

Medical Staff Complaints, Supportive Discipline and Appeal Process Toolkit

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This a reference document only and may not reflect amendments to the Northern Health Medical Staff Bylaws and Rules or the Northern Health Policy: "[Complaints Regarding the Conduct or Professional Practice of Members of Northern Health Medical Staff.](#)" In the event of a conflict or discrepancy between this toolkit and the relevant provisions of the [Medical Staff Bylaws](#) and [Rules](#) and Northern Health Policy, those documents will prevail.



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Introduction to the Toolkit

The purpose of this toolkit is to provide information and support to Northern Health medical staff and medical staff leaders when concerns are raised regarding professionalism or performance of medical staff. Medical staff are defined in the [Medical Staff Bylaws](#) as “*the physicians, dentists, nurse practitioners and midwives who have been appointed to the medical staff, and who hold a permit to practice medicine, dentistry, midwifery, or as a nurse practitioner in the facilities and programs operated by the Northern Health Authority*”.

The process within this toolkit does not preclude members of the medical staff from resolving interpersonal conflict or other concerns directly. Direct, early, and informal resolution is encouraged to support healthy communication and working relationships amongst colleagues. Should a situation that requires a response be brought to the attention of the medical staff leader, the process detailed in this toolkit will be followed.

Most concerns can be successfully resolved at an early stage through dialogue and support. In circumstances in which the concern is serious and/or there is potential for corrective action, Northern Health is committed to processes that are safe, objective, and fair to all involved. This includes ensuring that individuals understand the concerns raised and have an opportunity to respond. Such processes will occur in a timely manner and will be as transparent as is reasonably possible.

The overarching philosophy behind this toolkit is to encourage early and informal resolution of concerns and to create a culture of respectful communication, safe clinical practices, and constructive management of differences. All members of the medical staff contribute to workplace culture and thus have an important role. Medical leadership have the additional responsibility for ensuring that concerns raised are given attention and addressed fairly and appropriately. The complaint is to be viewed as an opportunity for quality improvement and learning. The primary goal of responding to complaints is to improve outcomes, safety and workplace culture, not to punish or assign blame.

Medical leaders support medical staff through the process of receiving a complaint and to facilitate learning. The process emphasizes support, prevention, and early intervention.

This toolkit provides information and is designed to clarify the process. Further support and guidance for medical leaders can be sought by connecting with the [Medical Director in your region](#) and this toolkit should always be used in tandem with the [Complaints Regarding the Conduct or Professional Practice of Members of NH Medical Staff](#) on the MyNH Northern Health Policy website or [Northern Health Physicians](#). If you cannot access the policy, contact the staff in Medical Affairs to help access it.

Complaints

Incident reports or complaints towards medical staff can come from a variety of sources including:

- Patients and/ or their families
- Northern Health staff (directly)
- Northern Health management or Human Resources (HR) on behalf of a Northern Health staff
- Other medical staff


Regardless of the source, the process remains the same and should be directed to the medical staff's direct supervisor (Department Head, Chief of Staff or Nurse Practitioner Lead). In the event that the incident or complaint is about the Department Head, Chief of Staff, the complaint would be escalated to the Medical Director in your region. Complaints concerning a Medical Director can be escalated to the VP Medicine and complaints about Nurse Practitioner Lead, to the VP Primary and Community Care. The [safe reporting](#) policy establishes a process for individuals to bring forward information about possible wrongdoing by Northern Health staff, in good faith and without fear of reprisal. It also provides for consistent and administratively fair investigations process into reports of possible wrongdoing.

