

Annual Report



THE
COLLEGE OF
PHYSICIANS
& SURGEONS
OF MANITOBA

2017

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA

1000-1661 PORTAGE AVENUE

WINNIPEG, MB R3J 3T7

TELEPHONE: (204) 774-4344 FAX: (204) 774-0750

E-MAIL: cpsm@cpsm.mb.ca

WEB ADDRESS: WWW.CPSM.MB.CA

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CPSM Officials & Agents

Council

Position

President
President-Elect
Past President
Finance/Treasurer
Investigation Committee Chair

Representative

Dr. A. Vorster
Dr. E. Sigurdson
Dr. B. Kvern
Dr. B. Postl
Dr. B. Kvern

Public Representatives

Ministerial Appointment (Council)
Ministerial Appointment (Council)
Ministerial Appointment (Complaints Committee)
Ministerial Appointment (Complaints Committee)
Elected by Council (Complaints Committee)
Elected by Council
Elected by Council

To Be Determined
To Be Determined
Ms A. Babaian
Ms E. Thompson
Rev. R. Long
Ms P. Shah
Mr. R. Dawson

Employees

Position

Registrar/CEO
Deputy Registrar

Employee

Dr. A. Ziomek
Dr. T. Babick

External Advisors to the Council

Position

Solicitor
Accountant

Mr. Blair Graham, Q.C.
MNP LLP

Description and Structure of the College

The College of Physicians and Surgeons of Manitoba is the regulatory authority for the practice of medicine in the Province of Manitoba. It is governed by a 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 Max Rady College of Medicine Rady Faculty of Health Sciences, and four public representatives, two appointed by the Government of Manitoba and two elected by the Council.

The College of Physicians & Surgeons of Manitoba protects the public as consumers of medical care and promotes the safe and ethical delivery of quality medical care by physicians in Manitoba. Council governs, determines, controls and administers the affairs of the College. In accordance with its governance policy, Council governs 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.

As stated in Council policy, the “moral owners” of The College of Physicians and Surgeons of Manitoba are the people of Manitoba. The Council is accountable to and acts 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 Bylaws of the College.
2. **Standards Committee:** This committee is responsible for the supervision of the practice of medicine by members of the College. Its role is primarily educational. It also monitors the compliance of members with the statutory requirement for continuing professional education.

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 bylaws.

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 is 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 and Risk Management Committee:** The Audit and Risk Management 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. It is also charged with the responsibility to promote and monitor the risk management activities of the College and to provide advice to Council on identified risks and risk management activities.
- Nominating Committee:** This committee provides a slate of two nominees for the office of President-Elect by no later than November 15 in every second year. It also provides, for approval at 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 nominated 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.
- Physician Health Committee:** This is a newly created committee established by Council to operate the Health Program of the College. It can appoint Advisory Service Panels to provide the committee with advice on specific health issues such as medical marijuana or blood borne pathogens in relation to a specific member or as to matters of best practices. It also provides advice to Council with respect to trends and best practices in relation to the Health Program of the College.

Officers of the College 2016-2017

EXECUTIVE COMMITTEE

Alewyn Vorster, MB ChB, President
Eric Sigurdson, MD, President-Elect
Brent Kvern, MD, Past President
Brian Postl, MD, Dean, U of M, (Treasurer)
Richard Dawson (Public Councillor – Elected)
Enok (Ockie) Persson, MB ChB
Wayne Manishen, MD
Ex Officio 2

COMPLAINTS COMMITTEE

Ira Ripstein, MD, Chair
Nader Shenouda, MB ChB
Lou Antonissen, MD (Member Rep)
Candace Bradshaw, MD
Florin Padeanu, MD
Hussam Azzam, MBBS (Resigned January 2017)
Leanne Penny (Public Rep – CPSM)
Arpena Babaian (Public Rep – Gov't Appt)
Eleanor Thompson (Public Rep – Gov't Appt)

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

Brent Kvern, MD, Chair
David Pinchuk, MD
Ray Cadieux (Public Representative)

INQUIRY COMMITTEE

Heather Domke, MD, Chair

PROGRAM REVIEW COMMITTEE

Enok (Ockie) Persson, MB ChB – Chair
Elizabeth Senderewich, MD
Dan Lindsay, 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 - CMO DSM
Ex Officio 1,2

STANDARDS COMMITTEE

Wayne Manishen, MD, Chair
Nichole Riese, MD
Heather Domke, MD
Michael West, MD
Josef Silha, MD
Shaundra Popowich, MD (Member Rep)
Boshra Hosseini (Associate Member)
Jeffrey (Jeff) Sisler, MD (Associate Dean, CPD)
Katherine Stansfield (CRNM)
Ex Officio 1, 2

