



INFORMATION ON FILING A COMPLAINT

What is Yukon Medical Council's role?

The responsibility of the Yukon Medical Council (the "Council") is to regulate the practice of medicine under the *Medical Profession Act*. The Council's aim is to resolve complaints involving practitioners fairly and effectively. If you are concerned about the conduct or care you have received from a doctor, you have the opportunity to make a complaint to the Yukon Medical Council. Our goal is to have competent physicians practising safe medicine for the benefit of the public.

Included in this package:

1. Guidance document to submitting a complaint

The guidance document will assist you in ensuring you provide as much detail as possible to make sure the matter is clearly explained.

2. Life-cycle of a submitted complaint

At times the complaint process may seem time-consuming, we've provided you with a reference document of what to expect in regards to timelines.

3. Complaint Form (Required document)

This required document is what is to be submitted to the Council. No other form will be accepted.

Contact the Yukon Medical Council at:

Yukon Medical Council
Box 2703 (C-18)
Whitehorse, Yukon Y1A 2C6

Email: ymc@gov.yk.ca
Phone: 867.667.3774
Fax: 867.393.6483

Physical Location:
307 Black Street
Whitehorse, Yukon

Hours of Operation:
8:30 am to 4:30 pm
Monday to Friday

GUIDANCE ON FILING A COMPLAINT

As the regulatory body for the profession of Medical Practitioners, Yukon Medical Council's goal is to have competent physicians practising safe medicine for the benefit of the public. One way this is accomplished is through processing, investigating, and facilitating an outcome to a complaint from;

1. A member of the public, in writing;
2. By three physicians, in writing; or
3. By Council

An inquiry or investigation may be made into any charge or complaint made against any medical practitioner practising medicine in Yukon, or into a question concerning the

1. Conduct;
2. Mental condition;
3. Capability; or
4. Fitness to practice

All medical practitioner's practicing medicine in Yukon are regulated through the *Medical Professions Act, Regulations* and Standards of Practice. The Council has the authority to investigate any matter which may raise a reasonable concern to the Council.

Making a complaint...

There is no requirement for you to have a lawyer to file a complaint. However, to be reviewed by the Council, you must complete the complaint form issued only through the Yukon Medical Council. Resolving a complaint is achieved by understanding the situation and circumstances surrounding the issue from both the complainant's perspective and the perspective of the physician. It is important to provide as much detail as possible to make sure the matter is clearly explained. Ensure that all the details provided are specific to your complaint.

You may file a complaint on behalf of a patient; however, authorization for release of information (Section F within the complaint form) must be signed by either the patient themselves or by a legal representative. In the case of a legal representative; legal documentation authorizing your signature must be provided. Examples of legal representative include executor, executrix, administrator of the estate, legal guardian, a person with power of attorney, or patient's written consent. Please indicate where asked within Section A of the complaint form if the status of the patient is deceased or incapacitated.

Conflict of Interest...

When a complaint is submitted (by way of the YMC issued complaint form) to the YMC office, members of the Council are immediately notified of the name of the complainant, patient, clinic, physician(s) and nature of the complaint identified within the complaint form. At that time each member of the council is required to identify if

GUIDANCE ON FILING A COMPLAINT

they have a conflict of interest with any of the parties of the complaint file. If a member has recused themselves, they do not see the complaint and are not authorized to involve themselves with the complaint file.

If the Council members as a group identify a conflict of interest to any complaint submitted, they may create an Inquiry Committee made up of medical practitioners recommended by another College of Physicians and Surgeons within Canada.

Investigation of a complaint....

The Council may investigate a complaint themselves or they may appoint a third-party investigator to provide the services of an investigator. A full investigation may include interviewing individuals or requesting documentation. Upon completion of the investigation, the investigator reports their findings to the Council and recommends a course of action outlined in Section 27 of the *Medical Professions Act*.

Inquiry Committee....

