THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

From the College

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

IN THIS ISSUE...

From the New President

I begin my term with enthusiasm and with an expression of gratitude for the privilege of serving the public and the medical profession as President. I hold physicians in the highest regard and shall strive to exemplify the principles of servant leadership. It is my pleasure also to welcome our new Council members and to thank those members whose terms finished in June.

In particular I convey my sincere appreciation to our past president, Dr. Andy MacDiarmid, whose vision, dedication and collegiality are an inspiration. With the support and wisdom of our Registrar, Dr. Pope, and our capable Deputy and Assistant Registrars and staff, Council has set the College on a progressive and effective course. The implementation of Policy Governance, discussed extensively in previous newsletters, has resulted in greater efficiency and has enabled Council to focus on goals (ends).

There are challenges. Issues are diverse and increasingly complex. Yet, we are fortunate to remain a self-regulating profession. With that privilege comes responsibility.

Professionalism, the crisis of medical manpower (felt most acutely in rural regions), regulated health professions legislation(reserved acts), end of life issues, fair registration practices, and licensure are but a few of the issues which face us. The challenge is always the delivery of competent, ethical and accessible health care for Manitobans. This can only be achieved through ongoing collaboration and cooperation with the government, RHAs, the university and the members of our profession.

Council has created its Blue Sky Working Group with representatives of Council and the Faculty of Medicine. The working group focuses on the issues of registration of conditional registrants, most of whom are international medical graduates. The aim is the retention of physicians in Manitoba, especially in the rural areas.

Recognizing the sacred trust the profession has with the public, a statement pertaining to discrimination in access to physicians is under development.

Professionalism is an emerging theme throughout the world medical community and with this in mind, the College has become an integral participant in the interdisciplinary committee on professionalism at the U of M Faculty of Medicine.

Another exciting development, in which the College is a collaborator, is the initiative by the Faculty of Medicine to develop a northern family medicine residency which will result in licensure and a commitment of service to remote northern communities.

As your President I welcome discussion and diversity. I encourage you to express your views.

In closing, I share the words of William Osler (1885):

The public has a right to expect a competent doctor. In a well arranged community a citizen should feel he can at any time command the services of a man (woman) who has received a fair training in the science and the art of medicine, into whose hands he may commit with safety the lives of those near and dear to him.

Dr. Barbara A. MacKalski

From the Complaints and Investigation Committees

Providing medical advice in a non-medical setting

The Investigation Committee recently reviewed a complaint from a patient who had approached his physician in a gym for medical advice. The patient alleged the physician had not asked about certain symptoms and had missed the diagnosis as a result.

The Investigation Committee reminds physicians to take care when approached by a patient in a non-medical setting. It is not feasible or appropriate to take histories and conduct physical examinations in a public setting such as a gym. Unless the situation is an emergency, physicians should direct the patient to contact the physician's office for an appointment or seek such other medical attention as may be appropriate.

The importance of complete documentation

The College's Complaints and Investigation Committees wishes to remind all physicians of the importance of complete documentation. The Committees have noted several times over the past months the problem of lack of appropriate documentation of a history and physical examination and recently resolved to publish a newsletter to remind the profession of the need for proper documentation.

Remember – if it isn't recorded – it didn't happen!!

Breaching PHIA

Complaints and Investigations recently dealt with a case in which a patient complained that the doctor had breached PHIA by disclosing information to a family member. During a visit, after ascertaining that the two patients were related, the doctor mentioned that the other family member had not attended for follow-up blood work and had missed an appointment. While on the surface, this may seem like a minor breach, it is, nonetheless, a breach and should not occur unless the patient has expressly consented to information being shared with another family member. It is common for concerned family members to make inquiries regarding their loved ones. Physicians are reminded that, while they may accept information, they may not divulge any information without consent.

Medication Interactions

The Complaints Committee recently reviewed a situation where there was a reaction between an analgesic and an anticoagulant. Although the dispensing pharmacist reminded the prescribing physician about the possible interactions, the physician forgot to order the proper laboratory investigations. The Complaints Committee has reviewed similar cases in the past, and reminds physicians of the importance of considering the interactions of certain medications with Coumadin. Monitoring of these patients is crucial.

Obtaining test results prior to surgery

The IC recently reviewed a case where a physician proceeded to perform elective surgery on a patient before obtaining all the pertinent test results. If a pertinent diagnostic test is ordered prior to a patient's tentative surgery date, the physician should make every possible effort to obtain the results before proceeding with surgery. If the results are still not available, this should be discussed with the patient and a decision can be made with informed consent, either to proceed with or to delay the procedure.

Notes from the Registrar

- Welcome New Graduates

A big welcome to all the recent graduates who are entering full practice or residency programs at the University of Manitoba Faculty of Medicine. This is always a busy time for the College, and particularly for the Qualifications staff. They will be reviewing and processing some 1,100 files and applications between mid May and early August. In addition, it is time for annual renewals, which must be received by August 30, 2008. I congratulate them for their dedication and diligence at this time.

