



## COUNCIL POLICY

### Governance Policy

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## 1. GOVERNING STYLE AND CODE OF CONDUCT

### 1.1 General

Council recognizes its accountability to the people of Manitoba to carry out its mandate, duties, and powers and govern its registrants in a manner that serves and protects the public interest. To that end, Council will govern with an emphasis on strategic leadership, including a commitment to obtaining public and registrants' input, encouragement of diverse viewpoints, and clear distinction of Council and staff roles.

### 1.2 Council and Committee Code of Conduct

All Council members and all Committee members are expected to adhere to the following Code of Conduct:

- 1.2.1. Carry out CPSM's mandate, duties and powers in a manner that serves and protects the public interest.
- 1.2.2. Be loyal to CPSM, un-conflicted by loyalties to staff, other organizations or any personal interest, and co-operate in the conduct of CPSM business.
- 1.2.3. Exercise the powers and discharge the duties of their office honestly and in good faith, including being willing to deal openly on all matters before Council or committee, as the case may be.
- 1.2.4. Exercise the degree of care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances, including:
  - 1.2.4.a be familiar with *The Regulated Health Professions Act*, regulations, bylaws, and policies of CPSM, and the rules of procedure and proper conduct of a meeting;
  - 1.2.4.b be familiar with the obligation to carry out CPSM activities and govern CPSM registrants in a manner that protects and serves the public interest;
  - 1.2.4.c attend meetings on a regular and punctual basis and be properly prepared for deliberations and conduct themselves in an ethical, business-like and lawful manner;
  - 1.2.4.d regularly take part in educational activities organized by Council that will assist them in carrying out their responsibilities.
- 1.2.5. Respect the confidentiality of issues.
- 1.2.6. Neither encourage nor condone unethical activities. Councillors and Committee members shall:
  - 1.2.6.a. maintain the integrity and credibility of CPSM by conducting all activities in accordance with the highest legal and ethical business and professional standards and practice, and
  - 1.2.6.b. maintain the highest standard of transparency and accountability at all times.
- 1.2.7. Treat one another and staff members with respect, including not attempting to:

- 1.2.7.a exercise individual authority over CPSM or its staff, except when explicitly authorized by Council,
  - 1.2.7.b express individual judgment about the performance of CPSM staff other than as part of Council deliberations as part of Council's responsibility and authority to monitor organizational performance, or
  - 1.2.7.c speak for the Council except to report explicitly stated Council decisions.
- 1.2.8. As a registrant of a self-regulated profession a conflict of interest exists where a reasonable person would conclude that a Councillor or Committee member's personal or financial interest may affect their judgment or the discharge of their duties to CPSM. A conflict of interest may be real or perceived, actual or potential, direct or indirect.
- 1.2.9. Avoid a conflict of interest with respect to their fiduciary responsibility to CPSM, including:
- 1.2.9.a. no self-dealing or any conduct of private business or personal services between a Councillor or Committee member and CPSM, except as procedurally controlled to assure openness, competitive opportunity, and equal access to "inside" information;
  - 1.2.9.b. disclosure of a Councillor's or Committee member's involvement with other organizations (including vendors) or any associations that might be or might reasonably be seen as being a conflict of interest;
  - 1.2.9.c. not use their position to obtain employment in the organization for themselves, family members, or close associates. Any Councillor or Committee member who applies for employment must take a leave of absence from Council or the Committee and, if hired, immediately resign from the Council or the Committee; or
  - 1.2.9.d. any other matter that deals with themselves individually or as part of a business.
- 1.2.10. If a Councillor or Committee member has a conflict of interest on a matter before Council or the Committee, that Councillor or Committee member must disclose the conflict and absent herself or himself without comment from deliberations and from any vote on the matter.
- 1.2.11. Must abide by CPSM's standard on job action.

### **1.3 Councillor Oath of Office and Declaration of Confidentiality**

- 1.3.1. A person elected, selected or appointed to be a council member must take and sign, by oath or solemn affirmation, an oath of office in the form attached as Schedule "A" to this governance policy and a declaration of confidentiality in the form attached as Schedule "B" to this governance policy.
- 1.3.2. A person cannot act as a council member or attend any council meetings unless and until they take and sign the oath of office and declaration of confidentiality.
- 1.3.3. The oath of office must be taken and signed before a commissioner of oaths, a Notary Public or the registrar.

- 1.3.4. If the council member takes and signs the oath of office before a commissioner of oaths or Notary Public, the member must provide a copy of the oath to the registrar.

## 2. COUNCIL AND COMMITTEE POLICIES

### 2.1. Role of the President

#### 2.1.1 The President:

- 2.1.1.a. Provides leadership in guiding Council and coordinating its activities to enhance the effectiveness of Council, manages Council operations and processes, acts as a liaison between Council and the Registrar, and as a liaison between committees.
- 2.1.1.b. Guides Council in carrying out its responsibilities.
- 2.1.1.c. Builds Council unity, solidarity, and trust, demonstrates integrity and ethical leadership.
- 2.1.1.d. Initiates the proper process and procedure to ensure Council successfully fulfills its purpose and responsibilities.
- 2.1.1.e. Gains reasonable assurance that the Council members are properly informed on matters of substance.
- 2.1.1.f. Approves the agenda for all Council and registrants' meetings, ensuring that information that is not for monitoring performance or for Council decisions is minimized.
- 2.1.1.g. Chairs all meetings of Council and of the registrants, with all the commonly accepted power of that position (e.g. ruling, recognizing), and with the goal of ensuring the integrity of the Council process through ensuring:
  - 2.1.1.g.i. Deliberation at the meeting is timely, fair, orderly and thorough, but also efficient and kept to the point.
  - 2.1.1.g.ii. Council adheres to its own rules and those legitimately imposed upon it from outside the organization, including Council limiting itself to issues related to governance rather than to management.
- 2.1.1.h. Is the only Council member authorized to speak for the Council (beyond simply reporting Council decisions), other than in specifically authorized instances, and may represent the Council to outside parties in announcing Council-stated positions and in stating the President's interpretations within the area delegated to the President. Normally, the Registrar is the external spokesperson for CPSM.
- 2.1.1.i. Has authority to make reasonable interpretations of Council policies on Governance Process and Council-Registrar Relationship, with the exception of:
  - 2.1.1.i.i Employment or termination of a Registrar and

- 2.1.1.i.ii Instances where the Council specifically delegates portions of this authority to others.
- 2.1.1.j. Has no authority to supervise or direct the Registrar.
- 2.1.1.k. With the President-Elect, may make appointments to external policy or advisory committees, provided they are satisfied that:
  - 2.1.1.k.i The appointment is appropriate within Council's stated policies and current priorities;
  - 2.1.1.k.ii The external committee provides appropriate insurance coverage, or in the case of the government indemnification, to CPSM appointee.
- 2.1.1.l. When an appointment is made, the President must inform the appointee of the reporting requirements and ensure the appointee is informed of any Council policies which may impact the external committee deliberations.
- 2.1.1.m. May delegate their authority but remains accountable for its use.

