

AGENDA

CPSM Office – Brown Room
1000 – 1661 Portage Avenue

PTime		Item		Action		Page #
5 min	8:00 am	1.	Opening Remarks and Land Acknowledgment		Dr. Penner	
0 min	8:05 am	2.	Agenda – Approval		Dr. Penner	
0 min	8:05 am	3.	Call for Conflict of Interest		Dr. Penner	3
10 min	8:05 am	4.	Consent Agenda <ul style="list-style-type: none"> i. Council Meeting Minutes <ul style="list-style-type: none"> • June 25, 2025 ii. Council Policy <ul style="list-style-type: none"> • Appeals from Investigation Committee Amendments iii. Council Policy <ul style="list-style-type: none"> • Financial Management Amendments iv. Inquiry Committee Appointments 		Dr. Penner	4
15 min	8:15 am	5.	My Journey: Walking Both Worlds	For Information	Ms. Myran	37
30 min	8:30 am	6.	Restorative Practices Program Presentation	For Information	RPP Team	38
5 min	9:00 am	7.	CPSM All-Staff Orange Shirt Day	For Information	Dr. Mihalchuk/ Dr. Bruin/ Ms. Myran	39
10 min	9:05 am	8.	Restorative Practices Program Update	For Information	Dr. Mihalchuk/ Dr. Monkman	40
30 min	9:15 am	9.	New Emergency Medicine Classification	For Discussion	Dr. Penner/ Mr. Triggs	43
30 min	9:45 am	10.	Councillor Election Process Update	For Decision	Dr. Penner/ Mr. Triggs/ Mr. Fineblit	55
10 min	10:15 am	11.	Governance Training	For Information	Dr. Penner/ Dr. Mihalchuk/ Ms. Dupuis	58
20 min	10:25 am	12.	---Break---			

Time		Item		Action		Page #
10 min	10:45 am	13.	International Medical Graduate Working Group Update	For Information	Dr. Penner/ Dr. Shenouda/ Mr. de Jong	61
10 min	10:55 am	14.	Performance Metrics – Quality Department	For Information	Dr. Bruin	62
10 min	11:05 am	15.	Registrar and CEO Report <ul style="list-style-type: none"> Performance Metrics Update Operational Report 	For Information	Dr. Mihalchuk	65
5 min	11:15 am	16.	Committee Reports (questions taken) <ul style="list-style-type: none"> 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	89
30 min	11:20 am	17.	In Camera	For Discussion		
	11:50 am	18.	Review of Self-Evaluation of Governance Process-survey via email		Dr. Penner	
3 hours, 50 minutes			Estimated time of sessions			



Regulated Health Professions Act

Duty to serve the public interest

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

CPSM Mandate

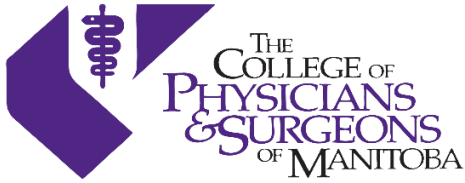
10(2) A college has the following mandate:

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

CPSM Governance Policy – Governing Style and Code of Conduct:

1.1 General

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



COUNCIL MEETING
SEPTEMBER 24, 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 June 25, 2025
- ii. Council Policy – Appeals from Investigation Committee **Amendments**
- iii. Council Policy – Financial Management **Amendments**
- iv. Inquiry Committee Appointments

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON SEPTEMBER 24, 2025, DR. NADER SHENOUDA, PAST PRESIDENT, 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



MINUTES OF COUNCIL

Council of The College of Physicians and Surgeons of Manitoba met on June 25, 2025, at the CPSM Office with an option to join virtually via Zoom.

CALL TO ORDER

The meeting was called to order at 08:31 a.m. by the Chair of the meeting, Dr. Charles Penner.

COUNCILLORS:

Dr. Ganesan Abbu, Winkler
 Ms. Leslie Agger, Public Councillor (V)
 Dr. Kevin Convery, Morden
 Mr. Neil Cohen, Public Councillor
 Dr. Caroline Corbett, Winnipeg
 Mr. Allan Fineblit, Public Councillor
 Dr. Wendy MacMillan-Wang, Associate Member
 Ms. Lynette Magnus, Public Councillor
 Dr. Rizwan Manji, Winnipeg
 Dr. Jennifer McNaught, Winnipeg
 Ms. Marvella McPherson, Public Councillor
 Dr. Lisa Monkman, Scantbury (V)
 Dr. Charles Penner, Brandon
 Ms. Leanne Penny, Public Councillor
 Dr. Nader Shenouda, Oakbank
 Dr. Alewyn Vorster, Treherne

MEMBERS/GUESTS:

Ms. Clara Weiss
 Ms. Sandra Bourgon

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)

REGRETS:

Dr. Chaitasi Intwala, Winnipeg
 Dr. Peter Nickerson, Winnipeg

1. OPENING REMARKS AND LAND ACKNOWLEDGEMENT

Dr. Penner conveyed the CPSM Land Acknowledgment and thanked Dr. Shenouda for his time and commitment as President for the last two years. Dr. Penner advised he was honoured to take on the role as President.

2. ADOPTION OF AGENDA

IT WAS MOVED BY DR. NADER SHENOUDA, SECONDED BY MR. NEIL COHEN:
CARRIED:

That the agenda be approved as presented.

3. CALL FOR CONFLICT OF INTEREST AND IN CAMERA SESSION

Dr. Penner 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 – FOR APPROVAL

Dr. Penner provided an overview of how the Consent Agenda is used. Dr. Penner asked if any Councillors wished to discuss any of the consent agenda items. Dr. McNaught inquired about the wording within *4.3.1 Appendix A*, excerpt from *Council Policy, Governance re: Investigation Committee Terms of Reference, Section 4.12.3.a.i*. Mr. Triggs will amend the wording to the following: “A Chair and a Vice-Chair who are Councillors and registrant practicing physicians.” This revised wording will be updated in our “Gold Standard” document and published on the CPSM website.

**IT WAS MOVED BY DR. KEVIN CONVERY, SECONDED BY MS. LEANNE PENNY:
CARRIED**

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

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

5. CPSM 2025/26 COMMITTEE APPOINTMENTS – FOR APPROVAL

Annually, Council, based on 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 recommended changes to the current committee memberships as presented in *5.1 Appendix A* Committee Membership Chart and *5.2 Appendix B* Committee Membership Composition.

**IT WAS MOVED BY DR. KEVIN CONVERY, SECONDED BY MS. MARVELLE MCPHERSON:
CARRIED:**

Council approves the 2025/26 membership of Committees as outlined above and as per attached Committee Membership Charts with revision to reflect Dr. Elsa Velthmyeser resigned from the Investigation Committee and was not re-appointed.

6. OPERATING BUDGET 2025/26 & FEE INCREASE – FOR APPROVAL

The 2024/25 fiscal year had some unexpected changes that positively impacted the 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 CPSM compares with reserves as a percentage of operating expenses.

A typographical error was noted on page 87 of the Operating Budget motion of approval briefing note stating the increase for Clinical Assistants and Physician Assistants was 7.4% and should be listed as 7.5%.

**IT WAS MOVED BY DR. KEVIN CONVERY, SECONDED BY MR. ALLAN FINEBLIT:
CARRIED:**

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

7. FINANCIAL MANAGEMENT POLICY / INVESTMENT POLICY – FOR APPROVAL

The Financial Management Policy must be reviewed annually by Council giving consideration to recommendations from the Financial Audit and Risk Management Committee.

**IT WAS MOVED BY DR. KEVIN CONVERY, SECONDED BY DR. CARRIE CORBETT:
CARRIED:**

Council approves the recommended amendments to the Financial Management Policy.
Council further approves the recommended new Investment Policy.

8. FULL DAY COUNCIL MEETING – FOR DISCUSSION

Council currently meets for 4 hours on a quarterly basis throughout the year (June, September, December and March). Feedback received is that discussion on various items is limited because of time constraints. It was determined to increase the December 10, 2025 Council meeting to a full day on a trial basis and revisit for review at the March 2026 Council meeting.

9. REVIEW OF ELECTION PROCESS – FOR DISCUSSION

At its March 19, 2025 meeting, Council had a facilitated discussion on issues related to the Councillor election process. As a follow-up to the discussion, a working group of councilors chaired by Mr. Fineblit created a Discussion Paper on Council Selection Process. The discussion paper provided 5 options as well as points to consider in relation to each option. Council members selected Option 1. Candidates nominated based on skill matrix to run in an election.

Dr. Penner asked Council members to please provide further feedback to himself or Mr. Fineblit on the desired attributes no later than June 27, 2025. The working group will provide an updated report at the September 2025 Council meeting on how the process will be carried out as well as how to promote the process.

10. -----BREAK----- (moved to 10:40-11:00 AM vs 10:35-10:55 AM)

11. COLLABORATIVE CARE WORKING GROUP UPDATE – FOR INFORMATION

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 was created to review the standard.

Two more focus group meetings will likely occur with further revisions to create a final document to bring forward to Council for review and approval to send out for public consultation at the December 2025 Council. A draft will potentially be presented at the September 24, 2025 Council meeting.

12. RESTORATIVE PRACTICES PROGRAM UPDATE – FOR INFORMATION

Dr. Mihalchuk provided an update to Council, noting a Pipe Ceremony occurred on June 6 to mark the beginning of a significant shift in how anti-Indigenous racism in medical practice is regulated and the official launch of the Restorative Practice Program.

13. REVIEW CYCLE – CPSM DOCUMENTS – FOR INFORMATION

Mr. Triggs presented the developed multi-year cycle for CPSM Standards of Practice, Practice Directions, Council Policies and Bylaws. It will be a 5-year review cycle requiring review of 15 documents per year.

14. REGISTRAR and CEO REPORT – FOR INFORMATION

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

Meeting Minutes of Council – June 25, 2025

- Complaints Committee
- Program Review Committee
- Board of Assessors
- Central Standards Committee

No further discussion occurred after being presented.

16. 2024-2025 COUNCIL ATTENDANCE – FOR INFORMATION

Council members' meeting attendance for the year 2024-2025 was presented for information.

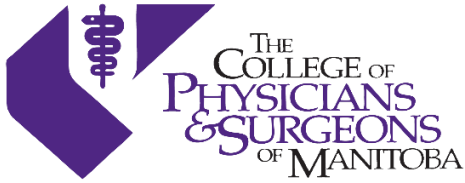
17. IN CAMERA SESSION

An in-camera session was held.

There being no further business, the meeting ended at 12:20 PM.

Dr. C. Penner, President

Dr. A. Mihalchuk, Registrar & CEO



COUNCIL MEETING
SEPTEMBER 24, 2025
NOTICE OF MOTION FOR APPROVAL

SUBJECT: Council Policy – Appeals from Investigation Committee - **Amendments**

BACKGROUND:

At its December 18, 2024 meeting, Council approved *Council Policy – Appeals from Investigation Committee*. In conjunction with the reorganization of the Complaints & Investigation Department a review was conducted of the processes associated with Appeals from the Investigation Committee to ensure efficiencies and principles of natural justice are followed.

Significant changes identified in the review are:

1. Complainants will be provided with a Notice of Appeal template for the purpose of filing their appeal.
2. Complainants/appellants will be provided with the Investigator's Report.

These changes require amendments to *Council Policy – Appeals from Investigation Committee* which are tracked changed in the attached document (**Appendix A**). The amendments are to page 4 - a link will be added for the new Notice of Appeal template (**Appendix B**) and the additions in red below on page 5:

7. Process upon receiving a Notice of Appeal.

Upon receiving a Notice of Appeal from a Complainant, the Registrar will acknowledge receipt, **provide the Complainant with the Investigator's Report**, and ask the Complainant if they intend to file a written submission (see below). If so, they have 30 days to provide the written submission. Notwithstanding, the Complainant will be asked to file submissions at their earliest convenience. In general, the Notice of Appeal and written submission are the only documents the Complainant should be providing in the appeal process.

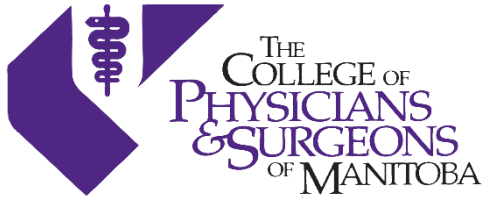
The Registrar will provide a copy of the Notice of Appeal to the Investigated Registrant when it is received, copying their legal counsel if they have legal counsel. If a written submission is received from the Complainant, that **and the Investigator's Report** will also be sent to the Investigated Registrant.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON SEPTEMBER 24, 2025, DR. NADER SHENOUDA, PAST PRESIDENT, WILL MOVE THAT:

Council approves the proposed amendments to the Council Policy – Appeals from Investigation Committee.

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



COUNCIL POLICY

Appeals from Investigation Committee

Initial Approval: December 18, 2024

Effective Date: December 18, 2024

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1. Overview:

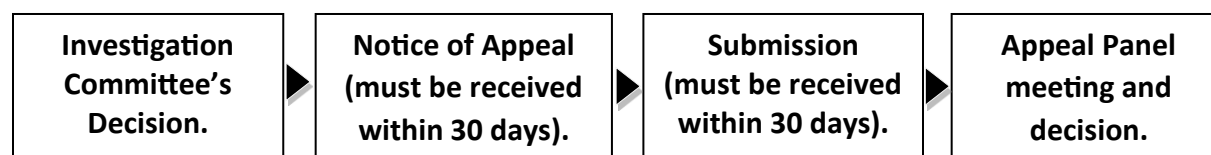
Under the *Regulated Health Professions Act* (“RHPA”), if a Complainant is not satisfied with a decision of the Investigation Committee, then they *may* have the right to appeal the decision to an Appeal Panel of the Executive Committee. Whether the Complainant has a right of appeal will depend upon the nature of the decision that was made by the Investigation Committee.