- The Privilege of Privilege

What is really privileged information? I am sure all licensed physicians are aware that the Evidence Act of Manitoba provides privilege for Standards activities. This means that correspondence, minutes of Standards meetings, results of audits, etc. may not be released for a civil suit against a doctor or a disciplinary action by the College. However, physicians should be aware that there are times when Standards information is not protected. This does not mean that all items are immediately available, but rather that in very specific and certain circumstances, legislation overrides the privilege provided to us by the Evidence Act. We should never forget that this extraordinary ability to have this kind of protection is available only to physicians and only in some provinces in Canada.

However, legislation does provide authority for certain items to be released upon request. These include:

- The Children's Advocates' Enhanced Mandate Act
  This was approved in late 2007. It permits the children's advocate to review any documentation on a child who dies and who has been in care within two years of that death.
- The Medical Examiner has the authority to require information related to cases he is reviewing.
- The potential exists for a Judge who is presiding over an Inquest or an Inquiry Commission to demand production of Standards documentation. In addition, the Chief Medical Examiner may require any information from a critical clinical occurrence report to be forwarded to him.
- The Vulnerable Persons Act may investigate an issue under its authority. It may also require information from any source.

It is important to be aware that many of these actions have been available for a long time and have not resulted in any apparent problem to the Standards protection that physicians enjoy. As well, they normally relate to actions that are not concerned with a civil suit or a disciplinary action against a physician. However, it is important for members to be aware that Standards protection is not absolute.

On behalf of your College and all the Councillors, I hope that your summer is relaxing and the mosquitoes don't bite.

Hilites from the Council AGM June 12, 2008

At Council this year there were a number of items approved, including:

- From now on the Certificates of Professional Conduct will include a physician's MINC number.
- The Prescribing Practices Bylaw was amended to include Buprenorphine on the Manitoba Prescribing Practices Restricted List.
- Monthly licensure was approved in principle and these will be available to individuals who wish to come for a locum or a period of time less than three months. The details will be finalized over the summer and presented to Council in September for final approval. It is likely this will become available by October 1, 2008.
- There will be a 2% increase in the fees this year from $1,300 to $1,325 to cover ongoing cost of living expenses.
- Statement #804 *Facsimile Transmission of Prescriptions* was clarified and approved and will be on the website shortly.
- Statement #147 *Sexual Offences Against Minors* was updated after the changes to federal legislation about the age of minority.
- Statement #173 *Discrimination in Access to Physicians* was discussed at great length. Comments were received back from many members. It will be reviewed further and brought back to Council in September for final approval.
- Qualifications Blue Sky Issues – A working group of Councillors is looking at various issues in qualifications for conditional registration. More information will be forthcoming in the future.
- Annual Meeting of the FMRAC – This year was Manitoba's turn to host the Annual Meeting of the Federation of Medical Regulatory Authorities of Canada, the annual meeting of all the Colleges. It was held June 12-17 at the Fort Garry Hotel in Winnipeg. The issues primarily concentrated on integrating international medical graduates into Canadian practice.

  In addition, the dance group, Orlan, which has been directed by our Deputy Registrar, Dr. Terry Babick, for 33 years, provided the entertainment at the dinner. As well, the Ukrainian Men's Chorus, Hoosli, provided several songs. The quality was outstanding and members from every province congratulated us at the end on having performers of such international calibre. Well done, Manitoba!

Prescribing for Self/Family – NOT!!

At a meeting recently, the Registrar was asked whether a physician could prescribe for a family member. Apparently there was a suggestion that many physicians in Manitoba do carry out this practice.

Members should be clearly aware of Statement #148 "Prescribing and Treatment: Self and Family".

A physician may not prescribe a medication for him/herself, parents, children or partner. To do so is professional misconduct. Physicians should clearly understand that such practice is unacceptable.

MedicAlert Bracelets for Children

Reviews of recent child deaths in the province have prompted the Child Health Standards Committee to remind physicians that all children with life-threatening conditions such as bleeding disorders and severe allergies should wear a MedicAlert bracelet.

This information is critical and potentially lifesaving in the event of severe illness or injury, particularly when the child or parent is unable to provide an accurate history.

One of the barriers to purchasing a MedicAlert bracelet may be cost.

The recently launched *No Child Without* program will provide all elementary school aged children in Canada with medical conditions or allergies free MedicAlert program benefits regardless of their financial resources (www.medicalert.ca).

Vitamin K Deficiency in Neonates

There has recently been a case reviewed by the CPSM Maternal and Perinatal Health Standards Committee where parents refused a Vitamin K injection for their newborn infant. This resulted in serious sequelae to the baby.

Vitamin K deficiency in a neonate may cause severe bleeding, (hemorrhagic disease of the newborn) in the first 2 or 3 days of life.