## **2.2. Procedure for Council and Committee Meeting**

### **2.2.1 Committee Chair**

The Committee Chair is the person who provides leadership in guiding the committee, ensures the committee is carrying out the duties assigned by the Act or the Council as per its Terms of Reference and ensures the overall committee effectiveness.

The Committee Chair must run meetings effectively, control discussion appropriately, manage dissent, work towards consensus if possible, communicate effectively with committee members, and, if required, effectively report on committee discussions and recommendations to Council.

### **2.2.2 Meeting Dates and Times**

Council and Committee meetings are held as scheduled on the annual meeting slate prepared by the Registrar, or at such alternates as fixed by Chair of Council or the Committee.

### **2.2.3 Participation**

Council or a Committee may meet and conduct business in person, or by video, telephone conference, web casting, or an equivalent mechanism. A Councillor or a Committee member participating in the meeting by electronic means is deemed to be present at that meeting.

### **2.2.4 Conduct of Meetings**

2.2.4.a. The President presides at all Council meetings. If the President is unable or unwilling to preside at a meeting, the President-Elect shall preside. If both the President and the President-Elect are unable or unwilling to preside, the members of Council shall choose one of their number as Chair.

- 2.2.4.b. The Chair of a committee presides at all meetings of that committee, but if the Chair is unable or unwilling to preside at a meeting, the members present shall choose one of their number as Chair.
  - 2.2.4.c. No business may be conducted until a quorum is declared.
  - 2.2.4.d. The Chair decides the order of business at a meeting.
  - 2.2.4.e. Any proposed change in the order of business may be moved by the Chair and, if approved by the Council or committee as the case may be, the order of business will proceed as amended.
- 2.2.5 Voting and asynchronous meetings
- 2.2.5.a. A matter may be decided by consensus or by vote.
  - 2.2.5.b. Where a vote is held, the Chair is responsible to put the motion to the meeting and declare each motion carried or defeated, as the case may be.
  - 2.2.5.c. When a vote is required, any Councillor may request a vote by ballot. A request for vote by ballot is not subject to debate.
  - 2.2.5.d. Each Councillor or Committee member, except the Registrar and the Chair, has one vote on each matter. If there is an equality of votes on a matter, the Chair has the deciding vote.
  - 2.2.5.e. Decisions are made on a simple majority of votes, except where otherwise required by the Act, regulations, governing policy, or bylaws.
- 2.2.6 Guest attendance at meetings
- 2.2.6.a. With the exception of Inquiry panel hearings and Executive Committee deliberations on reinstatement hearings, Committee meetings are not open to guests, except by express invitation of the Committee.
  - 2.2.6.b. The following policies and procedures apply to guest attendance at Council meetings, which are open to the public:
  - 2.2.6.c. A notice of the date, time and place of Council meetings must be posted on the CPSM website with notice that attendance is by advance registration only.
  - 2.2.6.d. Anyone who is not a Councillor and who wishes to make a presentation to the meeting may submit a written request for permission to do so to the Chair. The Chair has sole discretion to permit the presentation, and, if permitted, to allot a set period of time the Chair deems appropriate. The Registrar must notify the registrant of the Chair's decision.
  - 2.2.6.e. Any guest presentation to the meeting not requested in advance will be at the discretion of the Chair.
  - 2.2.6.f. With the exception of electronic link with any Councillor who is participating in the meeting, the proceedings must not be recorded or transmitted electronically in any manner.

### 2.2.7 Council and Committee Functioning

2.2.7.a. Committees must function within the terms of reference, procedural rules and policies set by Council. No committee has authority to vary a policy fixed by Council.

2.2.7.b. This policy applies to any group that is formed by Council action, whether or not it is called a committee, and whether or not it includes Council members.

2.2.7.c. At any meeting, the Council may make, amend, suspend or repeal a rule.

### 2.2.8 Minutes and Resolutions

2.2.8.a. The President and the Registrar must sign any resolution of the Council.

2.2.8.b. The Council or committee must approve the minutes, and the Chair must sign the minutes of that meeting.

### 2.2.9 Parliamentary Procedure

2.2.9.a Any points of procedure not specifically provided for in CPSM's Bylaws or in Council Policies must be decided by the procedure of Parliament as set forth in Robert's Rules of Order.

## 2.3 Nominations and Appointments to Committees and for Public Representatives

### 2.3.1 Role of Executive Committee

The Executive Committee is required to recommend to Council candidates for appointment to Committees, with information sufficient to demonstrate the candidate has the skills and attributes required to serve on the Committees, in accordance with Article 4.1.1. of the Governing Policy.

### 2.3.2 Role of Council

Council will appoint registrants of CPSM to the Complaints, Investigation, and Inquiry Committees and other Committees of Council. Council will nominate persons to be named to the Minister's roster of public representatives for Complaints, Investigation, and Inquiry Committee in accordance with section 89 of the RHPA.

### 2.3.3 Skills and Attributes of Candidates who are Registrants of CPSM

The following are skills and attributes for Complaints, Investigation and Inquiry Committees and other Committees candidates who are registrants of CPSM:

- a. Practising physicians, or who have retired from practice within three years
- b. Skills and attributes as approved by Council for Councillors
- c. Not have a formal disciplinary record (censure or findings of guilt by the Inquiry Panel) at CPSM
- d. Not have any significant outstanding complaints at CPSM.



