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# **BY-LAW #1**

Adopted by the Councillors of the College of Physicians and Surgeons of Manitoba  
effective December 1, 2008 with amendments to August 13, 2009

BY-LAW NUMBER 1  
THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

The College of Physicians and Surgeons of Manitoba hereby enacts as follows:

ARTICLE 1 - DEFINITIONS

In these By-Laws:

- (a) "Act" means The Medical Act, R.S.M. 1987, Cap M90, and amendments thereto;
- (b) "Associate Member" means an individual who is registered on the educational register, the physician assistant register or the clinical assistant register referred to in clauses 6(1)(b), 6(1)(b.1) or 6(1)(b.2) of the Act; (AM.08/09)
- (c) "College" means The College of Physicians and Surgeons of Manitoba;
- (d) "Council" means the Council of the College;
- (e) "Councillor" means a person serving on the Council of the College;
- (f) "Executive Committee" means the Executive Committee of the College;
- (g) "Election Year" means a year in which an election of Councillors is to be held;
- (h) "Faculty" means the Faculty of Medicine of the University of Manitoba;
- (i) "Member" means an individual who is registered on the Manitoba Medical Register, and:
  - A. For the purposes of all Articles in this By-Law excepting only Articles 4, 5.1(b) and 16(b), includes an Associate Member;
  - B. For the purposes of Articles 17, 18, 19, 23, 24 and 25, includes a medical corporation;
- (j) "member" means a person on a committee of the Council who may be a Member, Councillor or a Public Representative;
- (k) "principal practice location" means the primary location at which a Member is carrying on the practice of medicine;
- (l) "practice of medicine" has the meaning set forth in s.1 of the Act;
- (m) "Province" means the Province of Manitoba;
- (n) "Public Representative" means a person defined as a public representative in the Act<sup>1</sup>;
- (o) "University" means the University of Manitoba;
- (p) "telemedicine" means the use of communications and information technology to deliver medical services and information over distance.

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<sup>1</sup> s.1 "public representative" means a person who is not registered under this Act and who is not, and has never been, a medical practitioner.

## ARTICLE 2 - COLLEGE SEAL

## 2.1 Seal

The seal of the College bearing the following design is and shall continue to be the seal of the College:



## 2.2 Custody and Use

The seal shall be in the custody of the Registrar and shall be affixed by the Registrar to all documents required to be sealed on behalf of the College.

## ARTICLE 3 – FINANCIAL AND ADMINISTRATIVE MANAGEMENT OF THE COLLEGE

## 3.1 Office

The office of the College shall be at such place in the Province as the Council shall from time to time determine.

## 3.2 Fiscal Period

The fiscal year of the College shall end on the 30<sup>th</sup> day of April in each year.

## 3.3 Contracts

- (a) All deeds, contracts and agreements that must be executed on behalf of the College shall be in such form and contain such powers, conditions, covenants, clauses and agreements as the President or President-Elect shall determine and shall be signed by the President or the President-Elect and by the Registrar and sealed with the seal of the College. (AM. 12/08)

## 3.4 Safety Deposit Box

The College may maintain a safety deposit box with a chartered bank or a recognized trust company and either the Treasurer or the Registrar and either the President or the President-Elect shall have the right of access to any safety deposit box maintained by the College.

## 3.5 Cheques

- (a) All cheques or orders for payment shall be signed by any two of the President, President-Elect, Registrar, Deputy Registrar, Assistant Registrar or Treasurer. Bills of exchange lodged with bankers for collection may be drawn on behalf of the College by the President, President-Elect, Registrar or Treasurer.
- (b) Cheques or other negotiable instruments to be deposited with bankers for collection and

requiring the endorsement of the College may be endorsed on its behalf by the President, President-Elect, Registrar, Deputy Registrar, Assistant Registrar or Treasurer.

3.6 Auditor

- (a) Each year at the annual meeting of the Council, the Council shall appoint by resolution the auditor(s) of the College.
- (b) The auditor(s) shall hold office until the next annual meeting of the Council and shall be eligible for re-appointment.
- (c) Any vacancy in the office of the auditor(s) may be filled by appointment made by the Executive Committee to continue until the next annual meeting of the Council.
- (d) At least once in every year, as soon as possible after the end of the fiscal year, the accounts of the College shall be examined, and the correctness of the statement of receipts and disbursements and balance sheet shall be ascertained by the auditor(s) of the College, and the auditor(s) shall report thereon to the Council.

3.7 Appointment of Solicitor

The solicitor for the College shall be appointed by resolution of the Council at the annual meeting of the Council. Any vacancy in this office may be filled by the Executive Committee until the next annual meeting of the Council.

ARTICLE 4 - ELECTIONS

4.1 General

In this Article "place of practice" or "practising" has the definition set forth in s.32(4)<sup>2</sup> of the Act.

4.2 Division into Electoral Districts

For the purpose of election of Councillors, the Province is hereby divided into the electoral districts described in Schedule A annexed to and forming part of this By-Law.

4.3 Alteration of Electoral Districts

No new electoral districts shall be established and the area of any existing electoral district shall not be altered in any way, except with the approval of at least two-thirds of the Councillors at a duly constituted meeting of the Council.

4.4 Number of Elected Councillors

Each electoral district shall elect Members to serve on Council, as follows:

<u>Electoral District</u>	<u>Number of Elected Councillors</u>
Northman	1
Parklands	1

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<sup>2</sup> s.32(4) For the purposes of section 31 and this section, a member shall be deemed to practise at the practice address as shown on the register or at his place of residence as shown on the register if he is not in practice.

Interlake	1
Eastman	1
Westman	1
Brandon	1
Central	1
Winnipeg	9

4.5 Frequency of Elections

- (a) In any electoral district which is entitled to more than one Councillor one-half or the nearest division to one-half of Councillors representing that electoral district shall be elected every two years for a four year term.
- (b) “Electoral districts other than Winnipeg shall elect Members to serve on Council every four years, commencing in the following years:

<u>Electoral District</u>	<u>Year of First Election</u>
Northman	2008
Parklands	2006
Interlake	2006
Eastman	2008
Westman	2008
Central	2006
Brandon	2008

4.6 Election

No later than the last meeting of Executive Committee immediately preceding an Election Year, the Executive Committee shall, by resolution:

- (a) Fix a date in March of that Election Year upon which the next election of Councillors shall be held, and the hour on that day fixed as the deadline for receipt of voting papers;
- (b) Fix a date in February of that Election Year for receiving nominations in the election;
- (c) Fix a date in July of that Election Year for notification of an election of a Councillor from amongst the Associate Members; and (AM. 08/09)
- (d) Appoint scrutineers and alternates as follows:
  - (i) for the election of Members to Council, two Members and two alternates;
  - (ii) for the election of Public Representatives to Council, one Public Representative and one alternate;
  - (iii) for the election of a Councillor from amongst the Associate Members, one individual on the Educational Register, the Physician Assistant Register or the Clinical Assistant Register and one alternate. (AM. 08/09)

4.7 Nominations

- (a) To be eligible for nomination, a physician must be a Member of the College in good standing, currently practising in the electoral district in which he/she is nominated, and nominated by at least two Members of the College who are practising in that electoral district.

- (b) No Councillor may be nominated for re-election during the first three years of his/her term.
- (c) To be valid:
  - (i) a nomination must be received by the Registrar no later than the date fixed for receiving nominations; and
  - (ii) a nomination for election as a Councillor shall be in writing.
- (d) At least thirty days before the date fixed for receiving nominations for any election, the Registrar shall send to every Member of the College who is practising within the electoral district in which an election is to be held, and who has a valid licence as at January 1<sup>st</sup> in that year, a letter:
  - (i) advising of the election date;
  - (ii) seeking nominations;
  - (iii) advising of the last date for receiving nominations;
  - (iv) forwarding a list of all Members currently licensed in that Member's electoral district; and
  - (v) enclosing the form of nominating paper set forth in Schedule B annexed hereto and forming part hereof.

#### 4.8 Election By Acclamation

Where the number of candidates nominated in an electoral district equals the number of Councillors to be elected from that electoral district, that candidate or those candidates so nominated shall be declared duly elected, and the Registrar shall write to the candidate or candidates confirming the election.

#### 4.9 Insufficient Number of Candidates

If the number of candidates nominated from any electoral district is less than the number of Councillors to be elected from that district, the Council or the Executive Committee may, within seven days after the date fixed as the deadline for receiving nominations, nominate from amongst the Members of the College practising in that electoral district a sufficient number of consenting candidates so that the total nominations from that district will be at least equal to but not greater than twice the number of Councillors to be elected from that electoral district in that Election Year.

##### 4.9.1 Eligibility to Vote

Everyone who is on the Manitoba Medical Register at any time during the period between the deadline for receipt of nominations in the election and the deadline for receipt of voting papers in the election shall be eligible to vote in the electoral district where he/she practises.

#### 4.10 Voting Papers

No later than fifteen days after the date fixed as the deadline for receiving nominations, for each electoral district where Councillors have not been elected by acclamation, the Registrar shall send to every Member eligible to vote in that electoral district, an envelope addressed to the Member at the address listed with the College as that Member's mailing address containing:

- (a) Voting papers in the form which appears as Schedule C annexed hereto and forming part hereof; and
- (b) A self-addressed return envelope which shall be used by the Member to return voting papers to the Registrar.

#### 4.11 Returning Officer

- (a) The Registrar shall act as Returning Officer, and shall receive voting papers up to the hour and date fixed as the deadline for submission of voting papers. Any voting papers received

thereafter shall be declared invalid.

- (b) If the Registrar refuses to act or is incapacitated or does not carry out the obligation to act as Returning Officer pursuant to this By-Law, the Executive Committee shall appoint some other Member or officer of the College to act as Returning Officer.

