

CONSULTATION OUTCOMES

Consultation 019

Sep. 15, 2020-Oct. 15, 2020

<i>Closing or Leaving a Medical Practice</i>	Reissued Jan. 1, 2021
<i>Job Action</i>	Reissued Jan. 1, 2021
<i>Relocating a Medical Practice</i>	Reissued Jan. 1, 2021

In June 2020, CPSA received a letter from the Minister of Health outlining concerns that our *Closing or Leaving a Medical Practice* and *Job Action* standards fall short in protecting patients, particularly those in small or rural communities, from facing a shortage of medical care due to groups of physicians withdrawing services. The letter suggested solutions could be imposed in order to safeguard continuity of care for Albertans.

CPSA Council held a meeting in July to determine a path forward. Knowing CPSA is best equipped to regulate the medical profession, and valuing transparency with government and the profession, Council asked for an opportunity to address these concerns by facilitating a proper consultation and suggesting changes to these standards using the feedback received from physicians, Albertans and our healthcare partners.

Consultation 019 ran from Sept. 15-Oct. 15, 2020, and had the second highest amount of feedback we've ever received during a consultation. It is clear this topic is something physicians care about deeply, just as CPSA cares about striking the right balance for what's best for the public and the profession with these updated standards. All feedback received during this and all consultations is considered non-nominally, fairly and with the same weight.

The standards, revised with feedback from the consultation, went before CPSA Council during their December meeting and were approved on Dec. 3, 2020, and have been accepted by the Minister of Health.

The updated standards approved by CPSA Council took effect Jan. 1, 2021.

CONSULTATION

This consultation received the largest amount of feedback from the profession in the last few years.

Although the intent of each standard remained the same, significant changes have been made to address clarification issues brought forward by the profession during the consultation. The revised standards sought to strike a balance of physicians' constitutional rights while ensuring processes are in place to protect the health and wellbeing of patients, which includes being leveraged for a physician's personal gain.

The revised standards provide greater clarity of expectations while balancing a physician's right to advocate on important issues.

Closing or Leaving a Medical Practice

We received 395 responses to the *Closing or Leaving a Medical*

Practice survey consisting of comments from 242 physicians, 3 partner organizations, and 8 Albertans.

- Many physicians interpreted “placing” patients to mean they must find their own replacement.
- Challenges were noted in fulfilling the standard of practice for rural physicians, which may result in recruitment challenges: Some physicians’ comments are listed below:
 - Physicians will leave with no one coming to AB.
 - Specialists who are already in short supply aren’t going to be able to transfer patients.
- “Acute, active” care needs defining – no mention of chronic disease: chronic care patients will suffer.
- Documenting notification in individual patient records is burdensome, as is documenting notification of each individual/organization involved in care.
- Physicians considered contracted services providers and/or seen as small business owners and cannot be expected to act as employees.
- The responsibility to provide continuity of health services lies with AH/AHS.
- Conscriptio and indentured servitude came up multiple times.
- Clarity required regarding how the standard of practice applies to hospital-based work/ERs/specialist services.
- “Beyond the regulated member’s control” needs clarification: many asked about physician mental/health, as well as whether breaking a contract would qualify.

Job Action

We received 203 responses to the *Job Action* survey consisting of comments from 200 physicians, 4 partner organizations, and 11 Albertans.

- The “Withdrawal of Services” title was found to be inappropriate/confusing/misleading, with concerns it has a negative connotation that maligns the profession.
- Many mentioned of mobility/freedom/human/physician rights –
- Charter of Rights, Canada Health Act, conscription, indentured servitude.
- Rural/recruitment challenges were repeated.
- Physicians expressed that having physicians indentured would lead to patient safety issues when physicians are disgruntled.
- The clauses are too vague and open to interpretation; unclear and ambiguous: it may be beneficial to clarify that government’s interpretation won’t necessarily/automatically be held by CPSA, if possible.
- Request for clarification on whether CPSA will be adjudicating disputes and, if so, how (i.e., qualifications to do so).

- The standard of practice does not acknowledge how difficult a decision this is for physicians or that job action is never the first choice.
- Questions regarding expectations with regard to financial instability and if physicians are expected to work at a loss?

Relocating a Medical Practice

We received 79 response to the *Relocating a Medical Practice* survey consisting of comments from 55 physicians, 1 partner organization, and 1 Albertan.

- Documenting notification in individual patient records is burdensome, as is documenting notification of each individual/organization involved in care.
- Physicians are asking for guidance when they experience abuse by clinic owners/business operators with regard to the 45 day notice period
- Contracts with “non-compete” clauses
- Address owners who delay/refuse to authorize record transfer with EMR provider.
- Requesting notification when a practice is relocated has been deemed “paternalistic.”

As stated we made every effort to clarify the standards with regard to the feedback, and Advice to the Profession documents were developed for further guidance.

What are some key updates to these standards?

Closing or Leaving a Medical Practice

- Preamble added to clarify that closing or leaving practice is not considered job action, unless it’s meant to leverage a bargaining position.
- Clarification that a replacement physician does not have to be in place before a physician leaves.
- The patients to whom notification must be given has been narrowed down to those with expectations of ongoing care seen in the past year.
- General notification removed and notification to colleagues narrowed down.
- Examples of “circumstances beyond their control” added.
- Requirement to provide successor custodian contact info added.

Job Action

- Title remained *Job Action* per consultation feedback.
- Preamble added to clarify job action includes the threat of same, to clarify job action vs. closing/leaving, and confirming physicians can still advocate for their patients.
- The last paragraph of the preamble was a clause, but was moved per legal review, as this is action CPSA may take, not something a regulated member can/cannot do.

- “Urgent/emergent” used throughout, with definition in glossary and clause added to assist in determining what is urgent or emergent.
- Requirement to remain aware of the situation after job action changed from monitoring to maintaining, as it can be difficult to actively monitor if a physician cannot be on site.
- Clause added stating expectations of arrangements will be altered to ensure adequate care.
- Suggestion to seek advice from CMPA added.

Relocating a Medical Practice

- General notification removed to mirror the *Closing or Leaving a Medical Practice* standard.
- Colleague/agency notification updated to mirror *Closing or Leaving a Medical Practice* standard.
- Examples of “circumstances beyond their control” added.

Questions? Please contact Chantelle Dick, Standards of Practice Advisor, by emailing chantelle.dick@cpsa.ab.ca.