From the College

Telephone: (204) 774-4344 or
Toll Free within Manitoba 1-877-774-4344
Fax: (204) 774-0750

Publications Mail Agreement #40051985
Return Undeliverable Canadian Addresses to
1000 – 1661 Portage Avenue, Winnipeg, MB R3J 3T7
Website: www.cpsm.mb.ca

Volume 48 Number 2 July 2012

This newsletter is forwarded to every licenced medical practitioner in the Province of Manitoba. Decisions of the College on matters of standards, amendments to regulations, by-laws, etc., are published in the newsletter. The College therefore expects that all practitioners shall be aware of these matters.

In This Issue.....

FROM YOUR NEW PRESIDENT DR. BRUCE KOWALUK

Fellow Colleagues,

I hope this College Newsletter finds you and your families healthy and content this hot Manitoba summer. I pondered for weeks for an appropriate topic to write in this edition of the College Newsletter. It's not that there isn't an abundance of issues and challenges facing the College. Those who follow local and national news are likely aware of some of the issues physicians face as a group locally and nationally. The challenge is finding a topic that is both relevant to individual physicians, and that will capture their interest, rather than encouraging members to flip to the back pages of the newsletter to see who has been disciplined recently. [Admittedly, most people have a somewhat morbid curiosity when it comes to those matters.]

Having said all that, I wanted to avoid sounding pompous by eschewing references to esoteric initiatives and projects that the majority of physicians don't have the time or desire to become truly familiar with. In my experience, most physicians, once they have paid their membership dues in August desire no further interaction with the College until next year. That is the reality of a misunderstood Regulatory Authority. A commonly held perception is that the primary function of the College is to track down incompetent or negligent physicians, and punish them. In fact, the College administers many programs to ensure standards are met within diagnostic and interventional facilities, reviews maternal and perinatal morbidity and mortality, and supports physician health issues, to name just a few. We frequently and energetically lobby for physicians' rights and freedoms, both at a local level and nationally. Self-governance is indeed a privilege in today's society and a privilege that is being eroded in other jurisdictions across Canada and internationally.

Unfortunately, for a profession that prides itself on compassion and caring towards its patients or clients, we are often callous or cruel to our own. As a profession, we tend to "eat our young". We stigmatize physicians with personal health problems, or addictions to drugs or alcohol. We work within a culture where our own needs are secondary to our patients. We care for everyone but ourselves, to the point where marriages break down, and alcohol and drug abuse leads to aberrant behaviour. Dedicated people become trapped within their profession.

We need to break these cultural bonds for members of our profession to flourish. Physicians who are struggling need to know there is help available.

The Physician Health Program administered by the Standards Committee of the College of Physicians and Surgeons is dedicated to helping sick or addicted physicians re-enter into medical practice when it is safe for them to do so, not only personally but from their patient's perspective. Medical Regulatory Authorities in Canada are recognized globally as progressive in their approach to physician health issues, and their compassionate handling of those afflicted. A key philosophical point to reflect on is that our College is not just an institution, but a collective of its members, who based on their training and beliefs, support each other in times of need. Rather than watching a colleague struggle with an illness or addiction and wondering when they are going to deteriorate to the point where patient care suffers, please reflect on why most of us went into medicine: first and foremost to help people. Help your colleague to help themselves. Recognize that there are times when it is necessary for the College to become involved. But take solace and pride in the fact that your College does care about its members, and will do everything possible to help them along the road to recovery and return them to practice in a dignified fashion when the time is right. And remember, "Those who say it cannot be done should not interrupt the people doing it!"

Sincerely,
Bruce Kowaluk
President

NOTES FROM THE REGISTRAR

Dear fellow members of the College,

Firstly, let me welcome all of those who are new members. This includes the new Medicine I students, all those who are coming to Manitoba for the first time to enter a residency program and, of course, those physicians who are now entering practice in this province. Many of you come from various countries throughout the world. You have made the right choice. Welcome to Manitoba! Because this is the beginning of the academic year, we welcome particularly those who are entering an educational program at the University of Manitoba, Faculty of Medicine. Speaking from experience, you have chosen wisely. All of your fellow physicians wish you the very best in your future educational endeavors.

