



# 2020

ANNUAL REPORT



College of  
Registered Nurses  
of Manitoba



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Details of this report are reflective of our activities and data as at Dec. 31, 2020.



# Leadership Corner



**Carol Legare RN**  
CHAIR

## Chair's message

The past year has been a learning experience for the College and Council. In March 2020, we had our last in-person Council meeting of the year. Since that time, we have had a Council election, several virtual Council meetings and a virtual Annual General Meeting (AGM). The 2020 election brought four new RNs to the Council "table". We have met the members of Council only virtually, and all of their orientation took place virtually.

Virtual meetings for Council and the AGM were always for some unspecified day in the future, and the pandemic brought that day to us suddenly. The path to a virtual Council world has been relatively smooth, thanks to an adaptable Council and a lot of work by College staff.

This year, Council did some very significant work related to Council governance. At its March 2020 meeting, Council approved, in principle, bylaw amendments which would move the Council to a fully-appointed model, and would increase the percentage of public representatives on Council to 45% from the current 33%. Council based this decision on regulatory trends in Canada and around the world. Council felt it was prudent, from a risk perspective, to be in line with these trends.

We look forward to continuing our work in 2021 and undertaking new initiatives which serve and protect the public interest.



**Katherine Stansfield RN**  
CEO / REGISTRAR

## CEO / Registrar's message

2020 has been a year of superlatives – unprecedented, challenging, unyielding – to name a few. Little did we know that as we packed our laptops and a few supplies to work from home in March, we would still find ourselves in this new world at the end of the year. During this year another set of terms emerged – nimble, agile, pivotal – all described the efforts of people around the world to adjust to these new challenges. We witnessed the healthcare system under strain like never before, and the public expressing their thanks nightly to those working in healthcare – nurses, physicians, personal support workers, housekeeping and support staff – and in other essential roles, for keeping the world safe.

Regulation was another essential service that was called upon during this year. Applicants required registration, registered nurses called for support and consultation in new situations, and the public needed to be assured that safe practice and practitioners remained our priority. With little time to prepare, the College rose to the challenge, all while working virtually. We processed applications for registration, including those in categories specific to meet the needs during the pandemic; our professional conduct department ensured that registered nurses remained accountable for their practice; and the quality practice department provided necessary support and advice, while also ensuring that requirements for continuing competence were followed. In all we did, we maintained our focus on business as usual, in unusual times.

Not only did we meet our regulatory mandate, we made sustained progress in implementing the Public Benefit Policy. We developed risk categories in professional conduct and quality practice to demonstrate how we mitigate those risks. We continue to work toward the measurement of the outcomes of regulation, our ultimate goal. As well, we developed a four-year plan to ensure our information technology infrastructure is secure and capable of managing our future data needs. We have added a data strategist to our team to ensure our measurement and interpretation of data are valid and precise. 2021 promises to continue this journey and the College is ready and able to continue to govern the profession of registered nurses, together with RNs, to protect and serve the public interest.





Who  
We Are

## Together with registered nurses we protect and serve the public interest

- ➔ Regulate registered nursing practice in Manitoba
- ➔ Support RNs to provide safe, competent and ethical care
- ➔ Set standards for education, registration and practice
- ➔ Take action when the standards are not met
- ➔ Established 1913
- ➔ *The Regulated Health Professions Act* sets out our responsibilities

### Vision

*Leadership and innovation in registered nursing regulation.*

### Mission

*To protect and serve the public interest through quality registered nursing regulation*

## Values

- Excellence:** We strive to be and do the very best.
- Leadership:** We demonstrate best practices in regulation.
- Respect:** We trust our partners and work openly and honestly.
- Innovation:** We collaborate to create unique approaches to opportunities and challenges.
- Integrity:** We operate with fairness to ensure accountability.



# We're Accountable to You

## Our Strategic Plan for 2019-2023

In June 2018, our strategic plan for 2019-2023 – titled the “Public Benefit Policy” (PBP) – was approved by Council. We chose the name “public benefit policy” to clearly indicate our commitment to regulating registered nursing practice in a way that serves and protects the public interest. The PBP was two years in the making, and its development was guided by a thorough research and consultation process directed by a working group consisting of both council members and staff.

The PBP is outcome-focused to demonstrate our commitment to regulatory excellence. Each strategic outcome is accompanied by a *Wildly Important Goal* (WIG), which is the measurable operational interpretation of the strategic outcome. At the end of five years, the College will have fulfilled the work related to achievement of each strategic outcome.

## Strategic Outcomes



- 1) PUBLIC CONFIDENCE IN EXCELLENT REGULATION
- The public can expect and understand that the College sets the conditions for registered nurses to practice safely, professionally, and with integrity in all domains of practice. The public can rely on a fair, transparent, timely, effective and objective regulatory process.
- 2) ACCOUNTABLE, QUALITY PROFESSIONAL PRACTICE
- Ethical, competent and accountable registered nurses practice safely, effectively, and collaboratively consistent with the Standards of Practice, Practice Expectations and Code of Ethics. RNs will actively participate in continuous quality improvement that aligns with their scope of practice and builds continuing competence.

- 3) COLLABORATION FOR HEALTH SYSTEM IMPACT
- Collaborative working relationships within the regulatory and the healthcare sectors are advanced to build effective regulation, public safety and quality care for the public. Government and stakeholders have compelling evidence from the College to inform policy decisions.
- 4) CONFIDENCE IN INFORMATION TECHNOLOGY INFRASTRUCTURE
- New for 2020** Develop a plan to deliver the appropriate information technology infrastructure to operationalize the College's Public Benefit Policy.
- This strategic outcome is operational in nature, and supports the achievement of the Council's three strategic objectives.

Each year we determine our “wildly important goals” (WIGs) and showcase them on a scorecard. These are some of the most important projects our staff will work on for the year and each WIG is tied to one of the strategic priorities set by Council. We share quarterly progress reports on our website and at Council meetings.

The table below shows our status at the end of 2020. Each WIG is graded on a performance level of green (on track), yellow (experiencing setback) or red (not on track).

| Wildly Important Goal | 1  | 2   | 3   | 4   |
|-----------------------|--|---|---|---|
|                       | Identify applicant / registrant risk indicators in Registration and Professional Conduct                           | Evaluate effectiveness of quality practice regulatory processes to mitigate risks to the public   | Develop processes and outcome indicators of collaboration   | Develop a five-year plan to deliver the appropriate information technology infrastructure to operationalize the College's Public Benefit Policy |
| Lag Measure           | Categories of risks in registration and professional conduct are developed and key risk indicators are identified. | Key risks in quality practice regulatory processes (quality assurance of education and registrants, developing, establishing and maintaining practice expectations) are identified. | Key process indicators for successful collaboration and outcomes of collaboration projects on the targeted desired behaviours are identified. | IT governance and policy infrastructure in place. Strategic IT plan developed with a phased implementation.                                     |
| Quarter 4             | <div></div>  | <div></div>   | <div></div>   | <div></div>   |



# Council

For Council, 2020 brought many changes to processes. We transitioned our Council and committee meetings from in-person to virtual, including hosting our first virtual annual general meeting. We managed to on-board four new Council members without meeting them in person.

