patients injured by negligent medical care. Our evidence-based products and services enhance the safety of medical care, reducing unnecessary harm and costs. As Canada's largest physician organization and with the support of our over 111,000 physician members, the CMPA collaborates, advocates and effects positive change on important healthcare and medico-legal issues.

The CMPA appreciates the College's initiative to update its MAID Standard of Practice based on theFederal Model Practice Standard for MAID. However, it is essential that any guidance provided to physicians be clear and consistent to prevent any misunderstanding of the MAID requirements under the ***Criminal Code***. To this end, our comments will focus on:

- Clarifying the definition of "Assessing Physician(s)";
- Removing the suggestion that written assessments must opine on compliance with safeguards;
- Clarifying expectations for consulting physicians with expertise;
- Providing more comprehensive guidance related to self-administration; and
- Clarifying the state of MAID for patients with a mental disorder as their sole underlying medical condition (MD-SUMC).

Definition of Assessing Physician(s)

The CMPA recommends clarifying the definition of "Assessing Physician(s)" to specify in what circumstances there must be more than one Assessing Physician. Subparagraphs 241.1(3)(e) and (3.1)(e) of the ***Criminal Code*** only require the eligibility opinion of one Assessing Physician in

addition to the eligibility opinion of the Administering Physician. However, the proposed definition of "Assessing Physician(s)" in the draft Standard states that "There can, and in some cases must be, more than one Assessing Physician."

We recognize physicians may consult other physicians if they need particular expertise to complete their assessment, but these consultants would not generally be considered "Assessing Physicians." It is also possible the Standard refers to situations where the first Assessing Physician concluded the patient ineligible for MAID and the patient then sought additional eligibility assessments from other Assessing Physicians to see if they would find the patient eligible. To avoid misunderstandings, the College should clarify when it expects more than one Assessing Physician to complete a MAID assessment.

Eligibility Opinion and Safeguards

We suggest amending paragraph 2.2.1.i of the draft Standard to clarify that the Assessing and Providing Physicians' opinion must be in regards to the patient's eligibility for MAID only and not whether the statutory safeguards are satisfied.

Subparagraphs 241.1(3)(e) and (3.1)(e) of the ***Criminal Code*** only require written opinions confirming the patient meets all of the eligibility criteria; there is no requirement to opine on compliance with the safeguards. Indeed, the safeguards are applicable throughout the MAID process, including after the written eligibility assessments are provided. For example, MAID practitioners would not be able to opine in their assessment on compliance with the safeguard requiring that the patient be given the opportunity to withdraw their request immediately before MAID is administered since this safeguard would be implemented only after the written opinion is provided.

Consulting with a Physician with Expertise

To ensure consistency with the ***Criminal Code***, the CMPA recommends clarifying in paragraph 2.2.1.i.1 that the requirement to obtain a formal consultation with a physician with expertise in the condition that is causing the person's suffering (if neither MAID practitioners have that expertise) applies only to cases where natural death is not reasonably foreseeable. Currently, that paragraph appears to state that this requirement applies in ***all*** MAID cases.

It would be preferable to only reference the requirement to formally consult with a physician with expertise in paragraph 7.1.1 of the draft Standard, which is specific to safeguards applicable to patients whose natural death is not reasonably foreseeable.

If the College's intention is simply to recommend that physicians consult specialized physicians as needed where additional input may be required to complete their MAID assessment, the College may want to be more clear in that regard and be more flexible in the type of consultation that may be conducted (***e.g.*** by avoiding the imposition of a "formal consultation").

Self-Administration

The CMPA encourages the College to provide guidance on self-administration, and more specifically with respect to expectations surrounding entering into an advance consent agreement where patients intend to self-administer MAID.

Given the high complication rates with self-administration and the associated medico-legal risks, physicians would greatly benefit from the College's guidance on this topic. We are aware several medical regulatory authorities provide direction on this complex issue.[1]

Patients whose Sole Underlying Medical Condition is a Mental Disorder

Shortly after these consultations were launched, the Federal Government announced it will introduce legislation to further postpone the expansion of MAID to patients with MD-SUMC. Assuming such legislation will be adopted, we encourage the College to update the draft Standard to reflect this development. In particular, it should be clear to physicians that patients with MD-SUMC will continue to be ineligible for MAID after March 17, 2024, and until the ***Criminal Code*** is amended to permit MAID for these patients.

We trust these comments will be of assistance to the College in finalizing its draft MAID Standard.

Yours sincerely,

Lisa Calder, MD, MSc, FRCPC
Chief Executive Officer

LAC/ml

cc. Dr. J.H. Brossard

[1] See for example, CPSO Legal Requirements: MAID; CPSBC MAID Practice Standard; CPSA MAID Advice to the Profession; CPSS, MAID Policy: Patient's Death is Reasonably Foreseeable and MAID Policy: Patient's Death is Not Reasonably Foreseeable; CPSNS MAID Professional Standard.

January 29, 2024

Greetings:

The writer is responding to a Free Press Ad on Public consultations with respect to (MAID)

The Feds and especially the Liberals are out of their cotton picken minds.

I'm 90 and my wife is 89. Speaking for myself, I would like to make my own decision on when I should pass on. I don't want my wife, my family or a Doctor to decide when its my time to leave.

I am trying to buy 'Fentanyl' or some other tablet that I could ingest and be gone. My life has been satisfying, given the obstacles I surmounted, I have been a success , at least in my mind.

I don't want some idiot politician in Ottawa making rules. They already have a useless Charter and Criminal Code... Leave me be.

I approached my Doctor, but her hands are tied and I will not subject her to any charges; but I will find a way!

The computor and I are somewhat strangers, thats why this note.

Thank you

Standard of Practice

Medical Assistance in Dying (MAiD)

Initial Approval: January 1, 2019 **Effective Date: January 1, 2019**
Updated: June 9, 2021
Updated: March 20, 2024

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.

CONTEXT

Medical assistance in dying (MAiD) has been permitted in Canada in limited circumstances since 2016 as result of amendments to the Criminal Code[1]. On March 17, 2021, the eligibility requirements for MAiD were expanded to include patients whose natural death is not reasonably foreseeable[2]. Those amendments also created new legislated safeguards for the provision of MAiD to patients whose natural death is not reasonably foreseeable. They also changed the consent provisions to allow for the provision of MAiD to patients whose death is reasonably foreseeable and who consented to MAiD, but lost capacity before it was scheduled to be provided. The new legislation also made clear that while mental illnesses / disorders were not then considered to be an illness, disease or disability, they would be after two years and following a mandatory independent review and recommendations by experts (March 2023). This was later extended to March ~~2024~~2027.

An Expert Panel established by the federal government issued a report on May 13, 2022[3]. In that report, the Expert Panel acknowledged that its mandate referred only to mental illness. That said, it believed that its recommendations for safeguards, protocols, and guidance should apply to all clinical situations in which concerns about incurability, irreversibility, capacity, suicidality, and/or the impact of structural vulnerabilities arise, regardless of the patient's diagnoses. As such, it recommended a process to facilitate the development of Standards of Practice by medical regulatory authorities for the assessment of MAiD requests where questions about incurability, irreversibility, capacity, suicidality, and the impact of structural vulnerabilities arise, including but not limited to provision of MAiD to patients for whom a mental disorder is the sole underlying medical condition (MD-SUMC). The Model Practice Standard for Medical Assistance in Dying (MAiD) was released in March 2023.[4] This

[1] An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) SC 2016, c. 3
[2] An Act to amend the Criminal Code (medical assistance in dying) SC 2021, c. 2
[3] Final Report of the Expert Panel on MAiD and Mental Illness, May 2022)
[4] The Model Practice Standard for Medical Assistance in Dying (MAiD), March 2023

Standard has been modified to incorporate several of the recommendations of the Expert Panel and the Model Practice Standard.

This Standard establishes the standards of practice and ethical requirements of all CPSM registrants in relation to MAiD. The terms "must" and "should" are used to describe CPSM's expectations. "Must" indicates a mandatory requirement. "Should" indicates a strong recommendation for what is considered best practice, but allows for registrants to use reasonable discretion when applying such an expectation in their practice. These expectations are subject to existing legislation and regulations governing any aspect of MAiD which come into force and effect, which unless otherwise stated, take priority over this Standard where there is any inconsistency.

Shared Health's Medical Assistance in Dying website provides information on MAiD and accessing MAiD through its Provincial MAiD Clinical Team. This team has developed an expertise in MAiD and follows protocols for assessing eligibility for and providing MAiD. The team can be reached by ~~email at maid@sharedhealthmb.ca or by~~ phone at 204-926-1380 or toll-free at 1-844-891-1825 or by fax at 204-940-8524. All physicians who receive a request for MAiD should consult with and consider referral of patients to the Provincial MAiD Clinical Team. Other recommended resources include the Canadian Medical Protective Association and the Canadian Association of MAiD Assessors and Providers.

DEFINITIONS

The following terms and phrases have specific meaning in the context of this Standard, regardless of how they are otherwise understood.

Administering Physician –the physician who provides or administers the pharmaceutical agent(s) intended to cause the patient's death. The Administering Physician is responsible for confirming that all the requirements of this Standard have been met before the pharmaceutical agent(s) that intentionally cause the patient's death can be provided or administered. There can only be one Administering Physician for each patient.

Assessing Physician(s) – the physician(s) who provide a written opinion as to whether the patient requesting MAiD meets the eligibility requirements for MAiD. There ~~can, and in some cases must be,~~may be more than one Assessing Physician.

Medical Assistance in Dying (MAiD) is defined in s. 241.1 of the Criminal Code to mean:

a) the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death; or
b) the prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death.

MAiD MD-SUMC: Medical assistance in dying where a mental disorder is the sole underlying medical condition of the patient requesting MAiD. (MAiD MD-SUMC cannot be provided in Canada).

Medical Practitioner - is defined in s. 241.1 of the Criminal Code to be a person who is entitled to practice medicine under the laws of a province. For the purposes of providing MAiD in Manitoba and this Standard, this means physicians on the Manitoba Medical Register and excludes Regulated Associate Members (medical students, residents, physician assistants and clinical assistants).

Mental Disorder: a condition as described in standard psychiatric diagnostic classification schemes such as the DSM5-TR. The *Criminal Code* uses the term 'mental illness.' According to the federal legislative background document prepared for Bill C-7, the term 'mental illness' would **not** include neurocognitive or neurodevelopmental disorders, or other conditions that may affect cognitive abilities, such as dementias, autism spectrum disorders, or intellectual disabilities.

Nurse practitioner: a registered nurse who, under the laws of Manitoba, is entitled to practice as a nurse practitioner and to autonomously make diagnoses, order and interpret diagnostic tests, prescribe substances and treat patients.

Patient - the person requesting MAiD and whose well-being must be the primary concern of any physician involved with responding to such a request.

Pharmacist**:** a person who is entitled to practice pharmacy under the laws of Manitoba.

Physician - a medical practitioner who is a registrant of CPSM and is both registered on the Manitoba Medical Register and licensed to practice medicine. This definition excludes a registrant who is only practicing within a residency training program.

Registrant – a registrant of CPSM who is registered on the Manitoba Medical Register or the Associate Members Register as an Educational Registrant, Physician Assistant or Clinical Assistant.

EXPECTATIONS AND REQUIREMENTS

1. EXPECTATIONS AND MINIMUM REQUIREMENTS OF ALL REGISTRANTS AND PHYSICIANS

1.1. A registrant must not promote their own values or beliefs about MAiD when interacting with a patient.

1.2. On the grounds of a conscience-based objection[5], a physician who receives a request about MAiD may refuse to:

[5] See s. 10 of the Standard of Practice for Good Medical Care, where conscience-based objection is defined as an objection to participate in a legally available medical treatment or procedure based on a registrant's personal values or beliefs.

1.2.1. provide it; or
1.2.2. personally offer specific information about it; or
1.2.3. refer the patient to another physician who will provide it.

1.3. A physician who refuses to refer a patient to another physician or to personally offer specific information about MAiD on the grounds of a conscience-based objection must:
1.3.1. clearly and promptly inform the patient that the physician chooses not to provide MAiD on the grounds of a conscience-based objection; and
1.3.2. provide the patient with timely access to a resource[6] that will provide accurate information about MAiD, including how a patient can make a request for MAiD or to be assessed for eligibility for MAiD; and
1.3.3. continue to provide care unrelated to MAiD to the patient until that physician's services are no longer required or wanted by the patient or until another suitable physician has assumed responsibility for the patient; and
1.3.4. make available the patient's chart and relevant information (i.e., diagnosis, pathology, treatment and consults) to the physician(s) providing MAiD to the patient when authorized by the patient to do so; and
1.3.5. document the interactions and steps taken by the physician in the patient's medical record, including details of any refusal and any resource(s) to which the patient was provided access.

1.4. A registrant who is not a physician and has a conscientious-based objection to MAiD who receives a request for MAiD, information about MAiD or a referral to a physician who will provide MAiD must advise the patient making the request that the registrant has a conscientious-based objection and must communicate the request to the registrant's supervising physician in a timely fashion.

1.5. Registrants who have existing therapeutic relationships with a patient requesting MAiD must:
1.5.1. not discharge the patient from existing services even when there is a MAiD team or centralized process involved in their care; and
1.5.2. continue to work with the patient with their consent in the pursuit of therapeutic goals even while a MAiD request is being explored.

[6] Acceptable resources may include but are not limited to other registrants, health care providers, counsellors and publicly available resources which can be accessed without a referral and which provide reliable information about MAiD. In Manitoba, Shared Health maintains a website regarding MAiD and accessing MAiD through its Provincial MAiD Clinical Team, which has developed an expertise in MAiD and has established protocols for assessing eligibility for and providing MAiD. The team can be reached by ~~email at maid@sharedhealthmb.ca or by~~ phone at 204-926-1380 or toll-free at 1-844-891-1825 or by fax 204-940-8524. All physicians who receive a request for MAiD are strongly encouraged to consult with or consider referral of patients to the Provincial MAiD Clinical Team.

1.6. Registrants must not assume that all patients who are potentially eligible for MAiD are aware that it is legal and available in Manitoba.

1.7. Unless a registrant has a conscience-based objection to MAiD, where a registrant reasonably believes that:

1.7.1. a patient is unaware that MAiD is a medical service available to patients who meet the eligibility requirements; and

1.7.2. MAiD is consistent with the patient's values and goals of care, the registrant ~~should~~ may inform the patient about MAiD, taking reasonable steps to ensure that the patient does not perceive the information as pressure to pursue MAiD. The interactions must be documented in the patient's medical record.

~~1.7.2.~~1.7.3. The requirement to inform a patient about MAiD in the above circumstances is primarily applicable to patients whose natural death is reasonably foreseeable.

2. ELIGIBILTY FOR MAiD

2.1. Legal Criteria

2.1.1. To be eligible for MAiD, a patient must meet **ALL** of the following criteria:

2.1.1.i. be eligible for publicly funded health services in Canada[7] ;

2.1.1.ii. be at least 18 years of age and capable of making decisions with respect to their health;

2.1.1.iii. have a grievous and irremediable medical condition;

2.1.1.iv. make a voluntary request for medical assistance in dying that is not the result of external pressure; AND

2.1.1.v. provide informed consent to receive MAiD after having been informed of the means that are available to relieve the patient's suffering, including palliative care.

2.1.2. A patient has a grievous and irremediable medical condition only if **ALL** of the following criteria are met:

2.1.2.i. they have a serious and incurable illness, disease or disability[8];

2.1.2.ii. they are in an advanced state of irreversible decline in capability; and

2.1.2.iii. that illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable.

2.1.3. Only Medical Practitioners and Nurse Practitioners are legally authorized to assess eligibility and ensure that all statutory safeguards in relation to the provision of MAiD have been implemented before it is provided.

2.1.3.i. The law requires that at least two such practitioners must be of the

[7] This includes people who would be eligible but for any minimum period of residency or waiting period.

[8] A mental illness/disorder is NOT considered as an illness, disease or disability unless or until the amendment to the Criminal Code made in 2021 comes into effect in March ~~2024~~ 2027 or otherwise.

opinion that the legal criteria has been met and that the safeguarding measures have been put into effect before MAiD can be provided

2.1.3.ii. Among CPSM registrants, only physicians can independently conduct the necessary assessments and ensure that the safeguards have been implemented prior to MAiD be provided.

2.2. Expectations Of Physicians Assessing Eligibility And Implementing Safeguards

2.2.1. General

2.2.1.i. For a physician to provide an opinion in relation to MAiD eligibility and the statutory safeguards, that opinion must be based on appropriate medical judgment and reasonable method of assessment, including:

2.2.1.i.1. a clinical diagnosis of the patient's medical condition whether that diagnosis has been made by that physician or, where that physician lacks sufficient expertise to render a diagnosis and opine on the patient's medical condition, a formal consultation with another physician with relevant expertise for the limited purpose of confirming the diagnosis, prognosis or treatment options. The physician who provides the consultation to that physician is acting as a consultant to either the Assessing physician or Administrating Physician and is not considered to be providing MAiD for the purposes of this Standard;

2.2.1.i.2. a thorough clinical assessment of the patient, which includes consideration of all relevant, current and reliable information about the patient's symptoms and the available medical treatments to cure the condition or alleviate the associated symptoms which make the condition grievous, including, where appropriate, consultation with another qualified physician; and

2.2.1.i.3. having been fully informed of the current relevant clinical information about the patient and ~~his/her~~their condition.

2.2.1.ii. Any physician who conducts an assessment for the purpose of determining if a patient is eligible for MAiD in respect to any of the clinical criteria, including whether they are of the opinion that the patient has a grievous and irremediable medical condition, must have sufficient training, experience and qualifications to safely do so in the circumstances of each case.

2.2.1.iii. Forming an opinion about MaiD eligibility may require a physician to obtain health records and/or gather collateral information from a variety of sources, including from other health care professionals, family members and/or significant contacts, to ensure that all relevant information is considered in the assessment.

2.2.1.iii.1. Where a patient requesting MaiD refuses consent to obtaining health record and personal data necessary for the completion of a MaiD assessment, the physician must explain that, without such information, the assessment cannot be completed and

therefore the patient cannot be found to be eligible.

2.2.1.iii.2. Potential sources of collateral information include the patient's family and close connections. Physicians must have received consent from the patient prior to gathering collateral information from any source. Physicians must be mindful of the patient's privacy when considering whether it is appropriate to seek collateral information from family members and other close connections. Where a patient refuses consent to obtaining collateral information that is essential for the completion of a MaiD assessment, then the physician must explain that without such information, it may not be possible to complete the assessment and explore other sources of the collateral information before concluding that the patient cannot be found to be eligible based on the limited information available.

2.2.1.iii.3. Where physicians require the involvement of medical specialists, subspecialists, and other healthcare professionals for consultations and additional expertise for the purposes of their assessment, and where a patient requesting MaiD refuses consent to the involvement of other health care practitioners the physician must explain that without such involvement, the assessment cannot be completed and therefore the patient cannot be found to be eligible.

