

Annual Report



2015

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

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CPSM Officials & Agents

Council

Position	Representative
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President	Dr. B. Kvern
Past President	Dr. D. Lindsay
President-Elect	Dr. A. Vorster
Finance/Treasurer	Dr. H. Unruh
Investigation Committee Chair	Dr. K. Bullock Pries
Public Representatives	
Ministerial Appointment (Council)	Ms L. Read
Ministerial Appointment (Council)	Mr. R. Dewar
Ministerial Appointment (Complaints Committee)	Ms A. Babaian
Ministerial Appointment (Complaints Committee)	Ms E. Thompson
Elected by Council	Dr. E. Boldt
Elected by Council	Mr. R. Dawson
Elected by Council (Complaints Committee)	Rev. R. Long

Employees

Position	Employee
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Registrar/CEO	Dr. W. Pope/ Dr. A. Ziomek
Deputy Registrar	Dr. T. Babick

External Advisors to the Council

Position	Name/Company
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Solicitor	Mr. Blair Graham, Q.C.
Accountant	MNP LLP

Description and Structure of the College

The College of Physicians and Surgeons of Manitoba is the regulatory authority for medicine in the Province of Manitoba. It is governed by Council, consisting of physicians elected by jurisdictions in the province, a representative from the Associate Member register (clinical assistant, physician assistant or educational register), two representatives from the University of Manitoba Faculty of Medicine, and four public representatives, two appointed by the Government of Manitoba and two elected by the Council.

The Council's global governance commitment states that "the purpose of the Council on behalf of the people of Manitoba is to ensure that The College of Physicians and Surgeons of Manitoba determines and achieves appropriate ends in a prudent and ethical manner". Council has established a policy which states that the Council will govern with an emphasis on strategic leadership, including commitment to obtaining public and membership input, encouragement, delivery and viewpoints, and a clear distinction between Council and staff roles.

The Council has directed that a policy governance model be followed in Manitoba. Council policy states that the "moral owners" of The College of Physicians and Surgeons of Manitoba are defined as the people of Manitoba. The Council shall be accountable for the organization to its owners as a whole. The Council shall act on behalf of the owners as a whole, rather than being advocates for specific geographic areas or interest groups. The Council exercises the authority granted by legislation to self-govern the medical profession in the best interests of the public. The Council recognizes that in order to exercise this authority on behalf of the profession, it must retain a special relationship with members.

The Council has the following legislated committees:

1. **Executive Committee:** This committee acts in accordance with the authority granted in Section 35 of *The Medical Act* and in particular makes decisions on matters delegated to Executive Committee in the By-Laws of the College.
2. **Standards Committee:** This committee is responsible for the supervision of the practice of medicine by members of the College. It's role is primarily educational.

Description and Structure of the College (cont'd)

3. **Program Review Committee:** This committee may investigate and inspect on behalf of the Council all diagnostic and treatment facilities in which services are performed by members in Manitoba other than those which are under the jurisdiction of provincial or municipal governments and those facilities that are appointed hospitals under *The Manitoba Hospitals Act*.
4. **Complaints Committee:** This committee is responsible for reviewing complaints or other matters referred to it and shall attempt to resolve the complaint informally if the committee considers informal resolution to be appropriate. On resolving a complaint or other matter, the Complaints Committee may provide advice to the member about the practice of medicine. Where a matter is not suitable for informal resolution, the Complaints Committee refers it to the Investigation Committee for further review.
5. **Investigation Committee:** This committee, when it receives a referral from the Complaints Committee, the Registrar or the Executive Committee, or an appeal by a complainant from a decision of the Complaints Committee, may direct that an investigation of the matter referred be held and appoint a person to conduct the investigation. After a review or an investigation, the Investigation Committee may do one or more of the following:
 - (a) direct that the matter be referred, in whole or in part, to the Inquiry Committee;
 - (b) direct that no further action be taken;
 - (c) censure the member if:
 - (i) a member of the committee has met with the member and the member has agreed to accept the censure, and;
 - (ii) the committee has determined that no action is to be taken against the member other than the censure;
 - (d) enter into an agreement with the member or accept an undertaking from the member that provides for one or more of the following:

Description and Structure of the College Cont'd

- (i) assessing the member's capacity or fitness to practice medicine;
- (ii) counselling or treatment of the member;
- (iii) monitoring or supervision of the member's practice of medicine;
- (iv) the member's completion of a specified course of studies by way of remedial training;
- (v) placing restrictions or conditions on the member's licence;
- (e) accepting the voluntary surrender of the member's licence;
- (f) taking any other action that it considers appropriate in the circumstances and that is not inconsistent with or contrary to *The Medical Act* or the by-laws.

