

rounds



Meet the 2026 Doctors Manitoba Award Winners

Plus... Learn what's new in the Doctors Manitoba portal, explore the Getting Healthy Guide, read about the HIV is Here Campaign, read about the Black Health Symposium, see the progress on our work to Axe the Fax, learn about the new Advisory Circle that will guide the path to reconciliation, and much more.

Celebrating Matches. Supporting Every Next Step.

Congratulations to all the medical students who matched to a residency program. This milestone brings you one step closer to independent practice and patient care.

If your match results weren't what you hoped for, you are not alone. Keep going. There are options, supports, and resources available to help you stay on your path in medicine. Doctors Manitoba is here for you at every stage of your training and career.



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A Message from the President
Dr. Nichelle Desilets

Mentorship = Leadership

Serving as president of Doctors Manitoba has been a profound privilege. This role has offered a clearer view of what is possible when we join together: learning, supporting one another, and showing up for your patients and communities with dedication and heart. That continues to inspire me.

In this issue, you will find a recap of my recent keynote at the Manitoba Chambers of Commerce. Speaking with business and community leaders about the state of health care reminded me that the work you do matters deeply and that our advocacy is being heard well beyond clinical settings. There is genuine interest and shared responsibility in shaping a stronger health system, and that gives me hope.

I am also thrilled to celebrate our 2026 Doctors Manitoba Award recipients. This year, mentorship emerges as a defining theme among nearly all honourees. Each award recipient is not only an exceptional physician, but also someone who lifts others up with their encouragement and example. Their commitment to mentoring colleagues at every stage of practice strengthens our profession and supports a future of care in Manitoba grounded in compassion and collaboration.

I look forward to celebrating these remarkable physicians with you on May 1 at our Awards Gala.

Dr. Nichelle Desilets
President, Doctors Manitoba



A Message from the CEO
Theresa Oswald

Your Dedication Guides our Work

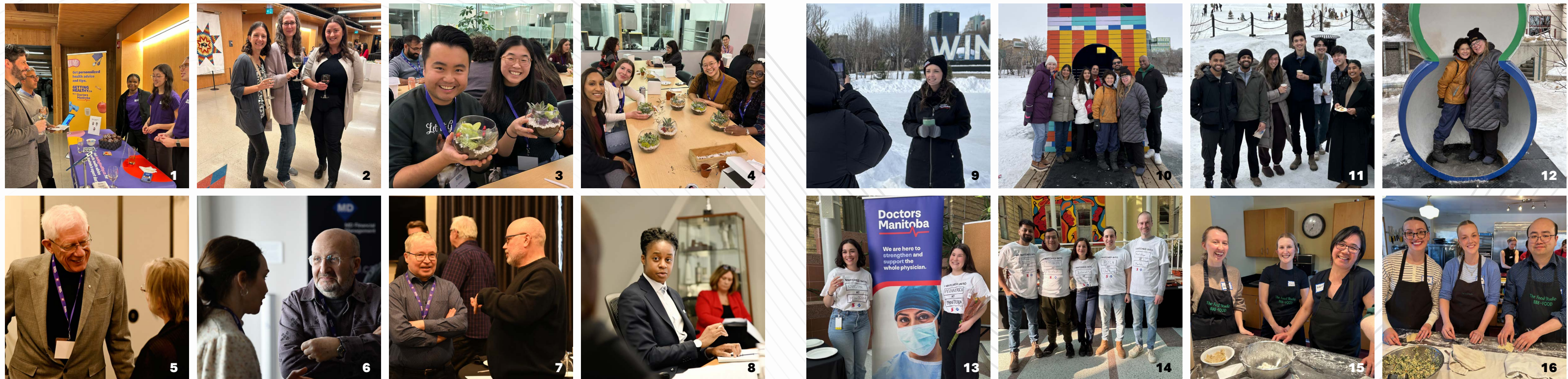
Our team has spent much of the fall and winter connecting with physicians in preparation for the negotiation of the Physician Services Agreement 2027. I want to thank the hundreds of physicians who showed up and spoke up to give us excellent advice and direction for our preparations. It is so clear that you care deeply for your patients, and you know they deserve a system that is smooth, properly resourced, modern and compassionate. You have been crystal clear about the need for more hands on deck, and that recruitment is important, but retention is doubly so.

You have validated the need for us to continue to be more for you than just negotiators. You need advocacy, you need staff who will listen and act, and sometimes you need a compassionate ear and support. We want to deliver on all of those things and more. In this issue you will meet our Insurance Team, who will be new to some of you and old friends to others. I am so proud of the work they do and the expertise they bring to serving your insurance needs. We look forward to spotlighting some of our other teams in the months ahead to ensure you can develop strong relationships with us, which can only inspire more trust.

We are also showcasing some other important partnerships which we have forged, including with Dr. Roussin, our Chief Provincial Public Health Officer, and with the Manitoba Chambers of Commerce, who invited us to lead the conversation on the State of Healthcare at a recent and well-attended MBiz Breakfast event. We know healthcare touches every Manitoba family, and building strong working relationships with all sectors, in service of supporting physicians and the patients they serve, can only help in advancing our aim to co-create a better system for us all.

Theresa Oswald
CEO, Doctors Manitoba

Highlights & Happenings



1-2

At the Board Retreat at the end of November board members learned a bit more about each Doctors Manitoba team at the evening reception. The next day focused on strategic foresight with a presentation from expert Estelle Metayer.

2-3

On December 12, 2025 we hosted a Terrarium Workshop for mentors and mentees. Interested in attending connection events like this? Become a mentor. Visit DRMB.ca/mentorship to learn more.

5-7

On January 22, 2026 we hosted a Senior Physicians lunch where retired physicians and physicians aged 60+ who may be transitioning out of practice were able to connect and network.

8

Health Minister Uzoma Asagwara joined us for our board meeting on January 14, 2026 and they listened to board member concerns.

9

Board President, Dr. Nichelle Desilets, promoted the WinterToba Challenge at the The Forks. Doctors Manitoba sponsored The Forks' Learn to Winter activities.

10-12

On February 15, 2026, we hosted a Physician & Family Fun day at the Forks, where members and their families took part in a variety of activities including an outdoor fitness class, a warming hut tour, some tasty treats from Tall Grass Prairie and much more!

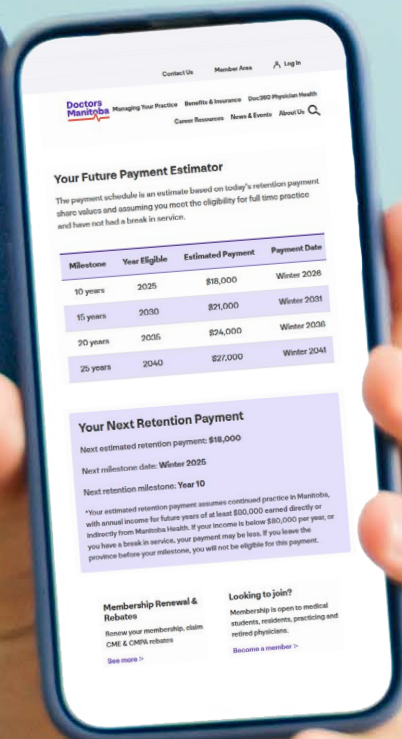
13-14

Doctors Manitoba joined new Resident Doctors on Match Day as they celebrated in the Brodie Atrium.

15-16

Mentors and mentees connected for a Nourish and Network event at the Food Studio on March 16, 2026.

What's New in the Doctors Manitoba Portal



New portal features offer clearer insight into retention benefits and insurance coverage.

Doctors Manitoba has expanded our Member Portal to become a central hub for physicians to access our services on your schedule. New features include:

- **Physician Retention Benefit Program** – Check your milestone, see your next anticipated five-year payment, and explore projected payments throughout your career with the Future Payment Estimator. Submit your anticipated retirement age so we can better assist you going forward.
- **Rural Retention Benefit** – Review your status to confirm if you're on track to receive this new benefit when it's paid out.
- **Insurance Made Easier** – View a full snapshot of your insurance coverage, submit claims online and view invoices and receipts.
- **Check Your Rebates!** Physicians now have access to the Continuing Professional Development (CPD) Rebate Bank for 2026!

Physician Retention Benefit Program - Plan Ahead with Confidence

The Doctors Manitoba Physician Retention Benefit Program was developed to recognize continued commitment to service in Manitoba.

Physicians receive a retention payment every five years, beginning with \$15,000 after your first five-year milestone, increasing to \$30,000 after 30 years of service. The benefit is part of our Physician Services Agreement with the provincial government and is funded by Manitoba Health to recognize continued service to Manitobans.

- **New feature!** Doctors Manitoba has added a new feature to our portal which allows you to view your status in the Physician Retention Program, including past payments, your anticipated next five-year milestone, and projected future payments throughout the course of your career.
- **The Future Payment Estimator** is based on excellent advice from physicians, who have asked to see this information to help inform their retirement planning.
- **Residents who stay in Manitoba** now receive two years of credit, meaning your first \$15,000 payment will come two years earlier.



Check out your Retention Benefit status and Future Payment Estimator by scanning the QR code or visiting DRMB.ca/Retention. (Log-in Required)

New Rural Retention Benefit - Check Your Status

- **We've added a new page to our portal** to see your status in our new Rural and Northern Retention Benefit.
- **This new benefit will offer a payment of at least \$25,000** after three consecutive years of eligible service in rural and northern communities. You will be able to see your status for the first two years and confirm your eligibility if you have not already done so.
- **The first payment is expected in late 2026.** Remember, Manitoba Health's rules require at least 108 days of service per year in eligible rural or northern communities to qualify.

If you work in a Rural or Northern part of Manitoba, you will receive this benefit on top of the standard Physician Retention Program Benefit.

Insurance - A Clear Overview of Your Coverage

Doctors Manitoba Insurance Program participants can now view a full snapshot of their insurance coverage and invoices in the portal. Our not-for-profit insurance program with personalized concierge service is designed for physicians by physicians, with competitive rates and rebates to help keep your costs as low as possible.