The Executive Committee and Council may consider all factors listed at subsection 3.7 of the CPSM General Regulation, including the registrant's professional conduct history.

#### 2.3.4 Criteria for Appointment for Candidates who are Public Representatives

To ensure that public representatives are truly public and separate from the medical profession, the following individuals are not eligible to be Complaint, Investigation, or Inquiry Committee Candidate Public Representatives for the purposes of being named to a roster to be given to the Minister for inclusion on its roster in accordance with section 89 of the RHPA:

- a. Previously or currently a member of a regulated health profession;
- b. Previously or currently employed by a health authority or hospital (unless in a minor non-health related capacity many years ago); or
- c. Previously or currently a consultant to a regulated health profession, health authority, or hospital.

This same criteria in this section applies for public representatives for Council and other committees.

#### 2.3.5 Duration of Appointment

Appointments to the Complaints, Investigation, or Inquiry Committee may be made for the duration of one year or more, however, an appointment may be made for hearing one matter in the Inquiry Committee at the discretion of Council.

### 3. APPROVAL OF FORMS

#### 3.1 Council delegates to the Executive Committee the ability to approve forms required pursuant to the RHPA CPSM General Regulation

The Executive Committee hereby approves the following forms:

- 3.1.1 Initial Registrant Registration application form - Regulation s. 3.2(1) 1
- 3.1.2 Initial Registration Application form for external or visiting students - Regulation s.3.2(5) 5
- 3.1.3 Conversion Application Form - Regulation s.3.3
- 3.1.4 Application for Certificate of Practice - Regulation s.4.4
- 3.1.5 Contract of Supervision - Regulation s.4.12(5)(b)
- 3.1.6 Form for M3P drugs - Regulation s.5.8(1)(a)
- 3.1.7 Form for Methadone Approval to prescribe methadone for opioid dependency or analgesia - Regulation s.5.9(1)

3.1.8 Form for Suboxone Approval to prescribe Suboxone for opioid dependency – Regulation s.5.11

#### **4. COMMITTEES OF COUNCIL AND TERMS OF REFERENCE**

##### **4.1. Appointment of committee members**

4.1.1 Council must appoint the members of Council committees, and the Chair of each Council committee.

4.1.2 The President and President-Elect are ex-officio non-voting members of the Central Standards Committee and ex-officio voting members of the Program Review Committee. The President is also an ex officio non-voting member of the Finance, Audit and Risk Management Committee.

4.1.3 The Registrar is an ex officio non-voting member of all Council Committees, except:

4.1.3.a the Central Standards, Complaints, Investigation, Inquiry, and Quality Improvement Committees, and

4.1.3.b the Executive Committee when it is determining any appeal, reinstatement or adjudication matter.

##### **4.2. Terms of office for committee and subcommittee members**

4.2.1 Subject to this section of the Policy or the terms of reference for a committee or subcommittee in this Part:

4.2.1.a the term of office of all committee and subcommittee members is one year, except for public representatives appointed to a committee by government for a longer period that is not to exceed three years; and

4.2.1.b for any committee on which they sit, the term of office of the President and President-Elect is two years.

4.2.2 Committee members are eligible for reappointment, unless otherwise set out in the terms of reference for the committee and subject to section 14(2) of the RHPA.

##### **4.3. Vacancy on Council committee**

4.3.1 In between the annual meeting of Council, The Executive Committee may:

4.3.1.a fill any vacancy occurring on any Council committee;

4.3.1.b upon request of the chair of the Inquiry Committee, appoint individuals to Inquiry Committee;

4.3.1.c appoint substitute members to Investigation Committee or Program Review Committee;

4.3.1.d terminate the appointment of any person appointed to a Council committee;

4.3.1.e at any time, it is requested to do so, appoint a substitute member for a member of any Council committee, except the Executive Committee, who is disqualified from fulfilling their duties due to a conflict of interest, provided that the substitute member's participation on the committee is limited to the matter on which the conflict of interest exists.

4.3.2 For any substitution due to conflict of interest by a member of Executive Committee, Council must appoint the substitute member.

#### **4.4. Entitlement to attend committee meetings**

4.4.1 All committee meetings are closed to the public, except:

4.4.1.a Inquiry Panel hearings, which are open to the public unless otherwise ordered by the Inquiry Panel in accordance with section 122 of the RHPA; and

4.4.1.b Reinstatement hearings held by Executive Committee, which are open to the public unless otherwise ordered by the Executive Committee that all or part of the hearing be held in private in accordance with the criteria set out in and the protections of privacy afforded to persons in Part 8 of the RHPA.

#### **4.5. Duties of Committee Chair**

4.5.1 The chair of a committee must:

4.5.1.a preside over all meetings of the committee;

4.5.1.b report to the Council about the committee's activities, either directly or by delegation as required for time to time;

4.5.1.c submit a written annual report of the committee's activities to the Council; and

4.5.1.d carry out other duties as the Council may direct.

#### **4.6. Quorum for Council Committees**

4.6.1 The quorum for Council Committees is:

4.6.1.a when sitting as a panel of the whole committee - three members, at least one of whom is a public representative;

4.6.1.b when the committee is comprised of three members - three members, at least one of whom is a public representative; and

4.6.1.c in all other circumstances, a majority of the voting members of the committee.

4.6.2 To determine the number of committee members for quorum purposes, all ex-officio voting members of the committee must be included, but the Registrar and any other non-voting member of the committee must not be included.

#### **4.7. Procedural Matters Respecting Committees of Council**

4.7.1 Subject to statutory requirements, each Council committee must adhere to the procedural requirements of the RHPA and those established in the bylaws or this policy approved by Council.

4.7.2 A committee may meet and conduct business in person, or by video, telephone conference, web casting, or an equivalent mechanism.

4.7.3 If, in the opinion of the chairperson of the committee a matter requires immediate attention by the committee, and if, in the opinion of the chairperson, the matter can be adequately addressed by providing information to the committee electronically or in writing, with the committee voting on a resolution included in the information by mail or by specified electronic means, the chairperson may provide such information to the members of the committee, and allow a time for response that is, in the opinion of the chairperson, sufficient to permit the committee members to respond.

