

AGENDA

CPSM Office
1000 – 1661 Portage Avenue

Time		Item	Action	Presenter	Page #
5 min	8:00 am	1. Opening Remarks and Land Acknowledgement		Dr. Penner	2
0 min	8:05 am	2. Approval of Agenda	For Approval	Dr. Penner	3
5 min	8:05 am	3. AGM Minutes June 25, 2025	For Approval	Dr. Penner	
5 min	8:10 am	4. Financial Statements i. CPSM Summary Financial Statements ii. CPSM Financial Statements iii. Manitoba Quality Assurance Program iv. Manitoba Physician Public Register Program	For Approval	Dr. Penner	6
0 min	8:15 am	5. Appointment of Auditors	For Approval	Dr. Penner	44
5 min	8:15 am	6. Bylaw Amendments • Affairs of the College Bylaw • Central Standards Bylaw	For Approval	Dr. Penner	45
0 min	8:20 am	7. Election Results	For Information	Dr. Penner	95
		8. End Meeting			
20 min		Estimated time of sessions			

Land Acknowledgment

We acknowledge we are gathered on Treaty 1 Territory and that CPSM regulates the practice of medicine on the Treaty Territories of Treaty 1, Treaty 2, Treaty 3, Treaty 4, Treaty 5, and Treaty 5-Adhesion. We recognize these are the ancestral lands of the Anishinaabeg (Anish-in-NAW-bay), Anishinewuk (ANISH-in-nin-new-uk), Cree, Dakota Oyate Dah-KO-tah oh-yah-Day, Denesuline (Deh-nay-soo-li-nay), and Nehethowuk (Neetho-uk) Nations, and the National Homeland of the Red River Métis.

We acknowledge that Northern Manitoba includes lands that were and are the ancestral lands of the Inuit.

CPSM acknowledges and apologizes for its role in contributing to the disproportionate health inequities that exist amongst the Indigenous communities in Manitoba. These failures include inadequately addressing Indigenous-specific racism by medical practitioners. We respect and celebrate the resilience and strength First Nations, Inuit and Métis people have displayed in the face of genocide and the displacement of their land and water.

It is a privilege to regulate the practice of medicine on these lands and CPSM pledges to improve. The first step to improving is continual acknowledgment of our respect for the spirit and intent of Treaties, and our commitment to working in partnership with First Nations, Inuit and Métis people in the spirit of truth, reconciliation and collaboration.

Last updated on May 22, 2026



CPSM Pipe Ceremony on Treaty 1, June 6, 2025.

Minutes of the Annual Meeting of the Membership June 25, 2025

A meeting of the Membership of The College of Physicians and Surgeons of Manitoba was held in-person on Wednesday, June 25, 2025, at the CPSM Office at 1661 Portage Avenue, Winnipeg, Manitoba with a virtual option via Zoom.

1. CALL TO ORDER

The meeting was called to order at 8:01 a.m. by the Chair of the meeting, Dr. Nader Shenouda.

REGISTRANTS:

Dr. Nader Shenouda - President
Dr. Charles Penner
Dr. Kevin Convery
Dr. Carrie Corbett
Dr. Wendy MacMillan-Wang
Dr. Jennifer McNaught
Dr. Lisa Monkman - **Virtual**
Dr. Alewyn Vorster
Dr. Ainslie Mihalchuk
Dr. Guillaume Poliquin
Dr. Sonja Bruin
Dr. Marilyn Singer – **Virtual**
Dr. Ganesan Abbu
Dr. Jennifer Coombs - **Virtual**

MEMBERS OF THE PUBLIC:

Mr. Allan Fineblit, Public Councillor
Ms Marvella McPherson, Public Councillor
Ms Leanne Penny, Public Councillor
Ms Lynette Magnus, Public Councillor
Mr. Neil Cohen, Public Councillor
Ms. Clara Weiss - **Virtual**
Ms. Sandra Bourgon – **Virtual**

STAFF:

Mr. Mike Triggs, General Counsel
Mr. Paul Penner, Chief Financial Officer
Mr. Jeremy de Jong, Interim Director, Registration
Ms Karen Sorenson, Executive Assistant
Ms Barbie Rodrigues, Executive Assistant
Ms Wendy Elias-Gagnon, Communications Officer

2. OPENING REMARKS AND LAND ACKNOWLEDGMENT

Dr. Shenouda conveyed the CPSM Land Acknowledgment and extended his gratitude to Council, Dr. Mihalchuk and the Senior Leadership Team for all their supporting during his time as President.

3. ADOPTION OF AGENDA

IT WAS MOVED BY DR. JENNIFER MCNAUGHT, SECONDED BY DR. ALEWYN VOSTER:
CARRIED

That the agenda be approved.

4. ADOPTION OF MINUTES OF JUNE 26, 2024

IT WAS MOVED BY DR. KEVIN CONVERY, SECONDED BY DR. WENDY MACMILLAN-WANG:
CARRIED

That the minutes of the June 26, 2024 meeting be accepted as presented.

5. FINANCIAL STATEMENTS

The audited financial statements of the College of Physicians and Surgeons of Manitoba were reviewed, indicating the following:

• Assets	\$12,401,271
• Liabilities	\$5,259,936
• Net Assets	\$7,141,335
• Revenues	\$11,454,009
• Expenses	\$10,698,789
• Net Income	\$ 755,220

All financial statements contained unqualified opinions from BDO Canada LLP.

IT WAS MOVED BY DR. CHARLES PENNER, SECONDED BY DR. JENNIFER MCNAUGHT:
CARRIED

That the following audited financial statements for the fiscal year May 1, 2024 to April 30, 2025 be approved as presented:

- The College of Physicians & Surgeons of Manitoba Summary Financial Statements
- The College of Physicians & Surgeons of Manitoba Financial Statements
- CPSM Manitoba Quality Assurance Program
- CPSM Public Register Profile Program

6. APPOINTMENT OF AUDITORS

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

The registrants approve BDO Canada LLP be appointed as auditors for all CPSM accounts in the forthcoming fiscal year 2025/2026 as recommended by the Finance, Audit and Risk Management Committee.

7. BYLAW AMENDMENTS

IT WAS MOVED BY DR. CHARLES PENNER, SECONDED BY DR. JENNIFER MCNAUGHT:
CARRIED

The Membership approve amendments to the CPSM Accredited Facilities Bylaw as presented.

8. ELECTION RESULTS

Congratulations were extended to the following:

As no nominations were received, pursuant to *Section 24 of the Affairs of the College Bylaw*, the Executive Committee appointed **Dr. Ganesan Abbu** as Councillor for the remainder of the term for the East Electoral District (By-Election).

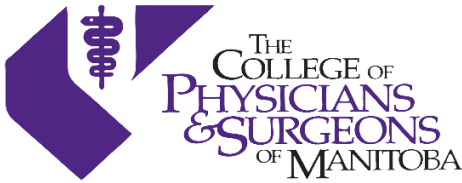
Re-elected as the Regulated Associate Registrant for a one-year term
Dr. Wendy MacMillan-Wang

A thank you was extended to the outgoing councillors:
Dr. Jacobi Elliott

There being no further business, the meeting ended at 8:19 a.m.

Dr. N. Shenouda, President

Dr. A. Mihalchuk, Registrar & CEO



**ANNUAL GENERAL MEETING OF THE MEMBERSHIP
JUNE 24, 2026
NOTICE OF MOTION FOR APPROVAL**

SUBJECT: Annual Financial Statements

BACKGROUND:

BDO conducted audits of CPSM's 2025/26 financial statements. In BDO's opinion the financial statements present fairly, in all material respects, the financial position of CPSM as at April 30, 2026, and its results of operations and its cash flows for the year then ended in accordance with Canadian Accounting Standards for Not-for-Profit Organizations.

At its June 5th, 2026 meeting, the Finance, Audit & Risk Management Committee passed the motion to recommend to Council acceptance of all CPSM audited financial statements for the fiscal year May 1, 2025 through April 30, 2026.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE ANNUAL GENERAL MEETING OF THE MEMBERSHIP OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 25, 2025, DR. KEVIN CONVERY, CHAIRPERSON OF THE FINANCE, AUDIT AND RISK MANAGEMENT COMMITTEE, WILL MOVE THAT:

The following financial statements for the fiscal year May 1, 2025 to April 30, 2026, be accepted as presented:

- CPSM Summary Financial Statements, **Appendix A**
- CPSM Financial Statements, **Appendix B**
- CPSM Manitoba Quality Assurance Program, **Appendix C**
- CPSM Manitoba Physician Public Register Program, **Appendix D**

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

Independent Auditor's Report on the Summary Financial Statements

To the Council of the The College of Physicians and Surgeons of Manitoba

Opinion

The summary financial statements, which comprise the summary statement of financial position as at April 30, 2026, and the summary statement of operations for the year then ended, and related note, are derived from the audited financial statements of The College of Physicians and Surgeons of Manitoba (the "Organization") for the year ended April 30, 2026.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, on the basis described in the Note to the summary financial statements.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated Report date to be determined.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements in accordance with the Note to the summary financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.