A number of very important legal and administrative issues have arisen since our last newsletter:

i. **Further development of the *Regulated Health Professions Act***

ii. **The *Prescription Drugs Cost Assistance Amendment Act***

iii. **Modifications to the *RHPA* and to the *Personal Health Information Act***

iv. **Further development of the Agreement on Internal Trade**

THE REGULATED HEALTH PROFESSIONS ACT

This is an *Act* of the Manitoba Legislature that reorganizes the way in which all health care professions function. The *Ac*t itself was approved several years ago, but in the next twelve months there will be at least three of the regulated health professions that will complete development of the regulations to fall under this *Act*. In particular, the College of Registered Nurses and the College of Physicians & Surgeons will be leading the way. As well, Speech and Hearing is expected to become operative.

The purpose of the *RHPA* is to define specific "reserved acts" that are so dangerous that they should be only be performed by individuals who have the appropriate training and certification and who have a College in place to review their competency. As well there must be a process clear to the public in which patients may present their concerns about the way in which any member of any of the professions has treated them.

The College has taken this opportunity to have a new look at our Qualifications Regulations. These should be available within the next six months on our website for all to review and comment back to us. In addition, we must also create and approve a document called the "Standards of Practice" which contains much of which was previously in the College Statements. The Standards of Practice will be general principles and will be in the form of a Regulation. This means it must be approved by the provincial Cabinet. Therefore it will be important for member feedback to be conveyed to us before they are finally approved by the government.

Prescription Drugs Cost Assistance Amendment Act

As many members will realize, the College has not had the legal authority to continue its review of narcotic and controlled drug prescribing for a number of years now. The government has approved the above piece of legislation which will create a new series of committees to review physician and pharmacy prescribing and dispensing. It is hoped that nursing and midwifery will be added to this shortly. The *Act* will create a committee called the Manitoba Monitored Drug Review Committee (MMDRC) which will determine which medications will be reviewed and will identify reasonable standards of practice when they are prescribed. There will also be a sub-committee which will review the actual data compiled from the DPIN system. It is hoped that this committee will be chaired by one of the College Registrars. More information will be forthcoming in the next newsletter.

Modifications to the *RHPA* and to the *Personal Health Information Act*

During the May session of the Legislature, amendments were approved to the above two *Acts*. They create the requirement for all Regulatory Authorities to become responsible for abandoned or potentially abandoned health records. The College is naturally concerned about the expectations this will create from your regulatory body. However, the government and Doctors Manitoba have promised to work with the College to create a system that will be functional, safe and financially practical for all members.

Agreement on Internal Trade

At the national meeting of the Federation of Medical Regulatory Authorities of Canada in Toronto in June, this process advanced further. The Medical Council of Canada through the AMRC (Application for Medical Registration in Canada), is creating a website that will be available throughout the world for any physician who is not a graduate of Canada or the Unites States to apply for registration in any Canadian jurisdiction. This will coordinate the processes and help to identify, for those individuals, what they must do prior to applying to the College in Manitoba. This is a very exciting process. It is hoped that it will be trialed in 2013.

As well the provincial Colleges are now preparing to accept any physician who is fully registered in any other Canadian jurisdiction with minimal bureaucracy.

The next step in this process will be the decision on how the Agreement on Internal Trade will affect those who are on some form of provisional registration. More on this in the future.

As we move into the summer, all of us at the College wish you a relaxed, pleasant, sunny vacation with as few mosquitos as possible.

William D.B. Pope
Registrar/CEO

Annual Renewals are Due September 1st, 2012

Faculty of Medicine Up-Date

The Faculty of Medicine Class of 2012 graduation was held May 10, 2012. Our province's 103 newest MDs were honoured by University of Manitoba President David Barnard, Chancellor Harvey Secter, Honorary Doctorate degree recipient George Yee [MD/60], the Faculty of Medicine, family and friends. It was a day of much celebration.