PHYSICIAN HEALTH COMMITTEE

Eric Sigurdson, MD, Chair
Roger Süß, MD
Diane Wilson-Maté, Public Representative

AUDITOR COMMITTEE

Carol Scurfield, 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 [election taking place after December, 2016 Council meeting,] who shall then replace the Past President
Ex Officio:
#1 President, President-Elect
#2 Registrar (non-voting)

Inquiry Committee (Panel Members) 2016-2017

Chair: Dr. Heather Domke

Physician members:

Dr. Amarjit Arneja

Dr. Diane Biehl

Dr. Gerry Bristow

Dr. David Brodovsky

Dr. Lydia Derzko

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

Ms Patsy Grant

Ms Gloria Matthes

Dr. J. Miles (PhD)

Ms Pat Murphy

Ms Annette Osted

Ms Estelle Sures

Rev. Russ Toews

Potential Auditors (2016-2017)

Auditor Last Name	First Name	Specialty	City
Afifi	Tarek Jeremy	Dermatology	Winnipeg
Bedder	Phyllis	Family Practice	Winnipeg
Blakley	Brian	Otolaryngology	Winnipeg
Booy	Harold	Family Practice	Winkler
Bourque	Christopher	Neurology	Winnipeg
Boyd	April J.	Vascular Surgery	Winnipeg
Bueddefeld	Dieter	Family Practice	Altona
Cisneros	Nestor	Pediatrics, Clin Imm & Allergy	Winnipeg
Cleghorn	Scott Alexander	Internal Medicine	Winnipeg
Cram	David	Family Practice	Souris
Dale	Catherine	Dentistry	Winnipeg
De Korompay	Victor	Orthopedic Surgery	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
Eggertson	Douglas	Neurology	Winnipeg
Elliott	Jacobi	Family Practice	Grandview
Erhard	Philippe	Family Practice	Winnipeg
Esmail	Amirali	Anaesthesia	Winnipeg
Fisher	Morag	Addictions	Winnipeg
Fishman	Larry	Otolaryngology	Winnipeg
Fortier	Denis	Family Practice	Notre Dame
Galessiere	Paul	General Surgery	Steinbach
Gartner	John	Anatomical Pathology	Winnipeg
Grabowski	Janet	Pediatrics	Winnipeg
Guzman	Randy	Vascular Surgery	Winnipeg
Hardy	Brian William	Diagnostic Radiology	Winnipeg
Harris	Pat	Oncology	Winnipeg
Helewa	Michael	Obstetrics / Gynaecology	Winnipeg

Potential Auditors Cont'd

Auditor Last Name	First Name	Specialty	City
Hicks	Cynthia	Clinical Immunology & Allergy	Winnipeg
Ilse	Werner	Internal Medicine / Neurology	Winnipeg
Karvelas	John	Urology	Winnipeg
Kellen	Rodney	Ophthalmology	Winnipeg
Koltek	Mark M.	Psychiatry	Winnipeg
Koodoo	Stanley	Psychiatry	Winnipeg
Lane	Debra	Hematological Pathology	Winnipeg
Lockwood	Anthony	Plastic Surgery	Winnipeg
Lotocki	Robert	Gynaecology Oncology	Winnipeg
Manishen	Wayne	Internal Medicine	Winnipeg
Menticoglou	Savas	Obstetrics - Fetal Assessment	Winnipeg
Menzies	Robert	Family Practice	Morden
Naidoo	Jenisa	Chemical Pathology	Winnipeg
O'Hagan	David	Family Practice	Ste. Rose
Onotera	Rodney	General Surgery	Winnipeg
Persson	Enok D.	Family Practice	Morden
Rabson	John L.	Cardiology	Winnipeg
Ranson	Allan	Family Practice	Hamiota
Reimer	Heinz	Ped.Anesthesiologist	Winnipeg
Reinecke	Marina	Addiction Medicine	Winnipeg
Riese	Nichole	Family Practice	Winnipeg
Ritchie	Janet	Family Practice	Winnipeg
Rossouw	Janetta	Pathology	Brandon
Saranchuk	Jeff	Urology	Winnipeg
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	Hugh	InternalMedicine/Cardiology	Winnipeg