Chartered Professional Accountants

Winnipeg, Manitoba
Report date to be determined

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA
Summary Statement of Financial Position

As at April 30	2026	2025
Assets		
Current Assets		
Cash and bank	\$ 7,667,787	\$ 6,179,751
Investments	1,907,035	2,214,943
Accounts receivable	49,597	97,991
Prepaid expenses	366,144	225,836
	<u>9,990,563</u>	<u>8,718,521</u>
Investments	3,960,917	3,277,331
Capital assets	621,220	354,866
Intangible assets	-	50,553
	<u>\$ 14,572,700</u>	<u>\$ 12,401,271</u>

Liabilities and Net Assets

Current Liabilities		
Accounts payable and accrued liabilities	\$ 460,091	\$ 340,085
Accrued vacation payable	187,300	134,086
Accrued pre-retirement leave benefits	83,238	89,597
Deferred program revenue	315,796	335,692
Deferred registrant dues revenue	5,019,625	4,360,476
Deferred contribution	30,160	-
	<u>6,096,210</u>	<u>5,259,936</u>
Net Assets		
Unrestricted	3,774,270	2,654,916
Invested in capital and intangible assets	621,220	405,419
Internally restricted	4,081,000	4,081,000
	<u>8,476,490</u>	<u>7,141,335</u>
	<u>\$ 14,572,700</u>	<u>\$ 12,401,271</u>

Approved on behalf of Council

_____ President

_____ Registrar

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA Summary Statement of Operations

For the year ended April 30	2026	2025
Revenue		
Physician and resident license fees	\$ 9,000,239	\$ 8,088,036
Other fees and income	1,002,800	1,044,352
Government funded program revenue	954,339	984,813
Medical corporation fees	701,195	595,010
Investment income	467,756	212,325
Interest income	197,354	246,315
Clinical assistant license fees	147,933	105,085
Educational register fees	104,495	103,476
Physician assistant license fees	78,682	74,597
	12,654,793	11,454,009
Expenses		
Quality	2,987,907	2,560,689
Operations and general administration	2,977,781	2,840,528
Complaints and investigations	2,546,418	2,635,392
Qualifications	988,745	829,683
Government funded program expenses	954,914	984,990
Information technology	741,021	704,032
Governance	122,852	143,475
	11,319,638	10,698,789
Excess of revenue over expenses for the year	\$ 1,335,155	\$ 755,220

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA
Note to the Summary Financial Statements

For the year ended April 30, 2026

1. Basis of Presentation

Management has prepared the summary financial statements from the Organization's April 30, 2026 audited financial statements. The complete financial statements, including notes to the financial statements and the independent auditor's report, are available upon request by contacting the Organization's office.

Draft - Subject to change

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

Financial Statements
For the year ended April 30, 2026

Draft - Subject to change

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

Financial Statements

For the year ended April 30, 2026

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Independent Auditor's Report

To the Council of the The College of Physicians and Surgeons of Manitoba

Opinion

We have audited the financial statements of the **The College of Physicians and Surgeons of Manitoba** (the "Organization"), which comprise the statement of financial position as at April 30, 2026, and the statement of operations, the statement of changes in net assets, and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as at April 30, 2026, and its results of operations and its cash flows for the year then ended in accordance with Canadian Accounting Standards for Not-for-Profit Organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian Accounting Standards for Not-for-Profit Organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants

Winnipeg, Manitoba

Report date to be determined

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA
Statement of Financial Position

As at April 30	2026	2025
Assets		
Current Assets		
Cash and bank	\$ 7,667,787	\$ 6,179,751
Investments (Note 3)	1,907,035	2,214,943
Accounts receivable	49,597	97,991
Prepaid expenses	366,144	225,836
	<u>9,990,563</u>	<u>8,718,521</u>
Investments (Note 3)	3,960,917	3,277,331
Capital assets (Note 4)	621,220	354,866
Intangible assets (Note 5)	-	50,553
	<u>\$ 14,572,700</u>	<u>\$ 12,401,271</u>

Liabilities and Net Assets

Current Liabilities		
Accounts payable and accrued liabilities	\$ 460,091	\$ 340,085
Accrued vacation payable	187,300	134,086
Accrued pre-retirement leave benefits (Note 6)	83,238	89,597
Deferred program revenue (Schedule 1)	315,796	335,692
Deferred registrant dues revenue	5,019,625	4,360,476
Deferred contribution	30,160	-
	<u>6,096,210</u>	<u>5,259,936</u>
Contingencies (Note 8)		
Commitments (Note 9)		
Net Assets		
Unrestricted	3,774,270	2,654,916
Invested in capital and intangible assets	621,220	405,419
Internally restricted (Note 10)	4,081,000	4,081,000
	<u>8,476,490</u>	<u>7,141,335</u>
	<u>\$ 14,572,700</u>	<u>\$ 12,401,271</u>

Approved on behalf of Council:

_____ President

_____ Registrar

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA Statement of Operations

For the year ended April 30	2026	2025
Revenue		
Physician and resident license fees	\$ 9,000,239	\$ 8,088,036
Other fees and income	1,002,800	1,044,352
Government funded program revenue (Schedule 1)	954,339	984,813
Medical corporation fees	701,195	595,010
Investment income	467,756	212,325
Interest income	197,354	246,315
Clinical assistant license fees	147,933	105,085
Educational register fees	104,495	103,476
Physician assistant license fees	78,682	74,597
	12,654,793	11,454,009
Expenses (Schedule 2)		
Quality	2,987,907	2,560,689
Operations and general administration	2,977,781	2,840,528
Complaints and investigations	2,546,418	2,635,392
Qualifications	988,745	829,683
Government funded program expenses (Schedule 1)	954,914	984,990
Information technology	741,021	704,032
Governance	122,852	143,475
	11,319,638	10,698,789
Excess of revenue over expenses for the year	\$ 1,335,155	\$ 755,220

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA
Statement of Changes in Net Assets

For the year ended April 30, 2026

	Unrestricted	Invested in Capital and Intangible Assets	Internally Restricted	Total 2026
Net assets , beginning of year	\$ 2,654,916	\$ 405,419	\$ 4,081,000	\$ 7,141,335
Excess (deficiency) of revenue over expenses	1,565,306	(230,151)	-	1,335,155
Interfund transfer				
Acquisition of capital assets	(445,952)	445,952	-	-
Net assets , end of year	\$ 3,774,270	\$ 621,220	\$ 4,081,000	\$ 8,476,490

	Unrestricted	Invested in Capital and Intangible Assets	Internally Restricted	Total 2025
Net assets, beginning of year	\$ 1,693,338	\$ 407,777	\$ 4,285,000	\$ 6,386,115
Excess (deficiency) of revenue over expenses	917,360	(162,140)	-	755,220
Interfund Transfers				
Acquisition of capital assets	(159,782)	159,782	-	-
Appropriation to internally restricted	204,000	-	(204,000)	-
Net assets , end of year	\$ 2,654,916	\$ 405,419	\$ 4,081,000	\$ 7,141,335

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA Statement of Cash Flows

For the year ended April 30	2026	2025
Cash provided by (applied to):		
Operating Activities		
Excess of revenue over expenses for the year	\$ 1,335,155	\$ 755,220
Adjustments for items not affecting cash		
Unrealized gain on investments	(130,536)	(73,290)
Change in accrued interest receivable on investments	16,744	(2,160)
Amortization of capital and intangible assets	230,151	162,140
	<u>1,451,514</u>	841,910
Changes in Non-cash Operating Working Capital Balances		
Accounts receivable	48,394	(17,432)
Prepaid expenses	(140,308)	25,495
Accrued payable and accrued liabilities	120,006	18,835
Accrued vacation payable	53,214	(40,458)
Accrued pre-retirement leave benefits	(6,359)	(183,664)
Deferred program revenue	(19,896)	(15,676)
Deferred registrant dues revenue	659,149	239,093
Deferred contribution	30,160	-
	<u>2,195,874</u>	868,103
Investing Activities		
Investment acquisitions net of dispositions	(261,886)	-
Acquisition of capital assets	(445,952)	(159,782)
	<u>(707,838)</u>	(159,782)
Financing Activities	-	-
Net increase in cash and bank during the year	1,488,036	708,321
Cash and bank, beginning of year	6,179,751	5,471,430
Cash and bank, end of year	\$ 7,667,787	\$ 6,179,751

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

Notes to Financial Statements

For the year ended April 30, 2026

1. Nature of Operations

The College of Physicians and Surgeons of Manitoba ("Organization") is the statutory body responsible for maintaining standards of medical practice within Manitoba through the administration of The Regulated Health Professions Act, Regulations, and related By-Laws, including the Code of Conduct.

