

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 the <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.....	3
Significant move of practice location.....	3
Significant decrease in practice volume.....	3
What are “reasonable efforts” to place patients? .....	3
Continuity of care.....	4
Communication is key.....	4
Managing investigations, test results and reports.....	4
EMR management .....	5
Supporting departing colleagues .....	5
Consult Reports/letters .....	5
Notification of closure .....	6
Leaving a laboratory/diagnostic facility .....	7
Information Sharing Agreements .....	7

Resources..... 7

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

Regulated members have the right to close or leave 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 regulated member who is leaving.

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

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

### DISCONTINUING THE PRACTICE OF MEDICINE

When a regulated member 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 the reason, the Closing or Leaving a Medical Practice standard must be followed if a regulated member 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).

### **SIGNIFICANT CHANGE IN PRACTICE SCOPE**

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

### **SIGNIFICANT DECREASE IN PRACTICE VOLUME**

If a regulated member 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 regulated member who is closing their practice to find a replacement prior to leaving. We also recognize that a regulated member’s attempts to place patients with another healthcare provider does not guarantee or imply a successful transfer of care. However, regulated members 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 regulated member’s practice, their practice location and available alternate healthcare providers, and patients’ care needs. For example, 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**

Regulated members 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.

Developing a plan for closing or leaving practice and engaging in open communication with patients, colleagues and other healthcare providers will make all the difference for everyone involved. Teamwork and collaboration are the key to implementing a successful professional transition and will help ensure the affected patients are provided with support for the continuity and level of high-quality care they receive.

### **COMMUNICATION IS KEY**

Departing regulated members need to communicate their last day with CPSA, patients, colleagues or specialists they work with regularly, and other healthcare providers to make the transition as smooth as possible. Regulated members may also want to notify the office staff of colleagues and specialists to ensure as many people as possible are aware of the change.

Encourage patients to plan their healthcare needs accordingly. Where appropriate, regulated members should encourage patients to sign up for [MyHealth Records](#) through the Government of Alberta so they can gain access to results and action them on their own.

Colleagues who can help with the transition should receive details of the accompanying arrangements to ensure all expectations are clearly communicated. These details might include anything that would normally come to the regulated member's attention such as mail, faxes, phone messages, lab and diagnostic imaging reports and EMR updates.

### **MANAGING INVESTIGATIONS, TEST RESULTS AND REPORTS**

Ensuring continuity of care may look like retaining access to the electronic medical record (EMR) for a reasonable length of time to cover the initial phase of their absence when it would be assumed that most of the information would be received (for example, three months after the last day of practice) to review results periodically or having a colleague(s) review results on their behalf.

Agreeing to review the results of a colleague who is closing practice **does not** equate to taking the patient on as your own.

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 regulated member.

It is important to note that agreeing to review the results of a colleague who is closing practice **does not** equate to taking the patient on as their own: this is a matter of ensuring any urgent results are actioned so patient safety is not at risk.

### EMR MANAGEMENT

EMR access is often a significant challenge when a regulated member 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 to anything that would normally come to the regulated member's attention. This can include mail, faxes, phone messages, sticky notes, lab and diagnostic imaging reports and anything originating from the EMR.

### SUPPORTING DEPARTING COLLEAGUES

When helping a departing regulated member, the following tips will help support continuity of care while also keeping personal workloads and priorities in mind:

- Set boundaries - just because a colleague is reviewing results for a departing regulated member's patient does **not** mean they are obligated to take the patient into their panel
- Manage expectations – the patient should be informed that they are not being taken on by the assisting physician but are being supported through this transition
- Provide advice – notify patients of next steps and provide resources and, if applicable, let patients know they need to follow up with another healthcare provider (such as a walk-in clinic, a new healthcare provider, etc.)

### CONSULT REPORTS/LETTERS

When a specialist cannot send their consult report or letter back to the referring healthcare provider due to retirement, practice closure, etc., they will need to work with the patient to

determine if they have a new healthcare provider or give a copy of the letter to the patient to share once they have a new healthcare provider.

In doing the right thing for patient safety, a specialist may need to provide the ongoing/follow-up care they would recommend to the referring healthcare provider until the matter is resolved or the patient finds a new healthcare provider.

### **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 the last day in the clinic, how a new healthcare provider may be found (e.g., using an online search tool such as <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 regulated member'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 of 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 regulated member leaves their practice but does not maintain custodianship of their patients' records (i.e., another regulated 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 regulated members 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 those who have questions or concerns. Please contact [support@cpsa.ab.ca](mailto:support@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](#)

Review Date	Revision/Change
Aug. 2023	Continuity of care section expanded with additional guidance
Nov. 2022	Instructions for notifying CPSA of practice changes added
Apr. 2022	Leaving a laboratory/diagnostic facility added
Apr. 2021	Clarification added regarding changes to provider demographics with AHS