Potential Auditors Cont'd

Auditor Last Name	First Name	Specialty	City
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 Medicine / Respiratory Medicine	Winnipeg
Tenenbein	Milton	Pediatrics	Winnipeg
Thiessen	Myron	Family Practice	Selkirk
Thomson	Glen	Rheumatology	Winnipeg
Turgeon	Thomas	Orthopedic Surgery	Winnipeg
Walli	Eric	Gastroenterology/Internal Medicine	Winnipeg
Warda	Lynne	Pediatrics	Winnipeg
Warner	Ms Ilana	Infection Control Practitioner	Winnipeg
Woo	Vincent Curtis	Internal Medicine / Endocrinology	Winnipeg
Zabolotny	Brent	General Surgery	Winnipeg
Zacharias	James	Nephrology	Winnipeg

Meetings Report

MEETINGS

During the period 1 May 2016 to 30 April 2017, the following meetings were held:

- 4 Council: 17 June, 19 October, 21 December 2016; 17 March 2017
 - 9 Executive Committee: 16 June, 14 July, 5 August, 08 September, 19 October, 21 December 2016; 01 February, 24 February, 17 March 2017
 - 3 Appeal Committee: 5 May, 25 November 2016, 18 April 2017
 - 9 Complaints Committee: 31 May, 19 July, 12 August, 27 September, 15 November, 2016; 10 January, 7 February, 14 March, 18 April 2017
 - 4 Audit & Risk Management Committee: 31 May, 21 September, 23 November 2016, 15 February 2017
 - 2 Inquiry Panel met for Inquiries on the following dates: 25, 26, 27, 30, 31 May, 1, 3, June, 11 July, 01 September, 04, 05 October, 10 November, 2016
 - 5 Investigation Committee: 15 June, 20 September, 2 November 2016; 10 January, 19 April, 2017
 - 4 Program Review Committee: 18 May, 07 September, 23 November 2016, 15 February 2017
 - 5 Standards Committee: 27 May, 16 September, 25 November 2016, 27 January, 24 March 2017
In addition: 6 meetings of Child Health Standards Committee
4 meetings of Maternal & Perinatal Health Standards Committee
6 meetings of Area Standards Committees
4 meetings of Physician Practice Enhancement Committee
 - 3 Physician Health Committee: 22 June, 14 October 2016; 18 March, 2017
- 48 meetings
20 meetings of subcommittees, and
2 non-hospital reviews
4 off-site inspections

74

Complaints Committee Report

The Complaints Committee Panels met 9 times over the period May 1, 2016 to April 30, 2017. The Manitoba Monitored Drug Review Sub-Committee met once during this fiscal year on March 21, 2017. A total of 199 new formal complaints were reviewed from the following sources:

Patient/legal representative	185
Registrar (College) - includes those referred directly to IC	14

The Complaints Committee closed 183 cases during the period May 1, 2016 to April 30, 2017 with the following dispositions:

Comments/No Further Action	73
Resolved by Correspondence by Medical Consultant	11
Complaint Referred to Investigation Committee (includes Registrar referrals to IC)	33
Advice/Criticism	52
Abeyanced	4
Withdrawn cases	10

As in previous years, communication was a contributing factor in a significant number of complaints received. Some cases have more than one classification. The Complaints Committee classified the closed complaints as follows: (Note: includes CanMeds classification but does not include cases directly referred to IC)

Breach of Trust/Behaviour	3
Breach of Trust/Sexual Impropriety	5
Communication	41
Diagnosis/Treatment	129
Communicator	31
Record Keeping	4
Manager	14
Medical Expert	115
Professional	43

Of the 199 new complaints received during the period May 1, 2016 to April 30, 2017, the following list shows the number of complaints by geographical location of the physician:

Urban General Practitioner (Winnipeg/Brandon)	83 (42%)
Urban Non-Specialist	1 (.5%)
Urban - Specialist (Winnipeg/Brandon)	55 (28%)
Rural General Practitioner	24 (12%)
Rural Non-Specialist	2 (.5%)
Rural Specialist	9 (4.5%)
Resident	1 (.5%)
Others	24 (12%)

Investigation Committee Report

The Investigation Committee met 5 times over the period May 1, 2016 to April 30, 2017 and received a total of 69 new cases during that period, from the following sources:

Complaints Committee	30 (43%)
Registrar	14 (21%)
Appeals of Complaints Committee Decision	25 (36%)

The Investigation Committee closed 81 cases during the period May 1, 2016 to April 30, 2017 with the following dispositions: (note: one case had more than one outcome):

1. Closed - No Formal Action:		
• with Letter of Criticism/Advice		31
• no further action and/or concur with Complaints Committee		23
2. Undertakings		19
• Self-Directed Learning	8	
• Practice Restrictions	3	
• Other	1	
• Retire	7	
3. Censure		3
4. Referred to Inquiry		0
5. Referred to Standards		0
6. Withdrawn		4
7. Other		1

Inquiry Committee Report

- The Inquiry Panel met 12 times between May 1, 2016 and April 30, 2017.