To make an appeal, the Complainant must send the Registrar a Notice of Appeal within 30 days of receiving the Investigation Committee’s decision. Both the Complainant and the Investigated Registrant are given the opportunity to provide a written submission to the Appeal Panel.

Appeal Panels are typically made up of CPSM Council members. The Appeal Panel can dismiss the appeal, make any decision it believes ought to have been made by the Investigation Committee, or refer the matter back to the Investigation Committee for further investigation or consideration in accordance with any direction that the Appeal Panel may give.

Throughout the appeal process, the Complainant and the Investigated Registrant are entitled to have legal representation.

The following flow chart summarizes the process:



This Policy addresses procedural requirements and guiding principles for the Appeal Panel to follow in deciding appeals.

2. What is the purpose of the Appeal Panel?

The purpose of the Appeal Panel is to review the Investigation Committee’s decision to determine if there are any significant errors or deficiencies. What the Appeal Panel can consider is limited based on law set by Canadian courts of appeal. The details of what the Appeal Panel can consider are explained in the section “Standards of Review”.

It is important to understand that the Appeal Panel does not reconsider evidence and arguments to come to its own independent decision about the complaint that was made before the Investigation Committee. Its primary function is to correct unreasonable conclusions.

The Appeal Panel does not consider the same questions that were asked before the Investigation Committee. Applying the “Standards of Review” and considering the issues raised in the Notice of Appeal, the Appeal Panel decides if there is an error that affected the conclusion of the Investigation Committee’s decision.

Guiding principles and considerations applicable to the Appeal Panel's review include:

- The Appeal Panel will not intervene merely because it disagrees with the decision of the Investigation Committee. It is possible for two people, acting reasonably, to come to two different conclusions. If the Investigation Committee decision is reasonable the Appeal Panel will not interfere with that decision merely because they would have decided the case differently.
- The key question for the Appeal Panel is whether the Investigation Committee's decision was based on errors of law, fact or principle, or is not reasonably sustainable.
- The focus of the appeal is not to re-examine the facts and evidence; rather, it is on the Investigation Committee's assessment of the facts and evidence, and its overall analysis and disposition of the matter.
- However, as this is an internal review process that serves CPSM's public interest mandate, the Appeal Panel will remain flexible and review the decision under appeal holistically, without a rigid focus on the stricture of the applicable standards of review.

3. What decisions can be appealed?

Section 102 of the RHPA limits the types of decisions that the Investigation Committee can make when it decides a complaint. A Complainant may appeal some, but not all, decisions made by the Investigation Committee depending on what action or actions the Committee decides to take.¹ The following table contains information about decisions that can and cannot be appealed.

Decisions that <u>can</u> be appealed.	Decisions that <u>cannot</u> be appealed.
<ul style="list-style-type: none"> • A direction that no further action is to be taken (ss. 102(1)(b)). • The acceptance of an undertaking from the Investigated Registrant. For example, for practice conditions, education, etc. (ss. 102(1)(f)). • Any other action the Investigation Committee considers appropriate under ss. 102(1)(g) of the RHPA. For example, criticism or advice. 	<ul style="list-style-type: none"> • A referral to the Inquiry Committee (ss. 102(1)(a)) or censure (ss. 102(1)(d)). • Referral to mediation with the agreement of the Complainant and Investigated Registrant (ss. 102(1)(c)). • Acceptance of voluntary surrender of registration or license (ss. 102(1)(b)(e)). • Acceptance of an informal resolution under s. 95 of the RHPA.

¹ Subsection 108(1) of the RHPA states that "*The complainant may appeal to the council any decision made by the complaints investigation committee under clause 102(1)(b), (f) or (g).*"

When considering whether to bring an appeal, the Complainant should consider whether the Investigation Committee could make the decision that they would have liked it to make. If the Investigation Committee cannot make that decision, then the Appeal Panel also has no authority to make that decision.

4. Who decides appeals from decisions of the Investigation Committee?

Under the RHPA, appeals from decisions of the Investigation Committee are made to CPSM's Council. The Council has delegated authority to hear appeals to the Executive Committee.²

Appeals are ordinarily decided by a three-person panel of the Executive Committee referred to in this Policy as the Appeal Panel. The following rules apply to how Appeal Panels are formed:³

- The Chair of the Executive Committee is responsible for appointing Appeal Panels, and for naming the Appeal Panel chairperson.
- Appeal Panels will consist of at least three members of the Executive Committee or Council, one third of whom must be public representatives.
- If there are insufficient members of the Executive Committee or Council without a conflict of interest, then the Chair of the Executive Committee may appoint other public representatives or registrants of CPSM in accordance with the Council's Governance Policy.

5. How is an appeal started?

To initiate an appeal, the Complainant must give the Registrar a Notice of Appeal [\(add link\)](#), including reasons for the appeal. The Notice of Appeal must be provided by the complainant within 30 days after receiving notice of the Investigation Committee's decision.⁴

The Notice of Appeal must be in writing and should clearly state what is being appealed and why (i.e., the reasons for requesting the appeal). The reasons for appealing, also referred to as the grounds for appeal, should include the specific procedural, factual, or legal errors that the Complainant believes were made by the Investigation Committee.

The Notice of Appeal should be brief and concise. Explanation and argument should be saved for the appeal submission document (see below). The Notice of Appeal should not include evidence, such as new facts or documents.

Examples of reasons or grounds for appeal may include:

- That inadequate investigation was conducted.
- Unreasonable analysis or inferences in respect to the facts and circumstances.

² See section 91. C. of The Affairs of the College Bylaw.

³ Subsections 108(3), 108(4) and 108(5) of the RHPA.

⁴ Subsection 108(2) of the RHPA.

- Unreasonable conclusions about whether standards of care or professionalism were met based on the facts and circumstances.
- Procedural unfairness or failure to follow proper procedure, including respecting the complainant's participatory rights.
- Unreasonable disposition given the findings.
- Biased decision maker.

The Complainant may choose to file their Notice of Appeal and submission as one document.

6. **When does the appeal period start and end?**

A Notice of Appeal cannot be accepted after the 30-day appeal period has expired.⁵ With respect to the appeal period:⁶

- Notice on the Investigation Committee's decision is considered given when it is delivered personally, or when sent by registered mail or another service that provides CPSM with proof of delivery to the complainant's last recorded address.
 - Notice by registered mail is deemed to be given 5 days after the day it was sent.
 - Email notice is given when a delivery receipt is received.
- Complainants are reminded of the importance of maintaining up to date contact information with CPSM.

A Complainant who wishes to file a Notice of Appeal may contact CPSM for assistance or to request accommodations if they have difficulty completing a written Notice of Appeal. However, no extension of the timeline is possible.

7. **Process upon receiving a Notice of Appeal.**

Upon receiving a Notice of Appeal from a Complainant, the Registrar will acknowledge receipt, [provide the Complainant with the Investigator's Report](#), and ask the Complainant if they intend to file a written submission (see below). If so, they have 30 days to provide the written submission. Notwithstanding, the Complainant will be asked to file submissions at their earliest convenience. In general, the Notice of Appeal and written submission are the only documents the Complainant should be providing in the appeal process.

The Registrar will provide a copy of the Notice of Appeal to the Investigated Registrant when it is received, copying their legal counsel if they have legal counsel. If a written submission is received

⁵ Subsection 19(2) of *The Interpretation Act* states that "Where, under any Act of the Legislature, the time limited for the registration or filing of any instrument, or for the doing of any thing, expires or falls on a day on which, pursuant to any statute or law in force in the province, the office or place in which the instrument or thing is required or authorized to be filed or done, is closed, the time so limited extends to, and the instrument or thing may be filed or done, on the first following day on which the office is open."

⁶ Section 176 of the RHPA.

from the Complainant, that [and the Investigator's Report](#) will also be sent to the Investigated Registrant.

The Registrar will provide the Investigated Registrant with 30 days to make a written submission from the date they are provided with the Complainant's written submission or the date on which they are advised a written submission from the Complainant is not expected.

8. What is a written submission?

The submission should contain arguments, as well as references to the facts underlying the complaint and references to the Investigation Committee's process and decision that support the grounds of appeal. The purpose of the submission is to help the Appeal Panel:

- understand the Complainant's and Investigated Registrant's perspectives,
- apply the law, and
- reach a decision.

No written submission can be accepted after the 30-day period set by the Registrar has expired

9. Appeal Material.

The Registrar must include the following in the material submitted to the Appeal Panel:

- the Investigation Committee's decision,
- the Investigator's Report,
- the Notice of Appeal, and
- the written submissions of the Complainant and the Investigated Registrant.

Apart from the listed Appeal Material, the Appeal Panel will not accept any further information or records from the Complainant or the Investigated Registrant.

10. Date of meeting.

The Chair of the Executive Committee is responsible for fixing a date for the meeting of the Appeal Panel after all the Appeal Materials have been assembled.

11. Meeting.

When an Appeal Panel meets to consider an appeal:

- The Complainant and the Investigated Registrant are not permitted to attend.
- The Appeal Panel may have legal counsel to assist it in relation to the appeal.
- The Appeal Panel may request any additional information it deems necessary and may have access to the Investigator's Report or any documentation gathered by the Investigation Committee for the purposes of its investigation.

- The Appeal Panel may send clarifying questions to the Investigator prior to deciding the appeal.

12. New issues or evidence:

Appeals focus on the information used to make the original decision. In other words, appeals are 'on the record'.

When new evidence is presented, or new issues are raised, the Appeal Panel has the discretion to not consider the new evidence or issues, especially when it is clear they could have been raised before the Investigation Committee. Absent significant countervailing public interest considerations, the Appeal Panel should be reluctant to consider new issues or evidence that was not before the Investigation Committee.

Where the complainant brings forward new evidence that the Appeal Panel is willing to consider, the Appeal Panel should assess whether that new evidence might reasonably impact upon the decision and, if so, whether the matter should be remitted to the Investigation Committee for reconsideration.

Appeals are generally restricted to matters that were determined by the Investigation Committee. Where the appeal raises a new issue, the Appeal Panel must assess its ability to fairly decide the matter based on the available information. If the Appeal Panel is unable to fairly decide the matter without additional information, the matter should be referred to the Investigation Committee to obtain the additional information.

13. Standards of review:

When reviewing an Investigation Committee decision, the Appeal Panel will apply the following standards of review to determine if the decision is based upon an error of fact, law or principle, or is otherwise not reasonably sustainable.⁷

- The Investigation Committee's **factual assessments**, including inferences drawn from its examination of the facts, are reviewed for reasonableness.⁸ The Appeal Panel should afford a significant deference to the Investigation Committee's findings and examination of the facts, and only interfere based on an articulable reason for disagreeing with the Committee's assessment.

⁷ The law relating to the applicable standard of review for internal appeals was considered in *Moffat v. Edmonton (City) Police Service*, 2021 ABCA 183.

⁸ In summary, reasonableness is concerned with justification, transparency and intelligibility. A decision is unreasonable if it is internally incoherent or if it is untenable having regard to the relevant factual and legal constraints.

- Findings on questions of **mixed facts and law** (e.g., whether the standard of care was met based on the facts under review) require careful consideration of the nature of the error that is said to have occurred. A deferential standard is appropriate where the decision results more from consideration of the evidence, but a standard of correctness can be applied when the error arises from the statement of the legal test. The correctness standard promotes uniformity in interpretation of applicable standards of practice and ensures that proper professional standards are maintained.
- Legal compliance and **conclusions on issues of law** are reviewed for correctness. This may include questions of statutory interpretation, including interpretation of the RHPA, or true issues of jurisdiction. Again, this is to promote consistency and uniformity.
- Questions about the application of common law rules of natural justice and **procedural fairness** are reviewed to see whether the appropriate level of due process or fairness required by the statute or common law has been afforded.
- **Discretionary decisions**, including how the Investigation Committee decided to resolve the complaint, are reviewed against the standard of reasonableness. The disposition should fall within a range of possible, acceptable conclusions which are defensible in respect of the facts, circumstances, and law.
- The test on review for **bias** is whether a reasonable person, viewing the matter realistically and practically, and after having obtained the necessary information and thinking things through, would have a reasonable apprehension of bias.
- In terms of the **adequacy of the investigation**, the Appeal Panel will typically defer to the Investigation Committee's expertise and discretion, unless there is evidence that the investigation was conducted in a manner that is clearly deficient or unreasonable. For example, when the Appeal Panel finds the Investigation Committee failed to follow proper procedures, failed to gather key or essential evidence necessary to inform a reasonable disposition, or ignored critical aspects of the complaint, then it may intervene. The Appeal Panel may intervene where there is either no investigation or only a cursory investigation that is inconsistent with the nature of the complaint or goals of the investigation.

Overall, the Appeal Panel is well-positioned to review the entire decision and conclusion of the Investigation Committee for reasonableness, to ensure that it properly protects the public and reputation of the profession.

As an overriding principle, the Appeal Panel should not interfere simply because it might have reached a different conclusion on the case.

14. Powers of the Appeal Panel.

Appeal Panels can exercise the following powers:

- dismiss the appeal,
- make any decision that in its opinion ought to have been made by the investigation committee, or
- refer the matter back to the investigation committee for further investigation or consideration in accordance with any direction that the panel may give.

15. Reasons.

Reasons for the decision will be drafted by the chair of the Appeal Panel, usually with the input of legal counsel. Reasons should:

- address the major points in issue,
- explain why the Appeal Panel reached the decision which it made (i.e., show the reasoning which formed the basis of the decision), and
- show that the Appeal Panel did consider the points raised.

Although reasons need not be elaborate, they must be sufficient to permit the complainant and the physician to be able to say that they know what the result is and the basis upon which the decision was reached.

