



July 2023 Special Meeting of Council

Tuesday, July 4, 2023 | 7:30 a.m. |

AGENDA

Virtually via Zoom

Time		Item		Action		Page #
5 min	7:30 am	1.	Opening Remarks			
0 min	7:35 am	2.	Agenda – Approval			
0 min	7:35 am	3.	Call for Conflict of Interest			
55 min	7:35 am	4.	CPSM General Regulation Amendment	For Approval	Dr. Shenouda/ Dr. Ziomek	
1 hr			Estimated time of sessions			

**SPECIAL MEETING OF COUNCIL
JULY 4, 2023**

NOTICE OF MOTION FOR APPROVAL

SUBJECT: CPSM General Regulation Amendment

RECOMMENDATION:

That Council approve the proposed amendments to the CPSM General Regulation to be forwarded to the Lieutenant Governor in Council for consideration.

BACKGROUND:

On May 30, 2023, Dr. Ziomek advised Council a consultation package regarding proposed amendments to the CPSM General Regulations was to be sent out that day for 30-day consultation (closing June 29, 2023).

The consultation package (attached) included documents entitled:

- Public Consultation – Amending Regulations to Streamline Registration for Qualified Internationally Trained Physicians.
- Regulation Changes Information Sheet.
- Proposed amendments to the College of Physicians and Surgeons of Manitoba General Regulations – Consultation draft.

The anonymized consultation results as of noon on June 29, 2023, are attached. Any additional results received between noon June 29 and June 30, 2023, will be forwarded to Council end of day June 30, 2023. The 31 consultation responses are divided into Registrant, Public (which include physicians from other jurisdictions and retired registrants) and Stakeholder responses.

Eighteen Registrant responses were received.

- Fourteen Registrants are in favour of the proposed amendments, 3 opposed, and 1 is non-responsive to the topic. Most of those in favour of the proposed amendments provided personal experiences (either as an IMG or recruiting IMGs) noting that the current regulatory provisions do not assist in ensuring public safety, but rather delayed or deterred qualified IMG from coming to Manitoba. The persons opposed to discontinuing LMCC exams state the exams are an important tool to measure medical school education standards in comparison to Canadian medical schools or were a good tool for screen admittance into residency programs.

Five Public responses were received.

- All 5 Public responses are in favour of the amendments.

Eight stakeholder responses were received.

- The Government of Manitoba Fair Registration Practices Office supports the amendments.
- The Medical Council of Canada, who administers the LMCC, provided clarification that LMCC is a designation and not just an examination. Reference was also made to studies suggesting a predictive relationship between test results and patient complaints.
- The CPSBC is supportive of the “SEAP” and “streamline assessment” amendments. Regarding the “LMCC” amendment, they stated – “Given the multiple avenues to move to the full class without CFPC/Royal College certification processes, it is more important to have a standard licensing exam that provides an entry point to potential registration to practice medicine in Canada.”
- The CPSA provided neutral observations related the “SEAP” and “LMCC” amendments, and support for the “streamline assessment” amendments (which they currently have).
- The College of Medical Laboratory Technologists of Manitoba had no concerns about the proposed amendments.
- Department of Anesthesiology, Perioperative and Pain Medicine, University of Manitoba supports the proposed amendments.
- Department of Internal Medicine, University of Manitoba supports the proposed amendments.
- Doctors Manitoba supports the proposed amendments.

The proposed amendments are to be considered at a Special Meeting of Council on July 4, 2023. The short timeline is to meet Cabinet meeting schedules for the summer months.

A presentation will be provided to Council on July 4, 2023.

PUBLIC INTEREST RATIONALE:

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

CPSM regulations establish the qualifications required to become a Registrant. The qualification requirements must ensure Registrants can safely practice medicine without being unnecessarily burdensome so that qualified persons are not delayed or deterred from practicing medicine in Manitoba.

RECOMMENDED MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JULY 4, 2023, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves amending the College of Physicians and Surgeons of Manitoba General Regulations to:

1. Establish an efficient route to full registration for internationally trained subspecialists who have successfully completed a Royal College subspecialty examination through Subspecialist Examination Affiliate Program (SEAP) and are a Royal College Subspecialist Affiliate.
2. Provide CPSM the flexibility to create appropriate exemptions to the assessment and mentoring requirements for provisional registrants.
3. Remove the requirement that experienced internationally trained doctors must take the LMCC (Licentiate of the Medical Council of Canada) testing.

And forwarding the proposed regulation amendments to the Lieutenant Governor in Council for consideration.

ALTERNATIVE MOTION:

NOTICE IS HEREBY GIVEN THAT AT THE COUNCIL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA, ON JULY 4, 2023, DR. CHARLES PENNER, PRESIDENT-ELECT, WILL MOVE THAT:

Council approves amending the College of Physicians and Surgeons of Manitoba General Regulations to:

- [Any combination of 1 or 2 of the above 3 proposed amendments]

And forwarding the proposed regulation amendments to the Lieutenant Governor in Council for consideration.

PUBLIC CONSULTATION

to CPSM registrants, stakeholders, and the public

Amending Regulations to Streamline Registration for Qualified Internationally Trained Physicians

Background

A vital role of CPSM is to ensure registrants are properly qualified to practice medicine safely and competently in Manitoba. The registration process established in the *College of Physicians and Surgeons of Manitoba General Regulation M.R. 163/2018* is complicated.

CPSM is working with Government to amend the Regulation this summer to reduce unnecessary steps and improve efficiency to ensure the expeditious full licensing of qualified internationally trained physicians.

Consultation Process

CPSM bylaws and *The Regulated Health Professions Act* require registrants be consulted on any regulatory amendments. The attached document will outline in plain language what the proposed amendments are designed to achieve.

We ask that you share the proposed changes with any other stakeholders that could provide valuable perspectives on these topics.

The results of the consultation, which is open until June 29, 2023, will be provided to CPSM Council who will decide on what, if any, amendments should be made. The Regulation amendments will then go to Cabinet for final approval.

Proposed Changes to Improve Registration Efficiency while Maintaining Public Safety

- Establish an efficient route to full registration for internationally trained subspecialists who have successfully completed a Royal College subspecialty examination through Subspecialist Examination Affiliate Program (SEAP) and are a Royal College Subspecialist Affiliate.

Internationally trained doctors looking to come to Manitoba to practice in their area of subspecialty are currently required to obtain certification through the Royal College in their

general specialty field of practice. Otherwise, they are required to successfully complete MPAP (Manitoba Practice Assessment Program). The proposed changes will eliminate the need to obtain the primary specialist certification, or alternatively MPAP, as a requirement for full registration.

For example, a subspecialist with Royal College Affiliate Status in neonatology will not be required to obtain certification for a general paediatrics specialization before being able to be fully registered to practice neonatology in Manitoba. They will have to successfully complete an approved period of supervised practice.

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- Provide CPSM the flexibility to create appropriate exemptions to the assessment and mentoring requirements for provisional registrants.

Supervision, assessment, and monitoring need to be appropriate for the individual physician depending upon their education, training, years of experience and scope of practice. The regulation changes empower CPSM to establish appropriate supervision and monitoring for different doctors based on their individual circumstances. The regulation change will allow Council to determine exemptions through policy or registration standards development.

For example, Council could in the future exempt physicians from jurisdictions with similar standards to Manitoba from having to do the Practice Ready Assessment.

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- Remove the requirement that experienced internationally trained doctors must take the LMCC (Licentiate of the Medical Council of Canada) testing.

The LMCC is an excellent tool for measuring the quality of medical school training and a person's ability to answer questions on a particular day. However, determining whether a physician is qualified and competent to practice safely and independently is best achieved through successful completion of post-graduate medical education (PGME) and CFPC or Royal College certification, or alternatively comprehensive assessment through MPAP.

