

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*)

DRAFT FOR REVIEW, CONSULTATION 33

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.

PREAMBLE

Regulated members are responsible for ensuring patient care and all aspects of the operation of their medical practice comply with applicable legislation, regulations, ministerial orders, CPSA [Standards of Practice](#) and other professional requirements.

Practice settings will influence what regulated member responsibilities are for the management of a medical practice. This standard recognizes that the full scope of medical practice extends beyond the provision of patient care and can include professional, academic, research, population health, strategic and administrative physician activities that support healthcare.

Regulated members remain accountable for all aspects of their medical practice except where responsibilities fall under the jurisdiction of a health authority, government or other entity established in legislation. Regulated members who provide non-Plan services must also comply with the [Dual Practice](#) standard of practice in the context of their practice management.

Commented [CD1]: Link to be added.

Related standards and companion resources can be found at the end of this document.

DEFINITIONS

Accredited Medical Facilities: a medical facility that is accredited in accordance with the [Health Professions Act](#) (HPA,) and meets the CPSA’s [Accreditation Standards](#) and assessments to ensure the provision of safe, quality care. In accordance with [CPSA’s Bylaws](#), all accredited medical facilities must have a medical director.

Commented [CD2]: Added for clarity.

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.
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Affiliate: in accordance with the HIA, an individual employed by a custodian; a person who performs a service for the custodian as an appointee, volunteer or student or under a contract or agency relationship with the custodian; a health services provider who is exercising the right to admit and treat patients at a hospital as defined in the [Hospitals Act](#); an information manager as defined in the HIA; or a person who is designated under the [Health Information Regulation](#) (HIR) to be an affiliate.¹ A regulated member's role as affiliate of a custodian should be acknowledged in writing (e.g., in an information sharing agreement).²

Designated representative: the medical lead of a medical clinic, other than an Accredited Medical Facility, responsible for corresponding with CPSA.

Group setting: for the purpose of this standard, any practice environment where two or more regulated health professionals practice in association and share the use, benefits or costs associated with running the practice.

Medical director: a regulated member who is approved by the Registrar to be the medical director of an accredited medical facility for the purposes of the HPA and [CPSA Bylaws](#). CPSA does not use the term "medical director" in relation to facilities that are not accredited: for the purpose of this standard, "designated representative" is used.

Commented [CD3]: From the draft *Patient Record Management* standard.

Commented [CD4]: Reworded for accuracy and clarity.

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, referral and coordination of patient care, ensuring that it is provided safely, ethically and in accordance with applicable professional standards and requirements; and
 - b. ensuring their medical practice complies with all applicable legislative, regulatory, ministerial order and professional obligations.

Commented [CD5]: Reworded for clarity.

Commented [CD6]: Added to ensure awareness of legislative requirements.

¹ From [the HIA](#): Part 1, Introductory Matters – Interpretation (Oct. 2025), accessed Dec. 2025.

² From [the HIA](#): Part 1, Introductory Matters – Interpretation (Oct. 2025), accessed Dec. 2025.

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2. A regulated member (including Medical Directors of Accredited Medical Facilities) **must** also direct and take responsibility for the following:
- awareness of existing processes or policies related to staff;
 - all non-regulated staff who [perform restricted activities](#) under the supervision or direction of the regulated member by:
 - setting appropriate roles and responsibilities;
 - ensuring appropriate competencies and qualifications; and
 - overseeing performance;
 - all regulated staff participating in the regulated member's practice by ensuring:
 - appropriate competencies and qualifications; and
 - effective collaboration in a team-based setting;
 - billing for the medical practice, including ensuring billing practices and fee structures are transparent, clearly communicated to patients and comply with applicable legislation, and CPSA's Standards of Practice;
 - advertising and promotion of services, including ensuring compliance with the [Advertising](#) standard of practice and applicable legislative requirements;
 - quality assurance and quality improvement in accordance with the [Continuing Competence](#) standard of practice;
 - custody and management of patient records in accordance with applicable legislation and the [Patient Record Content](#) and [Patient Record Management](#) standards of practice;
 - compliance with applicable requirements to make defined health information accessible through the Alberta EHR, except where the regulated member is an affiliate of a custodian;

Commented [CD7]: Lifted a level to clarify members are not necessarily related to clinic staff who aren't involved in their medical practices.

Commented [CD8]: Reworded for clarity.

Commented [CD9]: Reworded for clarity.

Commented [CD10]: Expanded to align with draft *Dual Practice* standard.

Commented [CD11]: Added to ensure alignment with dual practice and patient self-referral legislation.

Commented [CD12]: Added to reference *Continuing Competence* standard.

Commented [CD13]: Reworded for specificity and to include legislative requirements under the dual practice framework.

Commented [CD14]: Added to align with dual practice framework.

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- i. notification to CPSA in accordance with the *Relocating a Medical Practice* standard; and
- j. clear identification, in a manner that is visible to patients and the public, of the qualifications for all staff (e.g., nametag or notice) that includes:
 - i. for regulated healthcare professionals, their name and professional designation; and
 - for non-regulated staff, their name and job title.
3. Regulated members practising in a group setting that is not an Accredited Medical Facility **must** designate a CPSA-regulated member to act as the practice's contact with CPSA, including as the designated representative responsible for any or all of the requirements in clause 2(a) to (j), where applicable.
4. The designated representative or contact person **must** either directly answer inquiries from CPSA or direct CPSA to specific regulated members/administrators within the facility who can provide the requested information;
 - a. The designated representative is **not** responsible for the professional conduct of their colleagues.
5. Clauses (2)–(4) **may not** apply to a regulated member who is an affiliate or works in a hospital or facility operated by government or a provincial health agency.
6. A regulated member seeking to incorporate their medical practice **must** ensure the professional corporation is named appropriately (e.g., does not include claims, representations, endorsements or testimonials regarding the service or business).

Commented [CD15]: Simplified for clarity.

Commented [CD16]: Added based on consultation feedback.

Commented [CD17]: Rewritten to clarify.

Commented [CD18]: Added for clarity.

Commented [CD19]: Incorporated from CPSA Bylaws.

ACKNOWLEDGEMENTS

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

RELATED STANDARDS OF PRACTICE

- [Advertising](#)
- [Charging Fees](#)
- [Closing or Leaving a Medical Practice](#)
- [Dual Practice](#)

Commented [CD20]: Link to be inserted when standard is approved/published.

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- [Patient Record Content](#)
- [Patient Record Management](#)
- [Re-Entering a Medical Practice or Changing Scope of Practice](#)
- [Referral Consultation](#)
- [Relocating a Medical Practice](#)
- [Restricted Activities](#)
- [Terminating the Physician-Patient Relationship](#)

COMPANION RESOURCES

- [Incorporate your medical practice](#)
- Advice to the Profession documents:
 - [Responsibility for a Medical Practice](#)
 - [Advertising](#)
 - [Charging Fees](#)
 - [Closing or Leaving a Medical Practice](#)
 - [Dual Billing \(TBD\)](#)
 - [Ending the Physician-Patient Relationship](#)
 - [Medical Practice Observation Experience](#)
 - [Physicians as Custodians of Patient Records](#)
 - [Referral Consultation](#)
 - [Relocating a Medical Practice](#)
 - [Restricted Activities](#)

[CMPA's The Most Responsible Physician](#)

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