16. Referral to the Investigation Committee.

In cases where the Appeal Panel refers a matter back to the Investigation Committee for further investigation, the second decision of the Investigation Committee is to be treated as a new decision and is subject to a right of appeal by the complainant.

17. Notice of decision.

The Appeal Panel's decision and the reasons for it must be communicated to the Complainant, the Investigated Registrant and the Assistant Registrar, Complaints and Investigations, in writing by way of a written Notice of Decision and Reasons for Decision.

18. No further right of appeal.

There is no appeal from the Appeal Panel's decision.



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NOTICE OF APPEAL BY COMPLAINANT FROM DECISION OF INVESTIGATION COMMITTEE

Investigation File No: IC _____

Complainant name: _____

Physician name: _____

I, [name of Complainant/Appellant], wish to appeal the decision of the Investigation Committee dated [signing date of Notice of Decision], to the Appeal Panel of the Executive Committee.

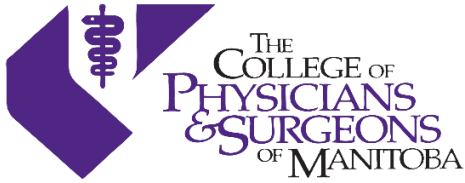
REASONS FOR APPEAL *(please provide a concise statement of the error(s) of fact or law, or why the decision was not reasonably sustainable. The purpose of this form is to start the appeal process, it is not your argument/submission about why you disagree with the decision. Submissions can be filed later.)*

 Signature of Complainant/Appellant

My address, phone number and email:

FOR OFFICE USE ONLY:

Date Received by CPSM: _____



COUNCIL MEETING
SEPTEMBER 24, 2025
NOTICE OF MOTION FOR APPROVAL

SUBJECT: Stipend for Investigation Committee Vice-Chair | Council Policy - Financial Management **Amendments**

BACKGROUND:

On June 25, 2025, Council created the new position of Vice-Chair, Investigation Committee. The position was created in recognition that there will be additional work for the Investigation Committee Chair because of the winding down of the Complaints Committee.

In recognition of the amount of work required outside of scheduled meetings *Council Policy – Financial Management* provides for the following stipends:

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

At the June 25, 2025 Council meeting it was requested that Council consider providing the newly created Vice-Chair, Investigation Committee with a stipend in recognition of the work associated with the position.

The Executive Committee considered the following options and recommends option #2b.

- 1) Maintain the total stipend expenditure at \$10,000 split between the Chair and Vice-Chair (\$6,000 for Chair and \$4,000 for Vice-Chair) and provide both with the CPSM certificate of practice fees. This option would cost CPSM an additional \$2,500. Technically the amount is a reduction in fees earned and not an additional expense.
- 2) Add an additional stipend for the Vice-Chair
 - a) \$8,000 for Chair and \$6,000 for Vice-Chair for a total of \$14,000 plus certificate of practice fees for both (impact of \$6,500).
 - This recognizes a sharing of workload from the Chair to the Vice-Chair and assumes workload is relatively flat with some added complexity

Briefing Note – Stipend for Investigation Committee Vice-Chair

b) \$10,000 for Chair and \$6,000 for Vice-Chair for a total of \$16,000 plus certificate of practice fees for both (impact of \$8,500).

- This scenario is appropriate if Investigation Committee is expected to grow in volume and complexity.


A redlined copy of the proposed amended *Council Policy – Financial Management* is attached as **(Appendix A)**. Amendments are tracked on pages 6 and 9.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON SEPTEMBER 24, 2025, DR. NADER SHENOUDA, PAST PRESIDENT, WILL MOVE THAT:

Council approves the recommended amendments to Council Policy - Financial Management and adopts the proposed stipend for the Vice-Chair of Investigation Committee.

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

	COUNCIL POLICY Financial Management
Initial Approval: November 22, 2018	Effective Date: January 1, 2019
Reviewed with No Changes June 19, 2020	Reviewed with Changes June 21, 2019, December 8, 2021 June 22, 2022, June 28, 2023 June 26, 2024, June 25, 2025 September 24, 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 and Vice-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, 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 regularly scheduled commercial flight exists.

2.6. Expenses

- 2.6.1. CPSM will not reimburse any expense incurred unless the member provides the supporting receipt, with the sole exception of claims for parking at a meter. The following policies govern claims for reimbursement of expenses:
 - 2.6.1.a. CPSM must have a receipt documenting the GST in order to claim the GST input tax credit. Accordingly, credit card slips are not accepted in lieu of receipts. Members must submit the actual receipt. **Expenses will not be reimbursed if the member does not submit the actual receipt.**
 - 2.6.1.b. CPSM anticipates that members travelling on CPSM business may incur reasonable expenses for transportation, meals 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

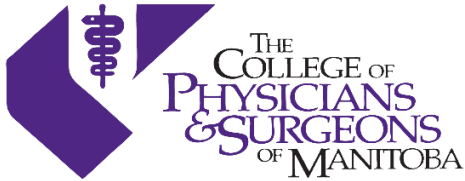
President	\$12,500	plus annual Certificate of Practice fee
President-Elect	\$5,000	plus annual Certificate of Practice fee
Investigation Chair	\$10,000	plus annual Certificate of Practice fee
<u>Investigation Vice-Chair</u>	<u>\$6,000</u>	<u>plus annual Certificate of Practice fee</u>

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2.9. Remuneration for Area Standards Committee

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

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



COUNCIL MEETING
SEPTEMBER 24, 2025
NOTICE OF MOTION FOR APPROVAL

SUBJECT: Inquiry Committee Appointments

BACKGROUND:

As the new Chair of the Inquiry Committee, Dr. Shenouda reviewed the Inquiry Committee membership. The membership list was reorganized based upon registrant's area of practice to ensure that there was sufficient knowledge to address issues that may arise before an Inquiry Committee hearing. He has completed active recruitment steps to increase membership, particularly in the specialities where there are current gaps among the membership as well as increasing public membership.

Dr. Shenouda contacted 14 individuals (11 registrants and 3 public members) and received positive responses from 8 registrants and 3 public members interested in being an Inquiry Committee member. The list below represents current Inquiry Committee members plus proposed new members who are highlighted in bold font.

Please note that Dr. Anthony Herd was appointed a committee member at the June 25, 2025 Council Meeting but due to work commitments is unable to attend any Inquiry Committee hearings and should be removed from the Committee.

SCOPE OF PRACTICE	REGISTRANTS
Family Medicine with Anaesthesia (ER experience)	
	Dr. Werner Van Dyck
	Dr. Thomas Scott
Family Medicine without Anaesthesia	
	Dr. Munir Ahmad
	Dr. Lydia Derzko
	Dr. Eric Lane
	Dr. Michael Leonhart
	Dr. Richard McCammon
	Dr. James Price
	Dr. Tim Ross
	Dr. Ressa Simmond
	Dr. Donald Klassen
Orthopedic Surgery	
	Dr. Lewis Samuels
	Dr. Susan Thompson

NOM BN – Inquiry Committee Appointments

General Surgery	
	Dr. Clifford Yaffe
	Dr. Magdy Zaki
Gynecology & Obstetrics	
	Dr. Michael Helewa
	Dr. Carri Palatnick
Physical Medicine	
	Dr. Hillel Sommer
Internal Medicine	
General Cardiology	Dr. Michael Turabian
	Dr. Ramin Hamedani
Nephrology	Dr. Kevin Bernstein
Respirology	Dr. Nancy Porhownick
Radiation Oncology	Dr. Akineedu Kahumanu
Psychiatry	
	Dr. Ahmed Baello
	Dr. Michael Dyck
Pediatrics	
General	Dr. Ana Hanolon-Dearman
	Dr. Ruth Grimes
Nephrology	Dr. Aviva Goldberg
Neonatology	Dr. Mohamed Tagin
Emergency	Dr. Lynne Warda

Public Members can only be appointed to the Inquiry Committee if they are on a roster of public members appointed by the Minister of Health. Pursuant to section 89(3) of *The Regulated Health Professions Act*, Council may nominate persons to be named to the roster by giving the names of the nominees to the Minister.

The 3 proposed public members have concurrently submitted their application to the Agencies, Boards, and Commissions Secretariat to be appointed to the roster of public member; however, it is deemed beneficial that Council nominate them to be named to the roster. The curriculum vitae for the three proposed public members are provided confidentially to protect their privacy.

NOM BN – Inquiry Committee Appointments

PUBLIC MEMBERS
Ms. Libby Standil
Ms. Susan Boulter
Mr. Mike Desautels
Ms. Sandra Benavidez
Mr. Ryan Gaudet
Mr. Scott Greenlay
Ms. Sandra Martin
Mr. Alan Scramstad
Ms. Diana Yelland

RECOMMENDATION:

It is recommended that Council appoint the 8 listed registrants to and remove Dr. Anthony Herd from the Inquiry Committee.

It is further recommended that Council nominate to the Minister of Health Ms. Libby Standil, Ms. Susan Boulter, and Mr. Mike Desautels to be appointed to the public roster.

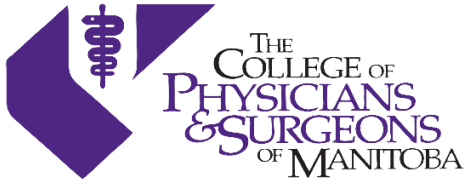
It is also recommended that due to the potential timing delays of appointments to the public roster and future Council meetings that Council appoint Ms. Libby Standil, Ms. Susan Boulter, and Mr. Mike Desautels to the Inquiry Committee effective the date that they are appointed to the public roster established pursuant to section 89(1) of *The Regulated Health Professions Act*.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON SEPTEMBER 24, 2025, DR. NADER SHENOUDA, PAST PRESIDENT, WILL MOVE THAT:

1. Council appoints Dr. Donald Klassen, Dr. Magdy Zaki, Dr. Michael Helewa, Dr. Carri Palatnick, Dr. Michael Turabian, Dr. Ramin Hamedani, Dr. Ruth Grimes, and Dr. Lynne Warda to the Inquiry Committee.
2. Council revokes the appointment of Dr. Anthony Herd the Inquiry Committee.
3. Council nominates to the Minister of Health, pursuant to section 89(3) *The Regulated Health Professions Act*, Ms. Libby Standil, Ms. Susan Boulter, and Mr. Mike Desautels for appointment to the public roster established pursuant to section 89(1) of the said Act.
4. Council appoint Ms. Libby Standil, Ms. Susan Boulter, and Mr. Mike Desautels to the Inquiry Committee effective the date that they are appointed to the public roster established pursuant to section 89(1) of *The Regulated Health Professions Act*.

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



**COUNCIL MEETING
SEPTEMBER 24, 2025
FOR INFORMATION BRIEFING NOTE**

SUBJECT: My Journey: Walking Both Worlds – Ms. Tara Myran

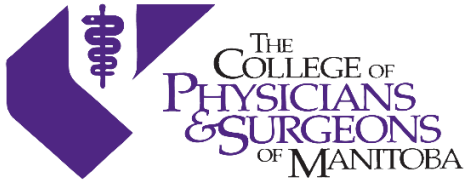
BACKGROUND:

Ms. Tara Myran, CPSM's Knowledge, Translation and Mobilization Specialist will provide an overview of her journey as a residential school attendee leading up to her key role in the Restorative Practices Program, and as a PhD student in Community Health Sciences.

Ms. Myran will discuss:

- Truth and Reconciliation
- Importance of Ceremony and traditional teachings
- Grandfather and Grandmother's vision
- Academic World/Positionality

For Information Briefing Note prepared by: Ms. Tara Myran, Knowledge Translation and Mobilization Specialist, Restorative Practices Program



**COUNCIL MEETING
SEPTEMBER 24, 2025
FOR INFORMATION BRIEFING NOTE**

SUBJECT: Restorative Practices Program Presentation

BACKGROUND:

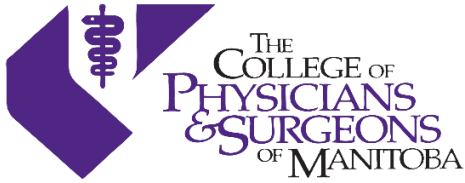
The Restorative Practices Program Team:

- Tara Myran, Knowledge Translation and Mobilization Specialist,
- Dr. Jayson Stoffman, Medical Consultant,
- Lauren Phouthavongsin, Program Coordinator,
- Dr. Courtney Leary, Medical Consultant and Indigenous Health Specialist

will provide a presentation outlining the work undertaken by the Restorative Practices Program (RPP) in its first four months of operation. The presentation will address:

- Mandatory Cultural Safety and Anti-Indigenous Racism Training
- Registrant Communication
- RPP Referrals
- Restorative Practices
- Community Engagements

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



COUNCIL MEETING
SEPTEMBER 24, 2025
FOR INFORMATION BRIEFING NOTE

SUBJECT: CPSM All-Staff Orange Shirt Day

BACKGROUND:

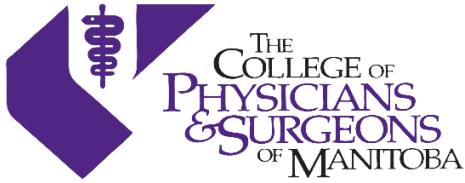
Each year CPSM staff participate in events to honour Orange Shirt Day (September 30, 2025). Due to Orange Shirt Day being a provincial statutory holiday, the CPSM offices will be closed therefore, the following events will be held on September 25, 2025.