Removing the LMCC testing requirement for full registration eliminates an extra eligibility requirement, it does not mean there is no mechanism to ensure internationally trained physicians are qualified and competent to practice safely. The better safety protection currently exists in the PGME/CFPC/Royal College certification processes.

What does this mean on a practical level? Examples include:

1. Internationally trained family physicians would still have to undergo a Practice Readiness Assessment (unless otherwise exempt) and pursue certification from the CFPC or, alternatively MPAP, while provisionally registered. This would also apply to Canadian trained physicians without the LMCC.
2. Family physicians with certification obtained without examination through the CFPC's 'recognition of training and certification from approved jurisdictions' route would be able to obtain full registration in Manitoba without having to hold the LMCC. These experienced doctors would otherwise require provisional registration while pursuing the LMCC or assessment through MPAP.
3. Specialists without the LMCC would still have to undergo a Practice Readiness Assessment (unless otherwise exempt) and pursue certification from the Royal College or MPAP, while provisionally registered. This would also apply to Canadian-trained physicians who do not obtain the LMCC. Once they have certification, they can become fully registered without obtaining the LMCC. For example, an internationally trained cardiologist with significant practice experience who has been out of medical school for many years will not have to remain provisionally registered solely because they do not have the LMCC.

Other proposed changes include:

- Clarifying that Royal College certification eligibility obtained through the Practice Eligibility Route, which means candidates might never have practiced in Canada, are not exempt from the requirement to undergo a Practice Readiness Assessment.
- Removing the LMCC as a requirement for educational registration, including to participate in a residency program. This is seen as a requirement best left to be determined by educational institutions.

The above are the highlights, the details of these proposals and how public safety is not compromised is spelled out in the Regulation Changes Information Sheet.

How to Submit Your Comments:

1. Review the **Regulation Changes Information Sheet** on the following pages.
2. Submit your comments in writing by email to: CPSMconsultation@cpsm.mb.ca

The deadline for feedback is June 29, 2023.

We look forward to your feedback

Regulation Changes Information Sheet

New Route to Full Registration for Royal College Subspecialist Affiliates

Introduction:

To obtain full licensure in Manitoba an internationally trained specialist must obtain Royal College membership or fellowship status. Canadian rules require that the physician first obtain a primary specialist certification, which then may be followed up by a further subspecialist certificate.

Many foreign jurisdictions allow physicians to be licensed to practice in a subspecialty area without having training or certification in a primary specialty.

Prior to coming to Canada these physicians can demonstrate their competency in their subspecialty by passing the Royal College – Subspecialist Examination Affiliate Program (SEAP). Subspecialist Affiliate status does not confer Royal College membership or fellowship status, which Manitoba requires for full licensure, it merely provides a mechanism for maintaining engagement with the Royal College.

CPSM seeks to establish an efficient route to full registration for subspecialists who have successfully completed a Royal College subspecialty examination through SEAP and are a Royal College Subspecialist Affiliate.

The new route would end the requirement that these competent physicians having to undergo a practice readiness assessment, lengthy provisional registration under supervision, and MPAP to become fully licensed. Current requirements would be replaced with a shorter period of orientation and supervision appropriate to the physician's circumstances. This will make Manitoba more attractive to these highly skilled professionals.

At the current time, Subspecialist Affiliate status is not a listed factor in determining eligibility for full registration in Manitoba and most other Canadian jurisdictions. In Nova Scotia candidates can obtain full registration with specialist status if they have LMCC. In New Brunswick, it is accepted for defined licensure with specialty recognition. If CPSM were to fully register these physicians, they would be able to transfer to other jurisdictions under in accordance with applicable trade agreements.

Approved monitoring and supervision will take place under the auspices of registration in the provisional (specialty practice-limited) class. Appropriate requirements for supervision and monitoring, which will include orientation, audits, etc., will be established by Council in a Registration Standards document for Subspecialist Affiliates.

Streamlining Assessment Processes

Introduction:

There are two main categories of registrant applicants. Those who can apply for full registration (have all the requirements) and those who apply for provisional registration (do not have all requirements but will work towards attaining them).

Provisional registration for the family medicine or specialty class permits a registrant to practice medicine within the scope of their education, qualifications, and experience while they work toward full registration.

Individuals who are eligible for provisional registration in these classes come from a broad range of circumstances. Before they are fully registered there must be an assessment of whether they can practice medicine safely.

The current regulations related to assessment for provisional registrants are lengthy and prescriptive. Medical education, training, and the certification of training in various jurisdictions in Canada and globally evolves over time. This impacts individual assessment needs. The current regulatory system is not flexible to respond to these evolutions.

The regulation amendment will provide CPSM with the flexibility to make exemptions from the assessment and mentoring requirements for provisional registrants. With this authority CPSM would establish assessment requirements in its policies and Standards of Practice (which are subject to public consultation).

Removal of the LMCC requirement for full registration of specialists and family physicians who meet all other registration requirements.

Introduction:

The Licentiate of the Medical Council of Canada (LMCC) requirement is a test for recent medical school graduates. It is an excellent tool to measure the education provided by a medical school. However, other processes currently exist (PGME and CFPC or Royal College certification) that assess the individual's competency to safely practice medicine based upon their “on the job” performance. CPSM is seeking removal of the LMCC as a requirement for full registration of specialists and family physicians who meet all other registration requirements.

The LMCC is currently an additional requirement on top of existing onerous standards.

Removing the LMCC requirement eliminates an additional step that all applicants need to go through, and it removes the need for those who do not pass the LMCC to incur greater financial burdens and delays. For individuals who have met all the requirements except for passing the LMCC the alternative is participating in the Manitoba Practice Assessment Program (MPAP) which can take 6 to 18 months and \$10,000 to \$50,000 to complete.

Removing the LMCC requirement eliminates another potential barrier to the recruitment of experienced doctors to Manitoba who will be several years out of medical school.

Prior to *The Regulated Health Professions Act (RHPA)* coming into force, the LMCC was not a requirement for full registration of specialists in Manitoba. At the national level, it was resolved LMCC should be a requirement, hence the change. Since then, many MRAs have reconsidered, and some are actively exploring removing this requirement. New Brunswick does not require LMCC for full registration.

CPSM is also seeking to remove, from regulations, the LMCC requirement for registration in the medical resident classes. This impacts individuals who receive their undergraduate medical education in jurisdictions outside of Canada or the United States and are entering the resident program offered by the Max Rady Faculty of Medicine. This is an eligibility requirement that is the purview of the Max Rady Faculty of Medicine or the Canadian Resident Matching Service (CaRMS) if they so elect, not a CPSM issue.

CPSM believes a better way to assess whether a physician is qualified and competent to practice safely is through successful completion of PGME and certification through the CFPC or the Royal College, or alternatively comprehensive assessment through MPAP.

View the DRAFT legislative amendments [here](#).

Proposed amendments to *College of Physicians and Surgeons of Manitoba General Regulation*
(The Regulated Health Professions Act)

Consultation draft

Projet de modification du *Règlement général sur l'Ordre des médecins et chirurgiens du Manitoba*
(Loi sur les professions de la santé réglementées)

Ébauche pour consultation

Manitoba Regulation 163/2018 amended

1 The *College of Physicians and Surgeons of Manitoba General Regulation*, Manitoba Regulation 163/2018, is amended by this regulation.

2 Section 1.4 is amended by repealing the definitions "Canadian Medical Register", "LMCC" and "MCCQE".

3(1) Subclause 3.8(b)(i) is amended, in the part before paragraph (A), by striking out "is registered in the Canadian Medical Register as a holder of the LMCC and holds one" and substituting "holds at least one".

3(2) Clause 3.8(b) is further amended by adding the following after subclause (i):

(i.1) he or she

(A) holds affiliate status with the Royal College in a subspecialty,

(B) successfully completed a Royal College subspecialty examination through the Royal College — Subspecialist Examination Affiliate Program, and

(C) satisfactorily completed an approved period of supervised practice,

4 Subsection 3.16(2) is amended

(a) in clause (b), by adding "unless the eligibility has been or will be obtained through the practice eligibility route" at the end;

Modification du R.M. 163/2018

1 Le présent règlement modifie le *Règlement général sur l'Ordre des médecins et chirurgiens du Manitoba*, R.M. 163/2018.