In the last issue, it was noted that the Faculty of Medicine has been looking at its retention rate of our students, as data has suggested that our success in keeping medical students coming from other provinces is poor. As previously reported, the review committee, that includes representatives from the University, Manitoba Health, the College of Physicians & Surgeons of Manitoba, faculty and students, had made recommendations, including a proposed target of 70% retention of our students into residency. Since then, we have been working on an implementation plan, with specified initiatives, in order to annually achieve the 70% target. In particular, we are looking to interview all applicants who are University of Manitoba UGME students or who identify themselves as Manitoba residents. Consideration of the 70% target when ranking candidates in the CaRMS match, as well as a proposal currently in process respecting parallel and separate streams for the CaRMS match for the first iteration, consistent with other Anglophone Canadian medical schools:

- One Stream for International Medical Graduates ("IMGs") (including Canadians studying abroad);
- One Stream for Canadian graduates. The number of positions for Canadian graduates would be at a minimum equal to the number of funded positions in the graduating class.

Positions available in the second iteration would be available equally to all IMGs and Canadian graduates.

As well, the Health Sciences cluster of the University continues to explore collaborations around clustering and further integration. As a reminder, the Health Sciences cluster currently includes the Faculties of Medicine, Dentistry, Pharmacy, Nursing, Human Ecology and Kinesiology & Recreation Management and the Schools of Medical Rehabilitation and Dental Hygiene. The discussions to date have included the benefits of a more integrated structure as well as the associated risks. While there appears to be an interest in a more integrated structure, it has not yet been determined what that might look like, or which units will feel the benefits of being part of a more integrated structure or would it outweigh the risks. Further discussion and analysis is occurring before a proposal can be made to the President, which proposal has been requested to be provided by December, 2012. Three thematic areas (Research; Graduate Studies; Promotion & Tenure) have started, and are continuing, around the ability for future collaborations and integration. We continue to welcome feedback from faculty members, support staff, students, alumni, our partners and other stakeholders, as it relates to the concept of a Health Sciences cluster, including the anticipated strengths and positive features that would be created by increased integration and a simplified academic structure, as well as any concerns.

Brian Postl MD, Dean
Faculty of Medicine, University of Manitoba

Advanced Care Planning

Asking people to think about their wishes for medical care if illness or injury strikes or if a chronic health condition worsens, isn't the easiest conversation to start.

But it's a necessary one. One many Canadians haven't had.

An Ipso-Reid poll revealed that 80 per cent of respondents agreed people need to start planning for end of life when they are healthy. Despite that, 70 percent of them had not prepared a plan. Forty-seven per cent had not designated someone to speak for them if they were unable to do so.

Physicians and surgeons can help change this reality, especially with a workbook created by the Winnipeg Regional Health Authority. The workbook explains terms in user-friendly language and poses thought-provoking questions that can help a person better understand and choose their goals of care.

The feedback has been positive when Dr. Pravinsagar Mehta introduces these conversations with the help of the workbook. "I hand over the booklet and ask if it's something they've ever thought of. I encourage them to take it home, read it and either call me with questions or make an appointment with me to talk about it," he says.

It doesn't hurt to mention that he personally has an advance care plan because it helps put things into context: while he is healthy, fit and working, anything can happen. "I explain I don't want my family to make certain decisions for me. I've made them so they won't have to," says Mehta, who notes it helps explain the luxury of time with respect to making these complex decisions.

Download the workbook at www.wrha.mb.ca/acp (along with other advance care planning tools and resources). To request print copies, call 204-926-7000.

PHYSICIAN ALERT

New Clinical Parameters for Hematology Analyzer at HSC (May 01, 2012) and SBH (May 02, 2012).

New hematology analyzers installed at HSC and SBH offer new features that will facilitate autoverification of results, improving turn around time, and are able to provide a new comprehensive blood count.

It now provides a 6-part automated differential and three additional clinical parameters, Immature Platelet Fraction (IPF), Reticulocyte Hemoglobin (RET-He) and Immature Reticulocyte Fraction (IRF).

Information can also be found on the DSM website: http://www.dsmanitoba.ca/professionals/info.html

DSM Contact Information:
Dr. Carmen Morales
Medical Director, Hematology
Office: 787-4682
cmorales@hsc.mb.ca
Gail Turnbull
Technical Director, Hematology
Office: 787-4971
gturnbull@hsc.mb.ca

CancerCare Manitoba

MANITOBA HOME CANCER DRUG PROGRAM

The Home Cancer Drug (HCD) Program is a program for Manitobans diagnosed with cancer that allows access to eligible outpatient oral cancer and specific supportive drugs, as listed in the HCD Program Formulary, at no cost to the patient. Please note that the HCD Program covers only eligible medications that are used to treat cancer and/or support the treatment of cancer.