2.2.1.iv. Each physician must document in the patient's medical record all information that is relevant to their role and findings in respect to each of the specific requirements of any assessment related to the patient's eligibility for MaiD and the statutory safeguards, including capacity, informed consent and determining that the patient has a grievous and irremediable medical condition.

~~2.2.1.iv.~~2.2.1.v. In accordance with The Personal Health Information Act[9] the patient is entitled to access to the information the physician(s) considered in determining the patient's MAiD eligibility and statutory safeguards.

2.2.2. Assessing Whether A Medical Condition Is Grievous And Irremediable

2.2.2.i. 'Grievous and irremediable medical condition' is not a clinical term associated with medical practice. It is a legal term limiting access to MaiD which is defined by the legal criteria set out in the Criminal Code and includes several components, all of which must be present.

2.2.2.ii. The criteria for having a grievous and irremediable condition can only be met if both the practitioner who conducts the assessment for MaiD eligibility and the practitioner who provides MaiD are of the opinion that all of the components, which are listed in s. 2.1.2 above, are met.

2.2.2.iii. For a physician to be of the opinion that a patient has a serious and incurable illness, disease, or disability, incurable should be interpreted as

[9] The Personal Health Information Act, CCSM c. P33.5, Part 2.

meaning that there are no reasonable treatments remaining where reasonable is determined by the physician and patient together exploring the recognized, available, and potentially effective treatments in light of the patient's overall state of health, beliefs, values, and goals of care.

2.2.2.iv. For a physician to be of the opinion that a patient is in an advanced state of irreversible decline in capability:

2.2.2.iv.1. capability refers to a patient's functioning (physical, social, occupational, and/or other important areas), not the symptoms of their condition. Function refers to the ability to undertake those activities that are meaningful to the patient;

2.2.2.iv.2. advanced state of decline means the reduction in function is severe.

2.2.2.iv.3. Irreversible means there are no reasonable interventions remaining where reasonable is determined by the physician and patient together exploring the recognized, available, and potentially effective interventions in light of the patient's overall state of health, beliefs, values, and goals of care.

2.2.2.v. For a physician to be of the opinion that a patient's illness, disease or disability or state of decline causes the patient enduring physical or psychological suffering that is intolerable to the patient and cannot be relieved under conditions that the patient considers acceptable, the physician must respect the subjectivity of suffering and ensure that:

2.2.2.v.1. they are satisfied that it is the patient's illness, disease, or disability and/or state of decline in capability that is the primary cause of the patient's enduring suffering;

2.2.2.v.2. they have explored with the patient the consistency of the patient's assessment of their suffering with the patient's overall clinical presentation and expressed wishes over time, considering the unique circumstances and perspective of the patient, their personal experiences and religious or moral beliefs and values;

2.2.2.v.3. the patient is properly informed of ~~his/her~~ their diagnosis and prognosis in relation to the current or impending associated symptoms; and

2.2.2.v.4. treatment options described to the patient include all reasonable medical treatments to cure the condition or alleviate the associated symptoms which make it grievous or, if the patient is terminal, palliative care interventions; and

2.2.2.v.5. the patient adequately understands the:

2.2.2.v.5.1. current and anticipated course of physical symptoms, ability to function and pain and suffering specific to that patient; and

2.2.2.v.5.2. effect that any progression of physical symptoms, further loss of function or increased pain may have on that specific patient; and

2.2.2.v.5.3. available treatments to manage the patient's symptoms or loss of function or to alleviate ~~his/her~~their pain or suffering.

3. CAPACITY

3.1. Any physician who conducts an assessment of a patient for the purpose of determining if the patient is capable of making decisions with respect MAiD must be:

3.1.1. fully informed of the current relevant clinical information about the patient and their mental and physical condition; and

3.1.2. qualified to assess competence in the specific circumstances of the patient whose capacity is being assessed or be able to consult with another physician with relevant expertise for the limited purpose of assessing the patient's medical decision making capacity.

3.2. As capacity is fluid and may change over time, physicians must be alert to potential changes in a patient's capacity and, where appropriate undertake serial assessments of the patient's decision-making capacity.

3.3. In the event that a physician has reasonable doubt as to the patient's competence, an additional independent assessment must be conducted by another physician who is enrolled on the Specialist Register as a psychiatrist.

4. INFORMED CONSENT AND VOLUNTARINESS

4.1. Physicians who obtain informed consent for MAiD must have sufficient knowledge of the patient's condition and circumstances to ensure that:

4.1.1. the patient is properly informed of ~~his/her~~their diagnosis and prognosis in relation to the current or impending associated symptoms; and

4.1.2. the treatment options described to the patient include all reasonable medical treatments to cure the condition or alleviate the associated symptoms which make it grievous and/or palliative care interventions where the patient is terminal; and

4.1.3. the patient is offered appropriate counseling resources; and

4.1.4. the patient fully understands that:

4.1.4.i. death is the intended result of the pharmaceutical agent(s); and

4.1.4.ii. the potential risks and complications associated with taking the pharmaceutical agent(s).

4.2. Each physician who obtains informed consent from the patient for MAiD must:

4.2.1. have either conducted ~~his/her~~their own assessment or be fully informed of the assessments conducted by other physicians of the patient's medical decision-making capacity; and

4.2.2. meet the legal requirements for informed consent, including informing the patient

of:

4.2.2.i. material information which a reasonable person in the patient's position would want to have about MAiD;

4.2.2.ii. the material risks associated with the provision/administration of the pharmaceutical agent(s) that will intentionally cause the patient's death; and

4.2.2.iii. meet with the patient alone at least once to confirm that their decision to terminate their life by MAiD is voluntary and that the patient has:

4.2.2.iii.1. made the request themself thoughtfully; and

4.2.2.iii.2. a clear and settled intention to end their own life by MAiD after due consideration;

4.2.2.iii.3. considered the extent to which the patient has involved or is willing to involve others such as family members, friends, other health care providers or spiritual advisors in making the decision or informing them of ~~his/her~~their decision; and

4.2.2.iii.4. made the decision freely and without coercion or undue influence from family members, health care providers or others.

5. SPECIFIC EXCEPTIONS TO CONSENT REQUIREMENTS FOR PATIENTS WHOSE DEATH IS REASONABLY FORESEEABLE[10]

5.1. Subject to the following exception as it relates to patients whose death is reasonably foreseeable, but have lost the capacity to consent:

5.1.1. a substance to cause a patient's death may be administered to a patient who has lost the capacity to consent to receiving MAiD without giving the patient an opportunity to withdraw their request and ensure that the patient gives express consent to receive MAiD if **ALL** of the following circumstances apply:

5.1.1.i. BEFORE the patient lost the capacity to consent to receiving MAiD:

5.1.1.i.1. the patient met all of the criteria set out in Section 2 of this Standard and all other safeguards set out in this Section of the Standard were met;

5.1.1.i.2. the patient entered into an arrangement in writing with the physician or nurse practitioner that the physician or nurse practitioner would administer a substance to cause their death on a specified day;

5.1.1.i.3. the patient was informed by the physician or nurse practitioner of the risk of losing the capacity to consent to receiving medical assistance in dying prior to the day specified in the arrangement; AND

[10] For greater certainty, this exception does **NOT** apply to those whose death is **NOT** reasonably foreseeable.

5.1.1.i.4. in the written arrangement, the patient consented to the administration by the physician or nurse practitioner of a substance to cause their death on or before the day specified in the arrangement if they lost their capacity to consent to receiving medical assistance in dying prior to that day;

5.1.1.ii. the substance is administered to the patient in accordance with the terms of the arrangement; AND

5.1.1.iii. the patient does not demonstrate, by words, sounds or gestures, refusal to have the substance administered or resistance to its administration[9].

5.2. Once a patient demonstrates, by words, sounds or gestures, a refusal to have the substance administered or resistance to its administration, MAiD can no longer be provided to them on the basis of the consent given by them under this Standard.

6. LEGALLY MANDATED SAFEGUARDS AND RELATED EXPECTATIONS

6.1. Before a physician provides MAiD to a patient, whether that patient's natural death is reasonably foreseeable or not, the physician must not only be of the opinion that the patient meets all of the criteria set out in Section 2, that physician must also ensure that the following procedural requirements have been met:

6.1.1. The request for MAiD was made in writing and signed and dated by the patient or where the patient is unable to sign and date the request, by another person (proxy) at the express direction of and in the presence of the patient. The person who serves as the proxy must:

6.1.1.i. be at least 18 years of age;

6.1.1.ii. understand the nature of the request for MAiD;

6.1.1.iii. not know or believe that they are a beneficiary under the will of the patient or a recipient in any other way of a financial or other material benefit resulting from the patient's death; and

6.1.2. The request was signed and dated after the patient was informed by a physician or nurse practitioner that the patient has a grievous and irremediable medical condition.

6.1.3. The request was signed and dated by the patient or by the patient's proxy before an independent witness, who must be at least 18 years of age and understand the nature of the request for MAiD, which witness must have also sign and date the request and not:

6.1.3.i. know or believe that they are aware they are a beneficiary under the will of the patient, or a recipient in any other way of a financial or other material benefit resulting from the patient's death;

6.1.3.ii. be an owner or operator of any health care facility at which the patient is being treated or any facility in which patient resides;

6.1.3.iii. be directly involved in providing health care services to the patient or be directly providing personal care to the patient, subject to the exception that a person who provides health care services or personal care as their

primary occupation and who is paid to provide that care to the patient requesting MAiD may act as an independent witness, except for:

6.1.3.iii.1. the physician or nurse practitioner who will provide MAiD to the patient: and

6.1.3.iii.2. the physician or nurse practitioner who provided an opinion regarding the patient's eligibility for MAiD.[11]

6.1.4. The patient has been informed that they may, at any time and in any manner, withdraw their request;

6.1.5. Another physician or nurse practitioner has provided a written opinion confirming the patient meets all the eligibility criteria and be satisfied that they and the other physician or nurse practitioner providing the opinion are independent in that each of them:

6.1.5.i. is not a mentor to the other practitioner or responsible for supervising their work;

6.1.5.ii. does not know or believe that they are a beneficiary under the will of the patient, or a recipient, in any other way, of a financial or other material benefit resulting from that patient's death, other than standard compensation for their services relating to the request; or

6.1.5.iii. does not know or believe that they are connected to the other practitioner or to the patient in any other way that would affect their objectivity; and

6.1.5.iv. immediately before providing MAiD, give the patient an opportunity to withdraw their request and ensure that the patient gives express consent to receive MAiD,

6.1.6. If the patient has difficulty communicating, take all necessary measures to provide a reliable means by which the patient may understand the information that is provided to them and communicate their decision.

7. ADDITIONAL SAFEGUARDS FOR PATIENTS WHOSE DEATH IS NOT REASONABLY FORESEEABLE

7.1. The following additional requirements must be met before MAiD can be provided to a patient where the natural death of the patient requesting MAiD is not reasonably foreseeable:

7.1.1. In addition to the requirements described in Section 6.1.5 of this Standard, if the physician or nurse practitioner referred to in that Section does not have expertise in the condition that is causing the patient's suffering, another physician or nurse practitioner who has that expertise must be consulted and share the results of that consultation with the physician or nurse practitioner who provides MAiD before MAiD can be provided.

[11] This exception will allow most members of the health care team to act as an independent witness, but makes clear that family member or friends who are directly involved in providing medical or personal care to the patient are excluded.

7.1.2. The patient must have been informed of the means available to relieve their suffering, including, where appropriate, counselling services, mental health and disability support services, community services and palliative care and has been offered consultations with relevant professionals who provide those services or that care. This should include consideration of housing and income supports in appropriate circumstances and may require the involvement of other professionals with expertise in the type of services which are relevant to the patient's personal circumstances; and

7.1.3. The Administering ~~physician~~ Physician and ~~Assessor~~ Assessing Physician or Assessing Nurse Practitioner must have discussed with the patient the reasonable and available means to relieve the patient's suffering and they must agree with the patient that the patient has given serious consideration to those means. In this context, the physician should consider whether the patient has demonstrated a genuine openness to the means available to relieve their suffering, including exploring the extent to which reasonable means have been tried by the patient.

7.1.4. The Administering ~~physician~~ Physician and Assessing Physician or Assessing Nurse Practitioner should ensure that the patient's request for MAiD is not only consistent with their values and beliefs, but is unambiguous and rationally considered during a period of stability, and not during a period of crisis.

7.1.5. By itself, a request for MAiD by a patient with a mental disorder should not be interpreted as suicidal ideation, even if suicidality is listed as one of the diagnostic criteria of the patient's mental disorder. In all cases, if the patient requesting MAiD has a history of or current suicidal ideation or attempts, the usual clinical approach to assessing suicidality should be taken.

7.1.6. In the context of MAiD for mental disorders (whether sole underlying medical condition or a co-morbidity), both acute and chronic suicidal ideation must be considered and evaluated to best determine whether the wishes of the patient requesting MAiD to end their life by MAiD represents a capable appraisal of their situation rather than a potentially treatable symptom of their mental disorder.

7.1.7. There must be at least 90 clear days between the day on which the first assessment under Section 2 of this Standard as to whether the patient meets the criteria set out in that Section begins and the day on which MAiD is provided to the patient or - if the assessments have been completed and they and the physician or nurse practitioner referred to in Section 6.1.5 are both of the opinion that the loss of the person's capacity to provide consent to receive medical assistance in dying is imminent — any shorter period that the first physician or nurse practitioner considers appropriate in the circumstances.

8. SPECIFIC REQUIREMENTS OF THE ADMINISTERING PHYSICIAN

8.1. In all cases, whether the patient's natural death is foreseeable or not, the administering physician must:

8.1.1. have appropriate knowledge and technical competency to provide/administer the pharmaceutical agent(s) in the appropriate form and/or dosage that will terminate

the patient's life in the manner in which the patient was informed that it would terminate ~~his/her~~their life at the time the patient provided ~~his/her~~their consent;

8.1.2. be qualified to provide appropriate instructions to the patient as to how to administer the pharmaceutical agent(s) that will terminate the patient's life in the manner in which the patient was informed that it would terminate ~~his/her~~their life at the time the patient provided ~~his/her~~their consent in circumstances where the patient elects to administer the pharmaceutical agent(s) to themself;

8.1.3. be ~~readily available~~present to care for the patient at the time the pharmaceutical agent(s) that intentionally brings about the patient's death is administered by the administering physician or taken by the patient until the patient is dead;

8.1.4. provide reasonable notice to the Office of the Chief Medical Examiner that the patient is planning to die by means of MAiD where the location is not a health care institution; and

8.1.5. certify, in writing[12] that they are satisfied on reasonable grounds that all of the following requirements have been met:

8.1.5.i. The patient is at least 18 years of age;

8.1.5.ii. The patient's medical decision-making capacity to consent to receiving medication that will intentionally cause the patient's death has been established in accordance with the requirements of the Criminal Code and this Standard;

8.1.5.iii. All of the requirements of the Criminal Code and this Standard in relation to assessing eligibility for MAiD and obtaining and documenting informed consent and all relevant additional safeguards have been met; AND

8.1.6. ensure that the requirements of physicians set out in all relevant federal and provincial legislation, including the Criminal Code, The Fatality Inquiries Act, C.C.S.M. c. F52 and The Vital Statistics Act, C.C.S.M. c. V60 in respect to reporting and/or registering the cause and manner of the patient's death, including completing all required forms specified by the legislation or regulations, are met in a timely fashion.

9. Additional Requirements of the Federal Legislation

9.1. CPSM requires that physicians comply with the federal and provincial regulations and guidelines described above as they come into force and effect. This includes the following requirements:

9.1.1. There are detailed requirements for the filing of information by physicians who carry out assessments or preliminary assessments as to whether patients meet the criteria for MAiD and those who receive a written request for MAiD[13];

[12] Please see Appendix A for an example of an acceptable form of written confirmation or contact the MAiD team at Shared Health for more information.

[13] These requirements are subject to specific regulations and input from Health Canada and may change over time. See section 241.31 of the Criminal Code and the related regulations for a detailed description of the information to be provided and to whom.

9.1.2. Physicians who, in providing MAiD, prescribe or obtain a substance for that purpose must, before any pharmacist dispenses the substance, inform the pharmacist that the substance is intended for that purpose;

9.1.3. Physicians must comply with guidelines established for the completion of certificates of death for patients to whom MAiD is provided;

9.1.4. A physician commits a criminal offence for:

9.1.4.i. knowingly failing to comply with the eligibility and safeguard requirements set out in Criminal Code; and

9.1.4.ii. destroying documents with the intent to interfere with a patient's access to MAiD, the assessment of a request for MAiD or a person seeking an exemption related to MAiD.

Appendix A – Certification by the Administering Physician

PATIENT INFORMATION		
Last Name	First Name	Second Name(s)
Personal Health Identification No. (PHIN) and/or Manitoba Health No (MHSC)	Birthdate	Gender: ☐ Male ☐ Female ☐ Other - specify:
Medical Condition(s) Relevant to Request for MAiD		
Independent Practitioner(s) who conducted their own review for patient eligibility and provided a written opinion in that regard:		

ADMINISTERING PHYSICIAN CERTIFICATION	
By initialling and signing below, I confirm that:	
Initials	I am the administering physician who has provided/administered the pharmaceutical agent(s) for medical assistance in dying ("MAiD") to the patient named above for the intended purpose of causing the patient's death at the patient's request.
Initials	I am familiar with all of the requirements for providing MAiD to the patient as set out in the *Criminal Code of Canada,* R.S.C, 1985, c. C-46 , and CPSM's Standard of Practice and am satisfied that all requirements have been met, including the following: 1. The patient was 18 years of age; 2. The patient had the capacity to make medical decisions at all relevant times; and 3. All requirements in relation to eligibility for MAiD have been met and all mandatory safeguards were implemented before MAiD was provided.
Initials	I am satisfied the Independent Practitioner listed above is independent of me and is not: 1. A mentor to me nor responsible for supervising my work; 2. Believed to be a beneficiary under the Will of the patient or recipient in any other way of any financial or material benefit resulting from the patient's death; or 3. Connected to me or the patient in any other way which would affect their objectivity
Initials	A written request for MAiD was signed and dated by the patient (or their proxy as directed by the patient) before an independent witness who then also signed and dated the request.
Initials	If the patient had difficulty communicating, all necessary measures were taken to provide a reliable means by which the patient may understand the information that was provided to them and communicate their decision.
Initials	I ensured the patient was informed that they may, at anytime and in any manner, withdraw their request for medical assistance in dying.
Initials	I informed the pharmacist that dispensed the pharmaceutical agent(s) (the "Substances") that the Substances were intended for medical assistance in dying.
Initials	Immediately before providing MAiD, I provided the patient with the opportunity to withdraw their request and ensured the patient gave their express consent to receive medical assistance in dying **OR**
Initials	The patient had completed a *Waiver of Final Consent* then lost capacity to consent to receiving MAiD and after ensuring the patient did not by words, sounds or gestures, demonstrate refusal or resistance to having the Substances administered, I provided MAiD in accordance with the terms of the *Waiver of Final Consent*.

