

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.

Contents

Preamble	2
When does <i>Closing or Leaving a Medical Practice</i> standard apply?	2
Discontinuing the practice of medicine	2
Long-term leave of absence	2
Significant change in practice scope	2
Significant move of practice location	3
Significant decrease in practice volume	3
What are “reasonable efforts” to place patients?	3
Continuity of care	4
Notification of closure	4
Leaving a laboratory/diagnostic facility	5
Information Sharing Agreements	5
Resources	6

CPSA's Advice to the Profession documents cannot capture every potential scenario a member may encounter. Regulated members are expected to consider standards of practice and advice documents in the context of individual patients in each care encounter. Regulated members are expected to do their best to meet the spirit and intent of the standards and advice, while focusing on providing the best quality care possible.

Preamble

Physicians have the right to close or leave a medical practice or to change their pattern of practice based on personal priorities, financial considerations, health conditions or a variety of other reasons. The choice to close, leave or change a practice does **not** constitute job action, unless those actions are intended to compromise access to physician services to further a negotiating position for the physician who is leaving.

In that case, the [Job Action](#) standard of practice must be followed.

When does *Closing or Leaving a Medical Practice* standard apply?

DISCONTINUING THE PRACTICE OF MEDICINE

When a physician closes their practice with no intention of returning (e.g., retirement), they must follow the [Closing or Leaving a Medical Practice](#) standard.

LONG-TERM LEAVE OF ABSENCE

Regardless of reason, if a physician needs to take a leave of absence for more than 12 months, without establishing any medical practice in the province of Alberta (e.g., personal health matter), the *Closing or Leaving a Medical Practice* standard must be followed.

SIGNIFICANT CHANGE IN PRACTICE SCOPE

If a physician changes the focus of their practice where they will no longer be providing care to their existing patients (e.g., switching from geriatric care to maternity and newborn care), the *Closing or Leaving a Medical Practice* standard must be followed.

SIGNIFICANT MOVE OF PRACTICE LOCATION

When a member relocates a distance that would be considered unreasonable for patients to travel (e.g., moving from Edmonton to Calgary), the *Closing or Leaving a Medical Practice* standard must be followed. “Unreasonable” will be contextual based on availability of alternate medical resources, patient ability and willingness to travel, etc.

SIGNIFICANT DECREASE IN PRACTICE VOLUME

If a physician needs to reduce the size of their patient panel or their practice hours to the degree that their panel needs to be reduced (e.g., going from full-time hours to part-time or switching from general care to specialized care, like psychotherapy), the *Closing or Leaving a Medical Practice* standard must be followed.

To notify CPSA of practice changes, please complete the Notification of Change form in the [physician portal](#).

What are “reasonable efforts” to place patients?

CPSA does not expect a physician who is closing their practice to find a replacement prior to leaving. We also recognize that a physician’s attempts to place patients with another healthcare provider does not guarantee or imply a successful transfer of care. However, physicians need to do what they can to find suitable arrangements for patients with acute, active issues to ensure continuity of care.

“Reasonable” efforts will vary on each physician’s practice, their practice location and available alternate healthcare providers, and patients’ care needs. For a patient with managed hypertension, alternate care may not be necessary. However, a patient with a new cardiac issue, a substance use disorder, a patient receiving palliative care, etc. will need an appropriate healthcare provider available to see to their care.

This might mean contacting nearby colleagues to see if the patient can be transferred. Where this type of communication occurs, details should be documented in the patient’s record. Additionally, information on how their care will be managed needs to be shared with the patient.

Continuity of care

Physicians remain responsible for anything that would normally come to their attention if they remained in practice (e.g., outstanding investigations, reports, diagnostic test results, standing orders for laboratory requisitions, etc.) and ensuring patients are aware of the need for follow-up care as outlined in the [Continuity of Care](#) standard of practice. If access to the EMR is not available, arrangements will need to be made with another healthcare provider to follow up on these items on behalf of the physician; closing practice does not remove a physician's obligation to their patients.

EMR access is often a significant challenge when a physician closes or leaves a practice, which is why it is important to ensure a colleague is available to take over the follow up on any outstanding investigations, reports, or referrals.

Such arrangements should be in writing so all parties are clear on expectations and should refer not just to the EMR, but also anything that would normally come to that physician's attention. This can include mail, faxes, phone messages, sticky notes, lab and diagnostic imaging reports and anything originating from the EMR.

Where possible, the departing physician should have access to the EMR to cover the initial phase of their absence when it would be assumed that the majority of information would be received.

Notification of closure

Patients seen within the last year who have an expectation of ongoing care must be given individual notice 90 days in advance of losing their physician. This may be done in any number of ways, such as:

- Letter
- Secured email
- Telephone call
- Verbally

It is acceptable to send notifications via email, as no personally identifiable patient information is being transmitted.

The notification should include details of your last day in the clinic, how a new physician may be found (e.g., contacting CPSA’s Member Service Agents at 1-800-561-3899 or Health Link by dialing 811 or using online search tools such as <http://search.cpsa.ca/physiciansearch> or <http://www.albertafindadoctor.ca>), how to obtain outstanding investigation or referral results, and how patients can access copies of their records.

CPSA needs to be aware of practice closures and have a physician’s forwarding address/contact information for any correspondence. Providing us with the contact information of successor custodians allows us to ensure patients have access to their records.

To notify CPSA of practice changes, please complete the Notification of Change form in the [physician portal](#).

Additionally, notifying colleagues with whom they regularly consult helps ensure continuity of care. For AHS facilities and Connect Care, any changes to provider demographics or provider status may be sent to [AHS Provider Requests](#).

LEAVING A LABORATORY/DIAGNOSTIC FACILITY

While some patients may return to the same facility for follow-up or future diagnostic tests, there is no expectation on the interpreting specialist for ongoing care. As the ordering healthcare provider is responsible for providing continuity of care, interpreting specialists are not expected to notify patients of their departure.

Information Sharing Agreements

When a physician leaves their practice, but does not maintain custodianship of their patients’ records (i.e., another healthcare provider practises in the same location), an Information Sharing Agreement (ISA) is required.

The ISA should address who is maintaining custody of the records (in accordance with the [Patient Record Retention](#) standard of practice), how costs pertaining to copies of records will be handled and what those reasonable costs are. While CPSA does not require a copy of an ISA, we do need a [Custody of Patient Records form](#) from physicians who don’t maintain custodianship of their patients’ records.

For more information on ISAs, please refer to the [Physicians as Custodians of Patient Records](#) Advice to the Profession document.

Resources

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

RELATED STANDARDS OF PRACTICE

- [Continuity of Care](#)
- [Patient Record Retention](#)
- [Relocating a Medical Practice](#)
- [Responsibility for a Medical Practice](#)

COMPANION RESOURCES

- [Advice to the Profession: Physicians as Custodians of Patient Records](#)
- [Custody of Patient Records Form](#)
- [Notification of Change Form](#)