1. Patients must be identified by CancerCare Manitoba (CCMB) as receiving or being scheduled to receive eligible outpatient oral cancer and specific supportive drugs.
2. Patients must be registered with Manitoba Health's Pharmacare Program. This includes meeting the following criteria:

- being eligible for Manitoba Health coverage
- prescriptions for eligible outpatient oral cancer and specific supportive drugs not being covered by other provincial or federal programs.

To enroll in the HCD Program:

- You must have an HCD Program Application Form completed through CCMB
- You must be registered with the Manitoba Pharmacare Program.

For general information about the HCD Program or to be enrolled in the HCD Program, please call:

- CancerCare Manitoba Pharmacy at (204) 787-4591 (Monday to Friday from 8 a.m. to 4 p.m.)

To find out if you are currently enrolled in the HCD Program and/or the Manitoba Pharmacare Program, please call:

- Provincial Drug Programs at (204) 786-7141 or toll free at 1-800-297-8099

(Monday to Friday from 8:30 a.m. to 4:30 p.m.)

CONGRATULATIONS

CONGRATULATIONS TO:

- Dr. Brian Postl on receiving the Order of Manitoba for promoting excellence in health care in Manitoba and across Canada.

- Dr. Harvey Max Chochinov received the Frederic Newton Gisborne Starr Award given by the Canadian Medical Association. This was given for his significant contribution to the field of palliative care.

FROM THE INVESTIGATION COMMITTEE:

The Investigation Committee reviewed two cases where patients died after being discharged from the Emergency Room after episodes of trauma. In both cases the patients were intoxicated during their assessment. In both cases, trauma was not detected by the examining physician. The Investigation Committee was concerned that the patients' intoxication might have contributed to the physicians not detecting the trauma.

Physicians may have difficulty assessing intoxicated patients because of the lack of clear history, or diminished physical findings. In both of these cases, neurological, musculoskeletal and abdominal findings were not identified.

The Committee wishes to remind physicians assessing intoxicated trauma victims of the importance of a careful history and physical examination taking into account the diminished sensitivity of the history and physical in these circumstances. The Committee urges treating physicians to consider a period of observation for patients in whom significant trauma cannot be ruled out on the initial assessment.

CENSURE: IC1640
Dr. SHAHROKH ALI NEJAD

On May 30, 2012, in accordance with Section 47(1)(c) of *The Medical Act*, the Investigation Committee censured Dr. Ali Nejad as a record of its disapproval of the deficiencies in his conduct. Censure creates a disciplinary record which may be considered in the future by the Investigation Committee or an Inquiry Panel when determining the action to be taken following an investigation or hearing.

I. PREAMBLE

Article 11 of the Code of Conduct requires that physicians limit treatment of themselves or members of their immediate family to minor or emergency services and only when another physician is not readily available. It is well understood by physicians that:

- "Emergency" pertains to those conditions that are a potential threat to life, limb or function, requiring rapid medical intervention; and that
- "Treatment" includes prescribing medication.

Article 41 of the Code of Conduct states that physicians must recognize that the self-regulation of the profession is a privilege and that each physician has a continuing responsibility to merit this privilege. That responsibility includes acting with integrity, honesty and being respectful in dealing with other health care providers and in all communications with the College. Writing a prescription and signing the name of another physician on that prescription and providing false and misleading information to the College are acts of professional misconduct.

II. THE RELEVANT FACTS ARE:

1. On November 20, 2010, Dr. Ali Nejad presented prescriptions for his wife and himself to a pharmacist. None of the prescriptions were required for emergency services and/or when another physician was not readily available. The prescriptions were dated November 20, 2010, written on a prescription pad typically used in pharmacies, and purportedly signed by Dr. X, one of Dr. Ali Nejad's colleagues, who had prescribed the same medication to him in the past.

2. Shortly after Dr. Ali Nejad left the pharmacy, a customer approached the pharmacist to inform the pharmacist that he witnessed Dr. Ali Nejad outside of the store writing on a prescription pad.