Signature of Physician	Print Name	Date Signed
Signature of Witness	Print Name	Date Signed

COUNCIL MEETING
MARCH 20, ,2024
NOTICE OF MOTION

SUBJECT: Practice Direction - Practice Supervision Requirements for Clinical and Physician Assistants and Physician Assistant Students

BACKGROUND:

A review of Council Policies, Registrar's Policies, and registration Practice Directions is ongoing. As indicated at previous meetings of Council, the goal of this project is to revise and update these documents, and then compile and organize them into a single source to be referred to in future as CPSM's Compiled Registration Policies and Practice Directions. This will be an indexed and easy to navigate document that supports transparency and accessibility.

Registrants and institutional actors have raised concerns about the length of contracts of supervision used in the process of approving the professional practice of Clinical Assistants (ClAs) and Physician Assistants (Pas). This context supports transporting provisions of standardized contracts to a Practice Direction. If that is done, then contracts can be significantly shortened.

Supervision requirements for ClAs and PAs are very complex, as are the general restrictions that apply to their professional practice and that of all regulated associate registrants. This circumstance is confounded by the fact that these requirements appear in multiple authorities.

The Proposed Practice Direction:

Practice requirements for ClAs, PAs, and PA Students are contained in the RHPA, the *CPSM General Regulation,* the *Practice of Medicine Regulation,* as well as the *Practice Direction Registration and Qualifications*. The proposed Practice Direction brings these requirements together and adds additional explanatory language and expectations. Many of the requirements set out in the Practice Direction are not new and reflect already prevailing expectations.

The Practice Directions deals with:

1. Certificates of practice.
2. General requirements for practice descriptions and contracts of supervision.
3. Supervision of ClAs and PAs.
4. Title restrictions.
5. Performance of reserved acts and delegation of reserved acts.
6. Collaborative care.
7. Continuing professional development.

The Practice Direction adds criteria for approval to supervise a ClA or PA and contains detailed information about the role, responsibilities, and duties of physicians who supervise.

The requirements respecting the role, responsibilities, and duties of supervisors and ClAs and PAs are largely derived from current, standardized contracts of supervision and advice and guidance on CPSM's website.

As contextual information, the Practice Direction appends considerations for billing when a ClA or PA is involved in the delivery of care.

PUBLIC CONSULTATION:

At its December 13, 2023, meeting, Council directed that a draft of the proposed Practice Direction be sent for public consultation. That consultation has been completed and is detailed in the attached Feedback From Consultation document.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON MARCH 20, 2024, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

1. Council approves the Practice Direction Practice Supervision Requirements for Clinical and Physician Assistants and Physician Assistant Students as presented to be effective immediately.

2. Council repeal section 2.21 of the current Practice Direction Registration and Qualifications effective immediately.

CPSM PRACTICE DIRECTION
Practice and Supervision Requirements for Clinical and Physician Assistants and Physician Assistant Students

FEEDBACK FROM CONSULTATION THEMES

Consultation Results:

14 Responses in total
9 from Registrants
3 from Stakeholders/Organizations
2 from members of the public

THEMES

1. Terminology:

Several responses requested further explanatory information in the Practice Direction regarding terminology. This has been added in footnotes (highlighted), including for certificates of registration, certificates of practice, the contract of supervision and practice description, and institutional versus non-institutional practice settings.

2. Additional supervisors:

There are three categories of supervisors for ClAs and PAs: Primary, Alternate, and Additional supervisors. Under the *CPSM General Regulation*, Additional supervisors can only be approved for institutional practice settings (e.g., hospitals). This was questioned in the public consultation. While this is a compelling issue to consider, making a change would require an amendment to the regulation and is therefore a decision for another day.

3. On-site supervision and levels of competence:

It was suggested the particulars of on-site supervision and levels of competence be addressed in greater detail in the Practice Direction. These are context sensitive issues, and it is recommended such details remain in the contract of supervision and practice description.

4. Scope of practice restrictions:

The Practice Direction includes that the ClA or PA is never to practice beyond the professional scope of the responsible supervising physician's scope of practice, including by not performing any reserved act which the responsible supervising physician is not competent to perform. This wording is based on requirements of the RHPA and *CPSM General Regulation*. This was questioned in the public consultation from several perspectives.

Clinical scenarios can arise where medical services are indicated that the ClA or PA is competent to perform, but the responsible supervising physician is not. This is most often the case for procedures in institutional settings (e.g., arterial line). A strict interpretation of the rule would prohibit the ClA or PA from acting in such circumstances. A proposed alternative would allow for the ClA or PA to proceed when the responsible supervising physician is confident that the ClA or PA can safely and competently provide the service.

Another issue raised is what should be done if the responsible supervising physician becomes unavailable, yet care requirements are ongoing. The Practice Direction and regulation do not account for this possibility.

Unfortunately, meaningfully addressing these concerns would likely require additional debate and potentially amendments to the RHPA and regulations. Currently, this militates in favour of maintaining the *status quo* pending further consideration by Council.

5. Prescribing:

Multiple issues were raised respecting prescribing requirements.

The *CPSM General Regulation* sets out requirements for what must be written on a prescription prepared by a ClA or PA. This includes:

> *5.12(2) A prescription issued by a physician assistant or a clinical assistant must include*
>
> *(a) his or her name and the designation "PA" or "Cl. A", as the case may be;*
> *(b) the name of his or her supervising physician;*
> *(c) his or her telephone or paging number; and*
> *(d) one or more of the following:*
>
> *(i) the patient's clinical indication,*
> *(ii) the patient's diagnosis,*
> *(iii) the treatment goal for the patient.*

Similar issues were raised before Council recently respecting prescribing requirements for regulated registrants (physicians). Changing this rule would require amending the regulations, which is not presently before Council.

Questions were raised in relation to M3P prescribing requirements.

6. Contextual information respecting billing:

The attached contextual information reflects long-standing guidance CPSM has provided to registrants. However, in response to the public consultation numerous respondents took issue with CPSM providing information or advice in this area.

Registrants are expected to approach billing practices ethically and with professionalism. There are several disciplinary decisions published by CPSM that specifically address unethical and inappropriate billing practices. The contextual information was developed to address common areas of concern that have been identified in practice.

Comment
I think that the majority of proposed here is appropriate. I do not agree that on prescriptions there should EVER be the need for a diagnosis, indication or anything similar. That is totally ridiculous and creates unnecessary work and is laborious.
I thought we did away with specific forms for M3P prescriptions? We can now fax them. On page 17 it says: . M3P prescription contents are strictly regulated, including in terms of required contents. Section 5.8 of the CPSM General Regulation provides: 5.8(1) A member who is authorized under the Controlled Drugs and Substances Act (Canada) to prescribe the drugs listed on the M3P schedule must **(a) use an approved form to issue the prescription**; and (b) prescribe only one drug on each form. *email forwarded to Mike
Dear CPSM staff, Thank you for the opportunity to participate in this consultation process. I have the following comments / questions. There appears to be a clerical error "eve n if" with an additional space between the "eve" and the "n", presuming the context means this should be "even" (section 3.2.3 citing 8.18, page 6 of this draft). Clarity may be needed regarding the "continuous basis" of directing and reviewing the work of the CIA or PA under 3.4.3.1 (page 7). Should this be daily? between each patient? or between each work session (i.e. after morning, afternoon sessions)? "Continuous" is somewhat nebulous and does not reflect the practicalities of supervising a CIA / PA - more realistically would be daily / twice daily, or review immediately with CTAS 1-2 within 30 minutes of CTAS 3, within x number of hours for CTAS 4-5. Some detail with the timing would be helpful for 3.4.3.1. I think 3.5.2 and section 3.6 are both very well phrased. I am pleased that the policy covers M3P medications as it does in section 5.3.3, 5.3.4, and 5.3.5 as this is essential to patient and community safety. As with previous consultation processes I appreciate the opportunity to comment on this draft policy. Best wishes Ben
1. If a set requirement of hours of supervision is required under section 3.5.1 this should be clearly established within THIS policy. Variability and inconsistency creates inequities if how and when as well as the roles and scope of practice physician extenders can be effectively utilized to support the healthcare system 2. While it is only a footnote and not clearly a requirement under the standard of practice, some physicians may be asked to be supervisors, usually additional supervisors as new and less experienced licensed physicians. Having that potentially would dissuade new physicians from signing a contract of supervision The details of the contextual information and resources on billing has been an area of issue raised with colleagues. I see CPSM's role as one of ensuring public safety in the conduct of licensed physicians. As physicians we have an ethical responsibility to bill the system in an appropriate manner for services provided. Having this document creates issues and potential avenues for MH or CPSM to impact ones ability to financially support

their practice. Ultimately Manitoba Health should be the ones providing their rules and guidelines on fees, not CPSM.
Overall the contract of supervision is fine. It should be clear what a supervisors role is, that PA and CA should only practice under that supervised physician or designate and keep within their supervisors scope of practice. I would say the guideline lacks clarity as it is very long in saying those things and the language is not always succinct.
Within anesthesia our clinical assistants are assigned levels. It seems all the contracts of supervision within our specialty define how much supervision is required. If each specialty dictates how much immediate supervision is required it creates disparity on the use and standard of care provided. These should be codified within the standard of practice for ALL clinical assistants and physician assistants. This would create clarity for all physician extenders and physician supervisors to know that each CA or PA has the same level when they are encountered in different clinical areas.
Financially if physicians are going to lose renumeration by not being able to provide in person care this will further strain the healthcare system. A benefit of physician extenders is they can provide safe care to a greater number of people under the umbrella of a supervising physician. If that physician, then needs to see and document every single patient encounter in order to receive renumeration it creates unnecessary administrative burden which is a mandate of the current government to reduce. Manitoba Health and CPSM should consider the wording and rules for these tariffs. I agree the supervising physician needs to be accountable for decisions made by those under their license however this can be done without having patient contact. Chart reviews, case reviews etc can be a means to fully utilize physician extenders to improve access to healthcare without creating undue burden.
Thank you for your consideration.

I have thoroughly reviewed the "Practice Direction: Practice and Supervision Requirements for Clinical and Physician Assistants (PA) and Physician Assistant Students" by the College of Physicians and Surgeons of Manitoba. After careful consideration, I would like to express my concern regarding inhibiting a physician's ability to bill for services provided by a PA. The PA's role is crucial for reducing wait times in Manitoba, improving patient care, and lessening the possibility of physician burnout. Inhibiting a PA's capacity to see patients independently in conjunction with abolishing a physician's ability to bill for these services will impede the strong positive contributions PAs have been providing to residents of Manitoba and our already overburdened physicians since 2010.
PAs are instrumental in addressing the increasing demand for medical services, and their contributions enhance the efficiency of healthcare delivery. Furthermore, PAs work under strict regulations, and their training and expertise make them valuable assets in the healthcare system. Allowing physicians to bill for their services recognizes the collaborative nature of healthcare delivery and ensures that patients receive comprehensive and timely care, contributing to the overall improvement of the Manitoba healthcare system.
Limiting billable services by PAs would have detrimental effects on providing care in the community, delaying patient care and access to medical services. Private community clinics, which are already significantly overburdened, would not be able to support PA salaries if they were unable to bill. As the province does not currently fund private clinic PA positions, allowing the physicians in these clinics the ability to bill for PA services alleviates a preventable struggle in keeping up with Manitoba's growing, aging, and complex population.
Additionally, restricting billable services for PAs would adversely affect in-hospital services, especially in specialized areas such as psychiatry, surgical specialties, cardiology, and internal medicine. PAs are integral members of healthcare teams in these settings, contributing to the delivery of specialized care and supporting

physicians and residents in managing complex cases. The limitation on billable services by independent PA consultation would impede the efficient utilization of their skills and expertise, potentially leading to increased workload for physicians and longer wait times for patients. In conclusion, recognizing the valuable contributions of PAs and enabling physicians to bill for their services aligns with the goal of enhancing patient care, alleviating physician burnout, and improving healthcare access in Manitoba. By doing so, we can create a more efficient and responsive healthcare system that meets the needs of our province.
I think that the main role of CA/PAs is as physician extenders. As such they work under supervision of the physician. Their work is ultimately the responsibility of the physician (and thus under their license and insurance). As such, if this work cannot be remunerated to the physician there will be no benefit to the system. I do not feel that any professional will oversee the work of another without remuneration. Overseeing someone is more stressful and sometimes slower than doing it yourself. Ultimately, with physician burnout and shortage as it is, this will lead to physicians working less and leaving the province.
I have reviewed the above noted document and only have one observation for the document. As a matter of background, I entered into an agreement with Manitoba Health where I can utilize a private-pay model for the physician assistant with whom I work. When I entered into the agreement, it was made clear to me by Manitoba Health that a claim for services could only submitted if had a personal involvement in the patient's care. This is clearly laid out in your document, in "4" of the section entitled "Clinical & Physician Assistant Billing Considerations". The entire section is very clear; however, I am not certain that it is withing the role of CPSM's activities to be involved in details pertaining to billing practices. Perhaps this section should be transferred to the Manitoba Health Physician's Manual, as this matter is more appropriate there as it pertains directly to billing which I believe is outside of the purview of CPSM. If I am mistaken, I apologize.
(See attached PDF for feedback)
Comment
Thank you for the opportunity to review the Practice Direction – Supervision Requirements for ClAs, Pas and PA Students. Below are my comments/feedback: **Page 6** 3.2 <u>Requirements to be a supervisor</u>: 3.2.3. 8.18 *"…this Part eve n if the supervisor…."* (remove the space between eve and n – thinking the word is supposed to be 'even') **Page 8/9** 3.5 <u>General Duties of all supervisors of ClAs and PAs</u>:

8.10(1) For a physician assistant….
8.10(3) For a clinical assistant….
Note that the clinical assistant requires more supervision that the physician assistant. Ie: "personal on-site supervision" (no explanation as to the difference between these 2 classifications) and see next comment which is related…
Page 10/11
3.6 The role and responsibilities of ClA's & PA's:
3.6.6. "…everyone in the circle of care or multidisciplinary environment must understand the ClA or PA's class of registration. …They are not in independent practice…"
Note: there is no where in the document that describes the difference between the ClA and PA competencies, level of education and why there is a difference. And as mentioned above it is clear that the ClA requires more supervision.
How will the multidisciplinary team learn what the scope of practice is and what difference there is between a ClA and PA?
Is there an opportunity to provide this information as an introduction to the document?
Page 16/17
5.3 Prescribing Drugs or Vaccines
5.3.3. Prescribing M3P schedule drugs… (I understand that the Registrar has the authority to allow a ClA or PA to prescribe M3P drugs)
5.3.4.
5.8(3) "…physician assistants and clinical assistants are not authorized to prescribe drugs listed on the M3P schedule" (this is a confusing message as this line indicates the ClA and PA is not authorized but the Registrar has authority to allow). Is this line necessary in the document as it adds confusion? Not sure that it adds value within the whole message as 5.3.3. and 5.3.5 indicate that the Registrar has the authority to allow them to prescribe and in what circumstances.
5.3.5. "The Registrar will only consider authorizing M3P prescribing by ClAs and PAs in…." (see question/comment above).

CPhM continues to receive questions from pharmacists regarding the scope of practice of Clinical Assistants (ClA) and Physician Assistants (PA) prescribing of M3P medications, based on the information found in the CPhM Prescribing Authority Table. Sections 5.3.3 – 5.3.5 of the Standard of Practice, appear to be in direct contradiction to section 5.8(3) of the CPSM General Regulation. While the CPhM team is aware of the issues surrounding ClA and PA prescribing of M3P medications based on interpretations of federal vs. provincial legislation, the information in the Standard can potentially cause more confusion, if not accompanied by further contextual information on prescribing authority.
Further, how is "institutional setting", as stated in section 5.3.5, defined by CPSM, and would this section permit for outpatient prescriptions by ClAs and PAs working in these settings?
CPhM would also appreciate confirmation that the information laid out in the CPhM Prescribing Authority Table is still accurate and up to date, based on the information reviewed in the creation of this Standard.
We are hoping that we might receive a direct response from CPSM on these items to better direct and educate our registrants.

(see attached PDF for feedback)

(see attached PDF for feedback)

Comment

I agree with the new practice direction
I have reviewed the draft practice direction for the supervision of physician & clinic al assistants. In regards specifically to clinical assistants under 3.5.1 and subsection 8.10(3) it speaks to supervisor roles. For physician assistants the draft indicates the supervisor provides on site supervision for a minimum number of hours as specified in the contract. Is this the same for clinical assistants as the verbiage is not exactly the same. A scenario where a clinical assistant is working at a rural location, does the supervisor need to be on site? In order to comply with MB Health billings, can the supervisor do this virtually, by phone or video call? For on site, is the supervisor required to meet at the site where the clinical assistant is working or can the assistant meet the supervisor at the supervisor's location? From my standpoint, I believe that Clinical Assistants can provide a solution to the acute Physician shortages Manitoba presently faces. It's difficult enough to get Physicians in to Winnipeg much less rural Manitoba. Even in Winnipeg, there are difficulties getting Physicians to work in some areas of the city. The Physicians would prefer to work closer to home, but we can't have all clinics operating in Sage Creek or Bridgewater. There are many well trained Doctors currently in Canada who immigrated but are not recognized in Canada. There is a path for them to become Clinical Assistants though. They are paid a salary, but in order to be financially viable, you need to be able to bill for their services. I understand that this can be accomplished as long as their supervising Physicians see the patients that the Clinical Assistants examine. For remote and rural, the only viable option is virtual, by either phone or video. Even in Winnipeg, you can get Clinical Assistants to work in underserved regions and if physicians can see these patients virtually and bill for them, you can make it work. There are many Physicians looking to work from home or in clinic with limited caseloads but supplemented through supervising and billing for patients seen by Clinical Assistants. Clearly spelled out regulations and procedures can help build solid business models that are viable. Even as Physicians need to make money, so too do clinic operations like ourselves. We can manage this and be part of the solution.

Doctors Manitoba
20 Desjardins Drive
Winnipeg, Manitoba
R3X 0E8 Canada

T: 204 985-5888
T: 1 888 322-4242 (toll free)
F: 204 985-5844

Via Email

February 9, 2024

Dr. Anna Ziomek, Registrar
The College of Physicians & Surgeons of Manitoba
1000 – 1661 Portage Ave
Winnipeg, MB R3J 3T7
CPSMconsultation@cpsm.mb.ca

Dear Dr. Ziomek,

Re: CPSM Submission – CIAs and PAs

Thank you for providing Doctors Manitoba with the opportunity to comment on the proposed Practice Direction respecting Practice and Supervision Requirements for Clinical and Physician Assistants and Physician Assistant Students (the "Practice Direction").

Doctors Manitoba supports the increased use of Clinical Assistants ("CIAs") and Physician Assistants ("PAs") in the health system. In their capacity as physician extenders under the supervision of physicians, they can assist physicians in providing more timely care to Manitobans in a safe and effective manner.

Doctors Manitoba applauds the effort of the CPSM to consolidate the practice and supervision requirements into one document. The references to and incorporation of the language in the various Acts, Regulations, and policies in the Practice Direction are very useful.

