



## **Complaints Update and the Importance of Complying with Deadlines and Undertakings**

From the inception of the Midwives Protection Program (MPP) in February 2001, until April 2017 we have opened more than 140 complaints files. No matter your level of experience, skill set, or client dedication I can honestly say you'll be a very lucky midwife if you do not face a complaint at some point in your career. And it is important to keep in mind that a complaint to your regulatory body does not necessarily have to have merit for the BC College of Nurses and Midwives (BCCNM) to initiate an investigation: a written complaint must be responded to pursuant to the *Health Professions Act* (HPA), the legislation governing BC regulatory bodies.

We are pleased to note that only two of these 140 complaints have resulted in a disciplinary hearing to date, and that all complaints have been resolved by way of a Consent Agreement, Mediated Settlement or other agreed course of action.

Unfortunately some complainants have further appealed to the Health Professions Review Board (which to date has not led to any added requirements for any registrant) and some especially disgruntled complainants have continued with social media and care provider rating sites attacks and harassment.

One of the reasons why disciplinary matters have, in the vast majority of cases, been so favourably resolved is that registrants have promptly notified MPP of a complaint brought against them. Obviously the sooner MPP is notified, the better we are able to help you manage this stressful event in your professional life. Concurrent assistance from the confidential counselling services available through the Midwives Association of BC (MABC) where appropriate, is encouraged as part of the self-care in managing this stress. Please discuss best use of counselling services with us to help protect your client's and your own privacy and legal rights.

Any delays in reporting can negatively impact our ability to assist you with providing a thorough and well-considered response. While extensions of time to respond may be granted for legitimate reasons such as being away on vacation at the time of notice of the complaint, or where there is difficulty in obtaining a complete set of records for a client no longer in your care, such extensions must be reasonable. A failure to prioritize contacting MPP, or in meeting any deadlines, or in providing further information that has been requested either by MPP or by BCCNM, can be taken into consideration by the BCCNM inquiry panel charged with reviewing the complaint. Lack of attention to the complaint or unreasonable delays or requests for extensions may be seen as a

reflection of a lack of professionalism and an inability to manage and prioritize responsibilities.

Prompt reporting allows us to review the complaint, assign external legal counsel quickly and work with you in providing an appropriate response while memory is (hopefully) still fresh. While many complaints come from the clients or their families, some are initiated by the privileging hospital, or by other health care providers, including other midwives. In some cases complaints have arisen years after the event(s) in question. There is no fixed time limit for lodging a complaint although it must be “reasonable”.

If you have the sense that a complaint may ensue, due to tensions with your client, their family or with other health care providers it is best to report early and not wait until you have received formal written notification. Negative oral comments or those written in discharge summaries or in consults should be considered signs of a potential complaint.

In most cases we have been able to meet the HPA legislative timelines and negotiate favourable terms and conditions where the complaint has had merit. And of course where there has been no merit to the case the complaints have been dismissed.

The most common dispositions for justified complaints involve requirements that the registrant take a course in communications or in documentation, or that they arrange for a number of independent chart reviews. Other conditions may include such things as acquiring better suturing skills, completing neonatal resuscitation or other skill-sets training, working alongside another midwife for a period of time, or being restricted to provide only ante-natal and post-partum care for example in a “limited scope practice”.

MPP can work with you to re-negotiate suggested terms and conditions if those seem onerous or inappropriate to the circumstances. We encourage you not to sign a Consent Agreement without input from us, even if it seems reasonable to you.

Please do note that once you have agreed to undertakings to complete courses or comply with any other terms and conditions those undertakings are your responsibility. It is essential that you comply with deadlines or make reasonable efforts to request an extension of time (for extenuating circumstances) well before the deadline to avoid further sanction by your regulatory body. Breaches of undertakings are considered very serious matters by regulatory bodies, after all, their primary obligation is to protect the public.

Finally, please note **MPP does not provide coverage for disciplinary matters (including any fines that may be levied) as a result of breaches of undertakings, such as failure to complete required courses or other time-limited conditions.** We can however support your request for further time to meet undertakings, in appropriate circumstances (some examples might include registrant sickness, lack of scheduling

of required courses, etc.) should you seek our assistance ahead of the deadline.

For further information on the Complaints Process and the Roles and Responsibilities please refer to the article “Complaints and Disciplinary Matters” (available on our website, [www.bcmpp.org](http://www.bcmpp.org)).

Grant Warrington RPN, LLB, MA, CRM

April 2017

January 2021: CMBC to BCCNM update (name change occurred September 1, 2020)

---