



PRACTICE DIRECTION Resolving Conflict and CPSM's Complaints and Investigation Processes

Initial Approval: December 8, 2021

Effective Date: December 8, 2021

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I. GENERAL REQUIREMENTS OF REGISTRANTS

1. Resolving Conflicts

1.1. CPSM considers addressing conflict as an essential aspect of communication and good medical practice. Registrants have a professional responsibility to facilitate effective communication despite difficulties, including with their colleagues, other health care providers and their patients and patients' family members. This includes addressing conflicts with any person in a professional and respectful manner.

1.2. The ethical obligations that are particularly relevant to addressing conflict with colleagues, other health care providers and the public in the Code of Ethics include:^{1, 2}

31. Treat your colleagues with dignity and as persons worthy of respect. Colleagues include all learners, health care partners, and members of the health care team.

32. Engage in respectful communications in all media.

33. Take responsibility for promoting civility, and confronting incivility, within and beyond the profession. Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authority any unprofessional conduct by colleagues.

34. Assume responsibility for your personal actions and behaviours and espouse behaviours that contribute to a positive training and practice culture

1.3. The ethical obligations that are particularly relevant to addressing conflicts in the context of registrants' relationships with their patients in the Code of Ethics include:^{3, 4}

2. Having accepted professional responsibility for the patient, continue to provide services until these services are no longer required or wanted, or until another suitable physician has assumed responsibility for the patient, or until after the patient

¹ [CPSM's Code of Ethics](#)

² See also CPSM's [Standard of Practice on the Duty to Report](#)

³ CPSM's [Code of Ethics and Professionalism](#)

⁴ See CPSM's [Practice Management Standard of Practice](#)

has been given reasonable notice that you intend to terminate the relationship

....

5. Communicate information accurately and honestly with the patient in a manner that the patient understands and can apply, and confirm the patient's understanding.

- 1.4. At all times, registrants must be candid in their communications with patients, acknowledge where errors occurred and take appropriate actions to address any related potential harm.⁵ It is important for registrants to recognize that their words and actions can have unintended impact. Registrants are expected to consider this when communicating with their patients.
- 1.5. When disagreement arises with a patient or a patient expresses discontent with the care provided by or the conduct of a registrant, the registrant should make a meaningful effort to resolve the issue with the patient before matters escalate.
- 1.6. In the context of a complaint:
 - 1.6.1. Generally, registrants are expected to continue to provide care to a patient who submits a complaint, unless it is clear from the circumstances⁶ that it would no longer be appropriate, or the patient declines to continue the relationship.
 - 1.6.2. CPSM acknowledges that some complaints will result in a breakdown of the registrant-patient relationship. In all situations persons who complain to CPSM must be treated respectfully by registrants and not made subject, by any act or omission of a registrant, to any form of punishment, reprisal or retribution.
 - 1.6.3. Registrants are prohibited from obstructing the making of a complaint by any person to the CPSM, including by threat or offering consideration.

2. Participation in CPSM Complaint and Investigation Processes

- 2.1. When conflicts or concerns are reported to CPSM, whether through a complaint from the patient or otherwise, registrants are expected to actively engage in good faith to resolve the matter both through informal resolution and/or more formal processes.

⁵ See s. 9 of CPSM's [Good Medical Care Standard of Practice](#)

⁶ Examples include complaints involving boundary violations or inappropriate conduct on the part of the registrant.

Duty to Cooperate and Statutory Obligations to Respond:

- 2.2. Registrants have professional, ethical, and statutory responsibilities relating to their participation in CPSM's complaints and investigations processes. The duty to cooperate owed by registrants includes the requirement that they:
- 2.2.1. act responsibly and make good faith efforts to cooperate with CPSM in relation to its supervisory and investigatory functions,
 - 2.2.2. provide full, frank, and truthful information that is responsive to the issues raised,
 - 2.2.3. not impede any review of their conduct, including a complaint or investigation, and
 - 2.2.4. must be honest, open, and helpful to CPSM in fulfilling its regulatory functions.⁷
- 2.3. Withholding information, failing to meet deadlines without a reasonable explanation and providing false or misleading information are examples of a failure to cooperate in CPSM's regulatory functions. Such conduct can lead to findings of professional misconduct against a registrant.
- 2.4. Registrants are required to respond to the Assistant Registrar and Medical Consultants of CPSM in accordance with Part I of the Affairs of the College Bylaw. It provides at sections 103-105.⁸