It has been, to the extent possible, *business as usual in most unusual times*.

In March 2020, Council approved, in principle, changes to our bylaws which would have Council appoint registered nurse members of Council. To this point, registered nurse members of Council have been elected by their peers. Council received environmental scans which show that there is a significant trend within Canada and around the world towards appointing, rather than electing, professional members of Council in order to mitigate the perception of conflict of interest in regulation. The Council Chair and CEO/Registrar have provided a webinar on this topic and have presented to a variety of groups.

Council has also received environmental scans regarding how the College demonstrates the principles of right-touch regulation – *proportionate, consistent, targeted, transparent, accountable, agile*. Council will continue to consider this topic throughout 2021.

The reports, recommendations and responses to Council’s monitoring of policy EE-12 Regulatory Processes are available on [our website](#). This policy is Council’s delegation to the CEO/Registrar, and the reports are the CEO/Registrar’s demonstration of compliance with the regulatory principles outlined in the policy.

**Our Council sets policy and governs the College in the interest of the public. This means the Council:**

- sets the direction of the College including developing strategic priorities, mission, vision and values
- anticipates and plans for trends in society, health care and registered nursing practice
- understands and leads change in health regulation governance

## 2020 Council



**Carol Legare RN**  
Chair



**Debbie Swistun**  
Chair-Elect, Public Representative



**Rachel Ingels Bergman RN(NP)**



**Noah Gatzke RN(NP)**



**Irene Hamilton**  
Public Representative



**Shakerah Jones Hall RN**



**Michelle Johnson RN**



**Anish Panicker RN**



**George Prosk**  
Public Representative



**Martha Ross RN(NP)**



**Katherine Stansfield RN**  
Ex-Officio Non-Voting

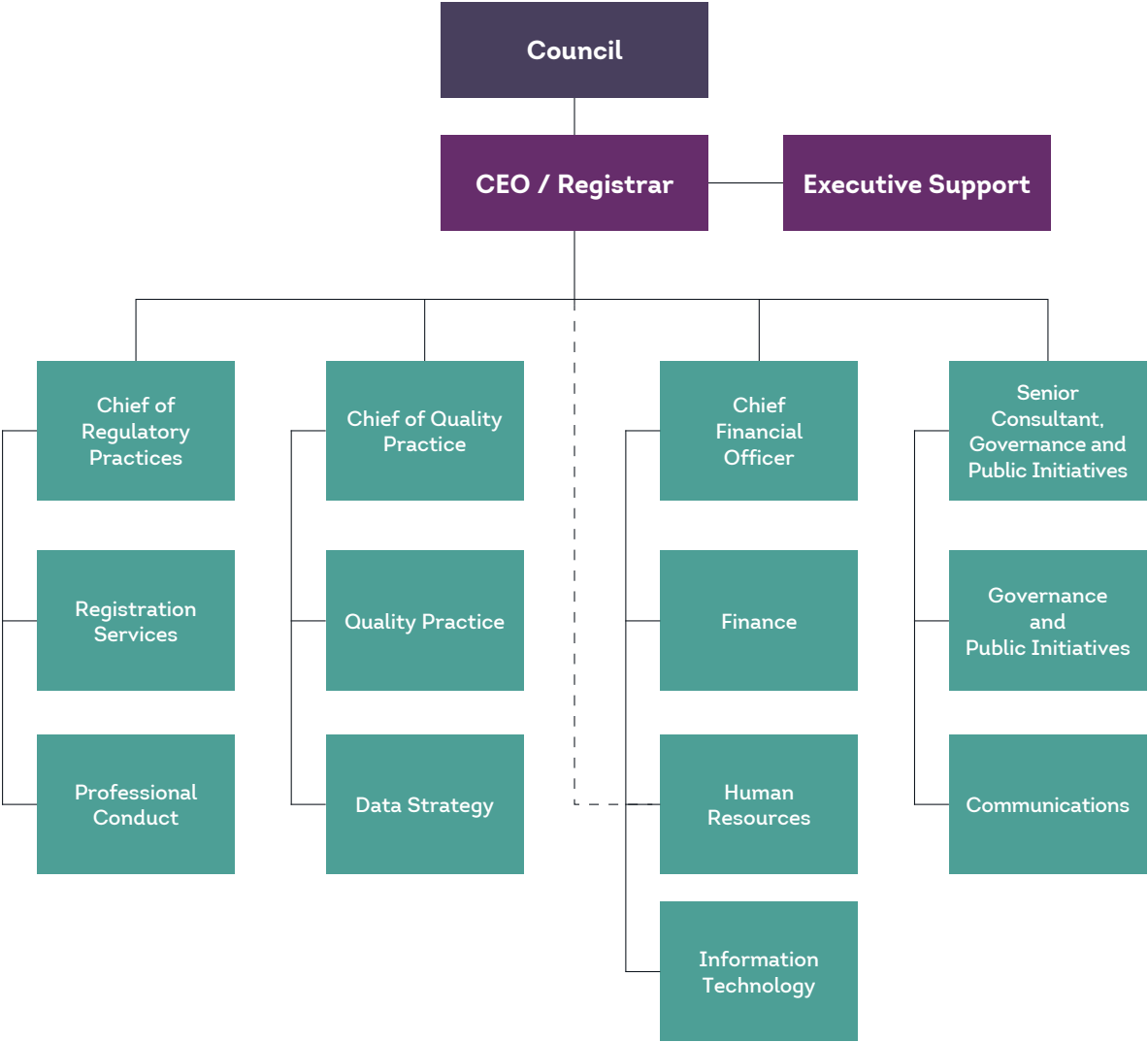
*Photos show Council membership as at December 31, 2020. The following members also served in 2020:*

- Trish Bergal RN
- Kathryn Chachula RN
- Marion Ellis RN
- Jeannie Skawronyk, Public Representative





Our People





Who are  
Manitoba  
RNs?

