

AGENDA

CPSM Office – Brown Room
1000 – 1661 Portage Avenue

Time		Item		Action		Page #
5 min	8:30 am	1.	Opening Remarks and Welcome to New Councillors		Dr. Shenouda	
0 min	8:35 am	2.	Agenda – Approval		Dr. Shenouda	
0 min	8:35 am	3.	Call for Conflict of Interest		D. Shenouda	
5 min	8:35 am	4.	Consent Agenda i. Council Meeting Minutes March 20, 2024 ii. Practice Direction Qualifications and Registration addition of Specialist Fields of Practice iii. Governance Policy iv. Appointment of CPSM Appointed Public Representative v. Appointment of 2024/25 Committee Members vi. Standard of Practice -Bloodborne Pathogens vii. Financial Policy	For Approval	Dr. Shenouda	4
5 min	8:40	5.	Operating Budget 2024-25	For Approval	Dr. Shenouda / Dr. Penner	83
0 min	8:45 am	6.	Fee Bylaw	For Information	Dr. Shenouda	91
15 min	8:45 am	7.	Accredited Facilities Bylaw Amendments	For Information	Dr. Shenouda/ Dr. Mihalchuk	106
20 min	9:00 am	8.	Artificial Intelligence in Medicine Advice to the Profession	For Information	Dr. Shenouda / Mr. J de Jong	109
5 min	9:20 am	9.	Prescribing Rules Working Group Update	For Information	Dr. Shenouda/ Mr. Triggs	121
10 min	9:25 am	10.	Collaborative Care Working Group Update	For Information	Dr. Shenouda/ Dr. Mihalchuk	122
10 min	9:35 am	11.	TRC Advisory Circle Update	For Information	Dr. Shenouda/ Dr. Monkman	123
10 min	9:45 am	12.	Registrar Report	For Information	Dr. Ziomek	126

Time		Item		Action		Page #
5 min	9:55 am	13.	Council Attendance Report	For Information	Dr. Shenouda	150
5 min	10:00 am	14.	2024/25 Meeting Dates	For Information	Dr. Shenouda	151
10 min	10:05 am	15.	Committee Reports (questions taken) Executive Committee Finance, Audit & Risk Mgmt Committee Complaints Committee Investigations Committee Program Review Committee Central Standards Committee	For Information	Dr. Shenouda / Committee Chairs	153
5 min	10:15 am	16.	Acknowledgement of Retiring Executive Staff		Dr. Shenouda	
40 min	10:20 am		--Break--			
60 min	11:00 am	17.	In Camera session			
	Noon	18.	Self-Evaluation of Governance Survey	Via email		
			3.5 hours - Estimated time of sessions			



Regulated Health Professions Act

Duty to serve the public interest

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

CPSM Mandate

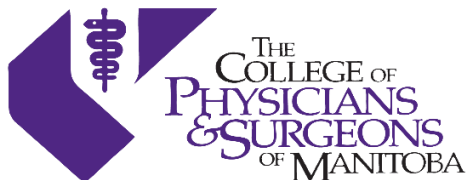
10(2) A college has the following mandate:

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

CPSM Governance Policy – Governing Style and Code of Conduct:

1.1 General

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



COUNCIL MEETING – JUNE 26, 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 March 20, 2024
- ii. Practice Direction Qualifications and Registration addition of Specialist Fields of Practice
- iii. Governance Policy
- iv. Appointment of CPSM Appointed Public Representative
- v. Appointment of 2024/25 Committee Members
- vi. Standard of Practice -Bloodborne Pathogens
- vii. Financial Policy

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 26, 2024, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

Council approve all items on the consent agenda as presented.



MINUTES OF COUNCIL

A meeting of the Council of The College of Physicians and Surgeons of Manitoba was held on March 20, 2024, at the CPSM Office with an option to join virtually via Zoom.

1. CALL TO ORDER

The meeting was called to order at 08:01 a.m. by the Chair of the meeting, Dr. Nader Shenouda.

COUNCILLORS:

Ms. Dorothy Albrecht, Public Councillor
 Mr. Chris Barnes, Associate Member-Virtually
 Dr. Kevin Convery, Morden
 Dr. Caroline Corbett, Winnipeg
 Dr. Jacobi Elliott, Grandview - Virtually
 Ms. Lynette Magnus, Public Councillor
 Dr. Norman McLean, Winnipeg
 Ms. Marvella McPherson, Public Councillor
 Dr. Peter Nickerson, Winnipeg - Virtually
 Dr. Charles Penner, Brandon
 Dr. Nader Shenouda, Oakbank
 Dr. Heather Smith, Winnipeg - Virtually
 Dr. Roger Süß, Winnipeg

REGRETS:

Ms. Leslie Agger, Public Councillor
 Mr. Allan Fineblit, Public Councillor
 Dr. Lisa Monkman, Scanterbury
 Ms. Leanne Penny, Public Councillor

MEMBERS:

Dr. Vanessa Poliquin
 Ms Kali Braun, Physician Assistant
 Ms Rebecca Braun, Physician Assistant
 Ms Dana Conrad, Physician Assistant
 Ms Clara Weiss, Clinical Assistant

GUEST

Ms Sandra Bourgon, Director Certification, PA
 Certification Council of Canada

STAFF:

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

2. ADOPTION OF AGENDA

IT WAS MOVED BY DR. ROGER SUSS, SECONDED BY DR KEVIN CONVERY:
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.

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 – 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
 - a. Standard of Practice Prescribing Requirements
 - b. Practice Direction Electronic Transmission of Prescriptions

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

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

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.

6. PRACTICE DIRECTION SUPERVISION REQUIREMENTS FOR CLINICAL AND PHYSICIAN ASSISTANTS AND PHYSICIAN ASSISTANT STUDENTS

IT WAS MOVED BY DR. CHARLES PENNER, SECONDED BY DR. KEVIN CONVERY THAT:
CARRIED

1. Council approves the Practice Direction Practice Supervision Requirements for Clinical and Physician Assistants and Physician Assistant Students as presented to be effective immediately; and

2. Council repeal section 2.21 of the current Practice Direction Registration and Qualifications effective immediately.

7. REGISTRAR DELIVERABLES

Dr. Ziomek gave the Council a written report on the Registrar's deliverables and information outlining matters currently being dealt with at CPSM.

8. CPSM COUNCIL ELECTIONS AND COMMITTEE MEMBERSHIP

This item was for information purposes - there are three seats from the Winnipeg Electoral District, one seat from the West Electoral District, and the yearly Associate Registrant seat on Council up for election this year.

9. 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

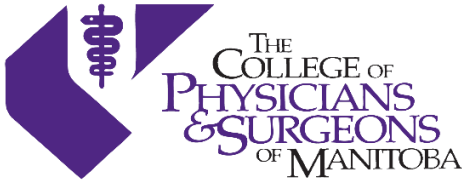
10. IN CAMERA SESSION

An in-camera session was held, and the President advised that there were no items discussed that are to be added to the minutes.

There being no further business, the meeting ended at 11:00 a.m.

Dr. N. Shenouda, President

Dr. A. Ziomek, Registrar



**COUNCIL MEETING
JUNE 26, 2024**

CONSENT AGENDA ITEM

SUBJECT: Adding Pediatric Gastroenterology and Pediatric Respiriology Specialist Fields of Practice to the list of approved membership classes for assessment.

BACKGROUND:

Conditional and temporary registration may be granted for specialist fields of practice if the field is listed as an approved membership class. The College of Physicians and Surgeons of Manitoba General Regulation s.2.10(2)(b) 45. allows for the addition of “any other approved specialty field of practice”. Adding these specialty fields of practice requires an amendment to the Qualifications and Registration Practice Direction.

If Council approves the addition of Pediatric Gastroenterology and Pediatric Respiriology to the Specialist Field of Practice for Assessment, a physician can be referred to the Division of Continuing Professional Development for an assessment in that area.

The Practice Ready Assessment is an alternative route to specialist registration for many, including International Medical Graduates. It is a rigorous assessment exercise over a lengthy period, rather than full residency and examinations, that is used to determine if the applicant has the competency to safely practice independently in Manitoba.

The Department Head of Pediatrics and Child Health has confirmed their commitment to participate in the Practice Ready Assessment of physicians who seek registration with CPSM in these areas.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 26, 2024, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

Council approve Pediatric Gastroenterology and Pediatric Respiriology be added to the Qualifications and Registration Practice Direction as a Specialist Field of Practice for Assessment for the purpose of CPSM General Regulation Section 3.38(b).

2.13. The Registrar must approve the time interval for the locum and the locum physician may act in place of the other physician only when written CPSM approval is received. The recommended time frame is 12 months. The Registrar has the discretion to extend this time period only in exceptional circumstances.

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

2.14. REPEALED – DECEMBER 13, 2023 – See [Policy Specialist Register](#)

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

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

- Anesthesia;
- Anatomical Pathology;
- Cardiac Surgery;
- Cardiology;
- Community Medicine;
- Dermatology;
- Diagnostic Radiology;
- Endocrinology;
- General Surgery;
- Gastroenterology;
- Infectious Diseases;
- Internal Medicine;
- Medical Oncology;
- Neonatal Perinatal Medicine;
- Nephrology;
- Neurology;
- Neurosurgery;
- Nuclear Medicine
- Obstetrics and Gynecology;
- Ophthalmology;
- Orthopedic Surgery;
- Otolaryngology;
- Palliative Care;
- Pediatrics;
- Pediatric Gastroenterology
- Pediatric Hematology/Oncology;
- Pediatric Orthopedic Surgery;

- Pediatric Respiriology
- Pediatric Surgery;
- Plastic Surgery;
- Psychiatry;
- Radiation Oncology;
- Respiriology;
- Rheumatology;
- Thoracic Surgery;
- Urology;
- Vascular Surgery.

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

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

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

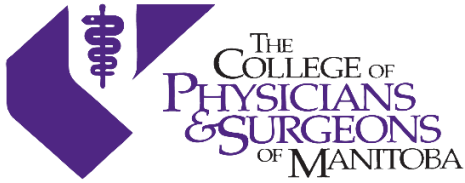
- Care of the Elderly
- Palliative Care
- Emergency Medicine
- Family Practice Anesthesia
- Sport and Exercise Medicine
- Enhanced Surgical Skills

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

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

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

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



COUNCIL MEETING**JUNE 26, 2024****CONSENT AGENDA ITEM**

SUBJECT: Governance Policy Amendments

BACKGROUND:

The Governance Policy establishes, among other things, the Terms of Reference for the various Council Committees and how their meetings are held. The proposed amendments address:

1. Changing who is eligible to be Chairs of certain committees;
2. Responding to Bill 36 (attached) requiring certificate cancellation hearings (section 48(3) RPHA) be open to the public;
3. Removing reference to the previously discontinued Quality Improvement Subcommittee; and
4. Removing the exclusion of the Registrar being a member of the Central Standards Committee.

Changing who is eligible to be a Chair of a committee.

Currently, except for the Inquiry Committee all Committee Chairs must be Councillors.

As of June 2024, it is unlikely there will be enough Councillors who are willing and/or able to act as chair of the 8 Council Committees.

The current committee chair requirements are:

- Finance, Audit and Risk Management Committee (President-Elect/Treasurer).
- Executive Committee (President)
- Complaints Committee (Councillor)
- Investigation Committee (Councillor)
- Inquiry Committee (Registrant)
- Central Standards Committee (Councillor who is regulated registrant who is a practicing physician)
- Program Review Committee (Councillor)
- Board of Assessors (Councillor)

The Executive Committee reviewed the current committee structures and recommended the following amendments:

- **Complaints Committee**

4.11.3.a.i The Chair who must be a Councillor, **either a registrant, or a public representative.**

- **Investigation Committee**

4.12.3.a.i The Chair who is a Councillor **and a registrant practicing physician;**

4.12.3.a.iv If the Chair is unable or unwilling to act as Chair on a matter the substitute Chair must be a Councillor and a registrant practicing physician

- **Central Standards Committee**

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

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

- **Program Review Committee**

4.16.1.e.i.1 **The Chair who is either a Councillor, a registrant or a public representative.**

- **Board of Assessors**

4.17.4.a Council must appoint the members of the Board of Assessor and its Chair. The Chair must be a ~~member of Council~~ **registrant physician**. 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.

Respond to Bill 36 requiring certificate cancellation hearings be open to the public.

The Governance Policy currently requires that all committee hearings are closed to the public except for Inquiry Panel hearings and Executive Committee reinstatement hearings. Bill 36 requires that cancelation hearings held pursuant to section 48(3) of the RPHA be open to the public.

The proposed amendments are:

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, ~~and section 48(3) hearings~~, Committee meetings are not open to guests, except by express invitation of the Committee.

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;
- 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; and
- 4.4.1.c ~~Cancellation for conviction of offence hearings held by Executive Committee, which are open to the public unless order by the Executive Committee that all or part of the hearing be held in private in accordance with the criteria set out in section 48(5) of the RHPA.~~

Removing reference to the previously discontinued Subcommittees

The Quality Improvement Subcommittee was discontinued on June 9, 2021. When the Governance Policy was updated at that time references to the subcommittee in sections 4.1.3.a and 4.14.1.a.vi. were overlooked.

The proposed amendments are:

- 4.14.1.a The Central Standards Committee is responsible to:
- 4.14.1.a.vi. Supervise Quality Improvement Subcommittee. ~~DISCONTINUED and removed June 9, 2021.~~

Also in reviewing the policy item 4.14.1.a.iv and 4.14.1.a.v pertaining to the discontinuation of the Maternal & Perinatal Health Standards Subcommittee and the Child Health standards Subcommittee should have been marked as “Discontinued” when 4.15.1 and 4.15.2 were discontinued in June of 2023.

The proposed amendments are:

- 4.14.1.a.iv Supervise the Maternal and Perinatal Health Standards Subcommittee - **DISCONTINUED and removed June 28, 2023.**
- 4.14.1.a.v Supervise the Child Health Standards Subcommittee - **DISCONTINUED and removed June 28, 2023.**

Removing the exclusion of Registrar being a member of the Central Standards Committee

Upon review of the Quality Improvement Subcommittee issue above it was noticed that the Registrar is not permitted to be an ex officio non-voting member of the Central Standards Committee. This came as a surprise as the current Registrar, Dr. Ziomek, and the prior Registrar, Dr. Pope, have always been ex officio non-voting members of the Committee. There is value in having the Registrar being a member of the Committee, and it is believed this exclusion was a drafting error that was never noticed.

The proposed amendments are:

- 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, and Inquiry, ~~and Quality Improvement~~ Committees, and

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 26, 2024, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves the Governance Policy with changes as outlined above and reflected in the attached document.

Bill 36

Government Bill

Projet de loi 36

Projet de loi du gouvernement

1st Session, 43rd Legislature,
Manitoba,
2 Charles III, 2024

1^{re} session, 43^e législature,
Manitoba,
2 Charles III, 2024

BILL 36

PROJET DE LOI 36

**THE REGULATED HEALTH PROFESSIONS
AMENDMENT ACT**

**LOI MODIFIANT LA LOI SUR LES
PROFESSIONS DE LA SANTÉ
RÉGLÉMENTÉES**

Honourable Minister Asagwara

Ministre Asagwara

First Reading / Première lecture : _____

Second Reading / Deuxième lecture : _____

Committee / Comité : _____

Concurrence and Third Reading / Approbation et troisième lecture : _____

Royal Assent / Date de sanction : _____

EXPLANATORY NOTE

Currently under *The Regulated Health Professions Act*, the council of a college may direct its registrar to cancel a member's registration or certificate of practice if the member has been convicted of an offence that is relevant to the member's suitability to practise. The Act is amended to require the council to consider the cancellation at a meeting that is open to the public, with limited exceptions.

A regulation may be made by the Lieutenant Governor in Council specifying persons who must receive written notice of the cancellation.

NOTE EXPLICATIVE

Actuellement, en vertu de la *Loi sur les professions de la santé réglementées*, le conseil d'un ordre professionnel peut ordonner à son registraire d'annuler l'inscription ou le certificat d'exercice d'un membre qui a été condamné pour une infraction liée à sa capacité à exercer la profession. La *Loi* est modifiée afin que le conseil ne puisse ordonner une telle annulation sans d'abord avoir étudié la question lors d'une assemblée publique, sauf dans certaines circonstances.

Le lieutenant-gouverneur en conseil peut, par règlement, désigner les personnes devant être informées par écrit de l'annulation.

BILL 36

THE REGULATED HEALTH PROFESSIONS
AMENDMENT ACT

(Assented to)

HIS MAJESTY, by and with the advice and consent of the Legislative Assembly of Manitoba, enacts as follows:

C.C.S.M. c. R117 amended

1 *The Regulated Health Professions Act is amended by this Act.*

2 *The following is added after subsection 48(3):*

Meeting open to public

48(4) The council must ensure that it considers a matter under subsection (3) at a meeting that is open to the public.

Exception

48(5) The council may consider the matter in a meeting that is not open to the public if the council determines that

(a) matters involving public security may be disclosed;

PROJET DE LOI 36

LOI MODIFIANT LA LOI SUR LES
PROFESSIONS DE LA SANTÉ
RÉGLÉMENTÉES

(Date de sanction :)

SA MAJESTÉ, sur l'avis et avec le consentement de l'Assemblée législative du Manitoba, édicte :

Modification du c. R117 de la C.P.L.M.

1 *La présente loi modifie la Loi sur les professions de la santé réglementées.*

2 *Il est ajouté, après le paragraphe 48(3), ce qui suit :*

Assemblée publique

48(4) Le conseil tient une assemblée publique pour étudier toute question visée au paragraphe (3).

Exception

48(5) Le conseil peut étudier la question au cours d'une assemblée à huis clos s'il conclut, selon le cas :

a) que des questions touchant la sécurité publique peuvent être divulguées;

(b) financial, personal or other matters may be disclosed that are of such a nature that the desirability of avoiding public disclosure of those matters outweighs the desirability of adhering to the principle that meetings be open to the public;

(c) a person involved in a civil or criminal proceeding may be prejudiced; or

(d) a person's safety may be jeopardized.

But the council must ensure that the reasons for not holding a public meeting are given orally at the meeting and are made available to the public in writing.

Non-application

48(6) For certainty, the exception in clause 25(5)(a) related to a private meeting does not apply to a meeting held under this section.

3 *Subsection 219(1) is amended by adding the following after clause (k) and before the centred heading that follows it:*

(k.1) specifying persons to whom notice must be given of the cancellation of registration or a certificate of practice;

4 *Clause 221(1)(m) is repealed.*

Coming into force

5 *This Act comes into force on the day it receives royal assent.*

b) que peuvent être divulguées à l'assemblée des questions d'ordre financier, personnel ou autre dont la nature est telle que leur protection l'emporte sur l'importance de rendre la justice en public;

c) qu'une assemblée publique pourrait être préjudiciable à des personnes qui sont parties à des poursuites de nature criminelle ou à des instances civiles;

d) que la sécurité d'une personne peut être compromise.

Toutefois, le conseil veille à ce que les motifs de sa décision de ne pas tenir une assemblée publique soient communiqués oralement à l'assemblée et mis à la disposition du public par écrit.

Non-application

48(6) Il demeure entendu que l'exception visée à l'alinéa 25(5)a concernant la tenue d'assemblées et de réunions à huis clos ne s'applique pas à une assemblée tenue en application du présent article.

3 *Il est ajouté, après l'alinéa 219(1)k) mais avant l'intertitre qui lui succède, ce qui suit :*

k.1) désigner les personnes qui doivent être informées de l'annulation d'une inscription ou d'un certificat d'exercice;

4 *L'alinéa 221(1)m) est abrogé.*

Entrée en vigueur

5 *La présente loi entre en vigueur le jour de sa sanction.*



COUNCIL POLICY

Governance

Initial Approval: September 21, 2018

Effective Date: January 1, 2019

Reviewed with NO Changes

Reviewed with Changes

March 15, 2019

June 21, 2019

December 13, 2019

June 19, 2020

June 9, 2021

June 28, 2023

March 20, 2024

June 26, 2024

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Effective January 1, 2019

With revisions up to and including ~~March-June 20~~, 2024

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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, and Section 48(3) 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, and 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; ~~and~~

~~4.4.1.b~~4.4.1.c Cancelation for conviction of offence hearings held by the Executive Committee, which are open to the public unless ordered by the Executive Committee that all or part of the hearing be held in private in accordance with the criteria set out in section 48(5) 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 Subcommittee 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, either a registrant, or a public representative;

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~~The Chair who ~~must be~~is a Councilor and a registrant practicing physician;

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.a.iv If the Chair is unable or unwilling to act as Chair on a matter the substitute Chair must be a Councillor and a registrant practicing physician.

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 - DISCONTINUED and removed June 28, 2023.

4.14.1.a.v Supervise the Child Health Standards Subcommittee - DISCONTINUED and removed June 28, 2023.

4.14.1.a.vi Supervise Quality Improvement Subcommittee. DISCONTINUED and removed June 9, 2021

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~~~~The Chair Councillor~~ who is a ~~registrant 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, ~~and Registrar~~ 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.vii To investigate and inspect facilities and proposed facilities for the purposes of accreditation and to monitor compliance.

4.16.1.b.viii Establish the accreditation processes, the policies and procedures

governing the accreditation process, the inspection protocols for facilities, and the qualifications of facility directors.

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

4.16.1.c Authority

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

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

4.16.1.c.i.2 Establish:

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

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

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

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

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

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

4.16.1.e Composition

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

4.16.1.e.i.1 ~~a~~The Chair who is either a Councillor, a registrant, or a public representative.

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~~ registrant physician. 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

**COUNCIL MEETING
JUNE 26, 2024**

CONSENT AGENDA ITEM

SUBJECT: Appointment of CPSM Appointed Public Representative

BACKGROUND:

Ms. Dorothy Albrecht, CPSM appointed public representative on Council did not seek re-appointment to Council at the end of the 2023/24 Council year. The Executive Committee pursuant to the Governance Policy section 2.3.4 recommends Mr. Neil Cohen to be a CPSM appointed public representative on Council.

Mr. Cohen's curriculum vitae is attached.

Section 2.3.4 of the Governance Policy states:

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.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 26, 2024, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves the appointment of Mr. Neil Cohen as a CPSM Appointed Public Representative on Council for a four-year term.

CURRICULUM VITAE

Neil Cohen
810-1305 Grant Avenue
Winnipeg, MB R3M 1Z7
Neilcohen2022@gmail.com
204 795-9882

Education

Bachelor of Arts, University of Manitoba
Certificate in Conflict Resolution, Mediation Services of Winnipeg

EMPLOYMENT HISTORY

Community Unemployed Help Centre

Executive Director
1986-2023

Canada Revenue Agency

1981-86

Community Financial Counselling Services

Loans officer, researcher, executive director
1977-81

GOVERNANCE AND POLICY EXPERIENCE

Mediation Services of Winnipeg

Former Chair, board of directors

Joe Zuken Memorial Association and Trust Fund

Former Chair and Trustee

Human Resource Council for the Voluntary Nonprofit sector

A founding member and inaugural board chair

Law Society of Manitoba

Lay Bencher 2014-2020
Officer at Large 2018-20
Former co-chair strategic planning, Access to Justice Steering committee

Former chair, Access to Justice Steering committee

Represented Law Society on **National Action Committee on Access to Justice in Civil and Family Law**

Canadian Labour Congress

Former member Employment Insurance Committee, representing the Manitoba Federation of Labour

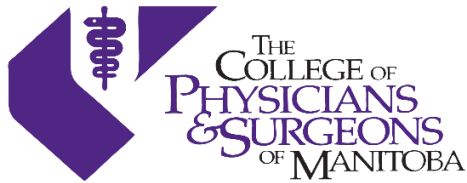
ADMINISTRATIVE TRIBUNAL EXPERIENCE

Automobile Injury Compensation Appeal Commission (MB)

Part-time Commissioner 2002-2010

Law Society of Manitoba

Member Education, Admissions, Appeals committee 2020-22



COUNCIL MEETING**JUNE 26, 2024****CONSENT AGENDA ITEM**

SUBJECT: CPSM 2024/25 Committee Membership

BACKGROUND:

Annually, Council, based on the recommendations of the Executive Committee, appoints members to its committees. Subject to approval of proposed Governance Policy amendments on the Consent Agenda, the Executive Committee recommends the following changes to the current committee memberships.