4.7.4 In order to constitute quorum of the committee, a majority of the voting members of the committee must have voted on the resolution by specified electronic means by the time for response established by the person who called the meeting.

#### **4.8. Subcommittees of Council Committees**

4.8.1 Upon the request of a Council committee, Council may establish a subcommittee of that committee and fix the terms of reference for the subcommittee. A Council committee may appoint the members of its subcommittees in accordance with the terms of reference for the subcommittee except the subcommittees of the Central Standards Committee must be appointed by Council.

4.8.2 Subcommittees must operate pursuant to the requirements established in the Bylaws and in Council policies.

4.8.3 Terms of reference for each subcommittee, other than the terms of reference for the subcommittees of Central Standards Committee which are set out in this Governance Policy, may be recommended by the subcommittee but must be approved by the Council committee overseeing the subcommittee, and must include:

4.8.3.a Purpose of the subcommittee;

4.8.3.b Composition of the subcommittee; and

4.8.3.c Term of office for subcommittee members if the duration of the term is other than a one-year term.

#### **4.9. Finance, Audit and Risk Management Committee Terms of Reference**

##### **4.9.1. Authority**

- 4.9.1.a. In accordance with the RHPA, The Affairs of the College Bylaw, the Code of Ethics, and policies approved by Council and the authority delegated to the Finance, Audit and Risk Management Committee by Council pursuant to section 17 of the RHPA to make investment decisions on behalf of CPSM.

##### **4.9.2. Purpose**

- 4.9.2.a. The purpose of the Finance, Audit and Risk Management Committee is to assist Council in its oversight of:
  - 4.9.2.a.i. the financial operations and investment activities of CPSM;
  - 4.9.2.a.ii. the integrity of CPSM's financial planning;
  - 4.9.2.a.iii. the quality and objectivity of CPSM's financial reporting and controls;
  - 4.9.2.a.iv. the independence, qualifications, and appointment of the external auditor;
  - 4.9.2.a.v. the performance of the external auditor; and
  - 4.9.2.a.vi. the effectiveness of CPSM's risk management practices.

##### **4.9.3. Responsibilities**

- 4.9.3.a. The Audit and Risk Management Committee shall have the following duties and responsibilities:
  - 4.9.3.a.i. Financial Management and Reporting
    - 4.9.3.a.i.I. Periodic review of CPSM's investments and investment strategies, and approval of investment decisions in accordance with Council policies, as set out in the Affairs of the College Bylaw, the Code of Ethics and the Governance Policies.
    - 4.9.3.a.i.II. An annual report for the Council as to Registrar compliance with Financial and Investment provisions of this Governance Policy.
    - 4.9.3.a.i.III. Current information for the Council on significant new developments in accounting principles for not-for-profits or relevant rulings of regulatory bodies that affect the organization.
    - 4.9.3.a.i.IV. Review of CPSM's annual financial plan (Operating budget) and recommend approval to Council.
    - 4.9.3.a.i.V. Review the appropriateness of the rates and amounts of honoraria and stipends to be paid by CPSM.

- 4.9.3.a.i.VI. Periodic review of CPSM's financial operations, and report to Council on any significant financial results.
- 4.9.3.a.i.VII. An annual report to Council on the appropriation of reserves in accordance with Council policies, including recommendation on any significant changes to the reserves.
- 4.9.3.a.i.VIII. A self-monitoring report on the appropriateness of the Council's own spending based on criteria in the Council policy on Council expenses, including periodic random audit of the Council members' expenses, including honoraria and stipends.

#### 4.9.3.a.ii. External Audit

- 4.9.3.a.ii.I. Recommendation for the annual registrants' meeting decision on the appointment of an independent financial auditor.
- 4.9.3.a.ii.II. Recommendation for the annual registrants' meeting approval of the audited financial statements.
- 4.9.3.a.ii.III. Review and discuss the annual audit plan with the external auditor, including the auditors' independence, materiality levels, areas of focus, engagement fees, and other matters of significance.
- 4.9.3.a.ii.IV. An opinion for the Council, based on evidence required by the external auditor, as to whether the independent audit of CPSM was performed in an appropriate manner, including the authority to meet independently with CPSM's auditors.
- 4.9.3.a.ii.V. An annual report to Council highlighting the committee's review of the audited financial statements and any other significant information arising from their discussions with the external auditor.

#### 4.9.3.a.iii. Risk Management

- 4.9.3.a.iii.I. Periodic review of CPSM's risk assessments on operational, financial, reputational, regulatory, and IT and cyber security risks, and evaluate risk mitigation strategies and activities.
- 4.9.3.a.iii.II. Annual evaluation as to whether CPSM is meeting its legislative duties under the RHPA.
- 4.9.3.a.iii.III. Annual review of CPSM's disaster recovery and business continuity plans.
- 4.9.3.a.iii.IV. Yearly assessment of the adequacy of CPSM's insurance coverages.

#### 4.9.4. Composition

4.9.4.a. Finance, Audit and Risk Management Committee shall consist of:

4.9.4.a.i. The President Elect/Treasurer;

4.9.4.a.ii. At minimum two other registrants;

4.9.4.a.iii. A public representative who is a qualified accountant;

4.9.4.a.iv. A person who is either a registrant or non-registrant with significant experience in risk management;

4.9.4.a.v. Additional public representatives as required to ensure one third representation by public representatives; and

4.9.4.a.vi. The President and Registrar as non-voting, ex officio committee members.

4.9.5. The President-Elect/Treasurer shall serve as the chair of the Finance, Audit and Risk Management Committee.

4.9.6. The Finance, Audit and Risk Management Committee shall review its Terms of Reference on a yearly basis to ensure its continued effectiveness and recommend to Council any changes that are deemed necessary.

### **4.10. Executive Committee Terms of Reference (AM03/19)**

#### 4.10.1 Authority

4.10.1.a In accordance with the RHPA, the Affairs of the College Bylaw, the Code of Ethics, and policies approved by Council and the following authority delegated to Executive Committee by Council pursuant to section 17 of the RHPA to:

4.10.1.a.i Employ, terminate, discipline or change the conditions of employment of the Registrar.

4.10.1.a.ii Hear and determine matters in accordance with the procedures set out in Part F of the Affairs of the College Bylaw and the Code of Ethics.