#### 4.12 Election Results

- (a) As soon as possible after the deadline for submission of voting papers, the Scrutineers shall:
  - (i) open the envelopes;
  - (ii) examine the voting papers;
  - (iii) declare invalid all voting papers that have not been completed in accordance with the instructions on the voting paper annexed as Schedule C hereto; and
  - (iv) make a record of the entire number of votes cast in each electoral district.
- (b) The candidates in each electoral district equal to the number of Councillors to be elected from that district who have received the greatest number of votes shall be declared elected as the Councillors representing that electoral district. If two or more candidates receive an equal number of votes as a result of which the election of one or more of the elective Councillors is undecided, the President shall cast the deciding vote for one of the candidates.
- (c) All voting papers shall be retained by the Registrar until released by order of the Council.
- (d) Except for the Councillor elected from amongst the Associate Members, a Councillor's date of election shall be deemed to be the day immediately following the annual meeting of Council in the year in which that Councillor was elected. (AM.08/09)

#### 4.13 Right To Examine Voting Papers

All or any of the candidates are entitled to:

- (a) be present at the time the envelopes are opened and the votes counted; and
- (b) examine all voting papers in their electoral district to satisfy themselves that the voting papers have been properly completed, and that the persons signing the voting papers are Members of the College and entitled to vote in their electoral district.

#### 4.14 Notice of Results

The Registrar shall provide written notice to the candidates of the election results and shall cause a notice of the Members of the College elected as Councillors to be published in the next College newsletter.

#### 4.15 Taking Office

- (a) Except for the Councillor elected from amongst the Associate Members, Councillors shall take office immediately after the annual meeting of the Council following their election or appointment. The Councillor elected amongst the Associate Members shall take office on September 30 of the year in which that Councillor was elected. (AM.08/09)
- (b) Councillors elected or appointed in mid-term shall take office forthwith.

#### 4.16 Councillors Selected By Faculty

In the month of March in an Election Year if a Faculty Councillor is to be appointed, the Registrar shall request that the Dean of the Faculty advise him of the member of the Faculty named as the Faculty Councillor for the next four years.

## 4.17 Public Representatives

- (a) Before the date of mailing of voting papers for elective Councillors, the Registrar shall write to the Minister of Health requesting that he/she inform the College of the name(s) of the Public Representative to be appointed by the Lieutenant Governor in Council.
- (b) On or before March 1st in each Election Year, when Council is to elect Public Representative(s), the Registrar shall send to each Councillor a nomination paper for Public Representatives, in the form annexed hereto as Schedule D.
- (c) A Public Representative who has served two consecutive full terms of four years shall not be eligible for re-nomination.
- (d) Nominations for Public Representatives shall close on the third Monday of March in an Election Year. If more candidates are nominated than there are positions to be filled, ballots shall be prepared and forwarded to Councillors by the fourth Monday of March in an Election Year.
- (e) The date for the receipt of ballots by the Registrar shall be three weeks after the date on which they were mailed.
- (f) Members shall vote for each candidate in order of preference by indicating so with number 1 being the first choice, number 2 the second choice, etc.
- (g) The candidate with the most votes on the first ballot shall be declared elected. In the event of a tie, the votes of the candidates receiving the least number of first votes shall be re-distributed to the second choice of the Councillor submitting that ballot. This process shall continue until one candidate has received the most votes.

## 4.18 Councillor From Clinical Assistant Register

- (a) On the date in July of each Election Year selected by the Executive Committee, the Registrar shall:
  - (i) notify all Associate Members on the Educational Register, the Physician Assistant Register or the Clinical Assistant Register of an election of a councillor from amongst the Associate Members, and (AM.08/09)
  - (ii) seek nominations from those Associate Members whose names appear on the Educational Register, the Physician Assistant Register or the Clinical Assistant Register as of July 1<sup>st</sup> in that Election Year. (AM.08/09)
- (b) Two proposers, whose names must be on the Educational Register, the Physician Assistant Register or the Clinical Assistant Register as of July 1<sup>st</sup> in that Election Year, shall be required for each person nominated for election from amongst the Associate Members. (AM.08/09)
- (c) The Registrar shall mail voting papers in the same manner as for elections in electoral districts. The process set forth in Articles 4.8 to 4.15 shall apply to the election of a Councillor from the Educational Register, the Physician Assistant Register or the Clinical Assistant Register. (AM.08/09)

## 4.19 Cease To Be a Councillor

- (a) Except in the case of the President-Elect, President and Past President, when a person ceases to be a Councillor, all committee appointments and representations of the Council held by

that person shall be declared vacant.

- (b) The Executive Committee may ask any Councillor who fails, refuses or is unable to fulfil the duties of a Councillor, including participation on the committees of the Council to which that Councillor is appointed, to resign his/her seat on the Council.

4.20 By-election

The procedures set forth in Articles 4.7 to 4.14 also apply with respect to any by-election called pursuant to the provisions of the Act.

4.21 Election of President-Elect

- (a) The President-Elect shall be elected from Councillors.
- (b) Upon receipt from the Nominating Committee of the slate of two nominees for the post of President-Elect, the Registrar shall forthwith conduct an election by mail to all Councillors.
- (c) The process set forth in Article 4.10 to 4.15 herein shall apply to the election of a President-Elect.

ARTICLE 5 - OFFICERS AND DUTIES

5.1 Officers

- (a) The President, President-Elect, Past President, Treasurer, and Registrar are the officers of the College.
- (b) The Registrar, Deputy Registrar, and Treasurer must be Members of the College.

5.2 President

The President shall fulfil the duties assigned to the office of President as set forth in policies approved by the Council.

5.3 President-Elect

In the absence of the President, the President-Elect shall perform the President's duties.

5.4 Registrar

- (a) The Registrar shall function as the Chief Executive Officer of the College, and shall fulfil the duties assigned to the office of Registrar in the Act, the Regulations, the By-Laws and as set forth in policies approved by the Council, within the Executive Limitations imposed by the Council.
- (b) The Registrar may delegate such duties as he/she may deem fit to the College staff.
- (c) In the Registrar's absence, the Deputy Registrar or an Assistant Registrar shall assume all of the Registrar's responsibilities.

ARTICLE 6 - VACANCY

6.1 Office of the President

- (a) If for any reason a vacancy occurs in the presidency of the College, the President-Elect shall assume the presidency for the balance of the unexpired term.
- (b) If the President-Elect assumes the presidency during his/her term as President-Elect, he/she shall then serve as Chair of the Nominating Committee and as President for the ensuing year.

**6.2 Other Offices**

If for any reason a vacancy occurs in an office of the College other than the presidency, the Executive Committee may appoint a successor to fill the vacancy

**ARTICLE 7 – COUNCILLORS AND COUNCIL MEETINGS**

**7.1 Calling Meetings**

In addition to Council meetings fixed on the annual slate of meetings, Council meetings may be called by the President in his/her sole discretion and shall be called upon the written request of four or more Councillors.

**7.2 Notice of Meeting**

The Registrar shall give Councillors such notice as is practicable of the time, place and purpose of all Council meetings.

**7.3 Quorum**

- (a) At all Council meetings a majority of Councillors shall constitute a quorum.
- (b) When there is no quorum present within thirty minutes after the time for which a meeting is called, the President or the President-Elect, or in their absence the Registrar, shall adjourn the meeting to some other time, and the Registrar shall give Councillors notice of the time and place of the adjourned meeting.

**7.4 Entitlement to Attend**

- (a) All Members shall be entitled to attend all meetings of Council, but a Member who is not a Councillor shall not be entitled to speak without leave of the meeting, and only Councillors shall be entitled to vote.
- (b) The Council by majority vote of those present at a meeting may decide that any item of business shall be dealt with in camera, in which event all persons who are not Councillors shall be excluded from the meeting during the discussion of such item.

**7.5 Minutes**

When signed by the President and the Registrar, the minutes of a Council meeting shall, in the absence of fraud or manifest mistake, be taken as conclusive evidence of the matters recorded therein.

**7.6 Remuneration**

Councillors attending meetings of the Council or of any committee of the Council or acting as representatives of the College pursuant to the Governance Policies of the Council may be paid remuneration, living expenses and travel expenses at such rates and in accordance with such policies as may be fixed from time to time by the Council.

## 7.7 Executive Committee

- (a) Pursuant to s. 35(2) of the Act, the Executive Committee acts on all matters that require action between meetings of Council. Executive Committee's power to amend By-Laws is hereby limited to amendments urgently necessary, and if such amendments are made by the Executive Committee, the amendments shall have effect only until ratified by a duly constituted meeting of the Council.
- (b) Subject to Article 7.7(a), all actions of the Executive Committee shall be deemed to be actions of the Council.

## ARTICLE 8 – COMMITTEES

## 8.1 Committees of the Council

The committees of the Council are:

- (a) Executive
- (b) Audit
- (c) Nominating
- (d) Complaints
- (e) Investigation
- (f) Inquiry
- (g) Appeal
- (h) Standards
- (i) Program Review
- (j) Auditor
- (k) Such other committees as Council appoints from time to time.

## 8.2 Subcommittees of Committees of the Council

- (a) Upon the request of a committee of the Council, the Council may establish a subcommittee of that committee and fix the terms of reference for the subcommittee.
- (b) A committee of the Council may appoint the members of its subcommittee in accordance with the terms of reference for the subcommittee.
- (c) Subcommittees shall operate pursuant to the same requirements as those for committees established in the By-Laws of the College or established from time to time in policies approved by Council.

## 8.3 Appointment of Committee Members

- (a) The Registrar shall send a copy of the Nominating Committee report on committee member appointments to each Councillor with the agenda for the annual meeting of the Council.
- (b) At each annual meeting, Council shall appoint:
  - (i) Subject to clause (c), members of each committee of the Council, and
  - (ii) one member of each committee except Executive Committee and Appeal Committee to be Chair of that committee.
- (c) The Minister may appoint two public representatives to Complaints Committee.
- (d) The President and President-Elect shall each be ex officio members of all committees of

the Council except the Complaints, Investigation, Appeal and Inquiry Committees.

