



# PRACTICE DIRECTION

## Professional Practice and Inactivity

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

This Practice Direction is made under the authority of s. 85 of the RHPA and represents requirements of CPSM registrants in so far as appropriate.

### PREAMBLE

This Practice Direction sets out requirements for registrants regarding the need to recognize the limits of their skills and knowledge, and steps that need to be taken when expanding their professional practice to enter areas of inactivity (e.g., new areas of practice). It also includes special requirements for family physicians to include obstetrics or anaesthesia in their professional practice.

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## 1. APPLICATION OF THIS PRACTICE DIRECTION

- 1.1. This Practice Direction applies to all regulated registrants (i.e., full, and provisionally registered physicians) and all regulated associate registrants who are registered as a resident or assessment candidate. The professional practice of Clinical and Physician Assistants is determined by their approved Practice Descriptions (see Part 8 of the *CPSM General Regulation*), which are not the subject of this Practice Direction.

## 2. DEFINITIONS

- 2.1. For the purposes of this Practice Direction:

**‘Area of inactivity’** means an area of practice in which a registrant has not practiced within three (3) or more years. This includes an area in which the registrant has never practiced.

**‘Professional practice’** has the same meaning as is set out at subsection 1.2(1) of the *CPSM General Regulation*:

*‘professional practice’ means, for the purpose of the CPSM General Regulation, a member’s specific area of practice in a field of practice within the scope of the practice of medicine.’<sup>1</sup>*

The term **‘active scope of practice’** as used in this Practice Direction is interchangeable with the term **‘professional practice’**. A registrant’s active scope of practice (or professional practice) includes their:

- **‘practiced scope’**, which means the usual activities that constitute a registrant’s core professional practice, and
- **‘available scope’**, which means activities that the registrant can safely and competently perform, such as diagnosis and treatment of rarely encountered conditions, and therefore forms part of the registrant’s active scope of practice.

## 3. REGISTRANT’S PROFESSIONAL PRACTICE

### Active scope of practice

- 3.1. A registrant’s active scope of practice (or professional practice) is determined by several factors including formal education, training, and certification(s), participation

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<sup>1</sup> Section 3 of the *Practice of Medicine Regulation* further defines the “scope of practice of medicine” for the purposes of the RHPA.

in continuing professional development, and the registrant's clinical experience. Relevant factors to consider regarding clinical experience include:

- the patient population and demographics,
- reserved acts and procedures performed,
- differential diagnoses or complications addressed in practice,
- treatments and management provided, including prescribing, and
- the practice environment, including practice context (e.g., institutional, or non-institutional, and available supports and resources).<sup>2</sup>

3.2. Information about a registrant's professional practice is obtained by CPSM at the time of initial registration.<sup>3</sup> Applicants for registration are required, as applicable depending on the class applied for, to establish that they have engaged in the professional practice that they intend to practice in Manitoba within the approved period, which is three (3) years (i.e., the recency of practice requirement). In the case of an applicant who has just completed qualifying post-graduate medical education, the recency requirement is satisfied.

3.2.1. Applicants for registration that do not meet the recency of practice requirement may be eligible for registration as an assessment candidate.<sup>4</sup>

3.3. Regulated registrants (i.e., full, and provisional registrants) initially entering the independent practice of medicine do so based on their registrable qualifications and credentials, which comprehend their medical education, training, and clinical experience. They are limited in scope by their learned competencies and the certificate of practice issued by CPSM, which lists their field of practice and may also list exclusions, inclusions, or other terms and conditions.

#### Field of practice

3.4. Pursuant to the *CPSM General Regulation*, Manitoba has a defined licencing system for medical practitioners. Accordingly, the professional practice of registrants is limited to the field of practice identified in their certificate of practice subject to any denoted inclusions, exclusions, or other terms and conditions.

3.4.1. The interpretation or understanding of what the named field of practice comprises, including the reserved acts that fall within that field of practice (see section 4 of the RHPA), is a matter of professional convention. CPSM will

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<sup>2</sup> Subsection 9.6(1)(i) of the *CPSM General Regulation* provides that a registrant's public profile information must include "in the case of a regulated member, [their] current field or fields of practice and, if the registrar considers it necessary or advisable, the member's current professional practice".

<sup>3</sup> Subsection 3.2(1) of the *CPSM General Regulation* at point 11 requires that applicants for membership provide, "A satisfactory description of the applicant's most recent professional practice and proposed professional practice."

