

STANDARDS OF PRACTICE

Responsibility for a Medical Practice

Under Review: Yes

Issued By: Council: January 1, 2010 (*Direction & Control of a Medical Practice*)

Reissued by Council: July 1, 2018 (*Responsibility for a Medical Practice*)

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

For the purpose of this standard, the term “Medical Director” is only enshrined in legislation¹ related to Accredited Medical Facilities and, as such, is not otherwise defined outside that context in this standard of practice.

This standard recognizes that the full scope of medical practice extends beyond the provision of patient care to the professional and administrative activities that support said care. While some responsibilities may be delegated to a non-physician, CPSA will always hold regulated members ultimately accountable for all aspects of medical practice (except administrative responsibilities that clearly fall under the jurisdiction of Alberta Health Services (AHS) or the provincial or federal government).

The standard acknowledges that practice settings may influence how responsibilities are managed, and the purpose of this advice is to help regulated members better understand how the standard applies in their particular circumstances.

STANDARD

1. A regulated member **must** direct and take responsibility for their medical practice, including:
 - a. patient care provided, including the assessment, diagnosis, treatment, advice given and [referral](#) of the patient;

¹ *Health Professions Act*, Schedule 21(8) (Dec. 15, 2022).

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.).
- “Must” refers to a mandatory requirement.
- “May” means the regulated member may exercise reasonable discretion.
- “Patient” includes, where applicable, the patient’s legal guardian or substitute decision maker.

- b. ending a physician-patient relationship in accordance with the *Ending the Physician-Patient Relationship* standard;
 - c. compliance with all applicable laws, regulations and standards governing the practice of medicine; and
 - d. taking reasonable care to ensure that claims for payment for professional services are appropriate, consistent with the services provided and consistent with any applicable payment schedule for insured and uninsured services.²
2. A regulated member (including Medical Directors of Accredited Medical Facilities, in accordance with the *Health Professions Act*¹) **must** also direct and take responsibility for the following,:
- a. all non-regulated staff supervised by the regulated member by:
 - i. setting appropriate roles and responsibilities;
 - ii. ensuring appropriate qualifications; and
 - iii. overseeing performance;
 - b. all regulated staff participating in the practice by ensuring:
 - i. appropriate qualifications; and
 - ii. effective collaboration in a team-based setting;
 - c. billing for medical practice;
 - d. advertising and promotion of services;
 - e. quality assurance and quality improvement in accordance with the *Continuing Competence* standard of practice;
 - f. custody of health information, including maintenance and storage of medical records unless the regulated member is an affiliate^G;
 - g. notification to CPSA at least 45 days prior to:

² From CPSS's *Responsibility for a Medical Practice* Policy (Jan. 28, 2022).

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- i. [including, but not limited to, moving](#) the physical location of a practice³, providing the street address and services to be offered; or
 - ii. initiating or resuming a service or procedure that requires [accreditation](#) and/or approval by CPSA, as identified in the [CPSA Standards of Practice](#) or [CPSA bylaws](#)⁴; and
- h. clear identification to patients and the public coming into the practice setting of the qualifications for all care providers (e.g., nametag or notice) that includes:
 - i. for regulated healthcare professionals, their name and professional designation; and
 - ii. for non-regulated care providers, their name and job title.
3. Regulated members practising in a [group setting](#)⁶ without a Medical Director **must** designate one individual to represent the practice in interactions with CPSA, either:
 - a. a designated representative, who is a regulated member, and accepts overall responsibility for any or all of subclauses 2(a) through (h); or
 - b. a contact person who is a regulated member.
4. The designated representative **must** be able to either directly answer inquiries from CPSA or to direct CPSA to specific regulated members or administrators within the clinic who can provide the requested information. The designated representative is **not** responsible for the professional conduct of their [colleagues](#).²
5. Notwithstanding the above, clauses (3) and (4) **may not** apply to a regulated member who is an [affiliate](#)⁶, working in a hospital or facility operated by government or a provincial health authority.

³Excluding a hospital or facility operated by government or a provincial health authority.

⁴See [Infection Prevention and Control, Practising Outside of Established Conventional Medicine](#) and [CPSA bylaws](#).

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GLOSSARY

Affiliate: Under the *Health Information Act* (HIA), an affiliate is an individual who is employed by a custodian or performs a service for a custodian as an appointee, volunteer or student, or under a contract or agency relationship. Unless a regulated member is clearly identified as an affiliate, they are most likely a custodian of any patient records they create and are responsible for meeting custodial duties under the HIA and the *Patient Record Retention* standard of practice.

Group setting: for the purpose of this standard, a “group setting” is any practice environment where two or more physicians practise in association and share the use, benefits or costs associated with advertising; an office telephone/fax number; medical records; staff; premises, equipment, furnishings or other property; and/or clinical or administrative functions (e.g., infection prevention and control, billing, etc.).

ACKNOWLEDGEMENTS

CPSA gratefully acknowledges the Colleges of Physicians and Surgeons of Manitoba and Saskatchewan in preparing this document.

RELATED STANDARDS OF PRACTICE

- [Advertising](#)
- [Charging for Uninsured Professional Services](#)
- [Closing or Leaving a Medical Practice](#)
- [Ending the Physician-Patient Relationship](#)
- [Patient Record Retention](#)
- [Re-Entering a Medical Practice or Changing Scope of Practice](#)
- [Referral Consultation](#)
- [Relocating a Medical Practice](#)
- [Restricted Activities](#)

COMPANION RESOURCES

- Advice to the Profession documents:
 - [Advertising](#)
 - [Charging for Uninsured Professional Services](#)
 - [Closing or Leaving a Medical Practice](#)
 - [Ending the Physician-Patient Relationship \(TBD\)](#)

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- [Medical Practice Observation](#)
- [Physicians as Custodians](#)
- [Referral Consultation](#)
- [Relocating a Medical Practice](#)
- [Responsibility for a Medical Practice](#)
- [Restricted Activities](#)
- [CMPA's The Most Responsible Physician](#)

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