June 25, 2025 Council Meeting

Wednesday, June 25, 2025 | 8:30 a.m. |

AGENDA

CPSM Office – Brown Room
1000 – 1661 Portage Avenue

Time		Item		Action		Page #
10 min	8:30 am	1.	Opening Remarks and Land Acknowledgment		Dr. Penner	
0 min	8:40 am	2.	Agenda – Approval		Dr. Penner	
0 min	8:40 am	3.	Call for Conflict of Interest		Dr. Penner	3
5 min	8:40 am	4.	Consent Agenda i. Council Meeting Minutes March 19, 2025 ii. Special Council Meeting Minutes May 26, 2025 iii. Council Policy – Governance Amendments iv. Council Policy for Provisional (Family Practice – Limited) Class - Amendments v. Council Policy for the Specialist Register - Amendments vi. New Registration Policies • New Council Policy for Professional Liability Insurance • New Council Policy for Registration in Educational Classes for Medical Students and Residents • New Council Policy for Registration in Provisional (Temporary – Locum) Class • REPEAL Practice Direction Qualifications and Registration	For Approval	Dr. Penner	4
5 min	8:45 am	5.	CPSM 2025/26 Committee Appointments	For Approval	Dr. Penner	69
20 min	8:50 am	6.	Operating Budget 2025/26 & Fee Increase	For Approval	Dr. Penner	82
20 min	9:10 am	7.	Financial Management Policy/Investment Policy	For Approval	Dr. Penner	104
20 min	9:30 am	8.	Full Day Council Meetings	For Discussion	Dr. Penner	129

Time		Item		Action		Page #
45 min	9:50 am	9.	Review of Election Process	For Discussion	Mr. Fineblit	131
20 min	10:35 am	10.	--Break--			
5 min	10:55 am	11.	Collaborative Care Working Group Update	For Information	Dr. Penner/ Dr. Mihalchuk	141
10 min	11:00 am	12.	Restorative Practice Program Update	For Information	Dr. Mihalchuk /Dr. Monkman	143
5 min	11:10 am	13.	Review Cycle – CPSM Documents	For Information	Dr. Penner/ Mr. Triggs	145
10 min	11:15 am	14.	Registrar and CEO Report • Performance Metrics Update • Operational Report	For Information	Dr. Mihalchuk	152
5 min	11:25 am	15.	Committee Reports (questions taken) • Executive Committee • Finance, Audit & Risk Management Committee • Investigation Committee • Complaints Committee • Program Review Committee • Board of Assessors • Central Standards Committee	For Information	Dr. Penner/ Committee Chairs	175
0 min	11:30 am	16.	2024-2025 Council Attendance	For Information	Dr. Penner	182
60 min	11:30 am	17.	In Camera	For Discussion		
	12:30 pm	18.	Review of Self-Evaluation of Governance Process-survey via email		Dr. Penner	
4 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 25, 2025
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 19, 2025

ii. Special Council Meeting Minutes May 26, 2025

iii. Council Policy – Governance **Amendments**

iv. Council Policy – Provisional (Family Practice – Limited) Class **Amendments**

v. Council Policy – Specialist Register **Amendments**

vi. New Registration Policies:

- **New** Council Policy – Professional Liability Insurance
- **New** Council Policy – Registration in Educational Classes for Medical Students and Residents
- **New** Council Policy – Registration in Provisional (temporary – locum) Class
- **REPEAL** – Practice Direction Qualifications and Registration

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 25, 2025, DR. KEVIN CONVERY, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves all items on the consent agenda as presented.

Notice of Motion Briefing Note prepared by: Mr. Mike Triggs, General Counsel

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MINUTES OF COUNCIL

Council of The College of Physicians and Surgeons of Manitoba met on March 19, 2025, at the CPSM Office with an option to join virtually via Zoom.

1. CALL TO ORDER

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

COUNCILLORS:
Ms. Leslie Agger, Public Councillor **(V)**
Dr. Kevin Convery, Morden **(V)**
Mr. Neil Cohen, Public Councillor
Dr. Caroline Corbett, Winnipeg
Dr. Jacobi Elliott, Grandview
Dr. Chaitasi Intwala, Winnipeg **(V)**
Dr. Wendy MacMillan-Wang, Associate Member **(V)**
Ms. Lynette Magnus, Public Councillor
Dr. Rizwan Manji, Winnipeg
Dr. Jennifer McNaught, Winnipeg
Ms. Marvelle McPherson, Public Councillor
Dr. Lisa Monkman, Scanterbury
Dr. Peter Nickerson, Winnipeg
Dr. Charles Penner, Brandon
Ms. Leanne Penny, Public Councillor
Dr. Nader Shenouda, Oakbank
Dr. Alewyn Vorster, Treherne

REGRETS:
Mr. Allan Fineblit, Public Councillor

MEMBERS:

STAFF:
Dr. Ainslie Mihalchuk, Registrar & CEO
Dr. Guillaume Poliquin, Assistant Registrar, C/I
Mr. Mike Triggs, General Counsel
Mr. Paul Penner, Chief Operating Officer
Dr. Sonja Bruin, Assistant Registrar, Quality
Mr. Jeremy de Jong, Interim Director Registration
Ms. Barbie Rodrigues, Senior Executive Assistant
Ms. Wendy Elias-Gagnon, Communications Officer
Dr. Marilyn Singer, Medical Consultant **(V)**

2. ADOPTION OF AGENDA

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

That the agenda be approved as presented.

3. CALL FOR CONFLICT OF INTEREST AND IN CAMERA SESSION

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

4. CONSENT AGENDA

Dr. Shenouda provided an overview of how the Consent Agenda is used.
Dr. Shenouda asked if any Councillors wished to discuss any of the consent agenda items.
Dr. Vorster identified typographical errors in items Agenda 7 and Agenda 9 to be corrected.
Ms. Rodrigues will complete the revisions including the online version of the package agenda posted on the CPSM website.

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 December 18, 2025
- **ii.** **New** Council Policy for Provisional Family Practice Registration
- **iii.** **Amendment** to Council Policy for English Language Proficiency

5. PRACTICE DIRECTION FOR PROFESSIONAL PRACTICE AND INACTIVITY – FAMILY PRACTICE OBSTETRICS

Several responses to the 30-day consultation to registrants, stakeholders and the public expressed concern or confusion regarding the amendments being proposed in the Practice Direction. CPSM management sought advice from Councillors Dr. Carrie Corbett and Dr. Jennifer McNaught, both of whom practice Obstetrics & Gynecology. Recommendations were provided that assisted in eliminating confusion in *Sections 7.2* and *7.3*.

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

The recommended amendments to *Sections 7.2* and *7.3* of the Practice Direction for Professional Practice and Inactivity be approved as presented effective immediately.

6. CPSM Council Elections

In accordance with the *CPSM Affairs of the College Bylaw*, elections for members of CPSM Council take place in the spring. This year elections are required for:

1. East Electoral District By-Election
2. Regulated Associate Member

The notice of election, including a voters list, nomination form and procedures for nominations will be sent out on March 18, 2025, nominations are due on or before noon on April 8, 2025, ballots will be sent out on April 15, 2025 and the deadline for voting will be noon on May 6, 2025.

7. REVIEW OF ELECTION PROCESS

Ms. Sherry Dupuis, CPSM Executive Director, People and Culture facilitated a discussion with Council to explore issues related to reviewing Councillor elections. It was determined further discussion would be required and set for the June 2025 Council.

8. MAX RADY COLLEGE OF MEDICINE – STRATEGIC PLAN

Councillor Dr. Peter Nickerson, Vice-Provost (Health Sciences) & Dean, Rady Faculty of Health Sciences presented the Moment**UM** Leading Change Together Strategic Frameworks and Action Plans to Council.

9. --------BREAK---------- (moved to 10:10-10:30 AM vs 10:05-10:25 AM)

10. RESTORATIVE PRACTICES PROGRAM

Dr. Mihalchuk provided an update on the development and implementation of the Restorative Practices Program which Council gave authorization to commence at the September 25, 2024 meeting.

11. M3P - CODEINE

On January 13, 2025, CPSM notified registrants, stakeholders, and the public of the consultation being opened until February 18, 2025 on whether non-exempted codeine products should be added to the M3P schedule.

IT WAS MOVED BY DR. CHARLES PENNER, SECONDED BY DR. MANJI RIZWAN:
CARRIED *with a 13 in favour and 3 opposed: Dr. Jacobi Elliott, Dr. Lisa Monkman and Dr. Jennifer McNaught:*

Non-exempt Codeine products be added to the M3P schedule, effective Monday, June 2, 2025.

Council directs management to review program implementation 6 months to 1 year within implementation.

12. IMG WORKING GROUP

Dr. Shenouda and Mr. Jeremy de Jong provided an update on the activities of the working group. Significant progress on deciding components for the orientation program and for a new Standard of Practice has been made.

13. AMENDMENTS TO COUNCIL POLICY – ADDING PRA EXEMPTION FOR REGISTRATION IN PROVISIONAL SPECIALITY PRACTICE-LIMITED, ASSESSEMENT CANDIDATE SPECIALITY PRACTICE, AND PROVISIONAL NON-PRACTICING CLASSES

The Royal College of Physicians and Surgeons of Canada (RCPSC) has created a certification pathway for international trained specialists with significant clinical experience without the necessity of completing a RCPSC-accredited residency program in Canada. The Practice Eligibility Route (PER) allows experience specialist to obtain RCPSC certification after demonstrating competency through a combination of assessment, examination, and Canadian Practice experience.

IT WAS MOVED BY DR. NADER SHENOUDA, SECONDED BY DR. ALEWYN VOSTER:
CARRIED:

Council Policy – Registration in Provisional Specialty Practice-Limited, Assessment Candidate Specialty Practice, and Provisional Non-Practicing Classes be amended by adding the above at *Section 1.4.3*.

* The above motion correctly states *Section 1.4.3*, however in the distributed materials presented to Council, there was typographical error, stating *Section 3.6*.*

14. REGISTRAR AND CEO REPORT

Dr. Mihalchuk provided the Registrar and CEO report to Council which included the revised Performance Metrics scorecard as well as the Operational Report.

15. COMMITTEE REPORTS – FOR INFORMATION

The following Reports were presented to Council for information:

- Executive Committee
- Finance, Audit & Risk Management Committee
- Investigation Committee
- Complaints Committee
- Program Review Committee
- Board of Assessors
- Central Standards Committee

No further discussion occurred after being presented.

Prior to the commencement of the In Camera Session, Dr. Shenouda took a moment to acknowledge and recognize Dr. Jacobi Elliott's dedication and time given to CPSM Council over a number of years.

16. IN CAMERA SESSION

An in-camera session was held.

There being no further business, the meeting ended at 11:50 AM.

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Dr. N. Shenouda, President

_____

Dr. A. Mihalchuk, Registrar & CEO

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MINUTES OF COUNCIL

A special meeting of the Council of The College of Physicians and Surgeons of Manitoba was held on May 26, 2025, virtually via Zoom.

1. CALL TO ORDER

The meeting was called to order at 4:03 p.m. by the Chair of the meeting, Dr. Nader Shenouda.

The meeting commenced with Dr. Shenouda providing a Land Acknowledgement.

COUNCILLORS:

Dr. Nader Shenouda, Oakbank
Dr. Peter Nickerson, Winnipeg
Dr. Charles Penner, Brandon
Mr. Allan Fineblit, K.C., Public Councillor
Mr. Neil Cohen, Public Councillor
Ms. Leanne Penny, Public Councillor
Ms. Lesile Agger, Public Councillor
Dr. Rizwan Manji, Winnipeg
Ms. Lynette Magnus, Public Councillor
Dr. Wendy MacMillian-Wang, Associate Member
Dr. Lisa Monkman, Scanterbury
Ms. Marvelle McPherson, Public Councillor
Dr. Kevin Convery, Morden
Dr. Chaitasi Intwala, Winnipeg
Dr. Alewyn Vorster, Treherne

REGRETS:

Dr. Caroline Corbett, Winnipeg
Dr. Jennifer McNaught, Winnipeg
Dr. Jacobi Elliott, Grandview

STAFF:

Dr. Ainslie Mihalchuk, Registrar & CEO
Mr. Mike Triggs, General Counsel
Ms. Barbie Rodrigues, Senior Executive Assistant

2. ADOPTION OF AGENDA

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

That the agenda be approved as presented.

3. CALL FOR CONFLICT OF INTEREST AND IN CAMERA SESSION

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

4. CPSM GENERAL REGULATION CONSULTATIONS

1. American Board-Certified Physicians

IT WAS MOVED BY DR. CHARLES PENNER, SECONDED BY MR. ALLAN FINEBLIT, K.C.:
CARRIED:

The proposed amendment to subclause 3.8(b)(i.2) of *The College of Physicians and Surgeons of Manitoba General Regulation 163/2018* is approved.

Council reviewed and discussed consultation feedback on the proposed regulatory amendment. Council's opinion is there are no justifiable reasons not to approve the amendment, and the amendment removes unnecessary barriers to qualified physicians becoming fully licensed registrants.

2. Reducing barrier for Provisional Registration of Family Registrants

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

The proposed amendment to subclause 3.19(1)(b) of *The College of Physicians and Surgeons of Manitoba General Regulation 163/2018* is approved with the addition of:
"…., for recency of practice; and a total of 2 years of independent practice since post graduate training."

The revised wording of the amendment will be:

"*a total of at least 960 hours of direct patient clinical practice experience in family medicine in the preceding 36 months, for recency of practice; and a total of 2 years of independent practice since post graduate training.*"

Council reviewed and discussed consultation feedback on the proposed regulatory amendment. Council agreed with the Manitoba Faculty's recommendation to add the additional wording as this requirement will increase the likelihood of candidates successfully completing the Practice Ready Assessment.

3. Allowing Clinical Assistants to use the title "Dr." or "Doctor" in conjunction with "Clinical Assistant" or "CI.A" if they have a medical degree from a nationally approved faculty of medicine in another jurisdiction

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

> The proposed amendment to add subsections 6.9(3) and (4) to The College of Physicians and Surgeons of Manitoba General Regulation 163/2018 is approved with a coming into force date of June 1, 2026, to provide CPSM sufficient time to educate registrants and the public regarding the amendment.

Council reviewed and discussed consultation feedback on the proposed regulatory amendment. Council acknowledges there was significant opposition to the proposed amendment. (Council's role is to assess the reasoning behind the opposition and to take appropriate action based upon their mandate to protect the public and uphold good self-regulation principles).

Opposition to the amendment was based primarily upon concerns that patients will be confused as to who will be providing them with medical care. Submissions demonstrated a lack of understanding of the Clinical Assistants role, their requisite training and experience, and a bias against non-Canadian medical degrees.

Council noted that confusion can be rectified with proper education. Council acknowledges the recommendations of registrants and Doctors Manitoba who suggested that further education be provided to the public and registrants prior to implementing the proposed amendment.

The following factors were critical to Council's decision to approve the amendment:

- Only those Clinical Assistants with a Medical Degree recognized by CPSM will be entitled to use the title "Doctor" in association with Clinical Assistant. Physician Assistants who have completed a Masters Program and those Clinical Assistants who do not have a Medical Degree cannot use the title "Doctor" as they do not have the same medical training and do not hold a Medical Degree.
- Residents, including those with recognized foreign Medical Degrees, are entitled to use the title "doctor" because they have a recognized Medical Degree.
- Residents and Clinical Assistants have not completed a residency program and both classes of registrants practice medicine under the supervision of a full practicing registrant.
- The commonality between Physicians, Residents, and Clinical Assistants is that they all have a recognized Medical Degree whether they be Canadians who obtained a recognized foreign Medical Degree or a non-Canadian who obtained a Canadian Medical Degree. Entitlement to use the title "Doctor" is based upon the Medical Degree not citizenship or where that degree was issued.
- Residents and Clinical Assistants have equivalent roles; they are supervised by physicians and are not permitted to practice independently.
- The role of Clinical Assistants is leveraged as a way to gain required practicing in the Canadian context which is a prerequisite for eligibility for provisional registration and CARMs (residency spot) in Manitoba. The medical degree and the tile of MD is independent from this required experience.

- All registrants (Physicians, Clinical Assistants, and Physician Assistants) have a professional responsibility to introduce themselves to patients and explain their role in the provision of medical care. Registrants cannot rely upon assumptions that patients will know the role a registrant plays in providing medical care. Providing patients with clarity of one's role is foundational to the delivery of good medical care.
- Systemic failures to properly inform a patient of the roles and responsibilities of the health care provider is not a justification for Clinical Assistants being prohibited from using the title "Doctor" they earned upon completion of a Medical Degree that is recognized by CPSM.
- CPSM will partner with Shared Health, the regional health authorities, Manitoba Faculty, and Doctors Manitoba to better inform registrants and the public about the important role Clinical Assistants play in the healthcare system and why they are entitled to use the title "Doctor" in combination with their CPSM classification of Clinical Assistant.

There being no further business, the meeting ended at 5:46 p.m.

_____

Dr. N. Shenouda, President

_____

Dr. A. Mihalchuk, Registrar & CEO

COUNCIL MEETING
JUNE 25, 2025
NOTICE OF MOTION FOR APPROVAL

SUBJECT: **Council Policy – Governance Amendments**

BACKGROUND:

This agenda item proposes to amend *Council Policy – Governance* to create a Vice-Chair position on the Investigation Committee.

A consequence of the Complaints Committee winding down its operations over the next year is an expected increase in the number of matters before the Investigation Committee. To ensure matters before the Investigation Committee can be addressed in a timely manner multiple panels will be established. The additional panels necessitate the appointment of a Vice-Chair position to assist the Chair to carryout the Chair's responsibilities for multiple panels.

The proposed amendment to the *Council Policy – Governance* is highlighted below and attached as ***Appendix A***:

4.12.3 Composition

4.12.3.a Investigation Committee shall consist of:

4.12.3.a.i ~~The~~ A Chair and a Vice-Chair who ~~is~~ are a Councillor 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 or Vice-Chair are ~~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.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 25, 2025, DR. KEVIN CONVERY, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves the proposed amendment to clause 4*.12.3.a of Council Policy – Governance.*

Notice of Motion Briefing Note prepared by: Mr. Mike Triggs, General Counsel

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 ~~The~~ A Chair and a Vice-Chair who ~~is~~are 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 or Vice-Chair ~~is~~are 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.

COUNCIL MEETING

JUNE 25, 2025

NOTICE OF MOTION FOR APPROVAL

SUBJECT: Amendments to the Council Policy for Registration in the Provisional Family Medicine Practice-Limited Class

BACKGROUND:

The Council Policy for '*Registration in the Provisional Family Practice-Limited, Assessment Candidate (Family Practice), and Provisional (Non-Practicing) Classes'* was approved by the Council on March 19, 2025, as part of the ongoing project to reorganize CPSM registration requirement documentation. When the policy was initially approved it was anticipated that amendments to ***sections 1.3*** and **1.4** were required:

> ***1.3.*** *Satisfactory post-graduate clinical training in family medicine*
>
> > ***1.3.1.*** *Current policy under review.*
>
> ***1.4.*** *Practice experience in family medicine* ***(ss. 3.19(1)(b)(v))***
>
> > ***1.4.1.*** *Current policy under review.*

Those amendments have now been reviewed and endorsed by the Board of Assessors.

Sections 1.3 and **1.4** of the Council Policy relate to practice and training requirements listed under ***ss. 3.19(1)(b)(iv)*** and **(v)** of the *CPSM General Regulation* for family physicians who do not hold one of the following:

- CFPC (College of Family Physicians of Canada) certification or confirmed to be eligible,
- Member Board certification in family medicine or confirmed to be eligible, or
- certification in family medicine from the Collège des médecins du Québec.

This is applicable to foreign-trained family physicians who are not from a CFPC-recognized jurisdiction. These internationally trained physicians are required to participate in either:

- the 1-year Manitoba Licensure Program for International Medical Graduates (MLPIMG), or
- a Practice Readiness Assessment (PRA) in Family Medicine

Both the MLPIMG and the PRA MB-FM are taken through the Manitoba faculty (University of Manitoba).

The following language is proposed (n.b., the footnotes are included in the draft changes to the Council Policy, ***Appendix A***):

1.3. *Satisfactory post-graduate clinical training in family medicine*

1.3.1. *In considering whether the family medicine clinical training requirements at subsections **3.19(1)(b)(iv)** or **(v)** are met, the Registrar will compare the applicant's training experience against the Canadian standard as a reference.*[1]

1.3.2. *At a minimum, training must include rotations of at least 8 weeks duration in medicine*[2]*, obstetrics and gynecology and pediatrics*[3]*, and at least 4 weeks in surgery (as needed for procedural skills).*

1.3.3. *Rotations in areas including psychiatry, emergency medicine, and geriatrics are desirable, but do not substitute for the required rotations.*

1.3.4. *Only in-person, full-time training will qualify.*

1.3.5. *For the purposes of subsection **3.19(1)(b)(iv)**, successful completion of the twelve (12) month Manitoba Licensure Program for International Medical Graduates (MLPIMG) will count toward one year of clinical training experience.*

1.4. *Practice experience in family medicine **(ss. 3.19(1)(b)(v))***

1.4.1. *For the purposes of subsection **3.19(1)(b)(v)**, practice experience in family medicine must be:*

1.4.1.1. *independent practice experience,*

1.4.1.2. *in general practice, family medicine, or primary care as a physician, and*

1.4.1.3. *equal to or greater that seventy (70) percent in-person care (a minority of practice may be virtual).*

1.4.2. *Postgraduate training (internship/residency) does not count towards the*

[1] Post-graduate medical education (PGME) in family medicine in Canada is designed to prepare residents to provide comprehensive, patient-centered primary care. The goal is to provisionally license family physicians that will be able to go to obtain certification from the CFPC.

[2] This is interpreted to include rotations in general medicine, medicine, or internal medicine. Up to 4 weeks of this period can be medicine related subspecialties, for example respirology, cardiology, hepatology, infectious disease, nephrology, etc.).

[3] This is interpreted to include pediatric emergency medicine.

practice experience requirement and vice versa.

1.4.3. *Independent practice requires a license to practice independently in the applicable jurisdiction and the authority to act as the most responsible physician for patient care.*

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 25, 2025, DR. KEVIN CONVERY, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves the proposed amendment to *Sections 1.3* and *1.4* of the *Council Policy for* '*Registration in the Provisional Family Practice-Limited, Assessment Candidate (Family Practice), and Provisional (Non-Practicing) Classes'.*

Notice of Motion Briefing Note prepared by: Mr. Jeremy de Jong, Interim Director Registration

COUNCIL POLICY

Registration in the Provisional Family Practice-Limited, Assessment Candidate (Family Practice), and Provisional (Non-Practicing) Classes

Initial Approval: March 19, 2025 **Effective Date: March 19, 2025**

Contents

Preamble

This Policy relates to registration in the following classes:

- provisional (family practice-limited),
- assessment candidate (family practice), and
- provisional (non-practicing).

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

This Policy addresses what is required for a certificate of registration. It does not deal with the requirements for certificates of practice, which are described at Part 4 of the *CPSM General Regulation*.[1]

1. Provisional (family practice-limited) class

1.1. Purpose and overview

The provisional (family practice-limited) class allows for the registration of candidates who do not meet all Specific Requirements for full licensure (i.e., CCFP, successful completion of MPAP, CMQ certification, or registration under the CFTA). This applies to many internationally trained physicians, and Canadian trained physicians who have not obtained CCFP or CMQ certification.

Applicants for registration in the provisional (family practice-limited) class must satisfy the following requirements from the *CPSM General Regulation*:[2], [3]

- the **Common Requirements** for all registrants of CPSM at s. 3.2,
- the **Non-Exemptible Requirements** for all Regulated Registrants at s. 3.7, and
- the **Specific Requirements** for this class at s. 3.19, including academic requirements.

Applicants must commit to work toward achieving the requirements for full licensure within five (5) years of initial registration in the provisional class.[4] Additional requirements, including terms and conditions of registration and practice supervision, are imposed.

Unless exempt, applicants must have satisfactorily completed an Approved Assessment to be eligible for registration in the provisional (family practice-limited) class. Exemptions are described

[1] Part 4 of the *CPSM General Regulation* establishes the requirements for issuing a certificate of practice. Of note, s. 4.1 states, "*A certificate of registration does not entitle a member to practise medicine. To do so, a member must also hold a certificate of practice. ...*"
[2] RHPA at s. 32(1).
[3] Subsection 3.2(1) of the *CPSM General Regulation* at point 8.
[4] CCFP or successful completion of MPAP.

below. An Approved Assessment may be completed while registered in the assessment candidate (family practice) class (which is also described in this Policy).

1.2. Specific Requirements under the *CPSM General Regulation*

1.2.1. Specific Requirements for provisional (family practice-limited) class are set out at section 3.19 of the *CPSM General Regulation*:

3.19(1) An applicant for registration as a provisional (family practice-limited) member must

(a) establish that he or she holds

(i) a medical degree granted from a nationally approved faculty of medicine, or

(ii) a Doctor of Osteopathic Medicine degree from a school in the United States accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation;

(b) establish that he or she meets one of the following criteria:

(i) he or she holds CFPC certification or is confirmed by the CFPC to be eligible for certification by the CFPC,

(ii) he or she holds Member Board certification in family medicine or is confirmed by a Member Board to be eligible,

(iii) he or she holds certification in family medicine from the Collège des médecins du Québec,

(iv) he or she has satisfactorily completed two years of post-graduate clinical training in family medicine that

(A) took place in one or more facilities that provide health care and are recognized by a national post-graduate training authority,

(B) was accredited with a national post-graduate training authority at the time he or she took the training, and

(C) is approved by the registrar,

(v) he or she has satisfactorily completed at least one year of post-graduate clinical training in family medicine that meets the requirements of subclause (iv) and has had a total of at least three years practice experience in family medicine in the preceding five-year period;

(c) establish that he or she holds a certificate issued by the minister stating that the applicant is required to provide medical services in a specified geographical area or practice setting;

(d) if applicable, establish that he or she has engaged in the area of family practice that he or she intends to undertake in Manitoba within the approved time period;

(e) provide a description of the continuing professional development activities that the applicant was required to complete as a condition of authorization to practise family medicine in any jurisdiction in Canada in the three years immediately preceding the application and indicate how he or she met those requirements;
(f) establish that he or she has entered into a satisfactory arrangement with a practice supervisor; and
(g) subject to subsection (2), establish that he or she has
(i) satisfactorily completed an approved family practice assessment, and
(ii) entered into a satisfactory arrangement with a practice mentor;
(h) [repealed] M.R. 171/2022.

