SUMMER 2026 | NUMBER 87

rounds

Meet Dr. Alon Altman
Retention is top of mind for new Doctors Manitoba President

Keeping Physicians in Manitoba
Manitoba loses too many physicians to other provinces and early retirement

Team-Based Care
Fixing fragmented health care in family medicine and other specialty clinics

Specialty Profile - Urology
Prevention, access and sustainability

Social Media Risks & Restrictions
A threat to the well-being of children and youth

Practice*Forward* & Doctor Directory
More supports to reduce administrative burden

Plus: Partner content from CPSM and Shared Health, meet the Getting Healthy Team and take the SummerToba Challenge!

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A Celebration of Excellence in Medicine

A Message from the President

In this issue of Rounds, it is our pleasure to share a recap of the 2026 Doctors Manitoba Awards Gala and celebrate the incredible colleagues we honoured that night. Our honourees' stories are a reminder of the compassion and dedication that exist throughout our profession in Manitoba, and the value of mentorship at every stage of our journey in medicine. I also encourage you to start planning for our 2027 awards – nominations will open this fall!

As I reflect on my first months as President, what strikes me the most is that excellence isn't confined to one gala evening per year. I see it every day in exam rooms, operating theatres, clinics and hospital wards across this province, often within a system that asks a great deal of the physicians working in it. It's not easy. We work long hours, navigate increasing complexity, lack the technology and resources we need, and carry immense responsibility.

Physicians continue to find ways to improve care and make a meaningful difference in the lives of Manitobans. That, to me, is worth celebrating just as much as any award.

One of the unexpected joys of stepping into this role has been discovering just how many opportunities there are to celebrate our profession and community. Marching in the Pride Parade has been an early highlight as a chance to show up for our colleagues and patients and celebrate inclusion and connection.

As your President, I want you to know that Doctors Manitoba sees the excellence you bring to your work every day, even when it's not easy. Thanks to all of you for the difference you make across Manitoba.

Alon Altman

President, Doctors Manitoba

Supporting Physicians, Every Step of the Way

A Message from the CEO

As the needs of physicians evolve, so too must the services, support and advocacy we provide. Across every stage of practice, we want physicians to have the resources they need to deliver excellent care while building sustainable and fulfilling careers.

We are very pleased to announce the launch of **Practice*Forward***, a new initiative that brings together the trusted services you've come to rely on, with expanded support from our Practice Advisors. Practice*Forward* includes billing and contract advice, leadership development opportunities and our new Business of Medicine guides and tools, all designed to help you run your practice with more confidence and less administrative burden.

Another important initiative underway is the development of **Doctor Directory**, an online resource designed to make referrals, consultations, and physician-to-physician collaboration easier. This work emerged directly from the Referral and Consultation Summit hosted by Doctors Manitoba last fall and responds to physicians' calls for practical solutions that improve connections across the profession.

We continue to advocate for the expansion of team-based care in Manitoba. We know that by bringing physicians together with other health professionals, we can improve access, quality and continuity of care for patients across Manitoba, while helping ease the pressures so many of you feel every day.

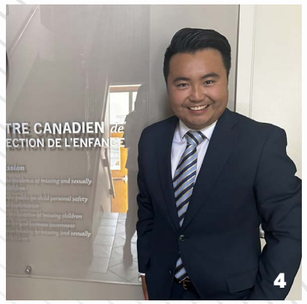
As we look ahead to negotiations for the next Physician Services Agreement in 2027, Doctors Manitoba will continue to provide advice, direction, and strong representation on your behalf. We remain committed to improving the everyday services physicians count on, from insurance options to Doc360, our specialized program dedicated to physician health and wellness.

Thank you for everything you do for the people of Manitoba, especially in the face of catastrophic flooding and significant weather events that make your work even more challenging. We're proud to walk this path with you.

Theresa Oswald

CEO, Doctors Manitoba

Highlights & Happenings



1-2 Dr. William Li spoke on behalf of Doctors Manitoba at the Manitoba Schools' Science Symposium. Sponsored by Doctors Manitoba, this year's winners went on to represent the MSSS delegation at the Canada-Wide Science Fair, in Edmonton. Jonah Cross (1) won for "Understanding the Rate of Neural Cell Proliferation: An Analysis on Stainings and Cell Assays." Ayomipo Oduntan (2) (seen on the phone held by his brother) won for "Silent Speech Decoding for Dysarthria Using EMG."

3 Doctors Manitoba President-Elect, Dr. Erin Olivier, spoke with CJOB Radio anchor Richard Cloutier in April about the value of team-based care at Kingsbury Family Medical Centre in Winnipeg.

4 Dr. William Li participated in a roundtable discussion at the Canadian Centre for Child Protection in June alongside federal and provincial ministers about the health effects of social media and screen time on children. The Canadian government has introduced legislation that would place major restrictions on children's access to certain online platforms. Read more on page 40.

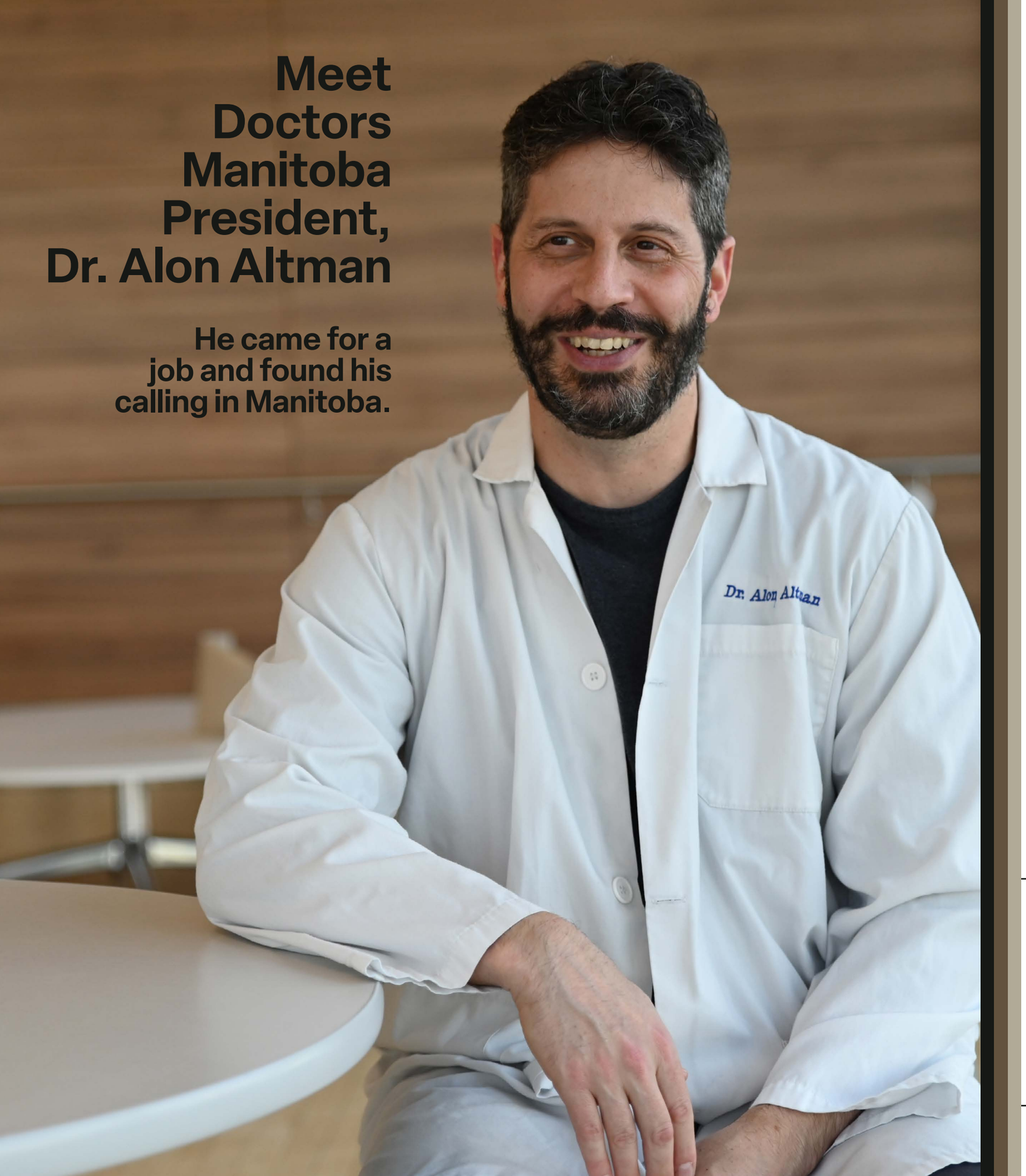
5 The Hall of Presidents and our CEO connected at the 2026 Doctors Manitoba Awards Gala! L-R: Dr. Aaron Chiu, Dr. Shannon Prud'homme, Dr. Fourie Smith, Dr. Kristjan Thompson, Theresa Oswald, Dr. Candace Bradshaw, Dr. Michael Boroditsky, Dr. Randy Guzman, Dr. Nichelle Desilets, and Dr. Alon Altman.

6-7 On April 8 Doctors Manitoba hosted Specialty Connect. The event was an excellent opportunity for specialists across the profession to connect, share insights, and strengthen professional networks.

8-9 On April 20, mentors and medical learners enjoyed a fun evening together at Kilter Brewing Co, with music from a live DJ, interactive activities and great prizes.

10-13 Doctors Manitoba staff, members and their loved ones joined us for the 2026 Winnipeg Pride Parade on Sunday, June 7. Our Getting Healthy Summer Outreach team set up at the Forks to welcome all those celebrating in the Pride parade!

Doctors Manitoba is committed to our members from the 2SLGBTQ+ community and to creating safe spaces and equal access to health care for Manitobans from the 2SLGBTQ+ community. Order your pronoun card at DRMB.ca/pronounbadge and your Safe Space Sticker at DRMB.ca/safespace.



Meet Doctors Manitoba President, Dr. Alon Altman

He came for a job and found his calling in Manitoba.

Dr. Alon Altman is the new President of Doctors Manitoba. He knows firsthand what keeps physicians in Manitoba — and he's making retention the mission of his term.

When Dr. Alon Altman reflects on the path that brought him to Manitoba, he often begins long before medical school and back to his parents' decision to immigrate to Canada in 1982.

"That decision shaped everything that followed for me," he said. "It was about opportunity, and that idea has stayed with me throughout my career."

Raised in Port Coquitlam, British Columbia, Dr. Altman completed his undergraduate studies and medical degree at the University of British Columbia. "The plan was simple," he recalled. "Stay in B.C. and never leave."

But even early on, there were hints that his path might take a different direction. In medical school, on the day students received backpacks from the Canadian Medical Association, they ran out of those with Doctors of B.C. patches. A replacement was found with a different logo on it: The Manitoba Medical Association, which would soon change its name to Doctors Manitoba.

"I was the only one in my class who got a Manitoba bag," he said. "At the time, it felt like a random mistake. Looking back… maybe it wasn't."

It's a good story. But the real story is more deliberate. It's about a physician who discovered something unexpected in a province he hadn't planned on and chose to stay. And it's about what Dr. Altman, now president of Doctors Manitoba for the 2026–2027 term, wants to build for every physician who makes that same choice.

Each spring, a new physician takes on a one-year term as President while continuing their clinical practice.

Altman's focus for his term as President is clear: physician retention. Manitoba currently loses more physicians to other jurisdictions than nearly every other province in the country. It's a challenge he sees as both urgent and personal.

An unexpected introduction

Dr. Altman's first visit to Manitoba came during residency interviews. While he arrived without strong expectations, he quickly found something that stood out.

"The obstetrics program here was incredibly strong and incredibly welcoming," he said. "Winnipeg shot up my rank list."

He ultimately matched to Halifax, completing five years of residency there, then a two-year gynecologic oncology fellowship in Calgary. Along the way, he repeatedly encountered colleagues who had trained or worked in Winnipeg.

"There was a consistent message," he said. "People spoke highly of the clinical work and the collegial environment here."

When a position opened in Winnipeg in 2011, he applied. What he found during that process was what those colleagues had been telling him for years.

"It was a strong, supportive, lively, warm group," he said. "This was where I wanted to work."

Current Role

President, Doctors Manitoba | 2026–2027

Gynecologic Oncologist and Professor, University of Manitoba, Health Sciences Centre, CancerCare Manitoba

Training

MD — University of British Columbia

Residency (Obstetrics & Gynaecology) — Dalhousie University

Fellowship (Gynecologic Oncology) — University of Calgary

From opportunity to belonging

Dr. Altman moved to Winnipeg with his wife Cheryl and their one-year-old son, Elijah. What began as a career move soon became something more lasting.

“I came here for a job,” he said. “But I stayed because it became home.”