Hemorrhagic disease of the newborn is entirely preventable with a single dose of Vitamin K given IM within 6 hours of birth.

- 0.5 milligrams for birth weight ≤ 1500 grams
- 1.0 milligrams for birth weight > 1500 grams.

The intramuscular route is preferred as it provides a depot of Vitamin K.

The only source of Vitamin K in newborns is food and as the newborn's bowel is sterile, there is no synthesis of Vitamin K by bacterial flora.

Breast milk contains less Vitamin K than formula or cow's milk and the risk of Vitamin K deficiency is greatest for breastfed infants.

The oral route for Vitamin K is not recommended because its efficacy is undetermined. If, however, IM Vitamin K is refused, 3 oral doses can be administered but absorption is uncertain.

Providing Timely Reports to WCB Important for Patient Health

Submitted by Dan Holland, Director of Healthcare Services

For many years, the Workers Compensation Board (WCB) has worked together with healthcare practitioners across the province to provide care to injured workers.

Prompt reporting is in your patient's best interest because it facilitates the adjudicative and case management processes which, in turn, help workers obtain the benefits and services to which they may be entitled. Please keep this in mind the next time you are dealing with an injured worker or receive a request for information from the WCB.

As well, the Act states that physicians must provide injury reports to the WCB. Doctors are expected to supply necessary information, advice and assistance to the injured worker, and his or her dependants, in making an application for compensation. This includes any certificates and reports that may be required by the WCB, without charge to the worker or their dependants.

WCB has the legislated responsibility and authority for the supervision and control of medical services provided to injured workers as outlined under the WCA.

The WCB gratefully acknowledges the efforts of Manitoba's medical community in working together to help injured workers.

We invite you to take advantage of convenient online reporting options at: http://www.wcb.mb.ca/health_care/health_care_forms.html.

If you have any questions about the injury reporting process, please call 954-4922 (in Winnipeg) or 1-800-362-3340 (from outside Winnipeg).

Lyme Disease Update

Lyme disease is a tick-borne infection caused by the spirochete Borrelia burgdorferi and transmitted in Manitoba by the Ixodes scapularis (blacklegged tick).

In 2006, an established population of infected blacklegged ticks was identified in the southeast corner of Manitoba. In addition, birds carry blacklegged ticks and can deposit them throughout Manitoba. Therefore, there is a risk of exposure to Lyme disease elsewhere in Manitoba but the risk is lower.

Early diagnosis is based on the clinical picture and exposure history. Treatment should be based upon a clinical diagnosis as serologic tests done soon after infection may not show evidence of Lyme disease. Clinical cases of Lyme disease are reportable.

The Office of the Chief Medical Officer of Health has recently faxed information to physicians on the epidemiology of Lyme disease in Manitoba, including a new case report. Also included is information with regard to surveillance and diagnostic and reporting requirements.

Family physicians are encouraged to review this information. For more information on Lyme disease, visit: http://www.gov.mb.ca/health/lyme/index.html.

A public health reminder was issued on May 15, 2008 to provide information to the public about precautions they could take to reduce their risk of Lyme disease and other infectious diseases.

Patients may approach their family physicians for more information. To view the release, please visit: http://news.gov.mb.ca/news/index.html.

Congratulations to the following MMA Award Winners…

- Distinguished Service Award – Dr. Gilbert Bretecher
- Scholastic Award – Dr. Cheryl Rockman-Greenberg
- Physician of the Year Award – Dr. Martin Weidman
- Health Administration Award – Dr. Margaret Fast
- Dr. Jack Armstrong Humanitarian Award – Dr. Mike Harlos

Disciplinary Proceedings

INQUIRY: IC05-07-04
NAME WITHHELD

On October 1, 2007, an Inquiry was held in relation to

charges that the physician committed professional misconduct, contravened the By-Laws or the Code of Conduct of the College, demonstrated an incapacity or unfitness to practice medicine and is suffering from an ailment that might, if the physician were permitted to practice, constitute a danger to the public.

The physician did not attend the Inquiry, despite having been duly served. After hearing oral evidence and considering documentary evidence, the Inquiry Panel convicted the physician of the charges, particulars of which included breaching obligations to produce records and attend for an interview, breaching undertakings, failing to respond to the College and demonstrating an unwillingness to be governed by the College, thereby demonstrating unfitness or incapacity to practice medicine safely and suffering from a psychiatric ailment that might constitute a danger to the public.

In its reasons, the Inquiry Panel noted that, commencing in June 2004, the Medical Review Committee (MRC) had requested copies of specified charts notes for specific patients. Between that time and March 2007, the physician had been granted numerous extensions by the MRC and the College and had agreed to provide the requested documentation by specified dates, but failed to do so. Ultimately, the physician refused to provide the documentation and to cooperate with the College and its investigation process. The Panel concluded that the physician was simply ungovernable.

