Research). Some of Ioannidis' views of the research community, however, appear excessively negative, according to El-Gabalawy.

"He really comes down hard on researchers, saying they do clinical research without knowing what's out there," says El-Gabalawy. "With all due respect, people just don't get funded unless they've done their homework. Working for a funding agency, I know that anyone who hasn't scoured the literature and looked at the novelty of their clinical research simply doesn't get money."

Others note that although Ioannidis' ideas on how to improve the utility of research sound great, there would be many challenges in actually reforming the clinical research system. For one, there's the academic promotion system, which incentivizes "bad, useless research" and "glorifies research and publications over patient care," according to Loder. Kimmelman noted that many parties benefit from the status quo, including drug companies that sponsor redundant clinical trials to promote their products and medical centres that earn revenue by running or hosting studies of marginal value.

"I do think tweaks can be made, but given how entrenched many of these incentives are, it won't be easy to cause a significant shift in a short amount of time," according to Caulfield.

Ioannidis, however, is more optimistic. He believes the features of useful research he lists in his paper are all feasible and can be realized if people commit to change. More useful research benefits everyone, he suggested. Patients will receive better care. The pharmaceutical industry will produce better drugs and technologies and waste fewer resources on unnecessary research and development.

"Researchers would clearly gain the most," according to Ioannidis. "I don't think that anyone is particularly happy deep in one's heart to feel that the research done is useless. I have nothing against research productivity in terms of publishing more papers, and it does not mean that reform will cut back on the productivity of researchers. It will just make their productivity more likely to be worth it and make a real difference." — Roger Collier, *CMAJ*

CMAJ 2016. DOI:10.1503/cmaj.109-5296

College complaints to CMPA increase

Complaints to regulatory colleges leading to Canadian Medical Protective Association (CMPA) action have increased 19% since 2010. There were 3883 new cases opened in 2010; by 2015 there were 4802, according to the CMPA, which provides liability coverage for more than 92 000 Canadian doctors.

Complaints to colleges, primarily from patients, may result in physicians seeking advice or assistance from CMPA. The most serious complaints allege professional misconduct.

Dr. Todd Watkins, CMPA's managing director of physician services, says the rise is due to changes at the regulatory level. "The colleges are under increasing scrutiny to ensure they are protecting the public."

The College of Physicians and Surgeons of Ontario (CPSO), for example, has increased transparency this past year by posting more information on its public register of doctors, such as criminal charges, specified continuing education or remediation program orders, disciplinary findings in other jurisdictions and licences in other provinces. The college's public register already included extensive information including discipline referrals and outcomes.

Such initiatives reflect the colleges' "need to be seen by the public and media to fulfill their fiduciary duties," says Watkins.

The increase in complaints varies across Canada. In Nova Scotia, the number investigated by the provincial college increased roughly 40% in the last three years. This rise is the result of a cultural shift, says the college's registrar and CEO, Dr. Gus Grant. "The public is increasingly looking to hold physicians accountable. At the same time, this is the age of information. Colleges have experienced an increase in the public's awareness of their role and function."

"Gone are the days when a doctor can say, 'Trust me,' and that's a good thing," he adds.

Though the number of college-based complaints against physicians has increased since 2010, the number of new civil legal cases decreased by 7%, from 935 in 2010 to 871 in 2015.

This downward trend may reflect the work the association is doing to enhance quality of care and reduce errors, says Watkins.

The increase in college-related complaints is not a concern to the CMPA per se, he adds, but physicians must understand where they are most vulnerable. Topping that list is communication. "Ensuring good patient–physician communication is critical," says Watkins. "Document the encounter completely."

An emphasis on accountability has always been there, Grant said. "We have a legal responsibility to investigate complaints. We have a legal responsibility to act in the public interest. We take our responsibility seriously."

The CMPA may not be involved in all college-related complaints involving physicians, but it is likely involved in some way in most of them. When a patient makes a complaint, the provincial college sends a letter to the doctor, prompting him or her to call CMPA.

When physicians take this advice, they are first put in contact with a physician advisor who can provide peer-to-peer support and guide them through the regulatory complaint process and how to respond. "It is very troubling for [doctors]," says Watkins. — donalee Moulton, Halifax, NS

CMAJ 2016. DOI:10.1503/cmaj.109-5270