2 Les définitions d'« EACMC », de « LCMC » et de « Registre médical canadien » figurant à l'article 1.4 sont supprimées.

3(1) Le passage introductif du sous-alinéa 3.8b)(i) est modifié par substitution, à « inscrite au Registre médical canadien et est titulaire à la fois de la LCMC et d'un », de « titulaire d'au moins un ».

3(2) Il est ajouté, après le sous-alinéa 3.8b)(i), ce qui suit :

(i.1) elle répond aux critères suivants :

(A) elle est affiliée au Collège royal dans le cadre d'une surspécialité,

(B) elle a réussi un examen de surspécialité du Collège royal dans le cadre de son Programme d'examen et d'affiliation pour les surspécialistes,

(C) elle a exercé la profession sous surveillance de façon satisfaisante pendant une période approuvée,

4 Le paragraphe 3.16(2) est modifié :

a) dans l'alinéa b), par adjonction, à la fin, de « , sauf si elle est ou sera admissible grâce à la Route d'évaluation par la pratique »;

(b) by adding the following after clause (b):

(b.1) he or she

(i) holds affiliate status with the Royal College in a subspecialty,

(ii) successfully completed a Royal College subspecialty examination through the Royal College — Subspecialist Examination Affiliate Program, and

(iii) has been required by the registrar to undergo an approved period of supervised practice;

(c) by adding the following after clause (d):

(e) in any other case, he or she meets the approved criteria for an exemption.

5 Subsection 3.18(1) is amended

(a) in the part before clause (a) of the English version, by striking out "either"; and

(b) by replacing clause (a) with the following:

(a) obtaining Royal College certification in a specialty field of practice;

(a.1) satisfactorily completing an approved period of supervised practice as a holder of affiliate status with the Royal College in a subspecialty; or

6 Subsection 3.19(2) is amended by adding the following after clause (d):

(e) in any other case, he or she meets the approved criteria for an exemption.

b) par adjonction, après l'alinéa b), de ce qui suit :

b.1) elle répond aux critères suivants :

(i) elle est affiliée au Collège royal dans le cadre d'une surspécialité,

(ii) elle a réussi un examen de surspécialité du Collège royal dans le cadre de son Programme d'examen et d'affiliation pour les surspécialistes,

(iii) le registraire a exigé qu'elle exerce la profession sous surveillance pendant la période approuvée;

c) par adjonction, après l'alinéa d), de ce qui suit :

e) dans tout autre cas, elle satisfait aux critères d'exemption approuvés.

5 Le paragraphe 3.18(1) est modifié :

a) dans le passage introductif de la version anglaise, par suppression de « either »;

b) par substitution, à l'alinéa a), de ce qui suit :

a) soit en obtenant un certificat du Collège royal dans un domaine d'exercice spécialisé;

a.1) soit en exerçant la profession sous surveillance de façon satisfaisante pendant la période approuvée tout en étant affiliée au Collège royal dans le cadre d'une surspécialité;

6 Il est ajouté, après l'alinéa 3.19(2)d), ce qui suit :

e) dans tout autre cas, elle satisfait aux critères d'exemption approuvés.

7 **Clause 3.21(1)(a) is amended by striking out** "registration in the Canadian Medical Register as a holder of the LMCC and".

7 **L'alinéa 3.21(1)a) est modifié par suppression de** « l'inscription au Registre médical canadien à titre de titulaire d'une licence du CLEM et d' ».

8 **Subclause 3.52(a)(iii) is amended by striking out everything after** "faculty of medicine" **and substituting** "; and".

8 **Le sous-alinéa 3.52a)(iii) est modifié par suppression du passage qui suit** « à l'échelle nationale ».

9 **Section 3.54 is amended by adding** "and" **at the end of clause (b), striking out** "and" **at the end of clause (c) and repealing clause (d).**

9 **L'alinéa 3.54d) est abrogé.**

10 **Subsection 3.84(1) is amended**

(a) by repealing clause (b); and

(b) in clause (c), by striking out ", as the case may be," **and substituting** "or the member's affiliate status with the Royal College, as the case may be,".

10 **Le paragraphe 3.84(1) est modifié :**

a) par abrogation de l'alinéa b);

b) dans l'alinéa c), par substitution, à « , selon le cas, est révoqué », **de** « ou son affiliation au Collège royal, selon le cas, sont révoqués ».

11 **Clause 5.4(3)(a) is repealed.**

11 **L'alinéa 5.4(3)a) est abrogé.**

Registrant Feedback	Support
<p>Congratulations on this movement forward. It could and should have been done 20 years ago but there was not a governmental or national regulatory appetite at that time.</p> <p>Thanks for moving the process forward.</p>	Yes
<p>I am writing in the capacity of my dual roles as Department Head, Pediatrics and Child Health, University of Manitoba and as the Medical Specialty Lead, Child Health for Shared Health Manitoba. In those roles, I have had numerous opportunities to recruit International Medical Graduates (IMG's) who are becoming increasingly important for healthcare delivery in underserved areas. Many potentially qualified recruits have been lost to other provinces which do not require completion of the LMCC examination. This examination is expensive and certainly does not predict competency in daily clinical practice. Much better safety protection is achieved through the Manitoba Practice Assessment Program (MPAP), which is clinically rigorous and has built-in mentorship. Elimination of the LMCC will absolutely ensure a larger pool of IMG's to support the physician workforce need of Manitoba and will not compromise patient safety.</p> <p>Thank you for the opportunity to provide feedback on this important matter.</p>	Yes
<p>I strongly feel that all physicians registered, should participate in an on call roster at an accredited facility. I suggest we implement the Netherlands' model.</p> <p>This way, everyone will carry the burden of taking care of patients after hours and all peers will have a chance to evaluate peers.</p> <p>There are a lot of physicians that never works after hours, leaving that part to ER's, that is already overwhelmed.</p> <p>We do not need more docs that only see patients during office hours.</p> <p>Whichever way they are registered, participating in mandatory on call, is the only way to really assess skill levels and decrease the burden on burnt out after hours docs.</p>	
<p>I agree with all of the proposed changes. As a Canadian myself who trained in the United States, I have many friends who took a similar path to me, and many did not return to Canada because of the current regulations being so costly and onerous. Having practiced in both countries now, I can at least speak to the similarities and equivalencies between the US and Canada, and I am thrilled to see these barriers coming down.</p>	Yes
<p>I went through the Regulation Change Information Sheet and was pleased to see the planned changes. One small thing that can be amended is:</p>	Yes

Consultation: Proposed amendments to General Regulation – Registration
 May 30-June 29