<sup>4</sup> See the 'Council Policy - Assessment Candidate (Re-entry to Practice) Class'.

generally follow descriptions of fields of practice established by the CFPC and the RCPSC. The registrant's specific post-graduate medical education will also be a relevant factor (i.e., residency, fellowship, and professional credentials).

- 3.4.2. There is no bright-line test to delineate fields of practice, and specific medical procedures or reserved acts are not always compartmentalized to just one field (e.g., family practice, or specialty field of practice). In this regard, registrants' specific education, training, experience, and professional judgment respecting observance of their limitations is important in resolving grey areas.
- 3.4.3. Listing the field of practice on a registrant's Public Profile (see Part 9 of the *CPSM General Regulation*) and any inclusions, and exclusions, or other terms and conditions, is integral to CPSM's public protection mandate in that it ensures the public has access to a specific registrant's educational background and authorized professional practice.
- 3.5. Areas of special interest may also be listed on the Public Profile. Section 6.7. of the *CPSM General Regulation* provides for the use of the phrase "special interest in" or "practice restricted to":

*6.7(1) A regulated member who is not registered on the specialist register is permitted to use the phrase "special interest in" or "practice restricted to", or both, when referring to the member's professional practice if*

- (a) the member's field of practice is not one that is listed in clause 2.10(2)(b) as a specialty field of practice; or*
- (b) the member's field of practice is listed in clause 2.10(2)(b) as a specialty field but the member's registration does not indicate that he or she is qualified to practise as a specialist in that specialty field.*

*The phrase must appear immediately before the member's field of practice.*

*6.7(2) As an aid to the reader, the following are examples of such phrases:*

- (a) a member with a special interest in sports medicine;*
- (b) a family practitioner with a special interest in psychiatry;*
- (c) a member with a special interest in and practice restricted to oncology.*

#### Name under which registrants may engage in practice

- 3.6. No registrant or medical corporation may practice medicine under any name other than the name that is registered with CPSM, unless the Registrar has approved, in writing, the name under which the registrant or medical corporation intends to practice medicine. A registrant or medical corporation desiring to practice under the

name of a clinic, facility or business name that is not registered with CPSM, must send a written request to the Registrar to approve the name the registrant or medical corporation wishes to practice under. The name under which a registrant or medical corporation practices medicine must be published on their Physician Profile.

#### 4. PRACTICE MUST BE SAFE AND COMPETENT

- 4.1. As a general and overarching requirement, registrants must be safe and competent to practice in a particular area of practice before they may do so. Section 1.3. of the *CPSM General Regulation* provides:

*1.3 For the purpose of [the CPSM General Regulation], a member is considered to be competent to engage in [their] professional practice if the member has the requisite knowledge, skill and judgment to perform all aspects of that practice.*

- 4.2. Registrants are expected to recognize the limits of their skills and knowledge and not practice beyond those limits. The Code of Ethics provides:

*A humble physician acknowledges and is cautious not to overstep the limits of their knowledge and skills or the limits of medicine, seeks advice and support from colleagues in challenging circumstances, and recognizes the patient’s knowledge of their own circumstances.*

- 4.3. The RHPA and *Practice of Medicine Regulation* set out requirements related to the performance of reserved acts:<sup>5</sup>

4.3.1. Subsection 6(1) of the *Practice of Medicine Regulation* states that, “*In the course of engaging in the practice of medicine, a member is authorized — subject to the regulations made by the council and any conditions on [their] certificate of registration or certificate of practice — to perform the reserved acts referred to in section 4 of [the RHPA].*”

4.3.2. Subsection 6(2) states that “*Despite subsection (1), a member may only perform a reserved act that he or she is competent to perform and that is safe and appropriate to the clinical circumstance*”.

- 4.4. Registrants are expected to remain current in their professional practice. The Code of Ethics provides that registrants are expected to:

- *Develop and advance your professional knowledge, skills, and competencies through lifelong learning.*

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<sup>5</sup> See sections 4 and 5 of the RHPA.

- *Foster curiosity and exploration to further your personal and professional development and insight; be open to new knowledge, technologies, ways of practising, and learning from others.*
- 4.5. All registrants of CPSM are required to meet the continuing competency requirements set out at Part 10 of the *CPSM General Regulation* and CPSM's Continuing Professional Development Practice Direction.

