

2025 Professional Conduct Report

College of Physicians & Surgeons of
Newfoundland and Labrador

Professional Conduct 2025

The College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) is responsible for regulating the practice of medicine and physician assisting to protect the public interest.

Following the processes detailed in the *Medical Act, 2011*, CPSNL receives and addresses complaints regarding the professional conduct of current and former Registrants. The Complaints Authorization Committee (CAC), which includes elected and appointed Registrants and public representatives, oversees the complaints process.

In 2025, CPSNL continued to gather and analyze data from these activities, using the information to inform Registrants and enhance both the quality of care and internal processes.

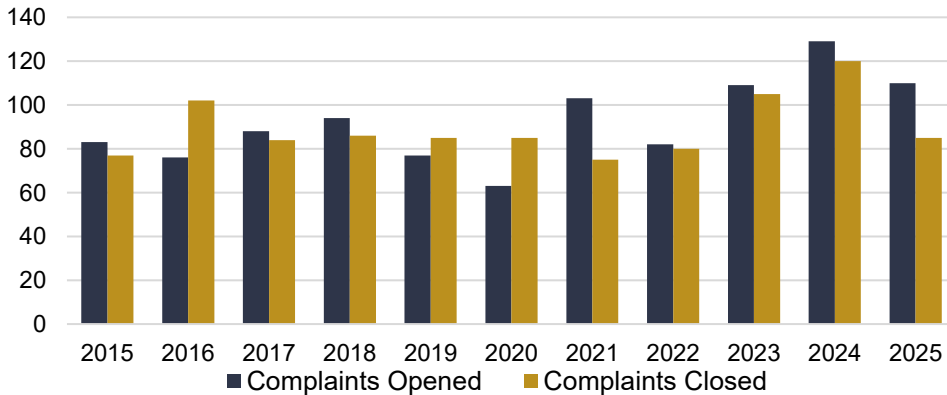
The Professional Conduct Department handled a substantial number of new complaints in 2025, maintaining a consistent median timeline of 12 months for file closure despite a heavier workload. To identify opportunities to improve communication

and streamline procedures, CPSNL reviewed and updated all template letters and informational materials such as frequently asked questions and flow charts.

CPSNL also collaborated with NL Health Services to establish a process that allows prompt access to relevant patient records. Additionally, surveys for both complainants and respondent physicians or physician assistants were re-initiated to identify strengths and areas for improvement in the process. To better address common concerns and support quality improvement, a new category and subcategory classification system for complaints was also developed.

Strategic planning remained a priority throughout 2025. In June, a Professional Conduct Navigator with a background in social work was hired to support both complainants and Registrants. This navigator assists in guiding both parties through the complaints process and helps facilitate early resolution between parties when possible.

