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Medical Regulatory
Authorities of Canada

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Policy on Disclosure of Professional Information

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The FMRAC Policy on Disclosure of Professional Information is in two parts:

Part A – Principles Applicable to Completing a Certificate of Professional Conduct
Part B – Content of a Certificate of Professional Conduct

PART A: PRINCIPLES APPLICABLE TO COMPLETING A CERTIFICATE OF PROFESSIONAL CONDUCT

1. Definition of complaint

In the FMRAC Policy on Disclosure of Professional Information, a complaint means any Initiating communication which:

a. is an expression of concern about the conduct, competence or capacity of the registrant or former registrant, about which the registrant or former registrant is aware;
b. identifies a registrant or former registrant of the issuing medical regulatory authority;
c. is made by any person (including the Registrar of the issuing medical regulatory);
d. meets the legal criteria or procedures in the jurisdiction in question; and
e. does not necessarily have to lead to an action.

2. Risk of not disclosing

The fundamental purpose of Section 4 d.iii. and Section 4 j.(*see Part B: Content of a Certificate of Professional Conduct*) is to ensure the public is protected by assessing the potential risk of not disclosing certain information. There are times when a physician's complaint history in totality is such that the issuing medical regulatory authority determines that this information should be shared with other medical regulatory authorities. The factors that an issuing medical regulatory authority should consider when making a decision that a pattern of conduct exists as contemplated by section 4 d.iii. include:

a. The nature and gravity of the alleged conduct.
b. The number of allegations. (The threshold will vary, depending on the nature and gravity of the conduct.)
c. The frequency or widespread nature of the alleged conduct.
d. The time frame over which the allegations have occurred.
e. Insight, i.e., the degree to which the physician accepted responsibility (where appropriate) and took appropriate steps to address the concerns.
f. Repetition / recurrence of the alleged conduct after educational initiatives completed by a physician as a result of a prior complaint of a similar nature.

g. The extent to which the physician's alleged conduct may have negatively affected the care of patients or relationships with other persons involved in providing care to patients.
h. The extent to which the physician's alleged conduct may adversely affect the reputation of the medical profession.

There is a great degree of interrelatedness among these factors.

3. When no information is provided in a section

Where an issuing medical regulatory authority does not include any information in a section of the CPC, the CPC must specify why no information is included in that section. Examples include:

a. There is nothing to report.
b. The medical regulatory authority does not have access to the information.
c. The medical regulatory authority does not collect the information.

4. Date of information collection

Where the issuing medical regulatory authority began to collect a particular type of information on a specified date, that date must be indicated in the CPC.

5. Best available information

Disclosure is based on the best information available to the issuing medical regulatory authority as of the date of the CPC.

PART B: CONTENT OF A CERTIFICATE OF PROFESSIONAL CONDUCT

The following information will be contained in the Certificates of Professional Conduct (CPC) issued by the medical regulatory authorities of Canada:

1. Identification of the issuing medical regulatory authority.

2. A statement as to whether there is information required in any of the sections of a CPC which the issuing medical regulatory authority is legally prohibited from disclosing.

3. Identification of the recipient of the CPC.

4. Information about the physician applying for the CPC:

    a. Personal identifiers.

    b. Qualifications and credentials.

    c. Registration/licensure information.

    d. Complaints (as defined in paragraph 1 of Part A hereof)
        i. Currently open or under appeal.
        ii. Which led to a disposition authorized under the legislation other than taking no action, but falling short of disciplinary action.
        iii. Former complaints that did not lead to formal action but which, in the opinion of the Registrar or other College designate, may reflect conduct or a pattern of conduct that should be reported in the best interest of the public. (see guideline in paragraph 2 of part A hereof).

    e. Investigations (current and resolved).

    f. Disciplinary actions, excepting dismissals after a hearing, including:
        i. Date of the disciplinary action.
        ii. Particulars of the disciplinary action.
        iii. Findings arising from disciplinary action, whether imposed or by consent, including findings of professional misconduct, incompetence, impairment, incapacity or conduct unbecoming a member of a medical regulatory authority.
        iv. Any remedy or sanction, whether imposed or by consent, including:
            A. Suspension of license.
            B. Revocation of license and/or registration.
            C. Conditions[1] on license and/or registration.
            D. Reprimand.
            E. Fine.

    g. Current information of a non-disciplinary nature:
        i. Conditions[1] on license and/or registration, whether imposed or by consent, arising from:
            A. Health or fitness to practice issues.
            B. Peer review process.
            C. Any other issue or process of a non-disciplinary nature.

[1] "Conditions" include any condition, term, restriction or limitation of any nature.

ii. Consent agreements or undertakings of any kind.
iii. Consent withdrawal from practice or from a register, and, if known by the issuing medical regulatory authority, reasons for withdrawing.
iv. Restriction or cancellation of hospital privileges, if known to the issuing medical regulatory authority.

h. Findings of guilt (including pardoned offenses) and pending charges:
  i. Criminal:
    A. In Canada, and
    B. Elsewhere, if known to the issuing medical regulatory authority.
  ii. Other, including:
    A. Findings under the *Controlled Drugs and Substances Act* (Canada).
    C. Findings under the *Food and Drugs Act* (Canada).
    D. Fraud findings.
    E. Restraining orders.

i. Professional litigation history against the registrant or former registrant:
  i. Settlements[2].
  ii. Civil suit findings[3].
  iii. Statements of claim.

j. In addition to any information included in items 4(a) to (i) above, any information which the Registrar concludes may be relevant to the receiving jurisdiction or organization, including information on the ethical conduct, competence or capacity of the registrant or former registrant.

[2] "Settlement" means an agreement to resolve a lawsuit involving a patient either before or during court trial. A settlement may or may not include payment made on behalf of the registrant or former registrant to the patient or other parties in the lawsuit.

[3] "Finding" means any judgment or decision made against the registrant or former registrant by a court in relation to any lawsuit involving a patient. This includes, but is not limited to, a finding of negligence, malpractice or battery. It also includes findings in which the registrant or former registrant has been found by the court to be liable for the acts of others, including employees or agents, in a lawsuit involving a patient.