Over the past decade and a half, that sense of home has deepened. His family has grown, with two more children, Yaelle and Ardon, both born in Manitoba.

Why physicians stay

Altman is clear that his decision to put down roots wasn’t accidental… but it also wasn’t inevitable. Three things made the difference: community, career opportunity, and affordability.

Moving to a city with no extended family nearby, the supports around him mattered enormously. Hospital daycare. A network that grew, and a community that welcomed his family. That connection extends into his professional life as well.

“I work with some of my favourite people in the world,” he said. “We’ve become a family. We support each other not just clinically, but personally.”

Manitoba also provided a breadth of professional opportunities.

“I’ve had leadership roles, educational roles, research opportunities,” he said. “I’ve been able to travel north and work in rural clinics. I’ve had access to the equipment and teams needed to practice high-quality, modern medicine.”

He emphasizes the importance of team-based care in supporting physicians and improving patient outcomes.

“I’m privileged to work alongside nurses, physician assistants, and other health professionals,” he said. “That team approach makes a real difference.”

Dr. Altman also points to a factor that is sometimes overlooked in recruitment conversations: cost of living.

“Housing, activities for kids, travel, it all adds up, and Winnipeg delivers,” he said. “The opportunities available here are accessible and affordable in ways that simply aren’t possible in many other cities.”

Despite these advantages, Dr. Altman notes that many of the factors that influenced his decision to stay were not fully apparent before he arrived.

“Everything that made Winnipeg home for me I didn’t know about before I came,” he said.

He describes a system in which recruitment efforts are strong, but integration into the community is often left to chance. “Community groups helped us connect, but they weren’t

formally linked to the health system. There were recruitment programs we didn’t even know existed.”

Today, he sees the same gap playing out for new recruits.

Physicians arriving in Manitoba struggle to find family doctors, daycare, dentists, accountants, and community supports. A sense of belonging takes years to build — if it gets built at all.

A critical moment for retention

Manitoba has recently seen record gains in physician recruitment. Manitoba’s medical workforce strategy rests on three pillars: develop, recruit, retain. Altman is direct about where the work needs to go next.

“We have expanded medical school spots. We are developing talent. There is a major push to recruit out of province and out of country. In fact, Manitoba is home to physicians who have trained in more than 100 countries. All of that is critical. But training and recruiting only to lose doctors to other provinces doesn’t make sense. Retention is the third leg of the stool. Keeping the physicians we train and recruit: that’s the bullseye.”

“My goal this year is to strengthen retention,” he said. “That includes negotiating a new agreement to keep physician funding competitive, but it’s about much more than that.”

Several key priorities will help get us there, including investing in modern equipment and technology, advancing team-based care, addressing longstanding administrative burdens, and improving physician consultation about changes in the health system.

“Let’s invest in the tools physicians need to deliver the best care. Let’s move beyond outdated systems and ‘axe the fax’ in favour of truly interoperable patient records.”

Just as importantly, “we need to build personal and professional networks early. When physicians feel supported and connected, we can reduce burnout and improve satisfaction.”

Building a sense of home

At its core, Dr. Altman’s message is about belonging.

“If we want people to stay, we have to help them feel that they belong.”

His own experience offers a clear example of what is possible when that happens. “I came here for a job. I stayed because it became home.”

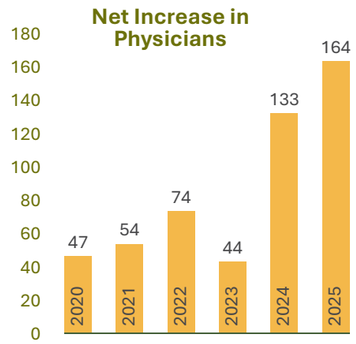
That, he believes, is the opportunity ahead for Manitoba’s medical community.

“And that is what we must build for every physician who chooses Manitoba. When we focus on retention, we’re improving work environments and equipping doctors with the right systems, technology, and teams they need to do their jobs,” he said. “But ultimately, and most importantly, all of that leads to better care for the patients of Manitoba.”

Keeping Manitoba's Doctors in Manitoba

After years of physician shortages, growing vacancies, and mounting strain across the health care system, Manitoba is finally seeing sustained improvements when it comes to doctor recruitment. This is helping to close the gap on the physician shortage, a top concern among physicians.

Beneath that progress, however, is a harder truth: Manitoba still loses too many physicians to other provinces or early retirement. Data continues to illustrate just how crucial it is that efforts to recruit must be matched with investments in retention.



Last year, Manitoba set records with recruitment, adding new physicians at the highest rate in Canada (5.3%), according to the Canadian Institute for Health Information.[1] The province reached a record net gain of 164 physicians last year.[2] This spring, Doctors Manitoba celebrated reaching a new record high of 3,700 practicing physicians in the province. These are all signs that Manitoba is making progress in closing our physician shortage gap.

Recruitment still matters. Despite the progress, some specialties and many smaller communities still have significant physician shortages. Manitoba remains below the national average for physicians per capita, with 246 more physicians needed to reach the national average.

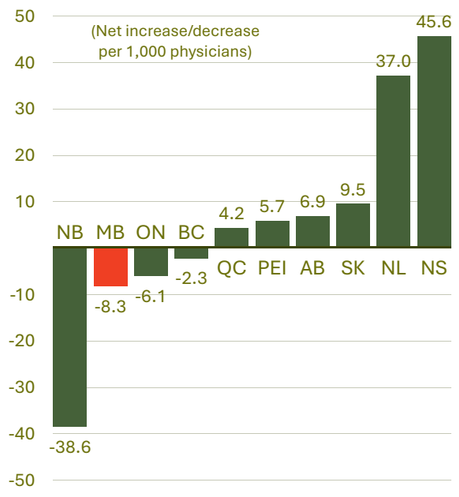
With the progress on recruitment, there is a need to focus more on retention as an area on which Manitoba has historically lagged behind. The numbers paint a stark picture. Manitoba is a net exporter of doctors, losing doctors and learners at all career stages:

- **Out-Migration:** According to national data from the Canadian Institute for Health Information, Manitoba had a net loss of 8.3 physicians per 1,000 to interprovincial migration last year, the second-worst rate in Canada.
- **Future Risk:** 22% of practicing physicians are considering relocating or retiring within three years according to the 2025 Annual Physician Survey, largely driven by systemic frustrations, excessive administrative burdens, and burnout.
- **Low Graduate Retention:** Manitoba also retains fewer medical school students than the national average, historically losing a third of our graduates to other provinces according to CIHI and CAPER.[3] [4] By comparison, Manitoba retains over 93% of nursing graduates.[3] Looking ahead, only 60% of students and residents plan on staying in Manitoba, with 40% planning on leaving or undecided about where to practice.[5]

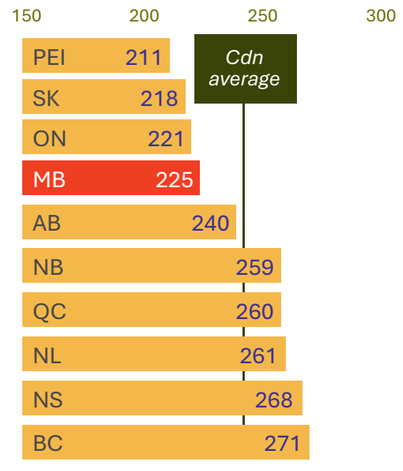
Doctors Manitoba conducted surveys and focus groups to identify four key areas that can help keep Manitoba's doctors in Manitoba:

- **Reducing Administrative Burden** by tackling referral and consultation bottlenecks, pushing for interoperable digital tools, and expanding adoption of AI scribes in all settings.
- **Expanding Team-Based Care** in family medicine and other specialty practices.
- **Strengthening Physician Consultation** by rolling out physician engagement guidelines to improve consultation and decision-making within the system.
- **Investing in Equipment and Technology** that physicians need to offer the exceptional care they have been trained to deliver.

Manitoba is at risk of losing 710 physicians in the next three years to retirement and relocation.
(Source: 2025 Annual Physician Survey)



Source: Canadian Institute for Health Information



Source: Canadian Institute for Health Information

Celebrating Excellence

Every year, the Doctors Manitoba Awards Gala celebrates the physicians who make Manitoba medicine extraordinary. The 2026 edition was no exception.

The special event at the RBC Convention Centre included recognition of the year's award winners, the introduction of the new Doctors Manitoba President Dr. Alon Altman, and a fundraising effort on behalf of a cause close to the heart of our Humanitarian of the Year, Aspen Winds/Vent de Trembles. Ace Burpee emceed the event in his signature witty style, bringing laughter and joy to over 700 in attendance. The gala was made possible by the generous support of Presenting Sponsors, MD Financial Management and Scotiabank, and Platinum Sponsor Bokhaut CPA LLP.

Awards Ceremony

We've shared the stories of our award winners in advance of the gala, and the night was truly about celebrating them. Videos about each winner were premiered at the gala.

Medal of Excellence - Dr. Mandy Buss

Dr. Mandy Buss, a national leader in Indigenous health and anti-racism in medical education, as well as culturally safe care, received a Medal of Excellence. In her acceptance speech, she reminded the room that transformative work is never done alone.

"This award is really a reflection of them," she said of the community surrounding her — including her mother, stepfather, and son. "Working towards Indigenous anti-racism and culturally safe care is hard work, mentally, physically, emotionally, and spiritually. And I couldn't do it without all those people."

Medal of Excellence - Dr. Natalie Casaclang

Dr. Natalie Casaclang, a public health physician who immigrated from the Philippines in 2012 has championed Manitoba's vaccine policy and infant health initiatives. She acknowledged the colleagues who make the daily work possible — and offered a heads-up about what's coming.

"This award is for all of us," she said, referring to a table of her peers. "Buckle up, guys — I just heard that the government has announced a universal RSV immunoprophylaxis program in Manitoba. Lots of hard work coming. Thank you for always showing up to do the hard work every day."

Medal of Excellence - Dr. Shayne Taback

Dr. Shayne Taback, founding director of the University of Manitoba's Clinician Investigator Program (CIP) — a nationally recognized model that has trained 40 clinician-scientists over 14 years — received a Medal of Excellence. With his teenage children in the audience alongside his wife Kathy, Dr. Taback offered a wry reflection on the program he has spent his career building.

"For me, it's been a dream job, working at the intersection of clinical training, education and research," he said.

Humanitarian Award - Dr. Holly Hamilton

Dr. Holly Hamilton, a rural family physician from Notre Dame de Lourdes whose humanitarian work centres on Aspen Winds/Vents de Tremble, a day program and home for adults living with disabilities, received the Humanitarian Award. Dr. Hamilton accepted her award alongside her friend, Jay, an Aspen Winds client.

Jay escorted Dr. Holly Hamilton down the red carpet as they approached the stage to accept an award at the 2026 Doctors Manitoba Awards Gala.

She turned Jay's tender act of support into the heart of her remarks: "Sometimes it's not about who gets to wear the heels. It's about who is making sure the other person doesn't fall. This room is filled with people who spend their lives supporting."

Thanks to the generosity of our guests and additional donors, as well as a contribution from Doctors Manitoba, $22,525 was raised for Aspen Winds.

Distinguished Service Award - Dr. Cliff Yaffe

Dr. Cliff Yaffe, a general surgeon and transformative leader in postgraduate medical education at the Max Rady College of Medicine, received the Distinguished Service Award. In his remarks, Dr. Yaffe expressed deep gratitute for the colleagues who have shaped and defined his tenure, many of whom were in the room.

Resident of the Year - Dr. Tegan Turner

Dr. Tegan Turner, an emergency medicine resident with a passion for motorsports medicine and a master's program in Sports Medicine and Exercise Science underway, received the Resident of the Year Award. In a thoughtful and grateful acceptance speech, Dr. Turner paid tribute to the wide village of people who shaped her training.

"I can only hope to build a village as wonderful as the one I was welcomed into."

Physician of the Year - Dr. Devon Evans

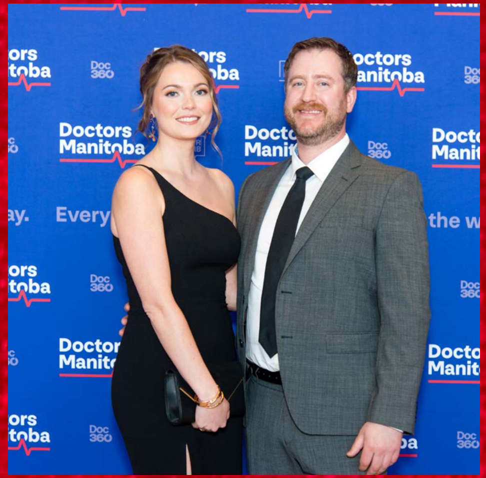
Dr. Devon Evans walked up to the song "Where is my husband?" by Raye, detouring from the red carpet into the audience to invite his wife, Jesse Evans, onstage to accept the award alongside him. He extended his gratitude to the families and loved ones who support physicians throughout their medical careers.