While the Council has the authority to review and investigate a complaint as well as discipline a physician on their own, there are times when an Inquiry Committee is involved in a matter. An Inquiry Committee may be appointed by way of;

1. Council appoints a committee of three or more medical practitioners; or
2. If the Council members (as a group) have identified a conflict of interest committee members are appointed by the recommendation of another College of Physicians and Surgeons within Canada

The appointment of an Inquiry Committee may occur under the following circumstances;

1. Investigator recommends the matter to be sent to an Inquiry Committee for a hearing;
2. Council (as a group) has a conflict and the matter must immediately be sent to an Inquiry Committee for a hearing; or
3. Council makes the decision to immediately send the matter to an Inquiry Committee for a hearing.

Expectations and Outcomes....

The Council tries to ensure that any problem(s) identified, as a result of an investigation or hearing, will be corrected. The possible outcomes of an investigation or hearing may include;

1. No further action be taken, evidence submitted does not support the complaint;
2. The physician must take corrective measures at the direction of Council, either by further education or a restriction of practice;
3. Disciplinary action;
4. Physician licensing be suspended; or

GUIDANCE ON FILING A COMPLAINT

5. Physician licensing be removed from the register.

When the investigation or hearing is completed, the physician will receive a decision in writing from the Council. The complainant will only be advised only if the matter was dismissed or substantiated; they will be not given the disciplinary details of a substantiated complaint or charge.

Appeals....

Any person who has submitted a complaint and is identified in Section A, B or C within the complaint form may appeal the decision or direction from the Council to a judge of the Supreme Court at any time within 30 days from the date of the decision or direction from Council. More information can be obtained about the appeal process from the office of the Registrar of Medical Practitioners.

What is the responsibility of the Professional Licensing and Regulatory Affairs office?

The responsibility of Yukon government's Professional Licensing and Regulatory Affairs (PLRA) office is to provide secretariat support to the Council. The Director of the PLRA office is the appointed Registrar of Medical Practitioners. The office of the Yukon Medical Council is within the PLRA office. The PLRA office regulates and licenses many other professionals within Yukon. Within the PLRA office, there is a designated complaints coordinator who provides guidance and facilitation through the complaint process for all professions, including medical practitioners.

What Yukon Medical Council cannot do...?

Before you submit a complaint form, there are certain complaints (or resolutions of complaints) that the Council cannot address. The Council is not able to;

1. Provide compensation, financial or other, to a Complainant;
2. Provide professional advice, or refer Complainants to a new professional;
3. Give legal advice or help in a lawsuit against a registrant; or
4. Address business disputes between medical practitioners.

LIFE-CYCLE OF A SUBMITTED COMPLAINT

- Initiated** Complaint Received and brought before the Council
- Result 1** Council decision to dismiss or reprimand physician without formal investigation or inquiry
- Result 2** Council decision to formally investigate and then decides to dismiss, reprimand based on findings, or send to Inquiry Committee
- Result 3** Council decided to appoint an Inquiry Committee and the Inquiry Committee provides the decision to dismiss or reprimand based on findings

