

STANDARDS OF PRACTICE

Establishing the Physician-Patient Relationship

Under Review: ~~No~~Yes

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.

Note: a glossary of terms can be found at the end of this document. Glossary terms are indicated in teal with a “G” throughout this document.

PREAMBLE

The purpose of this standard is to clarify when an established physician-patient relationship is formed, as well as identifying a number of protected classes based on which a physician may not refuse to establish a physician-patient relationship, as this may be considered discriminatory. For the purpose of this standard, an established physician-patient relationship is formed when a regulated member initiates care that would be reasonably expected to extend beyond a single encounter.

Access to equitable health care is a fundamental tenet of Canadian society. All patients should receive high quality medical care regardless of their circumstances. The *Alberta Human Rights Act* and *Canadian Human Rights Act* identify protected grounds under which people cannot be discriminated against or refused care. However, this does not negate a regulated member’s right to decline accepting a patient for legitimate reasons.

Allegations of discrimination are carefully investigated on a case-by-case basis and may be sustained where impact is demonstrated even if the regulated member did not intentionally discriminate.¹ It is important to note that allegations of discrimination could also result in a complaint to the Alberta Human Rights Commission.

While this standard applies to all regulated members, including those providing specialty care if the care provided meets the specifications in clause (1), it **does not** apply to those who would not be considered the most responsible healthcare provider (e.g., physician assistants, students, residents, etc.).

¹From CPSBC’s *Access to Medical Care without Discrimination Practice Standard* (Mar. 7, 2023).

Terms used in the Standards of Practice:

- “Regulated member” means any person who is registered or required to be registered as a member of this College. CPSA regulates, physicians, surgeons, osteopaths, physician assistants and learners (students, residents, etc.).
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This standard must be considered in conjunction with the *Continuity of Care and Episodic Care* standards of practice. For additional guidance, please refer to the “Companion Resources” at the end of this document.

STANDARD

1. An established physician-patient relationship¹ is formed when a regulated member initiates care that would be reasonably expected to extend beyond a single encounter.

1. 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.

2. A regulated member **must not** refuse to establish a physician-patient relationship:

a. where doing so is prohibited by legislation (e.g., *Alberta Human Rights Act, Canadian Human Rights Act, etc.*) or could be perceived as grounds of discrimination⁶;

b. based on the medical care being complex or requiring more time than another patient with fewer medical needs, unless the care required is beyond the expected clinical scope of the regulated member²;

i. where elements of a current patient’s care needs are legitimately outside of a regulated member’s clinical competence and/or scope of practice, the patient **must** be referred to an appropriate healthcare provider in accordance with the *Referral Consultation* standard of practice³;

Commented [CD1]: Moved from footnote to ensure visibility.

Commented [CD2]: From CPSO: less specific but also accounts for any changes to acts/legislation.

Commented [CD3]: From CPSM: patients cannot be refused based on medical complexity.

Commented [CD4]: From CPSO

² From CPSM’s *Practice Management Standard of Practice* (Jan. 1, 2019).

³ From CPSO’s “Accepting New Patients” Advice to the Profession.

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c. because the circumstances of the patient's injury or medical condition may require the regulated member to prepare and provide additional documentation or reports;⁴ or

d. because the patient chooses not to pay a block fee or purchase uninsured services.

3. A regulated member **must** respect patient autonomy with respect to lifestyle, healthcare goals and treatment decisions and **not** refuse to establish a physician-patient relationship solely because the patient:

a. has beliefs or ideologies that inform their therapeutic choices that do not necessarily align with the regulated members advice (e.g., with respect to traditional medicine⁶, smoking cessation, drug or alcohol use, the patient's decision to refrain from being vaccinated or vaccinating their children, etc.);

b. suffers from an addiction or dependence or is on a high dose of a prescribed controlled drug and/or substance; or

c. seeks treatment to which the regulated member objects on the basis of conscience or religious beliefs;⁵

2.4. A regulated member **must**:

a. provide care to the best of ~~his/ her~~their ability to a patient in an urgent medical situation where no other regulated member is providing care, regardless of whether ~~a physician-patient~~an established physician-patient relationship ~~has been established~~exists;

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.

⁴ Completion of forms/documents is required in accordance with the *Responding to Third Party Requests* standard of practice, as well as the *Health Information Act*.

⁵ From CPSO's *Ending the Physician-Patient Relationship Policy* (May 2017).

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Commented [CD5]: From CPSM: similar to (b) – patients cannot be refused due to paperwork needed for health concerns (per *Responding to Third Party Requests* and the *Health Information Act*).

Commented [CD6]: From CPSO: added for clarity.