As you know, Doctors Manitoba is striving to assist physicians in reducing their administrative burden. We are happy to offer ongoing assistance to the CPSM in making it easier for supervising physicians to be approved by CPSM and provide ongoing supervision. The undertaking of supervision is (with good reason) taken seriously by physicians. It is not unusual to have high turnover, especially with CIAs who may use their position as a stepping stone to certification as a physician. Physicians carefully weigh their investment of time and effort in supervising CIAs and PAs. Improving the application and supervision processes should lead to greater success finding physicians prepared to take on this responsibility.

With respect to the Practice Direction itself, we have only a few comments limited to one area. We do have substantial concerns about the Contextual Information and Resources.

Section 3 – Supervision of CIAs and Pas

We appreciate the ability to add Additional Supervisors, who (to paraphrase broadly) can take on the duties of supervising the CIA or PA in their clinical practice for limited periods of time without taking on the broader duties of reporting to the CPSM. Provided that the application process is not onerous, this may provide more flexible opportunities for CIAs and PAs to practice.

We encourage the CPSM to make the application process for Additional Supervisors as efficient as possible. As long as the CPSM has no concerns about the applicant, and the applicant confirms

their understanding of their responsibilities set out in the Practice Direction, approval should be swift.

We note the Practice Direction would limit Additional Supervisors to a “department or program setting”. This would appear to exclude a group practice outside of a hospital or facility. Is a Home Clinic or a My Health Team located in a group practice in a community clinic a “program setting”? Is there some way to add more flexibility? We recognize that expressly including a group practice might be outside of the Regulation, but there seems little additional risk given the required supervision.

Manitoba Health has agreed to prioritize additional primary care services in a number of ways. For example, there is now a premium for services billed on evenings or weekends, if certain conditions are met by the clinic. An easier path to approve Additional Supervisors might allow more CIAs and PAs to take advantage of flexible hours, when physicians in a clinic other than the Primary Supervisor or Alternate Supervisors are present and prepared to supervise. This would assist in providing timely care to Manitobans, while ensuring supervision to ensure patient safety.

Contextual Information and Resources

The Contextual Information and Resources for the Practice Direction is limited to billing considerations.

The Physician’s Manual is an integral part of the Physician Services Agreement negotiated between Manitoba Health and Doctors Manitoba. We are uneasy whenever any organization not involved in its negotiation provides its interpretation of the contents.

We are aware that the Comptroller & Compliance Unit (CCU) within the Department of Finance, the entity tasked with auditing physician billings, has already used CPSM commentary to advance interpretations of the Physician’s Manual which neither match the understanding of Manitoba Health and Doctors Manitoba, nor established billing practices.

The question of billing for medical services performed by CIAs and PAs is an ongoing matter of discussion between Doctors Manitoba and Manitoba Health. Doctors Manitoba is actively working with Manitoba Health to find more ways to use physician extenders, and to determine fair and reasonable ways to compensate supervising physicians. We anticipate more fluidity and creativity in how these services are (and are not) billed.

We are very concerned that the CPSM’s efforts to interpret the billing rules will have a negative effect on this work. Further, the prospect of the CCU cherry-picking words to justify denying physician billings will have a chilling effect on the increased use of physician extenders by any physician billing fee for service to Manitoba Health.

We recommend the entire Contextual Information and Resources be shortened to a brief paragraph in the Practice Direction as follows:

> ***The Health Services Insurance Act*** and the Manitoba Physician's Manual set out clear expectations surrounding claims for insured medical services. Registrants who supervise CIAs or PAs are advised to seek any further clarification or guidance they require about the proper use and interpretation of the Physician's Manual directly from Manitoba Health or Doctors Manitoba.

This is a clear and complete direction to all registrants. It avoids having to revisit the wording every time there is a change in the Physician's Manual affecting CIAs and PAs.

We also note although it is correct that CIAs and PAs are not "medical practitioners" as defined in ***The Interpretation Act***, they are the subject of the Rules of Interpretation in the Physician's Manual. For example, a non-supervising physician is entitled to bill for various consultations and conferences initiated by CIAs or PAs. We prefer that questions about any aspects of billing for CIAs and PAs continue to be determined by the Physician's Manual, and not by outside interpretation.

We thank you for the opportunity to provide this submission. We would be happy to provide any further information you may require. As noted above, we are always available and willing to assist the CPSM in finding ways for physicians to meet their obligations more effectively.

Yours truly,

Andrew Swan

ANDREW SWAN
General Counsel

AS/cb

Practice Direction and Supervision Requirements for Clinical and Physician Assistant Students and Physician Assistant Students

Thank you for the opportunity to provide my input on this proposed practice direction. I am aware the cut off date was February 11th, 2024. Please accept these comments if appropriate.My apoligies for being late.
I think this is a very good use of resources and I appreciate the time and energy of all the CPSM staff and council for the time they take to review all the comments and care they use to consider everyone's opinions.

The following is a quick summary of my thoughts on this topic.

- 1.1: It would be helpful to explain in detail what the requirements are for PA students to acquire a certificate of practice as I don't find it is clear in this document.
  - If they do not require a Contract of Supervision (CoS) and Practice Description (PD) as footnote suggests, how are they supervised and what documents are required?
- 1.1: This practice direction could also explain how to obtain a certificate of registration and the differences between a certificate of practice and a certificate of registration.
- 1.1: States PA students require a certificate of practice but the included clips from the CPSM General Regulation to not indicate that PA students need a certificate of practice.
  - Can this be clarified?
- 1.1: It is not clear to me if PAs in an academic institutional setting such as researchers or administrators require a CoS and PD.
  - Can this be clarified?
  - The CPSM General Regulation describes an "academic s.181 faculty" but this document is not defined and I am not able to locate a description, template or discussion on this document for reference.
  - Describing this and including a resource to help registrants and the public understand what this is might be helpful.
- Footnote 2 on page 2 mentions a "non-practicing class"
  - Can this be defined with specific examples of the most common non-practicing cohorts that this will apply to and a general description of the requirements for a "non-practicing" associate member.
- 2.2 and 2.3 appear to provide the legalities but no contextual information or guiding principals.
  - PDs and CoS are complex arrangements and 8.4 and 8.5 of the CPSM General Regulation is vague and very subject to interpretation.
  - PDs and CoS, how they are used, how they are changed, who changes them, how they are written, and the input/influence of PAs and CL.As in this process is substantially different within the RHAs and Institutions compared to the private sector
  - It might be helpful for CPSM to provide general guidance on interpretation of these sections
- 3.1.1.2: Specifically the role and requirements of "Additional Supervisors".

- It is not clear to me in this document why a Physician would be allowed to supervise, immediate or otherwise, if they have no, or accept no, responsibility for the “directing the work” of the PA/CL.A.
- This is confusing and perhaps providing examples of when this would be appropriate or not appropriate would help the general public, physicians and Associate members understand this

- 3.1.2: This is again another term for describing supervision or a supervisor.
  - It is unclear in this document if the “responsible supervising physician” can be an Additional Supervisor considering an Additional Supervisor doesn’t accept responsibility for “directing the work”
- 3.1.3: Regarding reserved acts and clinical activities
  - it isn’t clear how PA/CL.A are “assigned” or how this is done and supervised by the various supervisor types, Primary, Alternate and additional and responsible supervising physician.
  - Who is responsible for what, when and how?
  - If the primary and the PA/CL.A are trained and competent, but the alternate, additional supervisor is the “responsible supervising physician” of the day or week or month and they are not competent in a specific procedure, treatment, reserved act, what is the expectation ?
  - There are countless situations where this applies in a group practice especially in rural and remote practice settings
- 3.4.3.1: This phrase could easily be read that immediate supervision and continual oversight is required and does not allow for remote or off site supervision or consider an advanced role like a Level 5.
  - This could be clarified by discussing the supervision options in greater detail and how it relates to the different levels of supervision
- 3.5.1 If 8.10(1) (2) or (3) is misunderstood, or misinterpreted, this is confusing.
  - Examples or clarification could help with this or a statement of intent from CPSM may also be helpful
  - 8.10(3) suggests that Clinical Assistants cannot operate remotely or without direct onsite supervision (immediate supervision?) which is not the practice in Manitoba currently from my understanding.
  - This should be clarified.
- 3.5.2: This section could have some clarity added to it.
  - When referencing the “supervisors professional practice”:
    - Which supervisor ? the Primary? Alternate?
      - If an additional supervisor is the immediate supervisor, does not have a particular procedure in their skill set but the Primary and the PA do, can the PA perform the procedure even though the procedure is outside the practice parameters of the immediate supervisor?
      - There are plenty of examples of this type of situation in group practices, prescribing practices, procedures, counseling practices, follow up patterns and so on,
- 3.6.1: My understanding is that Physician Assistants are Regulated Associate members that are permitted to practice Medicine in Manitoba and are also prescribers both of which require the supervision of a regulated member via a Practice Description and Contract of Supervision while holding a certificate of Practice with the College of Physicians & Surgeons of Manitoba.
  - This section suggests that PAs and CL.A “Assist” the physician with their practice rather than practice Medicine under Supervision.

- I think this might be misleading?
- It would be helpful to get clarity on this issue as I have heard both sides of this definition

- 3.6.4: this section could include a discussion on the intent and also include provisions for emergency situations when failing to act could result in harm to a patient.
- 3.6.6: this section seems to be quite detailed.
  - What is the expectation for this?
  - What is reasonable?
- 3.7.4: There could be a discussion on abandonment if the PA or CL.A were to leave a clinical situation when it would pose a risk to a patient.
  - An example would be an illness of a supervisor during clinical activities,
  - communications deficiencies like weather, equipment failure, transportation in a plane, helicopter or other vehicle without telecommunications, while working remotely or in complicated environments
  - It might be prudent to discuss this
- 3.9.1.1: This article is specifically detailed and, in a way, and if interpreted literally, suggests that supervisors should be speaking to everyone except the PA or CL.A in question.
  - This might be a misinterpretation on my part but this section seems to add additional layers of complexity perhaps unnecessarily
- 5.12(2): Considering the response from the CPSM membership when asked about having indication, diagnosis or treatment goal added to Physician Prescriptions, as there were suggestions of privacy concerns and potential harms to patients, as well as unmanageable administrative burden, I would ask to have 5.12(2) (i,ii,iii) reconsidered and open this discussion as it seems to contradict common sense that it is too burdensome or unsafe for physicians to include this additional information but it is OK for the patient of PAs and CL.A to potentially receive a lesser quality of care that is potentially unsafe or unethical.
- 5.3.5: This should be reconsidered as it contributes to an inequitable distribution of healthcare services to under served communities, rural and remote and indigenous peoples where PAs and CL.A work.
  - Additionally, the treatment of Opiod Use Disorder including the prescribing of Opiod Antagonist Therapy should be available to all populations equally and this could only happen if all Practitioners of Medicine can prescribe accordingly (assuming the attainment of competency of course)
  - Outpatient M3P prescribing should be considered for PAs and CL.As that have demonstrated competence and are supported by their Physicians as this is in the best interests of the public.

Contextual Information and Resources

Practice and Supervision Requirements for Clinical and Physician Assistants and Physician Assistant Students

Thank you for the opportunity to provide my input on this topic. I think this is a very good use of resources and I appreciate the time and energy of all the CPSM staff and

council for the time they take to review all the comments and care they use to consider everyone's opinions.

the following is a short description of my thoughts on this matter:

I would like to see an amendment or change to the Interpretation Act to include Physician and Clinical Assistants. This is most important and urgent.

The service and care that PAs and CL.A provide is restricted as a result of this oversight. Access barriers to healthcare and inequalities have resulted as a result of this interpretation.

PAs and CL.A being unable to bill or qualify to bill in accordance with the HSIA and its regulations restricts these practitioners from working productively and collaboratively in Fee for service clinics and collaborative group based care. Patients have less options and more people have less access to primary and specialty care as a result. In my opinion. There are challenges I understand but PAs and CL.A have demonstrated their responsibility and reliability for over 20 years in Manitoba.

In addition to this, the restrictions in the interpretation act prevent PAs from signing a Form 4 under the MH Act which can be dangerous in potentially life threatening situations of crisis and harmful to families, bystanders and other healthcare staff can occur. Similarly, PAs are not able to submit MPI medical notice forms which can result in preventing timely access to services and potential public safety concerns if there are delays submitting these forms waiting for an onsite physician.
Furthermore, delays in accessing medical devices via prescription and filling of forms for insurance or disability prevent timely access to care and can delay treatment, diagnosis, recovery and contribute to pain and suffering.

There should be consideration to make the appropriate amendments and legislative changes to remove these barriers.

Thank you,

Canadian Association of Physician Assistants | Association canadienne des adjoints au médecin

CANADIAN ASSOCIATION OF PHYSICIAN ASSISTANTS' SUBMISSION TO COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

Re: Practice Direction: Practice and Supervision Requirements for Physician Assistants and Physician Assistant Students

The Canadian Association of Physician Assistants (CAPA) is a national professional organization which advocates for physician assistants (PAs) and represents its membership across Canada and globally. CAPA is committed to foster development of the physician/PA model to assure quality care for Canadians.

CAPA has established and maintains the national standard of practice for PAs. The Physician Assistant Certification Council of Canada (PACCC), an independent council of CAPA, administers and maintains the PA certification process. PACCC safeguards professional standards and promotes lifelong learning of the PA by responding to the evolving needs of patients, government, regulators, and national associations.

By guiding educational programs and assisting legislators, CAPA's goal is to provide efficacious health professionals to the Canadian public and foster the development of the profession nationally.

Practice Direction

1. Certificates of practice.

PAs, and PA Students require a valid certificate of practice issued by CPSM to engage in practice. A practice description and contract of supervision must be approved before a certificate is issued.

Feedback and Recommendations:

The physician/PA relationship is central to the PA scope of practice. All PAs are expected to meet a set of competency standards to demonstrate entry-to-practice as a generalist PA. CAPA supports that PA's should have approved supervisory documentation prior to practice.

2. General requirements for practice descriptions and contracts of supervision.

A physician assistant or clinical assistant may practice only under a contract of supervision with a regulated member and with a practice description approved by the registrar.

Feedback and Recommendations:

The Scope of Practice Statement defines how and under what circumstances the PA may exercise their competencies within the healthcare system. The PA scope of practice is relevant to practice in any healthcare setting or role.

PAs are medically educated clinicians who practice medicine within a formalized agreement with physician (s). The Scope of Practice is defined by the formalized agreement with the Physician(s) and their qualifications, experience, and knowledge to delegate to the PA and the laws of the jurisdiction of practice.

The PA has the knowledge, skills, and experience to deal with healthcare and medical needs in a variety of practice environments. The PA's activities may include conducting patient interviews, histories, physical examinations; performing selected diagnostic and therapeutic interventions; providing medical orders and

prescriptions, and counseling on preventive healthcare. The individual relationship between the PA and the supervising physician becomes the essential determinant of each PA's individual clinical role, within the context of the PA's competencies and the PA scope of practice.

CAPA supports the requirements for a practice description and contracts of supervision approved by the registrar.

3. Supervision of CIAs and PAs.

There are three categories of supervisors:

Primary Supervisor has ultimate and overarching responsibility for directing and reviewing the ClA's or PA's professional practice under an approved practice description and contract of supervision.

Immediate supervision: The Primary Supervisor may assign, direct, and supervise the duties and services performed by the ClA or PA while actively engaged in their practice. This is referred to as 'immediate supervision'. When acting, the Alternate Supervisor may also perform these general supervisory duties.

Additional Supervisors may be appointed under a contract of supervision in departmental or program settings to fulfill certain supervisory duties, particularly relating to the immediate supervision of the ClA or PA in delivering patient care.

Feedback and Recommendations:

CAPA supports the process of supervision the CPSM has outlined.

4. Title restrictions.

Members are permitted to use the title "physician assistant" and the abbreviation "PA" or any variation of them or equivalent in another language. No person — other than a member shall use the title or abbreviation.

Feedback and Recommendations:

CAPA supports the title restriction of PAs exclusively for those who meet the requirements.

5. Performance of reserved acts and delegation of reserved acts.

Reserved acts are listed in section 4 of the RHPA. CPSM General Regulation restricts ClAs and PAs to performing only those reserved acts they are authorized to perform by their practice supervisor where the practice supervisor is legally permitted and competent to perform the reserved act.

Feedback and Recommendations:

PAs can implement effective management plans that include preventive and therapeutic interventions so long as it is within their approved practice agreement.

CAPA supports the performance of reserved acts and delegation of reserved acts.

6. Collaborative care.

Depending on the wording of the practice description, participating in team-based or collaborative care is generally acceptable and encouraged. The work in this sense would be considered collaborative rather than a supervisory relationship. It remains the case that the ClA or PA would be required to be under supervision by a responsible supervising physician in accordance with the terms of their contract of supervision while practicing.

Feedback and Recommendations:

PAs work within a formalized practice description or delegated acts structure with physician(s) in the care of patients within the PA/physician/patient relationship. Within this relationship it is essential for PAs to be able to collaborate effectively with patients, families, and an interprofessional team of expert health professionals for the provision of safe, high quality, patient centered care.

Key Competencies

PAs can:

- Work within the PA/Physician relationship.
- Participate effectively and professionally in an interprofessional healthcare team.
- Work effectively with other professionals to prevent, negotiate and resolve interprofessional conflict.
- Transfer care effectively and safely to another healthcare professional.

CAPA supports that PAs would be required to be under supervision by a responsible supervising physician in accordance with the terms of their contract of supervision while practicing.

7. Continuing professional development.

ClAs and PAs must remain current in their area of practice.

Feedback and Recommendations:

After completing their education and obtaining the Canadian Certified Physician Assistant (CCPA) certification designation, PAs actively engage in continuous learning through clinical experience and Continuing Professional Development (CPD) credit hour reporting. CPD is integral to supporting the ongoing professional development of PAs, and their approach to obtaining CPD is diverse and individualized.

CAPA has a contract with the Royal College to use their Maintenance of Certification (MOC) Program Mainport ePortfolio, which is administered by PACCC. The MOC Mainport ePortfolio program serves as the primary framework for CPD by CCPAs and clinical assistants who choose to track through their membership with CAPA. Participation in PACCC's MOC program and achieving required CPD credit hours is a mandatory requirement for maintaining the use of the CCPA certification designation with PACCC.

Decisions on which conferences or opportunities to attend annually are often made through collaborative discussions between PAs and their supervisory physicians or employers, with a primary focus on skill enhancement and development. The scope of a PA's practice evolves with advanced or specialized knowledge, responding to changes in the medical field or shifts in their practice setting or specialty.

Approaches to CPD activities can differ based on individual PA roles, responsibilities, and employer requirements. For example, in emergency roles, employers commonly require PAs to maintain certifications

such as Advanced Trauma Life Support (ATLS) or Advanced Cardiac Life Support (ACLS), in addition to organizational training. Employers often provide support and compensation for this valuable training.

Many PAs foster connections with regional and specialty networks to participate in ongoing training opportunities, including journal clubs, webinars, in-person grand rounds and other talks by teaching staff at hospitals.

Conferences play a crucial role in CPD for PAs, mirroring the importance placed on them by physicians. Numerous offerings are tailored to specific medical specialties. Compensation packages from employers often include allocated funds and paid time off for attending conferences or educational events.

