“Bad docs”: the CPSO complaints process

What a patient can do when they feel they have received poor physician care

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A patient feels facial pain which she believes to be a sinus infection, and goes to the nearest walk-in clinic. The doctor does not introduce himself, and nor is he really listening while she explains her symptoms. She finds him arrogant and condescending. His physical exam is cursory, and he does not even properly examine her sinuses. He confidently declares “You’re fine.”

The patient leaves angry and frustrated—not because his diagnosis differed from her own, but because of the lack of a proper examination and his attitude. While checking reviews of this doctor online, she finds pages and pages of terrible reviews, many explaining similarly poor experiences, and several missed diagnoses. She thinks, “How could this doctor be allowed to practice? What can I do?”

She has a few options. She could: do nothing, and forget about it; confront the physician regarding his poor behaviour; file a complaint with the hospital or institution where the care took place; or, lodge a complaint with the College of Physicians and Surgeons of Ontario (CPSO).

One of the CPSO’s functions is to investigate and discipline physicians who fail to meet its high standards of care. One way it does so is by providing the public with a mechanism to alert it to poor physician conduct.¹

Instructions for filing a complaint with the CPSO are available online.² There are two streams, one for general complaints regarding conduct, the other which is specifically for complaints of sexual abuse. It is the general Public Complaints Process that is the subject of this article.

Complaints must be received in writing. There is no time limit on filing a complaint, though it is recommended complaints be made as soon as possible. The CPSO cannot investigate institutions (eg hospitals) or other health professionals (eg nurses or midwives). Complaints cannot be made anonymously; the physician will be notified and given the opportunity to respond.³

Once the complaint process has been initiated, the CPSO’s *Inquiries, Complaints and Reports Committee* (ICRC), formed by a panel of physicians and members of the public appointed by the provincial government, will investigate.³

What outcomes are possible? No action might be taken, if the physician acted appropriately. The complaint might be dismissed, if it is felt to be malicious or frivolous. If legitimate concerns are identified, the physician might have to participate in specific continuing medical education, or be required to sign an undertaking stating they will improve or restrict their practice. If serious, they might be referred to the CPSO’s Disciplinary Committee.³

It takes 3 to 10 months to complete the vast majority of investigations.³

The CPSO’s 2014 Annual Report⁴ provides enlightening facts, including:

- 67% (2361) of all investigations were initiated by public complaints.
- 34% of those investigations were into doctors for whom ≥ 1 investigation was already open.
- Of those 2361 investigations:
 - 200 were dismissed as being “frivolous and vexatious,”
 - 1608 concluded with “no action,”
 - “cautions” were issued for 320 investigations,
 - 72 investigations (for 37 physicians) were referred to the Disciplinary Committee (3%).

The CPSO’s Disciplinary Committee held 27 hearings in 2014, the majority of which were for failures to uphold the standard of practice. Results of all disciplinary hearings are published on the CPSO’s publicly accessible directory of all physicians licensed in Ontario.⁴

The CPSO does not award compensation. It cannot compel physicians to apologize, and information gathered by the ICRC cannot later be used in court.³

The CPSO complaints process is not without criticism. Only complaints that are referred to the disciplinary committee are published; all others are never published, nor publicly accessible.⁵ Furthermore, physicians who are disciplined in a different province do not always have their record published by the CPSO when they are later licensed to practice in Ontario.⁶ As well, patient advocacy groups have brought forward concerns regarding physician undertakings (voluntary restriction of practice), claiming that the details are frequently not made public, and that investigations are often halted in exchange.⁷

In addition, the CPSO’s website and complaint forms use language that might be inaccessible or difficult to understand for patients of all educational backgrounds, and forms are only available in English.

So what should our patient do? Many patients in her situation would leave, never return, and might post a bad review online. Many might not even be aware that the CPSO complaints process exists in the first place.

The CPSO complaints process is clumsy and far from perfect. Even the CPSO itself has acknowledged this, and has continued to seek input since 2012 on ways to improve transparency,⁸ and efforts are ongoing. Despite the criticisms, it is a valuable opportunity for us as physicians to reflect on the areas of our care needing improvement. Being professionals requires us to listen and to learn, especially from our mistakes.

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