3. The pharmacist contacted Dr. X and faxed copies of the prescriptions to Dr. X. The pharmacist asked if Dr. X had written the prescriptions that day and whether it was Dr. X's signature on the prescriptions. Dr. X informed the pharmacist that Dr. X had not written the prescriptions. Dr. X explained that Dr. Ali Nejad was a physician and that Dr. Ali Nejad and his wife were friends and that Dr. X had written him prescriptions for the same medications in the past.

4. When Dr. Ali Nejad returned to the pharmacy to pick up the prescriptions, the pharmacist asked him who wrote the prescriptions. Dr. Ali Nejad indicated that Dr. X wrote them. The pharmacist advised Dr. Ali Nejad that she had spoken with Dr. X and faxed copies of the prescriptions to Dr. X and that Dr. X confirmed that Dr. X did not write the prescriptions.

5. Dr. Ali Nejad demanded the prescriptions back and that the pharmacist fill them. The pharmacist refused to do so and Dr. Ali Nejad became very agitated and behaved in a disrespectful manner to the pharmacist.

6. The pharmacist reported the matter to the College. During the course of the College's investigation, Dr. Ali Nejad was required to respond in writing to the concerns and to attend an interview with the Investigation Chair of the College.

7. In his written response, Dr. Ali Nejad stated that he did not intend to make it look like Dr. X had written the prescriptions, but only to provide the necessary information so that the pharmacist could contact Dr. X in order to confirm and fill the prescriptions.

8. With respect to the prescription for his wife, Dr. Ali Nejad explained that he had consulted Dr. X regarding his wife's condition and that although Dr. X did not write a prescription for his wife, Dr. Ali Nejad wrote the prescription and signed Dr. X's name based on the consultation. Dr. Ali Nejad said that he did this because he was concerned about the ethical restriction on prescribing for a family member.

9. Dr. X confirmed that Dr. X has never treated his wife as a patient but would have approved the prescription for his wife had Dr. X been consulted. Dr. X also confirmed that she had written a prescription for Dr. Ali Nejad for the subject medications approximately one week prior to November 20th.

10. When Dr. Ali Nejad was interviewed by the Investigation Chair of the College, he repeated and elaborated on the explanations in his written response. Dr. Ali Nejad insisted that he never intended to write the name of Dr. X to look like a signature or to mislead the pharmacist about the prescriptions.

11. Subsequently, Dr. Ali Nejad wrote to the College and acknowledged that his true intent when he wrote Dr. X's signature on the prescription was that the pharmacist would believe that the prescriptions had been written by Dr. X and that the pharmacist would dispense the medication previously prescribed by Dr. X for Dr. Ali Nejad and which he believed was approved by Dr. X for his wife.

12. Dr. Ali Nejad explained that he understands that what he did was wrong and that he believes that, at the time, he justified his actions because he knew that Dr. X had prescribed the medications and that he was re-recording valid prescriptions.

13. With respect to the false and misleading information Dr. Ali Nejad provided to the College, he has indicated that it is difficult for him to comprehend that he has been untrue to his own convictions as well as his duty to his profession. Dr. Ali Nejad has explained that he panicked and acted in a manner which he believes is out of character. Dr. Ali Nejad has apologized for his conduct to the College and to the Investigation Chair. By accepting this Censure, Dr. Ali Nejad has also demonstrated that he understands that there must be consequences for his conduct and that he is prepared to accept those consequences.

III. ON THESE FACTS, THE INVESTIGATION COMMITTEE RECORDS ITS DISAPPROVAL OF DR. ALI NEJAD'S CONDUCT, IN PARTICULAR:

in writing prescriptions for himself and his wife and signing the name of Dr. X on those prescriptions with the intent that the pharmacist to whom Dr. Ali Nejad presented the prescriptions would believe that the prescriptions were written by Dr. X;

in providing false and misleading information to the pharmacist and treating the pharmacist with disrespect when the pharmacist challenged Dr. Ali Nejad on the authenticity of the prescriptions;

in providing false and misleading information to the College in Dr. Ali Nejad's written correspondence with the College and when he was interviewed by the Investigation Chair of the College.

In addition to appearing before the Investigation Committee, Dr. Ali Nejad paid the costs of the investigation in the amount of $4,155.53.