In a profession that rarely pauses, Doctors Manitoba is grateful to the award winners, their families, and colleagues for a wonderful night of connection.

The evening included a ceremonial passing of the chains of office from outgoing President Dr. Nichelle Desilets to incoming President Dr. Alon Altman. In keeping with Doctors Manitoba tradition, Dr. Altman invited some important people in his life to assist with the ceremony, his children Yaelle and Ardon.

Scan the QR code or visit *DRMB.ca/2026Winners* to watch videos about the winners and the incredible work they are doing.

ON THE *Red Carpet*



Team-Based Care: Fixing Fragmented Health Care

Manitoba made important progress in 2025 in narrowing its physician shortage, driven in large part by successful recruitment of internationally trained physicians. But the challenge is far from over.

Manitoba's population is growing steadily, and patient needs are becoming more complex. This is making it difficult for physicians to keep up.

At the same time, the Manitoba government is considering how to implement a new federal directive to ensure patients do not pay out-of-pocket for medically necessary services from nurse practitioners and pharmacists that would otherwise be covered under the Canada Health Act.

For Doctors Manitoba, the federal directive is a reminder of the progress needed to expand team-based care, rather than simply adding more fragmented silos for care with more gaps for patients to navigate.

"Our health care system already has too many silos for patients to move between, and too many gaps for them to fall through," explained Doctors Manitoba Past President Dr. Nichelle Desilets. "But Manitoba has a solution that both meets the federal direction and improves well-coordinated access to care for patients."

That solution is team-based care in family medicine and other specialty clinics.

In a well-designed team, patients have timely access to the right provider for their needs, including a physician when care becomes more complex or uncertain. Care is well-coordinated, access and quality improve, and patients are not left to navigate a system on their own.

"Team-based care is one of the most promising ways to strengthen our health system," said Dr. Alon Altman, Doctors Manitoba President. "It's better for access, better for continuity, and better for provider well-being. Plus, it helps to retain physicians in Manitoba."

How it Works

Team-based care in physician practices can make a real difference to both patients and physicians. At its core, it brings physicians and other health professionals together in a coordinated team, with physicians providing clinical leadership and each team member working to their full scope to improve access, quality, and continuity of care.

Team-based care models have been proven to work in both family medicine and specialty practices. Family physicians take on more patients when they have other providers with expertise to care for specific issues or to support ongoing chronic diseases. A range of specialists can also benefit from teams – from psychiatrists with other mental health professionals, to sports medicine or orthopedic specialists with occupational or physical therapists, to geriatric specialists with pharmacists.

Currently, team-based care models are more common in hospitals or health system-run clinics, where positions are funded and managed by regional health authorities. For example, ACCESS Centres in Winnipeg and Brandon include physicians, nurse practitioners and social workers, offering primary health and social services in various communities. Specialized team-based care can be found at provincial clinics such as the Prostate Centre at CancerCare, the Heart Function Clinic, and Kidney Health, where multidisciplinary teams of specialists and other providers care for patients within a well-coordinated medical ecosystem.

In independent community-based practices, however, it is a challenge to build team-based care without targeted funding. In some cases, physicians have pooled their own income to create positions. When the government funds these positions, however, these challenges decrease and it puts all practice types on a level playing field.

In family medicine, the team-based care system has relied for years on two initiatives that currently fund approximately 160 team-based providers: My Health Teams and Interdisciplinary Team Demonstration Initiative (ITDI). That number, however, hasn't changed for many years.

Kingsbury Medical Centre in Winnipeg has benefited from both its My Health Team and ITDI resources. Clinic leaders say the results of working within these models have been rewarding for both patients and providers.

"It's been so amazing," said Dr. Erin Olivier, a family physician at the practice and Doctors Manitoba President-Elect in a recent interview on CJOB Radio. "We have our nurse, we have our physician assistant, and we have access to other providers including a physiotherapist, occupational therapist, dietitian, counselor and social worker."

Dr. Olivier noted the value of being able to see and serve patients through integrated care from different types of experts.

"For example, I'm not the best to talk to a patient about how they can increase their income like our social worker can, or know exactly what specific physiotherapy exercises a patient needs to do, but we can do the referrals to providers who work down the same hall," she said, adding the system makes way for well-rounded patient care. "Our patients can get the care they need, especially for those who cannot afford a private physiotherapist or a dietitian, and it makes all the difference to an individual's health care and their wellness."

By the time Dr. Olivier sees a diabetic patient, for example, a nurse has already checked for signs of neuropathy, reviewed sugars and checked blood flow, among other typical checks.

"So, we do full preventative care, and then the physician can come in, wrapping up the visit in about ten minutes because the nurse spent 20-30 minutes with them before," Dr. Olivier added.

It shifts the focus from acute, episodic care to long-term prevention and chronic disease management with the support from a team that can address a variety of health needs. Each provider concentrates on their areas of expertise, enhancing care effectiveness and improving patient outcomes.

"When our patients do well, we do well, and the entire health system gets better as a result," she said.

Kali Braun is a Manitoba-based physician assistant (PA) who represents the province as a board director with the Canadian Association of Physician Assistants. She agrees, and says PAs are heavily utilized in surgical services, pediatrics, psychiatry, nephrology, ICU, internal medicine and in emergency departments across the province, with growing numbers in rheumatology and ophthalmology.

"In Manitoba, team-based care gives physicians and other providers the ability to focus on what they do best," Braun said. "As PAs, that collaboration allows us to contribute meaningfully to patient care every single day. It creates a more sustainable system for everyone."

"Our scope of practice allows us to conduct physical exams, order tests, prescribe medications, formulate treatment plans, and perform other functions, all under the collaborative leadership of a physician," she added. "When teams function well, patients notice the difference. They're seen sooner, they feel more supported, and physicians are less stretched thin."

Improving Health Outcomes, Reducing Physician Burnout and Increasing Retention

Evidence shows these models increase provider satisfaction, and contribute to system efficiency, particularly when multiple team components and strong collaboration are in place. In turn, patients' health outcomes can improve.

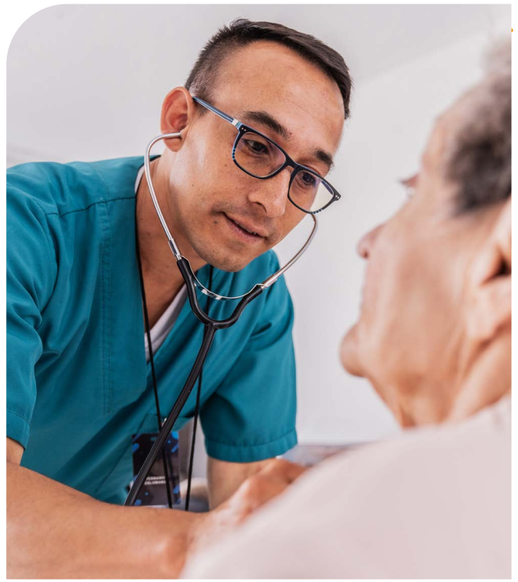
Not only is team-based care beneficial to patients, but it has been proven to reduce physician burnout, which is currently a factor driving 43% to consider retiring early or relocating to another jurisdiction, according to the 2025 Doctors Manitoba Annual Survey.

A well-functioning team-based care system has been shown to improve job satisfaction, reduce burnout, and strengthen recruitment and retention, according to a review by the Institute of Health Economics.

In well-functioning teams, doctors spend more time practicing at the highest levels of their scope and less on items in a patient's care plan that could be safely handled by other well-trained professionals. This sense of practicing "high-value medicine" is a strong protective factor against burnout, and leads to stronger professional fulfillment.

Team-based care also reduces isolation. Physicians working in solo or fragmented systems often experience professional isolation, which is associated with higher stress and burnout. Integrated teams create regular communication, shared decision-making, and peer support, which improves morale and reduces the emotional burden of difficult cases.

From a system perspective, it also improves patient flow and access. When patients can be seen by the right provider at the right time, physicians face fewer backlogs and less pressure to overbook or extend hours. That reduction in constant overload is a key retention booster, especially in high-demand areas like primary care.



Finally, there is a long-term stability effect. Clinics and health systems that invest in team-based models tend to have more predictable schedules, clearer roles, and better coverage for absences – all factors that reduce the risk of burnout-driven exits and make it easier for physicians to envision a sustainable career path.

In short, team-based care retains doctors because it reduces administrative overload, restores professional autonomy, improves support and collegiality, and makes day-to-day practice more manageable.

More Work to Do

The provincial government promised to fund 250 more team-based care providers in physician practices during the 2023 election campaign. Doctors Manitoba continues to work with Manitoba Health, pressing for plans to implement this important government commitment.

Value of advice: "I'm a doctor. Why don't I have any money?

At 47, Connie is well established in her medical career. She earns a strong income, has incorporated her practice, and by most measures is doing well financially. Yet her reality feels more complicated. Between supporting her family, managing childcare and contributing to her father's care, her financial picture has become increasingly complex to manage. Earlier career decisions — including stepping away from full-time work and taking locum roles — provided flexibility, but also introduced variability in her income and long-term planning. On paper, everything works. In practice, there is no cohesive structure — no Total Wealth Plan — tying her financial goals together.

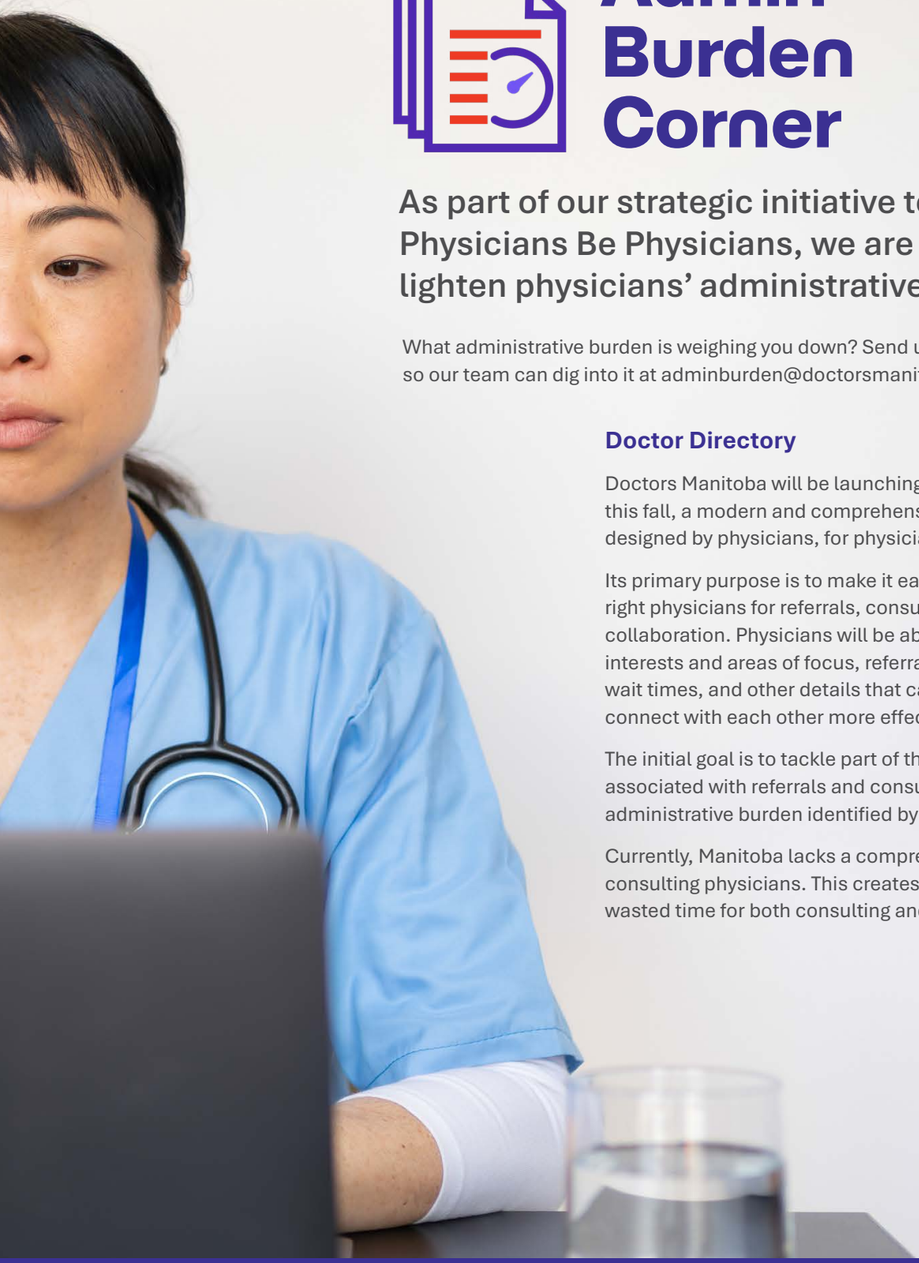
Without that structure, progress can feel disconnected from real momentum. This is where an Advisor can help. Advisors work with physicians to understand how cash flow, savings, debt and competing priorities interact within the context of their lives. With a Total Wealth Plan, these elements are brought together into a coordinated framework, helping identify practical adjustments that align today's decisions with longer-term objectives. For physicians like Connie, financial clarity is not about earning more — it's about ensuring what you earn is working effectively over time. Connect with an Advisor to begin building a Total Wealth Plan that reflects your reality and supports where you want to go next.