6. **Inquiry Committee:** This committee consists of a Councillor, who is the Chair, and other members of the College, former members of the College, public representatives or other persons appointed from time to time. At least one-third of the persons appointed to the Inquiry Committee must be public representatives. On referral of a matter to the Inquiry Committee, the Chair selects a panel from among the members of the Inquiry Committee to hold a hearing. The panel should be composed of at least three members, at least one of whom is a public representative.

7. **Appeal Committee:** This committee has the authority to hear and determine appeals from decisions of the Investigation Committee in accordance with *The Medical Act*. It may make any decision that in its opinion ought to have been made by the Investigation Committee, and may quash, vary or confirm the decision of the Investigation Committee or it may refer the matter back to the Investigation Committee for further consideration in accordance with any direction that the Appeal Committee may make. The President of Council selects individuals from Council for each individual appeal. Each Appeal Committee consists of three members, one of whom is a public representative.

Description and Structure of the College (cont'd)

Other Committees of the Council:

Audit /Risk Management Committee:

The Audit Committee provides an opinion for the Council, based on evidence required of the external auditor, as to whether the independent audit of the organization was performed in an appropriate manner. It provides an opinion to Council quarterly as to Registrar compliance with criteria specified in executive limitations policies on finance. It provides a self-monitoring report on the appropriateness of the Council's own spending, based on criteria in the Council governance process policy on Council expenses, including periodic random audit of the Council members' expenses. It provides an annual report to Council highlighting the committee's review of the audited financial statements and any other significant information arising from discussions with the external auditor.

Nominating Committee:

This committee provides a slate of two nominees for the post of President-Elect by no later than March 31 in each year. It also provides, at least fourteen days before the Annual Meeting of the Council, a list of nominees for officers of the College, members of Council committees, chairs of Council committees, and the Councillor appointed as the Investigation Chair.

Auditor Committee:

This committee advises the College on best practices for conducting office audits. At the request of the Standards Committee or sub-committees or Investigation Committee, it will conduct audits of physicians' records in compliance with standard audit processes, for the purpose of assessing the quality of medical practice or assessing other issues as identified in the request for audit, and report in writing the findings, recommendations and opinions of the auditors to the committee or subcommittee that requested the audit.

Officers of the College 2014-2015

EXECUTIVE COMMITTEE

Brent Kvern, MD, President
Alewyn Vorster, MD, President-Elect
Daniel Lindsay, MD, Past President
Helmut Unruh, MD, Chair, Audit (Treasurer)
Daniel Lindsay, MD, Chair, Program Review
Enok (Ockie) Persson, MD, Chair, Complaints
Wayne Manishen, MD, Chair, Standards
Jacobi Elliott, MD, Member At Large
Brian Postl, MD, Dean, U of M
Richard Dawson, (Public Councillor – Elected)
Ex Officio 2

COMPLAINTS COMMITTEE

Enok (Ockie) Persson, MD, Chair
Eric Sigurdson, MD
David Pinchuk, MD
Ira Ripstein, MD (Faculty Councillor)
Jacobi Elliott, MD
Nichole Riese, MD
Heather Domke, MD
Morag Fisher, MD
Laura Goosen (Public Rep – CPSM)
Rev. Ron Long (Public Rep – CPSM)
Arpena Babaian (Public Rep – Gov't Appt)
Eleanor Thompson (Public Rep – Gov't Appt)

AUDIT COMMITTEE

Helmut Unruh, MD, Chair
Brian Postl, MD
Robert Dewar, (Public Councillor – Govt. Appt.)
Raymond Cadieux (Public Rep – Qualified Accountant)
Ex Officio 1

INVESTIGATION COMMITTEE

Karen Bullock Pries, MD, Chair
Michael Boroditsky, MD
Laurie Read (Public Councillor – Govt. Appt.)

