

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
5 min	8:10 am	4.	Consent Agenda i. Council Meeting Minutes • September 24, 2025	For Approval	Dr. Penner	4
30 min	8:15 am	5.	Councilor Election Process Public Consultation Update – Amendments to The Affairs of the College Bylaw & Amendments to Governance Policy	For Approval	Dr. Penner/ Mr. Triggs/ Mr. Fineblit	10
5 min	8:45am	6.	Reducing Barriers for Provisional Registration of Family Registrants	For Approval	Dr. Penner/ Mr. Triggs	62
10 min	8:50 am	7.	Standard of Practice - Prescribing Opioids and Prescribing Benzodiazepines and Z-Drugs	For Discussion	Dr. Penner/ Mr. Triggs	69
15 min	9:00 am	8.	Standard of Practice – Sensitive Examinations (NEW)	For Approval	Dr. Mihalchuk	71
60 min	9:15 am	9.	Standard of Practice - Collaborative Care for Consultation	For Approval	Dr. Penner/ Dr. Mihalchuk / Dr. Süss/ Mr. Triggs	72
20 min	10:15 am		---BREAK---			
20 min	10:35 am	10.	IMG/ITP Working Group Update (Survey Results and Orientation Program)	For Information	Dr. Shenouda/ Dr. Bruin	126

Time		Item		Action		Page #
5 min	10:55 am	11.	2026-27 CPSM Budget Approval Change	For Approval	Dr. Convery/ Dr. Mihalchuk/ Mr. Penner	130
10 min	11:00 am	12.	Registrar and CEO Report <ul style="list-style-type: none"> Performance Metrics Update Operational Reports 	For Information	Dr. Mihalchuk	132
5 min	11:10 am	13.	Committee Reports (questions taken) <ul style="list-style-type: none"> Executive Committee Board of Assessors Complaints Committee Central Standards Committee Finance, Audit & Risk Management Committee Inquiry Committee Investigations Committee Program Review Committee 	For Information	Dr. Penner/ Committee Chairs	156
45 min	11:15 am	14.	In Camera	For Discussion		
60 min	12:00 pm	15.	---LUNCH---			
180 min	1:00 pm	16.	Governance Training			
	4:00 pm	17.	Review of Self-Evaluation of Governance Process-survey via email		Dr. Penner	
8 hours			Estimated time of sessions			



Regulated Health Professions Act

Duty to serve the public interest

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

CPSM Mandate

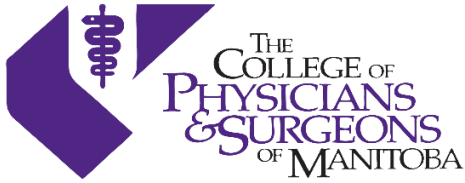
10(2) A college has the following mandate:

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

CPSM Governance Policy – Governing Style and Code of Conduct:

1.1 General

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



**COUNCIL MEETING
DECEMBER 10, 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 - September 24, 2025

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON DECEMBER 10, 2025, DR. KEVIN CONVERY, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves all items on the consent agenda as presented.

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



MINUTES OF COUNCIL

Council of The College of Physicians and Surgeons of Manitoba met on September 24, 2025, at the CPSM Office with an option to join virtually via Zoom.

CALL TO ORDER

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

COUNCILLORS:

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

STAFF:

Dr. Ainslie Mihalchuk, Registrar & CEO
 Dr. Guillaume Poliquin, Assistant Registrar, C/I
 Mr. Mike Triggs, General Counsel
 Mr. Paul Penner, Chief Financial Officer
 Dr. Sonja Bruin, Assistant Registrar, Quality (V)
 Mr. Jeremy de Jong, Interim Director Registration
 Ms. Barbie Rodrigues, Senior Executive Assistant
 Ms. Wendy Elias-Gagnon, Communications Officer
 Ms. Helena Tessier, Executive Assistant
 Ms. Stacey Carlson, Executive Assistant

REGRETS:

Ms. Lesile Agger, Public Councillor
 Dr. Caroline Corbett, Winnipeg
 Dr. Chaitasi Intwala, Winnipeg

ABSENT:

Dr. Lisa Monkman, Scanterbury

1. OPENING REMARKS AND LAND ACKNOWLEDGEMENT

Dr. Penner conveyed the CPSM Land Acknowledgment.

2. ADOPTION OF AGENDA

IT WAS MOVED BY DR. NICKERSON AND ADOPTED BY CONSENSUS:

CARRIED:

That the agenda be approved as presented.

DRAFT - Meeting Minutes of Council – September 24, 2025**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.

IT WAS MOVED BY DR. DR. SHENOUDA (ON BEHALF OF DR. CONVERY), SECONDED BY MS. PENNY:

CARRIED

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

- 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

5. MY JOURNEY – WALKING BOTH WORLDS – FOR INFORMATION

Ms. Myran, CPSM's Knowledge, Translation and Mobilization Specialist, provided 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's overview highlighted Truth and Reconciliation, the importance of Ceremony and traditional teachings, Ms. Myran's grandfather vision and academic world/positionality.

6. RESTORATIVE PRACTICES PROGRAM PRESENTATION – FOR INFORMATION

The Restorative Practices Program Team: Tara Myran, Knowledge Translation and Mobilization Specialist, Dr. Jayson Stoffman, Medical Consultant, Lauren Phouthavongsin, Program Coordinator provided a presentation outlining the work undertaken by the Restorative Practices Program (RPP) in its first four months of operation. Dr. Courtney Leary, Medical Consultant and Indigenous Health Specialist for RPP was unable to be present due to clinical hours.

The presentation addressed mandatory cultural safety and anti-Indigenous racism training, registrant communication, RPP referrals, Restorative Practices and community engagement.

7. CPSM ALL-STAFF ORANGE SHIRT DAY – FOR INFORMATION

CPSM staff will participate in events honoring National Day of Truth and Reconciliation (September 30, 2025) on September 25, 2025 due to the office being closed for a provincial statutory holiday.

DRAFT - Meeting Minutes of Council – September 24, 2025**8. RESTORATIVE PRACTICE PROGRAM UPDATE – FOR INFORMATION**

Dr. Mihalchuk and Dr. Bruin highlighted the written overview of the Restorative Practice Program current undertakings including an extensive communication plan.

9. NEW EMERGENCY MEDICINE CLASSIFICATION – REGULATORY CHANGES TO ADDRESS EMERGENCY ROOM SHORTAGE – FOR DISCUSSION

There are serious risks to health and safety associated with Emergency Room closures in rural Manitoba due to lack of qualified registrants. Globally, there exist competent emergency medicine physicians; who unfortunately due to the regulatory structure in Manitoba are not eligible for registration. The Department of Emergency Medicine, Max Rady College of Medicine, and the Department of Health in collaborative with CPSM's Registration Department have identified regulatory changes to create a third provisional class which along with corresponding Practice Ready Assessment (PRA) requirements would permit the registration of these individuals and ensure public safety.

Dr. Paul Ratana, Department of Emergency Medicine, Max Rady College of Medicine presented for discussion the issue of creating a new class of physicians in a matter that ensures public safety.

The next step in the process is the drafting of the legislative changes by Government and then the circulation of the legislative changes for consultation with registrants and the public for feedback.

10. COUNCILLOR ELECTION PROCESS UPDATE – FOR APPROVAL

At the March 19, 2025 CPSM Council meeting, a discussion took place about how Councillors are elected, and a consensus emerged there was room to improve the process to bring more diversity and a broader range of governance and other skills to the Council table.

IT WAS MOVED BY DR. DR. SHENOUDA (ON BEHALF OF DR. CONVERY), SECONDED BY MR. FINEBLIT:

CARRIED (Dr. Vorster abstaining)

Council approves for consultation the proposed bylaw amendment and skills matrix along with maximum term eligibility provisions and limitations on the President and Past President serving on Council after completion of their term of office.

11. GOVERNANCE TRAINING – FOR INFORMATION

Ms. Dupuis, Executive Director, People and Culture presented an outline of the governance training program to occur during the December 10, 2025 Council meeting.

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

DRAFT - Meeting Minutes of Council – September 24, 2025

The governance training program will occur on the afternoon of the December 10, 2025 Council meeting.

12. -----BREAK----- (10:25-10:45 AM)**13. INTERNATIONAL MEDICAL GRADUATE WORKING GROUP UPDATE – FOR INFORMATION**

Dr. Shenouda and Mr. de Jong provided Council with an update of the newly launched survey, the appropriate components for the Standard of Practice and exploration options and resources for the orientation program.

14. PERFORMANCE METRICS – QUALITY DEPARTMENT – FOR INFORMATION

Dr. Bruin provided performance metrics highlights from the Physician Health Program (PHP), Prescribing Practices Program (PPP), Quality Assurance Program (QAP), Quality Improvement Program (QIP), Restorative Practice Program (RPP) and Manitoba Quality Assurance Program (MANQAP).

15. 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.

16. COMMITTEE REPORTS – FOR INFORMATION

The following Reports were presented to Council for information:

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

No further discussion occurred after being presented.

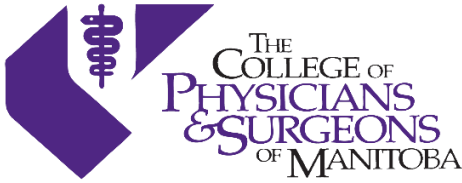
17. IN CAMERA SESSION

An in-camera session was held.

There being no further business, the meeting ended at 12:07 PM.

Dr. C. Penner, President

Dr. A. Mihalchuk, Registrar & CEO



COUNCIL MEETING
DECEMBER 10, 2025
NOTICE OF MOTION FOR APPROVAL

SUBJECT: Councillor Election Process Public Consultation - Amendments to *The Affairs of the College Bylaw* and Amendments to *The Governance Policy*

BACKGROUND:

At its September 24, 2025 meeting, Council approved consultation on proposed amendments to *The Affairs of the College Bylaw*. The consultation documents are attached (5.1, **Appendix A**). The proposed amendments are attached (5.2, **Appendix B**).

A summary of the amendments is:

- The establishment of a Nomination Committee
- Limitations on the length of service of Council
- Establishing new electoral districts
- Entitling registrants to vote in all electoral districts

On October 17, 2025, CPSM launched a public consultation on the amendments with a deadline of November 16 at 11:59 pm.

The anonymized responses are attached in full (5.3, **Appendix C**). A summary of the responses is:

1. The changes are undemocratic.
2. The nominating committee is a barrier to participation.
3. Strongly supports the amendments and suggests some reframing of the skills matrix.
4. Opposes the electoral district changes as it increases a Winnipeg centricity.
5. Supports the changes but believes use of the word “skills” is incorrect, it should be “attributes”.

Also included in 5.3, **Appendix C** are responses received from the College of Registered Nurses of Manitoba (CRNM) and Doctors Manitoba. CRNM expressed support for these changes noting that they recently made some similar changes and have seen improvements to their governance. Doctors Manitoba advised that they did not receive any member feedback on the proposed changes. They also advised that in 2023 changes were adopted to Doctors Manitoba’s governance structure. Some of the changes were similar to CPSM proposal and others were different.

NOM BN – Councillor Election Process Public Consultation Amendments to The Affairs of the College Bylaw and Amendments to the Governance Policy

It is noted that Doctors Manitoba and one of the registrant responses both use the word “attributes” as opposed to “skills”. CPSM agrees with adopting this change which is reflected in the proposed amendments in **5.2, Appendix B**.

If the Bylaw amendments are accepted additional approvals are required to bring effect to these provisions for the 2026 Council election.

Additional Approvals:

1. The Governance Policy needs to be amended to establish the Terms of Reference for the Nomination Committee.

The following is the recommended amendments to the Governance Policy:

4.18 Nomination Committee

4.18.1 Authority

4.18.1.a The Nomination Committee has authority pursuant to section 15.1 of The Affairs of the College Bylaw to oversee and administer the process to nominate candidates for election to positions on Council.

4.18.2 Purpose

4.18.2.a The purpose of the Nomination Committee is to recruit and evaluate, in a fair and transparent manner, qualified candidates for Councillor elections, ensuring that individuals with excellent attributes and experiences put their names forward for election.

4.18.3 Composition

4.18.3.a The Nomination Committee shall consist of:

4.18.3.a.i The Chair, who must be the President Elect.

4.18.3.a.ii At least one Councillor who is a public representative.

4.18.3.a.iii At least one Councillor who is a regulated registrant.

4.18.3.b Other than the President Elect no member of the Executive Committee may be on the Nomination Committee.

4.18.3.c Members of the Nomination Committee cannot serve for more than 2 annual elections.

2. The amended Bylaw requires that Council approve the Council Profile.

It is recommended that Council approves the attached Council Profile (**5.4, Appendix D**) which are the Councillor attributes discussed at previous meetings incorporating feedback from the consultation related to reframing the diversity attributes.

3. Appointment of Nomination Committee members

Assuming the Governance Policy is amended as per above, it is proposed that councillors Dr. Kevin Convery, President Elect, Mr. Neil Cohen, public representative, and Dr. Rizwan Manji, regulated registrant be appointed to the Nomination Committee.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON DECEMBER 10, 2025, DR. KEVIN CONVERY, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves:

- the amendments to *The Affairs of the College Bylaw* contained in 5.2, Appendix B
- the recommended amendments to the *Governance Policy*
- the Council Profile contained in 5.4, Appendix D

Council further appoints Dr. Kevin Convery, Mr. Neil Cohen, and Dr. Rizwan Manji to the Nomination Committee for a period of 2 annual election cycles.

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



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PUBLIC CONSULTATION: MODERNIZING THE COUNCIL ELECTION PROCESS

October 16, 2025 | [News](#) [Public Consultations](#)

CPSM requests feedback from registrants, stakeholders, and the general public regarding the amendments to the process.

Background

Earlier this year, the Executive Committee of Council identified a need to enhance the current Council election process. A working group of Council members reviewed the election process, including a review of the election processes at other Medical Regulatory Authorities. They presented recommendations to Council, which decided to adopt the use of a skills and diversity matrix to solicit applicants for election to fill vacant Council positions.

Council, and ultimately the public, benefit greatly from the diversity of skills Councilors possess, such as leadership experience, varied expertise in fields and practice settings, geographic diversity, and other attributes.

The College of Physicians and Surgeons of Ontario and the College of Physicians and Surgeons of Alberta recently adopted similar changes to their election models (see [CPSO Board Election](#) and [CPSA Council Elections](#)).

The Challenge & need for a change

Currently, there are eight elected Councillors. Seven Councillors represent four electoral districts:

Winnipeg – 4 seats

North – 1 seat

East – 1 seat

West – 1 seat

And one associate registrant who is either a clinical assistant, physician assistant, resident or medical student is also elected to Council.

On a rotational schedule, one or more seats become open and are filled through an election held in May.

In the current process:

- A notice is sent to registrants in the electoral district(s) where a seat is becoming open, inviting them to seek nominations. The nomination is based on the geographical location of the primary practice. This process has not generated significant interest amongst registrants.
- If only one candidate per electoral district runs, they are elected by acclamation.
- In the event no one puts their name forward, CPSM must appoint a candidate.

Council wants a process that encourages participation. Simply stated, the profession benefits when numerous qualified candidates seek election to Council.

Proposed Modernization

1. Developing a skills matrix (Councillor Profile)

The starting point for effective governance is identifying the necessary skills Council requires to carry out its responsibilities.

With this skills matrix (Council Profile) Council can actively identify specific skill sets they require. Council expects it will motivate registrants to put their name forward or nominate others for election if particular skills are identified, valued, and sought.

How the skills matrix was developed:

The Working Group reviewed an extensive list of interpersonal and professional skills and diversity attributes, prioritizing them by importance to governance. The list was presented to Council, who reviewed, refined and finalized the list. While all of the skills and diversity attributes were seen as important, there was consensus about the key ones to be included in the matrix for Council.

selection.

➔ [View the proposed DRAFT Council Profile.](#)

2. Establishing a Nomination Committee

A Nomination Committee would be established to oversee and administer the nomination process.

Therefore, the proposed amendments to the *Affairs of the College Bylaw* are:

1. *Establish a Nomination Committee.*
2. *Empower the Nomination Committee to:*
 - a. *establish policies and procedures to ensure the integrity, fairness, and transparency of the nomination process*
 - b. *develop the skills matrix (referred to as – Council Profile)*
 - c. *develop an application form for candidates to run for election*
 - d. *identify and solicit candidates*
 - e. *evaluate candidates*
3. *Enable all eligible candidates to stand for election and create an appeal process for those unsuccessful applicants to have their eligibility and qualifications reviewed by the Executive Committee.*

3. Length of service on Council

Council believes it is important to revitalize Council membership with new people with fresh perspectives. Council is proposing that anyone who has served as President or who has served on Council for eight or more years will be ineligible to be a candidate for election. It should be noted that this restriction is more stringent than *The Regulated Health Professions Act (RHPA)* which prohibits anyone who has served on Council for 12 consecutive years from being a member of Council.

4. Electoral Districts

A challenge is how to best achieve appropriate geographical representation on Council. The RHPA limits the number of Council members, and the current number cannot be increased. As stated above, there are seven elected registrant Councillors representing four electoral districts.

Approximately 75% of registrants have their primary practice location in Winnipeg. However, Winnipeg's population is approximately 55% of Manitoba's population. There are five regional health authorities, which means that at least one regional health authority does not have specific representation unless Winnipeg's representation is to be reduced to three Councillors (which would be 43% of elected registrant positions).

The proposed amendment is to create two electoral districts. Winnipeg with four Councillors and a Rural District with three Councillors.

A criterion of the Council Profile is appropriate geographic diversity. Accordingly, in any election year for a vacant Rural Council position, the Nomination Committee would specifically seek to nominate candidates based upon their primary practice location so that the Rural Councillors are representative of the different regions

5. Entitlement to vote

Currently, registrants can only vote for candidates in the electoral district of their primary practice location. This means that Rural registrants can only vote once every 4 years, and Winnipeg registrants can vote every two years. Council believes that this does not encourage participation in the election of Councillors.

The proposed amendment permits registrants to vote for candidates regardless of the electoral district in which their primary practice location is located. For example, a registrant whose primary practice is in Thompson will be eligible to vote for candidates in a Rural election as well as a Winnipeg election.

6. How these changes will work

The proposed amendments, if adopted, will come into effect for the 2026 Council elections. The terms of the Councillors representing the North Electoral District and the East Electoral District as well as the Associate Registrant end in June 2026.

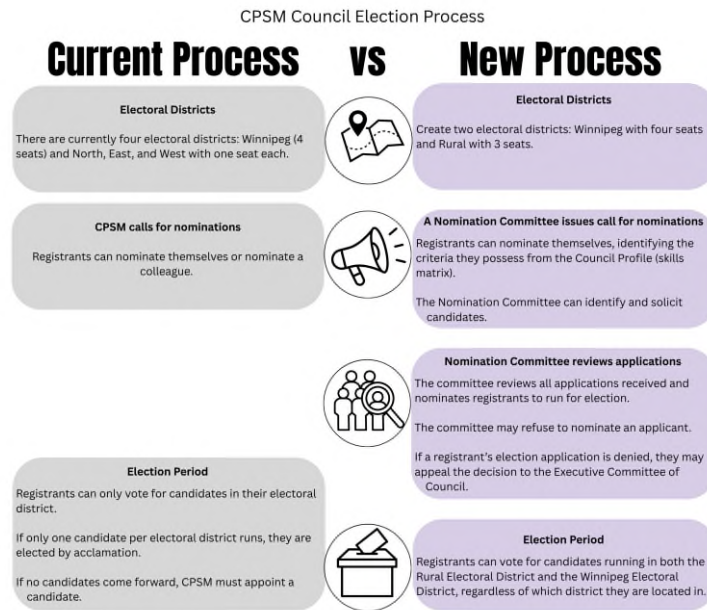
There will be elections for two Council positions for the Rural Electoral District and the Associate Registrant position.

1. The Nomination Committee will issue a call for candidates sometime after January 15, 2026. This call for candidates will include the Council Profile.
2. Potential candidates will submit an application form identifying the criteria on the Council Profile that they have. The Nomination Committee will also solicit potential candidates to submit an application.
3. The Nomination Committee will review all the applications and nominate individuals to run for election. The more individuals running for election, the better; however, the Nomination Committee may refuse to nominate someone who has submitted an application. Anyone whose application is denied may appeal that decision to the Executive Committee.

4. Once the slate of candidates is finalized, an election will be held in the normal course. However, the significant difference is that registrants will be entitled to vote for candidates running in both the Rural Electoral District and the Winnipeg Electoral District.

This process is for elected Councillors only. Public representatives on Council are government or CPSM-appointed and follow a different process.

Click on image to enlarge



How to submit your feedback

1. Review the proposed amendments above or in the [Affairs of the College Bylaw](#).
2. Submit your comments in writing by email to: CPSMconsultation@cpsm.mb.ca

Or drop your feedback off in person at:

The College of Physicians & Surgeons of Manitoba

1000-1661 Portage Avenue

Winnipeg, MB R3J 3T7

The deadline for feedback is Sunday, November 16, at 11:59 p.m. CST

We thank you in advance for your time and input. You can find more information about our public consultation process [here](#).

[See all news](#)

Archives

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[2025 - July](#)

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[2025 - May](#)

[2025 - April](#)

[2025 - March](#)



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The Affairs of the College Bylaw

The College of Physicians and Surgeons of Manitoba

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

Effective Date January 1, 2019

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PART A – DEFINITIONS

Definitions

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

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

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

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

"Council Profile" means a profile or matrix of attributes, expertise and diversity approved by Council to be used by the Nomination Committee to evaluate applicants for nomination for Council election.

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

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

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

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

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

"RHPA" means *The Regulated Health Professions Act*

PART B – ELECTIONS AND APPOINTMENTS

Councillors Eligibility and Electoral Districts

Eligibility requirements for candidates

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

Electoral Districts

4. For the election of regulated registrants, Manitoba is divided into ~~the four~~ two electoral districts described in Schedule A attached to this Bylaw. [note: this schedule will have to be updated]

Number of Elected Councillors from each Electoral District

5. The number of regulated registrants to be elected from each electoral district is:
 - a. 4 registrants from the Winnipeg electoral district;
 - ~~b. 1 registrant from the North electoral district;~~
 - ~~c. 1 registrant from the East electoral district; and~~
 - ~~d. 1 registrant from the West electoral district.~~
 - b. 3 registrants from the Rural Electoral District

Elections

Election Transition Provisions to Prevail

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

7.

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

2020 - 3 Councillors from the Winnipeg Electoral District

2020 - 1 Councillor from the West Electoral District

2022 - 1 Councillors from the Winnipeg Electoral District

2022 - 1 Councillor from the North Electoral District

2022 - 1 Councillor from the East Electoral District

b. Commencing in 2026 the schedule in section 7a will continue except instead of having elections for the North and East Electoral Districts, there will be an election for two Councillors from the Rural Electoral District and in 2028 instead of having an election for the West Electoral District, there will be an election for one Councillor in the Rural Electoral District.

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

c-d. A chart representing the composition of Council is:

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

Election for Regulated Associate Registrants

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

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

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

Notice of Election

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

Voters List

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

- b. for a regulated associate registrants election, a voters list listing all regulated associate registrants who hold a current certificate of practice in one of the following classes:
- i. educational medical student;
 - ii. educational physician assistant student;
 - iii. educational resident;
 - iv. educational resident limited;
 - v. educational external or visiting student;
 - vi. physician assistant full;
 - vii. physician assistant academic – s. 181 faculty;
 - viii. clinical assistant full.

Right to examine voters list

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

Correction of voters list

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

Nominations

15 (a) ~~The nomination of a candidate for election is valid only if:~~

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

The Nominations Committee shall oversee and administer the process for nominating regulated registrants and regulated associate registrants for election to Council. The Committee is empowered to establish policies and procedures to ensure the integrity, fairness and transparency of the nominations process, including but not limited to:

- i. identifying and soliciting candidates,

- ii. developing an application form,
- iii. evaluation of candidates.

15 (b) A call for applications shall be circulated to all regulated registrants and regulated associate registrants when a vacancy is anticipated or arises due to the expiry of a term, resignation, or removal of a Council member. The call for applications must include the Council Profile and remain open for a minimum of four consecutive weeks and shall be issued no earlier than January 15 and close no later than March 5 of the election year.

15 (c) Any regulated registrant in good standing whose primary practice location is in the electoral district having the election may apply to run for election. The application must confirm their eligibility and willingness to serve, their commitment to the duties and responsibilities of Council membership and their competency criteria specified in the Council Profile.

15 (d) The Nominations Committee shall evaluate all applications against the eligibility criteria set out in these bylaws and any additional competency criteria specified in the Council Profile. The Committee may disqualify candidates whose conduct or history may bring Council into disrepute.

15 (e) Upon completion of the evaluation, if the number of eligible candidates exceeds the number of vacancies, an election shall be held. If the number of eligible candidates equals the number of vacancies, candidates shall be acclaimed. If fewer eligible candidates than vacancies exist, the applications process shall be reopened for an additional three weeks.

15 (f) Any candidate not approved to be on the slate of nominees for the upcoming election shall be notified by the Nominations Committee no later than the fourth Tuesday in March preceding the date of the election and they may appeal to the Executive Committee within seven days of the notice. The Executive Committee shall review the candidate's eligibility and qualifications to determine if they are to be added to the slate of nominees for the election. The Executive Committee's decision shall be final and not subject to challenge.