1.3. Satisfactory post-graduate clinical training in family medicine

1.3.1. *In considering whether the family medicine clinical training requirements at subsections 3.19(1)(b)(iv) or (v) are met, the Registrar will compare the applicant's training experience against the Canadian standard as a reference.*[5]

1.3.2. *At a minimum, training must include rotations of at least 8 weeks duration in medicine*[6]*, obstetrics and gynecology and pediatrics*[7]*, and at least 4 weeks in surgery (as needed for procedural skills).*

1.3.3. *Rotations in areas including psychiatry, emergency medicine, and geriatrics are desirable, but do not substitute for the required rotations.*

1.3.4. *Only in-person, full-time training will qualify.*

1.3.5. *For the purposes of subsection 3.19(1)(b)(iv), successful completion of the twelve (12) month Manitoba Licensure Program for International Medical Graduates (MLPIMG) will count toward one year of clinical training experience.*

1.4. Practice experience in family medicine (ss. 3.19(1)(b)(v))

[5] Post-graduate medical education (PGME) in family medicine in Canada is designed to prepare residents to provide comprehensive, patient-centered primary care. The goal is to provisionally license family physicians that will be able to go to obtain certification from the CFPC.
[6] This is interpreted to include rotations in general medicine, medicine, or internal medicine. Up to 4 weeks of this period can be medicine related subspecialties, for example respirology, cardiology, hepatology, infectious disease, nephrology, etc.).
[7] This is interpreted to include pediatric emergency medicine.

1.4.1. For the purposes of subsection 3.19(1)(b)(v), practice experience in family medicine must be:

1.4.1.1. independent practice experience,

1.4.1.2. in general practice, family medicine, or primary care as a physician, and

1.4.1.3. equal to or greater that seventy (70) percent in-person care (a minority of practice may be virtual).

1.4.2. Postgraduate training (internship/residency) does not count towards the practice experience requirement and vice versa.

1.4.3. Independent practice requires a license to practice independently in the applicable jurisdiction and the authority to act as the most re-sponsible physician for patient care.

1.5. Currency in practice requirement (ss. 3.16(d))

1.5.1. Applicants who do not meet the currency in practice requirement at subsection 3.19(d) of the *CPSM General Regulation* are not eligible for provisional (family practice-limited) class registration. They may be eligible for registration in the assessment candidate (re-entry to practice) class for the purpose of undergoing an assessment (see section 3.44 of the *CPSM General Regulation*).

1.5.1.1. The currency in practice requirement is further described in CPSM's Practice Direction for Professional Practice and Inactivity.[8]

1.5.1.2. This assessment candidate (re-entry to practice) class is further described in CPSM's Council Policy for the Assessment Candidate (Re-Entry to Practice) Class.[9]

1.6. Assessment requirement (ss. 3.19(1)(g)(i)) and exemptions

Approved Assessments

1.6.1. Subsection 3.19(1)(g)(i) of the *CPSM General Regulation* states that, subject to available exemptions (see below), applicants for registration in the provisional (family practice-limited) class are required to establish that they have satisfactorily completed an Approved Assessment in family medicine.

[8] https://cpsm.mb.ca/assets/Policies/Professional%20Practice%20and%20Inactivity.pdf

[9] If an applicant does not meet both the currency in practice requirement (ss. 3.19(1)(d)) and the approved assessment requirement (ss. 3.19(1)(g)(i)), then assessment candidate registration under section 3.38 and 3.44 may be blended if all other applicable registration requirements are met.

1.6.2. Assessments that have been approved by Council are as follows:[10]

1.6.2.1. Western Alliance for Assessment of International Physicians.

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

1.6.2.3. Family practice including anaesthesia:

1. PRA-FP; and
2. the anaesthesia assessment **annexed as Schedule A**.

1.6.2.4. The practice ready assessment for family medicine used by the College of Physicians and Surgeons of Alberta.

1.6.2.5. An assessment conducted elsewhere in Canada certified by the Dean of the Manitoba Faculty as equivalent to the competencies for family medicine/practice ready assessment.

1.6.2.6. Successful completion of the twelve (12) month Manitoba Licensure Program for International Medical Graduates (MLPIMG) will count as an approved assessment.

Exemptions to having to undergo an Approved Assessment

1.6.3. Subsection 3.19(2) provides exemptions to having to undergo and Approved Assessment:

> *3.19(2) An applicant is exempt from the requirement in clause (1)(g) (assessment and practice mentor) if the applicant establishes that one of the following criteria is met:*
>
> *(a) he or she*
>
> *(i) was not a member on the day he or she applies for registration in this class but*
>
> *(A) was previously registered as a provisional (family practice-limited) or provisional (academic — s. 181 faculty) member in good standing, or*
>
> *(B) was previously conditionally registered in the area of family practice under the former Act or was previously registered in the area of family practice under section 64 of that Act,*
>
> *(ii) has either satisfactorily completed an approved family practice assessment or was exempt under the former Act from such a requirement while he or she was previously registered under the former Act, and*
>
> *(iii) has the training and experience necessary to competently engage in family practice;*

[10] In approving assessments, the main issue is ensuring confirmation of competency. A secondary goal is ensuring equivalency for what is required to obtain CFPC certification eligibility.

(b) he or she holds CFPC certification or provides written confirmation from the CFPC that he or she is eligible for certification;
(c) he or she holds Member Board certification in family medicine and has satisfactorily completed a post-graduate training program accredited by the Accreditation Council for Graduate Medical Education (USA);
(d) he or she holds certification in family medicine from the Collège des médecins du Québec.

Candidates who have not completed an Approved Assessment

1.6.4. Candidates who do not establish that they have satisfactorily completed an Approved Assessment, or are not otherwise exempt from this requirement, are not eligible for provisional (family practice-limited) class registration. However, they may be eligible for registration in the assessment candidate (family practice) class for the purpose of undergoing an Approved Assessment (see section 3.41 of the *CPSM General Regulation*).

1.6.5. For registration in the assessment candidate (family practice) class, applicants must meet all other requirements for registration in the provisional (family practice-limited) class, but for subsection 3.19(1)(g), and must establish that they:
1.6.5.1. have been accepted into an Approved Assessment, and
1.6.5.2. have an employment offer to engage in their professional practice in a specific geographical area or practice setting that is approved by the minister.

1.6.6. The assessment candidate (family practice) class is further described below.

1.7. Terms and conditions

1.7.1. Provisional (family practice-limited) class registration is time limited and subject to restrictions imposed by the Minister's certificate. Section 3.20 of the *CPSM General Regulation* provides:

3.20(1) A person may be registered as a provisional (family practice-limited) member for a time period of not more than five years, which may be extended in accordance with sections 3.71 to 3.73.

3.20(2) A person may be registered as a provisional (family practice-limited) member to practise in a specific geographical area or practice setting as specified in the person's ministerial certificate.

1.7.2. Provisional (family practice-limited) class registrants must be supervised in respect to their professional practice and must work toward full registration:

> *3.21(1) As a condition of registration, a provisional (family practice-limited) member must be working towards meeting the requirements to be registered as a full (practising) member by either*
>
> *(a) obtaining registration in the Canadian Medical Register as a holder of the LMCC and CFPC certification; or*
> *(b) obtaining the designation of "successful in the MPAP" in the area in which he or she is assessed.*
>
> *3.21(2) As a condition of registration, a provisional (family practice-limited) member must have a practice supervisor.*

1.7.3. Practice supervision must accord with the requirements of the Council Policy for Supervision of Provisional Registrants.[11]

1.8. Extension of provisional registration

1.8.1. Under section 3.71 of the *CPSM General Regulation*, the Registrar may extend the usual maximum five (5) year period of registration for up to an additional twelve (12) months, subject to any conditions that the Registrar considers advisable. The registrant must apply in writing for an extension before their five (5) years expires and set out the reasons for the extension request.

1.8.2. In accordance with section 3.71 of the *CPSM General Regulation*, the extension may be granted if the Registrar determines that the registrant requires the extension due to an extended absence from professional practice due to a medical condition or for a statutory or approved leave. In any application for an extension, the onus is on the registrant to demonstrate that the extension should be granted, and the following conditions must be met:

1.8.2.1. The registrant must be eligible to receive a satisfactory certificate of good standing.

1.8.2.2. In applicable, the registrant must undertake to attend the earliest dates of the examination sittings and to cease registration if the physician is unsuccessful in the examinations.

[11] http://cpsm.mb.ca/

1.8.3. Sections 3.72 and 3.73 CPSM of the *CPSM General Regulation* require that the Registrar provide written reasons for their approval or refusal of the extension and, if the Registrar does not grant an extension, the applicant has a right of appeal.

1.9. Conversion to another class

1.9.1. Registration in the provisional (family practice-limited) class is limited to a five (5) year period, plus any extension granted by the Registrar. By the end of that period, to maintain registration, the registrant must covert to another class for which they are eligible, for example the provisional (MPAP) class or the full (practicing) class. Members in the provisional (family practice-limited) class may also be converted to the provisional (non-practicing) class in certain specified circumstances. Conversion is governed by sections 3.74, 3.75, and 3.76 of the *CPSM General Regulation*, which provide:

> *3.74(1) If*
>
> *…(b) a provisional (family practice-limited) member in good standing;*
>
> *…*
>
> *ceases to have a practice supervisor, the registrar may change the member's registration to provisional (non-practising) membership for a period of not more than 30 days from the date the member ceases to have a practice supervisor.*
>
> *3.74(2) If the member enters into a subsequent satisfactory arrangement with a practice supervisor before the 30-day period expires, the registrar may change the member's registration to the applicable class listed in subsection (1).*
>
> *3.75 Upon receiving a designation of "successful in the MPAP" or otherwise completing the requirements for full (practising) membership under section 3.8, a member's registration in*
>
> *…*
>
> *(b) the provisional (family practice-limited) class;*
>
> *…*
>
> *may be changed by the registrar to the full (practising) class.*

1.9.2. If the 30-day period contemplated under section 3.74 of the *CPSM General Regulation* expires without the member identifying a new supervisor, then the member's registration is cancelled as they no longer meet registration requirements.

1.10. Cancellation

1.10.1. Section 3.84 of the *CPSM General Regulation* provides as follows:

> *3.84(1) The registration of a … provisional (family practice-limited) member … is cancelled on the earliest occurrence of the following:*
>
> *(a) the ministerial certificate is revoked or lapses;*
>
> *(b) the member is no longer eligible for the Medical Council of Canada examination for cause;*
>
> *(c) the member's certification by the Royal College, American Board of Medical Specialties, or CFPC, as the case may be, is revoked for cause;*
>
> *(d) the specified or extended membership period ends;*
>
> *(e) the member receives the designation of "unsuccessful in the MPAP";*
>
> *(f) the member ceases to practise in Manitoba.*
>
> *3.84(2) A person whose registration is cancelled under clause (1)(d) or (e) may apply for registration only as a regulated associate member in one of the following classes:*
>
> *(a) educational (medical student);*
>
> *(b) educational (physician assistant);*
>
> *(c) educational (resident);*
>
> *(d) clinical assistant (full)*
>
> *3.84(3) To avoid doubt, a person whose registration is cancelled under clause (1)(d) or (e) is not permitted to apply for any class of regulated or regulated associate membership other than the ones listed in clauses (2)(a) to (d).*

2. Assessment candidate (family practice) class

The assessment candidate (family practice) class is intended for candidates who do not meet all Specific Requirements for registration in the provisional (family practice-limited) class. It is to allow for the candidate to undergo an Approved Assessment.

To be considered for registration, applicants must establish they have accepted into an Approved Assessment and that they have an employment offer to engage in their professional practice in a specific geographical area or practice setting that is approved by the minister.

2.1. Specific requirements under the *CPSM General Regulation*

2.1.1. Specific requirements for the assessment candidate (family practice) class are set out at section 3.41 of the *CPSM General Regulation*:

3.41 The registrar may register an applicant in the assessment candidate (family practice) class if the applicant establishes that

(a) he or she meets the requirements for registration as a provisional (family practice-limited) member in subsection 3.19(1) other than the requirements to

(i) enter into a satisfactory arrangement with a practice supervisor under clause 3.19(1)(f), and

(ii) complete an approved family practice assessment and enter into a satisfactory arrangement with a practice mentor under clause 3.19(1)(g);

(b) he or she has been accepted into an approved family practice assessment; and

(c) he or she has an employment offer to engage in family practice in a specific geographical area, or practice setting, that is approved by the minister.

2.2. Accepted into an Approved Assessment

2.2.1. Council has approved the Practice Readiness Assessment - Family Practice ("PRA-FP") offered through the Manitoba Faculty's IMG Program.

2.2.2. CPSM will not accept an application for registration in the assessment candidate (family practice) class unless it is supported by a letter of eligibility for the PRA-FP from the IMG Program.

2.3. Employment offer

2.3.1. CPSM will not accept an application for registration in the assessment candidate (family practice) class unless it is supported by an employment offer to engage professional practice in a specific geographical area or practice setting that is approved by the minister.

2.4. Time limited registration

2.4.1. Registration in this class is time limited. Section 3.42 of the *CPSM General Regulation* provides:

> *3.42(1) A person may be registered as an assessment candidate (family practice) member for a period of up to three months, which may be extended in accordance with sections 3.71 to 3.73.*
>
> *3.42(2) The time period described in subsection (1) does not include the time period for the orientation program referred to in section 3.43.*

2.4.2. Under section 3.71 of the *CPSM General Regulation*, the Registrar may extend the usual twelve (12) month period of registration for up to an additional twelve (12) months, subject to any conditions that the Registrar considers advisable. The registrant must apply in writing for an extension before their registration period expires and set out the reasons for the extension request.

2.4.3. In accordance with section 3.71 of the *CPSM General Regulation*, the extension may be granted if the Registrar determines that the member requires the extension due to an extended absence from professional practice due to a medical condition or for a statutory or approved leave. In any application for an extension, the onus is on the registrant to demonstrate that the extension should be granted, and the following conditions must be met:

2.4.3.1. The registrant must be eligible to receive a satisfactory certificate of good standing.

2.4.3.2. The registrant must undertake to complete the assessment promptly.

2.4.4. Sections 3.72 and 3.73 CPSM of the *CPSM General Regulation* require that the Registrar provide written reasons for their approval or refusal of the extension and, if the Registrar does not grant an extension, the applicant has a right of appeal.

2.5. Terms and conditions

2.5.1. Registration in this class is restricted to a specific practice setting and professional practice and may be subject to having to do orientation.[12] Subsections 3.42(3) and 3.43 of the *CPSM General Regulation* provide:

> *3.42(3) A person may be registered as an assessment candidate (family practice) member to practise in a specific geographical area or practice setting.*
> *Condition of registration*
> *3.43 As a condition of registration, the registrar may require that an assessment candidate (family practice) member complete an orientation program within a time period approved in accordance with a national standard.*

2.6. Conversion to provisional registration

2.6.1. Subsection 3.77(2) of the *CPSM General Regulation* provides:

> *3.77(2) Upon successful completion of the approved family practice assessment, the registration of an assessment candidate (family practice-limited) may be changed by the registrar to provisional (family practice-limited) membership.*

2.7. Cancellation

2.7.1. Assessment candidate (family practice) registration is cancelled in the following circumstances:

> *3.91 The registration of an assessment candidate (specialty practice) member or assessment candidate (family practice) member is cancelled on the earliest occurrence of the following:*
> *(a) the specified or extended membership period ends;*
> *(b) the member completes his or her assessment and the registrar receives the assessment results and changes his or her membership class as provided for in subsection 3.77(1) or (2);*
> *(c) the member fails the assessment or fails to complete it.*

[12] A candidate is not eligible for movement from the assessment class to registration in the family practice limited class until orientation, if required, has been completed.

3. Provisional (non-practicing) class

3.1. The provisional (non-practising) class is intended for provisional registrants who take a leave of absence but intend to return to practice. For example, this may occur due to a gap in supervision, or a medical leave of absence.

3.2. To convert to the provisional (non-practising) class, the registrant must meet the specific requirements set out at subsection 3.34 of the *CPSM General Regulation*:

> *3.34(1) An applicant for registration as a provisional (non-practising) member must establish that he or she was registered in good standing in one of the following membership classes immediately before applying for non-practising membership:*
>
> *(a) provisional (academic — s. 181 faculty);*
> *(b) provisional (specialty practice-limited);*
> *(c) provisional (family practice-limited);*
> *(d) provisional (public health officer).*

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

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

3.4. Conversion to the provisional (non-practising) class will be the usual default for registrants who no longer hold a valid certificate of practice (e.g., if it was not renewed or their Practice Supervisor resigns).

3.5. The maximum registration period for registrants who convert from provisional (gamily practice-limited) class to the provisional (non-practising) class is indicated at section 3.35 of the *CPSM General Regulation*:

> *The maximum time period for provisional (non-practising) membership for a member who was previously registered as a provisional (specialty practice-limited) member or provisional (family practice-limited) member is the remaining time period that he or she had under subsection 3.17(1) or 3.20(1), as the case may be, with any extensions approved before he or she was registered under this section.*

Schedule A – Anesthesia Assessment

Low Risk Anesthesia Assessment Program
Department of Anesthesia
University of Manitoba

PREAMBLE

The College of Physicians and Surgeons of Manitoba (CPSM) recognizes two levels of Anesthesia practice.

- Unlimited practice requires Royal College certification.
- Low-risk anesthesia requires either completion of a College of Family Physicians of Canada Certificate of Added Competence program, or an equivalent.

Candidates with the latter, whether from a Canadian non-standard program or from an International program, require an assessment in low-risk anesthesia. This Low-Risk Anesthesia Assessment (LRA) will be conducted within the Department of Anesthesia, under the governance of the Division of Continuing Professional Development in the Manitoba Faculty.

GOALS AND OBJECTIVES

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

PROGRAM ADMINISTRATION

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

DURATION OF ASSESSMENT

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

EARLY TERMINATION OF ASSESSMENT

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

FACULTY/SUPERVISION

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

DAILY RESPONSIBILITIES

The candidate shall have a graduated increase in responsibility in each of the components of the program. On initial exposure, it will be necessary for the purposes of safety to regard the candidate as a PGY1 resident. It is anticipated that candidates qualifying for this program will in fact be functioning at a level above that. By the mid-rotation evaluation, they will be expected to function at the same level as a Family Practice Anesthetist. Candidates shall be assigned to daily slates in the same manner as FPA residents. In addition, they will be expected to do four calls per month, to allow assessment of emergency performance. These will be done according to the same rules established for residents on Scholarly activity, in the Anesthesia Postgraduate Program.

EVALUATIONS AND FORMS

There will be an evaluation at the midpoint and the end of each of the components. At the midpoint evaluation, if possible, an indication will be made of the potential for extension. There may be formative feedback given in the process of this interim assessment, but this implies no commitment by the department to provide any necessary remediation. The assessment at the

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

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

REPORTING

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

ACCESSING THE PROGRAM

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

- a provisional or assessment license from CPSM, and
- certification of non-specialist training from a program acceptable to the CPSM.

COUNCIL MEETING

JUNE 25, 2025

NOTICE OF MOTION FOR APPROVAL

SUBJECT: Amendments to the Council Policy – Specialist Register

BACKGROUND:

Council Policy – Specialist Register is expanded to include provisions related to Fields of Practice.

An individual is registered as a specialist in a field of practice. Accordingly, requirements related to Fields of Practice and Specialist Register are closely related and for ease of understanding should be in the same policy document. A copy of the revised Council Policy for Fields of Practice and the Specialist Register is attached as ***Appendix A***.

Proposed additions to the Policy are underlined. Many of these additions come from CPSM General Regulation and pre-existing documents that this Policy is intended to replace. New policy statements are highlighted in blue and also underlined.

Upon approval of the new amendments to this Policy, ***clause 2.16*** of the *Practice Direction - Registration and Qualifications* will be subject to repeal.

Significant changes include:

- At ***Section 1*** – Clarification that the Registrar can add fields of practice to registrants' certificates of practice (i.e., their license).
- At ***Section 3.2*** – Registered fields of practice may include any specialty field that is recognized by the American Board of Specialties that is not recognized by the Royal College. This is important as Council has approved recognition of Member Board certification for full registration.
- ***Section 4.1*** is updated to include new Certificates of Added Competence offered by the College of Family Physicians of Canada.
- ***Section 4.3*** is added to recognize any subspecialty field that is recognized by the Royal College or the American Board of Specialties as a "special designation".
- ***Section 6.2.6*** recognizes certification in a specialty from the American Board of Specialties for the purposes of CPSM's Specialist Register.

These changes expand recognized fields of practice for registration with CPSM, and the eligibility criteria for CPSM's Specialist Register, which permits registrants to hold themselves out as specialists.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 25, 2025, DR. KEVIN CONVERY, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves the proposed amendments to Council Policy – Specialist Register now to be known as *Council Policy – Fields of Practice and Specialist Register*.

Council further approves the repeal of clause 2.16 of the Practice Direction - Registration and Qualifications.

Notice of Motion Briefing Note prepared by: Mr. Jeremy de Jong, Interim Director Registration

COUNCIL POLICY

Fields of Practice and Specialist Register

Initial Approval: December 13, 2023 **Effective Date: December 13, 2023**

Reviewed with Changes: December 18, 2024
June 25, 2025

1. Fields of Practice

1.1. The registration of regulated registrants and regulated associate registrants who are registered in an assessment candidate class or the educational (resident-limited) class must indicate the registrant's field or fields of practice.[1] The Registrar may direct that this information be added to the registrant's certificates of practice.

1.2. Subsection 2.10(2) of the *CPSM General Regulation* lists the fields that may be listed in CPSM's Register of Regulated Registrants or Register of Regulated Associate Registrants.

> *2.10(2) For the purpose of clause 2.5(1)(c), the registration of each applicable member must indicate at least one of the following fields of practice:*
>
> *(a) family practice:*
>
> 1. *with anaesthesia*
> 2. *without anaesthesia*
>
> *(b) specialty field of practice:*
>
> 1. *anaesthesia*
> 2. *anatomical pathology*
> 3. *cardiac surgery*
> 4. *cardiology*
> 5. *cardiovascular and thoracic surgery*
> 6. *clinical immunology and allergy*
> 7. *community medicine*
> 8. *dermatology*
> 9. *diagnostic radiology*
> 10. *emergency medicine*
> 11. *endocrinology and metabolism*
> 12. *gastroenterology*
> 13. *general pathology*
> 14. *general surgery*
> 15. *general surgical oncology*
> 16. *geriatric medicine*

[1] See ss. 2.5(1)(c) and 2.10 of the CPSM General Regulation.

17. *hematological pathology*
18. *internal medicine*
19. *neurology*
20. *neuropathology*
21. *neuroradiology*
22. *neurosurgery*
23. *nuclear medicine*
24. *obstetrics and gynecology*
25. *occupational medicine*
26. *ophthalmology*
27. *orthopedic surgery*
28. *otolaryngology*
29. *palliative medicine*
30. *pediatric emergency medicine*
31. *pediatric hematology/oncology*
32. *pediatric surgery*
33. *pediatrics*
34. *physical medicine and rehabilitation*
35. *plastic surgery*
36. *psychiatry*
37. *radiation oncology*
38. *respiratory medicine*
39. *respirology*
40. *rheumatology*
41. *thoracic surgery*
42. *urology*
43. *vascular surgery*
44. *any other field of practice recognized by the Royal College as a specialty*
45. *any other approved specialty field of practice*

(c) an approved special designation; [and/or]
(d) administration.

1.3. In accordance with subsection 2.10(2)(c), clause 45, Council approves the following specialty fields of practice:
   1.3.1. Molecular Genetic Pathology
   1.3.2. Any specialty field that is recognized by the American Board of Specialties that is not recognized by the Royal College

1.4. In accordance with subsection 2.10(2)(c) of the *CPSM General Regulation*, Council approves **special designation** registration of registrants holding one of the following special designations:

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

1.4.1.a. Addictions Medicine
1.4.1.b. Care of the Elderly
1.4.1.c. Emergency Medicine
1.4.1.d. Enhanced Surgical Skills
1.4.1.e. Family Practice Anesthesia
1.4.1.f. Obstetrical Surgical Skills
1.4.1.g. Palliative Care
1.4.1.h. Sport and Exercise Medicine

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

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

1.4.3. Any subspecialty field that is recognized by the Royal College or the American Board of Specialties.

1.4.4. Those registrants 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:

1.4.4.a. Adult Surgical Pathology
1.4.4.b. Chemical Pathology
1.4.4.c. Eye Physician
1.4.4.d. Foot & Ankle Diabetic Foot Care
1.4.4.e. Hair Restoration Physician
1.4.4.f. Neuro-ophthalmology
1.4.4.g. Pediatric and Adult Nephropathology

2. The Specialist Register

2.1. A Specialist Register is established under section 2.7 of the *CPSM General Regulation* and is maintained by the Registrar. The Specialist Register must include the registrant's name and the field or fields of practice[2] in which they are registered.[3] Section 2.9 of the *CPSM General Regulation* establishes the eligibility criteria for registration as a specialist:

2.9(1) A member in good standing who is a certified specialist of the Royal College is entitled to be registered on the specialist register if the member submits to the registrar the following:

[2] See section 2.10 of the CPSM General Regulation.
[3] See section 2.8 of the CPSM General Regulation.

(a) a signed application in the approved form;
(b) the fees provided for in the bylaws;
(c) satisfactory evidence of the member's qualifications as a specialist.

2.9(2) In special circumstances, the council may direct the registrar to enter on the specialist register the name of a member in good standing who is not a certified specialist of the Royal College but who submits to the registrar a signed application in the approved form and pays the fees provided for in the by-laws.

2.2. In accordance with subsection 2.9(2) of the *CPSM General Regulation*, Council has provided the Registrar with authority to register regulated registrants in the Specialist Register who are not Royal College certified specialists if they meet the following requirements:

2.2.1. The applicant must apply for entry on the Specialist Register in the approved form and pay the prescribed fee. They must meet all requirements for full registration other than holding Royal College certification.

2.2.2. The applicant must be registered in a specialty or subspeciality field that is described in Part I of this Policy and ~~The applicant~~ must meet one or more of the following eligibility criteria:

2.2.2.a. They have successfully completed MPAP, in which case they would be registered in accordance with the outcome of that process.[4]

2.2.2.b. They hold affiliate status with the Royal College in a subspecialty and have successfully completed a Royal College subspecialty examination through the Royal College — Subspecialist Examination Affiliate Program, in which case they would be registered in accordance with their affiliate status.

2.2.2.c. They were registered pursuant to section 64 of *The Medical Act* or section 181 of the RHPA in a specialty field of practice.

2.2.2.d. They are registered in the provisional (specialty-limited) class, in which case they would be registered in accordance with their area of practice.