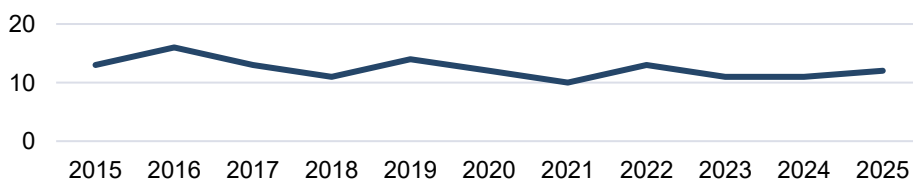
Historical Complaint Volume



110
Complaints
Opened
-15% YoY*

85
Complaints
Closed
-29% YoY*

Median Months for Closure



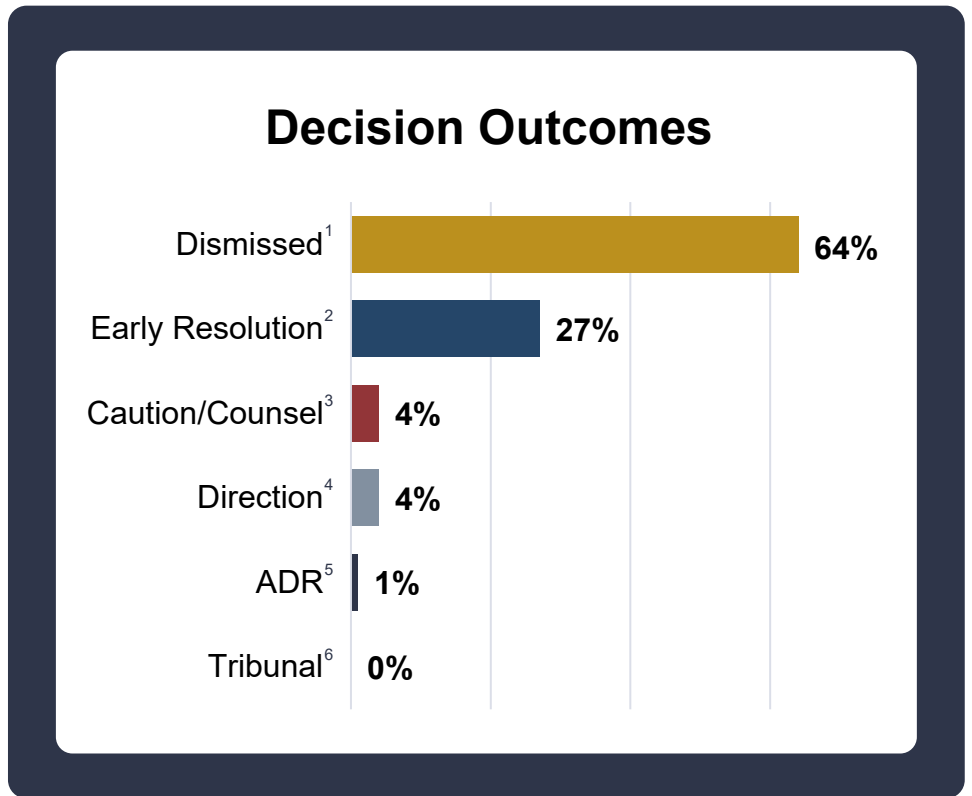
12
Months
Median
Timeline to
Resolution

*YoY - Year over year change, a metric used to compare data from the referenced year to the same period in the previous year

In 2025, most complaints were dismissed (64%). A further 27% of complaints were resolved via Early Resolution, with a median time of three months.

Early Resolution is used where appropriate, to address concerns without a full investigation or a decision by the CAC. It requires agreement from the complainant and the Registrant that the concern has been satisfactorily addressed.

9% of files required Regulatory Action. Regulatory Action can mean Caution/Counsel, Alternate Dispute Resolution (ADR) or Tribunal. No cases were referred to Tribunal in 2025.



¹Dismissed – dismissal of the complaint

²Early Resolution – resolution through agreement from the complainant and the Registrant without a full investigation by the CAC.

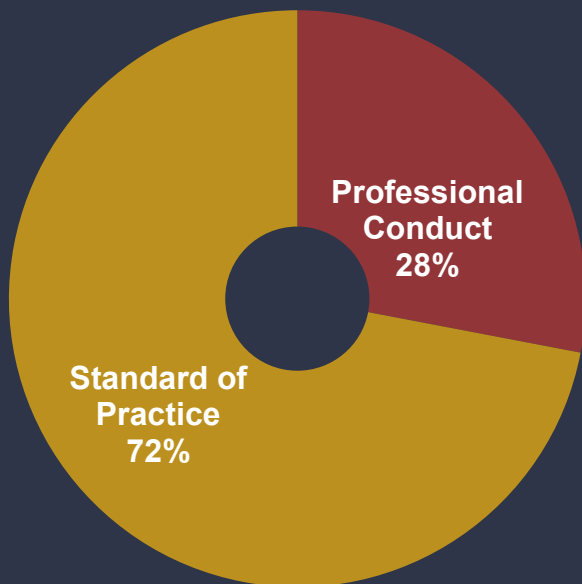
³Caution/Counsel – a formal warning to the Registrant against engaging in similar conduct / an instruction to take positive action in the future.

⁴Direction – dismissal of the complaint with specific action required from the Registrant.

⁵ADR – alternate dispute resolution, a process for resolving a complaint through a settlement agreement.

⁶Tribunal – referral to a hearing to be held before an independent panel comprised of Registrants and members of the public.

Complaints Type



Complaints are categorized into two streams: **Standard of Practice** and **Professional Conduct**.

