Contextual Information and Resources for the Standard of Practice for Entering Practice in Manitoba

Initial Approval: June 24, 2026 **Effective Date: November 1, 2026**

Contextual Information and Resources are provided to support registrants in implementing the Standard of Practice. Contextual Information and Resources do not define the Standard of Practice, nor should this be interpreted as legal advice. It is not compulsory, unlike a Standard of Practice. Contextual Information and Resources are dynamic and may be edited or updated for clarity, new developments, or new resources at any time.

Purpose and context for the Standard

Entering a new practice environment—whether as a newly licensed physician trained in Canada, an internationally trained physician on internation medical graduate (ITP/IMG), or a registrant transitioning between practice settings—creates significant shifts in clinical, cultural, administrative, and relational expectations. The Standard is intended to support safe integration, uphold patient safety, and foster professional success for both the new registrant and those already established in the practice setting.

The Standard is grounded in the recognition that new registrants often arrive with diverse training backgrounds and clinical strengths, but may have limited experience with the Manitoba or Canadian healthcare context, including differences in:

- systems of care,
- community expectations,
- documentation practices,
- communication norms,
- collaborative care models, and
- professional and cultural expectations.

Because of these differences, structured orientation and onboarding, mentorship, and supportive workplace culture are critical components of safe and effective integration.

Relationship to the Canadian Medical Association (CMA) Code of Ethics and Professionalism

The Standard is not a standalone document—it must be read in conjunction with the **CMA Code of Ethics and Professionalism**, which informs nearly every expectation. Key ethical commitments relevant to entering a new practice setting include:

- Professional Excellence: contributing to knowledge, mentorship, teaching, system improvement.
- Collegiality and Respect: cultivating respectful, collaborative relationships across the healthcare team.
- Self-Care and Peer Support: fostering psychologically safe work environments and supporting colleagues in distress.
- Physicians and Society: upholding system-wide efforts to improve access to equitable, culturally safe care.

Interpreting the Standard

- **Registrants and formal leaders –** The term **registrants** used in the Standard refers to people registered with CPSM, including physicians, surgeons, clinical and physician assistants, and educational registrants. A registrant who, in addition to providing clinical services, holds a defined role of authority or responsibility for the governance, oversight, quality, or supervision of clinical practice within a practice environment (e.g., clinic, facility, or departmental or program setting) would be considered a formal leader. This would include a physician who is appointed as the Medical Director.

- **Community of practice -** Means the collective professional environment in which registrants work together to deliver patient care. It includes formal structures (such as teams, clinics, and organizations) and informal professional relationships, and is characterized by shared accountability for patient safety, professional standards, learning, and mutual respect.

- **Cultural humility -** Is understood as an ongoing commitment to self-reflection, openness to learning, and recognition of the limits of one's own knowledge and experience. It includes respect for diverse cultural, educational, and professional backgrounds, and an awareness of systemic inequities that may affect colleagues and patients.

- **Inclusive professionalism -** Refers to professional behaviours that foster belonging, equity, and respect within the medical profession. This includes valuing diverse training pathways, addressing bias or discrimination, supporting psychological safety, and ensuring that all registrants can participate meaningfully in professional and clinical decision-making.

- **Shared responsibility -** Reflects the principle that successful integration into a new practice setting depends on both individual accountability and collective professional support. Registrants are expected to contribute, within their roles and influence, to environments that support learning, wellness, ethical practice, and continuous improvement.

Why orientation and onboarding are required

Information and data from surveys, focus groups, and the literature collected by CPSM consistently show that the lack of structured orientation contributes to:

- patient safety risks,
- misunderstandings about roles and responsibilities,
- delayed integration into team-based practice,
- difficulty navigating local administrative processes, and
- feelings of isolation, stigma, or exclusion among new registrants.

Orientation must therefore be structured, proportionate to the setting and role, and tailored to the individual's background and experience.

Key domains orientation should address include:

- patient-centred care and cultural competence,
- cultural safety and preventing anti-Indigenous racism,
- local patient population and community context,
- workplace culture and team-based practice expectations,
- communication norms, including colloquialisms and local dialect,
- EMR usage, documentation, billing, administrative workflows, and
- understanding roles, limits of practice, and supervisory requirements.

Professional culture and expectations

Surveys of Manitoba registrants reveal that new physicians frequently encounter challenges such as:

- unclear role expectations,
- lack of mentorship and feedback,
- variability in team-based care norms,
- differing expectations around patient load, workflow, and interprofessional communication,
- cultural misunderstandings, and
- difficulty accessing peer support.