*103. When the Registrar, an Assistant Registrar or a Medical Consultant engaged by the College writes to a member with respect to any matter and requires a response, **the member shall:***

*a. **respond in writing;***

*b. **when responding to correspondence related to a complaint or investigation, unless otherwise approved by the CPSM Medical Consultant, personally sign the response. In respect to all other correspondence, electronic signature of the member will suffice unless otherwise directed by the Registrar, Assistant Registrar or Medical Consultant.***

*c. **provide a response to the substance of the matter, and all particulars pertinent thereto; and***

*d. **respond within the length of time specified in the College correspondence.***

104. When reminder correspondence is sent to a member from the Registrar, an Assistant Registrar or a Medical Consultant engaged

⁷ See *Law Society of Ontario v. Daimon*, 2021 ONCA 255

⁸ [The Affairs of the College Bylaw](#)

by the College and the member fails to respond in writing within 15 days from the date of the reminder correspondence, the member may be referred to the Investigation Committee.

105. A member who, without a reasonable excuse, fails to comply with section 103 or 104 may be found guilty of professional misconduct.

- 2.5. Registrants are also required to respond to Investigators pursuant to s. 99(1) of the RHPA.

II. THE ROLE OF THE REGISTRAR, ASSISTANT REGISTRAR, MEDICAL CONSULTANTS AND INVESTIGATORS

3. Registrar's Assessment of Action to be Taken Upon Receipt of a Complaint

- 3.1. The Registrar is responsible for determining what resources and statutory powers of CPSM's Complaints and Investigations Department and its statutory committees are best suited to resolve a particular complaint or address a concern about a registrant's care or conduct. The assessment is based on what is in the public interest and is made in accordance with CPSM's policies and procedures.
- 3.2. Pursuant to s. 91(2) of the RHPA, within 30 days of receiving a complaint, and after collecting and reviewing any additional information that may be required to determine which action should be taken, the complainant will be notified as to which of the following actions have been or will be taken by the Registrar in respect to their complaint:
- 3.2.1. encourage the complainant and the registrant to resolve the complaint through communication pursuant to s. 91(2)(a),
 - 3.2.2. refer the matter to the Complaints Committee or to the Investigation Committee pursuant to s.91(2)(b), or
 - 3.2.3. dismiss the complaint pursuant to s. 91(2)(c).
- 3.3. The Registrar may also treat information received about the conduct of a registrant or former registrant that may constitute conduct about which a finding could be made under s. 124(2) of the RHPA as a complaint and refer the matter to the Complaints Committee or the Investigation Committee pursuant to s. 91(2)(b). This practice direction applies to these matters which are for all relevant purposes treated as complaints, including where a patient or their legal/personal representative has not submitted a formal complaint to CPSM.

4. Assistant Registrar, Medical Consultants, and Investigators

- 4.1. The Assistant Registrar, Complaints & Investigations (“Assistant Registrar”), is primarily responsible for ensuring that complaints are processed, and investigations are conducted in accordance with the Part 8 of RHPA and CPSM’s policies and procedures.
- 4.2. Medical Consultants implement many of the provisions of Part 8 of the RHPA and this practice direction in relation to processing complaints.
- 4.3. Investigators appointed in accordance with s. 96 of the RHPA implement many of the provisions of Part 8 of the RHPA and this practice direction in relation to the conduct of investigations.

5. Additional Procedures for Complaints about Regulated Associate Registrants

Medical Learners and Physician Assistant Students:

- 5.1. Where a complaint is received respecting the care or conduct of a medical learner or physician assistant student, that complaint must be sent to:
 - 5.1.1. the medical learner or physician assistant student who is the subject of the complaint,
 - 5.1.2. where applicable, the attending staff physician responsible for directing or supervising the medical care provided by the medical learner or physician assistant student, and
 - 5.1.3. the appropriate Dean of either post graduate or undergraduate studies at the Max Rady College of Medicine, University of Manitoba.