1. Orange Shirt Day Presentation - 12:00-1:00 PM (Tara Myran & special guest, Drayton)

- Land acknowledgement
- Hand Drum Songs
- 10 years of Truth & Reconciliation Commission Final Report
- Importance of **Orange Shirt Day**
- Tara Myran: My Journey Walking Both Worlds
- 7 Sacred Teachings

2. Lunch Catered by The Feast – 1:00-2:00 PM

For Information Briefing Note prepared by: Dr. Sonja Bruin, Assistant Registrar, Quality Department, **Ms. Tara Myran**, Knowledge Translation and Mobilization Specialist, Restorative Practices Program and **Ms. Wendy Elias-Gagnon**, Communications Officer



COUNCIL MEETING
SEPTEMBER 24, 2025
FOR INFORMATION BRIEFING NOTE

SUBJECT: Restorative Practices Program Updates

BACKGROUND:

On December 18, 2024, Council approved a new Standard of Practice – Practicing Medicine to Eliminate Anti-Indigenous Racism which came into effect on June 21, 2025 (National Indigenous Peoples Day) along with the implementation of the mandatory cultural safety and anti-Indigenous racism training for all CPSM registrants.

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
- Lauren Phouthavongsin, Program Coordinator, June 23, 2025
- Dr. Courtney Leary, Medical Consultant and Indigenous Health Specialist, July 9, 2025

Communication Plan

Communications and the Restorative Practices Program have been working closely to launch, promote and monitor communications regarding the RPP in the following ways:

Launch:

- An email package was sent out to registrants on June 23, 2025, including:
 - Details about the mandatory cultural safety and anti-Indigenous racism training, including information about The Path (see below) designed specifically for CPSM registrants.
 - The new Standard of Practice – Practicing Medicine to Eliminate Anti-Indigenous Racism.
 - Introduction of the Restorative Practices Team.

Media & Promotions:

- Media coverage included print, TV, and radio:
 - Article in Canadian Medical Association [‘Apologies are an opportunity’: Supporting reconciliation in health care across Canada](#).
 - In-depth interview on CJOB (radio, June 19).
 - Article in the Winnipeg Free Press - [Manitoba’s MDs mandate steps to end anti-Indigenous racism](#) (June 21, National Indigenous Peoples Day).
 - TV interview on CBC News North - [New anti-Indigenous racism protocols for doctors in Manitoba](#) (June 24).

- Requested Doctors Manitoba and the College of Manitoba Family Physicians to assist in disseminating launch materials to registrants.

Listening & Monitoring

Implementation response is being monitored throughout July and August. The RPP team and communications meet regularly to identify trends or concerns and adjust communications as necessary. An email campaign to address Frequently Asked Questions (FAQs) was sent out to registrants on July 28, 2025. It included:

- Reminder deadline and clarification about the mandatory training.
- Clarification regarding CPD credits.
- FAQs answered by Dr. Jayson Stoffman, Medical Consultant for the Restorative Practices Program:
 - WHY do I need to do this?
 - WHAT training is required?
 - HOW do I notify CPSM that I've completed a training course?
- **In development: assets to support education, including:**
 - Collateral providing information on the RPP.
 - Video on the significance of addressing anti-Indigenous racism in medical care.
 - Webinar to be held on September 16 to address feedback received during the first three months of implementation and to continue providing education.

Webinar series is being planned for the next 6-8 months (see 6-Month Education Outreach Sessions Plan below for details).

Develop Audit Plan and Monitor for Compliance

RPP is in the process of developing a strategy to monitor registrants' compliance to the mandatory cultural safety and anti-Indigenous racism training. On this year's annual renewal, the following questions will be added for registrants to report their training completion:

- Have you completed CPSM's mandatory Cultural Safety and Anti-Indigenous Racism Training?
- If yes, which of the following four pre-approved educational programs did you complete? (Select all that apply):
 - The Path: Your Journey through Indigenous Canada (CMA version), NVision Insight Group.
 - Giga Mino Ganawenimaag Anishinaabeg ("We will take good care of the people"), University of Manitoba, Ongomiizwin-Indigenous Institute of Health and Healing.
 - San'yas Indigenous Cultural Safety Online Training, San'yas Anti-Racism Indigenous Cultural Safety Training Program.
 - Indigenous Health Program, Rady Faculty of Health Sciences – Max Rady College of Medicine.

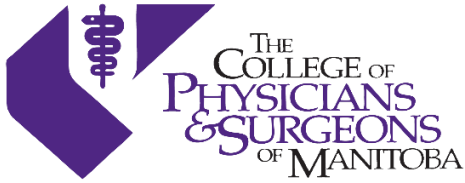
For Information BN – Restorative Practices Program Update

- Other (An equivalent educational program that has been reviewed and approved by CPSM, please specify).
- Date of completion.
- Have you completed any other cultural safety and anti-Indigenous racism training not on the pre-approved list?
- Please attach the certificate or any other supporting documents to reflect your completion of the mandatory cultural safety and anti-Indigenous racism training.

6-Month Education Outreach Sessions Plan

RPP will contact Prairie Mountain Health Region, Interlake-Eastern Health Region, and Southern Health Region to schedule education sessions regarding the Standard of Practice— Practicing Medicine to Eliminate Anti-Indigenous Racism, mandatory cultural safety and anti-Indigenous Racism training, and the Restorative Practices Program. These sessions will held over the next 6 months.

For Information Briefing Note prepared by: Dr. Sonja Bruin, Assistant Registrar, Quality Department, Ms. Tara Myran, Knowledge Translation and Mobilization Specialist, Restorative Practices Program and Ms. Wendy Elias-Gagnon, Communications Officer



COUNCIL MEETING
SEPTEMBER 24, 2025
FOR DISCUSSION BRIEFING NOTE

SUBJECT: New Emergency Medicine Classification - Regulatory Changes to Address Emergency Room Shortages

BACKGROUND:

There are serious risks to health and safety associated with Emergency Room closures in rural Manitoba due to a lack of qualified registrants.

Currently the CPSM General Regulation recognizes two classes of qualified registrants for practicing medicine in emergency rooms.

1. Specialist in Emergency Medicine certified by the Royal College of Physicians & Surgeons of Canada.
2. Family practitioners with training in Emergency Medicine.

These two streams for qualifications are based upon how the practice of medicine is organized in Canada – specialists and family practitioners.

Globally, some jurisdictions have established different qualification systems to determine the competency of individuals practicing a particular scope of medicine. There are internationally trained physicians who have graduated from medical school and practiced exclusively emergency medicine without the broad background of family medicine training. However, this training does not meet the requirements set for Royal College of Physicians & Surgeons of Canada to receive specialist certification.

Simply stated, there are internationally trained physicians who are competent to practice emergency medicine in Manitoba, but the existing class registration system means by which CPSM concludes competency does not align with these physicians' experience.

The Department of Emergency Medicine, Max Rady College of Medicine, and the Department of Health in collaboration with CPSM's Registration Department have identified regulatory changes to create a third provisional class and corresponding Practice Ready Assessment requirements that would permit the registration of these individuals and ensure public safety.

Dr. Paul Ratana, Department of Emergency Medicine, Max Rady College of Medicine will discuss **(Appendix A)** the issue of creating a new class of physicians in a manner that ensures public safety.

Creating a new class of physicians will require amendments to the CPSM General Regulation.

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

New Provisional Registration Class in Emergency Medicine

Practice Ready Assessment in Emergency Medicine (PRA-EM)



UM

Rady Faculty of
Health Sciences

Dr. Paul Ratana
Head, Department of Emergency Medicine - University of Manitoba
Provincial Medical Specialty Lead, Emergency Medicine - Shared Health

Background

There are well documented staffing gaps in tertiary, community and regional emergency departments across this Province. One of the initiatives to address this shortage, is the development of a Practice Ready Assessment in Emergency Medicine (PRA-EM).

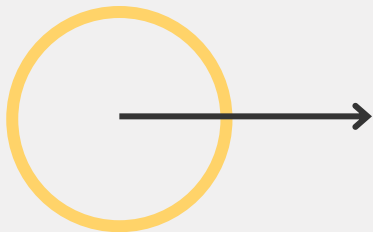
Objective:

Attract highly qualified candidates with substantial Emergency Department experience who do not conform to the existing licensing opportunities available to CCFP or FRCPC physicians.





Current State



The province is currently experiencing a significant shortage of adequately trained Emergency physicians in the Regional Centers of its largest SDOs

The prospect of uninterrupted service disruption at a large urban or regional site is probable without urgent action

Updated Aug 15, 2025 – No changes

Physician	BTHC	BEH	BRHC	COGH	SOGH	VGH
Funded Physician FTE	9.4 FTE	9.4 FTE	13.56 FTE	10.43 FTE	11.27 FTE	10.43 FTE
Required Physician FTE*	12.4 FTE	9.4 FTE	15.66 FTE	12.59 FTE	12.98 FTE	14.2FTE
Current Physician FTE	4.5 FTE	7.0 FTE	9.75 FTE	8.58 FTE	8.28 FTE	10.85 FTE
Current Physician vacancy (required minus current)	7.9 FTE	2.4 FTE	5.91 FTE	4.01 FTE	4.7 FTE	3.35 FTE
Current physician vacancy % (100 minus current FTE/funded FTE)	52%	26%	28%	18%	27%	0%
Actual Physician vacancy % * (100 minus current FTE divided by required FTE)	64%	26%	38%	32%	36%	23.6%

**Analysis around acuity, patient volume and clinical evidence to define if funded FTE is sufficient for standard of care*

01

With increasing frequency, Family Physicians with limited Emergency Department experience are working in regional EDs and WRHA UCs in a locum capacity

02

These candidates have no licensing barriers to practice Emergency Medicine in Manitoba despite having variable and informal emergency medicine experience

03

As with many other specialties, there is considerable difficulty attracting CCFP-EM and FRCPC-EM physicians from other Canadian provinces to work in Manitoba.



04

Without exception, there are no FRCPC-EM physicians working at locations other than HSC and SBH. We do not require large numbers of these physicians in rural MB or the WRHA

05

Major regional EDs such as Thompson, Selkirk, Boundary Trails and Bethesda do not have appreciable numbers of CCFP-EM trained physicians

06

Appropriately screened and supported internationally trained ED physicians would in the vast majority of cases not be an inferior candidate



Recruitment & Licensing Barriers

Currently, there are international jurisdictions where physicians express concern and desire to relocate.

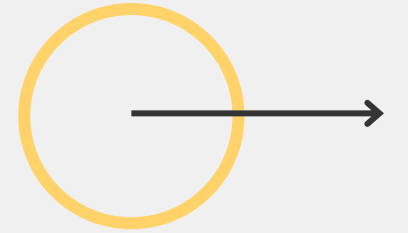
Many of these physicians are specialty trained and provide high-quality emergency care in their home countries.

However, they may not necessarily have gone through a training pathway recognized by the RCEM and would not have a route into practicing in Manitoba.





Provincial Incident Command



The CEO of Shared Health has stood up an Incident Command Structure (ICS)

The ICS encompasses the executive leadership of all SDOs.

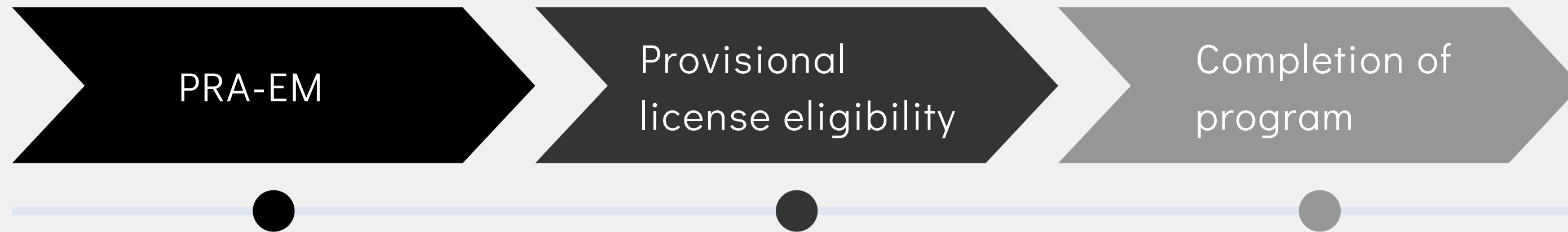
The Dean of the College of Medicine, the Department of Emergency Medicine and the leadership of the FRCPC and CCFP-EM residency have considered and endorse this approach outlined herein

Screening and Review

- Pre-screening questionnaire outlining their daily practice.
- Followed by an online interview and Formal Assessment, including Oral Examination questions appropriate for a graduating CCFP-EM resident.
- Additionally, reference checks with colleagues or supervisors from the candidate's Department to thoroughly evaluate their clinical performance and professional conduct.
- Ideal candidates will be expected to operate at or above the level of a CCFP-EM graduate



Pathway



- 4 months in duration.
 - 1 month rotation through each of St. Boniface ED, HSC ED, and their chosen SDO ED.
 - Additional 2-week rotations through anesthesia and pediatrics.
 - SIM sessions to evaluate participants' leadership in various HALO scenarios, and proficiency in procedural skills.
- In order for a candidate to be eligible for a provisional license, as per CPSM by-laws, they will need to have a named Practice Supervisor at the site where they work
- A provisional license in Emergency Medicine will be issued at (and only at) the designated site, as determined in advance by the Department of Emergency Medicine.

Pathway



- After 1-2 years of independent practice.
- Eligibility to go through the existing Manitoba Practice Assessment Program (MPAP)

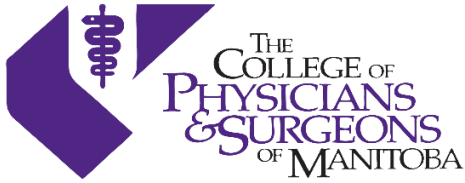
- Upon completion of the program, their provisional license will be converted to a full license.