PUBLIC REPRESENTATIVE ELECTION RESULTS

Congratulations to Dr. Ed Boldt (PhD), who was elected as your Public Representative to Council on April 25th, 2012. Dr. Boldt will be a member of Council until 2016.

www.cpsm.mb.ca

Physician Profile Search is now up and running again. Please review and feel free to comment back to us.

MEETINGS OF COUNCIL FOR THE 2012-2013 COLLEGE YEAR

Council meetings for the upcoming College year will be held on the following dates:

- Friday, September 14th, 2012
- Friday, December 14th, 2012
- Friday, March 15th, 2013
- Wednesday, June 5th, 2013 (AGM)

If you wish to attend a meeting, you must notify the College in advance. Seating is limited.

OFFICERS AND COUNCILLORS 2012-2013

President:	Dr. B. Kowaluk
President Elect:	Dr. D. Lindsay
Past President:	Dr. M. Burnett
Treasurer:	Dr. H. Domke
Investigation Chair:	Dr. A. MacDiarmid
Registrar:	Dr. W. Pope
Deputy Registrar:	Dr. T. Babick
Assistant Registrar:	Dr. A. Ziomek

TERM EXPIRING JUNE 2012

Associate Members Register (exp. Sept. 2012)	Dr. E. Tan

TERM EXPIRING JUNE 2014

Central	Dr. E. Persson, Morden
Interlake	Dr. D. Lindsay, Selkirk
Northman	Dr. H. Tassi, Thompson
Parkland	Dr. J. Elliott, Grandview
Winnipeg	Dr. M. Burnett
	Dr. A. MacDiarmid
	Dr. R. Onotera
	Dr. B.T. Henderson
	Dr. W. Manishen
University of Manitoba	Dr. I. Ripstein
Public Councillor	Mr. R. Dawson
Public Councillor	Mr. R. Dewar

TERM EXPIRING JUNE 2016

Brandon	Dr. S. J. Duncan
Eastman	Dr. K. Bullock Pries
Westman	Dr. A. Vorster, Treherne
Winnipeg	Dr. H. Domke
	Dr. B. Kvern
	Dr. M. Boroditsky
	Dr. H. Unruh
University of Manitoba	Dean B. Postl
Public Councillor	Dr. E. Boldt
Public Councillor	Ms L. Read

PHYSICIAN RESOURCE STATISTICS 2011

(A) **MEETINGS**

During the period 1 May 2011 to 30 April 2012, the following meetings were held -

4 Council: 17 June, 16 September, 14 December 2011; 30 March 2012

4 Executive Committee: 17 June, 16 September, 7 November, 14 December 2011

6 Appeal Committee: 30 May, 3 June, 16 September, 12 December, 14 December 2011; 30 March 2012

7 Complaints Committee: 9 August, 6 September, 18 October, 29 November 2011; 12 February, 13 March, 17 April 2012

2 Audit Committee: 1 June, 18 November 2011

0 Inquiry Committee

0 Inquiry Panel

5 Investigation Committee: 21 September, 23 November, 14 December 2011; 11 January, 7 March 2012

0 Liaison Committee with M.M.A

4 Program Review Committee: 30 May, 19 September, 12 December 2011; 12 March 2012

5 Standards Committee: 3 June, 23 September, 23 November 2011; 10 February, 13 April 2012
In addition: 6 meetings of Child Health Standards Committee
1 meeting of Maternal & Perinatal Health Standards Committee
17 meetings of Area Standards Committees

37 meetings
24 meetings of subcommittees, and
2 non-hospital reviews
63

(B) CERTIFICATES OF REGISTRATION ISSUED

During the period 1 May 2011 to 30 April 2012, 133 persons were issued registration and a full licence to practise. In total there were 159 certificates issued of which 24 were for a resident licence. Two physicians did not practise here.

