



Duty to Report a Colleague

Standards of Practice of the Yukon Medical Council (“the Council”) are the minimum standards of professional behavior and ethical conduct expected of all physicians registered in the Yukon. Standards of Practice will be referenced in the management of complaints and in discipline.

- (1) A physician must report another physician to the Council when the first physician believes, on reasonable grounds, that the conduct of the other physician places patients at risk or is considered unprofessional conduct under the *Medical Profession Act*.
- (2) Knowledge of physician conduct that should be reported in subsection (1) includes but is not limited to situations in which a physician:
 - (a) makes sexual advances to or enters into a sexual relationship with a patient;
 - (b) as per the definitions in the “[Self-Reporting to the Council](#)” Standard, suffers from a physical, cognitive, mental or emotional condition* that is negatively impacting the work or is reasonably likely to negatively impact the work of the physician;
 - (c) repeatedly or consistently fails to address his or her behaviour in a manner that interferes with the delivery of care to patients, the ability of other physicians, learners or healthcare workers to provide care to patients; or
 - (d) is not competent in the care of patients.
- (3) When a patient discloses information leading a physician to believe on reasonable grounds that another physician has committed a sexual boundary violation with the patient, the first physician must:
 - (a) provide the patient with information about how to file a complaint with the Council;
 - (b) offer to file a third person complaint with the patient’s permission, if the patient does not wish to file a complaint personally;
 - (c) at a minimum, document the sexual boundary violation indicating that the patient does not wish to report to the Council when the patient does not give permission to proceed with a third party complaint; or
 - (d) if the patient does not wish to proceed with a complaint but the boundary violation is of such nature and significance that it should be reported to Council, file a complaint without providing the name of the patient.
- (4) In the special circumstance where a physician is acting as the treating physician of a physician-patient, or a non-treating physician working within a health program seeing such a physician-patient, the physician must report a physician to the Council when the physician-patient suffers from any medical condition where it is reasonably foreseeable¹ that patients of the physician-patient or others within the context of his/her medical practice², could be seriously harmed³ (whether physically or psychologically) as a result of the medical condition. This means:

Terms used in the Standards of Practice:

- *Physician* means any person who is registered or who is required to be registered under the Medical Profession Act.
- *Must* refers to a mandatory requirement.
- *May* means that the physician may exercise reasonable discretion.
- *Patient* includes, where applicable, the patient’s legal guardian or substitute decision maker.

- (a) The treating physician must make all reasonable efforts to understand the nature and scope of the physician-patient's practice and seek information, with the consent of the physician-patient, about the impact of the medical condition on the practice;
- (b) If the treating physician is unable to ascertain that their own threshold to report has been met, the treating physician must consult with the Council to discuss the circumstances. It is not necessary to provide names;
- (c) The physician-patient must be advised of their duty to self report and must be supported in their reporting to the Council; and
- (d) The treating physician must advise the physician-patient of their intent to report to the Council.

Notes

¹ Reasonably foreseeable: The determination of what is reasonably foreseeable is based on what a reasonable physician would do given the same set of circumstances and requires a judgment call on the part of the physician. The following factors should be considered:

- (a) whether the physician's condition is being appropriately managed and harm would only be anticipated if such management was not maintained;
- (b) whether there is sufficient information available to make a judgment about the physician-patient's management of their health condition;
- (c) whether there is sufficient information to suggest that appropriate management will only occur with monitoring or oversight mechanisms in place; and
- (e) whether the harm anticipated, if it materializes, would be irreversible and/or whether the harm anticipated, if it materializes, would cause more than minimal pain (physical or psychological) or other injury.

² The practice of medicine includes not only patient care but all activities, such as working with other health care workers, teaching, research and administrative work done in the context of medical practice.

³ Serious harm is defined as that which is either irreversible or would result in more than minor pain or injury (whether psychological or physical).

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