Executive Committee

- As of July 1, 2024, Dr. Mihalchuk assumes the role of Registrar and an Ex officio, non-voting member

Finance, Audit and Risk Management

- As of July 1, 2024, Dr. Mihalchuk assumes the role of Registrar and an Ex officio, non-voting member

Investigation Committee

- Dr. McNaught to be appointed as a member
- Ms. Lynette Magnus will cease being a member

Complaints Committee –

- Dr. McLean is not returning to Council therefore ceases to be a member
- Ms. Magnus is to be appointed as the Chair
- New Councillors, Dr. Manji and Mr. Cohen are to be appointed as members
- As a result of a maximum 6-year term limitation Ms. Penny and Ms. Smith cease to be members

Central Standards Committee

- Subject to the Governance Policy amendments Dr. Suss is to be appointed Chair
- July 1, 2024, Dr. Mihalchuk assumes the role of Registrar and an Ex officio, non-voting member
- Ms. Albrecht is not returning to Council therefore ceases to be a member
- Mr. Bowles (subject to appointment to the Government Roster) is to be appointed as a public representative
- Mr. Barnes is not returning to Council therefore ceases to be a member
- Newly elected Associate Member, Dr. MacMillan-Wang to be appointed as a member

Program Review Committee

- As of July 1, 2024, Dr. Mihalchuk assumes the role of Registrar and an Ex officio, non-voting member
- New Councillor Dr. Intwala to be appointed as a member

Inquiry Committee

- No changes to the Inquiry Committee membership.

Board of Assessors

- New Councillor, Dr. Vorster is to be appointed Chair
- Ms. Agger to be appointed as public representative
- Mr. Bowles (subject to appointment to the Government Roster) to be appointed as public representative
- Dr. Khoshnam and Dr. Kvern are to be appointed as members

Attached are the Committee Membership charts which are updated for the 2024/25 year per above recommendations.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 26, 2024, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves the 2024/25 membership of Committees as outlined above and per attached Committee Membership Charts

2024-2025					YYYY-MM-DD	
Name of Committee	Composition Requirements	Position on the committee	Individual appointed to the position	Qualifications or Requirements	Date of appointment to the committee	Maximum possible term end date
Executive Committee	4.10.3.a.i the President, the president Elect/Treasurer and the Past-President;	President & Chair	Dr. Nader Shenouda	Councillor	1/6/2016	6/19/2027
	4.10.3.b The President of the Council shall serve as the Executive Committee Chair	President Elect/Treasurer	Dr. Charles Penner	Councillor	6/19/2020	6/15/2029
		Past President	Dr. Jacobi Elliot	Councillor	6/15/2018	6/15/2025
	4.10.3.a.ii At least two Public Representatives who are Councillors;	Public Representative	Mr. Allan Fineblit	Councillor; Govt appointed-continue	3/30/2017	4/2/2026
		Public Representative	Ms. Marvelle McPherson	Councillor; Govt appointed-continue	4/13/2017	4/2/2026
	4.10.3.a.iii One additional physician registrant of Council;	Physician registrant of Council	Dr. Peter Nickerson	Councillor; Univeristy Appointed	9/1/2022	6/28/2026
	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	Registrar	Dr. Ainslie Mihalchuk	Ex officio, non-voting	7/1/2024	

2024-2025					YYYY-MM-DD	
Name of Committee	Composition Requirements	Position on the committee	Individual appointed to the position	Qualifications or Requirements	Date of appointment to the committee	Maximum possible term end date
Finance, Audit and Risk Management Committee	4.9.4.a.i. The President Elect/Treasurer;	President Elect/Treasurer & Chair	Dr. Charles Penner	Councillor	6/19/2020	6/15/2029
	4.9.5. The President-Elect/Treasurer shall serve as the chair of the Finance, Audit and Risk Management Committee..	Registrant	Dr. Peter Nickerson	Councillor; University Appointed	9/1/2022	6/28/2026
	4.9.4.a.ii. At minimum two other registrants;	Registrant	Dr. Ogo Onochie Chukwujama	Registrant		
	4.9.4.a.iii A public representative who is a qualified accountant;	Public Representative	Ms. Lynette Magnus	Councillor; CPSM Appointed; Qualified Accountant	6/16/2018	12/1/2024
	4.9.4.a.iv. A person who is either a registrant or non-registrant with Significant experience in risk management;	Public Representative	Ms. Leanne Penny	Councillor; Govt Appointed-Continue	12/17/2019	12/1/2024
	4.9.4.a.v. Additional public representatives as required to ensure one third representation by public representatives; and	President	Dr. Nader Shenouda	Ex officio, non-voting	1/6/2016	6/19/2027
	4.9.4.a.vi. The President and Registrar as non-voting, ex officio committee members.	Registrar	Dr. Ainslie Mihalchuk	Ex officio, non-voting	7/1/2024	

2024-2025					YYYY-MM-DD	
Name of Committee	Composition Requirements	Position on the committee	Individual appointed to the position	Qualifications or Requirements	Date of appointment to the committee	Maximum possible term end date
Investigation	4.12.3.a.i A chair who must be a Councilor;	Chair	Dr. Kevin Convery	Councillor; East	6/15/2020	6/15/2026
		Public Representative	Ms. Leanne Matthes	Government Roster; Govt Appointed	8/21/2022	6/22/2024
	4.12.3.a.ii At least one Public Representative appointed in accordance with s. 89 of the Regulated Health Professions Act; and	Public Representative	Ms. Cheryl Smith	Government Roster; Govt Appointed	1/18/2023	6/22/2024
		Public Representative	Ms. Elizabeth Tutiah	Government Roster; Govt Appointed	2/5/2020	6/22/2024
	4.12.3.a.iii At least one regulated registrant of CPSM. 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.	Regulated registrant of CPSM	Dr. Jennifer McNaught	Councillor; Winnipeg	6/26/2024	6/26/2028
		Member Representative	Dr. Steven Gray	Registrant	Jun-24	Jun-28
		Member Representative	Dr. Heather Smith	Registrant	Jun-22	Jun-28
		Member Representative	Dr. Elsa Velthuysen	Registrant	Jun-23	Jun-28

2024-2025					YYYY-MM-DD	
Name of Committee	Composition Requirements	Position on the committee	Individual appointed to the position	Qualifications or Requirements	Date of appointment to the committee	Maximum possible term end date
Complaints	4.11.3.a.i The Chair, who must be a Councillor;	Chair	Ms. Lynette Magnus	Councillor,CPSM Appointed Public Rep	4-Dec-19	12/1/25
	4.11.3.a.ii At least two Public Representatives appointed in accordance with s. 89 of the Regulated Health Professions Act; and	Public Representative	Mr. Neil Cohen	Councillor; CPSM Appointed Public Rep	6/26/2024	6/1/30
	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.	Public Representative	Mr. Sylvester Oyamienlen	Government Roster; Govt Appointed	6/28/2023	6/22/24
	4.11.3.c The term of office of the Complaints Committee public representatives appointed by government is three years.	Public Representative	Mr. Raymond Strike	Government Roster; Govt Appointed; Name put forward to Gov for appointment/reappointment to roster	6/19/2020	6/22/26
	4.11.3.a.iii At least two regulated registrants of CPSM.	Regulated registrant of CPSM	Dr. Rizwan Manji	Councillor; Winnipeg	6/26/2024	6/26/28
		Regulated registrant of CPSM	Dr. Stephanie Butterworth	Registrant	28-Jun-23	6/28/29
		Regulated registrant of CPSM	Dr. Boshra Hosseini	Registrant	6/19/2021	6/19/27
		Regulated registrant of CPSM	Dr. Noam Katz	Registrant	6/28/2023	6/28/29
		Regulated registrant of CPSM	Dr. Shayne Reitmeier	Registrant	6/21/2019	6/21/25
		Regulated registrant of CPSM	Dr. Nicole Vosters	Registrant	6/22/2022	6/22/28

2024-2025					YYYY-MM-DD	
Name of Committee	Composition Requirements	Position on the committee	Individual appointed to the position	Qualifications or Requirements	Date of appointment to the committee	Maximum possible term end date
Central Standards	4.14.2.a.i A Councillor who is a regulated registrant who is practicing physician who shall be Chair;	Chair	Dr. Roger Suss	Regulated registrant, practicing physician	2020	
	4.14.2.a.ii at least two regulated registrants who are practicing physicians;	Registrant	Dr. Jacobi Elliott	Councillor	15-Jun-18	6/15/2025
		Registrant	Dr. Carrie Corbett	Councillor	22-Jun-22	6/15/2026
	4.41.2.a.iii at least one regulated associate registrant;	Registrant	Dr. MacMillan-Wang	Councillor, Regulated Associate Registrant	6/26/2024	6/26/2025
	4.14.2.a.v a physician-designate of the Vice Dean, Continuing Competency and Assessment, Rady Faculty of Health Sciences; and	Member Representative	Dr. Karen Appel	Registrant	6/20/2023	
		President	Dr. Nader Shenouda	Ex officio, non-voting	1/6/2016	6/19/2027
	4.14.2.a.vi the President and President-Elect as ex-officio non-voting members;	President-Elect	Dr. Charles Penner	Ex officio, non-voting	6/19/2020	6/15/2029
		Registrar	Dr. Ainslie Mihalchuk	Ex officio, non-voting	1-Jul-24	
	4.14.2.a.vii At least one third of voting members be public representatives.	Public Representative	Ms. Marvella McPherson	Councillor, Govt Appt	13-Apr-17	4/2/2026
		Public Representative	Mr. Kingsley Bowles	Government Roster. Name submitted to Minister but not yet on roster	26-Jun-24	
Public Representative		Ms. Deb Elias	Regulated Profession Rep-Appointed by Council	6/22/2022		

2024-2025					YYYY-MM-DD	
Name of Committee	Composition Requirements	Position on the committee	Individual appointed to the position	Qualifications or Requirements	Date of appointment to the committee	Maximum possible term end date
Program Review Committee	4.16.1.e.i.1 a Chair who is a Councillor.	Chair	Ms. Leanne Penny	Councillor; Govt Appointed- Continue	12/17/2019	12/1/2024
	4.16.1.e.i.2 a radiologist.	Radiologist	Dr. Iain Kirkpatrick	Registrant; Diagnostic Radiologist	2014	
	4.16.1.e.i.3 a laboratory medicine physician.	Member Representative	Dr. Jenisa Naidoo	Registrant; Laboratory Medicine	2012	
	4.16.1.e.i.4 two public representatives.	Public Representative	Ms. Leslie Agger	Councillor; CPSM Appointed	7/8/2019	6/28/2027
		Public Representatives	Ms. Eileen Gelowitz	Government Roster	12/14/2019	12/6/2025
	4.16.1.e.i.5 the President, as an ex officio, voting member.	President	Dr. Nader Shenouda	Ex officio, voting member	1/6/2016	6/19/2027
	4.16.1.e.i.6 the President-Elect, as an ex officio, voting member.	President-Elect	Dr. Charles Penner	Ex officio, voting member	6/19/2020	6/15/2029
	4.16.1.e.i.7 A non-voting representative of Manitoba Health; and	Representative of Manitoba Health	Ms. Shana Menkis	Non-voting	26-Jun-24	
	4.16.1.e.i.8 the Registrar, as an ex officio, non-voting member, and	Registrar	Dr. Ainslie Mihalchuk	Ex officio, non-voting member	1-Jul-24	
		Member Representative	Dr. Virendra Arya	Registrant	15-Jun-22	
		Member Representative	Dr. Amin Kabani	Registrant; Laboratory Medicine	2015	
		Member Representative	Dr. Julio Pintin-Quezada	Registrant	15-Jun-22	
		Member Representative	Dr. Chaitasi Intwala	Councillor	26-Jun-24	
4.16.1.e.i.9 any other physician with expertise in an area required for the committee to perform its functions.						

2024-2025					YYYY-MM-DD	
Name of Committee	Composition Requirements	Position on the committee	Individual appointed to the position	Qualifications or Requirements	Date of appointment to the committee	Maximum possible term end date
Inquiry	4.14.3.a.i A registrant who is Chair;	Chair	Dr. Jacobi Elliott	Councillor	28-Jun-23	15-Jun-25
	4.14.3.a.ii One or more registrants of CPSM or former registrants of CPSM, one of who shall be appointed as Vice Chair; and	Vice Chair	Dr. Ira Ripstein	Registrant	15-Jun-20	
	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.	Public Representative	Ms. Sandra Benavidez	Government Roster; Govt Appointed	6/24/2020	
		Public Representative	Mr. Ryan Gaudet	Government Roster; Govt Appointed	6/24/2020	
	4.13.3.b The term of office of the Inquiry Committee Chair is two years.	Public Representative	Mr. Scott Greenlay	Government Roster; Govt Appointed	6/28/2023	
		Public Representative	Ms. Sandra Martin	Government Roster; Govt Appointed	6/24/2020	
		Public Representative	Mr. Alan Scramstad	Government Roster; Govt Appointed	12/4/2019	
		Public Representative	Ms. Diana Yelland	Government Roster; Govt Appointed	6/24/2020	
		Regulated Registrants	See Attached List	Registrants	various	

2024/25 CPSM Registrant Inquiry Panel Members

Sal	Last	First
Dr.	Ahmed	Munir
Dr.	Bello	Ahmed Babatunde
Dr.	Bernstein	Keevin Norman
Dr.	Cham	Bonnie Paula
Dr.	Derzko	Lydia Ann Lubomyra
Dr.	Dyck	Michael Paul
Dr.	Goldberg	Aviva
Dr.	Hanlon-Dearman	Ana Catarina de Bazenga
Dr.	Herd	Anthony Michael
Dr.	Kakumanu	Ankineedu Saranya
Dr.	Lane	Eric Stener
Dr.	Leonhart	Michael Warren
Dr.	Maguet	Elise Collette
Dr.	McCammon	Richard James
Dr.	Nair	Unni Krishnan
Dr.	Porhownik	Nancy Rose
Dr.	Price	James Bryan
Dr.	Ross	Timothy K.
Dr.	Samuels	Lewis
Dr.	Scott	Thomas Jason Paul
Dr.	Simmonds	Reesa
Dr.	Sommer	Hillel Mordechai
Dr.	Tagin	Mohamed Ali Mashhoot
Dr.	Thompson	Susan Bomany
Dr.	Van Dyk	Werner Willem Adriaan
Dr.	Yaffe	Clifford Stephen

2024-2025					YYYY-MM-DD	
Name of Committee	Composition Requirements	Position on the committee	Individual appointed to the position	Qualifications or Requirements	Date of appointment to the committee	Maximum possible term end date
Board of Assessors	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.	Chair	Dr. Alewyn Vorster	Councillor; West	6/26/2024	6/26/2028
		Public Representative	Ms. Leslie Agger	Councillor; CPSM Appointed	6/26/2024	6/28/2027
		Public Representative	Mr. Kingsley Bowles	Government Roster. Name submitted to Minister but not yet appointed to roster	6/26/2024	
		Member Representative	Dr. Mohsen Khoshnam	Registrant	6/26/2024	
		Member Representative	Dr. Brent Kvern	Registrant	6/26/2024	

Committee Membership 2024 - 2025

0065

	Executive	Finance, Audit, Risk Mgmt	Central Standards	Program Review	Complaints	Investigation	Inquiry	Board of Assessors
Agger, Ms Leslie				Pub Rep				Pub Rep
Cohen, Mr. Neil					Pub Rep			
Convery, Dr. Kevin						Chair		
Corbett, Dr. Carrie			Councillor					
Elliott, Dr. Jacobi (Past-President)	Councillor		Councillor				Chair	
Fineblit, Mr. Allan	Pub Rep							
Intwala, Dr. Chaitasi			Councillor					
Magnus, Ms Lynette		Pub Rep			Chair			
Manji, Dr. Rizwan					Councillor			
McNaught, Dr. Jennifer						Councillor		
McPherson, Ms Marvelle	Pub Rep		Pub Rep					
*Monkman, Dr. Lisa								
Penner, Dr. Charles (President-Elect)	Councillor	Chair	Ex O-NV	Ex Officio				
Penny, Ms Leanne		Pub Rep		Chair				
Nickerson, Dr. Peter	Councillor	Councillor						
Shenouda, Dr. Nader(President)	Chair	Ex O-NV	Ex O-NV	Ex Officio				
Vorster, Dr. Alewyn								Chair
Millan-Wang, Dr. Wendy (Associate Member)			Councillor					
Mihalchuk, Dr. Ainslie (Registrar)	Ex O-NV	Ex O-NV	Ex O-NV	Ex O-NV				

External Registrants

Appel, Dr. Karen			Member Rep					
Arya, Dr. Virendra				Member Rep				
Butterworth, Dr. Stephanie					Member Rep			
Chukwujama, Dr. Ogo	Member Rep							
Elias, Ms Deb			Pub Rep					
Gray, Dr. Steven						Member Re		
Kvern, Dr. Brent								Member Rep
Hosseini, Dr. Boshra					Member Rep			
Kabani, Dr. Amin				Member Rep				
Katz, Dr. Noam					Member Rep			
Khoshnam, Dr. Mohsen								Member Rep
Kirkpatrick, Dr. Iain				Member Rep				
Naidoo, Dr. Jenisa				Member Rep				
Menkis, Ms Shana				Gov Rep				
Pintin-Quezada, Dr. Julio				Member Rep				
Reitmeier, Dr. Shayne					Member Rep			
Ripstein, Dr. Ira							Vice Chair	
Smith, Dr. Heather						Member Re		
Suss, Dr. Roger			Chair					
Velthuysen, Dr. Elsa						Member Re		
Vosters, Dr. Nicole					Member Rep			

* Chair CPSM TRC Advisory Circle

■ Ex-officio ■ Chair
■ Public Rep ■ Councillor ■ Member Representative

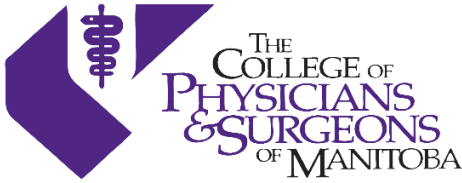
Committee Membership 2024 - 2025

0066

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

 Ex-officio	 Chair
 Public Rep	 Councillor
	 Member Representative

Name put forward to Gov for appointment/reappointment to roster



**COUNCIL MEETING
JUNE 26, 2024**

CONSENT AGENDA ITEM

SUBJECT: Standard of Practice – Bloodborne Pathogens

BACKGROUND:

The Standard of Practice – Bloodborne Pathogens was reviewed as part of the scheduled multi-year review cycle for all Standards of Practice. CPSM, in conjunction with 3 subject matter experts, determined no substantive changes were required to the Standard.

However, to improve the readability of the Standard some of the paragraphs were reorganized and rewritten in clearer language. Several amendments were made to the Standard, but none are substantive. Pursuant to section 84 of The Affairs of the College Bylaw:

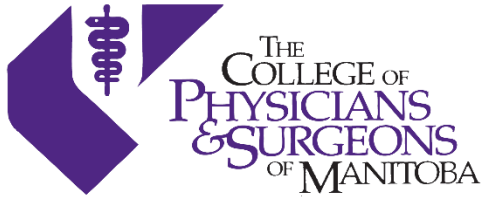
“The Registrar may make non-substantive amendments to the Bylaws, Standards of Practice, Practice Directions, and Policies such as name changes, grammatical corrections and non-material changes.”

The purposed amendments can be made by the Registrar and do not require consultation or Council approval; however, for the purposes of transparency, the proposed amendments are being brought to Council for approval. See attached redlined and clean copies of the amended Standard of Practice – Bloodborne Pathogens.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 26, 2024, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves the Standard of Practice – Bloodborne Pathogens as attached.



Standard of Practice Bloodborne Pathogens

Initial Approval: January 1, 2019

Effective Date: January 1, 2019

Reviewed with Changes: June 26, 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.

1. Definitions

- 1.1. **Registrant(s)** – registrant(s) of CPSM providing medical care to patients.
- 1.2. **Exposure Prone Procedures (EPP)** - Interventions where there is a risk that injury to the registrant may result in the exposure of the patient’s open tissues to blood and body fluids of the registrant (bleedback). These include procedures where the registrant’s gloved hand may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient’s open body cavity, wound, or confined anatomical space where the hands or fingertips may not be completely visible at times.
- 1.3. Routine Practices – A series of recommendations for the care of all patients incorporating the precautions necessary to prevent the transmission of microorganisms between patients and health care workers across the continuum of care, including previous precautions against bloodborne pathogens (Universal Precautions).

2. All Registrants

- 2.1 All registrants have an ethical responsibility to be aware of their serological status with respect to bloodborne communicable diseases including hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV). These viruses might adversely affect their health and their services to patients.
- 2.2 A registrant who comes in contact with the blood or other body fluids of an individual who is known to carry a bloodborne pathogen must consult a physician to receive appropriate medical care and follow-up care.
- 2.3 A registrant who is aware of another registrant being positive for HBV and/or HCV and/or HIV must report the matter to the Assistant Registrar of CPSM.

3. Registrants Engaging in EEP

- 3.1 Registrants who engage in EPP and test positive for a bloodborne pathogen must take all reasonable steps to minimize the transmission of bloodborne infections to patients, including conscientious and rigorous adherence to routine practices in their practice.
- 3.2 Registrants who engage in EPP and test positive for a bloodborne pathogen must notify the Registrar upon the registrant's application for registration and/or renewal with CPSM.
- 3.3 Registrants who engage in EPP and could be possibly exposed to HBV and HCV in an occupational setting should be immunized for HBV/HCV and have their antibody status assessed and documented after immunization.
- 3.4 Registrants who engage in EPP and have had a significant exposure to human blood or other body fluids, whether it be in a personal or occupational exposure, should seek re-testing of their serological status.