STATISTICAL SUMMARY

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

Appeal Committee Report

- There were 7 appeals of Investigation Committee decisions to the Appeal Committee.

Disposition of cases reviewed by Appeal Committee:

Confirmed Investigation Committee Decision	7
Varied Decision of Investigation Committee	0
Referred back to Investigation Committee	0
Referred to Standards Committee	0
0appeals open as of April 30, 2017	0

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 due to the committee 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 and 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

- 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 hours of educational sessions each year to the Max Rady College of Medicine Rady Faculty of Health Sciences 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 College of Pharmacists or concerns brought forward from other physicians.
- Physician members are legally and ethically required to report colleagues, who may be a risk to the public, to the Registrar. These individuals are then reviewed and appropriate educational action is taken.
- The College mandates participation in a 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 : 555

Number registered: 442

- 289 on the Educational Register
- 130 on the MB Medical Register (of which 26 were conditional)
- 19 Clinical Assistants
- 4 Physician Assistants

Did meet the requirements, not yet registered: 18

Did not meet the requirements: 6

Unknown at time of report whether or not met the requirements: 89

Physician Resource Statistics

CERTIFICATES OF REGISTRATION ISSUED

During the period 1 May 2016 to 30 April 2017, 187 persons were issued registration and a full licence to practise.

In total there were 213 certificates issued of which 25 were for a resident licence, 1 did not practise here.

TABLE I MEDICAL PRACTITIONERS GRANTED REGISTRATION AND FULL LICENCE ANNUALLY IN MANITOBA 2008 - 2017 with Country of Qualification

Year	Man	Can	USA	UK&I	Eur	Asia	Aust	NZ	Afr	C/S Am	Total
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
2016	60	46	0	8	15	24	4	0	11	7	175
2017	68	38	0	8	8	40	2	0	16	7	187
Total (10 Yr)	531	388	17	62	88	346	24	3	189	54	1702
New Practitioners % of Total											
2017	36.4	20.3	0.0	4.3	4.3	21.4	1.1	0.0	8.6	3.7	100%

Percentages may not be exact due to rounding

NUMBER OF LICENSED PRACTITIONERS IN MANITOBA AS AT 30 APRIL 2017

TABLE II NUMBER OF LICENSED MEDICAL PRACTITIONERS IN MANITOBA 2008-2017

Year	Winnipeg	%	Outside Winnipeg	%	Totals	Net Gain Net Loss(-)
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
2016	2122	76.7	646	23.3	2768	20
2017	2174	77.0	650	23.0	2824	56

The total of 2824 includes 46 fully licensed residents. There is 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>
2012	2475	63	2538	20	2558
2013	2538	61	2599	19	2618
2014	2621	61	2682	27	2709
2015	2695	53	2748	24	2772
2016	2716	52	2768	25	2793
2017	2778	46	2824	28	2852

EDUCATIONAL REGISTER

Postgraduate physicians in training programs are 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.

	2017	%
Medical Students	449	
Physician Assistant Students	26	
Postgraduate trainees	540	
Total on Educational Register	1015	93.2
On Resident Licence	28	2.6
Full Licence	46	4.2
TOTAL	1089	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 2017 (as a percentage)

	Winnipeg	Brandon	Rural	Resident
%	2174	141	509	28
Man	54.7	27.7	41.1	50.0
Can	17.2	15.6	7.5	42.9
Total Canada	71.9	43.3	48.6	92.9
USA	0.6	0.7	0.4	0.0
UK & Irel	3.2	3.6	6.7	3.6
Eur	4.0	2.8	3.5	0.0
Asia	12.7	31.9	27.7	3.6
Aust/NZ	0.5	0.7	1.4	0.0
Afr	5.3	13.5	9.6	0.0
S.Am	2.1	3.6	2.2	0.0

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

	2017
Manitoba Graduates	50.9
Other Canadian Graduates	15.3
TOTAL CANADA	66.2
United Kingdom & Ireland	3.8
Asia	16.4
Other	13.6

TABLE V GEOGRAPHIC DISTRIBUTION OF FEMALE PRACTITIONERS

	Winnipeg	Brandon	Rural	Total	Resident Licence
1982	213	8	44	265	51
2017	785	45	186	1016	16

36% of fully licensed physicians are female. 36.4% of practitioners in Winnipeg are women, 33.3% in Brandon and 35% in rural Manitoba. 57% of those with a residency licence are female. During the past 35 years there has been an increase of 572 women in Winnipeg, 37 in Brandon and 142 in the remainder of the province.