The physician's registration and license were cancelled pursuant to section 59.6(1) of *The Medical Act* and the physician was ordered to pay costs of the investigation and the hearing in the sum of $23,477.34.

It is the normal practice of the College to publish a member's name where that member has been found guilty after an Inquiry. In this case, the College concluded that publication of the physician's name should be withheld due to safety concerns.

CENSURE: IC07-10-03 and IC07-11-05
DR. NEIL MOWCHUN

On June 12, 2008, in accordance with Section 47(1)(c) of *The Medical Act*, the Investigation Committee of the College censured Dr. Mowchun with respect to his practice of block billing in violation of Statement 154.

I. PREAMBLE

Physicians are entitled to charge their patients for services rendered by the physician to the patient that are not insured by Manitoba Health. Such charges may be made individually as patients actually use the services or may be a fixed fee for all designated uninsured services provided during a specified time period, commonly known as "block billing".

In April 2002, the College issued Statement 154, which sets forth physicians' obligations in relation to block billing. It states that a block fee must not include any charge for being available to render a service.

Statements are formal positions of the College, with which physicians are expected to comply.

II. BACKGROUND RESPECTING BLOCK BILLING

1. In 1985 when Manitoba Health enacted legislation prohibiting extra billing, some psychiatrists began to charge their patients a fee to cover the costs of being available to patients between regular appointments, known as a "stand-by fee".

2. On March 7, 1986, Council of the College approved a motion that it was ethical for a physician to enter into a voluntary agreement with a patient to pay a fee for stand-by services, which agreement should be in writing.

3. In 1991, the issue of stand-by fees was reconsidered, taking into account the experience between 1986 and 1991. At its September 1991 meeting, Council concluded that the March 7, 1986 motion was being interpreted as giving prior approbation to stand-by fees. It noted that there was confusion amongst the profession and the public respecting stand-by fees and it was sometimes difficult to differentiate stand-by fees from extra billing. Council decided that prior approbation was not appropriate, and that individual practices should be evaluated based on the Code of Conduct. On this basis, Council rescinded the March 7, 1986 motion.

4. In its May 2001 newsletter, the College published a notice, reminding the profession that it was not considered ethical to charge a stand-by fee for telephone psychotherapy.

5. In April 2002, the College published Statement 154, respecting block billing. The Statement specifically states a physician's obligations in relation to block billing, and includes a prohibition on including any charge for being available to render a service. Statement 154 thereby clarified that it is not appropriate to include a stand-by fee as part of a block billing arrangement.

III. THE RELEVANT FACTS ARE:

1. As part of Dr. Mowchun's private office-based practice for psychiatric patients he provided care to a number of patients treated with long-term psychotherapy, some of whom also received pharmacotherapy.

2. Commencing in the mid-1980s and continuing until November 2007, Dr. Mowchun offered his long-term psychotherapy patients an optional stand-by service, which included:
   a. Dr. Mowchun's assurance of his availability to the patient 24 hours a day, 7 days a week;
   b. Dr. Mowchun providing unlimited telephone advice in between appointments;
   c. Dr. Mowchun providing telephone prescriptions to pharmacies on the patient's behalf between their appointments.

3. The optional stand-by service:
   a. was in exchange for a fee, charged at a fixed rate per patient visit.
   b. was documented in a written agreement with the patient, which acknowledged the patient had discussed the fee with Dr. Mowchun.

4. In Dr. Mowchun's response to the College respecting concerns about the stand-by fees charged by him, Dr. Mowchun advised that:
   a. he correlated the stand-by fees to the patient visits,

as he found this provided a good reflection of the amount of clinical activity taking place for the patient and the extent to which the patient would make use of the stand-by service.
b. he discussed the stand-by fee arrangement with patients, and answered any questions that the patient posed, but the discussion was not documented separately from the written agreement which did indicate that such a discussion had occurred.
c. he never made payment of the stand-by fee a condition of providing service to a patient.
d. he did provide after-hours coverage for crisis events to all of his patients.
e. he cancelled a stand-by agreement at any time a patient wished.
f. he waived stand-by fees where it appeared to him that a patient's circumstances so warranted.
g. he never provided telephone psychotherapy to patients; rather the telephone contact was advice in relation to specific issues, such as altering the dosage of prescription medication or response to questions the patient had arising from the psychotherapy process, or support for the patient if there was a crisis in the patient's life.
h. He was not aware of the College's publications in relation to stand-by fees, including Statement 154, until such time as they were drawn to his attention in 2007.

5. Upon review of Statement 154, Dr. Mowchun acknowledged that his practices in relation to stand-by fees did not comply with Statement 154 in some respects, namely:
a. he did not provide the patients with a written statement of exactly what uninsured services were included in the block fee and the cost of each uninsured service if paid for individually or with a copy of Statement 154.
b. he included in his block billing a charge for being available to render a service to the patients.
c. he entered into block fee arrangements for periods of greater than 12 months.
d. he maintained incomplete records of the uninsured services provided to his patients throughout the time frame covered by the block billing arrangement.