Practising  
Registrants  
in Manitoba

|        |  |
|--------|--|
| 13,147 | Registered Nurses  |
| 65     | Graduate Nurses  |
| 275    | Extended Practice<br>(nurse practitioners)                   |
| 2      | Graduate Extended Practice<br>(graduate nurse practitioners) |
| 66     | Temporary Registered Nurses                                  |

Age of  
Practising  
Registrants

|       |              |
|-------|--------------|
| 4,256 | 35 and under |
| 6,393 | 36-55 years  |
| 2,906 | Over 55      |

Applications

|       |   |
|-------|---|
| 1,306 | Applications Received<br>for Registration with a<br>Certificate of Practice |
|-------|---|

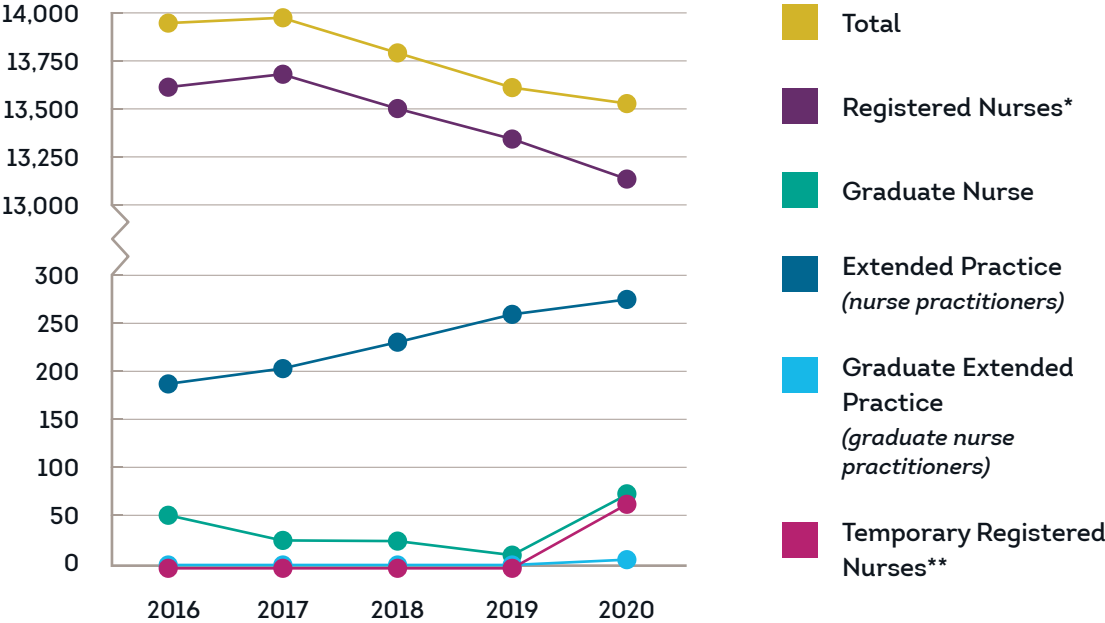
Where  
RNs and RN(NP)s  
received their Initial  
Nursing Education

|        |               |
|--------|---------------|
| 10,805 | Manitoba      |
| 1,240  | Canada        |
| 1,379  | International |





## Total Number of Practising Registrants In Manitoba

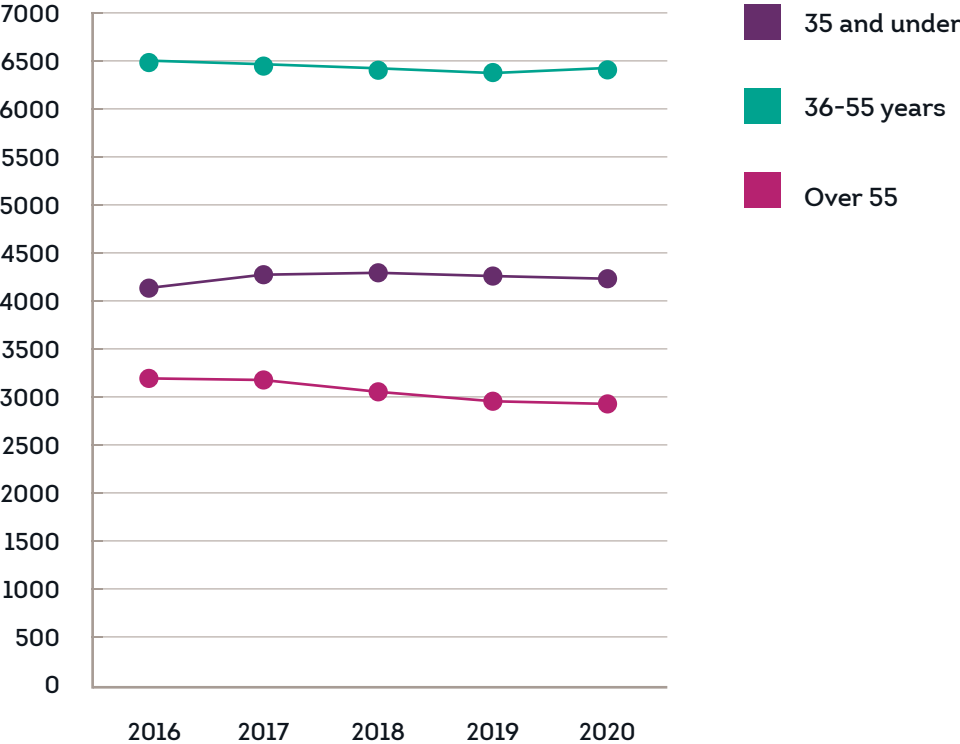


\* There are 18 registered nurses included in the Registered Nurse subregister with an authorized prescriber notation. RNs seeking the designation registered nurse (authorized prescriber) or RN(AP) must complete an approved course and receive a notation from the College to practise as an RN(AP). More information about RN(AP)s is [available on our website](#).