MPAP

- The MPAP process is an established program that is operated by the College of Medicine through the Office of Continuing Competency and Assessment (CCA).
- It is typically only available to physicians who have **been unsuccessful in passing** the requirements of the CCFP or the Royal College

Recommendations

Establishment of a Restricted Provisional License for Emergency Medicine that accommodates the specific needs rural and non-tertiary EDs as an entry point to the MPAP



COUNCIL MEETING
SEPTEMBER 24, 2025
NOTICE OF MOTION FOR APPROVAL

SUBJECT: Councillor Election Process Update

BACKGROUND:

At the CPSM Council meeting in March 2025 a discussion took place about how Councillors are elected, and a consensus emerged that there was room to improve the process to bring more diversity and a broader range of governance and other skills to the Council table. A working group was established to consider the options, and a report of that working group was presented to Council at its June 2025 meeting. After significant discussion Council directed that recommendations be developed for consideration at the September Council meeting based on that discussion.

The Working Group paper outlined the research undertaken, and the options for change considered by the Working Group. It also set out the skills and diversity features that were identified by the working group to be considered for inclusion in a skills and diversity matrix.

The Preferred Option:

A clear consensus emerged at the Council meeting that the preferred option was to nominate candidates based on a skills matrix to run in Council elections. Using a skills and diversity matrix (see below) CPSM would solicit applicants for vacant Council positions. Applicants would be screened using the matrix and those who filled gaps in the Council's make-up would be nominated. An election would then be held to choose the Councillors from among those nominees.

Here are some frequently asked questions about this option:

- Is this process used in other jurisdictions? Yes, both the Alberta and Ontario Colleges for example use similar models to elect their Council members.
- Who would do the screening? A Nominating Committee would be appointed by Council annually to screen applicants.
- What would the screening process look like? It would be up to the Nominating Committee to develop its processes but other jurisdictions use things like candidate questionnaires, interviews and reference checks.
- What if no candidates came forward to fill the skills and diversity gaps? This is possible (under our current process we have had vacancies where no one ran for election). During the Council discussion there was support for a more active recruitment process

where potential candidates would be approached and encouraged to apply. Council retains the power to appoint if there are no candidates to fill vacancies.

- What is the process required to make this change and how soon can it take effect? Council must approve the change to our By-Laws. The change can take effect in time for the next election but ultimately the By-Law change must be ratified at the AGM in June.
- Will this result in a dramatic change in the make-up of Council? No. Most Councillors are appointed, ex-officio or an elected regulated associate. Also, even for those positions affected by the change, it will be gradual because elected Councillors have staggered terms.
- Will there be an appeal available if an applicant is not approved as a candidate? Yes, there will be an appeal to the Executive Committee from decision of the “Nominating Committee”.

The Matrix:

The Working Group began with a long list of skills (both personal and professional) and diversity attributes and undertook a process to prioritize what the group felt were the most (and least) important. This prioritized list was presented to Council at the June meeting, and a discussion took place that helped refine and narrow down the list. Councillors were invited to send written submissions about these skills and attributes, and several did. It was also suggested there was some overlap and certain skills and attributes could be grouped into more generic categories.

While all of the skills and diversity attributes were seen as important, a consensus emerged about which were the key ones to be included in the matrix for Council selection. They are listed below, with some annotation to reflect what was said in the discussions and submissions:

- Leadership skills. This includes critical thinking, consensus building, open mindedness and receptiveness to change and willingness to challenge conventional wisdom.
- Reflects the face of the communities we serve. This will include racial and ethnic diversity, as well as diverse training and education backgrounds.
- Geographic Diversity. As practice differs so much across the province, the experience and background of Council should include geographic diversity to reflect that.
- Ethical considerations. Candidates should be of good character and understand the requirements of confidentiality and conflict of interest.
- Personable. Respectful, courteous, and diplomatic. This also includes active listening and the ability to communicate constructively and effectively.
- Commitment to CPSM’s public interest mandate. This included understanding the needs of vulnerable people in the healthcare system.
- Diversity of practices. Council should strive to include people with experience in a variety of fields and types of practice. This includes things like, hospitalists and office

practices, public and private practice, large and small practices and a variety of specialties including family medicine.

Here are some FAQs about the matrix:

- Does adopting this skills matrix require a by-law amendment? No, this a Council policy decision and can be changed or amended at any time.
- How will the nominating committee apply this matrix? The Nominating Committee will begin by looking at the make-up of Council and where there are gaps in skills or diversity attributes listed in the matrix. The Nominating Committee will screen applicants and nominate those who can fill some or all of those gaps.

Additional Considerations:

Implementing the above recommendations will require amendments to the Affairs of the College Bylaw. Prior to making any amendments CPSM is required to submit the proposed amendments for 30-day consultation to registrants. Potential related amendments that should be considered at this time relate to whether there should be any criteria that prohibit registrants from being candidates for election. For example, should registrants be ineligible to be candidates if:

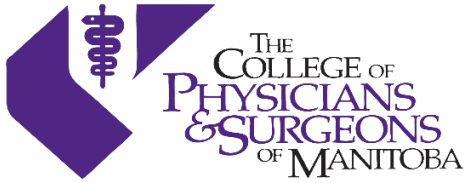
- A registrant has previously been a Council member for “x” number of years.
- A registrant has previously been president of the Council.
- A registrant has a significant complaints history. If so, what is a significant complaints history that should disqualify a registrant from being a candidate for Council.
- Other criteria that Council may identify.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON SEPTEMBER 24, 2025, DR. NADER SHENOUDA, PAST PRESIDENT, WILL MOVE THAT:

Council approves for consultation the proposed bylaw amendment and skills matrix.

Notice of Motion Briefing Note prepared by: Mr. Mike Triggs, General Counsel & Mr. Allan Fineblit, Public Councillor



COUNCIL MEETING
SEPTEMBER 24, 2025
FOR INFORMATION BRIEFING NOTE

SUBJECT: Governance Training

BACKGROUND:

The purpose of the training is to provide council members with a comprehensive understanding of the roles, responsibilities, and best practices for nonprofit regulatory councils.

The learning is divided into 3 separate topics.

1. Governance in Action: (3.5 hours)
 - a. Clarifying Oversight Roles for Councils and Executive Teams
 - b. Governance Fundamentals: The Council's Legal and Fiduciary Duties
 - c. Executive Roles & Council Support
 - d. Shared Oversight Responsibilities & Decision-Making Protocols

Cost: \$5,250. for up to 14 participants, additional attendees can be added for a fee of \$375. per person. Please note, once invoiced, training is not refundable.

Confirmed availability for December 10, 2025. Start time to be confirmed by Council.

2. Integrated Risk Management: (1.5 hours)

PREWORK: a 3 question survey completed by all council members, to ensure the content is specific to knowledge. [Education Session Survey](#)

 - a. Risk Management – What it means in terms of Governance
 - b. FIRMS process and framework for Integrated Risk Management
 - c. Top Risk Report (non-acute) and Environmental Scan
 - d. Review of the 21 question IRM tool
 - e. Cyber Governance and HIROC support
 - f. Closing with a scenario that allows for the distinction between operations and governance
3. Cyber Security: to be confirmed (1 hour)
 - a. Review of threats and mitigations that are integrated into CPSM's information technology service

- b. Rating and Evaluation
- c. Planning

U of M EXECUTIVE EDUCATION:

Governance in Action Program Objectives

- Define the core governance and oversight responsibilities of Boards of Directors.
- Clarify the operational leadership and execution role of the executive team.
- Establish frameworks for accountability, risk oversight, strategic alignment, and ethical leadership.
- Strengthen the relationship between Board and executive teams through better understanding of roles and collaboration protocols.

Session Breakdown

1. Welcome & Overview (15 minutes)
 - Introduction to the session purpose and learning objectives
 - Importance of role clarity for effective governance and organizational performance

2. Session 1 – Governance Fundamentals: The Board's Legal and Fiduciary Duties (45 minutes)

Content:

- Overview of fiduciary duties
- Legal and regulatory obligations
- Strategic oversight vs. operational management
- Case studies of governance failure and success

Learning Outcomes:

- Understand the legal and fiduciary responsibilities of directors
- Distinguish between oversight and management
- Identify red flags when boards step into operations

3. Session 2 – Executive Roles & Board Support (45 minutes)

Content:

- CEO/ED roles: strategy execution, risk management, day-to-day operations
- How executives report to and support Board functions.
- Board expectations of executives: performance indicators, reporting structures, compliance

Learning Outcomes:

- Articulate the executive team's responsibility in implementing strategy and managing risk
- Define effective methods for supporting board oversight

- Identify boundaries to preserve appropriate role separation

BREAK**(15 minutes)****4. Session 3 – Shared Oversight Responsibilities & Decision-Making Protocols **(60 minutes)******Content:**

- Shared areas: strategic planning, risk governance, organizational culture, ethics
- Board committees (audit, governance, HR/compensation) and executive input
- Decision-rights matrix: who decides, who advises, who executes
- Conflict resolution and escalation protocols

Learning Outcomes:

- Apply governance frameworks that delineate decision-making authority
- Establish mechanisms for effective communication and mutual accountability
- Recognize governance structures that promote transparency and performance

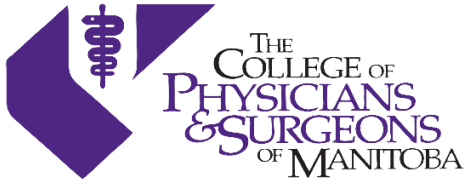
5. Wrap-Up and Action Planning **(30 minutes)****Content:**

- Review of key distinctions and shared responsibilities
- Facilitated discussion of recommendations and tools for effective executive Board role matrix, annual work plans, performance dashboards

Learning Outcomes:

- Commit to actionable steps that reinforce role clarity and collaboration
- Use tools that maintain governance discipline and reduce overlap/confusion
- Build a plan to evaluate the Board's own performance

For Information Briefing Note prepared by: Ms. Sherry Dupuis, Executive Director, People and Culture



COUNCIL MEETING
SEPTEMBER 24, 2025
FOR INFORMATION BRIEFING NOTE

SUBJECT: IMG Working Group Update

BACKGROUND:

The IMG Working Group's mandate is to assist in the development and establishment of a new orientation program and Standard of Practice for entering practice in Manitoba. The group's work has been informed by discussions with interested parties and several focus groups. A survey of the profession is also planned for September of 2025.

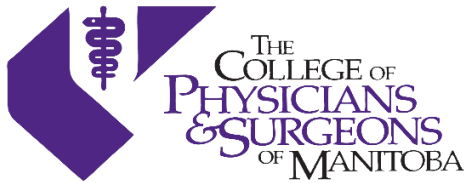
UPDATE:

At its last meeting on May 20, 2025, the Working Group approved a draft of the planned survey, deliberated the appropriate components for the Standard of Practice, and explored options and resources for the orientation program.

Since the May 20 meeting, CPSM staff have been refining the survey and surrounding communication strategy. Efforts with the Manitoba faculty to have participation in the survey process count for CPD credits were not successful.

The IMG Working Group anticipates reviewing an updated draft of the Standard of Practice at its next meeting. At a future meeting it will also consider results from the survey as part of finalizing the curriculum for the orientation program as well as the context of the Standard of Practice.

For Information Briefing Note prepared by: Mr. Jeremy De Jong, Interim Director, Registration Department



COUNCIL MEETING
SEPTEMBER 24, 2025
FOR INFORMATION BRIEFING NOTE

SUBJECT: Performance Metrics – Quality Department

BACKGROUND:

The overall assessment of the first quarter performance metrics outlined by the Quality department demonstrates successful results. Of note, the Restorative Practices Program launched on June 21, 2025, to support creating a safe space for registrants to learn and engage, ask for advice and seek guidance. Substantial work continues in each Quality department. Highlights have been summarized below for Council's information.

PERFORMANCE METRICS HIGHLIGHTS:

Physician Health Program (PHP)

Targets have been met for referrals and monitoring/restrictions.

- 25 new referrals to the PHP since June 25, 2025, 17 remain open for further follow-up and 1 of the 25 new referrals required a PHP Undertaking.
- There are currently 157 registrants in the overall PHP caseload, including registrants with undertakings and registrants on medical LOAs who require follow-up.

Prescribing Practices Program (PPP)

Targets have been met to provide a timely response to all general prescribing advice inquiries.

- PPP responded to **52 prescribing advice inquiries Jun-Aug** (159 GPA cases thus far in 2025). Responded to 46% same day, 81% in 1 business day, and 90% in 2 business days.

Approaching the target to provide timely intervention to high-risk prescribing advice inquiries, along a risk continuum.

- PPP responded to 75% (goal 80%) of high-risk cases in 1-2 business days (urgent/highest risk cases dealt with same day). Goal is to maintain this metric compared to 2024-25 baseline, given staffing shortages that may impact program responsiveness.

Will assess outcome evaluation target when survey data can be analysed in coming quarters.

- 57% response rate for anonymous survey sent to those seeking prescribing advice. However, number of surveys collected in Q1 is too low to maintain anonymity or for significant data analysis.
- Target: 98% of survey participants will agree or strongly agree that PPP interventions were timely, supportive, and helpful.

Quality Assurance Program (QAP)

Targets have been met in QAP.

- Three repeat reviews were completed. One review declined, one review improved, and one remained unchanged.
- 23 audits were completed from May 1, 2025, to July 31, 2025. 22 out of 23 audits were completed within 30 days. One audit took a minimum of nine days, and one audit took the most days at 35.
- Phase 2 of the Portal migration will begin in fall 2025 which will include automations that will increase efficiency.
- 64 reviews were assessed at Central Standards Committee in June 2025.

Quality Improvement Program (QIP)

The spring 2025 cohort was categorized in May 2025, therefore only Category 1 participants have completed. Additional data points were added to the Portal to determine where delays are happening in Category 2.

- Planning continues for the second cycle (2026-2032).
- Drs. Bruin and Singer presented at IAMRA on September 5, 2025.

