



2018 ANNUAL REPORT



THE
COLLEGE OF
PHYSICIANS
& SURGEONS
OF MANITOBA

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OUR MANDATE

The College's mandate is to protect the public as consumers of medical care and promote the safe and ethical delivery of quality medical care by physicians in Manitoba.

THE ROLE OF THE COLLEGE

AUTONOMOUS SELF-REGULATION OF THE MEDICAL PROFESSION

Every member of the medical profession shares the responsibility of self-governance and ensuring that appropriate standards of clinical practice and ethical conduct are followed. Membership in the College is mandatory for all physicians seeking to practice medicine in Manitoba. The jurisdiction of the College extends to its members and associate members, including medical students, physician assistant students, residents, physician assistants and clinical assistants.

The College achieves this goal primarily through the performance of its three core functions:

- Registration
- Standards
- Complaints and Investigation

Funding for these core functions comes almost entirely from fees paid by members. The College is separate and distinct from professional associations of physicians such as Doctors MB.

SAFE AND ETHICAL MEDICAL CARE

The College establishes registration and licensure requirements to ensure that all members are eligible for licensure. Standards of professional conduct and clinical practice are established through the creation of a Code of Ethics and Standards, against which performance of members is measured and objectives of good patient care met. The College has the authority to take action where a member practices in a manner that is ethically and/or clinically unacceptable.

LEADERSHIP FOR QUALITY CARE

The College provides leadership for quality medical care by diligently performing its core functions and through participating in many related activities such as patient safety conferences and quality assurance programs. It promotes regional equality in standards of physician care.

PUBLIC CONFIDENCE IN THE MEDICAL PROFESSION

Responding appropriately to complaints from the public is essential. The College considers the doctor/patient relationship to be the cornerstone of quality medical care. When things go wrong and a patient seeks help, the College strives to assist the patient, preserving the doctor/patient relationship where possible. As part of its mandate to protect the public, the College has the authority to formally investigate complaints and discipline its members.

PROVISION OF RESOURCES TO PHYSICIANS FOR ADVICE ON ETHICS, STANDARDS AND QUALITY ISSUES

The College communicates its formal position relating to the interpretation of The Medical Act, Regulations, Code of Ethics and By-Laws. The College also provides advice to members in its regularly published Newsletter. Members who have specific questions or concerns are encouraged to contact the College directly.



LETTER FROM THE PRESIDENT

PRESIDENTS OF REGULATORY COLLEGES IN CANADA TEND TO SPEAK OF CHANGE AND SAFETY IN THEIR ANNUAL REPORTS. Those themes apply to all of us as physicians in Manitoba. Two other equally important themes I would like to introduce are abiding qualities we can draw on each day: **respect** and **gratitude**.

Today, we, physicians, form a link in a 2000-year tradition of Hippocrates, of placing the patient's needs first and foremost. This has been captured in the phrase, first comfort, then help heal. When we work from that perspective problems related to the details of our work are often solved.

Asking yourself “Am I maintaining a respectful relationship with my patients?” is a terrific start to each encounter. If the answer is “yes” proceed to do what you do best. If the answer is “no” then take a moment for self-reflection. Ask yourself, “What is happening?” “How is it that I am not sure?” If you are uncertain be prepared to share your doubt with a colleague. Sharing this doubt has a powerful effect on what may be happening. What can I do to strengthen my respect for this patient?

In his book, *7 Habits of Highly Effective People*, Stephen Covey described how he examined more closely his criticism of a person. He sought to learn more about her life. This led to a change in the relationship, much for the better.

In my work, in child and adolescent psychiatry, the need for respect surfaces quickly in some interviews. Youth may say “I get no respect.” As a physician, you might ask yourself whether you are contributing to this complaint.

Another aspect of respect is the need to maintain healthy personal boundaries. The test of this includes asking yourself “Is my relationship with this patient something I can speak about with a colleague?” If you can’t, that may be a valuable clue to understand your uncertainty about whether you have a respectful relationship with your patient.

The second quality we can address each day is gratitude. As I was reminded recently, ask yourself what is the first word you say each day? Try “thank you”. We can all be thankful for another day in this great land with our social supports, education system, and health care. We can also be thankful these qualities were developed by those who have gone before us. Yes, there are imperfections here, but there is reason to be thankful, grateful, for all we enjoy. All around the world people wish to move here for what we may forget to recognize with a simple “thank you”.

Gratitude is a perspective on life and work that says the glass is half full. Gratitude reminds us we have work to do in helping make things better for those who follow. As physicians in Manitoba, we are very fortunate to have a social structure that supports health care for all. This is not the case in many parts of the world. Gratitude is a practice enhancer and when it is combined with respect for our patients we are ready for what life delivers each day.

Thank you for the honour to be your College President for these two years. It is a privilege to work at the College of Physicians & Surgeons of Manitoba on your behalf, always with the safety of care in mind.



Sincerely

Eric Sigurdson, MD MSc FRCPC

PRESIDENT



LETTER FROM THE REGISTRAR

IT HAS BEEN A VERY BUSY AND EXCITING YEAR AT THE COLLEGE.

We continue to monitor and address certain issues we had embarked on during the last fiscal year. Our Standards of Practice By-law 11, Schedule M - ***Medical Assistance in Dying (MAID)*** was reviewed after some Federal Legislation changes. We felt that our current Standard of Practice was still very much in line with what we would expect from our members when caring for their patients at the end of life stage.

We continue to work with government on the issue of After Hours Care and are part of an **Extended After Hours Care Working Group** committed to implementing demonstration projects in both Winnipeg and rural Manitoba. We expect the collaboration work on this issue to continue so we can find a balance for members and patients to have options for care after hours.

Several new projects have kept staff at the College very busy over the last year. Several of these initiatives are further highlighted later in this annual report.

Our new **Quality Improvement Program** is an exciting new initiative for the College. The program was approved by Council and will be implemented in January 2019. A pilot project has been set up that will begin this fall.