- (e) The Registrar shall be an ex officio member of all committees of the Council except the Complaints, Investigation, Appeal, Inquiry and Nominating Committees. The Registrar shall not have the right to vote at any committee meeting.
- (f) At any time, the Executive Committee may:
  - (i) fill any vacancy occurring on any committee,
  - (ii) upon request of the Chair of the Inquiry Committee, appoint individuals to Inquiry Committee,
  - (iii) terminate the appointment of any person appointed to a committee of the Council,
  - (iv) upon the request of the Chair of the Auditor Committee, appoint individuals to the Auditor Committee.
- (g) If any member of the Investigation Committee is disqualified from being able to fulfil his/her duties with respect to a particular case or cases due to a conflict of interest, the Executive Committee may appoint a Councillor to act in the place of the disqualified Investigation Committee member, but the Councillor so appointed shall not participate as a member of the Investigation Committee other than with respect to such case or cases as necessitated the Councillor's appointment.
- (h) If any member of the Investigation Committee is temporarily unable to attend to his/her duties as a committee member, the Executive Committee may appoint a person to act in the place of that Investigation Committee member.
  - (i) The term of office of a person appointed pursuant to Article 8(h) must be fixed by the Executive Committee at the time of the appointment.
  - (ii) Where the member of the Investigation Committee temporarily unable to attend to his/her duties as a committee member is a public representative, the substitute must be a public representative.
  - (iii) Where the member of the Investigation Committee temporarily unable to attend to his/her duties as a committee member is a Councillor, the substitute must be a Councillor.
  - (iv) A person appointed pursuant to Article 8(h) shall not participate as a member of the Investigation Committee other than as a substitute for the member temporarily unable to attend to his/her duties as a committee member.
- (i) If any member of the Program Review Committee is temporarily unable to attend to his/her duties as a committee member, the Executive Committee may appoint a person to act in the place of that Program Review Committee member.
  - (i) The term of office of a person appointed pursuant to Article 8.3(i) must be fixed by the Executive Committee at the time of the appointment.
  - (ii) Where the member of the Program Review Committee temporarily unable to attend to his/her duties as a committee member is a public representative, the substitute must be a public representative.
  - (iii) Where the member of the Program Review Committee temporarily unable to attend to his/her duties as a committee member is a Councillor, the substitute must be a Councillor.
  - (iv) Where the member of the Program Review Committee temporarily unable to attend to his/her duties as a committee member is a radiologist, the substitute must be a radiologist.

- (v) Where the member of the Program Review Committee temporarily unable to attend to his/her duties as a committee member is a laboratory medicine physician or a clinical scientist, the substitute must be a laboratory medicine physician or a clinical scientist.
- (vi) A person appointed pursuant to Article 8.3(i) shall not participate as a member of the Program Review Committee other than as a substitute for the member temporarily unable to attend to his/her duties as a committee member.

#### 8.4 Terms of Reference

- (a) Council shall establish terms of reference for each of its committees excepting Inquiry Committee, which stipulate:
  - (i) Composition of the committee,
  - (ii) Purpose or product of the committee,
  - (iii) Authority of the committee, and
  - (iv) Term of office for committee members.
- (b) Each committee of Council shall operate within the terms of reference established from time to time by Council for that committee.

#### 8.5 Quorum

- (a) Subject to the following exceptions and the requirements of the Act for Inquiry Committee, a quorum is a majority of committee members:
  - (i) Quorum for Complaints Committee is three members of the Complaints Committee, at least one of whom is a Public Representative and at least one of whom is a Member.
  - (ii) Quorum for Investigation Committee is three members of the Investigation Committee, at least one of whom is a public representative and at least one of whom is a Member.
  - (iii) Quorum for Appeal Committee is three members of the Appeal Committee, at least one of whom is a public representative and at least one of whom is a Member.
- (b) In determining the number of committee members for quorum purposes all ex officio members of the committee except the Registrar must be included.

#### 8.6 Procedural Matters Respecting Committees of Council

Subject to statutory requirements imposed upon Investigation, Inquiry and Appeal Committees, each committee of Council shall adhere to the procedural requirements established from time to time in policies approved by Council.

#### 8.7 Decisions of Committees

- (a) Decisions of Complaints, Investigation, Inquiry and Appeal Committees made within the scope of authority granted to each of the committees by *The Medical Act* are not subject to any right of appeal beyond the rights of appeal granted by *The Medical Act*.
- (b) Excepting the right of appeal granted in Bylaw #3D in respect of non-hospital medical/surgical facilities, Standards Committee decisions are for the purpose of education only and are not subject to any right of appeal.

- (c) Program Review Committee decisions shall be final and binding as of the date of the mailing of notice to persons affected by the decision unless an appeal is made to the Executive Committee. Appeals to the Executive Committee must be made within 21 days of the decision and shall be made by way of delivery to the Registrar of a notice in writing of an intention to appeal to the Executive Committee stating the grounds of the appeal.

**ARTICLE 9 - INQUIRY COMMITTEE**

**9.1 Time of Inquiry Public Information**

When an inquiry has been ordered, the specific time of commencement of the inquiry shall be available to the public from the College's offices.

**9.2 Chair of Panel**

- (a) The Chair of the Inquiry Committee shall designate one member of each inquiry panel to serve as Chair of that inquiry panel.
- (b) The conduct of an inquiry will, in all respects, be subject to the rules of procedure as enforced by the Chair of that inquiry panel.

**ARTICLE 10 - PUBLIC ACCESS TO INFORMATION**

**10.1 Public Access to Information**

The public shall be entitled to access a copy of any publication issued by the College pursuant to ss. 49(2) or s.59.9 of the Act.

**10.2 Fee**

The College shall be entitled to charge a fee to a person who is seeking access to information pursuant to the provisions of this By-Law.

**ARTICLE 11 - REGISTRATION AS A MEMBER OF THE COLLEGE**

**11.1 Application for Registration**

Each application for registration as a Member of the College must be made in writing, on such form as may be prescribed from time to time by the Council, accompanied by such fees as may be prescribed by Council.

**11.2 Verifications**

Every application shall be subject to such verification of qualifications and experience as the Council may require.

**ARTICLE 12 – MAINTAINING REGISTRATION AFTER TWO YEARS’ ABSENCE**

**12.1 Absence from the Province**

- (a) Subject to the conditions set forth in Article 12.2, the following are deemed to have

Council's approval to be absent from the Province for a period of greater than two years pursuant to ss. 16(1) of the Act:

- (i) Members who are on sabbatical leave;
  - (ii) Members who are actively practising medicine in the Armed Forces of Canada or for the federal Government on the basis of registration in the Province;
  - (iii) Members whose permanent place of residence is the Province and who are working outside of Canada in a charitable, humanitarian or public service capacity;
  - (iv) Members who leave the Province to pursue a formal residency program;
  - (v) Members who reside outside the Province whose usual practice includes residents of the Province.
- (b) Council must consider on an individual basis all other requests made pursuant to ss. 16(1) of the Act.

## 12.2 Conditions

Approvals issued pursuant to ss. 16(1) of the Act are subject to the following conditions:

- (a) In each year of absence the Member must pay either the full licence fee or the newsletter subscription fee.
- (b) The Member must keep the College informed of his/her current address.
- (c) For approvals granted pursuant to Article 12.1(a)(ii), the Member's registration ceases upon cessation of active medical practice in the Armed Forces or for the Federal Government.

## ARTICLE 13 – RETIRED MEMBERS

A Member who has retired from practice in good standing may:

- (a) be listed in the College Directory,
- (b) receive College newsletters without cost, and
- (c) be eligible for appointment to committees.

## ARTICLE 14 - HONORARY MEMBERSHIP

Honorary membership may be conferred on any person by a unanimous vote of Councillors present at a properly constituted meeting of the Council, provided that a Notice of Motion has been sent to each Councillor at least fourteen days prior to the meeting at which the honorary membership is to be considered.

## ARTICLE 15 – REQUIREMENTS FOR LICENSURE

### 15.1 Applications for Licensure

- (a) All applicants for licensure must:
  - (i) apply for licensure on the form prescribed by Council, and
  - (ii) pay the fee prescribed by the by-laws of the College.

- (b) Applicants for licensure on the Manitoba Medical Register must also:
  - (i) provide an undertaking to the College in the form annexed hereto as Schedule “H”,
  - (ii) identify to the College his/her principal practice location, and
  - (iii) disclose to the College the name and address of any of any hospital, any personal care home, any office or any other facility of any nature or kind where he or she intends to practise medicine.

## 15.2 Types of Licensure

- (a) Members of the College registered on the Manitoba Medical Register may apply for a licence in one of the following categories:
  - (i) full annual licence;
  - (ii) full monthly licence, which is available only on a calendar month basis;
  - (iii) limited licensure as a visiting professor or as a visiting expert.
- (b) Members enrolled in an approved residency program in the Province may apply for a licence in one of the following categories:
  - (i) resident annual licence, Category A;
  - (ii) resident reduced term licence, which is available only for a period of fewer than 8 consecutive months;
  - (iii) if qualified, full licensure under Article 15.2(a).
- (c) Associate Members enrolled in an approved residency program in the Province may apply for a licence in one of the following categories:
  - (i) resident annual licence, Category B;
  - (ii) external student licence.
- (d) Associate Members registered on the Educational Register or enrolled in an approved undergraduate medical education program or an approved physician assistant education program may apply for a licence in one of the following categories:
  - (i) undergraduate annual licence for the academic year or such other term as specified in the licence;
  - (ii) external student licence. (AM.08/09)
- (e) Associate Members registered on the Physician Assistant Register may apply for a licence in one of the following categories:
  - (i) physician assistant annual licence;
  - (ii) physician assistant monthly licence. (AM.08/09)
- (f) Associate Members registered on the Clinical Assistant Register may apply for a licence in one of the following categories:
  - (i) clinical assistant annual licence;
  - (ii) clinical assistant monthly licence. (AM.08/09)

## 15.3 Licence Issued

- (a) Where a person’s registration is subject to terms and conditions, the licence issued to that person is subject to all of the same terms and conditions.

