

Accepting New Patients

Frequently Asked Questions about Policy

After an extensive consultation, Council has approved a policy that sets out expectations for physicians when accepting new patients so that they do so fairly and professionally. Below we answer some questions about the policy.

What if I can't accommodate new patients into my practice?

This policy does not compel physicians to accept new patients. Physicians are not obligated to take on more patients than they can safely manage. Each physician decides how many patients they can see and whether/when they can take on new patients. The policy does not change this.

Why did the College develop this policy?

The policy was developed to prevent certain patient groups – high-needs patients, for example – from being systematically denied access to medical care. That is why the policy states that if physicians are able to accept new patients into their practice, then they should do so on a first-come, first-served basis.

Does this policy mean that I have to take on every patient that asks to be seen?

No. There are two exceptions to the first-come, first-served rule. Physicians may refuse a patient if the patient's needs are outside of the physician's scope of practice or outside of his or her area of clinical competence.

As a physician, I thought I had the right to choose my patients. Why develop a policy that takes that choice away?

Many physicians strongly believe in the right to choose their own patients. They argue that selecting patients that match their clinical skills, interests and personality results in a positive doctor-patient relationship that benefits the patient.

However, in an environment where there are many more patients than physicians, choosing one patient necessarily involves refusing another. It is the refusal that causes problems.

Some grounds for refusal, like those set out in the Human Rights Code, are inappropriate. It is never appropriate for physicians to refuse patients on these grounds.

Some grounds for refusal, like scope of practice and clinical competence, are reasonable exceptions to the first-come, first-served approach.

Primary care physicians, as the gatekeepers to the system, have a responsibility to ensure that access is granted fairly. The policy is intended to help physicians do that.

I want to create a balanced practice, by accepting a combination of patients with varying degrees of complex conditions. How will the policy affect this?

Balancing a practice by choosing particular patients based on individual assessments of diagnoses,



age, potential difficulty or other factors, is not supported by the policy. It is difficult to predict the type of patient population a physician will have, as the needs of both physicians and their patients are always changing. The policy provides a way for physicians to accept new patients while respecting the rights of both physicians and the public.

I like to find out if a patient is right for my practice by having them complete a questionnaire and then interviewing them. What does the policy say about this?

Questionnaires and interviews involve detailed assessments of individual patients, which may be or may appear to be discriminatory. ►►

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This is not consistent with the policy, which states that patients should be accepted on a first-come, first-served basis.

How can I determine if a patient is within my scope of practice or clinical competence if I can't get them to complete a questionnaire or come in for an interview?

Physicians or members of their staff can ask those questions that will help them to determine if a patient's needs fall within their scope of practice and/or clinical competence.

For example, if a physician provides only palliative care, patients should be told that this is the physician's scope of practice. Alternatively, if a patient calls another physician specifically asking for palliative care at home when the physician does not do house calls, it is reasonable to indicate that the physician cannot assist.

How should I implement a first-come, first-served approach to accepting new patients? Should I maintain a waiting list?

Physicians can decide how they would like to implement the first-come, first-served approach. The policy does not specify how this is to be done. Any system the physician uses should treat patients equally (without discriminating based on factors that are protected under the Human Rights Code) and should comply with the spirit of the policy. Physicians have no obligation to maintain or manage a waiting list.

Am I permitted to give preference to family members of existing patients even though they may otherwise not be accepting new patients?

Some physicians with otherwise closed practices may periodically accept family members of existing patients. The policy does not specifically address this issue. There are good clinical reasons that support accepting family members of existing patients, such as continuity of care, and enabling the physician to better understand social and familial factors related to a patient's health. Accordingly, this practice may be appropriate.

Does the first-come, first-served approach mean I must accept even those individuals who are aggressive, threatening or violent towards me, my staff or other patients?

All physicians, their staff and their existing patients are entitled to a safe, non-threatening environment. The College does not expect physicians to take on aggressive, threatening or violent patients. Decisions to refuse to accept new patients on this basis should be made in good faith. That is, the potential new patient must pose a legitimate threat of harm.

What is the relationship between the government's new Health Care Connect Program and the College of Physicians and Surgeons of Ontario (CPSO) recent policy on Accepting New Patients?

The policy states that patients should be accepted on a first come, first-served basis. The policy also

states that access to health care is fairly distributed to those most in need.

The program operates on the principle that the highest needs patients get access to a physician on a priority basis. Physicians, by participating in Health Care Connect, will be demonstrating their willingness to take on these patients. This is consistent with the policy's goal of ensuring that high needs patients are not disadvantaged.

There is nothing in the policy that prevents a physician from participating in the Health Care Connect program, or any other program intended to prioritize patients in need, as long as the physician does not refuse to accept patients for reasons other than clinical competence and scope of practice.

What if I want to accept patients via the Ministry's Health Care Connect program ONLY?

The policy does not prevent this.

How will the College deal with a complaint from a patient who thinks they should have been accepted into my practice?

The College has a statutory obligation to follow up on all complaints. With respect to a specific complaint, it would depend on the circumstances of the case. Each case would be evaluated in light of the policy and the guidance set out in this document. 