4.10.1.a.iii The committee has authority delegated by Council to take the necessary actions, to hear and to determine appeals and reinstatement applications and other adjudicative matters.

4.10.1.a.iv The committee has authority delegated by Council to approve forms where approval is required by the RHPA, as set out in the Governance Policy.

4.10.1.a.v The committee has the authority delegated by Council to direct a registrant to complete a specific course of action or supervised practical experience, on the advice of the Central Standards Committee pursuant to section 182(4) of the RHPA.

- 4.10.1.a.vi The committee has the authority to appoint practice auditors pursuant to section 135(1) of the RHPA. If an auditor is required to be appointed between meetings of the Executive the Chair may appoint the auditor(s) and provide the name for ratification at the next committee meeting and issue them identification cards. (AM03/19)
- 4.10.1.a.vii Give direction to a registrant pursuant to section 182(4) of the RHPA.

#### 4.10.2 Purpose

4.10.2.a The purpose of the Executive Committee is to

- 4.10.2.a.i Carry out its authority pursuant to the RHPA and as delegated to it by Council in this Governance Policy.
- 4.10.2.a.ii At the discretion of the President, provide alternatives and options for the Council's consideration on any matter.
- 4.10.2.a.iii Provide advice to the Council President on agenda development for Council.
- 4.10.2.a.iv At the discretion of the President, provide advice to the Registrar on any matter.
- 4.10.2.a.v Evaluate the Registrar's performance and provide a summary to Council annually.
- 4.10.2.a.vi With respect to nominations and appointments:
  - 4.10.2.a.vi.1 By no later than November 15 in every even-numbered year, provide a report to Council recommending at least one nominee for the office of President-Elect.
  - 4.10.2.a.vi.2 At least 14 days before the date of each annual meeting of the Council, provide Council with a list of nominees for:
    - 4.10.2.a.vi.2.1 officers of CPSM (excluding the Registrar) indicating, where appropriate, the reappointment of officers who have been elected for a two-year term,
    - 4.10.2.a.vi.2.2 members of Council Committees, excluding those members of committees who are Public Representatives serving a three-year term appointment,
    - 4.10.2.a.vi.2.3 chairs of the Council Committees, and
    - 4.10.2.a.vi.2.4 the Councilor appointed as Investigation Chair of CPSM.



- 4.10.2.a.vi.3 By no later than the first Tuesday in April of each year in which a public representative is to be appointed by Council, recommend to Council at least as many candidates as there are vacancies, with information sufficient to demonstrate that the proposed candidate has the skills and attributes which meet the criteria fixed by Council for public representatives.
- 4.10.2.a.vi.4 By no later than June 1 of each year, recommend to Council candidates for appointment to Inquiry Committee, with information sufficient to demonstrate the candidate has the skills and attributes required to serve on the committee.
- 4.10.2.a.vi.5 When requested by the Registrar, recommend to Council candidates for appointment to the list of CPSM practice auditors, with information sufficient to demonstrate that the candidate meets the criteria established by Council for such appointment.

#### 4.10.3 Composition

4.10.3.a The Executive Committee shall consist of:

- 4.10.3.a.i the President, the President Elect/Treasurer and the Past-President;
- 4.10.3.a.ii At least two Public Representatives who are Councillors;
- 4.10.3.a.iii One additional physician registrant of Council.; and
- 4.10.3.a.iv The Registrar as an ex officio, non-voting member except when Executive Committee is determining an appeal, reinstatement or adjudication role.

4.10.3.b The President of the Council shall serve as the Executive Committee Chair.

#### 4.11. Complaints Committee Terms of Reference

##### 4.11.1 Authority

4.11.1.a In accordance with the RHPA, *The Prescription Drugs Costs Assistance Act*, this Governance Policy and policies approved by Council.

##### 4.11.2 Purpose

4.11.2.a To sit in panels pursuant to s. 92.1 of the RHPA and this Governance Policy to review complaints and other matters referred to it pursuant to the RHPA in accordance with the RHPA and the procedures set out in Part I of this Governance Policy,

#### 4.11.3 Composition

##### 4.11.3.a The Complaints Committee shall consist of:

- 4.11.3.a.i The Chair, who must be a Councilor;
- 4.11.3.a.ii At least two Public Representatives appointed in accordance with s. 89 of the Regulated Health Professions Act; and
- 4.11.3.a.iii At least two regulated registrants of CPSM.

4.11.3.b At least one third of the persons appointed to the Complaints Committee must be Public Representatives and no person shall be eligible to be a member of the Complaints Committee for a period of greater than six years.

4.11.3.c The term of office of the Complaints Committee public representatives appointed by government is three years.

#### **4.12. Investigation Committee Terms of Reference (AM03/19)**

##### 4.12.1 Authority

4.12.1.a In accordance with the RHPA, the Affairs of the Bylaw, the Code of Ethics, and policies approved by Council.

4.12.1.b Pursuant to subsection 17(1) of the RHPA, Council has delegated authority to the Investigation Committee to issue identification cards to investigators appointed under section 96 of the RHPA.

##### 4.12.2 Purpose

4.12.2.a The Investigation Committee investigates matters referred to it pursuant to the RHPA and disposes of those matters within the scope of the jurisdiction granted to it in the RHPA.

##### 4.12.3 Composition

##### 4.12.3.a Investigation Committee shall consist of:

- 4.12.3.a.i A Chair who must be a Councilor;
- 4.12.3.a.ii At least one Public Representative appointed in accordance with s. 89 of the Regulated Health Professions Act; and
- 4.12.3.a.iii At least one regulated registrant of CPSM.

4.12.3.b At least one third of the persons appointed to the Investigation Committee must be Public Representatives, and no person shall be a member of the Investigation Committee for a period of greater than six years.

**4.13. Inquiry Committee Terms of Reference**

## 4.13.1 Authority

4.13.1.a In accordance with the RHPA, the Affairs of the College Bylaw, the Code of Ethics, and policies approved by Council.

## 4.13.2 Purpose

4.13.2.a The Inquiry Committee is responsible for holding hearings on matters referred to it by the Investigation Committee and making disciplinary decisions about the conduct of investigated registrants in accordance with the RHPA.