6. Records produced revealed that Dr. Mowchun had stand-by agreements with patients as follows:
a. 32 patients who entered the agreements before April 2002 and whose agreements continued past April 2002 when Statement 154 came into effect;
b. 6 patients who entered agreements for the first time after April 2002;
c. 3 patients who had agreements before April 2002, terminated treatment, and re-entered treatment after April 2002 with a new agreement.

7. In November 2007, Dr. Mowchun cancelled all of his existing stand-by agreements with patients, and wrote off outstanding balances on their accounts. Dr. Mowchun advised that he has continued to provide after hours coverage to his patients and does not intend to enter stand-by fee arrangements with patients in the future.

8. Dr. Mowchun advised the Investigation Committee that it was never his intention to be in violation of the College requirements in relation to block billing and he realizes that for the future he must familiarize himself with College publications relevant to his practice.

IV. ON THESE FACTS, THE INVESTIGATION COMMITTEE RECORDS ITS DISAPPROVAL OF DR. MOWCHUN'S PRACTICE OF BLOCK BILLING IN VIOLATION OF STATEMENT 154, IN PARTICULAR:

1. The Investigation Committee accepted that before the publication of Statement 154 in April 2002, there were differing interpretations as to whether there were any circumstances in which it was acceptable to charge a stand-by fee to patients. However, physicians are expected to familiarize themselves with College Statements relevant to their practice and, therefore, in April 2002 when Statement 154 came into effect, Dr. Mowchun was accountable to adhere to its requirements.

2. Since April 2002, Dr. Mowchun continued existing arrangements or entered into new block billing arrangements with 41 patients, which were not in compliance with the requirements of Statement 154, in that:
a. he did not provide the patients with a written statement of exactly what uninsured services were included in the block fee and the cost of each uninsured service if paid for individually or with a copy of Statement 154.
b. he included in his block billing a charge for being available to render a service to the patients.
c. he entered into block fee arrangements for periods of greater than 12 months.
d. he did not maintain complete records of the uninsured services provided to his patients throughout the time frame covered by the block billing arrangement.

In addition to appearing before the Investigation Committee to accept the censure, Dr. Mowchun paid the costs of the investigation in the amount of $4,826.25.

Physician Resource Statistics 2007 - 2008

The following statistical material provides a measure both of College activity and also the movement of physicians within and through the Medical Register.

Committee Activities

The Councillors of the College make up the governing body and as such met four times last year to consider financial matters and policy issues. They are all expected to serve on at least one College committee.

Numbers Registered

The total number who received initial registration showed an increase of 24. The number of University of Manitoba graduates increased from 41 to 45 and the total number of Canadian graduates increased from 31 to 48. The number of graduates from Asia remained the same at 40.

Numbers Practising

This year's total shows an increase of 53 physicians (from 2272 to 2325).

It should be noted that of this number 8 are currently in rural Manitoba as part of the new family practice assessment program.

"Resident Impact" on the Community

Residents in training who are qualified to enter onto the Medical Register may take out a full licence. Those who then choose to confine themselves to the teaching program activities may do so at a reduced licence fee. These "licensable doctors" have traditionally been the source of human resources in Manitoba for vacation relief for community doctors, emergency departments and special care units. Section D of this report shows a slight decrease from 2007. The 2008 residents with full licences increased slightly since last year from 35 to 36. The number of resident licences decreased from 24 to 22.

Distribution of Medical Practitioners by Source

The percentage of practising physicians who are Canadian graduates remained relatively the same this year. Percentages over the past five years are 65.1%, 64.7%, 65.6%, and 65.5% 65.1% (65.1% in 2008). The presence of Canadian graduates in Winnipeg is 74.9% compared to 37% in all other areas.

In contrast, graduates from Africa are represented in reverse significance: 3.8% in Winnipeg compared to 32.8% in all other areas. These physicians now form a very important part of rural Manitoba physician numbers (see Table III).

Specialists

The number of physicians currently enrolled on the Specialist Register has increased by 24 from last year (1105 to 1129). This figure is based on physicians currently residing in the province who are on the Specialist Register.