2.2.2.e. The applicant has achieved full registration by virtue of a domestic trade agreement in accordance with subsection 32(3) of the RHPA or under the provisions of *The Medical Act* (now

[4] See The Manitoba Practice Assessment Program ("MPAP") Council Policy.

repealed) and they are licensed to practice in the applicable specialty or subspecialty field.[5]

2.2.2.f. They hold certification in the specialty from the American Board of Specialties.

2.3. Section 6.6. of the *CPSM General Regulation* provides:

6.6(1) A member who is registered on the specialist register is permitted to use the designation "specialist" or any variation or abbreviation of it or equivalent in another language to describe his or her professional practice or to hold himself or herself out as a person who is qualified to practise medicine as a specialist.
6.6(2) No person — other than a member described in subsection (1) — shall use the designation "specialist" or any variation or abbreviation of it or equivalent in another language alone or in combination with other words in a manner that states or implies that the person is a member qualified to practise medicine as a specialist.

2.4. Section 6.7. of the *CPSM General Regulation* provides:

6.7(1) A regulated member who is not registered on the specialist register is permitted to use the phrase "special interest in" or "practice restricted to", or both, when referring to the member's professional practice if
(a) the member's field of practice is not one that is listed in clause 2.10(2)(b) as a specialty field of practice; or
(b) the member's field of practice is listed in clause 2.10(2)(b) as a specialty field but the member's registration does not indicate that he or she is qualified to practise as a specialist in that specialty field.
The phrase must appear immediately before the member's field of practice.

6.7(2) As an aid to the reader, the following are examples of such phrases:
(a) a member with a special interest in sports medicine;
(b) a family practitioner with a special interest in psychiatry;
(c) a member with a special interest in and practice restricted to oncology.

[5] For example, this applies to registrants who achieved full registration under *The Medical Act* through practice experience, or specialists who are registered under the provisions of the CFTA.

COUNCIL MEETING
JUNE 25, 2025
NOTICE OF MOTION FOR APPPROVAL

SUBJECT: New Registration Policies

1. Council Policy for Professional Liability Insurance or Coverage Policy
2. Council Policy for Registration in the Educational Classes for Medical Students and Residents.
3. Council Policy for Registration in the Provisional (Temporary Locum) Class

BACKGROUND:

A review of the Policies of Council, Policies of the Registrar, and the Registration and Qualifications Practice Direction is nearing completion. The goal of this project is to revise and update these documents and then compile and organize them into a single source to be referred to in future as CPSM's Compiled Registration Policies. This will be an indexed and easy to navigate document that supports transparency and accessibility. Due to the volume of work, the focus of this project is on clarity, updated wording, and organization. Limited substantive changes are being made to existing requirements.

This Briefing note presents three (3) new Council Policies that are intended to replace current wording in the *Practice Direction - Registration and Qualifications*. The new policies are:

1. Council Policy for Professional Liability Insurance or Coverage Policy.
2. Council Policy for Registration in the Educational Classes for Medical Students and Residents.
3. Council Policy for Registration in the Provisional (Temporary Locum) Class.

A redlined version of the *Practice Direction - Registration and Qualifications* is attached as ***Appendix E*** to this Briefing Note. The redline version also reflects changes recommended in two other agenda items (Amendment to the Council Policy - Registration in the Provisional Family Practice-Limited, Assessment Candidate (Family Practice), and Provisional (Non-Practicing) Classes and Amendments to the Council Policy - Specialist Register). Once all these changes are approved, the Practice Direction can be repealed in its entirety.

Council Policy for Professional Liability Insurance or Coverage Policy

The Draft *Council Policy for Professional Liability Insurance or Coverage Policy* is brought forward as part of the above project. It is attached to this Briefing Note as ***Appendix A***.

The only significant change to current requirements is that a new insurance provider (Berkley Canada) is included, which needs to be approved by Council. A letter from BMS Canada Risk Services Ltd. (broker for Berkley Canada) is attached as ***Appendix B***.

This policy replaces existing requirements at ***Clause 2.25*** of the soon to be repealed *Practice Direction - Qualifications and Registration*. It has been reviewed and endorsed by the Board of Assessors.

Council Policy for Registration in the Educational Classes for Medical Students and Residents

The *Draft Council Policy for Registration in the Educational Classes for Medical Students and Residents* is brought forward as part of the above project. It is attached to this Briefing Note as ***Appendix C***. No significant changes are made to current requirements or processes.

This policy replaces existing requirements at ***Clauses 2.18 and 2.24*** of the soon to be repealed *Practice Direction - Qualifications and Registration*. It has been reviewed and endorsed by the Board of Assessors.

Council Policy for Registration in the Provisional (Temporary Locum) Class

The *Draft Council Policy for Registration in the Provisional (Temporary Locum) Class* is brought forward as part of the above project. It is attached to this Briefing Note as ***Appendix D***. No significant changes are made to current requirements or processes.

This Policy replaces existing requirements at ***Clauses 2.11, 2.12, and 2.13*** of the soon to be repealed *Practice Direction - Qualifications and Registration*. It has been reviewed and endorsed by the Board of Assessors.

Further amendments to the Qualifications and Registration Practice Direction:

Clause 2.1 of the *Practice Direction - Qualifications and Registration* should have been repealed by the Council at its March 2024 meeting. It is recommended that be done now, as the relevant provisions have been moved to the *Council Policy for Registration of Clinical and Physician Assistants and Physician Assistant Students*.

Clause 2.9 can now be repealed as this language has been moved to applicable policy documents including the *Council Policies for Registration in the Provisional Family Practice-Limited, Assessment Candidate (Family Practice), and Provisional (Non-Practicing) Classes & Registration in the Provisional Speciality Practice-Limited, Assessment Candidate Specialty Practice, and Provisional Non-Practicing Classes.*

Clauses 2.26 and 2.27 can be repealed as they contain no approved requirements.

If all the above is accepted, it is appropriate to repeal the *Practice Direction -Qualifications and Registration*.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 25, 2025, DR. KEVIN CONVERY, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves the proposed new Council Policies effective June 25, 2025 for:

1. Professional Liability Insurance or Coverage Policy.
2. Registration in the Educational Classes for Medical Students and Residents.
3. Registration in the Provisional (Temporary Locum) Class.

Council also approves the repeal of Practice Direction – Qualifications and Registration effective June 25, 2025.

Notice of Motion Briefing Note prepared by: Mr. Jeremy de Jong, Interim Director of Registration

COUNCIL POLICY

Professional Liability Insurance or Coverage

Initial Approval: June 25, 2025 **Effective Date: June 25, 2025**

1. **Professional Liability Insurance**

1.1. All practicing registrants of CPSM require professional liability insurance or coverage:

1.1.1. This is a prerequisite for the issuance of a certificate of practice pursuant to subsection 4.4(2)(e) of the *CPSM General Regulation*.

1.1.2. A registrant's certificate of practice is no longer considered valid if they cease to be covered by the professional liability insurance or coverage required by subsection 4.12(1) of the *CPSM General Regulation*.

2. **Insurance Requirements**

2.1. Section 4.12 of the *CPSM General Regulation* deals with the requirement for professional liability insurance or coverage and sets out various prohibitions and obligations for registrants.

4.12(1) Subject to subsection (5), a member who holds a certificate of practice must obtain and maintain professional liability insurance or coverage that extends to all areas of the member's professional practice through either or both of the following:

(a) a policy of professional liability insurance of an approved type to a minimum coverage limit of $10 million for each occurrence or claim;

(b) membership in the Canadian Medical Protective Association.

4.12(2) If the registrar becomes aware that the member is no longer maintaining the required professional liability insurance or coverage, the registrar may suspend the member's certificate of practice and notify the member.

4.12(3) The member must keep available for inspection by the college evidence that he or she complies with subsection (1).

4.12(4) The member must promptly notify the registrar if he or she is no longer covered by the liability insurance or coverage required under subsection (1) and surrender his or her certificate of practice to the registrar.

4.12(5) A member is not required to comply with subsection (1) if he or she is

(a) a member who provides satisfactory written evidence from his or her employer that

(i) the member is engaging in the practice of medicine only in respect of other employees of the employer and not in respect of any members of the public, and

(ii) any professional liability claim made against the member will be covered by the employer or the employer's insurance or coverage;

(b) a physician assistant or clinical assistant who provides satisfactory written evidence from his or her employer that

(i) the member is engaging in his or her professional practice under an approved contract of supervision, and

(ii) any professional liability claim made against the member will be covered by the insurance or coverage of the supervisor or employer;

(c) an educational (medical student) member, educational (external or visiting student) member, or educational (physician assistant student) member in respect of whom satisfactory evidence is provided by the Manitoba faculty that the member is or will be covered by the University of Manitoba's insurer while engaged in his or her professional practice as part of his or her educational requirements; or

(d) a member who does not ordinarily reside in Manitoba and who does not engage in the practice of medicine in respect of any patients in Manitoba.

3. **Approved Insurers**

3.1. In addition to membership in the Canadian Medical Protective Association, Council has approved the following types of professional liability insurance or coverage for the purposes of subsection 4.12(1)(a) of the *CPSM General Regulation*:

- 3.1.1. Lloyds of London
- 3.1.2. Healthcare Insurance Reciprocal of Canada (HIROC)
- 3.1.3. Canadian University Reciprocal Insurance Exchange (CURIE)
- 3.1.4. Berkley Canada (for Clinical and Physician Assistants only)

bms.

BRIEFING PAPER

To	Jeremy D. de Jong, JD Interim Director, Registration Department College of Physicians and Surgeons of Manitoba
From	BMS Canada Risk Services Ltd. (BMS), insurance broker for the CAPA PLI program
Subject	CAPA Professional Liability Insurance (PLI)
Date	May 2025

1. PROFESSIONAL LIABILTY INSURANCE FOR PHYSICIAN ASSISTANTS AND CLINICAL ASSISTANTS

1.1. BACKGROUND

The Professional Liability Insurance (PLI) policy available for physician assistant and clinical assistant members of the Canadian Association of Physicians Assistants (CAPA) includes:

Policy Form	Claims Made
Professional Liability Coverage	$10M per claim / $10M limit per year
Disciplinary Legal Expense	$50,000 per claim / $250,000 limit per year
Criminal Defence Cost Reimbursement	$250,000 limit per claim
Abuse Defence Cost Reimbursement	$250,000 limit per claim
Therapy and Counselling Fund	$25,000 limit per year
Extended Reporting Period	2 years included automatically; up to 20 years available for additional premium
Coverage Territory	Canada
Jurisdiction	Canada or the US

1.2. CPSM REGISTRANT LIABILITY INSURANCE REQUIREMENTS

The PLI available to CPSM Physician Assistant (PA) and Clinical Assistant (CA) registrants through the CAPA member insurance program meets the Professional Liability Insurance or Coverage requirements, including minimum coverage limit and scope of coverage, as noted in the College of Physicians and Surgeons of Manitoba General Regulation, M.R. 163/2018; Section 4.12:

Insurance or coverage required
4.12(1) *Subject to subsection (5), a member who holds a certificate of practice must obtain and maintain professional liability insurance or coverage that extends to all areas of the member's professional practice through either or both of the following:*

(a) a policy of professional liability insurance of an approved type to a minimum coverage limit of $10 million for each occurrence or claim;

(b) membership in the Canadian Medical Protective Association.

More specifically, the CAPA member PLI provides each insured member with $10M per claim / $10M annual aggregate policy limits and extends to cover claims arising from professional services delivered within all areas of the insured's professional scope of practice as defined by their Provincial regulating authority.

1.3. SUPPLEMENTAL QUESTIONS FROM CPSM

1. *Does the CAPA PLI policy cover legal defense and indemnity?*

   BMS: Yes, to the policy limits noted above.

2. *Does the CAPA PLI policy cover complaints, investigations, and disciplinary hearings before regulatory bodies?*

   BMS: Yes, to the policy limit noted above for "Disciplinary Legal Expense".

3. *Does the CAPA PLI policy provide coverage for the specific type of practice engaged in by CAs and PAs in Manitoba (i.e., scope of practice alignment)?*

   BMS: Yes, the policy extends to cover claims arising from professional services delivered within all areas of the insured's professional scope of practice as defined by their Provincial regulating authority.

4. *How does the insurer handle claims—speed, fairness, advocacy, and transparency?*

   BMS: Berkley Canada, the insurer for CAPA member PLI policy has an A+ (Superior) rating from AM Best, a leading global credit rating agency focused on the insurance industry. This means that Berkley is a reliable and stable insurer, with the financial resources to pay valid claims promptly.

   As a broker, BMS is the trusted advisor and intermediary between the policyholder and the insurance company during the claims process. Our job is to support, guide, and protect the interests of the policyholder, ensuring the claim is handled fairly, efficiently, and in accordance with the policy terms.

   BMS works with a range of domestic and Lloyd's insurers, and we have worked with Berkley Canada for approximately 10 years across various health professional insurance programs. Berkey manages its claims process in-house with a team of specialists experienced in the healthcare liability space, and we have found their claims handling to be responsive and efficient.

COUNCIL POLICY

Registration in the Educational Classes for Medical Students and Residents

Initial Approval: June 25, 2025 **Effective Date: June 25, 2025**

Preamble

This Policy relates to registration in the following classes:[1]

- Educational (medical student) class
- Educational (resident) class
- Educational (resident-limited) class
- Educational (external or visiting student) class
- Educational (non-practicing) class

Applicants for registration in the educational classes must satisfy the following requirements from the *CPSM General Regulation*:

- **Common Requirements** for all registrants of CPSM at s. 3.2,[2]
- **Non-Exemptible Requirements** for all Regulated Associate Registrants at s. 3.37,[3] and
- the **Specific Requirements** from the *CPSM General Regulation* that apply to each of the above classes of registration, which are reproduced in this Policy for ease of reference.

The purpose of this Policy is to set out additional registration requirements that have been approved by Council. This Policy addresses what is required for a certificate of registration. It does not deal with the requirements for certificates of practice, which are described at Part 4 of the *CPSM General Regulation*.[4]

Important references to practice limitations that apply to all educational residents are provided at Part 5 of this Policy, below.

[1] This Policy describes all educational registration classes, except for Physician Assistant students which are addressed in another Council Policy.
[2] RHPA at s. 32(1).
[3] Subsection 3.2(1) of the CPSM General Regulation at point 9.
[4] Part 4 of the *CPSM General Regulation* establishes the requirements for issuing a certificate of practice. Of note, s. 4.1 states, "*A certificate of registration does not entitle a member to practise medicine. To do so, a member must also hold a certificate of practice. ...*"

Contents

1. Educational (medical student) class

This class is for medical students enrolled at the Manitoba faculty.

1.1. Specific requirements

1.1.1. Specific requirements for registration in the educational (medical student) class are at section 3.48 of the *CPSM General Regulation*:

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

1.2. Terms and conditions:

1.2.1. Section 3.49 of the *CPSM General Regulation* states that, "*As a condition of registration, a member must continue to be enrolled as a medical student with the Manitoba faculty*."

1.3. Cancellation

1.3.1. In accordance with section 3.93 of the *CPSM General Regulation*, registration is cancelled if the member:

1. ceases to be enrolled as a medical student with the Manitoba faculty, or
2. or upon expiry of the specified period for which the registration was issued.

2. Educational (resident) class

This class is designed for physicians undergoing residency training with the Manitoba faculty. Registration as an educational (resident) requires a degree in medicine or osteopathic medicine from an eligible institution, and enrolment in a residency training program at the Manitoba faculty.

2.1. Specific requirements

2.1.1. Specific requirements for registration in the educational (resident) class are set out at section 3.52 of the *CPSM General Regulation*:

3.52 An applicant for registration as an educational (resident) member must establish that

(a) he or she holds

(i) a medical degree from a faculty of medicine approved by the CACMS or LCME,

(ii) a Doctor of Osteopathic Medicine degree from a school in the United States accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation, or

(iii) a medical degree from any other nationally approved faculty of medicine;

(b) he or she is enrolled in a residency training program at the Manitoba faculty.

2.2. Terms and conditions:

2.2.1. Section 3.53 of the *CPSM General Regulation* prescribes conditions that apply to registration in the educational (resident) class:

3.53(1) As a condition of registration, a member must continue to be enrolled in a residency training program at the Manitoba faculty.

3.53(2) As an additional condition of registration, the registrar may require an educational (resident) member to complete an orientation program approved by the registrar within a specified time period.

2.3. Cancellation

2.3.1. Subsection 3.93(1)(b)(iii) of the *CPSM General Regulation* states that the registration of an educational (resident) is cancelled if they cease to be enrolled in the residency training program with the Manitoba faculty.

3. Educational (resident-limited) class

The educational (resident-limited) class is designed to permit residents deemed competent by the Manitoba faculty to practice within their specialty field during the periods and at the locations approved by the Manitoba faculty.[5] They remain under an educational license and, consequently, are never the most responsible physician for patients.

Only physicians currently registered as residents are eligible for registration in the resident-limited class. Therefore, the members of this class are not required to comply with the common application requirements – they will have already done so when they applied to the resident class. They must meet the specific requirements for registration under section 3.54 of the *CPSM General Regulation*.

Note that section 2.10 of the *CPSM General Regulation* (field of practice) applies to the educational (resident-limited) class, meaning their registration must reflect their licensed field of practice.

3.1. Specific requirements

3.1.1. Specific requirements for registration in the educational (resident-limited) class are set out at section 3.54 of the *CPSM General Regulation*:

3.54 An applicant for registration as an educational (resident-limited) member must

(a) establish that he or she was registered as an educational (resident) member in good standing immediately before making the application;
(b) establish that he or she has successfully completed a portion of training in an approved specialty field of practice; and

[5] This is generally referred to as moonlighting. Residents are still to be supervised by the program and must comply with applicable policies and requirements, including for moonlighting and prescribing.

(c) provide written confirmation from the program director and the dean of Post-Graduate Medical Education at the Manitoba faculty (or the dean's designate) that

(i) he or she is enrolled in a residency training program at the Manitoba faculty,

(ii) he or she is competent to provide the specified medical services including the performance of the specified reserved acts,

(iii) he or she is legally entitled to work in Manitoba, and

(iv) the Manitoba faculty undertakes to continue to supervise the applicant as a resident while he or she is registered as an educational (resident-limited) member;

3.2. Terms and conditions:

3.2.1. All educational (resident-limited) registrations are time limited and may be for a specific practice setting (see section 3.55 of the *CPSM General Regulation*).

3.2.2. All educational (resident-limited) registrations are subject to the condition that the physician be enrolled in and be in good standing in their residency training program at the Manitoba faculty (see section 3.56 of the *CPSM General Regulation*).

3.2.3. Section 4.18, which is under Part 4 of the *CPSM General Regulation* (Certificates of Practice), requires active participation in a residency program as a license condition:

4.18 An educational (resident-limited) member must actively participate in his or her residency training program.

3.3. Cancellation and conversion:

3.3.1. Section 3.78 of the *CPSM General Regulation* provides:

3.78(1) If a member who is registered in the educational (resident-limited) class is no longer providing the specified medical services in the community but is still enrolled in the residency training program, the registrar may change the member's registration to the educational (resident) class.

3.78(2) If a member who is registered in the educational (resident-limited) class takes a leave of absence from the residency program, the registrar may change the member's registration to the educational (non-practising) class.

3.3.2. The registration of an educational registrant is cancelled if they cease to be enrolled in the residency training program with the Manitoba faculty (see subsection 3.93(1)(b)(iii) of the *CPSM General Regulation*).

4. Educational (external or visiting student) class

This class is intended for students or graduates of approved faculties of medicine outside Manitoba who are also enrolled in the Manitoba faculty for a limited period. Ordinary disclosure requirements apply to these applicants, but given the special nature of registration as an external or visiting student, instead of other registration requirements, the applicant must meet all the following requirements:

- submit a signed application in the approved form,
- submit the fees provided for in the by-laws,
- if applicable, submit their MINC number,
- establish that they are a graduate or a student of a nationally approved faculty of medicine outside Manitoba,
- establish that they are in good standing with the regulatory authority in the jurisdiction in which they are currently authorized to practise medicine, and
- the specific requirements at section 3.57 of the *CPSM General Regulation*.

4.1. Specific requirements:

4.1.1. Specific requirements for registration in the educational (external or visiting student) class are at section 3.57 of the *CPSM General Regulation*:

3.57 An applicant for registration as an educational (external or visiting student) member must

(a) establish that he or she is a graduate, or an undergraduate or post-graduate student in good standing, of either

(i) a nationally approved faculty of medicine located outside Manitoba, or

…

(b) if applicable, establish that he or she is in good standing with the regulatory authority in the jurisdiction in which he or she is currently authorized to practise medicine; and

(c) provide written confirmation from the dean of the Manitoba faculty (or the dean's designate) that

(i) he or she has been accepted by the Manitoba faculty as an external or visiting student in a specified department,

(ii) he or she is legally entitled to study in Manitoba,

(iii) he or she meets the approved English language fluency criteria,

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

4.2. Time Limited Registration:

4.2.1. Section 3.58 of the *CPSM General Regulation* provides that "*A person may be registered as an educational (external or visiting student) member for a time period of not more than six consecutive months, which may be extended in accordance with sections 3.71 to 3.73.*" The Registrar may extend registration for up to twelve (12) additional months. Extension can only occur if the student provides a written request from the dean of the Manitoba Faculty (or the dean's designate) for an extension before the initial registration expires and sets out the reasons for the extension request. Written reasons must be given by the Registrar, and the student has a right of appeal.

4.3. Terms and conditions:

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

4.3.2. Practice is limited to practice under the supervision of the teaching staff in a particular department or departments. Other conditions may be imposed, depending upon the circumstances.

4.4. Cancellation:

4.4.1. In accordance with section 3.93 of the *CPSM General Regulation*, an external or visiting student's registration is cancelled if they cease to be enrolled as an external or visiting medical student with the Manitoba faculty, or the specified period for which the registration was issued expires.

5. Educational registrant practice limitations:

5.1. Supervision:

5.1.1. Although having a Practice Supervisor is not a requirement for registration in the medical student, visiting student, educational (resident) or (resident-limited) classes, student and residents are supervised by the Manitoba faculty's residency training program. CPSM's Standard of Practice for Professional Responsibilities in Undergraduate & Postgraduate Medical Education applies and includes requirements for the supervisory relationship in the educational practice setting.

5.2. Reserved acts:

5.2.1. The performance of reserved acts by an educational registrant is limited in accordance with Part 5 of the *CPSM General Regulation*.

1. Section 5.18 of the *CPSM General Regulation* provides that a student or resident may perform a reserved act only if they are supervised by a physician who is legally permitted and competent to perform the reserved act. The physician must be physically present and available to assist during the performance of the reserved act unless the supervising physician determines that the individual student or resident does not require that level of supervision, in which case the supervising physician must be available for consultation while the reserved act is being performed.

2. Requirements for prescribing, which is a reserved act, are detailed at sections 5.4 (authorization to prescribe), 5.5 (prescription requirements), 5.6 (prescription renewals), and 5.7 (issuing a requisition) of the *CPSM General Regulation*. This includes that prescribing must be authorized by the Registrar. For ease of reference, section 5.4 states:

5.4(1) An educational (resident) or (resident-limited) member may prescribe a drug or vaccine only if the member is authorized to do so and only in accordance with the requirements of this Part.

5.4(2) An authorization is limited to prescribing drugs and vaccines to patients treated by the member in an educational setting.

5.4(3) To obtain an authorization, the member must apply in writing to the registrar and meet the following criteria:

(a) [repealed] M.R. 100/2023;

(b) he or she must provide a letter signed by the member's program director and the Associate Dean of Post-Graduate Medical Education (or designate) confirming that

(i) the member is registered as a resident in good standing and is, at a minimum, in his or her second year of residency training,

(ii) there are no clinical or ethical concerns with the member being authorized to prescribe a drug or vaccine, and

(iii) the member has participated in an approved educational program about pharmacology and pharmacotherapy.

5.4(4) The registrar may issue an authorization, which may be subject to any additional conditions that the registrar considers necessary or advisable.

3. For the purposes of section 5.4(3)(b)(ii) of the *CPSM General Regulation*, the approved pharmacology and pharmacotherapy course for resident prescribing is the "*Prescription Writing Course*" offered through the Max Rady College of Medicine PGME core curriculum on limited resident prescribing.

4. Limits on the ability for residents to delegate reserved acts are set out at sections 5.16 to 5.17 of the *CPSM General Regulation*.

6. Educational (non-practicing) class

6.1. This class is for students who are on leave of absence approved by the Manitoba Faculty. Section 3.60 of the *CPSM General Regulation* provides:

An applicant for registration as an educational (non-practising) member must establish that

(a) he or she was registered or was qualified to be registered as an educational member in good standing immediately before applying for educational (non-practising) membership; and

(b) his or her leave of absence has been approved by the Manitoba faculty.

COUNCIL POLICY

Registration in the Provisional (Temporary Locum) Class

Initial Approval: June 25, 2025 **Effective Date: June 25, 2025**

1. Provisional (Temporary Locum) Class

Section 3.30 of the *CPSM General Regulation* describes circumstances where an applicant may be registered in the temporary-locum class. An applicant wishing to do a locum in Manitoba who meets the requirements for full registration is expected to apply for registration in the Full (Practicing) Class.

1.1. Specific requirements:

1.1.1. Specific requirements for registration in the provisional (temporary locum) class are at section 3.30 of the *CPSM General Regulation*:

3.30 An applicant for registration as a provisional (temporary — locum) member must establish that

(a) he or she was previously registered

(i) as a full (practising) member, or a member in the provisional (specialty practice-limited) or (family practice-limited) class, in good standing but has ceased to engage in his or her professional practice in Manitoba, or

(ii) as a registrant in good standing on the Manitoba Medical Register under the former Act;

(b) he or she is currently authorized to practise medicine in another jurisdiction in Canada or elsewhere;

(c) he or she is competent to engage in his or her professional practice for the purpose specified in his or her application;

(d) he or she has entered into a satisfactory locum agreement with a regulated member; and

(e) he or she has met any other approved requirements for provisional (temporary —locum) membership.

1.2. Terms and conditions:

1.2.1. All temporary – locum registrations are limited to a specified time and specified location. Section 3.31 of the CPSM General Regulation provides that *"A person may be registered as a provisional (temporary — locum)*

member for a time period, and a geographical area or practice setting, specified by the registrar."

1.2.2. Respecting the Certificate of Practice, section 4.16 of the *CPSM General Regulation* provides that *"A provisional (temporary — locum) member must comply with his or her locum arrangement.*

1.3. Approved Requirements for the purposes of CPSM General Regulation section 3.30(e)

1.3.1. A locum physician is a physician who will be carrying out the practice of medicine in place of another physician with a valid certificate of practice, for a fixed period approved by the Registrar. The Registrar must restrict the use of temporary - locum registration to register only those physicians who meet the requirements set out below:

1. 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 no more than twelve (12) months. The Registrar has the discretion to extend this period only in exceptional circumstances.