3.5. A regulated member **may** establish patient selection criteria if such criteria are:

Commented [CD7]: From CPSNB

a. **not** in contravention of clause (2) unless based on matters relevant to the regulated member's expected scope of medical practice;

b. relevant to their clinical competence and medical practise;²

c. made in good faith^{6G};

d. clearly advertised to and communicated⁶ to all patients seeking care;¹ and

Commented [CD8]: From CPSBC

Commented [CD9]: Clauses added to clarify expectations surrounding selection criteria.

e. available to CPSA on request.

6. A regulated member **may** depart from the "first come, first served basis" to prioritize access to care for higher need and/or complex patients.⁶

Commented [CD10]: From CPSNFL

4.7. A regulated member who offers introductory appointments (i.e., meet & greets⁶) **must**:

a. advise patients in advance when an introductory appointment is not a medical appointment;

b. **not bill or charge for such an appointment;**

Commented [CD11]: Moved to clause 8.

~~e.b.~~ 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

~~e.c.~~ 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

⁶ From CPSNFL's *Accepting New Patients Standard of Practice (June 19, 2022)*.

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iii. ~~pose a threat to public safety.~~

8. A regulated member who offers introductory appointments (i.e., meet & greets⁶) must not ~~refuse to establish a physician:~~

1. access or otherwise review patient ~~relationship based on:~~ health information (e.g., Netcare, Connect Care, PIN) prior to the appointment;
or

2. any ~~prohibited groundbill or charge~~ for such an appointment, in accordance with the Alberta Health Care Insurance Plan.

Commented [CD12]: Moved to clause 2 to prioritize importance of information.

Commented [CD13]: Accessing this information prior to meeting a patient could cause bias (and is a privacy violation).

GLOSSARY

Traditional medicine: “traditional medicine” can refer to the healing practices, products and beliefs of First Nations, Metis and Inuit peoples, but is also a term used for traditional medicine from other cultures or locations, such as Traditional Chinese Medicine and Traditional Medicine of India (e.g., Ayurveda). When providing medical care, it is important to inquire about the use of “traditional medicine” and the option for Indigenous people to explore traditional medicine as a treatment modality. Indigenous people may choose to use these treatments alongside conventional medicine or use them as the sole treatment: this right must be respected.⁷

Grounds of discrimination ~~including, but:~~ the perception of discrimination is subjective and includes, but is not limited to, ~~age, gender, marital status, medical complexity, race, national or ethnic origin, physical or mental disability, political affiliation, race, colour, religion, age, sex, sexual orientation, or socioeconomic gender identity or expression, marital status, family status, genetic characteristics, disability⁸ or conviction for an offence for which a pardon has been granted or in respect of which a record suspension has been ordered⁹. People may also feel discriminated against base on their needs, such as transgender care, chronic pain, addiction, mental illness, etc. Refusing to treat anyone in such circumstances ~~of violates the patient's injury or medical condition that may require the regulated member to prepare and provide additional documentation or reports.~~ medical profession's ethical principles.¹~~

⁷ From the “Practising Outside Established Conventional Medicine” Advice to the Profession document (June 2022).

⁸ From the *Alberta Human Rights Act*, Preamble (Dec. 15, 2022).

⁹ From the *Canadian Human Rights Act*, Section 25 (Mar. 6, 2023).

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Good faith: a legal term that means an intention to act in a manner that is honest and decent. In other words, the term may be characterized as a sincere intention to deal fairly with others, in the patient's best interest.⁶

Meet & greets: some physicians use "meet & greet" appointments for new patients wanting to join their practice but are only appropriate when both the physician and the patient require an introduction to each other. Introductory appointments are an opportunity to share information about the practice, clinic policies (e.g., cancellations, no shows, etc.), allow both parties to determine if the relationship will meet their expectations for managing future health needs, etc. A meet & greet appointment is an uninsured service and is not billable and, therefore, should not be used to provide any medical service.

Clearly advertised and communicated: a physician's selection criteria should be easy for the public to access, whether this means being published on a clinic website, posted on the clinic's exterior, stated in voice messaging, etc. Additionally, physicians should be prepared to discuss their selection criteria with patients to ensure understanding.

ACKNOWLEDGEMENTS

CPSA gratefully acknowledges the Colleges of Physicians and Surgeons of British Columbia, Manitoba, Ontario, and Newfoundland and Labrador in preparing this document.

RELATED STANDARDS OF PRACTICE

- [Charging for Uninsured Professional Services](#)
- [Code of Ethics & Professionalism](#)
- [Ending the Physician-Patient Relationship](#)
- [Episodic Care](#)
- [Patient Record Retention](#)
- [Referral Consultation](#)
- [Responsibility for a Medical Practice](#)

COMPANION RESOURCES

- CPSA Advice to the Profession documents:
 - [Establishing the Physician-Patient Relationship \(TBD\)](#)
 - [Ending the Physician-Patient Relationship \(TBD\)](#)

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- Episodic Care
 - Physicians as Custodians of Patient Records
 - Referral Consultation
 - Responsibility for a Medical Practice
-

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