Notably, the CAPA Annual Conference stands out as the sole national conference designed exclusively for Canadian PAs by their peers. Attracting participants from Canada and beyond, this conference can offer between 12 and 24 CPD credit hours ensuring that PAs remain informed about the latest advancements and best practices in their field.

CAPA supports that both ClA and PA must remain current by meeting maintenance of certification or maintenance of competency requirements as established by PACCC.

Billing Considerations

The Conference Board of Canada recently unveiled a report, Unlocking Potential: Exploring Physician Assistant Funding Models and Impact Potential for Three Practice Settings, that highlights the important role that PAs are playing in health systems across Canada, and calls for governments to explore a new funding model that would make it easier for hospitals, primary care teams and physicians to employ PAs allowing for reduced wait times and better access to physicians.

The report suggests that implementing a discounted billing model for services provided by PAs has the potential to dramatically increase the number of patients seen in emergency departments, primary care, and orthopedic surgery. The report also found that this model allows physicians to focus on patients with urgent or complex needs, enables more patients to have access to primary care, and can reduce physician burnout - all while decreasing costs for the healthcare system.

In 2023 Nova Scotia launched a pilot project that allows additional funding for family physicians to hire allied healthcare providers (AHCP) to support their practice. Family physicians may bill for services provided by an AHCP to a maximum of $110,000 per year, with the goal of offsetting the costs of employing them.

Feedback and Recommendations

Adopting employer remunerated funding models that incorporate PAs at a discounted billing rate can achieve significant financial efficiency, patient access to care, and potential savings for Canada's healthcare system.

PRACTICE DIRECTION

Practice and Supervision Requirements for Clinical and Physician Assistants and Physician Assistant Students

Initial Approval: DATE **Effective Date: 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 Practice Direction sets out requirements that must be followed in practice by Clinical Assistants (ClAs), Physician Assistants (PAs), Physician Assistant Students (PA Students), as well as all supervising physicians. It also includes requirements for obtaining a certificate of practice and compliance with Part 8 of the *CPSM General Regulation.* Registration requirements and policies for ClAs, PAs, and PA Students may be found in the 'Council Policy – Registration of Clinical and Physician Assistants and PA Students'.

Please see attached Contextual Information for Clinical and Physician Assistant billing considerations.

Contents:

1. Certificates of practice:

1.1. ClAs, PAs, and PA Students require a valid certificate of practice[1] issued by CPSM to engage in practice.[2, 3] Certificates of practices are issued in accordance with Part 4 of the *CPSM General Regulation*.[4] Pursuant to section 4.5 of the *CPSM General Regulation*, ClAs and PAs must have an approved practice description and contract of supervision[5] before they may be issued a certificate of practice:[6]

> *4.5(1) An applicant for a certificate of practice who is or will be registered as a physician assistant (full), (restricted purpose) or (academic — s. 181 faculty) or clinical assistant (full) must also submit a practice description and contract of supervision to the registrar for approval.*
>
> *4.5(2) For the purpose of clause 41(1)(f) of the* [RHPA]*, a certificate of practice may be issued only if the registrar approves the practice description and contract of supervision.*

2. General requirements for practice descriptions and contracts of supervision:

2.1. Part 8 of the *CPSM General Regulation* establishes the requirements for practice descriptions and contracts of supervision for ClAs and PAs. Sections 8.1 and 8.3 state:

> *8.1 A physician assistant or clinical assistant may practise only under a contract of supervision with a regulated member and a practice description approved by the registrar. …*
>
> *…*

[1] A certificate of practice is a license to practice medicine. This differs from a certificate of registration, which provides membership with CPSM.
[2] See sections 4.1 and 4.2 of the *CPSM General Regulation*.
[3] Subsections 4.3(1)(d), (e) and (f) of the *CPSM General Regulation* include that certificates of practice may be issued to ClAs, PAs, and PA Students. This includes PAs in the restricted purpose and academic classes as well as visiting PA Students. Note that certificates of practice are not issued to registrants in a non-practicing class.
[4] Common requirements and non-exemptible requirements for all regulated registrants are found at section 4.4 of the *CPSM General Regulation*.
[5] In brief, a contract of supervision in an agreement entered by either a ClA or a PA with a Primary Supervision (physician), whereby the Primary Supervisor undertakes to supervise the medical services provided by the ClA or PA. CPSM requires that before beginning practice, ClAs and PAs must enter a contract of supervision, in addition to completing the usual requirements for registration. Read together with this Practice Direction and the ClA's or PA's Practice Description, the contract of supervision outlines the roles and responsibilities of supervisors and the ClA or PA and sets out the scope of practice and the medical duties that the ClA or PA is permitted to perform. The Practice Description provides specific details about the professional practice in which the ClA or PA will be engaged.
[6] This requirement does not apply to PA Students.

8.3(1) A physician assistant or clinical assistant may engage in his or her professional practice only if he or she has entered into a contract of supervision approved by the registrar.

8.3(2) A physician assistant or clinical assistant may engage in his or her professional practice only in accordance with a contract of supervision, and a practice description, approved by the registrar.

8.3(3) A physician assistant or clinical assistant may be supervised by a regulated member who has signed the assistant's contract of supervision and meets the requirement in section 8.7.

2.2. Practice descriptions:

2.2.1. Sections 8.4 and 8.5 of the *CPSM General Regulation* describe general requirements for practice descriptions:

8.4 A practice description must
(a) be in writing;
(b) describe the duties and the services that the physician assistant or clinical assistant will provide; and
(c) be approved by the registrar.

8.5 Before expanding the scope of his or her professional practice, the physician assistant or clinical assistant must first obtain the registrar's approval of a new practice description.

2.3. Contracts of supervision:

2.3.1. Section 8.6 of the *CPSM General Regulation* describes general requirements for contracts of supervision, including that a Primary Supervisor must be designated:

8.6(1) A contract of supervision must
(a) be in the approved form;
(b) designate by name the regulated member who will supervise the applicant as the primary supervisor and indicate the primary supervisor's role and responsibilities;
(c) designate by name one or more regulated members who will supervise the applicant as an alternate supervisor and indicate
(i) the period during which, or the circumstances under which, the alternate will assume the duties and responsibilities of the primary supervisor, and

(ii) any substantive alteration in the physician assistant's or clinical assistant's duties or responsibilities while supervised by the alternate supervisor;

(d) include a term of the contract stating that each regulated member who signs the contract agrees to supervise the physician assistant or clinical assistant;

(e) set out the terms and conditions for performing the duties described in the practice description;

(f) be signed by

(i) the applicant for registration as a physician assistant or clinical assistant,

(ii) the primary supervisor,

(iii) each designated alternate supervisor, and

(iv) in the case of a physician assistant or clinical assistant practising in a departmental or program setting, each additional regulated member who agrees to supervise the applicant; and

(g) be approved by the registrar.

8.6(2) With prior approval of the registrar, a contract of supervision for a clinical assistant need not meet the requirement in clause (1)(c) if the contract states that the assistant may work only when the supervisor is also working.

2.4. Section 8.14 of the *CPSM General Regulation* places limits on the number of contracts of supervision a regulated registrant may enter as the Primary Supervisor:

8.14(1) At any one time, a regulated member may not be the sole primary supervisor for more than three physician assistants and clinical assistants in total.

8.14(2) As an exception to subsection (1), the registrar may permit a member to be the supervisor for more than three physician assistants and clinical assistants. The permission must be granted before the contracts of supervision are entered into.

2.5. Pursuant to section 8.15 of the *CPSM General Regulation*, ClAs and PAs may enter multiple contracts of supervision:

> *8.15(1) A physician assistant or clinical assistant may enter into a contract of supervision with two or more regulated members who are not associated in a group practice or department or program setting if each of them requires the services of the assistant on a part-time basis.*
>
> *8.15(2) Each regulated member under subsection (1) is a primary supervisor and must enter into a contract of supervision with the physician assistant or clinical assistant.*

2.6. Any addition of an Alternate Supervisor or Additional Supervisor to a contact of supervision must be approved by the Registrar. This can be done by the execution of a new contract or by way of an addendum in the approved form to the original contract of supervision.

3. Supervision of ClAs and PAs:

3.1. Interpretation:

3.1.1. Three categories of supervisors are established under Part 8 of the *CPSM General Regulation,* Primary Supervisors, Alternate Supervisors, and Additional Supervisors. In summary:

3.1.1.1. **Primary Supervisor**'s role and responsibilities:

i. The **Primary Supervisor** has ultimate and overarching responsibility for directing and reviewing the ClA's or PA's professional practice under an approved practice description and contract of supervision.

ii. The Primary Supervisor's role and responsibilities can be transferred to an **Alternate Supervisor** designated under the contract of supervision at times when the Primary Supervisor is unavailable or unable to act in this regard.

3.1.1.2. Immediate supervision:

i. The **Primary Supervisor** may assign, direct, and supervise the duties and services performed by the ClA or PA while actively engaged in their practice. This is referred to as '**immediate supervision**'. When acting, the **Alternate Supervisor** may also perform these general supervisory duties.

ii. **Additional Supervisors** may be appointed under a contract of supervision in departmental or program settings to fulfill certain

supervisory duties, particularly relating to the immediate supervision of the ClA or PA in delivering patient care.[7]

iii. While they may assign, direct, and supervise the duties and services performed by the ClA or PA, **Additional Supervisors** cannot assume the Primary Supervisor's role and responsibilities.

3.1.1.3. Primary Supervisors, Alternate Supervisors, and Additional Supervisors must comply with the general duties for all supervisors when acting in these capacities. The role and responsibilities of the Primary Supervisor as well as the general duties for all supervisors of ClAs and PAs are further explained below.

3.1.2. For the purposes of this Practice Direction, the supervisor immediately responsible for supervising the ClA or PA while actively engaged in their practice is referred to as the '**responsible supervising physician'**. The responsible supervising physician must remain readily available for consultation when the ClA or PA is engaged in practice under their supervision.

3.1.3. The clinical activities and reserved acts that may be **assigned** to a ClA or PA are set out in their approved practice description.

3.2. Requirements to be a supervisor:

3.2.1. Section 8.7 states:

> *8.7 A regulated member who meets the approved criteria may be a supervisor for a physician assistant or clinical assistant if the member has signed a contract of supervision approved by the registrar.*

3.2.2. Approved criteria for supervisors include that they must:[8]

3.2.2.1. be a fully or provisionally registered physician who is experienced in the system,[9]

3.2.2.2. 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, and

[7] For clarity, Additional Supervisors are intended to extend the supervisory capabilities of the Primary Supervisor or Alternate Supervisor. They do not assume ultimate responsibility for directing the professional practice of the ClA or PA or for providing regular reviews.

[8] In accordance with section 8.7, the Registrar still has discretion to refuse to add a supervisor even when these criteria are met.

[9] The candidate should have a minimum of two (2) years of independent practice, particularly if there fulfilling the role and responsibilities of the Primary Supervisor.

3.2.2.3. be approved by the Registrar, who may consider:
i. the proposed supervisor's scope of practice,
ii. professional conduct history, and
iii. potential and actual conflicts of interest
in determining whether they should be approved as a supervisor.

3.2.3. Section 8.18 relates to a supervisor acting through a health profession corporation:

> *8.18 To avoid doubt, subsections 64(1) to (3) of the Act apply to a supervisor in respect of his or her duties and responsibilities under this Part even if the supervisor is practising through a health profession corporation.*

3.3. Supervision in departmental or program practice setting:

3.3.1. Section 8.8 of the *CPSM General Regulation* establishes supervision criteria that must be met before a ClA or PA is permitted to work in an institutional departmental or program setting[10]:

> *8.8 A physician assistant or clinical assistant may provide services within a department or program setting if each of the following requirements is met:*
> *(a) one regulated member who works in the setting*
> *(i) signs the contract of supervision designating the member as the primary supervisor, and*
> *(ii) agrees to be responsible for the physician assistant or clinical assistant even when the assistant is acting under the immediate supervision of any other regulated member in the setting who has signed the contract of supervision;*
> *(b) at least one of the regulated members who works in the setting signs the contract of supervision and agrees to act as an alternate supervisor;*
> *(c) every regulated member of the department or program who agrees to supervise the physician assistant or clinical assistant signs the contract of supervision.*

[10] "*Institutional setting*" has the same meaning as it does elsewhere in CPSM's Standards of Practice of Medicine, which is: "*(a) a facility that is designated as a hospital under The Health Services Insurance Act; or (b) a hospital or health care facility operated by the government, the government of Canada, a municipal government, a regional health authority or CancerCare Manitoba.*"

3.4. Primary Supervisor's role and responsibilities:

3.4.1. Section 8.9 of the *CPSM Geneal Regulation* states, *"A primary supervisor is responsible for giving direction and providing regular reviews concerning the performance of the physician assistant or clinical assistant while he or she engages in professional practice."*

3.4.2. The Primary supervisor has ultimate responsibility for the ClA or PA's practice under an approved practice description and contract of supervision. This includes supervising the ClA or PA in accordance with the terms and conditions of the contract of supervision and practice description, as well as all regulations, Standards of Practice, Practice Directions, and the Code of Ethics.

3.4.3. Except where arrangements are in place for supervision by an Alternate Supervisor[11], the Primary Supervisor shall:

3.4.3.1. direct and review the work, records, and practice of the ClA or PA on a continuous basis to ensure appropriate and safe care is provided to each patient cared for by the ClA or PA;[12] and

3.4.3.2. always be reasonably available to fulfil their supervisory role when the ClA or PA is practicing, even when the ClA or PA is practicing under the immediate supervision of an Additional Supervisor in a departmental or program setting.

3.4.4. The Primary Supervisor shall contact each Alternate Supervisor named in the contract of supervision to review performance and workload issues in accordance with the evaluation provisions set out in the practice description.

3.4.4.1. This responsibility cannot be assigned or delegated.

3.4.5. In accordance with subsection 8.12 of the *CPSM General Regulation*, the Primary Supervisor must send periodic reports to CPSM that are satisfactory to the Registrar regarding the performance of the ClA or PA in accordance with the evaluation provisions set out in the practice description.[13]

3.4.5.1. This responsibility cannot be assigned or delegated.

[11] See section 8.13 of the *CPSM General Regulation*.

[12] The degree of review and direction required is a matter of professional judgment and will be dependent on the nature of the practice setting and the relationship between the Primary Supervisor and the ClA or PA.

[13] CPSM reporting obligations are integrated into the Practice Description under the heading 'Evaluation and Assessment of Performance'. For the vast majority of ClAs and PAs, the Primary Supervisor will be required to send periodic reports to the Registrar that are satisfactory to the Registrar regarding the ClA or PA's performance. Absent exceptional circumstances, for example evidence that the ClA or PA has worked with the Primary Supervisor within the previous few months under a similar Practice Description, reporting will occur on the following schedule: once per month for the first three months, every three months for the following 9 months, and every 12 months thereafter.

3.5. General duties of all supervisors of ClAs and PAs:

3.5.1. Section 8.10 of the *CPSM General Regulation* outlines requirements for on-site supervision by Primary Supervisors, Alternate Supervisors, and/or Additional Supervisors:[14]

> *8.10(1) For a physician assistant, a supervisor must*
> *(a) provide personal on-site supervision for at least the number of hours each month as specified in the contract of supervision;*
> *(b) subject to subsection (2), be available to supervise the physician assistant for at least the number of hours each week as specified in the contract of supervision; and*
> *(c) comply with any requirement set out in the practice description concerning the supervision of physician assistants.*
>
> *8.10(2) The supervisor is not required to be physically present for the weekly supervision if the physician assistant is engaged in his or her professional practice in a location separate from the supervisor's regular practice location.*
>
> *8.10(3) For a clinical assistant, a supervisor must*
> *(a) provide personal on-site supervision in accordance with the contract of supervision; and*
> *(b) comply with any requirement set out in the practice description concerning the supervision of clinical assistants*

3.5.2. In supervising ClAs and PAs, Primary Supervisors, Alternate Supervisors, and/or Additional Supervisors must ensure that the ClA or PA does not practice beyond the safe limits of their skills, knowledge, and judgement, or their authorized scope of practice. Supervisors are expected to be aware of the ClA's or PA's Level of Competence, as described in their practice description, and related limits arising therefrom. Section 8.11 of the *CPSM General Regulation* states:

> *8.11(1) A supervisor must not permit a physician assistant or clinical assistant to engage in professional practice beyond the scope of the supervisor's professional practice.*[15]

[14] The usual requirement will be that the Primary Supervisor, an Alternate Supervisor, an Additional Supervisor, or any combination of the foregoing must provide on-site, personal supervision for a cumulative total of at least 8 hours per month, or the total time worked by the ClA or PA if it is less than 8 hours.
[15] In other words, the ClA or PA is limited by the scope of practice of the responsible supervising physician.

8.11(2) The supervisor must not permit or require a physician assistant or clinical assistant to engage in professional practice, including the performance of a reserved act, if the supervisor determines that the physician assistant or clinical assistant is not competent to do so.

8.11(3) The supervisor must not permit a physician assistant or clinical assistant to independently assume some or all of the supervisor's duties or responsibilities.

3.6. <u>The role and responsibilities of ClA's and PA's:</u>

3.6.1. ClAs and PAs are expected to faithfully, and to the best of their knowledge, skill, and judgment, assist the Primary Supervisor in their professional practice in accordance with their approved practice description and the terms and conditions of the contract of supervision.

3.6.2. ClAs and PAs shall comply with all proper directions of the Primary Supervisor and perform only those duties and responsibilities that are assigned by the Primary Supervisor or an Alternate Supervisor (when acting) who has signed the contract of supervision and is acting in accordance with the contract of supervision.

3.6.3. ClAs and PAs shall cooperate with performance evaluations in accordance with their practice description.

3.6.4. In engaging in their professional practice pursuant to the contract of supervision, the ClA or PA shall:

3.6.4.1. Solely practice under the supervision of the Primary Supervisor, or an Alternate Supervisor or Additional Supervisor designated in the contract of supervision.

3.6.4.2. Limit their practice solely to what is described in the practice description, including,

i. practicing only at practice settings named in the practice description, and

ii. refraining from the performance of any reserved act that is not listed in the practice description.

3.6.4.3. Never practice beyond the professional scope of the responsible supervising physician's professional scope of practice, including by not performing any reserved act which the responsible supervising physician is not competent to perform.

3.6.4.4. Comply with all rules and regulations of CPSM governing ClAs and PAs, including the *CPSM General Regulation*, the Standards of Practice of Medicine, and the Code of Ethics.

3.6.4.5. Refrain from engaging in professional practice pursuant to a contract of supervision when the Primary Supervisor is unavailable or unable to fully fulfil their supervisory role - unless an Alternate Supervisor has assumed Primary Supervisor's role and responsibilities under the contract of supervision.

