



Practice Management Considerations for Physicians Who Cease to Practise, Take an Extended Leave of Absence or Close Their Practice Due to Relocation

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RELATED TOPICS: Confidentiality of Personal Health Information; Medical Records.

LEGISLATIVE REFERENCES: *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sched. A; Ontario Regulation 114/94 (*General*) made under the *Medicine Act, 1991*, S.O. 1991, c. 30; Ontario Regulation 856/93 (*Professional Misconduct*) made under the *Medicine Act, 1991*, S.O. 1991, c. 30.

COLLEGE CONTACT: Physician Advisory Service

Practice Management Considerations for Physicians Who Cease to Practise, Take an Extended Leave of Absence or Close Their Practice Due to Relocation

PURPOSE

Physicians ceasing practise or taking a leave of absence frequently contact the College to seek guidance about the measures they should take before they stop practising. The College also receives calls from patients asking how they can obtain outstanding prescriptions, laboratory reports, or their medical records because their physician has stopped practising.

This policy explains the practice management measures physicians should take when they cease to practise or will not be practising for an extended period of time.

APPLICATION

(i) General

This policy applies to physicians who take an extended leave of absence or cease to practise for various reasons, including educational leave, sabbatical, parental leave, extended illness, practice closure due to relocation, or retirement.

Generally, any absence from practice that is three months in length or longer without coverage by another physician is considered an “extended” leave of absence.¹ Having consideration to reasonable patient needs and the nature of his or her medical practice (e.g., where patients require frequent care, or where patients are awaiting laboratory results for potentially critical conditions) it may be prudent for a physician to take some or all of the recommended steps even if the leave of absence is shorter than three months.

Physicians who take an extended leave of absence or cease to practise should, to the extent possible, act in accordance with the guidelines that are applicable to their particular circumstance. In situations where the physician is suddenly and unexpectedly required to take a leave of absence or cease practising (e.g., sudden illness or disability), the physician should, to the best of his/her ability and as soon as it is practical to do so, take reasonable steps to act in accordance with the applicable guidelines set out below.

(ii) Suspensions/Revocations/Voluntary Commitments to Suspend Practise

The policy also applies to physicians whose certificates of registration have been affected by a suspension, revocation or voluntary commitment to suspend practise.

In addition to the practice management guidelines articulated for all physicians, there are specific considerations included at the end of the policy that apply to physicians who are subject to a suspension, revocation or voluntary commitment to suspend practise.

PRINCIPLES

Physicians have a duty to act in the best interests of their patients. When a physician does not practise for a period of time, his/her patients’ care is likely to be affected. To the extent possible, physicians should take reasonable measures to ensure their practice closure or extended leave of absence does not impede their patients’ ability to obtain appropriate care from another health care provider.

GUIDELINES

The College recommends that physicians take reasonable steps to address the following practice management issues, in order to minimize the effects taking a leave of absence or ceasing to practise may have on their patients’ care:

1. Notification

(a) Patients

The physician should provide his/her patients with notification of practice closure or restrictions as soon as possible after it becomes apparent that he/she will be leaving or restricting practice, in order to allow patients an opportunity to find another physician.

Acceptable methods of notification are:

- In person, at a scheduled appointment;
- Letter to the patient; and/or
- Telephone call to the patient.²

Supplementary methods of notification the physician may also wish to use include:

- Printed notice, posted in the office in a place that is accessible even when the office is closed;
- Newspaper advertisement; and/or
- Recorded message on the office answering machine.

When providing this notification, the physician should remind patients where they can go to obtain emergency or urgent care.

¹ Where a physician is absent from clinical practice for a period of at least three years or has practised for less than six months in the preceding five year period, the CPSO policy Requirements When Re-Entering Medical Practice is also applicable.

² Physicians should exercise caution in leaving messages for patients on their voicemail or with a third party, due to the risks of breaching the patient’s confidentiality and privacy rights. For more information, please consult the CPSO’s policy on Confidentiality of Personal Health Information.



Where, because of the nature of the physician's practice or the care being provided, there is no expectation of an ongoing physician-patient relationship (e.g., walk-in clinic physicians, emergency room physicians, and/or some specialists), the physician is only expected to notify those patients to whom they are actively providing care.

(b) Employers, Hospitals, Colleagues

Where applicable, the physician should provide notification of practice closure or an extended leave of absence as soon as possible to his/her employer (university, health care institution, clinic, or other facility or employer) and any hospitals where he/she holds privileges.

The physician should also, where applicable, provide notice to his/her partners, as well as any colleagues who also provide care to patients of the physician (e.g., referring physicians).

2. Medical Records

Subject to the limited exceptions set out in the provincial *Personal Health Information Protection Act, 2004* (*PHIPA*);³ patients must have access to their medical records, even if their physician will not be practising for a period of time or has closed his/her practice. To facilitate patient access, the physician must make appropriate arrangements for either the retention or transfer of patient medical records.

Physicians should also:

- Give patients the information they will need in order to access their medical records; and
- Consider notifying the College of where they are storing their patients' medical records, and how patients may access those records. Patients often contact the College seeking information about how to access their medical records after their physician has stopped practising; and the College will then be able to pass the relevant information on to any enquiring patients.