TABLE I MEDICAL PRACTITIONERS GRANTED REGISTRATION AND FULL LICENCE ANNUALLY IN MANITOBA 2002 - 2011 with Country of Qualification

Year	Man	Can	USA	UK&I	Eur	Asia	Aust	NZ	Afr	C/S Am	Total
2003	30	35	0	1	8	12	0	1	45	4	136
2004	28	19	1	2	9	20	0	0	38	4	121
2005	36	33	2	3	6	23	0	0	22	4	129
2006	30	43	0	3	8	40	0	0	26	2	152
2007	41	31	0	8	4	40	1	0	29	3	157
2008	45	48	2	7	8	40	0	0	25	6	181
2009	49	26	2	5	2	28	1	0	20	2	135
2010	33	30	1	7	10	46	1	0	22	3	153
2011	56	42	6	5	10	39	2	1	21	7	189
2012	39	30	2	3	8	24	2	0	20	5	133
Total (10 Yr)	387	337	16	44	73	312	7	2	268	40	1486
New Practitioners % of Total											
2012	29.3	22.5	1.5	2.3	6.0	18.1	1.5	0.0	15.0	3.8	100%

Percentages may not be exact due to rounding

(C) NUMBER OF LICENSED PRACTITIONERS IN MANITOBA AS AT 30 APRIL 2012

TABLE II NUMBER OF LICENSED MEDICAL PRACTITIONERS IN MANITOBA 2003-2012

Year	Winnipeg	%	Outside Winnipeg	%	Totals	Net Gain Net Loss(-)
2002	1592	75.0	530	25.0	2122	48
2003	1618	75.2	534	24.8	2152	30
2004	1626	74.7	550	25.3	2176	24
2005	1640	75.0	546	25.0	2186	10
2006	1663	75.0	555	25.0	2218	32
2007	1688	74.3	584	25.7	2272	54
2008	1722	74.1	603	25.9	2325	53
2009	1788	75.1	594	24.9	2382	57
2010	1839	77.1	576	22.9	2415	33
2011	1870	75.7	602	24.3	2472	57
2012	1931	76.1	607	23.9	2538	66

The total of 2538 includes 63 fully licensed residents. There are no data on how many actually “moonlight”, or to what extent.

Note: Due to continuing data conversion requirements, the total for 2011 has been corrected to 2472 and the total for 2010 has been corrected to 2415.

The following table shows the possible influence of this resident population on the number in active practice. (Full Licence: FL; Resident Licence: RL)

	FL		*Subtotal*	*RL*	*Total*
2007	2237	35	2272	24	2296
2008	2289	36	2325	22	2346
2009	2345	37	2382	22	2404
2010	2386	56	2442	19	2461
2011	2456	46	2502	22	2524
2012	2475	63	2538	20	2558

(D) EDUCATIONAL REGISTER

Postgraduate physicians in training programs are now referred to as residents. They may be pre-registration (Educational Register) or they may have met the registration requirements and are eligible for an independent licence. This latter category of residents may opt to practise only within their residency program (resident licence) or may obtain a full licence.

	2012	**%**
Medical Students	440	
Physician Assistant Students	24	
Postgraduate trainees	454	
Total on Educational Register	918	91.7
On Resident Licence	20	2.0
Full Licence	63	6.3
TOTAL	1001	100.0

(E) DISTRIBUTION OF PRACTITIONERS

The following tables analyse the composition of the physicians in Manitoba by various breakdowns.

TABLE III

DISTRIBUTION OF MEDICAL PRACTITIONERS BY COUNTRY OF QUALIFICATION
as at 30 April 2012 (as a percentage)

		Winnipeg	Brandon	Rural	Resident
		1931	132	475	20
%	Man	56.1	22.7	30.7	45.0
	Can	16.5	12.1	6.3	20.0
	Total Canada	72.6	34.8	37.0	65.0
	USA	0.9	0.8	0.6	0.0
	UK & Irel	4.8	6.1	5.9	10.0
	Eur	4.3	1.5	2.7	0.0
	Asia	11.9	34.1	36.2	10.0
	Aust/NZ	0.3	0.0	0.6	0.0
	Afr	3.5	17.4	15.2	15.0
	S.Am	1.8	5.3	1.7	0.0

Percentages may not be exact due to rounding.