2. Applicants who qualify for full registration shall apply to that class, and not the locum class.

1.4. Cancellation:

1.4.1. A registrant's provisional (temporary – locum) registration will be cancelled when the specified period ends. Section 3.88 of the *CPSM General Regulation* provides:

3.88 The registration of a provisional (temporary — locum) member is cancelled when the specified membership period ends.

PRACTICE DIRECTION

Qualifications and Registration

Initial Approval: November 22, 2018

Effective Date: January 1, 2019

Reviewed with Changes
June 21, 2019, December 9, 2020
March 23, 2022, September 29, 2022
March 22, 2023, June 28, 2023
September 27, 2023, December 13, 2023
March 20, 2024, June 26, 2024, June 28, 2024
September 25, 2024, December 18, 2024
March 19, 2025

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

This Practice Direction is made under the authority of s 85 of the RHPA with specific reference to Parts 3, 4, 7, and 8 of the CPSM General Regulation.

1. REPEALED DECEMBER 18, 2024 – SEE COUNCIL POLICY CERTIFICATE OF PRACTICE

2. QUALIFICATIONS

Approved Assessment Requirements

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

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

~~2.1.1. with no field of practice restriction:~~

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

~~2.1.1.b. National Assessment Collaborative OSCE.~~

~~2.1.1.c. Satisfactory completion of the MCCQE1 exam.~~

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

2.2. REPEALED

2.2.1. REPEALED – MARCH 19, 2025 – See Council Policy – Registration in the Provisional Family Practice-Limited, Assessment Candidate (Family Practice), and Provisional (Non-Practicing) Classes

2.2.2. REPEALED – DECEMBER 18, 2024 – See Council Policy - Registration Assessment Candidate Specialty Practice Classes

2.3. REPEALED – MARCH 22, 2023 – See Council Policy - Assessment Candidate (Re-Entry to Practice) Class

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

2.4. REPEALED – JUNE 28, 2023 – See Practice Direction - Professional Practice and Inactivity

2.5. REPEALED – JUNE 28, 2023 – See Practice Direction - Professional Practice and Inactivity

2.6. REPEALED – JUNE 28, 2023 – See Practice Direction - Professional Practice and Inactivity

Provisional Registration

2.7. REPEALED – SEPTEMBER 27, 2023 – See Council Policy - Supervision of Provisional Registrants

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

2.9. Requirements for the use of extension of registration

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

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

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

2.10. REPEALED – MARCH 19, 2025 – See Council Policy – Registration in the Provisional Family Practice-Limited, Assessment Candidate (Family Practice), and Provisional (Non-Practicing) Classes

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

~~2.11. The Registrar must restrict the use of temporary - locum registration to register only those physicians who meet the requirements set out below.~~

~~2.12. A locum physician is a physician who will be carrying out the practice of medicine in place of another physician with a valid certificate of practice, for a fixed time period approved by the Registrar. A physician who wishes to practice medicine in Manitoba as a locum physician must establish that he or she:~~

~~2.12.1. has satisfactory locum agreement with a regulated registrant; and~~

~~2.12.2. meets any other requirements set by Council.~~

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

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

2.14. REPEALED – DECEMBER 13, 2023 – See Council Policy - Specialist Register

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

2.15. REPEALED – DECEMBER 18, 2024 – See Council Policy - Registration Assessment Candidate Specialty Practice Classes

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

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

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

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

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

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

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

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

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

~~2.16a Council approves the following specialty field of practice:~~

- ~~Molecular Genetic Pathology~~

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

2.17. REPEALED – SEPTEMBER 25, 2024 – See Council Policy English Language Proficiency

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

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

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

2.19. REPEALED – MARCH 20, 2024 – See Council Policy Registration of Clinical and Physician Assistants and Physician Assistant Students

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

2.20. REPEALED – MARCH 20, 2024 – See Council Policy Registration of Clinical and Physician Assistants and Physician Assistant Students

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

2.21. REPEALED – MARCH 20, 2024 – See Practice Direction Supervision Requirements for Clinical and Physician Assistants and Physician Assistant Students

Certificate of Professional Conduct

2.22. REPEALED – SEPTEMBER 25, 2024 – See Council Policy Certificate of Professional Conduct

2.23. REPEALED – SEPTEMBER 25, 2024 – See Council Policy Certificate of Professional Conduct

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

~~2.24. For residents who have completed a minimum of two years training in the applicable field and who have their Licentiate of the Medical Council of Canada (LMCC), the following are the approved fields of practice for registrants to be registered in the resident limited class:~~

~~2.24.1. Neonatal and Perinatal Medicine~~

~~2.24.2. Obstetrics and gynecology~~

~~2.24.3. Anaesthesia; and~~

~~2.24.4. Emergency medicine~~

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

~~2.25. In addition to the Canadian Medical Protective Association, for the purposes of the CPSM General Regulation s. 4.12(1) (a), the following are approved types of liability insurance or liability coverage:~~

~~2.25.1 Lloyds of London;~~

~~2.25.2 Healthcare Insurance Reciprocal of Canada (HIROC);~~

~~2.25.3 Canadian University Reciprocal Insurance Exchange (CURIE)~~

Restricted Purpose Class: Approved Purposes

~~2.26. The following are approved as Restricted Purpose classes:~~

~~***[To Be Approved by Council at a later date]***~~

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

~~[***To Be Approved by Council at a later date]***~~

Schedule A – Anesthesia Assessment

REPEALED – MARCH 19, 2025 – See Council Policy – Registration in the Provisional Family Practice-Limited, Assessment Candidate (Family Practice), and Provisional (Non-Practicing) Classes

Schedule B – Certificate of Professional Conduct

REPEALED – SEPTEMBER 25, 2024 – See Council Policy Certificate of Professional Conduct

COUNCIL MEETING
JUNE 25, 2025
NOTICE OF MOTION OF APPROVAL

SUBJECT: CPSM 2025/26 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

- Dr. Charles Penner assumes the role of President
- Dr. Kevin Convery assumes the role of President-Elect/Treasurer
- Dr. Nader Shenouda assumes the role of Past-President
- Dr. Jacobi Elliott ceases being a member

Finance, Audit and Risk Management Committee

- Dr. Kevin Convery assumes the role of President-Elect/Treasurer
- Dr. Charles Penner assumes the role of President
- Dr. Nader Shenouda ceases being a member
-

Investigation Committee

- Dr. Jennifer McNaught is appointed Chair
- Dr. Ganesan Abbu is appointed Vice-Chair
- Dr. Kevin Convery ceases being a member

Complaints Committee

- As a result of a maximum 6-year term limitation Dr. Shayne Reitmeier ceases being a member
- Dr. Noam Katz ceases being a member

Central Standards Committee

- Dr. Charles Penner assumes the role of President
- Dr. Kevin Convery assumes the role of President-Elect/Treasurer
- Dr. Jacobi Elliott ceases being a member
- Dr. Nader Shenouda ceases the role of President and is appointed as a member

Program Review Committee

- Dr. Charles Penner assumes the role of President
- Dr. Kevin Convery assumes the role of President-Elect/Treasurer
- Dr. Nader Shenouda ceases being a member

Inquiry Committee

- Dr. Nader Shenouda is appointed Chair
- Dr. Jacobi Elliott ceases being a member

Board of Assessors

- No changes to the Board of Assessors members

Attached as ***Appendix A*** is the Committee Membership chart and attached as ***Appendix B*** is the Committee Membership composition which are updated for the 2025/26 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 25, 2025, DR. KEVIN CONVERY, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves the 2025/26 membership of Committees as outlined above and per attached Committee Membership Charts

Notice of Motion Briefing Note prepared by: Mr. Mike Triggs, General Counsel

Committee Membership 2025 - 2026

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

Abrams, Dr. Elissa								Member Rep
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					
Gerges, Dr. George								Member Rep
Gray, Dr. Steven						Member Rep		
Hosseini, Dr. Boshra					Member Rep			
Kabani, Dr. Amin				Member Rep				
Khoshnam, Dr. Mohsen								Member Rep
Kirkpatrick, Dr. Iain				Member Rep				
Kvern, Dr. Brent								Member Rep
Naidoo, Dr. Jenisa				Member Rep				
Menkis, Ms Shana				Gov Rep				
Pintin-Quezada, Dr. Julio				Member Rep				
Ripstein, Dr. Ira							Vice Chair	
Smith, Dr. Heather						Member Rep		
Suss, Dr. Roger			Chair					
Velthuysen, Dr. Elsa						Member Rep		
Vosters, Dr. Nicole					Member Rep			

Ex-officio | Chair | Vice-Chair
Public Rep | Councillor | Member Representative

* Chair CPSM TRC Advisory Circle

Committee Membership 2025 - 2026

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		Pub Rep
Smith, Nicole								
Strike, Raymond					Pub Rep			
Tutiah, Elizabeth						Pub Rep		Pub Rep
Yelland, Diana							Pub Rep	

Ex-officio
Chair
Public Rep
Councillor
Member Representative

2025-2026					MM-DD-YYYY	
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; 4.10.3.b The President of the Council shall serve as the Executive Committee Chair	President & Chair	Dr. Charles Penner	Councillor	6/19/2020	6/15/2029
		President Elect/Treasurer	Dr. Kevin Convery	Councillor	6/25/2025	6/15/2031
		Past President	Dr. Nader Shenouda	Councillor	6/9/2021	6/19/2027
	4.10.3.a.ii At least two Public Representatives who are Councillors;	Public Representative	Mr. Allan Fineblit	Councillor; Govt appointed-continue	6/15/2018	4/2/2026
		Public Representative	Ms. Marvelle McPherson	Councillor; Govt appointed-continue	6/15/2018	4/2/2026
	4.10.3.a.iii One additional physician registrant of Council; 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	Physician registrant of Council	Dr. Peter Nickerson	Councillor; Univeristy Appointed	9/1/2022	6/28/2026
		Registrar	Dr. Ainslie Mihalchuk	Ex officio, non-voting	7/1/2024	

2025-2026					MM-DD-YYYY	
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; 4.9.5. The President-Elect/Treasurer shall serve as the chair of the Finance, Audit and Risk Management Committee.. 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.	President Elect/Treasuerer & Chair	Dr. Kevin Convery	Councillor	6/25/2025	6/15/2027
		Registrant	Dr. Peter Nickerson	Councillor; University Appointed	9/1/2022	6/28/2026
		Registrant	Dr. Ogo Onochie Chukwujama	Registrant	6/28/2023	
		Public Representative	Ms. Lynette Magnus	Councillor; CPSM Appointed; Qualifed Accountant	6/16/2018	6/22/2026
		Public Representative	Ms. Leanne Penny	Councillor; Govt Appointed-Continue	12/17/2019	12/1/2024*
		President	Dr. Charles Penner	Ex officio, non-voting	6/25/2025	6/19/2027
		Registrar	Dr. Ainslie Mihalchuk	Ex officio, non-voting	7/1/2024	

* Term continues according to section 14(3)

2025-2026					MM-DD-YYYY	
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. Jennifer McNaught	Councillor; Winnipeg	6/26/2024	6/15/2028
		Vice-Chair	Dr. Ganesan Abbu	Councillor; East	6/25/2025	6/22/2031
	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
		Public Representative	Ms. Leanne Matthes	Government Roster; Govt Appointed	8/21/2022	6/22/2024
	4.12.3.a.iii At least one regulated registrant of CPSM.	Member Representative	Dr. Steven Gray	Registrant	6/24/2024	6/1/2030
	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.	Member Representative	Dr. Heather Smith	Registrant	6/1/2022	6/1/2028
		Member Representative	Dr. Elsa Velthuysen	Registrant	6/1/2023	6/1/2029

2025-2026					MM-DD-YYYY	
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 Councilor; 4.11.3.a.ii At least two Public Representatives appointed in accordance with s. 89 of the Regulated Health Professions Act; and 4.11.3.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. 4.11.3.a.iii At least two regulated registrants of CPSM.	Chair	Ms. Lynette Magnus	Councilor,CPSM Appointed Public Rep	12/4/2019	12/1/25
		Public Representative	Mr. Neil Cohen	Councillor; CPSM Appointed Public Rep	6/26/2024	6/1/30
		Public Representative	Mr. Sylvester Oyamienlen	Government Roster; Govt Appointed	6/28/2023	6/22/24
		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
		Regulated registrant of CPSM	Dr. Rizwan Manji	Councillor; Winnipeg	6/26/2024	6/26/28
		Regulated registrant of CPSM	Dr. Stephanie Butterworth	Registrant	6/28/2023	6/28/27
		Regulated registrant of CPSM	Dr. Boshra Hosseini	Registrant	6/19/2021	6/19/27
		Regulated registrant of CPSM	Dr. Nicole Vosters	Registrant	6/22/2022	6/22/28

2025-2026					MM-DD-YYYY	
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. Nader Shenouda	Councillor	6/25/2025	6/15/2026
		Registrant	Dr. Carrie Corbett	Councillor	6/22/2022	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. Charles Penner	Ex officio, non-voting	6/25/2025	6/15/2027
	4.14.2.a.vi the President and President-Elect as ex-officio non-voting members;	President-Elect/Treasurer	Dr. Kevin Convery	Ex officio, non-voting	6/25/2025	6/15/2027
		Registrar	Dr. Ainslie Mihalchuk	Ex officio, non-voting	7/1/2024	
	4.14.2.a.vii At least one third of voting members be public representatives.	Public Representative	Ms. Marvelle McPherson	Councillor, Govt Appt	4/13/2017	4/2/2026
		Public Representative	Mr. Kingsley Bowles	Government Roster. Name submitted to Minister but not yet on roster	6/26/2024	
		Public Representative	Ms. Deb Elias	Regulated Profession Rep-Appointed by Council	6/22/2022	

2025-2026					MM-DD-YYYY	
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. Chalres Penner	Ex officio, voting member	6/25/2025	6/15/2027
	4.16.1.e.i.6 the President-Elect, as an ex officio, voting member.	President-Elect/Treasurer	Dr. Kevin Convery	Ex officio, voting member	6/25/2025	6/15/2027
	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	
	4.16.1.e.i.9 any other physician with expertise in an area required for the committee to perform its functions.	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	

* Term continues according to section 14(3)

2025-2026					MM-DD-YYYY	
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; 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 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.	Chair	Dr. Nader Shenouda	Councillor	6/25/2025	15-May-27
		Vice Chair	Dr. Ira Ripstein	Registrant	6/15/2020	
		Public Representative	Ms. Sandra Benavidez	Government Roster; Govt Appointed	6/24/2020	
		Public Representative	Mr. Ryan Gaudet	Government Roster; Govt Appointed	6/24/2020	
		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	

2025-2026 Inquiry Panel Members

	Sal	Last	First
	Dr.	Ahmed	Munir
	Dr.	Bello	Ahmed Babatunde
	Dr.	Bernstein	Keevin Norman
	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.	McCammon	Richard James
	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
	Mr.	Gaudet	Ryan
	Mr.	Greenlay	Scott
	Mr.	Scramstad	Alan
	Ms.	Benavidez	Sandra
	Ms.	Martin	Sandra
	Ms.	Yelland	Diana
Chair	Dr.	Nader	Shenouda
Vice-Chair	Dr.	Ripstein	Ira

2025-2026					MM-DD-YYYY	
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	CPSM Appointed	6/26/2024	
		Public Representative	Ms. Cheryl Smith	Government Roster	6/26/2024	
		Public Representative	Ms. Elizabeth Tutiah	Government Roster	6/26/2024	
		Member Representative	Dr. Mohsen Khoshnam	Registrant	9/25/2024	
		Member Representative	Dr. Brent Kvern	Registrant	9/25/2024	
		Member Representative	Dr. Elissa Abrams	Registrant	9/25/2024	
		Member Representative	Dr. George Gerges	Registrant	9/25/2024	

COUNCIL MEETING
JUNE 25, 2025

NOTICE OF MOTION FOR APPROVAL

SUBJECT: Operating Budget & Fee Increase

BACKGROUND:

The 2024/25 fiscal year had some unexpected changes that positively impacted our original forecast. The positive impact is largely limited to the 2024/25 budget year and will not reoccur in 2025/26. The fiscal year saw a review of CPSM's investment objectives versus other MRA's and how we compare with reserves as a percentage of operating expenses.

Investment Review

CPSM has traditionally been risk averse in its investment decisions. This strategy has protected CPSM's investment principle, however the offset has been ultra-conservative growth in the overall investment portfolio. Essentially, the low-risk investment strategy has not enabled CPSM to build its portfolio and support program enhancements or expansions.

Table 1 – Summary of Investment Policies

Summary of Investment policies (including office building ownership)

MRA	Key restrictions	Portfolio size	Total assets	Real prop NBV	Remarks
MB	> Prohibits equity, options, futures & other derivatives > Minimum "A" or "E1" rating	$ 5,400,000	$ 12,400,000	> Leasing	> Prohibits real property ownership
AB	> Prohibits direct investments in individual securities, derivatives, options or futures unless part of professionally-managed account > Target asset mix: bonds 26%, equities 39%, fixed income 25%, alternatives (real estate) 10% > Low to medium risk tolerance; medium liquidity	$ 30,000,000	$ 82,000,000	> Leasing	
MCC	> Derivatives allowed only for currency hedging purposes > Target asset mix: fixed income 25%, equities 55%, alternatives (incldg real estate) 20% > Minimum "R1" "BBB" rating, "BB" & below allowed but no more than 13% of portfolio > ESG considerations > Moderate risk tolerance	data not available	data not available	data not available	> Owns office building
NB	> n/a			> Leasing	> No formal investment policy
SK	> Target asset mix: fixed income 41%, equities 44%, alternatives 15% > ESG considerations > Moderate risk tolerance; low liquidity	$ 12,000,000	$ 20,000,000	$ 3,700,000	> Co-owns office building with another organization
ON	> Investments limited to: debt intruments, bank deposits, and money market (no equities)	$ 51,000,000	$ 135,000,000	$ 12,500,000	> No special investment policy, just short relevant provisions in by-laws > Owns office building
NL	> Target asset mix: equity 50%, fixed income 50%	$ 2,500,000	$ 10,000,000	> Leasing	> No special investment policy, just short paragraph in Financial Oversight Policy
NS	> Target asset mix: cash & cash equivalents 2%, fixed income 43%, equities 55% > 7% target return on investments	$ 5,000,000	$ 15,000,000	> Leasing	
BC	> Target asset mix: fixed income 40%, equities 60% > BBB to AAA ratings > Prohibits commodities, futures and other similar investments	$ 40,000,000	$ 105,000,000	$ 28,000,000	

Finance also reviewed CPSM's reserve as a percentage of operating expenses over the past 10 years as well as how our current reserve percentage compares to other Medical Regulatory Authorities (MRA's). Below are the MRA comparison and CPSM's 10-year trend.

MRA's
Reserves as percentage of annual opex
(Based on most recent AFS)

	(In thousand)		
MRA	Reserves	Annual Opex	Reserves over Opex
CPSM	7,141	9,803	73%
CPSS	12,743	9,118	140%
CPSNS	6,691	7,755	86%
CPSNL	6,102	3,945	155%
CPSA	49,002	37,427	131%
CPSBC	66,050	41,016	161%
CPSO	89,741	85,751	105%

College of Physicians & Surgeons of Manitoba
Reserves-to-Operating Expense (opex) Ratio Analysis

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
CPSM annual core opex (Note 1)	5,663,814	6,194,439	6,272,700	6,732,110	6,703,631	6,956,577	7,620,182	8,345,352	9,348,923	9,803,344
Reserves (net assets)	5,370,972	5,406,724	5,701,958	5,757,838	6,240,953	6,566,897	6,512,412	6,259,884	6,386,115	7,141,335
Reserves as % of opex	**95%**	**87%**	**91%**	**86%**	**93%**	**94%**	**85%**	**75%**	**68%**	**73%**
Net surplus/(deficit)	101,404	35,752	295,230	55,880	483,114	325,944	(54,485)	(252,528)	126,231	755,220

Registrant Renewal Fees	$1,700	$1,700	$1,780	$1,816	$1,870	$1,870	$1,890	$2,050	$2,220	$ 2,265
Registrant Fees % increase	0%	0%	5%	2%	3%	0%	1%	8%	8%	2%
Note 1										
Opex	6,808,045	7,405,164	7,395,392	7,910,567	7,991,998	8,238,209	8,865,193	9,456,530	10,105,514	10,698,789
Gov't programs	1,144,231	1,210,725	1,122,692	1,178,457	1,288,367	1,281,632	1,245,011	1,111,178	756,591	895,445
CPSM core opex	5,663,814	6,194,439	6,272,700	6,732,110	6,703,631	6,956,577	7,620,182	8,345,352	9,348,923	9,803,344
Core opex growth - $	255,922	530,625	78,261	459,410	(28,479)	252,946	663,605	725,170	1,003,571	454,421
Core opex growth - %	5%	9%	1%	7%	0%	4%	10%	10%	12%	5%

The downward trend of CPSM's reserve percentage was a major focus in building budget scenarios for 2025-26 to 2027-28.

PART I– 2025/26 Budget

The 2025-26 proposed operating budget (see ***Appendix A*** for details) accounts for resources added in the previous year, a new Restorative Practices Program (approved by Council at the September 25, 2024 meeting), as well as funding for a growing number of committee and working groups, cybersecurity enhancements and key outreach initiatives. Below are the significant factors impacting expenses for the 2025-26 fiscal year and beyond.

- The introduction of the Restorative Practices Program - $450,000.

- Complaints and Investigations has signaled that 3 contested inquiries are highly likely to occur in 2025-26 ($150-$250,000, depending on the length of the inquiry). Based on history, management is assuming that expenses related to the inquiries will be offset by recoveries generated through the registrant's payment of costs and fines.

- Council, Committee and working groups costs are expected to increase by up to $100,000 in 2025-26. This includes a projected change to all-day Council meetings and increase in committees/working groups.

- Savings of approximately $200,000 by implementing a bill payment option for Registrants when renewing their certificate of practice. The bill payment option eliminates the credit card fee that credit card companies apply to transactions. In the event a Registrant wishes to continue using their credit card to renew, CPSM will be implementing a credit card surcharge (roughly 2.4%).

After factoring the expected growth in Registrants, investment income and assuming inquiry costs to be relatively neutral, management conducted multiple analysis with respect to fee increases and reasonable revenue generation (investments, surveys, etc). As stated in the background section, management reviewed our current reserve situation and how each scenario impacted the health of the reserves.

If CPSM were to continue to adjust the renewal fees by only the rate of inflation, the analysis indicates CPSM reserves would drop from the current **73% to 49%** by 2027/28. A reserve percentage at 50% or lower presents a real risk to CPSM's ongoing financial stability. This scenario presents real risks in the event of unexpected expenses or revenue shortfalls as well as the inability to respond to opportunities/threats in the changing regulatory environment

Management is proposing a fee increase of 2% that accounts for the inflation rate experienced in Manitoba over the last year plus an additional 7.5% to fund CPSM's regulatory activities as well as stabilize the reserve.

The proposed 3-year budget will provide:

- Balanced budget in 2025-26,
- A steady rebuild of CPSM's reserves to ensure financial and organisational stability going forward with a target of 100% (as a % of operating expenses)
- Registrant fee increases in future years approximate to the rate of inflation.

The Operating Budget for 2025/26 to 2027/28 is attached as ***Appendix A***. Council is requested to approve the Operating Budget for 2025/26 only.

PART II – 2024/25 Year-end Results

CPSM recorded a net surplus of $755,000 vis-à-vis budgeted deficit of $977,000 at April 30, 2025. The significant forecast vs actuals variance was the result of Revenues and Expenditures both producing favorable variances of $709,000 and $1,023,000 respectively. The following is a breakdown of the key factors which impacted the year-end results:

- Revenue was higher than forecasted due to,
    - Registrant license & documentation fees higher than expected due to volume (Physicians – 127 higher than expected and CA's – 52 higher than expected)
    - Medical Corporation fees higher than expected due to volume (88 additional)
    - Other fees and income
        - Inquiry case cost recovery
        - Qualification and audits fees higher than expected
        - Unexpected income resulting from survey fees
    - Interest and Investment income both higher than originally anticipated.
- Expenses were lower than budgeted due to,
    - Employee transition costs (retirements and temporary vacancies, leadership transitions)
    - Considerably lower expenses than predicted for the significant number of anticipated inquiries

CPSM RESOURCES

The following table and detail illustrate where CPSM has been and will be investing. The program expansions target the key areas and deliverables of CPSM and are directly linked to key organizational deliverables and workload (see Performance Metrics Report for additional information).

CPSM Staffing

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

EFT Breakdown by Cost Centre

	Fiscal Years									
Department	**2018-19**	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2024-25**	**Change**	**2025-26**	**Change**
Complaints	6.8	6.4	9.2	9.6	10.6	12.4	12.00	-0.40	12.00	**0.00**
Corporate	7	7	8	8	7	8.6	9.6	1.00	9.6	**0.00**
Finance	2	2	2	2	2	2	2	0.00	2	**0.00**
IT	2	1.6	2.6	4	5	5	5	0.00	5	**0.00**
MANQAP	5	5	5	4	4	4.6	6.8	2.20	6.8	**0.00**
Quality	5.9	6.5	9.5	10.1	11.5	12.5	13	0.50	15.3	**2.30**
Registration	7	7	7	7	7	7	6	-1.00	6	**0.00**
TOTAL	**35.7**	**35.5**	**43.3**	**46.3**	**47.1**	**52.1**	**54.4**	**2.3**	**56.7**	**2.3**

		2023/24-2024/25	
Complaints	Medical Consultant	0.6	
	Complaints Mediator	-1	position left unfilled
		-0.4	
Corporate	Communications Assistant	0.4	
	Executive Director People & Culture*	0.6	
		1	
MANQAP	Clerk	0.6	
	Clerk (Term)	1	
	DI Accreditation	0.6	
		2.2	
Quality	Medical Consultant (PHP)	**0.6**	
Registration	Coordinator	**-1**	
	Total	**2.3**	

*Human Resource support was provided through a consultant contract prior to 2024-25, the EFT was roughly equivalent to 0.3 EFT. This is not reflected in the EFT staffing numbers shown above prior to 2024-25.