Restorative Practices Program (RPP)

- RPP received 23 referrals to date with 10 referrals currently open for follow-up and further RPP involvement.
 - 8 referrals involved anti-Indigenous racism
 - 15 referrals involved other forms of discrimination
 - Referrals by Health Regions:
 - Interlake-Eastern – 3
 - Northern – 2
 - Ongomiizwin – 2
 - Prairie Mountain – 1
 - Winnipeg – 15
- RPP presented and provided program updates to SLT on August 13, 2025, and CI on September 8, 2025.
- Processes for referrals, related interventions, education (including mandatory Cultural Safety Training), letter and communication templates are currently being developed.
- Surveys have been drafted and will be ready to send out in September to participants to gather feedback about the RPP.
- Community engagements have been occurring - Lake Manitoba First Nations (August 19), Manitoba Harm Reduction Rally (August 29).
- Invited to participate in opening episode of CNAR TV at the upcoming congress in Calgary.

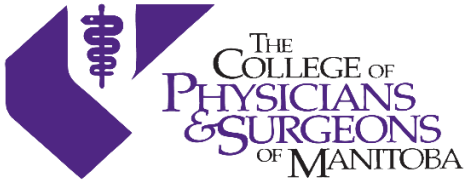
Manitoba Quality Assurance Program (MANQAP)

- Due to Manitoba wildfires in Q1, 8 out of 11 intended number of facilities scheduled to be completed were postponed and rescheduled for Q2.

For Information BN – Performance Metrics – Quality Department

- Note: 4 additional inspections to open were completed for public facilities during this timeframe.
- Temporary status completion indicator- out of the 24 temporary backlog 5 public sites remain. Two public sites completed in May of Q1 meeting the intended target.
- In addition, we completed 3 private PSC and 1 public opening PSC, 1 private DI and 1 private DI opening and 1 NHMSF.
- MANQAP continues to actively participate in pilot project with Physician Office Laboratory (POL) Inspections, PRC presented with evaluation and summary report September 17, 2025.

For Information Briefing Note prepared by: Dr. Sonja Bruin, Assistant Registrar, Quality Department



COUNCIL MEETING
SEPTEMBER 24, 2025
FOR INFORMATION BRIEFING NOTE

SUBJECT: Registrar/CEO's Report

Internal - People and Culture

- Several vacant roles have been filled.
 - Dr. Courtney Leary began her role as Medical Consultant and Indigenous Health Specialist with the Restorative Practice Program effective July 1.
 - Program Coordinator role with the Restorative Practices Program
 - Dr. Noam Katz joined the Complaints and Investigations team as a Medical Consultant.
 - Executive Assistants to the Assistant Registrars were hired. Helena Tessier will provide executive support to Dr. Guillaume Poliquin in Complaints and Investigations as well as to General Counsel. Stacey Carlson will support Dr. Sonja Bruin in Quality.
- Regularly meets with CPSM's senior leadership team to ensure alignment on strategic goals, address emerging issues, and foster collaborative decision-making.

External Relations

- Appointed as the Non-Regional Director of the International Association of Medical Regulatory Authorities, effective at the conclusion of the Members General Assembly on September 5, 2025, for a four-year term.
- Appointed as Member-at-Large, of the Federation of Medical Regulatory Authorities of Canada Governance Committee, effective as of the September 9, 2025 meeting, for a three-year term.
- Appointed as a Council Member of the Medical Council of Canada, effective at the conclusion of the Meeting of the Members on October 6, 2025, for a three-year term.
- Participated in the University of Manitoba Max Rady College of Medicine Inaugural Exercises ceremony. Brought greetings on behalf of CPSM and served as a cloaker for the Class of 2029, which welcomed 140 new students to the profession.
- Attended the U of M Max Rady College of Medicine, Rady Faculty of Health Sciences Master of Physician Assistant Studies (MPAS) Inaugural Day for the Class of 2027. Presented on self-regulation and CPSM to the new class and delivered a welcoming address on behalf of CPSM at the ceremony.
- Did extensive media interviews for the launch of mandatory cultural safety and anti-

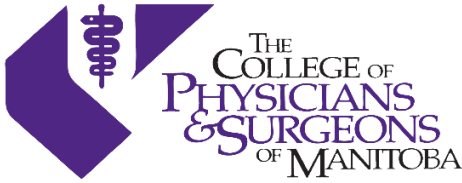
For Information BN – Registrar & CEO Report

Indigenous racism training, the *Standard of Practice - Practicing Medicine to Eliminate Anti-Indigenous Racism*. Media coverage included print, TV, and radio.

- Canadian Medical Association - [‘Apologies are an opportunity’: Supporting reconciliation in health care across Canada](#)
 - CJOB in-depth interview (radio, June 19)
 - Winnipeg Free Press - [Manitoba’s MDs mandate steps to end anti-Indigenous racism](#) (print June 21, National Indigenous Peoples Day)
 - CBC News North - [New anti-Indigenous racism protocols for doctors in Manitoba](#) (TV, June 24)
-
- Met with Deputy Minister Scott Sinclair, Minister of Health, Seniors, and Long-Term Care, regarding a new licensure pathway.

 - Met with the leader of the PC party to discuss registration pathways.

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



COUNCIL MEETING
SEPTEMBER 24, 2025
FOR INFORMATION BRIEFING NOTE

SUBJECT: Performance Metrics Update

BACKGROUND:

The 2025-26 - 1st quarter performance metrics reporting scorecard is attached (**Appendix A**) 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.

Of particular note, the Complaints and Investigations Department is undergoing a revamp which in turn is driving the requirement to define some new metrics.

The graphic on the attached scorecard, 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

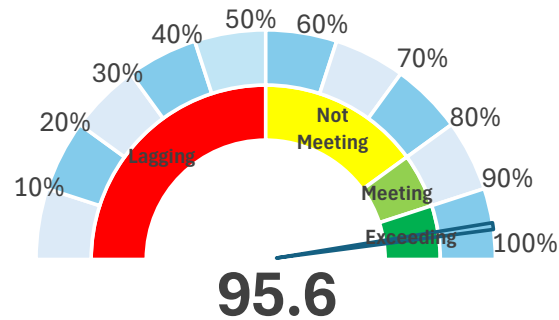
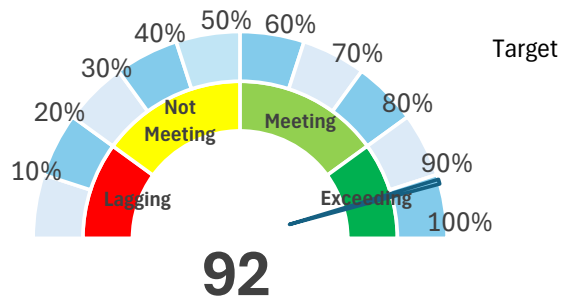
CPSM Performance Scorecard

2025-26 - 1st Quarter



	Snapshot				
	Quality	CI	Registration	Support	Total
Meeting/Exceeding	9	1	3	6	19
Not Meeting	1			2	3
Lagging	1				1
Insufficient data	3	1		4	8
Total # of Performance Metrics	14	2	3	12	31

QUALITY - Quality Assurance



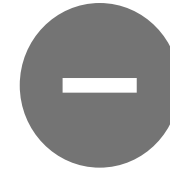
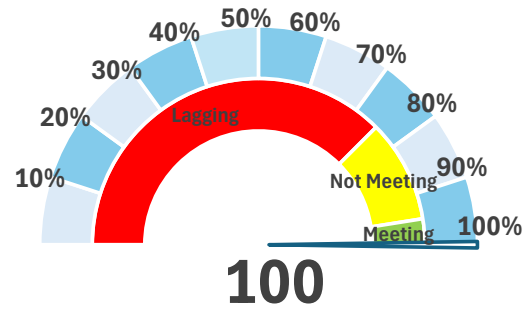
22/23 Audits completed within 30 days (95.65%).

Performance Indicator	Registrants will demonstrate a measurable improvement on follow-up assessments
Targets	Target is 50%
Variance Explanation/Course Correction	

Audits will be performed in a timely and predictable manner
Target is 80% within 30 days
Significant improvement made from the last quarter. Will continue to monitor.

Provisional Registration chart audit reports will be sent to the physician in a timely and predictable manner
Target is 3 days
Process has been updated and target should be met going forward

QUALITY - Physician Health Program

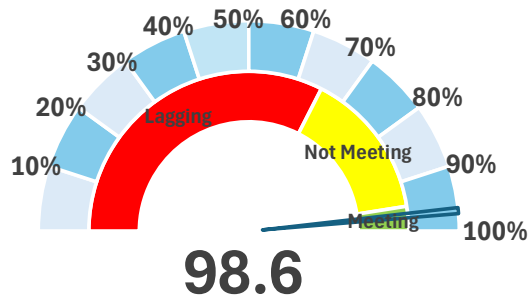


Performance Indicator	# of referrals coming from registrants about self/colleagues to the PHP
Targets	50% generated from self referrals
Variance Explanation/Course Correction	

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

PHP will survey registrants and other PHP participants to ensure registrants are feeling supported by the PHP and possibly identify opportunities for program improvement.
80% of surveyed registrants indicate that they had a neutral, positive, supportive or very supportive interaction with the PHP.
Insufficient data to report quarterly

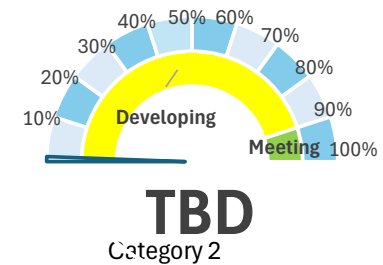
QUALITY - Quality Improvement



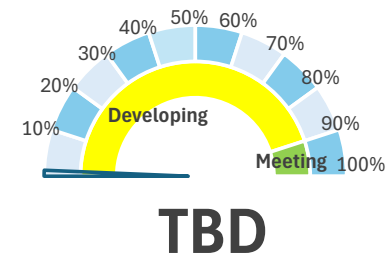
Quality Improvement is on track to "initiate" reviews with 100% eligible registrants by Dec 2025.



Category 1



Category 2

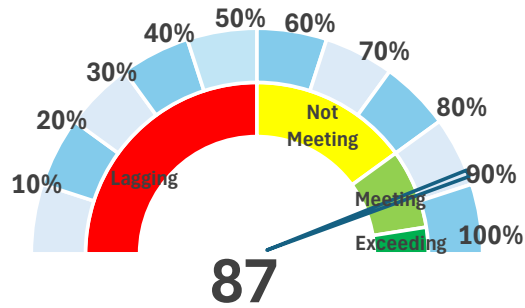


Category 3

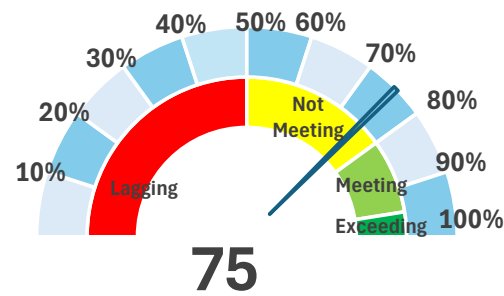
Performance Indicator	CPSM will complete reviews of 95% of all eligible registrants by the end of the seven year cycle (December 2025)
Targets	Complete 19% of registrants/year
Variance Explanation/Course Correction	

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
Additional data points were added to the Portal to determine where delays are happening in Category 2.	

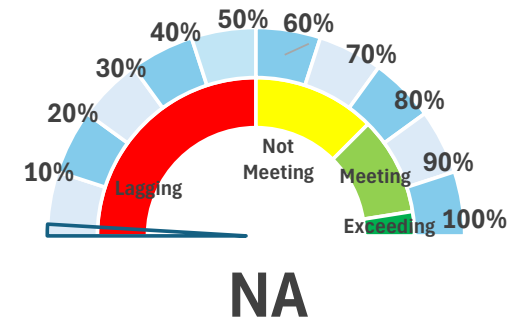
QUALITY - Prescribing Practices Program



87% within 1 business day
93% within 2 business days



75% high risk within 1-2 business days
100% moderate risk within 1-2 weeks

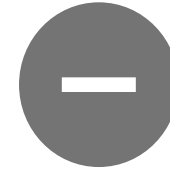
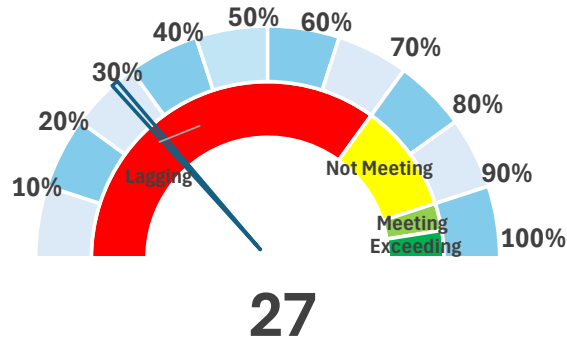


Performance Indicator	Will respond in a timely manner to general prescribing advice inquiries
Targets	80% - 1 business day 90% - 2 business days
Variance Explanation/Course Correction	

PPP will provide timely intervention for general prescribing advice inquiries with significant risks identified
80% of high risk cases responded to in 1-2 business days 90% of moderate risk in 1-2 weeks
Goal is to maintain metric given staffing issues in 2025-26

PPP will survey registrants who seek prescribing advice to identify opportunities for program changes/growth
98% of surveys will rate impact of interventions as neutral to positive
Number of surveys collected in Q1 is too low to maintain anonymity or for significant data analysis. Plan is to re-evaluate in coming quarters.