PROGRAM REVIEW COMMITTEE

Dan Lindsay, MD, Chair
Iain Kirkpatrick, MD - Radiology
Hisham Tassi, MD
Edward Boldt (Public Councillor – Elected)
Jenisa Naidoo, MD (Laboratory Medicine)
Michelle Mathae-Hunter (MB Health Nominee)
Amin Kabani, MD - CMO DSM
Ex Officio 1,2

STANDARDS COMMITTEE

Wayne Manishen, MD, Chair
Michael West, MD
S.J. (Jay) Duncan, MD
Roger Suss, MD (Physician Health Chair)
Ian Jones (Associate Member)
Richard Dawson (Public Councillor – Elected)
Jeffrey (Jeff) Sisler, MD (Associate Dean, CPD)
Diane Wilson Maté (CRNM)
Ex Officio 1, 2

AUDITOR COMMITTEE

Carol Scurfield, MD, Chair

INQUIRY COMMITTEE

Heather Domke, MD, Chair

NOMINATING COMMITTEE

The Committee shall consist of the President, President-Elect and Past President (even if the Past President is no longer on Council) until the election of the new President-Elect, who shall then replace the Past President

Ex Officio:

- #1 President, President-Elect*
- #2 Registrar (non-voting)*

Inquiry Committee (Panel Members) 2014-2015

Chair: Dr. Heather Domke

Physician members:

Dr. Amarjit Arneja

Dr. Diane Biehl

Dr. Gerry Bristow

Dr. David Brodovsky

Dr. Lydia Derzko

Dr. June James

Dr. Allan Lysack

Dr. Neil Margolis

Dr. Carry Martens-Barnes

Dr. Richard McCammon

Dr. Arnold Naimark

Dr. Diane Ramsey

Dr. Ted Redekop

Dr. Allan Ronald

Dr. F. (Rick) Ross

Dr. M. (Molly) Seshia

Dr. Valerie St.John

Dr. Murray Steinbart

Dr. Suzanne Ullyot

Dr. Alex Vajcner

Public members:

Ms Penny Bowles

Ms Eleanor Chornoboy

Mr. Herold Driedger

Mr. Earl Gardiner

Ms Patsy Grant

Ms Liz Lobban

Ms Gloria Matthes

Dr. J. Miles (PhD)

Ms Pat Murphy

Ms Annette Osted

Mr. Melvin Reimer

Ms Joan Skeene

Ms Estelle Sures

Rev. Russ Toews

Potential Auditors (2014-2015)

Last Name	First Name	Specialty	City
Afifi	Tarek Jeremy	Dermatology	Winnipeg
Antonissen	Lou	Family Practice	Portage la Prairie
Baria	Kaikhushroo	Orthopedic Surgery	Winnipeg
Bedder	Phyllis	Family Practice	Winnipeg
Blakley	Brian	Otolaryngology	Winnipeg
Blouw	Richard	Family Practice	Winnipeg
Booy	Harold	Family Practice	Winkler
Bourque	Christopher	Neurology	Winnipeg
Boyd	April J.	Vascular Surgery	Winnipeg
Breneman	Christopher	Family Practice	Hamiota
Bretecher	Gilbert	Family Practice	Dauphin
Bueddefeld	Dieter	Family Practice	Altona
Cisneros	Nestor	Pediatrics, Clin Imm & Allergy	Winnipeg
Cleghorn	Scott Alexander	Internal Medicine	Winnipeg
Collister	Carl	Obstetrics/Gynaecology	Winnipeg
Cram	David	Family Practice	Souris
Dale	Catherine	Dentistry	Winnipeg
De Korompay	Victor	Orthopedic Surgery	Winnipeg
Dittberner	Klaus	Family Practice	Winnipeg
Doermer	Erroll	Family Practice	Winnipeg
Dolynchuk	Kenneth	Plastic Surgery	Winnipeg
Domke	Heather	Family Practice	Winnipeg
Domke	Sheila	Family Practice	Winnipeg
Drachenberg	Darrell	Urology	Winnipeg
Dupont	Jacqueline	Nuclear Medicine	Winnipeg
Dyck	Michael	Psychiatry	Winkler
Edye	Frances	Psychiatry	Winnipeg
Eggertson	Douglas	Neurology	Winnipeg
Elliott	Jacobi	Family Practice	Grandview
Erhard	Philippe	Family Practice	Winnipeg
Esmail	Amirali	Anaesthesia	Winnipeg