		2024/25-2025/26	
Quality	Medical Consultant (RPP)	0.2	(position has been hired - start date June 2025)
	Coordinator (RPP)	1	(recruitment is ongoing)
	Medical Consultant (PPP)	0.5	(position has been hired - start date May 2025)
	Knowledge and Translation (RPP)	0.6	(position has been hired - start date May 2025)
	Total	**2.3**	

RPP – Restorative Practices Program

The positions indicated in the Manitoba Quality Assurance Program (MANQAP) are all within the funding approval of the government funding CPSM receives annually to support accreditation services.

PART III – FEES RECOMMENDATION

Fee Bylaw

The Fee Bylaw, attached as ***Appendix C*** sets out the following rules to be followed or fee increases.

Increases in Fees

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

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

A. Council approve the 2025-26 Annual Operating Budget as presented; and,

The fee bylaw be amended to reflect the base **2% inflation indexation plus the 7.5%**, specifically;

1. **Physician annual certificate of practice fee** to be increased by Manitoba Consumer Price Index or 2% as well as an additional 7.5% on November 1, 2025 which raises the 2025-26 certificate of practice fee from $**2,265 to $2,480.** The monthly fee is also adjusted from **$375 to $411**.

2. **Educational annual certificate of practice fee** to be increased by same % as in #1 above on November 1, 2025 from **$82 to $90.**

3. **Clinical & Physician Assistants annual certificate of practice fees** to be increased by the Manitoba Consumer Price Index of 2% as well as the additional increase of 7.4%, which raises the 2025-26 certificate of practice fee from **$441 to $483.** The monthly fee is also adjusted by the same % which raises the amount from **$75 to $82**

4. **Medical Corporation fee (renewal)** to be increased by same percentage as the certificate of practice fees shown above, which adjusts the Medical Corporation renewal fees from **$220 to $241** in 2025-26.

A comparison of clinical practices fees across all MRA's for 2022 and 2024 are included in ***Appendix B***.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 25, 2025, DR. KEVIN CONVERY, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves the 2025/26 annual operating budget as presented as well as update the Fee Bylaw with the revised fees.

Notice of Motion Briefing Note prepared by: Mr. Paul Penner, Chief Financial Officer

APPENDIX A – 2025/26 BUDGET

College of Physicians & Surgeons of Manitoba

Budget Statement of Operations

FY's 2025-26 to 2027-28

	2025-26 Budget	2026-27 Estimate	2027-28 Estimate
Revenues			
Physician & Resident License Fees	8,811,331	9,510,395	9,927,610
Educational Register Fees	115,368	123,702	126,389
Clinical Assistant License Fees	111,375	125,655	136,694
Physician Assistant License Fees	78,432	82,799	84,496
Medical Corporation Fees	621,101	653,822	667,213
Other Fees and Income	846,084	745,169	740,184
Interest Income	128,421	128,795	132,835
Change In Market Value	181,500	181,500	181,500
Government Funded Program Revenues	1,070,455	1,030,870	1,016,437
	11,964,068	**12,582,709**	**13,013,357**
Expenses			
Governance	218,820	220,091	220,685
Registration	667,493	687,256	709,235
Complaints and Investigations	2,323,498	2,488,460	2,599,259
Quality	3,047,261	3,178,327	3,303,888
Operations and General Administration	3,268,454	3,336,066	3,406,199
IT	1,294,588	1,262,425	1,275,927
Government Funded Program Expenses	973,344	936,713	924,047
	11,793,459	**12,109,338**	**12,439,239**
Excess (Deficiency) of Revenue Over Expenditures	**170,609**	**473,371**	**574,118**

APPENDIX B – 2022 -2024 Clinical Practice Fees across MRA's

					Rank	
Province	**2022**	**2024**	**$ Increase**	**% Increase**	**$ Increase**	**% Increase**
BC	$1,725	$1,900	$ 175	10%	8	8
AB	$1,792	$2,200	$ 408	23%	3	3
SK	$1,950	$2,170	$ 220	11%	5	5
MB	**$2,050**	**$2,265**	**$ 215**	**10%**	**6**	**7**
ON	$1,725	$1,725	$ -	0%	10	10
Quebec	$1,735	$1,930	$ 195	11%	7	6
NB	$600	$2,300	$ 1,700	283%	1	1
NL	$1,850	$2,300	$ 450	24%	2	2
NS	$1,950	$2,300	$ 350	18%	4	4
PEI	$2,125	$2,300	$ 175	8%	8	9

APPENDIX C **– FEE BYLAW with fee updates**

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

Fee Bylaw

The College of Physicians and Surgeons of Manitoba

(Enacted by the Councillors of the College of Physicians and Surgeons of Manitoba (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 25, 2025

Table of Contents

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

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

FEES

Definition

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

Fees Payable

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

Increases in Fees

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

4. Council may also increase the fee for the annual certificate of practice by an additional amount, provided 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:
    a. has had a maternity or parental leave or has had an illness which required the registrant to take a leave of absence from the practice of medicine for a continuous period of at least two calendar months in any certificate year; and
    b. during the maternity or parental leave or leave of absence due to illness the registrant did not engage in the practice of medicine, the registrant may apply to CPSM for a rebate of the certificate of practice fee.
    c. 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 the 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, 2024-October 31 2025)

	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]	$2,265 -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[3][4]	$300[5]	$2,265 per certificate of practice fee year[6] $375 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]	$2,265 per certificate of practice fee year)[10] $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

[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	$2,265 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[11]	$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					
(i) Full Physician Assistant	$330[12]	$300[13]	$441 per certificate of practice fee year $75 monthly	$50 $50	$10 $10
(ii) Academic Faculty S.181	$630	$300	$441 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	$441 per certificate of practice fee year $75 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, 2025-October 31, 2026)

	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]	$2,480 -per certificate of practice fee year $411 monthly	$500 $500	$50 $50
Non-Practising	---	---	$2,480 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	$2,480 per certificate of practice fee year $411 monthly	$500 $500	$50 $50
Academic Visiting Professor	---	---	$150 per certificate of practice fee for the specified term	---	---
Academic Post Certification Trainees	$210	$300	$2,480 per certificate of practice fee year $411 monthly	$500 $500	$50 $50
Specialty Practice Limited	$210 Review of Qualifications $600[16][17]	$300[18]	$2,480 per certificate of practice fee year[19] $411 monthly	$500 $500	$50 $50

[14] Excluding Manitoba Medical graduates
[15] Less any registration fee submitted as an Associate Registrant - Educational
[16] Less any documentation fee paid as an Assessment Candidate Specialty Practice Limited
[17] Less any fee paid for Review of Qualifications
[18] Less any registration fee paid as an Assessment Candidate Specialty Practice Limited
[19] 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]	$2,480 per certificate of practice fee year)[23] $411 monthly	$500 $500	$50 $50
MPAP	$600	---	---	---	---
Restricted Purpose	---	---	$150 per certificate of practice fee for the specified term	---	---
Temporary (locum)	$600	$300	$2,480 per certificate of practice fee year $411 monthly	$500 $500	$50 $50
Public Health Officer	$600	$300	$2,480 per certificate of practice fee year $411 monthly	$500 $500	$50 $50
Transitional	---	---	$2,480 per certificate of practice fee year $411 monthly $250 Resident per certificate of practice fee year $125 Resident reduced	$500 $500 $50 $50	$50 $50 $10 $10
Non-Practising	---	---	$2,480 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	$2,480 per certificate of practice fee year $411 monthly	$500 $500	$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	$2,480 per certificate of practice fee year $411 monthly	$500 $500	$50 $50
(iii) Re-Entry	$210	$300	$2,480 per certificate of practice fee year $411 monthly	$500 $500	$50 $50
(b)Educational					
(i) Undergraduate Manitoba Medical Student per certificate of practice year July 1-	---	$50	$90	$50	$5
(ii) Manitoba Physician Assistant Student	---	$50	$90	$50	$5
(iii) Resident	$330[24]	$100	$90	$50	$5
(iv) Resident Limited	---	$250	$320 per certificate of practice fee year $160 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]	$483 per certificate of practice fee year $82 monthly	$100 $100	$10 $10
(vi) Academic Faculty S.181	$630	$300	$483 per certificate of practice fee year	$100	$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	$483 per certificate of practice fee year $82 monthly	$100 $100	$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 ..... $388 (2024-25 Certificate of practice year)

Medical Corporation Registration Fees .....$425 **(2025-26 Certificate of practice year)**

Medical Corporation Fees (renewal) ..... $220 (2024-25 Certificate of Practice Year)

Medical Corporation Fees (renewal) ..... $241 **(2025-26 Certificate of Practice Year)**

Medical Corporation Fees Late Payment on Renewal

(Payment during the first 30 days following the due date) $100

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

Non-Hospital Reviews .....contact CPSM for an estimate

Specialist Registration of Credentials $200

Specialist Register 2.9(2) Application.....$600

Appeal of a Registrar's Denial of Registration $2,000

COUNCIL MEETING
JUNE 25, 2025
NOTICE OF MOTION FOR APPROVAL

SUBJECT: **Financial Management Policy – Investment 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:

Management is recommending significant changes to the Financial Management Policy. Generally, the changes fall into 4 categories: restriction on acquisition of property, investments, honoraria, and some minor items to improve clarity.

A) Removal of the restriction related to acquisition of property.

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

The recommendation is to replace the above restriction with what is shown in the attached Financial Management Policy (**1.14** to **1.14.3.2**) as ***Appendix A*** ***(clean version)*** and ***Appendix B*** ***(marked version).***

This change would allow for the acquisition and disposition of land and or building within the criteria and approval methods stated.

B) Removal of investment language found in **1.16** to **1.18.8.** and replace with the attached "Investment Policy "as ***Appendix C***.

C) Updated or clarifying language in the following areas:

Restricted Accounts in the Accumulated Surplus:

1.8. to **1.8.4** – updates and language correction related to the reserves and restricted accounts

Restriction of Registrar Discretion in Management of CPSM Funds

1.11.2 – was deleted as this was seen to contradict the acquisition of property

Requirement for Protection of CPSM Assets

1.15. – was deleted as this was seen as unnecessarily restrictive on the authority of the Registrar and CEO and may in fact prevent the Registrar from pursuing appropriate actions that protect CPSM.

Council and Committee Remuneration and Expenses

Council and Committee Expenses – Travel Time

2.5.1.b – language was added to clarify the driving distance and time is from the Winnipeg perimeter

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 25, 2025, DR. KEVIN CONVERY, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves the recommended amendments to the Financial Management Policy.

Council further approves the recommended new Investment Policy.

Notice of Motion Briefing Note was prepared by: Mr. Paul Penner, Chief Financial Officer

COUNCIL POLICY

Financial Management

With draft changes

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, June 25, 2025

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 the Council Policy- **Investment Policy** (established June 2025).

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 Inquiry cases. The level of reserve shall be determined by considering important factors such as average cost per case, average case volume, and nature and complexity of cases based on recent history. This reserve shall be funded entirely from Inquiry case cost recoveries, accumulated surplus, special levy, or any combination thereof.

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 should CPSM be required to cease operations. The fund level shall reflect the estimated costs of winding down operations in a period of six months.

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 1.11 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.

1.12. The Registrar must:

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

1.12.2. aggressively pursue receivables after a reasonable grace period.

1.12.3. 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 is authorized to acquire, encumber or dispose of land or buildings ("property") subject to the following conditions:

1.14.1. Acquisition Conditions:

1.14.1.a. Needs Assessment: A thorough assessment of the CPSM's needs must be conducted to justify the acquisition of property. This includes evaluating the necessity, benefits, and alignment with strategic goals.

1.14.1.b. Due Diligence: Comprehensive due diligence must be performed, including legal, financial, and environmental assessments. This

ensures the property is free from encumbrances and suitable for the intended use.

1.14.1.c. Approval Process: All acquisitions must be approved by the Finance Audit and Risk Management Committee, and the Executive Committee and finally to a vote at Council.

1.14.1.d. Funding: The source of funds for the acquisition must be identified and approved. This includes ensuring that the acquisition does not adversely affect the organization's financial stability.

1.14.1.e. Ethical Considerations: The property must align with the organization's ethical standards and mission. Properties associated with industries or activities that conflict with the organization's values should be avoided.

1.14.1.f. The property is used directly for CPSM operations;

1.14.2. Disposition Conditions

1.14.2.a. Strategic Review: A strategic review must be conducted to determine the necessity and timing of the disposition. This includes evaluating the impact on the organization's operations and financial health.

1.14.2.b. Market Analysis: A market analysis should be performed to determine the fair market value of the property. This ensures the organization receives a fair price for the disposition.

1.14.2.c. Approval Process: All dispositions must be approved by Council.

1.14.2.d. Use of Proceeds: The use of proceeds from the disposition must be clearly defined and approved. This includes ensuring that the funds are used in a manner that supports the organization's mission and objectives.

1.14.2.e. Transparency: The disposition process must be transparent, with regular reporting to the Council and relevant stakeholders. This includes providing detailed information on the transaction and its impact on the organization.

1.14.3. Reporting & Documentation

1.14.3.a. Record Keeping: Detailed records of all property transactions must be maintained, including contracts, assessments, approvals, and financial statements.

1.14.3.b. Regular Reporting: The Finance, Audit and Risk Management Committee must receive regular reports on property transactions, including updates on acquisitions, dispositions, and their impact on the organization's financial health.

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, with the exception of 2.4.2.c.

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 from the Winnipeg perimeter or approximately 100 km's from the Winnipeg perimeter**. 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 meet the criteria in 2.5.1.b above, 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 <u>regularly scheduled</u> 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 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. **Expenses will be considered for members whose total commute exceeds one hour from the Winnipeg perimeter or approximately 100 km's from the Winnipeg**

perimeter.

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 (where meetings exceed 3 hours follow the definition in 2.4.2.a.)
Full Day	$1,100 (where meetings exceed 6 hours)
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 POLICY

Financial Management

With draft changes

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, June 25, 2025

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 the Council Policy- Investments (established June 2025).

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.~~ To cover the potential costs of Inquiry cases. The level of reserve shall be determined by considering important factors such as average cost per case, average case volume, and nature and complexity of cases based on recent history. This reserve shall be funded entirely from Inquiry case cost recoveries, accumulated surplus, special levy, or any combination thereof.

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.~~ To cover the potential wind-up costs should

CPSM be required to cease operations. The fund level shall reflect the estimated costs of winding down operations in a period of six months.

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 1.11 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~~ **“operating”** ~~debt in an amount greater than can be repaid by certain, otherwise unencumbered revenues within 60 days (this contradicts 1.14 – change or delete?)~~

1.12. The Registrar must:

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

1.12.2. aggressively pursue receivables after a reasonable grace period.

1.12.3. 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.~~ The Registrar is authorized to acquire, encumber or dispose of land or buildings ("property") subject to the following conditions:

1.14.1. Acquisition Conditions:

1.14.1.1. Needs Assessment: A thorough assessment of the CPSM's needs must be conducted to justify the acquisition of property. This includes evaluating the necessity, benefits, and alignment with strategic goals.

1.14.1.2. Due Diligence: Comprehensive due diligence must be performed, including legal, financial, and environmental assessments. This ensures the property is free from encumbrances and suitable for the intended use.

1.14.1.3. Approval Process: All acquisitions must be approved by the Finance Audit and Risk Management Committee, and the Executive Committee and finally to a vote at Council.

1.14.1.4. Funding: The source of funds for the acquisition must be identified and approved. This includes ensuring that the acquisition does not adversely affect the organization's financial stability.

1.14.1.5. Ethical Considerations: The property must align with the organization's ethical standards and mission. Properties associated with industries or activities that conflict with the organization's values should be avoided.

1.14.1.6. The property is used directly for CPSM operations;

1.14.2. Disposition Conditions

1.14.2.1. Strategic Review: A strategic review must be conducted to determine the necessity and timing of the disposition. This includes evaluating the impact on the organization's operations and financial health.

1.14.2.2. Market Analysis: A market analysis should be performed to determine the fair market value of the property. This ensures the organization receives a fair price for the disposition.

1.14.2.3. Approval Process: All dispositions must be approved by Council.

1.14.2.4. Use of Proceeds: The use of proceeds from the disposition must be clearly defined and approved. This includes ensuring that the funds are used in a manner that supports the organization's mission and objectives.

1.14.2.5. Transparency: The disposition process must be transparent, with regular reporting to the Council and relevant stakeholders. This includes providing detailed information on the transaction and its impact on the organization.

1.14.3. Reporting & Documentation

1.14.3.1. Record Keeping: Detailed records of all property transactions must be maintained, including contracts, assessments, approvals, and financial statements.

1.14.3.2. Regular Reporting: The Finance, Audit and Risk Management Committee must receive regular reports on property transactions, including updates on acquisitions, dispositions, and their impact on the organization's financial health.

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

Investment Policies (see Council Policy- Investment Policy)

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, with the exception of 2.4.2.c.

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 or approximately 100 km's from the Winnipeg perimeter**. 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 meet the criteria in 2.5.1.b above, 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.

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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. **Expenses will be considered for members whose total commute exceeds one hour or approximately 100 km's from the Winnipeg perimeter.**

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:

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- 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 (i.e. Area Standards, MANQAP, Council members, etc.)

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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 (where meetings exceed 3 hours & follow the definition in 2.4.2.a.)
Full Day	$1,100 (where meetings exceed 6 hours)
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

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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 POLICY

Investments

DRAFT

Initial Approval: June 25, 2025

Effective Date: June 25, 2025

Reviewed with No Changes

Reviewed with Changes

Objective: To achieve a reasonable rate of return that supports CPSM's long-term growth and sustainability as well as ensures proper liquidity requirements are met for short-term needs.

General Policies:

1. A professional investment advisor shall be engaged to provide advice as well as help ensure that the investment objectives and parameters laid out in this policy are adhered to when making an investment decision.
2. Performance of the investments shall be reviewed and reported to the Finance, Audit, and Risk Management Committee (FARMC) at each meeting. In addition, the investment advisor shall make a presentation to FARMC at least annually to provide details on investment performance as well as planning for future investment actions.
3. All parties involved in dealing with CPSM investments must disclose any conflict of interest.

Fund Accounts and Investment Objectives:

A. Operating Account

Annual revenues of CPSM derived from member license fees, administrative charges, and other income are placed in an operating account which funds the operating expenditures and other short-term obligations of the organization.

Objectives and Parameters:

a) Risk tolerance

The primary objective for investment of operating funds is capital preservation. Maintenance of funds that are needed to settle the short-term financial obligations of CPSM is crucial. Accordingly, the risk tolerance in investing the operating funds shall be Low.

b) Liquidity

Availability of operating funds is likewise crucial and therefore liquidity shall be deemed High.

c) Asset Allocations and Performance Benchmarks

To achieve the above-stated objectives, the operating account shall observe the following asset allocation:

Asset Class	Min	Max	Benchmark
Cash and Short-Term Securities	75%	100%	30 Day Canada T-Bill
Fixed Income	0%	25%	FTSE Canda Universe Bond Index

Limitations:

i. Short-term securities are limited to chequing deposit account, high-yield savings deposit account, and money market accounts. Furthermore, the balance in the chequing account shall be constrained to the immediate disbursement needs as determined on a weekly basis.

ii. Fixed income shall be limited to short-term Guaranteed Investment Certificates (GIC).

B. Reserves Account

Appropriations are made from the accumulated surplus to create certain reserves pursuant to the Restricted Accounts in the Accumulated Surplus section of the Financial Management Policy of the Council. These appropriations are considered restricted reserves. Therefore, any remainder in the accumulated surplus is deemed unrestricted reserve.

Objectives and Parameters:

a) Risk tolerance

The primary objective for investment of reserve funds is modest capital appreciation over time. Expected return is maximized but without prejudice to the stability of the investment. As such, the risk tolerance in investing the reserve funds shall be upgraded from Secured (i.e. no risk) to Low Risk[1].

b) Liquidity

The nature of each reserve dictates the individual reserve's liquidity requirement, and the following guide on liquidity requirements and investment time horizon applies:

Liquidity Requirement	Time Horizon
High	Up to 1 year investment term
Moderate	Up to 3 years
Low	Up to 7 years

[1]No Risk means zero equity investment is allowed. **Low Risk** means equities are allowed up to 30% of the portfolio. Moderate Risk means equities are greater than 30% and up to 60%. High Risk means equities are more than 60%. Equity investment for purposes of this policy refers to direct investment in equity.

Reserves

i. **Inquiry Reserve** serves as provision for the cost of hearing and prosecuting Inquiry cases. Arising funding needs are expected to be imminent—therefore, liquidity requirement should be High.
ii. **Operating Reserve** is contingency for unanticipated operating deficit—liquidity requirement should be High.
iii. **IT Reserve** is meant to cover capital investments in information technology, mainly the periodic update of the member database system. The substantial fund is built up over 5 years to coincide with the expected time when the system will require significant upgrade. Once the upgrade is done and the fund is exhausted, the reserve build-up starts again. Liquidity could range between Moderate to High—Moderate during the early stages of the cycle and High towards the end when the need for upgrade of the system becomes close.
iv. **Wind-up Reserve** is precautionary appropriation in the event CPSM ceases to operate. Such probability is deemed very low—liquidity requirement should likewise be Low.
v. The above detailed reserves comprise the restricted accounts in the accumulated surplus. Any remainder in the accumulated surplus is considered unrestricted reserve and available for appropriation. Pending appropriation, the liquidity requirement of unrestricted reserve should be High.

c) *Asset Allocations and Performance Benchmarks*

Where the liquidity requirement is deemed High for the individual reserve, the investment of such reserve fund shall observe the same parameters as the Operating Account above.

Otherwise, if liquidity requirement is allowed to be either Moderate or Low for a reserve or reserves, the following collective asset allocation is suggested:

Asset Class	Min	Target	Max	Benchmark
Cash and Short-Term Securities	15%	25%	40%	30 Day Canada T-Bill
Fixed Income – Non-PPN	10%	25%	35%	FTSE Canada Universe Bond Index
Sub-total (Non-equity)	***25%***	***50%***	***75%***	
Fixed Income – PPN (equities)	20%	30%	50%	FTSE Canada Short Term Bond Index
Canadian Equities	0%	10%	30%	S&P/TSX Capped Composite Index
U.S. Equities	0%	5%	10%	Dow Jones Select Dividend Index
International Equities	0%	5%	10%	MSCI EAFE Index
Sub-total (Equities) [2]	***25%***	***50%***	***75%***	

[2] The Canadian, U.S. and International equities combined should not exceed 30% of the total investment portfolio.

Limitations:

i. Cash and short-term securities shall observe the same investment parameters for the Operating Account above.
ii. Fixed income shall include, but is not limited to, GIC's, bonds, and structured finance products such as Principal Protected Note (PPN).
iii. Equity investments shall be limited to high-quality, large capitalization corporations to achieve long-term capital appreciation. The main strategy is to invest primarily in income producing equity securities and income trust units, focusing on equity securities that have attractive dividend and income yields with the need for capital appreciation potential.
iv. Further to PPN, the reference asset of the note shall be limited to stock market index, and the stock market index shall also be constrained to the same parameters applied to equity investments.
v. Environmental, social, and corporate governance (ESG) factors shall be considered in determining the investment approach under this policy. As such, CPSM will seek to minimize investing in certain areas that appear to contradict with the organization's mandate. Such areas may include, but are not limited to, the following: tobacco, alcohol, cannabis, gambling, weapons manufacturing, etc.

COUNCIL MEETING
JUNE 25, 2025
FOR DISCUSSION BRIEFING NOTE

SUBJECT: Full Day Council Meetings

BACKGROUND:

Council currently meets for 4 hours on a quarterly basis throughout the year (June, September, December, and March). Feedback has been received that discussion on various agenda items is sometimes rushed to meet the 4-hour timeframe.

For discussion – should Council meetings be extended to a full day?

The following is the results of a survey conducted of the MRAs to determine council meeting frequency and duration:

Alberta: **4 meetings**/year for **2 days**.

British Columbia: **4 meetings**/year for **2 days.** Also, a 2-day board retreat. Legislative changes in British Columbia affecting the governance structure of the CPSBC are coming into force and it is anticipated that will require approximately 8 meetings a year with a mix of one and two-day meetings.

New Brunswick: **4 meetings**/year for **½ day**. Also, twice a year of one day training provided.

Newfoundland & Labrador: **4 meetings**/year for **½ day** on Saturday.

Nova Scotia: **4 meetings**/year for either **1 or 2 days**, sometimes this includes educational training.

Ontario: **4 meetings**/year for **2 days**, sometimes this includes educational training.

Prince Edward Island: **4 meetings/**year for 2-3 hours. Also have Council Email Agendas between regular meetings.

Quebec: **6 meetings**/year for an average of **1 day**, often combined with an extra day of training on hot topics.

Saskatchewan: **5 meetings**/year for **1 ½ or 2** days; however, these meetings include work that in Manitoba is performed by committees (i.e. investigations).

The 3 territorial MRAs did not respond.

In summary:

- 3 MRA's (New Brunswick, Newfoundland & Labrador, Prince Edward Island) have the same frequency and duration of meetings as CPSM.
- 4 MRA's (Alberta, British Columbia, Ontario, Nova Scotia) meet 4 times/year for 2 days.
- 1 MRA (Saskatchewan) meets 5 times/year for 1 ½ to 2 days.
- 1 MRA (Quebec) meets 6 times/year for 1 day.

There will be a financial impact to extending the duration or frequency of Council meetings. Currently, 18 members of Council meet 4 times a year and are paid a half day per diem of $550. plus parking/food/travel which totals approximately $49,500.

Proposed increases for honorarium for 2025/26 plus increasing the meeting length to a full day will raise the meeting budget to $106,483.

For Discussion Briefing Note prepared by: Mr. Mike Triggs, General Counsel

COUNCIL MEETING
JUNE 25, 2025
FOR DISCUSSION BRIEFING NOTE

SUBJECT: Review of Election Process

BACKGROUND:

At the March 19, 2025 meeting, Council had a facilitated discussion on issues related to the Councillor election process. As a follow-up to this discussion a Working Group of Councillors chaired by Mr. Allan Fineblit, K.C. created a *Discussion Paper on Council Selection Process* that is attached as ***Appendix A***

The *Discussion Paper* provides the following 5 options as well as points to consider in relation to each option:

1. Candidates nominated based on skills matrix to run in an election.
2. The status quo, but with an active effort by Council to recruit good candidates based on a skills and diversity matrix.
3. The same as option 1 above, but only for some of the elected positions.
4. Status quo.
5. No elected Councillors.

Working Group members are Ms. Leanne Penny, Dr. Alewyn Vorster, Dr. Rizwan Manji, Mr. Neil Cohen, Dr. Kevin Convery, and Mr. Allan Fineblit, K.C. (Chair). The working group was staffed by Mr. Mike Triggs and Ms. Karen Sorenson.