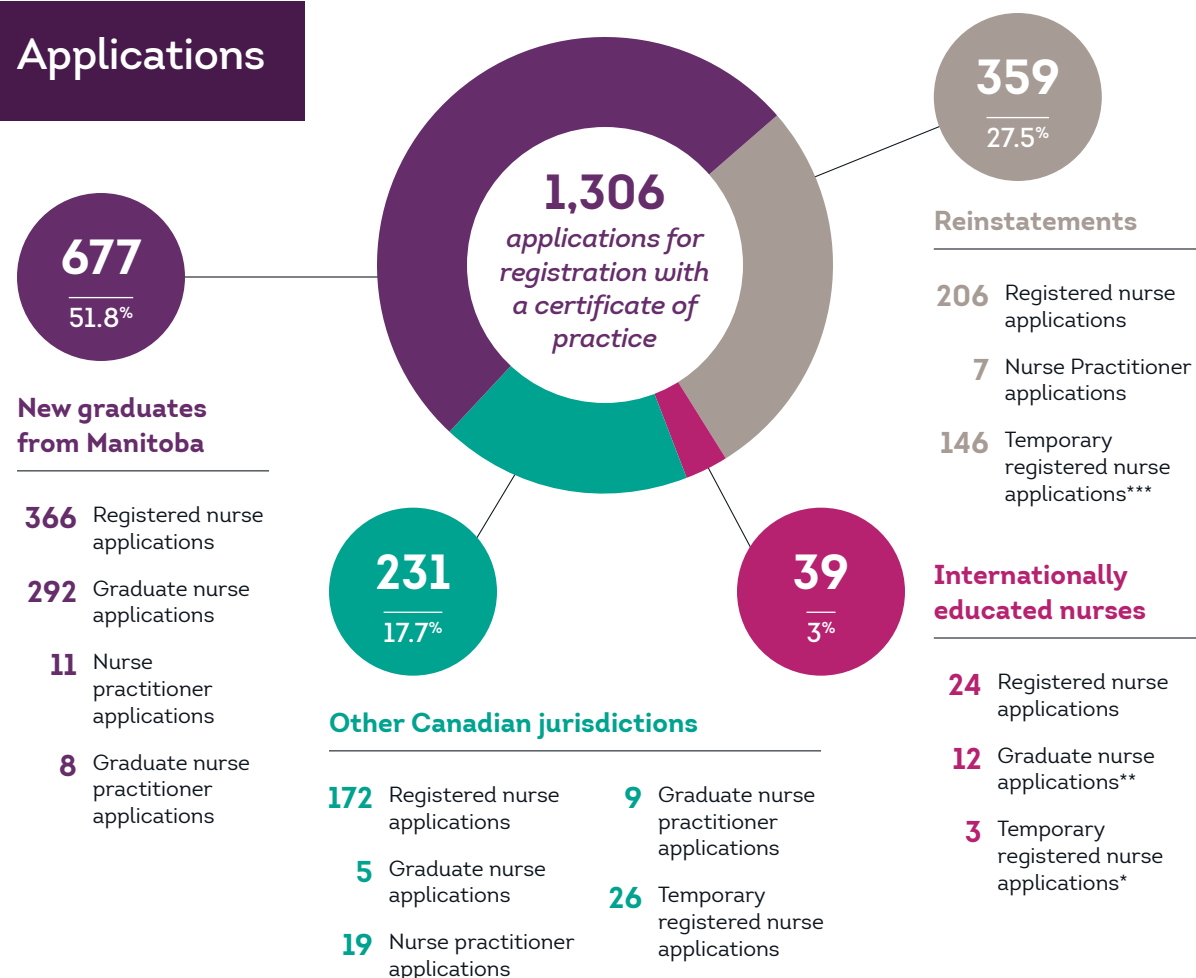
\*\*This total includes three temporary registered nurses registered under the General Regulation. The other 63 were temporary registered nurses registered under special ministerial order due to the Covid-19 pandemic.



## Age of Practising Registrants in 2020



## Applications



### Of the 1306 applications we received:

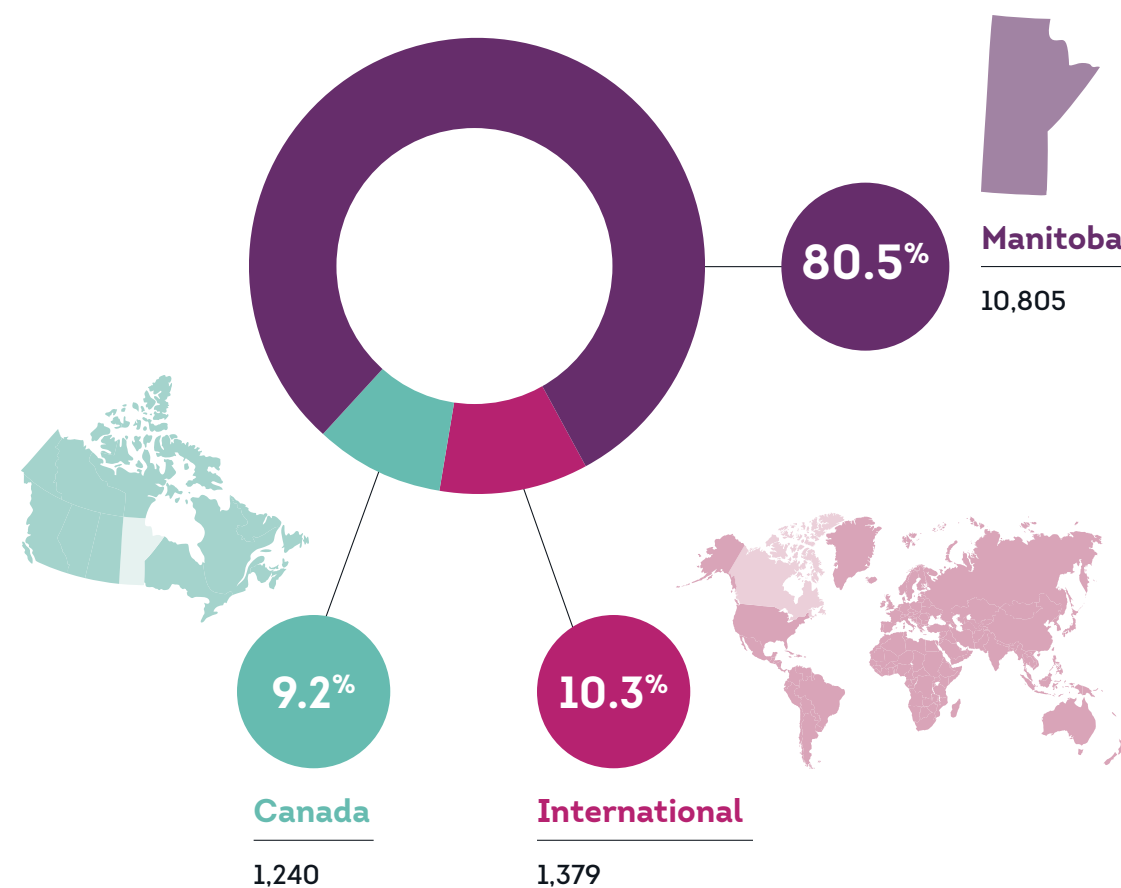
- 607 were approved for RN registration
- 24 were approved for RN(NP) registration
- 286 were approved for GN registration (5 were approved as applications under special ministerial order due to the Covid-19 pandemic)
- 17 were approved for GNP registration
- 137 was approved for temporary registration (3 were approved as applications in accordance with the General Regulation and 134 were approved as applications under special ministerial order due to the Covid-19 pandemic)
- 32 were not approved because they did not fulfill the requirements (3 were applications under special ministerial order due to Covid-19 pandemic)
- 203 remain in progress

\* These are all temporary registered nurse applications under special ministerial order due to the Covid-19 pandemic.

\*\* This total includes four graduate nurse applications received in accordance with the General Regulation. The other eight were graduate nurse applications received under special ministerial order due to the Covid-19 pandemic.

\*\*\* This total includes three temporary registered nurse applications received in accordance with the General Regulation. The other 143 were temporary registered nurse applications received under special ministerial order due to the Covid-19 pandemic.