<p>If an internationally trained graduate completes a clinical fellowship at the University of Manitoba, then instead of appearing in the full Royal College exam, they might be allowed to appear in only the first part (theory/ MCQ exam). Passing the written exam PLUS a successfully completed 1-2 year fellowship program (with a positive assessment review from Program Director) in the University PLUS a practice-ready assessment should be sufficient for full licensure.</p> <p>An exemption from the Oral exams in the college can save a lot of stress for the trainee who is otherwise well-trained to evaluate patients after completing a well-designed fellowship program in Manitoba.</p> <p>It is difficult to take time out to prepare for these exams once the IMG starts practising under a provisional license.</p>	
<p>On paper the recommendations seem very reasonable and logical. My questions focus on what the current system does well. Do we prevent physicians from practicing before they are ready? Does it give physicians that extra time to adjust to the nuances of the Canadian/Manitoba system? Is there mentorship with the current system that may not exist with the proposed changes? Is this the beginning of discontinuation of the LMCC examination for all physicians? Thanks for taking the time to ask for input. Thanks for also be aware of the fact that we rely on foreign trained physicians to meet our professional responsibilities to our population.</p>	Yes
<p>I agree with the modifications proposed. We are currently trying to recruit an international physician who has passed the Royal College examination in Diagnostic Radiology but is having significant difficulties with registration despite having appropriate licensure. In future, these modifications will be beneficial. thank you</p>	Yes
<p>I completed my training in Pediatrics and Neonatology in India before moving to Toronto for a Royal college accredited Neonatal-Perinatal Medicine fellowship I moved to Manitoba on a provisional license after giving my MCCEE and was expected to complete QE1 and QE2 exams within 5 years of practice I cleared my Royal College SEAP and MCEQE1 exams here and tried to sit for the MCQE2 exam twice, however it was cancelled due to COVID</p> <p>My practice is restricted to Neonatology, However, I had to take the MCCEE and QE1 due to the rules at the college here, which did not test my knowledge in Neonatology.</p> <p>I had to study topics such as family medicine, geriatrics, psychiatry which had no connection to Neonatology, but the rule was there and I had to complete them Similar was the case for QE2 which I spent a significant amount of my time preparing for, but got finally cancelled and the exam then removed completely The problem is that I had completed medical school long time ago and it is really difficult to go back and study those topics which is not going to be useful for my ongoing practice How would giving QE1 ensure that I practice medicine safely in Manitoba when it does not test me in Neonatology which is what I practice?</p>	Yes

Consultation: Proposed amendments to General Regulation – Registration
 May 30-June 29

<p>This impacted my career as I was not able to spend my time focussing on my research and created unnecessary stress in my life</p> <p>In contrast, if I had to apply for a similar job in Ontario, I do not have to write any of these exams.</p> <p>So I welcome the rule change that IMG with subspecialty training do not have to give QE1 or LMCC anymore, also if they have the Royal college SEAP exam, they should be eligible for full licensure here Similarly the requirement for MCCEE for trainees here is also another road block for people to come to Manitoba When they have to clear any exam, please ensure that that exam is relevant to their practice and not another hurdle which makes it more difficult to cross</p>	
<p>I support the changes proposed in your assessment of internationally trained physicians. Any an all steps to allow for rapid licensure where parity exists, and support physicians from training systems where parity is unclear should be sought after and pursued. These changes seem a good first step along that path.</p>	<p>Yes</p>
<p>I disagree to discontinue LMCC exams as one of the requirements for full registration. Perhaps LMCC can be added as an optional application requirements to add extra credits for the IMG physician who passes it to help in the selection process of the best candidates.</p> <p>LMCC is an important tool to measure the Medical school education standards in contrast to the Canadian medical schools. To ensure equity and standardization.</p> <p>With all due respect to the other processes of assessment that are currently exist such as PGME and CFPC or Royal College certification) that assess the individual's competency to safely practice medicine based upon their “on the job” performance. But this wont ensure patients safety during the probation period of the practice till the newly hired IMG physician is allowed to write these certification/assessment exams.</p> <p>In Conclusion: I suggest that removal of the LMCC can be done as a requirement for conditional registration of specialists and family physicians who meet all other registration requirements. Pending full registration for the IMG physician who passes the other certification exams , assessments and gets satisfactory reports by CPSM supervisors. If the candidate is successful in CFPC/ Royal College or PGME assessments then will be granted full registration regardless the LMCC</p>	<p>No</p>

Consultation: Proposed amendments to General Regulation – Registration
 May 30-June 29

<p>If candidate is not successful then patients safety and maintaining practice standards are maintained as the conditional license will be revoked then wont be able to practice independently.</p>	
<p>I feel that I have finally been heard. I came to Manitoba and started practicing in 2018 after practicing for 23 years in the States. I am thankful that my training was in Family Medicine as I had to take the LMCC exams. However, I totally agree that this was an unnecessary hurdle and I strongly believe it a huge barrier to other physicians, both family medicine and espeically specialists, in deciding to come to Canada, especially Manitoba, to practice medicine. I congratualate you on thinking this through and seeing better ways to assure physicians are properly qualified to practice medicine safely and competently in Manitoba. Soon, I will be helping to recruit physicians from the States to Manitoba, and I am very pleased I do not have to inform them they will need to take this test which as you so rightly point out " is an excellent tool for measuring the quality of medical school training and a person’s ability to answer questions on a particular day" but does not assure a physician is properly qualified to practice medicine safely and competently in Manitoba. Thank you very much for your work!</p>	<p>Yes</p>
<p>I wanted to provide feedback to you as requested on the requirement of the LMCC. I strongly believe that the LMCC exam really does not have a place as a measure of competency in Manitoba. Like with any exam that one can prep for, studying to refresh ones memory in areas of practice that they will never perform does not make one competent. It does tell you that a physician is capable of studying but neither pass nor failure means that the physician will one day provide good and safe care. Rather, assessment in the field of practice by those that the CPSM has already licensed as trusted physicians is a better route. Moreover, assurance of systematic assessment for those reviewing practice whether it be in a residency program or in the workforce provides a more accurate picture over time of a persons true capabilities. I would add the obvious that in a field such as mine (Neonatology),success or failure of an exam which likely has little to no neonatal content does nothing to indicate whether someone is safe and competent to care for babies. I would extend this as well to any subspecialty area as a general exam really has little bearing on the probability of safe practice in a narrow area of medicine.</p> <p>In conclusion I would like to see the LMCC removed as a requirement for licensure at both educational and practice levels</p>	<p>Yes</p>
<p>Being an IMG myself, I appreciate the steps being taken to address the systemic barriers for IMGs to get licensed and practice their art.</p> <p>I agree that LMCC should be removed as a requirement for specialists or sub specialists with years of experience.</p> <p>I believe there should be a way for specialists in different fields to be able to challenge the speciality certification exams and undergo a specific period of supervised practice to ensure quality, safety and standards of Canadian medicine. Also, the pathway needs to be more clearly defined.</p>	<p>Yes</p>

Consultation: Proposed amendments to General Regulation – Registration
 May 30-June 29

<p>I also agree that in areas of need, and depending on credentials of the IMG, CPSM should have the power to make exemptions to requirements for licensure. However, where exemptions are made, an audit should be completed after a specified period of time, to ensure that standard of care and public safety, are not compromised.</p>	
<p>Thank you for asking me to provide feedback on the proposed changes to the registration process for internationally trained doctors.</p> <p>I will reply with the opinion of both myself and my wife Dr. [REDACTED] who holds the same training and certifications as myself.</p> <p>We feel the changes are appropriate if we understand them correctly.</p> <p>Specifically, we fully agree that the LMCC examination is a good assessment of a medical school student but not necessarily a good assessment of an experienced doctor.</p> <p>In our own cases, we hold CCFP status through the CFPC recognition of training and certification from approved jurisdictions route and we find the LMCC exam very daunting. We believe the LMCC exam would not prove anything in our case.</p> <p>We therefore hope that this change does go through, as this would lift barriers for other doctors who completed their training in recognised jurisdictions who are interested in practicing in MB, and certainly lift a huge stress of our table as well as allowing us to practice and not have to take time off to study in order to prepare for an exam. Therefore, being able to see more patients and helping more people.</p> <p>This is even more important in these dire times with extreme family physician shortages.</p>	<p>Yes</p>
<p>The revisions make a lot of sense to me, and removing unnecessary impediments to having qualified physicians practice in Manitoba, is overdue, In my opinion.</p>	<p>Yes</p>
<p>In response to your request for feedback on the proposed changes to general regulatory requirements for physicians, I would like to comment that, as an educator with the University of Manitoba, having trained over 200 post grad residents in family medicine, that removing the requirement for LMCC part 1 for internationally trained physicians does not seem appropriate to me.</p>	<p>No</p>