QUALITY - Accreditation



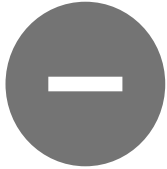
due to external factors, this measure is on hold

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
Targets	90% of inspections completed
Variance Explanation/Course Correction	8 of the 11 inspections planned could not be conducted due to wildfires. Note: 4 additional inspections to open public facilities were accomplished during this quarter - these 4 inspections were not part of the contracted number of inspections.

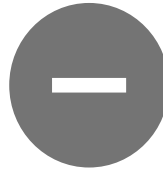
MANQAP completion of 7 temporary status site accreditations accumulated since Covid to meet compliance with the Continuing Service Agreement MB
Complete by year-end
on track to complete by Q3

Monitor and measure MANQAP implementation of the new WCAA Laboratory and Transfusion Medicine rollout.
Inspect 40 sites over a 4 year cycle
Survey has been approved and is now set for distribution

COMPLAINTS & INVESTIGATIONS



No cases received in 1st quarter that meets criteria



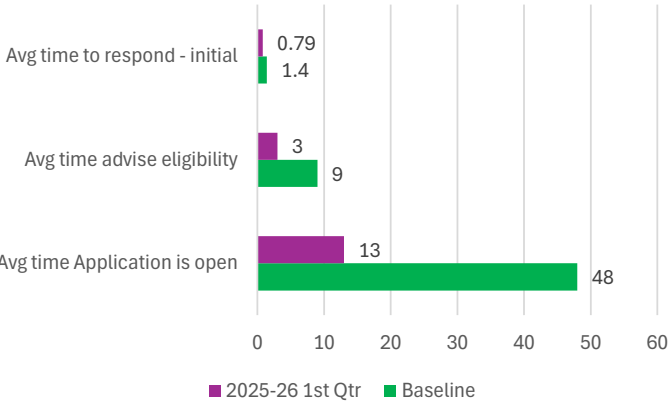
Performance Indicator	Response Time for Boundary Violations/Severe Care Issues
Targets	90% have plans in place in 5 days
Variance Explanation/Course Correction	

Response Time for Boundary Violations/Severe Care Issues
Targets
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

REGISTRATION



Registration - Application Response times (in days)

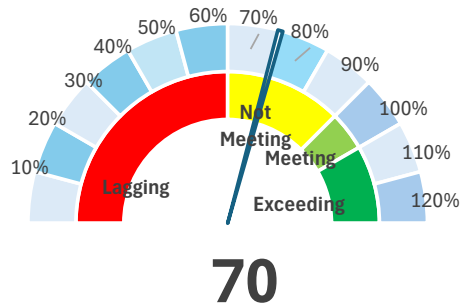


Performance Indicator	National Registry Project development and implementation
Targets	Implementation of Phase 2
Variance Explanation/Course Correction	

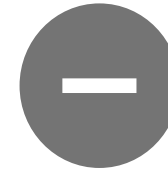
Compliance with Fair Registration Practices Office
Ensure adoption/compliance and timely reporting

Applications processed in a timely way.
Baseline (green bar) is from 2024-25 and reflects response time for 1,415 applications received
Baseline is 2024-25 for three categories *Avg time to respond to applicant - initial *Avg time to advise re eligibility *Avg # of days applications are "open"

SUPPORT AREAS - Finance



CPSM on track for a balanced budget
in 2025-26

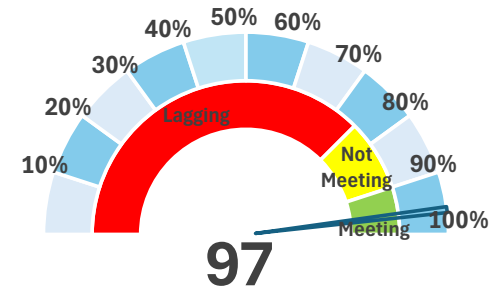
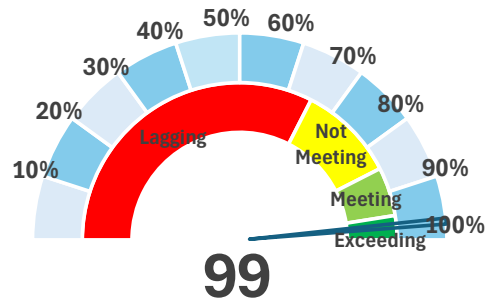
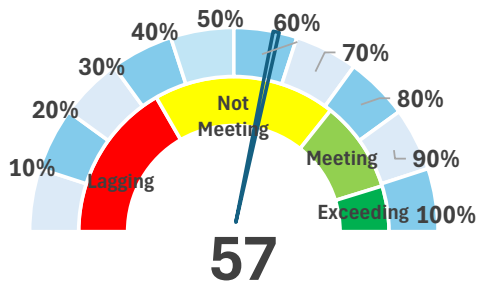


Performance Indicator	CPSM will maintain adequate reserves
Targets	Debt to Equity ratio of 1.0 (reported annually). Reserves are maintained at a min 100% of operating expenses
Variance Explanation/Course Correction	CPSM's debt to equity ratio at year-end = 0.74. Reserves at 73% of operating expenses excluding government programs

CPSM will achieve a balanced budget
1st quarter forecast indicates a positive variance

CPSM implement an investment strategy that supports it's mandate
Achieve a rate of return on investments of 8%
New investment policy currently being implemented - reporting to start in Q2

SUPPORT AREAS - Information Technology

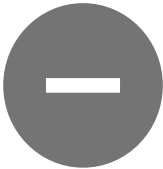


Performance Indicator	CPSM's technology and information is protected from both external and internal loss/destruction
Targets	Centre for Internet score of 70-75%
Variance Explanation/Course Correction	<p>Timing of the following implementations impacted the score Outstanding items:</p> <ol style="list-style-type: none"> 1. Cyber Penetration Testing 2. Upgraded licensing 3. Disaster Table-top exercise - Cyber Breach. <p>We expect to reach 65% by the fall of 2025</p>

Information Systems are considered highly reliable and available
Target is under development

IT responsiveness
Triage IT issues - 95% within 24 hours

SUPPORT AREAS - People & Culture



Average Years of Service -
reported annually

0 resignation for the quarter



Average sick time was 6.6 days in 2023
Average sick time was 6.3 days in 2024

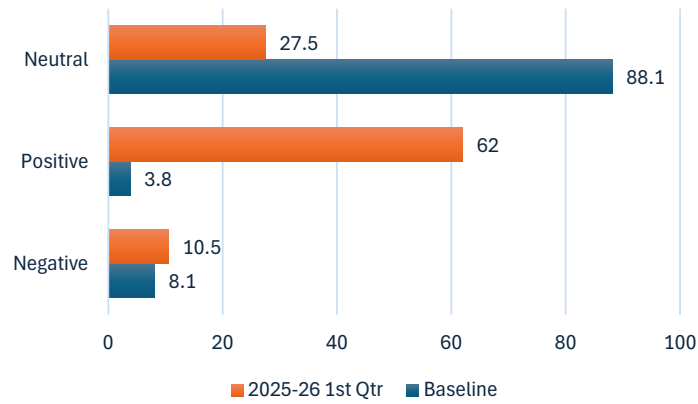
Performance Indicator	Employee satisfaction and engagement with CPSM priorities
Targets	Conduct staff Survey and report on findings
Variance Explanation/Course Correction	Meetings currently being held with staff to review findings from staff survey

Retention of staff
1. Average years of service 2. # of Employees resigning

Employees are productive
Public Sector benchmark - 13.4 days sick Private Sector benchmark - 7.5 days sick

SUPPORT AREAS - Communications

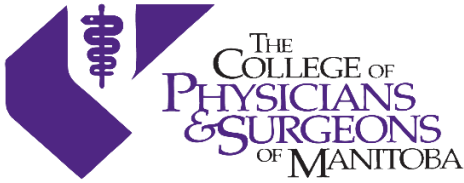
Media Sentiment



Performance Indicator	Increase positive sentiment score in media coverage
Targets	Improve sentiment by 20%
Variance Explanation/Course Correction	

of educational opportunities executed
Educate the public on CPSM’s role to protect the public and how that is accomplished through three core functions.

of engagement targets met
Boost engagement from the public & registrants



COUNCIL MEETING
SEPTEMBER 24, 2025
FOR INFORMATION BRIEFING NOTE

SUBJECT: Operational Reports

COMMUNICATIONS & MEDIA

The communications department oversees corporate communications, including email campaigns, registrant, public, and media communications, as well as launching new or updated Standards of Practice, conducting public consultations, and developing assets to support communications campaigns.

- Developing the 2024-25 annual report.
- Overseeing the development of three informational videos with a video production company.
- Regularly reviews the communication plan and monitors developing issues to analyze and adjust plans as necessary.
- Supports the Registrar's office with external and internal communications.
- Responds to media inquiries on regulatory matters. Media coverage in this period included inquiries regarding licensure and registration pathways, Manitoba wildfires, disciplinary cases, public safety concerns of a CPSM registrant and their clinic, restructuring of the Complaints & Investigations department, Opioid Agonist Therapy resources, and anti-Indigenous racism initiatives.

Supporting the Restorative Practices Program

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). This includes:

Media & Promotions:

Coordinating media interviews:

- Article in Canadian Medical Association [‘Apologies are an opportunity’: Supporting reconciliation in health care across Canada](#)
- In-depth interview on CJOB (radio, June 19)
- Article in the Winnipeg Free Press - [Manitoba’s MDs mandate steps to end anti-Indigenous racism](#) (June 21, National Indigenous Peoples Day)
- TV interview on CBC News North - [New anti-Indigenous racism protocols for doctors in Manitoba](#) (June 24)

For Information BN - Operational Reports

Listening & Monitoring

Monitored response to implementation in the weeks following the announcement. In response, an email campaign to address Frequently Asked Questions (FAQs) was developed and sent to registrants.

In development: assets to support education, including:

- Collateral providing information on the RPP.
- Video on the significance of addressing anti-Indigenous racism in medical care.
- Webinar to address feedback received during the first three months of implementation and to continue providing education.

Registrant communication campaigns:

- Webinar announcement on Restorative Practice Program to be held on September 16.
- What you need to know: Mandatory cultural safety and anti-Indigenous racism training. The email included important dates, clarification regarding CPD credits, and other FAQs.
- July/August Newsletter - topics included: reminder that Codeine will be added to M3P drug list this fall, highlight on Dr. Alewyn Vorster for his leadership of the Physician Health Program, callout for Prescribing Standards Review, social prescribing, Physician Office Laboratory Inspection expectations, Health Product InfoWatch for June, and disciplinary actions.
- June Council Update
- Launch of CPSM anti-Indigenous racism initiatives, including:
 - Details about the mandatory cultural safety and anti-Indigenous racism training, including information about The Path designed specifically for CPSM registrants.
 - The new Standard of Practice – Practicing Medicine to Eliminate Anti-Indigenous Racism.
 - Introduction of the Restorative Practices Team.

Submitted by:

Wendy Elias-Gagnon

Communications Officer

COMPLAINTS & INVESTIGATIONS DEPARTMENT

The operational period since the last report to Council has seen significant changes within the Complaints and Investigations Department. These include:

Launch of Analytics Unit

This new functional grouping within C&I is tasked with early engagement with complainants, to better understand their concerns and help determine the appropriate next steps. This new group is still working through their new processes. While it is still early days, a notable early outcome included reducing a multi-physician complaint into providing the family with a case summary and pursuing a single physician investigation. A second notable outcome was identifying that a complaint aimed at a surgeon in fact was due to systems-based failures best redirected to the SDOs.

Sunsetting of Complaints Committee

As discussed at the Council meeting in June, the process to sunset the Complaints Committee is well underway. No new cases have been referred since July and as of September 2, 2025 only 81 open complaints remained. Based on current estimates, the majority of these will have been disposed of by February 2026.

Significant Staffing Changes

The past three months have seen significant staffing changes, contributing to positive forward momentum but also bittersweet moments. One Investigator and one legal counsel have left the team, while Dr. Minders has agreed to take on the mantle of Investigator. Dr. Noam Katz has also joined the team, currently focused on Complaints Committee matters. Ms. Helena Tessier also joined the team as Executive Assistant to the Assistant Registrar (shared with EA to the General Counsel) in July. A posting for a new Research Analyst has recently closed and a posting is live for a new search for a counsel with litigation experience is underway. These changes, coupled with the process changes, have resulted in a delay in some investigations proceeding but this should ease as the changes stabilize moving forward.

Submitted by:**Dr. Guillaume Poliquin****Assistant Registrar, Complaints & Investigations Department**

FINANCE**2025-26 Q1 Financial Results**

CPSM has posted a net surplus of \$445,000 vis-à-vis budget of \$89,000 resulting in \$356,000 favorable variance. Favorable variances in both Revenues (\$172,000) and Expenditures (\$196,000) were instrumental in producing the better than forecasted results.

Investment Update

The investment policy has been revised to assume a less conservative position by opening CPSM to direct equity investments. Consistent with this, the investment adviser increased the investment equity segment of the portfolio last month (August).

Yearly Budget Exercise – New Timeline

CPSM's annual operating budget is traditionally approved by the Council in its June meeting—over a month into the new fiscal year of the budget being approved (fiscal year runs from May 1 to April 30). In effect, CPSM is spending funds in May and part of June when the budget has not been approved yet.

To start a new fiscal year with approved budget, CPSM will move to start its annual budget exercise much earlier to allow the Council to approve the new budget during the March Council meeting.

For Information BN - Operational Reports

Bill Payment Initiative

CPSM incurs \$200,000 annually on credit card payment processing fees typically related to registrant renewals. In order to decrease our expenses, CPSM will be transitioning to bill payment. For the upcoming license fee renewals, members will be encouraged to start transitioning to bill payment. The plan is to discontinue credit card payments effective membership year November 1, 2026.

Submitted by:
Mr. Paul Penner
Chief Financial Officer

INFORMATION TECHNOLOGY

There are many IT initiatives that are currently underway. Multiple projects are deep into development. Many results are expected to be realized next quarter.