Clinical Assistants and Physician Assistants:

- 5.2. Where a complaint is received respecting the care or conduct of a Clinical or Physician Assistant, that complaint must be sent to:
 - 5.2.1. the Primary Supervisor, and
 - 5.2.2. where applicable, the Responsible Supervising Physician.

6. Additional Procedures for Complaints Involving Virtual Medicine

- 6.1. Where CPSM receives a complaint respecting the care or conduct of a registrant practicing virtual medicine, CPSM will generally process the complaint irrespective of the jurisdiction where the patient is located.^{9,10}

⁹ See CPSM’s [Virtual Medicine Standard of Practice](#)

¹⁰ Note [CPSO and CPSM’s Memorandum of Understanding respecting Transport Medicine Services](#), and [CPSM’s Memorandum of Understanding with the Government of Nunavut](#)

- 6.2. Where CPSM receives a complaint from a patient located in Manitoba who was provided care by virtual medicine by a person located in another jurisdiction and who is not registered as a registrant, CPSM will:
- seek to determine if the person who provided virtual care is registered in another jurisdiction as a health care professional, and
 - consider whether the care provided was permitted under the RHPA and/or CPSM's Virtual Medicine Standard of Practice.

Based on these factors, CPSM will then determine whether:

- the complainant should be encouraged to report to another regulator,
- the complaint should be forwarded to another regulatory authority,
- prosecution for the unlicensed practice of medicine should be pursued, and/or
- whether some other legal action should be taken that accords with CPSM's public interest mandate.

III. RESOLUTION BY COMMUNICATION PURSUANT TO S. 91(2)(a)

7. Resolution by Communication

- 7.1. The Registrar will direct that a complaint be processed by encouraging resolution of a complaint by communication pursuant to s. 91(2)(a) where the nature and extent of the concerns raised are such that communication is considered as appropriate to resolve the concerns and referral to neither the Complaints Committee nor the Investigation Committee is in the public interest.

The process for resolution by communication pursuant s. 91(2)(1) of the RHPA:

- 7.2. Within 30 days of receiving a complaint, the complainant will be informed that the complaint has been received and that the Registrar has determined that the matter will be addressed by encouraging resolution by communication as facilitated by CPSM. If the complainant has not already provided a written consent to CPSM accessing their personal health information for the purposes of processing the complaint, they will be required to do so if CPSM requires the information to process the complaint.
- 7.3. Communication between the complainant and registrant will be facilitated by the Assistant Registrar or Medical Consultant assisting the parties in identifying and understanding the concerns and what is required of the registrant to address them with the goal of resolving the complaint. This will usually include:
- 7.3.1. exchanging written communications with the registrant about the complaint and identifying the concerns that the registrant is expected to

- address in a written response which focuses on resolution of the concerns identified,
- 7.3.2. requiring the registrant to respond in writing and attempt to address the concerns by providing an explanation, taking appropriate steps in relation to the care or management of the patient and/or apologizing to the patient where an apology is appropriate, and
 - 7.3.3. sharing the registrant's written response with the complainant and providing an assessment of the concerns and the response.
- 7.4. Where the Medical Consultant or Assistant Registrar is satisfied that the concerns have been addressed by the registrant in an appropriate manner through communication, the matter will be closed as being resolved by communication.
 - 7.5. At any time that additional information or concerns about the care or conduct of the registrant arises during the process, including concerns about the registrant's approach to informal resolution, the matter may be referred by the Registrar to the Complaints Committee or the Investigation Committee.

IV. REFERRAL TO THE COMPLAINTS COMMITTEE PURSUANT TO S. 91(2)(b)

8. The Role of the Complaints Committee

- 8.1. The RHPA defines the role of the Complaints Committee as being to attempt to resolve a complaint informally if informal resolution is appropriate. It also gives it the authority to, upon resolving a complaint, provide advice about the practice of medicine to the registrant who is the subject of the complaint.
- 8.2. The Registrar will make a direct referral to the Complaints Committee where the nature and extent of the concerns raised are such that the potential for the Complaints Committee making a decision which includes providing advice to the registrant about the practice of medicine pursuant to s. 92.2(2) may be appropriate.