The Organization's mandate is to protect the public as consumers of medical care and promote the safe and ethical delivery of quality medical care by physicians in Manitoba. The Organization is incorporated under the laws of the Province of Manitoba and is exempt from taxes under the Income Tax Act.

2. Summary of Significant Accounting Policies

a. Basis of Accounting

The financial statements are prepared in accordance with Canadian Accounting Standards for Not-for-Profit Organizations ("ASNPO").

b. Revenue Recognition

The Organization follows the deferral method of accounting for contributions.

Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Until such time, externally restricted contributions are reported as deferred revenue. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Registrants are charged an annual license fee based on the period from November 1st to October 31st, and these fees are recognized into income on a straight-line basis over this 12 month period. Deferred revenue represents the registrants' fees for the six month period from May to October which will be recognized as revenue in the subsequent fiscal year.

Other fees and revenue are recognized as revenue when the related registration or licensing has occurred or the related services have been performed and collection is reasonably assured.

Investment income is recognized on an accrual basis as earned.

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

Notes to Financial Statements

For the year ended April 30, 2026

2. Summary of Significant Accounting Policies (continued)

c. Capital Assets

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution if fair value can be reasonably determined. Amortization is based on the estimated useful life of the asset and is calculated on a straight-line basis as follows:

Computer equipment	5 years
Office furniture and equipment	5 years
Leasehold improvements	10 years or remaining term of the lease

d. Intangible Assets

Intangible assets are recorded at cost. Contributed intangible assets are recorded at fair value at the date of contribution if fair value can be reasonably determined.

Intangible assets recorded in the statement of financial position represent the registrant application software, electronic document and records management system, and other software which are being amortized on a straight-line basis over 5 years.

e. Financial Instruments

Financial assets and financial liabilities are initially recognized at fair value when the Organization becomes a party to the contractual provisions of the financial instrument. Subsequently, all financial instruments are measured at amortized cost. Financial assets and financial liabilities originated or exchanged in related party transactions, except for those that involve parties whose sole relationship with the Organization is in the capacity of management, are initially recognized at cost.

The cost of a financial instrument in a related party transaction depends on whether the instrument has repayment terms. The cost of financial instruments with repayment terms is determined using its undiscounted cash flows, excluding interest and dividend payments, less any impairment losses previously recognized by the transferor. The cost of financial instruments without repayment terms is determined using the consideration transferred or received by the Organization in the transaction.

Transaction costs related to financial instruments are added to the carrying value of the asset or netted against the carrying value of the liability and are then recognized over the expected life of the instrument using the straight-line method. Any premium or discount related to an instrument measured at amortized cost is amortized over the expected life of the item using the straight-line method and recognized in net earnings as interest income or expense.

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

Notes to Financial Statements

For the year ended April 30, 2026

2. Summary of Significant Accounting Policies (continued)

e. Financial Instruments (continued)

The Organization recognizes in net earnings an impairment loss, if any, when it determines that a significant adverse change has occurred during the period in the expected timing or amount of future cash flows. When the extent of impairment of a previously written-down asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss shall be reversed in net earnings in the period the reversal occurs.

f. Use of Estimates

The preparation of financial statements in conformity with Canadian Accounting Standards for Not-for-Profit Organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expense during the period. Significant estimates include the useful life of both the capital and intangible assets, the allowance for doubtful accounts, which was estimated to be \$154,308 at April 30, 2026 (2025 - \$144,308), and the accrued for pre-retirement leave benefits. Actual results could differ from these estimates.

3. Investments

The investment portfolio includes the following instruments at April 30:

<u>Guaranteed Investment Certificates</u>	<u>2026</u>	<u>2025</u>
Redeemable, interest at 2.25%, maturing October 2026	\$ 700,000	\$ -
Non-redeemable, interest at 4.00%, maturing August 2026	1,000,000	1,000,000
Non-redeemable, interest ranging 4.00 % to 4.30%, matured	-	2,150,000
	<u>1,700,000</u>	<u>3,150,000</u>
Accrued interest	77,240	93,984
	<u>\$ 1,777,240</u>	<u>\$ 3,243,984</u>

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

Notes to Financial Statements

For the year ended April 30, 2026

3. Investments (continued)

<u>Principal Protected Notes</u>	<u>2026</u>	<u>2025</u>
Variable interest payments based on 150% of the performance of the Solactive Canadian Large Cap Diversified Equity Index 265 AR, and nil if the index performance is not positive, with principal protected at maturity, maturing October 2032.	\$ 1,278,929	\$ -
Variable interest payments based on the performance of the Solactive Canadian Large Cap Diversified Equity Index 265 AR, subject to an automatic call feature beginning in October 2027, and nil if the required performance threshold is not met, with principal protected at maturity, maturing October 2032.	1,301,608	-
Sold during the year	-	2,248,290
	<u>\$ 2,580,537</u>	<u>\$ 2,248,290</u>

As at April 30, 2026 the market prices for the Principal Protected Notes were 101.793 and 103.598 respectively. The deposit notes guarantee the principal amount of the investment and therefore the Organization is not required to recognize any unrealized losses when fair value falls below book value, but is required to record unrealized gains when fair value exceeds book value.

<u>Mutual Funds</u>	<u>2026</u>	<u>2025</u>
Money Market	129,795	-
Canadian Fixed Income	348,483	-
Canadian Equity	534,947	-
U.S. Equity	251,905	-
International Equity	245,045	-
	<u>\$ 1,510,175</u>	<u>\$ -</u>

The investments are presented as follows on the Statement of Financial Position:

	<u>2026</u>	<u>2025</u>
Current	\$ 1,907,035	\$ 2,214,943
Non-current	3,960,917	3,277,331
Total for all investments	<u>\$ 5,867,952</u>	<u>\$ 5,492,274</u>

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

Notes to Financial Statements

For the year ended April 30, 2026

4. Capital Assets

	2026			2025		
	Cost	Accumulated Amortization	Net Book Value	Cost	Accumulated Amortization	Net Book Value
Computer equipment	\$ 1,198,817	\$ 1,005,350	\$ 193,467	\$ 1,122,088	\$ 927,733	\$ 194,355
Office furniture and equipment	864,306	612,403	251,903	659,963	537,563	122,400
Leasehold improvements	445,034	269,184	175,850	280,154	242,043	38,111
	\$ 2,508,157	\$ 1,886,937	\$ 621,220	\$ 2,062,205	\$ 1,707,339	\$ 354,866

5. Intangible Assets

	2026			2025		
	Cost	Accumulated Amortization	Net Book Value	Cost	Accumulated Amortization	Net Book Value
Registrant application software	\$ 878,793	\$ 878,793	\$ -	\$ 878,793	\$ 878,793	\$ -
Other software	252,761	252,761	-	252,761	202,208	50,553
	\$ 1,131,554	\$ 1,131,554	\$ -	\$ 1,131,554	\$ 1,081,001	\$ 50,553

6. Accrued Pre-retirement Leave Benefits

The Organization provides pre-retirement benefits to those who meet certain criteria. The policy has been in effect since 2008 and provides benefits for registrars and other salaried employees once they meet either of the following criteria: 60 years old and have completed 10 years of continuous employment with the Organization, or 55 years old and 25 years of continuous employment. The estimated liability related to the pre-retirement leave benefits is assessed on an annual basis and any change in the liability is recorded as an expense in the statement of operations.

7. Pension Plan

The Organization has a defined contribution pension plan for its employees. For employees hired prior to May 1, 2016, the Organization contributes 8% of salaries for eligible employees. For employees hired on or after May 1, 2016, the Organization contributes 4% of salaries and eligible employees contribute a mandatory 4%. The amount expensed during the year related to this pension plan was \$313,280 (\$322,724 in 2025).

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

Notes to Financial Statements

For the year ended April 30, 2026

8. Contingencies

Complaints and Claims - The nature of the Organization's activities is such that there is usually litigation pending or in prospect at any time. As at the date of approval of these financial statements, there were no known claims.

Inquiries and Investigations - The Organization has certain incomplete inquiries and investigations as at April 30, 2026. All costs associated with these actions are not determinable at the time of the preparation of these financial statements and will be reflected as expenses and cost recovery fees, if any, in the period they are known and can be reasonably measured. A reserve for potential inquiry costs is established at year-end based on extraordinary number of ongoing and anticipated inquiry cases known at that time and using estimates according to the recent historical cost analysis performed by the Organization.

With regard to completed inquiries and investigations, the Organization attempts to recover costs from those registrants who are found guilty. The outcome of these efforts are unknown at this time and will be reflected in the financial statements when these recoveries (if any) are known, can be reasonably measured and collection is likely.