## 5. EVOLUTION OF PROFESSIONAL PRACTICE VERSUS ENTERING AN AREA OF INACTIVITY

- 5.1. A registrant's professional practice can change over time, with some aspects being lost to inactivity or gained through appropriate training, education, and experience.
- 5.2. For the purposes of the *CPSM General Regulation* and this Practice Direction, a registrant or applicant for registration who has not practiced within an area or areas of practice within three (3) years, which is considered "*the approved time period*" for the purposes of subsections 3.8(c), 3.44(1)(ii), and 3.44(2)(ii) of the *CPSM General Regulation*, is deemed to be inactive in the respective area or areas (i.e., the area is outside their active scope of practice).
- 5.2.1. For greater clarity, a registrant or applicant who has not practiced medicine at all for a continuous period of three (3) or more years is considered inactive in all areas of the scope of practice of medicine for the purposes of the *CPSM General Regulation*.
- 5.3. Registrants are not permitted to practice in a new area (i.e., an area of practice where they are inactive) unless and until they have been approved to do so in accordance with sections 3.44 to 3.47 of the *CPSM General Regulation* (i.e., the assessment provisions).<sup>6</sup>
- 5.3.1. As an exception, this assessment requirement does not apply to registrants entering professional practice in a position focused on clinical teaching, research, or administrative work.
- 5.3.2. For the purposes of the *CPSM General Regulation* and this Practice Direction, CPSM does not consider adding non-surgical cosmetic/aesthetic procedures to a member's professional practice as entering a new area of practice. However, this must be done in accordance with CPSM's Standard of Practice for Office Based Procedures.<sup>7</sup>
- 5.4. Relevant considerations in determining whether a registrant is entering an area of inactivity (i.e., significantly changing their professional practice to include one or more new areas of practice), as opposed to an evolution of an ongoing professional

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<sup>6</sup> See the 'Council Policy - Assessment Candidate (Re-entry to Practice) Class'.

<sup>7</sup> See Standard of Practice for Office Based Procedures.

practice that does not require assessment (e.g., adopting a new treatment modality), include the following:

- 5.4.1. whether the subject matter falls within an area of practice that was covered by past formal education, training, or certification,
  - 5.4.2. whether the subject matter has been a focus of continuing professional development,
  - 5.4.3. whether the registrant has the knowledge, skill, and judgment to perform all aspects of the area of practice,
  - 5.4.4. any significant change in patient population or demographics,
  - 5.4.5. whether the subject matter involves the performance of reserved acts not previously included in the member's area of practice,
  - 5.4.6. whether the subject matter involves differential diagnoses or complications not previously included in the registrant's area of practice,
  - 5.4.7. whether the subject matter involves treatments or management not previously included in the registrant's area of practice, and
  - 5.4.8. any significant changes to the practice environment, including practice context (e.g., institutional, or non-institutional, available supports and resources, etc.).
- 5.5. Inactivity may result from a general absence from all clinical activity or specific absence from one or more areas (i.e., the registrant or applicant has excluded one or more areas of clinical practice either through restriction of their practice or by virtue of their practice in a specific practice setting). Examples of inactivity include registrants or applicants for registration who have not practiced in relation to one or more of the following areas in the previous three-year period:
- chronic pain management,
  - addictions medicine,
  - endoscopy,
  - public health,
  - rural or urban emergency medicine,
  - skin disorders,
  - sleep medicine, and
  - surgical cosmetic/aesthetic medicine.
- This is not an exhaustive list.
- 5.6. Registrants are expected in all circumstances to use good clinical judgment in considering whether they are significantly changing their professional practice to include one or more areas of inactivity.
- 5.6.1. Registrants who are uncertain should contact the Registrar of CPSM for information.
- 5.7. Registrants or applicants who wish to practice in an area or areas of inactivity are required to comply with Part 6 of this Practice Direction.

## 6. ENTERING OR RE-ENTERING AN AREA OF INACTIVITY

### Practicing registrants changing professional practice to enter an area of inactivity:

- 6.1. Regulated registrants registered in the Full (Practising) Class, Provisional (Specialty Practice-Limited) Class, or the Provisional (Family Practice-Limited) Class who intend to change their professional practice to include one or more new areas of practice in which they have not practiced within the previous three (3) years (i.e., areas of inactivity) must:
  - 6.1.1. report their intention to CPSM in accordance with the 'Council Policy - Assessment Candidate (Re-entry to Practice) Class',
  - 6.1.2. apply in the approved form to be assessed in accordance with subsection 3.44(1) of the *CPSM General Regulation*, and
  - 6.1.3. refrain from entering the area of inactivity until they are approved to do so by the Registrar.