MD Financial Management

Scotiabank

Disclaimer: *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.



Admin Burden Corner

As part of our strategic initiative to Help Physicians Be Physicians, we are working hard to lighten physicians' administrative burdens.

What administrative burden is weighing you down? Send us an email so our team can dig into it at adminburden@doctorsmanitoba.ca.

Doctor Directory

Doctors Manitoba will be launching Doctor Directory this fall, a modern and comprehensive online directory designed by physicians, for physicians.

Its primary purpose is to make it easier to find the right physicians for referrals, consultations, and collaboration. Physicians will be able to identify practice interests and areas of focus, referral information, typical wait times, and other details that can help physicians connect with each other more effectively.

The initial goal is to tackle part of the frustration associated with referrals and consultations, the top administrative burden identified by physicians.

Currently, Manitoba lacks a comprehensive listing of consulting physicians. This creates challenges and wasted time for both consulting and referring physicians.

Many consulting physicians report receiving consultation requests for areas outside of their practice, or referrals with incomplete patient information. The volume of misdirected referrals and missing information has been increasing, taking more and more of consulting physicians' time to review and follow up.

For referring physicians, it can often be difficult to know which consultants sub-specialize in different areas, which are open to new referrals, and what information they require, wasting time navigating and resending referrals.

Doctor Directory aims to support both referring and consulting physicians.

By default, physician profiles in Doctor Directory will include existing information already posted publicly by CPSM, but in an easier to search-and-find format. Physicians will be asked to add supplemental information to their profile as part of the annual Doctors Manitoba membership renewal process.

Dr. Alon Altman, President of Doctors Manitoba and a gynecologic oncologist, encourages all physicians to participate.

"Together we can create one of the most valuable professional resources available to physicians in Manitoba. When our annual membership renewal opens this August, you will be invited to customize your Doctor Directory profile," explained Dr. Altman, noting that by integrating profile updates into the annual renewal process, it will help to keep information up to date. Physicians will also be able to log in anytime to edit and update their information.

Doctor Directory is being built under the guidance of medical advisor co-leads Dr. Alexis Botkin, a dermatologist with a consultant perspective, and Dr. Joanna Webb, a family physician with a referring point of view.

Stay tuned for updates and watch for your annual renewal notice later this summer to create your profile.

Important: Update Your Profile This Summer

As part of the Doctors Manitoba annual renewal this August, we will be asking you to review and update your information to build your Doctor Directory profile. By integrating this into our annual renewal, it will ensure physician profiles are updated at least once per year, though physicians will be able to log in anytime to edit and add information.

Sick Notes Campaign Wins National Recognition

The Sick of Sick Notes campaign launched by Doctors Manitoba was recognized as a "standout" initiative by the Canadian Public Relations Society, awarding it a gold for Canadian governmental relations campaign of the year.

The initiative also picked up a bronze for best large integrated media campaign, and a regional award recognizing engagement from CPRS Manitoba.

Eliminating Sick Notes and Streamlining Employer Forms

In June, the Manitoba government passed a law to eliminate most sick notes in Manitoba starting October 1, with the strongest rules in Canada. This is based on recommendations from Doctors Manitoba and a meaningful step toward reducing one of medicine's most frustrating realities: unnecessary administrative work that takes away from medically necessary patient care. It follows nearly two years of Doctors Manitoba efforts advocating for system-wide change with a variety of community leaders, partners, and patients.

"With this legislation and support from business and labour leaders, Manitoba is moving from no limits on sick notes to the clearest and strongest rules in Canada," Doctors Manitoba Past President Dr. Nichelle Desilets said. "In other words, Manitoba is moving from worst to first. That's a huge win for physicians and their patients, and it's a result of everyone coming together."

The new law is effective starting October 1, 2026. The new Employee Standards will prohibit employers from asking for sick notes unless:

- The absence is longer than a week (i.e. seven consecutive calendar days), or
- The worker has more than 10 cumulative sick days combined over the year.

Rules Changes Aren't Enough

Doctors Manitoba took note of the Canadian Medical Association's research that shows sick note limits alone don't appear to significantly reduce sick notes.[1]

That is why Doctors Manitoba has partnered with HR professionals to develop a toolkit and resources for employers to manage absences without sick notes.

An awareness campaign was launched with a new website, DoctorsNotes.ca, with information and resources. In the first six months, the HR toolkit has been downloaded from the site over 4,500 times, and hundreds of employers and HR professionals have attended webinars held in partnership with CPHR Manitoba and the Manitoba Chambers of Commerce.

Doctors Manitoba also encourages physicians to ensure clinic staff are aware of the new law to communicate to patients who may call in asking for one on behalf of their employer.

[1]Canadian Medical Association. Commentary: Sick notes are slowly being banned but much more is needed to reduce administrative burden. Canadian Medical Association; 2026. https://www.cma.ca/latest-stories/commentary-sick-notes-are-slowly-being-banned-much-more-needed-reduce-administrative-burden. Accessed May 26, 2026.

Practice *Forward*

Helping physicians move their practice forward

Medicine doesn't come with a handbook for running a practice. Yet today's physicians are expected to navigate everything from billing and contracts to staffing, technology, paperwork, leadership, and the business side of medicine, all while continuing to deliver exceptional patient care.

As the demands of medical practice continue to grow, physicians need practical support that helps reduce administrative complexity and strengthen their practice. That's why Doctors Manitoba is launching **Practice*Forward*.**

"Practice*Forward* is a suite of new and expanded services to help physicians move their practice forward every step of the way," explained Dr. Alon Altman. "You will find services our members already value, plus new resources to support physicians at every stage of their career, from starting practice to retirement."

Practice*Forward* is designed to help physicians be physicians by making it easier to navigate the professional and administrative responsibilities of modern medical practice. It brings together:

- **Trusted services** — including billing and contract advice, audit support, and our New to Practice program for early career physicians.
- **Expanded support** — with additional Practice Advisors, more education, one-on-one practice check-ups, physician leadership development, and enhanced practice opportunity listings.
- **New resources** — including Business of Medicine guides and tools, practice management resources, vetted vendors physicians rely on, and member discount programs.

Practice*Forward* is already underway. Members can connect with our expanded team of Practice Advisors and access a comprehensive library of more than 100 Business of Medicine and practice management resources and tools. Additional services will be introduced over the coming months.

To learn more, scan the QR code or visit DRMB.ca/practiceforward

Meet your Practice*Forward* team!

Ian Foster
Director, Practice Advice & Compensation
Ian is dedicated to supporting physicians and helping resolve complex practice and compensation issues so they can focus on patient care.

Leisa Lukie
Practice Advisor
Leisa works one-on-one and with groups to provide practical tools, resources, and guidance that support practice improvement and long-term success.

Sunny Dhillon
Practice Advisor
Sunny helps physicians with practice planning, remuneration, and operational decision-making, helping build sustainable and high-performing practices.

Michelle McKay
Practice Advisor
Michelle is passionate about supporting physicians in Manitoba's complex and evolving health care system.

Aiyana Crolly
Practice Advisor
Aiyana enjoys helping new-to-practice physicians build confidence in billing and values connecting with members to learn more about their practices and services.

Shannon Noël
New to Practice Advisor
Shannon supports physicians transitioning to practice in Manitoba, including residents in their final years of training and physicians within their first five years of practice.

Roger Jamieson
Medical Remuneration Officer
Roger enjoys helping physicians across all specialties find solutions, navigate challenges, and get the support they need to manage successful practices.

Braden Kalichuk
Medical Remuneration Officer
Braden brings a data-driven, analytical approach to his work and is committed to advancing the interests of Manitoba physicians and strengthening the medical workforce.

Ashleigh Sadler
Administrative Assistant
Ashleigh is exceptionally organized and enjoys streamlining our services for physicians to ensure an efficient and positive experience.

Specialty Focus

Urology

Beyond the Procedure

Specialty Focus will be a recurring feature in Rounds.

To suggest a specialty for a future edition, email general@doctorsmanitoba.ca.

For many physicians, urology is still shorthand for procedures or late-stage disease. For Dr. Premal Patel, a Winnipeg urologist and co-founder of the Men's Health Clinic Manitoba, the specialty is far broader. And it's increasingly central to conversations about access and the sustainability of Manitoba's health system.

For Dr. Sabeer Rehsia, there is a large medical component to his work with patients that is rewarding; it's not all just about surgery.

Much of Dr. Patel's practice focuses on men's health: infertility, low testosterone, erectile dysfunction, Peyronie's disease, and benign prostatic hyperplasia. But he is quick to reframe these as more than separate issues. Many, he says, are early warnings of something larger.

That reframing is the heart of his message to colleagues. A man presenting with erectile dysfunction may be presenting, unknowingly, with the first sign of vascular disease. The consultation becomes a doorway to cardiovascular screening that might otherwise never happen.

"A lot of what I do falls under men's health, but so much of it is really about prevention. Many of these conditions are early markers for broader health issues, especially cardiovascular disease."

- Dr. Premal Patel

"It's often the first time patients have heard that erectile dysfunction can be linked to heart health. That represents both a gap and an opportunity when it comes to education."

Dr. Rehsia has noted similar themes in his own practice, especially when counseling patients about the potential causes of their urologic disease and the common associations with other conditions.

A specialty that spans the lifespan

Urology is often underestimated, Dr. Patel said.

"Urology is a surgical specialty of the entire genitourinary system," Dr. Patel said. "We do major procedures — kidney surgery, cancer care — but we also manage chronic conditions and follow patients long term. It's really a blend of surgery and medicine." For Dr. Sabeer Rehsia, who has practiced urology in Manitoba for the past 14 years, that same breadth is what drew him to the specialty in the first place. He knew early on he wanted to work in a surgical specialty with a strong medical management component and says urology's mix of procedural work like cystoscopy and major open surgery is part of what keeps the work engaging.

Doing more with the same?

Demand is the recurring theme. Manitoba's urological workforce has not kept pace with a growing and aging population, and the gap forces difficult triage decisions every week.

There are 21 urologists in Manitoba, a number that falls short considering population growth and aging. Urologists are seeing more complex disease, more volume, and not enough capacity in the system.

In practice, that means urgent cases, including catheter-dependent patients, or those battling aggressive cancers move to the front of the line, while others wait longer than anyone would like.

"We're prioritizing urgent cases, which means others wait. That's the reality we're working in," said Dr. Patel.

Dr. Rehsia, who works across multiple sites in Winnipeg including Victoria Hospital, Grace Hospital, and CancerCare Manitoba, said that reality is compounded by how the specialty is staffed. Community-based coverage means being on call on weekends, and unlike some other specialties, urology in Manitoba largely lacks team-based support such as house medical officers, physician assistants, or clinical assistants.

"We have to do everything from taking histories, to booking procedures and rounding," said Dr. Rehsia. "It's a high volume of work on our own."

Having trained and worked in Manitoba's system for over a decade, Dr. Rehsia brings a particular vantage point to the retention conversation.

"We're a small province and specialty. We work well together, but if we want people to come here, there has to be a good environment here for them to succeed if we expect them to stay."

Available technology also hasn't kept up with new developments in treatment, including surgical robotics, as one example.

Beyond clinical care, Dr. Patel holds educational leadership roles and recently helped launch Manitoba's first fellowship in urologic subspeciality training in male infertility, sexual medicine and cancer survivorship — a step toward growing the very workforce both physicians describe as stretched.

Building a different model of care

Part of Dr. Patel's response has been structural. After returning to Manitoba in 2019 and completing his fellowship in male infertility and sexual medicine, he and Dr. Jay Nayak opened the Men's Health Clinic Manitoba in 2022, the first specialty-run clinic of its kind in Canada, with expertise spanning infertility to prostate cancer management.

The clinic offers a self-referral pathway built in partnership with primary care. The design is deliberate: see patients faster, take pressure off hospitals, and create a setting where men feel able to raise sensitive concerns.