In issues where there are allegations of harassment or bullying, as per the [Respectful Workplace Policy](#) (available on MyNH Policy site) and Bill 14 of the [BC Workers Compensation Law](#), please ensure that the Medical Director or Nurse Practitioner Lead in your region is notified so they can inform the Northern Health Director of HR Operations to coordinate with HR processes. WorkSafe BC defines bullying and harassment as the following:

- Includes any inappropriate conduct or comment by a person towards a worker that the person knew or reasonably ought to have known would cause that worker to be humiliated or intimidated, but
- Excludes any reasonable action taken by an employer or supervisor relating to the management and direction of workers or the place of employment.
- Examples of conduct or comments that might constitute bullying and harassment include verbal aggression or insults, calling someone derogatory names, harmful hazing, or initiation practices, vandalizing personal belongings, and spreading malicious rumors.

Staged Approach: Overview (must be used in conjunction with details below)

In issues where there are allegations of harassment or bullying, as per the Respectful Workplace Policy and Bill 14, please ensure that the Medical Director in your region is notified so they can inform the Northern Health Director of HR Operations to coordinate with HR processes.

Stage 0	First incident, report and/or observation Issue: Isolated incident of low significance. Process: Department Head, Chief of Staff, Medical Director, or Designate. Documentation: : Usually an email summarizing that the conversation took place filed by medical leaders involved * Most issues/concerns dealt with at Stage 0, or a “coffee cup” meeting are resolved at this time. * 
Stage 1	Apparent pattern Issue: Incidents that are of moderate significance or where stage zero intervention has been conducted and ineffective. Process: Department Head, Chief of Staff, Medical Director or Designate (Medical Director will be informed). Documentation: The concern(s) will be documented in writing to the medical staff member outlining expectations, consequences and timeframe; forwarded to the regional medical director, (shared to HR Advisor if related to RWP) and filed for future reference.
Stage 2	Pattern Persists Issue: Issues continue despite Level 1 intervention and/or marked significance. Process: Department Head, Chief of Staff or Medical Director or Designate, VP of Medicine will be informed. Documentation: The concern(s) will be documented in writing to the medical staff member outlining expectations, consequences and timeframe; forwarded to the regional medical director, (shared to HR Advisor if related to RWP) and filed for future reference.
Stage 3	No change Issue: Problem continues despite intervention at Stage 2, or critical incident where staged response is not indicated and/or there is a concern about self-injury or harm to others. Process: Department Head, Chief of Staff or Medical Director or Designate. VP of Medicine will be informed, Chair of NHMAC to schedule a review by the discipline subcommittee of the NHMAC. Documentation: Documentation of full process shared to the medical staff member and filed in the office of the VP Medicine.
Stage 4	Crisis intervention Crisis intervention is required in the event of the sudden appearance of a complaint or behaviour that is too egregious for a staged response and/or where a serious problem which adversely affects or may adversely affect the care of patients. Immediate action is needed to protect the safety and security of patients, staff, other medical staff, or the medical staff member themselves.

Medical Staff Complaints Process Overview

The Medical Directors and Nurse Practitioner Leads are responsible for the process of medical staff complaints within their respective areas. They may delegate the investigation and resolution of complaints according to [Medical Staff Bylaws and Rules](#). Investigation of complaints and development of action plans for complaint resolution during stage zero and stage one (below) will typically be the responsibility of the Chief of Staff and/or the Department Head, who are accountable to the Medical Director, or they will generally be the responsibility of the Nurse Practitioner Lead for nurse practitioners. If incidents or complaints are determined to be stage two or higher, the Chief of Staff and/or the Department Head will work with the Medical Director notify the VP Medicine immediately.

Medical leaders are asked to contact your regional Medical Director or Nurse Practitioner Lead when contemplating any of the stages after the “coffee cup” or stage zero meeting.

In some circumstances it is not possible to determine the correct stage at the outset of the complaint process and the medical staff member and appropriate medical leadership will be informed if a change of stage is contemplated.

STAGE 0: First Time Incidents with Low Severity

If the report or observation is of a concern that can be resolved in an informal manner, an informal (sometimes termed a “coffee cup”) conversation may take place. Incidents at this stage are usually best conducted by the direct supervisor of the medical staff being reported.

