

Establishing Practice

A guide for physicians and surgeons



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CPSS

College of Physicians and
Surgeons of Saskatchewan

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NOTE: As this is a general information package, some of the information contained in this package may not pertain to your specific practice specialty.

Disclaimer: This information is intended to serve as a user-friendly information guide only. It is not intended to replace the bylaws, policies and guidelines of the College of Physicians and Surgeons of Saskatchewan. Please visit the College's website at www.cps.sk.ca for complete, up-to-date copies of the bylaws, policies, and guidelines.

Introduction

While the College of Physicians and Surgeons do not get involved in the practical aspects of establishing or operating a medical practice, there are several Policies, Guidelines and Bylaws physicians must consider when starting to practice.

When establishing a new medical practice, joining an existing one, or resuming practice after a period of absence, disability, inactive practice, or a change in scope, it is essential to consider numerous factors and undertake various tasks. These include obtaining the necessary licenses, selecting suitable facilities, entering into agreements, making appropriate announcements, and completing numerous associated responsibilities.

Furthermore, physicians must address the secure transfer of patient records, establish professional and healthy patient-physician relationships, and engage in ethical and professional advertising of available services. It is also crucial for physicians to contemplate arrangements that would ensure continuity of care in the event of the practice becoming inactive or in cases where unresolved differences arise between patients and physicians, or among physicians themselves.

To facilitate a seamless transition into your new practice, this guide offers general advice only, and it is recommended that physicians contact the SMA for assistance.

Additionally, we strongly recommend exploring the "For Physicians" section located in the top menu of the CPSS website, which provides valuable information and resources regarding medical practice in Saskatchewan. It is also important to stay updated with the latest information and announcements provided in DocTalk, the CPSS Newsletter.

The College is not involved in any billing arrangements, and Physicians should discuss this with [Medical Services Branch](#) or the [SMA](#).

eHealth Saskatchewan has a website for [Establishing and Operating a Practice](#), and physicians are strongly encouraged to review this section in detail.

Advertising Physician Services

When establishing a new practice, it is customary to engage in advertising activities to promote a practice location and the services physicians intend to provide. However, it is crucial to be mindful of the regulations set forth by the College pertaining to permissible content, advertising platforms, approved signage, and other related provisions. The College has enacted [Bylaw 27.1-32.1 – Advertising](#), which serves as a guiding framework to ensure that advertising endeavors align with the ethical and professional standards outlined in the profession's [Code of Ethics](#) as well as the CPSS [Code of Conduct](#). Adhering to these will help maintain the integrity and reputation of the medical profession while effectively promoting new practices or services offered.

Establishing Patient-Physician Relationships

The patient-physician relationship is a unique relationship based on trust, honesty, respect and a mutual desire to improve health outcomes. There must be a mutual and collaborative understanding of the patient's needs and expectations, and the physician's capacity to respond. Relationships based on openness, trust, and good communication will enable the physician in partnership with the patient, to address the patient's individual needs.

The fundamental responsibilities of physicians in the patient-physician relationship are described in the [Code of Ethics](#) and [Code of Conduct](#).

It is necessary for both parties in the patient-physician relationship to be honest, considerate, and polite, and treat each other with dignity, respect and as individuals.

It is important for the physician to respect patients' privacy, autonomy and right to confidentiality, to support patients in caring for themselves to improve and maintain their health, and to encourage patients who have knowledge about their condition to use this when making decisions about their care.

It is equally necessary for the patient to be honest and open in providing pertinent communication to enhance the value of the interaction. As well, the patient should be mindful of the advice or treatment recommendations provided by the physician.

The CPSS recognizes that not all scenarios can be covered by guidelines and policies and there may be exceptional circumstances. In exceptional or difficult circumstances or if there are questions about a guideline or policy, physicians should contact the Registrar's Office for advice

See the complete CPSS guideline for more details:

[GUIDELINE – Establishing a Patient-Physician Relationship](#)

Ending Patient-Physician Relationships

Occasionally there will be some patient-physician relationships that for one reason or another do not work. Either party may decide to terminate the relationship. A physician may ethically decide not to continue to see a patient, as long as there are valid reasons, and the patient is not in immediate need of medical care. Regardless of the reasons for discontinuing a patient-physician relationship, it is important for physicians to understand that in an emergency situation the physician must provide emergency care if no other suitable physician is available unless there is real and imminent threat of harm or violence to the physician, clinic staff or others present.

The patient-physician relationship encountered most frequently will be that of a patient to their primary care provider. When the care provider is a specialist, consulted to provide specific care, the guideline remains pertinent until such time as the specialist has appropriately discharged the patient in writing back to the care of the primary care provider. In circumstances where a specialist decides to terminate a patient-physician relationship prior to the condition specific discharge criteria being met, then the specialist remains responsible for the management until he/she transfers care to an accepting specialist of the same specialty or back to the care of the primary provider for referral to another specialist.