Payment Options

1. **Pre-Authorized Payments:** Simplify future renewals by signing up for pre-authorized payments. You will need your banking details and a void cheque or bank-provided information sheet.
2. **Online Banking:** Payments can be made through online banking with any major bank or Manitoba credit union. Select/add "Doctors Manitoba" as the payee and use your member number (shown on your invoice) as the account/invoice number. Please note that e-transfers are not accepted.
3. **Cheque:** You may also send a cheque to our office.

Check Your Rebates!

Physicians now have access to the Continuing Professional Development (CPD) Rebate Bank for 2026! The CPD Claim-As-You-Learn rebate offers reimbursement on eligible continuing professional development (CPD) expenses for fully licensed physicians.

- **All eligible physicians now have a full bank for 2026 expenses**, rather than holding on to expenses and waiting until next year to claim them under our previous rebate program.
- **Physicians eligible to submit additional expenses**, such as those living and working in rural and Northern communities or salaried physicians under certain Collective Agreements, will see the top up added soon.
- **If you had no room left in 2025 to claim our special \$500 AI Scribe Learning Rebate**, you can now claim it under 2026.

What about CMPA?

Eligible physicians can now apply for their Canadian Medical Protection Association (CMPA) rebate for the 2025 calendar year, helping offset the cost of practicing medicine in Manitoba.

What's new:

- **Coverage boost:** The rebate covers 100% of CMPA fees over \$1,000, following improvements negotiated in the current Physician Services Agreement.
- **Faster payment:** Setting up direct deposit in the Member Portal helps avoid delays and ensures your rebate is deposited directly to your bank account.

If you have any questions regarding the details of your specific rebate, please contact us at 204-985-5865 or benefits@doctorsmanitoba.ca.

Don't forget, you can still submit claims for 2025 expenses until June 30, 2026!

Need help? For assistance, please contact:

- Portal Help: portalhelp@doctorsmanitoba.ca
- Phone: 204.985.5888 or 1.888.322.4242
- Log in at DRMB.ca/login



BEST OF THE BEST



Doctors Manitoba is pleased to share our 2026 Award recipients, seven physicians who match their dedication to Manitoba patients with a commitment to mentoring early career physicians and medical students.

“Our 2026 Doctors Manitoba award recipients reflect a wide range of specialties and career stages, but they share a defining commitment to mentoring and retaining students and physicians in Manitoba,” said Dr. Nichelle Desilets, President of Doctors Manitoba. “They are role models who elevate their colleagues and learners by their examples. We are proud to celebrate their contributions to the medical community, and the tremendous impact they have on patient care in Manitoba.”

The Doctors Manitoba awards are the highest honour bestowed upon physicians in the province. Award recipients are nominated by their peers and selected after a thorough evaluation by an Awards Committee made up of physicians.

Dr. Desilets noted that mentorship is a key determinant toward improving physician retention, an area in which Manitoba has historically not performed well. “While there are many actions needed to retain more students and physicians in Manitoba, I’m inspired by the personal commitment all seven award winners make to supporting and mentoring younger colleagues. These efforts are critical to helping maintain the significant physician recruitment gains made in recent years, and keeping our excellent graduates and physicians living and practicing in Manitoba.”

Mentorship helps to reduce burnout and professional isolation by fostering community, decreasing emotional exhaustion, and offering tailored career support.



Dr. Cliff Yaffe - Distinguished Service Award

Dr. Cliff Yaffe has been a transformative leader in surgery and medical education for more than four decades, shaping generations of physicians through his unwavering commitment to mentorship, professionalism, and patient-centred surgical care. He has guided residents, medical students, and junior colleagues and consistently championed their growth while strengthening the academic and clinical foundations of the programs he has led. As Associate Dean of Postgraduate Medical Education at the Max Rady College of Medicine (2011-2022), Dr. Yaffe played a pivotal role in expanding the Family Medicine and Psychiatry Residency Programs and establishing subspecialty programs in Geriatric Psychiatry, Colorectal Surgery, Hematological and Forensic Pathology, Palliative Medicine and the Addictions Medicine Family Medicine Enhanced Skills Program. His steadfast support of program directors and staff elevated the quality and accreditation status of multiple training programs.

Throughout challenging times, Dr. Yaffe provided calm, principled leadership, balancing resident advocacy with the development of strong, resilient clinical teams.

Currently, Dr. Yaffe provides support and advice to medical teaching faculty through his role as the Max Rady College of Medicine, Faculty Advisor, a responsibility he has held since 2023.

In addition to his leadership roles at the University of Manitoba, Dr. Yaffe has played a significant role on the national stage, including decades of service to the Royal College of Physicians and Surgeons of Canada, Canadian Association of General Surgeons, Canadian Society of Colon and Rectal Surgeons, Association of Faculties of Medicine of Canada (AFMC), and the College of Family Physicians of Canada.

A champion of innovation, he helped implement Competency-Based Medical Education and collaborated with his national counterparts in developing, framing and implementing the current system of accreditation of all Canadian and many international residency programs.

Dr. Tegan Turner - Resident of the Year

Dr. Tegan Turner is an exceptional emergency medicine resident whose clinical excellence, calm leadership, and commitment to others have made a lasting impact on her program and colleagues. Known for her strong communication skills and centred approach under pressure, Dr. Turner demonstrates an impressive drive to continuously improve, both academically and clinically.

A dedicated mentor and advocate, she has held leadership roles with Women in Emergency Medicine and has been deeply involved in mentorship initiatives through Doctors Manitoba and national medical organizations. After participating as a mentee for several years, she now gives back as a mentor, supporting learners at multiple stages of training.

Dr. Turner’s passion for emergency care extends beyond the hospital, including an interest in motorsports medicine. She has pursued specialized education and on-site training opportunities connected to Formula 1 and IndyCar racing, bringing perspective to trauma and sports medicine. Currently completing a master’s program in Sports Medicine and Exercise Science through the University of Bath, Dr. Turner is helping shape the future of emergency care in Manitoba and beyond.





Dr. Devon Evans - Physician of the Year

Dr. Devon Evans is one of Canada’s leading experts in endometriosis, pelvic pain, and minimally invasive gynecologic surgery (MIGS), recognized for transforming care for patients across Manitoba. After completing residency and fellowship training, he chose to move to Manitoba to establish his practice. He founded the Pelvic Pain and Endometriosis Clinic at St. Boniface Hospital, making significant contributions to reduce pain and suffering for Manitobans and building on local capacity to provide care closer to home.

A committed system-builder, Dr. Evans has worked to improve the province’s historically low minimally invasive hysterectomy rates through mentorship, education, and direct support for gynecologists across the province. As a Quality Officer for women’s health, he collaborated on development of the province’s first gynecologic surgery report cards to help track progress and provide feedback. As head of the Section of Minimally Invasive Gynecologic Surgery and founder of Manitoba’s MIGS fellowship program, he is shaping the next generation of specialists with rigorous, compassionate mentorship and improving the lives of countless patients.

Respected nationally and internationally for his surgical expertise, research, and contributions to practice guidance through the Society of Obstetricians and Gynecologists of Canada and the World Endometriosis Society (WES), he recently authored two landmark publications in Lancet highlighting global inequities in endometriosis care and policy. Dr. Evans is known for his humility, patient-centered advocacy, and ability to unite surgical teams with kindness, precision, and exceptional clinical judgment.



Dr. Holly Hamilton - Humanitarian of the Year

Dr. Holly Hamilton is a rural family physician whose humanitarian work is grounded in simple, meaningful acts of service. In Notre Dame de Lourdes, she has been a long-time supporter of Aspen Winds/Vents de Tremble, an organization that provides both a day program and a home for adults living with disabilities. She served on the board for years, but now contributes in the ways that feel most natural to her: organizing major fundraising events geared toward building a new fully accessible home, preparing home cooked, from scratch food with love, sharing time with participants through pottery and creative activities and sparking ideas for new opportunities. For her, this work is a form of medicine too—the kind that heals the soul.

Her commitment is shared by her partner, their four children, and extended family members, who are often by her side at events, because Aspen Winds is a place where everyone belongs.

Dr. Hamilton practices full-scope rural family medicine and is known for the same humility, warmth, and dedication in her clinical work as in her community. A longtime champion of rural medical education and recruitment, she now leads the Family Medicine Practice Ready Assessment Program, helping strengthen Manitoba’s physician workforce.

Whether welcoming learners to her farm, coaching youth sports, or rolling up her sleeves at Aspen Winds, she brings people together with a blend of practicality, compassion, and heart.



Dr. Mandy Buss - Medal of Excellence

Dr. Mandy Buss is a distinguished physician, educator, and national leader whose work has reshaped medical education and improved access to culturally safe care for Indigenous peoples across Canada. An Assistant Professor and Indigenous Health Lead in the Department of Family Medicine at the Max Rady College of Medicine, she has been instrumental in developing anti-racism and anti-colonial curricula, integrating Indigenous elders and knowledge keepers into primary care, and transforming admissions and residency processes to support Indigenous learners. Her leadership has been pivotal in advancing the Truth and Reconciliation Commission’s Calls to Action within medical education.

In her roles as president of the Indigenous Physicians Association of Canada and a member of national committees for medical education and family medicine, Dr. Buss has been behind system-level reforms that bridge Indigenous knowledge with Western medical practice. She is also a committed clinician with deep experience in northern and remote communities, including service as Chief of Staff at Percy E. Moore Hospital and with Ongomiizwin Health Services.

A fierce advocate, mother, auntie, mentor and role model, Dr. Buss continues to guide the next generation of Indigenous physicians, advancing equity, representation and culturally safe care. Her leadership has had a lasting impact on learners, patients, and health systems across Manitoba and beyond.



Dr. Shayne Taback - Medal of Excellence

Dr. Shayne Taback is an insightful leader, mentor and clinician-scientist whose work has transformed research training in Manitoba and across Canada. As the founding director of the Clinician Investigator Program (CIP) at the University of Manitoba, he created a pathway that bridges clinical practice with innovative research, trained 39 clinician-scientists to date. Many now lead major research programs, clinical trials, and academic initiatives—evidence of Dr. Taback’s profound influence as both a builder of systems and a mentor of people.

Establishing the CIP required extraordinary perseverance, from securing Royal College approval to negotiating a nationally admired funding model that ensures trainees can pursue research without financial barriers. Dr. Taback championed individualized training, international opportunities and rigorous standards, helping develop a national framework for CIP education now adopted across Canada.