Potential Auditors Cont'd

Last Name	First Name	Specialty	City
Fisher	Morag	Addictions	Winnipeg
Fishman	Larry	Otolaryngology	Winnipeg
Fitzgerald	Michael	Family Practice	Virden
Fortier	Denis	Family Practice	Notre Dame
Fuchs	Graham	Family Practice	Selkirk
Galessiere	Paul	General Surgery	Steinbach
Gard	Sherry	Anaesthesia	Winnipeg
Gartner	John	Anatomical Pathology	Winnipeg
Gill	Eunice Charlene	Psychiatry	Winnipeg
Globerman	Daniel	Psychiatry	Winnipeg
Goossen	Marvin	General Surgery	Brandon
Grabowski	Janet	Pediatrics	Winnipeg
Graham	Kerr	Family Practice	Stonewall
Gray	Michael	Family Practice	Portage la Prairie
Guzman	Randy	Vascular Surgery	Winnipeg
Hardy	Brian William	Diagnostic Radiology	Winnipeg
Harris	Pat	Oncology	Winnipeg
Hawaleshka	Adrian	Anaesthesia	Winnipeg
Helewa	Michael	Obstetrics / Gynaecology	Winnipeg
Hesom	Margaret	Family Practice	Winkler
Hicks	Cynthia	Clinical Immunology & Allergy	Winnipeg
Holmes	Carol	Family Practice	Morden
Ilse	Werner	Internal Medicine / Neurology	Winnipeg
James	June Marion Eleanor	Clinical Immunology & Allergy	Winnipeg
Jansen van Rensburg	Nicholas	Family Practice	Beausejour
Juce	Karen	Family Practice	Hamiota
Kaethler	Wilfried	Family Practice	Steinbach
Karvelas	John	Urology	Winnipeg
Kellen	Rodney	Ophthalmology	Winnipeg
Kinnear	David	Family Practice	Portage la Prairie

Potential Auditors Cont'd

Last Name	First Name	Specialty	City
Klassen	Donald	Family Practice	Winkler
Kliewer	Kenneth	Family Practice	Altona
Koltek	Mark M.	Psychiatry	Winnipeg
Koodoo	Stanley	Psychiatry	Winnipeg
Kristjanson	David	Family Practice	Hamiota
Kulbisky	Gordon	Diagnostic Radiology	Winnipeg
Lane	Eric	Family Practice	Winkler
Lane	Debra	Hematological Pathology	Winnipeg
Lee	Lindy	Addictions	Winnipeg
Lemoine	Gabriel	Family Practice	Ste. Anne
Lockwood	Anthony	Plastic Surgery	Winnipeg
Lotocki	Robert	Gynaecology Oncology	Winnipeg
Lucy	Simon	Anaesthesia	Winnipeg
Manishen	Wayne	Internal Medicine	Winnipeg
Matter	Michele	Family Practice	Selkirk
Menticoglou	Savas	Obstetrics	Winnipeg
Menzies	Robert	Family Practice	Morden
Minish	Kimberley	Family Practice	Winnipeg
Munsamy	Gonasagran K.	Family Practice	Winnipeg
Naidoo	Jenisa	Chemical Pathology	Winnipeg
O'Hagan	David	Family Practice	Ste. Rose
Ong	George	Family Practice	Neepawa
Onotera	Rodney	General Surgery	Winnipeg
Padua	Raymond	Family Practice	Winnipeg
Penrose	Michael	Family Practice	Dauphin
Persson	Enok D.	Family Practice	Morden
Price	James	Family Practice	Portage la Prairie
Quesada	Ricardo	Family Practice	Portage la Prairie
Ranson	Allan	Family Practice	Hamiota
Reid	Gregory	Obstetrics/Gynaecology	Winnipeg

