

STANDARDS OF PRACTICE

# Responsibility for a Medical Practice

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Under Review: [NoYes](#)

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 legislation<sup>1</sup> 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 ~~his/her~~their medical practice, including:
  - a. patient care provided, including the assessment, diagnosis, treatment, advice given and referral of the patient; ~~and~~

<sup>1</sup> 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 who is required to be registered as a member of this College. The College regulates physicians, surgeons and osteopaths.
- “Must” refers to a mandatory requirement.
- “May” means that the physician 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;~~

**Commented [CD1]:** Added for clarity.

~~b.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;~~<sup>2</sup>

**Commented [CD2]:** Added for clarity: CPSM & CPSS have similar requirements.

2. A regulated member (including Medical Directors of Accredited Medical Facilities, in accordance with the *Health Professions Act*) **must** also direct and take responsibility for the following, ~~except where a Medical Director has responsibility:~~

**Commented [CD3]:** Reworded based on feedback from Accreditation.

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*;**

**Commented [CD4]:** Added to clarify standard's requirements.

f. custody of health information, including maintenance and storage of **medical records unless the regulated member is an affiliate**<sup>6</sup>;

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

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- g. notification to CPSA at least ~~30~~<sup>45</sup> days prior to:
- i. including, but not limited to, moving the physical location of a practice<sup>3</sup>, 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<sup>4</sup>; 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 ~~multi-physiciangroup setting~~<sup>i</sup>~~setting~~<sup>g</sup> without a Medical Director **must** designate one individual to represent the practice in interactions with CPSA, either:
- a. a ~~medical head~~<sup>designated representative</sup>, 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.

**Commented [CD5]:** Aligns with *Relocating...* standard.

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.<sup>2</sup>

**Commented [CD6]:** From CPSS: provides clarity regarding primary contact's responsibilities.

4.5. Notwithstanding the above, clauses (23) and (34) **may not** apply to a regulated member is an affiliate<sup>g</sup>, working in a hospital or facility operated by government or a provincial health authority.

<sup>3</sup>Excluding a hospital or facility operated by government or a provincial health authority.

<sup>4</sup>See *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](#)
- [Supervision of Restricted Activities](#)

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## **COMPANION RESOURCES**

- Advice to the Profession [documents](#):

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- [Advertising](#)
- [Charging for Uninsured Professional Services](#)
- [Closing or Leaving a Medical Practice](#)
- [Ending the Physician-Patient Relationship \(TBD\)](#)
- [Medical Practice Observation](#)
- [Physicians as Custodians](#)
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- [Restricted Activities](#)
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~~For the purposes of this standard, “multi-physician setting” refers to any practice arrangement between regulated members in which they share the use, benefits or costs associated with any of the following:~~

- ~~a.–advertising;~~
- ~~b.–office telephone number;~~
- ~~c.–medical records;~~
- ~~d.–clinical or administrative functions (i.e., infection prevention and control, billing, etc.)~~
- ~~e.–premises, equipment, furnishings or other property; and/or~~
- ~~f.–staff.~~

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