## 4.13.3 Composition

4.13.3.a The Inquiry Committee is to be appointed by Council to sit in panels in accordance with sections 114(1) and 115 of the RHPA and shall consist of:

4.14.3.a.i A registrant who is Chair;

4.14.3.a.ii One or more registrants of CPSM or former registrants of CPSM, one of whom shall be appointed as Vice Chair; and

4.14.3.a.iii One or more public representatives appointed in accordance with s. 89 of the Regulated Health Professions Act who must make up at least one third of the committee's membership.

4.13.3.b The term of office of the Inquiry Committee Chair is two years.

**4.14. Central Standards Committee Terms of Reference**

## 4.14.1 Purpose

4.14.1.a The Central Standards Committee is responsible to:

4.14.1.a.i Supervise the quality of the practice of medicine by physicians in Manitoba.

4.14.1.a.ii Supervise Area Standards Subcommittees and Hospital Standards Subcommittees.

4.14.1.a.iii Supervise a surgical and medical review subcommittee.

4.14.1.a.iv Supervise the Maternal and Perinatal Health Standards Subcommittee.

4.14.1.a.v Supervise the Child Health Standards Subcommittee.

4.14.1.a.vi Supervise Quality Improvement Subcommittee.

4.14.1.a.vii Supervise the Provincial Standards Subcommittees approved by Council.

4.14.1.a.viii To provide an approved process to assess one or more of the registrant's professional knowledge, behaviours, skills (including, communication skills, and practice management skills), and

professional ethics.

4.14.1.a.ix To facilitate the operation and oversee the administration of the College of Physicians and Surgeons of Manitoba Quality Improvement Program to assess a registrant in one or more of the following:

4.14.1.a.ix.1 Professional knowledge, behaviours and skills;

4.14.1.a.ix.2 Communication skills;

4.14.1.a.ix.3 Practice management skills; and

4.14.1.a.ix.4 Professional ethics.

#### 4.14.2 Composition

4.14.2.a Central Standards Committee shall consist of:

4.14.2.a.i A Councillor who is a regulated registrant who is a practicing physician who shall be Chair;

4.14.2.a.ii at least two regulated registrants who are practicing physicians;

4.14.2.a.iii at least one regulated associate registrant;

4.14.2.a.iv representatives of other health care disciplines as Council may authorize annually;

4.14.2.a.v a physician-designate of the Vice Dean, Continuing Competency and Assessment, Rady Faculty of Health Sciences; and

4.14.2.a.vi the President and President-Elect as ex-officio non-voting members;

4.14.2.a.vii At least one third of voting members be public representatives.

#### 4.14.3 Authority

4.14.3.a The Central Standards Committee has the authority to:

4.14.3.a.i Establish and administer programs, panels, and committees to oversee the practice of quality medicine.

4.14.3.a.ii Annually ratify members of all subcommittees, programs and panels under the auspices of the Standards Committee, including any changes to membership between the annual submissions.

4.14.3.a.iii Where it deems it appropriate to do so, refer a registrant to a specific course of studies or supervised practical experience and, if the registrant does not participate as requested, make a report pursuant to s. 182(4) of the RHPA recommending that the registrant be directed to participate.

4.14.3.a.iv Refer a matter to the Registrar in accordance with the Bylaws of CPSM.

4.14.3.a.v Refer a matter to the Investigation Committee in accordance with policies of Council.

- 4.14.3.a.vi Accept an undertaking from a physician and monitor that undertaking in accordance with the Bylaws of CPSM.
- 4.14.3.a.vii Where a review by the QI Program identifies a physician for whom further assessment and/or education is required, the subcommittee may provide advice to the physician regarding practice enhancement and quality improvement.
- 4.14.3.a.viii To assist with compliance with the QI Program where reasonable and to enforce compliance where necessary except that if the QI Committee is of the opinion a matter should be referred to the Registrar pursuant to s. 10.10(1) of the CPSM General Regulation.
- 4.14.3.a.ix The subcommittee has the authority to grant exemptions and deferrals as permitted by the CPSM General Regulation.

#### 4.14.3.b *Evidence Act Protection*

- 4.14.3.b.i The Central Standards Committee operates within section 182 of the RHPA and the Bylaws of CPSM. Pursuant to the *Medical Research Committees Regulation*, the Central Standards Committee is specifically identified as an approved Committee for the purposes of s. 9 of *The Evidence Act*.

#### 4.14.3.c Appeal Rights

- 4.14.3.c.i With the exception of decisions of the Central Standards Committee on accreditation of non-hospital medical/surgical facilities, decisions of the Central Standards Committee and its subcommittees are for the purpose of education and are not subject to a right of appeal.

#### 4.14.3.d Referral to the Registrar

- 4.14.3.d.i Where a matter is brought to the attention of the Chair of the Central Standards Committee, including a referral by a subcommittee or its chair, that in the opinion of the Chair of the Central Standards Committee should be referred immediately to the Registrar for further action or referral to an external organization in accordance with the RHPA, its regulations and CPSM Bylaws and policies, the Chair has the authority to make an immediate referral to the Registrar. Any such referral should be brought to the attention of the Central Standards Committee at its next meeting for information.

#### **4.15. Subcommittees of the Central Standards Committee Terms of Reference**

4.15.1 Maternal & Perinatal Health Standards Subcommittee - DISCONTINUED and removed June 28, 2023

4.15.2 Child Health Standards Subcommittee - DISCONTINUED and removed June 28, 2023

#### **4.15.3 Area Standards Subcommittees**

##### **4.15.3.a Purpose**

4.15.3.a.i The purpose of the Area Standards Subcommittee is to maintain and improve the quality of medical practice in the particular area through peer review and analysis, primarily through education, rather than discipline, including:

4.15.3.a.i.1 reporting to and making recommendations to Central Standards Committee on any matter pertinent to the monitoring and improvement of the quality of care provided by physicians in Manitoba within the defined area of that Area Standards Subcommittee.

4.15.3.a.i.2 Recommending that Central Standards refer a matter to the Registrar in accordance with the Bylaws of CPSM.

4.15.3.a.i.3 Recommending that Central Standards Committee accept and monitor an undertaking.