With the opioid crisis escalating across the country and within our province, the College felt it was important to have a **Standard of Practice for Prescribing Opioids** for our members. A working group was struck to review the prescribing of opioids by members which resulted in a new Standard of Practice. As the College Registrar and a practicing physician, I believe the Standard falls appropriately in the right balance of achieving safe and effective prescribing practices that physicians will be able to follow.

After almost 10 years of work and preparation, the College will come under **The Regulated Health Professions Act (RHPA)** in January 2019. It has been a long road to get to this point. Preparation by the College is now taking place so all will be ready for January 2019. The new RHPA will bring several changes in the way the College operates. Under the RHPA **a license will become a certificate of practice**, like every other regulated health profession. While numerous changes will occur at the College level, your practice of medicine will remain relatively unchanged.

iMIS - the new member data base has been a major IT project that the College embarked on early in the year with the hope we would go live in January 2018. As with all IT projects there are setbacks and we were no different. However, with the support of the dedicated and hardworking staff we have at the College, iMIS went live on July 16, 2018 and although we still have some adjustments to make all is going relatively well. I want to thank the staff for all their hard work and you the members for your understanding if staff were not as quick to respond to your inquiries as they usually are.

We will continue to update you on these important projects that the College is involved with through the College Newsletter as we strive to enhance our communication with our members.



At the College we strive to find a balance for our members and at the same time provide optimal care for Manitobans.

Sincerely

Anna Ziomek, MD

REGISTRAR

STANDARD OF PRACTICE FOR PRESCRIBING OPIOIDS



There is a need for the College to have a Standard of Practice for physicians who prescribe opioids to patients.

A public health crisis of prescription (and non-prescription) opioid misuse has developed in part due to the prescribing by physicians. The profession has a collective responsibility to mitigate its contribution to the problem of prescription opioid misuse.

A Working Group was gathered composed of representatives from:

- College of Physicians and Surgeons of Manitoba
- Pain Clinic
- Psychiatry
- Addiction Medicine
- Manitoba College of Family Physicians
- College of Registered Nurses
- College of Pharmacists
- College of Dentists

The Working Group was convened to draft recommendations to Council on opioid prescribing through a draft Standard of Practice for Opioid Prescribing. The areas of specialty were chosen for their diverse knowledge of and clinical experience with opioids.

The Standard is so much stronger and a much better document having heard and received input from the diverse professional opinions.

Recognizing that different categories of patients require a different approach to prescribing

opioids, the Standard differentiates prescribing opioids by the following patient categories:

- Acute or post-operative analgesia patients
- Initial trial for non-acute non-cancer pain in opioid naïve patients
- Patients new to a member's practice and already taking opioids for a significant period of time
- Patients currently prescribed more than 90 mg morphine equivalent per day
- Adolescents
- Continued prescribing of opioids for patients with non-cancer pain

This is the only standard in Canada that provides physicians with a differentiation by patient category. It is also the only standard that includes provisions for adolescents. These patient differentiations should enable physicians to quickly access the relevant provisions for their patient.

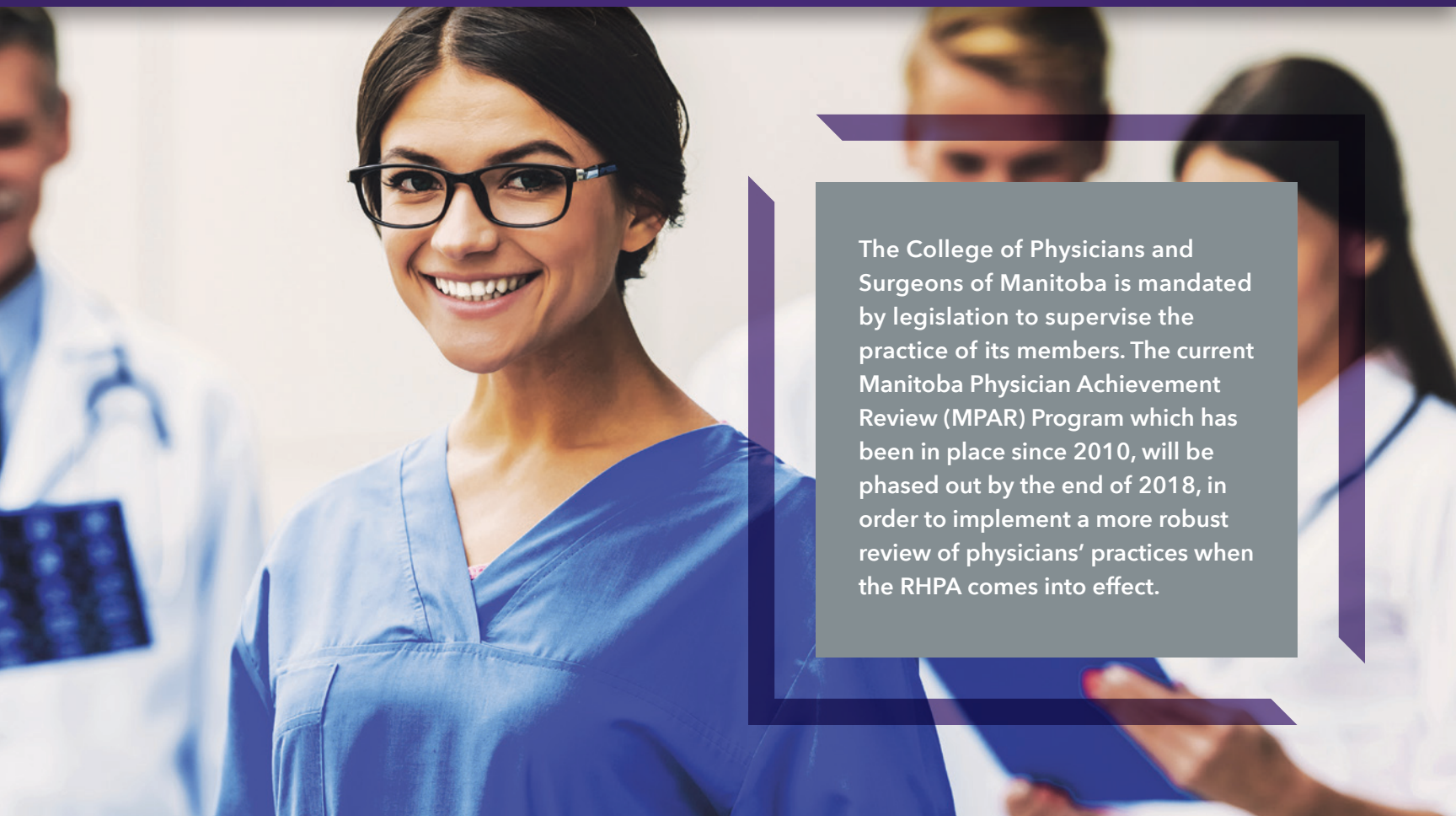
The Working Group has relied partially upon the strong recommendations in the 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain, published by the National Pain Centre at McMaster University. Several other regulators