~~2. Registrants who engage in EPP and have had a significant exposure to human blood or other body fluids, whether it be in a personal or occupational exposure, should seek re-testing of their serological status.~~ All Registrants:

- ~~2.1. have an ethical responsibility to be aware of their serological status with respect to blood borne communicable diseases, including HBV, HCV and HIV, if they are at personal or occupational risk and engaging in EPP and that testing positive for a blood borne pathogen is a physical condition which would have the potential to compromise the ability of the Registrant to deliver safe medical care and would therefore be reportable as such on a registrant's application for registration and/or renewal with CPSM;~~
- ~~2.2. must take all necessary steps to minimize the transmission of blood borne infections to patients, including conscientious and rigorous adherence to routine practices in their practice;~~
- ~~2.3. should be immunized for HBV before possible occupational exposure and should have their antibody status assessed and documented after immunization;~~
- ~~2.4. should seek re-testing of their serological status following a significant exposure to human blood or other body fluids.~~

4. A registrant who is known to have active infection with HBV and/or HCV and/or HIV must:

- 4.1. consult a physician to receive appropriate medical care and follow-up care;

- 4.2. directly or through a treating physician, report to the Assistant Registrar of CPSM, if they have not already done so through CPSM's application for registration or renewal of a certificate of practice process;
 - 4.3. cooperate with CPSM to facilitate a review by an expert panel to assess whether modifications to the registrant's practice are warranted based upon the test of public protection;
 - 4.4. cooperate with CPSM in making modifications and/or adhering to restrictions to his/her clinical practice, pending and/or on completion of the expert panel review, including ceasing to practice EPP, if required, in order to protect the public;
 - 4.5. notify the Assistant Registrar of CPSM of any significant change in his/her health status and/or practice circumstances to allow for a further expert panel review, if necessary, to assess whether any further modifications and/or restrictions to his/her clinical practice are required.
- ~~2. A registrant who is known to have active infection with HBV and/or HCV and/or HIV must:~~
- ~~3.1. consult a physician to receive appropriate medical care and follow up care;~~
 - ~~3.2. directly or through a treating physician, report to the Assistant Registrar of CPSM, if they have not already done so through CPSM's application for registration or renewal of a certificate of practice process;~~
 - ~~3.3. cooperate with CPSM to facilitate a review by an expert panel to assess whether modifications to the registrant's practice are warranted based upon the test of public protection;~~
 - ~~3.4. cooperate with CPSM in making modifications and/or adhering to restrictions to his/her clinical practice, pending and/or on completion of the expert panel review, including ceasing to practice EPP, if required, in order to protect the public;~~
 - ~~3.5. notify the Assistant Registrar of CPSM of any significant change in his/her health status and/or practice circumstances to allow for a further expert panel review, if necessary, to assess whether any further modifications and/or restrictions to his/her clinical practice are required.~~
- ~~4. A registrant who comes in contact with the blood or other body fluids of an individual who is known to carry a blood borne pathogen must consult a physician to receive appropriate medical care and follow up care.~~
- ~~5. A registrant who is aware of another registrant being positive for HBV and/or HCV and/or HIV must report the matter to the Assistant Registrar of CPSM.~~



Standard of Practice Bloodborne Pathogens

Initial Approval: January 1, 2019

Effective Date: January 1, 2019

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

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

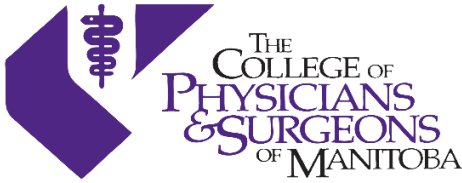
1. Definitions

- 1.1. **Registrant(s)** – registrant(s) of CPSM providing medical care to patients.
- 1.2. **Exposure Prone Procedures (EPP)** - Interventions where there is a risk that injury to the registrant may result in the exposure of the patient's open tissues to blood and body fluids of the registrant (bleedback). These include procedures where the registrant's gloved hand may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound, or confined anatomical space where the hands or finger tips may not be completely visible at times.
- 1.3. **Routine Practices** – A series of recommendations for the care of all patients incorporating the precautions necessary to prevent the transmission of microorganisms between patients and health care workers across the continuum of care, including previous precautions against bloodborne pathogens (Universal Precautions).

2. All Registrants:

- 2.1. have an ethical responsibility to be aware of their serological status with respect to blood borne communicable diseases, including HBV, HCV and HIV, if they are at personal or occupational risk and engaging in EPP and that testing positive for a blood borne pathogen is a physical condition which would have the potential to compromise the ability of the Registrant to deliver safe medical care and would therefore be reportable as such on a registrant's application for registration and/or renewal with CPSM;

- 2.2. must take all necessary steps to minimize the transmission of blood borne infections to patients, including conscientious and rigorous adherence to routine practices in their practice;
 - 2.3. should be immunized for HBV before possible occupational exposure and should have their antibody status assessed and documented after immunization;
 - 2.4. should seek re-testing of their serological status following a significant exposure to human blood or other body fluids.
3. A registrant who is known to have active infection with HBV and/or HCV and/or HIV must:
 - 3.1. consult a physician to receive appropriate medical care and follow-up care;
 - 3.2. directly or through a treating physician, report to the Assistant Registrar of CPSM, if they have not already done so through CPSM's application for registration or renewal of a certificate of practice process;
 - 3.3. cooperate with CPSM to facilitate a review by an expert panel to assess whether modifications to the registrant's practice are warranted based upon the test of public protection;
 - 3.4. cooperate with CPSM in making modifications and/or adhering to restrictions to his/her clinical practice, pending and/or on completion of the expert panel review, including ceasing to practice EPP, if required, in order to protect the public;
 - 3.5. notify the Assistant Registrar of CPSM of any significant change in his/her health status and/or practice circumstances to allow for a further expert panel review, if necessary, to assess whether any further modifications and/or restrictions to his/her clinical practice are required.
4. A registrant who comes in contact with the blood or other body fluids of an individual who is known to carry a blood borne pathogen must consult a physician to receive appropriate medical care and follow-up care.
5. A registrant who is aware of another registrant being positive for HBV and/or HCV and/or HIV must report the matter to the Assistant Registrar of CPSM.



**COUNCIL MEETING
JUNE 26, 2024**

CONSENT AGENDA ITEM

SUBJECT: Financial Management Policy

BACKGROUND:

The Financial Management Policy must be reviewed annually by Council with recommendations from the Finance Audit and Risk Management Committee as per the Committee’s terms of reference

4.9.3 Responsibilities

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

RECOMMENDATIONS:

1.12.2

Remove as this is a duplicate of 1.12.1

2.9 Remuneration of Area Standards Committee

Recommend revising 2.9.1.a

Original

paid \$150.00 per hour of meeting time to a committee maximum of \$12,000 per year (based upon 5 members x 16 hours x \$150.00 = \$12,000)

Recommendation

Change the description to show the entire Area Standards Budget as opposed to an individual Area Standards – this will allow for greater provincial flexibility and provide more clarity/transparency on the entire scope & budget as shown below.

“paid \$150.00 per hour of meeting time to a total provincial committee maximum of \$84,000 per year (based upon 7 standards committees X 5 members x 16 hours x \$150.00 = \$84,000).”

2.8 Honoraria & Stipends

Recommendation is to maintain the current rates as shown in the current policy.

2.8.1. Re Honoraria

Hourly	\$150
Half Day	\$550
Full Day	\$1,100
Evening	\$190
Chair	\$70 (per meeting)

2.8.1 “Evening”

The standard practice at CPSM has been to pay a flat fee of \$190 for evening meetings (meetings that occur after 4:00 pm) as opposed to an hourly rate. Recommendation is to add a clarifying comment to the rate chart immediately beside the \$190 rate as shown below. “(flat rate for meetings occurring after 4:00pm)”

Evening \$190 (flat rate for meetings occurring after 4:00pm)

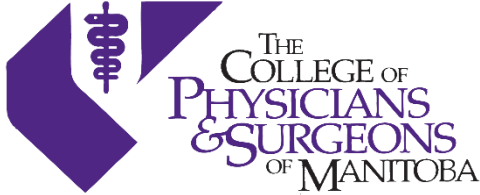
BUDGET CONSIDERATION:

No impacts anticipated by the recommendations made.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 26, 2024, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves the Financial Management Policy as per above recommendations and attached policy.



COUNCIL POLICY

Financial Management

Initial Approval: November 22, 2018

Effective Date: January 1, 2019

**Reviewed with No Changes
June 19, 2020**

**Reviewed with Changes
June 21, 2019, December 8, 2021
June 22, 2022, June 28, 2023
June 26, 2024**

FINANCIAL MATTERS

Auditor

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

Office

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

Fiscal year

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

Contracts

- 1.4. All deeds, contracts and agreements entered into on behalf of CPSM shall be in form and content approved and signed by one of the President, President Elect or Past President and by one of the Registrar or an Assistant Registrar, except that the following may be approved and signed by the Registrar alone or in the Registrar's absence, an Assistant Registrar:
 - 1.4.1. Employment contracts (other than the Registrar's contract which shall be approved and signed by the President);
 - 1.4.2. Contracts or agreements for the provision of services by an individual or a medical corporation;
 - 1.4.3. Contracts, agreements, memoranda with no financial commitment; and
 - 1.4.4. Agreements or contracts, other than in (a) or (b) above, where the total financial commitment over the term of the agreement or contract is less than \$75,000.

Cheques

- 1.5. All cheques or other negotiable instruments to be sent out or requiring endorsement of CPSM require two signatures and
 - 1.5.1. For transactions of \$75,000 or less may be signed by any two of the President, President-Elect, Registrar, Assistant Registrar, or the Chief Operating Officer of CPSM; and
 - 1.5.2. For transactions above \$75,000 one of the signatures must be the President or President-Elect.

Banking

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

Investments

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

Restricted Accounts in the Accumulated Surplus:

- 1.8. In order to protect the fiscal soundness of future years and to build organizational capability sufficient to achieve ends in future years, the Registrar must maintain funds in the accumulated surplus of CPSM, as restricted accounts for the following specified purposes:
 - 1.8.1. To cover the potential costs of extraordinary number of inquiry cases based on historical cost that management will analyze as part of the annual operating budget process.
 - 1.8.2. To maintain an operating reserve to cover unanticipated operating deficit not covered by the above Inquiry reserve. The operating reserve should be the equivalent of one month's worth of core expenditures.
 - 1.8.3. To maintain \$500,000 reserve every five years to cover periodic IT upgrades, including, but not limited to, the registrant database software upgrade.
 - 1.8.4. To cover the potential wind-up costs of CPSM of no less than \$2,922,000 for the 2018-19 fiscal year, and thereafter adjusted annually for applicable inflationary and general salary increases.
- 1.9. To allow the Registrar flexibility to react quickly to operational needs, the Registrar may appropriate an amount of no more than \$100,000 in a single year towards any discretionary program without requiring the approval of the President and President-Elect, or the Council.

- 1.10. The Registrar shall:
 - 1.10.1. Evaluate the adequacy and appropriateness of the reserves at the end of each year, and incorporate in the budget of the following year a plan that supports or enhances the prescribed reserves, subject to the approval of the Audit and Risk Management Committee.
 - 1.10.2. Determine the need for a special levy in case of any deficiency to the above reserves, provided the Registrar explores all other options first subject to the debt guidelines set forth in 6.2.1 below, and with the approval of the Council.

Restrictions on Registrar Discretion in Management of CPSM Funds

- 1.11. The Registrar must not expend more funds than have been received in the fiscal year to date unless both CPSM debt guidelines are met:
 - 1.11.1. Not borrow more than \$125,000 in order to obtain a financial advantage superior to cashing in investments.
 - 1.11.2. Incur debt in an amount greater than can be repaid by certain, otherwise unencumbered revenues within 60 days.
- 1.12. The Registrar must:
 - 1.12.1. settle CPSM payroll and debts in a timely manner.
 - 1.12.2. ~~settle CPSM payroll and debts in a timely manner.~~
 - 1.12.3. aggressively pursue receivables after a reasonable grace period.
 - 1.12.4. file all reports and make all payments required by government accurately and on time.

Requirements for Protection of CPSM Assets

- 1.13. For the protection of CPSM assets, the Registrar must:
 - 1.13.1. Require staff with access to material amounts of CPSM funds to be bonded.
 - 1.13.2. Receive, process, or disburse funds under controls which meet the Council-appointed auditor's standards.
 - 1.13.3. Give due consideration to quality, after-purchase service, value for dollar, and opportunity for fair competition when making purchases.
 - 1.13.4. Have the approval in writing of the President or President-Elect for any purchase not contemplated in the budget for an amount in excess of \$75,000.

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

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

Investment Policies

- 1.16. CPSM investments must be managed in a way that preserves capital, provides necessary liquidity requirements, and adds value to the investments.

- 1.17. Speculation or leverage with CPSM investments is prohibited. This includes, but is not limited to, prohibition on equity investments, investments in options, futures and any type of derivative.
- 1.18. CPSM investments must be maintained in a conservative, low risk profile within the following parameters:
 - 1.18.1. Short and medium term, cashable, fixed income obligations are permitted.
 - 1.18.2. Permissible asset classes for CPSM investments are cash and money market securities and fixed income instruments, provided that each investment must have a minimum "A" or "R1" credit rating or equivalent as rated by a recognized rating service at the time of purchase.
 - 1.18.3. Where liquidity is the primary concern, cash and money market securities are limited to treasury bills and other short-term government securities, bankers' acceptances, and guaranteed investment certificates with term to maturity of not more than 365 days.
 - 1.18.4. Where long term growth is the primary concern, fixed income instruments are limited to federal and provincial bonds, municipal bonds, corporate bonds, and guaranteed investment certificates with a term to maturity of one to ten years.
 - 1.18.5. Before making any investments, advice must be obtained from CPSM's professional portfolio advisor.
 - 1.18.6. Performance of the investments must be reviewed at least semi-annually and reported to the Audit & Risk Management Committee and Council.
 - 1.18.7. No investment may be made without taking into account the cash requirements for day-to-day operation of CPSM.
 - 1.18.8. All parties involved in dealing with CPSM investments must disclose any conflict of interest.

COUNCIL AND COMMITTEE REMUNERATION AND EXPENSES

Council and Committee Expenses

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

Remuneration

- 2.2. Councillors, officers, and committee members are entitled to:
 - 2.2.1. be reimbursed by CPSM for reasonable expenses necessarily incurred in connection with the business of CPSM in accordance with Council policies governing reimbursement established from time to time; and

- 2.2.2. receive honoraria for attending meetings (whether attendance is in person or by electronic communication) in connection with the business of CPSM in accordance with Council policies governing honoraria established from time to time.
 - 2.2.3. Notwithstanding clauses a. and b., members of a subcommittee of the Central Standards Committee, except for the Area Standards Committees, are not entitled to be reimbursed by CPSM or to receive honoraria by CPSM. Members of all other subcommittees of the Central Standards Committee may be entitled to honoraria pursuant to the policies of their “sponsor” organization.
- 2.3. The members of Council, Council committees, designated subcommittees and the President’s working groups are entitled to receive honoraria, travel time and reimbursement of expenses, all in accordance with the provisions of this section, at the rates determined annually by Council.
- 2.4. Honoraria and Stipends
- 2.4.1. Honoraria are intended to replace time away from fee generating practice. A member may choose not to submit a claim for honorarium and instead submit only a claim for expenses.
 - 2.4.2. The following policies govern the payment of honoraria:
 - 2.4.2.a. In submitting claims, “Morning” is the period preceding 12:30 p.m., “Afternoon” is from 12:00 noon - 6:00 p.m., and “Evening” is any period after 4:00 p.m.
 - 2.4.2.b. A member who leaves at noon for a meeting scheduled for the afternoon is entitled to claim for the ½ day session, regardless of the actual time taken in the meeting.
 - 2.4.2.c. A member who attends any meeting scheduled for 4:00 p.m. or later is entitled to claim for the evening rate regardless of the actual time taken in the meeting.
 - 2.4.2.d. A member may claim an hourly rate up to the maximum of a half day or full day rate.
 - 2.4.2.e. A member who attends meetings scheduled for 6 or more hours in one day is entitled to claim the full day rate.
 - 2.4.2.f. The maximum that can be charged for a 24 hour period is the full day rate.
 - 2.4.2.g. Full day Council meetings, regardless of the day of the week, will be compensated.
 - 2.4.2.h. When a member participates in a meeting by telephone or in person, the member is considered to be in attendance and is entitled to full payment.
 - 2.4.2.i. If a member is scheduled to attend a morning, afternoon or all day meeting, arrived late and/or left early, the member is not entitled to the full honoraria, but is entitled to be paid for the hours the member was present.

- 2.4.2.j. Canada Revenue Agency (CRA) regulations state that all honoraria payments are considered personal taxable income under the Income Tax Act of Canada and subject to withholding taxes and CPP deductions. A T4 slip will be issued for each calendar year. Council and Committee members may not bill honoraria through their corporations.
 - 2.4.2.k. As the CRA permits individuals who are at least 65 years old but under 70 years old and who are receiving a Canada Pension Plan retirement pension to exercise an election to stop making CPP contributions by filing a CRA Form with CPSM and any other employer of that eligible individual. Members are advised to seek independent financial advice in this regard. Eligible members are responsible to file the completed CRA Form with CPSM if they do not wish to contribute to the CPP plan.
 - 2.4.2.l. Annual stipends are paid in recognition of the formal administrative roles held by the President, the President-Elect and the Investigation Chair. The stipend is intended to recognize the extra administrative time spent in discussions with the Registrar and staff (other than attendance at Committee meetings or other formal CPSM meetings covered by the payment of honoraria) in addition to covering the other administrative functions required by the holders of these positions to conduct the business of CPSM.
- 2.5. Travel Time
- 2.5.1. Subject to the exclusions for travel time set out in section 302, an hourly rate is billable for travel time for members, subject to the following policies, which govern the payment of travel time to meetings in Winnipeg.
 - 2.5.1.a. Members who reside in the City of Winnipeg are not compensated for travel time to meetings held within the city.
 - 2.5.1.b. Members who reside outside of the City of Winnipeg and who commute to meetings in Winnipeg may claim for travel time where the **total commute exceeds one hour**. This claim is in addition to the claim for honoraria in relation to attendance at the meeting.
 - 2.5.1.c. Members who reside outside of Winnipeg and who travel more than one hour to attend meetings in Winnipeg, may charge for:
 - 2.5.1.c.i. mileage for the round trip from the closest town or village to their residence to CPSM offices in Winnipeg provided they drive. The distance travelled will be calculated by CPSM staff using an internet satellite tracking system, selecting the “fastest time” calculation; and
 - 2.5.1.c.ii. travel time as calculated by CPSM staff using an internet satellite tracking system’s fastest time calculation for the round trip rounded up to the nearest half hour unless the member flies to the meeting.
 - 2.5.1.c.iii. if the member flies to the meeting, the calculation of time will be based on the flight time estimate provided by the

airline used for travel. Time would be rounded up to the nearest half hour. No mileage will be paid for the portion of travel by air.

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

2.6. Expenses

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

- 2.6.1.a. CPSM must have a receipt documenting the GST in order to claim the GST input tax credit. Accordingly, credit card slips are not accepted in lieu of receipts. Members must submit the actual receipt. **Expenses will not be reimbursed if the member does not submit the actual receipt.**
- 2.6.1.b. CPSM anticipates that members travelling on CPSM business may incur reasonable expenses for transportation, meals, telephone call to home or office, and accommodation. Any expense outside of these items would be regarded as unusual and must be specifically authorized by the Registrar. Expenses will be reimbursed in accordance with CPSM Expense Policy.
- 2.6.1.c. **Meals** - CPSM will reimburse expenses for meals on a per diem basis. Councillors and Committee members may claim the meal per diems only if the corresponding meal was not provided at the meeting/conference attended. Meals will be reimbursed at the following established per diem rates:
- Breakfast: \$17
 - Lunch: \$27
 - Dinner: \$40
 - Incidentals: \$12 (for business travel the exceeds 24 hours)

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

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

reimbursable mileage claims (ie Area Standards, MANQAP, Council members, etc.)

2.7. Annual Review

2.7.1. Annually, the Council must:

- 2.7.1.a. review the honoraria paid by CPSM,
- 2.7.1.b. review the stipend paid to the President, President-Elect and Investigation Chair,
- 2.7.1.c. fix the honoraria and stipends for the next fiscal year. In setting honoraria and stipends,

2.7.2. Council must take into account:

- 2.7.2.a. the amount of the honoraria or stipends paid by other organizations of a like nature;
- 2.7.2.b. the philosophy set forth above; and
- 2.7.2.c. the Finance, Audit & Risk Management Committee recommendation to Council as to the appropriate level for honoraria and the stipends.

2.8. Honoraria and Stipends

2.8.1. Honoraria

Hourly	\$150
Half Day	\$550
Full Day	\$1,100
Evening	\$190 (flat rate for meetings occurring after 4:00 pm)
Chair	\$70 (per meeting)

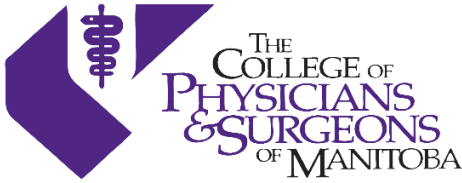
2.8.2. Stipends

President	\$12,500	plus annual Certificate of Practice fee
President-Elect	\$5,000	plus annual Certificate of Practice fee
Investigation Chair	\$10,000	plus annual Certificate of Practice fee

2.9. Remuneration for Area Standards Committee

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

- 2.9.1.a. paid \$150.00 per hour of meeting time to a total provincial committee maximum of \$84,000 per year (based upon 7 standards committees X 5 members x 16 hours x \$150.00 = \$84,000)
- 2.9.1.b. reimbursed for mileage from their office to the meeting place provided that the member works outside of the municipality where the meeting is held. The reimbursement rate per kilometer will be consistent with the rate used by Shared Health.



**COUNCIL MEETING
JUNE 26, 2024**

NOTICE OF MOTION FOR APPROVAL

SUBJECT: Operating Budget

BACKGROUND:

PART I – OPERATING BUDGET

The 2024-25 proposed operating budget (see Appendix A for details) accounts for resources added in the previous year, new resources, as well as current and future strategic objectives. CPSM has proposed a 3 year budget that will provide:

- Balanced budget by 2026-27,
- Inflation adjusted fee categories
- Partial Utilization of CPSM’s unrestricted reserve to balance the budget by 2026-27.

CPSM ended the fiscal year with a modest surplus of approximately \$126,230 while initially forecasting a deficit of \$809,684. A number of factors contributed to the significant improvement that are most likely to be one time in nature.

- Interest income & investment income higher than originally anticipated.
- Cost recoveries and documentation fees
- Committee & Council meetings under budget
- Timing delays (staff hired late in 2022-23) that were expected to be in place in early 2023-24

The Operating Budget for 2024/25 to 2026/27 is attached as Appendix A. Council is only being asked to approve the Operating Budget for 2024/25.

CPSM Resources

The following table and detail illustrate where CPSM has expanded its workforce. The program expansions target the key areas and deliverables of CPSM and are directly linked to increasing workload pressures and key organizational deliverables.