3.6.5. Section 8.17 of the *CPSM General Regulation* provides:

> *8.17(1) A physician assistant must clearly identify himself or herself as such when engaging in professional practice.*
>
> *8.17(2) A clinical assistant must clearly identify himself or herself as such when engaging in professional practice.*

3.6.6. An overriding principle in terms of documentation and communication is that everyone in the circle of care or multidisciplinary environment must understand the ClA or PA's class of registration. This is because they are not in independent practice and must be supervised by a responsible supervising physician. This circumstance must also be understood in the context of peer review, including by a health professional regulatory authority. Information about the ClA or PAs class of registration must be reasonably reflected in the patient record, prescriptions, orders, requisitions, etc. Content in these records must also accord with institutional documentation requirements and CPSM expectations, including requirements established under the *CPSM General Regulation*.

3.7. <u>Alternate Supervisor's role and responsibilities:</u>

3.7.1. The Primary Supervisor is expected to designate an Alternate Supervisor in accordance with section 8.6 of the *CPSM General Regulation* to assume their role and responsibilities during any period when the Primary Supervisor is unavailable or unable to fully fulfil the role of Primary Supervisor and the ClA or PA is practicing.[16] The role of the designated Alternate Supervisor is described at section 8.13 of the *CPSM General Regulation*:

> *8.13(1) The role of a designated alternate supervisor is to assume some or all of the duties and responsibilities of the primary supervisor under the contract when he or she is absent or otherwise unable to act.*
>
> *8.13(2) If an additional or substitute alternate supervisor in a department or program is proposed,*

[16] The exception is that responsibility for evaluation of performance and related CPSM reporting obligations cannot be assigned or delegated by the Primary Supervisor.

> *(a) the designation of that supervisor must be confirmed in writing by the additional or substitute alternate supervisor and by the physician assistant or clinical assistant by either adding the additional designation to the contract of supervision or entering into a new contract of supervision; and*
> *(b) the amendment or the new contract approved by the registrar.*
>
> *8.13(3) If the primary supervisor is absent or unable to act for any reason, he or she must take reasonable steps to ensure that the designated alternate supervisor supervises the physician assistant or clinical assistant.*

3.7.2. Only those individuals who have signed the contract of supervision as an Alternate Supervisor may act as an Alternate Supervisor for the ClA or PA.

3.7.3. The role and responsibilities of the Primary Supervisor may not be held concurrently by Primary Supervisor and an Alternate Supervisor. Only one Alternate Supervisor may assume the role and responsibilities of Primary Supervisor at any time.

3.7.4. Where the Primary Supervisor is unavailable or unable to fully fulfil their supervisory role and no alternate supervising physician is available and designated, the ClA or PA must cease practicing until either:

3.7.4.1. the Primary Supervisor can resume their supervisory role; or

3.7.4.2. an alternate supervising physician is designated in accordance with subsection 8.6 of the *CPSM General Regulation*.

3.7.5. To be clear, where an Alternate Supervisor assumes the Primary Supervisor's role and responsibilities, they and the ClA or PA are bound by the same terms and conditions as would apply as between the Primary Supervisor and the ClA or PA, including that the Alternate Supervisor will:

3.7.5.1. direct and review the work, records, and practice of the ClA or PA on a continuous basis to ensure that appropriate and safe care is provided to each patient cared for by the ClA or PA,

3.7.5.2. always be reasonably available to fulfil their supervisory role when the ClA or PA is practicing.

3.7.6. Where an alternate supervisor identifies any concerns about the competence or fitness to practice of the ClA or PA, they must bring them to the attention of Primary Supervisor.

3.7.7. When not acting in their capacity as an Alternate Supervisor, any person who signs the contract of supervision as an Alternate Supervisor will also have authority to act as an Additional Supervisor in a departmental or program setting.

3.8. Additional Supervisor's role and responsibilities (departmental or program setting):

3.8.1. In accordance with subsection 8.8 of the *CPSM General Regulation*, the ClA or PA may provide services under the contract of supervision within an institutional department or program setting if each of the following requirements are met:

3.8.1.1. the Primary Supervisor works in the setting,

3.8.1.2. at least one of the regulated members who works in the setting has signed the contract of supervision as an Alternate Supervisor, and

3.8.1.3. every regulated registrant in the department or program who agrees to supervise the ClA or PA has signed the contract of supervision as an Additional Supervisor.

3.8.2. When working in an institutional departmental or program setting, the ClA or PA may be assigned certain medical duties or undertake medical responsibilities under the supervision of a regulated registrant who works in the setting and is named in the contract of supervision as an Additional Supervisor. When this occurs, the Additional Supervisor will supervise the ClA or PA in relation to the medical services they perform. In this context, the Additional Supervisor will be considered a responsible supervising physician in respect to the work they supervise. However, the Primary Supervisor, or Alternate Supervisor when designated, retains ultimate responsibility for the ClA's or PA's practice. Section 8.8. of the *CPSM General Regulation* provides that:

> *8.8 A physician assistant or clinical assistant may provide services within a department or program setting if each of the following requirements is met:*
>
> *(a) one regulated member who works in the setting*
>
> *(i) signs the contract of supervision designating the member as the* ***primary supervisor****, and*
>
> *(ii)* ***agrees to be responsible for the physician assistant or clinical assistant even when the assistant is acting under the immediate supervision of any other regulated member*** *in the setting who has signed the contract of supervision".*
>
> *(emphasis added)*

3.8.3. Ultimately responsibility, as referred to under section 8.8. of the *CPSM General Regulation,* concerns direction and oversight of the ClA or PA's practice and performance. Part of this responsibility requires that the Primary Supervisor, or a designated Alternate Supervisor reasonably satisfy themselves that the ClA or PA is appropriately taking direction and is being adequately observed in their professional practice in accordance with the approved practice description and contract of supervision.

3.8.4. In accordance with the general duties of all supervisors, the ClA or PA may perform medical functions that are within the scope of their practice description and the scope of the Additional Supervisor's practice when acting under the supervision of the Additional Supervisor.

3.8.5. Where an Additional Supervisor identifies any concerns about the competence or fitness to practice of a ClA or PA, they must bring them to the attention of Primary Supervisor.

3.9. Information sharing:

3.9.1. Contracts of supervision are to include appropriate information and confidentiality provisions. This includes the following:

3.9.1.1. All supervisors named in a contract of supervision are expected to speak to each other freely and to exchange any information relevant to the ClA's or PA's work and in particular the Clinical Assistant's workload and ability to manage that workload. Any supervisor named in a contract of supervision would also be expected to communicate such information to the Medical Director or Chief Medical Officer of the Regional Health Authority where they work, if applicable.

3.9.1.2. ClAs and PA are expected to notify Primary Supervisors of any investigation or proceeding related to their conduct, competence, or fitness to practice that is initiated by CPSM or any other body with statutory authority to regulate a health profession in Manitoba or Canada or elsewhere. Notice must be provided within ten (10) days of the initiation of the investigation or proceeding.

3.9.1.3. Primary Supervisors and Alternate supervisors are expected to promptly notify CPSM if they are permanently unable to fulfil their supervisory role under a contract of supervision.

3.9.1.4. PAs and ClAs are expected to promptly notify CPSM if they cease to practice at a listed practice location.

3.10. Termination of contract of supervision:

3.10.1. Contracts of supervision may be terminated by either the Primary Supervisor or the ClA or PA by giving thirty (30) days' notice of the fact in writing to the other and to CPSM. Contracts of supervision can be otherwise cancelled in accordance with subsection 8.16(1) of the *CPSM General Regulation*. Upon termination of the contract of supervision, the Primary Supervisor and ClA or PA must advise CPSM of the circumstances which led to termination.

3.10.2. Those named in a contract of supervision as an Alternate Supervisor, or an Additional Supervisor may have their name removed by giving thirty (30) days' notice of the fact in writing to both the Primary Supervisor and to CPSM.

3.10.3. Under subsection 8.16(1) of the *CPSM General Regulation*, a contract of supervision is automatically cancelled if the Primary Supervisor is unable to fulfil their role and responsibilities under the contract and none of the designated Alternate Supervisors can fulfil their responsibilities under the contract.

3.10.4. The Registrar further has discretion to cancel a contract of supervision if one or more of its terms are breached.

3.10.5. In the event a ClA or PA can no longer work at the practice location(s) listed in a contract of supervision, for example due to loss of employment, the Primary Supervisor or Alternate Supervisor would consequently no longer be able to fulfil their supervisory role at the listed practice location(s) and therefore the contract would be cancelled. Thus, employment issues can have implications respecting the ability of the parties to fulfil the terms of a contract of supervision.

3.11. Breach of contract of supervision:

3.11.1. Breach of a contract of Supervision may result in the following:

3.11.1.1. the imposition of conditions on the ClA's or PA's certificate of practice by the Registrar,

3.11.1.2. removal of an Alternate Supervisor or Additional Supervisor from the contract of supervision, or

3.11.1.3. cancellation of the contract of supervision.

4. Title restrictions:

4.1. Part 6 of the *CPSM General Regulation* establishes title restrictions for registrants.

4.1.1. For PAs, section 6.8. of the *CPSM General Regulation* provides:

> *6.8(1) A member who is registered in any physician assistant membership class (including the physician assistant (retired) class) is permitted to use the title "physician assistant" and the abbreviation "PA" or any variation of them or equivalent in another language.*
>
> *6.8(2) No person — other than a member described in subsection (1) — shall use the title or abbreviation described in that subsection or any variation of them or the equivalent in another language alone or in combination with other words in a manner that states or implies that the person is a physician assistant.*

4.1.2. For ClAs, section 6.9. of the *CPSM General Regulation* provides:

> *6.9(1) A member who is registered in any clinical assistant membership class (including the clinical assistant (retired) class) is permitted to use the title "clinical assistant" and the abbreviation "Cl. A." or any variation of them or equivalent in another language.*
>
> *6.9(2) No person — other than a member who is registered in a clinical assistant membership class — shall use any titles or abbreviations listed in subsection (1) or any variation of them or the equivalent in another language alone or in combination with other words in a manner that states or implies that the person is a clinical assistant.*

5. Performance of reserved acts and delegation of reserved acts:

5.1. Reserved acts are listed at section 4 of the RHPA. Subsection 5.20(1) of the *CPSM General Regulation* restricts ClAs and PAs to performing only those reserved acts they are authorized to perform by their practice supervisor where the practice supervisor is legally permitted and competent to perform the reserved act.[17]

[17] See s. 4, 5 and 6 of the RHPA and s. 6 of the *CPSM Practice of Medicine Regulation* which govern the performance of reserved acts and the delegation of the performance of reserved acts.

5.2. Delegation:

5.2.1. Delegation by a regulated health professional allows the recipient of the delegation to perform a reserved act they would not otherwise be permitted to perform under the RHPA. Delegation is a regulated process under the RHPA and requires assessment and monitoring on the part of the delegator.[18] Pursuant to ss. 5.16(1) of the *CPSM General Regulation*, ClAs and PAs are not permitted to delegate reserved acts.

5.2.2. A PA may provide direct, onsite supervision for a PA student in accordance with section 5.19 of the *CPSM General Regulation* if they themselves are legally permitted and competent to perform the reserved act. This is not equivalent to delegation.

5.3. Prescribing Drugs or Vaccines

5.3.1. When involved in prescribing, ClAs and PAs must comply with all relevant CPSM Standards of Practice and Practice descriptions as well as ss. 5.8(3) and ss. 5.12 of the *CPSM General Regulation*.

5.3.2. Section 5.12 of the *CPSM General Regulation* provides for specific restrictions on prescribing a drug of vaccine by a ClA or PA:

> *5.12(1) A physician assistant or clinical assistant may prescribe a drug or vaccine only if*
>
> *(a) his or her supervisor has determined that the assistant is qualified to prescribe that drug or vaccine; and*
>
> *(b) the prescribing is done in accordance with the assistant's practice description.*
>
> *5.12(2) A prescription issued by a physician assistant or a clinical assistant must include*
>
> *(a) his or her name and the designation "PA" or "Cl. A", as the case may be;*
>
> *(b) the name of his or her supervising physician;*[19]

[18] Delegation differs from collaboration or authorization. For example, a ClA or PA can write an order to another health care professional requesting that person perform a reserved act. However, for the recipient of the order to perform that act, they would have to be entitled to do so in their own right under the RHPA. In this scenario, the recipient is being asked to do something they can do; it is not a delegation.

[19] Prescriptions prepared by ClAs or PAs must include the name of the responsible supervising physician respecting the care provided to the specific patient. It is noted that in some institutional scenarios, the 'responsible supervising physician' may not be the physician who is considered the 'most responsible physician' for that patient's care (e.g.,

(c) his or her telephone or paging number; and
(d) one or more of the following:
(i) the patient's clinical indication,
(ii) the patient's diagnosis,
(iii) the treatment goal for the patient.

5.3.3. Prescribing M3P schedule drugs adds additional requirements. ClAs and PAs can only prescribe M3P drugs when they are both expressly authorized to do so by:
5.3.3.1. the Registrar as part of their Practice Description, and
5.3.3.2. in accordance with section 5.12 of the *CPSM General Regulation*.

5.3.4. M3P prescription contents are strictly regulated, including in terms of required contents. Section 5.8 of the *CPSM General Regulation provides*:

5.8(1) A member who is authorized under the Controlled Drugs and Substances Act (Canada) to prescribe the drugs listed on the M3P schedule must
(a) use an approved form to issue the prescription; and
(b) prescribe only one drug on each form.

5.8(2) The prescription must
(a) include the patient's name, address, date of birth and personal health information number on the approved form;
(b) clearly and accurately set out the name and dosage form of the drug, the quantity to be dispensed, and the directions for use, including the intervals at which the drug is to be taken; and
(c) be dated and signed by the member.

5.8(3) Subject to the regulations under the Controlled Drugs and Substances Act (Canada) and section 5.12 of this regulation, physician assistants and clinical assistants are not authorized to prescribe drugs listed on the M3P schedule.

5.3.5. The Registrar will only consider authorizing M3P prescribing by ClAs and PAs in departmental or program practice settings that are within an institutional practice setting.

the admitting physician/MRP).

6. Collaborative care:

6.1. Depending on the wording of the practice description, participating in team-based or collaborative care is generally acceptable and encouraged. The work in this sense would be considered collaborative rather than a supervisory relationship. It remains the case that the ClA or PA would be required to be under supervision by a responsible supervising physician in accordance with the terms of their contract of supervision while practicing.[20]

7. Continuing professional development

7.1. ClAs and PAs must remain current in their area of practice, including through compliance with:

7.1.1. the performance and evaluation provisions of their practice description, and

7.1.2. Part 10 of the *CPSM General Regulation* and the Continuing Professional Development Practice Direction.

[20] For example, a PA working in a health care facility under the remote supervision of their Primary Supervisor can work with other physicians or allied health care providers in that setting in a collaborative way. Physicians who are not named as supervisors in the contract of supervision are not able to act as their "responsible supervising physician".

Contextual Information and Resources

Practice and Supervision Requirements for Clinical and Physician Assistants and Physician Assistant Students

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

Clinical & Physician Assistant Billing Considerations

The Health Services Insurance Act (HSIA) and the Manitoba Physician's Manual set out clear expectations surrounding claims for insured medical services. CPSM's understanding about these expectations when Clinical Assistants (ClAs) or Physician Assistants (PAs) are involved in care follows. It is the registrant's responsibility to follow the Physician's Manual. If there are any concerns in that regard, registrants are advised to seek further clarification or guidance about the proper use and interpretation of the Physician's Manual directly from Manitoba Health or Doctors Manitoba.

1. Manitoba Health provides coverage for insured medical and hospital services to Manitoba residents in accordance with the HSIA and its regulations. Coverage for medical services insured under the provincial health services insurance plan is provided on the basis that the services are provided by a medical practitioner (physician). *The Medical Services Insurance Regulation* defines insured medical services as follows:

   > *… all personal health care services provided to an insured person by a medical practitioner that are medically required and are not excluded under the Excluded Services Regulation made under the [HSIA].*

2. Payments for insured medical services are made in accordance with the rules of application and subject to the terms and conditions set out in the Physician's Manual. CPSM understands that Manitoba Health expects claimants (medical practitioners/physicians):
   a. to be aware of and comply with the rules of application and terms and conditions set out in the Physician's Manual, which are published on Manitoba Health's website,
   b. to conduct themselves honourably and in good faith when deciding whether criteria are met for the tariffs they claim, and
   c. are making appropriate clinical decisions relating to the medical services underlying each of the tariffs they claim.

   Physicians are not to cause or permit bills to be submitted to Manitoba Health if applicable terms and conditions are not met.

3. Claimants are expected to be able to provide information for the assessment of claims under the HSIA. CPSM understands that this is interpreted by Manitoba Health to require sufficient information in the patient record based on the terms and conditions of the tariff as described in the Physician's Manual. In addition, section 2.12 of the Documentation in Patient Records Standard of Practice provides:

> *Registrants must take care to ensure that any documentation made in the patient record used for the purpose of remuneration faithfully represents the care provided. …*

4. The Physician's Manual indicates that claimants cannot submit claims under the HSIA relating to medical services with which they had no personal involvement. Manitoba Health has stated that it will pay for services only if the services are actually provided by a physician. It is noted that page CLMST-1, under Claims Submission and Payment Procedures, under Part I of Billing and Provision of Services in the Physician's Manual, states that, "*Insured service claims may only be made for services rendered personally by the physician*." Furthermore, various tariffs have specific "*patient/physician contact*" time requirements (e.g., 8734, 8529).

5. For the purposes of the legislation, Clinical Assistants (ClAs) and Physician Assistants (PAs) are not medical practitioners (physicians), and therefore they do not provide insured medical services. Per section 17 of *The Interpretation Act*:

> … "*physician" or "duly qualified medical practitioner" or a similar expression indicating legal recognition of an individual as a member of the medical profession means a physician who holds a valid certificate of practice issued by the College of Physicians and Surgeons of Manitoba under The Regulated Health Professions Act*.

6. Medical practitioners (physicians) supervising the care ClAs or PAs provide to patients remain responsible for fulfilling the expectations and boundaries of the Physician Manual in making claims for insured services. Where ClAs or PAs participate in care the billing medical practitioner would remain responsible for the care to the individual patient and would be expected to have seen the patient and assessed their needs in accordance with the tariff billed. In certain appropriate circumstances, this may be accomplished through attending to a patient to review and validate the work of the ClA or PA.

7. As noted above, registrants should contact Manitoba Health or Doctors Manitoba when uncertainty arises as to whether they can appropriately make a claim. That said, there are several areas of contention that CPSM is aware of, including from our handling of professionalism complaints and disciplinary matters, that are worth highlighting in this document. Specifically, it is CPSM's understanding that a responsible supervising physician/medical practitioner would not be entitled to submit claims under the HSIA in the following example scenarios:

a. A ClA or PA sees a patient (e.g., history and physical examination) with no direct involvement of the responsible supervising physician. The visit is in the nature of a Regional Basic Visit (8509). The responsible supervising physician does not personally see the patient, virtually or in-person. However, the supervising physician does subsequently review the patient record to satisfy themselves that good care was provided. As services required by the Physician's Manual were not provided personally by the physician, they cannot claim the tariff.

b. A ClA or PA authorizes the refill of a patient prescription. The responsible supervising physician is not directly involved with the refill. The responsible supervising physician cannot properly submit a claim using the 8005 tariff. It is noted that the commentary includes, "*No claim may be made for communications in which only a physician proxy, e.g., nurse or clerk, participates*". This remains the case even if the responsible supervising physician subsequently reviews the refill that was authorized to ensure it was appropriate (i.e., after the communication occurs).

THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

COUNCIL MEETING - MARCH 20, 2024

FOR INFORMATION

SUBJECT: **Registrar/CEO's Report**

QUARTERLY REPORTING ON DELIVERABLE ACTION PLANS

At the September 29, 2023, meeting Council approved the following 3 goals for CPSM:

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

The Registrar is responsible for achieving these goals. Several Deliverables were developed for achieving the goals and each Deliverable has various Action Plans of work to be done throughout to accomplish the Deliverables. Below is a status report on the various Action Plans.

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

Goal 1: Ensuring the Qualifications of Registrants

Deliverable:

- **Creating an efficient and effective organization**
  Action Plan:
  - Website Registration Redesign

    The Registration section of the website has been updated to include all Regulation changes. In addition, working within the current structure of CPSM's website, the Registration Section has a new look with easy-to-follow information for each Class of registration.

  - Registration Stakeholder Education

    Staff have met with 3 recruiters to provide information regarding the process for registration. In addition, on January 28, 2024, a webinar was held with UK recruiters. Another webinar is scheduled for February 29, 2024, through Manitoba Start. Manitoba Start provides central registration services for all newcomers arriving in Manitoba.

    A presentation on our processes and associated programs regarding legislative changes will be made to Health Canada in November 2023.

Representatives from the Ukraine and Israel have reached out to CPSM regarding registration. Both have been extended an invitation to come to CPSM and meet with staff. At this time, no response has been received.

Continued meetings with Shared Health, Workforce Planning regarding assisting with the recruitment of physicians to Manitoba.

- Database Analysis for Registration Bottlenecks

The Registration Department commenced tracking additional information to produce performance metrics which were presented at the December Council meeting. The Registration Department is developing Survey Monkey survey for Registrants to obtain an additional perspective on potential registration bottlenecks.

- **Updating RHPA/CPSM Documentation**
  Action Plan:
  - Registration Policies & Practice Direction Guide

Registration requirements are found in many different places, including the CPSM General Regulation, Practice Directions, policies, and MOUs. We are in the process of creating a standalone resource that is intended to bring all the requirements together for each class of registration in one place. Once completed, the plan is to post the indexed guide on our website. This is an ongoing project with a scheduled completion date of May 1, 2024.

- **Addressing Anti-Indigenous Racism**
  Action Plan:
  - Mandatory Indigenous Specific Anti-Racism Training

TRC Advisory Circle is working with the University of Manitoba to develop training materials. Scheduled launch is June 2024. The modules are currently in a quality assurance testing phase.

Goal 2: Ensuring Quality Medical Care is Provided by Registrants

Deliverables:

- **Improving Quality Medical Care**

  Action Plan:

  - Audit Improvement

    Improvements ahead of targets and moving forward. In training and testing phase. Evaluation to follow in spring/summer.

  - Physician Health Program Growth and Enhancement

    Reviewing needs and developing potential solutions in terms of program design, role adjustments and human resources investment. A new position description has been developed and will be posted by the early spring.

  - Prescribing Practices Program Growth and Enhancement

    Based on the RIAT and presentation to Council in December a decision was made to hire an additional Medical Consultant; timeline for recruitment and selection process is throughout the spring towards a September 1st start date. The team is now back to full compliment catching up on a backlog of cases and will begin work within their existing resources to prioritize the highest risk prescribers using a recently acquired DPIN data set. With the anticipated prescribing rules changes, the team will assist with communication and implementation into the spring.

- **Updating RHPA/CPSM Documentation**

  Action Plan:

  - Cyclical Review Schedule for Standards – (Bloodborne Pathogens, Definitions, Collaborative Care)

    A team of experts has reviewed the Standard of Practice on Bloodborne Pathogens.

    Definitions Standard of Practice is being reviewed internally.

    A Working Group chaired by Dr. Roger Suss commenced reviewing the Collaborative Care Standard of Practice on February 28, 2024.

- **Addressing Indigenous Anti-Racism**
  Action Plan:
  - Standard of Practice – Practicing Medicine to Prevent Indigenous Specific Racism

    TRC Advisory Circle retained a consultant to assist a smaller working group develop Standard of Practice. A draft Standard of Practice will be submitted to Council at the March 20, 2024 meeting for in camera discussion and feedback.

  - Definition of Anti-Indigenous Specific Racism

    Draft definition of Anti-Indigenous Specific Racism has been prepared for inclusion in the Standard of Practice – Practicing Medicine to Prevent Indigenous Specific Racism.

  - Mentorship/Leadership at CPSM (includes creating an open culture to support indigenous physicians).

    TRC Advisory Circle has established working groups to address Recommendation #6.

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

Deliverables:

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

  Action Plan:

  - Categorizing & Assigning Complaints to an Administrative Process

    On track. Document completed and being used as a working document over the next 6 months.

  - Improve Communication & Informal Resolution Process

    Delayed. Complaints Mediator position was posted but not filled.

- **Creating an efficient and effective organization**

  Action Plan:

  - Audit Improvement

    Improvements ahead of targets and moving forward. In training and testing phase. Evaluation to follow in spring/summer.

- **Updating RHPA Documentation**

  Action Plan:

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

    Request to initiate legislative amendments initially submitted to government in January 2022 and resubmitted on October 31, 2023.

- **Addressing Anti-Indigenous Racism**

  Action Plan:

  - Restorative Justice Approach to Complaints & Investigations

    On track – key individuals completed training in conjunction with the University of Manitoba under the expert leadership of individuals from Stanford University. Currently working with University of Manitoba on how to implement changes.

GOVERNMENT

Met with Deputy Minister Sinclair and other stakeholders on February 7, 2024 on the issue of recruiting new physicians to Manitoba as well as a route for International Medical Graduates to be registered in Manitoba.

A meeting with Minister Asagwara is scheduled for March 11, 2024. CPSM will forward a briefing note to the Minister's office of items CPSM feels we can collaborate with government on.

MEETINGS ATTENDED - OTHER ORGANIZATIONS

WRHA Medical Advisory Committee – January 25, 2024

Provincial CMO/Specialty Lead Meeting – February 1, 2024

Manitoba Metis Federation – February 2, 2024

Medicine Subcommittee of the Joint Council – February 23, 2024

Shared Health Medical Advisory Committee – February 22, 2024

PGME Executive Committee – January 16, 2024 & February 20, 2024

Federation of Medical Regulatory Authorities of Canada (FMRAC)

- Audit, Finance, & Risk Management Committee – February 12, 2024
- Board Meeting in Toronto ON – January 18, 2024

STAFF MATTERS

The information described below highlights staffing changes and additions since the December 2023 Council meeting.

Executive office – A new reception clerk has been hired, Maegan Genaille, and is expected to start March 25.

Complaints and Investigation – Dr. El Matary resigned from his 0.4 Medical Consultant role at the end of January. The Department is reviewing the position while currently recruiting for a 0.6 EFT Medical Consultant and the Assistant Registrar position (Dr. Karen Bullock Pries is retiring in June 2024).

Physician Health Program – Recruiting for 0.6 EFT medical consultant has been initiated. This position's primary responsibility would be focused on the Physician Health Program but would also be involved in Standards and Quality Assurance activities as well as providing coverage for the two medical consultants engaged in these areas.

COMMUNICATIONS & MEDIA

Media: I was a guest on 680 CJOB with Richard Cloutier on January 31 to discuss the public consultation on MAiD and the feedback we were seeking from the public.

Media inquiries regarding regulatory matters were responded to accordingly. CPSM media coverage in this quarter included: the license cancellation of Dr. Arcel Bissonnette, MAiD for MD-SUMC, and physician registration numbers.

Registrant communications

Communications and information sent to registrants included:

December newsletter – included news of CPSM leadership transition, messages from the Registrar, Council President, Dr. Nader Shenouda, and the Dean Max Rady College of Medicine, the University of Manitoba, Dr. Peter Nickerson, advice on Glucagon-like-Peptide (GLP-1) Receptor Agonists and Anesthesia Risks, patient care expectations, new retirement planning resources on the website, and a reminder of the Standards of Practice for prescribing Opioids, Benzodiazepines, and Z-Drugs.

December Council Update – Notified registrants of key highlights from the December Council meeting including an update on the Standard if Practice – Prescribing Requirements, public consultations approved, and plans to establish an International Medical Graduates Working Group and a Board of Assessors.

Public consultation announcement – Registrants were notified of three public consultations for: draft revised *Standard of Practice –Medical Assistance in Dying (MAiD)*, draft *Practice Direction - Practice Supervision Requirements* for *Clinical Assistants, Physician Assistants, and Physician Assistant Students,* and draft amendment to *The Affairs of the College Bylaw.*

Career opportunities: Registrants were notified of two key positions at CPSM including the Assistant Registrar opportunity.

January/February newsletter – Included advice on social media and health advocacy, announcement about amendments to the Child and Family Services (CFS) that impact who healthcare providers can provide health information to, a consultation deadline reminder, and a reminder about the Standard of Practice for Female Genital Cutting/Mutilation.

Communications reported an increase in open rates for registrant communications to an average of 69% in the past year.

FINANCE

CPSM Finance is using a new budgeting process for the 2024-25 budget. The new process should provide more accurate estimates of expected spending and better match forecasts for the 2024-25 budget year. Finance is also reviewing investment opportunities with our current investment advisor.
Please see the report from the Finance Audit and Risk Management Committee for additional information.

INFORMATION TECHNOLOGY

- Complaints and Investigation portal enhancement – see Complaints and Investigation section for more detail.
- Artificial Intelligence (AI) discussion at the January IT Special Interest Group (Toronto) – All information technology departments across the MRA's are reviewing the potential benefits and threats from the recent developments and release of artificial intelligence software. CPSM is currently exploring an AI software platform from Microsoft (Co-Pilot) to assess it's potential impact on internal operations.
- The latest cybersecurity assessment shows our internet score has improved from 24% in February of 2023 to 49% in February 2024.

QUALITY DEPARTMENT

Physician Health Program (PHP)

- Since December 1, 2023, there have been 20 new referrals for a total of 79 referrals to date this fiscal year.
- The current caseload total is 98. PHP caseload includes: **1)** registrants with undertakings, **2)** registrants who are on current medical LOAs that are reportable under the Duty to Report Standard of Practice, **3)** those who require further follow-up (including regular check-ins) and **4)** new referrals who are pending review or mid-review.
    - Out of the current caseload, 46 registrants, who do not have undertakings, are being followed by PHP (each registrant is unique depending on the specifics of their health concern, i.e., a gradual return from work after chemotherapy would be followed differently than a registrant with a MS diagnosis).
        - Out of those 46 registrants, there are currently 31 of them being followed by PHP who are on medical LOAs that will require PHP approval once potentially ready to return to work.

MANQAP

- Accreditation - MANQAP/NHMSF/POL
- Effective Jan 1, 2024 Western Canadian Accreditation Alliance (WCAA) Laboratory and Transfusion Medicine Standards implemented.
- WCAA Diagnostic Imaging Standards review continues by multiple provincial specialists. Pending approval of PRC in May the DI standards release is scheduled for June 1, 2024.
- Collaboration continues with the Manitoba Dental College (MDA), a NHMSF (Non Hospitals Medical Surgical Facilities) site assessment involving both CPSM and MDA is scheduled for April 2024.
- Evolving collaboration with Manitoba Health continues addressing the release of MANQAP surplus for temporary accreditation due to the backlog from COVID.

Quality Improvement Program (QIP)

- The program has been completely moved into the CPSM Portal.
- Grand Rounds were held on February 20, 2024 with Hematology/Oncology.
- Auditor Training Workshop will be held on April 5, 2024.
- The next cohort will be launched spring 2024.

Quality Assurance (QA)

- Standards Audits and Monitoring has been renamed to Quality Assurance to better align across jurisdictions.
- Qualifying audits for 2023 is **102** (minus retirements and 20 deferrals) = **82 total audits**
- Central Standards Committee (CSC) has reviewed and made decisions on 55 audits.
- March 2024 CSC meeting will review and deliberate on 22 audits.
- 5 remaining audits have been scheduled and to be included on the June 20, 2024 CSC agenda.
- Qualifying audits/reviews for 2024 **= 117 (**includes carryover of 20 audits from 2023).
- Mechanism developed for the Medical Consultant to communicate with practice/primary supervisors and registrants.
- Mechanism established for addressing overdue monitoring reports for PAs, CAs and Provisional Registrants.
- Monthly collaboration meeting between QA and Registration.

Prescribing Practices Program (PPP)

- **Registrant Advice & Support**: responded to **49 general prescribing advice** inquires Dec 2023 to Mar 2024 (38 GPA cases thus far in 2024). KPI metrics: 83% responded within 1 business day; 96% within 2 business days; 98% within 3 business days.
- **Outcome Evaluation**: Ready to launch (anonymous) survey to registrants/other HCPs who seek prescribing advice, to evaluate the impact of PPP interventions and identify challenges and opportunities for program improvement.
- **Methadone & Suboxone**: Issued **3 Suboxone** & **3 Methadone** prescribing approvals for OAT since December (currently 235 OAT prescribers). **1 methadone pain/palliative**

(re)approval. Collaborating on educational initiatives with RAAM HUB to support system flow and resources for prescribers.

- **CME Death Review**: Working with CME Office on Memorandum of Understanding to resume CPSM consultant attendance for case review.
- **Quality Prescribing Review Working Group**: Collaborating with Communications and Leadership to assist with roll-out of prescribing rules changes and respond to inquiries.

COMPLAINTS & INVESTIGATIONS DEPARTMENT

New Function in CPSM Portal

On February 22, 2024 our new system for data management and workflow went live. This is a custom designed system in the CPSM portal that will provide the department and counsel with more meaningful data over time. It has three main functions, including:

- Establishes targets and tracks timelines for each step in our processes. This includes a colour-coded dashboard to alert individuals when targets are approaching or past due.
- Allows more efficient workflow that does not rely on email to share documents and allows each staff member to efficiently track their tasks at a glance.
- Tracks the nature of complaints through newly developed subcategories within CanMeds categories. This will provide more specific data that can inform CPSM responses, including potential educational efforts or reviews of current standards.

The department greatly appreciates the work of Christian Jobin and Erin Wilcosh in bringing Dr. Bullock Pries' vision to fruition. Christian's programming skills and friendly "can do" attitude deserve particular recognition.

Informal Resolution

We remain committed to developing a better process for informal resolution including facilitating meetings between registrants and complainants where we feel it would be helpful in resolving conflict or addressing harm. The search for a CPSM complaints mediator continues and we have ongoing communication with the University of Manitoba in developing resources for facilitating restorative justice circles.

REGISTRATION DEPARTMENT

Webinars:

The Director and Coordinator of the Registration Department have participated in 2 Webinars - January and February 2024. The first webinar had 148 attendees, primarily family practitioners from the United Kingdom. The second was for Manitoba Start, which is a central registration service for all newcomers to Manitoba and 51 attended. The majority of attendees were from South Africa.

IMG Working Group:

Two pre-meetings have been held with Drs. Ziomek, Mihalchuk and Shenouda and CPSM staff. Most of the members of the Group have been identified.

A focus group, made up of IMG registrants, will be formed in advance of the Working Group's first meeting. Discussions for that group will be what were the biggest challenges they faced when entering the Manitoba practice environment. These discussions will assist in developing the content for a survey to be sent to IMG registrants and/or past registrants.

National Registry:

A meeting was held in person in Montreal in February with the Working Group. We are now at the starting point for MRA on-boarding with CPS British Columbia being first. CPSM will start testing beginning of March 2024.

Registration Special Interest Group meeting was held at College des medecins du Quebec in February 2024. There were representatives present from every province and territory.

One of the main topics for this meeting was the registration of Clinical and Physician Assistants across Canada. CPSM has been relied heavily upon to share our processes and information.

A few other topics discussed were:

- Labour mobility
- Fairness Commissioner
- Practice Ready Assessments
- Summative Assessments

COUNCIL MEETING
MARCH 20, 2024
BRIEFING NOTE FOR INFORMATION

SUBJECT: CPSM Upcoming Elections and 2024/25 Committee Membership

BACKGROUND:

CPSM UPCOMING ELECTIONS

In accordance with the CPSM Affairs of the College Bylaw, elections for members of CPSM Council take place in the spring. See attached chart for Councillor Terms Listings. The ones highlighted in aqua are the terms expiring in 2024.

This year there are five positions that will become open.

Winnipeg Electoral District
- Dr. Roger Suss
- Dr. Heather Smith
- Dr. Norman McLean

West Electoral District
- Dr. Charles Penner

Of note, Dr. Penner's term as a Councillor expires June 15, 2024, therefore an election is required in the West Electoral District. Due to Dr. Penner being President Elect, President, and then Past President he will hold a seat on Council until June 2029. This is reflected in the attached chart.

Associate Registrant (yearly election)
- Mr. Chris Barnes

The Affairs of the College Bylaw outlines the election process and this year the Notice of Election, including a voters list, nomination form and procedures for nominating will be sent out on March 26, 2024. Nominations are due on or before noon on April 9, 2024, and the ballots will be sent out April 16, 2024. The deadline for voting will be noon on May 7, 2024. The ballots and voting instructions are sent out via VoteNet and voting is done electronically through VoteNet.

This year there are also a number Public Representatives whose terms will expire.

CPSM Appointed

Ms Dorothy Albrecht – June 19, 2024
Ms Lynette Magnus – December 1, 2024

Government Appointed

Ms Leanne Penny – December 1, 2024

Also attached is a list of Government Appointed Public Representatives to the Roster. There is one that expires in 2024.

Of note the letters from the Minister advise of the appointment/reappointment with the term date. For some public reps the letter just gives the dates of the term and for some there is a sentence indicating the term continues. Examples below:

"Your appointment is effective June 24, 2020 and is for a four-year term that will expire on June 23, 2024, unless otherwise informed by the Minister of Health, Seniors and Active Living."

"Your appointment is effective December 1, 2021 and is a three-year term that will expire on December 1, 2024. It will continue thereafter until you are reappointed or until a successor is appointed, unless the appointment is revoked before that date by the Minister of Health and Seniors Care."

You will note in the comment section of the attached Ministerial Roster Listing who has a specific expiry date and who will continue past their expiry date according to the instructions in the letter from the Minister.

CPSM COMMITTEE MEMBERSHIP 2024 - 2025

The term of appointment for members of the various CPSM committees is generally two years with the possibility of re-appointment for additional terms. Council makes these appointments at its June meeting based upon recommendations from the Executive Committee. The Executive Committee needs to consider who it will recommend as committee members for 2024/25.

It is important to note there will be a new Councillor in the West Electoral District and the seats of current Winnipeg Councillors Dr. McLean, Dr. Smith, and Dr. Suss are up for election.

See attached Committee Membership listing which indicates the number of years, over the last **four** years, each committee member has served on that committee.