"Men's Health Clinic has an accredited operating room where we have decanted the main hospitals with much-needed capacity for prostate surgery and other urological procedures that can be performed on an outpatient basis."

"Having a dedicated outpatient centre has allowed us to see patients faster, relieve pressure from hospitals, and create an environment where patients feel comfortable talking about sensitive issues."

The response from patients has been simple and consistent.

"The most consistent feedback is simply that people are grateful a place like this exists," said Dr. Patel.

Dr. Rehsia has long believed community-based urology would be able to better service more people with appropriate support structures that allow for faster assessment of consultations, ability to book appropriate surgical cases, and provide more thorough urologic care to the people who need it. .

"There's a wide range in urology and the specialty is always evolving. You're constantly learning."

- Dr. Sabeer Rehsia

What every physician should know about urology

Between them, Dr. Patel and Dr. Rehsia offer a few practical takeaways for colleagues across specialties:

1. Treat sexual dysfunction as a screening opportunity. Conditions like erectile dysfunction can be early markers for cardiovascular disease and warrant a broader look.
2. Consider the male pelvic floor. Pelvic floor issues are more common in men than many realize, and physiotherapy can be transformative.
3. Use eConsult to close the gap. Many concerns can be addressed quickly through eConsult, sparing patients long waits for in-person referral.
4. Send focused referrals. Dr. Rehsia notes he often receives consults at two extremes: too little information to act on, or unfiltered documents running 20-plus pages leaving him to parse through for what's relevant.

By the Numbers	
21	Number of urologists in MB
196,626	Visits and procedures delivered by urologists in 2025/26
8th lowest	MB's ranking on urologists per capita
9	Number of additional urologists needed to meet the Canadian average per capita
35%	Proportion of urologists over the age of 55
57%	Proportion of urologists considering relocating out of MB due to systemic or institutional concerns

GETTING HEALTHY.CA

Take the SummerToba Challenge

You'll be entered for a chance to win $2,500 in groceries!

We're calling on all members to join our brand new Getting Healthy SummerToba Challenge, and help spread the word to your patients and community. A smile, a song, a breeze, a beach… It's all fine in summertime!

What's happening: While the Getting Healthy resource is from physicians for the public, the SummerToba Challenge is open to everyone! We strongly encourage physicians and medical learners to enter at GettingHealthy.ca.

Prizes include $2,500 worth of free groceries and an assortment of Getting Healthy merch.

How can you help? Support the SummerToba Challenge by joining and spreading the word!

Enter at GettingHealthy.ca/summertoba. Then share with your friends and family through email and social media.

Use the poster at the centre of this issue of Rounds for your practice and encourage patients to join the challenge and take one step towards getting healthy this summer.

Contribute! We would love to feature stories all summer about how doctors are focusing on getting healthy too. Are you being more active? Have an easy healthy recipe? Finding ways to sleep better or reduce stress? Shoot us an email at gettinghealthy@doctorsmanitoba.ca.

Why are we doing this? It's fun with a purpose! And it showcases physicians as the experts when it comes to health and reminds Manitobans how much you care about their well-being.

According to research commissioned by Doctors Manitoba, most Manitobans (87%) believe they aren't doing enough or could be doing more when it comes to physical activity, eating well, improving their sleep, reducing their stress, and/or catching up on immunizations or medical screenings. Offering advice, encouragement, and incentives can help motivate people to take action towards improving their health.

Join the fight against misinformation!

- ***Write or review.*** We are looking for physicians who want to get involved with Getting Healthy to lend their expertise for both the Getting Healthy Guide articles and blog posts for the site. The advice should be evidence-based and focused on prevention or early detection. You can see some of the topics already included in our Getting Healthy Guide by typing in different age and gender combinations. Reach out at gettinghealthy@doctorsmanitoba.ca. An honorarium is provided.
- ***Share the word.*** We appreciate it when you join us in spreading the word about Getting Healthy with your patients and sharing our social media posts, even more so during our contest.
- ***Attend an event.*** We would also love to have you come out to the events with the Getting Healthy Outreach team! Join us or stop by and say hi!

Meet the Getting Healthy Summer Team

Our 2026 Getting Healthy Summer Outreach Team is showcasing physicians' expertise through trusted online content and in-person connections with Manitobans. The Outreach Team has been out and about at festivals, community events, and destinations across Manitoba, introducing more people to our Getting Healthy Guide and promoting the SummerToba challenge.

Meet the team (L-R)!

Natan Skladnik earned a BSc (Honours) in Neuroscience from the U of W. During his first year of medical school, Natan served as President of the Class of 2029 and serves as the Undergraduate Medical Education student representative for the Choosing Wisely Students and Trainees Advocating for Resource Stewardship (STARS) campaign. Originally from Argentina and raised in Winnipeg, his interests in medicine include patient-centred care, medical ethics, public health, and resource stewardship.

Mark Rauhaus previously completed a BSc Co-op at UM. He has gained research experience with Health Canada, CancerCare Manitoba, and UM Immunology. Mark was a student athlete with the Bisons football team until 2025. He is currently a member of the Manitoba Medical Students' Association and previously served on the UM Athletic Council.

Brian Toor earned a BSc at UM. He is a soccer and volleyball coach at a local high school and enjoys working with students outside the classroom. He has also contributed to research projects in the field of Medical Genetics during his training.

In addition to in-person outreach, the team will create social media content and contribute research and writing to the Getting Healthy website.

Get involved!

Have an event or opportunity?

We'd love to connect! Reach out to have the team attend your festival, event, or community activity this summer.

Physicians wanted

We're always looking for physicians to contribute to the Getting Healthy Guide and blog. This summer we will be focusing on topics around men's health, menopause, pregnancy and addressing health misinformation.

Have an idea?

Email us at gettinghealthy@doctorsmanitoba.ca. An honorarium is provided.

Help spread the word

We always appreciate your support in sharing Getting Healthy resources with patients and amplifying our content on social media.

Caring for Manitoba's Physicians

Physicians spend their careers caring for others. But when they are struggling themselves, asking for help can be one of the hardest things to do.

It's something the new Medical Director for Doctors Manitoba's clinical physician health program understands both personally and professionally.

"Physicians are hyper-responsible," said Dr. Amit Jagdeo. "One of the overarching themes in medicine is the drive to be responsible for the well-being of others. Sometimes, many times, we're more mindful of someone else's well-being than we are of our own."

For Dr. Jagdeo, that instinct to care for others took root long before medicine. His mother passed away when he was young, and as the oldest of three brothers, he grew into a caregiving and mentoring role early in life. His mother and father, both the oldest of their generations in their families, modeled a similar sense of duty. It's a thread Dr. Jagdeo sees clearly in his own path toward psychiatry, mentorship and now, physician health.

Physicians' sense of responsibility can become a barrier to seeking support. Trained to project calm and confidence, especially in difficult situations, this helps maintain trust with patients, but it may also make vulnerability feel unsafe.

"For the well-being of our patients, we have to appear in control," said Dr. Jagdeo. "But physicians are not always letting themselves experience the feelings they need to or allowing themselves to say they need help."

Adding to the challenge is the fact that many physicians are highly resilient and high-functioning. They often continue performing well even as stress, burnout, or other concerns build beneath the surface.

"High-functioning individuals tend to make it further before having a breakdown or burnout or seeking help," he said. "I've seen it and experienced it myself." That's why early support matters.

Peer support and mentorship crucial

Peer support plays a critical role in that process. Through mentorship and physician wellness programs, doctors and medical learners can connect with colleagues who understand their experiences and can normalize seeking help.

As a Manitoba-trained psychiatrist with more than 15 years of clinical experience, mentorship has been a constant throughout Dr. Jagdeo's career. Beyond his clinical work in emergency and renal health, and inpatient and outpatient psychiatry, he has long taken an interest in supporting medical learners with practical, real-world guidance.

Dr. Jagdeo is encouraged by a shift among younger physicians, who are more willing to talk openly about pressure, boundaries and support, chipping away at long-standing stigma. "It's no different than cancer or an infection. It's treatable and you are not alone," he said of mental health dysfunction.

Outside of medicine, Dr. Jagdeo enjoys his many roles in his family, staying active, music, cooking, carpentry, cars, movies and science-fiction novels. His interests help him stay balanced and connected to life beyond work, something he encourages all physicians to prioritize for their own well-being.

He also wants physicians to know that reaching out early can help prevent more serious challenges later and likened getting support to primary, secondary and tertiary preventions.

"Doctors Manitoba and the Physician Health Program have been instrumental in advising people that it doesn't need to get to a point where they need to stop working," he said. "The sooner you get help, the less likely you are to experience anything that disturbs your practice."

Above all, Dr. Jagdeo wants physicians to remember a simple message: "Doc360 is here to provide the support you need. We're here, there's no judgment, and it's confidential. We just want to make sure you're okay."

Need support? Doc360 is here for you.

Doc360 is available to medical students, resident physicians, MLPIMG participants, physicians, retired physicians, member spouses, and member dependents.

Online: Doc360.ca

Confidential intake voicemail: 1.844.433.DRMB (1.844.433.3762)

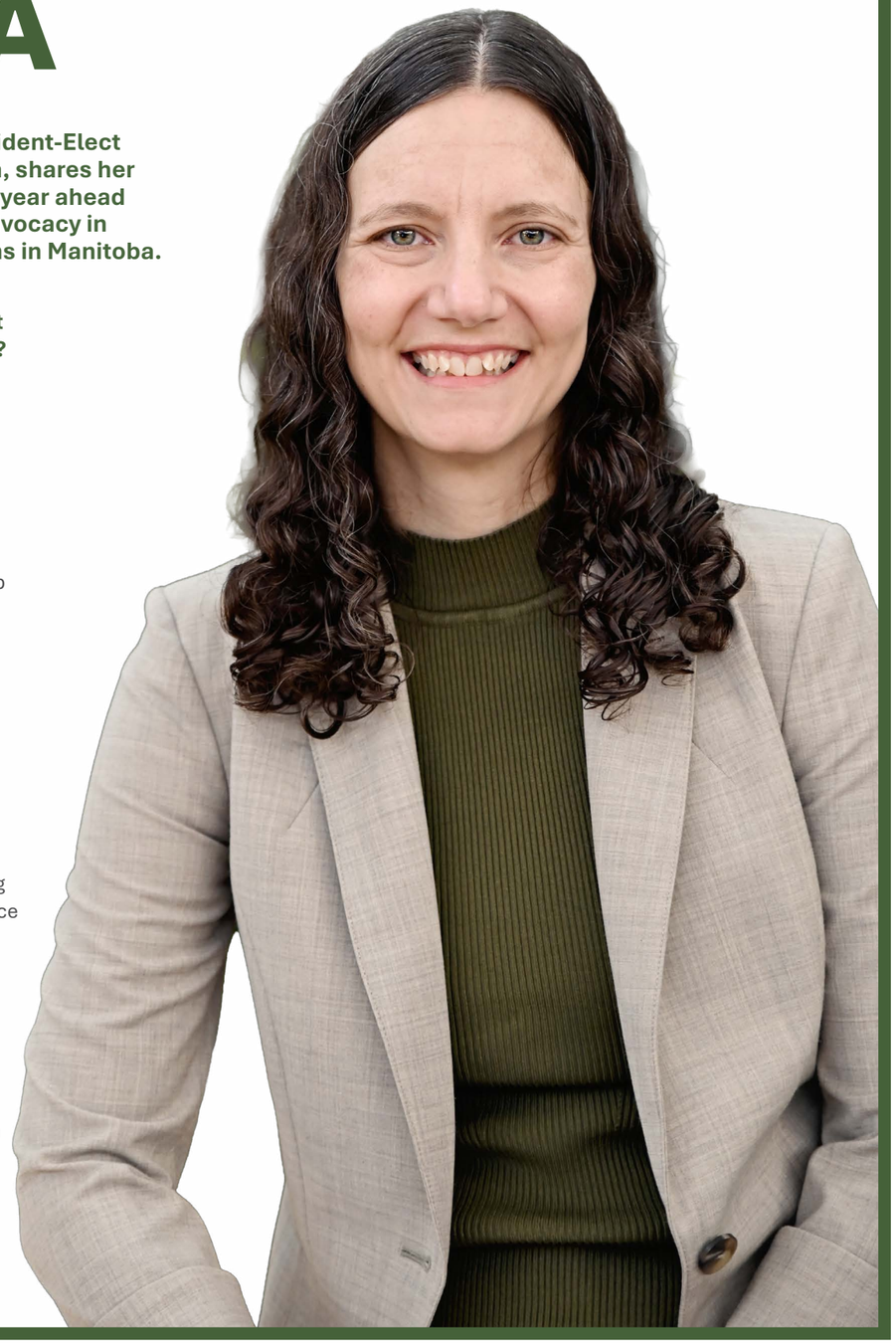
Online confidential intake: DRMB.ca/intake

Questions: general@doctorsmanitoba.ca

Now including dependent children aged 12 and older

M.D. Q&A

Dr. Erin Olivier, President-Elect of Doctors Manitoba, shares her perspectives on the year ahead in leadership and advocacy in support of physicians in Manitoba.