## Where RNs and RN(NP)s Received their Initial Nursing Education



The top three countries our registrants are from outside of Canada are the Philippines, India and United States.



# Ongoing Learning

## Continuing Competency Program (CCP)

The CCP promotes high standards of knowledge and skill, enhancing RN and RN(NP) practice. Many changes in practice happen every day and RNs and RN(NP)s need to make sure they're keeping up-to-date.

The program has three goals:

- 1 Encourage self-reflection
- 2 Enrich nursing practice
- 3 Address learning needs

The CCP is also a chance for RNs to lead their own learning, and we're here to support them throughout the year as they complete their learning plans.



Each year, RNs and RN(NP)s document their ongoing learning in our CCP forms, which have four parts:

- 1 **Self-assessment:** assess nursing practice through a questionnaire
- 2 **Self-development plan:** set self-directed learning goals, decide on learning activities and explain how they impact nursing practice
- 3 **Jurisprudence learning module:** complete the annual module and record any key learning concepts
- 4 **Learning activities:** keep track of any extra learning activities completed beyond the self-development plan



Jurisprudence Learning Module

In 2020, we launched *Pause Before You Post: Social Media Awareness* as our jurisprudence module, completion of which is required by all RNs and RN(NP)s to hold a valid certificate of practice. Jurisprudence modules are designed to ensure RNs are aware of legislation, regulations, standards and policies that affect registered nursing practice.

CCP Review

Each year, RNs and RN(NP)s are randomly selected for the CCP review. The review is a quality check and indicates whether an RN or RN(NP) demonstrates that they’ve met the minimum requirements of the program. Here is a breakdown of the results over the last four years:

| Year | Exceeded requirements | Met requirements | Did not meet requirements | Did not complete |
|------|-----------------------|------------------|---------------------------|------------------|
| 2017 | 2%                    | 88%              | 3%                        | 7%               |
| 2018 | 6%                    | 76%              | 11%                       | 7%               |
| 2019 | 3%                    | 74%              | 6%                        | 17%              |
| 2020 | 7%                    | 78%              | 10%                       | 5%               |

Multi-Source Feedback

All RNs and RN(NP)s selected for the CCP review also participate in multi-source feedback. This involves a 360 degree review of an RN or RN(NP)’s practice including a self-questionnaire and feedback from clients and colleagues. Here is a breakdown of the results over the last four years:

| Year | Met requirements          | Did not meet requirements | Did not complete | Deferral* |
|------|---------------------------|---------------------------|------------------|-----------|
| 2017 | 78%                       | 6%                        | 6%               | 10%       |
| 2018 | 80%                       | 5%                        | 7%               | 8%        |
| 2019 | 68%                       | 12%                       | 10%              | 10%       |
| 2020 | Suspended due to COVID-19 |                           |                  |           |

\*Deferrals occur when an RN or RN(NP) is not currently practising.

Competency-Based Interview

A competency-based interview helps assess an RN or RN(NP)’s knowledge, skill and judgment to identify areas of strength or practice improvement. In this interview, we ask an RN or RN(NP) to describe recent situations or client cases and discuss their actions and the results or client outcomes.

An RN or RN(NP) may be asked to participate in an interview following their multi-source feedback results as directed by the Continuing Competency Committee. Here is a breakdown of the results over the last four years:

| Year | Complete remedial activities   | No remediation required | Deferral* |
|------|--|-------------------------|-----------|
| 2017 | 50%  | 33%                     | 17%       |
| 2018 | 62.5%  | 37.5%                   | 0%        |
| 2019 | 48%  | 37%                     | 15%       |
| 2020 | N/A due to temporary changes to the Continuing Competency Program related to COVID-19. |                         |           |

\*Deferrals occur when an RN or RN(NP) is not currently practising.

Quality Practice Consultation

Quality Practice Consultants are available to address incoming queries about registered nursing practice. The Quality Practice team develops up to date resources that are published on our website to help educate RNs, RN(NP)s, and RN(AP)s on current practice.

In 2020, we provided consultations to just over 2000 inquiries from members of the public, employers, registrants, health care providers, and others, with the majority of these from registrants. The majority of questions were about registration support, Scope of Practice & Practice Expectations.



# Taking Action

In 2020, we received 108 complaints, employer reports or information about RN practice and conduct.

Here’s how we managed them:

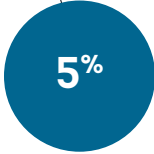
| Action  | Total |
|---|-------|
| CEO/Registrar forwarded the matters to the Complaints Investigation Committee   | 55    |
| CEO/Registrar received employer reports outlining the employer’s plan with the registrant   | 19    |
| CEO/Registrar deemed the matters trivial, vexatious or obviously unsustainable  | 12    |
| CEO/Registrar encouraged the complainant and the registrant to communicate to resolve the matter  | 4     |
| The matters were forwarded to another department within the College for follow-up (i.e. professional conduct, quality practice, registration) | 13    |
| Registrant was referred to our Practitioner Remediation Enhancement Partnership (PREP) program  | 0     |
| Complaint Withdrawn   | 1     |
| The matters are pending full review   | 4     |

### Employers



**Other**  
Other Health Care Provider,  
RN Duty to Report, Self-Report,  
Protection for Persons in Care Office

### The public



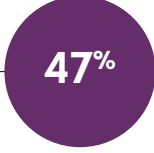
**CEO / Registrar**



### Long-term care



**Community Based Settings**



**Hospitals**



### The majority were about:

- Inappropriate action
- Communication
- Failure to assess/ intervene



# Taking Action



**Of the (55) matters that the CEO/Registrar forwarded to the Complaints Investigation Committee, these were the outcomes:**

| Action  | Total |
|---|-------|
| Investigation ongoing   | 25    |
| No further action required  | 6     |
| Registrant surrendered certificate of practice                          | 9     |
| Carried forward to 2021   | 2     |
| Registrant received a letter of guidance                                | 3     |
| Held in abeyance until certificate of practice is reinstated            | 0     |
| Closed due to registrant meeting remediation requirements               | 1     |
| Conditions on practice/registrant suspended                             | 1     |
| Registrant entered into an agreement or undertaking                     | 7     |
| Complaints Investigation Committee referred matter to Inquiry Committee | 2     |
| Registrant received censure   | 0     |
| Informal resolution   | 0     |