have established similar Standards of Practice, including British Columbia, which was also influential with the Working Group.

As a Standard of Practice, this is a mandatory requirement of expected conduct of all members. Standards of Practice are normative, describing how a practitioner is to practice, at a minimum, as evidenced by their observable behaviour and actions. The Standard uses the language of "shall" which is imperative, not the permissive "may". The Standard is established to regulate the quality of practice by the members of the College, and will be used to assist members in their practice. Additionally, the Standard will be used for assessing physician performance in peer review processes or in complaints and investigations.

The Working Group met on several occasions and reviewed drafts of this Standard of Practice. The members of the Working Group were very active in their participation and passionate in expressing their opinions professionally. Differences of opinion arose, partially along the lines of practices, that precluded consensus being achieved on every provision in this Standard. The Standard is so much stronger and a much better document having heard and received input from the diverse professional opinions.

CPSM'S QUALITY IMPROVEMENT PROGRAM



The College of Physicians and Surgeons of Manitoba is mandated by legislation to supervise the practice of its members. The current Manitoba Physician Achievement Review (MPAR) Program which has been in place since 2010, will be phased out by the end of 2018, in order to implement a more robust review of physicians' practices when the RHPA comes into effect.

The purpose of the College QI program is to encourage continuing quality improvement activities and continuing practice improvement by its members. This will help ensure the provision of safe medical care to Manitobans. As well, it will provide a new mechanism for the CPSM to interact with members to gather detailed information about their practice, to encourage them to reflect on this information, and to plan their continuing professional development (CPD) around needs they identify in their practice. Over time, this should lead to improved care for their patient populations. Lifelong learning is ideally related to each of our practices, and makes it easier for us to serve our patients and communities.

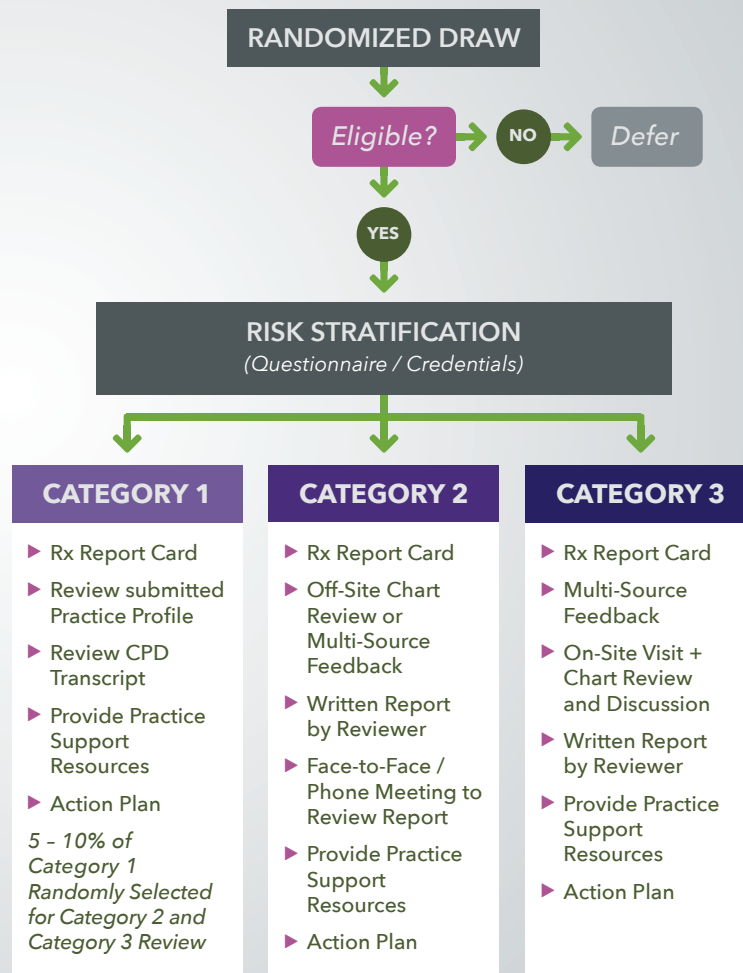
THE GOALS OF THE PROGRAM ARE:

- to be meaningful to its members and the public
- to be educational in nature, collegial and non-invasive
- to promote quality improvement throughout the span of a member’s career
- to fulfill the legal and ethical responsibility of the College
- to be reproducible, and comparable with other programs nationally

The program will operate on a seven-year cycle. All participants will be required to provide in-depth information about their practice, and their CPD. It will introduce an element of peer review to Manitoba; other jurisdictions have used peer review for many years. Some participants will undergo offsite chart reviews, multisource feedback, and/or onsite office visits. All participants will be required to identify one or more challenges in their practice, and to develop a plan to address those needs. All participants will receive feedback and practice support resources.

The first group of physicians to participate will be a group of family physicians. This will occur in the fall of this year. Feedback from participants and reviewers will be sought for program improvement.

QUALITY IMPROVEMENT PROGRAM



CPSM'S PHYSICIAN HEALTH PROGRAM



In January 2016, the College of Physicians and Surgeons of Manitoba created a Physician Health Committee (PHC). The primary responsibility of the PHC is the operation of the College's Health Program.