CPSM Staffing and associated workload

*Students and a term employee are not included in the below numbers

2023-24 EFT Changes- Detail**EFT Breakdown by Cost Centre**

Department	Fiscal Years						Change	2024-25 Proposed	Change
	2018-19	2019-20	2020-21	2021-22	2022-23*	2023-24			
Complaints	6.8	6.4	9.2	9.6	10.6	12.4	1.8	13.00	0.60
Corporate	7	7	8	8	7	8.6	1.6	8.6	0.00
Finance	2	2	2	2	2	2	0	2	0.00
IT	2	1.6	2.6	4	5	5	0	5	0.00
MANQAP	5	5	5	4	4	3.6	-0.4	4.6	1.00
Quality	5.9	6.5	9.5	10.1	11.5	12.5	1	13.7	1.20
Registration	7	7	7	7	7	7	0	7	0.00
TOTAL	35.7	35.5	43.3	46.3	47.1	51.1	4	53.9	2.80

2023-2 EFT Changes- Detail

Complaints	Medical Consultant	0.4	
	Medical Consultant	0.4	
	Medical Consultant	0.6	
	Lawyer	-0.6	
	Lawyer	1	Expense neutral
Corporate	Communications Asst	0.6	
	Reception Clerk	1	
Quality	Admin Support	1	
	Medical Consultant	0.2	
	PPP Analyst	-0.2	
MANQAP	Accreditation		
	Specialist	-1	
	Specialist	<u>0.6</u>	
		4	

2024-25 EFT Proposed Changes- Detail

Complaints	Medical Consultant	0.2	
	Medical Consultant	-0.4	
	Complaints Mediator	1	
	Asst Registrar	-1	Retirement
	Assist Registrar	0.8	
MANQAP	Clerk	0.5	
	DI Accreditation	0.5	
Quality	Medical Consultant	0.6	PPP Program
	Medical Consultant	<u>0.6</u>	PHP Program
		2.8	

Workload Trends

WORKLOAD TRENDS: Complaints and Investigations						
	2023-24**	2022-23	2021-22*	2020-21	2019-20	2018-19
Outstanding Cases from previous year	310	281	117	112	104	128
Cases received during the year	409	408	360	215	194	243
% Increase in cases received over prev year	0%	13.3%	67.4%	10.8%	20.2%	
Total	719	689	477	327	298	371
Cases outstanding as of year end	315	310	289	118	114	103
Total cases closed	414	379	188	206	184	268
% change in cases closed over prev year	9.2%	101.6%	-8.7%	12.0%	-31.3%	
# of Cases Dismissed**	0	1	9	na	na	na
Inquiries	0	3	3	2	1	
Matters Pending before Inquiry Committee	5	0	1	3	1	
	*2021-22 is the first year the public could initiate complaints through a web interface & the first year that complaints were dismissed					
	**2023-24 numbers are preliminary					

WORKLOAD TRENDS: Quality				
Quality Improvement Program				
	2023-24	2022-23	2021-22	2020-21
Initiated	1,039	449	481	223
Completed Cases	550	328	342	159

Prescribing Practices Program - 83% increase in general prescribing advice activity over 2022-23

PART II - RECOMMENDATION

The Finance, Audit and Risk Management Committee unanimously recommended to Council that:

- A. Council approve the 2024-25 Annual Operating Budget as presented; and,

The fee bylaw be amended to reflect the **2% inflation indexation (see Appendix B)**, specifically;

1. **Physician annual certificate of practice fee** to be increased by Manitoba Consumer Price Index or 2% on November 1, 2024 which raises the 2024-25 certificate of practice fee from **\$2,220 to \$2,265**. In accordance with the Fee Bylaw the CPI inflation amount (2%) is automatically increased. The monthly fee is also adjusted from **\$350 to \$375**.
2. **Educational annual certificate of practice fee** to be increased by 2% on November 1, 2024 from **\$80 to \$82**.
3. **Clinical & Physician Assistants annual certificate of practice fees** to be increased by 2% from **\$432 to \$441**. The monthly fee is also adjusted by the same % which raises the amount from **\$70 to \$75**
4. **Medical Corporation fee (renewal)** to be increased by 2% from **\$215 to \$220** in 2024-25.

CPSM will be closely watching the 5 inquiries (4 are currently scheduled). Impacts will be monitored and reported to the Finance, Audit and Risk Management Committee as well as the Executive Committee during the 2024-25 year. Based on the actual financial impacts of the inquiries, future fee increases or a one-time levy may have to be considered.

MOTION

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 26, 2024, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves the 2024/25 annual operating budget as presented.

Appendix A – 2024-25 Budget***College of Physicians & Surgeons of Manitoba*****Budget Statement of Operations****Fiscal Years 2024-25 to 2026-27**

	2024-25 Budget	2025-26 Estimate	2026-27 Estimate
Revenues			
Physician & Resident License Fees	7,935,579	8,225,138	8,520,473
Educational Register Fees	105,848	110,760	115,910
Clinical Assistant License Fees	82,684	98,200	114,510
Physician Assistant License Fees	73,608	80,575	87,845
Medical Corporation Fees	568,315	584,075	607,575
Other Fees and Income	739,170	684,335	679,350
Interest Income	160,469	51,516	53,229
Investment Income	147,750	181,500	150,000
Government Funded Program Revenues	930,674	956,615	984,268
	10,744,097	10,972,713	11,313,159
Expenses			
Governance	155,108	155,356	155,617
Qualifications	822,163	843,933	877,926
Complaints and Investigations	3,073,955	2,734,737	2,745,963
Quality	2,331,401	2,677,563	2,793,686
Operations and General Administration	3,241,436	3,026,163	3,059,861
Information Technology	1,251,898	1,148,120	1,115,779
Government Funded Program Expenses	846,103	869,810	894,969
	11,722,064	11,455,683	11,643,800
Excess (Deficiency) of Revenue Over Expenditures	-977,968	-482,970	-330,641

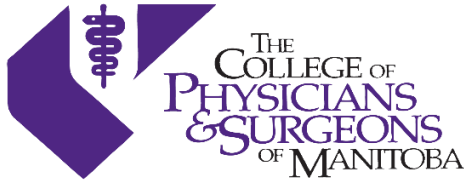
College of Physicians and Surgeons of Manitoba

<i>Funding Analysis</i>	2024-25 Budget	2025-26 Estimate	2026-27 Estimate	Cumulative
<i>Deficit after applying fee increases</i>	(485,968)	(482,970)	(330,641)	(1,299,578)
<i>Estimated Costs for 5 Inquiries</i>	(492,000)			
<i>Adjusted Deficit</i>	(977,968)			
<i>Funded by reserves:</i>				
<i>Depreciation</i>	180,598	180,986	104,897	
<i>Inquiry</i>	96,000	96,000	96,000	
<i>Restated Deficit</i>	(701,370)	(205,984)	(129,744)	(1,037,098)
<i>Unrestricted Reserve</i>	701,370	205,984	129,744	1,037,098
<i>Restated Deficit after use of unrestricted reserve</i>	-	-	-	-

The unrestricted reserve account is currently \$1.7 million (operating reserve + free reserve)

Appendix B

	MB CPI Index	
	<u>2022-23</u>	<u>2023-24</u>
April	151.1	159.4
May	153.9	159.1
June	155.3	158.5
July	155.3	159.3
August	154.6	159.5
September	155.2	159.2
October	156.7	159.6
November	157.0	159.8
December	155.5	158.2
January	156.2	157.5
February	156.9	158.3
March	157.7	159.0
12-month average	155.5	159.0
Inflation		2.3%
Inflation (rounded off)		2.0%



COUNCIL MEETING
JUNE 26, 2024
BRIEFING NOTE

SUBJECT: Fee Bylaw – FOR INFORMATION ONLY

BACKGROUND:

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

Increases in Fees

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

Recommended Fee Increases

With the approval of Finance, Audit, and Risk Management Committee and the Executive Committee below are the details of the fee increase recommended for 2024-25 (effective November 1, 2024). Please see Appendix A below for the Manitoba Price index calculation.

1. **Physician annual certificate of practice fee** to be increased by Manitoba Consumer Price Index or 2% on November 1, 2024 which raises the 2024-25 certificate of practice fee from **\$2,220 to \$2,265**. In accordance with the Fee Bylaw the CPI inflation amount (2%) is automatically increased. The monthly fee is also adjusted from **\$350 to \$375**.
2. **Educational annual certificate of practice fee** to be increased by 2% on November 1, 2024 from **\$80 to \$82**.
3. **Clinical & Physician Assistants annual certificate of practice fees** to be increased by 2% from **\$432 to \$441**. The monthly fee is also adjusted by the same % which raises the amount from **\$70 to \$75**
4. **Medical Corporation fee (renewal)** to be increased by 2% from **\$215 to \$220** in 2024-25.

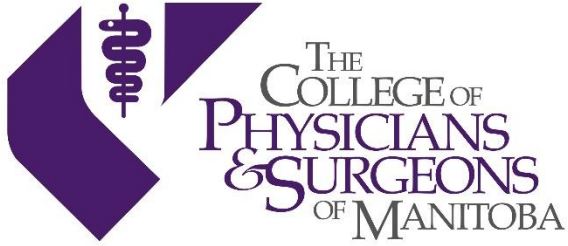
Other Changes

Management is recommending clarification under the “Fee Rebate” section. Specifically adding a note to clarify that only the certificate of practice fee is applicable when requesting a fee rebate. Management is recommending adding the following:

17 c. Documentation and registration fees are considered non-refundable and are therefore not eligible for a fee rebate.

Appendix A

	MB CPI Index	
	2022-23	2023-24
April	151.1	159.4
May	153.9	159.1
June	155.3	158.5
July	155.3	159.3
August	154.6	159.5
September	155.2	159.2
October	156.7	159.6
November	157.0	159.8
December	155.5	158.2
January	156.2	157.5
February	156.9	158.3
March	157.7	159.0
12-month average	155.5	159.0
Inflation		2.3%
Inflation (rounded off)		2.0%



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Fee Bylaw

The College of Physicians and Surgeons of Manitoba

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

Effective Date January 1, 2019

With Revisions up to and including June 26, 2024

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

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

FEES

Definition

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

Fees Payable

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

Increases in Fees

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

Payment of Fees

6. Fees for all types of certificates of practice and permits are deemed to be a debt due to CPSM and must be paid in full on the due date stipulated in the renewal notice.
7. Notwithstanding section 6, classes of membership may pay their certificate of practice fee monthly in accordance with the fees set out in Schedule “A” to this Bylaw.
8. No renewal notice is sent to a certificate of practice paid monthly. Any registrant who wishes to continue to practise medicine in Manitoba after the expiry of their monthly certificate of practice must renew their certificate of practice and pay the certificate of practice fee before the effective date of the certificate of practice to be renewed.
9. A medical corporation permit is issued on an annual basis only and may not be obtained on a monthly basis.

Late Payment, Daily Assessments and Non-Renewal

10. Registrants must deliver a completed annual renewal of certificate of practice form and pay the annual certificate of practice fee to CPSM before November 1 each year. A registrant who does not meet this requirement is in arrears of annual renewal.
11. A registrant who is in arrears of annual renewal and who applies for renewal of their certificate of practice after November 1 and before November 30 or within such additional time as Council may allow, may apply to renew their certificate of practice, but must:
 - a. pay the prescribed late fee; or
 - b. if the Registrar exercises discretion to waive or lower the late payment fee, pay the reduced amount.
12. If a registrant fails to apply for renewal or to pay the late payment fees under section 11 before November 30, upon application for renewal by the registrant, the Registrar may renew the registrant’s certificate of practice if the following conditions are met:
 - a. the Registrar finds that exceptional circumstances exist warranting extension of the time for the registrant to apply for renewal; and
 - b. the registrant pays the late payment fee and applicable daily assessment, unless the Registrar exercises discretion to waive or lower the late payment fee, the daily assessment, or both and the registrant pays the reduced amount.

13. Where the Registrar declines to extend the time for the registrant to apply for renewal, or the registrant fails to meet the conditions for renewal in section 12, the registrant must be notified of the right to appeal the Registrar's decision pursuant to s. 46 of the Act. Issuing a practice certificate effective on a date other than the date the applicant applied for renewal is at the sole discretion of the Executive Committee. The appeal of the Registrar's decision must contain a complete written explanation of the circumstances that led to the failure to renew by the required renewal date.
14. Pending any appeal pursuant to section 46 of the Act, the registrant is not entitled to practice medicine unless and until the registrant is issued a certificate of practice.

Medical Corporation Late Payment and Non-Renewal

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

Administration Fees

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

Fee Rebate

17. Where a registrant with an annual certificate of practice:
- has had a maternity or parental leave or has had an illness which required the registrant to take a leave of absence from the practice of medicine for a continuous period of at least two calendar months in any certificate year; and
 - during the maternity or parental leave or leave of absence due to illness the registrant did not engage in the practice of medicine, the registrant may apply to CPSM for a rebate of the certificate of practice fee.
 - Documentation and registration fees are considered non-refundable and are therefore not eligible for a fee rebate.
18. Where a registrant with an annual certificate of practice dies, the legal representative of the estate may apply for a rebate of the certificate of practice fees.
19. Certificate of Practice fee rebates shall be calculated on a pro-rata basis, at the rate of one-twelfth of the certificate of practice fee for each full calendar month of the certificate year during which the registrant did not engage in the practice of medicine. A rebate shall not exceed one-half of a certificate of practice fee for the certificate year for which the rebate is sought.

20. Applications for a certificate of practice fee rebate must be made to CPSM by November 30 of the certificate year immediately following the certificate year for which the rebate is sought. The applicant shall be solely responsible for providing such evidence as may be required by the Registrar in support of the application for a certificate of practice fee rebate.
21. The Registrar is responsible to review and decide each application for certificate of practice fee rebate.
22. Where the Registrar does not approve the application for a certificate of practice fee rebate, the registrant may appeal the decision to the Executive Committee.
23. Where an appellant has paid the prescribed fee to appeal a denial of registration, the fee shall be refunded if the appeal is successful.

Schedule A (effective November 1, 2023 to October 31, 2024)

	Applicant's Documentation Fee (non-refundable)	Registration Fee (non-refundable)	Certificate of Practice Fee	Late Payment Fee for Certificate of Practice (payment during first 30 days following due date)	Late Payment Fee for Certificate of Practice per day (after first 30 days)
REGULATED MEMBER - FULL					
Regulated Member – Full Practising	\$210 ¹	\$300 ²	\$2,220 -per certificate of practice fee year \$350 monthly	\$200 \$200	\$50 \$50
Non-Practising	---	---	\$2,220 required fee for those registrants who wish to maintain their medical corporation and require certificate of practice, otherwise \$0.	---	---
Retired	---	---	---	---	---
REGULATED MEMBER – PROVISIONAL					
Academic Faculty S.181	\$630	\$300	\$2,220 per certificate of practice fee year \$350 monthly	\$200 \$200	\$50 \$50
Academic Visiting Professor	---	---	\$100 per certificate of practice fee for the specified term	---	---
Academic Post Certification Trainees	\$210	\$300	\$2,220 per certificate of practice fee year \$350 monthly	\$200 \$200	\$50 \$50
Specialty Practice Limited	\$210 Review of Qualifications \$600 ³⁴	\$300 ⁵	\$2,220 per certificate of practice fee year ⁶ \$350 monthly	\$200 \$200	\$50 \$50

¹ Excluding Manitoba Medical graduates

² Less any registration fee submitted as an Associate Registrant - Educational

³ Less any documentation fee paid as an Assessment Candidate Specialty Practice Limited

⁴ Less any fee paid for Review of Qualifications

⁵ Less any registration fee paid as an Assessment Candidate Specialty Practice Limited

⁶ Less any certificate of practice fee paid as an Assessment Candidate Specialty Practice Limited

	Applicant's Documentation Fee	Registration Fee	Certificate of Practice Fee	Late Payment Fee for Certificate of Practice (payment during first 30 days following due date)	Late Payment Fee for Certificate of Practice per day (after first 30 days)
Family Practice Limited	\$210 Review of Qualifications \$600 ^{7 8}	\$300 ⁹	\$2,220 per certificate of practice fee year) ¹⁰ \$350 monthly	\$200 \$200	\$50 \$50
MPAP	\$600	---	---	---	---
Restricted Purpose	---	---	\$100 per certificate of practice fee for the specified term	---	---
Temporary (locum)	\$600	\$300	\$2,220 per certificate of practice fee year \$350 monthly	\$200 \$200	\$50 \$50
Public Health Officer	\$600	\$300	\$2,220 per certificate of practice fee year \$350 monthly	\$200 \$200	\$50 \$50
Transitional	---	---	\$2,220 per certificate of practice fee year \$350 monthly \$250 Resident per certificate of practice fee year \$125 Resident reduced	\$200 \$200 \$50 \$50	\$50 \$50 \$10 \$10
Non-Practising	---	---	\$2,220 required fee for those registrants who wish to maintain their medical corporation and require certificate of practice, otherwise \$0	---	---
Retired Physician	---	---	---	---	---
REGULATED ASSOCIATE MEMBER					
(a) Assessment Candidate					
(i) Specialty Practice Limited	\$600 (i) \$210 Review of Qualifications (ii) \$390 following ROQ	\$300	\$2,220 per certificate of practice fee year \$350 monthly	\$200 \$200	\$50 \$50

⁷ Less any documentation fee paid as an Assessment Candidate Family Practice Limited

⁸ Less any fee paid for Review of Qualifications

⁹ Less any registration fee paid as an Assessment Candidate Family Practice Limited

¹⁰ Less any certificate of practice fee paid as an Assessment Candidate Family Practice Limited

	Applicant's Documentation Fee	Registration Fee	Certificate of Practice Fee	Late Payment Fee for Certificate of Practice (payment during first 30 days following due date)	Late Payment Fee for Certificate of Practice per day (after first 30 days)
(ii) Family Practice Limited	\$600 (i) \$210 Review of Qualifications (ii) \$390 following ROQ	\$300	\$2,220 per certificate of practice fee year \$350 monthly	\$200 \$200	\$50 \$50
(iii) Re-Entry	\$210	\$300	\$2,220 per certificate of practice fee year \$350 monthly	\$200 \$200	\$50 \$50
(b) Educational					
(i) Undergraduate Manitoba Medical Student per certificate of practice year July 1-	---	\$50	\$80	\$20	\$5
(ii) Manitoba Physician Assistant Student	---	\$50	\$80	\$20	\$5
(iii) Resident	\$330 ¹¹	\$50	\$80	\$20	\$5
(iv) Resident Limited	---	\$250	\$250 per certificate of practice fee year \$125 reduced (8 months or less)	\$50 \$50	\$10 \$10
(v) External/Visiting Student	---	\$50	\$25 (per 6 month period)	---	---
(vi) Non-practising	---	---	---	---	---
(c) Physician Assistant					
(i) Full Physician Assistant	\$330 ¹²	\$300 ¹³	\$432 per certificate of practice fee year \$65 monthly	\$50 \$50	\$10 \$10
(ii) Academic Faculty S.181	\$630	\$300	\$432 per certificate of practice fee year	\$50	\$10
(iii) Restricted Purpose	\$210	\$300	\$100 per certificate of practice fee for the specified term	---	---
(iv) Non-Practising or Retired	---	---	---	---	---
(d) Clinical Assistant					
(i) Clinical Assistant Full	\$330	\$300	\$432 per certificate of practice fee year \$65 monthly	\$50 \$50	\$10 \$10
(ii) Non-Practising or Retired	---	---	---	---	---

¹¹ Except Manitoba Medical Graduates

¹² Except Manitoba Physician Assistant Graduates

¹³ Less any registration fee paid as an Associate Registrant - Educational

Schedule A (Effective November 1, 2024)

	Applicant's Documentation Fee (non-refundable)	Registration Fee (non-refundable)	Certificate of Practice Fee	Late Payment Fee for Certificate of Practice (payment during first 30 days following due date)	Late Payment Fee for Certificate of Practice per day (after first 30 days)
REGULATED MEMBER - FULL					
Regulated Member – Full Practising	\$210 ¹⁴	\$300 ¹⁵	\$2,265 -per certificate of practice fee year \$375 monthly	\$200 \$200	\$50 \$50
Non-Practising	---	---	\$2,265 required fee for those registrants who wish to maintain their medical corporation and require certificate of practice, otherwise \$0.	---	---
Retired	---	---	---	---	---
REGULATED MEMBER – PROVISIONAL					
Academic Faculty S.181	\$630	\$300	\$2,265 per certificate of practice fee year \$375 monthly	\$200 \$200	\$50 \$50
Academic Visiting Professor	---	---	\$100 per certificate of practice fee for the specified term	---	---
Academic Post Certification Trainees	\$210	\$300	\$2,265 per certificate of practice fee year \$375 monthly	\$200 \$200	\$50 \$50
Specialty Practice Limited	\$210 Review of Qualifications \$600 ¹⁶¹⁷	\$300 ¹⁸	\$2,265 per certificate of practice fee year ¹⁹ \$375 monthly	\$200 \$200	\$50 \$50

¹⁴ Excluding Manitoba Medical graduates¹⁵ Less any registration fee submitted as an Associate Registrant - Educational¹⁶ Less any documentation fee paid as an Assessment Candidate Specialty Practice Limited¹⁷ Less any fee paid for Review of Qualifications¹⁸ Less any registration fee paid as an Assessment Candidate Specialty Practice Limited¹⁹ Less any certificate of practice fee paid as an Assessment Candidate Specialty Practice Limited

	Applicant's Documentation Fee	Registration Fee	Certificate of Practice Fee	Late Payment Fee for Certificate of Practice (payment during first 30 days following due date)	Late Payment Fee for Certificate of Practice per day (after first 30 days)
Family Practice Limited	\$210 Review of Qualifications \$600 ^{20 21}	\$300 ²²	\$2,265 per certificate of practice fee year) ²³ \$375 monthly	\$200 \$200	\$50 \$50
MPAP	\$600	---	---	---	---
Restricted Purpose	---	---	\$100 per certificate of practice fee for the specified term	---	---
Temporary (locum)	\$600	\$300	\$2,265 per certificate of practice fee year \$375 monthly	\$200 \$200	\$50 \$50
Public Health Officer	\$600	\$300	\$2,265 per certificate of practice fee year \$375 monthly	\$200 \$200	\$50 \$50
Transitional	---	---	\$2,265 per certificate of practice fee year \$375 monthly \$250 Resident per certificate of practice fee year \$125 Resident reduced	\$200 \$200 \$50 \$50	\$50 \$50 \$10 \$10
Non-Practising	---	---	\$2,265 required fee for those registrants who wish to maintain their medical corporation and require certificate of practice, otherwise \$0	---	---
Retired Physician	---	---	---	---	---
REGULATED ASSOCIATE MEMBER					
(a) Assessment Candidate					
(i) Specialty Practice Limited	\$600 (i) \$210 Review of Qualifications (ii) \$390 following ROQ	\$300	\$2,265 per certificate of practice fee year \$375 monthly	\$200 \$200	\$50 \$50

²⁰ Less any documentation fee paid as an Assessment Candidate Family Practice Limited

²¹ Less any fee paid for Review of Qualifications

²² Less any registration fee paid as an Assessment Candidate Family Practice Limited

²³ Less any certificate of practice fee paid as an Assessment Candidate Family Practice Limited

	Applicant's Documentation Fee	Registration Fee	Certificate of Practice Fee	Late Payment Fee for Certificate of Practice (payment during first 30 days following due date)	Late Payment Fee for Certificate of Practice per day (after first 30 days)
(ii) Family Practice Limited	\$600 (i) \$210 Review of Qualifications (ii) \$390 following ROQ	\$300	\$2,265 per certificate of practice fee year \$375 monthly	\$200 \$200	\$50 \$50
(iii) Re-Entry	\$210	\$300	\$2,265 per certificate of practice fee year \$375 monthly	\$200 \$200	\$50 \$50
(b) Educational					
(i) Undergraduate Manitoba Medical Student per certificate of practice year July 1-	---	\$50	\$82	\$20	\$5
(ii) Manitoba Physician Assistant Student	---	\$50	\$82	\$20	\$5
(iii) Resident	\$330 ²⁴	\$50	\$82	\$20	\$5
(iv) Resident Limited	---	\$250	\$300 per certificate of practice fee year \$150 reduced (8 months or less)	\$50 \$50	\$10 \$10
(v) External/Visiting Student	---	\$50	\$30 (per 6 month period)	---	---
(vi) Non-practising	---	---	---	---	---
(c) Physician Assistant					
(v) Full Physician Assistant	\$330 ²⁵	\$300 ²⁶	\$441 per certificate of practice fee year \$75 monthly	\$50 \$50	\$10 \$10
(vi) Academic Faculty S.181	\$630	\$300	\$441 per certificate of practice fee year	\$50	\$10
(vii) Restricted Purpose	\$210	\$300	\$100 per certificate of practice fee for the specified term	---	---
(viii) Non-Practising or Retired	---	---	---	---	---
(d) Clinical Assistant					
(iii) Clinical Assistant Full	\$330	\$300	\$441 per certificate of practice fee year \$75 monthly	\$50 \$50	\$10 \$10
(iv) Non-Practising or Retired	---	---	---	---	---

²⁴ Except Manitoba Medical Graduates

²⁵ Except Manitoba Physician Assistant Graduates

²⁶ Less any registration fee paid as an Associate Registrant - Educational

Other Fees

Medical Corporation Registration Fees	\$380	(\$388 as of November 1, 2024)
Medical Corporation Fees (renewal)	\$215	(\$220 as of November 1, 2024)
Medical Corporation Fees Late Payment on Renewal (Payment during the first 30 days following the due date)	\$50	
Medical Corporation Retroactive registration and licensure (Per calendar day thereafter)	\$15	
Non-Hospital Reviews	\$500	plus costs
Specialist Registration of Credentials	\$200	
Specialist Register 2.9(2) Application	\$600	
Appeal of a Registrar's Denial of Registration	\$2,000	

SUBJECT: Accredited Facilities Bylaw Amendment

BACKGROUND:

The Accredited Facilities Bylaw (Bylaw) is a two-part document that applies to:

1. All diagnostic facilities in Manitoba other than facilities operated by the provincial or municipal government and those designated as hospitals.
2. Non-hospital medical or surgical facilities in which procedures, that have a sufficient risk of potential harm to a patient, are performed.

