

College complaints to CMPA increase

Complaints to regulatory colleges leading to Canadian Medical Protective Association action have increased 19% since 2010. There were 3883 new cases opened in 2010; by 2015 there were 4802, according to the CMPA, which provides liability coverage for more than 92 000 Canadian doctors.

Complaints to colleges, primarily from patients, may result in [physicians seeking advice or assistance](#) from CMPA. The most serious complaints allege professional misconduct.

Dr. Todd Watkins, CMPA's managing director of physician services, says the rise is due to changes at the regulatory level. "The colleges are under increasing scrutiny to ensure they are protecting the public."

The College of Physicians and Surgeons of Ontario (CPSO), for example, has increased transparency this past year by posting more information on its public register of doctors, such as criminal charges, specified continuing education or remediation program orders, disciplinary findings in other jurisdictions and licences in other provinces. The college's public register already included extensive information including discipline referrals and outcomes.

Such initiatives reflect the colleges' "need to be seen by the public and media to fulfill their fiduciary duties," says Watkins.

The increase in complaints varies across Canada. In Nova Scotia, the number investigated by the provincial college increased roughly 40% in the last three years. This rise is the result of a cultural shift, says the college's registrar and CEO, Dr. Gus Grant. "The public is increasingly looking to hold physicians accountable. At the same time, this is the age of informa-



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Complaints to regulatory colleges in 2015 resulted in 4802 new cases at the Canadian Medical Protective Association.

tion. Colleges have experienced an increase in the public's awareness of their role and function."

"Gone are the days when a doctor can say, 'Trust me,' and that's a good thing," he adds.

Though the number of college-based complaints against physicians has increased since 2010, the number of new [civil legal cases decreased by 7%](#), from 935 in 2010 to 871 in 2015.

This downward trend may reflect the work the association is doing to enhance quality of care and reduce errors, says Watkins.

The increase in college-related complaints is not a concern to the CMPA per se, he adds, but physicians must understand where they are most vulnerable. Topping that list is communication. "Ensuring good patient-physician communication is critical," says Watkins. "Document the encounter completely."

An emphasis on accountability has always been there, Grant said. "We have a legal responsibility to investigate complaints. We have a legal responsibility to act in the public interest. We take our responsibility seriously."

The CMPA may not be involved in all college-related complaints involving physicians, but it is likely involved in some way in most of them. When a patient makes a complaint, the provincial college sends a letter to the doctor, prompting him or her to call CMPA.

When physicians take this advice, they are first put in contact with a physician advisor who can provide peer-to-peer support and guide them through the regulatory complaint process and how to respond. "It is very troubling for [doctors]," says Watkins. — donalee Moulton, Halifax, Nova Scotia

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