



## POLICY

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### Physicians Leaving Practice

<b>STATUS:</b>	APPROVED
<b>Approved by Council:</b>	June 2022
<b>Amended:</b>	
<b>To be reviewed:</b>	June 2027

### Preamble

All medical practices will eventually come to an end. In most cases, relocation or well-deserved retirement are planned well in advance. In other circumstances a physician leaving practice may be more precipitous due to a variety of reasons. Regardless of the reasons for leaving practice, it is vital for the physician to communicate clearly and ensure continuity of care for their patients where possible. Guidance for the termination of practice is contained within this policy and supporting documents.

The College recognizes that scenarios will arise where an orderly cessation of practice may not be possible. In scenarios where the circumstances may not permit all aspects of this policy to be complied with, the physician or their proxy should contact the College for specific support.

### The College's Position

When a physician/surgeon plans to close or leave a practice, it is mandatory that:

1. there is timely and appropriate notification to regulatory authorities and patients,
2. provision on continuity of care for patients in that practice and
3. appropriate disposition of all medical records in the practice.

[Refer to CPSS Leaving Practice: A Guide for Physicians and Surgeons](#)

#### 1. NOTIFICATION

Patients (or proxies) require appropriate notification of intent to cease practice. This notification can be done in person, by regular mail or electronic means. Advertising in appropriate local newspapers, updating the clinic website and updating any social media is advisable. Notification must occur a **minimum of three months prior** to the date of practice closure. This will give patients ample opportunity to access the physician for any care needs prior to practice closure and allow access to medical records as needed.

The College of Physicians and Surgeons must be notified. Other organizations such as the Saskatchewan Health Authority (SHA), the Medical Services Branch, Canadian Medical Protective Association, and the

Saskatchewan Medical Association (SMA) may need to be notified of the anticipated date of closure or departure from practice. Notification must also be made to laboratories and diagnostic imaging facilities where patient results may still be outstanding, the Saskatchewan Cancer Agency (FIT program, PAP test program, Breast Cancer Screening program) and any standing orders should be cancelled.

Notification should include the date of practice closure and forwarding address for any correspondence thereafter. If an existing colleague or new physician is taking over practice responsibilities or will be acting as a liaison person during the transition, the name and contact information for that individual should accompany the notification of the intent to cease practice.

## **2. CONTINUITY OF CARE**

It is the responsibility of the physician to ensure that continuity of care is maintained after practice closure. Patients who cannot advocate for themselves or who cannot individually access or arrange for a replacement provider, for example those in Care Homes, hospices, and other care facilities, must be transferred to an appropriately privileged care provider.

In the event that an existing colleague or a new physician is taking over the practice, this arrangement needs to be clearly outlined and documented for patients in the practice and the regulatory authorities.

Care of any patient under acute, active treatment or in an inpatient setting should be transferred to a colleague at the time of practice closure.

All outstanding reports, test results or standing orders must be reviewed and acted upon prior to practice closure or the responsibility transferred to another physician. Physicians should communicate to patients that they share responsibility to follow up on outstanding investigations and consultations, this can be facilitated through MySaskHealthRecord available to all residents of Saskatchewan.

## **3. MEDICAL RECORDS**

The records, whether on paper or electronic media, should be maintained securely at the time of practice closure. Information on the location and disposition of patient records and how the patient records may be accessed needs to be made available to the regulatory authorities and the patients.

The ongoing secure storage and disposition of the medical records from that medical practice are the responsibility of the physician until such time as another physician or entity clearly takes full responsibility for these records.

Section 22 of [The Health Information Protection Act](#) states that a physician remains responsible to meet the requirements of that legislation (security of records, patient access to records, etc.) unless a “trustee” or “designated archive” as defined in the legislation accepts responsibility for those records. That generally means that unless another physician or approved trustee accepts responsibility for the records, they remain the responsibility of the departing physician, even if the records are stored at a commercial storage facility.

Records must be retained for 6 years after the date of the last entry in the record. For pediatric patients record must be retained until 2 years past the age of majority or for 6 years after the date of the last entry in the record, whichever is the later date. (See [Bylaw 23.1](#))

The CMPA document "[How to manage your medical records: Retention, access, security, storage, disposal and transfer](#)," provides further guidance on secure storage and transfer of medical records.

#### **4. EMERGENCY PRACTICE CLOSURE**

In the event of a need to close a practise emergently, the physician or a proxy must contact the registrar's office to confirm that a continuity of care plan has been established.

#### **5. SUDDEN DEATH OR ILLNESS**

In the event that a sudden illness or untimely, unpredictable death results in the sudden cessation of medical/surgical practice, the responsibilities for the above requirements will fall on that individual's professional medical colleagues and to the estate to fulfill. It is anticipated, in that unfortunate situation, that physician colleagues would assist in the fulfillment of these requirements and offer aid to whoever is helping with estate matters. In these unfortunate circumstances it is highly recommended that the colleagues and/or estate contact the College for support.

### **Other Resources**

CMPA – [Closing or leaving a practice: Tips for primary care physicians](#)

CMPA – [How to manage your medical records: Retention, access, security, storage, disposal, and transfer](#)

[Regulatory Bylaw 23.1 – requirements for maintaining and transferring records](#)

[CPSS Leaving Practice: A Guide for Physicians and Surgeons](#)