



# LEAVING PRACTICE

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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](http://www.cps.sk.ca) for complete, up-to-date copies of the bylaws, policies and guidelines.*

## Introduction

When a physician leaves practice for any reason, whether it is to relocate or retire, or due to an emergency closure, there must be assurance of **continuity of patient care** and **preservation of the patient's record**, including appropriate arrangements for timely access to the patient's record. Patients, colleagues, professional associations and referring physicians must be informed of the change.

This guide will provide you with a framework to help ensure a seamless transition for patients and the members and agencies of the medical community who have entertained professional relationships with you.

See the [CPSS Policy - Physicians and Surgeons Leaving Practice](#).

## Informing Others of your Departure

### Who should be notified?

The following should be informed with as much advanced warning as possible that a physician is leaving.

- Patients
- Colleagues
- Referring physicians
- The College of Physicians and Surgeons of Saskatchewan

A physician who is relocating must leave a forwarding address with the [College of Physicians and Surgeons of Saskatchewan](#).

Additional notification is required concerning other agencies, such as the [Saskatchewan Health Authority](#), the [Canadian Medical Protective Association](#), the [Canadian Medical Association](#), the [Saskatchewan Medical Association](#), your Area Chief of Staff, the [Saskatchewan Cancer Agency](#), [Medical Services Branch](#), [Worker's Compensation](#), [SGI](#), and any other agencies with whom you have had a provider relationship to ensure that they understand where to forward any outstanding information that is required. Notification is also required for any committees or boards to which you have been appointed.

### This notification should include:

- **the date of departure,**
- **your forwarding address, and**
- **the name and address of the person to whom correspondence and reports should be sent.**

When retiring or relocating, specialists should notify their referring base of family physicians. Specialists who are unable to honor a commitment to see a patient prior to their leaving should alert the family

physician to the options for seeing a new specialist if a new specialist is taking over their practice, or allow the family physician to make a second referral to a different specialist, or agree to the departing specialist arranging a referral to a specialist colleague.

## Transfer of Patient Medical Records

Arrangements must be made for the physician/patient records to be stored and for patients to have reasonable access to copies of their records. Depending on the type of practice, arrangements for the “ownership” of the record must be negotiated; a colleague may undertake this responsibility, or other independent arrangements must be made.

The physician copy of a patient’s office record belongs to the physician or clinic. The patient is entitled to a copy, or transfer, of the record. The College also has the right to request a copy. Stored records must be secure, but accessible to the College or to provide copies to patients.

For an overview of the retention, access, security, storage, disposal, and transfer of clinical records, see [CMPA Medical Records](#).

See also the CPSS website section on [Leaving Practice](#) for further information and links.

**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.**

A guideline has been developed jointly by the SMA and the College to guide physicians in dealing with the transfer of copies of patient records from a physician to their patients. A complete set of guidelines for the [Transfer of Patient Medical Records](#) is available on the College website at [www.cps.sk.ca](http://www.cps.sk.ca).

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## Continuity of Care

It is the expectation that a patient under active treatment will be transferred to a colleague who accepts to continue the care of that patient. All outstanding laboratory tests and investigations must be reviewed and acted upon, and it is imperative that the physician who is relocating or retiring has a mechanism to ensure that the new physician accepting the care of this patient is aware of outstanding investigations and those agencies such as lab and/or x-ray facilities are aware that those reports should be forwarded to the new physician.

## 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.

See [CPSS Guideline: Patient-Physician Relationships](#)

# Checklist for Leaving Practice

ACTION	Method	Complete By	✓
<b>Notifications</b>	<i>Letter, in person, advertisement, sign...</i>	<i>(date)</i>	
Patients	<i>Letter, in person, advertisement, sign</i>		
Colleagues	<i>Letter, in person</i>		
Referring Physicians	<i>Letter</i>		
College of Physicians and Surgeons of Saskatchewan <ol style="list-style-type: none"> <li>1. Date of departure</li> <li>2. New location/Start date at new location</li> <li>3. Update on contact information (personal/office)</li> <li>4. Follow-up of outstanding results;</li> <li>5. Continuity of care prior to closure;</li> <li>6. Trusteeship of the medical records;</li> <li>7. Access to the medical records once you have closed/left your practice.</li> </ol>	<i>Letter or e-mail:</i> <a href="mailto:cpssinfo@cps.sk.ca">cpssinfo@cps.sk.ca</a>		
Other professional associations for which I am a provider <i>(Saskatchewan Health Authority, Canadian Medical Protective Association, The Canadian Medical Association, the Saskatchewan Medical Association, my Area Chief of Staff, The Cancer Agency of Saskatchewan, Medical Services Branch, Worker's Compensation, SGI...)</i>	<i>Letter</i>		
<b>Transfer of Patient Records</b>			
Arrangements have been made with a physician or clinic who will accept to take over my patient records (See <b>Guideline: Transfer of Patient Records Between Physicians</b> )			
Transportation of paper files has been arranged.			
Paper files have been transported.			
Electronic files for Data Split, if applicable, have been given to your provider well in advance of leaving. <i>(Please allow a minimum of 3 months for your provider to do the requested work.)</i>			
Transfer of electronic medical records has been made.			
<b>Continuity of Care</b>			
Patients under active treatment have been transferred to a colleague who accepts to ensure continuity of care			
All outstanding laboratory tests and investigations have been reviewed and acted upon; new physicians are aware of remaining outstanding investigations			
Agencies such as lab and/or x-ray facilities are aware that those reports should be forwarded to the new physician			
<i>(If applicable)</i> Arrangements have been made with colleagues with comparable expertise for the continuing care of patients who remain on your wait list at the time of your departure. <ul style="list-style-type: none"> <li>• I have ensured patients are not displaced from their priority ranking on the wait list.</li> </ul>			
<i>(If applicable)</i> Arrangements have been made for patients in long-term care facilities.			