9. Commitments

The Organization has a lease for its office space over a term of 10 years and 3 months which commenced on August 1, 2021 and ends on October 31, 2031. Total basic lease payments over the next 5 years ending April 30 and thereafter are as follows:

2027	\$	240,978
2028		248,752
2029		248,752
2030		248,752
2031		248,752
Thereafter, in aggregate		<u>103,647</u>
Total	\$	<u>1,339,633</u>

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

Notes to Financial Statements

For the year ended April 30, 2026

10. Internally Restricted Net Assets

Net assets have been internally restricted by the Council of the Organization as follows:

	2026	2025
Reserve for wind-up costs	\$ 3,293,000	\$ 3,293,000
Reserve for potential inquiry costs	288,000	288,000
Reserve for IT projects	500,000	500,000
	\$ 4,081,000	\$ 4,081,000

The internally restricted net assets of the Organization are governed by Section 1.8 - Restricted Accounts in the Accumulated Surplus of the Financial Management Policy of the Council.

11. Financial Instruments Risk Management

The Organization, through its financial assets and liabilities, is exposed to various risks in the normal course of operations. The Organization's objective in risk management is to optimize the risk return trade-off, within set limits, by applying integrated risk management and control strategies, policies and procedures throughout the Organization's activities. The following analysis provides a measurement of those risks at year end.

Credit Risk

Credit risk is the risk that the Organization will incur a loss due to the failure by its debtors to meet their contractual obligations. Financial instruments that potentially subject the Organization to significant concentrations of credit risk consist primarily of cash and bank, accounts receivable and investments. The Organization is exposed to concentration risk through cash and bank held in excess of insured limits from time to time. The Organization is not exposed to significant risk relating to its accounts receivable as the amounts are primarily due from a broad base of registrants and payment in full is typically collected when it is due. An allowance for doubtful accounts is established based upon factors surrounding the credit risk of specific receivable accounts, historical trends and other information.

The Organization's credit risk policies set out the minimum requirements for management of credit risk in a variety of transactional and portfolio management contexts. Its credit risk policies and practices comprise the following:

- The Organization has implemented an Investments Policy that establishes its risk tolerance, liquidity requirements, asset allocation strategy, performance benchmarks and acceptable investments for the Organization. Investment objectives are discussed with a Professional Investment Advisor. Management receives monthly reports summarizing investment activity.
- Credit ratings are determined by recognized external credit rating agencies; and

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

Notes to Financial Statements

For the year ended April 30, 2026

11. Financial Instruments Risk Management (continued)

Credit Risk (continued)

- Portfolios are monitored continuously and reviewed monthly by the Registrar and Chief Financial Officer. The Finance, Audit and Risk Management Committee receives reports quarterly during the year.

The exposure to credit risk has changed for the Organization from the prior year with the approval of a new Investment Policy.

Liquidity Risk

Liquidity risk is the risk that the Organization encounters difficulty in meeting its obligations associated with financial liabilities. Liquidity risk includes the risk that, as a result of operational liquidity requirements, the Organization will not have sufficient funds to settle a transaction on the due date, will be forced to sell financial assets at a value which is less than what they are worth, or may be unable to settle or recover a financial asset. Liquidity risk arises from accounts payable. The Organization manages its liquidity to maintain adequate levels of working capital to ensure its obligations can be met when they fall due. There has been no change in the Organization's exposure to liquidity risk from the prior year.

Interest Rate Risk

Interest rate risk is the risk that the fair value of a financial instrument might be adversely affected by a change in the interest rates. Changes in market interest rates may have an effect on the cash flows associated with some financial assets. The Organization is exposed to price risk with respect to its investment portfolio of bonds and other fixed rate investments, which are measured at fair value.

The Organization is exposed to interest rate cash flow risk with respect to interest bearing investments. As at April 30, 2026, the Organization holds \$4,357,777 (2025 - \$5,492,274) of investments with fixed rates of interest. While the impact of interest rate changes on cash flows has been substantially mitigated, the Organization is exposed to interest rate risk upon maturity of the fixed rate investments. There has been a decrease in the Organization's exposure to interest rate risk from the prior year with the increase in diversification of the Organization's investment portfolio.

Equity Market Risk

Equity market risk is the potential for financial loss arising from price changes or volatility in equity markets. The Organization's investments in mutual funds investing in equities are subject to equity market risk. Equity market risk is mitigated by the Organization's Investments Policy which specifies an acceptable asset mix for the Organization's investment portfolio. There has been an increase in exposure to price risk since the prior year with the acquisition of mutual funds investing in equities.

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA
Notes to Financial Statements

For the year ended April 30, 2026

12. Allocated Expenses

The Organization allocates certain common expenses among its programs as they represent indirect program costs. Examples of common costs which are allocated include office rent, insurance, IT support, amortization and others. The allocation is mainly based on program business volume. The allocated expenses by program are presented in Schedule 2 - Program Expenses by Nature.

Draft - Subject to change

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA
Schedule 1 - Programs Administered by the Organization

For the year ended April 30, 2026

	2026		2026		2025	2025		
	Deferred Revenue (Receivable) Beginning of Year	Cash Received in Current Year	Revenue Available for Programming	Deferred Revenue (Receivable) End of Year	Gross Program Revenue	Gross Program Expenses	Gross Program Revenue	Gross Program Expenses
Manitoba Quality Assurance Program (MANQAP)	\$ 324,908	\$ 919,443	\$ 1,244,351	\$ 305,012	\$ 939,339	\$ 939,339	\$ 969,813	\$ 969,813
Manitoba Physician Public Register Program	(1,005)	15,575	14,570	(1,005)	15,000	15,575	15,000	15,177
Substance Use and Addictions Program (SUAP)	11,789	-	-	11,789	-	-	-	-
	\$ 335,692	\$ 935,018	\$ 1,258,921	\$ 315,796	\$ 954,339	\$ 954,914	\$ 984,813	\$ 984,990

Draft - Subject to Change

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA
Schedule 2 - Program Expenses by Nature

For the year ended April 30, 2026

	Governance	Qualifications	Complaints and Investigations	Quality	Operations and General Administration	Information Technology	Government-Funded Programs	2026	2025
Employee costs	\$ 577	\$ 593,025	\$ 1,828,775	\$ 2,167,111	\$ 2,402,183	\$ 637,907	\$ 647,839	\$ 8,277,417	\$ 7,845,435
Committee meetings	73,926	11,877	56,596	61,271	38,618	-	9,363	251,651	279,041
Professional fees	29,680	-	208,522	254,710	67,885	-	125,931	686,728	658,572
Service fees	11,405	-	1,244	33,735	1,363	275,731	-	323,478	285,288
Legal	-	295	60,183	-	2,855	-	-	63,333	65,520
Building and occupancy costs	-	-	963	1,375	545,461	190	63,165	611,154	612,154
Office	5,176	240,956	21,812	20,206	254,626	178,057	9,175	730,008	711,087
Amortization	-	-	-	-	101,982	128,169	-	230,151	162,140
Staff travel	2,088	9,909	10,492	55,867	52,880	1,851	12,631	145,718	79,552
	122,852	856,062	2,188,587	2,594,275	3,467,853	1,221,905	868,104	11,319,638	10,698,789
Allocated expenses	-	132,683	357,831	393,632	(490,072)	(480,884)	86,810	-	-
Total expenses	\$ 122,852	\$ 988,745	\$ 2,546,418	\$ 2,987,907	\$ 2,977,781	\$ 741,021	\$ 954,914	\$ 11,319,638	\$ 10,698,789

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA
Manitoba Quality Assurance Program (MANQAP)

Financial Statements
For the year ended April 30, 2026

Draft - Subject to Change

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

**Manitoba Quality Assurance Program (MANQAP)
Financial Statements
For the year ended April 30, 2026**

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Independent Auditor's Report

To the Council of the The College of Physicians and Surgeons of Manitoba

Opinion

We have audited the financial statements of the Manitoba Quality Assurance Program ("MANQAP" or the "Program") administered by **The College of Physicians and Surgeons of Manitoba** (the "Organization"), which comprise the statement of financial position as at April 30, 2026, and the statement of program operations and changes in net assets for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements for the year ended April 30, 2026 are prepared, in all material respects, in accordance with the basis of accounting described in the notes to the financial statements.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 2b to the financial statements, which describes the basis of accounting. The financial statements are prepared to assist the Organization in complying with the requirements of its funding agreement with the Government of Manitoba as represented by Manitoba Health, Seniors and Long-Term Care (the "Agreement") dated October 6, 2025. As a result, the financial statements may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the financial reporting provisions of the Agreement, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants

Winnipeg, Manitoba

Report date to be determined

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA
Manitoba Quality Assurance Program (MANQAP)
Statement of Financial Position

As at April 30	2026	2025
Assets		
Current Assets		
Cash and bank	\$ 301,481	\$ 321,377
Liabilities and Net Assets		
Current Liabilities		
Deferred program revenue	\$ 305,012	\$ 324,908
Net Assets		
Unrestricted (deficit)	(3,531)	(3,531)
	\$ 301,481	\$ 321,377

Approved on behalf of Council:

_____ President

_____ Registrar

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA
Manitoba Quality Assurance Program (MANQAP)
Statement of Program Operations and Changes in Net Assets

For the year ended April 30	2026	2026	2025
	Budget	Actual	Actual
Revenue			
Service Agreement Fees			
Government of Manitoba			
Health, Seniors and Long-Term Care	\$ 1,055,455	\$ 935,896	\$ 931,676
Other - Private laboratory survey	-	3,443	38,137
	1,055,455	939,339	969,813
Expenses			
Employee costs	676,694	634,839	621,292
Professional fees	190,409	124,772	161,349
Overhead	95,950	85,394	88,165
Building and occupancy	63,735	63,165	69,949
Staff travel	1,643	12,631	1,932
Committee meetings	18,727	9,363	16,736
Office	8,297	9,175	10,390
	1,055,455	939,339	969,813
Excess of revenue over expenses for the year	-	-	-
Net assets (deficit), beginning of year	-	(3,531)	(3,531)
Net assets (deficit), end of year	\$ -	\$ (3,531)	\$ (3,531)

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

Manitoba Quality Assurance Program (MANQAP)

Notes to Financial Statements

For the year ended April 30, 2026

1. Nature of the Program

The College of Physicians and Surgeons of Manitoba (the "Organization") operates the Manitoba Quality Assurance Program ("Program") on behalf of the Government of Manitoba as represented by the Manitoba Health, Seniors and Long-term Care. The purpose of the program is to provide standards, inspect diagnostic facilities, and monitor compliance for the purpose of accreditation. In accordance with the "Accredited Facilities" Bylaw of the Organization, facility directors must be compliant with this Bylaw and all relevant standards as established by the Organization.

This Program and its financial statements is one segment of the overall operations of the Organization.

2. Summary of Significant Accounting Policies

a. Basis of Presentation

The financial statements present the statement of financial position and the statement operations and changes in net assets of the Program administered by the Organization and do not represent all assets, liabilities, net assets and operations of the Organization.

b. Basis of Accounting

These financial statements have been prepared in accordance with the financial reporting provisions of section F of schedule A of the funding agreement with the Government of Manitoba as represented by Manitoba Health, Seniors and Long-Term Care (the "Agreement") dated October 6, 2025, using the recognition and measurement principles of Canadian Accounting Standards for Not-for-Profit Organizations.

c. Revenue Recognition

The Program follows the deferral method of accounting for contributions. Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Until such time, externally restricted contributions are reported as deferred revenue. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Other revenue are recognized as revenue when the related services have been performed and collection is reasonably assured.

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA
Manitoba Physician Public Register Program

Financial Statements
For the year ended April 30, 2026

Draft - Subject to Change

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA
Manitoba Physician Public Register Program

Financial Statements
For the year ended April 30, 2026

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Independent Auditor's Report

To the Council of the The College of Physicians and Surgeons of Manitoba

Opinion

We have audited the financial statements of the Manitoba Physician Public Register Program (the "Program") administered by **The College of Physicians and Surgeons of Manitoba** (the "Organization"), which comprise the statement of financial position as at April 30, 2026, and the statement of operations and changes in net assets for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements for the year ended April 30, 2026 are prepared, in all material respects, in accordance with the basis of accounting described in the notes to the financial statements.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 2b to the financial statements, which describes the basis of accounting. The financial statements are prepared to assist the Organization in complying with the requirements of its funding agreement with the Government of Manitoba as represented by Manitoba Health, Seniors and Long-Term Care (the "Agreement") dated July 24, 2025. As a result, the financial statements may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the financial reporting provisions of the Agreement, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants

Winnipeg, Manitoba

Report date to be determined

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA
Manitoba Physician Public Register Program
Statement of Financial Position

As at April 30	2026	2025
Assets		
Current Assets		
Receivable - Government program	\$ 1,005	\$ 1,005
Liabilities and Net Assets		
Current Liabilities		
Cash deficiency	\$ 2,629	\$ 2,054
Net Assets		
Unrestricted (deficit)	(1,624)	(1,049)
	\$ 1,005	\$ 1,005

Approved on behalf of Council:

_____ President

_____ Registrar

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA
Manitoba Physician Public Register Program
Statement of Program Operations and Changes in Net Assets

For the year ended April 30	2026	2025
Revenue		
Service Agreement Fees		
Government of Manitoba		
Health, Seniors and Long-Term Care	\$ 15,000	\$ 15,000
Expenses		
Employee costs	13,000	13,000
Overhead	1,416	1,380
Professional fees	1,159	797
	15,575	15,177
Deficiency of revenue over expenses for the year	(575)	(177)
Net assets (deficit), beginning of year	(1,049)	(872)
Net assets (deficit), end of year	\$ (1,624)	\$ (1,049)

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

Notes to Financial Statements

For the year ended April 30, 2026

1. Nature of the Program

The College of Physicians and Surgeons of Manitoba (the "Organization") through the Manitoba Physician Public Register Program (the "Program") makes available to the public the Physician Public Register information in accordance with sections 28(3), (4) and (5) of the Regulated Health Professionals Act and section 2.6(1) of the College of Physicians and Surgeons General Regulation.

This Program and its financial statements is one segment of the overall operations of the Organization.

2. Summary of Significant Accounting Policies

a. Basis of Presentation

The financial statements present the statement of financial position and the statement operations and changes in net assets of the Program administered by the Organization and do not represent all assets, liabilities, net assets and operations of the Organization.

b. Basis of Accounting

These financial statements have been prepared in accordance with the financial reporting provisions of section F of schedule A of the funding agreement with the Government of Manitoba as represented by Manitoba Health, Seniors and Long-Term Care (the "Agreement") dated July 24, 2025, using the recognition and measurement principles of Canadian Accounting Standards for Not-for-Profit Organizations.

c. Revenue Recognition

The Program follows the deferral method of accounting for contributions. Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Until such time, externally restricted contributions are reported as deferred revenue. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.



ANNUAL GENERAL MEETING OF THE MEMBERSHIP

JUNE 24, 2026

NOTICE OF MOTION FOR APPROVAL BRIEFING NOTE

SUBJECT: Appointment of the Auditor

BACKGROUND:

According to the Affairs of the College Bylaw, the annual appointment of the auditors of CPSM is to take place at the Annual General Meeting.

BDO is in the third year of a 5-year agreement with CPSM as external auditors. BDO successfully completed the audit for this fiscal year ending April 30, 2026.

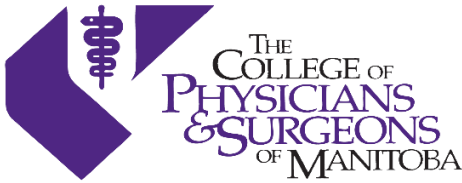
At the June 5, 2026 Finance Audit and Risk Management meeting, the motion was passed to recommend at the 2025 AGM that BDO be appointed as the auditor for the 2026/27 fiscal year.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE ANNUAL GENERAL MEETING OF THE MEMBERSHIP OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 24, 2026, DR. KEVIN CONVERY, CHAIR OF THE FINANCE, AUDIT AND RISK MANAGEMENT COMMITTEE, WILL MOVE THAT:

The registrants approve BDO Canada LLP be appointed as auditors for all CPSM accounts in the forthcoming fiscal year 2026/2027 as recommended by the Finance, Audit and Risk Management Committee.

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



**ANNUAL GENERAL MEETING OF THE MEMBERSHIP
JUNE 24, 2026
NOTICE OF MOTION FOR APPROVAL BRIEFING NOTE**

SUBJECT: Motion to approve Bylaw Amendments

BACKGROUND:

In accordance with the *Regulated Health Professions Act*, all bylaw amendments approved by Council in the past year, must now be confirmed or varied by the members who are present and voting at this annual general meeting.

The following bylaws were amended in the past year:

The Affairs of the College Bylaw amended December 10, 2025:

Multiple sections were amended to reflect the new Electoral Districts, nomination process, the creation of the Councillor Profile and new Elections Committee.

A tracked changed version of the amended Affairs of the College Bylaw is attached as **Appendix A**.