A dedicated mentor, he is also a certified executive coach who supports trainees, colleagues and leaders through compassionate, thoughtful guidance. As a Physician-Mentor in the Office of Anti-Racism, he models humility and fosters inclusive dialogue. Dr. Taback’s leadership has reshaped clinician-scientist training and strengthened the future of medical innovation in Manitoba and beyond.



Dr. Natalie Casclang - Medal of Excellence

Dr. Natalie Casclang immigrated from the Philippines in 2012. Overcoming barriers that international medical graduates usually face in their journey towards medical licensure in Canada, she began her career as a Medical Officer of Health in 2020, supporting the response to the COVID-19 pandemic. Today, she provides clinical leadership in vaccine policy, injury prevention, healthy parenting and early childhood development. Known for her competence, empathy and calm presence, she quietly improves Manitoba's health landscape - often behind the scenes, always with impact.

In 2025, she co-led the implementation of Manitoba's expanded RSV immunoprophylaxis program to protect more newborns against RSV, a major step forward for equitable infant health. Dr. Casclang and her colleagues have been integral in leading the response to outbreaks of vaccine-preventable diseases such as invasive meningococcal disease, measles and hepatitis A in Manitoba. As a member of the Provincial Baby-Friendly Initiative Sub-Committee, Dr. Casclang collaborates with other health care professionals to standardize infant feeding practices across Manitoba and support parents and families in reaching their infant feeding goals. She also created and reviewed content for the recently launched Parenting in Manitoba website, which aims to provide clear and trustworthy information to help parents support their child's healthy development, from pregnancy through the first five years of life. Her confident yet humble communication style during media outreach, clinician education and public engagement has been instrumental in fostering trust among colleagues, policymakers, and the public.

Alongside her system-level work, Dr. Casclang helps infants have a healthy start in life through breastfeeding as a dedicated frontline clinician in breastfeeding and lactation medicine.



We  Doctors

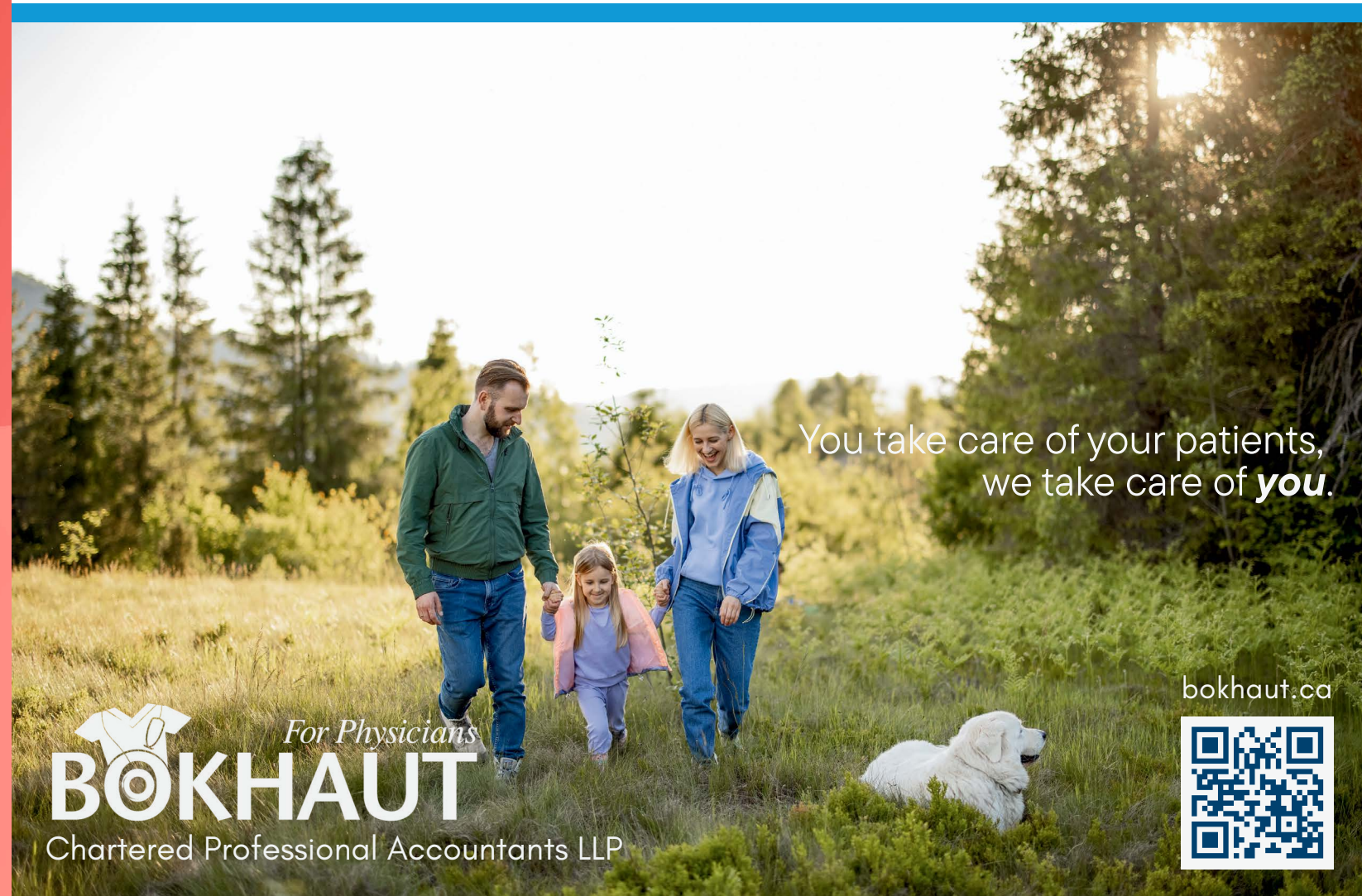


Your **COMEBACK STORY**
It starts with a plan.


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Getting back to meaningful activity boosts wellbeing, keeps you connected to the workplace and protects your financial stability.

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we take care of **you.**

 *For Physicians*
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Tax Changes for 2026

2026 has arrived! That means it's time to review the major changes to personal income tax for 2026. Here's a rundown of the adjusted tax figures.

Income tax brackets

Canada Revenue Agency (CRA) uses the inflation rate, as reported through the Consumer Price Index (CPI), to adjust personal income tax and benefit amounts each year. The federal tax brackets for 2026 are increasing by 2% (compared to 2.7% in 2025 and 4.7% in 2024).

The federal tax brackets for Manitoba are:

Taxable income	Tax rate
Up to \$47,564	10.8%
\$47,565 to \$101,200	12.75%
More than \$101,200	17.4%

The provincial tax brackets for Manitoba are:

Taxable income	Tax rate
Up to \$52,333	9.4%
\$52,334 to \$104,666	14%
\$104,667 to \$193,861	16%
More than \$193,861	19.5%

Provincial tax brackets are also adjusted annually for inflation, but may or may not use the same CPI factor of 2%.

Basic Personal Amount (BPA)

The BPA is the amount of untaxed income you can earn. For 2026, the basic personal amount is \$16,452 – with some caveats. Your BPA is the full \$16,452 if your 2026 net income is \$181,440 or lower. If you earn \$258,482 or more you will receive the minimum BPA of \$14,829. If your income is between those two thresholds your BPA will be adjusted proportionally.

Canada Pension Plan (CPP) contributions

Your CPP contributions are based on a percentage of your income. This is capped at the yearly maximum pensionable earnings limit (YMPE), meaning that once your income reaches that figure further increases don't affect your CPP contribution amount. For 2026 the YMPE will increase to \$74,600 – so

the maximum annual contribution from both employer and employee is \$4,230.45 each. If you are self-employed, you must pay both contributions, for a total maximum of \$8,460.90. (The Quebec Pension Plan has the same YMPE.)

CPP2 contribution rates and amounts

In 2026, if you earn more than the YMPE you'll pay a second CPP contribution (CPP2). With CPP2 you'll pay 4% on income between the YMPE and the year's additional maximum pensionable earnings (YAMPE) of \$85,000. The maximum CPP2 contribution in 2026 is \$416, or, if you're self-employed, \$832.

Employment Insurance (EI) premiums

EI premiums are calculated at 1.63% (1.30% in Quebec) of your annual income, up to a cap of \$68,900 in 2026. The most you can pay in EI premiums this year is \$1,123.07 (\$895.70 in Quebec).

Tax-Free Savings Account (TFSA)

Your TFSA contribution room (\$7,000) is unchanged in 2026. Unused room from previous years is carried over: the cumulative limit for those who have been eligible since 2009 is now \$109,000. As the name implies, interest and investment income within a TFSA is not taxed, and neither are TFSA withdrawals, although you contribute with after-tax funds – there is no tax break for contributing.

Registered Retirement Savings Plan (RRSP)

Your contribution room is still equal to 18% of your earned income, up to a set maximum. In 2026 the maximum contribution amount is \$33,810, meaning you will hit the limit if you made at least \$187,833 in 2025.

Old Age Security (OAS)

If you collect OAS, you're required to pay back some or all of the benefit if your total annual income is too high. In 2026, your OAS will be subject to a recovery tax if your 2025 income was above \$93,454.

Speak with a tax professional to ensure you're taking advantage of all the tax benefits available to you.

Whether you have a quick question, need guidance on a specific issue or are looking for a second opinion, we are here to help. Let's connect today and make sure your financial future is on the right track.



**MD Financial
Management**

*MD Advisor refers to an MD Management Limited Financial Consultant or Investment Advisor (in Quebec), or an MD Private Investment Counsel Portfolio Manager.

The above information should not be construed as offering specific financial, investment, foreign or domestic taxation, legal, accounting or similar professional advice nor is it intended to replace the advice of independent tax, accounting or legal professionals.

Using the Getting Healthy Guide

We've created the Getting Healthy Guide to help your patients and to combat online misinformation.

Give it a try so you can confidently recommend it to patients!



The Canadian Medical Association's 2025 Health and Media Annual Tracking survey revealed that 43% of Canadians are highly susceptible to misinformation, with another 35% moderately susceptible. What's more, 62% encounter health misinformation at least occasionally — an 8% increase from the previous year. Canadians of all ages, from Baby Boomers to Gen Z, reported seeing more health misinformation.