##### **4.15.3.b Composition**

4.15.3.b.i The Subcommittee shall consist of a minimum of 3 members and a maximum of 5 members including the Chair.

##### **4.15.3.c Meeting Frequency**

4.15.3.c.i An Area Standards Committee shall meet a minimum of three times a year for a maximum of 16 hours a year. Each meeting shall not exceed 4 hours of meeting time.

##### **4.15.3.d Term of Office**

4.15.3.d.i A member of the Area Standards Subcommittee is eligible to serve for a maximum of 8 consecutive one-year terms. Attempts will be made to introduce periodically new members to the committee.

#### **4.15.4 Hospital Standards Subcommittees**

##### **4.15.4.a Purpose**

4.15.4.a.i The purpose of the Hospital Standards Subcommittee is to maintain and

improve the quality of medical practice in the particular hospital through peer review and analysis, primarily through education, rather than discipline, including

- 4.15.4.a.ii making recommendations directly to Central Standards Committee on any matter pertinent to the monitoring and improvement of the quality of hospital care provided by physicians in Manitoba.
- 4.15.4.a.iii recommending that Central Standards refer a matter to the Registrar in accordance with this Governance Policy.
- 4.15.4.a.iv recommending that Central Standards Committee accept and monitor an undertaking.

#### 4.15.4.b Composition

- 4.15.4.b.i The Subcommittee shall consist of a minimum of 3 members.

#### 4.15.4.c Term of Office

- 4.15.4.c.i A member of the Hospital Standards Subcommittee is eligible to serve for a maximum of 8 consecutive one year terms. Attempts will be made to introduce periodically new members to the committee.

#### 4.15.5 Quality Improvement Subcommittee – DISCONTINUED and removed June 9, 2021.

#### 4.15.6 Provincial Standards Subcommittees

##### 4.15.6.a Purpose

- 4.15.6.a.i The purpose of the Provincial Standards Subcommittees is to maintain and improve the quality of medical practice in a specified field of practice through peer review and analysis, with the intent to improve through education, rather than discipline.
- 4.15.6.a.ii Reporting to and making recommendations to Central Standards Committee on any matter pertinent to the monitoring and improvement of the quality of care provided by physicians practising in a specified field of practice in Manitoba.
- 4.15.6.a.iii Recommending that Central Standards Committee refer a matter to the Registrar in accordance with the Bylaws of CPSM.
- 4.15.6.a.iv Recommending that Central Standards Committee accept and monitor an undertaking.

#### 4.15.6.b Composition

- 4.15.6.b.i Central Standards Committee will appoint the members of each Provincial Standards Subcommittee taking into account the recommendations on appointments received from the Manitoba Clinical Leadership Council.
- 4.15.6.b.ii Central Standards Committee will determine the number of members appropriate for each Provincial Standards Committee, taking into account the number of physicians who practice in the field, the benefit of appointing committee members from other health care disciplines related to the specific field, and such other factors as Central Standards Committee deems appropriate.

#### 4.15.7 Subcommittee on CancerCare Manitoba Standards

##### 4.15.7.a Purpose

- 4.15.7.a.i to maintain and improve the quality of medical practice as related to the diagnosis and treatment of cancer and blood disorders in Manitoba through peer review and analysis; through education rather than discipline.
- 4.15.7.a.ii to function as a public advocate as appropriate.

##### 4.15.7.b Authority

- 4.15.7.b.i Central Standards Committee is responsible to establish, supervise and make recommendations regarding the Subcommittee on CancerCare Manitoba Standards. The Subcommittee on Cancer Care Manitoba may make recommendations to Central Standards Committee on any matter pertinent to the monitoring and improvement of the quality of cancer care in Manitoba.
- 4.15.7.b.ii Refer a matter to the Registrar in accordance with this Governance Policy.
- 4.15.7.b.iii Refer a matter to Central Standards Committee for the implementation and monitoring of a commitment.

##### 4.15.7.c Composition

- 4.15.7.c.i The Subcommittee will consist of at least eight members including the Chair. All members are from CancerCare Manitoba Medical Staff.

##### 4.15.7.d Term of Office:

- 4.15.7.d.i Each member of the Subcommittee shall serve a four-year term and shall be eligible to serve for 2 consecutive terms of four years each but the term limits may be waived at the discretion of the Executive Committee.



4.15.7.d.ii After a Subcommittee member has served 3 consecutive terms, that member is not eligible to be a Subcommittee member for a period of 2 years. After the two-year period, the individual is eligible to serve for a further 2 consecutive terms.

4.15.7.e Funding

4.15.7.e.i CancerCare Manitoba is responsible for all funding of this subcommittee.

4.15.7.f Evidence Act Protection

4.15.7.f.i The Subcommittee on CancerCare Manitoba Standards operates within the mandate of the Central Standards Committee as set forth in s. 182 of the RHPA and this Governance Policy. Pursuant to the *Medical Research Committees Regulation* under the *Evidence Act*, the Subcommittee on CancerCare Standards is an approved subcommittee of the Central Standard Committee for the purposes of s. 9 of *The Evidence Act*.

#### 4.16. Program Review Committee Terms of Reference

4.16.1.a Government Funding

4.16.1.a.i The Government of Manitoba provides funding for the Manitoba Quality Assurance Program (MANQAP). Continued participation by CPSM in MANQAP is subject to the Government providing adequate resources for the proper operation of MANQAP.

4.16.1.b Purpose

4.16.1.b.i The purpose of the Program Review Committee is to:

4.16.1.b.ii Provide oversight of any facility in which a registrant performs or causes to be performed diagnostic or treatment services in Manitoba, such as non-hospital medical or surgical facilities, and including laboratory medicine and diagnostic imaging facilities, and as set out in the Accredited Facilities Bylaw of CPSM.

4.16.1.b.iii Prepare for Council draft standards of practice or draft practice directions with respect to the operation of facilities and the performance of diagnostic or treatment procedures by registrants at those facilities.

4.16.1.b.iv Pursuant to section 183(6) of the RHPA

4.16.1.b.v Consider and decide on applications for accreditation and issue certificates of accreditation;

4.16.1.b.vi To monitor the compliance of facilities with the requirements of the RHPA and this Governance Policy; and

4.16.1.b.vii To investigate and inspect facilities and proposed facilities for the purposes of accreditation and to monitor compliance.