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<p>As mentioned, it is a good measurement of education provided by a medical school. It is absolutely critical for individuals entering residency to have some similar measure of the knowledge base they come in with, at a minimum. The training received is highly variable at medical schools around the world. For those who have been in practice in other countries whose med school attendance might have been several years before, the LMCC ensures they have prepped, and have demonstrated that same minimal basic knowledge set. Failure of the exam results in delays and expense for the applicant as mentioned in the brief, but also alerts the CPSM to a potential problem, that 6-18 months in the MPAP program should be able to identify and remedy.</p> <p>I understand the pressure to license more physicians rapidly to address the shortage, particularly in family medicine, which is projected to only worsen in the coming years. I have worked with many fantastic internationally trained residents who have gone on to be a huge resource to our province and am in favor overall of lowering barriers to licensure. However, we have found over the years that exam scores are not irrelevant to practice performance. It is also possible that Manitoba would preferentially attract internationally trained physicians who might experience greater challenges in adapting to Canadian practice than other provinces who retain the requirement for the exam.</p>	
<p>I'm writing from my experience as a former member and chair of the College of Family Physicians of Canada Board of Examinations and Certification. I have had considerable experience in dealing with international jurisdictions in regard to CCFP exam eligibility and exemption.</p> <p>The comment about granting exemption to jurisdictions that have similar training is one the we struggled with as it opens you up to charges of discrimination. Your criteria for choosing exemptible training programs would have to be very clear and fair to all and probably defensible in court. We found it was almost impossible to evaluate foreign College of Family Physicians of Canada programs and for the one's we did assess it was difficult to ensure that they still maintained an equivalent standard after a few years. If you wish to discuss this further you can contact me.</p> <p>Otherwise I am in agreement with your changes.</p>	<p>Yes</p>
<p>The proposed changes are nothing more than a total capitulation to government pressure (ie threat by government of loss of right to act as as a fully self governing independent body)</p> <p>These changes would not have been needed if governments had listened to the physicians pleas for additional resources over the past many years --- to meet the needs of our expanding population</p> <p>The changes are presented under the guise of expediting applications etc ,, when in reality it is allowing unqualified individuals to gain access to the profession</p>	<p>No</p>

<p>The correct solution is easy ,,,, foreign graduates need to sit / pass Canadian qualifying exams and then be licensed appropriately--- no preferential short cuts .</p> <p>The problem with the above solution is ‘ slots ‘ which if there is a will could be easily rectified (money required) rather than lower standards</p> <p>Would love to discuss ,,,,,</p>	
<p>I believe the following points should be considered for Internationally trained physicians :</p> <p>1: Proficiency and understanding of English, is important, primarily the ability to communicate effectively with both the patient and colleagues. Tests should be implemented to assess English skills, both written and verbally.</p> <p>2: Knowledge and understanding of Canadian Medical Practice , from both the medical and cultural aspects. Ability to understand these aspects is paramount to the practice of Medicine.</p> <p>3: Canadian citizens , who have had to study internationally , do not have these challenges, they are cognizant of Canadian values , culture and the Canadian practice of medicine.</p>	
<p>Public Feedback</p>	
<p>I strongly favor the below.</p> <p><i>Family physicians with certification obtained without examination through the CFPC’s ‘recognition of training and certification from approved jurisdictions’ route would be able to obtain full registration in Manitoba without having to hold the LMCC. These experienced doctors would otherwise require provisional registration while pursuing the LMCC or assessment through MPAP.</i></p> <p>As a Doctor of Osteopathy from the US (DO) and being board certified by the ABFM and CFPC and having obtained residency training at a dually certified (MD and DO) family medicine residency program it really makes no sense for me to be required to hold the LMCC.</p> <p>It would be wonderful if this change could happen soon so that I can avoid having to take the QE1 in the next year. The energy put into this exam could instead be put into providing more care for the underserved population here.</p>	<p>Yes</p>
<p>This letter brings the attention of the committee concern regarding the amendment for the appointment of foreign qualified, trained and experienced physicians in Manitoba.</p> <p>We know thousands of experienced physicians have been sitting idle or struggling to do other jobs for their survival in Canada and may be hundreds in Manitoba herself.</p>	<p>Yes</p>

<p>It is a very good step that is about to take by the College in Manitoba to resolve the crisis in the health sector and human sufferings as well as providing reliefs to the waiting physicians who are ready and keen to serve the Province of Manitoba and the nation.</p> <p>Followings are some suggested steps:</p> <ol style="list-style-type: none"> 1. Arrangement for appointing foreign physicians in their respective field of care. 2. Short orientation about the health system, care and priorities of respective province and Canada as a whole. 3. Self- audit, mentoring and supervision while working with appropriate compensation. 4. Regular CME, seminars, clinical meetings 5. Assessment from time to time after a comfortable interval to justify the safety of the practice and public; appropriate training and modification to learn from the mistakes which enable them to adapt with the system smoothly. (New Zealand Model 1993!). 6. To start the process as quick as possible without further delay avoiding language barrier as majority of the population(clients) speaks in other language and arranging for a simplistic application process which will be easy to follow. 7. Priority is to be given first to the Citizens and PRs of Manitoba, and then to other provincial candidates. Make a Manitoba Model and show how the health system works with comfort and safety by involving foreign medical doctors by exploiting their experience and expertise in our health system. 	
<p>It is common knowledge that practicing medicine in Canada for Doctors who moved from another country is made almost entirely impossible. As outlined in the pathway, those who are able to satisfy requirements and have the financial and other supports to register for the examinations and if they successfully pass them, go through 7 to 11 years of processes until they are able to practice their profession in the Province of Manitoba. It is not a practical or sound economic decision and this is my opinion. No other profession gets treated this way. And this is the only profession where the verification of credentials and programs has never been easier and has been established for years.</p> <p>The barriers to licensing such as these mentioned above, are the reason why we are in crisis in Healthcare across the country but also in Manitoba. I am not going to ask you to answer me how you imagine the doctor who immigrated is supposed to support themselves and their families for the 7 to 11 years, where they should be getting the finances from being a new immigrant and how are they supposed to find supervisors/mentors and correct information.</p> <p>I am expressing my opinion, that at this point, Manitoba and Canada should aim at making employment opportunities for doctors attractive, to make people stay and practice here. Free the residency spots for those who are new grads and register doctors who apply to practice and offer them positions in the same roles they've been practicing in. It is an</p>	<p>Yes</p>

<p>understatement to say that it is a shame the condition healthcare is in Canada. There are thousands of doctors in Canada who are forced to work minimum wage or unrelated jobs because of the process that is in place right now which requires years or over a decade to enter the profession. Treating professionals this way does not leave a good impression of how Canadians value workers who are skilled and highly educated. It is wasteful and unnecessary to leave doctors who immigrated here on the sidelines.</p> <p>As in the United Kingdom, I suggest making the process easy and comprehensive. From their website to the processes to support of the applicant, there are things to learn from it for CPSM and Canada. Obtaining a license should be an easy process and take days, not years and Canada should be open and receptive to applicants who choose to practice Medicine in Manitoba.</p> <p>I propose eligibility for full registration to be as follows:</p> <ul style="list-style-type: none"> • Evidence of primary medical qualification • Evidence of internship completed as per program taken or other foundation for future practice • Knowledge of English language • Passport/citizenship/PR card or other applicable ID document allowing applicant to work in Canada • Certificate of good standing from the country of practice • CV with activities for the recent years (up to 5 years) • Declaration of fitness to practice including a document confirming no convictions or other court proceedings against the professional, no disabilities that would impair their fitness to practice 	
<p>This letter brings the attention of the committee concern regarding the amendment for the appointment of foreign qualified, trained and experienced physicians in Manitoba.</p> <p>We know thousands of experienced physicians have been sitting idle or struggling to do other jobs for their survival in Canada and may be hundreds in Manitoba herself.</p> <p>It is a very good step that is about to take by the College in Manitoba to resolve the crisis in the health sector and human sufferings as well as providing reliefs to the waiting physicians who are ready and keen to serve the Province of Manitoba and the nation.</p> <p>Followings are some suggested steps:</p> <ol style="list-style-type: none"> 1. Arrangement for appointing foreign physicians in their respective field of care. 2. Short orientation about the health system, care and priorities of respective province and Canada as a whole. 3. Self- audit, mentoring and supervision while working with appropriate compensation. 4. Regular CME, seminars, clinical meetings 	<p>Yes</p>