(A) **MEETINGS**

During the period 1 May 2007 to 30 April 2008, the following meetings were held -

4	Council: 14 June, 14 September, 14 December 2007; 14 March 2008
6	Executive Committee: 14 June, 15 June, 24 July, 14 September, 14 December 2007; 14 March 2008
4	Appeal Committee: 15 August; 14 September, 14 November 2007; 14 February 2008
8	Complaints Committee: 25 September, 16 October, 20 November, 18 December 2007; 15 January, 19 February, 8 March, 15 April 2008
2	Audit Committee: 28 May, 30 November 2007
0	Inquiry Committee
1	Inquiry Panel: 1 October 2007
5	Investigation Committee: 26 September, 21 November, 19 December 2007; 13 February, 7 April 2008
0	Liaison Committee with M.M.A
3	Program Review Committee: 1 June, 3 December 2007; 29 April 2008
5	Standards Committee: 30 May, 17 October, 19 December 2007; 27 February, 9 April 2008
	In addition: 4 meetings of Child Health Standards Committee
	1 meeting of Maternal & Perinatal Health Standards Committee
	32 meetings of Area Standards Committees
38	Total Meetings
37	Total Meetings of Subcommittees, and
15	(11) hospital and (4) non-hospital reviews
90	

(B) **CERTIFICATES OF REGISTRATION ISSUED**

During the period 1 May 2007 to 30 April 2008, 181 persons were issued registration and a full licence to practise. In total

there were 196 certificates of which 14 were for a residency licence. One physician did not practise here.

TABLE I MEDICAL PRACTITIONERS GRANTED REGISTRATION AND FULL LICENCE ANNUALLY IN MANITOBA 1999 - 2008 with Country of Qualification

Year	Man	Can	USA	UK&I	Eur	Asia	Aust	NZ	Afr	C/S Am	Total
1999	21	27	1	3	1	11	0	0	52	1	117
2000	27	43	0	5	7	11	2	1	48	2	146
2001	16	19	3	1	1	9	1	0	48	0	98
2002	33	25	1	3	2	13	1	0	61	0	139
2003	30	35	0	1	8	12	0	1	45	4	136
2004	28	19	1	2	9	20	0	0	38	4	121
2005	36	33	2	3	6	23	0	0	22	4	129
2006	30	43	0	3	8	40	0	0	26	2	152
2007	41	31	0	8	4	40	1	0	29	3	157
2008	45	48	2	7	8	40	0	0	25	6	181
Total (10 Yr)	307	323	10	36	54	219	5	2	394	26	1376
New Practitioners % of Total 2008	24.9	26.5	1.1	3.9	4.4	22.1	0	0	13.8	3.3	100%

Percentages may not be exact due to rounding

(C) **NUMBER OF LICENSED PRACTITIONERS IN MANITOBA AS AT 30 APRIL 2008**

TABLE II NUMBER OF LICENSED MEDICAL PRACTITIONERS IN MANITOBA 1999- 2007

Year	Winnipeg	%	Outside Winnipeg	%	Totals	Net Gain Net Loss(-)
1999	1539	75.6	498	24.4	2037	21
2000	1554	75.5	504	24.5	2058	21
2001	1560	75.2	514	24.8	2074	16
2002	1592	75.0	530	25.0	2122	48
2003	1618	75.2	534	24.8	2152	30
2004	1626	74.7	550	25.3	2176	24
2005	1640	75.0	546	25.0	2186	10
2006	1663	75.0	555	25.0	2218	32
2007	1688	74.3	584	25.7	2272	54
2008	1722	74.1	603	25.9	2325	53

The total of 2325 includes 36 fully licensed residents. There are no data on how many actually “moonlight”, or to what extent.

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

	FL		*Subtotal*	*RL*	*Total*
2003	2106	46	2152	24	2176
2004	2135	41	2176	24	2200
2005	2145	41	2186	21	2207
2006	2185	33	2218	24	2242
2007	2237	35	2272	24	2296
2008	2289	36	2325	22	2346

(D) **CLINICAL ASSISTANT REGISTER PART 1 (Educational)**

Postgraduate physicians in training programs are now referred to as residents. They may be pre-registration (Clinical Assistant 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 (residency licence) or may obtain a full licence.

	2008	**%**
Medical Students	390	
Postgraduate trainees	403	
Total On Clinical Assistant Register	793	93.2
On Residency Licence	22	2.6
Full Licence	36	4.2
TOTAL	**851**	**100.0**

(E) **DISTRIBUTION OF PRACTITIONERS**

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

TABLE III
DISTRIBUTION OF MEDICAL PRACTITIONERS BY COUNTRY OF QUALIFICATION
as at 30 April 2008 (as a percentage)

		Winnipeg	Brandon	Rural	Residency
		1722	128	475	22
%	Man	58.2	22.7	29.5	40.9
	Can	16.7	14.8	7.4	27.3
	Total Canada	**74.9**	**37.5**	**36.9**	**68.2**
	USA	0.6	0.0	0.4	0.0
	UK & Irel	5.6	7.8	7.8	4.6
	Eur	4.2	1.6	2.7	0.0
	Asia	8.8	15.6	17.3	13.6
	Aust/NZ	0.4	0.0	0.6	0.0
	Afr	3.8	32.0	33.0	13.6
	S.Am	1.6	5.5	1.3	0.0

Percentages may not be exact due to rounding.

