
TITLE: COMPLAINTS REGARDING THE CONDUCT OR PROFESSIONAL PRACTICE OF MEMBERS OF NH MEDICAL STAFF

A printed copy of this document may not reflect the current, electronic version on OurNH.

APPLICABILITY: All sites and facilities

RELATED POLICIES: 5-5-1-080: Respectful Workplace
[Medical Staff Rules and Bylaws](#)

DEFINITIONS:

Medical Staff: physicians, nurse practitioners, midwives and dentists who have been appointed to the Northern Health (NH) Medical Staff and granted privileges by the Board of NH to practice within our facilities.

Confidentiality: Information entrusted to a person or process in reliance of discretion

Anonymity: The quality or state of being anonymous or unknown

See the Respectful Workplace policy for definitions: **Respect at Work, Disrespectful Behaviour, Bullying and Harassment, Discrimination, Discriminatory Harassment, Complainant and Respondent**

See the [College of Physicians and Surgeons of BC Indigenous Cultural Safety, Cultural Humility and Anti-Racism Learning Resources](#) for definitions: **Anti-Racism, Cultural Humility, Cultural Safety, Indigenous**

See the [In Plain Sight Report](#) for definition of **Indigenous Specific Racism**

EXTERNAL DOCUMENT QUICK LINKS

- College of Physicians and Surgeons of BC [Standards](#) and [Guidelines](#)
- BC College of Nurses and Midwives [Standards](#)
- [Hospital Act and Regulations](#) (Section 4 and 6)
- Canadian Medical Protection Association:

- a. [Hospital Complaints: Understanding the Process and Reducing Anxiety](#)
 - b. [Resolving Conflict Between Healthcare Providers](#)
- [In Plain Sight Report](#)
 - [BC Physician Health Program](#)
 - [Medical Staff Complaints, Supportive Discipline and Appeal Process Toolkit](#)

DOCUMENT QUICKLINKS

- [POLICY](#)
 - a. [Responsibilities](#)
 - b. [Principles and Approach](#)
 - c. [Respectful Workplace & Medical Staff Bylaws](#)
 - d. [Indigenous Cultural Safety, Cultural Humility and Anti-Racism](#)
- [PROCEDURE TO MANAGE STAFF COMPLAINTS](#)
- [DOCUMENTATION](#)
- [APPEAL](#): Decision of the Sub-Committee

POLICY

Responsibilities

The senior Medical Directors and Nurse Practitioner Leads are responsible for the process of medical staff complaints within their respective areas. The Medical Directors and Nurse Practitioner Leads may delegate the investigation and resolution of complaints according to the provisions of the [Medical Staff Bylaws](#) and [Medical Staff Rules](#). Investigation of complaints and development of action plans for complaint resolution will typically be the responsibility of the Chief of Staff and/or the Department Head, who are accountable to the Medical Director and Nurse Practitioner Leads.

The investigation and resolution of all complaints will follow a [procedure](#) that has been endorsed by the Northern Health Medical Advisory Committee. All medical staff are to be reminded that they can bring someone to any meeting as part of this process.

Principles & Approach

This policy contemplates two types of complaints: The complaints that come in about medical staff from (a) patients and (b) staff or other medical staff. The following principles apply to both types of complaints.

Learning and Quality Improvement

- The complaint is an opportunity for learning and quality improvement. The primary goal of responding to complaints is to improve outcomes, safety and workplace culture, not to punish or assign blame
- Medical leaders support medical staff through the process of receiving a complaint and to facilitate learning. The process emphasizes support, prevention and early intervention.

Fairness and Transparency

- Complaints will be addressed as outlined below in a consistent, equitable and timely manner. Both the complainant and the respondent will be treated with courtesy, respect and dignity.
- Confidentiality will be maintained to the degree permitted by law.
 - In the event of a legal process, the names and statements may be disclosed.
- All reported complaints will be considered carefully whether received orally or in writing.
- A complaint should be reported as a matter of priority to the direct oversight position first.
 - For example, a medical staff complaint in the Department of Surgery would first go to the appropriate Department Head who could then escalate the complaint.

Timeliness

- Complaints will be reviewed for their validity as soon as possible so an appropriate judgment about the nature and the timing of intervention can be made.

Respectful Workplace Policy and Medical Staff Bylaws

The authority to manage unprofessional medical staff behaviour lies in the Hospital Act, under the [Hospital Act Regulations](#). Accordingly, NH [Medical Staff Bylaws](#) Sections 4 and 6 pertaining to the organization of the medical staff, as stated in the Bylaws, that describe the authority to discipline a member of the medical staff in a manner the health authority sees fit and, if warranted, may recommend to the Board, the cancellation, suspension, restriction or non-renewal of the member's permit to practise in the hospital.