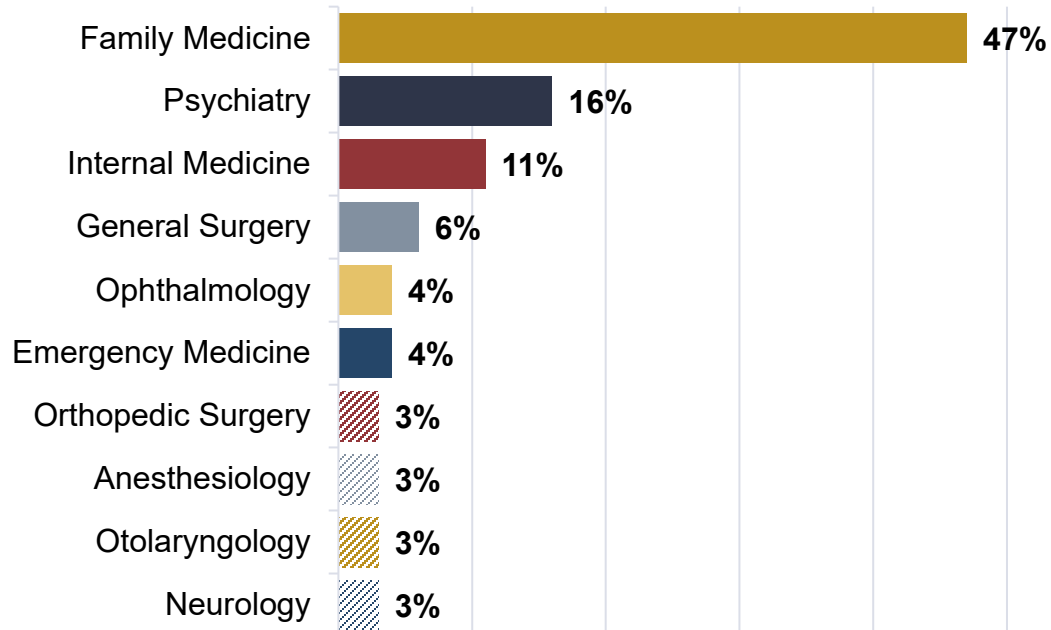
Standard of Practice complaints address concerns that the minimum standard of care established by the profession may not have been met, while Professional Conduct complaints focus on Registrant behaviour.

This distinction supports CPSNL’s strategic objective of protecting the public interest through a transparent, proportionate, and responsive complaints process that promotes accountability and quality improvement.