### New applicants and non-practicing registrants re-entering practice:

- 6.2. Applicants who are:
  - 6.2.1. registrants in a non-practising class and are inactive, or
  - 6.2.2. applicants for registration with CPSM who are not registered in any class and who meet the requirements for the Full (Practising) Class, Provisional (Academic — S. 181 Faculty) Class, Provisional (Specialty Practice-Limited) Class, or Provisional (Family Practice-Limited) Class but for recency of practice requirement (i.e., have not practiced in three (3) years)must apply to be assessed in accordance with subsection 3.44(2) of the *CPSM General Regulation* before they may be approved to re-enter the practice of medicine. The 'Council Policy - Assessment Candidate (Re-entry to Practice) Class' sets out applicable policies and procedures.

### New applicants with recent practice experience entering an area of inactivity:

- 6.3. CPSM requires that new applicants for membership provide details about their most recent professional practice and their intended professional practice in Manitoba. Applicants are required to advise whether their intended practice includes areas of inactivity. Applicants who meet the requirements for full or provisional registration who wish to enter an area of inactivity will be registered in the usual way but must apply in the approved form to be assessed in accordance with subsection 3.44(1) of the *CPSM General Regulation*, and refrain from entering the area of inactivity until they are approved to do so by the Registrar. The 'Council Policy - Assessment Candidate (Re-entry to Practice) Class' sets out applicable policies and procedures.



Required assessment respecting section 3.44 of the *CPSM General Regulation*:

- 6.4. The degree of assessment indicated and extent of any additional education and training that may be required before approval is granted to enter an area or areas of inactivity will depend on the nature of the re-entry or change in professional practice. The individualized process for determining these components in respect to assessment candidates will be determined by the Registrar under section 3.44 of the *CPSM General Regulation*, this Practice Direction, and the 'Council Policy - Assessment Candidate (Re-entry to Practice) Class', which sets out applicable policies and procedures. The process will usually include:
- 6.4.1. a needs assessment,
  - 6.4.2. any necessary training and education,
  - 6.4.3. review of appropriate terms and conditions, and
  - 6.4.4. a final assessment where appropriate.

## 7. FAMILY PRACTICE INCLUDING OBSTETRICS OR ANAESTHESIA

### Family practice with anaesthesia

- 7.1. Pursuant to subsections 2.5(1)(c) and 2.10(2) of the *CPSM General Regulation*, registrants who practice family medicine will have one of the following indicated in the registry: family practice with anaesthesia or family medicine without anaesthesia. The Registrar may only grant registration and a certificate of practice to family practice physicians with anaesthesia included if the physician has satisfactorily completed twelve months of formal training in anaesthesia in an approved teaching centre.
- 7.1.1. Family practice physicians holding registration and a certificate of practice expressly including anaesthesia as of the implementation of this Practice Direction may continue to hold that registration and a certificate of practice even though they may not meet the foregoing requirement.
- 7.1.2. The Registrar must impose the following conditions on the registration and certificate of practice of family practice physicians including anaesthesia in their practice:
- 7.1.2.a. Except in emergencies, limit anaesthesia to patients in physical status I, II and III according to the American Society of Anaesthesiologists Protocol:
    - 7.1.2.a.i. ASA I - A normal healthy patient.
    - 7.1.2.a.ii. ASA II - A patient with mild systemic disease.
    - 7.1.2.a.iii. ASA III - A patient with severe systemic disease that limits activity but is not incapacitating.
    - 7.1.2.a.iv. ASA IV - A patient with an incapacitating systemic disease that is a constant threat to life.

- 7.1.2.a.v. ASA V - A moribund patient not expected to survive 24 hours with or without operation.
- 7.1.2.b. Anaesthesia for intrathoracic or neurosurgical procedures must not be undertaken.
- 7.1.2.c. Anesthesia for any child before they are three (3) years old must not be undertaken.

#### Family practice including obstetrics

- 7.2. Physicians registered to practice in the field of family medicine who have the knowledge, skill, and judgment to do so may provide general prenatal care to pregnant persons. When they identify a prenatal health issue that is beyond their knowledge, skill, and judgment to address, they must promptly refer the patient to a qualified registrant with the appropriate expertise.
- 7.3. Family practice physicians may provide intrapartum care (labour and delivery) if they have received post-graduate clinical training in intrapartum care and have practiced it within the past three (3) years,
  - 7.3.1. Family practice physicians providing intrapartum care must recognize the limits on their scope of practice in intrapartum care and refer complex or high-risk situations to a qualified registrant with the appropriate expertise.
  - 7.3.2. However, family practice physicians without these qualifications may provide intrapartum care in an urgent situation (e.g. when the delivery is imminent and transfer to a qualified physician is not safe).