TABLE VI AGES OF DOCTORS RESIDING IN MANITOBA AS AT 30 APRIL 2017

	Winnipeg	Brandon	Rural	Total
Over 70	124 (5.7)	8 (5.7)	21 (4.1)	153 (5.4)
65 - 70	185 (8.5)	8 (5.7)	39 (7.7)	232 (8.2)
56 - 64	476 (21.9)	42 (29.8)	89 (17.5)	607 (21.5)
46 - 55	563 (25.9)	39 (27.7)	132 (25.9)	734 (26.0)
36 - 45	598 (27.5)	30 (21.3)	141 (27.7)	769 (27.3)
31 - 35	208 (9.6)	9 (6.4)	70 (13.6)	287 (10.2)
30 or under	20 (0.9)	5 (3.6)	17 (3.3)	42 (1.5)

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

Physician Resource Statistics Cont'd

MANPOWER CHANGES from 1 May 2016 to 30 April 2017

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 2017	AGE	DELETIONS 2017
28	30 or under	8
122	31 - 35	57
133	36 - 45	114
44	46 - 55	39
22	56 - 64	34
4	65 - 70	25
7	over 70	27
360		304
YEARS SINCE QUALIFICATION		
143	5 or less	20
119	6 - 10	78
132	11 - 30	121
34	over 30	85
360		304
YEARS SINCE REGISTERED IN MANITOBA		
282	5 or less	150
23	6 - 10	44
39	11 - 30	57
16	over 30	53
360		304
PLACE OF QUALIFICATION		
121	Manitoba	79
88	Canada	85
0	USA	3
17	UK & Ireland	18
16	Europe	13
74	Asia	68
2	Australia/New Zealand	2
32	Africa	21
10	C/S America	15
360		304

Physician Resource Statistics Cont'd

DEATHS or DELETIONS 2017

Deaths	5
Transferred to Residency Licence	4
Removed from Register/Suspended	0
No Longer Practising/Retired	43

DEPARTURES to: (Total) 252

Atlantic Provinces	4
Quebec	7
Ontario	56
Saskatchewan	9
Alberta	22
British Columbia	41
NWT/NU	1
TOTAL CANADA	140

U.S.A.	2
U.K. & Ireland	1
Others/Unknown	109

SPECIALIST REGISTER

There were 1448 specialists enrolled on the Specialist Register as at 30 April 2017.

CERTIFICATES OF PROFESSIONAL CONDUCT (COPC)

During the period 1 May 2016 to 30 April 2017, 683 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 2016.

Provincial Licensing Bodies:	2017	2016
British Columbia	147	160
Alberta	122	121
Saskatchewan	28	24
Ontario	86	100
Quebec	6	3
Prince Edward Island	1	1
New Brunswick	7	9
Nova Scotia	22	16
Newfoundland/Labrador	13	13
Northwest Territories/Nunavut	12	17
Yukon	1	2
Australia & New Zealand	6	9
Overseas/Other	51	26
U.S.A.	24	32
MB Healthcare Providers Network (formerly Health Workforce Secretariat)	64	83
RHAs (previously combined with HWS)	64	56
CFPC	29	52
TOTALS	683	724

Bylaw Changes May 1, 2016—April 30, 2017

Bylaw 1:

- Article 7.8 – addition of Oath of Office and Declaration of Confidentiality
- Article 8.1(b) – Committees of Council – amendment to Audit Committee name
- Schedule F 2(i)(a) Settlements⁸ – Footnote added
- Schedule E – Fees – Amended
- Article 27 – Facility, Clinic and Business Names – 27.1 – amended and expanded to add sections 27.2 and 27.3
- Article 19.2(a)(i) Licence fees based upon the licence year amended
- Article 19.2(a)(iii) Licence fees based upon the licence year for Medical Corporations amended
- Article 19.3 (a) amended to exclude medical corporation annual licence from installation or monthly payments
- Article 15.2(ii) – Types of licensure amended
- Article 12.2(a) – Conditions amended
- Article 3.5(a) – Cheques amended
- Article 3.5(b) – Cheques amended
- Schedule E – Licence Fees (c)(ii) – amended footnote 8
- Schedule F – Certificate of Professional Conduct – amendment to footnote 6
- Article 3.3 (a) – Contracts amended

Bylaw 5:

- Schedule A – Amended to include Suboxone

Bylaw 8:

- Bylaw 8 amended to change annual fee due date

Bylaw 11:

- E – Method of Prescribing M3P Drugs – amended to add article 24(2)
- Schedule M – now forms part of Bylaw 11
- J – Transfer of Patient Records - Section 31(2) amended
- J – Transfer of Patient Records - Section 37(2) amended