- (b) A full annual licence and a full monthly licence permits the licence holder to practise medicine in Manitoba in accordance with his/her registration.
- (c) A limited licence is available only to visiting professors or visiting expert witnesses and restricts the licence holder to practise in accordance with the terms of the licence.
- (d) A resident annual licence, Category A, a resident annual licence, Category B, and a resident reduced term licence are available only to individuals in an approved residency program, and permits the licence holder the right to practise limited solely to those duties directly associated with his/her responsibilities as a resident in the approved residency program.
- (e) An undergraduate annual licence and an external student licence are available only to individuals enrolled in either an approved residency program or an approved undergraduate medical education training program or an approved physician assistant education training program and permits the licence holder the right to practice limited solely to those duties directly associated with his/her responsibilities as student in the approved training program. (AM.08/09)
- (f) A physician assistant annual licence and a physician assistant monthly licence are available only to individuals registered on the Physician Assistant Register and permits the licence holder to serve as a physician assistant in accordance with the restrictions specified in the Regulations and the licence. (AM.08/09)
- (g) A clinical assistant annual licence and a clinical assistant monthly licence are available only to individuals registered on the Clinical Assistant Register, and permits the licence holder to serve as a clinical assistant in accordance with the restrictions specified in the Regulations and the licence. (AM.08/09)

#### 15.4 Resident Qualified for Full Licensure

A resident who meets the qualifications for registration on the Manitoba Medical Register and who wishes to practise medicine outside of his/her approved residency program, must apply for a full annual licensure or full monthly licensure.

### ARTICLE 16 – RENEWAL OF LICENSURE

#### 16.1 Renewal of Licensure

- (a) Each Member and, subject to Articles 16.1(c) and 16.1(d), each Associate Member who wishes to obtain a renewal of his or her licence must:
  - (i) apply for renewal on the form prescribed by Council;
  - (ii) pay the fee prescribed by the by-laws of the College;
  - (iii) disclose to the registrar the following information about himself or herself and his or her practice of medicine or of any other profession, occurring since the time of his/her last application for licensure with the College:
    - (A) any of the following actions by a body with authority to regulate a profession other than the College:
      - (i) a review of the applicant's conduct, competence, or capacity or fitness to practise, whether arising from a complaint or otherwise,
      - (ii) a current investigation or other proceeding in relation to the applicant's conduct, competence, or capacity or fitness to practise,

- (iii) a finding of professional misconduct, conduct unbecoming, incompetence, or an incapacity or lack of fitness to practise,
  - (iv) a denial of an application for licensure, registration, permit or any other authorization to practise,
  - (v) a suspension of, restriction on, or revocation of licensure, registration, permit or any other authority to practise;
  - (B) any review of the applicant's conduct, competence, or capacity or fitness to practise, within the last three years, whether arising from a complaint or otherwise, by an entity other than a body with authority to regulate a profession;
  - (C) any current or past restriction, termination or suspension of the applicant's ability to work in any profession or occupation, or in any setting;
  - (D) any physical or mental condition, disorder, or addiction to alcohol or drugs that may compromise the applicant's ability to practise medicine safely;
  - (E) any guilty plea to or conviction for a criminal offence or an offence under any narcotic or controlled substances legislation.
- (b) In addition to the requirements of Article 16.1(a), each Member who wishes to obtain a renewal of his or her licence must:
- (i) disclose to the College his/her principal practice location;
  - (ii) disclose to the College the name and address of any of any hospital, any personal care home, any office or any other facility of any nature or kind where he or she practises medicine;
  - (iii) provide a declaration and undertaking to the College in the form annexed hereto as Schedule "I"; and
  - (iv) disclose to the College whether he/she is engaged in the practice of medicine and, if not, when he/she ceased to be engaged in the practice of medicine.
- (c) An Associate Member who on March 14, 2008 held a licence to serve as an undergraduate pre-qualification medical student, valid for the duration of his or her undergraduate medical studies, is required to annually disclose to the Registrar the information as required by Article 16.1(a), about himself or herself and his or her practice of medicine or of any other profession, occurring since the time of his/her last disclosure to the College.
- (d) An individual seeking to renew a full monthly licence, a resident reduced term licence, a physician assistant monthly licence or a clinical assistant monthly licence during a licence year in which he/she has already met the renewal requirements set forth in Article 16.1(a) must pay the fee prescribed in the by-laws and declare to the College whether there have been any changes in the information provided by the individual at the time of his/her last renewal declaration, provided that each licence year all members and associate members must comply with the annual renewal disclosure requirements. (AM.08/09)

## 16.2 Renewal of Monthly Licence

- (a) On request at the time of an application for monthly licensure, the College may issue monthly licensure for consecutive months, but only for calendar months during the same licence year.
- (b) Individuals who opt for monthly licensure will not be issued any reminder of the requirement for renewal and are solely responsible for ensuring that they are duly licensed at all times when practising medicine in Manitoba.

## ARTICLE 17 – CONTINUING DISCLOSURE REQUIREMENTS

## 17.1 Change in Principal Practice Location

Each Member shall advise the College in writing of any change in that Member's principal practice location. The notification should be provided to the College before the Member changes his/her principal practice location, but must be provided to the College no later than 15 days after the date of the change.

## 17.2 Change in Other Practice Locations

If, for any reason, the information in a Member's practice locations as disclosed to the College on his or her last renewal of licensure becomes inaccurate or incomplete, the Member must, within 30 days provide accurate and complete information to the College.

## 17.3 Notice of Charges

A Member charged with an offence under a federal statute must, as soon as practicable, give written notice to the Registrar of the offence with which the member has been charged.

## 17.4 Notice of matters in other Jurisdictions

A Member who is registered or licensed to practise medicine or another profession in a jurisdiction other than Manitoba must, as soon as practicable, give written notice to the Registrar of any of the following actions by a regulatory authority other than the College:

- (a) a review of the Member's conduct, competence, or capacity or fitness to practise, whether arising from a complaint or otherwise;
- (b) an investigation or other proceeding in relation to the Member's conduct, competence, or capacity or fitness to practise;
- (c) a finding of professional misconduct, conduct unbecoming, incompetence, or an incapacity or lack of fitness to practise; or
- (d) a suspension of, restriction on, or revocation of licensure, registration, permit or any other authority to practise.

## 17.5 Termination of Practice

Each Member must notify the College in writing of his/her termination of practice. The notice should be provided to the College before the Member's termination of practice, but must be provided to the College no later than 15 days after the date of termination of practice. The notice must contain the following information:

- (a) the date of termination of practice;
- (b) the Member's current address; and
- (c) the name, address and telephone number of any custodian of the Member's medical records.

## ARTICLE 18 - EFFECT OF SUSPENSION

## 18.1 Licence Deemed Revoked

During the period of suspension of a Member of the College, the licence of that Member is deemed to be revoked.

#### 18.2 Activity During Suspension

During the period of suspension, without written approval of the Registrar:

- (a) the suspended Member shall not:
  - (i) maintain an office, clinic, or any other premises in his/her name;
  - (ii) display his/her name on any sign for any purpose relating to the practice of medicine, except in methods beyond his/her means (e.g. telephone book);
  - (iii) enter into any arrangement with another Member of the College with respect to the practice of medicine, except insofar as may be necessary to ensure continuity of patient care;
  - (iv) accept any employment in any medical capacity with or without pay.
- (b) no Member of the College shall enter into an arrangement with a suspended Member with respect to the practice of medicine.

### ARTICLE 19 - FEES

#### 19.1 General

- (a) Each Member must pay the fees and levies applicable to that Member as fixed by the Council from time to time.
- (b) Schedule E to this By-Law sets forth the fees prescribed and payable by Members to the College, which fees may be amended from time to time by resolution of Council.

#### 19.2 Licence Fees

- (a) Licence fees are based upon the following licence years:
  - (i) for individuals on the Manitoba Medical Register, the Physician Assistant Register and the Clinical Assistant Register, September 1 to August 31.
  - (ii) for individuals on the Educational Register July 1 to June 30.
  - (iii) for medical corporations, in accordance with By-Law No. 7 of the College. (AM.08/09)
- (b) At its annual meeting in June of each year, Council must set the licence fees for the next licence year.

#### 19.3 Licence Fees for Annual Licensure

- (a) Licence fees for full annual licences, resident annual licences, Category A and Category B, undergraduate annual licences, physician assistant annual licences and clinical assistant annual licences shall be deemed to be a debt due to the College and must be paid in full on the due date stipulated in the renewal notice or in such instalments as allowed by the Registrar. (AM.08/09)
- (b) Members who opt to pay licence fees by instalments must at the time of payment of the first instalment:

- (i) pay the administration charge set forth in Schedule E, and
- (ii) submit to the College a post-dated cheque for the second instalment.

#### 19.4 Licence Fees for Monthly Licensure

- (a) Licence fees for limited licensure, full monthly licences, resident reduced term licences, external student licences, physician assistant monthly licences and clinical assistant monthly licences are deemed to be a debt due to the College and must be paid in full on or before the effective date of the licence. (AM.08/09)
- (b) No renewal notice is sent to a Member with a limited licence, a full monthly licence, a resident reduced term licence, a physician assistant monthly licence or a clinical assistant monthly licence. Any Member who wishes to continue to practise medicine in Manitoba after the expiry of his/her monthly licence must renew his/her licence and pay the licence fee before the effective date of the renewed licence. (AM.08/09)

#### 19.5 Arrears of Licence Fees

- (a) A Member who has not paid the licence fees for a full annual licence, a resident annual licence, Category A, a physician assistant annual licence or a clinical assistant annual licence by the due date as stipulated in the renewal notice is in arrears of licence fees. (AM.08/09)
- (b) A Member who continues to practise medicine immediately after the expiry of his/her full monthly licence, resident reduced term licence, external student licence, physician assistant monthly licence or clinical assistant monthly licence and who later applies for a renewal of licensure for a period of time immediately after the expiry, is in arrears of licence fees. (AM.08/09)

#### 19.6 Late Payment Fees

A Member who is in arrears of licence fees shall be assessed a late payment fee and, where applicable, a daily assessment as specified in Schedule E hereto.