For Discussion Briefing Note prepared by: Mr. Mike Triggs, General Counsel

Discussion Paper on CPSM Council Selection Process

At the March 19th meeting of the CPSM Council, a discussion took place about how Councillors are selected. Council members felt there are some elements that are working well, such as having representation that includes public appointees, physicians, faculty of medicine representation and a regulated associate. Having geographic representation (from different regions in Manitoba) was also seen as positive.

There was also agreement that there is opportunity to enhance the current process. Some examples of possible enhancements discussed are:

- Improving diversity so Council better reflects the population we serve;
- Reviewing the current geographic boundaries to ensure they still make sense;
- Do we have adequate Indigenous representation?
- Creating a skills matrix for future Councillors.
- Are elections the best way to select Council members?

Several Medical Regulatory Authorities (MRAs) across Canada have significantly revised their Council selection process, most recently The College of Physicians and Surgeons of Ontario (CPSO) and The College of Physicians and Surgeons of Alberta (CPSA). The CPSM Executive Committee was directed by Council to develop a plan to review our own selection process. The Executive discussed how best to do that, and has appointed a Working Group of 6 Council members to bring recommendations to the June Council meeting on some ways to modernize our selection process.

Working Group members are Ms. Leanne Penny, Dr. Alewyn Vorster, Dr. Rizwan Manji, Mr. Neil Cohen, Dr. Kevin Convery, and Mr. Allan Fineblit (Chair). The working group was staffed by Mr. Mike Triggs and Ms. Karen Sorenson. The Working Group met twice and exchanged ideas and drafts of this report through email. We also reviewed information on what other jurisdictions have done. T**he working group's mandate was to look at the process for the selection of the elected physician Councillors only.**

The procedure we followed was to review the CPSO and CPSA selection processes; review the medical literature on how regulatory body physician members are chosen and to have a discussion amongst the Working Group to come up with ideas to discuss with Council.

Five highlights from the medical literature search

1. There is no universally defined ideal number of physicians that should serve on a medical regulatory body. In Ontario, medical regulatory colleges have a mean of 16.3 board members, with approximately 54% being from the regulated profession and 46% public members, reflecting a near-equal mix to ensure both professional expertise and public accountability.

2. The medical specialties most frequently represented among physicians serving on medical regulatory bodies globally are general practice (family medicine), internal medicine, and surgery. These specialties are consistently present due to their broad clinical scope, large workforce representation, and centrality to healthcare delivery. In addition, regulatory bodies often include physicians from psychiatry, pediatrics, and obstetrics/gynecology, reflecting the need for diverse clinical perspectives and expertise in patient safety, quality of care, and professional conduct issues.

3. The selection methods for physician members to serve on regulatory bodies varies by country. Some are elected, some appointed and some are a mix of both, with a global trend toward appointment to enhance public accountability. The literature indicates that appointment models are associated with greater public trust and perceived legitimacy, as they reduce the risk of professional protectionism and ensure a balance of public and professional interests on regulatory boards.

4. Medical regulatory boards often include representation from both hospital-based physicians and community-based physicians to ensure a broader range of perspectives and expertise.

5. There is often a mixture of physicians from smaller centres and larger cities on the regulatory body. Physicians from smaller centres bring unique perspectives on resource limitations, broader scopes of practice, and the social determinants of health that disproportionately affect rural populations, such as limited access to specialty care and higher rates of certain chronic diseases and "diseases of despair". Urban physicians, contribute experience with higher patient volumes, more complex referral networks, and greater access to advanced technology and subspecialty care.

We looked at 2 big topics:

Topic 1: What are viable options for models for selecting physician councillors?
Topic 2: What are the most and least important characteristics to look for in choosing potential physician councillors?

Topic 1: What are options for models to have for selection of physician councillors?

We identified 5 viable models for selecting the physician councillors. There are many other models and when we looked at an AI generated review of what other North American MRAs do, it was clear that every regulator is a little different, and the range of options is very broad. We identified some of the pros and cons for each of the 5 options. We also ranked the options in the order that we preferred them. Council may have a different perspective and any of the 5 options were seen as viable. Here are those 5 options, and the pros and cons we identified for each, <u>listed in order from most preferred to least</u>:

Option 1: Candidates nominated based on skills matrix to run in an election

In this option the CPSM would develop a skills and diversity matrix (including diversity of practice type, and region), and solicit for applicants for vacant Council positions. Those candidates are then screened using that matrix. Only applicants that with the skills and background identified in the matrix are nominated. An election is held to choose the elected councillors from among those nominees. (This is essentially the model in use in Alberta and Ontario).

Some advantages of this model:

- We should be able to get the skills and diversity we want on Council;
- This is relatively easy to do because it requires only a by-law change not a change in the Act;
- There is an objective fairness to establishing criteria consistent with the CPSM mandate and not relying on popularity or name recognition;
- Members get to vote and feel like they have a voice in college operations.

Some disadvantages of this model:

- There is a fair bit of work involved in screening candidates and selecting the nominees;
- While all candidates will be vetted and only those that meet the skills and diversity matrix will be nominated, if there are more candidates than positions available. we may get over and under weighting in certain skills or diversity areas;
- Members may feel the screening process unfairly bars candidates they favour because they do not have the skills or background set out in the matrix;
- This may discourage younger and/or less experienced applicants from coming forward.

Option 2: The status quo, but with an active effort by Council to recruit good candidates based on a skills and diversity matrix.

Similar to Option 1 above, a skills and diversity matrix (including diversity of practice area, and region) would be developed. No screening would take place, but Council would use the matrix to identify gaps in the Council make up and actively recruit candidates to fill those gaps. Candidates would still need to run in an election and anyone else would be free to also run.

Some advantages of this model are:

- It requires no Act or By-Law change;
- It is safe because it is a relatively small change from what we now do;
- Members will feel that they are represented in their governance by the people they chose;
- We are less likely to have a shortage of candidates as we sometimes do now;

- We are more likely to have a good mix of skills and diversity around the council table.
- This model preserves the current 3 spots reserved for candidates from the north, east and western regions.

Some disadvantages of this model:

- There is no guarantee that those recruited will be elected so we may still have a significant skills and diversity gap;
- Some may feel it is "unseemly" to recruit candidates or that it somehow taints the election process;
- Because they are being elected by their peers, councillors may feel they represent the interests of the voters (physicians) and not the public:
- The current geographic regions are seen as a bit arbitrary and this model preserves them as they are.

Option 3: The same as option 1 above, but only for some of the elected positions.

Hold an election for some, but not all of the vacant positions. Reserve some spots for physicians to be appointed based on gaps in the skills and diversity matrix. (This model is used by the Law Society of Manitoba).

Some advantages of this options are:

- It retains the election process so members can feel engaged in their own regulation;
- It will result in a more diverse Council because gaps in skills and diversity are filled by the appointment process.

Some disadvantages of this model are:

- It will be hard to achieve because it will require a change to the RHPA ;
- With only a few spots to fill by appointment, it may be challenging to fill all the gaps identified.

Option 4: Status quo.

Currently the RHPA provides that there shall be 8 elected practising physicians (7 plus the President-elect), 6 public reps appointed by government (3) and the CPSM (3), one associate member elected by associate members, one representative of the Faculty of Medicine, the President, President-Elect and Past President. The by-laws say that of the elected physicians 4 are to be from Winnipeg, one from the North, one from the east and one from the west, a total of 18 Councillors.

Some advantages of this model are:

- It is easy to achieve (we do nothing);
- It is safe. We have lots of experience with it;
- Members will feel that they are represented in their governance by the people they chose;
- There is regional representation.

Some disadvantages of this model are:

- Elected councillors may feel they represent the interests of the voters (physicians) and not the public;
- There will likely be skills gaps on Council;
- Council may lack diversity;
- The current regional representation model has rigid and arbitrary geographic boundaries that don't necessarily make a lot of sense;
- There are sometimes insufficient candidates willing to run.

Option 5: No elected Councillors**.**

We develop a skills and diversity matrix (including diversity of practice area, and region) and like in Option 1, we solicit applicants and select those with backgrounds that align with the matrix. Unlike Option 1 however, there is no election. Those selected are appointed as councillors.

Some advantages of this option:

- We should be able to get the skills and diversity we want on council;
- Councillors are more likely to feel they represent the public interest and not the physicians that elected them;
- There is an objective fairness to establishing criteria consistent with the CPSM mandate and not relying on popularity or name recognition;
- It should be easier to recruit candidates because they do not have to run in an election.

Some disadvantages of this option:

- It is hard to achieve because it requires an amendment to the RHPA;
- Members may feel less connected to CPSM;
- It requires choosing among several candidates who have different but equally valuable skill sets;
- Some may see this as too "incestuous" with Council picking its friends and colleagues.

Some points to ponder about the options

When thinking about the 5 options above there are a few things the working group wanted you to keep in mind:

- Some of the options preserve the current system of regional representation (options 2 and 4) but all contemplate meaningful regional representation. Options 1, 3 and 5 would include geographic diversity as an important asset in the skills matrix. Those options would also allow more flexibility in how the regions are represented.
- All the options except Option 4 contemplate the development of a skills and diversity matrix (see below). Even Option 4 (the status quo) could be enhanced by developing a skills matrix which might encourage candidates with those backgrounds to consider running for election.
- One of the challenges the Working Group discussed was how to get new and/or less experienced physicians, who might be discouraged by a robust skills and diversity matrix, involved in the work of the CPSM. The Working Group felt that the current committee structure could be enhanced by offering committee opportunities to newer physicians. It was noted that many current Council members got their start with the CPSM by working on one of our committees.
- The Working Group discussed the idea of expanding Council size to allow for a more diverse set of skills around the table. In the end we agreed that the current Council size promotes good governance practices (large Councils are often unwieldy) and in any event, a larger Council would be difficult to achieve because it requires an Act amendment.
- The Working Group discussed the importance of appropriate Indigenous representation on Council and how that can best be achieved. In the end we believe that using the skills and diversity matrix with a heavy emphasis on having a Council that reflects the faces of the population we serve, is the most effective way to achieve this.
- Several members of the working group noted that they favoured pragmatism over perfection. Some options, in particular Option 3, may have been rated higher were it not for the need for legislative change to achieve them.
- Keep in mind that whichever option is selected, the majority of Council will not change in its make-up. Any process change is only for the 8 elected Councillors. The public representatives, faculty representative, regulated associate representative, and President, President-Elect and Past President positions will be elected/appointed in the same way they now are.
- Also keep in mind that we have structured our elections with rolling terms to allow for only moderate turnover at each election.

What are the most and least important characteristics to look for potential physician councillors: The Skills and Diversity Matrix?

The working group thought it would assist in Council's discussion to provide you with a model what a selection matrix might look like. We benefited greatly from Council's discussion of this in March, and from the work done in other jurisdictions to develop their matrices. We divided the long list (35 items) we developed into 3 categories (categories which we "borrowed" from Ontario): Personal Competencies, Diversity Attributes, and Unique Skills and Experience. We ranked these based on how important we thought they were to have at the Council table, and the lists below are listed from most important to least.

Please know that the Working Group thought all of the things on the lists were important, but it is a long list. When you come to fill the vacant spots, no matter which model you choose, no one is going to have all these qualities. We wanted to let you know which were particularly important in our minds.

One other important thing to note is that the Unique Skills group were generally ranked much lower than the other two categories, not because we thought they were unimportant, but rather because we thought they might best be found in the non-elected physician Councillors (in particular in the public representatives on Council). Here are the 3 lists, with each list ranked in order of the importance we attached to them.

Diversity Attributes

- Reflect the face of the community we serve;
- Understanding the needs of patients from diverse communities;
- Practice experience in diverse and underserved communities;
- Practice experience in areas of practice that are under-represented on Council;
- Education diversity (studied outside of Canada).

Personal Competencies

- Critical and strategic thinker, has vision for future;
- Open minded and flexible, willingness to live with decisions you disagree with;
- Ability to focus on the public interest;
- Common sense;
- Ethics and Integrity;
- Commitment to the role, preparedness for meetings and active participation, accountability;
- Communication skills, active listening skill, empathy;
- Constructive;
- Leadership skills;
- Willingness to challenge "conventional wisdom";

- Respectful, courteous, diplomatic and self-aware;
- Acceptance of ambiguity and conflict;
- Ability to manage confidential information;
- Composure in difficult situations.

Unique Skills and Experience

- Knowledge of healthcare system and patient rights;
- Broad knowledge (beyond medicine);
- EDI, anti-racism and Truth and reconciliation awareness;
- Understanding of trends and the environment in which we work;
- Awareness of the social determinants of health;
- Experience practising in areas where complaints arise;
- Governance experience;
- Experience with profession regulation;
- Political acumen;
- Understands the CPSM decision making model;
- Cost benefit analysis skills;
- Knowledge and understanding of relevant legislation and regulations;
- HR experience (hiring, performance management, workplace culture);
- Understanding of technology (risks and opportunities);
- Risk management experience;
- Financial literacy.

In addition to the listing above based on the 3 categories, when the working group was polled the top 5 skills/diversity and bottom 5 skills/diversity (based on number of votes) were:

- Top 5 in order of number of votes (most important at top):
    - Critical and strategic thinker, has vision for future
    - Open minded and flexible, willing to live with decisions you disagree with
    - Ability to focus on the public interest
    - Reflect the face of the community we serve
    - Understanding the needs of patients form diverse communities

- Bottom 5 in order of number of votes (least important at top):
    - Financial literacy
    - Risk management experience
    - Understanding of technology (risks and opportunities)
    - HR experience (hiring, performance management, workplace culture)
    - Knowledge and understanding of relevant legislation and regulations

Some Questions for Council to consider:

1. Which of the 5 selection options do you favour? (Or, is there another one you'd prefer?)
2. Are you satisfied with the approach to ensuring appropriate Indigenous representation (using the diversity matrix) or do you favour another approach?
3. Which is the best method to ensure appropriate regional representation?
4. Do you agree that having a skills and diversity matrix will enhance the selection process?
5. What do you think of the matrix above? Does it capture the things you feel are important and are they ranked properly?

Today's objectives:

- **To provide feedback on this report;**
- **To advise on the skills and diversity matrix. 35 items are too many. What can come off the list (recognizing all are valued) and is there anything that needs to be added?**
- **To reach consensus on a preferred option from the 5 above.**

Where to from here?

Once we have completed the objectives above, the issue will be put over to the September Council meeting. For that meeting, Council will be presented with a decision document asking for approval to move forward with any changes that flow from today's discussion. The document will outline the process to move the decision forward (it will vary depending on what is decided). If there is no legislative change required, the goal is to have the changes in place for the 2026 council election.

COUNCIL MEETING
JUNE 25, 2025
FOR INFORMATION BRIEFING NOTE

SUBJECT: Collaborative Care Working Group Update

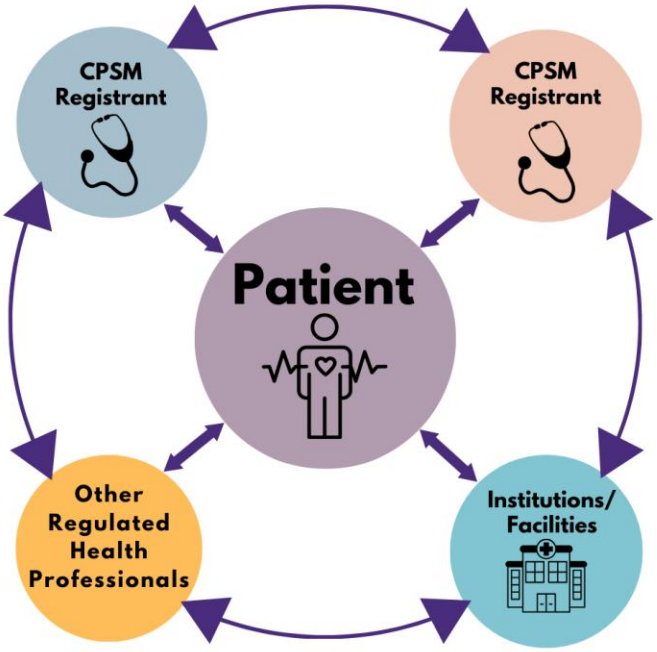
BACKGROUND:

In 2022, CPSM surveyed registrants on the existing Standard of Practice - Collaborative Care. Registrants highlighted barriers and concerns which led to Council making addressing collaborative care a priority. In 2024, a Working Group chaired by Dr. Roger Süss and consisting of the following individuals was created to review the Standard of Practice.

Dr. Roger Süss, Chair	Family Physician
Dr. Piotr Czaykowski	IM – Oncology
Dr. Carrie Corbett	Obstetrician Gynecologist
Dr. Jacobi Elliott	Family Physician – Rural
Dr. Rob Grierson	CMO, ERS
Dr. Perry Gray	Former CMO – Shared Health
Dr. Thang Nguyen	IM – Cardiology
Dr. Brian Peters	Urology
Dr. Delphene Ruremesha	Family Physician - Urban
Dr. Nicole Vosters	Family Physician - Rural
Ms. Lynette Magnus	Public Representative
Mr. Alan Scramstad	Public Representative

The Working Group has prepared an updated draft Standard of Practice – Collaborative Care. The goal of the Standard is to improve medical care for patients. This is accomplished through clear articulation of registrants' required behaviour when working with other healthcare providers.

Foundationally, this new Standard is built on the Code of Ethics and Professionalism, placing patients at the core of decision-making.



The Standard focuses on registrants' behaviours. It establishes core principles that are applicable to all situations and further establishes principles specific to:

- Non-Emergent Consultation Requests
- Emergent/Urgent/In-Patient Consultation Requests
- Interprofessional Health Care Delivery

Dr. Mihalchuk has engaged in pre-consultation with Doctors Manitoba, Chief Medical Officers, and registrants who have different user perspectives of collaborative care. Pre-consultation will continue throughout the summer, and the results will be shared with the Working Group. A final draft will be provided to Council for approval to send to public consultation either at the September or December meeting.

For Information Briefing Note prepared by: Mr. Mike Triggs, General Counsel

COUNCIL MEETING
JUNE 25, 2025
FOR INFORMATION BRIEFING NOTE

SUBJECT: Restorative Practices Program Update

BACKGROUND:

At its September 25, 2024 meeting Council authorized CPSM management to commence the development and implementation of the Restorative Practices Program.

The Restorative Practices Program will be modeled after the Prescribing Practices Program (PPP). The PPP engages with registrants, other health care providers, and members of the public to provide timely and relevant guidance on prescribing-related matters. PPP's educational approach has been recognized as an organizational asset by the Council, registrants, CPSM staff, and our many stakeholders and collaborators.

On December 18, 2024, Council approved a new Standard of Practice – Practicing Medicine to Eliminate Anti-Indigenous Racism to become effective on a date set by the Executive Committee. The effective date was set for June 21, 2025 (National Indigenous Peoples Day) to allow for operationalization of the Restorative Practices Program.

Key personnel were hired to the following positions in the Restorative Practices Program:

- Tara Myran, Knowledge Translation and Mobilization Specialist, April 16, 2025
- Dr. Jayson Stoffman, Medical Consultant, April 22, 2025
- Dr. Courtney Leary, Medical Consultant and Indigenous Health Specialist, July 1, 2025
- Lauren Phoutthavongsin, Coordinator, June 23, 2025

A Pipe Ceremony was held June 6, 2025 to mark the beginning of a significant shift in how anti-Indigenous racism in medical practice is regulated.

The Medical Consultant and Program Coordinator will develop a multi-year action plan guided by the Indigenous Health Specialist Physician and Translation Specialist to determine how to address the following major issues:

- Restorative practices
- Mentoring Indigenous registrants
- Responding to calls/inquiries from registrants seeking guidance
- Continual education
- Creating a culture to support Indigenous patients and Indigenous physicians

An operationalized Restorative Practices Program will be foundational to the successful implementation of the Standard of Practice – Practicing Medicine to Eliminate Anti-Indigenous Racism.

Communication Plan

A communication plan is in development. The launch phase of June-September includes:

- **June:** An email package will be sent to registrants consisting of:
    - Introduction of the Restorative Practices Team.
    - Mission & vision statement for the Restorative Practices Program.
    - The Standard of Practice and Contextual Information documents.
    - Details about the mandatory cultural safety and anti-Indigenous racism training, including information about The Path (see below) designed specifically for CPSM registrants.
- **July/August:** Monitor implementation response. Receive and analyze feedback to identify trends or concerns and adjust communications as necessary.
- **September:** Launch of informational video on the significance of addressing anti-Indigenous racism in medical care.
- **September:** Webinar to address feedback received during the first three months of implementation and to continue providing education.

CPSM has coordinated with Doctors Manitoba to provide The Path: Your Journey through Indigenous Canada to CPSM registrants. This will make registering and reporting completion to CPSM efficient for registrants. This program is delivered by the NVision Insight Group and is used by other professions, including the Law Society of Manitoba.

For Information Briefing Note prepared by: Mr. Mike Triggs, General Counsel & Ms. Wendy Elias-Gagnon, Communications Officer

THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

COUNCIL MEETING
JUNE 25, 2025
FOR INFORMATION BRIEFING NOTE

SUBJECT: Review Cycle – CPSM Documents

BACKGROUND:

Best practice requires an organization to continuously review its core documents to ensure that they remain current and relevant.

CPSM has developed a multi-year review cycle for its Standards of Practice, Practice Directions, Council Policies, and Bylaws. Assuming Council Policies brought to this meeting are approved the number of documents to be reviewed are:

- 32 Standards of Practice
- 15 Practice Directions
- 24 Policies of Council
- 2 Policies of the Registrar
- 4 Bylaws

A 5-year review cycle would require reviewing 15 documents per year. The subject matter of the document will impact the nature and extent of the review. For example, the Standard of Practice – Definitions is simple and can be reviewed by CPSM staff with little effort. Whereas the Standard of Practice – Collaborative Care is complex and significantly impacts registrants and the public; it requires a large working group participating in multiple meetings over the course of a year.

Flexibility is required to adjust the review cycle to be responsive to changing priorities, unforeseen developments and limited resources (financial and staffing). Annual updates on what has been accomplished, and what is planned for the coming years provides Council with oversight of the review process. Awareness is important for potential budgetary impacts and resourcing implications to address other initiatives that may arise.

The major reviews occurring over the next 3 years are:

1. Continuing the review of the Standard of Practice – Collaborative Care in 2025/26
2. A combined review in 2025/26 of:
    a. Standards of Practice – Prescribing Benzodiazepines & Z Drugs
    b. Standards of Practice – Prescribing Opioids
    c. Practice Direction – Rural, Remote and Underserved Populations: Access to Prescribed Medications

3. A combined review in 2026/27 of:
    a. Standard of Practice – Good Medical Care
    b. Standard of Practice – Practice Environment
    c. Standard of Practice – Practice Management
    d. Standard of Practice – Documentation in Patient Records
    e. Standard of Practice – Maintenance of Patient Records
    f. Standard of Practice – Volume of Service

Attached as ***Appendix A*** are the updated Multi-Year Review Cycle for:

- Standards of Practice
- Practice Directions
- Policies of Council and Registrar
- Bylaws

The updates list the document, the year it was created, when it was last reviewed/updated and when it is scheduled for its next review.

In 2024/25 significant work went into the review of the Standard of Practice - Collaborative Care and the creation of the Standard of Practice – Eliminating Anti-Indigenous Racism in the Practice of Medicine. Review of the Standard of Practice – Collaborative Care will continue into 2025/26.

Another major accomplishment in 2024/25 was the reorganization of Practice Directions related to registration and appeals into topic specific Council Policies. This initiative accomplished two main goals:

1. Created topic specific documents with improved organization and identification.
2. Ensured the subject matter is in the appropriate category of document. For example, it is not appropriate for registration processes to be in a practice direction which guides registrants on how to practice of medicine. Registration processes belong in a policy document.