The Program's objectives include the early identification and monitoring of a member who has a health issue which has the potential to adversely impact the member's ability to practice medicine safely. This includes collaborating with the member and the member's care givers to create an environment where the member can practice medicine safely.

The Health Program adopts a remedial approach to addressing a member's health issues. Part of the Program's mandate is to assist members with making decisions to ensure they are able to continue to provide good patient care, and to facilitate a solution to their health care challenges.

This proactive and facilitative approach focuses on enabling members to either continue or resume providing valuable service and safe care to their patients.

Members are required to report significant health problems to the College so that the College is aware of the issues and can take appropriate steps to provide remedial support to our members, while fulfilling our mandate of protecting the public.

The College recognizes that making such a report is a very difficult part of the responsibility that members bear as a member of a self-governing profession, particularly where the fellow member is a patient. Every report is treated confidentially.

THE MANITOBA QUALITY ASSURANCE PROGRAM



The Council of the College of Physicians and Surgeons of Manitoba has appointed a Program Review Committee to investigate and inspect all diagnostic facilities. The Committee's primary function is to oversee the work of the Manitoba Quality Assurance Program (MANQAP).

MANQAP is the provincial accreditation agency and is responsible for assuring the quality and safety of diagnostic services in Manitoba. The role of MANQAP is to provide standards, inspect diagnostic facilities, and monitor compliance for accreditation. These standards reflect an international level of best practices for the delivery of diagnostic services to patients. Compliance to all relevant standards is required before the Committee will grant full accreditation and issue a certificate of accreditation.

MANQAP is part of the Western Canadian Diagnostic Accreditation Alliance which includes sister programs in Alberta and Saskatchewan. These provincial programs share standards, inspectors and expertise.

Total number of Facilities

	Laboratory Medicine <i>(Includes Patient Service Centres and Transfusion Medicine)</i>	Diagnostic Imaging <i>(Includes Radiology, Ultrasound, Computed Tomography and MRI)</i>
Total number of Facilities	224	163
Full Accreditation	151	141
Conditional Accreditation	25	22
In process of obtaining Accreditation	48	0

Activity from 1 April 2017 to 31 March 2018

	Laboratory Medicine <i>(Includes Patient Service Centres and Transfusion Medicine)</i>	Diagnostic Imaging <i>(Includes Radiology, Ultrasound, Computed Tomography and MRI)</i>
Number of Accreditation Inspections	52	30
Number of Inspection to open a facility	7	21

PHYSICIAN RESOURCE STATISTICS 2018



MEETINGS

DURING THE PERIOD 1 MAY 2017 TO 30 APRIL 2018, THE FOLLOWING MEETINGS WERE HELD

4 Council: 23 June, 29 September, 15 December 2017; 16 March 2018

6 Executive Committee: 23 June, 25 July, 29 September, 11 October, 15 December 2017; 26 February 2018

2 Appeal Committee: 31 May, 22 November 2017

8 Complaints Committee: 30 May, 22 August, 26 September, 02 November, 04 December 2017; 09 January, 13 February, 27 March 2018

4 Audit / Risk Management Committee: 30 May, 21 August, 20 November 2017, 20 February 2018

2 Inquiry Panel: 17 October 2017; 09 February 2018

6 Investigation Committee: 21 June, 13 September, 08 November, 13 December 2017; 14 February, 25 April 2018

4 Program Review Committee: 25 May, 06 September, 22 November 2017, 14 February 2018

3 Physician Health Committee: 17 May, 01 November 2017; 26 January 2018

4 Standards Committee: 26 May, 6 October 2017; 12 January, 06 April 2018

IN ADDITION:

- 5 meetings of Child Health Standards Committee
- 3 meetings of Maternal & Perinatal Health Standards Committee
- 15 meetings of Area Standards Committees
- 3 meetings of Physician Practice Enhancement Committee
- 3 Non-hospital reviews
- 5 Off-site inspections

CERTIFICATES OF REGISTRATION ISSUED

During the period 1 May 2017 to 30 April 2018, 228 persons were issued registration and a full licence to practise. In total there were 252 certificates issued of which 23 were for a resident licence, 1 did not practise here.

Medical Practitioners Granted Registration and Full Licence Annually in Manitoba										Country of Qualification
Year	Manitoba	Canada	USA	UK & Ireland	Europe	Asia	Australia	Africa	Central / South America	Total
2017	68	38	0	8	8	40	2	16	7	187
2018	71	50	2	10	11	45	8	19	12	228

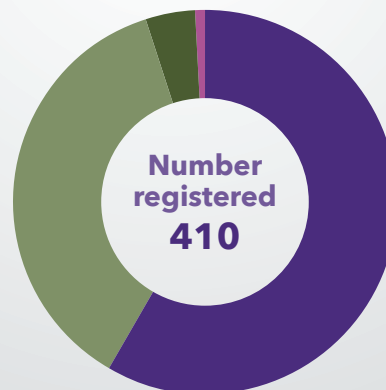
APPLICATIONS FOR REGISTRATION RECEIVED & THEIR DISPOSITION

NUMBER OF APPLICATIONS RECEIVED: **556**

Did meet the requirements, not yet registered: **12**

Did not meet the requirements: **11**

Unknown at time of report whether or not met the requirements: **123**



- 240** On the Educational Register
- 150** On the MB Medical Register (of which 20 were conditional)
- 17** Clinical Assistants
- 3** Physician Assistants

410 TOTAL

SPECIALIST REGISTER

There were 1480 specialists enrolled on the Specialist Register as at 30 April 2018.

2902 LICENSED PRACTITIONERS IN MANITOBA AS AT 30 APRIL 2018

Number of Licensed Medical Practitioners in Manitoba 2009-2018

Year	Winnipeg	%	Outside Winnipeg	%	Total	Net Gain Net Loss(-)
2009	1788	75.1	594	24.9	2382	57
2010	1839	77.1	576	22.9	2415	33
2011	1870	75.7	602	24.3	2472	57
2012	1931	76.1	607	23.9	2538	66
2013	1979	76.1	620	23.9	2599	61
2014	2055	76.6	627	23.4	2682	83
2015	2116	77.0	632	23.0	2748	66
2016	2122	76.7	646	23.3	2768	20
2017	2174	77.0	650	23.0	2824	56
2018	2215	76.33	687	23.7	2902	78

The total of 2902 includes 57 fully licensed residents.