This could be a Department Head or in facilities where there is no Department Head, this could be the Chief of Staff. Note: if there has already been an informal discussion on the same topic, move directly to [Stage 1](#). In issues where there are allegations of harassment or bullying for a physician, as per the [Respectful Workplace Policy](#) and [Bill 14](#), please ensure that the Medical Director in your region is notified so they can inform the Northern Health Director of HR Operations to coordinate with HR processes.

Stage 0 includes, where appropriate the following steps and should be completed **within 4 weeks** of the reported incident:

1. Meet with the medical staff member involved to describe the concern/observation;
2. Provide the medical staff member with an opportunity to speak to the concern;
3. If appropriate, discuss with the medical staff member how others have interpreted or received the behaviour, what the impact has been and expected standards of behaviour/performance;
4. Provide guidance on how to access supportive counselling or other

assistance either personally or through a third party as appropriate (like [Physician Health Program](#) or [Education Resources](#));

5. In collaboration with the medical staff member, decide the format and substance of a resolution, including a possible written response to the complainant if relevant;
6. Suggest clinical, educational or other strategies that will support learning, quality improvement and behavioral change;
7. Document the conversation and keep it confidential. Documentation should reflect this as a Stage 0 intervention that is informal with no disciplinary outcomes.

STAGE 1: Incidents that are of moderate severity or where Stage Zero intervention has been conducted and ineffective.

If the report/complaint is of behaviours and/or concerns are of moderate severity or where the behaviours and/or concerns are repeated after a Stage Zero intervention, the Department Head or Chief of Staff or Nurse Practitioner Lead should aim to follow these steps within 4 weeks of receiving the complaint.

1. Explain to the medical staff member that this is the first formal step in a discipline process and outline what the rest of this stage of the process will be:
 - a. At this stage, medical staff will be formally told by the medical leader of their right to seek [support](#), which may include a colleague, legal counsel, MSA Executive Member or Doctors of BC Regional Advisor and Advocate.
 - b. In issues where there are allegations of harassment or bullying, as per the [Respectful Workplace Policy](#) and [Bill 14](#), please ensure that the Medical Director in your region is notified so they can inform the Northern Health Director of HR Operations to coordinate with HR processes.
2. Describe the complaint to the member and explain the impact. Explain why the observed behaviour/concern is considered unprofessional or unsafe;
3. Provide the member with the opportunity to respond;
4. Arrange for supportive counselling or access to other educational resources as required/appropriate. See list of [Resources](#) for physicians in the complaints process and recommended [Educational Resources](#);
5. In collaboration with the member, decide the format and substance of a response in order to bring the complaint to resolution. This may include and are not limited to:
 - Clinical or behavioral education courses (see [Educational Resources](#))
 - Working with an assigned mentor
 - Supplemental practicum clinical training or certifications

- Directed self-study
 - Coaching
6. In collaboration with the member, decide the format and substance of a response in order to bring the complaint to resolution- this may be a written response.
 7. Document the discussion and intended follow up, including if the investigation has determined no further action is required. It may be useful, to ensure adequate detail is documented to use the documentation template provided) [here](#);
 8. Provide feedback to the member and send the member a written summary of the discussion and intended follow up. The summary will outline the expectations and the potential consequences if those expectations are not met.
 9. The completed documentation should be sent to the medical staff member and the regional Medical Director or Nurse Practitioner Lead.

Note: If the medical staff member is not prepared to work collaboratively to resolve the concern, then the Department Head or Chief of Staff will inform the Medical Director who will work with the VP Medicine to determine next steps which may be a move to a higher staged response.

STAGE 2: Ongoing Behaviors or clinical concerns which have Continued Despite Previous Intervention.

If report/complaint is of ongoing unprofessional behaviour and/ or competency issues that have continued despite previous intervention the Department Head or Chief of Staff will work with the Medical Director to notify the VP Medicine immediately. In cases of nurse practitioners, the Nurse Practitioner Lead will be notified to follow the processes below.

