

Department of Health Washington Medical Commission

Notice of Adoption – Policy Statement

Title: Complaints Against Students, Residents, and Fellows | POL2025-02

Issuing Entity: Washington Medical Commission

Subject Matter: How complaints against medical students, residents, and fellows will be processed.

Effective Date: March 14, 2025

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Title:	Complaints Against Students, Residents, and Fellows
Policy Statement Number:	POL2025-02
References:	RCW 18.71.230, Chapter 18.130 RCW
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In carrying out its disciplinary role to protect the public, promoting patient safety, and enhancing the integrity of the professions, the Washington Medical Commission (Commission) at times receives complaints¹ against students and physicians during their post-graduate training. The Commission has the authority under RCW 18.71.230 to take disciplinary action against persons exempt from licensure. The goal of this policy is to provide clarity of the intent by the Commission to facilitate supportive training environments where trainee mistakes may be assessed and learned from with minimal concern for disciplinary action. Because of the highly supervised environment in which students, resident physicians (residents), and fellows are learning and practicing medicine, the Commission establishes the following policy on how complaints against Physician Assistant (PA) trainees, Anesthesiologist Assistant (AAs or CAAs) trainees, and allopathic medical students (MD students), residents, and fellows are considered.

For students and residents on whom the Commission receives a complaint, the Commission will, with some exceptions, refer the complaint back to Program Directors, Deans, and supervising physicians for correction.

Complaints filed against fellows, due to their increased training, may progress through the standard process established in law and Commission rule, unless circumstances of the complaint or the training situation of the fellow require additional consideration.

¹ For the purpose of this procedure, the term “complaint” includes a mandatory report under [RCW 18.130.070](#) and [18.130.080](#).

This policy is enacted to further the goals of non-punitive educational systems and provide necessary grace to trainees on their journey to practice at the full scope of their license.

Referring Student Complaints

PA, AA, and MD students are generally in the early stages of learning and practicing medicine, have little control over their practice conditions, and are being monitored in a highly structured, supervised environment. While the Commission may receive complaints against PA, AA, or MD students, the Commission recognizes that training Program Directors and Deans are generally better equipped to address standard of care concerns in an educational setting than the Commission. Complaints received by the Commission regarding actions outside of the training program related to the practice of medicine or not, may be investigated under the authority of RCW 18.71.230 and the investigatory and discipline process authorized under chapter 18.130 RCW. Examples of actions outside of a program of concern to the Commission include but are not limited to boundary violations, sexual misconduct, diversion, or criminal convictions.

Complaints against Residents

Under authority of [RCW 18.71.030\(9\)](#), residents are legally permitted to practice medicine in a training program sponsored by a college or university or a hospital in this state, pursuant to their duties as a trainee. Postgraduate clinical training programs generally require each of their residents to initially obtain a limited license which permits them to practice medicine in connection with their duties in the residency program, though many residents seek full physician and surgeon licensure as soon as they meet eligibility requirements which include the successful completion of two years of postgraduate training.

A limited license does not authorize a resident to engage in any practice of medicine outside of their residency program, but full licensure does. The Commission recognizes that residents practicing medicine *within* their program with or without a limited license have little control over their practice environment which, by design, provides ongoing learning opportunities with continuous evaluation and feedback processes to cultivate the skills necessary to be a competent physician. Attending physicians and Program Directors are responsible for training their residents in the standard of care and professional conduct involving the practice of medicine. Due to established supervisory roles within training programs, a residency Program Director, or alternatively an attending physician, graduate medical education officer, or hospital employer, may be in a better position than the Commission to manage practice concerns involving one of their residents. While the Commission generally refers standard of care issues to residency Program Directors, there are some exceptions.

- *Unprofessional Conduct.* A resident with or without a limited license is not shielded from being investigated or disciplined for unprofessional conduct. At times, a resident's supervising attending physician, or their Program Director, may also be investigated or disciplined by the Commission if, on a case-by-case basis, the Commission determines such action is necessary to protect the public. Further, the Commission may discipline a resident without a limited license for a finding of unprofessional conduct under authority of [RCW 18.71.230](#) and a resident with a full license under authority of the Uniform Disciplinary Act [RCW 18.130](#).

- *Health Condition Impairment.* Whether fully licensed as a physician and surgeon or not, if the Commission receives a complaint that that a resident is impaired or potentially impaired as the result of a health condition, the Commission may open an investigation and consider making a simultaneous referral to the Washington Physician Health Program (WPHP).

Complaints against Fellows

The Commission may process complaints against fellows holding a limited or full license in a manner similar to processing complaints on fully trained licensees. The Commission may consider training status involving standard of care issues, especially those involving procedures being developed as a part of their fellowship training, in determining whether to investigate a complaint or impose discipline.