TABLE IV **PERCENTAGE OF MEDICAL PRACTITIONERS IN MANITOBA AS TO COUNTRY OF QUALIFICATION**

	2012
Manitoba Graduates	49.7
Other Canadian Graduates	14.3
TOTAL CANADA	**64.0**
United Kingdom & Ireland	5.0
Asia	17.6
Other	13.4

TABLE V **GEOGRAPHIC DISTRIBUTION OF FEMALE PRACTITIONERS**

	Winnipeg	**Brandon**	**Rural**	**Total**	**Resident Licence**
1982	213	8	44	265	51
2012	**651**	**33**	**158**	**842**	**7**

33.2% of fully licensed physicians are female. 34.0% of practitioners in Winnipeg are women, 25.8% in Brandon and 31.9% in rural Manitoba. 35.0% of those with a residency licence are female. During the past 30 years there has been an increase of 438 women in Winnipeg, 25 in Brandon and 114 in the remainder of the province.

TABLE VI **AGES OF DOCTORS RESIDING IN MANITOBA AS AT 30 APRIL 2012**

	Winnipeg	**Brandon**	**Rural**	**Total**
Over 70	95 (4.9)	6 (4.6)	15 (3.2)	116 (4.6)
65 -70	170 (8.8)	11 (8.3)	24 (5.1)	205 (8.1)
56 - 64	422 (21.9)	26 (19.7)	90 (18.9)	538 (21.2)
46 - 55	526 (27.2)	46 (34.9)	145 (30.5)	717 (28.3)
36 - 45	534 (27.7)	35 (26.5)	154 (32.4)	723 (28.5)
31 - 35	167 (8.7)	8 (6.1)	40 (8.4)	215 (8.5)
30 or under	17 (0.9)	0 (0.0)	7 (1.5)	24 (.9)

Percentages (shown in brackets) may not be exact due to rounding

(F) MANPOWER CHANGES from 1 May 2011 to 30 April 2012

TABLE VII ADDITIONS AND DELETIONS

In response to requests, the additions and deletions refer to a physician's status at the beginning of the reporting period and at the end of the reporting period.

Deletions includes deaths, retirements, erasures, and transfers to Residency Licence.
Additions are those entering who initiate a licence to practise and includes those who were previously registered.

ADDITIONS 2012		DELETIONS 2012
	AGE	
16	30 or under	0
64	31 - 35	17
61	36 - 45	42
17	46 - 55	23
7	56 - 64	8
3	65 – 70	3
2	over 70	11
170		**104**
	YEARS SINCE QUALIFICATION	
46	5 or less	2
56	6 - 10	21
59	11 - 30	58
9	over 30	23
170		**104**
	YEARS SINCE REGISTERED IN MANITOBA	
146	5 or less	48
9	6 - 10	23
9	11 - 30	24
6	over 30	9
170		**104**
	PLACE OF QUALIFICATION	
62	Manitoba	24
37	Canada	24
2	USA	1
5	UK & Ireland	5
5	Europe	8
27	Asia	20
2	Australia/New Zealand	1
23	Africa	18
7	C/S America	3
170		**104**

DEATHS or DELETIONS	2012
Deaths	2
Transferred to Residency Licence	2
Removed from Register/Suspended	0
No Longer Practising/Retired	10
DEPARTURES to: (Total)	90
Atlantic Provinces	1
Quebec	3
Ontario	20
Saskatchewan	2
Alberta	10
British Columbia	8
NWT/NU	0
TOTAL CANADA	44
U.S.A.	4
U.K. & Ireland	0
Others/Unknown	42

(G) SPECIALIST REGISTER

There were 1251 specialists enrolled on the Specialist Register as at 30 April 2012.

(H) CERTIFICATES OF PROFESSIONAL CONDUCT (COPC)

During the period 1 May 2011 to 30 April 2012, 553 COPCs were issued. These are usually required for the purposes of obtaining registration in another jurisdiction. The following table indicates the purposes for which the certificates were issued and a comparison with 2011.

Provincial Licensing Bodies:	2012	2011
British Columbia	92	92
Alberta	85	60
Saskatchewan	25	18
Ontario	102	130
Quebec	5	6
Prince Edward Island	2	1
New Brunswick	3	9
Nova Scotia	14	7
Newfoundland/Labrador	10	5
Northwest Territories/Nunavut	16	11
Yukon	0	2
Australia & New Zealand	12	12
Overseas	7	9
U.S.A.	37	58
WRHA	56	49
Brandon RHA	1	3
CFPC	86	54
TOTALS	**553**	**526**