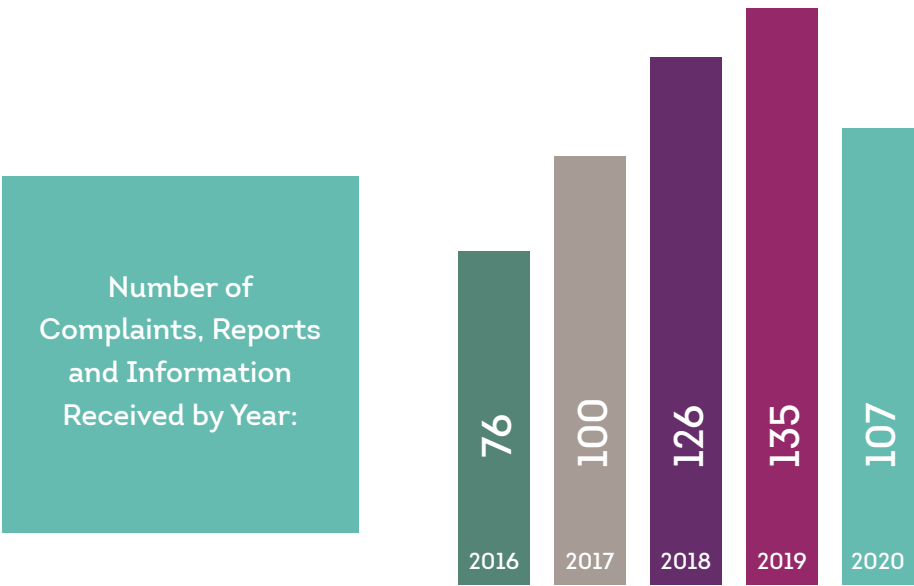
*Explanation: In one case, conditions were imposed and the investigation remains ongoing.*



## Inquiry Committee Decisions

Full summaries of these decisions are available on our [website](#).

| Background  | Hearing date(s)   | Outcome  |
|---|---|--|
| A case from 2017 was referred to discipline in 2017 following an investigation into the matter.                 | <b>Nov. 30, 2017</b> – hearing held and adjourned (anticipated to reconvene in 2021)  | Pending conclusion   |
| A case from 2018 was referred to inquiry following an investigation into the matter.                            | <b>June 11, 2019</b> – hearing held and adjourned.<br><br><b>June 8, 2020</b> – the panel reconvened and concluded the hearing. | A panel of the Inquiry Committee found the member guilty of professional misconduct and ordered a 30 day suspension and costs of \$5000. |
| A case from 2019 was referred to inquiry following an investigation into the matter.                            | <b>October 1, 2020</b> – hearing held and adjourned (dates set to reconvene in 2021)  |  |
| A registrant with cases from 2019 and 2020 was referred to inquiry following an investigation into the matters. | <b>October 5, 2020</b> – hearing held and adjourned (anticipated to reconvene in 2021)  |  |



### Practice Audits

A practice audit assesses an RN's knowledge, skill and judgment. Multi-source feedback and competency-based interviews are some of the tools we use to conduct a practice audit (learn more about these on [page 21](#)). The Complaints Investigation Committee, Inquiry Committee, Continuing Competency Committee, or the CEO/Registrar may refer an RN for a practice audit.

In 2020, (2) practice audits occurred as directed by the Complaints Investigation Committee. The Committee received the results of these audits and their outcomes are included in the information on [page 22](#).

### Unauthorized Practice

When a person's name fails to appear on a register of regulated members and the person holds themselves out as a regulated member or uses the title and/or designation of a regulated member, the person is engaging in unauthorized practice. In 2020, there were ten cases of unauthorized practice in Manitoba. These individuals were educated on legislative requirements and two were also required to pay a penalty fee.



*COVID-19 presented a challenge for everyone. The College adapted to the obstacles and continued to maintain our focus on public safety.*

## Conduct and complaints go virtual

Investigation interviews and Complaints Investigation Committee meetings are now conducted through a video-based approach. We created guidance documents to assist the parties/users in downloading the software including the protocols and etiquette required while using the virtual platforms.

All the case files that were opened after March 2020 became digital files. Case files opened prior to March 2020 are being transitioned to digital.



## Registration goes paper-less

In March 2020, College staff began working remotely due to COVID-19. As a result, the work of the registration department had to quickly transition from a largely paper-based application process to being almost exclusively electronic. This involved a move to requiring that all documentation be submitted electronically and creating internal electronic workflows. This change provided an opportunity to streamline registration processes and improve efficiencies.

Also, the College received ministerial orders under *The Regulated Health Professions Act* that allowed the College to temporarily modify the way in which applicants met some of the requirements for registration and created the new RN (Temporary Practice, Pandemic Service Provision) membership class.

## 2020 Highlights



### College Work With Stakeholders

COVID-19 presented many challenges, some of which provided opportunities for collaborations.

A ministerial order in November 2020 allowed the College to fast-track individuals from the Canadian Armed Forces and the Canadian Red Cross for RN registration.

The College collaborated with the leads of the nursing education programs which resulted in changes to simulation hours in the **Standards for Nursing Education Programs** approved by Council in June 2020.

Collaborations with other regulators produced several documents that provided guidance for registrants:

- Guidance on Telepractice
- Narcotic and Controlled Drug Prescriptions for Personal Care Home Residents
- Prescribing and Dispensing of Drugs to Treat COVID-19: Oral Dexamethasone
- Ensuring Safe Access to M3P Prescriptions for Patients During COVID-19 Outbreak
- Nursing in a Team Environment

### Council Selection Process

In March 2020, the Council approved, in principle, bylaws that were amended to reflect a fully-appointed Council and an increase in the number of public representatives at the Council table. During the fall of 2020, the Council Chair and CEO/Registrar did webinars and virtual consultations with a variety of groups.

### RN AP Transition Project

The College received an extension for the transition of RNs working in the role of Authorized Prescriber for a period of 2 years ending on May 31, 2022. RNs working in this role have the opportunity to complete education to achieve the notation prior to the deadline of May 31, 2022.

The College is partnering with Shared Health and the College of Registered Psychiatric Nurses of Manitoba (CRPNM) to achieve these goals. The CRPNM is anticipating being regulated under the Regulated Health Professions Act in 2021, and the Authorized Prescriber role for Registered Psychiatric Nurses for diabetes health, reproductive health and sexually transmitted infections and blood borne pathogens is also in their regulations. Collaboration on this project is beneficial for both Colleges.

To complete these goals, a Steering Committee and a working group were established. The steering committee is co-chaired by Katherine Stansfield and Lanette Siragusa, Chief Nursing Officer, Shared Health and comprised of major stakeholders in the province, including employers, educators, government, Department of Justice and Health, and public health. The working group is comprised of RNs and RPNs from around the province. They began work on developing an employer toolkit, addressing education program issues, and developing outcomes of Authorized Prescriber roles in the healthcare population. A proposal for funding of the education component is under development with the joint efforts of the University of Manitoba College of Nursing, Red River College and Shared Health.