All records associated with hospital admission and long-term care are complete.			
All office records are complete.			
As much advance notice as possible has been provided to the SHA and/or facility where I hold a medical staff appointment and to members of a clinical department in which I hold an appointment.			

For leaving practice enquiries relating to licensing, supervision and corporations, contact:

<p><b>CPSS Registration Services</b></p> <ol style="list-style-type: none"> <li>1. Any licensing/supervision enquiries</li> <li>2. Corporation enquiries</li> </ol>	<p>e-mail:  <a href="mailto:cpsreq@cps.sk.ca">cpsreq@cps.sk.ca</a>  <a href="mailto:cpsreq-corp@cps.sk.ca">cpsreq-corp@cps.sk.ca</a></p>		
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## Sample Letters:

### Notice of Leaving Practice (Patient)

Dear (patient's name):

*It is with mixed emotion that I am [announcing my retirement from active practice; relocating my practice; announcing an emergency closure of my practice, etc.] as of [date]. This decision has not been made lightly, as I have enjoyed working at \_\_\_\_\_.*

*As of [date], Dr. \_\_\_\_\_ will be taking over my practice. [Describe the new physician's background in 1-2 lines]. Dr. \_\_\_\_\_ can be contacted at the address below:*

*[Name of Physician and/or Clinic]*

*[Address]*

*[Telephone number]*

*[E-mail]*

*If you prefer, you may obtain the services of another physician. If you choose to do so, I would recommend proceeding as soon as possible to ensure a smooth transition for your health care. The Saskatchewan Health Authority keeps a list of physicians who are accepting new patients at <https://www.saskhealthauthority.ca/Services-Locations/doctors-accepting-new-patients>*

*Your medical records are confidential, and a copy can be sent to another physician or released to you or another person only through your consent. 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 to your new physician's office. Please sign the enclosed authorization form and return it to our office as soon as possible before (date) so that we may make the appropriate arrangements concerning your file.*

*In default of this, your medical record will be transferred to \_\_\_\_\_ and can be accessed by contacting \_\_\_\_\_.*

*It has been my great pleasure to have provided you with health services in the past, and I am grateful to have had the opportunity to meet some wonderful people throughout my years in practice. Best wishes for a healthy future.*

*Sincerely,*

*Dr. \_\_\_\_\_*

*[title]*



## Notice of Leaving Practice (Colleagues, Professional Associations)

*Dear (name of individual or agency):*

*It is with mixed emotion that I am [announcing my retirement from active practice; relocating my practice; announcing an emergency closure of my practice, etc] as of [date]. This decision has not been made lightly, as I have enjoyed working at \_\_\_\_\_.*

*As of [date], Dr. \_\_\_\_\_ will be taking over my practice, as well as the bulk of my medical records. [Describe the new physician's background in 1-2 lines]. Dr. \_\_\_\_\_ can be contacted at the address below:*

*[Name of Physician and/or Clinic]*

*[Address]*

*[Telephone number]*

*[E-mail]*

*[Use this paragraph to indicate any committees, appointments, and other positions from which you will be stepping down that could be relevant to this individual or organization, or any other message you wish to convey to referring physicians, etc.].*

*It has been my great pleasure to have worked with you in providing quality health care in Saskatchewan. I am grateful to have had the opportunity to meet and work alongside some wonderful and remarkable people throughout my years in practice.*

*Sincerely,*

*Dr. \_\_\_\_\_*

*[title]*

## Notice of Transfer of Records

*Dear (name of patient):*

*This letter is to inform you that, in default of receiving alternate instruction, your medical record has been transferred to the following physician/clinic/record storage facility:*

*[Name of Physician and/or Clinic/and/or Record Storage Facility]*

*[Address]*

*[Telephone number]*

*[E-mail]*

*Your medical records are confidential, and a copy can be sent to another physician or released to you or another person only through your consent. Should you wish to have your file transferred to an alternate location or physician, please sign the enclosed authorization form and return it to \_\_\_\_\_ so that the appropriate arrangements can be made.*

*Please note that a nominal fee may be charged for transferring your file.*

*It has been my great pleasure to have provided you with health services in the past. Best wishes for a healthy future.*

*Sincerely,*

*Dr. \_\_\_\_\_*

*[title]*

## Notice of Patient Dismissal (Ending a patient-physician relationship)

*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,*