

FIVE (5) THINGS TO KNOW ABOUT ...

Five Things to Know About Physician Disciplinary Action in Canada

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1 Check your Regulator first

Each provincial or territorial College licenses physicians and enforces conduct. Its bylaws, policies and open consultations (e.g., the College of Physicians and Surgeons of Saskatchewan portal) are updated constantly and list behaviours most likely to trigger complaints and the penalties that follow - often more clearly than dated research. Examination of local College of Physicians and Surgeons (CPS) reporting procedures enables benchmarking of professional conduct against regional norms and informs expectations regarding complaint adjudication.¹

2 Refresh your risk lens regularly

The landmark discipline studies are now two decades old.^{2 3} More recent reviews show internationally trained doctors carry a 1.5–1.8-fold higher discipline risk, and the gap keeps widening. Revisit the literature every few years and tailor your precautions to current data.

3 Guard cultural and professional boundaries

Canada's regulatory bodies continue to see sexual-misconduct cases outnumber other infractions, a trend amplified by the #MeToo movement and increased reporting.^{4 5} International graduates should proactively educate themselves on Canadian consent laws, workplace etiquette, and the CPS's guidelines on professional boundaries to safeguard patient. Sexual-boundary and professionalism breaches still top complaint lists. Know consent law, practise respectful communication and schedule peer feedback to expose blind spots.



4 Note the extra pressures on International Medical Graduates (IMGs)

Transitioning to a new system and culture, coping with implicit bias and limited rural supports amplify burnout, documentation errors and boundary slips. Look out for one another, cultivate spiritual or cultural networks and normalise early help-seeking.⁶

5 Build multilayered prevention – self, peers, system, regulator

Self: keep contemporaneous notes, pursue Continuing Medical Education (CME) and remember every complaint is financially, emotionally and reputationally costly.⁷

Peers: use transparent chart reviews and candid debriefs.

System: enforce clear disruptive-behaviour policies, strong physician-health programs and IMG-friendly onboarding.

Regulator: back early-warning remediation and fair public reporting as oversight shifts from self-to public regulation.

Know the common allegations – prescribing irregularities, boundary violations, unprofessional behavior, and the spectrum of sanctions, from private cautions to publicly posted suspensions that can devastate a career.

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Conflict of Interest

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