Prior to amending the Bylaw CPSM must notify the Minister of Health of the proposed changes and provide a minimum 30-day consultation with registrants. Council is required to consider comments received when deciding to amend the Bylaw. If an amendment is of a non-substantive nature, it can be made by the Registrar without consultation.

A Bylaw amendment will come into effect once it is made but requires ratification at the next AGM meeting for the amendment to remain in effect past the date of the AGM.

There are 5 potential Bylaw amendments:

1. Section 13.3.3.vi – tumescent liposuction
2. Section 13.3.3.xi – any procedure that the Program Review Committee directs
3. Bylaw list – Intravenous ketamine administration
4. Bylaw list – MDMA (3,4-methylenedioxymethamphetamine)-Assisted Therapy (MMDA-AT)
5. Requiring anesthesiologists working in dental clinics to report Adverse Patient Outcomes

CPSM is recommending consulting on the Bylaw amendments over the summer months and bringing decision item to the September Council Meeting.

THE PROPOSED AMENDMENTS

Tumescent liposuction

This will amend the section in Part B that lists procedures required to be performed in Non-Hospital Medical or Surgical Facilities:

13.3.3.vi ~~any tumescent~~ liposuction procedure ~~involving the administration of dilute local anaesthesia~~

The amendment is to the naming of the procedure in the list of the regulated procedures. Although it appears to be amending the procedure from a discrete narrow procedure to a broader number of procedures it is not. The purpose of the amendment is to remove confusion by replacing antiquated terminology with generally accepted terminology. The procedures would be governed by the same existing standards. This issue was identified in the updating of the existing standards and will not affect the procedures that are required to be performed at Non-Hospital Medical or Surgical Facilities. As such, the amendment is of a non-substantive nature and can be made by the Registrar without registrant consultation or Council approval.

Any procedure that the Program Review Committee directs

Part B section 13.3.3.xi permits the Program Review Committee to add new procedures to the list of procedures that must be performed at Non-Hospital Medical or Surgical Facilities. Although it is an excellent means of reducing red tape associated with adding procedures to the list of procedures required to be performed in an accredited facility, the effect is that it bypasses legislative requirements for consultation and approval.

Council does not have the power to delegate this authority to the Program Review Committee, and therefore the Bylaw must be corrected.

Intravenous Ketamine Administration

Intravenous Ketamine Administration is on the list of procedures that must be performed at Non-Hospital Medical or Surgical Facilities. It was added to the procedures list pursuant to section 13.3.3.xi above and never went to Council for approval. To require the procedure be performed in Non-Hospital Medical or Surgical Facilities a Bylaw amendment is necessary. Amending the Bylaw will require registrant consultation and notice to the Minister.

MDMA-AT (3,4-Methylenedioxymethamphetamine)

Health Canada has recognized the growing interest in the use of psychedelic-assisted psychotherapy and the possible psychological and physical risks to patients associated with this type of therapy. MDMA can be procured through Health Canada's Special Access Program. There are however significant public, patient and clinic staff risks associated with MDMA-AT. If MDMA-AT is not included in the list of treatments that must be performed at an accredited facility there will be no regulatory safeguards to protect the public. Similar to ketamine procedures, MDMA-AT use will also require a Bylaw amendment and the associated consultation and notice. The Program Review Committee has recommended Council add MDMA-AT to the list.

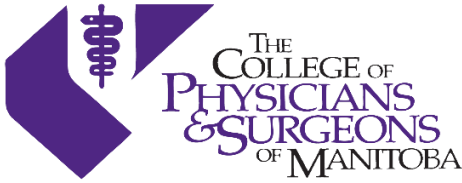
Requiring anesthesiologists working in dental clinics to report Adverse Patient Outcomes

CPSM believes anesthesiologists working in dental clinics (which are not regulated by the Accredited Facilities Bylaw) should report Adverse Patient Outcomes involving anesthetics. The purpose of the Bylaw is to govern Non-Hospital Medical or Surgical Facilities and the procedures that occur in the facility. However, the proposed amendment governs the conduct of the registrant performing a procedure outside of Non-Hospital Medical or Surgical Facilities. CPSM has jurisdiction over the registrant who is performing the treatment but does not have jurisdiction over the dental clinic where the procedure is being performed.

Amending the Bylaw to accomplish this goal will have to rely upon Section 183(3) of the RHPA that states:

183(3) The council may make by-laws

(e) respecting arrangements with other colleges for accreditation of facilities at which members of those colleges perform diagnostic or treatment procedures.



COUNCIL MEETING
JUNE 26, 2024
BRIEFING NOTE

SUBJECT: Artificial Intelligence in Healthcare - Advice to the Profession

BACKGROUND:

As advances in artificial intelligence (AI) continue to transform and revolutionize the field of medicine, understanding its uses, and potential uses, in healthcare is becoming increasingly important for effective regulation. This is particularly so for generative AI (“GenAI”).

While GenAI shows tremendous promise in reducing administrative burden and supporting clinical decision making, including relating to clinical assessments, treatment planning, and management of care, there are very significant ethical, legal, and professional challenges that must be considered and addressed.

Policies and advice documents respecting the responsible use of GenAI are now common among professional regulators and associations, as well as many practice settings, including institutions and private clinics.

In Manitoba, Shared Health has established a new policy for the use of GenAI. Doctors Manitoba has published guidance. The Manitoba Ombudsman’s Office, which oversees the *Personal Health Information Act*, has been working on guidance and potential recommendations for regulatory reform.

CPSM has developed an “Advice to the Profession” document that is being brought before Council for review.

CPSM is aware of numerous publications relating to GenAI available from Health Canada, other Canadian MRAs, the CFPC, the RCPSC, the CMA, and CMPA. There is no shortage of national and international conferences and symposiums with AI issues on the agenda, including an IAMRA symposium on AI coming up in September 2024. We have also noted a sharp increase in the number of scholarly publications, not only pertaining to the reliability, validity, and efficacy of GenAI tools, but also of the need for effective regulation.

In creating our advice document, CPSM has drawn significantly, with thanks, from recent publications from CPSBC and CPSA. We are also closely following relevant output from the CMPA, American Medical Association, and the Federation of State Medical Boards.

Our current draft document addresses:

- Ensuring continuing compliance with applicable professional requirements.
- Continuing professional development.
- Responsible use of GenAI tools.
- Disclosure and informed consent.
- Complete and accurate documentation.
- Bias and respect for persons.
- Confidentiality and data security.
- Data sovereignty.
- Health system harm.
- Patients using generative AI.

Overall, our message to the profession has been to maintain professional independence and proceed with great caution. The use of GenAI in healthcare should minimize potential data-related harm and promote the equitable delivery of safe quality care.

What has become clear in the process of developing guidance is the importance of collaboration with participants outside of CPSM. In particular, this is a major area of development for provincial and federal privacy regulators, as well as Health Canada in respect to its jurisdiction over medical devices. In the interests of setting comprehensive and consistent guidance, future collaborative efforts will be a significant focus for future work.

COUNCIL'S ROLE:

The document is not presented as a bylaw, standard of practice, or practice direction. It is presented as an advice document and is being brought to Council for review and comment.

Advice to the Profession
Responsible use of Artificial Intelligence in the Practice of Medicine

Advice to the profession:

The College of Physicians & Surgeons of Manitoba (“CPSM”) provides advice to the profession to support registrants in implementing CPSM’s Standards of Practice, Practice Directions, and the Code of Ethics and Professionalism. This advice document does not define a Standard of Practice, nor should it be interpreted as legal advice.

In general, advice documents are dynamic and may be edited or updated for clarity at any time. Please refer to this article regularly to ensure you are aware of the most recent advice. Major changes will be communicated to registrants through CPSM’s Newsletter; however, minor edits may only be noted within the documents.

Preamble:

It is important for registrants to educate themselves about the responsible and ethical use of artificial intelligence (“AI”) in practice. This document primarily addresses generative artificial intelligence (“GenAI”), though most principles have broad application to other forms of AI. The advice provided is centred on the importance of education, accountability, transparency, informed consent, confidentiality, and equity in healthcare. Systems issues are also addressed.

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1. Context for this document

Recent advances in AI¹, such as the public release of new GenAI² technologies like ChatGPT (OpenAI) and CoPilot (Microsoft), have stimulated significant discussion around the impact AI will have on the delivery of healthcare. GenAI is in focus given its remarkable ability to create new content, such as diagnoses, treatment plans, and encounter notes (e.g., AI scribes).³

While CPSM acknowledges the enormous potential for GenAI to improve accessibility, enhance quality, and reduce administrative burden, we also recognize the significant ethical, legal, and professional challenges that accompany its use, including relating to over-reliance. This document is intended to provide advice to assist registrants in addressing these challenges.

Overall, the use of GenAI in healthcare should minimize potential data-related harm and promote the equitable delivery of safe quality care. As explained below, appropriate precautions anchored in the Code of Ethics and Professionalism are key to responsible use of AI.

2. Potential applications for GenAI in medical practice

AI tools used to support diagnosis, monitoring, treatment planning, and documentation have been around for many years. These include dictation and speech recognition software, electronic medical record (“EMR”) macros or templates, and automated pathways, protocols, and clinical scores. Software exists that can analyze diagnostic information or identify pharmacological interactions and contraindications. These more traditional tools often rely on machine learning (“ML”)⁴ technology and well-circumscribed datasets.

Large language model (“LLM”)⁵ based GenAI is a major evolution in AI technology that builds upon advances in complex algorithms, advance data analytics and ML. Significantly, GenAI tools can create new content based on existing data and training. Given this capability, the importance of independent clinical judgment and professional accountability is crucial if GenAI is adopted in practice. In this context, there are concerns surrounding the transparency of underlying models and source data in the use of LLM based GenAI that must be understood and managed.

¹ Artificial Intelligence (AI) is an umbrella term that refers to the ability of a machine (e.g., computer) to perform tasks associated with intelligent beings, such as reasoning, language comprehension, and decision making.

² Generative AI (GenAI) refers to advanced AI systems that can be prompted to generate new content, including audio, images, text, and videos, in response to prompts from users. GenAI relies on massive datasets and complex underlying algorithms and computer models.

³ Examples of these technologies include IBM’s Merative (formerly Watson Health) and Google’s Med-PaLM

⁴ Machine learning (ML) refers to a machine’s ability to learn from its own experiences rather than relying exclusively on explicit programming. ML involves the use of algorithms that can analyze data, make predictions based on that data, and establish models when applied to data. ML can be supervised or unsupervised.

⁵ Large language models (LLMs) are a type of AI that use massive data sets, algorithms, and deep learning to understand context, and generate and predict new content. Models can be fine-tuned on specialized data to produce improved outputs. All LLMs are a form of GenAI.

GenAI tools that support ambient capture of patient consultations and clinician dictations are already being incorporated into medical practice to assist with documentation. These tools are commonly referred to as AI Scribes and, to the best of our understanding, usually do not fall under the definition of a medical device requiring Health Canada approval.⁶ That flows from their characterization as a tool to assist with documentation, rather than a clinical decision support tool.

Other potential applications for GenAI in the practice of medicine include tools for generating diagnoses, differential diagnoses, prognoses, prescriptions, treatment plans, educational materials, and medical reports.⁷ These clinical decision support applications would require Health Canada approval. While there are many examples of approved medical devices that rely on AI and ML,⁸ it is understood no medical devices that use LLM GenAI have been approved as of the last update to this document.⁹

The use of GenAI in healthcare is a rapidly evolving area. In the circumstances, there is currently limited research-based evidence to guide an approach to the use of GenAI tools by registrants, though there are many studies underway. Laws and regulations specific to this field are contemplated or in development at various levels of government.¹⁰ It is anticipated use of GenAI in the practice of medicine will become commonplace in the coming years.

3. Ensuring compliance with applicable professional requirements

- 3.1. Registrants are reminded that requirements and principles from existing legislation, regulations and professional expectations apply when using any type of AI in their practice. This includes CPSM's Code of Ethics and Professionalism, Standards of Practice of Medicine, and Practice Directions.
- 3.2. If the AI tool fits the definition of a medical device, then registrants should ensure it is approved by Health Canada. As of the date of this document, it is understood that no LLM GenAI medical devices have been approved. CPSM understands AI Scribes usually do not fall under the definition of a medical device.

⁶ See the federal *Food and Drugs Act* and associated Medical Devices Regulations.

⁷ Experimental examples include DxGBT, which is described as diagnostic support software, and Med-PaLM (Google Research), which is a LLM designed to provide high quality answers to medical questions.

⁸ Medical devices that use ML to achieve their intended medical purpose are known as machine learning-enabled medical devices (MLMDs). The term "Medical purpose" is defined in the federal *Food and Drugs Act*. MLMDs are subject to the *Food and Drugs Act* and associated Medical Devices Regulations.

⁹ It is understood that recently approved AI assessment tools for diabetic retinopathy screening and dermatology differential diagnosis suggestions do not rely on LLMs.

¹⁰ See the Office of the Privacy Commissioner of Canada's publication on 'Principles for responsible, trustworthy and privacy-protective generative AI technologies' at https://www.priv.gc.ca/en/privacy-topics/technology/artificial-intelligence/gd_principles_ai/

4. Continuing professional development is necessary

- 4.1. Registrants have a professional and ethical duty to maintain a requisite level of skill, knowledge, and judgement to provide competent and safe care in their professional practice. Continuing professional development is key to meeting this obligation.
- 4.2. As AI tools are increasingly incorporated into the healthcare system, which may include GenAI tools, it is important that registrants follow significant developments and strive to understand how the technology works, its limitations, the benefits and risks, and privacy implications.

5. Responsible use of GenAI tools and accountability

- 5.1. CPSM does not regulate medical devices, tools, or technologies; our role is to regulate registrants who use these tools in their professional practice. The GenAI tools registrants use must be physician guided to create positive and transparent interactions that instill trust. Consistent with the prevailing standards for any technology used in care, registrants are ultimately responsible for their use of GenAI tools and may be held accountable for any harms that flow from use.
- 5.2. Care provided by a registrant should always reflect their own clinical reasoning and professional judgment. The Canadian Medical Protective Agency (CMPA) makes it clear that AI technologies are intended to assist and complement clinical care. They are not a replacement for clinical reasoning and professional judgment.¹¹ CMPA also has helpful guidance on the use of AI scribes.¹² Registrants should take steps to avoid over-reliance on GenAI tools to such a degree that it jeopardizes independent professional judgement and vigilance.
- 5.3. The extent to which a registrant may be held professionally accountable for their use of a GenAI tool will depend on the relationship between the GenAI being used and the risk that it may either create patient harm or otherwise impact the professional obligations of the registrant. As GenAI technologies perform functions that more closely model the practice of medicine, the risk to patients of their application generally increases. The appropriate level of and accountability will increase accordingly.
- 5.4. If a registrant chooses to use a GenAI tool in their professional practice, then it is important they understand the tool's intended purpose, limitations, risks, and benefits to ensure safe and competent use. Registrants should:

¹¹ Canadian Medical Protective Association. [The emergence of AI in healthcare](#), 2019 (revised 2023).

¹² CMPA's 'AI Scribes: Answers to frequently asked questions', retrieved from <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2023/ai-scribes-answers-to-frequently-asked-questions>

- 5.4.1. critically assess whether the tool suits its intended purpose in the context of the registrant’s practice setting and professional practice,
 - 5.4.2. ensure that the tool is:
 - 5.4.2.1. up-to-date, valid, and reliable,
 - 5.4.2.2. transparent respecting the data it is trained on,
 - 5.4.2.3. explainable to patients, including respecting limitations, and
 - 5.4.2.4. capable of producing good and interpretable output, and
 - 5.4.3. if not using a closed/locked GenAI system, then acknowledge the potential risks of open-source nature of GenAI tools and the issues they could create.
- 5.5. An adequate understanding of a GenAI tool’s design, the training data used in development, and the nature of the tool’s outputs is necessary to assess validity, reliability, and to identify and mitigate potential areas of bias. Depending upon the technology, underlying data sources and training may not be transparent, making it difficult to understand the validity and reliability of the technology. Technology that is not transparent should be avoided or, at a minimum, approached with heightened vigilance and caution.
- 5.6. GenAI outputs may include information that is inaccurate, incomplete, outdated, harmful, biased, or otherwise inappropriate for the medical problem. Registrants must be aware and responsive to this issue. Such content carries the risk of undermining trust and accountability or violating ethical and professional standards.
- 5.7. The duty of competence requires more than the detection and elimination of false GenAI results. Competence requires the continuous application of clinical reasoning and analysis regarding all potential options and impacts, including those that are included or omitted from or by GenAI tools. Risks associated with the use of GenAI include:
- 5.7.1. reducing human agency and autonomy by replacing or influencing human decision-making or behaviour; for instance, through complacency or frame-of-reference thinking,
 - 5.7.2. potentially compromising privacy and security by exposing sensitive and confidential data to unauthorized parties or malicious attacks, and
 - 5.7.3. skills degradation over time.
- 5.8. If a GenAI tool produces clinical decision support or advice related to a specific patient’s care, the registrant accepts the responsibility for care delivered. Whether GenAI clinical decision support is followed or ignored, registrants should document the rationale behind the deviation or use of an AI tool designed to give specific advice or guidance.¹³

¹³ For example, some GenAI tools used for this purpose, which are noted to be in their research phase, generate an extensive list of differential diagnoses and the rationale for each diagnosis listed. This output should be included in the patient record akin to a consultation.

- 5.9. Registrants must be aware of conflict-of-interest concerns and guard against them when using AI. The Code of Ethics and Professionalism and CPSM’s Standard of Practice for Conflicts of Interest apply in this respect. This is particularly important if AI is used to recommend treatment options, for example specific medications.
- 5.10. Practice settings should establish applicable policies and procedures for the responsible use of GenAI and update privacy policies accordingly. This should include policies and processes to identify, report, and address concerns about the use of GenAI tools, and the potential for raising issues with vendors or operating organizations.

6. Disclosure and informed consent

- 6.1. With a novel technology such as GenAI, CPSM recognizes that it may be challenging to communicate the risks and benefits accurately and comprehensively. As a starting point, registrants are reminded that provisions of the Code of Ethics and Professionalism and CPSM’s Standard of Practice for Good Medical Care apply respecting disclosure and informed consent regarding the use of GenAI tools in providing care.
- 6.2. Informed consent is not a list of AI-generated risks and benefits, but instead a meaningful dialogue and shared decision-making between the physician and patient. One of the primary goals of the informed consent process as a component of good care is to ensure patient autonomy in clinical decision-making. This is accomplished both by informing patients about the care they are receiving, including assessment and management decisions, and safeguarding patient privacy. Use of GenAI has implications for these issues and must be disclosed. GenAI may be used to assist in this process but the ultimate responsibility rests with the registrant.
- 6.3. For informed consent to be valid, a patient must be adequately informed about their diagnosis and treatment options, the risks and benefits involved, and reasonable alternatives. If a GenAI tool is used in clinical decision support, registrants should:
 - 6.3.1. disclose how GenAI tool was used,
 - 6.3.2. discuss capabilities and limitations of the tool,
 - 6.3.3. discuss safeguards that have been put in place to manage bias and ensure validity and reliability, and
 - 6.3.4. be able to independently explain components of diagnosis and treatment options to fulfill their professional responsibilities relating to the informed consent process.
- 6.4. A lack of transparency regarding the role that GenAI has played in the delivery of care and the inability of the physician to communicate with the patient can undermine trust and may serve to highlight the registrant’s lack of understanding of how the GenAI tool works.

6.5. Informed consent is also important for privacy reasons. Because data received during a patient encounter may be entered into GenAI tools, registrants must receive a patient's informed consent in advance of use.¹⁴ This is necessary for tools such as AI Scribes that record patient encounters. The discussion should include the reasons for making the recording, how patient data may be accessed, used, or shared, as well as potential risks involving data integrity and privacy. Patients also need to be informed about their right to refuse, withdraw, or modify consent, and their access and copying rights under PHIA if the recording is maintained as part of the patient record.¹⁵

7. Complete and accurate documentation

7.1. Currently, the most common use for GenAI is as a clinical scribe. This software interacts with the patient's EMR to automate documentation of care. Without proper oversight, this may lead to incomplete or inaccurate documentation and subsequent patient harm.

7.2. Registrants must be mindful that the requirements of CPSM's Standard of Practice for Documentation in Patient Records applies to documentation created with the support of GenAI. The Standard requires registrants to ensure that the patient record accurately and completely reflects their involvement in care. As such, registrants must not rely on content created by a GenAI system as the sole or final source of information. Rather, they must verify and validate any GenAI-generated content to ensure it is accurate and complete before it is entered into the patient record. Registrants should not attempt to hide the use of GenAI in professional practice.

7.3. Recordings of an encounter as captured by a GenAI tool (e.g., audio, video, and/or transcript) are not explicitly addressed in CPSM's Standard of Practice for Documentation in Patient Records or the Standard of Practice for Maintenance of Patient Records in All Settings. This will need to be considered when those Standards are next review. Meanwhile:

7.3.1. The key is satisfying the requirements of the Standard of Practice for Documentation in Patient Records.

7.3.2. Registration should assume they are required to retain the complete recording, or transcript if one is generated, as part of the patient record. Additionally, this would be prudent for medico-legal reasons, including if the

¹⁴ Express consent is always required to record an encounter with a patient. Depending on the practice setting, it may be wise to share the practice setting's policy and information about the AI in advance.

¹⁵ See CMPA's 'Recording clinical encounters with patients: What physicians need to know', retrieved from <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2023/recording-clinical-encounters-with-patients-what-physicians-need-to-know>

completeness or accuracy of the encounter notes comes into question.¹⁶

- 7.4. Registrants are expected to record the context in which documentation is generated. This should include the author's identity, for example the registrant, learner, scribe, or allied healthcare provider. Documentation should include notation of any assistive technology used to generate the note, for example dictation software or an AI scribe.