Geographic Distribution of Female Practitioners

	Winnipeg	Rural	Total	Resident Licence
1982	213	52	265	51
2018	819	257	1076	16

- ▶ **37.1%** of fully licensed physicians are female.
- ▶ **37.4%** of practitioners in Winnipeg are women, **33.1%** in Brandon and **36.9%** in rural Manitoba.
- ▶ **61.5%** of those with a residency licence are female.

During the past 36 years there has been an increase of:

+ 606 Female Practitioners in Winnipeg

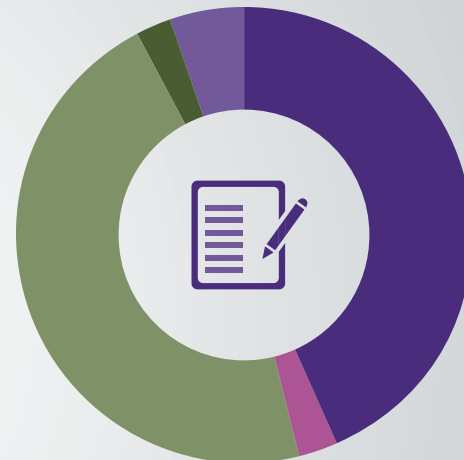
+ 39 Female Practitioners in Brandon

+ 166 Female Practitioners in the remainder of the province



EDUCATIONAL REGISTER 2018

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



■	480	Medical Students	(43.6%)	} 1019 <i>Total on Educational Register</i> (92.5%)
■	31	Physician Assistant Students	(2.8%)	
■	508	Postgraduate trainees	(46.1%)	
■	26	On Resident Licence	(2.3%)	
■	57	Full Licence	(5.2%)	
1102 TOTAL			(100%)	

DISTRIBUTION OF PRACTITIONERS

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

Distribution of Medical Practitioners by Country of Qualification

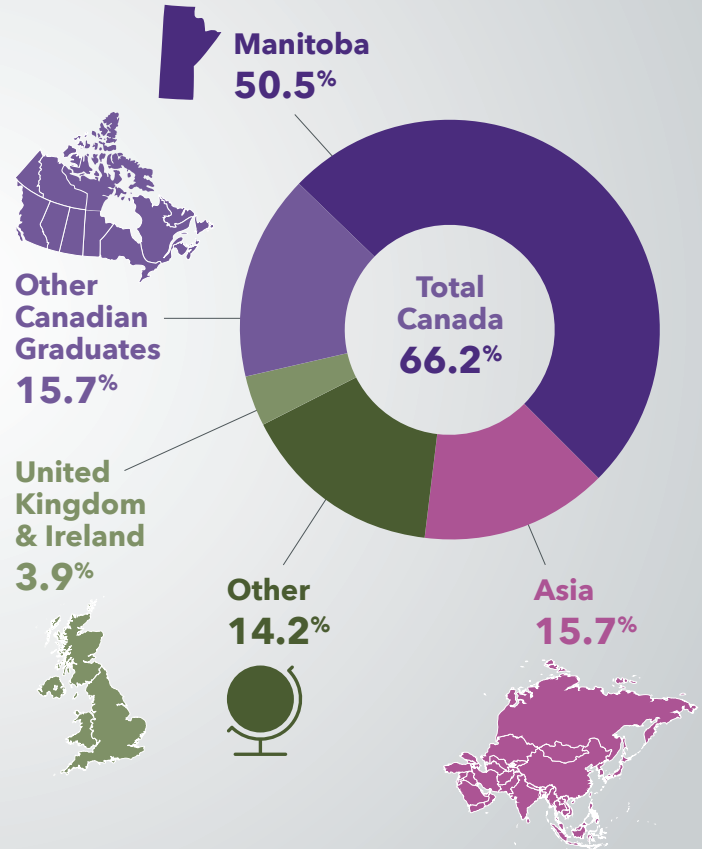
as at 30 April 2018 (as a percentage)

%	Winnipeg	Brandon	Rural	Resident
Manitoba	54.2	28.4	41.0	42.3
Canada	17.3	16.2	9.1	34.6
Total Canada	71.5	44.6	50.1	76.9
USA	0.5	0.7	0.6	0.0
UK & Ireland	3.5	2.7	5.9	3.9
Europe	4.0	3.4	3.3	3.9
Asia	12.3	29.1	26.0	7.7
Australia/NZ	0.6	1.4	1.5	3.9
Africa	5.2	14.2	10.2	0.0
South America	2.4	4.1	2.4	3.9

Percentages may not be exact due to rounding.

QUANTITY	2215	148	539	26
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Percentage of Medical Practitioners in Manitoba as to Country of Qualification 2018

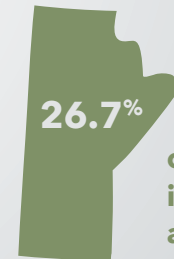




Ages of Doctors Residing in Manitoba AS AT 30 APRIL 2018

	Winnipeg		Brandon		Rural		Total	
Over 70	135	(6.1)	10	(6.8)	20	(3.7)	165	(5.7)
65 - 70	182	(8.2)	9	(6.1)	41	(7.6)	232	(8.0)
56 - 64	474	(21.4)	40	(27.0)	90	(16.7)	604	(20.8)
46 - 55	590	(26.6)	41	(27.7)	134	(24.9)	765	(26.4)
36 - 45	590	(26.6)	32	(21.6)	153	(28.4)	775	(26.7)
31 - 35	210	(9.5)	13	(8.8)	73	(13.5)	296	(10.2)
30 or under	34	(1.5)	3	(2.0)	28	(5.2)	65	(2.2)