For more information on patient access to medical records and the transfer and retention of medical records, please refer to the College's Medical Records policy.

3. Patients Requiring Ongoing Care

The physician should try to ensure that patients requiring ongoing care (such as patients in hospital, personal care homes or other care facilities), and patients who require post-operative follow-up will continue to receive

necessary care. Ideally, the physician should arrange to have another physician cover or assume care for these patients. However, at a minimum, the physician must ensure that the care facility or hospital is notified that the physician will not be practising for a period of time.

4. Laboratory Tests, Results

The physician should take reasonable steps to ensure that his/her patients can access the results of laboratory tests ordered by the physician, that all abnormal results undergo required review and follow-up, and that patients know whom to contact in order to obtain their results.

Where the physician is unable to interpret and follow up on the test personally, the physician should:

- Arrange to have another physician cover or assume his/her practice;
- Arrange to have another physician review results for patients with outstanding laboratory tests, and to advise patients of the results and any requirements for follow-up; or
- Arrange for patients to obtain their test results from the physician's office or the testing facility, where the facility will permit (e.g., delivery of results to the patient, arranging for patients to pick results up), and provide patients with instructions to obtain follow-up as soon as possible.

5. Prescription Medication

The physician should attempt to facilitate patient access to prescription medication required for long-term or chronic conditions. To facilitate access, the physician may do one of the following:

- Where medically appropriate, provide the patient with renewals or repeats of the required medication(s) in order to allow the patient reasonable time to find alternative care; or
- Advise the patient to attend another physician as soon as possible to have their prescription(s) renewed.

It is suggested that physicians keep their prescription pads safe and secure while they are not practising, or destroy them.

Physicians Under Suspension, Revocation or Voluntary Commitment to Suspend Practise

The College expects physicians whose certificates of registration are affected by a suspension, revocation or vol-

³ S.O. 2004, c. 3, Sched. A, s. 52.

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untary commitment to suspend practise to follow the guidelines set out above.

Additional Guidelines

The following additional guidelines also apply to physicians whose certificates of registration have been suspended or revoked, or who have undertaken a voluntary commitment to suspend practise:

1. Notification

A physician who is suspended, revoked or voluntarily commits to suspend practise should ensure that employers, partners, colleagues who are also known to provide care to his/her patients, hospitals where he/she holds privileges, and all other authorities with which he/she holds a certificate of registration or licence to practise medicine, are notified of these restrictions.

2. Reports

While under suspension or voluntary commitment to suspend practise, or upon revocation, a physician is permitted to:

- Sign reports that were completed before the suspension or revocation, if competent and capable; and
- Finalize reports based on assessments and analysis conducted prior to the suspension or revocation, if competent and capable.

The physician is not permitted to:

- See patients to prepare reports;
- Prepare reports requiring the exercise of clinical judgment. This includes making clinical assessments, evaluations or conclusions based on patient information, and providing clinical advice in a report; or
- Complete reports, unless only administrative work is required to complete the report. 'Administrative work' is work such as editing draft reports, summarizing conclusions, or signing reports completed prior to ceasing practise.

3. Laboratory Tests, Results

A physician under suspension, revocation or voluntary commitment to suspend practise cannot interpret test results or provide follow-up care. The physician should make alternate arrangements for the review and follow-

up of patient test results, as recommended in part four (Laboratory Test, Results) above, to ensure patients obtain the required care.

Patients with a standing order for laboratory test(s) should be advised that the laboratory will cancel the standing order upon revocation or suspension of the physician's certificate of registration. The physician should attempt to arrange for alternate care for these patients.

4. Prescription Medication

Physicians who are under suspension or voluntary commitment to suspend practise, or have had their certificate of registration revoked, cannot write prescriptions. The physician should advise all patients taking prescription medication(s) for long-term or chronic conditions that he/she will not be able to provide renewals or repeats of the medication(s), and that the patient should attend another physician to have the prescription(s) renewed. The physician may arrange for the referral of a patient to a colleague for renewal of their prescription(s).

The physician should also advise patients that repeats for prescriptions written prior to the date of the suspension or revocation will not be legally valid after the date of suspension or revocation.

5. Express Requirements as Set Out In Orders or Agreements, Expectations on Revocation

To ensure patients' best interests are protected, an Order or agreement related to a physician's suspension or voluntary commitment to suspend practise may include express requirements regarding notification, medical records, reports, laboratory tests and results, and/or prescription medication. The College expects the physician to comply with any requirements included in an Order or agreement. Under the regulations to the *Medicine Act, 1991*, it is considered an act of professional misconduct for a physician to contravene a term, condition or limitation on his/her certificate of registration.⁴

A physician's conduct in complying with College policies and continuing to act in the best interests of former patients may also be a factor in the College's determination of whether it is appropriate to reinstate a physician's revoked certificate of registration.

⁴ Ontario Regulation 856/93, as amended (made under the *Medicine Act, 1991*) s. 1(1) 1.



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