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Election dates

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

Entitlement to vote

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

Election Procedure

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

Invalid ballots

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

Right to be present

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

Acclamation

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

Procedure in the event of a tie

23. In the event of a tie vote, a run-off election must take place between the tied candidates, no later than fourteen days after the election date. The election procedure in Sections 17 to 20 applies to a run-off election, with the necessary modifications to dates and procedures implied.

Insufficient candidates

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

Election results

25. The Registrar must declare elected the candidates with the highest number of votes, up to the number to be elected in the electoral district or the regulated associate registrant election as the case may be.
26. The Registrar must certify in writing as soon as possible after an election the names of the person or persons who have been elected and must give written notice of the election results to registrants.

Challenge to Election

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

Failure to comply

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

Appointments**University Faculty selection**

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

Appointment of Public Representatives by Minister

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

Appointment of Public Representatives by the Council

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

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Vacancies on Council

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

Term of office

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

Council registrants ceasing to hold office

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

CPSM Officers

Officers

37. The officers of CPSM are:

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

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

Appointment of President-Elect

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

Term of office – President and President-Elect

40. The President-Elect and President each hold office for a maximum term of two years except in exceptional circumstances and approved by Council.
41. At the end of their two-year term as President-Elect, the President-Elect assumes the office of the President for a two-year term and at the end of the two-year term as President, assumes the office of Past-President for a two-year term.

By-election for President-Elect

42. If the office of the President becomes vacant, the President-Elect becomes President for the unexpired term and a by-election must be conducted for the office of President-Elect.
43. The procedure set forth in section 39 of this Bylaw applies to any by-election for a President-Elect, with all necessary modifications as to date and procedure implied.

PART C – COUNCIL MEETINGS AND MEETINGS OF REGISTRANTS

Council Meetings

Regular meetings

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

Special meetings

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

Notice of Council meeting

46. The President must provide at least 14 days' notice of a meeting of Council to all Councillors, registrants of CPSM and the public, unless shorter notice is required to conduct urgent business.
47. Notice of a Council meeting may be provided to registrants and to the public by posting a notice on CPSM website. The Council agenda and materials are to be included in the notice on CPSM website, except where a private meeting is necessary to consider matters of a confidential nature or of a personal nature concerning an individual in accordance with section 25 of the Regulated Health Professions Act.
48. The accidental omission to deliver notice of a Council meeting to, or the non-receipt of such notice by, any person entitled to receive notice does not invalidate proceedings at that meeting.

Entitlement to attend meeting

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

Private meeting of Council

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

Voting at Council meetings

- 51. Each Councillor, except the Chair, is entitled to one vote on all matters. If there is an equality of votes on a matter the Chair has the deciding vote.
- 52. All voting at Council and Committee meetings is open. Voting for the position of President-Elect may be conducted by secret ballot if requested by any councillor.
- 53. A Councillor is not entitled to vote by proxy.

Procedure at Council meetings

- 54. The Council may meet and conduct business in person, or by video, telephone conference, web casting, or an equivalent mechanism.
- 55. If, in the opinion of the President, a matter is urgent business that requires immediate attention by the Council, and if, in the opinion of the President, the matter can be adequately addressed by providing information to the Council electronically or in writing, with the Council voting on a resolution included in the information by mail or by specified electronic means, the President may provide such information to the members of the Council, and allow a time for response that is, in the opinion of the President, sufficient to permit the Council members to respond.
- 56. In order to constitute quorum of the Council for the purposes of section 55 of this Bylaw, a simple majority of the members of Council must have voted on the resolution by specified electronic means by the time for response established by the President.
- 57. Council meetings must be conducted in accordance with Council policy governing the conduct of meetings and the *Interpretation Act*.

Presiding Officer

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

Dispute Resolution

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

Meetings of Registrants

Annual meeting of registrants

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

Special meeting of registrants

61. At any time, Council may convene a special meeting of registrants.
62. Upon receiving a written request signed by at least five percent of the regulated registrants of CPSM entitled to vote, Council must convene a special meeting registrants for the purpose specified in the request. The written request must be delivered to the Registrar and must state the nature of the business that is proposed to be considered at the meeting.
63. A special meeting of registrants convened under section 62 of this Bylaw must be held within 75 days of receipt of the written request.

Notice of meeting of registrants

64. The notice of a special meeting of registrants must state the business that will be considered at the meeting and the meeting must not consider any other business.
65. For all annual general and special meetings of registrants:
- a. Council must provide at least 14 days notice of the meeting to each registrant of CPSM and to the public;
 - b. notice to registrants must include:
 - i. the place, date and time of the meeting, and
 - ii. any resolutions proposed to be presented at the meeting; and
 - c. notice to registrants and to the public may be given by posting a notice on CPSM website.
66. The accidental omission to give notice of a meeting to, or the non-receipt of a notice by, a person entitled to receive notice does not invalidate proceedings at the meeting.

Quorum at meeting of registrants

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

Procedure at meeting of registrants

68. The President or in the absence of the President, the President-Elect or the Past-President, must preside over the meeting. In the absence of the President, President-Elect and Past-President, the registrants present must elect a chairperson from among Councillors present at the meeting.
69. The President must set the agenda for the annual general meeting of registrants. The agenda must include the following items:
- a. Council reports relevant to the activities of CPSM;
 - b. the CPSM's audited financial statement and report;
 - c. any new Bylaws or Bylaw amendments approved by Council in the preceding fiscal year, which require registrants' approval; and
 - d. the annual appointment of the auditors of CPSM.

Voting at meeting of registrants

70. A registrant of CPSM in good standing present in person at the meeting and entitled to vote at the meeting has one vote.
71. Voting will be conducted by a show of hands, unless the chairperson considers it necessary to conduct a vote by ballot.
72. In case of a tie vote, the proposed resolution does not pass.
73. Any resolution passed at an annual or special meeting of registrants, except for a resolution confirming or varying a Bylaw, must be considered by Council at its next regularly scheduled meeting.

Voting by Registrants on Bylaws Other than at a meeting

74. If Council determines that it is in the best interests of CPSM to have a bylaw amended or repealed by the registrants prior to the next annual meeting of registrants, Council may approve a vote on the proposed bylaw amendment or repeal by an electronic ballot of registrants who are entitled to vote at a meeting of registrants.
75. The vote on the bylaws by the registrants shall be conducted electronically as soon as practicable following the decision by Council to hold a vote prior to the annual meeting of registrants.
76. Registrants shall be allowed a minimum of seven calendar days in which to cast their vote following the date of the electronic distribution of the instructions and voting materials to the registrants entitled to vote. The voting materials shall include the proposed bylaw amendment(s) and a concise explanation for the rationale for the proposed amendment(s).

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

Entitlement to vote at meeting of registrants

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

Procedural issues at registrants meeting

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

PART D - PROCEDURAL RULES FOR THE INQUIRY COMMITTEE

80. Rescinded

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

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

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

Amendment to Regulations or Bylaws (AM03/19)

- 83(a) Before making a *Regulation* or adopting a *Code of Ethics*, the Registrar must:
- post on CPSM website an explanation of the proposed Regulation or Code of Ethics,
 - and, within a specified time frame of at least 30 days, seek the input of registrants, the Minister of Health, and any other person Council considers necessary on the proposed change; and
 - present Council with the results of consultation for consideration before it votes on the proposed Regulation or Code of Ethics
- 83(b) Before making a *Bylaw (other than the Fee Bylaw)*, the Registrar must:
- post on CPSM website an explanation of the proposed change,
 - and, within a specified time frame of at least 30 days, seek the input of registrants and any other person Council considers necessary on the proposed change (and if the *Accredited Facilities Bylaw* additionally seek the input of the Minister of Health); and
 - present Council with the results of consultation for consideration before it votes on the proposed Bylaw.
- 83(c) Before making a new *Standard of Practice of Medicine*, the Registrar must:
- post on CPSM website an explanation of the proposed change,
 - and, within a specified time frame of at least 30 days, seek the input of registrants, the Minister of Health, and any other person Council considers necessary on the proposed change; and
 - present Council with the results of consultation for consideration before it votes on the proposed Standard of Practice.
- 83(d) Before making a new *Practice Direction*, the Registrar must:
- post on CPSM website an explanation of the proposed change,
 - and, within a specified time frame of at least 30 days, seek the input of registrants and any other person Council considers necessary on the proposed change; and
 - present Council with the results of consultation for consideration before it votes on the proposed Practice Direction.
84. The Registrar may make non-substantive amendments to the Bylaws, Standards of Practice, Practice Directions, and Policies such as name changes, grammatical corrections, and non-material changes.
85. Following approval by Council, every amendment to Council Regulations shall be signed by either the President, President-Elect, or Past-President, and the Registrar, and forwarded to the Lieutenant Governor in Council for consideration.

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

PART F - COMMITTEES OF COUNCIL AND DELEGATION TO COMMITTEES

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

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Terms of Reference for Council committees

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

COUNCIL DELEGATED AUTHORITY TO COMMITTEES

Council Delegated Authority

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

- iv. The committee has the authority to appoint practice auditors pursuant to section 135(1) of the RHPA. If an auditor is required to be appointed between meetings of the Executive the Chair may appoint the auditor(s) and provide the name for ratification at the next committee meeting.
- v. The committee has the authority delegated by Council to employ, terminate, discipline or change the conditions of employment of the Registrar.

Council Delegated Adjudication

91. Council has delegated to the Executive Committee responsibility to take necessary actions, to hear and to decide the following matters pursuant to the powers, authorities, privileges and duties conferred or imposed upon Council in the specified sections of the RHPA and the sections necessarily ancillary to those sections:
- a. Sitting as a panel of Council pursuant to RHPA s. 38(4):
 - i. registration appeals pursuant to:
 - ii. **RHPA s. 38** - Denial of registration or approval of registration subject to conditions;
 - iii. **RHPA s. 43** - Denial of certificate of practice or with conditions;
 - iv. **RHPA s. 47** - Non-renewal due to failure to meet the requirements of the regulations;
 - v. **RHPA s.183(10) and (11)**– decision to cancel certificate of accreditation and order to cease operations and consideration of written submissions to Council; or
 - vi. **CPSM General Regulation s.3.73** - Request for extension.
 - b. The powers delegated by Council to the Executive Committee pursuant to **section 17(1)** of the RHPA include:
 - i. **RHPA s.48** - Cancellation of registration or practice certificate due to false representation or declaration or if criminal conviction for an offence relevant to their suitability to practice;
 - ii. **RHPA s. 50 and s.133** - Reinstatement applications;
 - iii. **RHPA s.60** – refusal of a medical corporation permit;
 - iv. **RHPA s.65** – suspension or cancellation of a medical corporation permit;
 - v. **RHPA s.66** – alternatives to suspending or cancelling a medical corporation permit;
 - vi. **RHPA s.110** – appeals from interim suspension or interim terms and conditions;
 - vii. **RHPA s.126(6)** – decision to cancel or suspended certificate of practice or registration for contravention of an order under s.126(1); and
 - viii. Registrar’s decision on posting a criminal conviction on a profile under **CPSM General Regulation s. 9.13.**
- ☞ Sitting in panels of three, one of whom must be a public representative, to hear appeals from the Investigation Committee, in accordance with the appeal guidelines fixed by Council, pursuant to **section 108** of the RHPA.

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PART G – COUNCIL AND COMMITTEE EXPENSES AND REMUNERATION

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

PART H - REGISTRAR'S DUTIES

93. The Registrar may appoint one or more Assistant Registrars to assume all the Registrar's responsibilities when the Registrar is absent. An Assistant Registrar has the same authority as the Registrar when they are acting on behalf of the Registrar. An Assistant Registrar is not required to be a registrant.
94. The Registrar is authorized to:
 - a. establish forms, certificates, or other documents for the purposes of the RHPA, Regulations, or Bylaws and to require the use of such forms, certificates, or other documents by registrants and applicants for registration; and
 - b. delegate such duties as they may deem fit to CPSM staff.
95. The Registrar's other duties, authority, evaluation, requirements, and conflict of interest provisions are set out in the Council's Policy - Registrar.
96. Council directs the Registrar to consider and decide on applications for registration under sections 32 and 33 of the RHPA in accordance with the Act, Regulations, Bylaws, Practice Direction on Qualifications and Registration, and any other Council policies.

Registrar Response to Alleged Serious Criminal Behaviour by a Registrant

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

- iv. Where possible, ascertain whether the person reporting to CPSM has also made a report to each facility where the registrant has privileges and, if so, the content of that report and to whom the report was made.
- c. Where a registrant who has been charged with a serious criminal offence is a member of the medical staff of a regional health authority, the Registrar must promptly communicate with the Chief Medical Officer of that regional health authority to ensure that the Chief Medical Officer is aware of the charges against the registrant.
- d. Where a registrant who has been charged with a serious criminal offence is not a member of the medical staff of a regional health authority, the Registrar must promptly notify the Deputy Minister of Health of the charges against the registrant.
- e. Where CPSM has obtained copies of charges or other documents from the court docket respecting the charges against a registrant, the Registrar must provide copies of these documents to the Chief Medical Officer or the Deputy Minister of Health as the case may be.
- f. In accordance with *The Regulated Health Professions Act*, the Investigation Chair is responsible for determining whether a registrant who is charged with a serious criminal offence:
 - i. should be allowed to continue to practice without restriction,
 - ii. should be interim suspended from practice,
 - iii. should be allowed to practice subject to the imposition of interim terms and conditions, or
 - iv. should be allowed to practice subject to the terms of an undertaking
- g. Where the Investigation Chair is contemplating allowing the individual to practice subject to the terms of an undertaking, the Investigation Chair must assess whether:
 - i. the public can only be adequately protected by an undertaking that authorizes CPSM to provide any and all information respecting the criminal charges against the registrant to the Chief Medical Officer of any regional health authority where the registrant has privileges or to the Deputy Minister of Health, as the case may be.
 - ii. the public can only be adequately protected by the imposition of terms and conditions which are a matter of public record.
- h. Where the report to CPSM is made by the police, the Registrar must confirm with the police that CPSM will disclose the information provided by the police to Chief Medical Officer of any regional health authority, and if applicable CancerCare, Diagnostic Services of Manitoba, or Shared Health Services of Manitoba, where the registrant has privileges or to the Deputy Minister of Health, as the case may be.

Posting criminal conviction on Practitioner Profile

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

- a. The conviction is based upon an event that resulted from a physician/patient relationship, and/or
 - b. The conviction results from harm to a patient or society related to or resulting from the practice of medicine, and/or
 - c. The conviction indicates that the registrant's ability to practise medicine safely is compromised taking into account the following factors:
 - the nature of the offence;
 - any prior convictions;
 - the length of time since the conviction;
 - the completion of any penalty imposed;
 - the degree of regret and remediation demonstrated by the registrant;
 - the potential that the offence will affect the registrant's current practice.
99. Where the Registrar is of the opinion that a Registrant's conviction is deemed relevant to the Registrant's competence or to the safe practise of medicine, the Registrar must inform the registrant that the registrant's conviction will be published on the practitioner profile within thirty days. The notification must be in writing and must include the reasons for the decision.
100. The registrant may appeal the decision to post their criminal conviction to the Executive Committee within 30 days of being so notified. The appeal must be in writing and must state the reasons for the appeal.
101. The Executive Committee shall notify the registrant of its decision in writing.
102. The conviction shall be posted pending the appeal decision of the Executive Committee.

PART I – COMMUNICATION WITH CPSM

Registrant's Response to CPSM Correspondence

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

Reminder

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

Compliance

105. A registrant who, without a reasonable excuse, fails to comply with section 103 or 104 may be found guilty of professional misconduct.
106. Except for correspondence sent requiring a registrant to respond in less than 5 days, correspondence sent to a registrant may be sent by ordinary mail addressed to the registrant's business address as appears on the records of CPSM. A correspondence sent by ordinary mail to a registrant shall be deemed to be received by the registrant on the fifth working day after the date of the correspondence.
107. In the absence of specific instruction to the contrary, CPSM shall regard each registrant's primary practice location as that registrant's business address.

Business Address

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

PART J - MEDICAL CORPORATIONS

Change in information

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

PART K – ELECTION TRANSITION

Election Transition

110. In 2020, the following elections of regulated registrants will be held:
- | | |
|-----------------------------|---|
| East Electoral District | – one Councillor for a two-year term; |
| West Electoral District | – one Councillor for a four-year term; |
| Winnipeg Electoral District | – three Councillors for a four-year term. |
111. In 2022, elections of regulated registrants will be held according to the schedule set out in Part B of this Affairs of the College Bylaw and the Code of Ethics of CPSM. Section 6 (Election Transition) shall continue in effect only until January 1, 2022.

PART L - REPEAL

Repeal

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

PART M – BOARD OF ASSESSORS

113. The Board of Assessors is established in accordance with section 31 of the RHPA to consider and decide on applications for registration under section 32 or 33 upon referral by the Registrar.
114. Terms of reference for the Board of Assessors are set out in the Governance Policy of Council, and include the Board's authority, purpose, composition, and the term of office for Board members. The Board of Assessors is required to operate within the terms of reference established from time to time by Council.
115. Members of the Board of Assessors shall be paid remuneration and travel expenses at such rates and in accordance with the Financial Management Policy of Council.

PART N - SCHEDULES

ELECTORAL DISTRICTS - SCHEDULE "A" TO THIS BYLAW

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

North Electoral District:

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

Northman those areas described in:

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

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

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

East Electoral District

Those areas described in:

Eastman Electoral District: Those areas described in:

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

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

West Electoral District

Those areas described in:

Westman Electoral District: Those areas described in:

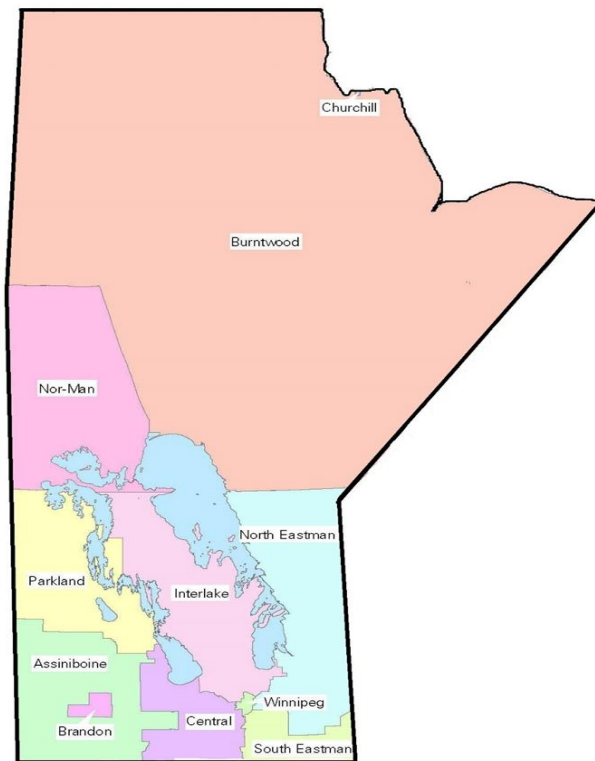
- a. section 1 of Schedule 6 of Manitoba Regulation 207/97 as the Marquette Health Region, and
- b. section 1 of Schedule 11 of Manitoba Regulation 207/97 as the South Westman Health Region.

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

Winnipeg Electoral District

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

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

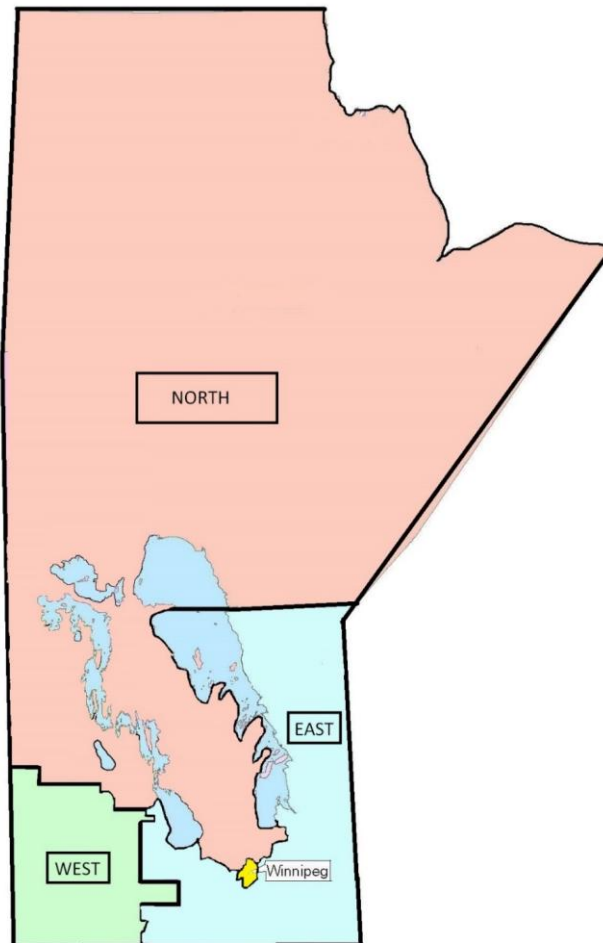


The Sketch outlining the Health Regions as at September 1999 are hereby incorporated and form part of this schedule.

Effective January 1, 2019

With Revisions up to and including May 13, 2024

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



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

Meeting to Set Hearing Dates

1. Upon referral of a matter to the Inquiry Committee pursuant to s. 102(1) of the RHPA, the Registrar shall give written notice to the investigated registrant of the date on which the chair or vice-chair of the Inquiry Committee will hold a meeting for the purpose of setting a date for convening and conducting a hearing in accordance with the requirements of s. 116 of the RHPA.
2. Neither the investigated registrant nor CPSM are required to appear in person for any meeting for the purpose described in section 1 herein where the chair or vice-chair of the Inquiry Committee is provided with sufficient information from legal counsel for CPSM and the investigated registrant or the registrant’s legal counsel in advance of the meeting for the purpose of:
 - a. setting the date(s) for beginning and conducting the hearing; and
 - b. selecting a panel of the Inquiry Committee which will hold the hearing.
3. In order to comply with the requirements of s. 116 of the RHPA:
 - a. the date on which the hearing begins must be within 120 days of the matter is referred to the Inquiry Committee by the Investigation Committee unless the investigated registrant consents in writing to a later date; and
 - b. allow for the Registrar to give written notice to the investigated registrant and the complainant stating the date, time and place of the hearing, and identifying in general terms the complaint or matter about which the hearing will be held at least 30 days before the hearing begins.

Pre-Hearing Conference

4. The chair or vice-chair of the Inquiry Committee or any other person who is a member of the Inquiry Committee and is appointed by the chair or vice-chair of the Inquiry Committee may order a pre-hearing conference at any time before the hearing begins at the request of the investigated registrant or the registrant’s legal counsel or legal counsel for CPSM or on the chair or vice-chair’s own initiative.
5. The pre-hearing conference may be conducted by the chair or vice-chair of the Inquiry Committee or their appointee or by legal counsel to the Inquiry Committee.
6. Legal counsel for CPSM and the investigated registrant or the investigated registrant’s legal counsel must participate in any pre-hearing conference ordered pursuant to this bylaw.

7. The pre-hearing conference may be conducted in person, or by video, telephone conference, web casting, or an equivalent mechanism provided that all parties participating are able to communicate with each other.
8. A pre-hearing conference may address any number of matters, including the following:
 - a. the identification and simplification of the issues;
 - b. the necessity or desirability of amendments to the Notice of Inquiry;
 - c. the possibility of obtaining admissions which might facilitate the hearing;
 - d. the discovery and production of documents;
 - e. the estimated duration of the hearing;
 - f. whether any preliminary motions are anticipated and the need to file a motions brief in respect of same; and
 - g. any other matters that may aid in the disposition of the Notice of Inquiry.
9. The person conducting the pre-hearing conference may adjourn the pre-hearing conference to a specified date, time and place.
10. Agreements and/or undertakings made at a pre-hearing conference may be recorded in a memorandum prepared by or at the direction of the person conducting the pre-hearing conference. Copies of the memorandum shall be provided to CPSM and the investigated registrant.

Appointment of Registrants of the Panel

11. The person who conducts any pre-hearing conference(s) will not be appointed as a member of the Inquiry Panel hearing the matter unless the investigated registrant or the registrant's legal counsel or legal counsel for CPSM all consent to that person's appointment to the Inquiry Panel.
12. After the chair or vice-chair of the Inquiry Committee makes a preliminary selection of Panel members, both counsel for CPSM and the investigated registrant will be notified of the selection and provided with an opportunity to object to any Panel member selected. If there are any objection(s), they must be communicated in writing and include the reason(s) for the objection(s) such that a determination can be made as to whether any selected member(s) should be disqualified from serving as a Panel member
13. The chair or vice-chair of the Inquiry Committee will decide if a potential Panel member should be disqualified and will provide written reasons for the decision to both CPSM and the investigated registrant.