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



**of Doctors
in Manitoba
are Age 36 - 45**



ADDITIONS AND DELETIONS

FROM 1 MAY 2017 TO 30 APRIL 2018

Additions and Deletions 2018

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

ADDITIONS	2018	DELETIONS
Age		
55	30 or under	13
109	31 - 35	60
165	36 - 45	120
48	46 - 55	47
12	56 - 64	24
8	65 - 70	29
3	over 70	29
400		322

Deaths or Deletions	2018
Deaths	6
Transferred to Residency Licence	10
Removed from Register / Suspended	2
No Longer Practising/Retired	41

Departures To	
Atlantic Provinces	3
Quebec	6
Ontario	55
Saskatchewan	7
Alberta	18
British Columbia	57
NWT/NU	0
USA	6
United Kingdom & Ireland	0
Others / Unknown	111
TOTAL	263



Total Canadian
Departures
146

CERTIFICATES OF PROFESSIONAL CONDUCT (COPC)

During the period 1 May 2017 to 30 April 2018, 671 COPCs were issued. These are usually required for the purposes of obtaining registration in another jurisdiction. The following table indicates the purposes for which the certificates were issued and a comparison with 2017.

Provincial Licensing Bodies	2018	2017
British Columbia	162	147
Alberta	102	121
Saskatchewan	16	28
Ontario	88	86
Quebec	7	6
Prince Edward Island	4	1
New Brunswick	2	7
Nova Scotia	21	22
Newfoundland / Labrador	13	13
Northwest Territories / Nunavut	16	12
Yukon	2	1
Australia & New Zealand	6	6
Overseas / Other	52	51
USA	38	24
MB Healthcare Providers Network <i>(formerly Health Workforce Secretariat)</i>	74	64
RHAs <i>(previously combined with HWS)</i>	44	64
CFPC	24	29
TOTAL	671	683



COMPLAINTS COMMITTEE

MAY 1, 2017 TO APRIL 30, 2018

I. MEETINGS:

The Panels of the Complaints Committee met 8 times during this fiscal year: May 30, August 22, September 26, November 2, December 4, 2017, January 9, February 13 and March 27, 2018.

II. STATISTICAL SUMMARY:

A. TOTAL COMPLAINTS CONSIDERED

1. Outstanding Cases as at April 30, 2017	65
2. Cases received during this fiscal year	174
TOTAL	239
3. Cases outstanding as of April 30, 2018	66
4. Total cases closed during this fiscal year	173

B. SOURCE OF COMPLAINT

(for the 174 new cases received):

Patient/legal guardian/legal representative	164
Registrar (College)	8
Other	2

C. RESOLUTION OF THE 173 CASES CLOSED:

No Further Action	89
Advice/Criticism	47
Resolved by Correspondence by Medical Consultant	8
Complaint Referred to Investigation Committee*	23
Complaint Referred to Standards Committee	0
Withdrawn cases	6
Abeyanced	0

*does not include Registrar referrals directly to IC or ADR's

D. ALTERNATE DISPUTE RESOLUTIONS (ADR'S)

Not included in numbers above	3
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INVESTIGATION COMMITTEE

The Investigation Committee met 6 times over the period May 1, 2017 to April 30, 2018 and received a total of 99 new cases during that period, from the following sources:



* **Of the 52 appeals:** 9 (17%) appealed the IC decision to Appeal Committee. [Last year, 12/25 (48%) appealed the IC decision to Appeal Committee]. 25 of the 52 matters appealed to the Investigation Committee this year were from one complainant. At the time of completing this report, the complainant's right to appeal the decisions of the Investigation Committee had not elapsed.

The Investigation Committee closed 86 cases during the period May 1, 2017 to April 30, 2018 with the following dispositions:

1. **Closed - No Formal Action:**
 - with Letter of Criticism/Advice **26**
 - no further action and/or concur with Complaints Committee **44**
2. **Undertakings**
 - Self-Directed Learning **3**
 - Professional Boundaries Program **1**
 - Practice Restrictions **0**
 - Retire **0**
 - Other **1**
3. **Censure** **0**
4. **Referred to Inquiry** **10***
5. **Referred to Standards** **0**
6. **Withdrawn** **1**
7. **Other** **0**

* **6 of the 10 matters** referred to Inquiry involve 1 physician and will be amalgamated into 1 hearing.



INQUIRY COMMITTEE

The Inquiry Panel met 2 times between May 1, 2017 and April 30, 2018.

STATISTICAL SUMMARY

- A. Inquiries completed during this fiscal year **1**
- B. Matters pending before the Inquiry Committee **3**

APPEAL COMMITTEE

There were 8 appeals of Investigation Committee decisions to the Appeal Committee.

DISPOSITION OF CASES REVIEWED BY APPEAL COMMITTEE:

- Confirmed Investigation Committee Decision **8**
- Varied Decision of Investigation Committee **0**
- Referred back to Investigation Committee **0**
- Referred to Standards Committee **0**
- Appeals open as of April 30, 2018 **6**

Of the 8 concluded appeals: 6/8 were Complaints Committee Appeals to IC

The following is the length of time taken to conclude the 86 cases closed by the Investigation Committee:

• 0 - 3 months:	5
• 4 - 6 months:	26
• 7 - 9 months:	6
• 0 - 12 months:	30
• Greater than 1 year:	19
TOTAL:	86

31/86 or 36% of cases were finalized within 6 months.
(Last year, 52% of cases were finalized within 6 months.)

Age of the 62 cases remaining open at the end of this fiscal year.

• older than one year:	11
• between 10-12 months old:	2
• between 7-9 months old:	8
• between 4-6 months old:	11
• between 0-3 months old:	30

41/62 or 66% are between 0-6 months old. Of the 11 cases older than one year, 10 are related to 7 physicians, with complex matters. The remaining case is abeyanced pending the outcome of a criminal matter.