Central Standards Bylaw amended July 25, 2025

Sections 10, 11, 12, 18, 21, 22, 24, - Prior to 2023, the Central Standards Bylaw was updated and two sections were removed. Unfortunately, when they deleted those sections corresponding edits were not made to section references within the various sections. For example, if in the old section 20 it referenced section 14 the deletion of those two sections resulted in section 20 becoming section 18 but the reference to section 14 was not changed to section 12. The July 25, 2025 revisions rectified this issue.

A tracked changed version of the amended Central Standards Bylaw is attached as **Appendix B**.

MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE ANNUAL GENERAL MEETING OF THE MEMBERS OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JUNE 24, 2026, DR. KEVIN CONVERY, PRESIDENT-ELECT WILL MOVE THAT:

The Membership approve the amendments listed above to the *Affairs of the College Bylaw and the Central Standards Bylaw*.

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



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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.

e.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.

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:
 - a. For regulated registrants, a regulated registrant who meets the eligibility criteria for nomination in the electoral district with insufficient candidates;
 - b. For a regulated associate registrant, a regulated associate registrant who meets the eligibility criteria for nomination as a regulated associate registrant.

Election results

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

Challenge to Election

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

Failure to comply

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

Appointments

University Faculty selection

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

Appointment of Public Representatives by Minister

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

Appointment of Public Representatives by the Council

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

Vacancies on Council

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

Term of office

34. Unless elected to fill a vacancy, the term of office of Councillors begins immediately after the annual meeting of Council following the election and after the Councillor has signed the oath of office, and is:
- For regulated registrants, including the Max Rady College of Medicine appointee, a four-year term;
 - For regulated associate registrants, a one-year term;
 - 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:
- resigns by written notice delivered to the Registrar;
 - ceases to be eligible for election or appointment to the Council, unless the Councillor loses eligibility only by reason of parental leave or illness;
 - 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;
 - is absent, without cause, from three consecutive Council meetings, unless previously excused by the Council;
 - 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;
 - dies; or
 - is determined to be permanently mentally incapacitated;
 - 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:

- a. only Councillors are entitled to vote; and
- b. a person who is not a Councillor may not speak without permission of the chair.

Private meeting of Council

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

Voting at Council meetings

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

Procedure at Council meetings

54. The Council may meet and conduct business in person, or by video, telephone conference, web casting, or an equivalent mechanism.
55. If, in the opinion of the President, a matter is urgent business that requires immediate attention by the Council, and if, in the opinion of the President, the matter can be adequately addressed by providing information to the Council electronically or in writing, with the Council voting on a resolution included in the information by mail or by specified electronic means, the President may provide such information to the members of the Council, and allow a time for response that is, in the opinion of the President, sufficient to permit the Council members to respond.
56. In order to constitute quorum of the Council for the purposes of section 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:
- i. post on CPSM website an explanation of the proposed Regulation or Code of Ethics,
 - ii. and, within a specified time frame of at least 30 days, seek the input of registrants, the Minister of Health, and any other person Council considers necessary on the proposed change; and
 - iii. present Council with the results of consultation for consideration before it votes on the proposed Regulation or Code of Ethics
- 83(b) Before making a *Bylaw (other than the Fee Bylaw)*, the Registrar must:
- i. post on CPSM website an explanation of the proposed change,
 - ii. and, within a specified time frame of at least 30 days, seek the input of registrants and any other person Council considers necessary on the proposed change (and if the *Accredited Facilities Bylaw* additionally seek the input of the Minister of Health); and
 - iii. present Council with the results of consultation for consideration before it votes on the proposed Bylaw.
- 83(c) Before making a new *Standard of Practice of Medicine*, the Registrar must:
- i. post on CPSM website an explanation of the proposed change,
 - ii. and, within a specified time frame of at least 30 days, seek the input of registrants, the Minister of Health, and any other person Council considers necessary on the proposed change; and
 - iii. present Council with the results of consultation for consideration before it votes on the proposed Standard of Practice.
- 83(d) Before making a new *Practice Direction*, the Registrar must:
- a. post on CPSM website an explanation of the proposed change,
 - b. and, within a specified time frame of at least 30 days, seek the input of registrants and any other person Council considers necessary on the proposed change; and
 - c. present Council with the results of consultation for consideration before it votes on the proposed Practice Direction.
84. The Registrar may make non-substantive amendments to the Bylaws, Standards of Practice, Practice Directions, and Policies such as name changes, grammatical corrections, and non-material changes.
85. Following approval by Council, every amendment to Council Regulations shall be signed by the either the President, President-Elect, or Past-President, and the Registrar, and forwarded to the Lieutenant Governor in Council for consideration.

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

PART F - COMMITTEES OF COUNCIL AND DELEGATION TO COMMITTEES

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

Terms of Reference for Council committees

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

COUNCIL DELEGATED AUTHORITY TO COMMITTEES

Council Delegated Authority

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

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

Council Delegated Adjudication

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

PART G – COUNCIL AND COMMITTEE EXPENSES AND REMUNERATION

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

PART H - REGISTRAR'S DUTIES

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

Registrar Response to Alleged Serious Criminal Behaviour by a Registrant

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

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

Posting criminal conviction on Practitioner Profile

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

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

PART I – COMMUNICATION WITH CPSM

Registrant's Response to CPSM Correspondence

103. When the Registrar, an Assistant Registrar or a Medical Consultant engaged by CPSM writes to a registrant with respect to any matter and requires a response, the registrant shall:
- 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~~

~~These 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.~~

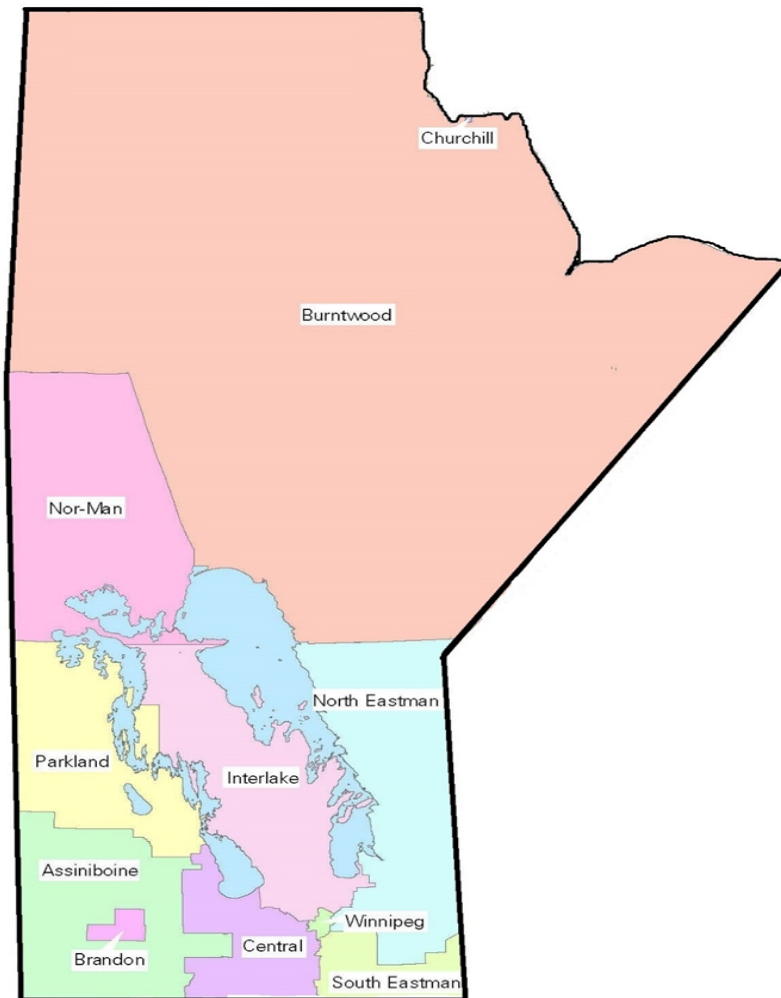
~~Brandon Electoral District: That area within the boundaries of the City of Brandon and the Rural Municipalities of Elton, Whitehead and Cornwallis.~~

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.