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

Notice to Attend and Produce Records

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

Alternative means of receiving Oral Evidence

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

Public Consultation – College Bylaw Amendment - Council Election Process

Registrant Feedback	
Name	Comment
[REDACTED]	I think the proposed process is an improvement. However, the proposal to seek certain skills is really vague. How will this be done? Webster dictionary defines skills as : 1 the ability to use one's knowledge effectively; and 2 a learned power of doing something competently. The so-called leadership skills on the councilor profile sheet are almost all simply attributes / characteristics and not real skills. I have no objection to seeking people with the right mix of skills and character, but please don't misapply labels for some politically correct reason.
[REDACTED]	The proposed electoral changes will only increase the state of a Winnipeg centricity, a phenomenon all too prevalent in every aspect of medical governance Winnipeg based physicians now voting for the non Winnipeg representatives-why? Under the new proposal will already be an automatic majority Outrageous
[REDACTED]	I strongly support the direction proposed. In the element around diversity in the Councilor profile I would consider refraining it to highlight the diverse forms of excellence, perspectives, experiences, community relationships, cultural insights and worldviews that come with racial, ethnic, geographic, linguistic and other forms of diversity
[REDACTED]	Good morning, I hope this finds you well. While I am quite pleased to see the College moving ahead with a regular review of the system, I am strongly opposed to the establishment of a Nominating Committee. The College has in no way clearly demonstrated a clear need for such a body, particularly given the lack of applicants for most Board positions. Moreover, the proposed matrix identifies areas like “Leadership Skills” and “Personable” that are simultaneously self evident and without clear definitions. At best this adds little value, and at worst represents an opportunity for committee members to cherry pick their preferred candidates. In summary this committee would become an unnecessary barrier to College participation, and one with significant potential for subjective variability. It would in my opinion represent a misuse of the CPSM’s resources, which would otherwise be better spent serving the public directly.

Public Consultation – College Bylaw Amendment - Council Election Process

	<p>Hi there</p> <p>I reject all amendments in principle since any structural change such as election process, electoral districts and length of service should be put for free voting (not a mere feedback!) by the stakeholders i.e. members. This is the way to run a democratic and transparent process where the decision is made by the majority votes and not the college's interpretation of the "feedback".</p> <p>This is the method that CMPA used last year to make a change in its structure.</p> <p>Specifically, I strongly reject:</p> <p>The 1st amendment since the "skills matrix" is artificial, unnecessary and burdensome. Anyone can claim all skills but at the end of the day the electoral that decides. This never happens in any election to a public office. Even the Canadian Parliament does not ask for "skills matrix". Please refer to https://www.elections.ca/content.aspx?section=pol&dir=can/bck&document=p2&lang=e</p> <p>The 2nd amendment since it gives unchecked powers to few members in the "selection committee" at CPSM to decide who fits criteria to be nominated.</p> <p>The 5th amendment since it will give huge power to members in dense areas e.g. Winnipeg to influence remote areas that they have no connection with.</p> <p>I repeat my request to develop a simple, democratic and transparent voting process.</p>
Stakeholder Feedback	
Name	Comment
Deb Elias, CEO and Registrar, College of Registered Nurses of Manitoba (CRNM)	Separate attachment (Letter 1)
Andrew Swan, General Counsel, Doctors Manitoba	Separate attachment (Letter 2)
Public Member Feedback	
Name	Comment



November 14, 2025

Via Email

CPSMconsultation@cpsm.mb.ca

College of Physicians and Surgeons of Manitoba
1000 – 1661 Portage Avenue
Winnipeg, MB R3J 3T7

Attention: Public Consultation – Modernizing the Council Election Process

Dear Dr. Ainslie Mihalchuk,

On behalf of the College of Registered Nurses of Manitoba (CRNM), I am writing to provide feedback on the proposed changes to the CPSM Council election process.

First, we commend CPSM for taking steps to modernize its governance structure. We agree with the proposed approach to focus on the skills and competencies of prospective Council members rather than relying solely on selecting candidates based on electoral districts. This shift will likely attract a broader pool of candidates and foster greater participation, ultimately strengthening the effectiveness and diversity of the Council.

At CRNM, we have recently undergone a significant transformation in our own Council selection process. Since March 2023, we eliminated elections entirely and now recruit Council members based on a skills matrix and the desire for a diverse and representative Council. This approach has proven beneficial in ensuring that governance decisions are informed by a wide range of skills, abilities, expertise, and perspectives. Information on our Council recruitment and selection criteria is in our [Governance Policy Manual](#).

We also support CPSM's proposal to shorten the maximum term for Council members. Limiting terms promotes renewal and fresh ideas while maintaining continuity. For reference, CRNM's [bylaws](#) allow for two consecutive three-year terms, with limited exceptions for the roles of Chair and Chair-Elect.

Thank you for the opportunity to provide input on this important initiative. We believe these changes will strengthen governance and enhance public trust in the profession. Please do not hesitate to reach out if you would like to discuss our experience with similar reforms.

Sincerely,

Deb Elias RN MN FRE



CEO/Registrar
College of Registered Nurses of Manitoba

LETTER 2



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

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

Via Email

November 14, 2025

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

Dear Dr. Mihalchuk,

Doctors Manitoba appreciates the opportunity to participate in the CPSM's consultation on Amendments to Council Election Process.

Doctors Manitoba strongly believes that self-regulation continues to be critical for the practice of medicine in Manitoba. Strong governance models are necessary to provide government and the public with confidence in self-regulation. In some other jurisdictions, the independence of physician regulators, and physicians themselves, have been eroded by government action.

As is our usual practice, Doctors Manitoba invited our members (almost all of whom are CPSM registrants) to provide us with their thoughts on this consultation. We invited members to copy us with their CPSM submission or, if they prefer, send us their thoughts for inclusion in our submission.

As of the date of this submission, we have *not* received any member feedback.

Doctors Manitoba notes the CPSM's efforts to modernize its governance practices within its legislative framework. We would like to share our experience in the recent modernization of our By-Laws, as they covered some of the same themes as the proposed CPSM changes.

Doctors Manitoba's Path to Board Modernization

Substantial amendments to our By-Laws were approved at the Annual General Meeting in May, 2023. The recommendations to modernize the Board and governance followed the creation of a Special Committee on Board Modernization, extensive research, several rounds of member consultation, and several Board discussions.

As well, the Board created a Special Committee on Equity, Diversity, Inclusion and Decolonization, directed to consult with members and offer its advice to the Board. Doctors Manitoba strives to be a driver of Equity, Diversity, Inclusion, and Decolonization for Manitoba's physicians by:



- Living the values of Equity, Diversity, Inclusion, Decolonization as an organization
- Supporting physicians in their Equity, Diversity, Inclusion, and Decolonization journeys
- Driving progress towards equity and justice for all physicians.

The Board continues to implement the recommendations of the EDID Committee.

Recommendations for By-Laws amendments were developed and refined based on this research and feedback, and a proposal was approved by the Board in November, 2022. Even after that time, a further communication was sent to members outlining the final recommendations and inviting member input before the Board approved a final version in March, 2023.

Electoral Divisions

As part of these changes, Medical Districts were redrawn to better reflect the current patterns and realities of practicing medicine in Manitoba. There are now four Winnipeg Medical Districts: Specialist – HSC, Specialist – St. Boniface, Specialist – Community-based, and Family Medicine (which elects 3 Directors). There are five rural Medical Districts: Northern, Southern, Interlake-Eastern, Parkland-Assiniboine, and Brandon.

Three partner organizations each have one Director on the Board: Manitoba Medical Students' Association, Professional Association of Residents and Interns of Manitoba, and University Medical Group.

Attributes of Board Directors

The By-Laws amendments maintained the requirement that all Board Directors must be members of Doctors Manitoba, and must practice primarily in Manitoba. More notably, the Board and its Committees are mandated to strive to be inclusive and representative of the broader membership, including members' professional and personal attributes. This includes location of practice, practice focus (family medicine/specialty), gender, and race/ethnicity.

Actions to achieve this include assessing how the Board reflects member diversity, including traditionally underrepresented groups, and reporting on this annually at the AGM, in any call for nominations or appointments to the Board or Committee, and during any Medical District election to inform members before they vote.

Unlike CPSM's proposal, Doctors Manitoba has not developed a formal profile (defined by the CPSM as a profile of core skills, experience, and attributes for candidates for elections) but we do strive to have our Executive Committee, Board, and Committees truly reflect the professional and personal diversity of physicians in Manitoba.



Role of Governance and Human Resources Committee in Nominations

These amendments led to new Terms of Reference which have empowered the Governance and Human Resources Committee to become a true nominating committee. Calls for nominations and the process for selecting the Honorary Treasurer (the first step in our laddering process for Executive Committee) were modernized to further these efforts to make the Board, Executive Committee and other committees inclusive and representative of the broader membership.

The CPSM's plan to establish a formal Nomination Committee appears to follow the same path Doctors Manitoba has pursued. Doctors Manitoba believes that diversity – in areas of practice, geography, and also personal characteristics – leads to better decision-making and greater engagement by members.

Board Consultation with Members

The Board is now formally required to consult members on important issues to guide decision-making, and provide regular updates to members on important developments and decisions. The Board is also required to assess and develop the governance expertise of Directors and seek external advice when specialized or technical expertise is required.

Term Limits

The By-Laws amendments also clarified term limits for Directors – those representing Medical Districts have a six-year term limit, unless they are elected to the Executive Committee and advance through the laddering process.

Voting Eligibility

We note that the changes proposed by CPSM would allow all registrants to vote for candidates in all electoral districts. Doctors Manitoba has taken the opposite approach, as only members registered in each Medical District can vote for their representative.

We do note that Doctors Manitoba Directors serve for two year, and not four year, terms.

Doctors Manitoba appreciates the opportunity to provide our perspective on these proposed changes to CPSM governance.

Yours truly,

ANDREW SWAN

General Counsel

AS/jb



COUNCILLOR PROFILE

Core attributes and experience

COMMITMENT TO CPSM'S PUBLIC INTEREST MANDATE

CPSM is guided by our responsibility to protect the public. This includes understanding the needs of vulnerable people in the healthcare system.

COUNCILLOR PROFILE



LEADERSHIP SKILLS

This includes critical thinking, consensus building, open mindedness and receptiveness to change and willingness to challenge conventional wisdom.

ETHICAL CONSIDERATIONS

Candidates should be of good character and understand the requirements of confidentiality and conflict of interest.

GEOGRAPHIC REPRESENTATION

As practice differs so much across the province, Council should reflect geographic diversity.

PRACTICE DIVERSITY

Representation should include hospitalists and office-based physicians, public and private practitioners, large and small practices, and a variety of specialties. This ensures Council decisions are informed by the unique perspectives and needs of all practice types.

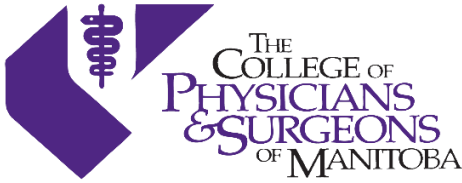
PERSONABLE

Respectful, courteous, and diplomatic. This also includes active listening and the ability to communicate constructively and effectively.

DIVERSITY & REFLECTIVE OF COMMUNITIES WE SERVE

We value the unique perspectives and lived experiences that diversity brings. The better Council can mirror the diversity of the public we serve, the better positioned we are to address their needs effectively. Varied perspectives encourages innovation, prevents groupthink, and mitigates risk.

The diversity we seek includes race, ethnicity, gender, and linguistic diversity, as well as cultural insights, community relationships, and worldviews that enhance decision-making and strengthen our connection to the people and communities we serve.



**COUNCIL MEETING
DECEMBER 10, 2025
NOTICE OF MOTION FOR APPROVAL**

SUBJECT: Reducing Barriers for Provisional Registration of Family Registrants

BACKGROUND:

During April and May 2025, CPSM conducted a 30-day consultation on 3 amendments to the *CPSM General Regulation 163/2018*. One of the amendments related to reducing barriers for Provisional Registration of Family Registrants. The Briefing Note - Notice of Motion Approval for the May 26, 2025 Special Council Meeting stated:

Reducing barriers for Provisional Registration of Family Registrants

31 responses were received. 16 expressed support for the amendment and 7 expressed opposition. The remainder of the comments cannot easily be characterized as support or opposition but rather observations. Those who expressed opposition were concerned that reducing the qualifications would reduce the quality of applicants.

The Manitoba Faculty recommended, in consultation, that the following be added at the end of the proposed amendment - "for recency of practice; and a total of 2 years of independent practice since post grad training". They state ensuring a history of independent practice is predictive of a successful outcome.

The amendment would read:

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

At its May 26, 2025 Special Council Meeting, Council approved the following notice of motion:

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

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

The revised wording of the amendment will be:

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

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

The Department of Health was advised of the motion and was requested to have amendments to the Regulation submitted to Cabinet for approval. The Department of Justice advised that because the motion approved changes that were not specifically consulted on that CPSM would have to consult on this new wording.

CPSM consulted on the new proposed language for 30 days ending November 19, 2025. Feedback was received by one individual and the College of Registered Nurses of Manitoba (CRNM) and Doctors Manitoba. The responses are attached as 6.1, **Appendix A**. Both CRNM and Doctors Manitoba are supportive of the amendments; they do however recognize the importance of substantive experience. Doctors Manitoba identified the necessity of Practice Ready Assessment Program being properly resourced to carry out these assessments.

It is recommended Council approve following this second round of consultation the regulation amendment it approved on May 26, 2025.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON DECEMBER 10, 2025, DR. KEVIN CONVERY, PRESIDENT-ELECT, WILL MOVE THAT:

Council approve the regulation amendments to the subclause 3.19(1)(b) of The College of Physicians and Surgeons of Manitoba General Regulation 163/2018, to reduce barriers for Provisional Registration of Family Registrants as follows:

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

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

Public Consultation: Provisional Registration for Family Practice

Registrant Feedback	
Name	Comment
[REDACTED]	<p>I have read the proposed change, that the following criteria would be added as a requirement for family physicians wishing to come to Manitoba from outside Canada (primarily from the US) to practise: "<i>(C) has independently engaged in the practice of medicine for at least two years since completing post-graduate training .</i>"</p> <p>Since we already have this criteria: "<i>(B) has had a total of at least 960 hours of practice experience in family medicine in the preceding 36 months</i>"</p> <p>I am not sure what we are getting at by adding criteria "C".</p> <p>In fact, I am not sure why we put barrier "C" in the first place. Do we not want fresh physicians just out of residency? Having trained in the US in family medicine and seen and interacted with fresh family medicine resident graduates here in Manitoba, I do not see any significant difference. And, in fact, the US family medicine residents do have the 3 years of training that Canada had proposed, but put on hold due to the doctor shortage. And, following that idea, why would we not take freshly graduated US family residents due to our doctor shortage?</p> <p>Please think about these things. As I understand it, all these physicians coming here will have required supervision, rather than testing, which I believe is a much better way of assessing their competence and helping them to learn how we do medicine here in Canada and what our local resources are. I think that should be sufficient to be sure they are safe physicians.</p> <p>Thank you for your work on this.</p> <p>[REDACTED]</p>
Stakeholder Feedback	
Name	Comment
Deb Elias, CEO/Registrar, College	<p>Separate Attachment</p> <p>Letter 1</p>

Public Consultation: Provisional Registration for Family Practice

of Registered Nurses of Manitoba	
Andrew Swan, General Counsel, Doctors Manitoba	Separate Attachement Letter 2

LETTER 1



College of
Registered Nurses
of Manitoba

November 19, 2025

Via Email

CPSMconsultation@cpsm.mb.ca

College of Physicians and Surgeons of Manitoba
1000 – 1661 Portage Avenue
Winnipeg, MB R3J 3T7

Attention: Public Consultation – Proposed Legislative Amendment to Reduce Barriers for Provisional Registration of Family Registrants

Dear Dr. Ainslie Mihalchuk,

On behalf of the College of Registered Nurses of Manitoba (CRNM), I am writing to provide feedback on the proposed changes to reduce barriers for provisional registration of family registrants.

First, we recognize the significant health human resource challenges that exist in Manitoba and understand the importance of increasing the number of family physicians available to serve Manitobans. Access to primary care is crucial to the health of the public we serve.

We share CPSM's interest in removing unnecessary barriers to the registration of qualified internationally educated professionals. In recent months we have undertaken several initiatives intended to modernize our own approach to registering internationally educated nurses.

While we support such efforts, we nonetheless believe that caution must be exercised in removing or lessening practice experience requirements. Our experience in recent years with professional conduct matters has demonstrated that lack of recent practice experience poses a significant risk to patient care. Healthcare professionals must be required to maintain their skills and update their knowledge. Recent and substantive practice experience is key to ensuring this.

We regret that we were unable to comment during the previous round of consultation on these proposed changes. However, we are supportive of the currently proposed additional requirement that the member has "independently engaged in the practice of medicine for at least two years since completing post-graduate training," arising from the feedback on the previous consultation.

We thank CPSM for the opportunity to provide input on this proposed legislative amendment. While we believe in the importance of removing barriers to registration for qualified professionals, practice experience requirements must be maintained at an appropriate level to support patient safety.

Sincerely,
Deb Elias RN MN FRE

CEO/Registrar
College of Registered Nurses of Manitoba

LETTER 2



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

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

Via Email

November 19, 2025

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

Dear Dr. Mihalchuk,

Doctors Manitoba appreciates the opportunity to participate in the CPSM's consultation on proposed legislative amendments, to reduce barriers for provisional registration of internationally trained family registrants.

Doctors Manitoba provided an earlier submission in May, 2025, in the public consultation seeking feedback on the proposed amendments to the CPSM General Regulation. Doctors Manitoba supported the CPSM's proposal to loosen the practice requirements, but raised concerns about the support for the Practice Ready Assessment Program (PRA).

Doctors Manitoba understands this further consultation is limited to adding an additional requirement of two years of independent practice since completing postgraduate training.

Doctors Manitoba has no concerns about this additional measure – requiring two years of lifetime experience in practice should not restrict the pool of potential applicants in an unreasonable way.

Since our submission was sent to the CPSM in May, 2025, the PRA program has been rejuvenated. An intake has been completed, and approximately 10 family medicine candidates are now engaged in the PRA. While this is positive, we continue to have concerns about the capacity of Manitoba to manage PRA candidates.

We have confidence that the CPSM – subject to the pressures we note below – will continue to improve and enhance the PRA program as part of the ongoing mandate to protect patient safety. However, as we noted in our earlier submission, this proposed change will put more pressure on the PRA program. The PRA had struggled to provide assessments in a timely way, and we understand the current PRA candidates are all limited to family medicine. We expect that additional resources will be required to have more successful PRA candidates, and to be able provide a wide range of PRA opportunities for specialists.



Doctors Manitoba continues to be willing to advocate alongside the CPSM for greater government investment in the PRA program. While we are hopeful that Government has recognized the PRA program is a timely and cost-effective way to prepare internationally trained physicians for practice in Manitoba, it requires resources to meet its full potential.

There must be greater support from Government to the CPSM and the University of Manitoba, which together bear the responsibility for much of the work in screening candidates, matching candidates with supervising physicians, and training supervising physicians to provide meaningful direction and assessment. It is essential that Government also support reasonable incentives for physicians to invest their time to supervise PRA candidates – Manitoba physicians have stepped up to support increased numbers of MLPIMG candidates, medical residents, and medical students. In rural communities, the pool of physicians is small, and this can result in a substantial amount of time and effort to supervise, monitor, and assess learners. There are similar concerns if Government wishes to restore the PRA program for specialists.

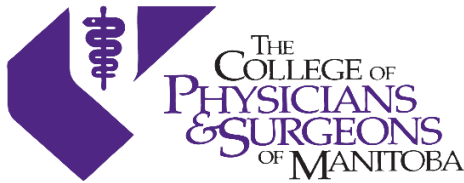
Doctors Manitoba recognizes the importance of supporting international medical graduates. Our membership approved the full membership of MLPIMG candidates for the length of their program, and we have reached out to provide these learners with support throughout their program. While PRA candidates were not included – due to the short duration of the program, and the uncertainty surrounding the PRA as late as the spring of this year – we have already stepped up to assist these physicians, and have offered to assist them with contract and practice advice even before they become our members.

We believe the CPSM is doing the right thing by increasing the pool of potential PRA candidates. We wish to work together to make sure that Manitoba gains the maximum benefit from these changes.

Yours truly,

ANDREW SWAN
General Counsel

AS/jb



**COUNCIL MEETING
DECEMBER 10, 2025
FOR DISCUSSION BRIEFING NOTE**

SUBJECT: Standard of Practice – Prescribing Opioids and Prescribing Benzodiazepines and Z-Drugs

BACKGROUND:

In 2026, a working group chaired by Dr. Charles Penner will review:

- Standard of Practice – Prescribing Opioids,
- Standard of Practice – Prescribing Benzodiazepines & Z-Drugs,
- Practice Direction – Rural, Remote, and Underserved Populations: Access to Prescribed Drugs.

The membership will be a combination of registrants and public representatives who have experience in emergency medicine, family medicine, geriatric psychiatry, pharmacy, opioid agonist therapy, Indigenous health issues, rural and remote issues. The working group members are:

- Gwen Traverse, Indigenous Health Director, Pinaymootang First Nation
- Lessie Agger, CPSM Councillor, Public Representative
- Dr. Murray Enns, Psychiatry
- Dr. Sara Matyas, Addiction Medicine
- Dr. Jesse Howatt, Family Medicine, Rural
- Dr. Dan Hunt, Emergency Medicine
- Dr. Bruce Martin, Pediatrics and Palliative Care
- College of Pharmacists of Manitoba – Kevin Hamilton and Kim McIntosh
- Family Medicine, Urban – TBD.

The Prescribing Opioids Standard came into effect on January 1, 2019, and the Prescribing Benzodiazepines & Z-Drugs Standard came into effect on Nov 1, 2020. It is assumed these Standards resulted in changes in prescribing practices over the past 5 to 6 years.

A key element of the review will involve analysing prescribing data and drug use from 2015 to 2025 for medications affected by these Standards, including prescriptions for new sleep aids. The objective is to assess the impacts - whether positive, negative, or neutral - resulting from the implementation of these standards.

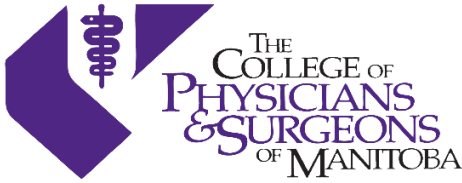
The CPSM Newsletter in August surveyed registrants for their thoughts on the current Standards of Practice and what changes should or not be made. The survey results will be provided to the working group with an initial perspective on potential issues to be addressed.

For Discussion BN – SofP – Prescribing Opioids and Prescribing Benzodiazepines and Z-Drug

It is anticipated that the working group will require 6 meetings to complete its recommendations to Council.

Dr. Penner will provide a verbal update at the Council meeting.

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



**COUNCIL MEETING
DECEMBER 10, 2025
NOTICE OF MOTION FOR APPROVAL**

SUBJECT: Standard of Practice – Sensitive Examinations

BACKGROUND:

Based on consultations with victims of Dr. Arcel Bissonnette's sexual assaults, Manitoba Prosecution Services advised that CPSM create educational resources to inform patients about the procedures and expectations during sensitive physical examinations.

CPSM considered the recommendation and concluded a preferred means to address the issue would be to create a new Standard of Practice related to sensitive examinations. The Standard of Practice - [Sexual Boundaries with Patients, Former Patients & Interdependent Persons](#) establishes standards for what a registrant is not to do when conducting a sensitive examination. The new Standard would establish what a registrant is to do when conducting a sensitive examination.

Having two standards that address the issue from different perspectives (what to do and what not to do) will provide a solid foundation of educational materials for the public and registrants.

CPSM has received patient complaints about sensitive examinations being performed improperly. While the registrants' actions did not violate the *Boundaries Standard of Practice*, they still negatively affected the patient. Creating a standard to guide how sensitive examinations are conducted would give CPSM another resource for educating both registrants and the public on proper procedures. With this new Standard and related educational materials, CPSM can better fulfill its mission to protect the public and support the safe and ethical practice of quality medical care by its registrants.

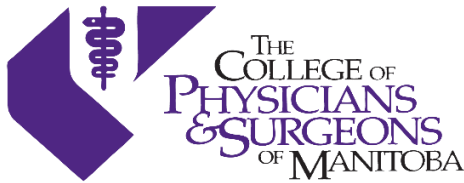
CPSM is seeking Council authorization to develop a new Standard of Practice – Sensitive Examination.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON DECEMBER 10, 2025, DR. KEVIN CONVERY, PRESIDENT-ELECT, WILL MOVE THAT:

Council authorize CPSM to develop a new Standard of Practice – Sensitive Examinations for Council's consideration.

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



COUNCIL MEETING
DECEMBER 10, 2025
NOTICE OF MOTION FOR APPROVAL

SUBJECT: Standard of Practice – Collaborative Care for Consultation

BACKGROUND:

Dr. Roger Suss chairs a Collaborate Care Standard of Practice Review Working Group consisting of:

- Dr. Piotr Czaykowski, Internal Medicine – Oncology
- Dr. Carrie Corbet, Obstetrician Gynecologist
- Dr. Jacobi Elliott, Family Physician - Rural
- Dr. Rob Grierson, CMO, Emergency Response Services
- Dr. Perry Gray, Former CMO Shared Health
- Ms. Lynette Magnus, Councillor/Public Representative
- Dr. Thang Nguyen, Internal Medicine – Cardiology
- Dr. Brian Peters, Urology
- Dr. Delphine Ruremesha, Family Physician – Urban
- Mr. Alan Scramstad, CPSM Public Roster
- Dr. Nicole Vosters, Family Physician - Rural

CPSM Staff:

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

In 2022, CPSM conducted a survey among registrants regarding the existing collaborative care standard. The feedback identified several barriers and concerns, prompting Council to prioritise the advancement of the Standard of Practice review.