The Northern Health Respectful Workplace policy and procedures are followed in accordance with the Medical Staff Bylaws when a complaint received describes disrespectful behaviour (for example, unprofessional medical staff behaviour, bullying,

harassment, and discrimination). The Respectful Workplace policy outlines that all persons within the facilities and programs operated by Northern Health be treated with courtesy, respect and dignity. To this end, medical staff, as well as other team members and administration, are required to conduct themselves accordingly. When the matter is not pursued under the Respectful Workplace policy and procedures, the matter will be addressed as outlined below. When discipline for medical staff is required in the Respectful Workplace process, the Procedure outlined [below](#) will be used in tandem with the Respectful Workplace policy and procedures.

Indigenous Cultural Safety, Cultural Humility and Anti-Racism

[In Plain Sight](#) report was released in 2020, highlighting Indigenous patients', families', and health care providers' experiences of Indigenous specific racism in British Columbia's health care system. In response, the College of Physicians and Surgeons of BC released the following statement within the [Indigenous Cultural Safety, Cultural Humility and Anti-Racism Practice Standard](#):

“Indigenous-specific racism and discrimination negatively affects Indigenous patients' access to health care and health outcomes. These impacts include lower life expectancy, higher infant mortality, and the increased presence of chronic health conditions. The purpose of this practice standard is to set out clear expectations for how registrants are to provide culturally safe and anti-racist care for Indigenous patients. The College also has a practice standard, titled Access to [Medical Care Without Discrimination](#), which speaks to racism and discrimination on a broader level, including its impact on other minority groups. The College has zero tolerance for racism and discrimination”.

The BC College of Nurses and Midwives released a [similar practice standard](#) in 2022. Medical staff are required to conduct themselves in accordance with these practice standards to ensure cultural safety for our patients, families and health care teams. The [Procedure](#) (outlined on the next line) will be used in accordance with these standards as required.

PROCEDURE TO MANAGE MEDICAL STAFF COMPLAINTS

Management of complaints, guided by the principles of learning and quality improvement, fairness, transparency and timeliness will follow a staged approach with the intention of remediation and all interventions will be documented regardless how informal the resolution process. Communication to the source of the complaint, to confirm receipt and review of the complaint will be an integral part of this process and will be done within a reasonable time, normally within 2 weeks¹. This procedure can be used in tandem with the [Medical Staff Complaints, Supportive Discipline and Appeal Process Toolkit](#).

Staged Interventions: Overview

- Medical staff are encouraged to have discussions with their colleagues when they observe inappropriate behaviour.
- Medical leaders who receive a complaint may conduct an initial investigation to clarify the observation or report before any intervention.
- All medical staff are to be reminded that they can bring someone to any meeting from this point forward, as part of this process.
- In issues where there are allegations of harassment or bullying, as per the Respectful Workplace Policy and Bill 14, the Medical Director in the region is to be notified so that they can inform the Northern Health Director of Human Resource Operations to coordinate.

Stage Zero Intervention: The vast majority of issues/concerns are dealt with at Stage Zero (aka the “coffee cup” meeting). Early interventions in issues/concerns are considered the most effective. Documentation here will be informal, usually in email and will not have disciplinary outcomes.

Stage One Intervention: Warranted for first time complaints perceived as being of sufficient severity that a level zero is not appropriate or where a “coffee cup” approach has not worked.

Stage Two interventions are warranted for complaints that are of moderate severity and/or where stage one intervention has been ineffective.

Stage Three interventions are warranted for complaints that have continued despite previous interventions and/or where there is concern about self-injury or harm to others.

Crisis Intervention is required in the event of the sudden appearance of a complaint or behaviour that is too egregious for a staged response and/or where a serious problem which adversely affects or may adversely affect the care of patients. Immediate action is needed to protect the safety and security of patients, staff or other medical staff.

Stage Zero Intervention:

If the complaint or observation is of a concern that can be resolved in an informal manner, an informal (“coffee cup”) conversation may take place.

The medical leaders will:

1. Meet with the medical staff member involved to describe the concern/observation;

2. Provide the medical staff member with an opportunity to speak to the concern;
3. If appropriate, discuss with the medical staff member how others have interpreted or received the behaviour, what the impact has been and expected standards of behaviour/performance;
4. Provide guidance on how to access [supportive counselling or other assistance](#) either personally or through a third party as appropriate (like [Physician Health Program](#) or [Education Resources](#)).
5. In collaboration with the medical staff member, decide the format and substance of a resolution, including a possible response to the reporter if relevant.
6. Suggest clinical, educational or other strategies that will support learning, quality improvement and behavioural change.
7. Document the conversation and keep it confidential. Documentation will reflect this as a Stage 0 intervention.