Consultation: Proposed amendments to General Regulation – Registration
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<ol style="list-style-type: none"> 5. Assessment from time to time after a comfortable interval to justify the safety of the practice and public; appropriate training and modification to learn from the mistakes which enable them to adapt with the system smoothly. (New Zealand Model 1993!). 6. To start the process as quick as possible without further delay avoiding language barrier as majority of the population(clients) speaks in other language and arranging for a simplistic application process which will be easy to follow. 7. Priority is to be given first to the Citizens and PRs of Manitoba, and then to other provincial candidates. Make a Manitoba Model and show how the health system works with comfort and safety by involving foreign medical doctors by exploiting their experience and expertise in our health system. 	
<p>I just wanted to reach out, as I think 100% it should be easier for internationally trained physicians to work here in Manitoba.</p> <p>It is extremely saddening to see the state of health care in Canada, and Manitoba, right now. And if I am being completely honest, it is embarrassing. I work in healthcare and am hard pressed to find anything good to say about it. I don't think you all are blind to the fact that there are MANY rural hospitals in this province that sit closed, due to Physician shortage. Yet there are so many internationally trained doctors who can and want to work. How can you let them sit on the side lines? How can you make them spend thousands, upon thousands of dollars, and wait 5-10 years to go through your processes? We can also take into consideration that it is almost impossible to find a family doctor in Winnipeg. How is this sustainable for Manitobans? Many other internationally trained professionals are recognized here - and I think it is time for internationally trained physicians to be recognized as well. If they have the qualifications, they should be able to work ASAP. Additional examinations seem to be an easy money grab, if I'm being frank.</p> <p>Another point to add, is how many Manitobans are seeking healthcare out of country. What does this say about our system? Patients are spending their HARD earned money, going overseas to access healthcare that is not available here, and if it is available, they will wait an astronomical amount of time - and some may die waiting. Does that not hit home for anyone? Manitobans will DIE waiting for care here, because there are NO doctors to help them! Although there are doctors here, unable to work in their professions because you make it almost impossible to do so. You should be ashamed of yourselves.</p> <p>I hope this helps shed some light on our dire situation, we NEED doctors, and I doubt you would disagree.</p>	<p>Yes</p>
<p>I am working with a woman who was certified to practice as a doctor in Bulgaria, whose English is excellent, and has been unable to be approved here in Canada to work as a doctor, due to communication issues. She has ended up working as an unregulated health professional, for the Red Cross, giving vaccinations, etc. which is a ridiculous waste of her knowledge, education and experience. The barriers to licensing seem higher than other comparable countries such as the U.K.</p>	<p>Yes</p>

<p>I have not myself had a family doctor for many years, after my family doctor retired. I have been attending walk-in clinics, some of which are staffed by immigrants with very poor (almost incomprehensible) English. This would suggest that the assessment of English language ability is not consistent across candidates.</p> <p>I understand comparable countries such as the U.K. approve internationally trained physician immigrants in a matter of days, versus years here in Canada. The stranglehold the Canadian medical college has on approval is an efficient way to ensure higher income for doctors, but leaves the Canadian healthcare system in desperate straits.</p> <p>Thank you for the chance to give feedback</p>	
<p>Stakeholder Feedback</p>	
<p>Department of Internal Medicine, University of Manitoba</p> <p>Thank you for the opportunity to comment on the proposed amendment to CPSM’s general regulation. As I understand, the key elements are the following:</p> <ul style="list-style-type: none"> • For internationally trained subspecialists who have successfully completed a Royal College subspecialty examination through Subspecialist Examination Affiliate Program (SEAP) and are a Royal College Subspecialist Affiliate: Elimination of the need to obtain the primary specialist certification, or alternatively MPAP, as a requirement for full registration. • Provide CPSM the opportunity to create appropriate exemptions to the assessment and mentoring requirements for provisional registrants, e.g. physicians who completed their training elsewhere with requirements/standards similar to those in MB/Canada. • Eliminate the need to sit the LMCC for experienced internationally trained physicians. <p>I support all parts of the proposed amendment in the strongest possible terms. They will help decreasing the existing hurdles for foreign trained physicians to be licensed in MB without jeopardizing the quality and safety of patient care. By doing so, they will help recruitment of experienced specialists and practicing physicians who trained abroad. Given the widespread physician shortage in our province and the national and international competition for physician recruitment, we need to make every effort possible to increase the competitiveness of MB with recruitment of qualified physicians who have trained elsewhere.</p>	<p>Yes</p>
<p>Department of Anesthesiology, Perioperative and Pain Medicine, University of Manitoba</p> <ul style="list-style-type: none"> • I hereby confirm that I am fully supportive of removing the requirement for successful completion of the Medical Council of Canada (Part 1) examination for applicants to the Provisional (Specialty Practice Limited) or Full Specialist Registration categories in the RHPA. <ul style="list-style-type: none"> ○ There are significant shortages of specialist Anesthesiologist providers in Manitoba and Canada. 	<p>Yes</p>

<ul style="list-style-type: none"> ○ The impacts of continuing to require the above mentioned MCC examination in the face of the elimination of this requirement by multiple MRA’s in Canada, will pose serious recruitment challenges for Anesthesia in Manitoba and by extension surgical service delivery at a time of ongoing covid backlogs. ● In addition I fully endorse the use of Practice Readiness Assessments including for Royal College Practice Eligibility Route candidates, and where applicable the MPAP program to ascertain suitability for licensure in the above mentioned categories in MB. ● I would also like to strongly advocate that successful completion of clinical Fellowships within accredited PGME institutions in Canada be considered in the assessment of training requirements for licensure of IMG in the RHPA categories listed in the first bullet. <p>I very much look forward to hearing from you particularly in relation to the above bullet on CA. Please do not hesitate to contact me if you require any additional clarification or input based on my feedback.</p>	
<p>College of Medical Laboratory Technologists of Manitoba</p> <p>I have reviewed the proposed amendments and have no concerns.</p> <p>I believe these changes will benefit the Manitoba healthcare system by reducing barriers to registration for internationally educated applicants.</p>	<p>Yes</p>
<p>Medical Council of Canada</p> <p><i>See letter attached below</i></p>	
<p>The College of Physicians and Surgeons of BC (the College) has the following comments in italics below:</p> <ol style="list-style-type: none"> 1. Establish a route to full registration for physicians who have completed a Royal College of Physicians and Surgeons of Canada (RCPSC) subspecialty examination through the Subspecialist Examinations Affiliate Program (SEAP). The proposed changes eliminate the need to obtain the primary specialist certification or MPAP as a requirement for full registration. The proposed changes note the requirement to complete an approved period of supervised practice. <p><i>This College would support this amendment with the proviso that these licenses are limited in scope to the practice of the subspecialty area as well as CPSM ensuring that supports are in place as needed. For example, a physician who has obtained the SEAP in medical oncology but has no internal medicine training should not practice in an environment where internal medicine knowledge will be required to provide the requisite standard of care to patients.</i></p>	