Potential Auditors Cont'd

Last Name	First Name	Specialty	City
Rice	Patrick	Family Practice	Portage la Prairie
Riese	Nichole	Family Practice	Winnipeg
Ritchie	Janet	Family Practice	Winnipeg
Ritchie	Brian Albert	Urology	Winnipeg
Ross	James	General Surgery	Portage la Prairie
Ross	Lonny L	Plastic Surgery	Winnipeg
Rusen	David	Dentistry	Winnipeg
Saranchuk	Jeff	Urology	Winnipeg
Schmidt	Daphne	Family Practice	Beausejour
Schneider	Carol	Obstetrics/Gynaecology	Winnipeg
Scurfield	Carol	Family Practice	Winnipeg
Seager	Mary-Jane	Obstetrics/Gynaecology	Winnipeg
Shepertycky	Martha	Respiratory Medicine	Winnipeg
Silver	Shane Gordon	Dermatology	Winnipeg
Simkin	Ruth	Family Practice	Winnipeg
Smith	Roy	Family Practice	Winnipeg
Smith	Hugh	Internal Medicine/Cardiology	Winnipeg
Stearns	Eric	Obstetrics/Gynaecology	Winnipeg
Stoffman	Jayson	Pediatrics/Hematology	Winnipeg
Sutherland	Eric	Anaesthesia/Pain Control	Winnipeg
Sutton	Ian	Anaesthesia/Pain Control	Winnipeg
Szwajcer	David	Internal Medicine / Hematology	Winnipeg
Taraska	Vincent	Internal Med./ Respiratory Med.	Winnipeg
Tenenbein	Milton	Pediatrics	Winnipeg
Thiessen	Myron	Family Practice	Steinbach
Thomson	Glen	Rheumatology	Winnipeg
Turgeon	Thomas	Orthopedic Surgery	Winnipeg
Walli	Eric	Gastroenterology/Internal Med.	Winnipeg
Walton	Paul	Dentistry	Winnipeg
Warda	Lynne	Pediatrics	Winnipeg

Potential Auditors Cont'd

Last Name	First Name	Specialty	City
Warner	Ms Ilana	Infection Control Practitioner	Winnipeg
Warrington	Richard	Clinical Immunology & Allergy	Winnipeg
Wiens	Anthony Victor	Family Practice	Dauphin
Wiens	James	Ophthalmology	Winnipeg
Willemse	Pieter	General Surgery	Dauphin
Woelk	Cornelius	Family Practice	Winkler
Wong	Simon	Urology	Winnipeg
Woo	Vincent Curtis	Internal Med./ Endocrinology	Winnipeg
Zabolotny	Brent	General Surgery	Winnipeg
Zacharias	James	Nephrology	Winnipeg

Meetings Report

During the period 1 May 2014 to 30 April 2015, the following meetings were held □

- 5 Council: 4 June, 19 September, 12 December 2014; 9 February, 13 April 2015
- 8 Executive Committee: 23 June, 3 July, 12 September, 25 September, 12 December 2014; 20 March, 13 April, 1 May, 2015
- 6 Appeal Committee: 3 October, 9 October, 22 December 2014; 17 April, 5 May, 14 May 2015
- 7 Complaints Committee: 26 May, 5 August, 7 October, 18 November 2014; 13 January, 17 February, 21 April 2015.
- 4 Audit/Risk Management Committee: 26 August, 18 November 2014; 17 February, 29 May 2015
- 5 Inquiry Panel: 2, 3, 5, 6 June, 15 August 2014
- 6 Investigation Committee: 3 June, 24 September, 30 September, 3 December 2014; 11 February, 13 March 2015
- 6 Program Review Committee: 5 May, 26 May, 3 September, 29 October, 26 November 2014; 25 February 2015
- 5 Standards Committee: 13 June, 3 October, 21 November 2014; 23 January, 17 April 2015

In addition: 4 meetings of Child Health Standards Committee
 3 meeting of Maternal & Perinatal Health Standards Committee
 7 meetings of Area Standards Committees
 4 meeting of Physician Practice Enhancement Committee

52 meetings
18 meetings of subcommittees, and
2 non-hospital reviews

72

Complaints Committee Report

The Complaints Committee Panels met 7 times over the period May 1, 2014 to April 30, 2015. A total of 184 new formal complaints were reviewed from the following sources:

Patient/legal representative	152
Registrar (College) - includes those referred directly to IC	17
Other	15

The Complaints Committee closed 155 cases during the period May 1, 2014 to April 30, 2015 with the following dispositions:

Comments/No Further Action	63
Resolved by Correspondence by Medical Consultant	11
Complaint Referred to Investigation Committee (includes Registrar referrals to IC)	27
Complaint Referred to Standards Committee	0
Advice/Criticism	42
Abeyanced	1
Withdrawn cases	11

As in previous years, communication was a contributing factor in a significant number of complaints received. The Complaints Committee classified the closed complaints as follows [some cases have more than one classification]:

Breach of Trust/Behaviour	3
Breach of Trust/Sexual Impropriety	0
Communication	34
Diagnosis/Treatment	118
Advertising	0
Record Keeping	0
Systemic Problems	2

Of the 184 new complaints received during the period May 1, 2014 to April 30, 2015, the following list shows the number of complaints by geographical location of the physician:

Urban General Practitioner (Winnipeg/Brandon)	74 (40.5%)
Urban Non-Specialist	1 (.5%)
Urban - Specialist (Winnipeg/Brandon)	52 (28%)
Rural General Practitioner	31 (17%)
Rural Non-Specialist	1 (.5%)
Rural Specialist	7 (4%)
Resident	2 (1%)
Others	16 (8.5%)

Investigation Committee Report

The Investigation Committee met 6 times over the period May 1, 2014 to April 30, 2015 and received a total of 80 new cases during that period, from the following sources:

Complaints Committee	25 (31%)
Registrar	30 (38%)
Appeals of Complaints Committee Decision	25 (31%)

The Investigation Committee closed 68 cases during the period May 1, 2014 to April 30, 2015 with the following dispositions: (note: one case had more than one outcome):

1. Closed - No Formal Action:		
• with Letter of Criticism/Advice		25
• no further action and/or concur with Complaints Committee		25
2. Undertakings		3
Self-Directed Learning	1	
Practice Restrictions	0	
Other	2	
Retire	0	
3. Censure		2
4. Referred to Inquiry		3
5. Referred to Standards		4
6. Withdrawn		2
7. Abeyanced		0

Inquiry Committee Report

- There were 5 Inquiry Panels between May 1, 2014 and April 30, 2015.

STATISTICAL SUMMARY

A. Inquiries completed during this fiscal year	2
B. Matters pending before the Inquiry Committee	3

Appeal Committee Report

- There were 12 appeals of Investigation Committee decisions to the Appeal Committee.

Disposition of cases reviewed by Appeal Committee:

Confirmed Investigation Committee Decision	11
Varied Decision of Investigation Committee	0
Referred back to Investigation Committee	1
Referred to Standards Committee	0

4 appeals open as of April 30, 2015

Measuring the Competency of Members

The College of Physicians and Surgeons of Manitoba utilizes a number of tools to review members' continuing competency. The most important of these is chart audits. Chart audits arise from a number of avenues:

- As part of the Qualifications process, new physicians on the conditional register undergo a chart audit at approximately 6 months of practice.
- The Standards Committee may direct an audit because the committee is reviewing a physician's practice.
 - Referral to Standards may come from the Investigation Committee, the Registrar, or the Executive Committee/Council.
- The Investigation Committee may order a chart audit as part of its review of a physician.
- Physicians over the age of 75 years have routine chart audits every 5 years.
- Chart audits are a significant component of accreditation surveys for non-hospital medical/surgical facilities which occur when the facilities open and every 5 years thereafter.
- The Child Health Standards Committee reviews the deaths of all patients between the ages of 29 days and 18 years.*
- The Maternal and Perinatal Health Standards Committee reviews many physician charts on a per case basis as they review maternal and perinatal morbidity and mortality.**

*The Government of Manitoba provides funding for the operation of the subcommittee on Child Health standards. Its purpose is to maintain and improve the quality of medical practice as related to child health through peer review and analysis and through education rather than discipline. It functions as a public advocacy committee when appropriate.

**The Government of Manitoba provides funding for the operation of the subcommittee on Maternal and Perinatal Health standards. Its purpose is to maintain and improve the quality of medical practice as related to maternal and perinatal health through peer review and analysis. Through education rather than discipline. It also functions as a public advocacy committee when appropriate.

Education and peer review are the two key components that assist continuing physician competence. In addition to the above educational audits, there are several other processes which act to ensure physician quality of care.

Measuring the Competency of Members Cont'd

The College newsletter outlines important new issues, especially related to the ethical practice of medicine.

- All physicians participate in Continuing Professional Development. All specialists must participate in the Maintenance of Certification Program of the Royal College of Physician & Surgeons of Canada. All family physicians must participate in the MainPro program of The College of Family Physicians of Canada.
- The Registrars provide many hours of educational sessions each year to the Faculty of Medicine at the University of Manitoba related to professional and ethical issues.
- Issues related to prescribing are reviewed with individual physicians. These may arise from complaints, Standards matters, calls to the Registrar from the Manitoba Pharmaceutical Association or comments from other physicians.
- Each hospital or Regional Health Authority has a Clinical Privileges Panel which reviews physicians' competencies in hospitals over the course of the year. When concerns are raised, they may refer these physicians to the College for further consideration.
- Physician members are legally and ethically required to report colleagues who may be at risk to the public to the Registrar. These individuals are then reviewed and appropriate educational action is taken.
- The College has introduced a mandatory review program called MPAR [Manitoba Physician Achievement Review]. MPAR is a multi-source performance assessment and feedback program that provides physicians with a view of their medical practice. Every 7 years doctors ask patients, medical colleagues and co-workers to complete a survey about their performance. Survey topics range from medical expertise and management ability to communication skills and success in relating to those with whom they work and those whom they serve. Feedback is presented to physicians in a confidential report that contains individualized data and comparisons to the average scores of physicians with a similar practice. This report helps doctors to build on their strengths and to identify opportunities for improvement.