8. Bias, equity, and respect for persons

- 8.1. A key professional responsibility in medicine has always been the assurance that clinical decisions and recommendations are not biased. Potential biases and risks related to the use of GenAI can arise from the source data. Biased training data incorporated into GenAI tools may ultimately impact patient care and because of the potential that GenAI could perpetuate, rather than eliminate, bias in healthcare.
- 8.2. AI systems encumbered by prejudiced, false, or inaccurate information may carry a bias that can be detrimental to providers and harmful to patients. Registrants should therefore make reasonable efforts to identify and address such biases before using GenAI systems in patient care. Registrants should use caution in interpreting AI generated content, accounting for the demographics and health context of the patient they are assessing.
- 8.3. Registrants are expected to respect the dignity, diversity, cultural values, and rights of patients and colleagues, and avoid using GenAI to create or disseminate content that is discriminatory, offensive, or harmful.

9. Confidentiality and data security

- 9.1. Registrants are expected to ensure compliance with applicable federal and provincial laws, including PHIA, as well as applicable policies within the practice setting.
- 9.2. Registrants are legally and ethically required to ensure confidential information, including the patient's personal information and personal health information, is adequately protected.
 - 9.2.1. Registrants should take care not to expose a patient's personally identifiable information when using GenAI to support their clinical care.
 - 9.2.2. Even without names or personal health numbers, a patient's privacy may be exposed by the clinical uniqueness of a case.
 - 9.2.3. A privacy impact assessment (PIA) should be conducted should AI be introduced to practice.

¹⁶ See CMPA's 'Recording clinical encounters with patients: What physicians need to know' retrieved from <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2023/recording-clinical-encounters-with-patients-what-physicians-need-to-know>

9.2.4. The practice setting's Securing Personal Health Information Policy should address GenAI if it is used in the practice setting.

9.3. Part of the use of GenAI in documenting care requires these systems to access and review personal health information. Registrants should be aware of what security measures are in place to ensure the information provided to AI systems remains secure and in compliance with existing provincial and federal laws, as well as the patient's preferences. Registrants retain their duty to audit patient records in accordance with CPSM's Standard of Practice for Maintenance of Patient Records in All Settings. Registrants should consult with their IT or cybersecurity expert to ensure that any AI system uses has appropriate data security, confidentiality, and retention protocols.

10. Data sovereignty

10.1. Principles of ownership, control, access, and possession ("OCAP") assert that First Nations have control over data collection processes, and that they own and control how this information can be used. Registrants should consider whether the Securing Personal Health Information Policy within their practice setting is respectful of data sovereignty for Indigenous peoples. The Canadian Institute for Health Information (CIHI) provides some guidance in this area.^{17, 18, 19}

11. Health system harm

11.1. Cost overruns and system inefficiency arising from poor data design and use are a material source of harm in the healthcare system. The use of GenAI to support documentation and clinical decision-making has the potential to improve efficiency and access to care while reducing costs. However, it must be carefully evaluated to avoid unintended harm to patients or the uploading of inaccurate or unverified information to provincial databases.

12. Patients using GenAI

12.1. People are using GenAI in their personal lives, including for health advice. ChatGPT and other Chatbots have the potential to significantly impact how patients acquire medical information online. This includes to track health statistics, and to help understand signs and symptoms. In some cases, they may wish to bring this

¹⁷ See the Government of Canada's 'Pan-Canadian Health Data Charter' retrieved from <https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/shared-health-priorities/working-together-bilateral-agreements/pan-canadian-data-charter.html>

¹⁸ See CIHI's, 'A Path Forward: Toward Respectful Governance of First Nations, Inuit and Métis Data Housed at CIHI, retrieved from <https://www.cihi.ca/sites/default/files/document/path-toward-respectful-governance-fnim-2020-report-en.pdf>

¹⁹ See FNIGC's 'The First Nations Principles of OCAP, retrieved from <https://fnigc.ca/ocap-training/>

information to the attention of their physician. In fact, many GenAI products advise users to review information provided with a qualified medical practitioner. Registrants should be prepared for this to occur more often in practice and should consider a respectful approach to handle the situation.

13. Useful resources

Health Canada, [Artificial Intelligence and Data Act](#), June 2022.

Health Canada, [Artificial Intelligence and Data Act Companion Document](#), June 2022.

Health Canada, [Digital Charter Implementation Act](#), 2022.

Health Canada, [Draft guidance: Pre-market guidance for machine learning-enabled medical devices](#). September 18, 2023.

World Health Organization, WHO issues first global report on [Artificial Intelligence \(AI\) in health and six guiding principles for its design and use](#). June 2021.

College of Physicians and Surgeons of Alberta, [Artificial Intelligence in Generated Patient Record Content](#), 2023.

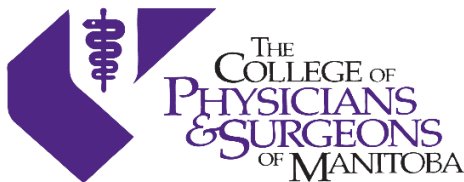
CPSBC's Interim Guidance Document regarding '[Ethical Principles for Artificial Intelligence in Medicine](#)

College of Physicians and Surgeons of Ontario. [Can AI Boost Safety and Quality in Patient Care?](#) 2023.

Canadian Medical Protective Association. [The emergence of AI in healthcare](#), 2019 (revised 2023).

Federation of State Medical Boards. [Navigating the Responsible and Ethical Incorporation of Artificial Intelligence into Clinical Practice](#). Adopted by FSMB House of Delegates, April 2024.

Law Society of Manitoba. [Generative Artificial Intelligence. Guidelines for Use in the Practice of Law](#). Adopted by the Manitoba Law Society in April 2024.



COUNCIL MEETING
JUNE 26, 2024
BRIEFING NOTE

SUBJECT: Quality Prescribing Rules Working Group Update

BACKGROUND:

The new Standard of Practice – Prescribing Requirements and the Joint Practice Direction Electronic Transmission of Prescriptions approved by Council on March 20, 2024, came into effect on June 1, 2024.

To assist in the transition to these new standards CPSM developed a:

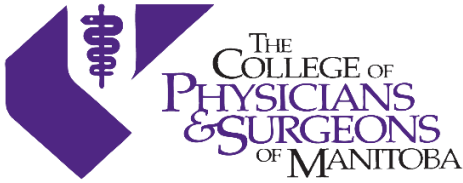
- [Reminder to Prescribers](#) – Emailed on May 31 and posted on CPSM website.
- [Prescribing Standard and Practice Direction FAQ](#) document – Distributed in the June Newsletter and on posted on CPSM website.
- M3P Prescription Guidance document with recommended templates – Stored securely in the CPSM portal. Registrants must log in to access.

Subsequent to the March 20, 2024 Council meeting, the College of Pharmacists of Manitoba (CPhM) requested a minor amendment to the Practice Direction related to pharmacists acting as prescribers. As the amendment has no impact on registrants, the Registrar made the amendment based on the authority provided pursuant to section 84 of The Affairs of the College Bylaw.

CPhM requested that The College of Midwives of Manitoba and the Manitoba Association of Optometrists become parties to the Joint Practice Direction. This will require discussions with these organizations at a future date to determine if they have any interest in being a party to the Joint Practice Direction.

CPhM advised they changed their procedures for their members related to notifying physicians of an out of province transfer of Controlled Drugs and Substances Act prescriptions. Initially, the CPhM procedure was to **require pharmacists to notify the physician** when a patient transferred their prescription out of province. Due to perceived administrative burden this requirement was amended to **recommend pharmacists notify the physician.....** This procedure does not appear in the Standard of Practice or the Joint Practice Direction and therefore does not require any action by Council.

An unresolved issue of the Working Group was whether additional codeine products should be added to the M3P list. In the fall, Dr. Marina Reinecke will attend and present to the CPhM Council. Hopefully any decisions on this matter will be implemented in January 2025.



COUNCIL MEETING
JUNE 26, 2024
BRIEFING NOTE

SUBJECT: Collaborative Care Working Group Update

BACKGROUND:

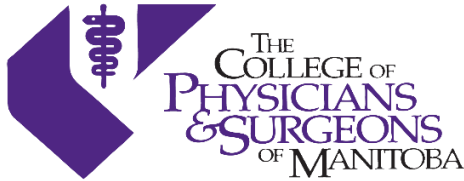
A working group, chaired by Dr. Roger Suss, was established as part of CPSM's multi-year review cycle to consider the Standard of Practice – Collaborative Care. The working group has met on 3 occasions.

Collaborative Care is when a registrant and one or more health care providers are involved in the health care of a patient. The current Standard of Practice is focused primarily on the relationship of one registrant seeking a consultation from a specialist. A CPSM survey of registrants in 2022 identified significant dissatisfaction with the current Standard.

A new draft Standard of Practice has not yet been developed; however, the working group has agreed upon the following key concepts:

1. The Standard of Practice should apply to all circumstances in which a registrant is working with one or more health care providers.
2. The fundamental requirement behind every action or decision of a registrant, even if they are on the periphery of the care, is ensuring the patient receives good medical care.
3. Civility is mandatory.
4. In the consultation request scenario:
 - a. The referring registrant and the specialist registrant will have specific responsibilities based upon a shared responsibility to the patient for timely care within available resources.
 - b. The specialist registrant must have a triage process to separate urgent consult requests from non-urgent requests.
 - c. There will be a requirement for closed loop communication with approximate timeframes.
5. In scenarios involving emergent care, the registrant receiving a request for assistance will have a duty to be helpful regardless of whether they are accepting the patient. At a minimum, this will require them to listen to the case and offer advice. The nature and scope of the registrant's responsibility will be dependent upon the circumstances of the case but their responsibility to the patient will continue until the registrant seeking assistance is able to make a reasonable plan for care and disposition of the patient.

Although the new Standard of Practice will rely heavily on the *Code of Ethics and Professionalism* it is anticipated that this will be viewed as a major cultural change in how registrants interact with each other in the provision of care to a patient. As a result, CPSM will have to consider communication and implementation strategies prior to releasing the draft for consultation.



COUNCIL MEETING
JUNE 26, 2024
BRIEFING NOTE

SUBJECT: CPSM TRC Advisory Circle Update

BACKGROUND:

At its September 29, 2022 Meeting, Council adopted the following 7 recommendations of the TRC Advisory Circle:

1. Apology and Statement by CPSM on Indigenous-Specific Racism
2. CPSM Land Acknowledgement
3. Standard of Practice – Practicing Medicine to Prevent Indigenous Racism
4. Restorative Justice Approach to Complaints and Investigations/Create a Culture for Receiving and Addressing Complaints by Indigenous Patients
5. Mandatory Indigenous-Specific Anti-Racism Training
6. Mentorship/Leadership & Create Open Culture to Support Indigenous Physicians
7. Definition of Indigenous Racism and Gather Examples of Racism by Medical Professionals

The following is a status update on each recommendation:

Apology and Statement by CPSM on Indigenous-Specific Racism

The Apology and Statement were approved by Council at the September 29, 2022 meeting. The apology was delivered in person to the Assembly of Manitoba Chiefs on January 31, 2023, and to the Manitoba Inuit Association on February 28, 2023. Attempts to make an in-person apology to the Manitoba Metis Federation have been unsuccessful.

CPSM Land Acknowledgement

The CPSM Land Acknowledgment is posted on the CPSM website and is recognized before Council and Committee meetings.

Standard of Practice – Practicing Medicine to Prevent Indigenous Racism

A draft Standard of Practice and a Contextual Information and Resources document have been developed. The Standard of Practices is based upon the fact that racism in health care causes harm, and in the worse cases results in patient deaths. The Standard has 3 steps to practicing medicine to prevent Indigenous Racism:

1. Understand and acknowledge that racism results in negative health impacts.

2. Understand and identify acts and omissions of anti-Indigenous racism in the health care system and the practice of medicine.
3. Take action to address acts and omissions of anti-Indigenous racism.

The Standard and Contextual Information documents have been reviewed by focus groups.

Restorative Justice Approach to Complaints and Investigations/Create a Culture for Receiving and Addressing Complaints by Indigenous Patients

In the Spring of 2023, a joint working group was formed with the University of Manitoba, Max Rady College of Medicine to jointly develop a Restorative Justice Initiative. Dr. Pedro Flores, a specialist in helping organizations address mistreatment in healthcare and academic medicine provided learning opportunities in Ground Rounds, 3-day Restorative Leadership Training and a workshop on Responding Restoratively to Harm and Conflict.

Mandatory Indigenous-Specific Anti-Racism Training

The University of Manitoba, Rady Faculty of Health Sciences, Institute of Health and Healing is developing a 10 module Indigenous Cultural Safety training program designed for Manitoba health care professionals. This training program will be mandatory for registrants.

The review of the modules, which CPSM is participating in, is scheduled for completion by July. The timeline for development completion will be dependent upon the review feedback. Once the materials have been completed CPSM can develop a communication and implementation plan for registrant's training.

Mentorship/Leadership & Create Open Culture to Support Indigenous Physicians

A working group established by TRC Advisory Circle to address Recommendation #6 has met on 3 occasions. Discussions have focused on the mentoring needs of Indigenous medical students and physicians and how to create permanent programs within CPSM.

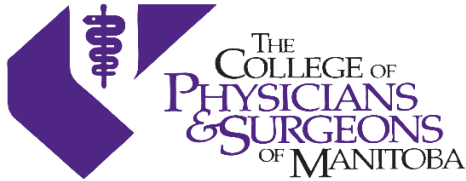
Definition of Indigenous Racism and Gather Examples of Racism by Medical Professionals

The following definition(s) were developed as part of the Standard of Practice – Practicing Medicine to Prevent Indigenous Racism.

Racism has many definitions. It is simultaneously simple and complex to understand. At its core it results in harmful acts or omissions against an identifiable race of people. At a societal level it is the systems, policies, and practices that oppress, undervalue, and diminish a worldview, culture and spiritual practices based on race. At the individual level it is the prejudices and discrimination that treat people differentially because of their race. It is the impacts of these acts or omissions that need to be recognized and addressed, whether they were intended or not.

Indigenous-specific racism is the ongoing race-based discrimination, negative stereotyping and injustice experienced by Indigenous Peoples that perpetuates power imbalances, systemic discrimination and inequitable outcomes stemming from colonial policies and practices. Racism is a form of harm.

The Contextual Information and Resources document contains links to many studies providing examples of racism by medical professionals (ex. Brian Sinclair Report, Southern Chiefs' Organization 2021 Survey on Experiences of Racism, Joyce's Principles, CMAJ study on Emergency department visits by First Nations patients in Alberta, and In Plain Sight – Addressing Indigenous-specific Racism and Discrimination in BC Health Care).



COUNCIL MEETING – JUNE 26, 2024**FOR INFORMATION**

SUBJECT: Registrar/CEO's Report

At the December 13, 2023 meeting, Council provided the following 5 deliverables. Below is a status update on each deliverable.

Examine the policies and practices of the CPSM to determine if there are any of those that can be changed to help alleviate the stresses on registrants created by workload and a shortage of resources, with particular emphasis on those issues in rural and northern Manitoba. Provide a report to Council on the results of that examination and any proposals for change by September 30, 2024.

CPSM is working with Government, Shared Health, University of Manitoba Faculty of Medicine, and Doctors Manitoba to develop and implement plans to hire and retain 400 physicians over the next 4 years to alleviate the shortage especially in Northern and rural Manitoba. This group is also working on retention strategies of existing registrants.

CPSM is establishing a Board of Assessors to facilitate the review and approval of the more complex applications. Many of these applications are from International trained physicians.

CPSM has established an IMG working group to address all issues related to IMG registration, practice environment, racism etc. that are negatively impacting IMG retention, workloads and productivity.

Develop a government relations strategy that takes into account the risks and opportunities created by a new provincial government and an action plan to minimize the risks and maximize the opportunities and, present that strategy to Council by June 30, 2024.

CPSM met with the Minister of Health on March 11, 2024. Attached is a copy of the CPSM Highlights document provided to the Minister prior to the meeting as well as the follow-up letter that was sent.

Develop a package of legislative amendments that can assist CPSM in fulfilling its mandate and achieving its goals and present that package for Council's consideration before September 30, 2024.

Attached is a list of proposed legislative amendments submitted to Government on October 31, 2023.

Do the things necessary to effectively implement whatever succession plan Council adopts.

Dr. Ziomek and Dr. Mihalchuk are working collaboratively to facilitate Dr. Mihalchuk's transition to Registrar effective July 1, 2024.

In the context of a smaller Council, develop a discussion paper for Council on the current process for electing Councillors and options for improving the process and ensuring the necessary skills and diversity are available and, presenting that paper for discussion by October 31, 2024.

This matter is an ongoing work in progress and further information will be provided later.

GOVERNMENT

I attended and spoke at the Government Press Conference regarding hiring 100 new physicians to practice medicine in Manitoba in the next year. Press Conference took place at the Grace Hospital on April 11, 2024.

MEETINGS ATTENDED - OTHER ORGANIZATIONS

WRHA Medical Advisory Committee – March 28 and May 23, 2024

PGME Executive Committee – April 16 and May 21, 2024

Professionalism Subcommittee – April 17 and May 7, 2024

Grand Rounds – Over Prescribing – April 24, 2024

Shared Health Medical Advisory Committee – April 25, 2024

Provincial CMO/Specialty Lead Meeting – May 2 and June 6, 2024

MLPIMG Orientation – May 15, 2024

Physician Recruitment & Retention Retreat – Shared Health – June 6, 2024

UM 145th Spring Convocation – May 16, 2024

Western Registrar's Meeting – April 29, 2024

CMA Committee on Ethics – Ottawa ON – May 6, 2024

Federation of Medical Regulatory Authorities of Canada (FMRAC)

- Board Meeting – April 30, 2024
 - Audit, Finance, & Risk Management Committee – May 28, 2024
-

STAFF MATTERS

The information described below highlights staffing changes and additions since the March 2024 Council meeting.

Registration Department - Ms Jo-Ell St. Vincent, Director of Registration, informed me of her intention to retire from CPSM after 37 years of service. We thank Jo-Ell for her long-term service and dedication to CPSM. Jo-Ell's last day at CPSM will be June 28, 2024.

Ms Joanne Conway, Coordinator in the Registration department, informed me of her intention to retire from CPSM after 34 years of service. We thank Joanne for her long-term service and dedication to CPSM. Joanne's last date at CPSM will be June 28, 2024.

We wish them both a long and happy retirement.

As a result of the above retirements, Mr. Jeremy de Jong will take on the role of interim Director of Registration at a 0.5 EFT. Ms Sarah Hromatka will take on the role of Registration Coordinator.

Complaints and Investigation – Dr. Bullock Pries is retiring as of June 30, 2024. Dr. Bullock Pries started with CPSM in 2015 as a medical consultant in CC/IC. In 2016 she became Director of Complaints and Investigations and was appointed Assistant Registrar in December 2019. We thank Karen for her dedication to CPSM and wish her well in her retirement.

The new Assistant Registrar for Complaints and Investigations will start on August 6, 2024. Effective June 10, Dr. Nancy Dixon has taken on the role of Interim Director for the department.

Dr. Carine Minders has been hired as a Medical Consultant working a 0.6 EFT, April 1, 2024.

Dr. Anthony Battad, Medical Consultant, Complaints & Investigations Department, has accepted an increase in his EFT from 0.6 to 0.8. The increase in EFT was effective May 27, 2024.

Quality Department – Dr. Sonja Bruin will be taking on the role of interim Director of Quality. Dr. Bruin will be responsible for the areas of Quality Improvement, Quality Assurance and the Prescribing Practices Program.

Physician Health Program – Dr. Heather Lehmann has been hired as the Physician Health Program Director. Dr. Lehmann’s start date is June 17, 2024 and will work a 0.6 EFT at CPSM.

COMMUNICATIONS & MEDIA

Media:

In April, the Registrar spoke at the Manitoba government’s announcement for hiring 100 new doctors to Manitoba's health-care system.

Registrant communications

- **March Council Update**
- **March Newsletter** - included a Measles update, advice to the profession on kin/soft tissue, bone and joint infections, Transgender Day of Visibility awareness, an update on CPSM meeting with the Health Minister, Uzoma Asagwara, notification of updated prescribing standards effective June 1, and Council election information.
- **May Newsletter** - included a message to the profession for National Physicians’ Day, details about the updated Manitoba Prenatal Record, Associate Member election notice, and a reminder about the Standard of Practice- Duty to Report.
- **Dr. Ziomek’s Retirement notice**
- **Reminder of updated prescribing standard and practice direction effective June 1**

Other

An editorial plan has been developed for a newsletter aimed at the general public. Anyone can subscribe to the newsletter [here](#). It will be launched in the coming months.

FINANCE

Finance successfully completed its first year-end audit with BDO as our audit partner. CPSM completed its 2023-24 year with a very modest surplus of \$126,230. The original forecasted deficit of (\$809,694) was significantly mitigated by favorable revenues (volume and investment income) of \$508,526 and less than expected staff expenses primarily due position vacancies (\$427,388 lower than expected).

INFORMATION TECHNOLOGY

The Information Technology Department has had a busy and successful year.

- CPSM participated in the first phase of the National Registry project. CPSM's obligations were delivered successfully and on time.
 - The IT with the Quality Improvement Program developed and implemented an electronic system that facilitated a significant increase in applicants being initiated and tracked. Surveys are now electronic which has improved data capture and minimizing clerical data entry.
 - CPSM's cybersecurity score has increased from the March report (49%) to 52%. This exceeds the original target of 45%.
 - A new ticketing system tracking user requests was implemented. 90% of the tickets were triaged within 24 hours. The new system allows for superior tracking and transparency to the requestor.
-

QUALITY DEPARTMENT

Physician Health Program (PHP)

- Have hired a .60 FTE Medical Consultant, Dr. Heather Lehmann, to start in June, 2024. Dr. Alewyn Vorster (Director, PHP) will continue on with his role until the end of 2024.
- Since March, 2024, the PHP has had 9 new referrals with a total of 84 new referrals at the end of the 2023-2024 fiscal year.
 - 22 of the referrals have been carried over to the 2024-2025 fiscal year for continued follow-up.
- The PHP has 40 active undertakings
- **PHP Caseload** (Anyone with an active UT, potential UT, new referrals, active referrals not yet closed, and anyone who requires follow/up either periodically or at a specific time in future): 99 registrants

Quality Assurance Program (QAP)

- In anticipation of greater needs for practice supervision with expanding provisional registrants in the province, we have planned to hold five workshops annually and have coordinated these future dates with CPD at the University of Manitoba
- SharePoint metadata columns are being developed to improve process organization and extraction of data
- Portal proposal has been prepared, and we anticipate this project will be completed in 2024

- Referral letter for PHP referrals has been prepared to improve communication to registrants who may benefit from this program

Quality Improvement Program (QIP)

- Program operations continue at normal pace
- Work plan being finalized to meet the end of the first QI Program cycle which ends in December 2025
- Portal development complete and implemented for the fall 2023 cohort
- Auditor Training Workshop held April 5, 2024. A workshop is also being planned for the fall. Attendees being accepted based on CPSM needs/gaps – across all audit programs
- Continued expansion into different specialty areas year by year – all specialties will begin participation by 2025

Prescribing Practices Program (PPP)

- **Registrant Advice & Support:** responded to **60 general prescribing advice** inquiries Mar to Jun 2024 (101 GPA cases thus far in 2024). KPI metrics: 63% responded to the same day, 85% within 1 business day, and 90% within 2 business days.
- **Outcome Evaluation:** Now sending (anonymous) surveys to registrants/other HCPs who seek prescribing advice, to evaluate the impact of PPP interventions and identify challenges and opportunities for program improvement. Plan to evaluate data quarterly.
- **Prescribing Approvals:** Issued **4 Suboxone & 2 Methadone** prescribing approvals for OAT since March (currently 227 OAT prescribers). **3 methadone pain/palliative** approvals. Renewing all OAT approvals (on 3-year cycle) by June 1, 2024.
- **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 implement the prescribing rules changes effective June 1, 2024, and respond to inquiries.