<p>2. Provide CPSM the flexibility to create appropriate exemptions to the assessment and mentoring requirements for provisional registrants. Supervision, assessment, and monitoring need to be appropriate for the individual physician depending upon their education, training, years of experience and scope of practice. The regulation changes empower CPSM to establish appropriate supervision and monitoring for different doctors based on their individual circumstances. The regulation change will allow Council to determine exemptions through policy or registration standards development.</p> <p><i><u>This College accepts practice ready assessments that are acceptable to the registration committee</u> and practice ready assessments from across Canada have been accepted. This College would encourage CPSM to create criteria that would be applied to minimize or eliminate any practice ready assessment to ensure fairness and transparency for physician applicants who have like circumstances.</i></p> <p>3. Remove the requirement that experienced internationally trained doctors must take the LMCC (Licentiate of the Medical Council of Canada) testing. Removing the LMCC testing requirement for full registration eliminates an extra eligibility requirement, it does not mean there is no mechanism to ensure internationally trained physicians are qualified and competent to practice safely. The better safety protection currently exists in the PGME/CFPC/Royal College certification processes.</p> <p><i>This College notes that the purpose of the LMCC has been to ensure that medical graduates had the same basic knowledge, regardless of where the training was completed. Given the multiple avenues to move to the full class without the CFPC/Royal College certification processes, it is more important to have a standard licensing exam that provides an entry point to potential registration to practice medicine in Canada. Additionally, the PGME process supports the achievement of educational success, including aligning training programs in a manner that fits societal needs, through leading innovative practices to enhance, integrate and extend programs; and strategically engaging its partners. This does not always align with the requirements or mandate of a regulatory body that issues licenses.</i></p>	
<p>Fair Registration Practices Office</p> <p>With regard to the proposed Amendments to CPSM General Regulation M.R. 163/2018, the Fair Registration Practices Office (FRPO) commends and encourages CPSM to undertake these amendments. FRPO identifies no fairness concerns with the proposed changes.</p>	<p>Yes</p>

<p>Ensuring assessment and registration processes for IMGs are no more onerous than necessary is critical to ensure Manitoba maximizes licensure rates for qualified IMGs. In our previous review work with CPSM, FRPO has recommended CPSM consider new registration pathways, alternative assessment strategies and streamlined requirements. FRPO is encouraged by what is been proposed. Traditionally, physicians are subject to considerable scrutiny of qualifications, with numerous exams and assessments. CPSM proposals to streamline these requirements focusing on ensuring only the most relevant assessments are required makes sense. These changes likely will have a significant impact on IMGs, improving Manitoba’s ability to attract and license more IMGs, without compromising CPSM standards. These changes align with the spirit and purpose The Fair Registration Practices in Regulated Professions Act, to improve qualifications recognition for internationally educated applicants.</p>	
<p>College of Physicians and Surgeons of Alberta</p> <p>On behalf of CPSA, thank you for the opportunity to review the draft Regulation changes.</p> <ul style="list-style-type: none"> • Subspecialist Examination Affiliate Program (SEAP): although CPSA does not currently accept SEAP, we understand CPSM’s move and acknowledge other jurisdictions may go this route in the future. • MCC exams: while there is value in the exams, CPSA will wait to see how exams and the MCC continue to evolve. • PRA/RC for specialists: the proposed change is similar to what CPSA does – we understand and support this change. 	
<p>Doctors Manitoba</p> <p><i>See letter attached below</i></p>	



Response to CPSM on Public Consultation re: Amending Regulations to Streamline Registration for Qualified Internationally Trained Physicians

Jun 26, 2023

An Important Clarification

In the document, CPSM refers to “LMCC” as if this is an examination.

The Licentiate of the Medical Council of Canada (LMCC) is a designation awarded by the Medical Council of Canada (MCC) allowing for enrollment in the Canadian Medical Register.

Specific criteria can be found here <https://mcc.ca/services/lmcc/> and as a high-level overview the LMCC is awarded on the completion of the following:

- 1) MCC Qualifying Examination Part I
- 2) Successful completion of at least 12 months of acceptable and verified postgraduate training

This distinction has importance when the changes contemplated by CPSM are reviewed with this in mind.

Further, it is important to consider that prior studies* and now recently re-validated evidence (2023)** demonstrates a clear link between success on the MCCQE Part I and future outcomes in practice including complaints and prescribing practices.

Responding to specific proposed updates:

- **Remove the requirement that experienced internationally trained doctors must take the LMCC (Licentiate of the Medical Council of Canada) testing.**

As noted above, the LMCC is awarded only on verification of a minimum of 12 months of acceptable postgraduate training in addition to successful completion of the MCCQE Part I. This provides the safety protection required as evidence of basic acquisition of required

knowledge, skills and competencies and is an important predictor of future practice capability.

In the examples section there is reference to Canadian trained physicians in examples #1 and #3:

For Canadian trained physicians without the designation of LMCC, this means one of two things:

- a) The candidate chose not to attempt the MCCQE Part I

Current pass rates of Canadian trained graduates are approximately 95% - an anticipated result reflecting the quality of MD education in Canada. Very few do not attempt the examination.

- b) The candidate failed the MCCQE Part I

This is an important predictor of future outcomes in practice. As a Regulator, CPSM has access to the candidate's results on this key examination.

Candidates can attempt the MCCQE Part 1 on 4 occasions.

Other proposed changes

- Remove the LMCC as a requirement for educational registration

Again, for clarity, the LMCC is a designation awarded with specific criteria. The MCCQE Part I is a requirement for entry to residency training for international medical graduates, allowing them to demonstrate that their medical knowledge and capability is at the level expected of a graduating Canadian trained medical student. With the pass rate of international medical graduates being substantially lower than those trained in Canada, in the order of 65%, this is an important screening mechanism for residency programs. Having the MCCQE Part 1 recognised by Regulators as a criterion for educational license, and subsequent full registration sends an important message on the expected quality of candidates applying to residency training in Canada.

*De Champlain et al. (J Med Reg, 2020) demonstrated that MCCQE Part I is predictive of patient complaints. In this study, those who failed the MCCQE Part I on their first attempt were 27% more likely to be the subject of complaints, which were stated to be likely related to the cognitive domains (i.e., knowledge, application of knowledge and clinical decision making).

**Communication from N. Ashworth, CPSA. Recently completed research indicates that the score achieved on the MCCQE Part I links to future likelihood of complaints – higher score= lower odds of a complaint. This research is being finalised and will be published when complete.



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Via Email

June 29, 2023

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

Dear Dr. Ziomek,

Thank you for giving Doctors Manitoba the opportunity to comment on the CPSM's proposed amendments to streamline registration for qualified internationally trained physicians. Doctors Manitoba believes the amendments proposed by the CPSM will assist in reducing barriers and offering more timely qualification of internationally trained physicians, without raising patient safety concerns. This will benefit the delivery of health care in Manitoba.

Doctors Manitoba is working to enhance our support for internationally trained physicians at every step of their practice journey in Manitoba. We appreciate that the road to registration can be seen as daunting, the process can be confusing and expensive, and practice (particularly in a small community) can be isolating. We look forward to greater cooperation with the CPSM, the University of Manitoba, and Manitoba Health/Shared Health to assist with integrating of internationally trained physicians into practice.

We will comment briefly on each theme of the proposed amendments.

- 1. Establish an efficient route to full registration for internationally trained subspecialists**
We are aware of the challenges for internationally trained subspecialists, who must either obtain certification for their primary specialty from the Royal College or complete the Manitoba Practice Assessment Program (MPAP).

Doctors Manitoba believes the CPSM's proposal to no longer require Royal College certification for the primary specialty, and instead requiring an approved period of supervised practice, appears to be a positive step to reduce a barrier for internationally trained physicians without affecting patient safety. Fewer candidates for MPAP, an expensive and intrusive alternative, will also free up supervising physicians to provide more care to Manitobans.

- 2. Allow appropriate exemptions to the assessment/mentoring requirements for provisional residents**

Doctors Manitoba strongly supports this amendment. Internationally trained physicians with considerable relevant experience may not require additional supervision and monitoring. The CPSM will develop standards to determine when exemptions would be appropriate. Avoiding the expense and trouble of a Practice Ready Assessment where the CPSM determines there are no risks to patient safety will benefit internationally qualified physicians, but also free up the time of supervising physicians who would otherwise participate in the assessment.