Applications for Registration Received & Their Disposition

Number of applications received : 460

Number registered: 347

234 on the Educational Register; 104 on the MB Medical Register (of which 19 were conditional);
10 Clinical Assistants, 13 Physician Assistants

Did meet the requirements, not yet registered: 18

Did not meet the requirements: 15

Unknown at time of report whether or not met the requirements: 80

Physician Resource Statistics

(B) CERTIFICATES OF REGISTRATION ISSUED

During the period 1 May 2014 to 30 April 2015, 179 persons were issued registration and a full licence to practise.

In total there were 196 certificates issued of which 17 were for a resident licence.

TABLE I
MEDICAL PRACTITIONERS GRANTED REGISTRATION
AND FULL LICENCE ANNUALLY IN MANITOBA
2006 - 2015 with Country of Qualification

Year	Man	Can	USA	UK&I	Eur	Asia	Aust	NZ	Afr	C/S Am	Total
2006	30	43	0	3	8	40	0	0	26	2	152
2007	41	31	0	8	4	40	1	0	29	3	157
2008	45	48	2	7	8	40	0	0	25	6	181
2009	49	26	2	5	2	28	1	0	20	2	135
2010	33	30	1	7	10	46	1	0	22	3	153
2011	56	42	6	5	10	39	2	1	21	7	189
2012	39	30	2	3	8	24	2	0	20	5	133
2013	61	42	2	4	9	28	3	1	15	6	171
2014	64	44	2	6	9	44	6	1	16	7	199
2015	56	42	0	9	9	33	3	0	23	4	179
Total (10 Yr)	474	378	17	57	77	362	19	3	217	45	1649
New Practitioners % of Total											
2015	31.3	23.5	0.0	5.0	5.0	18.4	1.7	0.0	12.9	2.2	100%

Percentages may not be exact due to rounding

(C) NUMBER OF LICENSED PRACTITIONERS IN MANITOBA AS AT 30 APRIL 2015

TABLE II
NUMBER OF LICENSED MEDICAL PRACTITIONERS IN MANITOBA 2006-2015

Year	Winnipeg	%	Outside Winnipeg	%	Totals	Net Gain Net Loss(-)
2006	1663	75.0	555	25.0	2218	32
2007	1688	74.3	584	25.7	2272	54
2008	1722	74.1	603	25.9	2325	53
2009	1788	75.1	594	24.9	2382	57
2010	1839	77.1	576	22.9	2415	33
2011	1870	75.7	602	24.3	2472	57
2012	1931	76.1	607	23.9	2538	66
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

The total of 2748 includes 53 fully licensed residents. There are no data on how many actually “moonlight”, or to what extent.

Physician Resource Statistics Cont'd

The following table shows the possible influence of this resident population on the number in active practice.

(Full Licence: FL; Resident Licence: RL)

	<i>FL</i>		<i>Subtotal</i>	<i>RL</i>	<i>Total</i>
2010	2386	56	2442	19	2461
2011	2456	46	2502	22	2524
2012	2475	63	2538	20	2558
2013	2538	61	2599	19	2618
2014	2621	61	2682	27	2709
2015	2695	53	2748	24	2772

EDUCATIONAL REGISTER

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

	2015	%
Medical Students	443	
Physician Assistant Students	24	
Postgraduate trainees	502	
Total on Educational Register	969	92.6
On Resident Licence	24	2.3
Full Licence	53	5.1
TOTAL	1046	100.0

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 2015 (as a percentage)

	Winnipeg	Brandon	Rural	Resident
%	2116	138	494	24
Man	54.7	23.9	36.8	29.2
Can	17.0	16.7	7.5	54.2
Total Canada	71.7	40.6	44.3	83.4
USA	0.7	0.7	0.4	0.0
UK & Irel	3.7	5.8	5.7	4.2
Eur	3.9	2.2	3.2	0.0
Asia	12.8	31.2	31.8	4.2
Aust/NZ	0.4	0.7	0.8	4.2
Afr	4.7	14.5	11.5	0.0
S.Am	2.1	4.4	2.2	4.2

Percentages may not be exact due to rounding.

