

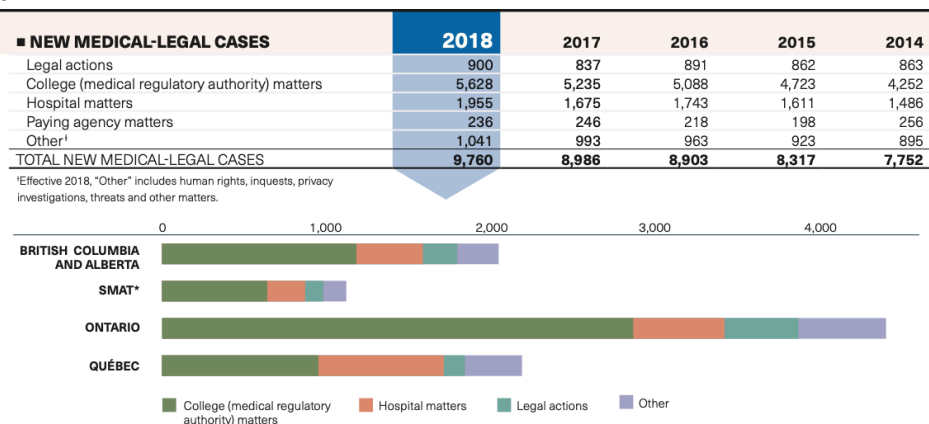
## College Complaints

### What is a College Complaint?

- Provincial Colleges have authority to regulate the medical profession in each province. In BC, this is done pursuant to the *Health Professions Act* [RSBC 1996].
- We have the privilege of being part of a self-regulated profession; therefore, the role of the College is to protect the public interest.
- Colleges are in charge of issuing your license, but they can also take away your license or place restrictions on your practice if needed to protect the public.
- Anyone can complain about anything to the College. A complaint does not have to be related to patient care, although most of them are.
- It is little to no cost for a complainant to file a College complaint. However, unlike a medical malpractice lawsuit, there is no potential financial compensation for the complainant.
- There are many possible outcomes if a College complaint is filed against you including the complaint being dismissed outright; providing advice (including asking the physician to take an educational course); requesting the physician attend for an interview; providing guidance and reminders to all physicians on expected standards of care through communication in its official publications; issuing a formal warning; ordering a general review of the physician's practice; or issuing a citation for a hearing by Disciplinary Committee if remediation is not sufficient to address the concerns raised (see CPSBC website).
- In BC, the complainant can appeal the matter to the Health Professions Review Board if they are unsatisfied with the outcome.
- If a formal hearing is issued, some possible outcomes for the physician include a reprimand, a license revocation, a suspension, restrictions placed on your practice, or a fine. You can appeal to the Superior Court in British Columbia if you do not agree with the outcome.
- In BC, the College only publishes your name if formal disciplinary action is taken.
- College matters are generally resolved within a year (although time can vary depending on particular circumstances). However, this is in contrast to a medical malpractice suit, which often takes many years to resolve.

### CMPA Trends in College Complaints over time

- The most recent published CMPA annual report from 2018 shows that College matters that the CMPA is involved with have increased over time, whereas lawsuits have remained relatively stagnant.



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- A 10-year review of closed CMPA College cases from 2007–2016 (excludes cases dealing with discipline or fitness to practice) showed requests for assistance with College complaints have risen by 80% over the past 10 years (see CMPA website).
- Data from the CMPA<sup>1</sup> shows that your chance of receiving a College complaint increases with increasing time in practice. When analyzing data available until December 31, 2019 (excluding retired physicians), CMPA data shows that 66% of emergency physicians in Canada had received a College complaint at 30+ years in practice (compared with 54% of emergency physicians in BC specifically). This contrasts with EPs in practice for less than 5 years, showing that 9% and 11% of them received a College complaint in Canada and BC, respectively.

## Our EPs

- Amongst an informal survey of our emergency physicians from our Royal College training sites in Victoria, Vancouver/Providence, Kelowna and Fraser, 91 staff physicians responded and 40 EPs (44%) had been named in a College complaint. All complaints involved patients, and most were related to perceptions of the clinical care provided. Only one physician had a more serious penalty, but the vast majority of complaints were dismissed in some capacity. Twenty-five percent of EPs with College complaints said the College commented on their documentation.

## Published Canadian literature

- Published data on **disciplined** physicians in Canada<sup>2</sup> who received College complaints and were disciplined showed that physicians were 92% male, and 67% of those disciplined trained in Canada. Sixty-two percent were in family medicine, 14% were in psychiatry, and 9% were in surgery. The three most frequent violations were sexual misconduct (20%), failure to meet a std of care (19%), and unprofessional conduct (16%). The three most frequently imposed penalties were fines (27%), suspensions (19%), and formal reprimands (18%). License revocations accounted for only 6% of total penalties imposed. The average time in practice before disciplinary action was 28.9 years. Compared with general population of physicians, higher proportion of those disciplined were international medical graduates.
- Data for physicians **re-disciplined** in Canada<sup>3</sup> shows similar characteristics to the above publication on disciplined physicians, with re-disciplined physicians having more mental illness (1.7% vs 0.1%,  $p = 0.01$ ), more unlicensed activity (19.2% vs. 7.2%  $p < 0.01$ ), and less sexual misconduct (20.1% vs. 27.9%,  $p = 0.02$ ). License suspension occurred more frequently amongst those re-disciplined (56.8% vs. 48.0%,  $p = 0.02$ ), as did license restriction (38.4% vs. 26.7%,  $p < 0.01$ ). License revocation was not different between cohorts (10.9% vs. 13.5%,  $p = 0.36$ ).

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<sup>1</sup> Member's request, Medical Care Analytics, May 2020

<sup>2</sup> Alam et al. (2011). The characteristics of physicians disciplined by professional colleges in Canada; *Open Medicine* 5(4) e166

<sup>3</sup> Jeyalingam et al. (2018). The characteristics of physicians who are re-disciplined by medical boards: a retrospective cohort study. *The Joint Commission on Quality and Patient Safety*; 44:361-365

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- There is also some evidence that communications scores on the national skills clinical exam is predictive of College complaints<sup>4</sup>.

### What about residents?

- Residents can also receive College complaints, and the CMPA has seen an increase in resident College complaints over time. Stay tuned for a future publication on the nature of College complaints amongst resident physicians!

### Last Words

- FIFE, shared decision-making, and the incorporation of clinical practice guidelines and decision-tools with detailed documentation regarding your clinical assessment, working differential and final diagnoses, investigations, treatments and consults, and consent discussions and discharge instructions can be helpful to avoid and help respond to College complaints.
- Getting a College complaint is common. Complaints are often related to perceptions of clinical care. However, physicians are not expected to be perfect or to make very difficult diagnoses, and College complaints are usually dismissed. Furthermore, published literature shows that less than 1% of physicians in Canada get disciplined. Disciplinary action is often for severe professional or boundary transgressions.
- Complaints are stressful, but there are resources available. Call the CMPA for any College complaint – they are there to help and are a great resource!

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• <sup>4</sup> Tamblin R, et al. (2007). Physician scores on a national clinical skills examination as predictors of complaints to medical regulatory authorities. *JAMA*;298(9):993-1001. Available from: <https://jamanetwork.com/journals/jama/fullarticle/208633> doi:10.1001/jama.298.9.993