9. Processing a Complaint referred to the Complaints Committee

Initial Communication with the Complainant:

- 9.1. Within 30 days of receipt of a complaint that has been referred to the Complaints Committee, the complainant will be notified of the referral and advised of the next steps in the process, including that the complaint has, or will be, sent to the registrant for a formal written response, which will be shared with the complainant once received. If the complainant has not already provided a written consent to CPSM accessing their personal health information for the purposes of processing the

complaint, they will be required to do so.

Registrant's Response:

- 9.2. The registrant will be sent a copy of the complaint and/or provided with a statement of the concerns referred to the Complaints Committee.
- 9.3. The registrant will be required to provide a written response which addresses the substance of the concerns and provides all pertinent particulars. That response will usually be required within 30 days unless the time is abridged or extended by the Assistant Registrar or Medical Consultant.
- 9.4. The registrant will also be advised that their response will be shared with the complainant for comment.
- 9.5. The registrant may be required to provide a copy of the relevant patient record, or a portion of it, where the registrant has access to it in accordance with *The Personal Health Information Act* ("PHIA"). Alternatively, CPSM may obtain patient records, including hospital records, from the appropriate trustee and will provide same to the registrant for the purpose of their response.

Further Input from the Complainant:

- 9.6. The registrant's response will be shared with the complainant and the complainant will be invited to comment on the registrant's response.

Gathering Additional Information and Informal Resolution:

- 9.7. At any time during the process, additional information relating to the complaint may be obtained by the Medical Consultant or the Assistant Registrar, such as patient records, billing information and prescribing records. This may also include inviting the complainant or the registrant to meet with the Assistant Registrar, Medical Consultant or their designate to provide further clarification to facilitate informal resolution of the complaint and/or the Complaints Committee Panel's review of the concerns raised in the complaint or the registrant's response.

Consideration by the Complaints Committee:

- 9.8. All complaints referred to the Complaints Committee must ultimately be considered by a Panel of the Complaints Committee selected pursuant to s. 92.1 of the RHPA once there is sufficient information to make a decision regarding the resolution of the complaint.

Decision of the Complaints Committee:

- 9.9. A Panel of the Complaints Committee may make one or more of the following decisions following its review:
- 9.9.1. determine that no further action is required to resolve the complaint if it is satisfied that the registrant's care or conduct was appropriate and/or reasonable,
 - 9.9.2. provide advice to the registrant in accordance with section 92.2(2) of the RHPA where the Panel is of the view that such advice is appropriate to address any concerns it may have with the care or conduct of the registrant,
 - 9.9.3. endorse an informal resolution of the complaint that has been achieved through the process, or
 - 9.9.4. refer the matter to the Investigation Committee where it meets the criteria established by the Registrar set out below.

Informing the Complainant and Registrant of the Decision:

- 9.10. The decision and reasons of the Complaints Committee will be communicated to the complainant and the registrant in writing. If there is no complainant, the decision will be reported to the Registrar
- 9.11. The complainant will be informed of their right to request that the matter be referred to the Investigation Committee in accordance with section 92.2(3) of the RHPA if their complaint has not been resolved to their satisfaction, provided that the request is made within 30 days after being informed of the decision.
- 9.12. Where a complainant makes a request that the matter be referred to the Investigation Committee within the prescribed time, the complaint must be referred to the Investigation Committee.

V. REFERRAL TO THE INVESTIGATION COMMITTEE**10. The Role of the Investigation Committee**

- 10.1. The role of the Investigation Committee is to investigate complaints and, where appropriate, attempt to resolve them informally.
- 10.2. The Registrar will refer a complaint to the Investigation Committee where the nature and extent of the concerns suggest that the statutory powers of the Investigation Committee and/or the Investigation Chair may be required. The decision to refer is discretionary and will depend on the circumstances of each case and guided by policy. Generally, complaints involving one or more of the following will

usually be referred to the Investigation Committee:

- 10.2.1. Concerns about care considered to be high risk to the public such as those which involve a serious diagnosis that was delayed or missed, an unexpected death of a patient, serious deficiencies in practice management and/or communication, including record keeping, communication of adverse results and/or other matters that could have a significant impact on patient care.
 - 10.2.2. Concerns regarding conduct unbecoming or unethical or unprofessional conduct such as disruptive behaviour, boundary violations, sexual misconduct, serious lack of integrity, candour, and honesty, including failures to respond to or cooperate with CPSM and breaching undertakings or conditions on licensure.
 - 10.2.3. Complex matters such as where care concerns involve treatment by a specialist or other care where it appears that the assistance of an external expert consultant will likely be required to assist the Committee with its assessment of the concerns.
 - 10.2.4. A possible pattern of practice or repetitive inappropriate behaviour, care issues or conduct of a registrant.
 - 10.2.5. Complaints received against a registrant while that registrant is the subject of an open investigation.
- 10.3. Section 92.2(3) of the RHPA provides that Investigation Committee must investigate all complaints that have been referred to it by the Complaints Committee at the request of a complainant whose complaint was not resolved their satisfaction by the Complaints Committee.
- 10.4. The Investigation Committee may try to resolve a complaint informally [s. 95, RHPA]. If it is not resolved informally, the Investigation Committee must appoint an investigator. [s. 96(1), RHPA]

11. The Role of Investigators

- 11.1. The Chair of the Investigation Committee is responsible for appointing a person as the investigator for each matter referred to the Investigation Committee.
- 11.2. In accordance with s. 98 of the RHPA, Investigators must investigate a complaint and may investigate any other matter related to the professional conduct or the skill and practice of the registrant that arises during the investigation. This will usually be done by the investigator formally expanding an investigation and providing written notice to the registrant that the investigation has been expanded and giving the registrant an opportunity to respond in writing, but there may be occasions where formal expansion is not considered necessary because the other matter is so closely related to the concerns identified in the complaint.

- 11.3. Investigators may engage legal counsel and employ any other experts they consider necessary to assist them with an investigation.
- 11.4. The powers of an investigator include doing one or more of the following at any reasonable time and where reasonably required for the purposes of their investigation:¹¹
- 11.4.1. In all cases the investigator can require:
- the registrant to respond to the complaint in writing,
 - any person, including the registrant, to answer any questions, or provide any information, that the investigator considers relevant to the investigation, and
 - any person, including the registrant, to give the investigator any record, substance, or thing that the investigator considers relevant to the investigation and in the person's possession or under his or her control.
- 11.4.2. Either at the direction of the Investigation Committee or, if it is necessary to protect the public from exposure to serious risk, at the direction of the Chair of the Investigation Committee the investigator can:
- enter and inspect any premises or place where the registrant practices or has practiced medicine,
 - inspect, observe, or audit the registrant's practice, and/or
 - examine any equipment, materials or any other thing used by the registrant.

12. The Investigation Processes and Policies

Notice of the Investigation and the Registrant's Response:

- 12.1. The complainant will be informed in writing that an investigator has been appointed and that the investigated registrant has been advised of the complaint and is required to respond in writing.
- 12.2. The registrant:
- 12.2.1. will be advised in writing of the name of the investigator;
- 12.2.2. provided with reasonable particulars of the complaint to be investigated. This may be done by either providing the registrant with a copy of the complaint or by the investigator summarizing the concerns to be addressed;
- 12.2.3. advised that their response will be shared with the complainant where applicable;

¹¹ See section 99 of the RHPA.

- 12.2.4. required to respond in writing to the substance of the matter and provide all pertinent particulars by a date specified by the investigator; and
 - 12.2.5. may be required to provide a copy of the relevant patient record, or a portion of it, where the registrant has access in accordance with *The Personal Health Information Act* (PHIA), or the Registrar or a Medical Consultant may obtain patient records, hospital records and such other information they deem necessary for the proper review of the complaint and will provide same to the registrant for the purpose of their response.
- 12.3. Where a matter is being investigated as a direct referral from the Registrar and the registrant is responding to the referral, the complainant will usually be provided with a copy of the investigated registrant's response and be invited to comment on the response, unless in the sole discretion of the investigator, there are serious concerns such as the privacy or safety of the registrant, which warrant a departure from the usual process.
- 12.4. Where the matter has been considered by the Complaints Committee and the registrant's response to the complaint has already been shared with the complainant, a copy of any further response to the referral to the Investigation Committee from the registrant will be provided to the complainant for their information. Where there is new information in the response on which the investigator determines the complainant should comment, the complainant will be invited to respond.