The Working Group developed 3 new draft Standard of Practices (**9.1 Collaborative Care - Appendix A**, **9.2 Non-Emergent Consultation Requests – Appendix B**, and **9.3 Emergent, Urgent and Inpatient Requests - Appendix C**) to replace the current Standard of Practice – Collaborative Care (**9.4, Appendix D**).

The updated draft Standards of Practice require registrants to critically assess their collaborative practices and, in some cases, modify their behaviours. This initiative is considered essential for strengthening patient-centred care. Fundamentally, these Standards aim to elevate the quality of medical care provided to patients. In developing these changes, the working group

incorporated diverse perspectives to ensure comprehensive consideration of all relevant factors. Members of the working group include specialists and family practitioners representing both rural and urban environments, as well as institutional and private clinical settings, alongside public representatives.

The new Standards are grounded in the Code of Ethics and Professionalism, emphasizing the primacy of patients in decision-making processes. Registrants are expected to collaborate effectively, regardless of system constraints or circumstantial challenges, to deliver optimal care. The Standard of Practice - Collaborative Care lays out universal principles applicable whenever a registrant is involved with one or more healthcare professionals in a patient's care. Additionally, new Standards address:

- Non-Emergent Consultation Requests
- Emergent, Urgent, In-Patient Consultation Requests

Given that these Standards will affect all registrants who provide medical care, it was vital to solicit feedback from varied stakeholders regarding the content's appropriateness. CPSM undertook pre-consultation engagement with:

- Doctors Manitoba – February 28, 2025
- Chief Medical Officers – March 6, 2025
- Focus Group of Specialists and Family Practitioners – May 28, 2025
- Doctors Manitoba/CPSM/Shared Health - Referral and Consultation Summit – October 31, 2025

Feedback has been overwhelmingly positive, with suggestions primarily focused on the need for greater clarification. To support comprehension and clarity, significant structural and organizational changes have been implemented within the Standards. These documents now present concise, principled statements outlining registrants' behavioural responsibilities, while specific guidance for particular scenarios will be provided in Contextual Information documents, including FAQs.

The new structure not only enhances understanding but also increases CPSM's agility in responding to emerging issues. As high-level principled directives, the Standards should not require frequent revisions. They may be reviewed on a five-year cycle, with amendments subject to consultation. Meanwhile, guidance on interpreting the Standards can be updated as needed via the Contextual Information documents, without necessitating a formal 30-day consultation period.

Draft Contextual Information documents, attached **(9.5, Appendix E)**, illustrate how these resources will complement the new Standards. These Contextual Information documents are not finalised and are provided for illustrative purposes. The Contextual Information documents are intended to be living document that can be updated as required. The first drafts of these

documents will be completed prior to consultation in January 2026. Although these documents do not require formal consultation, CPSM will actively seek feedback.

Currently, the Practice Direction – Interprofessional Collaborative Care (9.6, Appendix F) remains in place, having been developed collaboratively with other regulatory bodies in 2019. In 2024, the Manitoba Alliance of Health Regulatory Colleges proposed a new 14-page Practice Direction (9.7, Appendix G). While CPSM supports the underlying concepts, the proposal was not adopted due to misalignment with CPSM’s document formatting standards. The adoption of the new Standards necessitates replacing the existing Practice Direction. It is recommended that the proposed Practice Direction – Interprofessional Health Care Delivery (9.8, Appendix H) be referred for 30-day consultation.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON DECEMBER 10, 2025, DR. KEVIN CONVERY, PRESIDENT-ELECT, WILL MOVE THAT:

Council authorized CPSM to seek input for 30 days from registrants, stakeholders, and the public on the 3 proposed Standards of Practice and the proposed Practice Direction – Interprofessional Health Care Delivery.

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



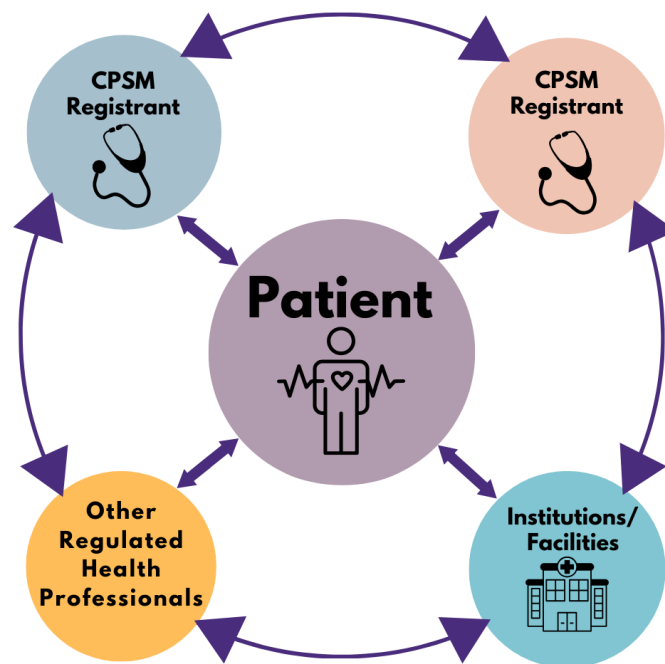
Standard of Practice Collaborative Care

Initial Approval: XXX, 2025

Effective Date: XXX, 2025

This Standard establishes how registrants must work with other health care providers when providing patient care.

Collaborative Care starts when a registrant and other health care providers begin to work together in the care of a patient and ends when the registrant's help is no longer needed.



The most important goal:

Every action and decision must be based on ensuring the patient receives good medical care.

Guiding Principles from the Code of Ethics & Professionalism

Commitment to the well-being of the patient

- *Consider first the well-being of the patient; always act to benefit the patient and promote the good of the patient.*
- *Provide appropriate care and management across the care continuum.*
- *Take all reasonable steps to prevent or minimize harm to the patient; disclose to the patient if there is a risk of harm or if harm has occurred.*
- *Recognize the balance of potential benefits and harms associated with any medical act; act to bring about a positive balance of benefits over harm.*

Physicians and colleagues

- *Treat your colleagues with dignity and as persons worthy of respect. Colleagues include all learners, health care partners, and health care team members.*
- *Engage in respectful communications in all media.*
- *Take responsibility for promoting civility, and confronting incivility, within and beyond the profession. Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authority any unprofessional conduct by colleagues.*
- *Assume responsibility for your personal actions and behaviours and espouse behaviours that contribute to a positive training and practice culture.*
- *Support interdisciplinary team-based practices; foster team collaboration and shared accountability for patient care.*

Canadian Medical Association Code of Ethics and Professionalism

Core Responsibilities for Effective Collaboration Registrants must demonstrate the following when providing Collaborative Care:

1. Respond in a timely fashion.
2. Listen and consider the problem.
3. Provide care or offer professional advice.
4. Stay involved until your help is no longer needed.
5. Share enough information so others can understand the patient's situation.
6. Be professional and respectful at all times.
7. Respect the skills, expertise, scope of practice and resource settings of other collaborating health care providers.

Closed-Loop Communication

In order to share responsibility for the patient, health care providers need to acknowledge to one another when a message has been received. Closing the loop is an essential part of effective communication.

If the patient is better served by someone else, registrants help redirect the request and support the transition until complete.

Continuity of Care Responsibilities

To ensure smooth patient care transitions, registrants must:

Transfers of Care

- When transferring care, make sure the accepting registrant has all necessary clinical information (test results, active problems, treatment plan) to assume care.

Discharges and Follow-Up

- When discharging a patient from an institutional setting, (including an emergency department) who needs follow-up by another health care provider, prepare a clear summary of test results, active medical problems, and treatment plans for the follow-up appointment.
- If follow-up is critical within two weeks, contact the accepting health care provider directly to facilitate the follow-up care appointment and transfer the necessary medical information.

Delays Beyond Control

- You are not directly responsible for delays in communication caused by institutional systems issues that are outside of your control.

Related Standards of Practice:

- Non-Emergent Consultation Requests
- Emergent/Urgent/In-Patient Consultation Requests

Related Resources:

- Contextual Information *****
- Practice Direction - Interprofessional Health Care Delivery

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

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

	Standard of Practice Collaborative Care Non-Emergent Consultation Requests
Initial Approval: XXX, 2025	Effective Date: XXX, 2025

This Standard address collaborative relationships when a registrant seeks the assistance of another registrant with specialized knowledge or experience for the care of their patient.

The most important goal is to ensure the patient receives good medical care.

Patient Rights in Referrals

A registrant seeking the assistance of another registrant for the care of a patient must:

- **Discuss the referral:** If a referral is suggested, explain to the patient why it's needed.
- **Respect patient choices:** If the patient disagrees with a referral, talk about the reasons and document the discussion. The registrant shall continue care within their abilities but never go beyond their expertise or do something they believe isn't in the patient's best interest.
- **Refuse of referral:** A registrant can refuse to make a referral if they believe it is unlikely to provide a clinical benefit to the patient.
- **Disclose uncovered fees upfront:** Tell the patient if they know of any fees not covered by Manitoba Health.
- **Choice of consultant:** If the patient wants a different consultant, try to accommodate their request.

Making and Handling Consultation Requests

- **Seeking help:** A registrant can ask another registrant with special expertise for help.
- **Shared responsibility:** Both referring and consulting registrants have a shared responsibility for providing good care. This shared responsibility begins when the consulting registrant receives a request for assistance. The nature and duration of the medical care provided by each will vary depending on individual circumstances.
- **Patient first:** As per the *Code of Ethics and Professionalism*, both registrants must "*consider first the well-being of the patient; always act to benefit the patient and promote the good of the patient*".
- **Clear process:** Consulting registrants should clearly indicate how referrals should be submitted to them (phone, secure email, letter, fax, etc.) except in circumstances where consultations are assigned through a service that assigns the patient to a consultant.

The Referring Registrant's Responsibilities

When making a non-emergent consultation request, include:

- Patient's name, sex, age, Manitoba Health number, and contact information.
- The registrant's name and contact information.
- Date of the request.
- Reason for the consultation (opinion or transfer of care).
- Relevant medical information (history, findings, test results, concerns regarding the issue).
- A clear, relevant clinical question to be answered or the reason for the consultation.
- Whether the consultation request is solely for a third party (ex., insurance company).

Triage Responsibilities of Registrant Receiving Requests to Help

- **Acknowledge receipt/triage a response:** Within 14 days** of receiving a consultation request, the consulting registrant, who has received a request for help, must inform the referring registrant:
 - Whether the referral can be processed in their routine sequencing and provide an estimated appointment date, so the referring physician can plan ongoing care. The exact appointment date can be communicated afterwards.
 - If an expedited assessment is needed, communicate the timeline in which the patient needs to be examined.
 - If unable to see the patient within the expedited timeline, help the patient/referring registrant find another qualified registrant, if any are available, who can see them within the timeline.
 - If the patient needs to be seen sooner than they can reasonably accommodate, assist in identifying a qualified registrant, if any are available, who can see them within the timeline.
 - If the consultation request cannot be processed because it lacks sufficient information to triage the request, the consulting registrant must advise what information is required.
 - If the consulting registrant does not provide the requested type of consultation, suggest other registrants who may be able to help, if possible.
 - Any other reason for not accepting the patient for consultation.
 - Any "red flags" of concern the patient should be aware of before seeing a consulting registrant.

** If a consulting registrant is away from their practice, they must have an away-from-practice notification so that the referring registrant is aware that they will not receive a triage response within the 14-day timeframe. A standard out-of-office/away-from-practice message with a date of return is sufficient.

- If a consulting registrant arranges to see a patient without a referral, they must not insist on a formal request from the patient's primary care physician.

Pre & Post Appointment Requirements of Registrant Receiving Requests to Help

- **Scheduling:** Contact the patient directly to set up the appointment and inform the referring registrant. A copy of the appointment notice is sufficient to close the communication loop.
- **Consent:** Obtain informed consent directly from the patient for any procedure.
- **Pre-operation preparation:** The referring registrant may help with preparation but is not expected to assess fitness for procedures.

- **Investigations and follow-up:** Do not have the referring registrant arrange tests or follow-ups unless you both agree.

Reporting Requirements of Registrant Receiving Requests to Help

- **Timely reports:** After seeing the patient, send a detailed report to the referring registrant as soon as possible but generally within 14 days (and not more than 28 days).
- **Interim and final reports:** If more investigation or treatment is needed, send interim reports to the referring registrant and a final report at the end of the consultation.
- **Report contents** should include:
 - Consulting registrant's identity.
 - Patient's identity.
 - The referring registrant's identity (and primary care physician, if different).
 - Date of consultation.
 - Purpose of referral.
 - Information reviewed (history, findings, tests).
 - Diagnosis and treatment.
 - Recommendations for follow-up and ongoing care (for referring and consulting registrants as applicable).
 - Any referrals made to other consultants.
 - If the patient requests privacy, note information is withheld at patient's request.
 - Advice given to the patient.

Continuing and Discharge of Care

- **Clear agreements:** Registrants are to agree on ongoing or discharge care and communicate this to the patient.
- **Explain your role:** Registrants are to explain to the patient their role in ongoing care and any follow-up needed.
- **Return to referring registrant:** When the patient goes back to the referring registrant, provide written information promptly.
- **Continuing care agreements** must address, where applicable:
 - Medication and disease monitoring.
 - Post-operative care.
 - Follow-up requirements and reporting.
 - Informing about changes in care.
- **Discharge agreements** must address, where applicable:
 - Medication and disease monitoring.
 - Post-operative care.
 - When consulting registrant is no longer involved in care.
 - Criteria for re-referral to the consulting registrant.

Related Standards of Practice:

- Collaborative Care
- Emergent/Urgent/In-Patient Consultation Requests

Related Resources:

- Contextual Information *****
- Practice Direction - Interprofessional Health Care Delivery

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

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



Standard of Practice Collaborative Care Emergent, Urgent and Inpatient Requests

Initial Approval: XXX, 2025

Effective Date: XXX, 2025

This Standard establishes how registrants must work with other health care providers when responding to emergent, urgent, and inpatient care requests.

The most important goal is to ensure patient safety and timely care through collaboration.

When Collaborative Care Begins

Collaborative Care principles begin when a registrant, or other health care provider, contacts another registrant verbally or by secure text message regarding what they believe to be an emergent matter that, without immediate medical attention, places the patient's health in jeopardy.

Shared Responsibilities

- All registrants involved share responsibility for finding a safe solution for the patient.
- All registrants involved must support each other by sharing knowledge, expertise, and resources.
- All registrants involved must understand their role and responsibilities in collaborative care.

Initial Steps to Determine Care Actions

In determining the next steps of the patient's care, registrants must:

Determine if the patient can be safely and adequately treated at their present location given the resources available.

If yes - If the patient can be safely and adequately treated at their present location, develop a plan of action for their treatment.

If not - If the patient cannot be safely and adequately treated at their present location, the registrants must develop a plan of action to transfer the patient to a facility where they can be safely and adequately treated.

Responsibilities of Registrant Receiving Request to Help

Registrants receiving requests to help with emergent care:

- Should know and follow facility guidance materials for the best pathway to finding care for the patient.
- Are required to apply Collaborative Care principles to the request for assistance.

Examples of **unacceptable** behaviour/responses are:

- “It’s not my problem.”
- “I cannot work with you.”
- “I cannot help you; my facility doesn’t have beds.”
- Providing negative feedback on the expected skills, resources, or scope of practice of the other registrant.

Referring Registrant’s Responsibilities

Registrants making a request for help with emergent care:

- Should articulate the reason why assistance is sought.
- Provide relevant medical information (history, findings, test results, concerns regarding the issue).
- Provide the registrant receiving the request to help with reasonable assistance within their knowledge, skill and judgement, and resources available to them.

Transfer of Patient

If the patient cannot safely and adequately be treated at their present location, registrants must:

- **Identify an appropriate facility:** Determine where the patient can be safely and adequately treated.
- **Coordinate the transfer:** Collaborate on arranging the transfer, involving all necessary resources and registrants (including those at multiple facilities, if required).
- **Share responsibility:** All registrants involved in developing the plan of action share responsibility for finding a safe solution for the patient.
- **Follow facility policies:** If the accepting service at the identified facility is unclear, the registrant at the receiving facility should follow their facility’s policies.
- **Avoid unnecessary delays:** The transfer should not be delayed while seeking clarity about accepting service.

Interventions and Documentation

During the process of determining the next steps in the patient’s care, interventions (tests, procedures, or treatments) may be required. Registrants must:

- Work together to decide how to perform necessary interventions (test, procedures, treatments).
- Not require the calling registrant to perform interventions beyond their ability.

If Transfer is Declined

If a transfer request is declined and the patient remains under the calling registrant’s care, the consultant registrant should express willingness to accept follow-up calls if the patient’s condition changes.

Applicability to All Health Care Professionals

Although these guidelines often describe two registrants working together, the same principles apply when working with other health care professionals.

Related Standards of Practice:

- Collaborative Care
- Non-Emergent Consultation Requests

Related Resources:

- Contextual Information *****
- Practice Direction - Interprofessional Health Care Delivery

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

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



Standard of Practice

Collaborative Care

Initial Approval: January 1, 2019

Effective Date: January 1, 2019

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

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

Additional Requirements of Collaborative Care

This Part sets out the requirements of collaborative care, in addition to those described in Sections 5 and 6 of the Regulation which are as follows:

- 5 *When a member and one or more other health care providers are involved in the health care of a patient, the member must*
 - (a) *collaborate with other health care providers in the care of the patient and in the functioning and improvement of that health care;*
 - (b) *treat other health care providers with respect;*
 - (c) *recognize the skills, knowledge, competencies and roles of others involved in the patient's care;*
 - (d) *understand the member's role and the role of other health care providers involved in the health care of the patient;*
 - (e) *identify himself or herself to the patient or his or her representative and explain the member's role and responsibility;*
 - (f) *communicate effectively and appropriately with the other health care providers; and*
 - (g) *document, on the patient record, the member's contribution to the patient's care.*
- 6 *A member must comply with any policy about the performance of any reserved act or the provision of collaborative care that is in place in the practice setting where the member is involved in the health care of a patient if*
 - (a) *the member has been made aware of the policy; and*
 - (b) *the policy is not inconsistent with the Act or CPSM's regulations, standards of practice, by-laws, practice directions or code of ethics.*

1. Patient Rights in the Referral Process

- 1.1. If a registrant or a patient suggests a referral to another health care professional, the registrant must discuss the purpose of the consultation with the patient.
- 1.2. When a registrant believes that referral to another health care professional is appropriate but the patient does not, the registrant must discuss and document in the patient's record the difference of opinion and the implications for the patient's care and
 - 1.2.1. a registrant must continue to provide care within any limits imposed by the patient's decision; but
 - 1.2.2. the registrant must not practice beyond his or her competence or provide care that the registrant does not believe is in the best interest of the patient.
- 1.3. Despite the Code of Ethics requirement that a registrant must respect a patient's reasonable request to be referred to other health care professionals or to receive a second opinion, a registrant is entitled to refuse to make a referral that, in his or her opinion, is unlikely to provide a clinical benefit to the patient.
- 1.4. A registrant must tell the patient about any fees that may not be covered by Manitoba Health if the referring registrant knows the consultant will likely charge fees that will be payable by the patient.
- 1.5. A registrant must recognize that the patient has the right to disagree with the choice of consultant or service to whom a referral is made, and the registrant must try to accommodate the patient's request.

2. Obligations of Referring Registrant

- 2.1. A registrant must make or confirm a request for a consultation, in writing, to the consultant or service unless the circumstances are urgent and the consultant agrees to accept care of the patient after oral discussion.
- 2.2. In the case of a referral for emergency care, the registrant must discuss the referral with the consultant or the emergency physician (if referral to an emergency department is being made) or otherwise ensure acceptance of care by the consultant or service.
- 2.3. A referring registrant must perform a preliminary work-up of the patient within his or her scope of practice and the available resources and ensure those results are available to the consultant or service.

- 2.4. If a consultation is requested solely for the purpose of providing information to a third party (for example an insurance company), the referring registrant must, at the time of the request for consultation, clearly identify that the consultation is requested for that purpose.
- 2.5. Except in an emergency situation, a referral request by a registrant must be provided in writing and include at least the following information:
 - 2.5.1. the identity of the referring registrant;
 - 2.5.2. the identity of the patient, including the Manitoba Health number and contact information;
 - 2.5.3. the identity of the consultant or service to whom the patient is being referred;
 - 2.5.4. the date of the referral;
 - 2.5.5. the purpose of the referral as intended by the referring registrant, including whether an opinion only or transfer of care is requested;
 - 2.5.6. pertinent clinical information, including results of clinical investigations.

3. Obligations of Consultant Registrant

- 3.1. A consultant registrant or registrant's service must respond to the patient and registrant verbally or in writing to a request by a registrant for a non-urgent consultation within 30 days of receipt of the request and must notify the patient and the referring registrant of the anticipated appointment date.
- 3.2. If a request for a consultation is declined, the consultant registrant must provide reasons and whenever possible, provide suggestions to the referring registrant for alternative consultants or services.
- 3.3. If a consultant registrant agrees to see a patient, the consultant or a designate must contact the patient directly to schedule the appointment (including information such as the date, time, and place, and special instructions) and send a copy of that information to the referring registrant, unless otherwise agreed to by the referring registrant.
- 3.4. If a consultant registrant arranges to see a patient without a referral, the consultant must not insist on a request for consultation from the patient's primary care physician.
- 3.5. Except in the circumstance of receipt of consultations through a process whereby a service assigns the patient to a consultant, a registrant who is a consultant must make information available about the process by which referrals are accepted; for example, by telephone, facsimile, secure e-mail or verbally and the registrant should generally be available to respond to requests for consultations.

- 3.6. A consultant registrant must, as soon as possible but generally within 30 days of having seen a patient for the first time, report in detail to the referring registrant all pertinent findings and recommendations with respect to a patient seen by the consultant.
- 3.7. If the consultant's conclusions require further investigation or treatment, the consultant must provide an interim report to the referring registrant and a final written report at the conclusion of the consultant's involvement.
- 3.8. Unless a patient explicitly requests otherwise, a consultant registrant's report must include, when applicable:
 - 3.8.1. the identity of the consultant;
 - 3.8.2. the identity of the patient;
 - 3.8.3. the identity of the referring registrant and, if different, the identity of the patient's primary care physician;
 - 3.8.4. the date of the consultation;
 - 3.8.5. the purpose of the referral as understood by the consultant;
 - 3.8.6. information considered, including history, physical findings, and investigations;
 - 3.8.7. diagnostic conclusions;
 - 3.8.8. the treatments initiated, including medications prescribed;
 - 3.8.9. recommendations for follow-up by the referring registrant;
 - 3.8.10. recommendations for continuing care by the consultant;
 - 3.8.11. recommendations for referral to other consultants, but, except in the case of an emergency, such referral must only be made with the approval of the referring registrant;
 - 3.8.12. the advice given to the patient.

Nothing in this section prohibits a consultant from referring a patient directly to another consultant if it is in the best interests of the patient's health to do so expeditiously. In the case of a direct referral from one consultant to another, the referring consultant must immediately inform the initial referring registrant of the direct referral.

- 3.9. If a patient explicitly requests all or some information not to be disclosed, the consultant registrant must advise the referring registrant that the patient withholds consent for release of information.
- 3.10. If the consultant registrant requires further investigation before reaching a definitive diagnosis, the consultant must not delegate arrangement and follow-up of those investigations to the referring registrant without prior agreement with the referring registrant.

- 3.11. A consultant registrant must obtain directly from the patient informed consent for any procedure and cannot rely on the referring registrant to obtain the consent.
- 3.12. A consultant registrant must explain to the patient the consultant's role, if any, in the continuing care of the patient and the advisability of follow-up care by the consultant.
- 3.13. A consultant registrant must contact the referring registrant at the time the patient is returned to the referring registrant for ongoing care and provide written information as soon as possible thereafter to assist with the patient's continuity of care.

4. Referral for Non-Traditional Therapy

- 4.1. A registrant, acting honestly and without conflict of interest, may refer a patient to a practitioner who provides non-traditional therapy when there is no reason to believe that a referral would pose a greater risk to a patient's health or safety than the traditional or prevailing practice.

5. Institutional Settings - Transfer of Care

- 5.1. Except in circumstances where the institutional setting has a procedure in place to ensure transmission of information required for continuity of care, a registrant who:
 - 5.1.1. transfers care to another registrant either within the same institutional setting or to another institutional setting must ensure the accepting registrant has the necessary clinical information to assume care, including a summary of laboratory test results, active medical problems and a treatment plan for the patient.
 - 5.1.2. discharges a patient from an institutional setting with the expectation of follow-up care by another registrant outside that institutional setting, or provides care in an emergency setting and has ordered tests which require follow-up or recommended follow-up care by another registrant, including the patient's primary care physician, must:
 - 5.1.2.i. prepare a legible summary of laboratory test results, active medical problems and treatment plans at discharge for the accepting registrant before the follow-up care appointment is expected to occur;
 - 5.1.2.ii. if the follow-up care is required within two (2) weeks of discharge, contact the accepting registrant directly to facilitate the patient's follow-up care appointment and to transfer necessary medical information.

- 5.2. Subsection 1 is not intended to make the registrant responsible for delays in the transcription and delivery of the discharge summary that are not under his or her control.