What does stepping into the President-Elect role mean to you at this point in your career?

Being a physician is a unique and privileged role. We get to accompany patients on their health care journey and be a small part of their lives. Stepping into this President-Elect role provides a window to Manitoba physicians' professional experiences. It will be my unique privilege to represent Manitoba physicians and advocate for our needs as Doctors Manitoba continues to support us during every step of our career journeys.

What motivates you to take on leadership roles in addition to your clinical responsibilities?

I became a family physician because I value the wide range of opportunities this career offers. Over my career, I've worked in many settings — urban and rural hospitals, a personal care home, the emergency room, a family practice clinic, and teaching residents in a clinical teaching unit. Taking on a leadership role allows me to take my experience of "doing a little bit of everything" and bring that varied perspective to the Board table.

As you prepare to eventually take on the presidency, what are you most focused on learning or accomplishing in the coming year?

My focus this year is to learn as much as I can from those who have gone before me, including our current President Alon Altman and Past-President Nichelle Desilets, as well as learning through the valuable insights of our CEO, Theresa Oswald.

What are you hearing most from physicians right now?

We all continue to work within a system that has, for years, been stretched to its limit… and beyond. Physicians want our patients to get the care they deserve, and we experience moral distress when we cannot provide this care due to barriers within the system. I'm hearing a need for less admin burden, a streamlined central intake system for imaging, a centralized directory system for specialists/referrals, more specialists and family physicians to share the work and more. I encourage all physicians to reach out to Doctors Manitoba with your concerns. We are here to listen and work towards solutions.

From your perspective, what are the most important ways Doctors Manitoba can support members today?

Doctors Manitoba continues to expand the Physician Health and Wellness programs, which I think are so important. Negotiating the next Physician Services Agreement (PSA) is going to be on everyone's minds and is foundational to physicians' ability to deliver care as costs rise for physicians running practices. It will be great to see the **Practice*Forward*** fully launched. The expanded support to medical students and residents and increasing our events and outreach. From our annual Awards Gala to smaller events like Book Club or Mentorship group events are a great way to keep improving connections with each other, something we all need.

How do you see your role on the board in helping physicians navigate ongoing pressures like admin burden and burnout?

My role on the board is to share my own experiences in family medicine experiencing admin burden and burnout with Doctors Manitoba to bring that perspective to the table. I encourage physicians to share their concerns with admin burden with Doctors Manitoba, and reach out for support through Doc360.

How will you ensure physicians from different practice settings — urban, rural, northern — feel represented in the work of the board?

I know physicians working in all these settings, so I'll try to be aware of different perspectives when discussing things at the board level. The board has representatives from urban, rural and northern districts so that there are many voices at the table representing all physicians. I encourage anyone who wants their voice heard to run for a Doctors Manitoba board seat with the next election!

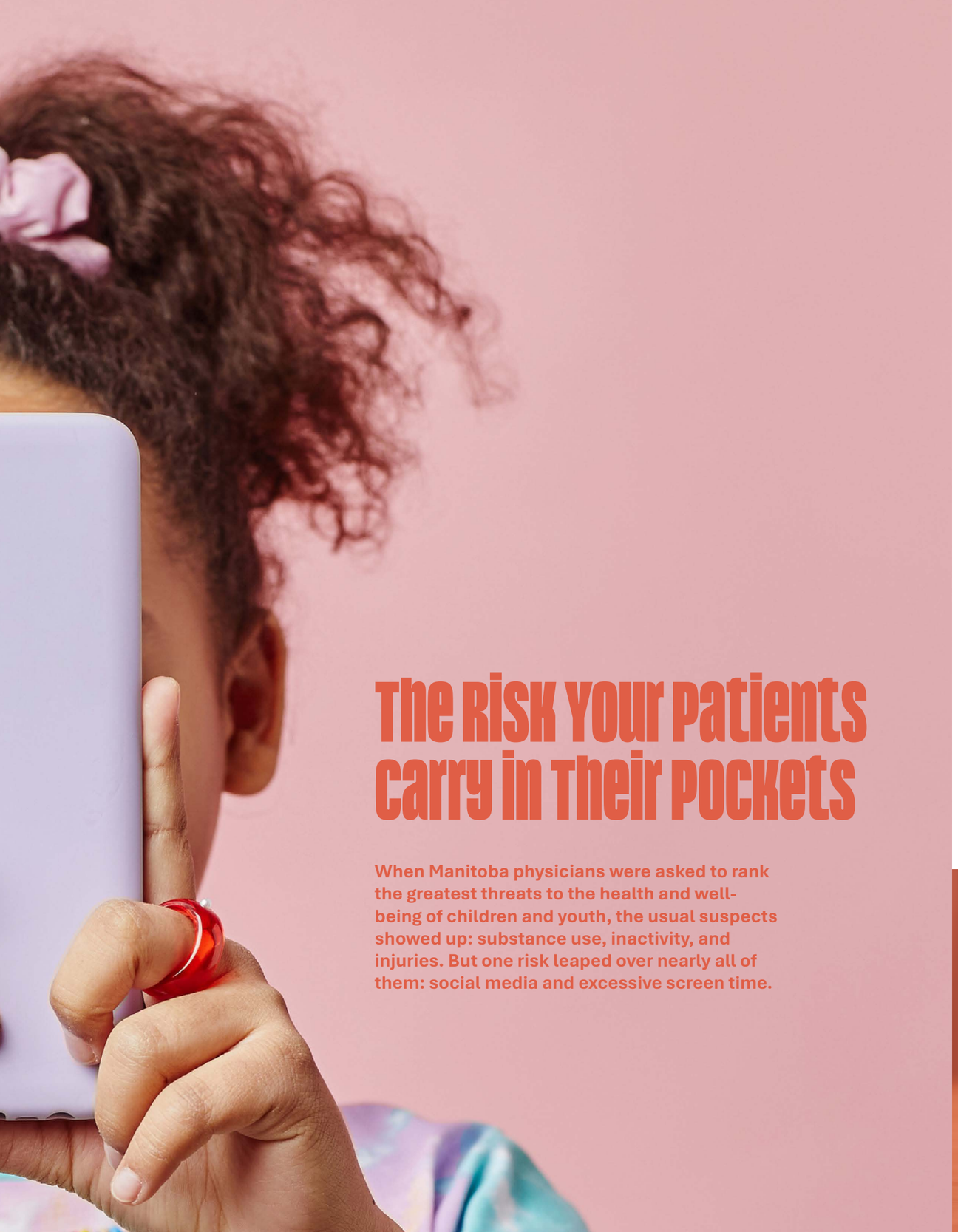
What's one thing you'd like physician members to know about how they can connect with Doctors Manitoba?

I think everyone should know how easy it is to reach out to Doctors Manitoba. The staff are here for the members and it's as easy as sending an email to practiceadvice@doctorsmanitoba.ca.

What's something your colleagues might be surprised to learn about you outside of medicine?

The welcome mat to my house says "Welcome to Our Beautiful Chaos" because that is what my life is outside of medicine right now (maybe that's my life both INSIDE and OUTSIDE medicine)! My husband and I have four children, three cats and two dogs. We are in a busy time of life running the kids around, so if you spot me outside of medicine, I'm likely at a hockey arena or football field. It's beautiful chaos and we are living it one day at a time.

Q&A



The Risk Your Patients Carry in Their Pockets

When Manitoba physicians were asked to rank the greatest threats to the health and well-being of children and youth, the usual suspects showed up: substance use, inactivity, and injuries. But one risk leaped over nearly all of them: social media and excessive screen time.

Physicians now put social media and excessive screen time ahead of topics that have dominated child-health conversations for a generation. It's the headline finding of a new Doctors Manitoba report on physician perspectives on social media restrictions.

The survey, open from April 30 to May 15, drew 242 responses, with more than 60% coming from family physicians, pediatricians, and psychiatrists, the three specialties most likely to see the downstream effects of childhood screen use in the exam room.

More than nine in 10 physicians, 90.4%, support banning social media and AI chatbots for children and youth. Of those, the overwhelming majority strongly support it rather than merely leaning that way. Opposition sat at 7.5%, with another 2.1% unsure.

"As physicians, we are increasingly seeing the impact of excessive social media and screen time on mental health, sleep, and healthy development," said Dr. Alon Altman, President of Doctors Manitoba. "There is strong evidence and growing concern about these highly addictive digital platforms, and that's why Doctors Manitoba supports government action to reduce the risks and improve the health of children and youth in Manitoba."

Where physicians would draw the line

If there is debate among Manitoba physicians, it is not about whether to act but about where to set the threshold. More than two-thirds, 69.4 %, agreed that any ban should cover ages 16 and younger. The most common answer was 16 and younger at 37.9%, followed closely by extending protection through age 17, at 31.5 %. Support fell away sharply for lower cutoffs, with only 4.3% comfortable limiting a ban to those 13 and younger.

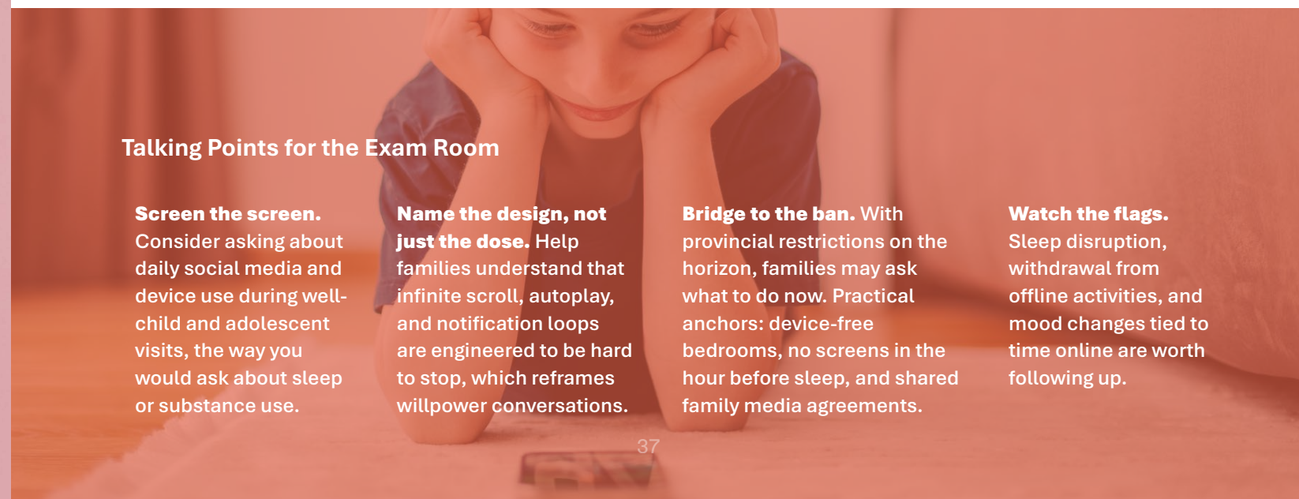
Physicians are not drawing the line at the youngest children, where the case feels easy, but pushing it well into the teenage years, the very period when peer pressure to be online is most intense and when, as many respondents noted, the developing brain is still especially vulnerable to addictive design.

Not just a ban

Even among strong supporters, few physicians framed an age-based ban as a complete solution. Asked about policy options, 69.4% backed the ban itself, but a nearly equal 67.1% endorsed the targeted removal of addictive platform features such as infinite scroll. Stronger content moderation, advertising restrictions for minors, and digital literacy education each drew the support of roughly four in 10.

In written comments, one physician compared social media's addictive pull to substance use and gambling, products society already gates by age. Another argued the moment had come to take back control from platforms that had grown rich while leaving young users worse off. But many tempered the call for restriction with a call for preparation, insisting that a ban must be paired with education so that young people are ready to navigate these tools safely when the restrictions lift.

A minority remained skeptical. Some doubted whether a province the size of Manitoba could meaningfully ban major international platforms. Others worried that a ban alone might leave teens unprepared for eventual access, or that legal, ethical, and privacy hurdles could complicate



Talking Points for the Exam Room

Screen the screen. Consider asking about daily social media and device use during well-child and adolescent visits, the way you would ask about sleep or substance use.

Name the design, not just the dose. Help families understand that infinite scroll, autoplay, and notification loops are engineered to be hard to stop, which reframes willpower conversations.