The survey found that Canadians have high trust in doctors and health experts. When people lack access to a family physician, they go online with their questions. Poor access to health care led 37% of Canadians to act on online medical advice, and 31% admitted choosing it over advice from a medical professional. Among those groups, 23% experienced negative health outcomes from following online medical advice.

Even without acting on it, 43% of Canadians reported mental distress and anxiety from health misinformation. Misinformation is a risk to patients and adds time and stress to physicians' days.

We're fighting back with reliable medical information Manitobans can trust, because it comes from Manitoba's expert doctors.

Step 1: Visit GettingHealthy.ca

Begin at GettingHealthy.ca, where the Getting Healthy Guide is featured.

Step 2: Enter your age and gender

Age and gender help the Guide tailor screening, immunization, and prevention guidance.

Step 3: View personalized results

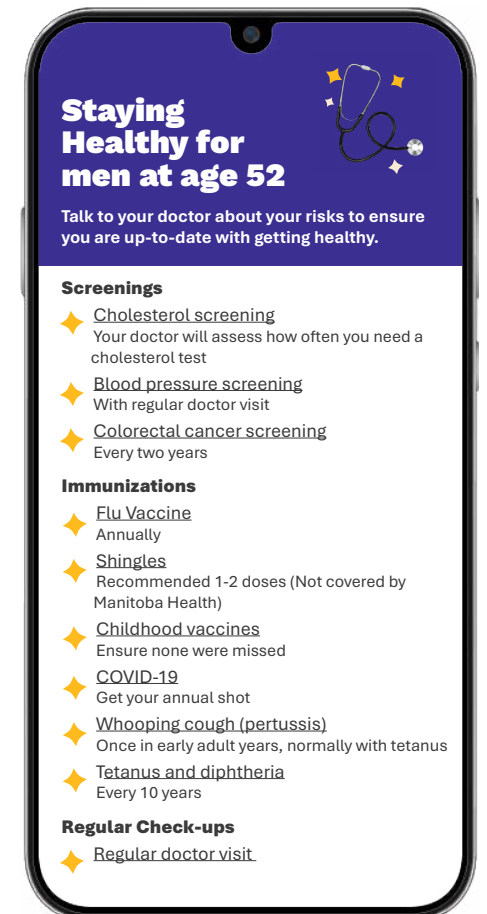
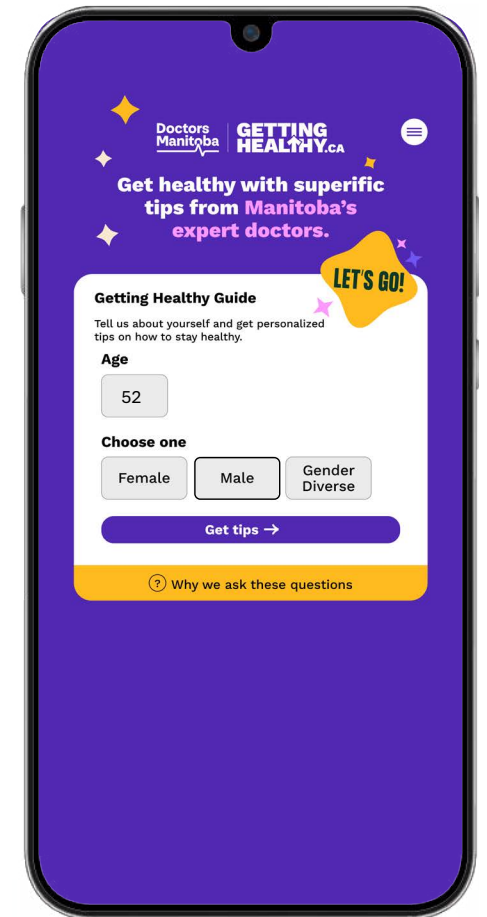
- Immunizations
- Recommended screenings
- Routine check-ups
- Lifestyle guidance on nutrition, physical activity, sleep, and stress
- Mental health and substance use supports
- Health concerns the user may be at increased risk for

The Guide displays practical, evidence-based recommendations in an easy-to-read format. Explore topics in more detail

Explore more topics in detail

Scroll through results and click into individual sections for more detail. Discover prevention topics one at a time, in manageable sections.

While some content currently links to trusted external resources, we're continuing to expand our own physician-authored content, something our research shows makes the information more trustworthy.



Your Healthy Living tips



Catch up on immunizations

Why Getting Your Flu Shot Matters



Reducing Stress

5 tips to make the most of time in nature



Moving More

Winter Doesn't Have to Be a Write-Off

See blog posts linked to results

The Guide connects to additional learning with physician-written blog posts relevant to Guide results.

The Guide can serve as a conversation-starter for prevention and wellness planning. For patients who may feel overwhelmed, breaking prevention down into small, practical steps can make it feel achievable.

A tool built by physicians, guided by evidence

Research consistently shows the public trusts health information from physicians, and trust is strengthened when information is delivered by a local physician voice.

Articles are shared through social media and a newsletter for Manitobans who want credible, practical advice.

Patients are looking for credible prevention guidance. The Getting Healthy Guide helps connect them to the right information quickly, in one place.

Share Your Expertise

Physician contributions help ensure the Guide remains Manitoba-specific, evidence-informed, and relevant to the needs of patients across the province. Have an idea for a post? We provide writing support and an honorarium. Reach out at gettinghealthy@doctorsmanitoba.ca.

Quick ideas to recommend the Guide

- Suggest it at the end of appointments where prevention could not be fully addressed
- Encourage patients to review their results before their next periodic health visit
- Recommend it as a starting point for patients who ask “What should I be doing at my age?”
- Use it as a trusted follow-up resource after discussing immunizations or screening

New Getting Healthy Campaign

We've launched a spring Getting Healthy awareness campaign to encourage more Manitobans to try the Getting Healthy Guide.

The campaign highlights just how quick and accessible the Guide is, designed to fit into everyday life, even when people are busy.

Get healthy while you get on with life.

The Getting Healthy Guide is so fast and easy, Manitobans can use it while they're doing other things — in the real world or online. So there's no reason not to get trusted, doctor-approved health advice.

Physicians may see this messaging promoted across digital platforms and community channels this spring, helping connect more Manitobans with credible prevention guidance and physician-informed resources.



Informal Peer Support

Group-Based Peer Support

Legal Support & Resources

Leadership Development

CBTm

Physician & Family Support Program

Mentorship

Benefits & Insurance

1:1 Peer Support

Physicians at Risk (PAR)

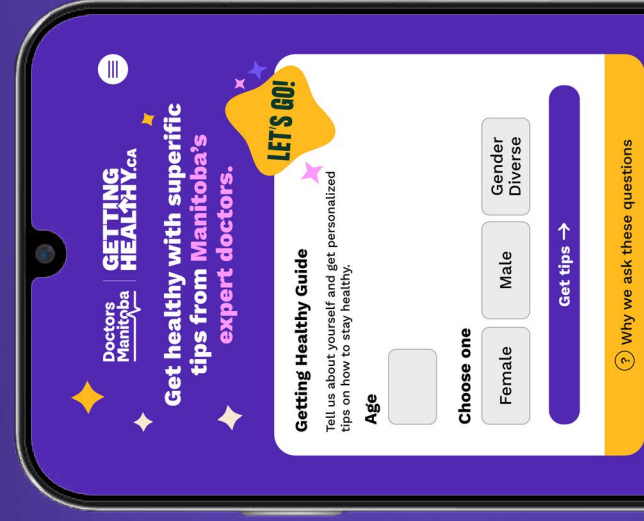
Organization Peer Support (OPS)

MDCare

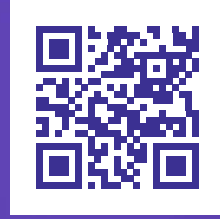


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HIV is HERE

with Dr. Joshua Aquin and Dr. Sarah Lesperance

Manitoba continues to face one of the highest and fastest-growing HIV rates in Canada. Provincial surveillance shows 291 newly diagnosed cases in 2024, a 2.83 per cent increase over 2023 and more than triple the 90 new infections recorded in 2019. Testing volume remained steady year over year, yet test positivity rose from 0.62 per cent to 0.70 per cent. The age-standardized rate climbed from 6.3 per 100,000 in 2019 to 19.1 in 2023, remaining elevated at 18.8 in 2024. Public Health Agency of Canada data indicate Manitoba had the second highest HIV infection rate in Canada in 2024, at 19.5 per 100,000. The Manitoba HIV Program has warned that without accelerated prevention and linkage to care, annual new infections could reach 1,080 by 2028.

Why it is happening

A growing share of cases involves people facing significant social and structural barriers. “There has been a dramatic increase in cases,” said Dr. Joshua Aquin, Medical Officer of Health serving the Winnipeg region. “The population it is affecting includes those who are facing social and systemic barriers.” Many individuals are presenting late, with complications of advanced HIV. Some are lost to care entirely after a positive test.

Housing insecurity, racism, stigma, and untreated mental health or substance use challenges compound risk. “There is a history of colonization and stigma and racism behind structural inequities that present challenges,” said Dr. Sarah Lesperance, Medical Officer of Health. For many patients, basic survival needs come first. “When you are unstably housed, where you are going to sleep or have your next meal are more pressing issues,” added Dr. Aquin.

Crystal meth use, particularly when injected, increases risk through shared needles. Sexual transmission risk rises when substance use intersects with lack of access to condoms or safer sex supplies. Stigma also suppresses prevention. Some individuals fear testing because of confusion about non-disclosure laws or worry about being blamed for exposing a partner. Shame and fear can also prevent harm-reduction conversations within relationships.

Shifting public awareness: HIV is Here

To confront stigma and outdated beliefs, the WRHA Healthy Sexuality and Harm Reduction team, Nine Circles Community Health Centre, and community partners launched **HIV is Here**, a colourful, community-driven public campaign developed through eight focus groups and five community service agencies. The goal is to normalize conversation, correct myths, and underline that HIV is treatable and that undetectable equals untransmittable.

“We found outdated perceptions of HIV as an untreatable, terminal illness, or as a ‘gay disease,’” said Dr. Lesperance. “People said, ‘Nobody talks about HIV anymore.’” The campaign emphasizes practical prevention and low-barrier testing in settings where people feel safe. “Harm reduction is a pathway to prevention,” said Dr. Aquin. Testing is available through community organizations, in emergency departments, and in correctional facilities. “People learn about their diagnosis where they can also find support,” he said.