Stage One Intervention:

The Department Head, Chief of Staff, Medical Director or Nurse Practitioner Lead will accomplish the following:

1. Explain to the medical staff member that this is the first formal step in a discipline process and outline what the rest of this stage of the process will be.
 - a. At this stage, medical staff are recommended to seek [support](#), which may include a colleague, legal counsel, MSA Executive Member or Doctors of BC Regional Advisor and Advocate.
2. Describe the complaint to the member and explain the impact. In the case of unprofessional behaviour, explain why the observed behaviour is considered unprofessional or unsafe;
3. Provide the member with the opportunity to respond;
4. Arrange for supportive counselling as required/appropriate.
5. Identify specific constructive measures to prevent future complaints which may include and are not limited to:
 - clinical or behavioural education courses(see [Education Resources](#))
 - working with an assigned mentor
 - supplemental practicum clinical training or certifications
 - directed self-study
 - coaching
6. In collaboration with the member, decide the format and substance of a response to the complainant in order to bring the complaint to resolution;

7. [Document](#) the discussion and intended follow up, including if the investigation has determined no further action is required.
8. Provide feedback to the member and send the member a summary of the discussion and intended follow up (including if no action is required). The summary will outline the expectations and the potential consequences if those expectations are not met.
9. Submit a summary of the situation and actions taken to the Senior Medical Administrator
 - a. This process should be completed within 4 weeks of receiving the complaint.
 - b. Note: If the medical staff member disputes the conduct complained of or is not prepared to work collaboratively with the medical leader to resolve the concern, or fails to comply with any aspect of the remedial program without good cause, then the medical leader will inform the Senior Medical Administrator at this time to inform the Chair of NHMAC who will schedule a review with the Discipline Committee of NHMAC.

Stage Two Intervention:

1. The Department Head, Chief of Staff or Medical Director will immediately inform the VP of Medicine.
2. The member will be contacted to schedule a meeting with leadership and the member will be reminded that they can [bring someone](#) to the meeting with them, which may include their peer and/or legal counsel.
3. The VP of Medicine in collaboration with the Department Head, Chief of Staff and/or Medical Director where appropriate will:
 - a. Describe the incident to the member and explain explicitly the nature of the complaint and the impact;
 - b. Provide the member with an opportunity to respond;
 - c. Explain that this is the second step in a formal discipline process and recommend the member get [support](#)
4. In collaboration with the member decide the format and substance of a response to the complainant;
5. Develop an agreement between the member and NH following the [documentation process](#) which will include the following elements:
 - a. Method of redress (counselling, leadership training, substance abuse therapy, [Education Resources](#), etc.);
 - b. Method of monitoring for change/progress;

- c. Description of behavioural benchmarks;
 - d. Timeframe within which progress needs to be demonstrable; and
 - e. Consequences for lack of compliance.
6. Notify the member in writing that another incident may result in review of behaviour by the Discipline Committee, a subcommittee of the NHMAC, and that continuation of privileges will be discussed at that time.
 7. Consider referring the member to an external resource as appropriate, such as the [Physician Health Program](#) for physicians, with regular reports to be received by the VP Medicine (content of the reports to be determined by the Physician Health Program).

Stage Three Intervention:

The Department Head, Chief of Staff or Medical Director will immediately inform the VP Medicine and Chair of NHMAC who will jointly schedule a review by the Discipline Subcommittee of the NHMAC.

The Discipline Subcommittee will be expected to:

1. Review findings from the investigation
2. Review the behavioural history of the member; and
3. Recommend other rehabilitation strategies or recommend disciplinary action as appropriate.

Disciplinary action that may be recommended include:

- a. Restriction of privileges/practice within NH;
- b. Direct supervision of practice;
- c. Suspension of privileges on a time limited basis;
- d. Revocation of privileges

Action on these recommendations will follow the process outlined in the Article 11 of the Medical Staff Bylaws and Article 5 of the NH Medical Staff Rules

Crisis Intervention:

Where behaviour is warranted to require a crisis intervention, the Department Head, Chief of Staff, Medical Director or Nurse Practitioner Lead will request the VP Medicine to consider immediately suspending the member's privileges as per Article 11 of the Bylaws and Article 5 of the NH Medical Staff Rules.

Circumstances may include but are not limited to:

- a. Abandonment of a patient admitted to a NH facility under the care of the member;
- b. The alleged commission by the member of a criminal offence related to the exercising of the member's privileges, as evidenced by the laying of criminal charges;
- c. The provision of clinical care, the exercising of clinical privileges, or the fulfilment of contractual arrangement for the provision of patient care by the member while impaired, including but not limited to impairment by drugs or alcohol.

In such circumstances, the Department Head, Chief of Staff, Medical Director or Nurse Practitioner Lead will:

- a. Arrange for an alternative medical staff to provide care for the suspended member's patients as necessary; and
- b. Arrange security as required.
- c. See [Health Professions Act 32.2](#) for information on duty to report.