#### 19.7 Waiver

The Council has the authority to waive or lower the late payment fee and daily assessment if it finds that exceptional circumstances exist.

#### 19.8 Fee Rebate

Where during a licence year, a Member with a full annual licence, resident annual licence, Category A, undergraduate annual licence, physician assistant annual licence or clinical assistant annual licence: (AM.08/09)

- (a) has had a parental leave or has had an illness which required the Member to take a leave of absence from the practice of medicine for a continuous period of at least two (2) calendar months, and
- (b) during the parental leave or leave of absence due to illness the Member did not engage in the practice of medicine, the Member may apply to the College for a rebate of fees in accordance with Article 19.9.

#### 19.9 Application for Fee Rebate

- (a) Applications for a fee rebate must be made to the College by November 30 of the licence year immediately following the licence year for which the rebate is sought.
- (b) The applicant shall be solely responsible for providing such evidence as may be required by the College in support of the application for fee rebate.
- (c) The Registrar shall review each application for fee rebate.
- (d) Where the Registrar approves the application for fee rebate, the College shall issue a cheque to the member for the amount of the fee rebate.
- (e) Where the Registrar does not approve the application for fee rebate, the Member may appeal the decision to the Executive Committee.
- (f) There shall be a minimum licence fee equal to one-half of the amount of the applicable annual licence fee fixed for the licence year for which the rebate is sought.
- (g) Subject to clause (f), fee rebates shall be calculated on a pro-rata basis, at the rate of one-twelfth of the licence fee for each full calendar month of the licence year during which the Member did not engage in the practice of medicine.

#### 19.10 Changes in Licensure Status

- (a) When an individual who held one or more full monthly licences during a licence year applies for a full annual licence in that same licence year, the fees collected by the College for full monthly licensure are not applied against the full annual licence fee.
- (b) Where a resident who holds a resident's annual licence, Category A, qualifies for a full annual licence the fees collected by the College for the resident's annual licence, Category A, are applied against the full annual licence fee.

#### 19.11 Administration Fees

The College may charge administration fees to its Members or to members of the public in accordance with the schedule for administration fees established by Executive Committee from time to time.

### ARTICLE 20 - CERTIFICATE OF PROFESSIONAL CONDUCT

#### 20.1 Form of Certificate of Professional Conduct

The form of Certificate of Professional Conduct used by the College shall be that set forth in Schedule "F" annexed to and forming part of this by-law.

#### 20.2 Certificate of Professional Conduct

- (a) A Certificate of Professional Conduct concerning a Member shall include information pertinent to that Member on each of the points particularized in items 1 through 13 inclusive on the form of Certificate of Professional Conduct annexed hereto as Schedule "F".
- (b) Upon receipt of the written consent of the Member and payment of the fee for issuance of a certificate, the Registrar shall issue a certificate of professional conduct concerning the Member.

20.3 Former Members

Article 20 applies to former Members.

**ARTICLE 21 - CODE OF CONDUCT**

21.1 Code of Conduct

The Code of Conduct, annexed as Schedule G hereto, shall be the Code of Conduct and guide to the professional and ethical conduct of Members of the College

21.2 Inquiry

The Code of Conduct does not bind or limit an inquiry panel in determining whether the conduct of a Member is professional misconduct.

**ARTICLE 22 – HOME OFFICE**

In the event of an on-site audit of a Member who has designated his/her home address as his/her principal practice location, that Member shall be responsible to demonstrate to the College that the Member has access to equipment appropriate to the practice of medicine and to clinical records reflecting the patient care provided by that Member.

**ARTICLE 23 - TELEMEDICINE**

The same standards of practice shall apply to a Member who practises telemedicine as apply to Members who see patients directly.

**ARTICLE 24 - KEEPING OF MEDICAL RECORDS**

24.1 Clinical Records

Members in practice shall keep:

- (a) Clinical records on every patient which shall include:
  - (i) patient demographic information, including:
    - (A) full name as it appears on the patient's health insurance registration card;
    - (B) current address;
    - (C) personal health identification number or other unique identifier;
    - (D) date of birth;
    - (E) telephone number and any alternate telephone contact numbers; and
    - (F) next of kin.
  - (ii) all dates on which the patient was seen and for each visit:
    - (A) an adequate patient history;
    - (B) particulars of physical examinations, investigation orders and the results of same;

- (C) the diagnosis made (if any);
  - (D) the treatment prescribed; and
  - (E) ancillary medical or psychological investigations.
- (b) Daily diary or appointment sheets showing for each day the names of patients seen or treated or in respect of which some professional service is rendered.

#### 24.2 Legible

All records shall be typed or legibly written and kept in suitable systematic permanent forms such as files, cards, folders or computer disk.

#### 24.3 Computerized Records

Records may be retained in a computerized system only if the system is acceptable to the College. The system must be capable of promptly producing the same printed record as required elsewhere in this Article.

#### 24.4 Alterations in Medical Records

Any alteration made to a medical record must be made in such a manner as to identify who has made the alteration, what was altered, what the record stated before the alteration was made, and when the alteration was made.

#### 24.5 Retain for 10 Years

- (a) All clinical and psychotherapy records shall be retained for a period of not less than ten years from the date of the last entry recorded.
- (b) Clinical and psychotherapy records pertaining to paediatric patients shall be retained to the date of the patient's age of majority (18 years) plus ten years.

#### 24.6 Hospital Records

A Member attending a patient at a hospital shall complete the medical records for which that Member is responsible in accordance with the requirements of By-Laws of the hospital.

#### 24.7 Laboratory and X-ray Records

Laboratory and x-ray facilities records shall be retained in the manner approved by the Council from time to time.

#### 24.8 Tissue Removal

When tissues are removed from a patient outside a hospital, Members shall forward such tissues to an approved laboratory for appropriate examination in the same manner as the requirement under Manitoba Regulation 453/88.

### ARTICLE 25 - RESPONSE TO COLLEGE CORRESPONDENCE

#### 25.1 Registrar's Letter

When the Registrar, the Deputy Registrar, an Assistant Registrar or a medical consultant engaged by the College writes to a Member with respect to any matter, the Member shall:

- (a) respond in writing,

- (b) personally sign the response,
- (c) provide a response to the substance of the matter, and all particulars pertinent thereto, and
- (d) respond within the length of time as the College may specify in the letter.

#### 25.2 Reminder Letter

When a reminder letter is sent to a Member from the Registrar, the Deputy Registrar, the Assistant Registrar or a medical consultant engaged by the College and the Member fails to respond in writing within 15 days from the date of the reminder letter, the Member may be referred to the Investigation Committee.

#### 25.3 Notification to Member

- (a) In the absence of specific instruction to the contrary, the College shall regard each Member's principal practice location as that Member's mailing address.
- (b) Except for letters sent requiring a member to respond in less than 5 days, letters sent to a Member may be sent by ordinary mail addressed to the Member's address as appears on the records of the College. A letter sent by ordinary mail to a Member shall be deemed to be received by the Member on the fifth working day after the date of the letter.

### ARTICLE 26 - AMENDMENT OF BY-LAWS AND LEGISLATION

#### 26.1 Introduction of Proposed Substantive Changes

Every proposed amendment to the Act, Regulations or By-Laws of the College shall be introduced either:

- (a) by notice of motion given at a meeting of the Council, which shall set out the substance of the proposed amendment and be scheduled for consideration at the next meeting of the Council; or
- (b) by notice in writing containing verbatim the provisions of the proposed amendment and enclosed with the Notice calling the meeting of the Council at which the proposed amendment will be dealt with and mailed to each Councillor at least fourteen days prior to the date of the meeting.

#### 26.2 Decision on Proposed Changes

A majority of votes shall decide a motion to amend the Act, Regulations or By-Laws.

#### 26.3 Non-Substantive Changes

The Executive Committee may on behalf of the Council approve non-substantive amendments to the By-laws such as name changes and grammatical corrections.

#### 26.4 Disposition of Approved Changes

- (a) Every amendment to the Act or Regulations approved by the Council shall be signed by the President or the President-Elect and the Registrar, sealed with the seal of the College and forwarded to the Lieutenant Governor in Council for consideration.
- (b) Every By-Law amendment enacted by the Council shall be signed by the President or President-Elect and the Registrar and shall be sealed with the seal of the College.

**ARTICLE 27 – GENERAL**

**27.1 General**

By-Law No. 1 of the College enacted October 4, 1996 with all amendments thereto, is repealed effective December 1, 2008 and the foregoing By-Laws are substituted therefor. This By-Law shall be in force as of and from December 1, 2008.

THIS IS SCHEDULE A ANNEXED TO AND FORMING PART OF BY-LAW #1 OF  
THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

**Northman Electoral District:** Those areas described in:

- a. section 1 of Schedule 2 of Manitoba Regulation 207/97 as the Burntwood Health Region,
- b. section 1 of Schedule 4 of Manitoba Regulation 207/97 as the Churchill Health Region,  
and
- c. section 1 of Schedule 7 of Manitoba Regulation 207/97 as the Norman Health Region.

**Parklands Electoral District:** That area described in section 1 of Schedule 9 of Manitoba Regulation 207/97 as the Parkland Health Region.

**Interlake Electoral District:** That area described in section 1 of Schedule 5 of Manitoba Regulation 207/97 as the Interlake Health Region.

**Eastman Electoral District:** Those areas described in:

- a. section 1 of Schedule 8 of Manitoba Regulation 207/97 as the North Eastman Health Region,  
and
- b. section 1 of Schedule 10 of Manitoba Regulation 207/97 as the South Eastman Health  
Region.

