CONSIDERATIONS WHEN DRAFTING RESPONSES TO COLLEGE COMPLAINTS

The following is intended as general information only on considerations that should typically be given by physicians when responding to a College complaint. Not all of the points will necessarily be applicable in every case. Moreover, different considerations may be required in responding to specific types of complaints. You are encouraged to consult with the CMPA prior to responding to a College complaint.

Before Preparing Your Response

1. Consider the College’s deadline for your response. Allow ample time to review the records and complaint documentation and to draft your response.

2. Carefully review all documentation sent by the College in respect of the complaint, including the College investigator’s summary of the complainant’s concerns and all additional documentation and information relevant to the complaint (e.g. medical records).

3. Review any relevant College policies.

4. You may be asked for a copy of your medical records. If the request for records is for a specific time period, ensure that you provide a complete copy of only those records. Your records should not be changed in any way.

Preparing Your Response

General Comments

5. Prepare your draft response on your professional letterhead in business letter format.

6. Address your response to the College representative (e.g. Investigator, Deputy Registrar) with whom you have been in contact, unless directed otherwise. Do not address your response directly to the complainant. You may wish to consider using one of the following salutations: Dear Dr., Ms., Mr. or Mrs. ________________ [insert College representative’s surname].

7. Include the following subject line in your response: Re: complainant’s name, College’s complaint reference / reply number (this number can typically be found on correspondence from the College).

8. Use a respectful and professional tone. While you may disagree with the complainant’s comments with respect to your care and/or conduct, avoid appearing defensive or condescending in responding to the complainant’s concerns.
9. Refrain from using unnecessary medical jargon or abbreviations in your response. If it is necessary to use such terms, consider offering a definition that laypersons can understand. A copy of your response may be provided by the College to the complainant. It might also be reviewed by others who do not have a medical background.

10. Where appropriate, express sympathy or regret for the patient's concerns.

Proposed Outline of Response

11. Acknowledge in the introduction to your response receipt of the materials received from the College regarding the complaint. State clearly how you intend to structure your response (e.g. provide a summary of pertinent clinical details followed by specific responses to the concerns raised by the complainant.)

12. Briefly discuss your professional credentials, including hospital and/or clinic affiliations, years in practice and current nature/scope of your practice, etc.

13. Provide a factual summary of the clinical care related to the issues raised in the complaint. Avoid reiterating all of the information in the medical record, but outline important details related to the complaint. Where applicable, reference the relevant history, findings on examinations, diagnoses, treatment plans and follow-up plans. Use direct quotations and specific references to the medical record where appropriate and add explanatory comments where needed. Double-check your records to ensure your comments are accurate.

Specific Considerations

14. Address each of the concerns raised in the complaint, where possible. Pay specific attention to any issues identified by the College in their correspondence to you.

15. For communication-based complaints, consider whether it is appropriate to deny statements or actions that you did not make or to specify if you cannot recall making such statements.

16. Describe the nature of the care provided and your rationale for any relevant clinical decisions, where necessary and appropriate. While other health care providers may have been involved in the patient’s care, focus on addressing the care you provided to the patient and avoid commenting on the care of others.

17. If relevant medical information exists in records outside of the time period specified by the College, include a note in your response that these other records exist, but do not disclose the information contained in the records. The College may ask you for the further information/records, if necessary.

18. Consider whether it is necessary to proactively comment on the legibility and/or comprehensiveness of your records. In some cases, the College may specifically request that you address such issues in your response.
19. Where your care and/or conduct deviated from a College policy/guideline, explain why and consider referring to literature or practice guidelines that support these clinical decisions. Where appropriate, express intent to follow the College policy in the future.

20. Demonstrate insight into the concerns raised by the complainant. More specifically, the College is interested in knowing whether you have made, or intend to make, any changes and/or improvements to your practice or whether you intend to engage in any continuing medical education arising from the complaint. Such improvements should be specifically referenced in your response.

21. Where appropriate, identify and provide contact information for staff members (e.g. secretary, nurse) who have knowledge of the matter under separate cover.

Finalizing Your Response

22. Confirm that any references made to the record are accurate.

23. Leave yourself enough time to put aside your draft for a day or two. Re-read your draft with a fresh perspective and make any necessary changes.

24. Ensure the document is clearly marked “DRAFT” and forward to the CMPA Physician Advisor, preferably using CMPA webmail. Do not sign the draft version that is sent to the CMPA for review.

25. Once the draft has been finalized, sign your response using your full name and professional designations.