These findings reinforce why the Standard emphasizes:

- building collaborative and respectful relationships,
- promoting a culture of constructive feedback and open communication,
- clarifying scopes of practice and responsibilities, and
- addressing discriminatory or exclusionary behaviours.

Receiving registrants have a duty to model professionalism and collegiality, including because new registrants often observe and absorb workplace culture through their interactions.

Cultural safety and equity

Evidence from surveys and working group consultations demonstrate that IMGs/ITPs frequently report:

- assumptions being made about their competence,
- exclusion from decision-making,
- a sense of conditional belonging when under provisional licenses, and
- exposure to bias or systemic inequities.

The Standard therefore calls for:

- cultural humility,
- inclusive decision-making,
- confronting incivility and discrimination,
- recognizing the impact of systemic bias, and
- integrating Indigenous-specific cultural safety principles into orientation.

Physician wellness and psychological safety

Transitions into new environments are periods of heightened stress. The Standard emphasizes the shared responsibility of:

- modelling healthy boundaries,
- recognizing signs of distress or burnout,
- supporting colleagues in need, and
- creating psychological safety for help-seeking.

How the Standard supports system-level goals

The Standard aligns with system-wide objectives identified by CPSM's IMG Working Group, including:

- improving equitable access to care,
- strengthening retention,
- enhancing collaborative care,
- supporting the integration of internationally trained professionals,
- advancing reconciliation by addressing anti-Indigenous racism in care, and
- promoting high-quality care across diverse settings.

Behaviours demonstrating a registrant is meeting this Standard

Shared responsibility and community of practice

- Proactively welcoming a colleague who is new to the practice setting and ensuring they are introduced to team members, workflows, and informal norms of the workplace.
- Recognizing that supporting colleagues entering practice is a collective professional responsibility, not limited to formal supervisors or leaders.

- Participating constructively in team discussions that address integration, workload distribution, and patient safety during periods of transition.

Communication and role clarity

- Taking reasonable steps to communicate clearly about one's own scope of practice, training background, and limits, particularly when joining a new clinical team.
- Ensuring that roles and responsibilities within team-based care are discussed and understood, especially when working with colleagues from different jurisdictions or practice models.
- Seeking clarification when unfamiliar terminology, systems, or expectations arise, rather than making assumptions that could affect patient care.

Orientation, onboarding, and mentorship

- Participating in developing and maintaining structured orientation or onboarding processes that address local clinical expectations, administrative systems, and community context.
- Supporting or contributing to mentorship, supervision, or peer-support arrangements that help new registrants integrate safely and effectively.
- Recognizing that orientation may be ongoing and engaging in continued learning about Manitoba's health system, local patient populations, and professional norms.

Cultural humility and inclusive professionalism

- Demonstrating openness to learning from colleagues with different training pathways, cultural backgrounds, or professional experiences.
- Reflecting on one's own assumptions or biases and taking steps to ensure they do not affect collegial interactions or professional decision-making.
- Engaging colleagues entering practice in meaningful clinical, professional, or organizational discussions, rather than excluding them from decision-making processes.
- Many ITPs report experiencing professional bias or assumptions about their training or competence, which can often result in exclusion. They also report a sense of conditional belonging or lack of autonomy when under provisional licenses, which can affect morale. Following the above examples can mitigate this issue.

Respectful and psychologically safe practice environments

- Treating colleagues with dignity and respect, and addressing incivility or discriminatory behaviour when it arises, consistent with professional obligations.
- Fostering an environment in which colleagues feel safe to ask questions, raise concerns, or seek guidance without fear of reprisal or stigma.
- Responding to feedback—whether given or received—with openness, professionalism, and a commitment to learning.

Self-care and peer support

- Modelling healthy professional boundaries and acknowledging the personal and professional stressors that accompany relocation or transition into a new practice setting.
- Encouraging colleagues to access available wellness, peer support, or professional resources when needed.
- Responding with empathy and discretion when a colleague appears to be experiencing distress or burnout, while recognizing shared responsibility for physician wellness.

Commitment to patient safety and quality of care

- Adjusting practice behaviours, supervision, or consultation patterns as needed during periods of transition to ensure patient safety is maintained.
- Participating in quality improvement, mentorship, or educational activities that support competence and confidence in new practice environments.
- Recognizing that safe integration of new registrants contributes to broader system sustainability and access to care.

Frequently asked questions

Q: As an ITP new to practice in Manitoba, I am sometimes unsure about local protocols or when to call for help. How should I handle this?