**Westman Electoral District:** Those areas described in:

- a. section 1 of Schedule 6 of Manitoba Regulation 207/97 as the Marquette Health Region, and
- b. section 1 of Schedule 11 of Manitoba Regulation 207/97 as the South Westman Health  
Region.

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

**Central Electoral District:** That area described in section 1 of Schedule 3 of Manitoba Regulation 207/97 as the Central Health Region.

**Winnipeg Electoral District:** That area within the boundaries of the City of Winnipeg and the Rural Municipalities of West St. Paul and East St. Paul.

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

THIS IS SCHEDULE B ANNEXED TO AND FORMING PART OF BY-LAW #1 OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

\_\_\_\_\_ Electoral District  
NOMINATION PAPER

Each nominee must have two (2) Proposers, on one Nomination Paper.

We hereby nominate .....  
for election to Council.

We hereby declare the above-named has accepted nomination.

Signatures of Proposers

(1) .....  
(2) .....

I hereby accept nomination.

.....  
(nominee)

Nomination form must be received by the Registrar,  
1000 – 1661 Portage Avenue, Winnipeg R3J 3T7  
not later than (time) on (date)

Additional nomination papers are available on request  
from the College offices.

N.B. If receipt of this nomination paper is not acknowledged by the Registrar within seven days you should assume that it has gone astray and should contact the Registrar.

THIS IS SCHEDULE C ANNEXED TO AND FORMING PART OF BY-LAW #1 OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

1. Statutory Declaration

Each ballot shall be accompanied by a return addressed envelope which is printed with the following information:

I declare that I have signed only one ballot in this election.

.....  
Date

Signature

.....  
Please print name here

2. A ballot shall be sent in the following format:

B A L L O T - District # \_\_\_\_\_

Dr. \_\_\_\_\_

Dr. \_\_\_\_\_

Dr. \_\_\_\_\_

Dr. \_\_\_\_\_

Clearly mark your ballot for no more than \_\_\_ candidates.

1. Place ballot in return addressed envelope which bears the declaration.
  - Seal the envelope
  - Sign the Declaration to assure that this is a valid vote.
2. Ballots must be received not later than (time) on (date).
3. If you follow the above procedure the sealed envelope will be placed in the ballot box after confirming it is a valid return.
4. The ballot will be removed from the envelope in the presence of the scrutineers and will be separated so that your vote remains secret.

THIS IS SCHEDULE D ANNEXED TO AND FORMING PART OF BY-LAW #1 OF  
THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

NOMINATION FOR PUBLIC REPRESENTATIVE

The Council shall elect a Public Representative to Council for a four year term commencing immediately after the Council meeting which will be held \_\_\_\_\_, 20\_\_. If you wish to nominate a person for this post, please complete the following nomination paper.

I, \_\_\_\_\_,  
(Name of Councillor)

NOMINATE

\_\_\_\_\_  
(Name)

\_\_\_\_\_

as a Public Representative for the term ending September 30<sup>th</sup>, 20\_\_. I have discussed this candidacy with the above who has agreed to serve if elected.

(Signature of Councillor)

This nomination must be received in the College offices by \_\_\_\_\_.

Please attach a brief biographic sketch.

THIS IS SCHEDULE E ANNEXED TO AND FORMING PART OF BY-LAW #1  
OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA (AM. 08/09)

**FEE AMOUNT**

<b>(1) APPLICANTS' DOCUMENTATION FEE:</b>	
(a) Conditional Registration .....	\$275.00
(b) Section 64.....	\$525.00
(c) Section 12(2) .....	\$500.00
(d) Manitoba Medical Register.....	\$175.00
(e) Educational Register .....	\$275.00
(f) Physician Assistant Register .....	\$275.00
(g) Clinical Assistant Register Non-Canadian Medical Schools.....	\$175.00
<b>(2) REGISTRATION FEES:</b>	
(a) Corporation .....	\$250.00
(b) Manitoba Medical Register <sup>1</sup>	
All except Residents in Category A .....	\$300.00
Residents in Category A who have previously been registered in Manitoba.....	\$250.00
Residents in Category A who have not previously been registered in Manitoba.....	\$300.00
(c) Educational Register.....	\$ 50.00
(d) Physician Assistant Register.....	\$300.00
(e) Clinical Assistant Register .....	\$300.00
(f) Registration of credentials for entry to:	
(i) The Specialist Register .....	\$200.00
(ii) The Special List (CCFP) .....	\$ 70.00
<b>(3) LICENCE FEES:</b>	
(a) Corporation (one year renewal).....	\$125.00
(b) Manitoba Medical Register:	
(i) Full Annual Licence (for the licence year)	
A. If paid in full on or before September 1, 2009 .....	\$1350.00
B. If paid in 2 installments:	
a) On or before September 1, 2009	
i) 2/3 of the licence fee (\$900.00)	
ii) Administrative charge (\$75.00)	
Total due on or before September 1, 2009.....	\$975.00
And	
b) On or before March 1, 2010.....	\$450.00
(ii) Full Monthly Licence: for each calendar month or portion thereof.....	\$250.00
(iii) Limited Licensure <sup>2</sup>	
A. Visiting Professor Licence.....	\$100.00
B. Visiting Expert Licence .....	\$100.00
(iv) Resident Annual Licence, Category A.....	\$250.00
(v) Resident Reduced Term Licence (for fewer than 8 months) .....	\$125.00
(c) Educational Register	
(i) Resident Annual Licence, Category B (for the licence year): .....	\$25.00
(ii) Undergraduate <sup>3</sup> for anyone registered in 2008 or later, per licence year .....	\$25.00
(iii) External Student <sup>4</sup> , per session .....	\$25.00

1 Except non fee-for-service visiting professors

2 HERT Members are not charged a licence fee.

3 Covers any interval at the undergraduate level

- (d) Physician Assistant Register
  - (i) Annual Licence (per licence year) .....\$300.00
  - (ii) Monthly Licence .....\$50.00
- (e) Clinical Assistant Register
  - (i) Annual Licence (per licence year) .....\$300.00
  - (ii) Monthly Licence .....\$50.00

**(4) LATE PAYMENT FEES:<sup>5</sup>**

- (i) Late Payment of Licence Fee
  - Full Annual Licence and Full Monthly Licence:
    - A. Payment during the first 30 days following the due date .....\$200.00
    - B. Per calendar day thereafter .....\$ 50.00
  - Full Annual Licence – Payment in Instalments: The late fee shall apply to each instalment.
    - A. For each instalment, payment during the one month following the due date.....\$200.00
    - B. Per calendar day thereafter .....\$50.00
  - Resident Annual Licence, Category A and Resident Reduced Term Licence
    - A. Payment during the first 30 days following the due date .....\$20.00
    - B. Per calendar day thereafter .....\$5.00
  - Physician Assistant Register:
    - A. For each installment, payment during the one month following the due date.....\$50.00
    - B. Per calendar day thereafter .....\$10.00
  - Clinical Assistant Register
    - A. Payment during the first 30 days following the due date .....\$50.00
    - B. Per calendar day thereafter .....\$10.00
- (ii) Practising Without a Licence<sup>6</sup>
  - per calendar day for each day of the retroactive period .....\$50.00
- (iii) Late Payment of Corporate Renewal .....\$25.00

**(5) NEWSLETTER SUBSCRIPTION FEE (plus GST) .....\$50.00**

**(6) AUDIT FEES:**

- (a) Qualifications Audit (if more than audit is required) .....\$250.00
- (b) Standards Audit (if a re-audit is required within 5 years of initial audit) .....\$300.00
- (c) Interactive Audit.....\$600.00 plus travel costs

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4 External students: Undergraduate and graduate students enrolled in the teaching program of some other University while performing an elective at the University of Manitoba for less than six months.  
 5 Policy: A warning of the daily Late Payment Fee as of October 1 must be included in the letter of notification of the \$200 penalty. For those who have not paid their fees and penalty by September 30, there will be a \$50.00/day additional penalty effective October 1 to reinstate the licence to September 1.  
 6 Applicable only where the Executive approves an amendment of a licence.

THIS IS SCHEDULE F ANNEXED TO AND FORMING PART OF BY-LAW # 1 OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA.

PRIVATE & CONFIDENTIAL

CERTIFICATE OF PROFESSIONAL CONDUCT

ISSUED TO:

REGARDING:

- 1. GRADUATED FROM:
- 2. YEAR GRADUATED:
- 3. QUALIFICATIONS:
- 4. REGISTRATION NUMBER:
- 5. DATE CERTIFICATE OF REGISTRATION ISSUED:
- 6. STATUS OF REGISTRATION:
- 7. REGISTRATION EXPIRY DATE:
- 8. LICENCE STATUS:
- 9. MEDICAL IDENTIFICATION NUMBER FOR CANADA:
- 10. HISTORY OF DISCIPLINARY ACTION INCLUDING CENSURE AS RECORDED ON THE REGISTER<sup>1</sup>:
- 11. HISTORY OF ACTION BY THE INVESTIGATION COMMITTEE PURSUANT TO SECTION 47(1)(d), (e) OR (f) OF THE MEDICAL ACT WHICH THE INVESTIGATION COMMITTEE HAS DIRECTED THE REGISTRAR TO RECORD ON THE CERTIFICATE OF PROFESSIONAL CONDUCT:<sup>1, 2</sup>
- 12. CURRENT INQUIRIES BY THE INVESTIGATION OR COMPLAINTS COMMITTEES AS AT THE DATE OF ISSUE OF THIS CERTIFICATE:
- 13. ANY OTHER INFORMATION RESPECTING THE MEMBER WHICH HAS BEEN REPORTED TO THE COLLEGE AND WHICH IS DEEMED BY THE REGISTRAR TO BE RELEVANT TO THE PRACTICE OF MEDICINE:

DATE OF ISSUE:

REGISTRAR

Not official without signature of Registrar and impression of College seal  
No further entries below

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<sup>1</sup> The By-Laws of the College of Physicians and Surgeons of Manitoba previously permitted a member or former member in certain circumstances to make application to the executive committee for an order: (a) that the member is entitled to have issued a certificate of professional conduct without reference to a censure; and (b) the member is entitled to have issued a certificate of professional conduct without reference to action taken by the investigation committee being recorded on the certificate of professional conduct.

