

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the CPSA standards of practice. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

Advice to the Profession documents are dynamic and may be edited or updated for clarity at any time. Please refer back to these articles regularly to ensure you are aware of the most recent advice. Major changes will be communicated to our members; however, minor edits may only be noted within the documents.

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Note: This statement is applicable for the duration of the COVID-19 pandemic.

CPSA Perspective

Physicians should not be reluctant to provide care, even when it may be extremely difficult to follow some components of CPSA’s [Standards of Practice](#). CPSA will always consider the individual circumstances and context if a complaint arises during the COVID-19 pandemic. In an emergency situation, failure to meet standards is not considered unprofessional conduct if a physician can demonstrate they took all reasonable actions in their service to patients.

What is the definition of “urgency”?

Due to the COVID-19 pandemic, physicians have been required to discontinue the provision of non-essential health services and limit practice to “services deemed urgent by the health professional providing the service” ([CMOH Order 07-2020](#)). As a result, CPSA has been asked for guidance on how we, as a profession, define what care is considered urgent.

There is no simple answer. What is urgent is dependent on many factors in each unique clinical context. Patients will continue to have medical problems which require assessment and therapy, and, at times, this may need to be in person. For example, some patients will still require surgeries during the pandemic. Weighing the benefit of providing care with preventing the spread of COVID-19 by delaying appointments and procedures will be a constant challenge.

CPSA has been asked for very clear and specific messaging on this, but this is not possible. As a self-regulating profession, our expectation is that physicians will collaborate with colleagues in similar practices when making these decisions. It's important to share best evidence, get advice from guiding professional organizations and draw on your personal experience. This will help guide practice and decrease some of the pressure many physicians are feeling to ensure they are making the best choices possible under difficult circumstances.

Considerations in determining urgency

An important first step is to consider what work we should not be doing at this time. As per the recent Order by the Chief Medical Officer of Health, “a ‘non-essential health service’ includes any service that is generally done to protect, promote or maintain health of an individual and where an interruption in the provision of services will not result in an individual’s life, health or safety being immediately endangered” ([CMOH Order 07-2020](#)).

There are a few situations more obviously considered to be non-essential and, therefore, deferred, such as routine health monitoring and cosmetic procedures. Physicians should encourage Albertans to adhere to the Chief Medical Officer of Health’s advice to remain home unless absolutely essential. Using virtual care as a means to assess urgency can be informative in planning. Please review the [COVID-19 Virtual Care](#) Advice to the Profession.

Next, we need to decide what care we should be providing at this time. A few questions to consider when determining if care is urgent include:

- Does the patient feel the benefit of therapy exceeds the risk of the leaving their home?
- Is the benefit to the individual patient worth the risk of having them leave their home? Special consideration must be given to high-risk patients.
- Could scarce resources, like acute care, need to be accessed if the procedure does not go as planned? How will this be coordinated?
- Will the care provided prevent the need for a patient to access acute care in the foreseeable future?
- Would a group of peers support the decision the care is urgent? Would colleagues perceive these actions as being self-serving, rather than putting the needs of patients, staff and society first?

Once a decision has been made as to the best mode of care – in person or virtually – the rationale should be documented in the [patient’s record](#) (e.g., new, rapidly spreading rash over all limbs: need to assess in person to determine treatment).

Urgency is complex – there is no one single answer. As a self-regulating profession, physicians must work closely together to determine what is best for their patients and recognize the need to be flexible in our thinking as we adjust to the evolving situation. We trust physicians will make decisions in the best interest of the public good.

Adhering to Public Health orders

CPSA has received concerns from Albertans, public health and other physicians about some physicians not following the recommendations from Public Health and continuing business as usual. We will address these concerns by reaching out to individual physicians to support navigating this decision making.

To date, most concerns have been addressed effectively in this manner. In the unusual circumstance a physician chooses to ignore this direction and continues to put the public at risk, we will address these situations in more formal ways through our complaints process and referral to the local Medical Officer of Health.

Resources

In addition to this guidance on medical services provision, please follow Alberta Health’s [public health orders on self-isolation](#) and [recommendations on preventing spread](#). Additional resources are available in [AHS’ COVID-19 information for primary care providers](#) (infection prevention & control, PPE, testing, etc.) and [CPSA resources for physicians during COVID-19](#) (virtual health care, COVID-19 physician registry, etc.).

CPSA team members are available to speak with physicians who have questions or concerns. Please contact chantelle.dick@cpsa.ab.ca.