PHASE	TIME	STAGE	WHAT HAPPENS?
INITIATED	1-4 weeks	Complaint Received	<ol style="list-style-type: none"> 1. Complaint is received 2. Council receives notification of the submitted complaint and is required to identify any conflict of interest between the parties identified within the complaint 3. The complaint file is set to be reviewed by Council at the next scheduled Council meeting
RESULT 1	Additional time after the "initiated" phase 4-8 weeks	Result 1 Decision - A	<p>The Council may make one of the following decisions based on a review of the complaint file;</p> <ol style="list-style-type: none"> 1. Dismiss; or 2. Request Response from Physician, at which time the physician has 30 days to provide a response to Council; or 3. Send file to an appointed investigator, at which time the investigator contacts the Physician for a response (Move to Result 2)
		Result 1 Decision - B	<p>The physician has responded to Council's request, the response is to be reviewed by Council at the next scheduled meeting. At that time Council may make one of the following decisions based on the review of the response from Physician;</p> <ol style="list-style-type: none"> 1. Dismiss 2. Substantiated Complaint / Reprimand Physician; or 3. Send file to an appointed investigator because the matter is more complex and further investigation is needed (Move to Result 2); or 4. Council appoints an Inquiry Committee (Move to Result 3)
RESULT 2	2-10 months	Result 2 Decision	<p>Investigator completes an investigation and provides report and recommendations to Council, the report is to be reviewed by Council at the next scheduled meeting. At that time Council may make one of the following decisions based on the report provided by the investigator;</p> <ol style="list-style-type: none"> 1. Dismiss; or 2. Substantiated Complaint / Reprimand Physician; or 3. Council appoints an Inquiry Committee (Move to Result 3)
RESULT 3	8-14 months	Result 3 Decision	<ol style="list-style-type: none"> 1. Inquiry Committee is appointed 2. Hearing is scheduled <p>Once the Inquiry Committee completes the hearing and provides finding and the decision to Council,</p> <ol style="list-style-type: none"> 1. Dismiss; or 2. Substantiated / Reprimand Physician

The times provided for each stage through each result phase are approximate. Council meetings are scheduled monthly; every effort is made to bring forward complaint files for review in an efficient and timely manner.



COMPLAINT FORM

YUKON MEDICAL COUNCIL ONLY

File Number:

Physician Number:

Date received/active: (date stamp)

This form must be legible to be reviewed by Council. To complete this form please either type or print in dark blue or black ink. The fully completed form is required to perform a full investigation into your complaint.

SECTION A - COMPLAINANT / PATIENT INFORMATION

I am the patient and complainant

I am making a complaint on behalf of the patient

PATIENT INFORMATION	
First Name	Last Name
Mailing Address	
City	Postal Code
Email Address	
Daytime Phone	Fax Number
Date of Birth	

COMPLAINANT INFORMATION (fill out only if you are not the patient)	
First Name	Last Name
Mailing Address	
City	Postal Code
Email Address	
Daytime Phone	Fax Number
Relationship to Patient	Status of Patient

SUBMIT COMPLETED COMPLAINT FORM IN THE FOLLOWING WAYS

Email: ymc@gov.yk.ca • Mail: Box 2703 (C-18), Whitehorse, YT Y1A 2C6 • In person: 307 Black Street, Whitehorse
Questions? Email or call 867.667.3774 or 800.661.0408. ext.3774

If the incident(s) involved more than one physician you may include the physician information and complaint details within one submission. Complaints with multiple physicians identified will be treated as individual complaints. Yukon Medical Council does not have the authority to investigate the practices of a clinic or institution; only the practice of physicians.

For multiple physicians please complete "Physicians Information" for each physician you wish to file a complaint against. If you are filing a complaint against four or more physicians please complete and print this page as required. A copy of your submitted complaint will be sent to the physicians listed below only if Council requests a physician response.

SECTION B - PHYSICIAN INFORMATION

Complaint against one Physician

Complaint against multiple physicians

1. PHYSICIAN	
First name	Last Name
Place of Practice	
Phone Number	City

2. PHYSICIAN	
First name	Last Name
Place of Practice	
Phone Number	City

3. PHYSICIAN	
First name	Last Name
Place of Practice	
Phone Number	City

SUBMIT COMPLETED COMPLAINT FORM IN THE FOLLOWING WAYS

Resolving a complaint is achieved by understanding the situation and circumstances surrounding the issue from both the complainant's perspective and the perspective of the physician. Submitted complaints are researched and investigated thoroughly to ensure quality health care. Please provide as much information as possible to make sure the matter is clearly explained.