BYLAW CHANGES

BYLAW 1

- Article 1** Definitions - Amendment to faculty
Article 3 Amend signing authority of Officers
Article 3.4 Eliminate the provision of the College maintaining a safety deposit box
Article 3.5 Cheques - amend the signing authorities for transactions above and below \$50,000.00
Article 3.6 Appointment of Auditors
Article 3.7 The solicitor shall be appointed by resolution of the Council at the annual meeting of the Council.
Articles 4.6– Be repealed and replaced with
Articles 4.22 the new articles 4.6 through 4.22
Article 8.3 Appointment of Committee members
Article 15.1 Application for Licensure amended to include the addition of record suspension and findings pertaining to offences related to fraud
Article 15.2 Delete section (e)(ii)
Article 15.2 Delete section (g)(ii)
Article 15.3 Delete section (f)
Article 15.3 Delete section (g)
Article 16.1 Renewal of Licensure amended to include the addition of record suspension and findings pertaining to offences related to fraud
Article 16.1 Delete section (d)
Article 17.1 Amendment to Disclosure of Changes or New Information
Article 17.2 Amendment to Change in Practice Locations(s) and Contact Information

Article 17.3

Amendment to Notice of Changes

Article 17.4

Amendment to Notice of Matters in Other Jurisdictions

Article 19

Approve Schedule of Fees for the next licence year

Article 19.1(C)

Fee will increase automatically based on the Manitoba consumer price index

Article 19.3

Amend Licence fees for annual licensure

Article 19.4

Amend Licence fees for monthly licensure and other than full annual licensure

BYLAW 1

Schedule B

Electoral district nomination paper be repealed

Schedule C

Statutory declaration be repealed

Schedule D

Nomination for public representative be repealed

Schedule E

Annual fees schedule amended to include Manitoba Practice Assessment Program

Schedule E

Fee Schedule (d) Physician Assistant Register delete (ii) monthly licence fee

Schedule E

Fee Schedule (e) Clinical Assistant Register delete (ii) monthly licence fee

Schedule E

Amend footnote # 10

Schedule E

Registration Fees—delete 2(f)(ii)

Schedule E

Amendment to item 4—professional relationships—reporting responsibilities

Schedule L

Amended to include consultants and contractors

BYLAW 3D

Bylaw 3D

Repeal of Non-Hospital Medical Surgical Facilities Adopted October 2000

Bylaw 3D

Approve Accreditation of Non-Hospital Medical Surgical Facilities

BYLAW 6

Schedule D

Endoscopy be added as a Provincial Standards Sub-Committee

Schedule A

Area standard committees be updated

Schedule B

Hospital standard committees be updated

Schedule C

Standard committees at a facility other than a hospital where members provide health care services be updated

Schedule D

Provincial standards subcommittees be updated
 Amendment to section 21

Section 21

BYLAW 7

The Certificate of Member be deleted from Bylaw 7

Section 21

Amendment to section 21

BYLAW 11

Section 26(6)

Amended

OFFICERS OF THE COLLEGE & MEMBERS OF COUNCIL

President *Eric Sigurdson, MD*

President-Elect *Ira Ripstein, MD*

Past-President *Alewyn Vorster, MB ChB*

Treasurer *Brian Postl, MD*

Registrar *Anna Ziomek, MD*

CPSM COUNCIL MEMBERS

Associate Members Register

Brandon

Central

Eastman

Interlake

Northman

Parkland

Public Councillor - Elected

Public Councillor - Gov't Appointed

University of Manitoba

Winnipeg

Westman

Dr. Shayne Reitmeier

Dr. Stephen Duncan

Dr. Ockie Persson

Dr. Nader Shenouda

Dr. Daniel Lindsay

Dr. Deborah Mabin

Dr. Elizabeth Senderewich

Mr. Richard Dawson

Ms Priti Shah

Mr. Alan Fineblit

Ms Marvelle McPherson

Dr. Brian Postl

Dr. Ira Ripstein

Dr. Wayne Manishen

Dr. Michael West

Dr. Nichole Riese

Dr. Eric Sigurdson

Dr. David Pinchuk

Dr. Heather Domke

Dr. Brent Kvern

Dr. Florin Padeanu

Dr. Josef Silha

Dr. Alewyn Vorster

OFFICERS OF THE COLLEGE & MEMBERS OF COUNCIL

EXECUTIVE COMMITTEE

- ▶ Eric Sigurdson, MD, *President*
- ▶ Ira Ripstein, MD, *President-Elect*
- ▶ Alewyn Vorster, MB ChB, *Past-President*
- ▶ Brian Postl, MD, *Dean, U of M, (Treasurer)*
- ▶ Richard Dawson (*Public Councillor - Elected*)
- ▶ Enok (Ockie) Persson, MB ChB
- ▶ Wayne Manishen, MD
- ▶ Daniel Lindsay, MD, (*Member At Large*)

Ex Officio 2

COMPLAINTS COMMITTEE

- ▶ Ira Ripstein, MD, *Chair*
- ▶ Candace Bradshaw, MD
- ▶ Florin Padeanu, MD
- ▶ Nichole Riese, MD
- ▶ Deborah Mabin, MB ChB
- ▶ Shaundra Popowich, MD (*Member Rep*)
- ▶ Lou Antonissen, MD
(*Term Expires September 30th, 2017*)
- ▶ Ardith Sigurdson
(*Public Rep - Gov't Appt*)
- ▶ Nicole Smith (*Public Rep - Gov't Appt*)
- ▶ Leanne Penny (*Public Rep - CPSM*)

MANITOBA MONITORING DRUG REVIEW COMMITTEE (MMDRC)

- ▶ Heather Domke, MD, *Chair*
- ▶ Morag Fisher, MB ChB
- ▶ Laura Goosen, *Public Representative*

AUDIT AND RISK MANAGEMENT COMMITTEE

- ▶ Brian Postl, MD, *Chair*
- ▶ S.J. (Jay) Duncan, MD
- ▶ Richard Dawson (*Public Councillor - Elected*)
- ▶ Raymond Cadieux
(*Public Rep-Qualified Accountant*)
- ▶ Kim Dieleman
(*Experienced in Risk Management*)

Ex Officio 1, 2

INVESTIGATION COMMITTEE

- ▶ David Pinchuk, MD, *Chair*
- ▶ Nader Shenouda, MB ChB
- ▶ Ray Cadieux (*Public Representative*)