<sup>2</sup> Letters of advice which are the opinion of the investigation committee are not included.

THIS IS SCHEDULE G ANNEXED TO AND FORMING PART OF BY-LAW #1 OF  
THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

## CODE OF CONDUCT

**General Responsibilities**

1. Consider first the well-being of the patient.
2. Treat all patients with respect; do not exploit them for personal advantage.
3. Provide for appropriate care for your patient, including physical comfort and spiritual and psychosocial support, even when cure is no longer possible.
4. Practise the art and science of medicine competently and without impairment.
5. Engage in lifelong learning to maintain and improve your professional knowledge, skills and attitudes.
6. Recognize your limitations and the competence of others and when indicated, recommend that additional opinions and services be sought.
7. In providing medical service, do not discriminate against any patient on such grounds as age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socioeconomic status. This does not abrogate the physician's right to refuse to accept a patient for legitimate reasons nor to confine practice to a specific condition or recognized field of clinical interest.
8. Inform your patient when your personal morality would influence the recommendation or practise of any medical procedure that the patient needs or wants.
9. Provide whatever appropriate assistance you can to any person with an urgent need for medical care.
10. Having accepted professional responsibility for a patient, continue to provide services until they are no longer required or wanted; until another suitable physician has assumed responsibility for the patient; or until the patient has been given adequate notice that you intend to terminate the relationship.
11. Limit treatment of yourself or members of your immediate family to minor or emergency services and only when another physician is not readily available; there should be no fee for such treatment.

**Communication, Decision Making and Consent**

12. Provide your patients with the information, alternatives and advice they need to make informed decisions about their medical care, and answer their questions to the best of your ability.
13. Make every reasonable effort to communicate with your patients in such a way that information exchanged is understood.
14. Ensure that information is available or has been provided to patients so that they know how to obtain care in your absence.
15. Recommend only those diagnostic and therapeutic procedures that you consider to be beneficial to your patient or to others. If a procedure is recommended for the benefit of others, as for example in matters of public health, inform your patient of this fact and proceed only with explicit informed consent or where required by law.
16. Respect the right of a competent patient to accept or reject any medical care recommended.

17. Ascertain wherever possible and recognize your patient's wishes about the initiation, continuation or cessation of life-sustaining treatment.
18. Respect the intentions of an incompetent patient as they were expressed (e.g. through an advance directive or proxy designation) before the patient became incompetent.
19. Treatments that offer no benefit and serve only to prolong the dying process should not be employed. When appropriate, an effort should be made to explain non-provision of futile treatments with patients and families.
20. When the intentions of an incompetent patient are unknown and when no appropriate proxy is available, render such treatment as you believe to be in accordance with the patient's values or, if these are unknown, the patient's best interests.
21. Respect your patient's reasonable request for a second opinion from a physician of the patient's choice.
22. Recognize the need to balance the developing competency of children and the role of families in medical decision-making.
23. Be considerate of the patient's family and significant others and cooperate with them in the patient's interest.
- 23A. When a patient expresses discontent with medical care received from you, the ethical physician will attempt to resolve the issues. If the issues are not resolvable, the physician will provide the patient with information about the role of the College and its complaints process.

### Confidentiality

24. Upon a patient's request, provide the patient or a third party with a copy of his or her medical record, unless there is a compelling reason to believe that information contained in the record will result in substantial harm to the patient or others.
  - 24.1 Will supply, upon the patient's request, the information that is required to enable the patient to receive any benefits to which the patient may be entitled.
25. When acting on behalf of a third party, take reasonable steps to ensure that the patient understands the nature and extent of your responsibility to the third party.
26. Respect the patient's right to confidentiality except when this right conflicts with your responsibility to the law, or when the maintenance of confidentiality would result in a significant risk of substantial harm to others or to the patient if the patient is incompetent; in such cases, take all reasonable steps to inform the patient that confidentiality will be breached.
  - 26.1 Duty to Warn
 

When a patient threatens to cause serious harm to another person or persons and it is likely that the threat will be carried out, the physician must inform the appropriate authority or otherwise ensure that the threatened party is informed.
  - 26.2 When you learn that a deficiency of care has occurred, you should inform the patient and make the responsible physician aware.
    - 26.2.1 If the physician is unresponsive or shows evidence of continuing deficiency, the responsible authority must be informed.
    - 26.2.2 Every member or associate member who reasonably believes that another member or associate member
      - (a) is unfit to practise, incompetent or unethical; or
      - (b) suffers from a mental or physical disorder or illness that may affect his or her fitness to practise, and

continues to practise despite having been counselled not to;  
must disclose that belief to the Registrar, along with the name of the other member or associate member and particulars of the suspected disorder, illness, lack of fitness to practise, incompetency or unethical behaviour.

## The Referral Process

### 27. Definitions:

Primary care is the provision of health care services in response to a patient presenting with a need for any aspect of health care.

Continuing care is the provision of a plan of management for a patient which is developed in response to the individual's specific health care needs and which changes as these needs vary over time. Except where concurrent therapy exists, there will be only one continuing care physician attending the patient.

The primary continuing care provider is the specific physician designated as being responsible for the patient's continuing management (personal physician). In most situations this physician will be a family physician, although in some circumstances the role will be assumed by a specialist such as a paediatrician, gynaecologist, or internist. Except in emergencies, the personal physician or co-therapist shall be the referrer.

Non-physician providers may be the primary health care provider where no alternative exists or for a discrete area of health care. The term "discrete" means that the care is organ or body part specific and within the defined field of competence of a certified health care practitioner to provide primary continuing care.

### 27.1 Transfer of care occurs:

- (a) · when the role of the physician responsible for the ongoing management of the patient is terminated;  
· when a new physician has accepted responsibility for continuing management of that patient.  
There is an ethical obligation for the former to provide information necessary to the patient's ongoing management.
- (b) Another physician may be requested to assume responsibility for a specific program of treatment. At the conclusion of such treatment, a summary of the treatment provided will be given to the referrer if relevant.

### 27.2 Co-therapy is the provision of care by a second individual concurrent to the personal physician.

27.2.1 A physician may continue treatment within the context of consultation. (See 27.3)

27.2.2 A physician may refer a patient to a non-physician health care provider for the administration of an ongoing plan of patient management where:

- 27.2.2.1 a. the focus of the management is organ or disease specific.
- 27.2.2.2 the management is within the competency of the health care provider.
- 27.2.2.3 the physician requests the non-physician health care provider to report to the physician any findings or complications which may have significance relative to the patient's overall well-being.

### 27.3 Consultation

#### 27.3.1 The consultant is any physician from whom a referrer seeks an opinion. The consultant may also be requested to assume treatment. The consultant need not be a specialist.

As referrer, you are the physician responsible for the care of the patient or may be a non-physician responsible for a discrete component of the patient's health care who has specific need of a physician with specific training/expertise with regard to: (i) request for opinion and/or (ii) request to treat.

As referrer, you must provide the physician to whom the patient has been referred with all information which

may help in the patient's treatment and additional information the latter deems useful.

27.3.2 Request for Opinion

In a request for opinion, the referrer is limiting the consultant to the collection of data necessary to the rendering of an opinion to the referrer.

27.3.2.1 As the referrer, you must clearly state relevant information concerning the patient's history and clinical findings, together with the question which is to be addressed.

27.3.2.2 As a consultant, you are acting in the capacity of advisor to the referrer and shall promptly provide the results of the consultation and the appropriate recommendations to the referrer, in writing.

27.3.2.3 Except in an emergency or 27.3.3, you may become the attending physician of a patient only upon the patient's request or authorization.

27.3.3 Request for Opinion and to Treat

The referrer is asking the consultant not only for an opinion but also for treatment to be provided to the patient for the problem specified.

27.3.3.1 You shall address the issue raised by the referrer through history, examination, and investigation.

27.3.3.2 Collect whatever information is relevant to continuing management and advise the referring physician whether you are prepared to continue with treatment. If you agree to continue with treatment, it shall be confined to the specific problem presented. You will obtain additional consultations only when they are clearly indicated to assist or enable comprehensive management of the problem for which the patient was referred.

27.3.3.3 Should you find any unrelated problems, you will bring them to the attention of the referrer for action except where immediate action is clinically indicated or delay will cause the patient economic or physical or mental hardship. In the event of an exception, you will promptly inform the referrer of the circumstances.

27.3.3.4 In the event of previously unrecognized need for mandatory reporting, you may complete the reporting or shall ensure that it is done by the referrer.

27.3.4 The consultant who accepts the role of a treating physician is acting as a concurrent therapist with the personal physician. In such a role the consultant should make reasonable effort to ensure that the family physician is kept informed regarding the patient's progress and in the selection of additional consultants who may be required.

27.4 When you assume the care of a patient during the absence of the attending physician you must, on the availability of the latter, supply any information useful to continue treatment.

27.5 When providing patient services, ensure that you are clearly identified to the patient.

27.6 In an emergency, assist a colleague when the latter so requests.

27.7 Consider the patient's preference in selection of a consultant.

27.8 Acknowledge a patient's right to attend another health care provider.

**Fees**

28. In determining professional or other fees to patients, consider both the nature of the service provided and the ability of the patient to pay.

29. Provide the patient with any explanation necessary for understanding the account.

- 30. Advise the patient in advance to the provision of services and/or any relevant billings:
- 30.1 that a service may be uninsured;
- 30.2 the specific terms and conditions relevant to payment;
- 30.3 any penalties for non-attendance or non-payment;
- 30.4 if payment will be required in advance of a requested, elective, uninsured service.

In no other circumstance require payment in advance.