Manitoba Quality Assurance Program (MANQAP)

- Continue to meet MANQAP accountabilities with Continuing Service Agreement (CSA) with Manitoba Health. Surplus approval pending.
- Western Canadian Accreditation Alliance (WCAA) Diagnostic Standards continues to be reviewed by Manitoba Radiologists and Technologist and is scheduled for release October 1, 2024, pending PRC approval.
- Collaboration on development of Memorandum of Understanding (MOU) continues with Manitoba Dental College (MDA) and Non-Hospital Medical Surgical Facilities (NHMSF). Sharing Adverse Patient Outcome and accreditation process.
- Continued commitment to process new applicants to Physician Short List Laboratory Registration.
- Building relationship with Public Health to inspect non accreditation facilities offering procedures to public.

COMPLAINTS & INVESTIGATIONS DEPARTMENT

The department continues to work diligently to address complaint backlogs. The annual report has the relevant data. The new portal system is working well for tracking workflow and will provide useful statistical information over time, including how often goals for performing various tasks are met. It is currently too early to provide meaningful data, but this should be available by December 2024.

Staff have also begun tracking data from phone calls. For example, phone calls to the department February 1 – April 30, 2024 included:

Total calls: 372

Caller type:

- General Public: 312
- Doctor: 28
- Complainant: 15
- Doctor's office: 12
- Nurse: 2
- Pharmacist: 1
- Other HCP: 2

Average call length from doctor: 4 min 48s

Average call length from general public: 6m 56s

General Public: Top reasons for calls:

- Complaint (current complaint, submitting a complaint): 27.7%
- Prescriptions: 12.6%
- Diagnosis: 7.8%
- Medical records: 5.4%

Doctors: Top reasons for calls:

- Current complaint: 17.6%
- Standard of Practice: 21.4%
- Reporting a colleague: 10.71%

We continue to await legislative changes that would allow the department and committees to streamline work. The current system of triaging complaints was designed as an interim measure that may need to be revisited in the absence of government response. This is particularly relevant to the duplication of work that occurs when complainants who are unhappy with the results of the Complaints Committee decision ask for review by the Investigation Committee.

This fiscal year saw an unprecedented number of matters referred to Inquiry on charges of professional misconduct. Five physicians are currently awaiting Inquiry Hearings related to 21 complaint files. This is a significant workload for staff, particularly legal counsel, who are preparing to prosecute the matters. These hearings are open to the public.

REGISTRATION DEPARTMENT

- A need for collecting feedback from registrants about the registration process and experience was identified. To establish benchmark data, a survey was created and will be launched at a future date. The survey feedback will help to inform future service delivery goals of the registration department.
- Associate Member renewals started on 22 May 2024, with due date of 30 June 2024.
- The Director of Registration attended the FMRAC Registration Working Group – now called the Committee on Medical Licensure in Canada - meeting held in Toronto in early May. Recommendations from that Committee will be presented to the Registrars at the FMRAC meeting in June. Some items for discussion are:
 - Consensus across Canada for:
 - Acceptable English Language Proficiency
 - Time out of practice
 - Minimum and maximum time in practice for a summative assessment
 - Streamlined registration for visiting students/electives



CPSM KEY HIGHLIGHTS

Introduction

CPSM’s role is to protect the public as consumers of medical care and promote the safe and ethical delivery of quality medical care by registrants in Manitoba.

CPSM is in the process of making transformational changes with the goal of ensuring that regulation of the medical profession is understood, trusted, and valued by Manitobans and registrants alike. Our focus is on adapting to the evolving needs of healthcare, improving relationships with stakeholders including the public, innovating, and improving our regulatory effectiveness while maintaining the highest standards of quality and ethics in all three of our core functions.



CPSM core functions



CPSM stakeholders

Collaboration

CPSM cannot make transformational changes alone; collaboration and alignment with our stakeholders, including the Manitoba government, are instrumental to shaping the future of medical care in Manitoba.

The following pages contain **key highlights** from recent work done, work in progress, and future initiatives that can contribute to and support the mandate of Manitoba Health, Seniors and Long-Term Care.

Registration: Clinical Assistants training

In response to a request from the government for a proposal to train International Medical Graduates registered as Clinical Assistants (CIAs), CPSM took the following initiative:

- We emailed 104 currently practicing CIAs to evaluate their interest in having their training assessed to determine eligibility requirements for a potential program in the University's one-year family medicine training program, Medical Licensure Program for International Medical Graduates (MLPIMG), which would lead to provisionally registered with a Certificate of Practice (licence), limited to family medicine.

What we found

There is a keen interest in this initiative from CIAs; we received a response from 80 of the 104 CIAs we contacted. Of those 80:

- **54 meet the postgraduate training requirements.**
Of these 54, seven also have postgraduate training in a specialty (Cardiovascular Surgery, Anesthesia, Nephrology, Cardiology, Orthopedic Surgery, General Surgery, Obstetrics and Gynecology).
- **21 clarification/further documentation is required.**
Of these, one appears to have postgraduate training in Vascular Surgery.
- **5 – do not meet the requirements.**

News of CPSM's inquiry spread amongst the IMG community and we received responses from five additional individuals who are not currently practicing Clinical Assistants:

- 1 Clinical Assistant on a leave of absence
- 2 have pending applications for Clinical Assistant
- 1 Clinical Assistant that is Non-Practicing
- 1 Applicant for a previous MLPIMG Intake that was not shortlisted

Consequences to consider

Training existing clinical assistants to become family practitioners may create ripple effects on the healthcare system. A thorough risk analysis should be conducted as part of this decision-making process. Some considerations are:

- If a CIA leaves their current role (especially those who are working within the hospital system) they will need to be replaced or a new void will be created in the healthcare system.
- CIAs have different levels of supervision of varying complexities based upon the CIA's experience and training.
- The highest, least-supervised CIA is a level 5; replacing them with a lower-level CIA (e.g. a level 1 CIA) may create more supervisory responsibilities (administrative burden) for the supervising physician.

We look forward to providing you with more details and further discussing this proposal.

Physician Retention

The retention of physicians begins with demonstrating that Manitoba is a rewarding place to practice medicine. This is a significant challenge for International Medical Graduates (IMGs) who face an initial adjustment period to practice medicine in Manitoba.

Our efforts

There is a gap in support and resources to ensure a successful transition to Manitoba. More must be done to ensure new registrants with limited or no experience in the local practice environment can access appropriate **orientation, mentorship, and resources**.

We recognize Manitoba has unique rural and northern remote medical care needs and it is time for a change in how we prepare, educate, and support IMGs beginning to practice in the province.

CPSM is addressing this need with the following initiative:

1. Establishing an International Medical Graduates (IMG) Working Group

The Working Group will find ways to support the integration of IMGs into the healthcare system and identify ways to address gaps in education and training better. The group's primary goal is to explore new and improved ways to support registrants during what is often a challenging and complex transition into practice. Some of the questions before the group are:

- How can we support the integration of IMGs into the healthcare system?
- How can we better identify and address gaps in education and training?
- Where will practice support and resources come from and how will they be coordinated?
- What behaviours and attitudes need to be fostered within the profession to facilitate IMG success?

The first steps are to engage and consult with stakeholders such as IMGs, the University of Manitoba, Doctors Manitoba, and Shared Health through a focus group and to conduct a targeted survey. From there, we expect the list to expand. Topics for consideration for inclusion in orientation programming and materials include:

- CPSM's regulatory scheme, including Standards of Practice, Practice Directions, and the Code of Ethics.
- Fundamentals of Manitoba's healthcare system and the physician's role.
- Cultural sensitivity and trauma-informed practices in delivering good care.
- The patient-centered approach to care.
- Workplace culture and team-based practice environments.
- Documentation and maintenance of patient records.
- Business arrangements and practice management in non-institutional practice settings.
- Continuing professional development expectations.

The program's focus differs from the New to Practice program the government has partnered with Doctors Manitoba, which will support physicians in the first five years of their practice. While that program will assist physicians in building connections and community once they have started practicing, our program is focused on preparing IMGs to integrate into their practice environments and function effectively within Manitoba's healthcare system. Mentorship is a key component, as is training on the regulatory scheme and CPSM standards, the fundamentals of our healthcare system, and practice management in non-institutional settings.

Reducing Barriers to Practicing in Manitoba

We share the government's goals of making it easier for every Manitoban to access health care.

We routinely look for ways to reduce barriers that prevent qualified physicians from being licensed to practice as quickly as possible. This includes an openness to changing the Regulated Health Professions Act (RHPA).

Our efforts:

Working within the legislation, we have devised solutions for physicians whose registration is hindered by regulations.

1. Regulatory amendments to support human resource planning

To aid with hiring 400 physicians, there are several areas we have identified in the RHPA that could better streamline registration so that it is an effective and efficient process while balancing high standards for competence and conduct of those who practice medicine in Manitoba.

CPSM often sees physicians who are the best candidates to meet urgent needs or gaps in our healthcare system that are hampered by regulations regarding practice-ready assessments. At her discretion, the Registrar may deem that an applicant's assessment is equivalent to the requirements in the RHPA so that competent physicians are not turned away.

Section [2.2.2 of the CPSM Practice Direction - Qualifications and Registration](#) outlines the approved Specialty Practice Assessments. Section 2.2.2.g. indicates that, in exceptional circumstances, an assessment that is satisfactory to the Registrar is deemed equivalent to the assessments (in 2.2.2. a-f).

In doing so, the Registrar has effectively filled the following specialty and subspecialty positions in the province:

- An otolaryngologist filled a void in a busy clinical and surgical oncology practice, allowing the practice to continue providing timely access to care for patients.
- A cardiac surgeon specializing in heart failure surgery was licensed amid a shortage of surgeons at St. Boniface Hospital.
- A radiation oncologist fellow filled a position at CancerCare and also serves as a mentor in the residency program, adding to the value they contribute to our system.
- A neonatologist filled a void at the Women's Hospital.

These decisions are made case-by-case, but a growing demand must be addressed.

Progress to date

In 2023, we made some strides in updating legislation but recognize there is a lot more that can be accomplished by working together with the government:

1. The General Regulation of the College of Physicians and Surgeons of Manitoba (CPSM) was amended to streamline registration requirements.
2. [We eliminated the Medical Council of Canada Qualifying Examination Part 1 \(MCCQE1\)](#) as a qualification for registration.

3. CPSM is actively participating in a working group to create the National Registry of Physicians, the first nationally integrated source of data on physicians in Canada.

2. Ensuring registration is fair, efficient, and supportive by establishing a Board of Assessors

Establishing a Board of Assessors further supports removing barriers to registration. The volume and complexity of registration applications are increasing and are expected to continue with the government's goal to hire 400 doctors in the next five years. The Board of Assessors will establish an alternative means for considering complex applications and ensure fair and consistent decision-making. This aligns Manitoba with the practices of other medical regulatory bodies across Canada. The board will:

- Ensure best practices in Inclusion, Diversity, Equity, and Accessibility are consistently met in the registration process.
- Encourage public engagement: public members will serve on the Board.
- Timely processing of complex applications.
- Measure and evaluate the efficiency and effectiveness of the registration process and regulations.
- Advise and make recommendations to Council about registration requirements, policies, and procedures on an ongoing basis.

Quality of Care for all Manitobans

Our commitment to Indigenous Reconciliation

CPSM is taking action to stop the cycle of Indigenous-specific racism that exists in Manitoba's healthcare system. Provincially, Manitoba's population has the highest share of Indigenous people (18.1%) in Canada. CPSM is taking our leadership responsibility seriously to provide direction to registrants on how to practice medicine to prevent Indigenous racism and rectify its systemic impacts. CPSM has created a Truth and Reconciliation Advisory Circle to provide us with advice and recommendations to reflect on our processes and help us better understand how we, as a regulator, can act to improve the quality of medical care provided to Indigenous People. The value of the advice and wisdom provided by Indigenous community leaders, Elders, Knowledge Keepers, and Indigenous registrants cannot be overstated. We owe them an immense debt of gratitude for the enlightenment provided.

We are continuously learning in the process. In the absence of predefined directions on a journey no other health professions regulator in Manitoba has taken; we acknowledge we may make mistakes along the way, but we remain committed to creating positive changes and perhaps even setting a precedent for others to follow.

We recognize this is iterative work that is evolving and will be core to our regulatory function in perpetuity.

Our progress

We have started our path to Reconciliation by committing to [seven actions](#), each in various stages. Our current priority is the **Standard of Practice – Practicing Medicine to Prevent Indigenous Racism**.

The Standard is in the development stages and is expected to be ready for extensive public consultation in the coming months. The Standard is intended to provide practical guidance on how to practice medicine in a manner that prevents Indigenous-specific racism.

It will include a definition of Indigenous racism, focus on continual learning, Code of Ethics obligations, and establish a specialized Standards Sub-Committee using a Restorative Approach to address issues of Indigenous racism.

Quality of Care as a Core Regulatory Function

CPSM recognizes that an impactful way to regulate the profession and ensure the protection of the public is to engage the profession in continuous quality improvement. Over the last four years, we have formed a Quality Department and invested in, strengthened, and begun measuring how our proactive efforts to monitor, review, provide feedback and hold registrants accountable for identified practice changes are resulting in improvement. The overarching goal here is to engage the registrant with the regulator in advance of an issue and to teach the importance of continuous quality improvement as a core responsibility of self-regulation.

MONITORING THE PROFESSIONAL COMPETENCY OF PRACTICE

CPSM monitors the professional competence of registrants and promotes safe care through ongoing education and quality improvement initiatives.

- **Quality Improvement Program**

This legislated program was enacted in 2019 and requires all eligible registrants to undergo a practice review/reflection every seven years. As we approach the end of the first seven-year cycle, 2240 registrants have already completed the process and we anticipate the remaining registrants will do so by the end of 2025. Looking ahead, we are planning improvements for the next cycle starting in 2026.

- **Quality Assurance Program**

The Quality Assurance Program includes monitoring provisional registrants, physician assistants and clinical assistants in practice, as well as the legislated activities of standards committees. This includes engaging in peer reviews of a registrant's practice, which are done to ensure compliance with our documented standards and to offer feedback and recommendations for improvement.

We recently enhanced the regulatory feedback scheme and added stratified interventions which hold registrants accountable for making improvements when deemed necessary. These interventions do not fall within the complaints approach. Though still in its early implementation phases, data supports a **93% rate of improvement** after intervention for 'required change.'

- **Prescribing Practices Program**

The Prescribing Practices Program offers 1:1 guidance to registrants who either self-identify or are referred for assistance concerning prescribing practices, typically involving opioids and benzodiazepines.

- The *General Prescribing Advice* portfolio has seen an increased uptake of over 50% per year in the past two years, allowing CPSM to improve the prescribing of high-risk medications and have a more significant impact within the profession. Registrants develop proficiency in managing complex clinical cases, allowing them to manage similar cases effectively, with increased confidence, and to share their learnings with colleagues.
- The *Medical Examiner Case Review* portfolio reviews deaths where prescribing may have been a factor. Following the review, direct 1:1 coaching, feedback, and self-reflection are offered to the physician(s) involved in the prescribing to improve practice and protect the public.

ENSURING THE PROTECTION OF THE PUBLIC

Physician Health Program

The demands placed on physicians, combined with the emotional and physical toll of their practice, have led to alarming rates of burnout, depression, and stress. We recognize that a registrant's health and well-being impact the quality of care they provide to their patients. The program is committed to reducing stigma and making it safe for registrants to seek help while identifying and implementing necessary restrictions for a registrant's practice when they are in the public's best interest. Through our efforts to raise awareness of the risks to patients given the safety-sensitive nature of medical practice and the importance of upholding this core responsibility of self-regulation. Rates of self-reporting from registrants about health conditions and concerns that may create impairment in practice increased from 28% in the 2021 fiscal year to 62% in the current year.

The program works with the registrant and their healthcare providers to identify when registrants need to modify their practice or step away from it and when it is safe to return to practice. This program is an example of effective self-regulation - CPSM and registrants working collaboratively to protect the public in a manner that keeps registrants working safely.

Accreditation

CPSM oversees the operation of the Manitoba Quality Assurance Program (MANQAP), the provincial accreditation agency responsible for assuring the quality and safety of diagnostic services in Manitoba. MANQAP's role is to provide standards, inspect diagnostic facilities, and monitor compliance for laboratory medicine and diagnostic imaging accreditation. At the same time, CPSM also accredits Non-Hospital Medical & Surgical Facilities using mirrored approaches. Ensuring these facilities comply with required standards and optimize opportunities for continuous quality improvement is an important role within our quality function supporting the protection of the public.

Complaints & Investigations

Applying the right-touch regulation to patient's concerns

An essential part of protecting the public and promoting the safe and ethical delivery of quality medical care is ensuring that patients' concerns are adequately addressed. Addressing patients' concerns is the area in which CPSM has its greatest interaction with the public, yet the least public buy-in.

A "one size fits all" approach does not work for addressing the spectrum of patient concerns. CPSM is actively reviewing how we can improve our Complaints and Investigations processes to improve accountability through outcome-focused interventions that are efficient, effective, measurable, and reportable.

The Restorative Justice Approach

CPSM has prioritized adopting a **Restorative Justice** approach for addressing complaints. Restorative Justice utilizes a series of practices that align with what we value most in healthcare: dignity, respect, compassion, accountability, whole-person care, and do no harm.

Restorative Justice focuses on repairing or restoring relationships, fixing the damage, and preventing further harm. Our senior leaders and staff are in the learning and planning stages so that implementation is aligned with other transformative changes both in the Complaints & Investigations department and across the organization. A Restorative Justice Working Group, including members from the Rady Faculty of Health Sciences and CPSM, has been working with Knowledge Keeper Leslie Spillett, who helps ensure our work is rooted in our local teachings about Restorative Justice.

We aim to incorporate Restorative Justice approaches into the Complaints & Investigations alternative resolution process.

Legislative modernization to increase transparency and public trust

We encourage the Manitoba Government to open the RHPA and do a thorough review to consider making changes that will benefit the public by promoting increased transparency where appropriate, fostering trust in our ability to regulate the profession. There are special provisions for the medical profession that we feel are unnecessary and that regulations for complaints should be the same.

That said, there are a few registrants that Restorative Justice cannot assist within the confines of discipline at the regulatory level; those individuals cannot continue to practice medicine. Once a registrant's professional conduct or care crosses into criminality, we recognize the need for improved processes and regulations to increase transparency in handling these cases.

Our goal to improve processes and to modernize the approach to address complaints and investigations is to:

- Create a safe place where psychological safety is protected for patients who submit complaints.
- Incorporate values of inclusivity, diversity, equality, and accessibility.
- Emphasize ethics and humility.
- Create meaningful engagement with registrants.
- Foster continuous learning.
- Enhance public trust that self-regulation is effective and benefits Manitobans.

A Year of Transition

In December 2023, CPSM [announced three significant leadership transitions](#) that the government should be aware of over the coming year.

As part of ongoing succession planning, the process for continuity of key leadership positions has been underway and will be implemented to ensure a seamless transition.

- **Dr. Anna Ziomek will retire as the Registrar and CEO of CPSM when her term concludes in December 2024.**
- **Dr. Ainslie Mihalchuk was appointed Deputy Registrar by CPSM Council as of January 1, 2024. On January 1, 2025, she will assume the role of Registrar and CEO.**
- **Dr. Karen Bullock-Pries, Assistant Registrar for Complaints & Investigations, is retiring in June 2024.**

Recruitment efforts are underway to fill the Assistant Registrar for Complaints and Investigations role.

These transitions do not impact Council. That said, the term of government-appointed Councillor, Leanne Penny ends December 1, 2024.

As we move forward with this transition over the year, we recognize diverse perspectives and open dialogue are cornerstones to our success. Addressing challenges and finding opportunities to work together requires building stronger relationships with all our stakeholders. We are committed to strengthening relationships with the public, the government, and registrants.



March 15, 2024

Via Email: minhslt@manitoba.ca

Honourable Uzoma Asagwara
302 Legislative Building
450 Broadway
Winnipeg, MB R3C 0V8

Dear Minister:

Thank you for meeting with us on March 11.

We appreciated the opportunity to meet with you in person and share highlights from CPSM's recent work in priority areas such as physician retention, reducing barriers to practicing in Manitoba, and promoting quality of care.

We want to continue the dialogue with you soon, particularly in the areas of:

1) Regulatory changes

At the meeting, you mentioned upcoming regulatory changes. We would like to learn more about planned changes and how we can best offer insight and support.

2) Reducing barriers to registration

We are eager to collaborate with the Manitoba Government. We can speak to specific areas that repeatedly hinder or deter physicians from practicing medicine in Manitoba.

3) Increasing the physician workforce

We are in alignment with the government in ensuring an adequate supply of physicians in the province. We would appreciate discussing this further and identifying ways CPSM can support the government's efforts to increase and retain the physician workforce. We are already working with the University of Manitoba, Shared Health, and other stakeholders on a model to train more International Medical Graduates as Clinical Assistants; this is only the beginning of where we can offer value.

We recognize that our mutual goals extend beyond these three key items. We look forward to further conversations with Manitoba Health, Seniors, and Long-Term Care about ways we can collaborate to develop innovative strategies to ensure that all Manitobans have timely access to safe and high-quality medical care.

Thank you again for meeting with us. If we can provide further information or details regarding the items we raised at the meeting, we would be happy to elaborate.

We look forward to meeting again soon.

Sincerely
College of Physicians &
Surgeons of Manitoba
Per:



Dr. Nader Shenouda
President



Dr. Anna M. Ziomek
Registrar/CEO



Dr. Ainslie Mihalchuk
Deputy Registrar

/ks

cc Deputy Minister Sinclair
Seon Smith



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

October 31, 2023

Via email: Scott.Sinclair@manitoba.ca

Deputy Minister Scott Sinclair
The Legislature
450 Broadway
Winnipeg MB R3C 0V8

Dear Deputy Minister Sinclair

Re: Proposed Amendments to Legislation/Regulations relating to CPSM

As per your request the following are potential amendments to *The Regulated Health Professions Act* and the regulations that the College of Physicians & Surgeons Manitoba (CPSM) believes will improve its ability to carry out its Mandate:

We protect the public and promote the safe and ethical delivery of quality medical care by registrants in Manitoba.

The various amendments have differing degrees of effort (legislative process, drafting, CPSM administrative changes) to implement. The amendments are listed in order of priority benefit to the public and the promotion of safe ethical delivery of quality medical care. I have identified the level of effort required for each amendment.

[Registration Process – Parts 2 and 3 of the College of Physician and Surgeons Manitoba General Regulation 163/2018 \(General Regulations\)](#)

These two Parts of the General Regulation comprise 106 sections many of which are further divided into subsections and paragraphs. The registration process established by these Parts is so complex and detailed it is nearly incomprehensible. Staff who administer the registration process require approximately a year of on-the-job experience to become competent to perform their duties.