13. Investigating the Complaint

- 13.1. The investigator may take whatever additional steps and exercise their powers of investigation as they deem appropriate pursuant to sections 98 and 99 of the RHPA, including but not limited to doing one or more of the following:
- 13.1.1. inspecting, observing or auditing the investigated registrant's practice with the prior approval of the Investigation Committee,
 - 13.1.2. meeting with the investigated registrant, the complainant and/or others with knowledge of relevant information and requiring them to answer questions or provide information,
 - 13.1.3. obtaining records, substances or things from the investigated registrant, complainant, or others that the investigator considers relevant the investigation, and/or
 - 13.1.4. engaging experts to assist with the investigation.

14. The Investigator's Report

- 14.1. The investigator will summarize their findings at the conclusion of an investigation in an Investigator's Report.

- 14.2. Before the matter is submitted to the Investigation Committee, a copy of the Investigator's Report will be provided to the registrant who will be informed of their right to make a written submission for consideration by the Investigation Committee before it makes a decision about the complaint.
- 14.3. Both the Investigator's Report and any written submission made by the registrant will be provided to the Investigation Committee before it makes a decision.

15. Decision of the Investigation Committee

- 15.1. The Investigation Committee will meet, but will not hold a hearing. After considering the Investigator's Report and any submission made by the registrant, it will make one or more of the following decisions in accordance with s. 102 of the RHPA:
 - 15.1.1. refer the complaint, in whole or in part, to the inquiry committee;
 - 15.1.2. direct that no further action be taken;
 - 15.1.3. refer the complaint to mediation, if the committee decides that it is of concern only to the complainant and the investigated registrant, both of whom agree to mediation;
 - 15.1.4. censure the investigated registrant, if
 - at least one committee member has met with the investigated registrant and the investigated registrant agrees to accept the censure, and
 - the committee has decided that no action is to be taken against the investigated registrant other than censure;
 - 15.1.5. accept the voluntary surrender of the investigated registrant's registration or certificate of practice;
 - 15.1.6. accept an undertaking from the investigated registrant that provides for one or more of the following:
 - assessment of the investigated registrant's capacity or fitness to practise the regulated health profession,
 - counselling or treatment of the investigated registrant,
 - monitoring or supervision of the investigated registrant's practice,
 - completion by the investigated registrant of a specified course of studies by way of remedial training,
 - placing conditions on the investigated registrant's right to practice the regulated health profession, which may include the conditions relating to reinstatement set out in section 106; or
 - 15.1.7. take any other action it considers appropriate that is not inconsistent with or contrary to this Act or the regulations or by-laws. This includes criticizing the registrant or offering advice if the Committee is of the view that criticism or advice is warranted.

- 15.2. All decisions of the Investigation Committee are guided by established [Policies of Council](#) which are available on the website.

16. Informing the Complainant and Registrant of the Decision

- 16.1. The decision of the Investigation Committee and its reasons for any decision it makes will be recorded in a written Notice of Decision which will be provided to both the registrant and the complainant. Where there is no complainant, it will be provided to the Registrar.
- 16.2. If the Investigation Committee makes a decision under s. 102(1)(b), (f) or (g) of the RHPA, the complainant will be informed of their right of appeal under s. 108 of the RHPA to a Panel of the Executive Committee and what is required to initiate an appeal, including the requirement that the complainant must give the Registrar written notice of their appeal, including the reasons for it, within 30 days of receiving the Investigation Committee's Notice of Decision.