DOCUMENTATION (Applies to Stage 1, 2, 3, and Crisis Intervention)

Having met with the member subject to the complaint, the Medical Director, Department Head or Chief of Staff will document:

1. A description of the complaint/behaviour;
2. A description of the discussion held with the medical staff member;
3. An indication that the medical staff member has been informed that the issue is perceived as unprofessional or otherwise contrary to expected performance/conduct;
4. Information demonstrating that mitigating factors have been considered;
5. Specific documentation of resources offered or mandated to assist with changing behaviour or any part of a remediation process;
6. Reports from other professionals (therapists, coaches, etc.) who have been engaged as part of any remediation; and
7. Documentation that the consequences of continued unprofessional behaviour or misconduct have been openly and clearly outlined to the member of the medical staff;
8. This documentation will be forwarded to the medical staff member who is the subject of the complaint and through the Department Head or Chief of Staff to the Medical Director (note: this is not the case for Stage 0)

9. Results of complaint investigations will be monitored on an ongoing basis and reported through the Medical Director to the VP Medicine office as part of ongoing quality improvement efforts.

APPEAL (Applies only to Stage 3 and Crisis Intervention)

The medical staff member has the right to appeal the decision of the Discipline Subcommittee. To initiate an appeal the member will:

1. Provide written notice to the NH MAC within 15 days of the decision.
 - a. The notice will include the facts upon which the medical staff member relies in disputing the decision and provide an outline of arguments supporting the member's position and the remedy sought.
2. The NHMAC meets within 15 days of receipt of the written notice to consider the decision made by the Discipline Committee and may request to meet with the member.
3. The NHMAC submits a summary statement regarding the substance of the appeal and make recommendations to the Board where the matter will be decided at the next scheduled Board meeting.
4. The Board has the final decision.

ⁱ Note, that although a complaint may be valid it does not mean it merits further action; it simply means it was at least worthy of investigation. It is possible that upon investigation, a valid complaint may have no merit because the information gathered in the investigation did not support the complaint.

REFERENCES

BC College of Nurses and Midwives [Practice Standards](http://www.bccnm.ca) (accessed May 12, 2022 at www.bccnm.ca):

- [Indigenous Cultural Safety, Cultural Humility, and Anti-Racism](#)

BC Physician Health. [BC Physician Health Program](http://www.physicianhealth.com) (accessed May 12, 2022 at www.physicianhealth.com)

Canadian Medical Protection Association (accessed May 12, 2022 at www.cmpa-acpm.ca):

- [Hospital Complaints: Understanding the Process and Reducing Anxiety](#)
- [Resolving Conflict Between Healthcare Providers](#)

College of Physicians and Surgeons of BC [Standards and Guidelines](http://www.cpsbc.ca) (accessed May 12, 2022 at www.cpsbc.ca):

- [Indigenous Cultural Safety, Cultural Humility and Anti-Racism](#)
- [Indigenous Cultural Safety, Cultural Humility and Anti-Racism Learning Resources](#)
- [Access to Medical Care Without Discrimination](#)

Doctors of BC [webpage](#) (accessed August, 29, 2022).

BC [Hospital Act and Regulations](#) (Section 4, 6 and 32) and the BC Hospital Act Regulation with amendments up to May 11, 2022 (accessed May 12, 2022 at www.bclaws.gov.bc.ca)

Northern Health [Medical Staff Complaints, Supportive Discipline and Appeal Process Toolkit](#), edits effective September 10, 2014 (accessed May 13, 2022 at ournh.ca)

Northern Health [Medical Staff Rules](#) edits effective April 2019 and [Bylaws](#) edits effective May 2018 (accessed May 16, 2022 at <https://physicians.northernhealth.ca/physician-resources>)

Northern Health [Respect in the Workplace Policy](#), edits effective September 10, 2014 (accessed May 13, 2022 at ournh.ca)

Turpel-Lafond, M.E. (2020) [In Plain Sight Summary Report: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care](#) (accessed May 12, 2022 at <https://engage.gov.bc.ca>)

REVISION HISTORY			
Initial Effective Date:	October 26, 2009		
Approved By:	VP Medicine		
Author Title:	Regional Director, Physician Quality, Engagement and Education		
Revision History:	Effective Date:	Description of Changes:	Reviewed or Revised by:
	October 7, 2022	Major revisions	VP Medicine; Regional Director Physician Quality, Engagement and Education
	September 23, 2013	Minor revisions	
	October 26, 2009	Policy issued	VP Medicine & Clinical Programs; Regional Director, Medical Affairs
Contact policiesstandards@northernhealth.ca if further information is required.			
Acknowledgements (optional):			