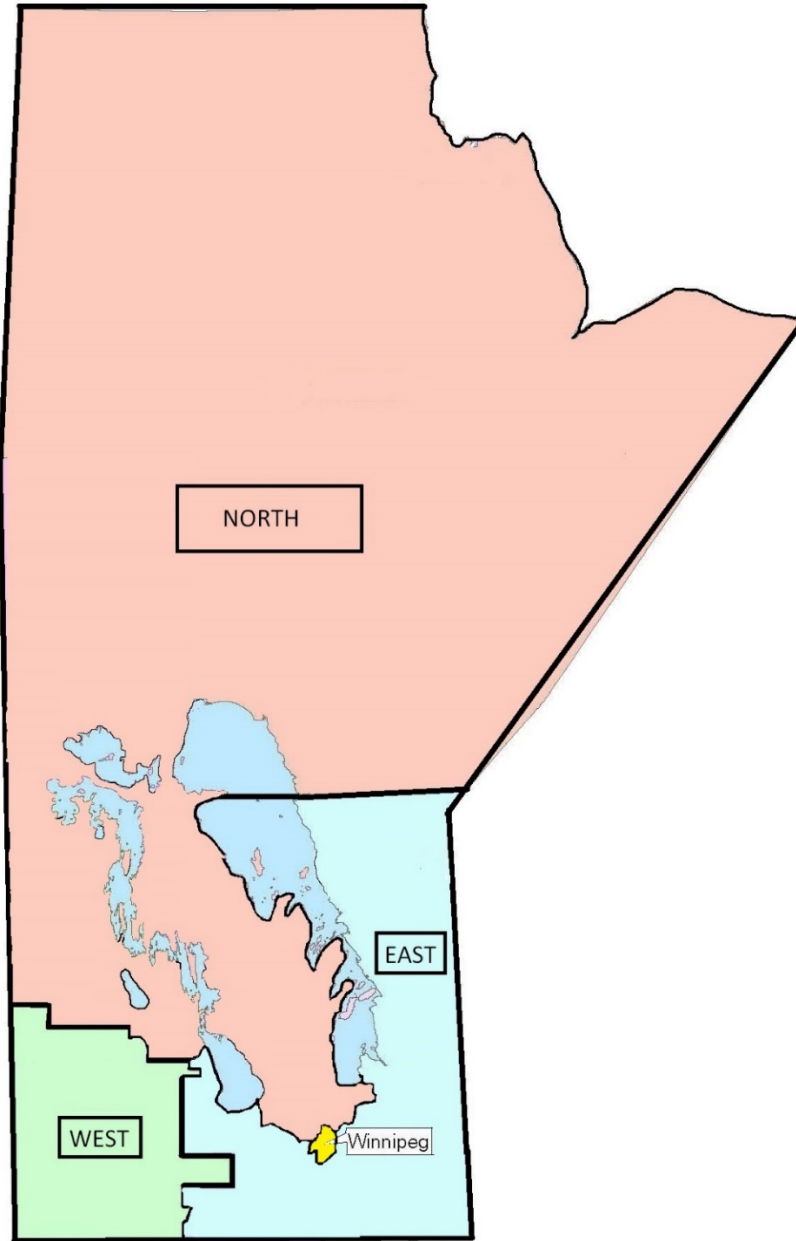
For each electoral district using the boundary descriptions set forth in Manitoba Regulation 207/97, the descriptions in effect as at June 21, 2002 are hereby incorporated into and form part of this Schedule.

Rural Electoral District: That area of the province not included in the Winnipeg Electoral District.



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

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



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

Meeting to Set Hearing Dates

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

Pre-Hearing Conference

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

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

Appointment of Registrants of the Panel

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

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

Notice to Attend and Produce Records

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

Alternative means of receiving Oral Evidence

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



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FAX: (204) 774-0750
Website: www.cpsm.mb.ca

Central Standards 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 and replacing Bylaw #3 and 3D under The Medical Act)

Effective Date January 1, 2019

With changes up to and including ~~December 14, 2022~~ July 25, 2025

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Definitions

1. In this Bylaw:

"Central Standards" means the Central Standards Committee of CPSM established pursuant to subsection 182(1) of *The Regulated Health Professions Act*.

"Committee Member" means each member of Central Standards or of a Subcommittee, whether or not the person is a registrant of the CPSM.

"Legal Proceeding" means any civil proceeding, inquiry, or arbitration, in which evidence is or may be given, and includes:

- a. an action or proceeding for the imposition of punishment by fine, penalty, or imprisonment, to enforce any Act of the Legislature,
- b. an action or proceeding for the imposition of punishment by fine, penalty or imprisonment to enforce any regulation made under an Act of the Legislature, and
- c. a proceeding before a tribunal, board or commission.

"Mandatory Reporting Obligation" means a requirement imposed by the legislation of a regulated health profession whereby members of a regulated health profession are required to disclose specified information respecting colleagues to the regulatory authority of that regulated health profession.

"Record" means a record of information in any form and includes any information that is written, photographed, recorded or stored in any manner, on any storage medium or by any means, including by graphic, electronic or mechanical means.

"Subcommittee" means a subcommittee of Central Standards.

"WRHA Standards Committee" means the Standards Committee established by the Winnipeg Regional Health Authority pursuant section 23.1 of the *Health System Governance and Accountability Act*, and each subcommittee of that committee.

"Witness" in addition to its ordinary meaning, includes a person who, in the course of a legal proceeding:

- a. is examined for discovery;
- b. is cross examined on an affidavit made by him or her;
- c. answers interrogatories;
- d. makes an affidavit as to documents, or
- e. is called upon to answer any question or produce any document, whether under oath or not.

Establishment of Subcommittees of Central Standards Committee

2. All Standards Subcommittees must be approved by the Central Standards Committee to be appropriately constituted.

Committee Membership

3. CPSM must appoint a physician as the Chair of each Standards Committee.
4. A Committee Member must not participate in a review of the work of any individual over whom the Committee Member has direct administrative or disciplinary responsibility.

Evidence as to Proceedings of Subcommittee

5. Subcommittees must establish a clear process for:
 - a. educating Committee Members on the legal privilege that applies to witnesses in a legal proceeding respecting Standards Committees,
 - b. distinguishing those documents to which the legal privilege applies, from those documents to which the privilege does not apply, and
 - c. managing documents to which the privilege applies in a manner consistent with the protection provided in *The Evidence Act*.

Review by Central Standards Committee or its Subcommittees

6. Central Standards and each Subcommittee:
 - a. must review any matter referred to it by the Registrar, and
 - b. may, of its own motion, make such inquiries or reviews that it considers appropriate to promote high practice standards amongst members.
7. A review by Central Standards may include any one or more of the powers permitted in sections 99 and 100 of the RHPA. A Subcommittee may exercise the powers in the RHPA subsections 99(1) (d) (e) (f) on its own initiative but must request authority from the Chair of the Central Standards Committee in order to exercise any other powers in sections 99 or 100 of the RHPA.
8. Where a review involves a member in an educational class, the correspondence about the review must be simultaneously sent:
 - a. where the member is a medical student or physician assistant student, to the attending staff physician responsible for the medical care provided by that student and to the Associate Dean responsible;

- b. where the learner is a resident or resident limited, to the attending staff physician responsible for the medical care provided by that resident and to the Associate Dean responsible.

Referral to Administration

9. If, on a preliminary review of a matter, Central Standards determines that the administration of a hospital, regional health authority, or other facility where Members provide health care services is responsible for the matter, Central Standards Committee may refer all or part of the matter to the Registrar to refer the matter to the appropriate administration, and for that purpose, may disclose the facts pertaining to the matter to that administration.

Action by Central Standards

10. Central Standards may take such steps as it determines may improve the knowledge, skill or safety of one or more members in carrying on the practice of medicine, including but not limited to do one or more of the following:
 - a. make recommendations to a member, a Committee, or to the administration of a hospital, regional health authority, or other facility where members provide health care services;
 - b. refer a member to the Registrar in accordance with section ~~14~~ 13 of this Bylaw;
 - c. advise the Executive Committee to direct a member to complete a specified course of studies or supervised practical experience pursuant to section 182(4) of the RHPA;
 - d. accept a member's undertaking in accordance with section ~~15~~ 14 of this Bylaw;
 - e. develop guidelines or protocols for consideration by Council.
11. Where Central Standards has a concern about the practice of a member of a health care discipline other than a physician or where a Mandatory Reporting Obligation exists, Central Standards may refer that concern to one or both of the administration of a hospital, regional health authority, or other facility where Members provide health care services, and the Registrar for referral to the regulatory body responsible for the practice of that health care discipline in Manitoba in accordance with Section ~~18~~ 17 of this Bylaw.

Action by Subcommittee

12. A Subcommittee may take such steps as it determines may improve the knowledge, skill or safety of one or more members in carrying on the practice of medicine, including but not limited to do one or more of the following:
 - a. make recommendations to a member;

- b. advise Central Standards to:
 - i. make recommendations to the administration of a hospital, regional health authority, or other facility where members provide health care services;
 - ii. refer a member to the Registrar in accordance with section ~~1413~~ of this Bylaw; or
 - iii. request and accept a member's undertaking in accordance with section ~~1514~~ of this Bylaw and, where such advice is given provide complete supporting information and documentation to Central Standards;
- c. develop guidelines or protocols for consideration by Central Standards.

