

STANDARDS OF PRACTICE

Establishing the Physician-Patient Relationship

Under Review: No

Issued By: Council: January 1, 2010 (*Establishing the Physician-Patient
Relationship in Office-Based Settings*)

Reissued by Council: June 1, 2015 (*Establishing the
Physician-Patient Relationship*)

The ***Standards of Practice*** of the College of Physicians & Surgeons of Alberta (“CPSA”) are the **minimum** standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. Standards of Practice are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. CPSA also provides ***Advice to the Profession*** to support the implementation of the Standards of Practice.

1. An established physician-patient relationshipⁱ is formed when a regulated member initiates care that would be reasonably expected to extend beyond a single encounter.
2. A regulated member **must**:
 - a. provide care to the best of his/ her ability to a patient in an urgent medical situation where no other regulated member is providing care, regardless of whether a physician-patient relationship has been established;
 - b. inform potential patients of any conditions or restrictions on the regulated member’s practice permit and/or patient selection criteria established by the regulated member under clause (5); and
 - c. accept patients on a “first come, first served basis” within any such selection criteria.
3. A regulated member who offers introductory appointments **must**:
 - a. advise patients in advance when an introductory appointment is not a medical appointment;
 - b. **not** bill or charge for such an appointment;

Terms used in the Standards of Practice:

- “Regulated member” means any person who is registered or who is required to be registered as a member of this College. The College regulates physicians, surgeons and osteopaths.
- “Must” refers to a mandatory requirement.
- “May” means that the physician may exercise reasonable discretion.
- “Patient” includes, where applicable, the patient’s legal guardian or substitute decision maker.

- c. comply with all relevant privacy legislation and the [Patient Record Retention](#) standard of practice with respect to retaining, disclosing and disposing of information collected during an introductory appointment; and
 - d. when deciding not to establish a physician-patient relationship, disclose the reason(s) to the patient unless disclosure of the reasons could reasonably be expected to:
 - i. result in immediate and grave harm to the patient’s mental or physical health or safety;
 - ii. threaten the mental health, physical health or safety of another individual; or
 - iii. pose a threat to public safety.
4. A regulated member **must not** refuse to establish a physician-patient relationship based on:
- a. any prohibited ground of discrimination including, but not limited to, age, gender, marital status, medical complexity, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socioeconomic status;
 - b. the patient choosing not to pay a [block fee or purchase uninsured services](#);
 - c. the patient’s care requiring more time than another patient with fewer medical needs; or
 - d. the circumstances of the patient’s injury or medical condition that **may** require the regulated member to prepare and provide additional documentation or reports.

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5. A regulated member **may** establish patient selection criteria if such criteria are:
 - a. **not** in contravention of clause (4) unless based on matters relevant to the regulated member’s scope of medical practice; and
 - b. available to CPSA on request.

RELATED STANDARDS OF PRACTICE

- [Charging for Uninsured Professional Services](#)
- [Episodic Care](#)
- [Patient Record Retention](#)
- [Terminating the Physician-Patient Relationship](#)

ⁱ In an established physician-patient relationship, both the regulated member and patient have a reasonable expectation the care provided will extend beyond a single encounter. These relationships include but are not limited to:

- a. longitudinal relationships, based on the identification of a regular attending physician or clinic; and
- b. sessional relationships for a defined period of time, based on a presenting concern(s), referred consultation or identified medical condition.

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