- Over the past few years, CPSM's IT team has taken on front line support for most of the IT issues experienced by CPSM staff. We have formalized this shift in support, making The IT team, officially, the first stop for support and engaging with MSP Corp when escalation is necessary.
- Cyber Security – CPSM issued a request for proposal to perform penetration testing on CPSM's IT systems at the beginning of the summer. Penetration Testing of our external and internal IT systems has begun and results of the testing will be available by the next Council update.
- Details are being finalized on the IMG Survey project. The survey is expected to come out next quarter.
- The Quality Assurance project has reached its final phase of development. Development should be completed by December 2025, with testing and adoption coming in the new year.

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.

For Information BN - Operational Reports

- Supported Department Organizational Design reviewing positions, competencies and human resources.
- Provided leadership training on recruitment processes.
- Implemented a perks program for staff to explore and save in their leisure hours fostering work life balance and self-care
- Hosted a PRIDE event, “Rise in Pride: Stand in Strength”, speaker Ellie Caslake, pizza lunch and voluntary donation to Rainbow Resource Centre. Supporting community allows for the team to build trust, grow and learn, build sustainability and inclusiveness.
- Coordinated a virtual community event “From Vicarious Impact to Resilience”, supporting staff in their roles as helpers to support compassion fatigue.
- Joining CPSM are:
 - Helena Tessier, Complaints and Investigations, Executive Assistant, July 21, 2025
 - Stacey Carlson, Quality Department, Executive Assistant, July 21, 2025
- Leaving CPSM are:
 - Ellie Penner, Student, August 21, 2025
 - Kasia Kieloch, Legal Counsel, August 18, 2025
 - Dr. Anthony Battad, Medical Consultant, August 12, 2025
- Transitioning Roles within CPSM are:
 - Meredith McLeod - Corporate Services Coordinator, July 7, 2025
 - Dr. Noam Katz – Complaints and Investigations – Medical Consultant, June 16, 2025
 - Sara Good – Complaints and Investigations, Intake Analyst, July 7, 2025
- Positions currently being recruited are:
 - Policy Analyst
 - Legal Counsel
 - Student

Submitted by:

Ms. Sherry Dupuis

Executive Director, People and Culture

QUALITY DEPARTMENT

Manitoba Quality Assurance Program (MANQAP)

- The Western Canadian Accreditation Alliance (WCAA) Diagnostic Imaging Standards were approved for use to accredit Manitoba diagnostic imaging facilities. The communication stage is planned and is engaging Shared Health, and private facilities.
- MOU with Manitoba Dental Association is delivered for signature between Registrars to initiate sharing of information regarding NHMSF inspections, reporting major adverse patient outcomes and professional competency. To date we have received 2 APOs from dental facilities.

For Information BN - Operational Reports

- MANQAP continues active pilot project with Physician Office Laboratory (POL) Inspections, PRC was presented with evaluation and summary report September 17, 2025.
- Manitoba Health endorsed Echocardiography Accreditation to commence October 2025 through MANQAP program. Shared Health has 6 facilities and Manitoba Health 3 private clinics across the province. Planning has commenced.

Physician Health Program (PHP)

- 25 new referrals to the PHP since June 25, 2025
 - 17 remain open for further follow-up
 - 1 of the 25 new referrals required a PHP Undertaking
- Currently, there are 157 registrants in the PHP caseload
 - Caseload includes: Active & New Cases, Registrants with Undertakings, Registrants on Medical LOAs who require follow-up

Prescribing Practices Program (PPP)

- **Registrant Advice & Support:** responded to **52 general prescribing advice** inquiries Jun-Aug (159 GPA cases thus far in 2025). KPI metrics: 46% responded to same day, 81% within 1 business day, and 90% within 2 business days.
- **Outcome Evaluation:** Presently 57% response rate for (anonymous) survey sent to registrants/other HCPs who seek prescribing advice, to evaluate the impact of PPP interventions. Number of surveys received this quarter is too low for data analysis or to maintain anonymity. In our first year evaluating (2024-25), 96% of survey participants agreed or strongly agreed that PPP interventions were timely, supportive, and helpful.
- **Prescribing Approvals:** Issued **4 Suboxone & 3 methadone approvals** for OAT Jun-Aug (current total 253 OAT prescribers). **1 pain/palliative methadone approval** Jun-Aug (current total 72 P&P prescribers).
- **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 high-dose opioid prescribing (≥ 900 MME per day). Engaged with 9 registrants thus far (6 active at present). Risk stratification used to design intervention toward quality assurance and safer prescribing practices.

Quality Assurance Program (QAP)

- Phase 2 of the Portal migration will begin in fall 2025 which will include automations that will increase efficiency.
- 64 reviews were assessed at Central Standards Committee in June 2025.

Quality Improvement Program (QIP)

- Continual planning for second cycle 2026-2032.
- Auditor Training Workshop will be held in November 2025.
- Drs. Bruin and Singer will be presenting at IAMRA September 10, 2025.

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Restorative Practices Program (RPP)

- Lauren Phouthavongsin, Program Coordinator, joined RPP on June 23, 2025.
- Dr. Courtney Leary, Medical Consultant & Indigenous Health Specialist, joined RPP on July 9, 2025.
- RPP received 23 referrals to date with 10 referrals currently open for follow-up and further RPP involvement.
- RPP presented and provided program updates to SLT on Aug 13, 2025, and CI on Sept 8, 2025.
- Webinar for registrants scheduled on September 16, 2025.
- RPP meeting with TRC Advisory Circle scheduled on September 23, 2025.
- Education sessions with Prairie Mountain Health, Interlake-Eastern Health, and Southern Health Regions pending to be scheduled.
- Processes for referrals, related interventions, education, letter and communication templates are currently being developed.
- Surveys have been drafted and will be ready to send out in September to participants to gather feedback about the RPP.
- Community engagements:
 - Dr. Leary, Dr. Stoffman, and Tara Myran participated in a sharing circle at Lake Manitoba Health Centre on August 19, 2025.
 - The RPP team attended and had an information/networking table at the Manitoba Harm Reduction Network (Overdose Awareness Day) on Aug 29, 2025.

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, publicly accessible 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.

- A review of all registration related Council Policies, Registrar's Policies, and Practice Directions was recently completed. These authorities have been revised and updated. The process revealed the need for several new policies to fill gaps, which are now in the works. Concurrently, we will be working toward compiling and organizing them into a single source to be referred to in future as **CPSM's Registration Policies and Practice Directions**.
- 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 registration processes.
- 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 (International 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 were approved by Council. Two are now with the government for final approval. Regulatory changes regarding acceptance of American Boards for full registration have been approved by government and are being implemented.

- Our outside partners: The Registration Department Director is part of:
 - the **MRA, RCPSC, CFPC Working group**, which is focused on evolving the approach to certification and recognition of credentials,
 - Doctor's Manitoba's **Advisory Committee for New to Practice and Practice Support Programs**, and
 - CFPC's **Steering Committee for the Re-IMGe project**.
 - 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.
 - Supporting the development of the National Registry of Physicians through collaboration with the MCC and other Canadian MRAs.
- 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 fifth meeting in August of 2025. It is supported in its work by staff in the registration department.

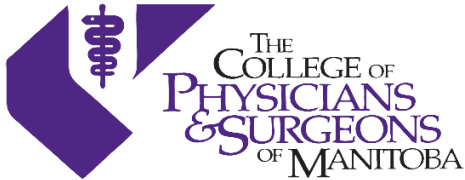
Significant upcoming projects include:

- a review and revisions to CPSM's license renewal questions,

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- a review of how we regulate medical corporations permits,
- implementing improvements to the PRA process, and
- how CPSM registers CAs and PAs and the process for approving contracts of supervision.

Submitted by:**Mr. Jeremy de Jong****Interim Director, Registration Department**



**COUNCIL MEETING
SEPTEMBER 24, 2025
COMMITTEE REPORTS
FOR INFORMATION BRIEFING NOTE**

EXECUTIVE COMMITTEE REPORT:

The Executive Committee met on August 25, 2025. Most of the matters discussed are on the current Council Meeting Agenda; however, in addition, the Executive Committee appointed Dr. Shayne Reitmeier to fill a vacancy on the Complaints Committee.

On July 30, 2025, a panel of the Executive Committee met to consider 6 appeals of decisions from the Investigation Committee.

Respectfully submitted by
Dr. Charles Penner
President, CPSM and Chair of the Executive Committee

FINANCE, AUDIT & RISK MANAGEMENT COMMITTEE REPORT:

Nothing to report since June 25, 2025 report to Council.

Respectfully submitted by
Dr. Kevin Convery
Chair, Audit & Risk Management Committee

INVESTIGATION COMMITTEE REPORT:

Since our last meeting, I have taken over as Chair of the Investigation Committee, supported by Dr. Abbu in the new position of Vice-Chair of the Committee. Over the summer, much of the focus has been on onboarding of our new responsibilities and preparing for the year ahead.

Dr. Convery chaired his last IC meeting on June 18, 2025. At that time, five cases were reviewed with the following outcomes:

- No Further Action - 1
- Criticism and Undertaking for Education - 1
- Advice - 1
- Undertaking for Education – 1
- Deferred – 1

In addition, a special meeting, chaired by Dr. Gray, was held on June 18, 2025 where three cases were reviewed. This resulted in the following outcomes:

- Advice - 2

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- Refer to Inquiry – 1

Finally, the IC held a special meeting on August 27, 2025 to review three matters. This resulted in the following outcomes:

- Advice - 1
- Refer to Inquiry – 2

As of September 2, 2025, there were 223 open investigations.

Respectfully submitted by
Dr. Jennifer McNaught
Chair, Investigation Committee

COMPLAINTS COMMITTEE REPORT:

The Panels of the Complaints Committee have met three times since May 1, 2025:

- May 8, 2025
- June 5, 2025
- August 14, 2025

During this period, 53 cases have been closed. Resolution of these cases is as follows, including a comparison to the 2024 – 2025 full year.

Resolution of cases closed	For the period May 1, 2025 to August 14, 2025		For the full year May 1, 2024 to April 30, 2025	
No further action	17	32%	78	50%
Advice	10	19%	34	22%
Criticism	5	9%	16	10%
Informal resolution	3	6%	6	4%
Referral to Investigations Committee	7	13%	15	9%
Cases withdrawn	0		4	2%
Dismissed	9	17%	1	1%
Referred to Quality Program	2	4%	3	2%
Total	53	100%	157	100%

A summary of total cases closed during the period, along with the number of outstanding cases is as follows. Results from the current period are compared with the previous 2024 – 2025 full year.

Cases closed during the period	For the period May 1, 2025 to August 14, 2025	For the full year May 1, 2024 to April 30, 2025 (12 months)
Number of meetings	3	11
Outstanding cases, beginning of year	135	132
New complaints received during period	2	160

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Total number of complaints	137	292
Total cases closed during the period	(53)	(157)
Outstanding cases, end of the period	84	135

Respectfully submitted by
Ms. Lynette Magnus
 Chair, Complaints Committee

PROGRAM REVIEW COMMITTEE REPORT:

Nothing to report since June 25, 2025 report to Council.

Respectfully submitted by
Ms. Leanne Penny
 Chair, Program Review Committee

BOARD OF ASSESSORS REPORT:

The Board of Assessors met on August 14, 2025. Two registration applications were deliberated and decided.

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, and June 20, 2025.

QUALITY ASSURANCE (QA) AGE TRIGGERED/REFERRED AUDITS REVIEWED IN 2025

The CSC reviewed:

- 25 New and Repeat QA Age Triggered Reviews
- 39 New and Repeat QA Referred Reviews
 (2 cases with same physician resulted in 1 outcome – Interactive Audit)

The following outcomes were determined at CSC.

50	#1 Outcomes
3	#2 Outcomes
2	#3 Outcomes
2	#4 Outcomes
5	#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)
64	Total outcomes



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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	Q2 reminder sent July 7
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	Q2 reminder sent July 7
Prairie Mountain Health ASC	Prairie Mountain	Dr. Shannon Prud'homme	Q2 reminder sent July 7
Southern ASC	Southern	Dr. Shayne Reitmeier	Q2 reminder sent July 7
Boundary Trails Health Centre	Southern	Dr. Kevin Convery	Up to date
C.W. Wiebe Medical Centre	Southern	Dr. Louw Greyling	Committee currently dissolved until new chair
Eden Mental Health Centre	Southern	Dr. William Miller	Up to date
CancerCare	Provincial	Dr. Chantalle Menard	Q2 reminder sent July 7
Endoscopy Provincial	Provincial	Dr. Gerard Coneys	Q2 reminder sent July 7
Orthopedic Surgery Provincial	Provincial	Dr. Eric Bohm	Q2 reminder sent July 7
Winnipeg Regional Health Standards Committee	WRHA	Dr. Elizabeth Salamon	Q2 reminder sent July 7

Cumulative Reporting by Area/Region:

The following cumulative report includes total numbers from Quarter 2 reports received from all Provincial Standards Committees and Area Standards Committees for the months of June 2025 – August 2025.

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			Suggested Change Outcomes		Required Change Outcomes		
			Option #1 Reasonable Care	Option #2 Self- Reflective Quality Improvement Plan	Option #3 Negotiated Improvement Plan	Option #4 Prescribed Learning Plan	Option #5 Referral to the Registrar
All Regional Area Standards Committees	Cases Reviewed	Total					
	Clinical Audits: Adverse Patient Occurrences	11	10	1	0	0	0
	Referred Concern	0	0	0	0	0	0
	Random Audit	8		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	1					
	Number of Meetings in 2025	6					

Respectfully submitted by
Dr. Roger Süss
Chair, Central Standards Committee