Physician Resource Statistics Cont'd

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

	2015
Manitoba Graduates	49.9
Other Canadian Graduates	15.3
TOTAL CANADA	65.2
United Kingdom & Ireland	4.2
Asia	17.1
Other	13.5

TABLE V GEOGRAPHIC DISTRIBUTION OF FEMALE PRACTITIONERS

	Winnipeg	Brandon	Rural	Total	Resident Licence
1982	213	8	44	265	51
2015	738	38	182	958	16

34.9% of fully licensed physicians are female. 35.3% of practitioners in Winnipeg are women, 28.8% in Brandon and 34.6% in rural Manitoba. 66.7% of those with a residency licence are female. During the past 33 years there has been an increase of 525 women in Winnipeg, 30 in Brandon and 138 in the remainder of the province.

TABLE VI AGES OF DOCTORS RESIDING IN MANITOBA AS AT 30 APRIL 2015

	Winnipeg	Brandon	Rural	Total
Over 70	120 (5.7)	8 (5.8)	20 (4.1)	148 (5.4)
65 - 70	178 (8.4)	13 (9.4)	27 (5.5)	218 (7.9)
56 - 64	457 (21.6)	32 (23.2)	98 (19.8)	587 (21.4)
46 - 55	567 (26.8)	38 (27.5)	138 (27.9)	743 (27.0)
36 - 45	588 (27.8)	38 (27.5)	133 (26.9)	759 (27.6)
31 - 35	174 (8.2)	7 (5.1)	63 (12.8)	244 (8.9)
30 or under	32 (1.5)	2 (1.5)	15 (3.0)	49 (1.8)

Physician Resource Statistics Cont'd

(F) MANPOWER CHANGES from 1 May 2014 to 30 April 2015

TABLE VII ADDITIONS AND DELETIONS

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 2015		DELETIONS 2015
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AGE

31	30 or under	4
98	31 - 35	50
107	36 - 45	72
37	46 - 55	36
18	56 - 64	33
6	65 - 70	17
4	over 70	23
301		235

YEARS SINCE QUALIFICATION

72	5 or less	19
96	6 - 10	51
110	11 - 30	96
23	over 30	69
301		235

YEARS SINCE REGISTERED IN MANITOBA

246	5 or less	114
22	6 - 10	41
25	11 - 30	37
8	over 30	43
301		235

PLACE OF QUALIFICATION

99	Manitoba	74
68	Canada	49
1	USA	4
13	UK & Ireland	10
10	Europe	13
65	Asia	52
6	Australia/New Zealand	3
30	Africa	22
9	C/S America	8
301		235

Physician Resource Statistics Cont'd

DEATHS or DELETIONS 2015

Deaths	4
Transferred to Residency Licence	6
Removed from Register/Suspended	1
No Longer Practising/Retired	70

DEPARTURES to: (Total) 154

Atlantic Provinces	2
Quebec	1
Ontario	46
Saskatchewan	3
Alberta	14
British Columbia	23
NWT/NU	0
TOTAL CANADA	89
U.S.A.	2
U.K. & Ireland	4
Others/Unknown	59

(G) SPECIALIST REGISTER

There were 1394 specialists enrolled on the Specialist Register as at 30 April 2015.

(H) CERTIFICATES OF PROFESSIONAL CONDUCT (COPC)

During the period 1 May 2014 to 30 April 2015, 690 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 2014.

Provincial Licensing Bodies:	2015	2014
British Columbia	147	127
Alberta	122	95
Saskatchewan	28	29
Ontario	135	102
Quebec	3	5
Prince Edward Island	2	1
New Brunswick	6	1
Nova Scotia	9	23
Newfoundland/Labrador	6	6
Northwest Territories/Nunavut	13	9
Yukon	2	0
Australia & New Zealand	10	11
Overseas/Other	20	19
U.S.A.	42	22
WRHA	102	74
CFPC	43	84
TOTALS	690	608

By-Law Changes May 1, 2014—April 30, 2015

June 2014

Bylaw #1— Schedule E (fees)

Bylaw # 1— Section 8.3—Appointment of Committee Members

By-Law # 3—Accredited Facilities Revision—Section 7.8

December 2014

By-Law # 1 Revision – Schedule F