### **Responsibilities to Society**

- 31. When expressing medical opinions for public consumption you:
  - 31.1 will first communicate to colleagues, through recognized scientific channels, the results of any medical research, in order that those colleagues may establish an opinion of its merits before they are presented to the public.
  - 31.2 when informing the public about services, you shall:
    - 31.2.1 provide information which is factual, exact and verifiable;
    - 31.2.2 not use superlative or comparative adjectives or descriptions regarding the quality of the services, products or personnel referred to in the advertising;
    - 31.2.3 not use testimonials advocating for the personnel referred to in the advertisement;
    - 31.2.4 not use unsuitable, false, misleading or deceptive information;
    - 31.2.5 not promote one's services in a pressing and/or repetitive manner. This is soliciting and is inappropriate.
- 32. Recognize that community, society and the environment are important factors in the health of individual patients.
- 33. Accept a share of the profession's responsibility to society in matters relating to public health, health education, environmental protection, legislation affecting the health or well-being of the community, and the need for testimony at judicial proceedings.
- 34. Recognize the responsibility of physicians to promote fair access to health care resources.
- 35. Use health care resources prudently.
- 36. Refuse to participate in or support practises that violate basic human rights.
- 37. Recognize a responsibility to give the generally held opinions of the profession when interpreting scientific knowledge to the public; when presenting an opinion that is contrary to the generally held opinion of the profession, so indicate.

### **Responsibilities to the College**

- 38. When practising shall use only the professional name registered with the College and shall display such name prominently in office signage and exclusively in registries, advertising and telephone directories. An alternative name may be used only with the written approval of the College.
- 39. When reproducing the graphic symbol of the College for advertising purposes, must ensure that the reproduction is accurate and that the approval of the College is given for any use.
- 40. Shall reply promptly in writing to any request from the College.

### **Responsibilities to the Profession**

- 41. Recognize that the self-regulation of the profession is a privilege and that each physician has a continuing responsibility to merit this privilege.
- 42. Teach and be taught.

43. Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authority any unprofessional conduct by colleagues.
44. Be willing to participate in peer review of other physicians and to undergo review by your peers.
45. (a) Enter into associations only if you can maintain your professional integrity.  
(b) Shall only offer to a colleague a contract which has terms and conditions equitable to both parties. When that contract involves the provision of medical services, both parties shall make a reasonable effort to comply with the requirements to provide the services and shall withdraw them only with appropriate notice and/or the agreement of all parties to the contract.
46. Avoid promoting, as a member of the medical profession, any service (except your own) or product for personal gain.
47. Do not keep secret from colleagues the diagnostic or therapeutic agents and procedures that you employ.
48. Collaborate with other physicians and health professionals in the care of patients and the functioning and improvement of health services.

**Responsibilities to Oneself**

49. Seek help from colleagues and appropriately qualified professionals for personal problems that adversely affect your service to patients, society or the profession.

**Clinical Research**

50. Ensure that any research in which you participate is evaluated both scientifically and ethically, is approved by a responsible committee and is sufficiently planned and supervised that research subjects are unlikely to suffer disproportionate harm.
51. Inform the potential research subject, or proxy, about the purpose of the study, its source of funding, the nature and relative probability of harms and benefits, and the nature of your participation.
52. Before proceeding with the study, obtain the informed consent of the subject, or proxy, and advise prospective subjects that they have the right to decline or withdraw from the study at any time, without prejudice to their ongoing care.

**Financial**

53. Do not enter any agreement where a reward, direct or indirect, is associated with the volume of your work, your referrals, your orders, or your fees.
54. Refrain from accepting any gift from a patient of a substantial nature, whether monetary or in the form of property with significant commercial value, but may receive token gifts.
55. Avoid any inappropriate personal benefit in ordering drugs, appliances or diagnostic procedures from any facility in which you have a financial interest.
56. Refrain from accepting any unwarranted material benefit in the practise of your profession.
57. Refrain from obtaining an unwarranted material benefit for a patient.
58. Refrain from paying any form of rebate to a patient which is not generally available to the public and do not offer any material inducement other than competitive pricing.

59. For other clinical situations where appliances are indicated, the physician should provide a prescription so that the patient may obtain these appliances from the supplier of choice.
60. It is inappropriate for a physician to assess a fee in advance for future uninsured services."

THIS IS SCHEDULE "H" ANNEXED TO AND FORMING PART OF BY-LAW NO. 1 OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

**THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA**

I, Dr. \_\_\_\_\_, an applicant for membership in the College of Physicians and Surgeons of Manitoba ("the College"), hereby undertake to the College as follows:

1. **Prior to commencing medical practice in Manitoba**, I will comply with the requirements respecting professional liability coverage as set forth in s. 13 of Regulation 25/03.7
2. Within 30 days of the date of signing this undertaking I will provide a declaration to the College that I have complied with the professional liability coverage requirements of Regulation 25/03.
3. While I remain licenced or authorized to practise medicine in Manitoba, I will continuously comply with the professional liability coverage requirements as set forth in Regulation 25/03.
4. I hereby authorize the CMPA or my professional liability insurer to provide to the College any and all information it may request respecting my CMPA membership or my insurance coverage, including, but not limited to, the date of expiry of such membership or insurance coverage, the amount of liability coverage, and a copy of the policy.
5. If my membership in the CMPA or my insurance coverage should lapse or be revoked, I hereby authorize the CMPA or the insurer to notify the College of that fact.
6. The authority for release of information contained in this undertaking is irrevocable.
7. This undertaking shall remain in effect until it is modified, in writing, or rescinded, in writing, by the College.
8. A breach of this undertaking shall constitute an act of professional misconduct and may be grounds for disciplinary action against me.

Signed by me at the \_\_\_\_\_ of \_\_\_\_\_, in the Province of Manitoba, this \_\_\_\_\_ day of \_\_\_\_\_ 200 .

WITNESS

DR.

17 Regulation 25/03, s. 13 states:

**Professional liability insurance**

- 13(1) Every licensed member must possess and maintain professional liability coverage that extends to all areas of the member's practice, through either or both of:
- (a) membership in the Canadian Medical Protective Association;
  - (b) a policy of professional liability insurance, issued by a company licensed to carry on business in the province, that provides coverage of at least \$10,000,000.
- 13(2) When applying for a licence or a renewal of a licence, an applicant must sign a declaration that he or she complies with subsection (1).
- 13(3) A licensed member must keep available in his or her office, for inspection by the College, evidence that he or she complies with subsection (1).
- 13(4) Subsection (1) does not apply to a licensed member
- (a) who is not a resident of Manitoba and who is not providing medical service to any patients in Manitoba; or
  - (b) who provides written evidence, satisfactory to the college, from his or her employer that
    - a. the licensed member is only providing medical service to other employees of the employer, and not to any members of the public, and
    - b. any professional liability claim made against the licensed member will be covered by the employer or the employer's insurer.

THIS IS SCHEDULE "I" ANNEXED TO AND FORMING PART OF BY-LAW NO. 1 OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA.

**THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA**

I, Dr. \_\_\_\_\_ a member of the College of Physicians and Surgeons of Manitoba ("the College"), hereby declare to the College the following:

I. Choose one of A, B, or C:

- A. I have professional liability coverage that extends to all areas of my practice through one or both of:
  - a. membership in the Canadian Medical Protective Association ("CMPA") and my membership number is \_\_\_\_\_,
  - b. a policy of professional liability insurance issued by a company licenced to carry on business in Manitoba, that provides coverage of at least \$10,000,000.00.

Name of insurer \_\_\_\_\_  
 Address of insurer \_\_\_\_\_  
 \_\_\_\_\_  
 Policy Number \_\_\_\_\_

AND I hereby undertake to the College as follows:

1. While I remain licenced or authorized to practise medicine in Manitoba, I will continuously maintain membership with the CMPA or maintain professional liability insurance in accordance with s. 13(1) of Regulation 25/03.8
2. I hereby authorize:
  - a. the CMPA to provide to the College satisfactory proof of my membership and history of my membership in CMPA.
  - b. the CMPA to notify the College if my membership in the CMPA should lapse or be revoked.
  - c. my professional liability insurer to provide to the College any and all information it may request about my insurance coverage, including, but not limited to, the date of expiry of such insurance coverage, the amount of liability coverage, and a copy of the policy.
  - d. my professional liability insurer to notify the College if my policy should lapse or be revoked.
3. The authority for release of information contained in this undertaking is irrevocable.

OR

8 Regulation 25/03 states:

**Professional liability insurance**

- 13 (1) Every licensed member must possess and maintain professional liability coverage that extends to all areas of the member's practice through either or both of
  - (a) be a member of the Canadian Medical Protective Association; or
  - (b) carry a policy of professional liability insurance, issued by a company licensed to carry on business in the province, that is acceptable to the College.
- 13(2) When applying for a licence or a renewal of a licence, an applicant must sign a declaration that he or she complies with subsection (1).
- 13(3) A licensed member must keep available in his or her office, for inspection by the College, evidence that he or she complies with subsection (1).

B. I am not resident of Manitoba and I am not providing medical service to any patients in Manitoba. I undertake to notify the College and to obtain professional liability coverage in accordance with the requirements of s. 13 of Regulation 25/03 before I begin to provide medical service to any patients in Manitoba.

OR

C. Attached is written confirmation by my employer that I am providing medical service only to other employees of my employer and not to any member of the public, and any professional liability claim made against me will be covered by my employer or by my employer’s liability insurer. I undertake to notify the College and to obtain professional liability coverage in accordance with the requirements of s. 13 of Regulation 25/03 before I provide medical service to any member of the public who is not another employee of my employer.

II. This undertaking shall remain in effect until it is modified, in writing, or rescinded, in writing, by the College.

III. A breach of this undertaking shall constitute an act of professional misconduct and may be grounds for disciplinary action against me.

Signed by me at the City/Town of \_\_\_\_\_, in the Province of Manitoba, this \_\_\_\_\_ day of \_\_\_\_\_ 200 .  
circle one

\_\_\_\_\_  
DR.

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