



ESTABLISHING PRACTICE



A guide for physicians and surgeons

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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

There are many things to plan for when establishing a new practice, joining an existing one, or returning to practice after an absence or disability, inactive practice, or change in scope of practice. There are licenses to acquire, facilities to be chosen, agreements to be signed, announcements to be made, and a multitude of other associated tasks to complete.

In addition to this, a physician must also consider how he or she will **transfer records** safely, establish healthy **patient-physician relationships**, and **advertise available services** in a professional and ethical manner. A physician should also consider what arrangements would be made to ensure **continuity of care** should the practice cease to be active or in the case of irresolvable patient-physician and/or physician-physician differences.

This guide will provide you with a general framework to help ensure a smooth transition towards your new practice.

We also encourage you to look through the For Physicians section in the top menu of the CPSS website for useful information and resources about practicing medicine in Saskatchewan, and to keep abreast of the updates provided in [DocTalk](#) (CPSS Newsletter).

Additional Resources:

[CMA – New in Practice Guide](#) (only available for free to CMA Members)

[Policy – Medical Practice Coverage](#)

[Policy – Standards for Primary Care](#)

Advertising Physician or Specialist Services

When setting up a new practice, you will likely want to advertise your new location and the services you wish to offer. Be aware that the College has regulations concerning the content that is allowed, where you may advertise, the type of signage that is allowed, and other provisions as well.

The College has established [Bylaw 27.1-32.1 – Advertising](#) to help you ensure this is done in such a way as to respect the profession's [Code of Ethics and Professionalism](#) and the CPSS [Code of Conduct](#).

Speaking with the Media

While physicians may respond to requests for interviews of a general nature to educate the public, it is

not permitted to do so to advertise your services. See [Bylaw 27.1-32.1 – Advertising](#) for more details.

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. It is necessary for the physician in the patient-physician relationship to be honest, considerate and polite, and treat patients with dignity and as individuals. It is also important to respect patient's privacy 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.

The patient should be mindful of the advice or treatment recommendations provided by the physician. The patient/guardian is ultimately responsible for selection of the preferred option for medical care and follow-through. If possible, they should strive to incorporate physician advice and recommendations into the patients' health and lifestyle situations.

See the complete CPSS [GUIDELINE – Patient-Physician Relationships](#)

Meeting a Patient for the First Time

When the physician is meeting a patient for the first time, the physician should identify the patient's needs and expectations, disclose to the patient information about their area of knowledge, skills, limitations of practice and mode of after-hours operation, and determine whether the terms of the relationship (partnership) are mutually acceptable. The physician must be mindful of human rights issues. The Canadian Medical Association Code of Ethics says:

- 17. In providing medical service, do not discriminate against any patient on such grounds as age, gender, married status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socioeconomic status. This does not abrogate the physician's right to refuse to accept patients for legitimate reasons.*
- 18. Provide whatever appropriate assistance you can to any person with an urgent need for medical care.*
- 19. Having accepted professional responsibility for a patient, continue to provide services until they are no longer required or wanted, until another*

suitable physician has assumed responsibility for the patient, or until the patient has been given adequate notice that you intend to terminate the relationship.

The first contact with a new patient may occur at a visit which some refer to as a **meet-and-greet visit**. **The meet-and-greet is not an insured service and** the physician may use this visit to identify the patient's needs and expectations, and disclose information about their knowledge, skills, and limitations of practice, along with the organization of their practice, such as the mode of after-hours operation. ***The visit should not be used to review the medical history of the patient or otherwise provide medical services and*** it is essential that physicians pay attention to the Code of Ethics, especially Section 17, in order not to be challenged on the basis of human rights if they decline to accept a patient to their practice.

The Office Visit

Effective communication between patients (or their patient advocates) and physicians is essential to the ideal delivery of care. The goals of communication are to exchange information, to develop a common understanding and build trust, and to reach a mutually acceptable decision.

The physician's obligation with respect to communication with a patient is to:

1. Commit full attention to the patient;
2. Create an environment that preserves the patient's dignity;
3. Foster candor in the disclosure of confidential, intimate information;
4. Convey genuine concerns for the patient's wellbeing; and
5. Respect the role of the patient advocate and/or caregiver.

The patient's obligation with respect to communication with the physician is to ensure that they are open and provide pertinent information. In advance, it is sometimes helpful if the patient:

1. Prepares a list of questions and concerns they wish the physician to address;
2. Makes the physician aware of these questions and concerns at the beginning of the visit;
3. Shares their medical history, including medications and other drugs used, as completely and accurately as possible;
4. Clearly designates a patient advocate or caregiver and defines their role in the care process; and
5. Establishes a single point of contact for providing information to family members.

Improving patient-physician communication should improve patient adherence to recommended therapies, improved patient self-care, and improved comprehension of the information given by the physician, increased patient satisfaction, and increased physician satisfaction.

It is important for physicians to retain control over their scheduling and timeliness in offering appointments to patients. Physicians should continually evaluate their scheduling systems for

effectiveness. Office visits should be used as an opportunity to assess illnesses/ medical conditions, review care plans, pharmacological therapies, potential drug interactions, or review any new medications added by additional caregivers. It is appropriate for a patient to be able to provide the list of problems for which they are seeking assistance, and for the physician and patient to go through the list and determine what requires urgent attention and what can be deferred to another appointment.

Also important for respectful interaction with patients are an awareness of appropriate sexual boundaries as outlined in the CPSS [POLICY – Sexual Boundaries](#), and sensitivity to cultural factors including those unique to Canada’s Indigenous people. For more insight on treating Indigenous patients in your practice, see [Caring for Indigenous Patients](#) on the CPSS website.

Ending a Patient-Physician Relationship

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 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.

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 (such as smoking).
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 reasonable expected to follow.
6. Because the patient requests access to services that the physician has a conscientious objection to.
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.

For a sample patient dismissal letter, with suggested wording, see **Appendix A**.

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.

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>

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](#).

Out-Sourcing 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.

Checklist for Establishing a Practice in Saskatchewan

TASK	Action	Complete By	✓
Licensing			
Read CPSS Bylaw 4.1			
Advertising			
Read CPSS Bylaw Part 7			
Transfer of Patient Records			
Read Guideline for Transfer of Patient Records			
Continuity of Care			
Ownership of Records			
Read Guideline for Transfer of Patient Records			

Appendix A – Patient Dismissal

Sample letter – Patient dismissal

Dear (patient's name):

The patient-physician relationship is fundamental in providing and receiving excellent care. The patient-physician relationship must be based on trust, honesty, respect and a mutual desire to improve health outcomes. This can only be done in the context of a satisfactory patient-physician relationship in which both partners participate willingly.

{Use the next paragraph to describe your valid reasons for withdrawing from the patient-physician relationship, such as unacceptable behavior, loss of trust and breakdown in interpersonal relationship, repeated non-compliance with medical advice or a monitored drug contract, etc.}

In these circumstances, I do not believe it is in your best interest for me to continue to serve as your physician. I therefore regret to inform you that I will not be in a position to provide further medical services after (date? This time will vary, but you should give at least one month's notice.).

Until that date, I will provide services to you or provide an alternate arrangement. After that date, I will not provide elective services to you, only emergency services in a life-threatening situation, when there are no other physicians to provide the required care.

I urge you to obtain the services of another physician as soon as possible. I will be pleased to provide a summary of my care while you have been my patient and with your consent will arrange to have a copy of your file transferred.

Sincerely,