Street outreach is critical to closing gaps. Andrea Farrell, a public health nurse with Street Connections, noted that trust builds over time. “Many don’t understand there are treatments and preventative measures, even though they are hearing more about rising cases.” Relationship-based supply distribution, peer involvement, and welcoming environments help counter the reality that many find clinical spaces intimidating.

What physicians can do now

First, make HIV testing routine. Incorporate it into primary care visits using Manitoba’s testing guidance and apply opt-out or risk-based approaches as context allows. Second, talk openly about sexual health and well-being. Normalize the conversation for patients of all genders and ages, with special attention to people who use injection drugs, people experiencing homelessness, and Indigenous patients who may carry additional burdens due to intergenerational trauma and ongoing racism.

Third, prescribe and promote PrEP. Manitoba offers pre-exposure prophylaxis at no cost for individuals without full insurance coverage. Eligibility is broad and includes people who inject drugs, people with multiple partners, and those with partners living with HIV. Uptake remains limited, so proactive offers can prevent infections. Fourth, anchor care in U=U. Sustained antiretroviral therapy that achieves and maintains an undetectable viral load prevents sexual transmission. The task for the health system is consistent linkage and re-linkage to care.

Finally, use the Manitoba HIV Program’s primary care recommendations to manage adults living with HIV in community practice. Many aspects of HIV care are protocol-driven and straightforward, particularly when clinicians partner with specialist teams. “We want primary care doctors to see that with the protocols, caring for someone with HIV can be straightforward,” said Dr. Aquin, while acknowledging the real demands in busy practices.

Closing gaps together

“Community partners are outstanding,” said Dr. Aquin. “Community organizations are leading the charge.” Physicians can amplify that work by reducing barriers in their own practices, offering same-day testing when possible, integrating brief conversations about substance use and sexual health, and ensuring warm handoffs to community supports. For patients who are unstably housed or navigating substance use or mental health challenges, compassionate persistence matters. It can take time for someone to come to terms with a life-changing diagnosis. Meeting patients where they are, with practical help and non-judgmental care, keeps the door open to prevention, treatment, and better outcomes.



By the numbers

- 99,849 HIV tests in 2024, similar to 2023 volume
- Test positivity rose from 0.62% to 0.70%
- 291 new diagnoses in 2024, up 2.83% from 283 in 2023
- Age-standardized rate: 6.3 per 100,000 in 2019, 19.1 in 2023, 18.8 in 2024
- Highest age-specific rate in 2024: ages 30–39 at 50.6 per 100,000
- Manitoba had the highest HIV rate in Canada in 2024 excluding Quebec at 19.5 per 100,000 (PHAC)

Clinical quick hits for primary care

- Offer routine HIV testing, including opt-out where feasible
- Start or refer for PrEP; coverage available for those without full insurance
- Use the Manitoba HIV Program Primary Care Recommendations for adults living with HIV
- Reinforce U=U and support adherence to sustain undetectable viral load
- Re-engage patients lost to care with warm, low-barrier pathways

Where to refer and learn more

- Street Connections outreach and testing: streetconnections.ca/hiv
- Manitoba HIV Program testing guidelines: mbhiv.ca/healthcare-providers/guidelines/
- Primary Care Recommendations for Adults Living with HIV in Manitoba: mbhiv.ca/healthcare-providers/guidelines/
- Manitoba surveillance report (2024) and PHAC national highlights for context

HIV is Here: What patients need to hear

- HIV is treatable.
- Undetectable equals untransmittable.
- Testing is available in community, emergency, and corrections settings.
- Harm reduction works. Safer use supplies, condoms, and PrEP prevent infections.
- Care is confidential and support is available.

Learn more and download this great poster at streetconnections.ca/hiv



A Healthier Manitoba for All



A Conversation with Dr. Brent Roussin

How do we understand the health of Manitobans? That is the question Chief Provincial Health Officer Dr. Brent Roussin and his team set out to address in *A Healthier Manitoba for All: 2025 Health Status of Manitobans Report*.

Doctors Manitoba spoke with Dr. Roussin about the report.

The following Q + A has been condensed and edited for clarity.

A Healthier Manitoba for All: 2025 Health Status of Manitobans Report

Scan the QR code or visit tinyurl.com/mbhealthstatus2025 to read the report.



Q: What is the purpose of the report?

A: This report is mandated under the Public Health Act and published every five years. We were somewhat busy in 2020 to release one, so 2022 was the most recent and we're back on schedule. There is quite a bit of flexibility in the report's contents. From a public health perspective, we focused on the broader concept of health as more than the absence of disease.

The purpose is to take a step back and look at our population health. It is meant to inform and inspire action beyond the healthcare system alone.

Q: Who is the report for?

A: It's for anyone who has a role in shaping the conditions that influence health, not just people working in health care. What is unique about this report is that we didn't only engage health experts. We engaged experts in the determinants of health. For example, when we looked at education, we worked closely with educators and government departments outside of health.

The report is not intended to cast a negative light on any department or system. It is about showing the value of working together across sectors.

Q: How did you define health for the purposes of the report?

A: Health is much broader than clinical outcomes. The health care system is a major determinant of health, but it is certainly not the only one. Education, income, housing, employment, and structural conditions all play big roles. When we improve education or employment opportunities, we improve health, even if those interventions don't look like traditional health care.

Q: Why is it important to rethink what influences health?

A: So much of what burdens our healthcare system are the downstream effects of social, economic, and structural conditions. Everyone knows education is important, but do we fully appreciate that people who do not graduate from Grade 12 have roughly double the lifetime risk of developing diabetes? If we want to improve health outcomes, we have to look upstream.

Q: What were some of the important things you found out?

A: There are many good news stories. Overall, life expectancy and premature mortality continue to improve, and self-rated health is improving as well. People are living long, healthy lives.

But those improvements are not shared by everyone. Some individuals, families, and communities are not benefiting from these gains, and those inequities are devastating both personally and for the health care system as a whole.

We highlighted major disparities in life expectancy, premature mortality, and infant mortality, particularly in the Northern Health Region and among Indigenous peoples. Those gaps are actually widening. These are the effects of generations of colonization, racism, and systemic inequities. It is difficult to see, but it is something we must continue to confront.

Q: What are the recommendations of the report?

A: We intentionally stayed away from recommendations that focus directly on the health care system. Instead, we focused on population-level actions, the things that make populations healthier. Strengthening early childhood development, improving education outcomes, addressing poverty, and supporting healthier built environments all have profound impacts on health.

A healthier population means a more sustainable health care system.

Q: What is the health impact pyramid and why is it important for action in public health?

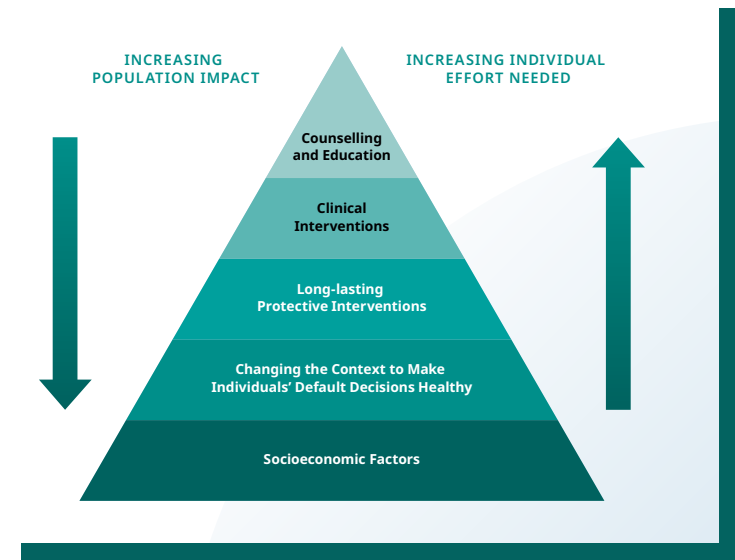
A: The population health pyramid is key. So much of our work, and our colleagues' work, happens at the very tip, the clinical and individual level. But the base of that pyramid is where much of ill health is actually driven.

Interventions that improve socioeconomic conditions, education, and living environments reach far more people than individual clinical interventions. The pyramid helps us understand where action can have the greatest impact.

Q: What are some things physicians can do in their everyday care for their patients that they will gain a better understanding of from the report?

A: We understand many determinants of health sit outside the delivery of health care, and that physicians often have only minutes in a visit. But those minutes matter. Reinforcing small, practical steps can make a difference.

Knowing what supports and benefit programs are available, and ensuring patients can access them, can be a powerful intervention. And while factors



like diet, physical activity, alcohol, and tobacco are shaped by broader determinants, they are still important to address in clinical encounters.

The further we move down that population health pyramid, the more people we ultimately benefit.

Q: How are we doing in Manitoba?

A: We're making progress but face significant challenges. Chronic disease is everywhere in our society, and sometimes we lose sight of just how much burden it places on the health care system. Diabetes is a clear example. We are seeing increasing incidence, increasing prevalence, and increasing complications over time.

Every respiratory virus season, we focus on who ends up in ICU. Many are unvaccinated, but almost all also have poorly controlled chronic disease. We focus on the sharp end and ask why they were not vaccinated. But we often lose sight of the bigger question: why are there so many people with poorly controlled diabetes in the first place?

To my physician colleagues, this report really confirms what you see every day in practice. Excellent medical care alone cannot overcome poor housing, poverty, and systemic inequities. We are often left trying to manage these inequities at the clinical level, and we feel that burden in our practices and across the healthcare system. system to continue pressing for simpler administrative tasks and less paperwork to lighten your load. This builds on her previous work with Doctors Manitoba as a Medical Consultant with Physician Health and Wellness.



Belonging Begins **HERE**

Black medical learners and students from across Manitoba gathered on February 7 for the Black Health Symposium. Hosted by the Black Medical Students Association, the symposium offered hands-on workshops, mentorship, and keynote messages.

For many students, the symposium offered something they rarely see in their academic environments: a room full of Black peers and mentors.