Bridge to the ban. With provincial restrictions on the horizon, families may ask what to do now. Practical anchors: device-free bedrooms, no screens in the hour before sleep, and shared family media agreements.

Watch the flags. Sleep disruption, withdrawal from offline activities, and mood changes tied to time online are worth following up.

implementation. A few noted that social networks, with their sharpest risks removed, can offer real benefits to older youth by easing isolation and fostering connection.

A moment of policy momentum

Chief Provincial Public Health Officer Dr. Brent Roussin flagged a growing challenge in youth mental health, tied to early and widespread social media use, in the 2025 Health Status of Manitobans Report. The U.S. Surgeon General has called social media's effect on youth an urgent public health concern. The Canadian Paediatric Society has argued it is no longer fair to place the burden on families alone, calling instead for platform safeguards and government standards.

Australia has implemented a full ban for those under 16. France is pursuing one for children under 15, alongside several other EU members. Brazil now requires age verification and parental consent and mandates the removal of addictive features. China requires a minor mode with content filters, time limits, and curfews. In the United States, more than 1,000 school districts and at least 40 states have taken social media companies to court. Roughly 75 per cent of Canadian adults support a full ban for those under 16, and both the federal and Manitoba governments have signaled they intend to act.

The Manitoba Pediatric Society has added its voice. "As pediatricians, we see the direct impact that social media access has on development and mental health," said its President, Dr. Meghan Cranston. "We owe it to our kids to protect them from the online safety risks of social media."

What it means for your practice

For Manitoba physicians, the report is more than a snapshot of professional opinion. It is a signal that the profession is prepared to speak with one voice on an issue that, until recently, was left to parents to monitor. "This is an emerging public health issue where physician insight matters—because we are seeing the impacts every day."

As provincial policy takes shape, physicians will likely be asked, by patients, by families, and by government, where they stand. This report offers a clear answer, and the evidence base behind it.

Doctors Manitoba notes the survey was voluntary and reflects the perspectives of participating physicians. The full report is available at drmb.ca/socialmediareport.

Physicians are united in recognizing social media as a significant and growing health risk for young people.

Physicians across Manitoba report increasing links between screen use and:

- Anxiety and depression
- Sleep disruption
- Attention and behavioural challenges
- Reduced physical activity
- Social and developmental concerns

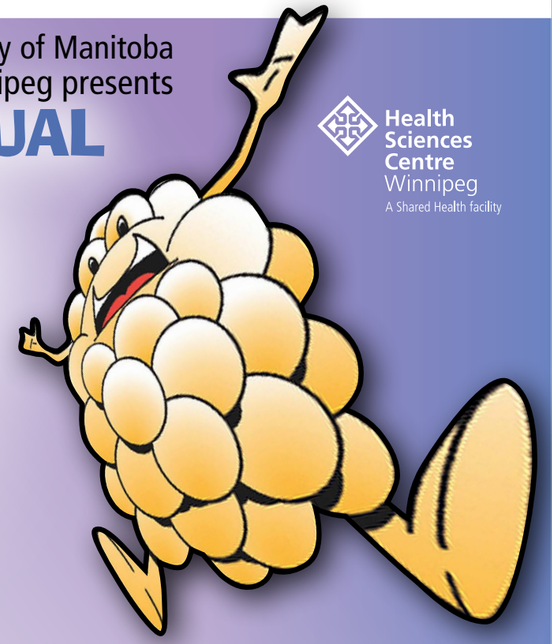
Policy options physicians support In addition to age-based limits:

- Removing addictive platform features
- Stronger content moderation
- Limits on advertising to minors
- Digital literacy education

In Collaboration with the University of Manitoba
the Health Sciences Centre Winnipeg presents

THE 30th ANNUAL BUG DAY

Health Sciences Centre Winnipeg
A Shared Health facility



Overall Program Objectives:

At the end of this program, participants will be able to:

1. Identify the key pathogens that have been clinically and socially relevant over the past 30 years
2. State how the determinants of health influence a person's risk for infection
3. Explain how to modify risk factors for acquisition of infection

Thursday, October 22, 2026

Join us digitally by registering before Oct 21, 2026
at: **www.hsc.mb.ca/Bugday.html**

Bug Day Agenda

0800 - 0805 **Land Acknowledgment**
Chris Christodoulou, MD, Shared Health

0805 - 0810 **Opening Comments**
Karen Appel, MD, University of Manitoba

0810 - 0815 **Introduction to Bug Day/Grand Rounds**
John Embil, MD, Winnipeg Regional Health Authority

0815 - 0830 **Where We Have Been, and Where We Are Going: A One Health Perspective**
Joss Reimer, MD, Public Health Agency of Canada

0830 - 0845 **In Public Health We Trust!**
Brent Roussin, MD, Manitoba Health

0845 - 0900 **On the Horizon: Emerging Infectious Diseases**
Ziad Memish, MD, Alfaisal University, Saudi Arabia

0900 - 0915 **Questions and Answers**

0915 - 0930 **The Ongoing Threat of *Neisseria meningitidis***
Tim Hilderman, MD, Manitoba Health

0930 - 0945 **Public Health in Action: *Shigella spp* Outbreak Response in an Urban Unhoused Population**
Chris Sikora, MD, Primary and Preventative Health Services, Government of Alberta

0945 - 1000 **Keep Calm and Beat the Pandemic!**
Lanette Siragusa, RN, University of Manitoba

1000 - 1015 **Questions and Answers**

1015 - 1030 **Break**

1030 - 1045 **Human Immunodeficiency Virus in Manitoba: Responding to an Emergency**
Ken Kasper, MD, University of Manitoba

1045 - 1100 **All you Want to Know about Syndemics**
Yoav Keynan, MD, University of Manitoba

1100 - 1115 **Vaccines in a Time of Climate Change, Megacities, and Anti-Science**
Peter Hotez, MD, Baylor College of Medicine

1115 - 1130 **Questions and Answers**

1130 - 1200 **Lunch**

1200 - 1300 **Medical Grand Rounds: Trouble on the Horizon: The Effects of Ultra-Processed Foods on the Gut Microbiome**
Heather Armstrong, PhD, University of Alberta

1300 - 1315 **Canadian Nosocomial Infection Surveillance Program (CNISP): More than 30 Years of Success and Knowledge Translation**
John Conly, MD, University of Calgary

1315 - 1330 **Expanding Canadian Surveillance for Antimicrobial Resistance**
Kelly Choi, MSc, Public Health Agency of Canada

1330 - 1345 **Canadian Surveillance for Symptomatic Urinary Tract Infections in Long-Term Care Facilities in Canada**
Jessica Bartoszko, PhD, Public Health Agency of Canada

1345 - 1400 **Questions and Answers**

1400 - 1415 **Evolving Diagnostics for Creutzfeldt-Jakob Disease: A Thirty-Year Journey**
Stephanie Booth, PhD, National Microbiology Laboratory

1415 - 1430 **Microbiology in Action: Microbiological Emergency Response Team**
Kym Antonation, MPH, National Microbiology Laboratory

1430 - 1445 **Lyme Infection-Associated Chronic Illnesses and Updates on Lyme Disease Etiology in Canada**
Heather Coatsworth, PhD, National Microbiology Laboratory

1445 - 1500 **Questions and Answers**

1500 - 1515 **Break**

1515 - 1530 **Q Fever – The Fog Comes on Little Cat Feet**
Thomas Marie, MD, Dalhousie University

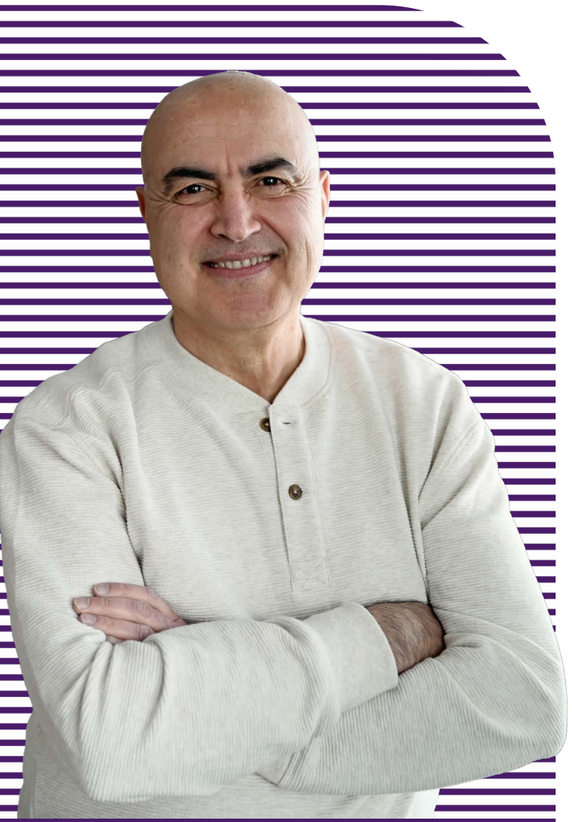
1530 - 1545 **Case Studies in Travel Medicine: Always Expect the Unexpected!**
Philippe Lagacé-Wiens, MD, Shared Health Manitoba

1545 - 1600 **Malaria Vaccines: Life Saving but not for Everyone**
Pierre Plourde, MD, Winnipeg Regional Health Authority

1600 - 1615 **Questions and Answers**

Scan the QR code to download the abstract booklet, brochure,and other important material.

For more information call (204) 787-4654



Report from

The College of Physicians & Surgeons of Manitoba

More Than a Title:

Why recognition matters for IMGs in Manitoba

Imagine driving your vehicle into another country, only to have the manufacturer remotely disable access to it once you cross the border. Your keys or push-button start won't respond. It's not because the car is malfunctioning; it is because the system does not recognize you as a licensed driver. Your only option is to park your vehicle.

Dr. Khalil's journey

Dr. Ahmad Khalil can attest to this. He arrived in Montreal, Quebec, in 1990. He had a medical degree and almost five years of general surgery experience. Despite this, his road to becoming licensed for full independent practice was long and anything but smooth.

Since he couldn't practice medicine, he turned to another way he could contribute to medicine. He pursued an M.Sc., in cardiovascular pathology, cardiac ischemia reperfusion injury, and a PhD in immunosuppression treatment and its impact on post-heart transplant coronary artery disease. He earned both degrees at the University of Montreal and Montreal Heart Institute and concluded with publishing results in leading North American journals, including the American Heart Journal and Circulation.

Both postgraduate degrees were followed by a postdoctoral period at the Montreal Clinical Research Institute's immunology department, where he acquired skills in molecular biology and HIV management.

Following his PhD, he prepared for the Medical Council of Canada (MCC) Evaluating Exam, which was required (prior to 2018) before he could take the MCC Qualifying Exam Parts 1 and 2.

A fourth exam, the Licentiate of the Medical Council of Canada (LMCC), while not a direct license to practice, was also mandatory.

This is a process that IMGs/ITPs have had to go through, adding years and financial burdens as barriers to practicing.

Content from the College of Physicians & Surgeons of Manitoba

The role and limits of clinical assistants

While this pathway is cumbersome, it is one that hundreds of IMGs/ITPs who relocated to Manitoba have gone through. Despite completing this requirement, many never achieve independent practice. Others work as clinical assistants. A clinical assistant's scope of practice is defined by provincial regulation and a supervision agreement with a physician.

To be a clinical assistant, a medical degree from an accredited institution is required, but they are restricted from using "doctor" or "physician" as titles.

Despite the long pathway to prove his qualifications, practicing as a clinical assistant was an opportunity Dr. Khalil could not pass up. In 2006, he moved to Manitoba and registered as a clinical assistant, a position he held for 18 years.

With his background in cardiovascular pathology, he quickly became an asset to the cardiac surgery unit at St. Boniface Hospital, where he practiced until 2025.

He is fond of his time at St. Boniface; he was treated well by the surgeons and other colleagues. He organized seminars and teaching sessions for nurses and taught at the University of St. Boniface.

He did this despite his medical degree not being recognized, and his PhD, earned at a Canadian institution, did not change his clinical licensing status. This wasn't just about pride; it had major financial implications for him. He was compensated as a resident, but his love of working in a surgical department kept him motivated.

The weight of a title

Unlike clinical assistants, residents who have earned a medical degree and are receiving post-graduate training use the title of doctor. Earning a medical degree in Canada means you can be called a doctor immediately, but someone like Dr. Khalil, who also earned a medical degree, has years of experience—and often other training and degrees—cannot use the same doctor title.

"I was responsible for teaching other clinical assistants, physician assistants, residents, caring for patients and in the end, I received a fourth of the recognition because I couldn't be called a 'doctor'," he recalls.

He tried to get creative, requesting that his medical degree be recognized only within the department. He also raised his concerns to the College of Physicians and Surgeons of Manitoba (CPSM). Neither resulted in any solution.