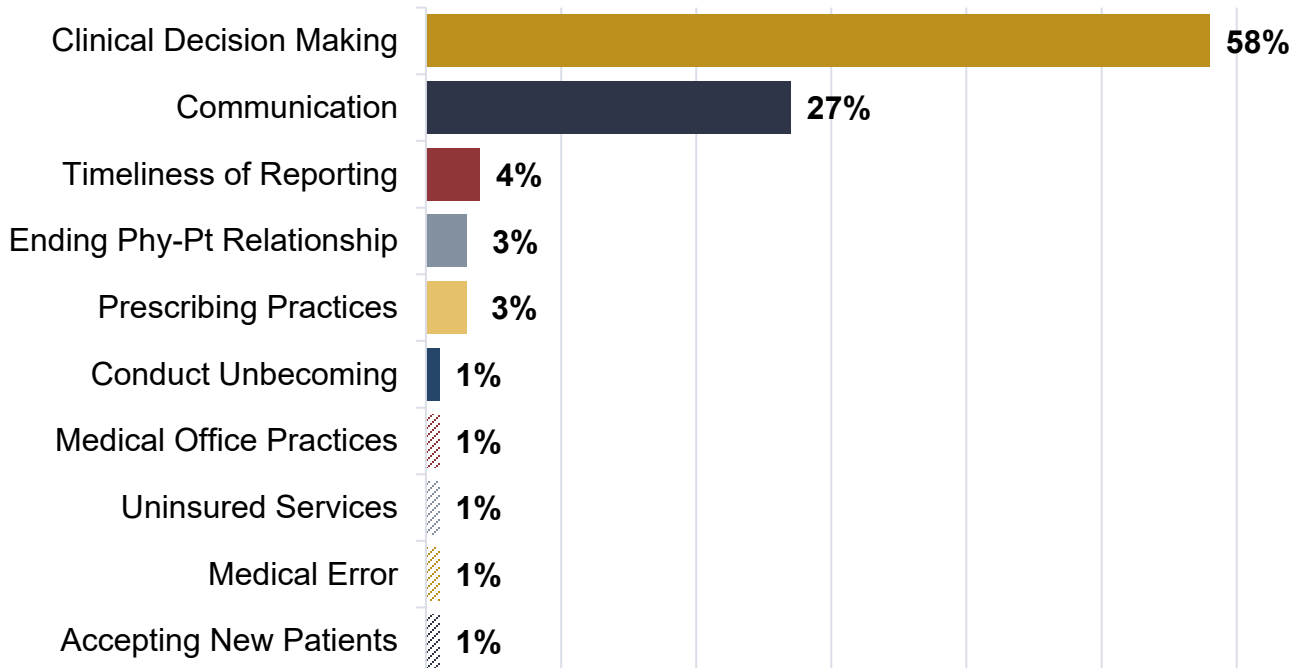


Scan the QR Code with your mobile device to learn more about how the complaints process works.

Top 10 Complaints by Area of Practice



Top 10 Complaints by Category



In 2023, the *Medical Act, 2011*, was amended to allow the Registrar to suspend or restrict a Registrant's licence following the filing of an allegation if it is in the best interest of the public.

Standards & Guidelines

A Standard of Practice establishes the minimum expectations for professional behaviour and ethical conduct set by CPSNL on a specific issue.

CPSNL promotes quality medical care by developing, reviewing, and regularly updating Standards of Practice for Registrants, as well as Practice Guidelines to support Registrants in their day-to-day practice. These standards and guidelines evolve in response to emerging issues, changes in accepted practice, and advancements in healthcare delivery.

In 2025, CPSNL sought feedback on two draft Standards of Practice from a broad range of stakeholders, receiving over 185 responses that reflected diverse demographic perspectives. This feedback was carefully analyzed, with key themes incorporated into the final standards.

CPSNL also introduced a new Practice Guideline on Artificial Intelligence, supporting the strategic objective to innovate and proactively respond to an increasingly complex and rapidly evolving medical and technological landscape.

Updated Standards of Practice

Maintaining Professional Boundaries - Sexual and Personal

- Formerly “Boundary Violations”
- A boundary is an accepted social, physical, and/or psychological space between people. Boundaries create appropriate therapeutic distances between CPSNL Registrants and their patients, clarifying their respective roles and expectations.
- All CPSNL Registrants have a fiduciary responsibility to avoid exploiting the trust and dependence of current and former patients.
- It is the responsibility of CPSNL Registrants to ensure that appropriate professional boundaries are always maintained.

Physical Examinations & Procedures

- Formerly “Physical Examination” and “Chaperones”
- CPSNL Registrants must conduct physical examinations and procedures in a professional and respectful manner which values the autonomy and dignity of the patient.
- This standard complements Consent to Treatment and defines Chaperones and Sensitive Examinations.

New Practice Guideline

Artificial Intelligence

- Artificial intelligence (AI) has the capability to assist CPSNL Registrants in their practice, from automating tasks and improving efficiency, to aiding in diagnoses. AI tools can only be used in practice to assist and complement clinical care - they are not a replacement for clinical reasoning and professional judgment.
- CPSNL Registrants must ensure their use of these tools meets the expectations of ethical and professional conduct and continue to have regard to the best interests of their patients.

Cautions and Counsels

A **caution or counsel** expresses the CAC's dissatisfaction with a Registrant's conduct and warns the Registrant against engaging in similar conduct in the future or instructs the Registrant to take positive action with respect to their practice in the future.

Case One: Documentation and Arranging for Necessary Follow up

Emergency room physician was counselled to conduct and document a physical examination on all patients where it is clinically indicated and ensure formal arrangements are made for necessary diagnostic imaging in circumstances where the service is not available at the time care is provided.

Emergency room physicians are expected to obtain a relevant history from a patient and conduct appropriate physical examination(s) to formulate a clinical diagnosis. The patient's age and clinical history of acute health concerns warranted a physical examination and an x-ray. There was no documentation to support that an examination occurred. Additionally, as it was after hours, diagnostic imaging service was not available at the facility. While it was reasonable for the Registrant to conclude that the patient did not need to be transferred to another facility to have an x-ray that evening, the acuity of the patient's health concerns should have resulted in formal arrangements for follow-up, such as a requisition for an x-ray and instructions to return the next morning to have it completed.

Case Two: Disclosure of Medical Error

Radiologist was counselled to complete professional development on disclosure of a medical error and conduct a reflective exercise on the events that led to the identified medical error.

Radiologists are responsible for ensuring they review the correct images upon which they are reporting and must exercise due diligence in confirming the dates of all images reviewed.