Bunmi Adeyemi, an undergraduate health sciences student, said she often feels isolated in her classes. “I was interested in being with people with the same skin colour, same experiences and struggles,” she said. “I came for the camaraderie. I know if they can do it, I can do it too.”

Second-year undergraduate student Abisola Ayorinde didn’t hesitate to spend her Saturday at the event. “I didn’t want to regret not coming,” she said as she prepared to try suturing for the first time. Hands-on workshops, speed networking, and a panel on navigating the early years of medical training gave students a tangible sense of what a future in health care could look like.

Meaning and Mentorship

For medical student Muna Chira, helping to facilitate the symposium for the second year was especially meaningful.

“I would not be where I am today without the Black medical students, academics and physicians who supported me,” she said. “Being able to give back to my community in this way feels like coming full circle, and supporting the next generation will continue to be an integral aspect of my career.”

The feedback from participants reaffirmed the importance of the event. “It was rewarding to hear from attendees that the symposium was informative, inspiring, and empowering,”

Chira said. “My hope is that Black youth not only see that there is a place for them in the medical field, but to recognize how profoundly medicine needs their perspectives, initiatives, and excellence.”

Building Community

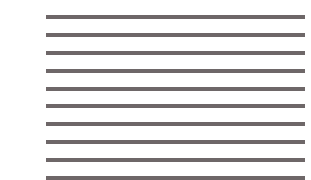
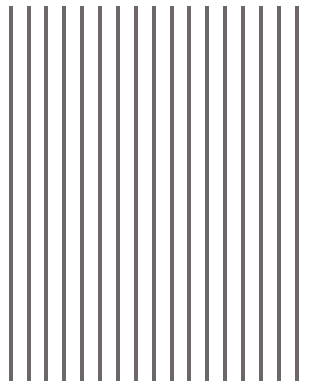
For Ruth Amede, the day was an opportunity to be the mentor she once wished for growing up without someone in a health profession to look up to. Now, she said, “I can be that one for them.” Her early experiences with health care in Ethiopia revealed disparities in treatment for people of colour — an injustice that continues to motivate her. Her message to aspiring students: “Never give up. Give yourself grace, and don’t compare yourself to others who have different backgrounds than yours,” adding that she is proud of her three attempts to get into medical school. “You have to persist.”

Emma McKay-Sharpe echoed the importance of representation. “There are so many amazing jobs in health care, but it’s hard to know about them if you don’t know health care workers, or don’t see them represented,” she said. Her advice: “Just do it! It’s going to be hard and you’ll have to push yourself.” Strong support systems can make all the difference.

Medical student Patricia Machechera and BMSA member offered encouragement for students: “Believe in yourself. Put in the work and prepare and in the end things will work out with the right people and opportunities. If you keep running into closed doors, it means there’s a door already open somewhere else for you to find.”

Minister Uzoma Asagwara: Bringing Your Whole Self Into the Work

Manitoba’s Minister of Health, Uzoma Asagwara, delivered a keynote focused on lived experience, community, and the importance of representation in leadership.



Growing up as a first-generation Canadian in a predominantly white Winnipeg neighbourhood shaped their understanding of community. “We had to come together, support each other, support each other’s children, create networks of job opportunities, and really stay connected,” they said.

Their path—from competitive basketball to psychiatric nursing to public office—was anything but linear. Asagwara emphasized the importance of bringing one’s full identity into health care leadership. “I get to bring all of my lived experiences into my job and bring that into policy,” they said. “That is really, really important.”

Their message to students was clear: “Every single one of you has lived experience... Those are valuable tools and skills that you should never devalue or allow anybody to devalue.”

Dr. Andrew Ajisebutu: Finding Joy on the Journey

Neurosurgery resident and PhD candidate Dr. Andrew Ajisebutu offered a keynote that blended honesty, humour, and hard-earned wisdom. His message: success in medicine is not about perfection—it’s about endurance, authenticity, and joy.

“There is no class you need to take, no volunteer experience you must have, no motivational speech that will get you there,” he said. Quoting James Baldwin, he reminded students that “beyond talent lie all the usual words: discipline, love, luck, but above all, endurance.”

Dr. Ajisebutu challenged the myth that only hyper-competitive people succeed in medicine. “Being surrounded by people like that can be profoundly alienating,” he said. “If you chase only the feeling of winning, you will eventually break.”

Instead, he urged students to anchor themselves in joy. “I am not going to say it is love because that sounds corny, but at the end of the day, it is really joy. You have to enjoy the thing you are doing. Joy is the key to success.”

Joy, he said, transforms difficulty. “When the game gets hard, if you love the game, you do not mind losing because you are just happy to have the opportunity to play.”

He encouraged students to explore freely, even if their interests seem unrelated to medicine. “If you like comparative English literature and your parents ask what that will do for medical school, thank them... but take that class.”

He closed with a reminder of the deeper meaning of Blackness: “It is not just a story of pain. It is a story of resilience.”

A Path Forward for Manitoba’s Future Physicians

As Manitoba works to rebuild and strengthen its health-care system, representation remains essential. “We need our health care system to look like the province,” Minister Asagwara said. “We need those seats to be filled with people who look like the people receiving care.”

And as Dr. Ajisebutu reminded them, success begins with something simple but profound: “Start with your joy. People will see it. People will be drawn to it.”



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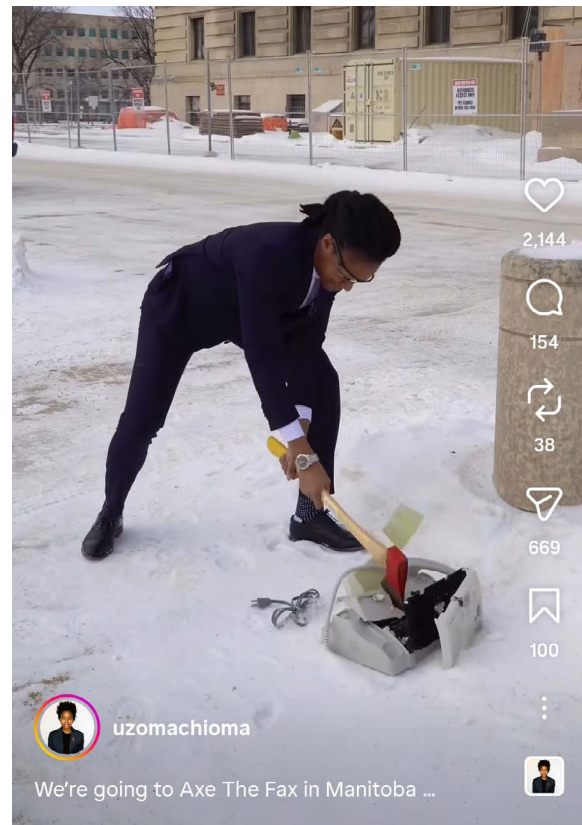
Smoother Referrals and Shorter Waits

Charting a Path to “Axe the Fax” and Speed Up Care

Based on the consensus reached at the Referral and Consultation Summit held last fall, Doctors Manitoba released a report this winter underscoring the urgent need to modernize how referrals and consultations work in Manitoba.

The findings of the report are clear: the current reliance on paper and fax processes is driving administrative burden for doctors and causing unnecessary delays for patients.

“Today’s referral processes were largely built in a different century,” explained Dr. Nichelle Desilets, President of Doctors Manitoba. “Doctors are committed to providing timely and high-quality care, but we work in a system with fax machines and fragmented IT systems that drag down efficiency and lead to delays for patients.”



Health Minister Asagwara takes an axe to a fax machine to demonstrate their support for our recommendations.

“That’s why we’ve developed concrete actions to streamline how referrals and consultations work in Manitoba, and to finally axe the fax.”

The Doctors Manitoba report lays out a practical roadmap to modernize the system, so it works better for both referring and consulting physicians. Key recommendations include:

- ✓ **A provincial physician directory** to help referring physicians find the right specialist the first time for each patient.
- ✓ **Interoperable eReferral tools** integrated with EMRs to support closed-loop communication.
- ✓ **Clear guidance** on when physicians should use emergent, urgent, or routine consultation channels.
- ✓ **Properly resourced central or pooled intake models**, developed with physicians, not imposed on them.
- ✓ **Urgent fixes for diagnostic imaging backlogs**, alongside a move to digital eRequisitions with closed-loop tracking.

Based on an extensive cross-Canada review, Doctors Manitoba found all the recommended solutions already exist in some form in other provinces, affording Manitoba the opportunity to adapt and adopt the innovative practices more quickly.

“It took years and years of under-investment for Manitoba to fall so far behind, but it doesn’t have to take years for us to fix it,” Dr. Desilets noted. “Manitoba has challenges retaining younger physicians who are seeking work environments with modern technology, but a clear commitment to modernize our system will help keep more physicians in our province.”

Doctors Manitoba undertook an extensive process to develop the digital roadmap. The recommendations are aimed at reducing wasted time for both referring and consulting physicians and avoiding unnecessary delays for patients. The work is grounded in extensive consultations with physicians and health system leaders, a jurisdictional scan into innovative practices across Canada, and feedback from the referral summit held last fall in partnership with the College of Physicians and Surgeons of Manitoba and Shared Health.



Referral Summit panelists Dr. Nichelle Desilets, Dr. Ainslie Mihalchuk, Dr. Stephen Ying, and Dr. Eric Hohm discussed key issues.

It is also informed by research from the Canadian Institute for Health Information and Canada Health Infoway, and builds on an initial recommendation released in 2024 to focus on improving collaborative care from the Joint Task Force to Reduce Administrative Burdens for Physicians.

The report was submitted to key partners including Manitoba Health, Shared Health, and the College of Physicians and Surgeons in the hope of working together on shared solutions.

In response, Manitoba’s Health Minister, Uzoma Asagwara, literally took an axe to a fax machine at the Legislature to demonstrate their support for moving forward.

“Doctors have been clear,” the Minister acknowledged. “Outdated tech like [fax machines] slows down care clogs up the system and takes them away from patients. We’re taking real action to reduce administrative burden and modernize patient care here in Manitoba.”

Dr. Desilets agrees. “Doctors are ready, and our patients can’t wait.”

Background

More than a million referrals and diagnostic imaging requests move through Manitoba’s health care system every year. Most are faxed or mailed, with no reliable way to confirm receipt or track status.