1. Ensure the VP Medicine is notified. The VP Medicine in collaboration with the appropriate medical staff leader will follow the steps as outlined in Stage 1 above and in addition to these steps will do the following steps;
2. Contact the member to schedule a meeting with leadership. The member will be reminded that they can [bring someone](#) to the meeting with them, which may include their peer and/or legal counsel.;
3. The VP of Medicine in collaboration with the Department Head, Chief of Staff and/or Medical Director where appropriate will:
 - a. Describe the incident to the member and explain explicitly the nature of the complaint and the impact;
 - b. Provide the member with an opportunity to respond;

- c. Explain that this is the second step in a formal discipline process and recommend the member get [support](#).
4. In collaboration with the member, decide the format and substance of a response to the concern - this is likely in writing.
5. Develop a written agreement between the member and Northern Health that follows the Documentation Process outlined in the [Complaints Regarding the Conduct or Professional Practice of Members of NH Medical Staff](#) and includes the following elements:
 - a. Method of redress (counselling, psychological or other medical assessment, leadership training, substance abuse therapy, written project, tutorial sessions, etc.) including consideration of referring the medical staff member to an external resource such as the [Physician Health Program](#) with regular reports to be received by the VP Medicine. See other recommended [Educational Resources](#)
 - b. Method of monitoring for change/progress
 - c. Description of behaviour/competency benchmarks
 - d. Time frame within which progress must be demonstrable
 - e. Consequences for lack of progress or non-compliance
6. Notify the member in writing that another incident may result in review of behaviour by the Discipline Subcommittee, a subcommittee of the NHMAC, and that continuation of privileges will be discussed at that time.
7. Documentation from items 1, 2 and 4 above should reflect STAGE 2 intervention and be sent to the medical staff member and the regional Medical Director or Nurse Practitioner Lead.

Note: If the medical staff member is not prepared to work collaboratively to resolve the concern, then Department Head or Chief of Staff will inform the Medical Director who will work with the VP Medicine to determine next steps.

STAGE 3: Interventions Warranted for Complaints that have Continued Despite Previous Interventions and/ or where there is Concern about Self-Injury or Harm to Others

If immediate action is required to protect the safety of patients and staff skip stage 3 and go directly to [Crisis Intervention](#).

If a report/complaint is of ongoing unprofessional behaviour and/ or competency issues that have continued despite previous intervention and/or incidents of unprofessional behaviour or clinical practice

which present a serious problem or potential problem which adversely affects or may adversely affect the care of patients or the safety and security of patients or staff (but does not require a crisis intervention), the Department Head or Chief of Staff will work with the Medical Director (or the Nurse Practitioner Lead) to notify the VP Medicine and Chair of [Northern Health Medical Advisory Committee](#) immediately.

The VP Medicine and Medical Director or Nurse Practitioner Lead will jointly schedule a review by the Discipline Subcommittee who will follow these steps:

1. Review findings from the investigation
2. Review the behavioral history and/or medical practice of the member.
3. Recommend other rehabilitation strategies or recommend disciplinary action as appropriate. Corrective action that may be recommended includes but is not limited to:
 - a. A modification, refusal, suspension on a time limited basis, revocation or failure to renew a medical staff member's privilege to practice within Northern Health;
 - b. Setting conditions, such as a requirement to complete a course or other remedial training, or a requirement to undergo an audit, or external review of the medical staff member's practice; or
 - c. Direct supervision of practice.

As per Article 5 of the Northern Health Medical Staff Rules and Article 11 of the Medical Staff Bylaws the Subcommittee will bring the recommendations forward to the Northern Health Medical Advisory Committee for approval.

Northern Health Board will have final approval.