Councillor Term Listing 2023

Council Members	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	Start Date	End Date	Comments
Public Representatives																									
Agger, Ms Leslie																							8-Jul-19	28-Jun-27	CPSM Appointed
Albrecht, Ms Dorothy																							23-Jul-18	19-Jun-24	CPSM Appointed
Magnus, Ms Lynette																							16-Jun-18	1-Dec-24	CPSM Appointed
McPherson, Ms Marvelle																							13-Apr-17	2-Apr-26	Government Appointed
Fineblit, Mr. Allan																							30-Mar-17	2-Apr-26	Government Appointed
Penny, Ms Leanne																							17-Dec-19	1-Dec-24	Government Appointed
Councillors																									
Elliott, Dr. Jacobi (PP)																							15-Jun-18	15-Jun-25	Past-President
Shenouda, Dr. Nader(P)																			X				6-Jan-16	19-Jun-27	President
McLean, Dr. Norman																							19-Jun-20	19-Jun-24	Winnipeg
Smith, Dr. Heather																							19-Jun-20	19-Jun-24	Winnipeg
Suss, Dr. Roger																							19-Jun-20	19-Jun-24	Winnipeg
Corbett, Dr. Carrie																							22-Jun-22	15-Jun-26	Winnipeg
Convery, Dr. Kevin																							15-Jun-18	15-Jun-26	East
Monkman, Dr. Lisa																							22-Jun-22	15-Jun-26	North
Penner, Dr. Charles (PE)																							19-Jun-20	15-Jun-29	West - President-Elect
Associate Member																									
Barnes, Mr. Christopher, PA																							9-Jun-21	15-Jun-24	Elected Annually
University Appointed (Yearly)																									
Nickerson, Dr. Peter																							1-Sep-22	28-Jun-24	Appointed Annually
as of June 28, 2023																									

Red lines indicate election years

X means member has completed 12 years of service and is not eligible to run for Council that year

Light blue indicates person came in on a by-election

Gold represents term as President Elect, Green represents term as President, and Yellow represents term as Past President

Ministerial Roster

0230

Roster Members	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	Start Date	End Date	Comments
Benavidez Sandra		■	■	■	■	■	■	■	■		15-Jun-18	23-Jun-26	reappointed 2023/continue if not reappointed
Gaudet Ryan		■	■	■	■	■	■	■	■		15-Jun-18	23-Jun-26	reappointed 2023/continue if not reappointed
Gelowitz Eileen			■	■	■	■	■	■	■		4-Dec-19	6-Dec-25	reappointed 2023
Greenlay Scott							■	■	■		10-May-23	9-May-26	Appointed
Magnus Lynette			■	■	■	■	■	■			4-Dec-19	1-Dec-24	reappointed 2022/continue if not reappointed
Martin Sandra		■	■	■	■	■	■	■	■		15-Jun-18	23-Jun-26	reappointed 2023/continue if not reappointed
Matthes Leanne					■	■	■	■			1-Dec-21	1-Dec-24	Continue if not reappointed
Oyamienlen Sylvester					■	■	■	■	■		1-Dec-21	6-Dec-25	reappointed 2023/continue if not reappointed
Scramstad Alan			■	■	■	■	■	■	■		4-Dec-19	17-Dec-25	reappointed 2023/continue if not reappointed
Smith Cheryl						■	■	■	■		18-Jan-23	17-Jan-26	Expires
Smith Nicole	■	■	■	■	■	■	■	■			25-Jul-17	23-Jun-25	reappointed 2020
Strike Raymond			■	■	■	■					4-Dec-19	1-Dec-23	reappointed 2022/continue if not reappointed
Tutiah Elizabeth			■	■	■	■	■	■	■		4-Dec-19	17-Dec-25	reappointed 2023/continue if not reappointed
Yelland Diana		■	■	■	■	■	■				15-Jun-18	23-Jun-24	Expires

Updated Feb 21, 2024

Term will expire in 2024

Committee Membership for the last 4 years (2020/21 - 2023/24)

0231

	Executive	Finance, Audit, Risk Mgmt	Central Standards	Program Review	Complaints	Investigation	Inquiry	Quality Improvement
Agger, Ms Leslie				4				1
Albrecht, Ms Dorothy			4					1
Convery, Dr. Kevin						4		
Corbett, Dr. Carrie			2					
Elliott, Dr. Jacobi (Past-President)	4	1	1				1	
Fineblit, Mr. Allan	4							
Magnus, Ms Lynette		4				4		
McLean, Dr. Norman					3			1
McPherson, Ms Marvelle	4		4					
*Monkman, Dr. Lisa								
Penner, Dr. Charles (President-Elect)	2	4						
Penny, Ms Leanne		3		2	4			
Nickerson, Peter	1	1						
Shenouda, Dr. Nader(President)	3	2				1		
Smith, Heather					2	2		
Suss, Dr. Roger			4					1
Barnes, Mr. Christopher (Associate Member)			3					
External Registrants								
Andani, Rafiq						2		
Appel, Karen			2					
Arya, Dr. Virendra				3				
Battad, Anthony						1		
Butterworth, Stephanie					1			
Cabel, Ms Jennifer				4				
Chukwujama, Ogo		1						
Gray, Steven					1			
Hosseini, Dr. Boshra					3			1
Jawanda, Dr. Gurswinder (Gary)						3		
Kabani, Dr. Amin				4				
Katz, Naom					1			
Kirkpatrick, Dr. Iain				4				
Naidoo, Dr. Jenisa				4				
Pintin-Quezada, Dr. Julio				3				
Reitmeier, Dr. Shayne					4			
Ripstein, Ira							2	
Elias, Ms Deb			2					
Velthuysen, Elsa						1		
Vosters, Dr. Nicole					2			

* Chair CPSM TRC Advisory Circle

Indicates Council seat is up for election 2024

Indicates Public Rep Appointment expires in 2024

Committee Membership for the last 4 years (2020/21 - 2023/24)

0232

Public Representatives on Roster	Executive	Finance, Audit & Risk Mgmt	Central Standards	Program Review	Complaints	Investigation	Inquiry
Benavidez , Sandra							4
Gaudet, Ryan							4
Gelowitz, Eileen				4			
Greenlay, Scott							1
Magnus, Lynette		4				4	
Martin, Sandra							4
Matthes, Leanne						1	
Oyamienlen, Sylvester					2		
Scramstad, Alan							4
Smith, Cheryl						1	
Smith, Nicole					4		
Strike, Raymond					4		
Tutiah, Elizabeth						4	
Yelland, Diana							4

Term due to expire

COUNCIL MEETING – MARCH 20, 2024
COMMITTEE REPORTS
FOR INFORMATION

EXECUTIVE COMMITTEE REPORT:

The Executive Committee met in-person on January 17, and February 28, 2024. Most matters discussed at the meetings appear on this Council agenda.

The Executive Committee held a Cancellation of Certificate of Registration hearing concerning Dr. Arcel Bissonnette's Certificate of Registration.

Respectfully Submitted
Dr. Nader Shenouda
President, CPSM and Chair of the Executive Committee

FINANCE, AUDIT & RISK MANAGEMENT COMMITTEE REPORT:

The FARMC has met once since the last council meeting, on February 21st, 2024. The committee met with their investment advisors to review options for investment of reserve funds. This was a very informative meeting. The financial statements were also reviewed. As of January 31st there is a surplus of $217,357 which is well above the budgeted deficit. Risk management was discussed but there will be a more fulsome review in the fall after the new FMRAC Risk Management framework has been analyzed.

Respectfully submitted
Dr. Charles Penner
Chair, Finance, Audit & Risk Management Committee

PROGRAM REVIEW COMMITTEE REPORT:

Diagnostic Facilities:
Western Canada Accreditation Alliance (WCAA) Laboratory and Transfusion Medicine Standards were implemented as planned Jan 1, 2024 for accreditation inspections. An evaluation and analysis report will be conducted to identify effectiveness of implementation. WCAA Diagnostic Imaging Standards continue to be under review by provincial radiology experts and will be presented at next PRC in May.

Non-Hospital Medical Surgical Facilities (NHMSF):

The revised format of the Adverse Patient Outcome (APO) documents and information shared in the Committee agenda allow the Committee the opportunity to discuss the APOs in more detail and improves the Committee's options on how to respond to NHMSF regarding the reported APOs. The accreditation team has also been able to follow up on multiple APOs for the Committee during recent inspections.

14 on site inspections of NHMSFs have now been performed which has proven to be a great experience for the team as well as the facilities. The inspections are building relationships between the facilities and CPSM, as well as providing education and requiring improvements where necessary.

Respectfully submitted
Ms Leanne Penny
Chair, Program Review Committee

COMPLAINTS COMMITTEE REPORT:

Since the December 2023 Council meeting the Complaints Committee met twice.

January 11, 2024: 14 cases
Of those complaints considered, they were disposed as follows:

- 0 cases resulted in a letter of criticism
- 5 cases resulted in a letter of advice
- 9 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

February 8, 2024: 14 cases
Of those complaints considered, they were disposed as follows:

- 1 cases resulted in a letter of criticism
- 6 cases resulted in a letter of advice
- 6 cases resulted in a decision that no further action was required
- 0 cases resulted if endorsement of an informal resolution
- 1 case resulted in a referral to the Investigation Committee

Respectfully submitted
Dr. Norman McLean
Chair, Complaints Committee

INVESTIGATION COMMITTEE REPORT:

Fellow Council Members,

The Investigations Committee has met on three occasions since I last reported, and we have been very busy addressing 43 matters during those three meetings. Here is the breakdown of our decisions:

On January 10, 2024 we reviewed 10 cases.

Four resulted in letters of criticism, two resulted in letters of advice, two resulted in no further action and two resulted in an undertaking.

On February 21, 2024 we reviewed 18 cases.

There were three letters of criticism, one letter of advice and eleven cases resulted in no further action. We asked for two undertakings and one case was referred to the inquiry committee.

On February 23, 2024 we looked at a further 15 cases.

There were two letters of criticism, one letter of advice, five had no further action and three cases were deferred to March. We referred four cases to inquiry, three of which were regarding the same physician.

I'd like to thank the College staff for really doing some fantastic work getting all of these matters investigated and ready to present to our committee. I think we all know there seems to be endless work in this department and our staff deserve a special thank you for all of their hard work.

Respectfully submitted
Dr. Kevin Convery, Chair, Investigations Committee

STANDARDS COMMITTEE REPORT:

Central Standards Committee (CSC) Activities for the year 2023

The CSC met January 27, March 17, June 16, and September 22, and December 8, 2023.

AGE TRIGGERED/REFERRED AUDITS REVIEWED IN 2023

The CSC reviewed:

- 28 Age Triggered Audits
- 27 Referred Audits

The following outcomes were determined at CSC.

25	#1 Outcomes
14	#2 Outcomes
12	#3 Outcomes
1	#4 Outcomes
0	#5 Outcomes
3	Other – Full Practice Audit, Interactive Audit and More Information Requested
55	Total outcomes

Standards Sub-Committee Reporting.

The Central Standards Committee has been receiving quarterly reports from the various Standards Committees within the province. Annual and Quarter 4 reports for the year 2023, have been requested in January 2024. We have received Q4, annual reports and updates from the various committees.

Scheduled reminders for any outstanding quarterly reports have gone out to the Chairs of currently active standards committees that are due.

Interlake/Eastern ASC nominated a new Chair and approval was given at the Central Standards Committee meeting that was scheduled on December 8, 2023.

Selkirk ASC had no meetings to date in 2023. Dr. Alexander, Chair advised that they will start to meet in 2024.

Southern Area Standards Committee is still in the process of organizing their committee structure and is working with the smaller subcommittees in the region to establish how reporting from those smaller subcommittees will report up to the Southern Area Standards Committee.

Current active Committees by Region:

Committee	RHA	Chair	Current Status
Interlake-Eastern ASC	Interlake-Eastern	New Chair Nominated.	Currently working on scheduling meetings.
Selkirk ASC	Interlake-Eastern	Dr. Ian Alexander	No meetings held to date – Dr. Alexander confirmed meetings will resume 2024.
Northern ASC	Northern	Dr. Shadi Mahmoud	Asked for extension
Brandon Regional Health Centre ASC	Prairie Mountain	Dr. Nicolaas Butler	Up to date
Prairie Mountain Health ASC	Prairie Mountain	Dr. Shannon Prud'homme	Q4 received, annual report due.
Brandon Regional Health Centre Psychiatry	Prairie Mountain	Dr. Gilbert Lee	Up to date
Portage ASC	Southern	Dr. Jim Ross	Q4 received, annual report due
Southern ASC	Southern	Dr. Shayne Reitmeier	Up to date
Boundary Trails Health Centre	Southern	Dr. Kevin Convery	Up to date.
C.W. Wiebe Medical Centre	Southern	Dr. Louw Greyling	Q4 and annual report reminder sent
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	Q4 and annual report reminder sent
Winnipeg Regional Health Standards Committee	WRHA	Dr. Elizabeth Salamon	Q4 Received, annual report due

Cumulative Reporting by Area/Region.

The following cumulative report includes total numbers from all quarterly reports received from the Area Standards Committees by region for the January – December 2023 calendar year. Clinical Audits: Adverse Patient Occurrences (APO) have bolded numbers which reflects the core cases reviewed. All other totals/numbers with a (*) beside the numbers are other reviews and/or outcomes that are not a part of the Clinical Audits: Adverse Patient occurrences (APO) totals.

			Suggested Change Outcomes		Required Change Outcomes		
	Cases Reviewed	Total	Option #1 Reasonable Care	Option #2 Self-Reflective Quality Improvement Activity	Option #3 Negotiated Improvement Plan	Option #4 Prescribed Learning Plan	Option #5 Referral to the Registrar
Interlake / Eastern	Clinical Audits: Adverse Patient Occurences	0					
	Referred Concern	0					
	Random Audit	0					
	Not an APO	0					
	Practice Audit or Interactive Audit	0	Committees Include: Interlake-Eastern Area Standards Committee, Selkirk Area Standards Committee, Selkirk Mental Health Centre Standards Committee. ***Please note that the Interlake/Eastern and Selkirk Area Standards Committees have just started their respective committees back up. Reporting should begin for 2024.				
	Newsletter Item	0					
	Referral to Another Organization	0					
	Number of Meetings in 2023	0					

			Suggested Change Outcomes		Required Change Outcomes		
	Cases Reviewed	Total	Option #1 Reasonable Care	Option #2 Self-Reflective Quality Improvement Activity	Option #3 Negotiated Improvement Plan	Option #4 Prescribed Learning Plan	Option #5 Referral to the Registrar
Northern	Clinical Audits: Adverse Patient Occurences	**4**		**1**	**1**		**2**
	Referred Concern	0					
	Random Audit						
	Not an APO	0					
	Practice Audit or Interactive Audit	0	Committees Include: Northern Area Standards Committee. *** Please note that the Northern Area Standards Committee is still working out meeting schedules and reporting and have asked for an extension for Q4 and Annual reporting.				
	Newsletter Item	0					
	Referral to Another Organization	0					
	Number of Meetings in 2023	1					

			Suggested Change Outcomes		Required Change Outcomes		
	Cases Reviewed	Total	Option #1 Reasonable Care	Option #2 Self-Reflective Quality Improvement Activity	Option #3 Negotiated Improvement Plan	Option #4 Prescribed Learning Plan	Option #5 Referral to the Registrar
Prairie-Mountain	Clinical Audits: Adverse Patient Occurences	**232**	**226**	**3**			
	Referred Concern	0					
	Random Audit	0					
	Not an APO	*1					
	Practice Audit or Interactive Audit	0	Committees Include: Prairie-Mountain Area Standards Committee, Brandon Regional Health Centre Area Standards Committee, Brandon Regional Health Centre Psychiatry Standards Committee * - Not included in overall total Clinical Audits: APO				
	Newsletter Item	0					
	Referral to Another Organization	**3**					
	Number of Meetings in 2023	8					

			Suggested Change Outcomes		Required Change Outcomes		
	Cases Reviewed	Total	Option #1 Reasonable Care	Option #2 Self-Reflective Quality Improvement Activity	Option #3 Negotiated Improvement Plan	Option #4 Prescribed Learning Plan	Option #5 Referral to the Registrar
Southern	Clinical Audits: Adverse Patient Occurences	**126**	**121**		**1**		
	Referred Concern						
	Random Audit						
	Not an APO						
	Practice Audit or Interactive Audit		Committees Include: Southern Area Standards Committee, Portage Area Standards Committee, Boundary Trails Health Centre Standards Committee, C.W. Wiebe Medical Centre Standards Committee, Eden Mental Health Centre Standards Committee				
	Newsletter Item						
	Referral to Another Organization	**4**					
	Number of Meetings in 2023	8					

			Suggested Change Outcomes		Required Change Outcomes		
	Cases Reviewed	Total	Option #1 Reasonable Care	Option #2 Self-Reflective Quality Improvement Activity	Option #3 Negotiated Improvement Plan	Option #4 Prescribed Learning Plan	Option #5 Referral to the Registrar
Provincial Committees	Clinical Audits: Adverse Patient Occurences	**136**	**131**	**2**			
	Referred Concern	*2	*1		*1		
	Random Audit	*10	*10				
	Not an APO						
	Practice Audit or Interactive Audit	*3	Committees Include: CancerCare Standards Committee, Endoscopy Provincial Standards Committee, Orthopedic Surgery Provincial Standards Committee * - Not included in total of Clinical Audits: APO				
	Newsletter Item	*1					
	Referral to Another Organization	**3**					
	Number of Meetings in 2023	7					

			Suggested Change Outcomes		Required Change Outcomes		
	Cases Reviewed	Total	Option #1 Reasonable Care	Option #2 Self-Reflective Quality Improvement Activity	Option #3 Negotiated Improvement Plan	Option #4 Prescribed Learning Plan	Option #5 Referral to the Registrar
WRHA	Clinical Audits: Adverse Patient Occurences	**1741**	**1709**	**32**			
	Referred Concern						
	Random Audit	*40	*31	*9			
	Not an APO	*128					
	Practice Audit or Interactive Audit		Committees Include: Winnipeg Regional Health Authority Standards Committee * - Not included in overall total Clinical Audits: APO				
	Newsletter Item	*1					
	Referral to Another Organization	*1					
	Number of Meetings in 2023	Unknown					

			Suggested Change Outcomes		Required Change Outcomes		
	Cases Reviewed	Total	Option #1 Reasonable Care	Option #2 Self-Reflective Quality Improvement Activity	Option #3 Negotiated Improvement Plan	Option #4 Prescribed Learning Plan	Option #5 Referral to the Registrar
All Regional Area Standards Committees	Clinical Audits: Adverse Patient Occurences	**2239**	**2187**	**38**	**2**	0	**2**
	Referred Concern	*2	*1	0	*1	0	0
	Random Audit	*50	*41	*9	0	0	0
	Not an APO	*129	0	0	0	0	0
	Practice Audit or Interactive Audit	*3	* - Not included in overall total Clinical Audits: APO				
	Newsletter Item	*2					
	Referral to Another Organization	**10** + *11					
	Number of Meetings in 2023	24					

Respectfully submitted
Dr. Roger Suss, Chair
Central Standards Committee