- 85% of consultations are still sent by fax or mail.
- Only 19% of physicians can share information electronically with colleagues.
- Many referrals are returned because they were misdirected or were incomplete.
- Physicians waste 30 - 40 hours per year each navigating inefficient referral processes - adding up to 100,000+ hours annually.

From a patient perspective, the inefficiencies lead to longer wait times and cause worry and distress by not knowing where their request is at in the system.

- Publicly reported waits are limited to only some procedures, and the reported wait time only captures the period waiting for a procedure. The initial wait to first appointment or test booking is not measured or reported.
- Just 14% of Manitobans can access their health information electronically — the lowest rate in Canada.

Advisory Circle to Guide the Path to Reconciliation

This story includes difficult subject matter. Physician health and peer support resources are available to you. Find contact and self-referral information at Doc360.ca.

Doctors Manitoba is taking an important step in an ongoing journey toward equity, accountability, and reconciliation with the formation of a new anti-Indigenous racism advisory circle.

The advisory circle will be co-led by Dr. Catherine Cook and Doctors Manitoba Board President Dr. Nichelle Desilets.

“By forming this advisory circle, Doctors Manitoba is showing its willingness to face difficult truths and to work in partnership with Indigenous physicians and communities toward a better future. This circle will help guide that work. We are building a foundation for change,” said Dr. Cook.

The creation of the advisory circle is part of efforts by Doctors Manitoba to acknowledge and address the harms that have shaped the medical profession in Manitoba.



“The history of our profession includes discrimination and exclusion that caused lasting damage. We have a responsibility to learn from that history and to change how we work. The advisory circle will help guide Doctors Manitoba as we aim to disrupt anti-Indigenous racism and create a respectful and just path forward,” said Dr. Desilets.

Facing Our History

Doctors Manitoba engaged experts from the Manitoba Historical Society to conduct an independent review of our historic records and to examine how discrimination and racism shaped the medical profession, including the role the organization played in contributing to or perpetuating those harms.

The independent researchers examined records dating back to the founding of the Manitoba Medical Association in 1908 for the report, one that arrived with hard truths and difficult revelations.

Their findings showed that the Association reflected and reinforced the discriminatory and racist values that prevailed in earlier days. The profession was overwhelmingly white and male, and the support the organization extended was often limited to that narrow group.

Racist slurs and derogatory language appeared in early records. Articles published in the MMA Review, the Association’s medical journal, often framed Indigenous people as problems to be managed rather than patients deserving care.

The first mention of Indigenous health in the Association’s archives appeared in 1922 with the creation of a Committee on the Treatment of Indians. The committee’s primary concern was ensuring physicians were paid for treating Indigenous patients. This theme persisted for decades. A 1935 article on trachoma in Indigenous communities

focused on the potential economic burden to non-Indigenous Canadians rather than the suffering of Indigenous patients. Other records documented discussions about refusing care to First Nations patients as a tactic to pressure governments into payment agreements.

Doctors Manitoba is supporting the work of the College of Physicians and Surgeons of Manitoba as they issued an apology in January 2023 to the Anishinaabeg, Anishininewuk, Dakota Oyate, Denesuline, and Nehethowuk for racism experienced in their medical care. In September 2024, the Canadian Medical Association apologized for its role in past and ongoing harms to First Nations, Inuit, and Métis Peoples.

Doctors Manitoba also provides funding through the CPD Benefit to cover the costs of The Path: Your Journey through Indigenous Canada training for physicians. This program is one of four pre-approved, mandatory cultural safety and anti-racism training options required by The College of Physicians & Surgeons of Manitoba.

The Role of the Circle

The circle will include Indigenous and non-Indigenous physicians and medical learners who are committed to equity, decolonization, and belonging. The structure and process of the circle will be shaped by its members. This work will take time, and we will make the necessary space for it on the advice of the advisory circle.

Looking Ahead

The CMA’s forthcoming revisions to its Code of Ethics and Professionalism, expected later in 2026, will offer clearer guidance for physicians and clearer expectations for the public. These changes stem from the CMA’s work to advance Indigenous health and reconciliation.



Dr. Catherine Cook

Dr. Cook began as a family physician in Manitoba's Northern and remote communities before focusing on public health, health administration and management. It is from here that she took a leadership and operational role in the development and implementation of Indigenous health programs and services which look to address gaps and barriers for equitable access to quality healthcare for Indigenous people in Manitoba.

As the Provincial Lead for Shared Health, Dr. Cook played a pivotal role in the development of an Indigenous Partnership Framework to guide the health transformation process at Shared Health Manitoba. This included leading the engagement of Indigenous people in the development of a health care system that recognizes and addresses the need for comprehensive quality Indigenous healthcare as close to home as possible.

Dr. Cook was Vice President (Indigenous) at the University of Manitoba, then proceeded to lead the creation of Ongomiizwin (clearing a path for generations to come) which affirms the University's commitment to building respectful relationships and creating pathways to Indigenous health, healing and achievement. With a focus on education, health services and research, the Rady Faculty of Health Sciences' Indigenous Institute of Health and Healing/Ongomiizwin is the largest Indigenous education and health unit in Canada.

Bio adapted from Winnipeg Regional Real Estate Board Citizen's Hall of Fame.

1908 Manitoba Medical Association founded.

1922 First mention of Indigenous health in MMA records with the creation of a Committee on the Treatment of Indians.

1935 MMA Review publishes articles reflecting and legitimizing anti-Indigenous racism.

1960s to 1970s Growing awareness of health outcome gaps for Indigenous populations.

CMA AGM in Winnipeg in **1970** acknowledges disparities and calls for action.

Northern Health Unit and Northern Medical Unit established, precursors to Ongomiizwin.

Late 1970s The University of Manitoba creates a special stream to support Indigenous medical students.

Early 1990s MMA creates a Committee on Aboriginal Health.

2001 Ten year anniversary report focuses on Indigenous women's health.

January 2023 CPSM issues apology for racism in medical care.

September 2024 CMA apologizes for past and ongoing harms to First Nations, Inuit, and Métis Peoples.

April 2025 Doctors Manitoba presents preliminary historical review at HeartBeat event.

January 2026 CMA releases draft changes to its Code of Ethics to combat racism and discrimination.

Early 2026 Doctors Manitoba initiates anti-Indigenous racism advisory circle, co-led by Dr. Catherine Cook and Dr. Nichelle Desilets

Advocacy Centre Stage at Manitoba Chambers of Commerce MBiz Breakfast

When Dr. Nichelle Desilets stepped up to the podium at the Manitoba Chambers of Commerce event in February, she made the most of a rare opportunity to speak directly to nearly 300 business and community leaders. Her keynote, *The State of Health Care in Manitoba*, offered more than a check-up. It demonstrated that Manitoba's leaders and the public are paying close attention to the work *Doctors Manitoba is doing to strengthen physician recruitment and retention, and to hold the government accountable for the health care promises it made.*

Recruitment Gains, but Retention at Risk

Dr. Desilets highlighted significant progress in physician recruitment. In 2022, Doctors Manitoba and the Manitoba Chambers of Commerce hosted a Rural Health Summit. Since then, rural communities now have 118 more doctors. Province-wide, Manitoba has added 285 physicians. The gap between Manitoba and the national average has narrowed from 445 physicians two years ago to 246 today. Last year's net gain of 164 physicians was the largest in provincial history.

She also made it clear that Manitoba cannot rely on recruitment alone. This year, Doctors Manitoba has placed a major emphasis on retention. According to the Canadian Institute of Health Information, Manitoba keeps only about two-thirds of its medical graduates, one of the lowest retention rates in Canada, and continues to lose more physicians to other provinces than it gains.

"This progress is meaningful, but momentum matters. We still lag behind comparable regions across Canada. We cannot take our foot off the gas," she said. She identified reducing administrative burden, modernizing digital systems, strengthening team-based care, and rebuilding trust in the system as essential steps to keeping more physicians here.

Access Challenges and Accountability

Primary care access has improved, but 187,000 Manitobans still do not have a family doctor. Emergency departments remain under pressure with some of the longest wait times in the country.

Dr. Desilets emphasized that Doctors Manitoba will continue to monitor efforts to improve care. "Even with the



progress so far, our health system is nowhere near good enough. But it can be," she said, framing 2026 as a pivotal year for improving doctor retention.

Leaders Reflect on System Pressures

A panel discussion followed the keynote, featuring Jonathon Lyon, President and CEO of the Health Sciences Centre Foundation, Dr. Kent Stobart, President and CEO of CancerCare Manitoba, and Doctors Manitoba CEO Theresa Oswald.

Dr. Stobart described how pressures in other parts of the system affect access to timely cancer care. He also stressed the urgent need for modern, interoperable data systems across Canada. A bill before the Senate in early February focused on data interoperability could be transformative. "Patients pay the price when our systems cannot communicate. We cannot accept that anymore," he said.

Lyon spoke about the role of foundations in supporting recruitment and retention, pointing to investments like the Da Vinci surgical robot as examples of innovation that can both improve care and help attract physicians. "We are educating more people and recruiting more people. The question now is: can we keep them here?" he said.

A Clear Signal

The event provided the opportunity to demonstrate that Manitoba's leaders and the public are invested in the same goal as physicians: building a health care system that works.

Oswald left the breakfast audience with a message of hope. "Don't despair. We are making progress. There is still work to do, but Manitoba can be the best jurisdiction for health care in Canada, without question. That should be the goal, and nothing less."

"With the right focus, the right investments, and physicians and front-line providers as partners, Manitoba can build one of the best health care systems in Canada," Dr. Desilets said.



Planning Beyond the Practice Lifestyle Insurance for Physicians

Dr. Kernjeet Sandhu, a Winnipeg family physician, has experienced a series of significant personal life and health events in the last several years that she characterizes as some of the most challenging of her lifetime.

Yet Dr. Sandhu, 45, is equally as grateful to have been so well prepared to navigate these changes thanks to the lifestyle insurance plans and services she's obtained through Doctors Manitoba.

"In a million years I wouldn't have thought my life would turn out this way," she explained. "It turned out really beautiful actually, but it wasn't planned."

As a single mother with two young children balancing parenthood with a robust panel of patients, Dr. Sandhu says she cannot stress enough how critical it's been for her peace of mind to know she will be covered in case of any further abrupt life changes or injuries.