# Financial Review

## Financial model

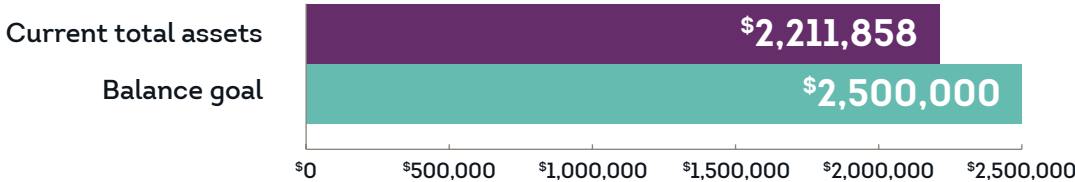
In 2018, we finalized and implemented a new Financial Sustainability Plan. The plan is based on 3 principles:

- 1 Registration fees should consistently cover operating expenses.
- 2 Occasionally there are unplanned unusual circumstances that increase expenses beyond expected operating costs.
- 3 Separate funds should be raised for capital and strategic projects.

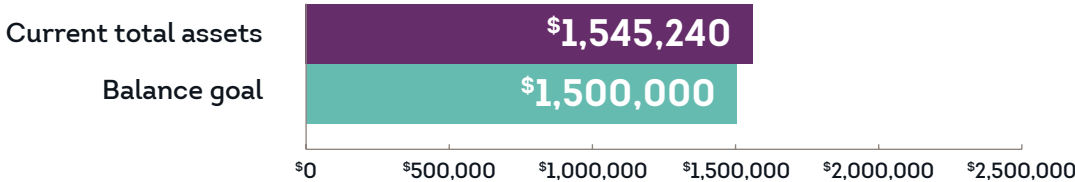
We have reached the 2018 goal of building the Legal and Sustainability fund to \$1,500,000. We are almost at our target of \$2,500,000 for the Capital Fund. These balances have been achieved through additional levies paid by Registered Nurses and continued due diligence in managing our costs.