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

	2008
Manitoba Graduates	50.4
Other Canadian Graduates	14.7
TOTAL CANADA	**65.1**
United Kingdom & Ireland	6.2
Asia	10.9
Other	17.8

TABLE V **GEOGRAPHIC DISTRIBUTION OF FEMALE PRACTITIONERS**

	Winnipeg	Brandon	Rural	Total	Resident Licence
1982	213	8	44	265	51
2003	465	29	90	584	8
2004	469	28	110	607	9
2005	492	31	110	633	6
2006	518	33	118	669	7
2007	528	32	128	688	11
2008	557	32	130	719	5

30.9% of fully licensed physicians are female, up 31 in actual numbers in the past year. 32.3% of practitioners in Winnipeg are women, 25% in Brandon and 27.4% in rural Manitoba. 22.7% of those with a residency licence are female. During the past 26 years there has been an increase of 344 women in Winnipeg, 24 in Brandon and 86 in the remainder of the province.

TABLE VI **AGES OF DOCTORS RESIDING IN MANITOBA AS AT 30 APRIL 2008**

	Winnipeg	Brandon	Rural	Total
Over 70	91 (5.3)	5 (3.9)	18 (3.8)	114 (4.9)
65 -70	99 (5.8)	11 (8.6)	22 (4.6)	132 (5.7)
56 - 64	333 (19.3)	20 (15.6)	65 (13.7)	418 (18.0)
46 - 55	535 (31.1)	42 (32.8)	135 (28.4)	712 (30.6)
36 - 45	453 (26.3)	37 (28.9)	156 (32.8)	646 (27.8)
31 - 35	176 (10.2)	12 (9.4)	72 (15.2)	260 (11.2)
30 or under	35 (2.0)	1 (0.8)	7 (1.5)	43 (1.8)

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

(F) CONTINUING MEDICAL EDUCATION

In 1979 the Council passed a by-law establishing a voluntary standard of continuing medical education with the proviso that members who met that standard would have this acknowledged in the published list of practising physicians. December 1982 was

the first time that this by-law became effective.

TABLE VII PERCENTAGE OF PHYSICIANS REPORTING COMPLIANCE WITH CONTINUING MEDICAL EDUCATION STANDARDS FOR THE PERIOD 1 January 2007 to 30 April 2008

	Winnipeg	Brandon	Rural	TOTAL
Total	1722	128	475	2325
70+	83.7%	75.0%	73.9%	81.4
65 - 69	88.0	100.0	100.0	90.6
50 - 64	93.1	90.5	88.4	92.2
35 - 49	88.8	69.5	74.8	84.4
under 35	70.3	54.4	66.7	68.6
All Ages	88.4	77.3	78.3	85.7

(G) **MANPOWER CHANGES from 1 May 2007 to 30 April 2008**

TABLE VIII ADDITIONS AND DELETIONS

A comparison of additions and deletions to the roll of physicians currently resident in Manitoba and licensed to practise: 1 May 2007 to 30 April 2008.

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 2007	ADDITIONS 2008		DELETIONS 2008	DELETIONS 2007
		AGE		
29	30	30 or under	14	8
96	101	31 - 35	60	54
84	127	36 - 45	98	65
48	51	46 - 55	53	42
13	20	56 - 64	26	19
6	4	65 - 70	14	18
8	2	over 70	17	24
284	**335**		**282**	**230**
		YEARS SINCE QUALIFICATION		
44	59	5 or less	26	14
80	92	6 - 10	70	51
133	158	11 - 30	131	106
27	26	over 30	55	59
284	**335**		**282**	**230**
		YEARS SINCE REGISTERED IN MANITOBA		
N/A	N/A	5 or less	168	105
		6 - 10	45	46
		11 - 30	34	42
		over 30	35	37
			282	**230**

ADDITIONS 2007	ADDITIONS 2008		DELETIONS 2008	DELETIONS 2007
		PLACE OF QUALIFICATION		
87	102	Manitoba	84	57
9	11	Alberta	9	10
7	7	B.C.	8	5
2	3	Atlantic Provinces	7	3
30	37	Ontario	19	31
2	5	Quebec	6	1
6	11	Saskatchewan	8	6
143	**176**	**TOTAL CANADA**	**141**	**113**
1	3	U.S.A.	1	0
18	20	U.K. & Ireland	25	29
6	12	Europe	12	9
56	55	Asia	36	29
2	0	Aust/N.Z.	1	1
51	61	Africa	62	42

7	8	C/S America	4	7
141	**159**	**TOTAL ALL OTHERS**	**141**	**117**
		TYPE OF PRACTICE		
85	110	Specialist	98	87
199	225	Non-Specialist	184	143
284	**335**		**282**	**230**

DEATHS OR DELETIONS	**2007**	**2008**
Deaths	6	2
Transferred to Residency Licence	7	8
Removed from Register/Suspended	0	0
No Longer Practising/Retired	48	42
DEPARTURES to: (Total)	169	231
Atlantic Provinces	1	3
Quebec	3	7
Ontario	33	33
Saskatchewan	2	3
Alberta	18	22
British Columbia	29	21
NWT/NU	0	0
TOTAL CANADA	86	89
U.S.A.	8	8
U.K. & Ireland	1	0
Others/Unknown	74	133
TOTAL DELETIONS	230	282

(H) SPECIALIST REGISTER

There were 1129 specialists enrolled on the Specialist Register as at 30 April 2008.