"I think it's important for a physician of any age to have coverage because you just never know. It's really important to protect yourself," she emphasized. "And Doctors Manitoba doesn't treat you like a regular insurance client. They actually care about my life and my situation."

Streamlined Service

For more than 50 years, Doctors Manitoba has offered lifestyle insurance products to members and streamlined concierge-level service to help doctors evaluate plans and make evidence-based decisions.

Lifestyle insurance products can include Life Insurance, Extended Health & Dental, Critical Illness, Disability, and Office Overhead and Accident that can help protect physicians, their families, and their incomes.

"There are so many places to go for insurance, but only one specifically designed by Manitoba physicians for Manitoba physicians," said Doctors Manitoba Insurance Committee Chair Dr. Candace Bradshaw.

As part of its concierge insurance services, Doctors Manitoba partners with Manulife Financial, Canada Life, SSQ and Manitoba Blue Cross, to offer members customized not-for-profit plans. This means any surplus will be returned to members by reducing the following year's insurance fees. The in-house insurance team administers the plans, working directly with members and insurance companies on their behalf, to provide clear, trusted support.

"Normally, you really have to go shopping for each type of insurance you want, so it can be really cumbersome," added Dr. Sandhu. "There's added value in having it all done by Doctors Manitoba. It saves so much time and they provided trusted advice."

Service Insurance Plans for Physicians, by Physicians

The Doctors Manitoba Insurance Program is made for physicians, by physicians and is tailored to the specific needs of practicing doctors, residents and medical learners.

The Insurance Committee, including six physicians from across the province, reviews plans annually and recommends updates to ensure they continue to meet physicians' needs. The committee examines plan performance recommends rebate amounts, and researches potential plan design improvements.

"We also want to make sure physicians can spend as much time as possible caring for their patients and enjoying their loved ones, rather than on unnecessary paperwork and phone calls haggling with insurance providers," Dr. Bradshaw added. "The Doctors Manitoba insurance team will communicate with insurance companies on your behalf, navigating claims and following up on traditionally burdensome tasks that help free up your time."

"In the midst of a stressful event, it's really helpful to have somebody in your corner, sometimes just to say you're going to get through this. And that's what Doctors Manitoba does," Dr. Sandhu explained.

Learn more! The Member Portal now offers a convenient way to apply for our non-profit insurance products, view your current coverage, and make claims.

New for 2026

Participants in Doctors Manitoba's Insurance Program now have access to brand new offerings from partner insurance carriers:

Manitoba Blue Cross will now top up travel health benefits for trips beyond 60 days. Physicians can enjoy extended vacations and stays in other countries without worrying about how unexpected medical expenses will be covered.

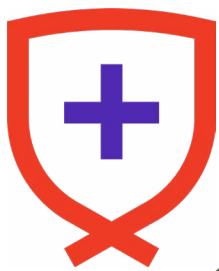
Physicians can now seek pre-approval for coverage of pre-existing conditions while traveling. Previously, coverage for pre-existing conditions was not available.

While the Travel Health Benefit used to pay to a maximum of \$5,000,000 per person per claim to a lifetime maximum of \$5,000,000, the Travel Health Benefit has been upgraded and is \$5,000,000 per person per claim—no lifetime maximum!

Meet the talented
Doctors Manitoba
insurance team
on the next page!



DRMB.ca/portal



Meet the **Doctors Manitoba** Insurance Team!



Mark Venton – Insurance Advisor, Licensed with the Insurance Council of Manitoba

As Doctors Manitoba’s Insurance Advisor, Mark is a product expert and representative of our partner insurance carriers. The first stop for members as they begin the application process, Mark enjoys designing tailored pathways for physicians and their families to best protect what they cherish most.

Scan QR code or visit tinyurl.com/talktodrmbmark to book a meeting with Mark.



Amber Pauls – Insurance Specialist

For nearly 20 years, Amber has provided Doctors Manitoba members with comprehensive support on all insurance plans. She works to ensure that physicians’ insurance plans and the corresponding paperwork are handled smoothly and accurately to free up precious time for busy doctors.




Topher Hayward – Insurance Specialist

Topher supports members by providing guidance on their insurance plans and helping them navigate plan rules, eligibility, and changes over time. His role focuses on ensuring plans are handled efficiently and with as little administrative burden as possible, particularly across Extended Healthcare and Dental.

Connect with the team by emailing Insurance@DoctorsManitoba.ca


Optional Insurance Coverage

Full Suite of group lifestyle insurance products, offered on a non-profit basis, including:

 **Life Insurance** - \$2,730,000 in member and spouse coverage

 **Extended Health & Dental** - Single/Single+1/Family

 **Critical Illness** - \$500,000 Member & Spouse

 **Disability Insurance** - Up to \$15,000 per month of non-taxable benefit

 **Office Overhead** - Up to \$10,000 per month

 **Accident Insurance** - \$1,000,000 Member & Family

DRMB.ca/Insurance



New Medical Director, Physician Health & Wellness

Dr. Amit Jagdeo has joined the Doctors Manitoba team as the new Medical Director, Physician Health Programs. The Medical Director provides individual and recovery-focused mental-health peer support to members and supports the Doctors Manitoba clinical team.

Dr. Jagdeo is a Manitoba-trained psychiatrist with more than 15 years of clinical experience. He works closely with teams across emergency and renal health, as well as inpatient and outpatient settings, and has previously served as Medical Director at Seven Oaks Hospital. He is a mentor with a longstanding commitment to supporting medical learners through practical, experiential guidance beyond the formal curriculum.



Physicians in the Spotlight



Dr. debbie Robinson

ObGYN, DRMB Board Member representing the St. Boniface Specialist Medical District

What’s something you can talk about for 30 minutes without preparation? **Anything related to physiologic birth**

What’s an experience on your bucket list? **Scuba Diving in the Red Sea**

What’s a skill you’d like to learn? **Vegetarian cooking**

Which unconventional animal do you wish you could have as a pet? **A fox or an ocelot - small enough to not be caged and to cuddle with me**

What is your go-to karaoke song? **Billy Jean by Michael Jackson**

What would you choose as your super power? **Make time stand still**

Recommendations:

Book: I like most anything from fiction (I really like David Baldacci) to non-fiction (lots of leadership books)

TV/Streaming Series: I just finished rewatching Young Sheldon and am now watching Suits

Movie: I haven’t been to one in over a year, but I still love watching Marvel and Harry Potter

Restaurant: I like any small, global cuisine restaurant with home-style cooking and generous portions (Ramallah Cafe, Cilantros, Watt Bistro)

Favourite recipe: Red lentils with butter chicken sauce. My kids don’t realize they’re eating healthy, because who doesn’t love butter chicken sauce?



Are you checking your Vitals?

Don't miss out! Register now to receive Vitals.

DRMB.ca/email



Vitals is Doctors Manitoba's weekly newsletter and ranked by physicians as their top source of information. We provide important updates and resources curated to what Manitoba's physicians need to know to ensure they can deliver exceptional care to their patients.

Vitals is read by more than 70% of Manitoba physicians and learners each week. Here's a look at some of the top-read stories this quarter:

Analysis of Legislation that Affects You

Manitoba's legislators are back in session, and we are keeping track of bills that may affect you and your patients, analyzing legislation in a simple and skimmable way. We were pleased to see formal legislation introduced that bars employers from requesting sicknotes for absences of seven days or less or 10 days over one year. Other bills focus on a range of healthcare topics including breast cancer screening access, and a proposed formalization of patient rights and obligations.

Clinical Practice Changes

Our newsletter shares important Manitoba health system updates. We highlight clinical practice changes in the province distributed by Shared Health and Manitoba Health so that you can find them in one place each week. This winter's updates have included notices on Breast Cancer screening changes, Manitoba's RSV prevention program, a syphilis treatment shortage, and changes to various processes such as Double Stranded DNA Antibody (dsDNA), Cyclic Citrullinated Peptide Antibody (CCP) and Celiac Screen Testing.

Form Updates

This winter, Shared Health Diagnostic Services released an updated standardized CT Requisition Form, about which many physicians expressed concerns. Manitoba is also engaged in a Disability Tax Credit form pilot and we encouraged members to share their feedback on the new process intended to help reduce administrative burden. Forms are continuously cited as a top administrative burden for Manitoba's physicians, and we are working hard to simplify complicated processes that take time away from your patients.

Vaccine Eligibility Expansion During Outbreaks

We amplify messages from Public Health to ensure you have the latest information on expanded vaccine eligibility during outbreaks, including two major on-going events this year: Measles and Hepatitis A. Manitoba is far outpacing any other province in measles cases this year. Outbreak vaccine eligibility now applies to Southern Health-Sante Sude, Interlake-Eastern and Prairie Mountain Health Regions so infants aged 6 months to under one year are eligible for early immunization. The province also continues to see new cases of Hepatitis A associated with the ongoing provincial outbreak and has expanded access to free vaccines for people six months and older in Peguis First Nation. The communities of Garden Hill, St. Theresa Point, Wasagamack and Red Sucker Lake are also eligible for the vaccines in response to the current outbreak.



PRACTICE SOLUTIONS
OF MANITOBA INC

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Our vast combined experience and 30+ years in business allows us to offer unique perspectives on all aspects of technology infrastructure. Our offerings include, but are definitely not limited to, system hardware and software including workstations, laptops and servers, structured cabling and wireless solutions (both internal and point-to-point/wide area), private data center collocation, web site and e-mail hosting, and unified communications. Always secure, and always within your budget!

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We offer a full and mature suite of help desk, remote, and on-site support options, either pay-as-you-go or contract-based. Our team is second to none, and we are often called in to situations that others have attempted, but are unable to solve. Forest has partnered with many technical experts over the years, allowing us to offer unique perspectives others may not consider. We won't rest until a solution is found, agreed upon, and implemented to your satisfaction!



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Doctors Manitoba recognizes the continuing professional development (CPD) needs of eligible practicing physicians vary, and group or team-based learning is a preferred option for some. Doctors Manitoba has expanded the negotiated individual CPD Rebate Program to include group based CPD.

GROUP CPD GRANT

The program will grant up to \$25,000 for applicants who clearly meet the established criteria.



DRMB.ca/GroupCPD

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