Referral to the Registrar

13. Central Standards may refer a member to the Registrar in the following circumstances:
 - a. the member failed or refused to allow Central Standards to carry out an action permissible under s. 99 of the RHPA;
 - b. in the opinion of Central Standards, a remedial program is unlikely to be successful;
 - c. the member has failed or refused to follow the remedial program recommended or required by Central Standards or by a Subcommittee or comply with a direction made pursuant to ss. 182(4) of the RHPA;
 - d. Central Standards determines that there is evidence of misconduct or incompetence on the part of the member such that a remedial program would be inappropriate;
 - e. the member has failed to comply with an undertaking given to Central Standards;
 - f. in the opinion of Central Standards, the state of the member's health or competency is such that a clear danger to patient safety is perceived to exist.
 - g. In the opinion of Central Standards, the member's standard of care may pose a risk to patient safety.

Undertaking

14. Where a member gives an undertaking to Central Standards:
 - a. the undertaking shall be deemed to be an undertaking given to CPSM;
 - b. a copy of the undertaking must be promptly made available to the Registrar; and
 - c. Central Standards shall be responsible for monitoring of the undertaking unless there is a referral of the registrant to the Registrar pursuant to this Bylaw.
15. Receipt of a copy of an undertaking pursuant to this section shall not be deemed to be a referral of a matter to the Registrar.
16. The failure of a registrant without reasonable excuse to comply with an undertaking constitutes professional misconduct.

Referral to Another Regulatory Body

17.
 - a. If a Committee Member who is a member of a regulated health profession other than medicine certifies that the circumstances of a matter before Central Standards or a Subcommittee fall within his/her Mandatory Reporting Obligation, the concern must be referred to the Registrar for referral to the regulatory authority responsible for the practice of that regulated health profession in Manitoba.
 - b. In the absence of a Mandatory Reporting Obligation, Central Standards may refer a concern about a member of another regulated health profession to the Registrar for referral to the regulatory authority responsible for the practice of that regulated health profession in Manitoba in the following circumstances:
 - i. Central Standards has concerns of possible misconduct or incompetence on the part of the individual;
 - ii. Central Standards considers the state of an individual's health or competency may be a danger to the public; or
 - iii. Central Standards considers a matter relating to that individual may be of concern to another regulatory body.
18. Section ~~18~~17 applies with necessary changes in points of detail to a WRHA Standards Committee.
19. Where a registrant acquires information through participation in a Critical Incident Review Committee respecting a matter that is reportable to CPSM pursuant to the Code of Ethics or *The Regulated Health Professions Act*, the registrant must take reasonable steps to ensure that the Critical Incident Review Committee Chair makes a timely report to CPSM.

Confidentiality

20. Except as provided in this Bylaw or in *The Evidence Act*, Central Standards, its Subcommittees and each Committee Member are prohibited from disclosing any record or information that is:
 - a. prepared solely for the use of the Committee,
 - b. collected, compiled or prepared by the Committee for the purpose of carrying out its duties or,
 - c. used solely in the course of or arising out of the Committee proceedings.
21. Disclosure is permissible in the following circumstances:
 - a. pursuant to sections ~~9,8~~ 1110.a, or ~~13~~12.b.(ii) of this Bylaw, to a registrant, a Committee, or the administration of a hospital, regional health authority, or other facility where Registrants provide health care services and, if applicable, to the Associate Dean responsible for the trainee, to the extent necessary for the

- registrant, Committee, administration or Associate Dean to understand or implement recommendations made by Central Standards or a Subcommittee.
 - b. pursuant to Section ~~11.10.b.~~ of this Bylaw to the Registrar to the extent necessary for the Registrar to understand the concerns of Central Standards or a Subcommittee.
 - c. for the purpose of advancing medical research or medical education provided that the disclosure or publication does not identify a registrant or any person whose condition or treatment has been studied, evaluated or investigated.
 - d. to another Committee in circumstances the disclosing Committee considers appropriate.
 - e. pursuant to Section ~~11.10~~.b or Section ~~12.11~~ of this Bylaw to one or more of:
 - i. the administration of a hospital, regional health authority, or other facility where registrants provide health care services,
 - ii. the Registrar,
 - iii. where the concern involves a member of a regulated health profession other than a member, the regulatory authority responsible for the practice of that regulated health profession in Manitoba,as is necessary for the purposes of ensuring patient safety.
 - f. as Central Standards deems necessary for the implementation and administration of any program approved by Central Standards.
 - g. pursuant to Section ~~11.10~~.d. and Section ~~15.14~~ of this Bylaw, to the Registrar to provide a copy of an undertaking given by a registrant.
 - h. to the Executive Committee for the purpose of giving advice pursuant to Section ~~11.10~~.c of this Bylaw.
 - i. for the Chair of a Provincial Standards Subcommittee to participate in a WRHA Standards Committee for collaboration in standards work.
22. Sections ~~11.10~~ and ~~22.21~~ of this Bylaw shall apply with necessary changes in points of detail to CPSM registrants who sit as members of a WRHA Standards Committee.

Procedure for Disclosure of Standards Information

23. Where Central Standards intends to disclose Standards records or information pursuant to this Bylaw, it must:
- a. by majority ruling, consent to the disclosure.
 - b. specify in its minutes:
 - i. its reasons for such disclosure,
 - ii. to whom the disclosure may be made, and
 - iii. what Standards records or information may be disclosed.
 - c. direct the Chair of the Committee to sign a declaration on behalf of the Committee, indicating the Committee's consent to the release of Standards records or information.

Reporting Obligations

24. Subcommittees must make the following reports:
- a. to Central Standards following each Subcommittee meeting, minutes of the meeting, which should include:
 - i. name of Subcommittee,
 - ii. members in attendance,
 - iii. location of meeting,
 - iv. date of meeting,
 - v. schedule of future meetings,
 - vi. summary of business arising and new business,
 - vii. particulars of standards activities including:
 - a. overview of structured audits,
 - b. overview of peer and chart reviews,
 - c. educational activities of the medical staff,
 - d. future topics and issues for re-review or re-audit, and
 - e. other quality initiatives.
 - b. to Administration in the applicable facility or facilities included in the subcommittee's work, at least once in each calendar year, without identifying any registrant or patient, a summary of the activities of the subcommittee.
 - c. to Central Standards:
 - i. a report of inactivity if a Subcommittee has not met for 12 consecutive months.
 - ii. any circumstances which the subcommittee believes should result in reporting by Central Standards pursuant to sections ~~1110~~, ~~1211~~, ~~1413~~, ~~1716~~, or ~~1817~~ of this Bylaw.
25. Following each meeting, Central Standards must report to Council, without identifying any registrant or patient, a summary of the activities of Central Standards.
26. The Chair of the WRHA Standards Committee must:
- a. report to Central Standards on a semi-annual basis as to the activities of the WRHA Standards Committee and its subcommittees. The report must include, but is not limited to, a summary of each audit of clinical practice that has been completed during the reporting period, particularizing:
 - i. the audit tool used,
 - ii. the audit results,
 - iii. any recommendations made by the WRHA Standards Committee, and
 - iv. any actions taken by the WRHA Standards Committee or by the WRHA or facility management with respect to the WRHA Standards Committee's recommendation without identifying any registrant or patient.
 - b. submit copies of clinical audits upon the request of Central Standards.

Fees

27. Central Standards may levy a fee, payable by a registrant, for expenses incurred by CPSM in review of that registrant's practice pursuant to this Bylaw.

**ANNUAL GENERAL MEETING OF THE MEMBERSHIP
JUNE 24, 2026
FOR INFORMATION BRIEFING NOTE**

SUBJECT: CPSM 2026 Election Results

BACKGROUND:

The *Affairs of the College Bylaw* establishes the election process. This year the Notice of Election, including a voters list, nomination form and procedures for nominating was sent to all eligible registrants for the Winnipeg, Rural and the Regulated Associate Registrants on February 5, 2026. Nominations were due on or before noon on March 5, 2026.

Results are as follows:

Winnipeg Electoral District

At the close of nomination at noon on March 5, 2026, there were three nominations for one Winnipeg Electoral District Council seat, so an election commenced with voting ending at noon on May 5, 2026. Dr. Rafiq Andani has been elected as a Winnipeg Electoral District Councillor.

Rural Electoral District

At the close of nomination at noon on March 5, 2026, there were seven nominations for two Rural District Council seats, so an election commenced with voting ending at noon on May 5, 2026. Dr. Lisa Monkman was re-elected as a Rural District Councillor and Dr. Nicole Vosters was elected as a Rural District Councillor.

Regulated Associate Registrant Election

At the close of nomination at noon on March 5, 2026, there were four nominations for one Regulated Associate Registrant seat, so an election commenced with voting ending at noon on May 5, 2026. Dr. Yasaman Yazdizadeh was elected as the Regulated Associate Registrant member on Council.

For Information Briefing Note prepared by: Ms. Helena Tessier, Executive Assistant to Legal Counsel and Assistant Registrar to Complaints and Investigations