A: Always ask for help when you need it. Seeking guidance is a sign of responsibility. The Standard expects new registrants to recognize their limits and speak up, especially when patient care could be affected. If you're unsure about a local procedure (for example, how to arrange an urgent referral or use a specific electronic tool) or you're facing a case beyond your comfort level, proactively reach out to a colleague. It's often best to ask early rather than struggle in silence – a quick question can prevent errors. To make this easier, many practices designate a mentor or "*go-to*" person; take advantage of that support. Also, prepare by learning the local protocols from orientation materials, but understand that it's normal to have questions even after reading them. Importantly, don't let fear of looking inexperienced stop you from voicing concerns. Your colleagues expect some questions and would much prefer you to ask them rather than make a harmful mistake. Over time, as you become familiar with the environment, you'll need less assistance. But even experienced registrants consult each other when in doubt – that's part of maintaining high-quality care.

Q. What if a new registrant's approach to care is different from our usual practices?

A. It's common for new colleagues to have different approaches, given their diverse training backgrounds. Safety and quality come first. If the new colleague's approach is clinically sound but just different, be open to it. Many variations (for example, a different medication choice that achieves the same result) can be accommodated in practice. In fact, you might learn something new or find a better way. However, if the approach conflicts with established local protocols or could pose a risk (perhaps due to resource differences or patient expectations), you should discuss it openly. Explain the local standard and the rationale behind it (e.g., "*We do*

it this way here because our labs process tests differently" or "*Our patients are used to this care pathway*"). The new colleague should adapt to meeting local standards, but the adaptation period is a two-way learning opportunity. Both parties should practice cultural humility. Avoid dismissing something as "*wrong*" just because it's unfamiliar. Instead, evaluate whether it meets the patient's needs and fits the local context. Often, a hybrid approach or a small adjustment can incorporate the new idea without compromising care. The key is open communication. Ensure the new registrant feels comfortable explaining their perspective, and likewise they should respect guidance from experienced colleagues. Over time, practice styles will harmonize as the new colleague gains understanding of local expectations and the team values the strengths of their new colleague.

Q. How should I address disrespectful or biased behavior toward the new ITP in our team?

A. A respectful, inclusive workplace is essential. If you observe a colleague or staff member treating any team member in a disparaging or biased manner, it's important to act:

- **Address it early (if safe).** If someone makes an inappropriate remark about a colleague's background or abilities, speak up in a professional way. For example, a gentle correction like, "*We don't judge skills by where someone trained; Dr. X is a valued member of our team,*" can set the tone.
- **Support colleagues.** Check in with your colleague privately afterward. Acknowledge what happened, reassure them of their value, and encourage them to report any future incidents. Knowing they have allies can make a big difference.
- **Document and report if needed.** If disrespect or harassment continues, document specific incidents (dates, what was said or done). Escalate as appropriate. CPSM can also provide guidance if the issue involves professional conduct. Remember that the standard – and the Code of Ethics – require confronting incivility and protecting colleagues from unfair treatment.
- **Model inclusive behavior.** Ensure you consistently treat the new registrant as an equal colleague. Involve them in discussions, introduce them to others, and give them credit for their contributions. Often, setting a strong positive example will discourage others from acting negatively.
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No one should be made to feel like a "*second-class*" team member. Disrespectful behaviour not only harms the registrant, but it can also affect patient care by undermining team cohesion. By addressing issues promptly and decisively, you help create a culture where everyone can perform at their best.

Q. I'm new to practice and I feel overwhelmed by the workload and new environment. What should I do?

A. Feeling overwhelmed is not unusual during a big transition. The key is to recognize it and respond early:

- **Speak up.** Let colleagues know that you're struggling with the workload or certain tasks. This isn't complaining, rather it is about patient safety and your well-being. Together, you can find solutions, such as adjusting your schedule, getting more support for certain duties, or clarifying priorities.

- **Use available resources:** Tap into support systems. Many institutions have registrant wellness programs, mentorship groups, or even informal networks. Connecting with peers who have gone through similar transitions can provide practical tips and moral support. CPSM and other organizations can also direct you to resources for stress management or counseling if needed.

- **Set boundaries and self-care:** While you may be eager to prove yourself, remember that medicine is a team sport. Take breaks, ensure you're eating and resting, and don't hesitate to say "no" to additional non-mandatory responsibilities until you've found your footing. It's better to do a solid job with a slightly reduced load than to risk burnout by taking on too much.

- **Remember it gets better:** Almost every registrant has felt the steep learning curve of a new position. With each week, you will become more efficient and more comfortable in the system. If you've communicated openly and sought help, you'll find that colleagues will rally to assist you. Over time, as you gain confidence, the sense of overwhelm should lessen. However, if you continue to feel overburdened despite these steps, consider reaching out to CPSM or a professional support service for guidance – sometimes there may be systemic issues that need addressing in your practice setting.