This year, the changes he called for are finally happening.

A milestone shift

Recognizing that clinical assistants have a critical role in the delivery of health care in Manitoba and that using the title of "Dr" is an academic achievement, in 2025, CPSM held a public consultation to modify the CPSM General Regulation, allowing clinical assistants to use the title of doctor. In May 2025, Council reviewed and discussed the varied feedback collected during the consultation and approved the amendment, with implementation scheduled for June 2026.

Use of the title must be paired with "clinical assistant" to clarify their role to patients. This is consistent with how residents are called "resident doctors."

CPSM recognizes the change is complex and plans to educate both CPSM registrants and the public about the role of clinical assistants.

"A medical degree and the title doctor represent the successful completion of medical education —basic sciences, clinical training, and are independent of the jurisdiction where the degree was earned," said Dr. Ainslie Mihalchuk, CPSM Registrar and CEO.

Dr. Khalil supports the change and believes it will make it more attractive for CAs to work in rural areas.

"In retrospect, I am so thankful," he says of his own journey. He completed the Manitoba Licensure Program for International Medical Graduates and as of July 2025, he is practicing as a full-time family physician in Ste. Anne. His knowledge of French, one of five languages he is fluent in, is an asset to the community. He also works in the ER, where he confidently practices independently, thanks to the experience he gained as a clinical assistant.

Day and night difference

He admits that once he began full practice as a family physician and could use the title "doctor," he noticed an immediate difference. "It was day and night the recognition I received from patients, colleagues and staff."

Dr. Khalil's journey is a reminder that medical care is stronger when we recognize the skill, dedication, and humanity that IMGs/ITPs bring.

Medical degrees are earned; they recognize completion of necessary training. Their legitimacy does not stop at a border, just as a physician's jurisdiction does not diminish the value of their medical degree or their title.

Electronic Patient Record Coming to all Hospitals

Report from

Shared health Soins communs Manitoba

At Doctors Manitoba, we know implementing new digital systems can have a big impact on physicians. We want to hear your feedback about how the EPR rollout is impacting your practice. Where there are concerns, we will share them with Shared Health as part of our ongoing advocacy on your behalf. Email us at practiceadvice@doctorsmanitoba.ca.

Content from Shared Health

Healthcare in Manitoba is ready to take one step closer to being paper-free thanks to a Government of Manitoba project that will introduce the Electronic Patient Record (EPR) in all acute care sites.

The project itself is a part of the larger Electronic Clinical Record (ECR) Program, a province-wide clinical initiative that will modernize the delivery of healthcare in Manitoba. The goal of the program is to improve access to patient information for front-line care workers by providing them with the digital tools they need to do their jobs.

“The ECR program is going to innovate healthcare delivery in Manitoba,” says Dr. Christine Pawlett, Interim Chief Operating Officer, Digital Shared Services (DSS). “By the end of the program, we will have created a standardized, interoperable electronic clinical record for Manitoba. It will change the way healthcare is delivered for the better.”

Dr. José François, Shared Health’s Chief Medical Officer, is excited about the possibilities the move to electronic charting will bring to how physicians work.

“It will really modernize how we chart,” he says. “EPR is going to make inputting, retrieving, sharing and organizing information so much easier. It’s a win for patients, and a win for physicians.”

Phase 1 of EPR implementation is already underway and is scheduled to run until March 2027, at which point all acute care sites in Manitoba will be equipped with EPR. For now, this includes the core EPR functionality and the Clinical Documentation Module. This includes the full suite of existing clinical documentation for inpatient and identified paper-based ambulatory care areas, as well as the Emergency Department Information System (EDIS) module, including clinical documents, for ED sites that don’t already have it. Order Entry will be included in future implementation phases, with dates to be determined.

Additional features of the EPR will follow as part of later projects.

Dr. Trevor Lee, Chief Medical Information Officer for Digital Shared Services, says introducing EPR improves physician workflow by providing secure, fast and accurate information sharing of patient information.

“Ultimately, what this means for physicians is they’ll be able to spend less time tracking down patient information and more time providing care,” he says.

Physicians in particular will benefit from the EPR, as it will:

- Centralize patient data and improve the flow of clinical information
- Improve document readability
- Streamline workflows
- Standardize and optimize document entry

The project is already well underway, and EPR has recently been successfully implemented in Ashern and Portage La Prairie.

“We are extremely excited to be providing staff with this solution,” says Dr. Lee. “The system is especially useful in rural areas, since staff will now be electronically connected with sites across Manitoba.”

Planning is underway for the remaining sites in Manitoba, with implementation in various stages of progress at facilities across the province. Digital Shared Services project teams have been stood up to support EPR implementation.

“We wanted to provide sites as much support as possible,” Dr. Pawlett says. “With multiple implementation teams working together, we are able to maximize our support to sites and providers while we’re rolling out the EPR.”

With any rollout of new technology, there will be a learning curve, and the EPR is no different. To give everyone the best possible start on the program, DSS is following a multi-pronged approach for training:

- Click & Learn modules delivered through Shared Health’s Learning Management System (LMS)
- Practice opportunities to reinforce day-to-day workflows
- Access to existing information, such as quick reference guides (QRGs), and other reference materials

“We’re really happy to be adding more flexibility to our training processes,” says Dr. Lee. “With our Click and Learn modules, staff can practice EPR workflows in a safe, simulated environment.”

The training modules are online now on Shared Health’s Learning Management System, so physicians don’t need to wait to start learning how to use the EPR. Go to healthproviders.sharedhealthmb.ca/epr or scan the QR code to see available training information.

As Manitoba continues its journey toward a fully integrated digital healthcare system, the rollout of the Electronic Patient Record represents more than just a technological upgrade, it’s a fundamental shift in how care is delivered across the province. By improving access to critical patient information, and enhancing collaboration between care teams, EPR is helping to create a more connected, efficient, and patient-centred healthcare experience for Manitobans.

“It’s not just about replacing paper,” Dr. Pawlett says. “It’s about giving healthcare teams the tools they need to provide safer, more coordinated, and more effective care.”

Electronic Patient Record (EPR)

Shared health Soins communs Manitoba

Phase One 2026/27

WHAT IS AN EPR

The Electronic Patient Record (EPR) is Manitoba's digital patient medical record for acute healthcare environments. It contains comprehensive clinical and administrative information about a patient, including:

- **Demographics:** Name, age, address, contact details
- **Medical History:** Past diagnoses, surgeries, allergies, family history
- **Clinical Data:** Current diagnoses, medications, lab results, imaging reports
- **Care Documentation:** Notes from physicians, nurses, and other care providers
- **Treatment Plans:** Prescriptions, procedures and follow-up schedules

WHAT'S INCLUDED?

Phase One of the project, scheduled to end March 2027, will implement foundational EPR elements and Clinical Documentation in all Acute Care facilities in Manitoba. This includes:

- **Core Functionality**
  - Patient Lists
  - Results
  - Health Issues
  - Visit Record
  - Status\Display boards
  - Prescription Writer
- **Clinical Documents** – all current Documents & Flowsheets
- **Scanning** (Opal) – batch scanning (by HIS department)
- **Emergency Department Information System (EDIS)**
- **Scheduling EPR** – for paper-based clinics

Additional modules and features will be added in future projects.

Physician in the Spotlight

Dr. Jayesh Daya

Anesthesiologist
DRMB Board Member representing the Community Specialist Medical District

Dr. Jayesh Daya is an anesthesiologist and the Anesthesia Site Lead at Grace Hospital in Winnipeg. He completed his medical education and residency in anesthesia at the University of the Witwatersrand (Wits University) in Johannesburg, South Africa, where he was born and raised as a third-generation South African of Indian descent.

Dr. Daya and his family made the move to Winnipeg in 2009. For over a decade, he practiced adult anesthesia at Health Sciences Centre with a special interest in neuroanesthesia before transitioning to his current leadership role at Grace Hospital in 2022.

Beyond medicine, Dr. Daya is a father of two children who are both pursuing business degrees.

The Daya household is also a haven for dogs, including their 12-year-old mini golden doodle, Milo. During the COVID-19 pandemic, the family began fostering dogs with Manitoba Underdogs Rescue and have since fostered over 30 dogs.

Outside of work, Dr. Daya enjoys playing tennis weekly and is eager to give pickleball a try. He and his family love travelling.

A dedicated lifelong learner, he has attended the past five World Congresses of Anesthesiology (including the virtual conference in Prague during COVID).

What's something you can talk about for 30 minutes without preparation? Current affairs and world news events

What's an experience on your bucket list? Visit Machu Picchu

What's a skill you'd like to learn? Learn to play golf

Which unconventional animal do you wish you could have as a pet? Leopard

What is your go-to karaoke song? If I could sing - Let's Go Crazy by Prince and the Revolution

What would you choose as your super power? Omnilingualism

Recommendations:

Book: Anything written by Harlan Coben - I love the plot twists

TV/Streaming Series: Shrinking, Ted Lasso

Movie: Batman (Tim Burton version) and the original Star Wars Trilogy

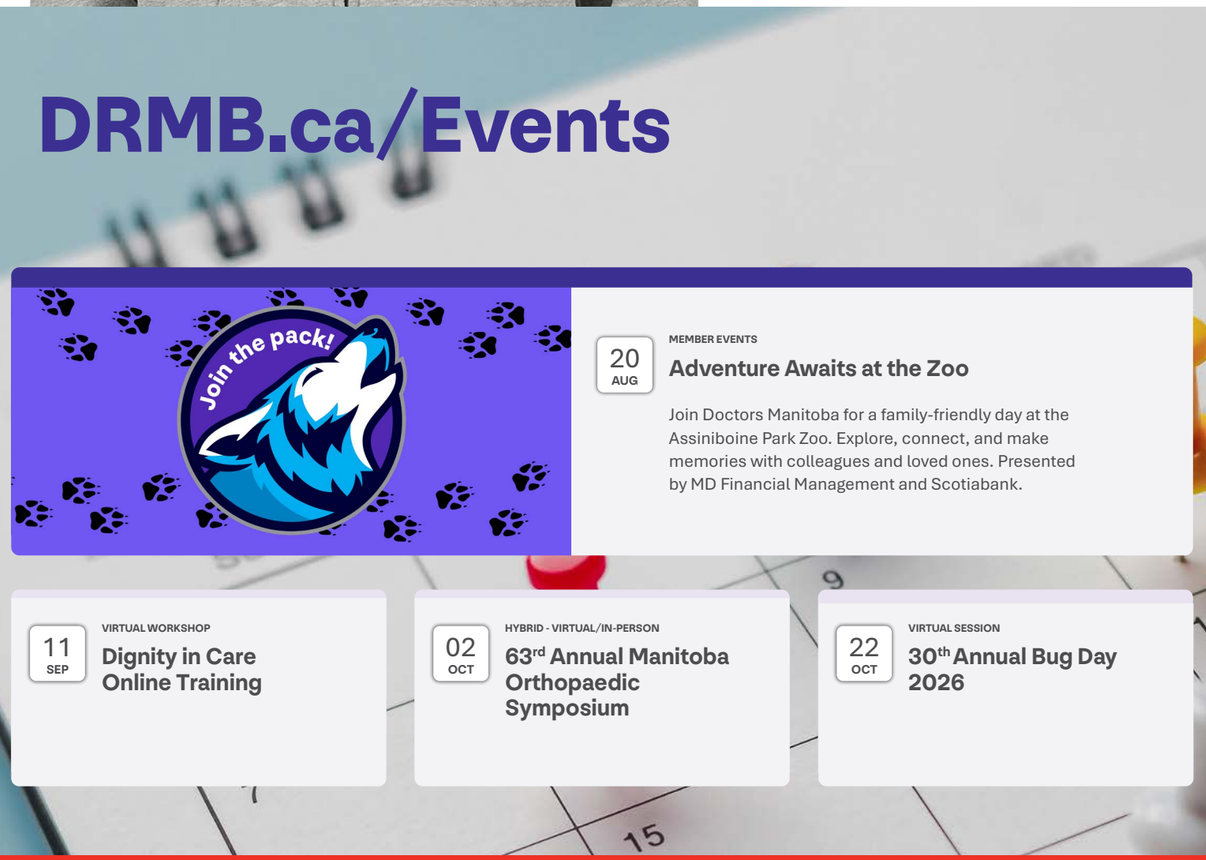
Music: Revisiting Prince's catalogue - 10 year anniversary of his death

Apps: TigerConnect!! Apple News and Cronometer

Restaurant: I love good food and open to new culinary experiences

Favourite recipe: I don't cook! Open Table/Skip have an amazing selection of recipes

DRMB.ca/Events



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Share your event!

Share your upcoming event with members. Email general@doctorsmanitoba.ca.

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