Note: If the Discipline Subcommittee determines the modification, refusal, suspension, revocation or failure to renew a medical staff member's privileges to practice within Northern Health, the medical staff may appeal this decision by following the [Medical Staff Appeals Process](#).

Crisis Intervention

Where behaviour is warranted to require a crisis intervention, the Department Head, Chief of Staff, Medical Director, or Nurse Practitioner Lead will request the VP Medicine to consider immediately suspending the Member's privileges as per Article 11 of the Bylaws and Article 5 of the NH Medical Staff Rules.

Circumstances in which a crisis intervention may be warranted may include but are not limited to:

- Abandonment of a patient admitted to a Northern Health facility under the care of

the practitioner

- Allegations of significant violations of the Respectful Workplace Policy, which, if confirmed, could place at risk the psychological or physical safety of others within Northern Health
- The alleged commission by the practitioner of a criminal offense related to the exercising of the practitioner's privileges, as evidenced by the laying of criminal charges
- The provision of clinical care, the exercising of clinical privilege, or the fulfillment of contractual arrangements for the provision of patient care by the practitioner while impaired, including but not limited to impairment by drugs or alcohol.

In such circumstances the Department Head, Chief of Staff, Medical Director, or Nurse Practitioner Lead will:

- Arrange for an alternative practitioner to provide care for the suspended practitioner's patients as necessary; and
- Arrange security within Northern Health as required.
- See [Health Professions Act 32.2](#) for information on duty to report.

An investigation into the reported concerns will commence as soon as is reasonably possible and, should there be findings of unprofessional behaviour, the VP Medicine and Medical Director or Nurse Practitioner Lead will jointly schedule a review by the Discipline Subcommittee who will follow the steps outlined in Stage Three above.

Appeals (Applies to Stage 3 and Crisis Intervention)

For further detail on the Appeals Procedure see section 11.4 of the Northern Health [Medical Staff Bylaws](#).

The medical staff member has the right to appeal the decision of the Discipline Subcommittee. To initiate an appeal the respondent will:

1. Provide written notice to the [Northern Health Medical Advisory Committee](#) within 15 days of the decision.
 - a. The notice will include the facts upon which the physician relies in disputing the decision and provide an outline of arguments supporting the physician's position and the remedy sought.
2. The Northern Health Medical Advisory Committee meets within 15 days of receipt of the written notice to consider the decision made by the Discipline Committee and may request to meet with the physician.
3. The Northern Health Medical Advisory Committee submits a summary statement regarding the substance of the appeal and make recommendations to the Northern Health Board where the matter will be decided at the next scheduled Board meeting.
4. The Northern Health Board has the final decision.

Documentation Template for Staged Approach

To be completed by medical leader with input from the medical staff member during a Stage 1 intervention.

Members name	
Medical Leaders name	
Date of reported incident	
Date of discussion with Member	

What stage is this intervention (circle one) 1 2 3 4

Is this a first-time incident? Yes or No

If no, please contact your regional Medical Director immediately for next steps.

Describe the incident and its impact:

Include a summary of the Members response to the incident:

Have educational resources been offered and discussed?

Has supportive counselling been offered?

Have consequences of continued unprofessional behaviour been openly and clearly outlined to the member?

Describe specific constructive measures the member will take to prevent future complaints. Examples include clinical or behavioral education courses (see Education Resources), working with an assigned mentor, supplemental practicum clinical training or certifications, directed self-study, coaching.

In collaboration with the member, describe the format and substance of a response to the complainant in order to bring the complaint to resolution.

Ideally this document should be signed by the member and the medical leader to confirm accuracy of its contents, however an email or letter summary with acceptance of the contents by both medical staff member and medical leader is sufficient.

Medical
Leader _____ Date _____

Member _____ Date _____

Submit documentation to medical staff member and the regional Medical Director.

Other documentation to submit will include reports from other professionals (therapists, coaches, mentors etc.), if applicable, who have been engaged as part of any remediation.