## Financial goals

### CAPITAL RESERVE

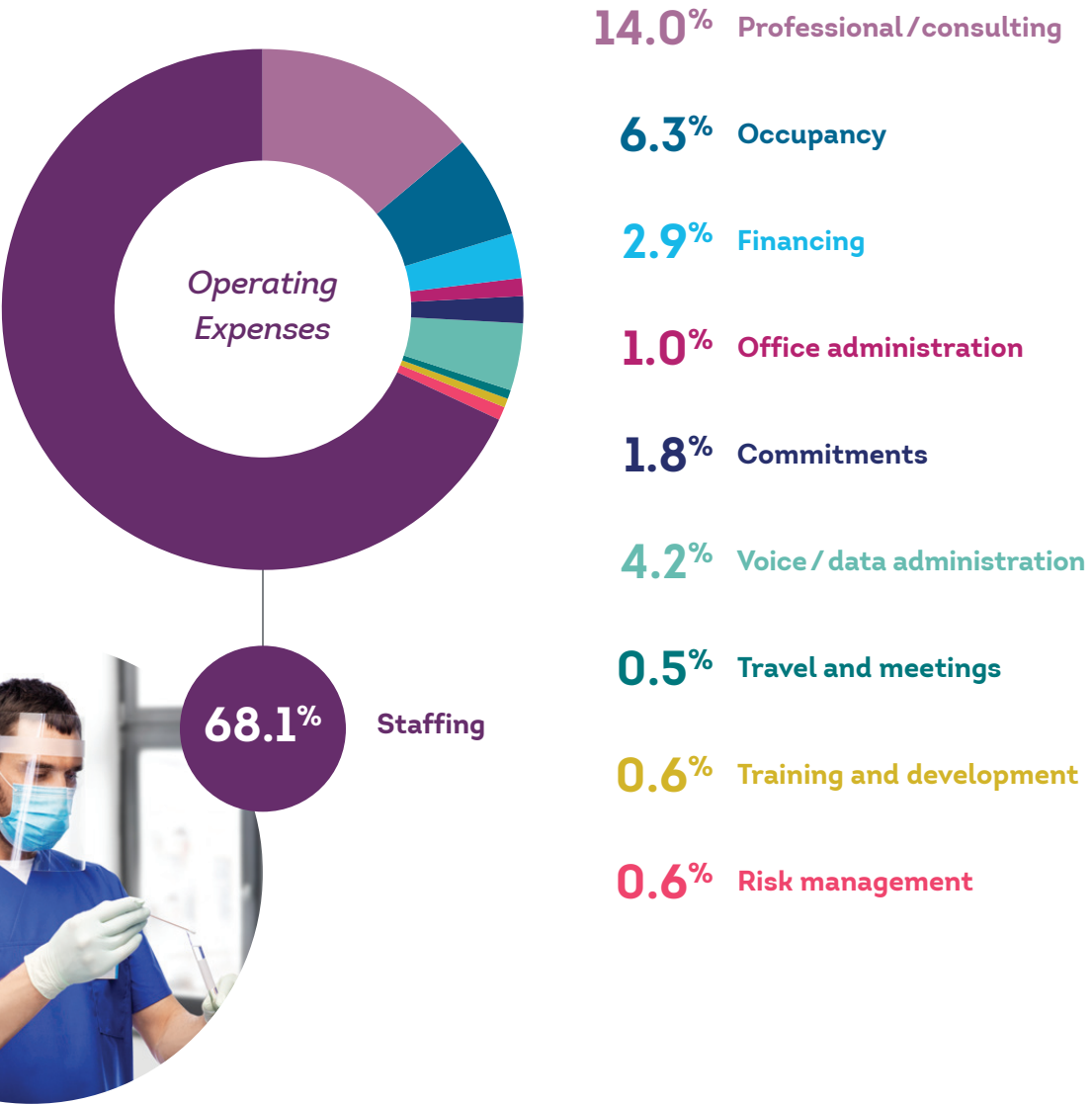


### LEGAL AND SUSTAINABILITY FUND

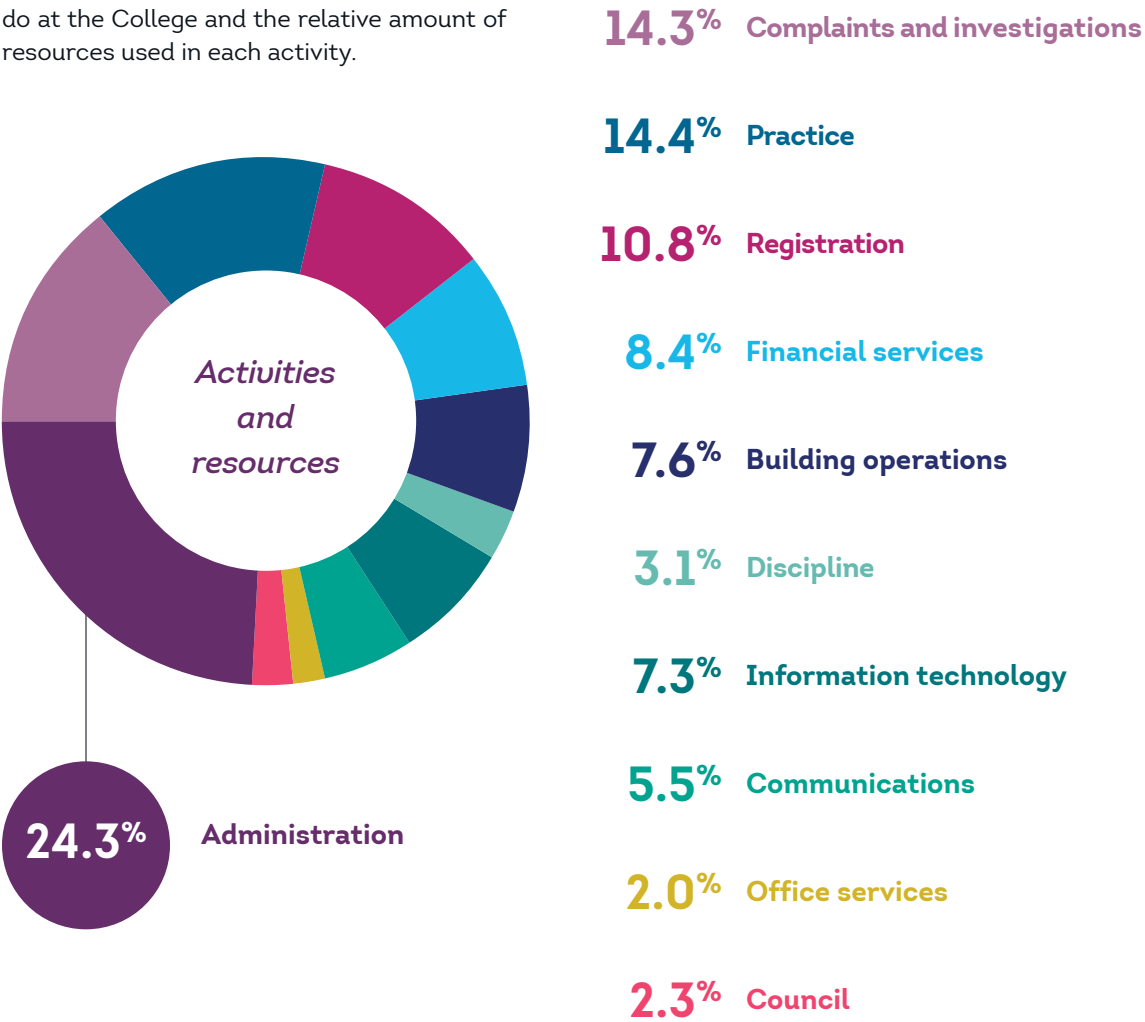


## 2020 Expense Distribution

This pie chart shows the types of operating expenses that are required for us to deliver services. As you can see, our activities are knowledge and service based which means the majority of our expenses are related to staffing.



This pie chart shows the various activities we do at the College and the relative amount of resources used in each activity.





# Committees

## Statutory Committees

| APPOINTMENTS COMMITTEE  |   |  |
|---|---|--|
| Noah Gatzke RN(NP)<br>Michelle Johnson RN   | George Prosk*   | Leanne Matthes, staff liaison  |
| COMPLAINTS INVESTIGATION COMMITTEE  |   |  |
| Terry Brennan*<br>Nickie Cool RN<br>Tania D'Amato*<br>Carol Enns RN   | Mandi Siddiqui RN<br>Sheresse Weekes RN<br>Krista Wilson RN<br>Tara Silvaggio*  | Robert Young*<br>Tracey Legary RN, staff liaison   |
| INQUIRY COMMITTEE   |   |  |
| Onyinye Anyaeji RN<br>Jennifer Berscheid RN<br>Cheryl Bilawka RN<br>Jennifer Colvine RN<br>Patricia Conroy*<br>Sandy Forrest RN<br>Michele Groff RN | Lydia Harris RN<br>Ruth Hardy*<br>Joanna Knowlton*<br>Joseph Lovelace*<br>Quinn Menec*<br>Evelyn Mayor*<br>Michelle Prange RN | Charity Reeves RN<br>Carol Renner*<br>Donald Solar*<br>Brenda Sullivan RN<br>Tricia L. Tyerman RN<br>Suzanne Wowchuk RN, staff liaison |

## College Committees

| CONTINUING COMPETENCY COMMITTEE                             |  |   |
|---|--|---|
| Angela Driver*<br>Alia Lagace RN<br>Michelle Lagasse RN     | Josh Watt*<br>Jennifer Wellborn*<br>Anne Wolkenstein RN      | Soura Rosen RN, staff liaison                     |
| EDUCATION PROGRAM COMMITTEE                                 |  |   |
| Josie Bolianatz RN<br>Darrell Derksen RN<br>Moni Fricke RPT | Jennifer Fulcher RN<br>Patricia Garbutt RN<br>Alanna Kull RN | Lorna McLarty*<br>Diana Heywood RN, staff liaison |
| REGISTRATION COMMITTEE                                      |  |   |
| Carol Enns RN<br>Pamela Gunn Matson RN                      | Taras Luchak*<br>Brenda Peters-Watral RN(NP)                 | Suzanne Wowchuk RN, staff liaison                 |

\*Denotes a public representative

## Council Committees

| FINANCE COMMITTEE   |  |  |
|---|--|--|
| Donna Frame*<br>David Loewen*<br>Rachael Ingels Bergman RN(NP)  | Michelle Johnson RN<br>Carol Legare RN<br>George Prosk*  | Katherine Stansfield RN, <i>ex officio</i><br>Jodi Waker-Tweed RN<br>Diana Waterman, staff liaison   |
| GOVERNANCE COMMITTEE  |  |  |
| Noah Gatzke RN(NP)<br>Irene Hamilton*   | Debbie Swistun*  | Leanne Matthes, staff liaison  |
| Other   |  |  |
| AGM SCRUTINEERS   |  |  |
| Irene Hamilton*, Chief Scrutineer   | George Prosk*  | Debbie Swistun*  |
| COMMUNITY REFERENCE GROUP   |  |  |
| Gary Hamilton*, Chair<br>Allan Courchene*<br>Loreen Hamilton*   | Michael Hepples*<br>Kenneth Molloy*<br>Leanne Matthes, staff liaison   | Martin Lussier, staff liaison  |
| INVESTIGATORS   |  |  |
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| PRACTICE AUDITORS   |  |  |
| Paula Black RN<br>Jennifer Ewatski RN<br>Diana Heywood RN<br>Allison Leveque RN   | Marina Reinecke MD<br>Julia Kull RN(NP)<br>Janice Nesbitt RN<br>Stephanie Nunes RN   | Kernjeet Sandhu*<br>Ruth Simkin MD<br>Soura Rosen RN, staff liaison  |

\*Denotes a public representative





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