Contextual Information – Collaborative Care

The Standard of Practice – Collaborative Care establishes clear requirements for registrants to work collaboratively with other registrants and health care providers to deliver good medical care to patients. This standard must always be interpreted from the patient's perspective, with the primary focus on ensuring that the patient receives the best possible medical care. Every action and decision taken by the registrants involved should be guided by the intention to deliver good medical care to the patient.

Collaboration and Behavioural Expectations

Working alongside other registrants, health care providers, and institutions presents opportunities to significantly enhance the medical care provided to patients. At the same time, collaboration can sometimes be a source of frustration. However, each registrant is responsible for their own behaviour, and this Standard of Practice outlines the behavioural expectations for all registrants involved in patient care.

Benefits of Adopting Professional Behaviours

When all registrants adhere to the behaviours defined by the *Code of Ethics and Professionalism*, many of the frustrations associated with providing collaborative care are reduced. As a result, both patients and registrants benefit from improved collaboration and professionalism in the delivery of care.

Supporting Registrants

To further assist registrants in understanding the requirements of the Standard of Practice, a set of frequently asked questions (FAQs) has been provided.

NOTE: THE FOLLOWING FAQs HAVE NOT BEEN FULLY VETTED AND ARE PROVIDED FOR ILLUSTRATIVE PURPOSES

Q. Why do I become responsible for another registrant's patient?

A. Another registrant needs help providing care to their patient which they may not be able to provide. They have sought your assistance. At this point, you are “tapped in”. The medical care that you can provide to the patient will depend on individual circumstances. You may take over care of the patient, or it may be determined that there is little, if anything, that you can provide to the care. However, until you are “tapped out” you remain responsible for assisting the requesting registrant provide care.

Q. How do I “tap out”, and why should I be responsible for a patient's care just because someone has contacted to me?

A. Each situation will be unique but for the most part Collaborative Care can be divided into two main categories.

1. When a registrant seeks a non-emergent consultation, or
2. When a registrant seeks an emergent, urgent or inpatient assistance.

The Standards of Practices for Non-Emergent Consultation Requests and Emergent, Urgent, and Inpatient Requests provide detailed information on how to respond professionally to these two types of requests for assistance.

If you are contacted it is because the referring registrant believes that you are the appropriate person to provide assistance. If you are an appropriate person to provide the assistance sought, then you are to provide that assistance until it has been fully provided or it is agreed that your assistance is no longer required.

If you are not the appropriate person to provide assistance in this matter your role will be significantly less. However, in most of these cases you will probably have more familiarity with the subject matter than the referring registrant. As such, going back to the principle of ensuring every action or decision is to help the patient receive good medical care, your responsibility is to determine how you can help the patient, even if it is a limited manner.

Q. I work in an institution, and I have no control over administrative staff who perform tasks associated with my provision of care to patients. How can I meet my professional obligations if I have no means of ensuring the tasks are performed.

A. The Standard of Practice specifically recognizes that there are system issues that prevent registrants from meeting their professional obligations, and as such, they should not be personally responsible for those matters. That said, this does not absolve the registrant from taking any steps.

If a registrant becomes aware of the presence or absence of a practice which prevents the registrant from meeting their responsibilities; they must bring the matter to the attention of the relevant decision makers in the institution.

Should the matters persist, the registrant must inform CPSM and request assistance in effectively communicating these standards to the relevant decision makers.

Q. When transferring care, what information should I provide to the accepting registrant?

A. Each case may vary; however, as the transferring registrant, you should recognize that the accepting registrant will likely have limited or no knowledge of the patient's condition or medical history. Whenever possible, communicate directly with the accepting registrant regarding both the information you possess and the details they require. If direct communication is not feasible, exercise your professional judgment to determine and share the most pertinent information. It is neither appropriate to indiscriminately forward the patient's entire medical history nor to provide insufficient details. At a minimum, you are expected to summarize the steps taken thus far and explain the rationale for involving the accepting registrant in the patient's ongoing care.

Q. What is the importance of Communication Closing the Loop?

A. A common concern expressed by registrants and patients is that they do not know what is happening with a particular matter. For example, a request for a consultation was sent and there is no acknowledgement that it was received or that it will be acted upon. The concept of closing the loop communication is basic courtesy of acknowledging the request was received and providing a meaningful information.

The Standard of Practice – Non-Emergent Consultation Requests requires a triage response with specific information within 14 days of receipt. In nearly all cases the registrant who is being asked to help will be able to provide the specific information. However, in limited circumstances they will not be able to so. The appropriate response will be to acknowledge receipt of the request within the 14-day period and advise that required information will be provided by a specified date.

Establishing response timelines ensures that both the patient and the referring registrant are aware that a lack of response within 14 days indicates a potential issue requiring attention. The referring registrant will know that the consultation request was either not received or there is some issue that is prevented the triage response from being sent.

Q. When I am seeking a consultation for my patient what Information do I need to provide?

A. The registrant who you are asking to help care for your patient does not know your patient and does not know why you are sending the patient to them. If you want them to assist you, you need to assist them.

Be clear and concise. Let them know if you are seeking an opinion, transferring care or if there is some other reason for the consultation. Clearly state the relevant clinical question you want answered or why you want the consulting registrant to see the patient.

You also must provide the relevant medical information that you have gathered that has brought you to point where you have determined that you need assistance. It is not sufficient to refer a patient to an internal medicine specialist with a referral that merely states – “abdominal pain”.

Do not send extraneous information. If your patient has a discrete medical issue do not send their entire 20-year medical history and expect the consulting registrant should look through it all to determine what is relevant. Use your knowledge, skill, and judgment to assess what you believe to be relevant and provide it in a clear easily understood format.

Q. I have received a referral, what am I supposed to do to triage and acknowledge receipt?

A. An important requirement is to acknowledge receipt of the referral request within 14 days. Everyone is aware of the someone saying, “I never received the fax”. The purpose of the requirement is to let the referring registrant know that the referral was received and reviewed.

Another important purpose of the triage requirement is to make a preliminary assessment of the referral.

- Is this a subject matter you consult on?
 - If not, let them know.
- Is there enough information provided to enable a preliminary assessment?
 - If not, let them know what additional information you require.
- Is the referral clear?
 - If not, seek clarity on where the uncertainty exists.
- If this is a routine consultation let them know approximately when they can be seen. You are not required to book an appointment date at this time. You can, if you are able to book the appointment, but it is not required. You are simply providing basic information about when they can be expected to be seen. For example, if your wait list is currently 3 months long you can advise them that they will most likely be seen within a specified range. This provides the patient and referring registrant with a reasonable expectation of a timeline so they can plan next steps.
- Upon reviewing the material, you may conclude that the patient needs an expedited assessment or they need to be seen before you can reasonably see them. In these circumstances you are responsible for advising them of the timeline they should be seen in. You should use reasonable efforts to assist in identifying a qualified registrant who can see them within that timeframe if you cannot.
- If you cannot accept the referral advise why you cannot and suggest other qualified registrants who may be able to accept the referral. The patient needs specialized medical care, and although you are not required to find an alternative registrant you are most likely more knowledgeable as to who can assist than the referring registrant. As such, for the patient's benefit suggest alternatives, if you know of any.

Q. Despite my best efforts it will be impossible for me to provide the required triage response within 14-days, what do I do?

A. Be respectful and reasonable. How would you like to be treated if you were the patient or referring registrant? Acknowledge that the referral was received and advise when you expect to have a triage response to them. You are not obligated to provide reasons for the delay but doing so can be beneficial.

Q. While I was aware on a two-week vacation I received a consultation request via fax which my out of office email response did not reply to. I cannot complete the required triage response within 14-days, what do I do?

A. Simply advise the referring registrant that you just returned to the office and are triaging several referral requests. Hopefully, you will have a response within 14 days but advise them if it may be slightly longer because of a backlog.

Q. I see that CPSM has a template Consultation Triage Response. Do I have to use it? Why is it necessary?

A. The Standard of Practice – Non-Emergent Consultation Requests has requirements on consulting registrants to triage and respond to the referring registrant within 14 days of receiving a consultation request. The template is provided as an example of what may be used to meet this requirement. Many consulting registrants have their own templates that provide this information to the referring registrant. The form is not as important as the communication.

The triage response is to close the loop on the communication that the referring registrant sent. The primary purpose of the triage response is to let the referring registrant know that you have received the request and whether you can see the patient.

If you cannot see the patient, the referring registrant needs to know this so that they consider an alternative plan for the patient. There can be many reasons for not seeing the patient, such as:

- You may not do that type of consultation
- You may have such a long wait list that it is not reasonable for them to wait that long to see you.

There have been situations where a referring registrant has waited more than 3 months to be told that the registrant who is asked for help replied that they do not do that sort of consultation. The patient is not receiving good medical care if they wait 3 months to be told that the registrant does not perform this type of consultation. 14 days is a reasonable time for the registrant to triage the request to determine whether it is something they do.

Q. I receive about 50 referral requests a day; I cannot possibly see patients and complete all these triage responses within 14 days. Is CPSM going to punish me because of I am unable to complete this imposed administrative burden?

A. Registrants are required to provide good medical care to patients. CPSM recognizes that registrants are feeling tremendous stress because of unrealistic expectations placed upon them due to physician shortages. CPSM also recognizes that registrants want to help patients and do not want to turn anyone away who they can help.

However, registrants must recognize their personal capacity for the volume of service. The Standard of Practice – Volume of Service states:

“Excessive workload volume may result from overly long work hours, insufficient time to provide an acceptable standard of care per unit of service or being on call most or all of the time. Each of these risk factors may in turn result in chronic fatigue and place patients at unnecessary risk.”

You are permitted to say to the referring registrant I do not have capacity to consider your consultation request.

The concept underlying Collaborative Care is that when you receive a request for help you have a degree of responsibility for that patient (you have been “tapped in”). Your initial responsibility to the patient is to determine within 14 days if you can or cannot provide medical care. If your workload

volume is so excessive that you cannot provide that response the answer is clear that you must not accept them as a patient.

Q. I often receive referral requests with incomplete information or uncertain requests. How can I possibly assess within 14 days whether I see the patient?

A. You can only triage a request based upon the information provided. There will be situations when you are provided with limited information that makes it difficult to triage or there is not a clear reason stated for the consultation. At this point the triaging ends and you simply reply that you cannot proceed further to consider the request without specific information. Your responsibility is to provide this response within 14 days and to specify what you require to complete the triage.

The 14-day clock will reset when you receive the information you requested.

Q. What is meant by advising the referring registrant of my normal sequencing of patient referrals?

A. The length of time it takes to see a patient after the request is received will vary from registrant to registrant, and it may also vary for a registrant from one year to the next. The referring registrant and patient do not know your wait times. All you are asked to do is advise them of the approximate time before you see the patient. This could be 3 weeks, 3 months or 3 years. You can even provide an approximate range.

Q. What do I do if I receive a call about transferring a patient and my program/facility doesn't have capacity to accept the patient?

A. You have a responsibility to assist the registrant with finding appropriate resources for their patient – you may have more knowledge about the existing resources or capacity at that time.

Q. What is my responsibility when discharging a patient from my care back to their primary care provider?

A. You should ensure that information is provided in a timely manner to the primary care provider about the discharge, including medications, any investigations or monitoring required (and who will be responsible for this), and follow up required. In situations where the patient does not currently have a primary care provider and may have to attend a walk-in clinic for follow up, pertinent information should be provided to the patient.

Q. What are my responsibilities when considering transfer of a patient?

A. You must first determine whether the patient can be safely treated where they are. All local resources and options should be reasonably explored before entertaining a transfer.

If transfer is deemed necessary, contact the receiving registrant, and provide concise information about the situation, including what has been done and why you feel the transfer is required. Collaborate on arranging the transfer and finding a safe solution for the patient.

Q. After receiving a referral letter/request, the consulting registrant deems more information or additional testing is required, prior to seeing the patient.

A. Who is responsible for requesting the tests?

B. Who is responsible for managing the results?

Answer A: If a consulting registrant requires additional testing prior to triaging or seeing a patient, and it is within the scope of practice for the referring registrant, the referring registrant should proceed in requesting the test to expedite patient care. Should the referring registrant feel this is not in their scope of practice, it will be the consulting registrant's responsibility to request the test. Clear communication needs to occur between the referring and consulting registrants, making sure everyone knows their role.

Answer B: If a consulting registrant asks a referring physician to perform additional testing, and the result is abnormal and pertaining to the reason the consult was made, it would be in the interest of the patient for the consulting registrant to see them in an expedited manner. If that is not possible, the consulting registrant could liaise with the referring registrant, and treatment or care could occur in the interim, if the referring registrant agrees. Should this be outside the scope of practice for the referring registrant, all effort should be made by the consulting registrant to provide care in an acceptable time frame.

Q. Consulted registrant saw my patient and advised that a test or diagnostic imaging is necessary in the future for monitoring the condition. Who is responsible for requesting that follow up test/imaging?

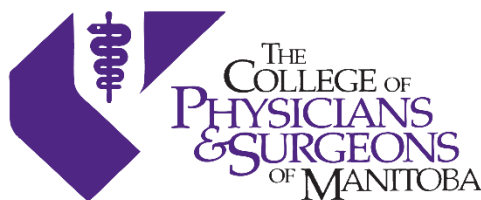
A. After a consulting registrant sees a patient and deems the patient stable, but in need of follow up testing at a future date, the consulting registrant could request the referring registrant to arrange this. However, this must be agreed upon by both referring and consulting registrant. There are instances where the patient may have been referred to a consulting registrant and the referring registrant is no longer in the circle of care. The responsibility for follow-up and repeat testing would fall onto the consulting physician.

Q. As the consulting registrant requested a test and the results have a finding that is not within my scope of practice. Who needs to arrange appropriate care?

A. If an abnormality is found that is not within the scope of practice of the consulting registrant, it is reasonable for the consulting registrant to communicate this to the referring registrant and clearly state what part of the test result they will deal with and what part of the abnormal result they need

to referring registrant to deal with. Clear communication and delineating expectations are key. Ignoring abnormal results or assuming the referring registrant would deal with the outstanding abnormality is not acceptable patient care.

SAMPLE

**PRACTICE DIRECTION****Interprofessional Collaborative Care****Initial Approval: June 21, 2019****Effective Date: June 21, 2019**

Practice Directions set out requirements related to specific aspects of the practice of medicine. Practice Directions provide more detailed information than contained in the Regulated Health Professions Act ("RHPA"), Regulations, Bylaws, and Standards of Practice issued by CPSM. All registrants must comply with Practice Directions, in accordance with s. 86 of the RHPA.

Collaborative care in health care occurs when multiple providers from different professions provide comprehensive services by working with patients, their families and support networks, care providers and communities to deliver the highest quality of care across all settings. This partnership between a patient and a team of health care providers is a participatory, collaborative and coordinated approach to shared decision-making around health and social issues.

This practice direction was developed collaboratively by the following Colleges (in alphabetical order):

- College of Audiologists and Speech Language Pathologists of Manitoba
- College of Dietitians of Manitoba
- College of Licensed Practical Nurses of Manitoba
- College of Medical Laboratory Technologists of Manitoba
- College of Pharmacists of Manitoba
- College of Physicians and Surgeons of Manitoba
- College of Physiotherapists of Manitoba
- College of Registered Nurses of Manitoba
- College of Registered Psychiatric Nurses of Manitoba
- Manitoba Association of Registered Respiratory Therapists

The following expectations are adopted from the National Interprofessional Competency Framework of *the Canadian Interprofessional Health Collaborative* (CIHC 2010).

Expectation 1 – Patient Centered Care

- Practitioners seek out the input and engagement of patients, integrating their information, and valuing them as partners in designing, implementing, and evaluating care/services
 - *Empowering the patient*
 - *Ensuring the patient is always the primary professional obligation*
 - *Adhering to the Code of Ethics and Professionalism*

Expectation 2 – Role Clarification

- Practitioners understand their own role and competence, as well as the roles of those in other professions, and use this knowledge appropriately to establish and meet patient goals
 - *Recognize one's limitations in skills, knowledge and abilities*
 - *Uses the full scope of knowledge, skills and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective and equitable*

Expectation 3 – Team Functioning

- Practitioners acknowledge team dynamics and group processes to enable effective interprofessional team collaboration
 - *Engage and effectively facilitate respectful interactions among team members*
 - *Establish and maintain effective and healthy working relationships with the patient and practitioners, whether or not a formalized team exists*
 - *Share the accountability for health outcomes with patients, other professions and communities, while maintaining accountability for one's own practice*

Expectation 4 – Collaborative Leadership

- Practitioners recognize that different team members may assume leadership roles as appropriate to the task undertaken
 - *Recognize that both formal and informal leadership co-exist*
 - *Acknowledge that leadership will vary depending on the situation and environment*
 - *Understand when to take on a lead role, when to take on a complementary role and when to refer/consult*

Expectation 5 – Interprofessional Communication

- Practitioners take responsibility to communicate with others in a collaborative and responsive manner
 - *Establish common understanding of information, treatment, care decisions and programs and policies*
 - *Choose effective communication tools and techniques that facilitate discussions and interactions that enhance team functions*

Expectation 6 – Interprofessional Conflict Resolution

- Practitioners actively engage self and others in dealing effectively with interprofessional conflict
 - *Recognize and value the potential for conflict to occur.*
 - *Engage self and others to be an active part of conflict management and recognize how one's behaviour and conduct contribute to the situation.*
 - *Work effectively to address and resolve disagreements including analyzing the causes of conflict and working to reach a mutually acceptable solution*

References

Regulated Health Professions Act [Part 3 Governance Sec 10\(2\) \(i\)](#)

College of Physicians and Surgeons of Manitoba Standards of Practice Regulation section 5 – Collaborative Care

Canadian Interprofessional Health Collaborative [National Competency Framework](#)

APPENDIX 1**College of Physicians & Surgeons of Manitoba Standards of Practice Regulation
Regulation 164/2018****Section 5 - Collaborative care**

When a registrant and one or more other health care providers are involved in the health care of a patient, the registrant must:

- (a) collaborate with other health care providers in the care of the patient and in the functioning and improvement of that health care;
- (b) treat other health care providers with respect;
- (c) recognize the skills, knowledge, competencies and roles of others involved in the patient's care;
- (d) understand the registrant's role and the role of other health care providers involved in the health care of the patient;
- (e) identify themselves to the patient or their representative and explain the registrant's role and responsibility;
- (f) communicate effectively and appropriately with the other health care providers;
and
- (g) document, on the patient record, the registrant's contribution to the patient's care.

APPENDIX 2

Inter Professional Collaborative Scenarios

Introduction

Each example will indicate a situation, identify competencies used in bold and discuss solutions. The following examples may contain more than one competence from the framework and there are overlapping competencies.

Conflict Management

Situation

A team in a small Community Health Centre has an inter-professional team made up of physicians, nurses, dietitians and social work. The team feels that people are treated equally, except for one particular situation. There is a high incidence of diabetes in the community and the centre has developed an education program to address this. The social worker, dietitian, nurse practitioner and the physician all have a role to play in the workshop. But it seemed that the time of the physician and nurse practitioner was more valuable. The social worker and dietitian were the ones who had to do all the advertising, room set up, getting refreshments ready and cleaning up after the workshop. The physician and the nurse practitioner came in for a few minutes, presented their part of the workshop, and then left. The routine tasks are not something the physician and nurse practitioner volunteer to do, nor are they directly asked to help with. The team has regular monthly meetings to discuss workplace concerns or issues.

Competencies Used

The social worker and dietitian identify this issue with the rest of the team. They **respectfully share** how they are feeling and the associated workload attached to the education program. They **listen** to their team members to **better understand** their position on the situation and ask clarifying questions.

Solution

The team decides to redistribute the workload, which validates the value of each team member's time, and agree to revisit after the next time the program is offered. **(Develop a level of consensus)**. The team members realize they all have patient or client care responsibilities that are of equal value.

Role Clarity

Situation I

A client with diabetes presents to the emergency department with an entrance complaint of painful right heel. The licensed practical nurse assesses the client and determines that the client has a large, 2cm, ulcer on the right heel. The licensed practical nurse learns from the client and their family that their blood sugars are not well controlled and any member of their health care team has not seen them for several months. The family is committed to supporting the patient as long as they are provided the appropriate information/supports. The family expressed confusion about knowing which health care professional to approach with concerns.

Competencies Used and Solution

The team **communicates** their **roles** and findings with the client and family. The licensed practical nurse communicates the client assessment to the physician assigned to the patient and initiates appropriate referrals. The Dietitian meets with the client and family to review and make nutrition recommendations. The Occupational Therapy learns that the patient does not have appropriate footwear or walking aides and is not mobilizing to their potential. The Occupational Therapy assists the client and family in accessing appropriate supports. The social worker reviews the team notes and determines that at this time services are not required. The client is discharged with information and confidence in the care plan. Follow up is arranged in the community.

Situation II

A hospital pharmacist had been a member of a collaborative team, consisting of a physician, registered nurse, occupational therapist, and physiotherapist, for many years. The team's workload increased significantly in recent months, and the physician asked the pharmacist to write all prescriptions and provide them as "verbal order" prescriptions on behalf of the physician, to the hospital pharmacy and patients' community pharmacies upon discharge.

Solution

The pharmacist had a discussion with the physician about this request, as the pharmacist did not have their expanded scope designation and was not legally permitted to write these prescriptions or provide verbal orders on behalf of the prescriber to community pharmacies.

Competencies

The following competencies are applicable to this situation

- Recognize one's limitations in skills, knowledge and abilities
- Communicates one's roles and responsibilities clearly to other professionals
- Uses the full scope of knowledge, skills and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective and equitable

Team Functionality

Situation I

Clients with mental and physical health issues attend a Community Health Centre. They access various services in the Health Centre and there have been issues with communication. Clients have reported prior visits to Crisis Stabilization Unit and these records have not been available and have affected the continuity of care. Clients assume that pertinent health information is shared between professions within their circle of care.

Solution

This Community Health Centre has been facilitating interdisciplinary collaboration by utilizing integrated client record and integrated client goal sheets. The Centre reached an agreement with the Regional Health Authority regarding the Personal Health Information Act that has allowed for an integrated primary health care and mental health record. All progress notes, assessments, consultations and client plans are now being used by the complete primary health care team. The team also uses an integrated client goal sheet that documents client driven goals to further assist with the continuity of care. These records are complemented by integrated case meetings where complex client case issues are discussed and care is coordinated.

This solution utilizes the following competencies:

- **Engages health providers in shared client centered problem solving**
- **Integrates the knowledge and experience of health care professions to inform health care decisions while respecting client values/priorities**
- **Respects team ethics including confidentiality, resource allocation and professionalism**
- **Trusts and mutual respect guide team dynamics and interactions**

Situation II

A pharmacist recently joined a patient care team on a cardiology unit of a hospital. The team consists of two physicians, a nurse practitioner, registered nurse, and a social worker, and had not previously had a pharmacist working as part of their team.

Solution

The team had a meeting when the pharmacist first joined the team, in order to discuss how the pharmacist can best integrate with the team in order to optimize patient care. Following this discussion, the pharmacist began rounding with the team each day in order to assess medication regimens and identify any possible drug interactions or adverse events the patients were experiencing as a result of the medication they were taking. The pharmacist also took the lead on patient counselling at the time of discharge and coordinated with community pharmacists to ensure patients received the correct medications upon discharge from the hospital.

Competencies

The following competencies are included in the situation and solution:

- Integrate the knowledge and experience of health and other professions to inform health and care decisions while respecting patient and community values and priorities/preferences for care
- Engage and effectively facilitate respectful interactions among team members
- Establish and maintain effective and healthy working relationships with client and practitioners, whether or not a formalized team exists

Communication

Situation I: Reporting critical result on a patient

An MLT has just completed processing a CBC request from the Recovery Room. The results indicate that the platelet count is critically low resulting in the need for the MLT to follow the protocol for critical results. The MLT checks to ensure that the sample received is not clotted which could result in a falsely low result. The protocol requires that MLT report the result immediately, document the procedure and requests another sample to verify that the result is “a true value”.

The MLT calls the ward and provides the platelet value to the ward clerk and indicates that the value is critically low. The ward clerk hangs up before the MLT is able to get the ward clerk's name (for documentation that the critical value has been reported) and before requesting another sample.

Solution

The MLT phones back and another individual answers the phone. The MLT explains the situation and asks to speak to the original clerk. The individual to which the MLT is currently speaking does not understand the MLT's request. The MLT asks to speak with the nurse in charge of the patient.

When the nurse comes to the phone, the MLT explains the situation, provides the critical value to the nurse, requests the name of the nurse and asks for another CBC sample to be sent to the lab immediately to verify the results.

Following this situation, the MLT documents the communication requirements for critical result management and has a discussion with the staff on the unit to understand the communication processes.

Competencies

The following competencies are included in the above situation:

- Choose effective communication tools and techniques, including information systems and communication technologies to facilitate discussions and interactions that enhance team functions
- Express one's knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity and respect, working to ensure common understanding of information, treatment, care decisions and population health programs and principles

Scenario II

Scenario – Eating Disorders/Communication (involve RD and RPN)

The eating disorders treatment team in a large urban centre involves a psychiatrist, dietitian, mental health professionals such as registered psychiatric nurses, psychologists and family therapists (social workers) as well as the client and their family. The team works together to provide care on an individual and group basis. A client currently attending the day hospital program is at the weight recovery stage of their therapy and is struggling with reaching their assessed healthy weight range.