In circumstances where an error is made in reviewing the correct image, the reporting radiologist has an ethical and professional obligation to disclose the error to the patient in accordance with the College's Standard of Practice on [Disclosure of Harm](#). The Registrant must take responsibility in disclosing the error directly to the patient or their substitute decision maker as soon as possible after the error is discovered. The disclosure should also be documented in the patient's medical record.

Case Three: Ending the Physician-Patient Relationship

Family physician was counselled to follow the Standard of Practice relating to ending the physician-patient relationship.

CPSNL's Standard on [Establishing and Ending the Physician Patient Relationship](#) states that a Registrant must have reasonable grounds to end the relationship and make a reasonable effort to resolve the issue prior to ending the relationship. The Standard also requires that Registrants "make a reasonable effort to address the issue with the patient and to only move to termination if those efforts are unsuccessful. The efforts and the outcomes should be recorded on the patient's medical record."

Ending the physician-patient relationship often has significant consequences for the patient. As such, a significant breakdown is required to permit termination. Patients should be permitted to provide constructive feedback to their physician in a respectful manner without suffering the consequences of losing their medical care.

Settlement Agreements

Case: Amending a Medical Record

The Registrar of CPSNL filed an allegation against a physician based on information provided by the Complaints Authorization Committee, arising from an investigation into an allegation filed by a patient where in response to CPSNL's request for a copy of a patient's medical file, the physician altered the requested medical record, provided the altered copy to CPSNL, and did not indicate that the record had been altered.

Following an investigation, the Complaints Authorization Committee of CPSNL referred the allegation back to the Registrar for Alternative Dispute Resolution in accordance with s. 44(1)(a) of the *Medical Act, 2011*.

The physician admitted that they altered a medical record relating to a clinical encounter with a patient, did not indicate on the record that it had been altered or the date of the alteration, and provided a copy of the medical record to CPSNL. The physician acknowledged that his actions amounted to "professional misconduct", as defined in s. 2(17) and 2(25) of the College's *By-Law 5: Code of Ethics*.

The physician and CPSNL agreed to a disposition of the allegation which included the following:

1. CPSNL reprimanded the physician for their admitted professional misconduct.
2. The physician will review and agree to comply with the expectations of CPSNL as set out in the Standard of Practice: Medical Records Documentation & Management..
3. The physician will complete courses, satisfactory to the Registrar, on the topics of medical record-keeping and professional ethics.
4. CPSNL will publish this summary on its website.

College's By-Law 5: Definitions of Conduct Deserving of Sanction

By-Law 5 is made pursuant to paragraph 15(1)(i.1) of the *Medical Act, 2011*, to establish a definition of "professional misconduct," "conduct unbecoming," "professional incompetence," and "incapacity or unfitness to practice" for the purposes of sections 39-56 of the *Act*, and to identify the standards governing the practice of medicine and physician assisting.



Scan the QR Code with your mobile device or [click here](#) to learn more.

Standards and Guidelines



Scan the QR Code with your mobile device or [click here](#) to learn more about CPSNL's Standards and Guidelines.

Duty to Report a Colleague



Scan the QR Code with your mobile device or [click here](#) to learn more about a Registrant's legal obligation to report a colleague that has engaged in unprofessional or unethical conduct.

CPSNL has developed **Standards of Practice** or **Practice Guidelines** on the following topics:

- Advertising
- Artificial Intelligence
- Closing or Taking Leave from a Medical Practice
- College Registrant Use of Social Media
- Complementary & Alternative Medicine
- Conflict of Interest
- Consent to Treatment
- Continuity of Care
- Disclosure of Harm
- Duty to Report a Colleague
- Establishing & Ending the Physician-Patient Relationship
- Independent Medical Examinations
- Interdisciplinary Care & Delegation of Tasks
- Maintaining Professional Boundaries – Sexual & Personal
- Medical Assistance in Dying
- Medical Records Documentation & Management
- Medical/Surgical Procedures in Private Medical Facilities
- Observing or Shadowing a Physician
- Opioid Prescribing for Opioid Use Disorder
- Physical Examinations & Procedures
- Physician Treatment of Self, Family Members, or Others Close to Them
- Prescribing & Dispensing Medications
- Professional Responsibilities in Medical Education
- Uninsured Services
- Virtual Care
- Withdrawal of Physician services During Job Action



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