VI. DISMISSAL OF A COMPLAINT BY THE REGISTRAR

17. The Registrar's Decision

- 17.1. Where the Registrar is satisfied that a complaint is trivial, vexatious and/or that there is insufficient evidence or no evidence of conduct about which a finding could be made under s. 124(2) of the RHPA, the complaint will be dismissed pursuant to s. 92 of the RHPA. Any decision to dismiss under this section will be made in accordance with the following principles:
- 17.1.1. A complaint may be dismissed as trivial where the substance of the concerns raised are objectively lacking in substance and/or significance so as to not warrant a formal review and action by either the Complaints Committee or the Investigation Committee.
- 17.1.2. A complaint may be dismissed as being vexatious where the complaint appears to have been made for an improper purpose such as retaliation or to annoy, harass or damage the reputation of the registrant or to use the CPSM's complaints process as a means of achieving an inappropriate purpose. A complaint may also be vexatious if it brings up an issue or matter that has already been decided and the complainant is misusing the CPSM complaints process to relitigate it.
- 17.1.3. A complaint may be dismissed if it is plain and obvious that it cannot be sustained in that there is insufficient evidence or no evidence of conduct about which a finding could be made under s. 124(2) of the RHPA. This basis for dismissal requires the Registrar to be satisfied that there is no reasonable prospect that the nature or extent of the concerns are such that the registrant could be subject to one of the following findings in

relation to the care or conduct described in the complaint:¹²

- being guilty of professional misconduct or conduct unbecoming a registrant,
- having contravened the RHPA or a regulation, by-law, standard of practice, practice direction or code of ethics,
- having committed an offence relevant to their suitability to practice medicine,
- having displayed a lack of care, skill, or judgment in the practice of medicine,
- having demonstrated an incapacity or unfitness to practice medicine, and/or
- suffering from an ailment, emotional disturbance or addiction that impairs their ability to practice medicine.

18. Communication of the Decision

- 18.1. Within 30 days of receiving a complaint, the Registrar or a Medical Consultant will inform the complainant that the complaint has been dismissed pursuant to s. 92(1). The complainant will also be informed:
- 18.1.1. of the grounds and reasons for the dismissal,
 - 18.1.2. their right to have the dismissal of their complaint reviewed by the Complaints Committee,
 - 18.1.3. that their application for review must be in writing and state the reasons for the application, and
 - 18.1.4. that their application must be received by CPSM within 30 days of the complainant being notified of the dismissal or it will not be considered.
- 18.2. The registrant will also be notified of the dismissal by providing the registrant with a copy of the complaint and the notice of dismissal.

19. Processing an Application for Review

- 19.1. Any application for review of the Registrar's decision to dismiss a complaint received within the prescribed time must be referred to a Panel of the Complaints Committee for a decision and will be processed as follows.
- 19.2. CPSM will acknowledge receipt of the application in writing and the complainant will be:
- 19.2.1. advised of deficiencies, if any, in the application and asked to address them,
 - 19.2.2. informed that they have a right to make a separate and additional written

¹² See RHPA subsection 124(2)

- submission to supplement their application, which should be limited to 5 pages,
 - 19.2.3. provided with a set date which will be the deadline for the filing of their written submission, and
 - 19.2.4. informed that unless a further written submission is received from the complainant by the deadline, their application will be deemed to be their written submission, subject to any reasonable requests for an extension being made and granted in advance of the deadline.
- 19.3. Upon receipt of the complainant's written submission or after the filing deadline, whichever is sooner, a copy of the application and the complainant's submission will be provided to the registrant who will be advised:
- 19.3.1. that they have a right to make a written submission, which should be limited to five pages,
 - 19.3.2. informed of a set date which will be the deadline for filing of their written submission,
 - 19.3.3. informed that unless their written submission is received by the deadline, they will not be permitted to file a written submission, subject to any reasonable requests for an extension being made and granted in advance of the deadline.
- 19.4. Following receipt of the registrant's written submission or after the filing deadline has passed, whichever is sooner, the complaint, notice of decision of the Registrar, application for review and the written submissions filed by the complainant and the registrant within the prescribed time will be directed to a Panel of the Complaints Committee for a for a decision under s. 92(5) as to whether:
- 19.4.1. the dismissal will be confirmed if the Committee is satisfied that the complaint is trivial or vexatious or that there is insufficient evidence or no evidence of conduct about which a finding could be made under subsection 124(2); or
 - 19.4.2. the dismissal will be reversed, and the Complaints Committee will either:
 - 19.4.3. try to resolve the complaint informally under section 95 of the *RHPA*, or
 - 19.4.4. appoint an investigator under subsection 96(1) of the *RHPA* and the complaint will be investigated by the Investigation Committee in accordance with its processes.
- 6.3.1 Both the complainant and the registrant will be notified of the decision made by the Complaints Committee and their reasons in writing.