Solution

The registered psychiatric nurse therapist and dietitian meet with the patient to review progress, assess healthy weight range, weight history, provide rationale for healthy weight range as well as review symptoms and resolution of symptoms.

Competencies

The following competencies are included in the situation and solution:

- Establish common understanding of information, treatment, care decisions and programs and policies
- Establish and maintain effective and healthy working relationships with client and practitioners
- Actively listen to other team members, including the client

Client Centered Care

Situation: Providing INR result directly to a patient on stabilized Coumadin.

Over the past couple of years a small community laboratory routinely collects a sample to monitor a patient's INR. The patient indicates that they will be seeing their doctor later in the day and asks if the result will reach their doctor's office by the scheduled appointment time. The MLT indicates that it will take about 1 hour for the result to be available but that

the Laboratory Information System (LIS) is down for the day so the physician's office will not receive the result until the LIS is back up. The patient asks if the result can be given to them if they wait. The MLT confers with the physician to confirm the results will be provided directly to the patient.

Solution:

After completing the testing, the MLT provides the patient with the result to give to their doctor. The MLT also faxes the result so that the physician has the result in hand when the patient arrives for their appointment.

Competencies:

The following competencies are included in the above situation:

- Places interests of patients and populations at the center of inter-professional health care delivery and population health programs and policies with the goal of promoting health and health equity across the life span

Collaborative Leadership

Situation

A patient is on a post-stroke unit recovering. They are nearing discharge and wish to return to independent living and work. Family is concerned about how the patient will manage.

Solution

There is a team meeting to get input from the various disciplines as to the status of the patient and make a decision regarding discharge. The team is led by the nurse-manager of the unit. The nurse-manager envisions that all patients can achieve their maximum level of function.

Input is sought from:

- physiotherapy regarding walking and transfers,
- occupational therapy regarding level of function for ADLs such as basic food preparation,
- physician regarding stability of the patient's comorbid conditions, and
- the pharmacist regarding medication interactions and alerts.

There is discussion regarding what supports the patient will require upon discharge, and the follow up recommendations to the patient and family physician. The family will be actively involved in the discharge planning, with the nurse meeting with the family to discuss discharge planning.

Competencies

The solution includes the following competencies:

- Facilitates effective team processes and decision making
- Effectively draws on the strength of all team members
- Inspires and empowers the client, family, and team members to optimize health, as defined by the client
- Visionary but invites input of team members to achieve a common goal

Interprofessional Collaborative Care Practice Direction

This practice direction was created in collaboration with the Office of Interprofessional Collaboration, Rady Faculty of Health Sciences, University of Manitoba, and the following Colleges (in alphabetical order):

- *College of Audiologists and Speech Language Pathologists of Manitoba*
- *College of Dietitians of Manitoba*
- *College of Licensed Practical Nurses of Manitoba*
- *College of Medical Laboratory Technologists of Manitoba*
- *College of Midwives of Manitoba*
- *College of Paramedics of Manitoba*
- *College of Pharmacists of Manitoba*
- *College of Physicians and Surgeons of Manitoba*
- *College of Physiotherapists of Manitoba*
- *College of Registered Nurses of Manitoba*
- *College of Registered Psychiatric Nurses of Manitoba*

(Note: each College may choose to have an individual pre-amble for their Practice Direction including document formatting, colors, etc. but the actual PD wording should not be changed). For example;

The College of Registered Nurses of Manitoba (the College) Council must, by regulation, establish standards of practice to regulate the quality of practice of registered nurses (RNs).

The Council approves practice directions which are written statements to enhance, explain, add, or guide RNs with respect to matters described in the College of Registered Nurses General Regulations or any other matter relevant to registered nursing practice. Compliance with practice directions is required; these expectations also serve as a legal reference to describe reasonable and prudent nursing practice.

It is the responsibility of all registered nurses or RNs in Manitoba to understand all practice expectations and be accountable to apply them to their own nursing practice, regardless of roles or practice settings. Responsibility is the duty to satisfactorily complete your obligations. Accountability means being capable of explaining why you did or did not meet these expectations.

The policies of employers do not relieve individual RNs of accountability for their own actions or the primary obligation to meet practice directions. An employer's policies should not require an RN to practice in a manner that violates practice directions.

Purpose

Collaborative care in health care occurs when multiple providers from different professions and disciplines provide comprehensive services by working with persons and their circles of care¹ to deliver the highest quality of care across all settings. To address the multifaceted challenges in complex systems, the goal is to enhance health and social care and services through collaborative, relationship-focused partnerships and to share decision-making around health and social issues. Effective collaboration is required to advance health equity towards culturally safe care with a commitment to truth and reconciliation, and to meet priorities related to diversity, equity, inclusion, and access to care.

The purpose of this practice direction is to further identify the expectations for collaboration with others involved in the provision of care in a team-based environment. The participating Colleges acknowledge the importance of this collective work and have utilized the concepts below to develop a comprehensive, collaborative document for those members of the participating health regulatory Colleges.

The Canadian Interprofessional Health Collaborative (CIHC) is a national group consisting of health organization leaders, health educators, researchers, health and social care providers, and learners from across Canada that identifies best practices based on extensive and emerging knowledge in interprofessional education and collaborative practice. The belief is that interprofessional education, and collaborative and relationship-centered care and services are essential to building effective teams and improving health outcomes and experiences. All members of the team are equal participants with equally valuable contributions. The *CIHC Competency Framework for Advancing Collaboration* (2024)² consists of six competency domains that highlight the knowledge, skills, attitudes, and values that collectively shape the judgment and

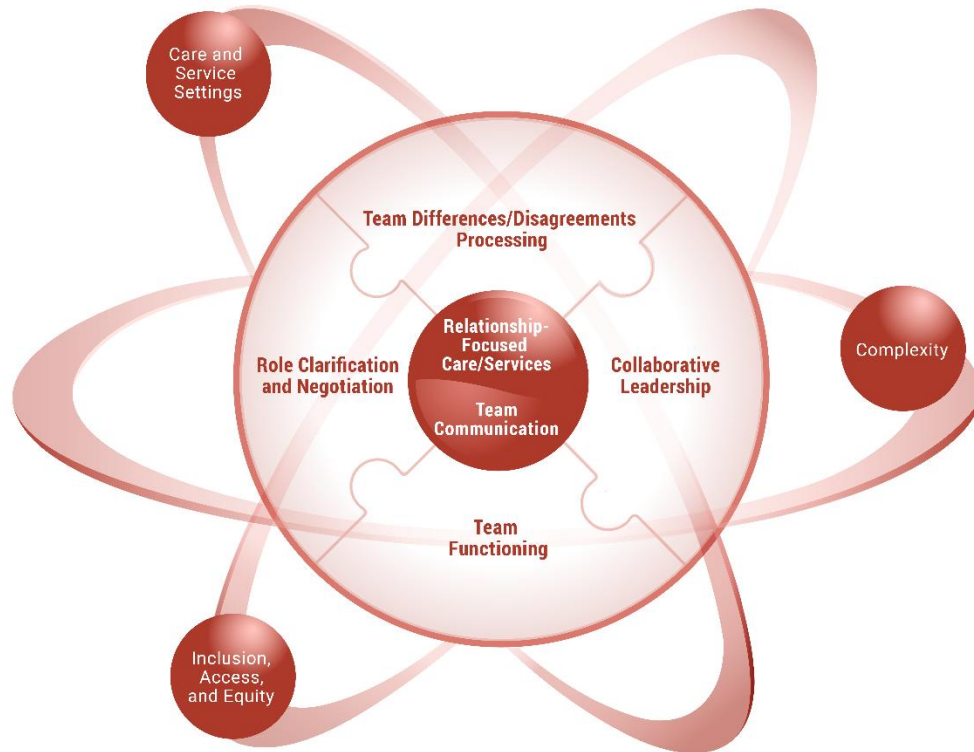
¹ Circle of care refers to families, neighbours, support networks, care providers, and communities.

² CIHC (2024). *CIHC Competency Framework for Advancing Collaboration 2024*. [CIHC Competency Framework for Advancing Collaboration \(cihc-cpis.com\)](https://cihc-cpis.com)

behaviors essential for collaborative practice. The first two domains *Relationship-Focused Care/Services* and *Team Communication* support the other four domains including *Role Clarification and Negotiation*, *Team Functioning*, *Team Differences and Disagreements Processing*, and *Collaborative Leadership*. The competencies within each domain focus on the application of knowledge, skills, and attitudes to make decisions and guide behaviors. The following competencies for each domain are adopted from the *CIHC Competency Framework for Advancing Collaboration* (2024).

Factors Influencing Application of Competencies

Equity, inclusion and access to care/services along with the complexity of health systems and the context of the care and service settings influence the way in which the CIHC Framework and competencies are applied. To effectively collaborate, teams must be mindful of the diversity of the team members they are working with, including culture, ethnicity, race, gender, sexual orientation, ability, age, size, religion, (dis)ability, and socio-economic position. Further, the same characteristics may impact the social determinants of health, and access to health and social care and services for those seeking care. Team members must be aware of potential barriers to accessing care/services, including stigma, language, literacy, health literacy, geography, transportation, and finances. The complexity of social circumstances as well as the care/service setting (for example, co-location compared to a virtual setting) may impact the number of providers involved and the relationship of the team members to one another.



CIHC Competency Framework for Advancing Collaboration 2024 (CIHC, 2024)

Domains and Competencies³

Relationship-Focused Care/Services

All team members will collaborate, coordinate and cooperate, fostering purposeful relationships among and between care/service partners and persons participating in or receiving care/services. To support relationship-focused care/services all team members will:

- grow and maintain purposeful and trusting relationships to support effective partnerships;
- provide appropriate education to, and support participation of person(s) receiving care/services and their care partners in the planning, implementation, and evaluation of care/services;

³ Note: the competencies below have been modified from the *CIHC Competency Framework for Advancing Collaboration 2024*.

- reflect upon, value, and embed diversity of thought, beliefs, talents, literacy, and experiences of people and communities in the planning, implementation, and evaluation of care/services; and,
- share information in a culturally safe, respectful manner in such a way that is understandable, encourages discussion, and enhances participation and shared decision-making.

Team Communication

All team members will communicate with others in a cooperative, responsive, and respectful manner while mindful of the content and relational elements of the communication. To support relationship-focused team communication, all team members will:

- use effective communication strategies, including the use of shared language and avoiding jargon such as health care acronyms and medical terminology;
- listen actively and respectfully, valuing all participants, with emphasis on inclusivity, equity, and diversity;
- foster open and authentic communication accessible to all, with efforts to address potential communication barriers such as psychological harm, language, culture, or literacy and health literacy;
- utilize information and communication technology to convey the right message to the right person(s) at the right time using safe transmission processes; and,
- manage information sharing and documentation for improved understanding and consistency across the team and other teams.

Role Clarification and Negotiation

All team members understand and negotiate their own role and the roles of others, using their knowledge, skills, expertise, and values to establish and achieve collaborative relationship-focused care/services. To support role clarification and negotiation, all team members will:

- share their knowledge, skills, expertise, and values with others;
- seek to understand the knowledge, skills, expertise, and values of team members, including person(s) participating in or receiving care/service;

- recognize person(s) participating in and receiving care/services as experts in their lived experience, and drivers of their care/services and support and integrate them and their care partners as full and active team members;
- clarify their own role and that of others and adapt to support context-specific operationalization of roles;
- recognize and respect the diversity, fluidity and overlap of other health and social care roles, responsibilities, and competencies.

Team Functioning

All team members understand the nature of interprofessional teams; that team members work interdependently. Team members bring their shared perspectives to cooperate, coordinate, and collaborate toward shared goals through shared decision-making. Team functioning requires optimizing the efficiency and effectiveness of all members' time, expertise, and contributions. To support team functioning, all team members will:

- facilitate inclusion and participation of all, especially the person(s) participating in or receiving care/services, in the planning, implementation, and evaluation of care/services;
- understand the interdependence with the other competencies in team development;
- respect and apply the principles of equity, diversity, inclusion, and accessibility with an understanding of the positive impact of strong interdependence among team members on shared decision-making;
- identify a shared common purpose built on varying perspectives and values;
- respect ethical aspects of team functioning, including confidentiality, resource allocation, and professionalism;
- collectively reflect regularly on team functioning.

Team Differences and Disagreements Processing

All team members actively engage in constructively addressing disagreements. To support interprofessional team differences and disagreement processing, all team members will:

- acknowledge, recognize, and value the inevitable differences in a team that cause tension, disagreement, and conflict;
- proactively address disagreements and tension(s) among team members to prevent their escalation or unresolved conflict;

- establish a safe environment to express diverse opinions and work towards developing consensus;
- effectively address disagreements, including analyzing the causes and working towards reaching an acceptable cooperative solution.

Collaborative Leadership

All team members value each other's knowledge, skills, and expertise, and acknowledge that everyone contributes different strengths and perspectives. They value and support each other and are accountable in sharing decision-making and responsibilities to reach common goals and achievable or desired outcomes. To support collaborative leadership, all team members will:

- promote interdependent working relationships among all team members;
- facilitate effective team processes for shared decision-making;
- create a practice culture that values all team members, and supports their physical and mental well-being;
- promote leadership development, sharing of leadership, accountability, and collaborative practice to support effective team dynamics collaborative practice, and innovation.

References

The Regulated Health Professions Act Part 3 Governance Sec 10(2)(i)

College of Registered Nurses of Manitoba, General Regulations

Canadian Interprofessional Health Collaborative (2024). *CIHC Competency Framework for Advancing Collaboration 2024*. <https://cihc-cpis.com/new-competency-framework/>

Appendix A: Collaboration Scenarios

Introduction

A scenario is provided below to illustrate each of the six competency domains. Each scenario will indicate a situation, a solution, and identify collaboration competencies used. The scenarios may contain more than one competency domain from the framework as the domains often overlap in collaborative care and services. The scenarios use language and situations indicative of the diverse practice settings in which healthcare professionals work. Effort has been made to be inclusive, but the authors recognize that not all professions are represented across all scenarios. The reader is encouraged to reflect on the relevance of the scenarios to their own context of practice.

Relationship-Focused Care/Services

Situation

A small community laboratory routinely collects a blood sample to monitor a client's INR. The client indicates that they will be seeing their doctor later in the day and asks if the result will reach their doctor's office by their scheduled appointment time. The medical laboratory technologist (MLT) indicates that it takes about one hour for the result to be available, but the Laboratory Information System (LIS) is down for the day, so the physician's office will not receive the result until the LIS is back up. The client asks if the result can be given to them if they wait. The MLT confers with the physician to confirm the results will be provided directly to the patient.

Solution

After completing the testing, the MLT provides the client with the result to give to their doctor. The MLT also faxes the result so that the physician has the result in hand when the client arrives for their appointment.

Competencies Used

Relationship-focused care/services as well as team communication, including:

- growing and maintaining purposeful and trusting relationships to support effective partnerships;

- providing appropriate education to, and supporting participation of person(s) receiving care/services and their care partners in the planning, implementation, and evaluation of care/services;
- reflecting upon, value, and embed diversity of thought, beliefs, talents, literacy, and experiences of people and communities in the planning, implementation, and evaluation of care/services; and,
- sharing information in a culturally safe, respectful manner in such a way that is understandable, encourages discussion, and enhances participation and shared decision-making.

Team Communication

Situation

The eating disorders treatment team in a large urban centre includes a psychiatrist, dietitian, registered psychiatric nurse, registered nurse, psychologist, occupational therapist, dental hygienist, recreation therapist, and social worker as well as the person and their care partners. The team works together to provide care on an individual and group basis. A person currently attending the day hospital program is at the weight recovery stage of their therapy and is struggling with reaching the bottom end of their individually assessed healthy weight.

Solution

The registered psychiatric nurse and dietitian take time with this person to actively listen to and understand their concerns, challenges and fears related to the weight recovery stage of their therapy. They have a conversation about the person's history of eating disorder symptoms and weight history and review the assessment and rationale for the bottom end of their individual healthy weight. The focus of this conversation is to help the person understand their individual healthy weight with emphasis on skills to cope or tolerate.

Competencies Used

Team communication, as well as relationship-focused care/services, including:

- listening actively and respectfully, and value all, with emphasis on inclusivity, equity, and diversity;

- fostering open and authentic communications that are accessible to all, integrating efforts to address any potential communication barriers such as psychosocial harm, language, culture, or literacy and health literacy.

Role Clarification and Negotiation

Situation

A person with diabetes presents to a remote northern nursing station with an entrance complaint of a painful right heel. The nursing station team is comprised of many different providers including nurses (LPNs, RNs, NPs), family physician, paramedic, community health representative (CHR), social worker, Knowledge Keeper, dental hygienist, mental health workers, and visiting physiotherapist, dentist, dietitian, psychologist, and medical specialists. The paramedic assesses the individual and determines that they have a large, 2cm ulcer on the right heel. The paramedic learns from the client and their family that their blood sugars are not well controlled, and no member of the health care team has seen them for several months. The family is committed to supporting the client if they are provided the appropriate information/supports. The family expresses confusion about knowing which health care professional to approach with their concerns.

Solution

The paramedic confirms the current knowledge of the client in managing their diabetes and explains everyone's role on the team with the client and family. The paramedic communicates the assessment findings with the physician who with the client's permission, initiates appropriate referrals in the community with the dietitian, the physiotherapist, the social worker, the dentist and the CHR.

Competencies Used

Role clarification and negotiation, as well as team communication, including:

- sharing their knowledge, skills, expertise, and values with others;
- seeking to understand the knowledge, skills, expertise, and values of team members, including person(s) participating in or receiving care/service;

- recognizing person(s) participating in and receiving care/services as experts in their lived experience, and drivers of their care/services and support and integrate them and their care partners as full and active team members;
- clarifying their own role and that of others and adapt to support context-specific operationalization of roles;
- recognizing and respecting the diversity, fluidity and overlap of other health and social care roles, responsibilities, and competencies.

Team Functioning

Situation

An 18-year-old pregnant teenager, homeless and living in a shelter, is seen at triage in the midwife clinic for high blood pressure at 32 weeks gestation. Laboratory tests reveal the client has gestational diabetes. The midwife explains gestational diabetes and hypertension management to the client and answers all her questions. The client accepts a referral to an endocrinologist and dietitian and understands that other providers will be included in her care. The multidisciplinary team (MDT) will consist of midwives, obstetrician, endocrinologist, dietitian, social worker, antenatal homecare nurse and shelter staff.

Solution

The midwife is the primary caregiver and responsible for providing holistic care, but because of the complexity of the client's situation, an MDT is required to ensure the client receives comprehensive and specialized care. The midwifery team collaborates with the obstetrician to manage client care as the client requires additional support. The obstetrician provides specialized medical care for monitoring the client's gestational hypertension and any potential complications that may arise. The endocrinologist manages and monitors the client's blood sugar levels, ensuring they remain within safe limits and test results are communicated to the midwife. The dietitian works with the client to ensure she has access to healthy food. They discuss a healthy diet for pregnancy and blood glucose goals to promote adequate fetal growth and maternal weight gain, considering culture and nutritional preferences. The dietitian shares the plan with the MDT. The midwife connects the client with the social worker and Mothering Project who will assist in providing housing and financial support to the client.

Upon discharge from triage, arrangements are made for an antenatal home care nurse to see the client at the shelter to monitor her blood pressure and send reports to the midwife and obstetrician to keep them informed of the client's status. The midwife collaborates with the endocrinologist, dietitian, obstetrician and antenatal home care nurse to ensure a care plan is developed for management of gestational hypertension and diabetes. The client continues with prenatal visits with the midwives in clinic and is booked for a fetal assessment for continuous monitoring of fetal growth. After each clinic visit, the midwife reviews the client's care with the obstetrician to ensure effective management of potential complications.

Competencies Used

Team functioning, as well as team communication, including:

- facilitate inclusion and participation of all, especially the person(s) participating in or receiving care/services, in the planning, implementation, and evaluation of care/services;
- understand the interdependence with the other competencies in team development;
- respect and apply the principles of equity, diversity, inclusion, and accessibility with an understanding of the positive impact of strong interdependence among team members on shared decision-making;
- identify a shared common purpose built on varying perspectives and values;

Team Differences and Disagreements Processing

Situation

A team in a small Community Health Centre has an interprofessional team made up of physicians, nurses, a dietitian, occupational therapist (OT), physiotherapist (PT), and a social worker. The team feels that people are treated equally, except for one situation. There is a high incidence of diabetes in the community and the team has developed an education program to address this need. The social worker, OT, PT, dietitian, RN(NP) and the physician all have a role to play in the education program, but the social worker, OT, PT, and the dietitian are consistently the ones who are responsible for advertising, room set up, getting refreshments ready and cleaning up after the workshop. The physician and the RN(NP) come in for a few minutes, present their part of the workshop, and then leave. The routine tasks are not something the physician and RN(NP) volunteer to do, nor are they directly asked to help with them. The social worker, OT, PT, and

dietitian are frustrated by this situation and are starting to feel resentment towards the other team members. The team has regular monthly meetings to discuss workplace concerns or issues.

Solution

The social worker, OT, PT, and dietitian articulate the tension(s) and facilitate team discussions by identifying this issue with the rest of the team. Team members respectfully share how they are feeling, and the associated workload attached to the education program. They listen to their team members to better understand everyone's position on the situation and ask clarifying questions. They come to a consensus and find a solution. The team decides to redistribute the workload, which validates the value of each team member's time, and they agree to evaluate the changes after the next time the program is offered. The team members realize they all have patient or client care responsibilities that are of equal value.

Competencies Used

Team differences/disagreements processing, as well as team communication and team functioning, including

- acknowledging, recognizing, and valuing the inevitable differences in a team that cause tension, disagreement, and conflict;
- identifying a shared common purpose built on varying perspectives and values;
- listening actively and respectfully, while valuing all participants, with emphasis on inclusivity, equity, and diversity;
- proactively addressing disagreements and tension(s) among team members to prevent their escalation or unresolved conflict;
- establishing a safe environment to express diverse opinions and work towards developing consensus;
- effectively addressing disagreements, including analyzing the causes and working towards reaching an acceptable cooperative solution.

Collaborative Leadership

Situation

A patient is recovering on a post-stroke unit; they speak Tagalog and have minimal English-language skills. They are nearing discharge and wish to return to independent living. The family is concerned about how the patient will manage but wishes to support their choice of returning home.

Solution

The nurse-manager calls a team meeting to get input from the various team members involved in care as to the status of the patient and plan regarding discharge. Input is sought from:

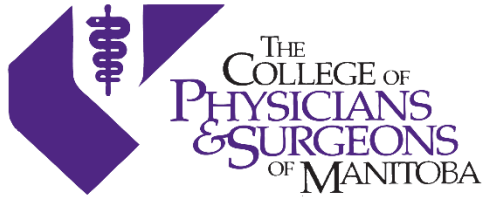
- nursing regarding overall functioning on the ward;
- physiotherapy regarding walking and transfers;
- occupational therapy regarding independence with activities of daily living such as basic food preparation;
- speech language pathology regarding swallowing and communication;
- social work regarding the family's concerns with a safe return home;
- homecare coordinator regarding services at home;
- dietitian regarding food choices and any recommended texture modification at home
- physician regarding stability of the patient's comorbid conditions; and
- the pharmacist regarding medication interactions and alerts.

The nurse-manager arranges a discharge planning meeting that they will chair. Other team members are invited to attend, along with the patient, family and a Tagalog-language interpreter.

Competencies Used

Collaborative leadership, as well as relationship-focused care/services, team communication, role clarification and negotiation, team functioning, including

- facilitating effective team processes for shared decision-making;
- creating a practice culture that values all team members and supports their physical and mental well-being.



PRACTICE DIRECTION

Interprofessional Health Care Delivery

Initial Approval:

Effective Date: XXXXX

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

This Practice Direction is made under the authority of s 85 of the RHPA with specific reference to Part 10 of the CPSM General Regulation.

Introduction

The purpose of the Standards of Practice related to Collaborative Care is to provide guidance to registrants on how they deliver care with other health care providers. When the phrase “other health care providers” is used it may, depending on the circumstances, mean another registrant or another regulated health professional.

Essential Requirements of Successful Interprofessional Health Care Delivery

When registrants are providing collaborative care with other regulated health professionals they are working as a team. The elements of successful teamwork are:

Patient Centric

The most important goal of the Standard of Practice - Collaborative Care is:

Every action or decision must be based on ensuring the patient receives good medical care.

Communication

While engaging in collaborative care, the registrant’s behaviour with other health care providers must be in accordance with *The Code of Ethics and Professionalism*:

- *Treat your colleagues with dignity and as persons worthy of respect. Colleagues include all learners, health care partners, and health care team members.*
- *Engage in respectful communications in all media.*

- *Take responsibility for promoting civility, and confronting incivility, within and beyond the profession. Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authority any unprofessional conduct by colleagues.*
- *Assume responsibility for your personal actions and behaviours and espouse behaviours that contribute to a positive training and practice culture.*
- *Support interdisciplinary team-based practices; foster team collaboration and shared accountability for patient care.*

Respect

Registrants must:

- maintain a consistently professional and respectful demeanour
- recognize and respect the skills, expertise, scope of practice, and resource setting of the other collaborating regulated health professionals involved in the care of the patient

Role Clarification

When registrants work collaboratively with other regulated health professionals, each party will have different roles and responsibilities for providing care to the patient based on their respective scopes of knowledge, skills, and abilities. Effective collaborative care is dependent on the parties knowing their role and competence in the delivery of care to the patient.