For Information Briefing Note prepared by: Mr. Mike Triggs, General Counsel

Standards of Practice Multi-Year Review Cycle

Title	Level of Review	Origin Date	19/20	20/21	21/22	22/23	23/24	24/25	25/26
Advertising	Medium	1-Jan-19				X			
Authorizing Cannabis for Medical Purposes	Medium	1-Nov-20		✓					
Bloodborne Pathogens	Small	1-Jan-19					✓		
Collaborative Care	Large	1-Jan-19						X	
Confidentiality and Privacy	Medium	1-Jan-19							X
Conflict of Interest	Medium	1-Jan-19							X
Continuing Disclosure Requirements and Notices of Changes for Members Matters	Small	1-Jan-19						X	
Definitions	Small	1-Jan-19					✓		
Duty to Assist in an Emergency	Small	1-Jan-19						X	
Duty to Report Self, Colleagues, or Patients	Medium	1-Jul-21			✓				
Eliminating Anti-Indigenous Racism from the Practice of Medicine	Large	21-Jun-25						New	
Episodic Visits, House Calls and Walk-in Primary Care	Medium	1-Nov-22				New			
Exercise Cardiac Stress Testing	Medium	1-Jun-22			✓				
Female Genital Cutting/Mutilation	Small	1-Jan-19				✓			
Good Medical Care	Large	1-Jan-19						X	
~~Home Births~~ Repealed	Small	1-Jan-19			REPEALED				
Medical Assistance in Dying (MAID)	Large	1-Jun-19			✓		Updated		
Patient Records - Documentation in Patient Records	Large	15-Feb-22			✓				
Patient Records - Maintenance of Patient Records in all Settings	Large	15-Feb-22			✓				
~~Patient Records~~ Repealed	Large	1-Jun-19			REPEALED				
Performing Office Based Procedures	Large	31-Jan-22			✓				
Practice Environment	Large	1-Jan-19							
Practice Management	Large	1-Jan-19							
Prescribing Benzodiazepines & Z-Drugs	Large	1-Nov-20		✓					X
Prescribing Opioids	Large	1-Jan-19	✓						X
Prescribing Requirements	Large	1-Jan-19					✓		
Professional Responsibilities in Undergraduate & Postgraduate Medical Education	Large	1-Jan-19				X			
Research	Small	1-Jan-19						X	
Seatbelt/Helmet Exceptions	Small	1-Jan-19				✓			
~~Self-Reporting to the College~~ Repealed	Medium	1-Jan-19			REPEALED				
Sexual Boundaries with Patients, Former Patients & Interdependent Persons	Large	31-Mar-21		✓					
Social Media	Small	28-Jun-23				New			

Standards of Practice Multi-Year Review Cycle

Title	Level of Review	Origin Date	19/20	20/21	21/22	22/23	23/24	24/25	25/26
Treating of Self and Family Members	Small	1-Jan-19							X
Virtual Medicine	Large	1-Nov-21			✓				
Volume of Service	Medium	1-Jan-19							X
Withholding & Withdrawing Life-Sustaining Treatment	Large	1-Jan-19							X

Practice Directions Multi-Year Review Cycle

Title	Level of Review	Origin Date	19/20	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29
~~Appeals from Investigation Committee Decisions~~ REPEALED 2024 12	Medium	23-Mar-22			✓			REPEALED			X	
Appeals Pursuant to Section 38 of the RHPA	Small	1-Jan-19							X			
Cancellation of Registration or Certificate of Practice Pursuant to S48 of the RHPA	Small	1-Jan-19				X						
Complaints Investigations - Resolving Conflict & CPSM's Complaints & Investigations Processes	Large	8-Dec-21			✓						X	
Continuing Professional Development	Small	1-Jan-19						X				
Decisions Regarding Permits for Health Profession Corporations & Related Appeals	Medium	1-Jan-19						X				
~~Dispensing Physicians~~ - REPEALED AS OF 2024 06	Small	1-Jan-19					REPEALED					
EKG Interpretation and Billing Eligibility	Small	1-Jan-19		✓						X		
Electronic Transmission of Prescriptions	Small	1-Jan-19					✓	Updated				
~~Facsimile Transmission of Prescriptions~~ - REPEALED 2024 06	Small	1-Jan-19					REPEALED					
Interprofessional Collaborative Care	Large	21-Jun-19							X			
~~Manitoba Practice Assessment Program Summative Assessment~~ - REPEALED 2023 06	Large	1-Jan-19				REPEALED						
~~Manitoba Prescribing Practices Program (M3P)~~ - REPEALED 2024 06	Medium	1-Jan-19					REPEALED					
Medical Corporations and Clinic Names	Large	1-Jan-19						X				
Practice Supervision Requirements for ClAs, PAs,& PA Students	Medium	20-Mar-24					New					X
Prescribing Methadone or Suboxone	Medium	1-Jan-19				✓					X	
~~Prescribing Practices: Doctor/Pharmacist Relationships~~ - REPEALED 2024 06	Medium	1-Jan-19					REPEALED					
Professional Practice and Inactivity	Small	28-Jun-23					New					X
~~Qualifications and Registration~~ REPEALED 2025 06	Large	1-Jan-19				X		REPEALED				
Reinstatement Application	Medium	1-Jan-19				X						
Rural, Remote, and Underserved Populations: Access to Prescribed Drugs	Medium	1-Jan-19				X	X		X			
Specialist Register Procedures During COVID-9 Pandemic	Small	9-Apr-20	✓									

Policies Multi-Year Review Cycle

Title	Level of Review	Origin Date	19/20	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30
Policies of Council													
Administration and Audit Rates Policy	Small	1-Jan-23				New					X		
Age Triggered Quality Audit	Small	9-Dec-20		✓					X				
~~Appeal Guidelines of IC Decisions~~ **REPEALED 12-2024**	Small	1-Jan-19					REPEALED						
Appeals from Investigation Committee	Small	18-Dec-24						New					X
Assessment Candidate (Re-Entry to Practice) Class	Small	22-Mar-23				New					X		
Certificate of Practice	Small	18-Dec-24						New					X
Certificate of Professional Conduct	Small	25-Sep-24						New					X
Ends	Small	1-Jan-19					X						
English Language Proficiency	Small	25-Sep-24						New					X
Financial Management	Medium	1-Jan-19				Updated	Updated	Updated		X			
Governance Policy	Large	1-Jan-19				Updated	Updated	Updated					
Manitoba Practice Assessment Program (MPAP)	Medium	22-Mar-23				New							
Physician Health Program	Large	16-Sep-15							X				
Prescribing Practices Program	Medium	19-Mar-21		✓						X			
Privacy Policy	Medium	13-Mar-20	✓					X					
Registrar Duties and Authority	Large	1-Jan-19				X							
Registeration in the Provisional Family Practice-Limited, Assessment Candidate (Family Practice), and Provisional (Non-Practicing) Classes	Small	19-Mar-25					New						
Registration in the Provisional Speciality Practice-Limited, Assessment Candidate Speciality Practice, and Provisional Non-Practicing Classes	Small	18-Dec-24						New					X
Registration of ClAs, Pas, & PA Students	Medium	20-Mar-24					New					X	
Risk Management	Small	14-Dec-22			✓					X			
Specialist Register	Small	13-Dec-23					New					X	
Supervision of Provisional Registrants	Medium	27-Sep-23					New					X	
Policies of The Registrar													
Fast Track Registration in the Full Practicing Class	Small	11-Oct-22				New					X		
Dual Registration Pas & ClAs Enrolled in Med School	Small	15-Aug-24						New					X

Bylaws Multi-Year Review Cycle

Title	Level of Review	Origin Date	19/20	20/21	21/22	22/23	23/24	24/25	25/26
The Affairs of the College	Large	1-Jan-19			X		Updated	Updated	X
Accredited Facilities	Large	1-Jan-19			Updated			Updated	
Central Standards	Large	1-Jan-19				Updated		X	
Fee	Medium	1-Jan-19		Updated	Updated	Updated	Updated	Updated	

COUNCIL MEETING
JUNE 25, 2025
FOR INFORMATION BRIEFING NOTE

SUBJECT: Registrar/CEO's Report

Internal - People and Culture

The following staff were hired for the new Restorative Practices Program (Quality department):

- Tara Myran joined the team as Knowledge & Translation Specialist on April 16.
- Dr. Jayson Stoffman started his role as Medical Consultant for the program on April 22.
- Lauren Phoutthavongsin has accepted the position of Coordinator and will begin her role on June 23.
- Dr. Courtney Leary has accepted the position of Indigenous Health Specialist and will begin her role in July.

Other roles filled in this period include:

- Review Analyst, Registration
- Medical Consultant – Prescribing Practices Program, Quality

External Relations

- Met with the Honourable Uzoma Asagwara, Minister of Health, Seniors, and Long-Term Care, Deputy Minister Scott Sinclair, and representatives from the University of Manitoba to discuss prioritizing Practice Ready Assessments.

- Visited Thompson General Hospital to deliver a pre-launch educational session on the Standard of Practice for Practicing Medicine to Eliminate Anti-Indigenous Racism, the Restorative Practices Program, and mandatory cultural safety and anti-Indigenous racism training. All three initiatives are complementary to each other and will impact how the Standard is implemented to prevent harm. Over 60 registrants in the Northern Health Region participated in the information session.

- Held three pre-consultations with registrants and stakeholder groups to discuss and hear feedback on the updated Standard of Practice for Collaborative Care.

- Spoke on the topic of *self-regulation in 2025 and beyond* to registrants at five different meetings/events.

- Presented an update on CPSM priorities at a Doctors Manitoba board meeting; attended Doctors Manitoba AGM and Gala Awards.

- Participates in monthly meetings with the CMO/Specialty Lead group.

- Joined the academic procession at the University of Manitoba, Max Rady College of Medicine 146th spring convocation.
- Participated in Choosing Wisely National Meeting in Winnipeg May 26-27.
- June 6 Pipe Ceremony for the launch of Restorative Practices Program.

For Information Briefing Note prepared by: Dr. Ainslie Mihalchuk, Registrar & CEO

THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

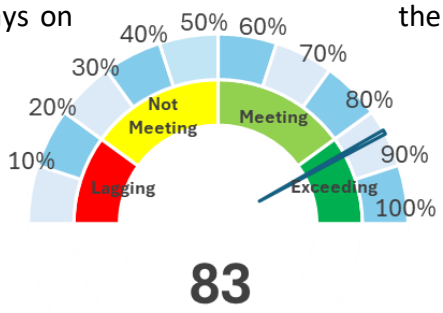
COUNCIL MEETING
JUNE 25, 2025
FOR INFORMATION BRIEFING NOTE

SUBJECT: Performance Metrics Reporting

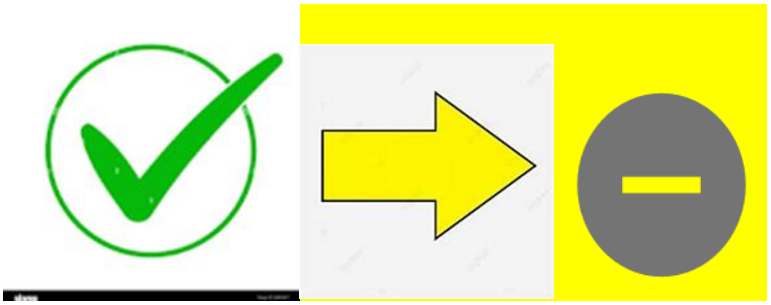
BACKGROUND:

The year-end 2024/25 performance metrics reporting scorecard is attached for Council's review. The report's first section summarizes each area and relative performance. The remaining sections of the scorecard highlight each area and use graphics to represent how the specific metric is performing.

In summary. metrics are generally presented in 4 distinct ways on the attached scorecard;



- A speedometer which indicates the performance of the metric,
- Or a green check mark (on track), yellow arrow (not meeting) or a greyed-out circle (information not available) for metrics that don't lend themselves well to a speedometer graphic.



In a few areas – additional graphics are shown to reflect the measure or to add depth to the measure.

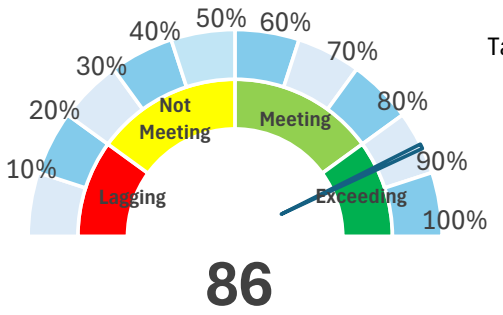
The graphic on the attached scorecard, ***Appendix A*** is a description of the performance indicator, the target(s) and where performance is not meeting the target, the variance explanation/course correction details.

For Information Briefing Note prepared by: Mr. Paul Penner, Chief Financial Officer

CPSM Performance Scorecard

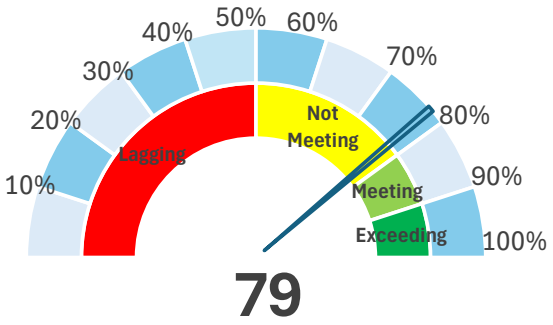
	Snapshot				
	Quality	**CI**	**Registration**	**Support**	**Total**
Meeting/Exceeding	8	1	2	8	19
Not Meeting	4			2	6
Lagging	**0**	**1**			1
Insufficient data	1		1		2
Total # of Performance Metrics	13	2	3	10	28

QUALITY - Audits & Monitoring



86

Target



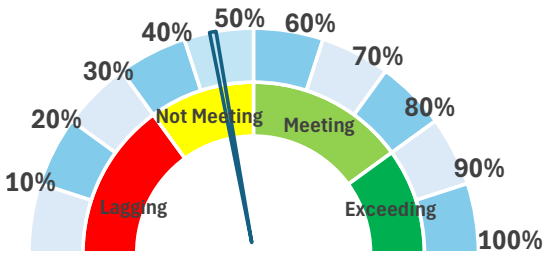
79

3.36

52/66 Audits completed within 30 days (78.8%).

Performance Indicator	Registrants will demonstrate a measurable improvement on follow-up assessments	Audits will be performed in a timely and predictable manner	Provisional Registration chart audit reports will be sent to the physician in a timely and predictable manner
Targets	Target is 50%	Target is 80% within 30 days	Target is 3 days
Variance Explanation/Course Correction		Significant improvement made from the last quarter. Will continue to monitor.	Process has been updated and target should be met going forward

QUALITY - Physician Health Program



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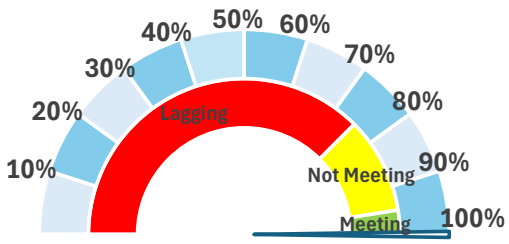
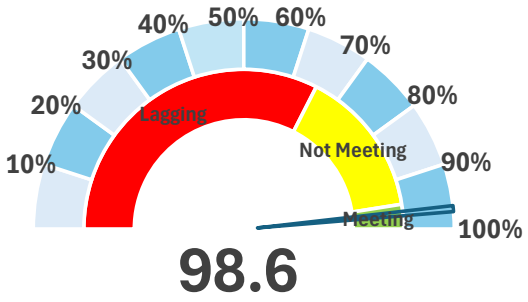


100

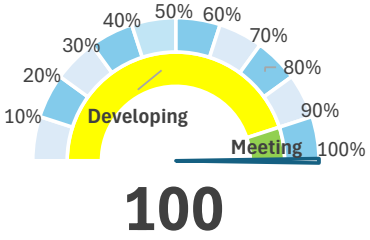
Performance Indicator	# of referrals coming from registrants about self/colleagues to the PHP
Targets	50% generated from self referrals
Variance Explanation/Course Correction	Reviewing referral sources to identify possibilities to increase awareness, address barriers to self reporting. Survey is being initiated

Implement the necessary monitoring/restrictions on identified high-risk registrants.
100% of flagged registrants are monitored

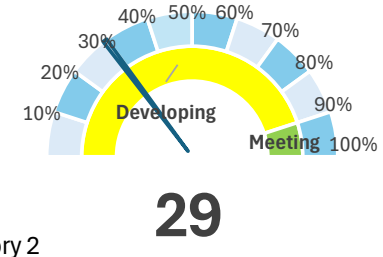
QUALITY - Quality Improvement



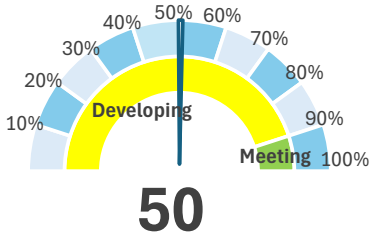
Quality Improvement is on track to "initiate" reviews with 100% eligible registrants by Dec 2025.



Category 1



Category 2



Category 3

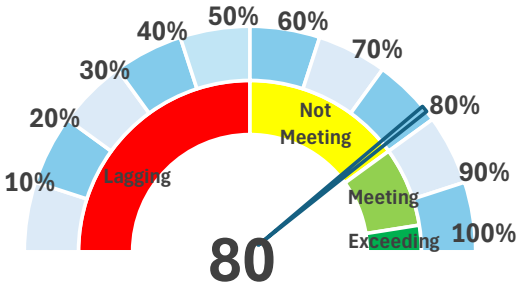
Performance Indicator	CPSM will complete reviews of 95% of all eligible registrants by the end of the seven year cycle (December 2025)
Targets	Complete 19% of registrants/year

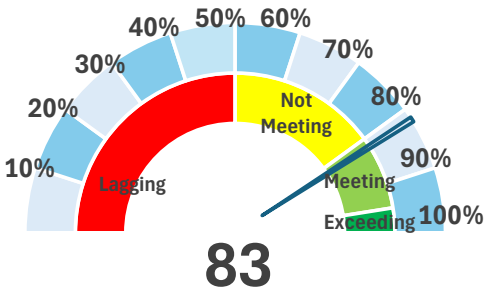
QI process will be completed within targeted timelines 90% of the time for Category 1 (30 days), 2 OCR (110 days) and 3 (240 days)	
90% completion: Category 1 -30 days	
	Category 2 - 110 days
	Category 3 - 240 days

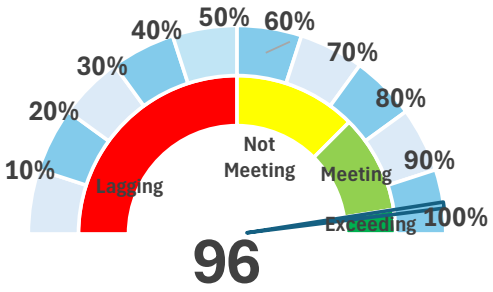
Variance Explanation/Course Correction	

The numbers represent the spring and fall 2024 cohorts. Category 3 included just two participants. Adding more data points to determine where delays are happening in Category 2.

QUALITY - Prescribing Practices Program





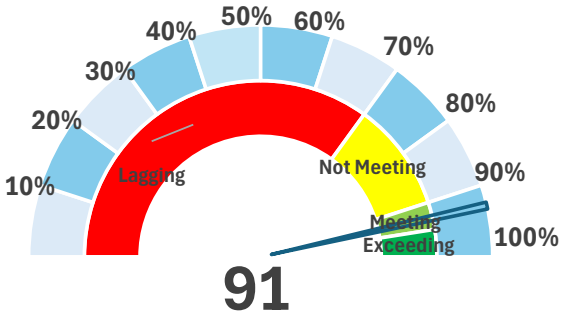


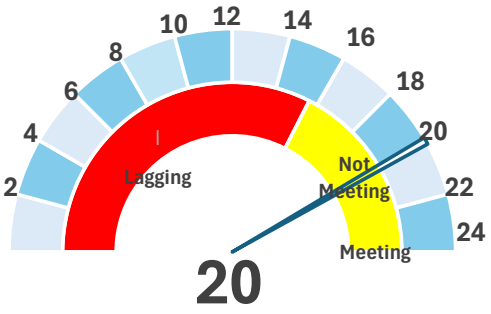
80% within 1 business day
88% withing 2 business days

83% high risk within 1-2 business days
94% moderate risk within 1-2 weeks

Performance Indicator	Will respond in a timely manner to general pres+B83cribing advice inquiries	PPP will provide timely intervention for general prescribing advice inquiries with significant risks identified	PPP will provide timely intervention for general prescribing advice inquiries with significant risks identified
Targets	80% - 1 business day 90% - 2 business days	80% of high risk cases responded to in 1-2 business days 80% of moderate risk in 1-2 weeks	75% of surveys will rate impact of interventions as neutral to positive
Variance Explanation/Course Correction	Will continue to prioritize response to prescribing advice inquiries. Will aim to maintain responsiveness of 80% within 1 business day (consistent with 2023-24 surpassed metric) and reach 90% within 2 business days (nearly met in 2024-25).		

QUALITY - Accreditation

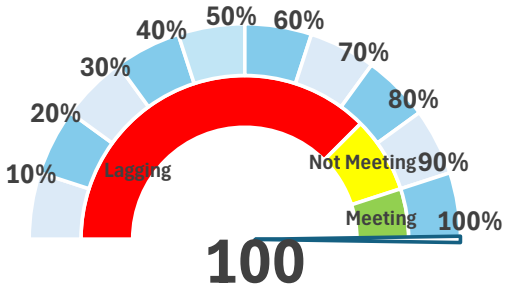




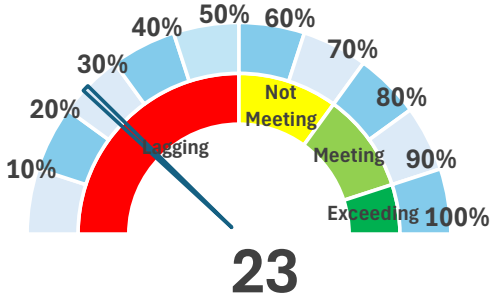
due to external factors, this measure is on hold

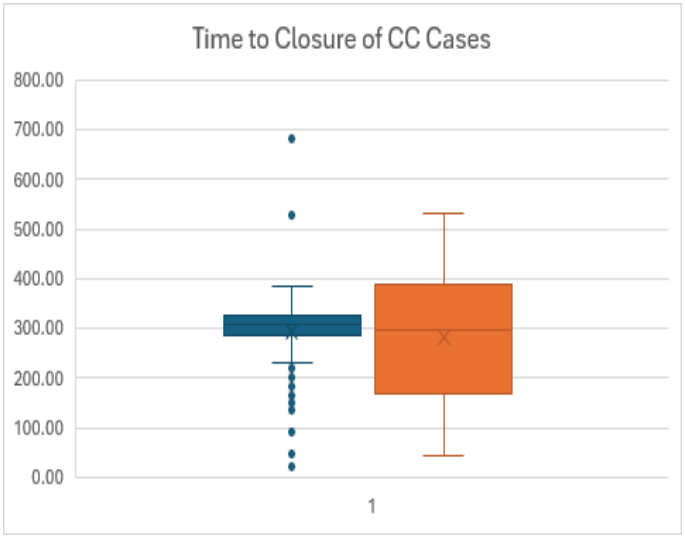
Performance Indicator	MANQAP will inspect the required number of facilities to be in compliance with the Manitoba Health contract and will ensure all required NHMS facilities are inspected	MANQAP completion of 24 temporary status site accreditations accumulated since Covid to meet compliance with the Continuing Service Agreement MB	Monitor and measure MANQAP implementation of the new WCAA Laboratory and Transfusion Medicine rollout.
Targets	90% of inspections completed	2 inspections/month	Inspect 40 sites over a 4 year cycle
Variance Explanation/Course Correction		Advancement has been positive, Q4 leaves MANQAP with 4 outstanding temporary status completion from Covid.	

COMPLAINTS & INVESTIGATIONS



5/5 cases (Aug 2024 - April 2025)



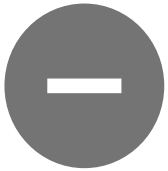


Performance Indicator	Response Time for Boundary Violations/Severe Care Issues
Targets	90% have plans in place in 5 days
Variance Explanation/Course Correction	

Responding to Complaints and Informal Resolution in a Timely Manner
80% of cases resolved in 180 days
New processes still in implementation phase. Continuing to revamp processes and the use of quality auditors to clear the backlog

In terms of complaint resolution, we are at 23% resolved within 180 days (representing a significant distortion caused by the clearing of the backlog, as shown in the graph above). The past year is in orange, and you can see that while average time to resolution only improved by ~ 10 days, the distribution of case closure is much wider, so that the 23% is a poor reflection of the improvements in this space

REGISTRATION



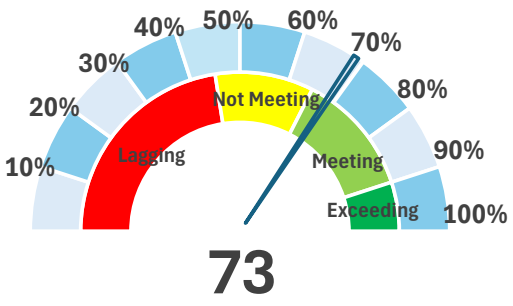
*Avg time to respond to applicant - 2 days
*Avg time to advise re eligibility - 3 days
*Avg time for applicant to complete application - 7 day
*Avg # of days applications are "open" - 41 days

Performance Indicator	National Registry Project development and implementation	
Targets	Implementation of Phase 2	

Compliance with Fair Registration Practices Office
Ensure adoption/compliance and timely reporting

Applications processed in a timely way.
Currently reviewing data

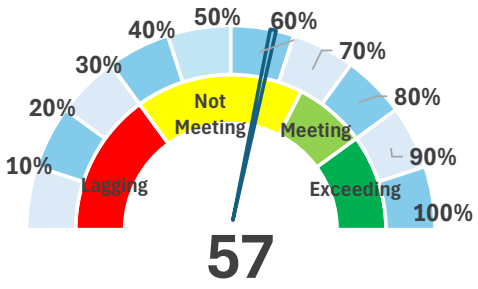
SUPPORT AREAS - Finance

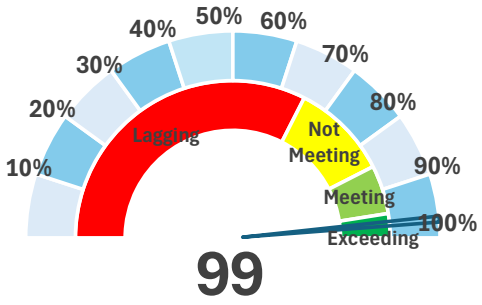


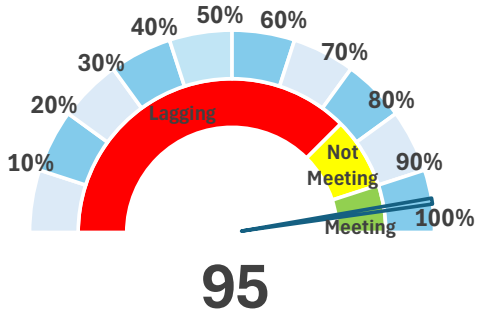
CPSM on track for a balanced budget in 2024-25

Performance Indicator	CPSM will maintain adequate reserves	CPSM will achieve a balanced budget
Targets	Debt to Equity ratio of 0.7 (reported annually). Reserves are maintained at a min 66% of operating expenses	
Variance Explanation/Course Correction	CPSM's debt to equity ratio at year-end = 0.74. Reserves at 73% of operating expenses excluding government programs	CPSM was able to end the year in a positive position

SUPPORT AREAS - Information Technology





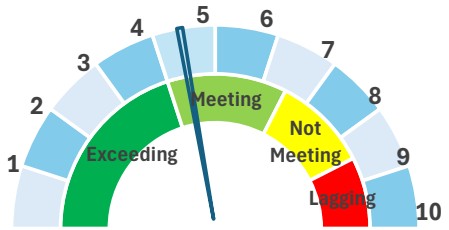


Performance Indicator	CPSM's technology and information is protected from both external and internal loss/destruction	Information Systems are considered highly reliable and available	IT responsiveness
Targets	Centre for Internet score of 65% or 3.25/5	Target is under development	Triage IT issues - 95% within 24 hours
Variance Explanation/Course Correction	Timing of the following implementations impacted the score Outstanding items: 1. Cyber Penetration Testing 2. Upgraded licensing 3. Disaster Table-top exercise - Cyber Breach. We expect to reach the 65% target by the fall of 2025		

SUPPORT AREAS - People & Culture

Average Years of Service - 8.0

1 resignation for the fiscal year

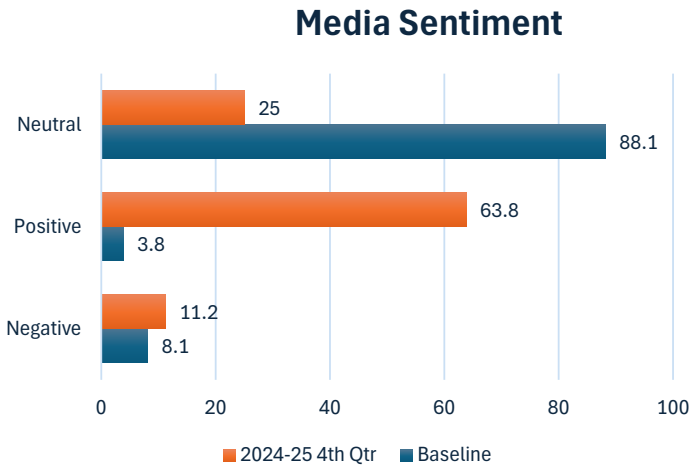


4.53

Average sick time was 6.6 days in 2023
Average sick time was 6.3 days in 2024

Performance Indicator	Employee satisfaction and engagement with CPSM priorities	Retention of staff	Employees are productive
Targets	Conduct staff Survey and report on findings	1. Average years of service 2. # of Employees resigning	Public Sector benchmark - 13.4 days sick Private Sector benchmark - 7.5 days sick

SUPPORT AREAS - Communications



Performance Indicator	Increase positive sentiment score in media coverage	# of educational opportunities executed	# of engagement targets met
Targets	Improve sentiment by 20%	Improve public education of CPSM core mandate	Boost engagement from the public & registrants
Variance Explanation/Course Correction		Currently seeking additional opportunities for public engagement	

THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

COUNCIL MEETING
JUNE 25, 2025

FOR INFORMATION BRIEFING NOTE

SUBJECT: Operational Reports

COMMUNICATIONS & MEDIA

The communications department oversees corporate communications, including registrant email campaigns, Council updates, public consultations, the launch of new or updated Standards of Practice, all other registrant and public communications, developing assets to support communications campaigns, media relations, and managing online platforms, such as the website.

