

STANDARDS OF PRACTICE

Responsibility for a Medical Practice

Under Review: ~~No~~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.

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

Commented [CD1]: Link to be added.

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:

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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 HIA 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 given and referral of the patient, referral and coordination of patient care, ensuring that it is provided safely, ethically and in accordance with applicable professional standards and requirements; and
 - b. compliance ensuring their medical practice complies with all applicable laws, regulations legislative, regulatory, ministerial order and standards governing the practice of medicine 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, ~~except where a Medical Director has responsibility:~~
- a. ~~all non-regulated awareness of existing processes or policies related to staff;~~
 - a.b. ~~all non-regulated staff who supervised by perform restricted activities under the supervision or direction of the regulated member by:~~
 - i. setting appropriate roles and responsibilities;
 - ii. ensuring appropriate competencies and qualifications; and
 - iii. overseeing performance;
 - b.c. all regulated staff participating in the regulated member's practice by ensuring:
 - i. appropriate competencies and qualifications; and
 - ii. effective collaboration in a team-based setting;
 - c. ~~billing for medical practice;~~
 - d. ~~advertising and promotion of services;~~
 - d. 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;
 - e. advertising and promotion of services, including ensuring compliance with the Advertising standard of practice and applicable legislative requirements;
 - e.f. 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;~~

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.

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g. ~~custody and management of patient records in accordance with applicable legislation and the *Patient Record Content* and *Patient Record Management standards of practice*;~~

h. ~~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;~~

g. ~~notification to CPSA at least 30 days prior to:~~

i. ~~establishing or moving the physical location of in accordance with the *Relocating a practice*³, providing the street address and services to be offered; or *Medical Practice standard*; and~~

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.j. ~~clear identification, in a manner that is visible to patients and the public coming into the practice setting, of the qualifications for all *care providers* staff (e.g., nametag or notice) that includes:~~

i. ~~for regulated healthcare professionals, their name and professional designation; and~~

i. for non-regulated ~~care providers~~ staff, their name and job title.

3. ~~Regulated members practising in a multi-physician group setting⁵ without a that is not an Accredited Medical Director Facility must designate one individual a~~

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

⁴See *Medical Services Requiring Accreditation Outside of Hospitals, Practising Outside of Established Conventional Medicine, Reprocessing of Medical Equipment* and CPSA bylaws.

⁵For 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. ~~a. staff.~~

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Responsibility of a Medical Practice

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

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

Commented [CD15]: Simplified for clarity.

Commented [CD16]: Removed to account for Accreditation processes: addressed in Accreditation Standards.

Commented [CD17]: Added based on consultation feedback.

CPSA-regulated member to represent as the practice in interactions practice's contact with CPSA, either:

a.3. a medical lead, who is a regulated member, and accepts overall responsibility including as the designated representative responsible for any or all of subclause the requirements in clause 2(a) through (h); or to (j), where applicable.

b. a contact person who is a regulated member;

4. Notwithstanding the above, clauses 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.

4.5. Clauses (2) and (3)-(4) **may not** apply to a regulated member working who is an affiliate or works in a hospital or facility operated by government or a provincial health authority 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 [CD18]: Rewritten to clarify.

Commented [CD19]: Added for clarity.

Commented [CD20]: 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 for Uninsured Professional Services Fees](#)
- [Closing or Leaving a Medical Practice](#)
- [Patient Record Retention](#)
- [Re-Entering a Medical Practice or Changing Scope of Practice](#)
- [Referral Consultation Dual Practice](#)

Commented [CD21]: 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 for Uninsured Professional Services~~](#)
 - [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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