Registrants must:

- know their role and responsibilities in the delivery of care to the patient
- recognize their own limitations in skills, knowledge and abilities
- know the role of and use the full scope of knowledge, skills and abilities of other regulated health professionals to provide care that is safe, timely, efficient, effective and equitable

The parties must also have a clear understanding of the goal of collaborative care for the patient. Ensuring the other health care providers understand the goal will enable them to best apply their knowledge, skills and abilities to their role and responsibilities. How this is achieved will be depend on the circumstances of the collaborative care being provided but the registrant needs to ensure that understanding exists.

Leadership

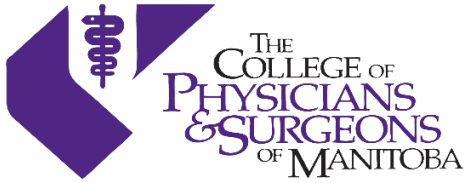
In most situations the registrant will have a leadership role in the delivery of collaborative care. Effective leadership is crucial for guiding the team, facilitating communication, and resolving conflicts. As leaders, registrants must promote a culture of collaboration and respect.

However, depending on the situation and environment another health care professional may have the lead role. In these circumstances registrants must understand their role and be respectful of the other's lead role.

Shared Decision-Making:

Involving all relevant team members in care planning and decision-making promotes comprehensive and patient-centered care.

Including the patient as a part of the team is also very important.



COUNCIL MEETING
DECEMBER 10, 2025
FOR INFORMATION BRIEFING NOTE

SUBJECT: IMG/ITP Working Group Update (Survey Results and Orientation Program)

BACKGROUND:

The IMG Working Group was established in response to longstanding concerns raised by IMGs about barriers to registration, lack of mentorship, orientation gaps, and experiences of discrimination in practice. These issues were identified through direct experience in CPSM's Registration and Complaints & Investigations processes and highlighted the need for systemic improvements to support IMGs entering practice in Manitoba.

Mandate

The Working Group's mandate is to:

- Develop a Standard of Practice for physicians entering practice in Manitoba.
- Create a new orientation program for internationally trained physicians (ITPs)/IMGs.
- Report on its findings and recommendations.

Origins and Timeline

- Initiated in 2023 at the request of CPSM's Registrar following concerns about IMG integration.
- First meeting: February 12, 2024.
- Focus groups: April 2024 to gather input from IMGs and stakeholders.

Guiding Principles

The group emphasizes cultural humility, mentorship, and knowledge exchange to strengthen Manitoba's healthcare system. Its work is informed by stakeholder consultations, focus groups, and survey data, aiming to foster an inclusive and supportive environment for IMGs.

UPDATE:

The IMG Working Group continues its work to develop a new orientation program and a Standard of Practice for internationally trained physicians entering practice in Manitoba. This initiative aims to support safe, effective integration into the provincial healthcare system and uphold CPSM's regulatory standards.

Key activities since May 2025:

- The group finalized the design of a profession-wide survey in May and launched it in September. The survey sought input on learning needs and practice challenges for IMGs.

The survey received 299 responses. A report is being developed for broad distribution to registrants and partners.

- Dr. Nader Shenouda, Working Group Chair, and Dr. Sonja Bruin, Assistant Registrar, Quality, will present survey findings and an overview of the orientation at the December 10 Council meeting.
- Work has progressed on identifying core components and resources for the orientation program (*see Appendix A*). Discussions have included collaboration opportunities with external partners, such as the University of Manitoba's CPD office, to align with continuing professional development standards. The expectation is that the program will be accredited.
- The Working Group has reviewed the draft Standard of Practice. This document will set expectations for IMGs entering practice and is anticipated to be finalized after survey results are analyzed.
- The Working Group emphasized the need to act on the feedback provided by the profession and move this work forward efficiently.

Recent engagement and collaboration

- The November 4 meeting focused on reviewing preliminary survey results and advancing policy discussions.
- CPSM leadership and working group members have explored collaboration with researchers studying IMG learning needs, signalling potential for shared insights and future publications.

Next Steps

- Analyze survey data and incorporate findings into the orientation curriculum and the Standard of Practice.
- Prepare a report on the survey findings to share with registrants and partners.
- Finalize the Standard of Practice for Council consideration.
- Continue partner engagement to strengthen resources and support for IMGs.

Briefing Note prepared by: Mr. Jeremy De Jong, Director, Registration Department and **Wendy Elias-Gagnon**, Communications Officer.



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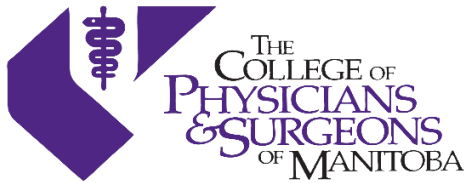
CPSM Orientation for IMGs

January 20 & January 21, 2026

Day 1 – January 20, 2026		
Session 1 9:00am - 10:00am	<p>Introduction to self-regulation.</p> <p>Introduction to orientation program.</p> <p>CPSM's regulatory scheme, including Standards of Practice, Practice Directions, and the Code of Ethics and Professionalism.</p> <p>Continuing professional development expectations.</p>	<p>Registrar: Dr. Ainslie Mihalchuk</p> <p>Complaints and Investigations Department: Dr. Guillaume Poliquin</p> <p>Quality Department: Dr. Sonja Bruin</p>
Session 2 10:00am - 11:00am	<p>Commitment to reconciliation and eliminating anti-Indigenous racism in medical care.</p> <p>Cultural sensitivity and trauma-informed practices in delivering good care.</p>	<p>Restorative Practices Program: Dr. Jason Stoffman Ms. Tara Myran</p>
Break – 11:00am – 11:15am		
Session 3 11:15am - 12:15pm	Equity, access, and participation (Manitoba Faculty presentation).	<p>Rady Faculty of Health Sciences Director, Office of Equity, Access & Participation Kagowa Kuruneri</p>
Lunch – 12:15pm – 1:00pm		
Session 4 1:00pm - 2:00pm	<p>The Patient-centered approach to care and communication with patients.</p> <p>Basics of good care (Good Medical Care SoP).</p>	TBD
Session 5 2:00pm - 2:45pm	Workplace culture and team-based practice environments & communication with colleagues.	TBD
Break - 2:45 pm to 3:00 pm		
Session 6 3:00pm - 3:45pm	<p>Documentation and maintenance of patient records.</p> <p>Practice Management Standards of Practice.</p>	TBD

Day 2 – January 21, 2026

Session 7 9:00am - 11:00am	Safe prescribing. Case discussion on safe prescribing (including our two major prescribing standards, CME death data context, management of polypharmacy).	Dr. Marina Reinecke
Break – 11:00am - 11:15am		
Session 8 11:15am - 12:15pm	Fundamentals of Manitoba’s healthcare system and the role of the physician in that system.	Mr. Rob Shaffer Mr. Sean Brygidyr
Lunch – 12:15pm – 1:00pm		
Session 9 1:00pm - 2:00pm	CMPA resources.	TBD
Session 10 2:00pm - 3:00pm	Business arrangements and practice management in institutional and non-institutional practice settings. This includes billing practices. Doctors Manitoba resources Institutional (e.g. contract review and negotiation) Non-institutional settings (e.g. billing, practice management, etc.). Overview of what to know, info on upcoming specific sessions, as well as contact info for who at DRMB to talk to for 1:1 support when questions arise.	Doctors Manitoba Ms. Shannon Noel



COUNCIL MEETING
DECEMBER 10, 2025
NOTICE OF MOTION FOR APPROVAL

SUBJECT: 2026/2027 CPSM Budget Approval Process

BACKGROUND:

The current budget process has budget development occur from February/March to May with final approval coming at the June Council meeting. The timing of the budget approval occurs almost 2 months after the fiscal year begins (May 1). The consequence of the current approval timing is CPSM operates two months of the year without formal budget/spending approval. Additionally, the timing of CPSM's financial audit also presents a challenging & competing issue with having both budget and audit work/approvals happening at the same time as well as delays financial reporting for the new fiscal year.

RECOMMENDATION:

CPSM has scoped out a revised budget timeline for the fiscal year May 1, 2025 to April 30, 2026.

- Pre-budgeting process begins November with the internal distribution of templates and schedules.
- Draft departmental budgets to be developed in December and early January.
- Review of draft departmental budgets with senior leadership mid to end of January.
- Budget review with Finance Audit and Risk Management Committee in February.
- Presentation to Executive in February (joint meeting with FARM-C).
- **Approval at the March 18, 2026 Council meeting.**
- **Approval of Financial Management Policy and Fee Bylaw – June Council.**
- **Approval of audited financial statements June AGM.**

CONSIDERATION:

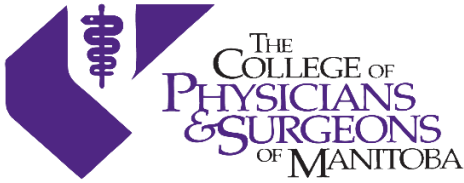
The change in timing has the effect of requiring CPSM to use mid-year results to project year-end results. This change will drive some uncertainty into future budgets due to the change in using forecasted results vs actual year-end results. It is anticipated the impact will be negligible as the majority of expenses at CPSM are relatively predictable in nature. In addition, virtually all companies use mid year or 3rd quarter results to establish the following year's budget baselines.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON DECEMBER 10, 2025, DR. KEVIN CONVERY, PRESIDENT-ELECT, WILL MOVE THAT:

Starting this fiscal year and moving forward, Council will approve the annual operating budget during the March Council meeting as presented, and will update the Fee Bylaw with the revised fees at the June Council meeting.

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



**COUNCIL MEETING
DECEMBER 10, 2025
FOR INFORMATION BRIEFING NOTE**

SUBJECT: Registrar/CEO's Report

Internal - People and Culture

- Complaints and Investigations department has made some notable progress:
 - Lesalie Ramos-Pagat started her role as Research Analyst in the Complaints and Investigations department on October 14, 2025.
 - Mannat Sharma, Complaints and Investigations Program Clerk, Term December 5, 2025, through April 30, 2026
 - Trevor Yakimchuk, Complaints and Investigations Legal Counsel, January 5, 2026
 - Two experienced consultants have been hired on contract for investigations to address the backlog.
- Regular meetings with CPSM's senior leadership team are held to ensure alignment on strategic goals, address emerging issues, and foster collaborative decision-making.

External Relations

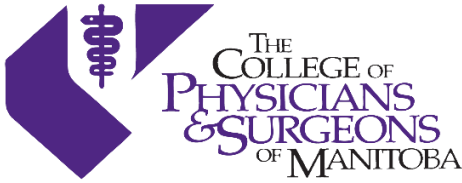
- Attended and brought greetings on behalf of CPSM at the Doctors Manitoba Referral and Consultation Summit held on October 31, where over 100 physicians and health system leaders came together to discuss solutions that could make it easier for referring and consulting physicians to collaborate.
- Met with Silvester Komlodi, Deputy Minister of Health, Seniors, and Long-Term Care.
- Met with Michele Lane, provincial lead for the Health Care Retention and Recruitment Office.
- Participated in the Medical Council of Canada Annual meeting (Council member) and met with national leaders.
- Attended the National Registry of Physicians committee meeting.
- Attended Western Registrar's of the Federation of Medical Regulatory Authorities of Canada (FMRAC) meeting.
- Attended a meeting of the Multi-Jurisdictional Licensure Working Group (FMRAC).
- Attended the Canadian Network of Agencies for Regulation (CNAR) annual conference.
- Attended the Grace Gala honouring of Dr. Ramin Hamedani, on behalf of CPSM.

For Information BN – Registrar & CEO Report

- Participated in the International Association of Medical Regulatory Authorities (IAMRA) Board meeting (director-non-regional).
- Attended the First Nations Health and Social Secretariat of Manitoba (FNHSSM) and the University of Manitoba IK Health Research Study's Kidney Health Symposium.
- Honoured as the recipient of The College of Family Physicians of Canada Reg. L. Perkin Family Physician of the Year Award - Manitoba at Family Medicine Forum awards on November 7, 2025.
- Authorized an amendment to the *Practice Direction – Electronic Transmission of Prescriptions*.

This Practice Direction was created through interprofessional collaboration with five other regulatory agencies. It was last updated on June 1, 2024, as part of the review of the Standard of Practice –Prescribing Requirements. The College of Midwives of Manitoba requested to be added as a signatory to the Practice Direction. The College of Pharmacists of Manitoba approved the addition of the College of Midwives to the Practice Direction and requested that the other signatories of the Practice Direction approve the amendment as well. This was considered a non-substantive amendment, which the Registrar is authorized to make, pursuant to *section 84* of the *Affairs of the College Bylaw*.

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



**COUNCIL MEETING
DECEMBER 10, 2025
FOR INFORMATION BRIEFING NOTE**

SUBJECT: Performance Metrics Update

BACKGROUND:

The 2025-2026 – 2nd 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.

The Complaints and Investigations Department is undergoing a revamp, in part driven by the changes to the Complaints Committee, which in turn is driving the requirement to redefine the metrics strategy.

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

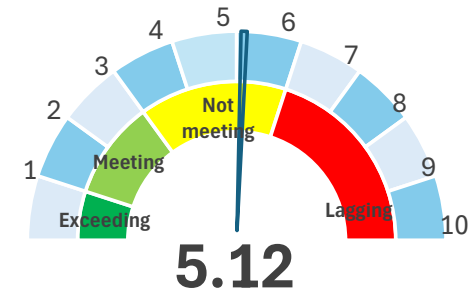
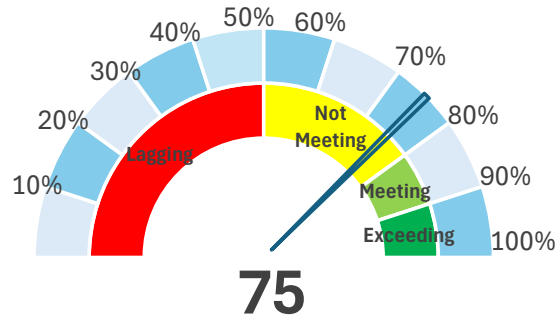
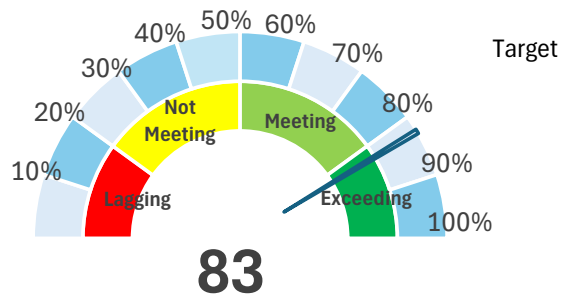
CPSM Performance Scorecard

2025-26 - 2nd Quarter



	Snapshot				
	Quality	CI	Registration	Support	Total
Meeting/Exceeding	8	1	3	7	19
Not Meeting	4			3	7
Lagging	1				1
Insufficient data	1	1		2	4
Total # of Performance Metrics	14	2	3	12	31

QUALITY - Quality Assurance



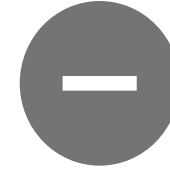
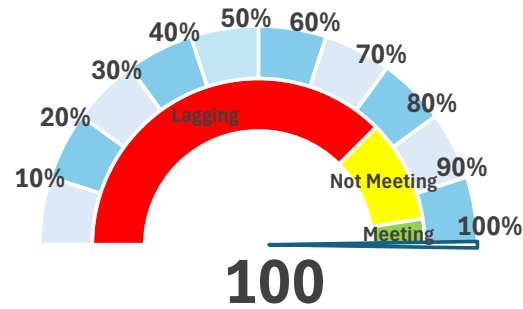
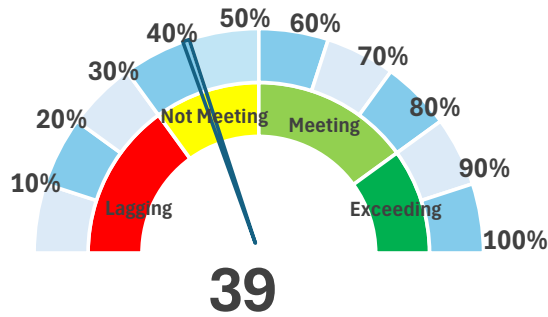
12/16 Audits completed within 30 days (75%).

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
target not met due to staffing issues

Provisional Registration chart audit reports will be sent to the physician in a timely and predictable manner
Target is 3 days
Have improved from quarter 1 but unexpected volume increase and thus not achieving KPI due to doubling of cases. Target needs to be revised. Number of registrants has doubled and not possible to meet prior target with current staffing

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	Referral numbers and sources vary from quarter to quarter. Full year analysis is more revealing of trends, patterns.

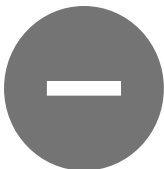
Implement the necessary monitoring/restrictions on identified high-risk registrants.
100% of flagged registrants are monitored

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.
Will report annually only

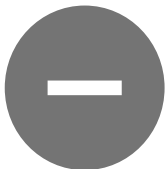
QUALITY - Quality Improvement



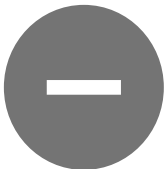
Quality Improvement is on track to "initiate" reviews with 100% eligible registrants by Dec 2025.



Category 1



Category 2

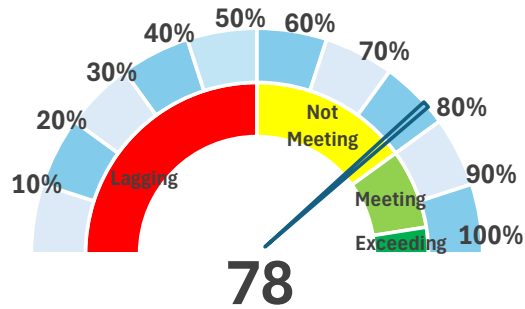


Category 3

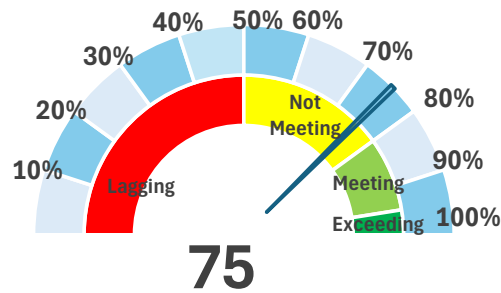
Performance Indicator	CPSM will complete reviews of 95% of all eligible registrants by the end of the seven year cycle (December 2025)
Targets	Initiate remaining eligible registrants
Variance Explanation/Course Correction	

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
Fall cohort was launched in October 2025 - reporting will begin in 2026	

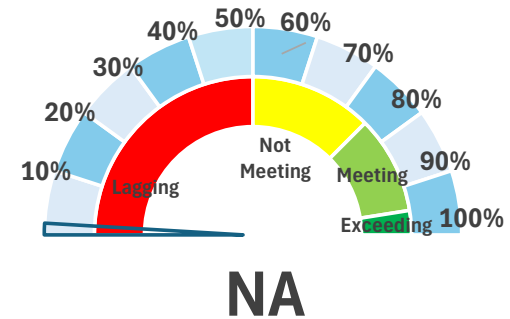
QUALITY - Prescribing Practices Program



78% within 1 business day
88% within 2 business days



75% high risk within 1-2 business days
83% moderate risk within 1-2 weeks

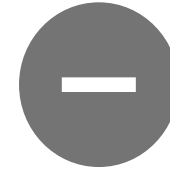
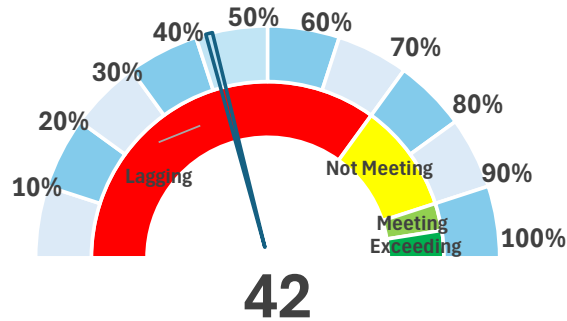


Performance Indicator	Will respond in a timely manner to general prescribing advice inquiries
Targets	80% - 1 business day 90% - 2 business days
Variance Explanation/Course Correction	Staffing absence likely impacting program responsiveness

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
Approaching target. With staff shortages, program prioritizing cases triaged with increased risk (often requiring more intensive intervention).

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 & Q2 is too low to maintain anonymity or for significant data analysis. Plan is to re-evaluate in coming quarters.

QUALITY - Accreditation



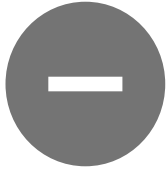
due to external factors, this measure is on hold

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	7 of the 12 inspections planned were deferred due to wildfires. Note: 2 public inspections to open new equipment were performed in Q2 - these 2 inspections were not part of the contracted number of inspections.

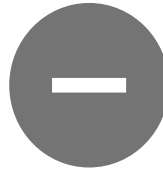
MANQAP completion of 7 temporary status site accreditations accumulated since Covid to meet compliance with the Continuing Service Agreement MB
Complete by year-end
on track to complete by Q3

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 sent to 4 sites- response is pending

COMPLAINTS & INVESTIGATIONS



No cases received in 1st quarter that meets criteria



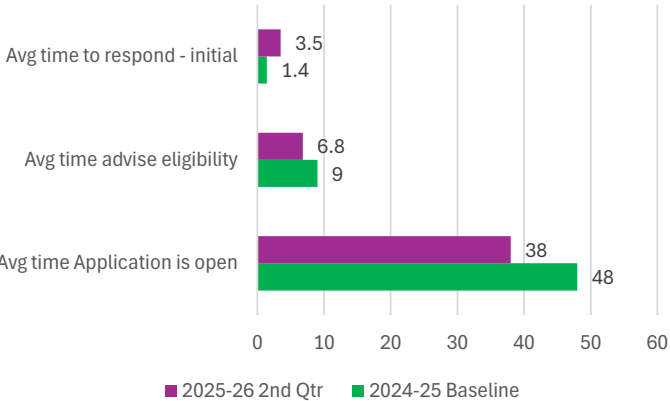
Performance Indicator	Response Time for Boundary Violations/Severe Care Issues
Targets	90% have plans in place in 5 days
Variance Explanation/Course Correction	

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)

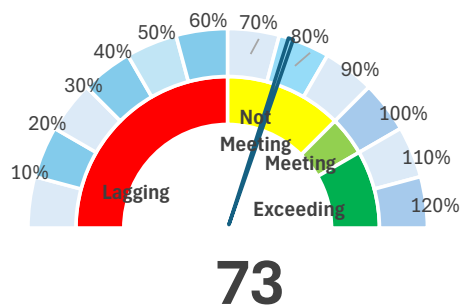


Performance Indicator	National Registry Project development and implementation
Targets	Implementation of Phase 2
Explanation/ Course Correction	

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

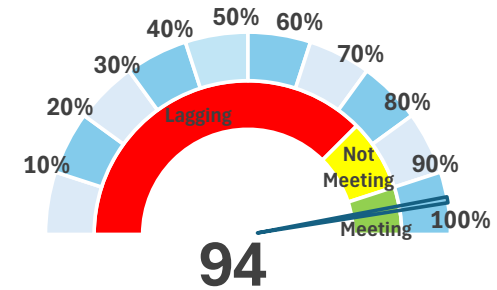
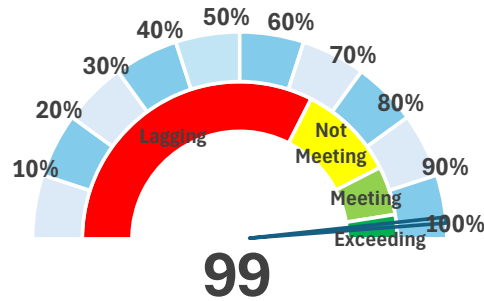
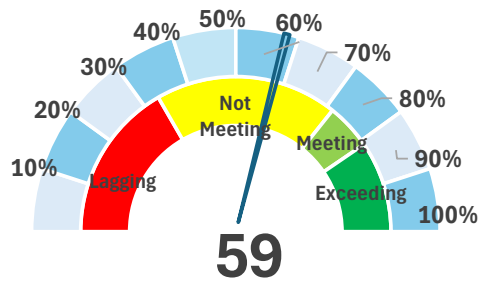


Performance Indicator	CPSM will maintain adequate reserves
Targets	Debt to Equity ratio of 1.0 (reported annually). Reserves are maintained at a min 100% of operating expenses
Variance Explanation/Course Correction	Reserves at 73% of operating expenses excluding government programs

Performance Indicator	CPSM will achieve a balanced budget
Targets	
Variance Explanation/Course Correction	2nd quarter forecast indicates CPSM should end the year in a positive position

Performance Indicator	CPSM implement an investment strategy that supports it's mandate
Targets	Achieve a rate of return on investments of 8%
Variance Explanation/Course Correction	For the 6 months, investments are trending up from the previous year. As of Oct rate of return on investments increase from 4% in the previous year to 6%

SUPPORT AREAS - Information Technology

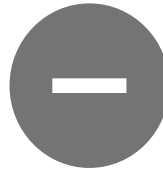


Performance Indicator	CPSM's technology and information is protected from both external and internal loss/destruction
Targets	Centre for Internet score of 70-75%
Variance Explanation/Course Correction	<p>Timing of the following implementations impacted the score Outstanding items:</p> <ol style="list-style-type: 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



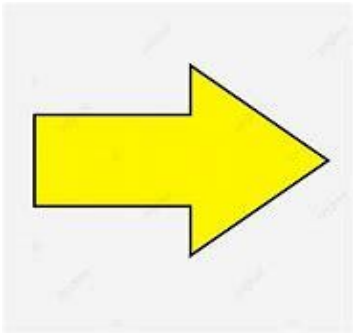
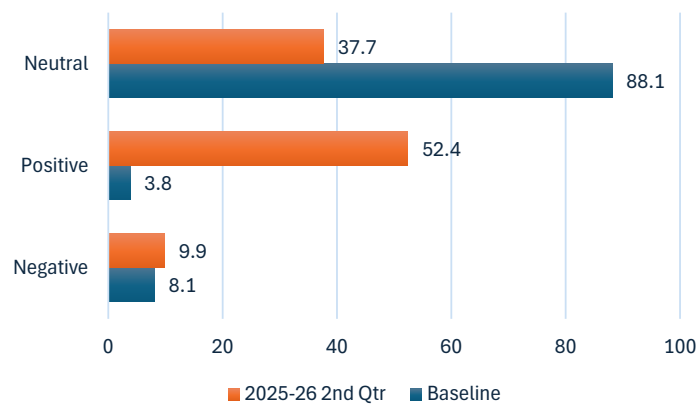
Performance Indicator	Employee satisfaction and engagement with CPSM priorities
Targets	Conduct staff Survey and report on findings
Variance Explanation/Course Correction	All departments have been re-engaged on survey results with discussion and development on future goals

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

Employees are productive
Metric is being reviewed

SUPPORT AREAS - Communications

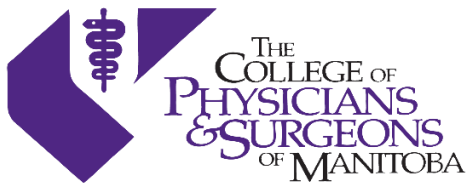
Media Sentiment



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.
We are anticipating more in-person engagement with the public through the Restorative Practices Program that communications will support.

of engagement targets met
Boost engagement from the public & registrants
1) Managed and hosted a webinar on A Restorative Approach to Anti-Indigenous Racism in Medical Care with the RPP team on September 16. 2) Supported pre-consultations on collaborative care, including the Referral Summit.