(I) CERTIFICATES OF PROFESSIONAL CONDUCT (COPC)

During the period 1 May 2007 to 30 April 2008, 451 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 2007.

Provincial Licensing Bodies:	**2008**	**2007**
British Columbia	96	60
Alberta	60	42
Saskatchewan	12	10
Ontario	89	70
Quebec	2	0
Prince Edward Island	2	1
New Brunswick	4	1
Nova Scotia	4	4
Newfoundland	6	4
Northwest Territories/Nunavut	20	12
Yukon	1	0
Australia & New Zealand	8	1
Overseas	15	7
U.S.A.	48	25
Winnipeg RHA	64	51
Brandon RHA	0	9
College of Family Physicians of Canada	10	0
Miscellaneous	10	17
TOTALS	**451**	**314**

Notices, etc…

Changes of Address

Bylaw #1 requires that all Members must notify the College of any change of address within 15 days so that communications can be kept open. The College cannot be responsible for failure to communicate to registrants who have not notified us of address changes.

Accepting Visiting Medical Students for Electives (UG/PG)

Are you considering sponsoring a medical student and/or resident for an elective? ALL visiting medical students and residents must be registered with the University of Manitoba and the College of Physicians and Surgeons of Manitoba. There is a defined process with eligibility criteria that must be met. For more information please contact the appropriate person at the University of Manitoba:

Undergraduate Medical Students:
Ms. Tara Petrychko; Tel: (204) 977-5675
Email: petrych@ms.umanitoba.ca
Residents (Postgraduates):
Ms. Laura Kryger; Tel: (204) 789-3453
Email: krygerl@cc.umanitoba.ca
Website:
http://www.umanitoba.ca/faculties/medicine/education/index.html

Meetings of Council for the 2008-2009 College Year

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

- September 19, 2008
- December 12, 2008
- March 13, 2009
- June 10, 2009 (AGM)

Please note that if you wish to attend a meeting, you must notify the College in advance, as seating is limited.

Physicians At Risk

- Physician and Family Support Program
- Help from a male or female colleague
- Centrality and anonymity preserved
- Call 237-8320 for assistance – 24 hour

Officers and Councillors 2008-2009

President:	***Dr. B. MacKalski***
President Elect:	***Dr. K. Saunders***
Past President:	***Dr. A. MacDiarmid***
Treasurer:	***Dr. K. Saunders***
Investigation Chair:	***Dr. M. Burnett***
Registrar:	***Dr. W. Pope***
Deputy Registrar:	***Dr. T. Babick***
Assistant Registrar:	***Dr. A. Ziomek***
Assistant Registrar/Legal Counsel:	***Ms. D. Kelly***

Term expiring June 2010

Central	***Dr. E. Persson, Morden***
Interlake	***Dr. D. Lindsay, Selkirk***
Northman	***Dr. H. Tassi, Thompson***
Parkland	***Dr. D. O'Hagan, Ste. Rose***
Winnipeg	***Dr. M. Burnett***
	Dr. A. MacDiarmid
	Dr. R. Onotera
	Dr. K. Saunders
	Dr. R. Suss
University of Manitoba	***Dr. W. Fleisher***
Public Councillor	***Mr. W. Shead***
Public Councillor	***Ms. S. Hrynyk***

Term expiring June 2012

Brandon	***Dr. N. Carpenter***
Eastman	***Dr. B. Kowaluk, Oakbank***
Westman	***Dr. D. Chapman, Neepawa***
Winnipeg	***Dr. H. Domke***
	Dr. B. Kvern
	Dr. R. Lotocki
	Dr. H. Unruh
University of Manitoba	***Dean D. Sandham***
Public Councillor	***Mr. R. Toews***
Public Councillor	***Ms. L. Read***
Clinical Assistant Register	***Dr. R. Bhullar (exp. 2008)***

Moving? Retiring?....What you Need to Know

If you are leaving the province or retiring from practice, the By-law requires that you advise where your records will be stored, so that we may note it on your file and advise interested parties.

By-Law #1 requires that any member who has not practised in the province for a period in excess of two years without the permission of Council shall, in accordance with section 16(1) of The Medical Act, be struck from the Register. The effective date of erasure shall be two years after that member's cessation of practice.

Approved Billing Procedure

When physicians wish to recruit a colleague to carry out the practice of medicine in their place and bill in their names, the College must be advised ***in advance*** and approve the specific time interval. Only when written approval is received may a physician act in place of another. Without written approval as a locum tenens, one physician may replace another, but must act and bill independently