When **ending a patient-physician relationship**, the College recommends the following*:

1. The decision to end the relationship should be clearly communicated to the patient. The initial decision may be communicated verbally if appropriate. A follow-up letter sent by registered mail is recommended. Be as compassionate and supportive as possible. State the reason(s) for the decision. Document any discussion and place a copy of the letter in the patient's file.
2. Give the patient a "reasonable" period (minimum of one month, unless there is a real and imminent threat of harm or violence to the physician, clinic staff or others present) of time to find another physician. This will obviously vary according to location and circumstances.
3. State that you will give or arrange for care until that date, and that you will respond to a request for care in an emergency situation. If ongoing care is needed, ensure that the patient (or their proxy) is aware of this.
4. Be helpful to the patient in finding a new physician and transferring records (see CPSS [GUIDELINE - Transfer of Patient Records](#)) and ensure that there are appropriate arrangements in place to ensure that there is follow up of outstanding investigations and consultations.

Circumstances may arise when a consulting physician perceives that conflict between themselves, and a referred patient (or proxy) is sufficiently problematic that the physician is no longer able or willing to persist in care delivery. In such circumstances careful re-evaluation is suggested to ensure that the relationship is not salvageable. In such cases where the consultant physician deems it preferable to have the patient cared for by another provider, the physician may direct care back to the referring physician only in circumstances where the care being sought is considered non-urgent and the patient will not come to any immediate harm while waiting for referral to, and consultation with, another care provider. If the patient is likely to come to harm during the re-referral timeframe, the consultant must arrange for direct transfer to the care of another consultant able to provide the care required.

In circumstances where a physician is ending the patient-physician relationship by transferring care to another physician, it is essential that the transfer be facilitated by providing all necessary information and records to the accepting physician.

A physician must not discharge a patient:

1. Based on a prohibited ground of discrimination including age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or economic status.
2. Because a patient makes poor lifestyle choices

3. Because a patient fails to keep appointments or pay outstanding fees unless advance notice has been given to the patient and the patient has been provided with the opportunity to address the concerns.
4. Because the patient refuses to follow medical advice unless the patient is repeatedly non-adherent despite reasonable attempts by the physician to address the non-adherence.
5. Because the physician relocates his/her practice to a new location/setting to which current patients could be reasonably expected to follow.
6. Because the patient requests access to services to which the physician has a conscientious objection. Although physicians are not obligated to provide health services to which they conscientiously object, they must comply with the CPSS Policy "Conscientious Objection" and/or CPSS Policy "Medical Assistance in Dying: Patient's Death is Not Reasonably Foreseeable" and/or CPSS Policy "Medical Assistance in Dying: Patient's Death is Reasonably Foreseeable" with respect to providing or arranging access to care in such circumstances.
7. If discharge significantly hampers access to a physician due to remoteness or lack of local physician resources in the community. For example, only one physician or one clinic in the community.
8. If a patient, due to a medical condition, becomes unable to travel (for example exclusively relying on Home Care or personal care providers for Medical Services) and/or is unable to independently find an alternate care provider (for example Long Term Care (LTC) placement, whether into Special Care Homes (SCH), Personal Care Homes (PCH) or assisted living, until the patient's care has been accepted by and transferred to an alternate care provider

*See the complete CPSS policy for more details:

[POLICY – Ending a Patient-Physician Relationship](#)

For suggested wording for a letter from a physician ending the patient-relationship refer to the CPSS website section on Advice to the Profession or the CMPA document "[Ending the doctor-patient relationship.](#)"

Ownership, Transfer and Storage of Patient Medical Records

When establishing a practice, you will need to gain access to your new patients' records. In some cases, you may also have records from a previous practice that you will want to bring with you to your new location should these patients choose to follow you.

A guideline has been developed jointly by the SMA and the CPSS to guide physicians in dealing with the transfer of copies of patient records from a physician to their patients. See the [CPSS website](#) for a complete set of guidelines for the [Transfer of Patient Medical Records](#).

When leaving or suspending practice, arrangements must be made for the physician/patient records to be stored safely and for patients to have reasonable access to copies of their records.

HEALTH INFORMATION PROTECTION ACT (HIPA)

The Health Information Protection Act provides protection for privacy of personal health information by legislating the right to access and the care of personal health information. Persons or organizations who have custody or control of personal health information must abide by these rules. HIPA applies to both paper and electronic records.

For more information: <https://pubsaskdev.blob.core.windows.net/pubsask-prod/8623/H0-021.pdf>

Additional information on [Privacy of Health Information](#) is available on the CPSS website.

OWNERSHIP OF PATIENT RECORDS

When establishing a practice, it is the physician's responsibility to ensure that provisions are made to determine the ownership of the paper and electronic medical records that will be created or have been acquired. This can be done through a signed mutual agreement.

For more information on who can have ownership of records, consult the CPSS [GUIDELINE - Transfer of Patient Records](#).

OUTSOURCING STORAGE OF PATIENT RECORDS

Physicians wishing to out-source the storage of patient records (whether paper or electronic) to a storage facility are encouraged to follow the advice of the [Office of the Saskatchewan Information and Privacy Commissioner](#).

Leaving Practice & Continuity of Care

The College of Physicians and Surgeons of Saskatchewan has also developed a guide entitled [Leaving Practice: A guide for physicians and surgeons](#) to assist physicians in ensuring continuity of care and arranging for appropriate transfer of medical files when leaving practice. This guide is available on the College website at www.cps.sk.ca, by contacting the College at (306) 244-7355 or by e-mail at cpssinfo@cps.sk.ca.

The College of Physicians and Surgeons of Saskatchewan **MUST** be notified of the location of the records and how they can be accessed by patients and/or other healthcare professionals with the patient's consent.