INQUIRY COMMITTEE

- ▶ Heather Domke, MD, *Chair*

PRACTICE AUDITOR COMMITTEE

- ▶ Carol Scurfield, MD, *Chair*

PROGRAM REVIEW COMMITTEE

- ▶ Enok (Ockie) Persson, MB ChB, *Chair*
- ▶ Dan Lindsay, MD
- ▶ Josef Silha, MD
- ▶ Iain Kirkpatrick, MD, *Radiology*
- ▶ Priti Shah (*Public Councillor - Elected*)
- ▶ Jenisa Naidoo, MB ChB (*Laboratory Medicine*)
- ▶ Michele Mathae-Hunter (*MB Health Nominee*)
- ▶ Amin Kabani, MB ChB (*Physician Member*)

Ex Officio 1, 2

STANDARDS COMMITTEE

- ▶ Wayne Manishen, MD, *Chair*
- ▶ Elizabeth Senderewich, MD
- ▶ Michael West, MD
- ▶ Shayne Reitmeier (*Associate Member*)
- ▶ Marvelle McPherson (*Public Councillor-Gov't Appt*)
- ▶ Christine Polimeni, MD
(*Director of CPD, Medicine*)
- ▶ Katherine Stansfield (*CRNM*)

Ex Officio 1, 2

PHYSICIAN HEALTH COMMITTEE

- ▶ Alewyn Vorster, MB ChB, *Chair*
- ▶ Heather Domke, MD
- ▶ Roger Süss, MD
- ▶ Diane Wilson-Maté, *Public Representative*

NOMINATING COMMITTEE

- ▶ Eric Sigurdson, *President, Chair*
- ▶ Ira Ripstein, *President-Elect*
- ▶ Alewyn Vorster, *Past-President*
- ▶ Allan Fineblit, *Public Representative*

Ex Officio: #2 Registrar (non-voting)

PHYSICIAN PRACTICE ENHANCEMENT COMMITTEE

- ▶ Christine Polimeni, MD, *Chair*
- ▶ Brent Kvern, MD
- ▶ Shannon Prud'homme, MD
- ▶ Wayne Manishen, MD
- ▶ Ray Cadieux (*Public Representative*)
- ▶ Rev. Russell Toews (*Public Representative*)

Ex Officio:

#1 President, President-Elect

#2 Registrar (non-voting)

▶ APRIL 30, 2018



FINANCIAL STATEMENTS



INDEPENDENT AUDITORS' REPORT

To the Members of The College of Physicians and Surgeons of Manitoba:

The accompanying summary financial statements of The College of Physicians and Surgeons of Manitoba, which comprise the summary statement of financial position as at April 30, 2018, and the summary statement of operations, and related note are derived from the audited financial statements of The College of Physicians and Surgeons of Manitoba for the year ended April 30, 2018. We expressed an unmodified audit opinion on those financial statements in our audit report dated June 15, 2018.

The summary financial statements do not contain all the statements and disclosures required by Canadian accounting standards for not-for-profit organizations applied in the preparation of the audited financial statements of The College of Physicians and Surgeons of Manitoba. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of The College of Physicians and Surgeons of Manitoba.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of a summary of the audited financial statements in accordance with Canadian accounting standards for not-for-profit organizations on the basis described in Note 1 to the summary financial statements.

Auditors' Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards (CAS) 810, Engagements to Report on Summary Financial Statements.

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of The College of Physicians and Surgeons of Manitoba for the year ended April 30, 2018 are a fair summary of those financial statements, in accordance with Canadian accounting standards for not-for-profit organizations on the basis described in Note 1 to the summary financial statements.

Winnipeg, Manitoba
June 15, 2018

MNP LLP
Chartered Professional Accountants



SUMMARY STATEMENT OF FINANCIAL POSITION

AS AT APRIL 30, 2018

	2018	2017
ASSETS		
Current		
Cash	454,332	292,500
Investments	7,779,370	7,993,775
Accounts receivable and prepaid expenses	294,670	255,910
	8,528,372	8,542,185
Capital and intangible assets	748,108	315,741
	9,276,480	8,857,926
LIABILITIES		
Current		
Accounts payable and accrued liabilities	249,330	244,431
Accrued pre-retirement leave benefits	274,575	317,660
Accrued vacation	100,425	106,542
Deferred revenue	2,950,192	2,782,565
	3,574,522	3,451,198
NET ASSETS		
Unrestricted	720,239	823,371
Invested in capital and intangible assets	748,108	315,741
<u>Internally</u> restricted	4,233,611	4,267,616
	5,701,958	5,406,728
	9,276,480	8,857,926

Approved on behalf of council


President


Registrar

The accompanying notes are an integral part of these financial statements

SUMMARY STATEMENT OF OPERATIONS

FOR THE YEAR ENDED APRIL 30, 2018

	2018	2017
REVENUES		
Physician and resident license fees	5,466,207	5,137,354
Educational register fees	91,784	94,285
Clinical assistant license fees	25,509	24,295
Physician assistant license fees	27,319	22,274
Medical corporation fees	246,813	351,450
Other fees and income	410,440	481,712
Interest and dividend income	118,697	94,785
Change in market value of investments	(37,757)	24,040
Government funded program revenues	1,230,364	1,210,727
	7,579,376	7,440,922
EXPENSES		
Governance	162,302	132,344
Qualifications	986,061	1,082,143
Complaints and investigations	1,439,616	1,507,704
Standards	1,136,008	1,141,303
Operations and general administration	2,129,024	2,135,135
Information technology	196,175	195,810
Government funded program expenses	1,234,960	1,210,727
	7,284,146	7,405,166
Excess of revenues over expenditures	295,230	35,756

The accompanying notes are an integral part of these financial statements





NOTES TO THE SUMMARY FINANCIAL STATEMENTS

FOR THE YEAR ENDED APRIL 30, 2018

1. SIGNIFICANT ACCOUNTING POLICIES

Basis of presentation

Management has prepared the summary financial statements from the Organization's April 30, 2018 audited financial statements.

The complete financial statements, including notes to the financial statements and the independent auditors report are available upon request by contacting the Organization's office.



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