3. Remove the LMCC requirement

Doctors Manitoba supports this amendment, and believes the PGME/CFPC/Royal College certification processes are satisfactory to show that a physician is ready for practice in Manitoba.

We note that many internationally qualified physicians have more than sufficient language proficiency to serve their patients and work effectively with other health professionals, yet may still struggle with the LMCC examinations. This amendment would reduce one more barrier to physicians whose first language is not English, and should allow greater diversity in practicing physicians.

4. Other changes

Doctors Manitoba also supports the other amendments, which will confirm that Royal College certification through the Practice Eligibility Route still requires a Practice Readiness Assessment, and will remove the LMCC as a requirement for educational registration.

Conclusion

Doctors Manitoba has heard from many sources, including many of our own members, about the shortage of physicians in Manitoba and the challenges in recruitment and retention. We share the CPSM's goal to reduce barriers for internationally trained physicians who wish to practice in Manitoba. We support these amendments as a way to reduce these barriers, while still protecting patient safety and the high standards expected in the practice of medicine in Manitoba.

We look forward to continued dialogue with the CPSM about how we can assist internationally trained physicians to succeed in practice in Manitoba.

Yours truly,

A handwritten signature in black ink that reads 'Andrew Swan'.

ANDREW SWAN
General Counsel

AS/jb

Additional Consultation Responses

Registrant Feedback	Support
<p>Thank you for reviewing amendments to CPSM general regulations.</p> <p>My suggestions are:</p> <ol style="list-style-type: none"> 1. It would be great if IMG trained subspecialist who have passed SEAP exam can be granted full license registration OR 2. Use of both LMCC and SEAP for registration instead of LMCC + Royal College exam OR MPAP. <p>Thank you.</p>	<p>Yes</p>
Stakeholder Feedback	
<p>Office of Continuing Competency & Assessment, University of Manitoba</p> <p>Thank you for the opportunity to comment on the proposed documents “Amending Regulations to Streamline Registration for Qualified Internationally Trained Physicians”, and “New Route to Full Registration for Royal College Subspecialist Affiliates”. This feedback was generated after multiple conversations amongst Drs Martina Reslerova, Nermin Gergis, and Karen Appel. In combination, this collective of physicians is responsible for the International Medical Graduate Programs and the Continuing Competency and Assessment Office through the Max Rady College of Medicine at the University of Manitoba. There are a variety of issues with regards to the proposed regulatory changes and they will be addressed as they arose throughout the “Regulation Changes Information Sheet” provided.</p> <p>Within the document “Amending Regulations to Streamline Registration for Qualified Internationally Trained Physicians”, it is noted that there are proposed exemptions to those required to obtain a Practice Ready Assessment. Additionally, there is mention of “Supervision, assessment, and monitoring...appropriate for the individual physician.” While it is recognized, there is some precedence for both amendments in the current regulations, it is felt that an acknowledgement of a collaborative approach (between CPSM and the Medical Educational Institution) to determine the appropriate criteria used to evaluate if an exemption or supervisory requirements are warranted would strengthen the way these recommendations should be implemented. It is imperative there is a standardized, transparent set of criteria to consider these exemptions in order to minimize superfluous applications on a go forward basis.</p> <p>Concerns regarding the proposed amendments in the first document include the suggestion of removing the LMCCQE part 1 as a requirement for registration. In the current registration process, the LMCCQE part 1 is the only Canadian</p>	<p>No</p>

Additional Consultation Responses

<p>standard setting assessment required for licensure. While it is acknowledged that the LMCCQE part 1 is less able to assess a specialist’s proficiency at their specialty skill level, removing the only standard setting assessment required for licensure removes the only requirement that compares the skill of the applicant to a Canadian standard. This poses risks to the general public being treated as well as risks to the standard of the profession. Would changing the requirement of passing the LMCCQE part 1 to passing the MCC NAC OSCE assessment provide a more clinically relevant assessment? Are there other standard setting assessments that could be used to better set a local standard of practice? Caution needs to be used when removing all aspects of standardizing the profession’s minimum requirements.</p> <p>With regards to the “New Route to Full Registration for Royal College Subspecialist Affiliates”, there are concerns that MPAP program specific details are written into the proposed amendment document. This will limit the program’s ability to adapt and change in the future. Please remove the details referring to the specific aspects of the MPAP program. It should also be noted that an MPAP assessment can only be initiated after a candidate has 2 years of accumulated practice material to be assessed. As a result, by removing the standard setting assessment requirement, the system would be exposing the public to a practitioner's skills for 2 years prior to any formalized Canadian assessment.</p> <p>Is this risk acceptable to the CPSM and the public? There is recognition that a lack of access impedes restoration of health in the general population. Does access to an unstandardized practice level resolve this issue? Does the CPSM and the University of Manitoba programs have the appropriate resources to investigate and remediate the potential increase in potential complaints? Is there an alternate Canadian standard setting assessment that could be used in lieu of the LMCCQE part 1 (potentially the MCC NAC OSCE assessment)?</p> <p>Lastly, what work has been done to assess the potential increase in accessing the Practice Ready Assessments, MPAP assessments and potential remediations? Do the resources exist in these programs to match the anticipated increase in candidates accessing these assessments in response to the proposed changes?</p> <p>Thank you again for the opportunity to provide feedback on the proposed amendments. Please feel free to contact us to further discuss if warranted.</p>	
<p>Provincial Medical Administration Office</p> <p><i>See letter attached below</i></p>	<p>Yes</p>
<p>The College of Pharmacists of Manitoba</p>	<p>No comment/questions</p>

Additional Consultation Responses

<i>See letter attached below</i>	
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June 23, 2023

Dr. Anna Ziomek, Registrar
College of Physicians and Surgeons of Manitoba
1000-1661 Portage Avenue
Winnipeg, MB R3J 3T7

Dear Dr. Ziomek:

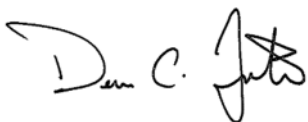
Re: Amending Regulations to Streamline Regulations for Qualified Internationally Trained Physicians

The regional chief medical officers (CMOs) would like to thank you for taking time to attend the Provincial Medical Leadership Council (PMLC) to present on the proposed changes to improve registration efficiency for internationally trained physicians in the province of Manitoba without compromising public safety.

The CMOs unanimously support the proposed changes outlined in the Public Consultation document which include:

- Elimination of the need for internationally training subspecialists to obtain the primary specialists' certification, or alternative MPAP, as a requirement for full registration
- Allowing CPSM the flexibility to create appropriate exemptions to the assessment and mentoring requirements for provisional registrants.
- Removing the LMCC testing requirement
- Clarifying that Royal College certification eligibility obtained through the Practice Eligibility Route, which means candidates might never have practiced in Canada, are not exempt from the requirement to undergo a Practice Readiness Assessment.
- Removing the LMCC as a requirement for educational registration, including to participate in a residency program. This is seen as a requirement best left to be determined by educational institutions.

Sincerely,



Dr. Denis Fortier MD, CCFP, FCFP, CCPE
PMLC Chair



College of Pharmacists of Manitoba

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Consultation: Proposed Amendments to CPSM General Regulation

The College of Pharmacists of Manitoba (CPhM) recognizes the need to reduce unnecessary steps in the licensure process and to improve registration efficiency while maintaining public safety.

General Comment

After review of the consultation, CPhM does not have comments on the proposed changes. However, CPhM did have the following questions regarding the changes:

- Are other provincial physician regulatory authorities making similar changes in their jurisdictions?
- If not, will any policies be put in place by CPSM to discourage physicians from licensing in Manitoba and then leaving soon after to practice in another jurisdiction through the Canadian Free Trade Agreement?

Thank you for the opportunity to provide feedback on this consultation.

Kind regards, on behalf of the College of Pharmacists of Manitoba,

Emily Kaminsky, Practice Consultant