Communications:

- Managed the communications components of the public consultation on three proposed changes to regulation amendments intended to enhance pathways for international medical graduates (IMGs).
- Working closely with the Restorative Practices Program (RPP) team to develop a communications plan for the implementation of anti-Indigenous racism initiatives (Standard of Practice, RPP, and mandatory cultural safety and anti-Indigenous racism training).
- Managing the development of three informational videos with a video production company.
- Regularly reviews communication plan and monitors developing issues to analyze and adjust plans as necessary.
- Planned and participated in three pre-consultation sessions to gain feedback on the updated Standard of Practice - Collaborative Care.
- Supports Registrar with external and internal communications.
- Co-developing a survey to be distributed to registrants to inform outcomes of the IMG Working Group.
- Responded to several media inquiries on regulatory matters. Media coverage in this period included inquiries regarding licensure and registration pathways, U.S. physicians relocating to Canada, and the standard of practice on several topics.
- Coordinated an interview for the Canadian Medical Association on CPSM's apology to First Nations and Inuit people.

Registrant communication campaigns:

- March Council Update
- Public Consultation notice and reminder for three regulation amendments to better support and attract internationally trained physicians.

- April newsletter – topics included: National Physicians' Day acknowledgement, guidance and clarification on collaborating with other regulated health professionals, reminder of new Standard of Practice for Practicing Medicine to Eliminate Anti-Indigenous Racism, Ambulance offload delays and an emergency physicians' duty of care, Health product InfoWatch for April.
- June Newsletter

Submitted by: Wendy Elias-Gagnon, Communications Officer

COMPLAINTS & INVESTIGATIONS DEPARTMENT

The Complaints & Investigations Department is tasked with receiving concerns and complaints from members of the public as well as other Registrants, reviewing the concerns and referring matters to the appropriate mechanism for disposition. The past year has been heavily focused on clearing a backlog of cases and reviewing policies and procedures with a view to bringing about sustainable improvements to our processes.

Submitted by:
Dr. Guillaume Poliquin, Assistant Registrar, Complaints & Investigations Department

FINANCE

Investment & Reserve Review:
Significant review took place over the last few months on the investment language in the Financial Management Policy, reserve percentages and how both of these compare with Medical Regulatory authorities across Canada. The reviews of both investment and reserves indicate CPSM is below our MRA comparators. These results informed both the creation of a new stand-alone investment policy with updated language on risk, liquidity and purpose, essentially to be better able to support CPSM's mandate, as well as budget scenarios focused on financial stability that were presented to the Executive Committee.

2024-25 Financial Audit:
The concluded audit of the 2024-25 financial statements successfully produced a clean report.

2024-25 Year-End Results:
Key significant events budgeted in 2024/25 that were driving the forecast of -$977,000 either were mitigated or delayed to 2025/26. This includes expenses that were forecasted for inquiries and employee expenses. These two categories account for approximately $1 million dollars in a positive change from the forecast. These savings are one time in nature and will not re-occur in 2025/26. The remaining positive change was driven by improvements in Revenues of $709,911. This was primarily driven by favorable volume variances in memberships and favorable investment market returns. The improved financial year-end result drove a slight improvement in our reserve ratio to 73%, up from 68% in 2024/25. Without these positive changes, CPSM would have likely fallen to its lowest reserve ratio seen in the last 10 years.

Submitted by:
Mr. Paul Penner, Chief Financial Officer

INFORMATION TECHNOLOGY

- Enhancements to the CPSM Portal ticketing system allows for facilitating several new workflows.
    - Communications Requests allow for tracking of asset requests and website updates.
    - Assignments in the CPSM Portal allow SLT to manage important request from the Registrar's Office without losing track of important deadlines.
    - Memos to the Registrar allow for SLT to highlight specific, important and urgent issues that require the attention of the Registrar.
- By utilizing the CPSM Portal ticketing system there are advantages over other traditional methods for managing workflow.
    - Communication is facilitated and concentrated within the ticket.
    - Update notifications are sent through Teams.
    - Any changes to the ticket and messages within the ticket are tracked.
    - An entire ticket history of changes is always available.
    - Files are shared and always available in the ticket.
    - Deadlines are measured and tracked within the ticket.
- Many Certificate of Professional Conduct (CPC) Updates have been added for greater transparency and clarity to align with the new CPC Policy.
- Completion of Training Applications are now available in the CPSM Portal. This facilitates the transition of Residents to Full Licensure.
- Completed an Incidence Response Plan for IT related issues. This is a comprehensive plan for responding to security incidents and provides a roadmap for involvement with IT, Communications, Corporate and Legal.

Submitted by:
Sam Lount, Information Technology Manager

PEOPLE AND CULTURE

People and Culture is responsible for developing and executing human resource strategies in support of the overall operational plan and strategic direction of CPSM. This includes talent management, organizational and performance management, training and development, as well as total compensation. The position provides strategic leadership by articulating human resources needs and plans to the executive management team, strategic partners, and Council.

- Supported Department Organizational Design reviewing positions, competencies and human resources.
- Attended the Chartered Professional of Human Resources Legislative Review.

- Updated process and offer documents to increase efficiency and reduce organizational risk.
- Reviewed Group Health and Employee/Family Assistance Programs (EFAP).
- Recommended change in provider for EFAP to create opportunities for staff to connect with culturally appropriate supports with meaningful programming, approved by Senior Leadership Team.
- Delivered a leadership discussion on Performance Management.
- Joining CPSM are:
    - Tara Myran, Knowledge Translation and Mobilization Specialist, Restorative Practices Program as of April 16,2025
    - Dr. Jayson Stoffman, Medical Consultant, Restorative Practices Program as of April 22, 2025
    - Callie Farthing, Admin Clerk, MANQAP- 18-month term, as of May 5, 2025
    - Alma Okpoyo, Review Analyst, Registration as of May 15, 2025

Submitted by:
Ms. Sherry Dupuis, Executive Director, People and Culture

QUALITY DEPARTMENT

Manitoba Quality Assurance Program (MANQAP)

- Annual Continuing Service Agreement (CSA) 2025-26 with Manitoba Health- signed by Health Commission May 2025.
- Diagnostic Standards approved in May PRC meeting. Implementation to start Jan 2026.
- Collaboration with Manitoba Dental Association continues, readdressed May 2025 MOU draft shared with MDA- waiting on response from MDA Registrar.
- Psychedelic Assisted Psychotherapy standards approved May 2025, 1st accreditation to take place summer 2025.
- MANQAP continues to work with IC and Registration on investigations and complaints
- APO – as of May 2025 45 active- 9 new since Feb PRC.
- Physician Office Lab Inspection Pilot (11 completed) - Update will be presented to Sept 2025 PRC.
- Accreditation Inspections that are currently open – 83 sites.
- HR
    - Callie Farthing has accepted 18-month maternity leaves as MANQAP Clerk as of May 5.
    - Susan Beck has accepted the 18-month maternity leave as Inspector DI, starting July 21.

Physician Health Program (PHP)

- From March 19 to May 28, 2025, the PHP received 20 new referrals. 14 of these referrals remain open for follow-up and further PHP involvement.

- In the 2024-2025 fiscal year, we had 102 new referrals (compared to 85 referrals in the previous fiscal year).
- We have 45 current undertakings, with the potential of releasing 4 registrants from their undertakings this year.
- **PHP caseload is: 153 registrants** (this includes anyone with an active undertaking, potential undertakings, new referrals, active referrals not yet closed, and anyone who requires follow/up either periodically or at a specific time in future).
- Ongoing review of BBP Undertakings.
- PHP Survey launched April 2, 2025 – to date, we have a 37% engagement (34 surveys submitted) with most respondents reporting positive or very positive interactions with the PHP (only 1 registrant indicated a "negative" interaction).

Prescribing Practices Program (PPP)

- **Registrant Advice & Support**: responded to **56 general prescribing advice** inquires Mar-May (106 GPA cases thus far in 2025). KPI metrics: 66% responded to same day, 79% within 1 business day, and 89% within 2 business days.
- **Outcome Evaluation**: Presently 68% response rate for (anonymous) surveys sent registrants/other HCPs who seek prescribing advice, to evaluate the impact of PPP interventions. For Q1-Q4, 100% of surveys rated the overall impact of PPP interventions as neutral to positive on a Likert scale. 96% of responses rated the impact of PPP interventions as positive (i.e., ≥ 4, agree to strongly agree).
- **Prescribing Approvals**: Issued **5 Suboxone** & **3 methadone approvals** for OAT Mar-May (current total 248 OAT prescribers). **3 pain/palliative methadone approvals** Mar-May (current total 73 P&P prescribers). P&P Approvals expire June 1 – 95 % renewed for another 3 years, 2.5% declined, 2.5% pending renewal.
- **Quality Prescribing Review Working Group**: Supporting SLT with Fall 2025 roll out & implementation of next prescribing rules changes.
- **High Dose Morphine Milligram Equivalents (MME) Reviews**: Reviewing cases identified by MB Health DPIN dataset, involving very high-dose opioid prescribing. Current data involves 23 patients prescribed doses > 900 MME per day, by 31 physicians, up to 2,167 MME per day. Engaged with 8 registrants thus far (6 active at present). Risk stratification used to design intervention toward quality assurance and safer prescribing practices.

Quality Assurance Program (QAP)

- Total reviews up to June 2025 is **81.**
- Currently there are 81 open files in various stages of the process:
    - Waiting for Questionnaire - 16
    - Waiting for Manitoba Health - 11
    - Review Scheduled – 10
    - Going to June CSC – 23
    - Difficult to Review Process - 21
- The cases that are difficult to review are due to:
    - No Manitoba Health information
    - Difficult to access charts (nursing stations, PCHs, salaried positions, etc.)
    - Physician away (LOA, Vacation, Health Issue, etc.)

  - Auditor availability
- Currently working on cohorts 71 and 70 years of age including a marginal number of carry-overs from 2024.
- The CSC reviewed a total of 21 registrants at its last meeting on March 7, 2025.
- Moving the QAP to portal is underway. Phase 1 (data migration) has been completed. Phase 2 will start this summer.

Quality Improvement Program (QIP)

- Additional fields in the Portal for data collection purposes.
- Continual planning for second cycle 2026-2032.
- Auditor Training Workshop was held in April.
- Last Grand Rounds had for final specialty groups included in QIP.

Restorative Practices Program (RPP)

- Tara Myran, Knowledge Translation and Mobilization Specialist, joined RPP on April 16, 2025.
- Dr. Jayson Stoffman, Medical Consultant, joined RPP on April 22, 2025.
- Lauren Phoutthavongsin, Coordinator, start date of June 23.
- RPP has received 13 referrals to date with 11 referrals currently open for follow-up and further RPP involvement.
- The RPP Team presented at the Society of Rural Physicians of Canada Conference in May 2025.
- Currently developing processes for referrals and related interventions and education, RPP Letter and communications templates.
- Pipe ceremony to officially launch the RPP will be held on Friday, June 6, 2025, at the Assiniboia Residential School Memorial site.
- Dr. Bruin and Tara Myran will be attending the Federation of Medical Regulatory Authorities of Canada (FMRAC) held in Calgary, Alberta on June 12th and will present on the RPP.
- Dr. Bruin and Tara Myran met with CPSBC in May to discuss our RPP and their Cultural Safety and Humility Program in BC.

Submitted by:
Dr. Sonja Bruin, Assistant Registrar, Quality Department

REGISTRATION DEPARTMENT

The primary role of the Registration Department is to ensure that only qualified, competent, and ethical applicants are granted registration and issued a certificate of practice in Manitoba. In addition, the Department has been in the process of re-imaging its role and purpose to include:

- achieving better access for the people of Manitoba to adequate numbers of qualified and competent medical practitioners,
- establishing and maintaining clear information about registration requirements,

- promoting the ability of members to respond to changes in practice environments, advances in technology and other emerging issues, including by establishing new and improved orientation initiatives, and
- promoting and enhancing CPSM's relations with registrants, other regulatory colleges in the province, as well as key partners and the public.

To meet the above objectives:

- The Registration Department is developing new Key Performance Indicators and Key Risk Indicators, as well as a comprehensive Quality Management System to better track our work and ensure an evidence-based approach to efficiently achieving CPSM's mandate. Fundamental to this work is first establishing an improved infrastructure for reporting data, as well as a data and reporting strategy.
- Review and updating of the Registration section of the website continues. The focus is on step-by-step information for all classes of registration, with further wording modifications targeting accessibility to come. CPSM is also collaborating with partners with Shared Health and the Health Care Retention and Recruitment Office (HCRRO) to improve information and communication relating to our more complex processes.
- A lengthy review of all registration related to Council Policies, Registrar's Policies, and Practice Directions is almost complete. The goal of this project has been to revise and update these documents and then compile and organize them into a single source to be referred to in future as CPSM's Registration Policies and Practice Directions. The latest revised policies relate to registration in the educational classes, locum registrations, and liability coverage.
- We are committed to having a strong relationship with Manitoba's Fair Registration Practices Office (FRPO), including by meeting the FRPO's Duty to Notify and Duty to Collaborate. The FRPO provides invaluable insight and recommendations for improving registration processes. This past March, CPSM worked with the FRPO to ensure our requirements for English Language Proficiency align with provincial regulatory requirements.
- Supporting the development of the National Registry of Physicians through collaboration with the MCC and other Canadian MRAs.
- Staying abreast of national and global changes in the registration and licensing of medical practitioners to ensure CPSM is implementing best practices, including through our relationship with FMRAC (Federation of Medical Regulatory Authorities of Canada) and IAMRA (Internation Association of Medical Regulatory Authorities). In this regard, the Registration Department prepared recent draft regulatory changes for:
    - the recency of practice requirements for the provisional (family practice-limited) class,
    - acceptance of American Boards for full registration, and
    - relaxing title restrictions for clinical assistants who hold a medical diploma.

  These regulatory changes have now been approved by Council.
- Supporting the work of the IMG Working Group, including its goal of establishing a new orientation program for Internationally Trained Physicians.
- The Board of Assessors had its fourth meeting in May of 2025. It is supported in its work by staff in the registration department.

Significant upcoming projects include:

- a review and revisions to CPSM's license renewal questions,
- a review of how we regulate medical corporations permits, and
- Implementing improvements to the PRA process.

Submitted by:
Mr. Jeremy de Jong, Interim Director, Registration Department

COUNCIL MEETING
JUNE 25, 2025
COMMITTEE REPORTS
FOR INFORMATION BRIEFING NOTE

EXECUTIVE COMMITTEE REPORT:

The Executive Committee met on April 23, 2025 on June 4, 2025. Most of the matters discussed are on the current Council Meeting Agenda; however, in addition, the Executive Committee approved appointment of Practice Auditors, and approved June 21, 2025 as the effective date for the Standard of Practice – Practicing Medicine to Eliminate Anti-Indigenous Racism.

The Executive Committee had a Joint Meeting with the Finance, Audit, & Risk Management Committee on April 23, 2025 to discuss the Financial Management Policy and the creation of a new Investment Policy.

The Executive Committee was scheduled to hear on June 4, 2025 a registration appeal; however, that matter was adjourned at the request of the appellant.

Respectfully submitted by
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 2024/25 at the June 5 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 2025/26.

2. **Year-End Financial Statements - 2024-25 Fiscal Year**
   - Management presented the CPSM financial statements for the 12 months ending April 31, 2025. Detailed analysis with explanations of variances were provided to the committee.
   - The year-end results show a surplus of $755,000. This is a significant improvement from the originally projected $977,000 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 anticipated inquiry expenses, staff expenses (mostly due to timing) and staff transitions.

- Management provided CPSM's investment portfolio summary as of April 2025, including CIBC's Investment Advisor Letter of Compliance.

3. **2025-26 Operating Budget**
   - Management presented the 2025-26 as well as the 2026-27 and 2027-28 operating forecasted budgets. Management also provided background on human resources growth by program. Growth in staffing is primarily contained to the creation of the new Restorative Practices Program (2.3 EFT in total).
   - The committee reviewed the options regarding fee increases. A recommendation will be made to Council to increase the certificate of practice and medical corporation fees for the upcoming year to fund the creation of the Restorative Practices Program, increased governance and committee work and stabilize the reserve funds.
   - The committee unanimously agreed to recommend to Council that the 2025-26 budget be approved.

4. **Financial Management Policy**
   - Recommended revisions to the Financial Management Policy were presented by Management to the Committee.
   - The FARMC committee recommended two significant changes for the 2025/26 fiscal year
     - The creation of a stand-alone Investment Policy with improved clarity on the risk and liquidity position CPSM.
     - A change to the Financial Management Policy that will allow for the acquisition of property.
   - The committee approved the recommended revisions to be forwarded to the Council for approval.

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

INVESTIGATION COMMITTEE REPORT:

Dear Council,

Since our last meeting, the Investigation Committee has met 4 times (March 12, April 16, April 30 and May 14) and reviewed 31 cases. The results of those Investigations are as follows:

No Further Action - 14
Criticism - 4

Advice - 3
Undertaking for Education – 5
Deferred – 3
Refer to Quality – 2

As of today, there are 187 outstanding investigation cases.

This will be my last report as the Chair of the Investigation Committee. It has been a wonderful experience working with this team over the past number of years. I am grateful to each member of the College staff who makes this Committee run so smoothly. I want to thank all of the physician members of our Committee, but a special thank you to the public representatives Beth, Lynette, Cheryl and Leanne for all the time and thoughtful work they have provided to this team during my term.

Respectfully submitted by
Dr. Kevin Convery
Chair, Investigation Committee

COMPLAINTS COMMITTEE REPORT:

The Panels of the Complaints Committee met 11 times during the 2024-2025 year.

- May 9, 2024
- June 2, 2024
- August 1, 2024
- September 12, 2024
- October 10, 2024
- November 21, 2024
- December 5, 2024
- January 9, 2025
- February 6, 2025
- March 6, 2025
- April 3, 2025

During the 2024-2025 year, 157 cases were closed. Resolution of these cases is as follows.

Resolution of cases closed	**For the year** May 1, 2024 to April 30, 2025		**For the year** May 1, 2023 to Apr 30, 2024	
No further action	**78**	**50%**	77	52%
Advice	**34**	**22%**	43	29%
Criticism	**16**	**10%**	18	12%
Referral to Investigations Committee	**15**	**9%**	4	3%
Informal resolution	**6**	**4%**	1	1%
Cases withdrawn	**4**	**2%**	5	3%
Referred to Quality Program	**3**	**2%**	-	**-**
Dismissed	**1**	**1%**	-	**-**
Total cases closed	**157**	**100%**	**148**	**100%**

The number of outstanding cases at April 30, 2025, was 135. A summary of outstanding cases, along with new and closed cases during the year is as follows.

Outstanding cases	**For the year** May 1, 2024 to April 30, 2025	**For the year** May 1, 2023 to Apr 30, 2024
Number of meetings	**11**	**11**
Outstanding cases, beginning of year	132	119
New complaints received during the year	160	161
Total number of complaints	292	280
Total cases closed during the year	(157)	(148)
Outstanding cases, end of year	**135**	**132**

Respectfully submitted by
Ms. Lynette Magnus
Chair, Complaints Committee

PROGRAM REVIEW COMMITTEE REPORT:

Diagnostic Facilities:

The Western Canadian Accreditation Alliance (WCAA) Diagnostic Imaging Standards were approved for use to accredit Manitoba diagnostic imaging facilities. An implementation plan for facility rollout is set for January 2026.

The WCAA Laboratory and Transfusion Medicine Standards have been implemented since 2024 for Manitoba facilities. A survey to assess the end user experience is underway.

Non-Hospital Medical Surgical Facilities (NHMSF):

The Western Canadian Accreditation Alliance (WCAA) Psychedelic-Assisted Psychotherapy (PAPT) Standards were approved for use to accredited Manitoba Non-Hospital Medical Surgical Facilities (NHMSF). These Standards, as well as the WCAA Hyperbaric Oxygen Administration Standards that were approved for use in late 2024, are used in conjunction with the existing WCAA NHMSF standards, which were approved in 2022.

The first NHMSFs to be accredited by these newly approved standards are expected to open in 2025.

Respectfully submitted by
Ms. Leanne Penny
Chair, Program Review Committee

BOARD OF ASSESSORS REPORT:

The Board of Assessors met on May 8, 2025.

Four (4) new policies were reviewed and endorsed by the Board:

- Council Policy for Professional Liability Insurance or Coverage Policy
- Council Policy for Registration in the Educational Classes for Medical Students and Residents.
- Council Policy for Registration in the Provisional (Temporary Locum) Class
- Registrar's Policy for Registered Names and Identify Verification

Amendments to the Council Policy – Specialist Register and the Council Policy for Registration in the Provisional Family Medicine Practice-Limited Class were reviewed and endorsed.

Except for the Registrar's Policy, all of the foregoing policy changes appear on Council's current agenda.

Respectfully Submitted by
Dr. Alewyn Vorster
Chair, Board of Assessors

CENTRAL STANDARDS COMMITTEE REPORT:

Central Standards Committee (CSC) Activities for the year 2025

The CSC met March 7, 2025.

QUALITY ASSURANCE (QA) AGE TRIGGERED/REFERRED AUDITS REVIEWED IN 2025

The CSC reviewed:

- **12** New and Repeat QA Age Triggered Reviews
- **12** New and Repeat QA Referred Reviews
  (2 cases with same physician resulted in 1 outcome – Interactive Audit)

The following outcomes were determined at CSC.

20	#1 Outcomes
1	#2 Outcomes
1	#3 Outcomes
	#4 Outcomes
	#5 Outcomes
***1**	Other – Full Practice Audit, Interactive Audit and More Information Requested (2 cases = 1 outcome, same registrant involved in 2 single case reviews)
23	Total outcomes

Standards Sub-Committee Reporting

The Central Standards Committee continues to request and receive quarterly and annual reports from the various Standards Committees within the province. The following table represents the active committees by region and status.

Current active Committees by Region:

Committee	RHA	Chair	Current Status
Brandon Regional Health Centre ASC	Prairie Mountain	Dr. Brian Bookatz	Up to date
Interlake-Eastern ASC	Interlake-Eastern	Dr. Habtu Demsas	Up to date
Northern ASC	Northern	Dr. Shadi Mahmoud	Up to date
Portage ASC	Southern	Dr. Jim Ross	Q1 reminder sent Apr 1
Prairie Mountain Health ASC	Prairie Mountain	Dr. Shannon Prud'homme	Up to date (Submitted Q1 Minutes but no Q1 Report)
Southern ASC	Southern	Dr. Shayne Reitmeier	Q1 reminder sent Apr 1
Boundary Trails Health Centre	Southern	Dr. Kevin Convery	Q1 reminder sent Apr 1
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. Chantalle Menard	Up to date
Endoscopy Provincial	Provincial	Dr. Ross Stimpson	No meetings in Q1
Orthopedic Surgery Provincial	Provincial	Dr. Eric Bohm	Up to date
Winnipeg Regional Health Standards Committee	WRHA	Dr. Elizabeth Salamon	Q1 reminder sent Apr 1

Cumulative Reporting by Area/Region

The following cumulative report includes total numbers from Quarter 1 reports received from all Provincial Standards Committees and Area Standards Committees for the months of March 2025 – May 2025.

			Suggested Change Outcomes		Required Change Outcomes		
	Cases Reviewed	Total	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	Clinical Audits: Adverse Patient Occurences	60	59	1	0	0	0
	Referred Concern	3	3	0	0	0	0
	Random Audit	5		0	0	0	0
	Not an APO	0	0	0	0	0	0
	Practice Audit or Interactive Audit	0					
	Newsletter Item						
	Referral to Another Organization	0					
	Number of Meetings in 2025	8					

Respectfully submitted by
Dr. Roger Süss
Chair, Central Standards Committee

THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

COUNCIL MEETING
JUNE 25, 2025
FOR INFORMATION BRIEFING NOTE

SUBJECT: Council Meeting Attendance for the 2024/2025 year

	Jun 26/24	Sep 25/24	Dec 18/24	Mar 19/25	May 26/25 (virtual)	Total Meetings Attended out of 5
Ms. L. Agger	1	1	1	1	1	**5**
Mr. N. Cohen	1	1	0	1	1	**4**
Dr. K. Convery	1	1	1	1	1	**5**
Dr. C. Corbett	0	0	1	1	0	**2**
Dr. J. Elliott	1	1	1	1	0	**4**
Mr. A. Fineblit	1	1	1	0	1	**4**
Dr. C. Intwala	1	1	0	1	1	**4**
Dr. W. MacMillan-Wang	1	1	1	1	1	**5**
Ms. L. Magnus	1	1	1	1	1	**5**
Dr. R. Manji	1	1	1	1	1	**5**
Dr. J. McNaught	1	1	1	1	0	**4**
Ms. M. McPherson	1	1	1	1	1	**5**
Dr. L. Monkman	1	1	1	1	1	**5**
Dr. P. Nickerson	1	1	1	1	1	**5**
Dr. C. Penner	1	0	1	1	1	**4**
Ms. L. Penny	1	1	1	1	1	**5**
Dr. N. Shenouda	1	1	1	1	1	**5**
Dr. A. Vorster	1	1	1	1	1	**5**
Total number at meeting	**17**	**16**	**16**	**17**	**15**	

For Information Briefing Note prepared by: Ms. Barbie Rodrigues, Senior Executive Assistant