SECTION C – COMPLAINT DETAILS

Occurred at	Office	Hospital	Other
1. Nature of Complaint (check all that apply)	Quality of Care	Prescribing	
	Medical Reports or Records	Other:	
	Inappropriate Comments or Conduct		
2. Provide the full name of any other individual(s) who may have information regarding this complaint. Please include the details of the information they may have about your complaint. For example, other physician, therapist, witness(s) who were present, as well as their contact information.			
			Additional Information attached? Yes No
Name	Contact Information	Information Details	
3. If your complaint involves care you received in a hospital or institution provide the name(s), location and date(s) you attended			
Name	City	Date(s) attended	



4. In your own words provide a summary of the events and interactions surrounding the incident(s) leading to the complaint.

SAMPLE

Additional Page provided (next page)

SUBMIT COMPLETED COMPLAINT FORM IN THE FOLLOWING WAYS

Email: ymc@gov.yk.ca • Mail: Box 2703 (C-18), Whitehorse, YT Y1A 2C6 • In person: 307 Black Street, Whitehorse
Questions? Email or call 867.667.3774 or 800.661.0408. ext.3774

Summary of incident/events continued...

SAMPLE

Additional information attached? Yes No

SUBMIT COMPLETED COMPLAINT FORM IN THE FOLLOWING WAYS

Email: ymc@gov.yk.ca • Mail: Box 2703 (C-18), Whitehorse, YT Y1A 2C6 • In person: 307 Black Street, Whitehorse
Questions? Email or call 867.667.3774 or 800.661.0408. ext.3774

5. Have you tried to resolve this by speaking the physician about your concern? Yes No
 Details of what the physician said/did to address your concerns:

Additional information attached? Yes No

SECTION D – ADDITIONAL INFORMATION / ATTACHEMENTS

Please include any supporting / relevant documentation that will assist our inquiry into this complaint.

Identify what attachments are included and how many pages.

Attached documents? Yes No

Item	Description	Number of Pages

SUBMIT COMPLETED COMPLAINT FORM IN THE FOLLOWING WAYS

Email: ymc@gov.yk.ca • Mail: Box 2703 (C-18), Whitehorse, YT Y1A 2C6 • In person: 307 Black Street, Whitehorse
 Questions? Email or call 867.667.3774 or 800.661.0408. ext.3774

SECTION E – CERTIFICATION

1. I have read and understand the information provided regarding the lifecycle of the complaint and the guidance document to assist me in filling out the complaint form
2. I understand that I am making a complaint about the physician(s) identified in Section B of this form
3. I understand the personal information contained on this form is collected under the *Medical Professions Act* and will be used only for the purpose of responding to my complaint.

Complainant Signature

*complainant identified in Section A of this form

Date Signed

SECTION F – AUTHORIZATION FOR RELEASE OF INFORMATION

1. I understand my signature on the release will allow the Yukon Medical Council where applicable to:
 - a. Provide a copy of the complaint to the appointed investigator for the purposes of investigation;
 - b. Obtain medical records or other information, as specified in my complaint relevant to my complaint issue(s). Medical records include person-identifiable information, diagnostic, treatment and care documentation;
 - c. Provide a copy of my complaint to the physician(s) identified in **Section B** of this form should the Yukon Medical Council make the decision to receive a response from the physician(s) regarding this complaint;
 - d. Disclose where applicable, information concerning my complaint including person identifiable information, diagnostic, treatment and care information to the person making the complaint on my behalf;
 - e. Use this original form for faxing / photocopying to collect information from physicians and facilities and the copy of this form shall be as valid as the original

In order to investigate certain matters under the Medical Professions Act.

2. This will authorize the release of records, including medical information or otherwise concerning the patient identified in **Section A** of this form
3. I understand why I have been asked to consent to the disclosure of this information. I also understand that this consent is valid for a two-year period past the date the complaint was submitted and that I may revoke this consent in writing at any time.

Signature of Patient or Legal Representative *

Date Signed

Signature of witness

Date signed

Print Name of Witness: _____

*if you are the legal representative of the patient, you must provide legal documentation authorizing your signature. Examples include: executor, administrator of an estate, legal guardian, person with power of attorney, or patient's written consent etc.