4.16.1.b.viii Establish the accreditation processes, the policies and procedures governing the accreditation process, the inspection protocols for facilities, and the qualifications of facility directors.

4.16.1.b.ix Administer the Accredited Facilities Bylaw of CPSM.

#### 4.16.1.c Authority

4.16.1.c.i In accordance with the RHPA, the Affairs of the College Bylaw, the Code of Ethics, and policies approved by Council and the following authority delegated to Program Review Committee by Council pursuant to section 183 of the RHPA to:

4.16.1.c.i.1 use staff time related to administrative support for meeting logistics only.

4.16.1.c.i.2 Establish:

4.16.1.c.i.2.i accreditation processes;

4.16.1.c.i.2.ii policies, procedures and inspection protocols governing the accreditation process; and

4.16.1.c.i.2.iii the qualifications of facility directors.

4.16.1.d The Program Review Committee does not have authority to:

4.16.1.d.i change or contravene any CPSM Bylaw or policy.

4.16.1.d.ii spend CPSM resources without specific Council approval.

#### 4.16.1.e Composition

4.16.1.e.i The composition of the Program Review Committee is at least the following:

4.16.1.e.i.1 a Chair who is a Councillor.

4.16.1.e.i.2 a radiologist.

4.16.1.e.i.3 a laboratory medicine physician.

4.16.1.e.i.4 two public representatives.

4.16.1.e.i.5 the President, as an ex officio, voting member.

4.16.1.e.i.6 the President-Elect, as an ex officio, voting member.

4.16.1.e.i.7 A non-voting representative of Manitoba Health; and

4.16.1.e.i.8 the Registrar, as an ex officio, non-voting member, and

4.16.1.e.i.9 any other physician with expertise in an area required for the committee to perform its functions.

#### 4.16.1.f Appeal Rights

4.16.2.f.i Decisions of Program Review Committee are subject to the right of appeal to Executive Committee.

**Schedule “A” – Councilor’s Oath of Office**

**Councillor's Oath of Office**

I do swear (I solemnly affirm) that as a member of the Council of the College of Physicians and Surgeons of Manitoba (CPSM):

- I will abide by *The Regulated Health Professions Act* and the Bylaws of CPSM and I will faithfully discharge the duties of the position, according to the best of my ability;
- I will act in accordance with the law and the public trust placed in me;
- I will act honestly and in the best interests of CPSM;
- I will uphold the objects of CPSM and ensure that I am guided by the public interest in the performance of my duties;
- I will declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest;
- I will ensure that other memberships, directorships, voluntary or paid positions or affiliations remain distinct from work undertaken in the course of performing my duty as a council member.

\_\_\_\_\_  
Member of Council Signature

\_\_\_\_\_  
Registrar of CPSM or  
Commissioner of Oaths Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Schedule “B” – Declaration of Confidentiality

### Declaration of Confidentiality

Subsections 140(2) and 140(3) of *The Regulated Health Professions Act* clearly states that absolute confidentiality is required of all individuals who act in an official or other capacity with the College of Physicians and Surgeons of Manitoba. All councillors, committee members, consultants, contractors and employees of CPSM are expected to maintain confidentiality and share information only to the extent necessary to perform their duties.

I understand, and agree to, the confidentiality clause of *The Regulated Health Professions Act*:

#### Confidentiality of information

140(2) Every person employed, engaged or appointed for the purpose of administering or enforcing this Act, and every member of a council, a committee of a council or board established under this Act, must maintain as confidential all information that comes to their knowledge in the course of their duties and must not disclose this information to any other person or entity except in the following circumstances:

- a. the information is available to the public under this Act;
- b. the information is authorized or required to be disclosed under this Act;
- c. disclosure of the information is necessary to administer or enforce this Act or the regulations, bylaws, standards of practice, code of ethics or practice directions, including where disclosure is necessary to register registrants, issue certificates of registration or practice, permits and licences, grant approvals or authorizations, deal with complaints or allegations that a registrant is incapable, unfit or incompetent, deal with allegations of professional misconduct, or govern the profession;
- d. disclosure of the information is
  - i. necessary to administer or enforce *The Health Services Insurance Act* or *The Prescription Drugs Cost Assistance Act*, or
  - ii. to the medical review committee established under *The Health Services Insurance Act*;
- e. disclosure of the information is
  - i. authorized or required to be disclosed by another enactment of Manitoba or Canada, or
  - ii. for the purpose of complying with a subpoena, warrant or order issued or made by a court, person or body with jurisdiction to compel the production of information or with a rule of court that relates to the production of information;

- f. the information is disclosed to a body that has statutory authority to regulate
- i. a profession in Manitoba, or
  - ii. the practice of the same or a similar health profession in any other jurisdiction,
- if disclosure is necessary for that body to carry out its responsibilities;
- g. the information is disclosed to a person who employs or engages a registrant to provide health care, or to a hospital or regional health authority that grants privileges to a registrant, if the purpose of the disclosure is to protect any individual or group of individuals;
- h. the information is disclosed to a department of the government, a regional health authority or another agency of the government, or any department or agency of the government of Canada or a province or territory of Canada, dealing with health issues
- i. if
    - A. the purpose of the disclosure is to protect any individual or group of individuals or to protect public health or safety, or
    - B. the information concerns the practice of a health profession in any jurisdiction, and
  - ii. the information does not reveal personal health information;
- i. disclosure of the information is necessary to obtain legal advice or legal services;
- j. the information is disclosed with the written consent of the person to whom the information relates.

#### **Limits on disclosure of personal information and personal health information**

**140(3)** When disclosing information under subsection (2), the following rules apply:

- a. personal information and personal health information must be disclosed only if non-identifying information will not accomplish the purpose for which the information is disclosed;
- b. any personal information or personal health information disclosed must be limited to the minimum amount necessary to accomplish the purpose for which it is disclosed.

I understand that failure to comply with this clause may result in disciplinary action from Council or the Registrar of CPSM of Physicians and Surgeons of Manitoba or dismissal.

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Date

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Signature

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Name in print