**COUNCIL MEETING
DECEMBER 10, 2025
FOR INFORMATION BRIEFING NOTE**

SUBJECT: Operational Reports

COMMUNICATIONS & MEDIA

The communications function oversees corporate communications, including email campaigns, registrant, public, and media communications, as well as the launch of new or updated Standards of Practice, public consultations, and the development of assets to support communications campaigns.

Highlights from this quarter include:

- Releasing the 2024-25 Annual Report, including issuing a media release, which resulted in 20 items of coverage between September 18 and October 30, 2025.
- Supporting messaging for the Doctors Manitoba Referral and Consultation Summit, including presentation materials presented by the Chair of the Collaborative Care Working Group and collecting feedback on the draft standard at and post-event.
- Overseeing the development of educational videos for 2026 distribution.
- Managing communications for the public consultation on a new proposed Councillor Election Process.
- Supporting the IMG Working Group, including the development and launch of a survey. Currently developing a report to publish survey findings.
- Providing communications components to Registration for annual renewals.
- Supporting the Registrar's office with external and internal communications.
- The Communications Officer attended the Canadian Network of Agencies for Regulation (CNAR) annual conference.

Supporting the Restorative Practices Program

- Works 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), including:
 - Managed and hosted a registrant webinar with the Restorative Practices Program team.
 - Developed one-pagers for broadly sharing information about the mandatory cultural safety and anti-Indigenous training and the Restorative Practices Program, distributed during the week of National Day for Truth and Reconciliation.
- In development: assets to support education, including:

For Information BN - Operational Reports

- A visual identity and execution plan for the program.
- Collateral on the program.
- Video on the significance of addressing anti-Indigenous racism in medical care.

Media:

Responded to several media inquiries that aligned with regulatory matters. Notable coverage in this period included inquiries regarding the net increase of physicians in Manitoba, the number of U.S. physicians relocating to Manitoba, addressing the backlog of complaints, and the suspension of a registrant.

[Political 'instability' a factor in move to Manitoba, says 1 of 6 docs recruited from U.S.](#)

(CBC News Winnipeg, October 23, 2025)

[More than 30 U.S. doctors on path to Manitoba](#) (Winnipeg Free Press, October 16, 2025)

[Building a better complaints system for Manitobans](#) (Winnipeg Free Press, October 4, 2025)

[Rise in international trainees helps Manitoba add 164 net new doctors](#) (Winnipeg Free Press, September 19, 2025)

Registrant communication campaigns:

- Restorative Practices in Medicine Webinar invite (Dec 2)
- October newsletter
- Post webinar recording and anti-Indigenous racism resources
- Announcement: Public Consultation Councillor Election Process
- September Council Update

Submitted by:

Wendy Elias-Gagnon

Communications Officer

COMPLAINTS & INVESTIGATIONS DEPARTMENT

The Complaints & Investigations Department (CI) continues on its road of renewal and restructuration. Significant time and effort has been invested in recruiting new talent to the team to deliver on established and new functions. The recruitment processes have delayed the full-scale launch of our Analytics Unit, but with hiring essentially completed, these functions are coming online.

In response to overwhelming workload, we have secured the support of two non-physician investigators on a contractual basis. These two individuals join the team with a wealth of investigative experience in nursing, paramedic and dentistry. They are presently getting up to speed with CPSM-specific processes and will be applying their wealth of expertise to support the Investigation Committee work. We are already benefitting from their experience in other regulatory colleges, bringing fresh perspectives to CPSM.

For Information BN - Operational Reports

The sunseting process for the Complaints Committee is well underway. There are less than 60 cases remaining with most in the final stages of review. We are on track for the bulk of the cases being resolved in the first quarter of 2026, with a handful of straggler cases to be either referred to the Investigation Committee or resolved through alternate means thereafter.

In order to better track the impact of the new processes compared to historical approaches, we have begun to track investigations either as regular investigations or “legacy” investigations. Legacy investigations refer to investigations that were started prior to September 1, 2025. While the full impact of process changes will take time to measure, we are hoping that having a historical comparison group will help identify the areas that are working better under the new system and which ones still need additional review.

On a personal note, I would like to express my wholehearted gratitude to the CI team. The past several months have been one of intense upheaval, relentless public scrutiny and staffing challenges. The team has discharged their duties admirably and CPSM is fortunate to have a team dedicated to enhanced public safety through innovation.

Submitted by:

Dr. Guillaume Poliquin

Assistant Registrar, Complaints & Investigations Department

FINANCE

2025-26 Q1 Financial Results

CPSM posted a net surplus of \$729,000 vis-à-vis budget of \$45,000 net deficit, resulting in \$774,000 favorable variance. Favorable variances of \$408,000 in Revenues and \$366,000 in Expenditures both played significant roles in producing a solid operating results for the first half of the year. CPSM predicts that it is possible the surplus could be preserved at the end of the year.

Investment Update

The Principal Protected Note (PPN) segment of the investment portfolio has performed very well in recent months. Following the advice of the investment adviser, CPSM decided to lock in the gains by selling the PPN's ahead of their maturity and use the proceeds to reinvest in a new set of PPN's. The PPN's underlying asset is equity-based. The investment adviser is poised to invest further in equity market to increase the equity segment of the portfolio consistent with CPSM's revised investment policy.

Yearly Budget Exercise – New Timeline

The planning for the 2026-27 operating budget is currently underway. The timeline has been altered to begin a number of months earlier with the target to have the preliminary budget ready for review by senior leadership in January and a potential approval by Council in March.

For Information BN - Operational Reports

The earlier approval is contingent on the December Council meeting and approval of the revised budget approval timelines.

Bill Payment Initiative

CPSM successfully introduced the bill payment option for payment of fees by the members with a utilization rate of 8%.

Submitted by:
Mr. Paul Penner
Chief Financial Officer

INFORMATION TECHNOLOGY

The IT team has been busy with many different projects. The team continues to make improvements in CPSM's cybersecurity posture.

- Development of the Quality Assurance project is complete; the team is now testing the system with users with the final roll-out to happen before the calendar year-end.
- The IMG Survey has been sent and completed.
- The CPSM Portal is now able to facilitate taking invoice payments through banks or financial institutions. Significant testing was required to ensure Registrants were able to process their annual renewal using the alternative payment method.
- Penetration Testing by an external third party was completed in September 2025.. The results overall were positive with only small number of recommended changes. Remediation for the found vulnerabilities has been completed. The plan is to engage the external consultant to confirm that our remediation was successful.
- Enhancements in our Microsoft licensing has bolstered CPSM's cybersecurity posture.
- In the new year, CPSM will take part in a tabletop exercise to run through common cybersecurity incidents. The goal is to be prepared to run through a crisis scenario in a clear, calm, and decisive manner while meeting the goals of the organization.

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

For Information BN - Operational Reports

as total compensation. The position provides strategic leadership by articulating human resources needs and plans to the executive management team, strategic partners, and Council.

- Supported Department Organizational Design reviewing positions, competencies and human resources.
- Joining CPSM are:
 - Lesalie Ramon Pagat, Complaints and Investigations, Policy/Research Analyst
October 14, 2025
 - Trevor Yakimchuk, Complaints and Investigations Legal Counsel, January 5, 2026
 - Mannat Sharma, Complaints and Investigations Program Clerk, Term December 5, 2025, through April 30, 2026
- Leaving CPSM are:
 - Lauren Phouthavongsin, Restorative Practices Coordinator, October 28, 2025
 - Kylee James, Review Analyst, October 6, 2025
- Positions currently being recruited are:
 - Program Coordinator, Restorative Practices Program
 - Assistant Inspector, MANQAP

Submitted by:

Ms. Sherry Dupuis

Executive Director, People and Culture

QUALITY DEPARTMENT

Manitoba Quality Assurance Program (MANQAP)

- Fully executed 2025/2026 Continuing Service Agreement (CSA) with Manitoba Health was received October 7, 2025.
- Communication strategy with Shared Health and private Diagnostic facilities in the province has been successfully completed introducing the Western Canadian Accreditation Alliance (WCAA) Diagnostic Imaging Standards. The implementation of the Standards will start January 2025.
- MANQAP continues to participate within Physician Office Laboratory (POL) Inspections, PRC was presented with the new educational information sheet. Plans to distribute to all new POL applicants and starting 2026 as part of registration package to registrants.
- Highlight: Non-Hospital Adverse Patient Outcome (APO) update. Onboarding a new hire as Nurse APO Consultant (no guaranteed hours). Beginning of Q1 52 APO cases, beginning of Q3 35 APOs- listed and categorized below.

Status- Where in APO Process	
Notification received, Waiting for NHMSF forms	1
Hospital Chart Received – need to select physician review type	10
Waiting for physician review * note: To outreach for a new physician consultant	3
Physician Review Done – Feb PRC	5

For Information BN - Operational Reports

Spine APOs package (1 = Response to PRC, 3 reviewed, 4 waiting to be reviewed)	8
Urinary Retention APOs Package (2 reviewed) note: an additional 3 spine APOs from above are included in this package	2
Dental APOs (2 from Dental facilities, 3 from NHMSFs) note: Two of these cases are considered closed now that the MOU is in place with MDA- finalizing letters, paperwork and process.	5
Not an APO * upon further review, not an APO- need to finalize letter template/response back to NHMSF.	1
TOTAL	35

Physician Health Program (PHP)

- Since the last report given at the September 24th council meeting:
 - 24 new referrals (16 remain open for further follow-up)
- Year to date: 73 new referrals (since May 1, 2025).
- 44 current Undertakings.
- Caseload: 151 (includes new/active referrals, registrants with undertakings, practising registrants with scheduled follow-ups and registrants on medical LOAs that require follow-up).
- Building training modules for anyone who is a PHP Supervisor.
- Ongoing review & considerations of alternate SUD testing requirements.
- Continue to see positive results from the PHP survey (1st survey in 2025/2026 fiscal year was distributed on May 7, 2025).
- Outreach to health care leadership (WRHA November 19, Shared Health and provincial CMO group) regarding duty to report.

Prescribing Practices Program (PPP)

- **Registrant Advice & Support:** responded to **43 general prescribing advice** inquires Sep-Dec (205 GPA cases thus far in 2025). KPI metrics: 65% responded to same day, 81% within 1 business day, and 86% within 2 business days.
- **Outcome Evaluation:** Presently 67% 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. Last year 96% of survey participants agreed or strongly agreed that PPP interventions were timely, supportive, and helpful.
- **Prescribing Approvals:** Issued **7 Suboxone & 1 methadone approval** for OAT Sep-Dec (current total 259 OAT prescribers). **1 pain/palliative methadone approval** Sep-Dec (current total 73 P&P prescribers).
- **Quality Prescribing Review Working Group:** Supporting SLT with 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 (5 in progress, 4 closed). Risk stratification used to design intervention toward quality assurance and safer prescribing practices.

For Information BN - Operational Reports

Quality Assurance Program (QAP)

- Currently testing the final phases of the Portal and full migration will be complete for early 2026.
- 29 reviews were assessed at Central Standards Committee in September 2025.

Quality Improvement Program (QIP)

- Continual planning for second cycle 2026-2032.
- Auditor Training Workshop held in November 2025.

Restorative Practices Program (RPP)

- Recruiting for Program Coordinator.
- Intake and triage processes have been developed and are being refined.
- Regular meetings taking place with C/I to develop a referral and consultation process.
- Identifying data points and KPI, both operational and outcome. Outcome data more challenging in restorative practices because not discrete – have been working with experts in restorative justice on potential frameworks.
- Outreach continues to registrants, communities, and the broader public. Presented at CNAR TV and plans for a formal CNAR webinar are in early stages. Speaking at Dakota Ojibwe Health Services in December, quarterly webinar series in development. Planning underway for visits to different health regions, with priority to Thompson and Brandon. Abstracts submitted to the Rural and Remote Physicians Conference and being prepared for the Canadian Association of Emergency Physicians conference.
- Dedicated logo and branding being developed for outreach and education activities.

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,
- improving orientation opportunities,
- 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.

For Information BN - Operational Reports

To meet the above objectives:

- The Registration Department continues to develop 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 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 the University of Manitoba, 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 draft regulatory changes for the recency of practice requirements for the provisional (family practice-limited) class (out for consultation),
 - is working closely with the Department of Emergency Medicine to explore new approaches to pathways to registration for qualified physicians,
 - is working closely with the University of Manitoba on the relaunch of the PRA MB-FP.
- 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-IMGine 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.
- We are directly supporting:
 - The development of the National Registry of Physicians through collaboration with the MCC and other Canadian MRAs.
 - 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 seventh meeting in December 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,

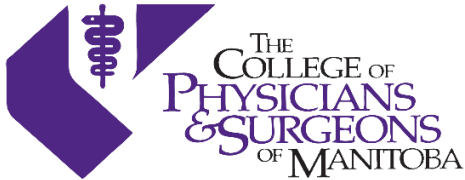
For Information BN - Operational Reports

- 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

Director, Registration Department



**COUNCIL MEETING
DECEMBER 10, 2025
COMMITTEE REPORTS
FOR INFORMATION BRIEFING NOTE**

EXECUTIVE COMMITTEE REPORT:

The Executive Committee met on November 19, 2025. Most of the matters discussed are on the current Council meeting agenda.

Panels of the Executive Committee met separately on November 7, 17, and 24, 2025 to consider 7 appeals of decisions from the Investigation Committee.

Respectfully submitted by

Dr. Charles Penner

President, CPSM and Chair of the Executive Committee

BOARD OF ASSESSORS REPORT:

Since August 2025, the Board of Assessors has met on three occasions:

- **August 14, 2025** – two applications were considered.
- **October 23, 2025** – two applications were considered.
- **December 4, 2025** – one application was considered, along with policy updates.

The Board continues to address complex registration issues. These meetings involve in-depth discussions among CPSM staff, enriched by input from public representatives. This collaborative approach ensures that decisions are well-informed and transparent.

The benefits of these deliberations extend beyond the meetings themselves. They inform the day-to-day work of the Registration Department and contribute to ongoing policy development, strengthening our processes and supporting consistent, fair decision-making.

Respectfully Submitted by

Dr. Alewyn Vorster

Chair, Board of Assessors

COMPLAINTS COMMITTEE REPORT:

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

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

For Information BN - Committee Reports

- September 25, 2025

During this period, 65 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 Nov 10, 2025		For the full year May 1, 2024 to April 30, 2025	
No further action	24	37%	80	50%
Advice	10	15%	33	21%
Criticism	9	14%	16	10%
Informal resolution	3	5%	6	4%
Referral to Investigations Committee	8	12%	16	10%
Cases withdrawn	-	-	1	1%
Dismissed	9	14%	-	-
Referred to Quality Program	2	3%	3	2%
Other	-	-	4	2%
Total	65	100%	159	100%

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

Cases closed during the period	For the period May 1, 2025 to Nov 10, 2025	For the full year May 1, 2024 to April 30, 2025
Number of meetings	4	11
Outstanding cases, beginning of year	133	132
New complaints received during period	2	160
Total number of complaints	135	292
Total cases closed during the period	(65)	(159)
Outstanding cases, end of the period	70	133

Respectfully submitted by
Ms. Lynette Magnus
Chair, Complaints Committee

For Information BN - Committee Reports

CENTRAL STANDARDS COMMITTEE REPORT:**Central Standards Committee (CSC) Activities for the year 2025**

CSC met March 7, June 20, September 19, and November 21, 2025.

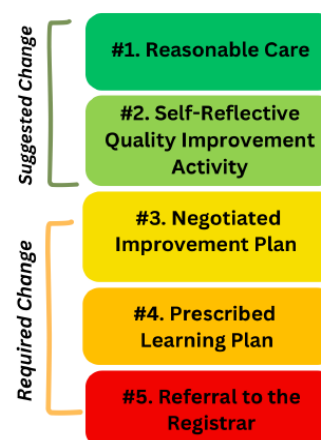
QUALITY ASSURANCE (QA) AGE TRIGGERED/REFERRED AUDITS REVIEWED IN 2025

The CSC reviewed:

- 35 New and Repeat QA Age-Related Reviews
 - 58 New and Repeat QA Referred Reviews
- (Two cases with same physician resulted in one outcome – Interactive Audit)

The following outcomes were determined at CSC.

63	#1 Outcomes
14	#2 Outcomes
4	#3 Outcomes
5	#4 Outcomes
5	#5 Outcomes
*1	Other – Full Practice Audit, Interactive Audit and More Information Requested (two cases = one outcome, same registrant involved in two single case reviews)
91	Total outcomes

**Standards Sub-Committee Reporting.**

CSC receives 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	Last Report Received
Brandon Regional Health Centre ASC	Prairie Mountain	Dr. Brian Bookatz	10-Oct
Interlake-Eastern ASC	Interlake-Eastern	Dr. Habtu Demas	06-Oct
Northern ASC	Northern	Dr. Shadi Mahmoud	16-May
Portage ASC	Southern	Dr. Jim Ross	19-Sep
Prairie Mountain Health ASC	Southern	Dr. Shannon Prud'homme	25-Apr
Southern ASC	Southern	Dr. Shayne Reitmeier	17-Feb
Boundary Trails Health Centre	Southern	Dr. Kevin Convery	23-Oct

For Information BN - Committee Reports

Eden Mental Health Centre	Southern	Dr. William Miller	02-Oct
CancerCare	Provincial	Dr. Chantalle Menard	09-Sep
Endoscopy Provincial	Provincial	Dr. Gerard Coneys	19-Feb
Orthopedic Surgery Provincial	Provincial	Dr. Eric Bohm	04-Apr
Winnipeg Regional Health Standards Committee	WRHA	Dr. Elizabeth Salamon	29-Apr-2024

The following cumulative report includes total numbers from Quarter 3 reports received from all Provincial Standards Committees and Area Standards Committees for the months of September 2025 – November 2025.

Cumulative Reporting by Area/Region:

			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					
	Cases Reviewed due to an Adverse Patient Outcomes (APO)	26	26				
	Cases Referred because of a concern but not an APO	0					
	Non-APO cases – either routine or randomly selected	0					
	Practice Review or Interactive Review	0					
	Newsletter Item	0					
	Referral to Another Organization	0					
	Number of Meetings in 2025	20					

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

FINANCE, AUDIT & RISK MANAGEMENT COMMITTEE REPORT:

The Finance, Audit & Risk Management Committee met on November 19, the items below represents the summary of the meeting.

2025-26 Audit Plan

The BDO auditor presented to FARMC their audit program for the year 2025-26—discussing their areas of focus, audit materiality levels, and timelines.

2025-26 Q1 Financial Results

CPSM has posted a net surplus of \$729,000 vis-à-vis budget of \$45,000 net deficit, resulting in \$774,000 favorable variance. Favorable variances of \$408,000 in Revenues and \$366,000 in Expenditures both played significant roles in producing a solid operating results for the first half of the year. Based on reviewing expenditures expected to occur in the 2nd half of the year, management is forecasting a year-end surplus of \$700,000-\$900,000.

Investment Update

The Principal Protected Note (PPN) segment of the investment portfolio has performed very well in recent months. Following the advice of the investment adviser, CPSM decided to lock in the gains by selling the PPN's ahead of their maturity and use the proceeds to reinvest in a new set of PPN's. The PPN's underlying asset is equity-based. The investment adviser is poised to invest further in equity market to increase the equity segment of the portfolio consistent with CPSM's revised investment policy.

Yearly Budget Exercise – New Timeline

FARMC reviewed the new operating budget approval timeline. The fundamental change is related to moving the approval from the June Council meeting to the March Council meeting. The briefing note will be presented to December Council meeting for discussion and approval.

Bill Payment Initiative

CPSM successfully introduced the bill payment option for payment of fees by the members with a utilization rate of 8%. The plan with respect to incenting Registrants to increase the utilization of the bill payment option, which decreases credit card fees, will be reviewed for the next membership year.

Part-time Certificate of Practice Fees

The Committee reviewed a Registrants request to consider discounting fees for part-time practitioners. The issues were reviewed as well as an environmental scan of other medical regulatory authorities and in addition a few other Manitoba regulatory authorities.

For Information BN - Committee Reports

1661 Lease Review

Details of the current lease were reviewed as well as a report on the recent move of the College of Registered Nurses (CRNM). The structure of plan to review leasing options was shared with the Committee.

Risk Management - Cybersecurity

Sam Lount, Manager of Information Technology for CPSM attended the meeting and presented on the recently completed penetration testing that CPSM was involved in. In addition, Mr. Lount shared plans on implementing security features (multi-factor authentication) on the Registrant Portal and as well as future cyber training related to tabletop incident command exercises.

Respectfully submitted by

Dr. Kevin Convery

Chair, Audit & Risk Management Committee

INQUIRY COMMITTEE REPORT:

After June Council meeting, I took over the responsibility of the chair of the inquiry Committee. I noticed we are in need of recruiting more members to the inquiry Committee. We have recruited eight physicians that were approved by the council in September 2025. Also, we recruited three public members who need to be approved by the Minister of Health and the approval is pending.

We are expecting multiple Inquiry hearings in 2026. In Collaboration with the CPSM senior leadership, we are working on:

1. Training session for the members of the inquiry Committee to clarify their role and answer their questions.
2. We are working on SOP to streamline the process of referral from IC to the inquiry.
3. We will be modifying and streamlining the procedural rules of the inquiry Committee that is part of the College affair bylaws and most likely it will be presented to the Council in March 2026 for approval.

Respectfully submitted by

Dr. Nader Shenouda

Chair, Inquiry Committee

INVESTIGATION COMMITTEE REPORT:

Since beginning my role as Chair of the Investigation Committee, supported by Dr. Abbu in the new position of Vice-Chair I have Chaired the August 27th, September 10th and October 22nd Committee meeting.

At the August 27, 2025 Special Meeting, three cases were reviewed with the following outcomes:

- Refer to Inquiry - 2
- Advice - 1

For Information BN - Committee Reports

At the September 10, 2025 meeting, eleven cases were reviewed with the following outcomes: to review three matters. This resulted in the following outcomes:

- Criticism - 7
- Deferred – 1
- Undertaking – 1
- Surrender of License – 1
- Refer to Inquiry – 1

At the October 22, 2025 meeting, thirteen cases were reviewed with the following outcomes:

- No Further Action - 9
- Deferred – 3
- Undertaking – 1

As of November 19, there are 262 open investigations.

Respectfully submitted by
Dr. Jennifer McNaught
Chair, Investigation Committee

PROGRAM REVIEW COMMITTEE REPORT:

Diagnostic Facilities:

The Committee voted to add echocardiography to the diagnostic imaging modalities that MANQAP inspects as part of ultrasound. Government has approved the use of funds for the inspection of six public sites. Private facilities will be billed back for costs associated with inspections, as well as a yearly accreditation fee. MANQAP has standards and consultants in place for these inspections.

Non-Hospital Medical Surgical Facilities (NHMSF):

The Committee voted to add sleep clinics to the list of procedures/clinics that require NHMSF accreditation. The next step is to follow the process for these clinics to be added to the Accredited Facilities Bylaw.

Cost recovery for inspections and yearly fees will be implemented for these facilities. Standards are available through MANQAP's alliance with The Western Canada Accreditation Alliance (WCAA).

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