CPSM proposes the registration process be removed from regulation and be established in Council policy or bylaws as is the practice in every other jurisdiction in Canada. Allowing Council to make changes, as required, allows for more timely responsiveness than proceeding through the regulatory amendment process.

The new process, which will be in either policy or bylaw, will be substantially different from current process. Our intention would be to follow streamlined processes similar to those adopted by the United Kingdom or New Zealand.

The work involved will be significant. The primary effort will be upon CPSM to develop the new registration process. The legislative drafting process will not require the creation of many new sections, but the work will rather be in ensuring that only the appropriate provisions are removed from the regulation.

The benefits of these amendments will be a more streamlined and efficient process for the registration of physicians in Manitoba.

Complaints and Investigations – Removing sections 186 & 187 of *The Regulated Health Professions Act*

When the RHPA was drafted CPSM lobbied government to retain provisions of the complaints and discipline process that existed in *The Medical Act* through the adoption of sections 186 & 187. This was a mistake on our part. These processes are cumbersome and inefficient. CPSM would like its complaints and discipline process to be administered under the same legislative framework as the other professions governed by the RHPA.

The legislative drafting will be minimal; however, we realize the process for amending an Act can be significant.

Prescribing M3P Drugs – Section 5.8 General Regulation

The M3P (Manitoba Prescribing Practices Program) is a program for monitoring the prescribing of certain drugs most of which are regulated by the *Controlled Drugs and Substances Act (Canada)*.

Section 5.8 of the General Regulations specifies that prescriptions for these drugs must be on an approved form, one drug per prescription and the prescription must be signed by the registrant. There is also a confusingly drafted subsection that authorizes Clinical Assistants and Physician Assistants to prescribe these drugs. There are corresponding provisions in sections 77 and 78 of the Pharmaceutical Regulations which will require amendments.

The combined effect of these sections is that members of the public are not able to have prescriptions filled (usually in urgent situations) if the prescriber is not able to fax a prescription to a pharmacy. Procedures to ensure the safety of patients and properly filling of prescriptions are being developed in conjunction with the College of Pharmacists of Manitoba; however, these procedures cannot be implemented under the current regulations. Amendments are required to ensure safe, timely prescribing and dispensing of these medications.

Note: There are currently discussions underway between the Department of Health (Manitoba) and Health Canada regarding Clinical Assistants and Physician Assistants authority to prescribe M3P drugs. CPSM is of the view these persons are authorized under the laws of Manitoba to prescribe. Health Canada does not recognize Manitoba's jurisdiction to determine the issue and is taking the position that only physicians can prescribe unless other classes are specified in federal regulation. This narrow interpretation negatively impacts northern First Nation Manitoban's access to health care.

Delegation of Reserved Acts – Practice of Medicine Regulation and General Regulation

Reserved acts are those acts done in the course of providing health care that only members of the regulated health profession can perform.

Section 5.1 of the General Regulation states:

5.1 The *Practice of Medicine Regulation* sets out the reserved acts included in the practice of medicine. Restrictions on performing certain reserved acts are set out in this Part. They are in addition to the restrictions set out in Part 2 of the Act and the *Practice of Medicine Regulation*. This Part also includes the rules for delegating and supervising the performance of reserved acts.

As is evident from this section the rules relating to performing reserved acts is found in multiple regulations and the RHPA. This in and of itself creates confusion. However, an additional impediment to regulating good medical care is how reserved acts are delegated.

Best practices, as evidenced by all other jurisdictions in Canada, is for the regulatory body (which has the expertise and knowledge of these acts) to establish the rules for delegation of reserved acts as opposed to them being specified in regulations. CPSM seeks regulatory amendments to permit it to establish, through standards of practice, the rules related to delegation of reserved acts.

Permitting Clinical Assistants to use the title “doctor”

Section 78 of the RPHA permits members of CPSM who are authorized by regulation to use the title “doctor”. However, Clinical Assistants, who are medical school graduates, are not authorized by the General Regulation to use the title “doctor”.

CPSM is proposing that section 6.9 of the General Regulation be amended to authorise Clinical Assistants to use the title “doctor” in conjunction with the title “clinical assistant”.

Retention of qualified health care service providers is critical. Providing proper respect to Clinical Assistants is a meaningful way of demonstrating that their services are valued in Manitoba.

Liability Insurance Coverage Exemption

Subsection 4.12(5) of the CPSM General Regulation lists a number of individuals who are exempt from maintaining professional liability insurance. Paragraph (c) in that subsection lists several classes of “students” who are not required to have this insurance because they fall under the University of Manitoba’s insurance policy.

It appears that there was an oversight in the drafting of paragraph 4.12(5)(c) in that class of “resident” and “resident limited” were left off the list even though they are students at the University of Manitoba.

Complaints and Investigation Processes

CPSM has identified 4 potential amendments to the RPHA relating to the complaints and investigations processes. These amendments will apply to all colleges which the RPHA empowers. Accordingly, wider discussions will be required.

1. Section 99(1) – compel registrants’ attendance for investigation interview.

Section 99(1) compels registrants to answer any question, or provide any information, that an investigator considers relevant but it does not require registrants to attend an interview. If the registrant refuses to answer any questions, the college may apply to the court for an order “directing any person to attend before the investigator to provide information to the investigator, or to answer any question that the investigator may have”. Compelling attendance in the first instance will establish consistency between the sections and avoid arguments that the registrant does not have to attend an investigation.

2. Section 100(1) – assistance orders.

Add the option for assistance orders from the court (in addition to warrant and production provisions) that persons may be required to assist the investigator. For example, an EMR provider could be required to assist the investigator in analysing chart data, if the court determines it appropriate.

3. Section 116(5) – publishing the registrant’s name in a public notice of hearing

Section 116(5) currently prohibits the registrar from publishing the name of a registrant in the public notice of a hearing. Principles of openness and transparency support an amendment that permits the college to publish the name of registrants when posting the inquiry notice.

4. Section 126(2) – registrant’s conduct history admissible at consequences stage

Currently only disciplinary decisions are admissible at the consequences stage of a panel hearing. For example, a registrant may have a history of complaints that were resolved without formal discipline, this information is currently not admissible because formal discipline was not previously provided.

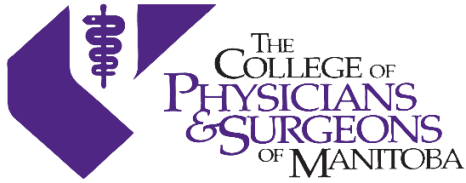
Sincerely
College of Physicians &
Surgeons of Manitoba
Per:



Anna M. Ziomek, MD
Registrar/CEO

/ks

Cc Honourable Uzoma Asagwara – via email to minhsltc@manitoba.ca

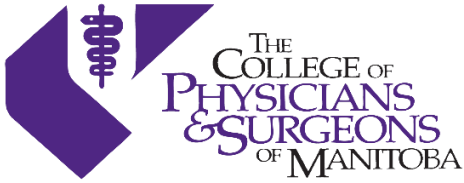


COUNCIL MEETING
JUNE 26, 2024
BRIEFING NOTE

SUBJECT: Council Meeting Attendance for the 2023/24 year

Councillor Attendance
2023 - 2024

	Jun 28/23	Jul 4/23	Sep 27/23	Dec 13/23	Mar 20/24	Total Meetings Attended out of 5
Ms L. Agger	1		1	1		3
Ms D. Albrecht	1	1	1	1	1	5
Mr. C. Barnes	1	1	1	1	1	5
Dr. C. Corbett					1	1
Dr. K. Convery	1	1	1	1	1	5
Dr. J. Elliott	1		1	1	1	4
Mr. A. Fineblit	1	1	1	1		4
Ms L. Magnus	1		1	1	1	4
Dr. N. McLean	1		1	1	1	4
Ms M. McPherson	1	1	1	1	1	5
Dr. L. Monkman	1		1	1		3
Dr. P. Nickerson	1	1		1	1	4
Dr. C. Penner	1	1	1	1	1	5
Ms L. Penny	1		1	1		3
Dr. N. Shenouda	1	1	1	1	1	5
Dr. H. Smith	1	1	1	1	1	5
Dr. R. Suss	1	1	1	1	1	5
Total number at meeting out of 17	16	10	15	16	13	



COUNCIL MEETING
JUNE 26, 2024
BRIEFING NOTE

SUBJECT: CPSM Meeting Dates

BACKGROUND:

Attached is a listing of the 2024/25 meeting dates. CPSM Staff will work with the Chairs of each committee to determine if any changes in the proposed dates are required.

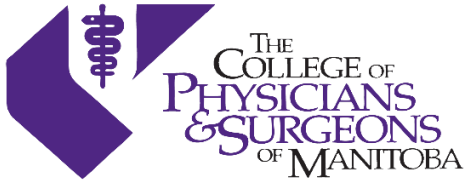
You will have already received calendar invites for the 2024/25 Council meetings.

Calendar invites for the committee meetings will be forwarded to the members of the committees by the staff overseeing the various committees once all dates are confirmed with the Chairs of the committees.

COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

2024-2025 MEETING DATES

MONTH	MEETING DATE			COMMITTEE	OTHER DATES
July 2024					1st : Canada Day - CPSM Closed
August 2024					5th: Civic Holiday - CPSM Closed
September 2024	Tue	3	8:30	Finance, Audit & Risk Management	2nd : Labour Day - CPSM Closed
	Wed	4	8:00	Executive Committee	
	Wed	4	1:00	Investigation Committee	
	Thu	12	1:30	Complaints Committee	
		TBD	8:30	Program Review	
	Fri	13	8:30	Central Standards Committee	
	Wed	25	08:00	Council	
October 2024	Wed	9	1:30	Investigation Committee	14th : Thanksgiving Day - CPSM Closed
	Thu	10	1:30	Complaints Committee	
	Wed	16	8:00	Executive Committee	
November 2024	Thu	7	1:30	Complaints Committee	11th : Remembrance Day - CPSM Closed
	Wed	13	1:00	Investigation Committee	
	Wed	20	8:30	Program Review	
	Tue	26	8:30	Finance Audit & Risk Committee	
	Wed	27	8:00	Executive Committee	
December 2024	Thu	5	1:30	Complaints Committee	24th, 27th, 30th, and 31st Dec - CPSM Closed
	Wed	11	1:00	Investigation Committee	
	Fri	13	8:30	Central Standards Committee	
	Wed	18	8:00	Council	
January 2025	Thu	9	1:30	Complaints Committee	1st : New Year's Day - CPSM Closed
	Wed	15	1:00	Investigation Committee	
February 2025	Thu	6	1:30	Complaints Committee	17th : Louis Riel Day - CPSM Closed
	Wed	12	1:00	Investigation Committee	
	Tue	25	8:30	Finance, Audit & Risk Management	
	Wed	26	8:30	Program Review	
	Wed	26	8:00	Executive Committee	
March 2025	Thu	6	1:30	Complaints Committee	22: Associate Member Nominations Out 29th : Good Friday
	Fri	7	8:30	Central Standards Committee	
	Wed	12	1:00	Investigation Committee	
	Wed	19	08:00	Council	
April 2025	Thu	3	1:30	Complaints Committee	12: Associate Member Nominations Closed 19: Associate Member Ballot out
	Wed	16	1:00	Investigation Committee	
	Wed	23	8:00	Executive Committee	
May 2025	Thu	8	1:30	Complaints Committee	03: Ballots In - Associate Member Election Day 20th : Victoria Day - CPSM Closed
	Wed	14	1:00	Investigation Committee	
	Wed	14	8:30	Program Review	
June 2025	Wed	4	8:00	Executive Committee	FMRAC: 9 - 11 - To be confirmed
	Thu	5	1:30	Complaints Committee	
	Fri	13	8:30	Central Standards Committee	
	Tues	17	8:30	Finance Audit & Risk Committee	
	Wed	18	1:00	Investigation Committee	
	Wed	25	8:00	AGM	
	Wed	25	8:30	Council	



COUNCIL MEETING – JUNE 24, 2024
COMMITTEE REPORTS
FOR INFORMATION

EXECUTIVE COMMITTEE REPORT:

The Executive Committee met in-person with virtual option on April 24, 2024, May 29, 2024 and held an Electronic vote on April 12, 2024. Most matters discussed at the meetings appear on this Council agenda. An in-camera meeting of the Executive Committee took place on May 7, 2024.

The Executive Committee held an Appeal Panel on June 5, 2024 and heard 7 appeals of the Investigation Committee decisions.

Respectfully Submitted
Dr. Nader Shenouda
President, CPSM and Chair of the Executive Committee

FINANCE, AUDIT & RISK MANAGEMENT COMMITTEE REPORT:

1. Year-end Audit

- BDO presented the draft audit reports for 2023/24 at the June 6 FARMC meeting. BDO did not find any issues and stated that the financial statements present fairly the financial position of CPSM.
- The committee unanimously agreed to make the recommendation at the AGM to accept the audit results and recommend BDO to be the auditor for 2024/25.

2. Year-End Financial Statements - 2023-24 Fiscal Year

- Management presented the CPSM financial statements for the 12 months ending April 31, 2024. Analysis was provided for the actuals and budgets were appreciably different.
- The year-end results show a surplus of \$126,230. This is a significant improvement from the originally projected \$809,684 deficit.
- The significant improvement from the originally projected deficit was largely due to increases in income, primarily volume and interest income and less than anticipated expense, primarily in staff expenses and committee meetings.
- Management provided CPSM's investment portfolio summary as of April 2024, including CIBC's Investment Advisor Letter of Compliance.
- Due to changes in interest rates and the recent Bank of Canada reduction, management will follow with the committee on the recommended investment strategy of the \$2.2 million in GIC's coming due in August of 2024.

3. 2024-25 Operating Budget

- Management presented the 2024-25 as well as the 2025-27 operating forecasted budgets. Management also provided background on human resources growth by program and selected information on volume pressures.
- The committee reviewed the options regarding fee increases. A recommendation will be made electronically to the Executive to accept the cost-of-living adjustment (2%) to the certificate of practice and medical corporation fees for the upcoming year.
- The committee unanimously agreed to recommend to Council that the 2024-25 budget be approved.

4. Financial Management Policy

- Recommended revisions to the Financial Management Policy were presented by Management to the Committee. No changes to the level of Honoraria were recommended.
- The committee approved the recommended revisions to be forwarded to the Council for approval.

Respectfully submitted,
Dr. Charles Penner
Chair, Audit & Risk Management Committee

PROGRAM REVIEW COMMITTEE REPORT:**Diagnostic Facilities:**

The first inspections have been conducted using the new Western Canada Accreditation Alliance (WCAA) Laboratory and Transfusion Medicine Standards that were implemented in January 2024 with positive feedback from providers. A feedback survey is in development and will be distributed to facilities upon completion of the accreditation process. The survey will assist in the evaluation process to the effectiveness of the implementation of the new standards.

The WCAA Diagnostic imaging standards are being reviewed by subject matter experts and will be presented to PRC in September.

Non-Hospital Medical Surgical Facilities (NHMSF):

The work continues to address the backlog of inspections for the facilities that held accreditation prior to the June 2021 Accredited Facilities Bylaw revision and the numerous new facilities that now fall under the Bylaw. Approximately 20 new NHMSFs have applied since June 2021. It is important to note that the CPSM NHMSF standards came into effect in May 2022. These standards have made for a more rigorous inspection process.

Respectfully submitted
Ms Leanne Penny
Chair, Program Review Committee

COMPLAINTS COMMITTEE REPORT:

The Complaints Committee met on March 7, 2024 and reviewed 14 complaints.

Of those complaints considered, they were disposed as follows:

- 03 cases resulted in a letter of criticism
- 06 cases resulted in a letter of advice
- 05 cases resulted in a decision that no further action was required
- 00 cases resulted if endorsement of an informal resolution
- 00 case resulted in a referral to the Investigation Committee

The Complaints Committee met on April 11, 2024 and reviewed 14 complaints.

Of those complaints considered, they were disposed as follows:

- 02 cases resulted in a letter of criticism
- 02 cases resulted in a letter of advice
- 09 cases resulted in a decision that no further action was required
- 00 cases resulted if endorsement of an informal resolution
- 01 case resulted in a referral to the Investigation Committee

The Complaints Committee met on May 9, 2024 and reviewed 15 complaints.

Of those complaints considered, they were disposed as follows:

- 02 cases resulted in a letter of criticism
- 07 cases resulted in a letter of advice
- 05 cases resulted in a decision that no further action was required
- 00 cases resulted if endorsement of an informal resolution
- 01 case resulted in a referral to the Investigation Committee

Respectfully submitted

Dr. Norman McLean

Chair, Complaints Committee

INVESTIGATION COMMITTEE REPORT:

Dear Council

The Investigations Committee has met four times since our last Council meeting, and we've reviewed fifty-three cases. The results of those are as follows:

- 22 - no further action
- 7 - criticism
- 5 - advice
- 11 - defer for audit
- 4 - defer for further investigation
- 4 - undertaking

There were no censures or referrals to Inquiry.

There are currently 142 outstanding investigations.

Please let me know if you have any questions or comments about this report.

Respectfully submitted
 Dr. Kevin Convery, Chair, Investigations Committee

STANDARDS COMMITTEE REPORT:

Central Standards Committee Report to Council June 2024

Submitted by
 Dr. Roger Suss, Chair, Central Standards Committee

The CSC met March 15, 2024.

AGE TRIGGERED/REFERRED AUDITS REVIEWED IN 2023

The CSC reviewed:

- 16 Age Triggered Audits
- 10 Referred Audits

The following outcomes were determined at CSC.

18 + *3	#1 Outcomes (*Multiple doctors from one review three total)
1 + *1	#2 Outcomes (*Multiple doctors from one review one total)
5	#3 Outcomes
	#4 Outcomes
	#5 Outcomes
1	Other – Full Practice Audit, Interactive Audit and More Information Requested
25 + *4	Total outcomes



Standards Sub-Committee Reporting.

The Central Standards Committee continues to receive quarterly reports from the various Standards Committees within the province.

Scheduled reminders for any outstanding quarterly reports have gone out to the Chairs of currently active standards committees that are due.

Current active Committees by Region:

Committee	RHA	Chair	Current Status
Brandon Regional Health Centre ASC	Prairie Mountain	Dr. Brian Bookatz	Q1 reminder sent Apr 25
Interlake-Eastern ASC	Interlake-Eastern	Dr. Habtu Demsas	Up to date
Northern ASC	Northern	Dr. Shadi Mahmoud	Q1 reminder sent Apr 25
Portage ASC	Southern	Dr. Jim Ross	Up to date
Prairie Mountain Health ASC	Prairie Mountain	Dr. Shannon Prud'homme	Up to date
Selkirk ASC	Interlake-Eastern	Dr. Ian Alexander	Q1 reminder sent Apr 25
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	Up to date
Eden Mental Health Centre	Southern	Dr. William Miller	Up to date
CancerCare	Provincial	Dr. Catherine Moltzan	Q1 reminder sent Apr 25
Endoscopy Provincial	Provincial	Dr. Ross Stimpson	Q1 reminder sent Apr 25
Orthopedic Surgery Provincial	Provincial	Dr. Eric Bohm	Up to date
Winnipeg Regional Health Standards Committee	WRHA	Dr. Elizabeth Salamon	Up to date

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 months of January – June 2024. 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			
		Option #1 Reasonable Care	Option #2 Self-Reflective Quality Improvement Plan	Option #3 Negotiated Improvement Plan	Option #4 Prescribed Learning Plan	Option #5 Referral to the Registrar	
Interlake-Eastern	Cases Reviewed	Total					
	Clinical Audits: Adverse Patient Occurrences	14	13	1			
	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				
	Newsletter Item	0					
	Referral to Another Organization	0					
Number of Meetings in 2024	1						
		Suggested Change Outcomes		Required Change Outcomes			
		Option #1 Reasonable Care	Option #2 Self-Reflective Quality Improvement Plan	Option #3 Negotiated Improvement Plan	Option #4 Prescribed Learning Plan	Option #5 Referral to the Registrar	
Northern	Cases Reviewed	Total					
	Clinical Audits: Adverse Patient Occurrences						
	Referred Concern	0					
	Random Audit						
	Not an APO	0					
	Practice Audit or Interactive Audit	0	Committees Include: Northern Area Standards Committee				
	Newsletter Item	0					
	Referral to Another Organization	0					
Number of Meetings in 2024							
		Suggested Change Outcomes		Required Change Outcomes			
		Option #1 Reasonable Care	Option #2 Self-Reflective Quality Improvement Plan	Option #3 Negotiated Improvement Plan	Option #4 Prescribed Learning Plan	Option #5 Referral to the Registrar	
Prairie-Mountain	Cases Reviewed	Total					
	Clinical Audits: Adverse Patient Occurrences	96	95				
	Referred Concern	0				1	
	Random Audit	0					
	Not an APO						
	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				
	Newsletter Item	0					
	Referral to Another Organization						
Number of Meetings 2024	1						

		Suggested Change Outcomes		Required Change Outcomes			
		Option #1 Reasonable Care	Option #2 Self- Reflective Quality Improvement Plan	Option #3 Negotiated Improvement Plan	Option #4 Prescribed Learning Plan	Option #5 Referral to the Registrar	
Southern	Cases Reviewed	Total					
	Clinical Audits: Adverse Patient Occurrences	45 35* (Pathology)	10	3			
	Referred Concern	2	2				
	Random Audit						
	Not an APO	2					
	Practice Audit or Interactive Audit	2	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	1					
	Number of Meetings in 2024	1					
		Suggested Change Outcomes		Required Change Outcomes			
		Option #1 Reasonable Care	Option #2 Self- Reflective Quality Improvement Plan	Option #3 Negotiated Improvement Plan	Option #4 Prescribed Learning Plan	Option #5 Referral to the Registrar	
Provincial Committees	Cases Reviewed	Total					
	Clinical Audits: Adverse Patient Occurrences	14	13				
	Referred Concern	1					
	Random Audit						
	Not an APO						
	Practice Audit or Interactive Audit		Committees Include: CancerCare Standards Committee, Endoscopy Provincial Standards Committee, Orthopedic Surgery Provincial Standards Committee				
	Newsletter Item						
	Referral to Another Organization						
Number of Meetings in 2024	1						
		Suggested Change Outcomes		Required Change Outcomes			
		Option #1 Reasonable Care	Option #2 Self- Reflective Quality Improvement Plan	Option #3 Negotiated Improvement Plan	Option #4 Prescribed Learning Plan	Option #5 Referral to the Registrar	
WRHA	Cases Reviewed	Total					
	Clinical Audits: Adverse Patient Occurrences	3	2	1			
	Referred Concern						
	Random Audit						
	Not an APO	175	171	4			
	Practice Audit or Interactive Audit		Committees Include: Winnipeg Regional Health Authority Standards Committee				
	Newsletter Item						
	Referral to Another Organization						
Number of Meetings in 2024	1						
		Suggested Change Outcomes		Required Change Outcomes			
		Option #1 Reasonable Care	Option #2 Self- Reflective Quality Improvement Plan	Option #3 Negotiated Improvement Plan	Option #4 Prescribed Learning Plan	Option #5 Referral to the Registrar	
All Regional Area Standards Committees	Cases Reviewed	Total					
	Clinical Audits: Adverse Patient Occurrences	31	38	5	0	0	
	Referred Concern	3	2	0	0	0	
	Random Audit	0	0	0	0	0	
	Not an APO	177	171	4	0	0	
	Practice Audit or Interactive Audit	2					
	Newsletter Item	2					
	Referral to Another Organization	1					
Number of Meetings in 2024	4						