

Leaving Practice

A guide for physicians and surgeons



May 2023



CPSS

College of Physicians and
Surgeons of Saskatchewan

In This Guide

- Introduction 1
- Informing Others of Your Departure 1
- Transfer of Patient Medical Records 2
- Continuity of Care 2
- Ending a Patient-Physician Relationship 3
- Return of pharmaceuticals, injectables and medication samples 3
- Checklists for Leaving or Relocating Practice 4
- Sample Letters 9
 - Notice of Leaving Practice (Patient) 9
 - Notice of Leaving Practice (Colleagues, Professional Associations) 10
 - Notice of Transfer of Records 11
 - Notice of Patient Dismissal (Ending a patient-physician relationship) 12

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

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 had professional relationships with you.

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

Informing Others of Your Departure

The following groups 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](#), [Saskatchewan Government Insurance](#), 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:

- (i) alert the family physician of the option to see a new specialist if a new specialist is taking over their practice, or
- (ii) allow the family physician to make a second referral to a different specialist, or
- (iii) as the departing specialist arrange 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 and arrangements for the “ownership” of the record, a colleague may undertake this responsibility, or other independent arrangements must be made.

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 health care professionals with the patient’s consent.

In cases where the entire practice is closing, according to CPSS Bylaw 23.1 [CPSS Regulatory Bylaws](#), the records must be securely stored, for six years after the date of last visit, or death, or two years after age 18 for pediatric patients. The records must also be accessible by patients or the College during this period of time. The CMPA recommends retention of medical records for ten years from last entry or age of majority. Requirements for record storage and transfer upon leaving practice are stated in the Bylaw.

Further information about proper record transfer procedures can be found in the CPSS Guideline: [Transfer of Patient Records](#).

There are a number of options for secure record storage, either through the EMR providers or private companies.

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 [CPSS website](#).

**There are a number of options for secure record storage, either through the EMR providers or private companies. Please allow for sufficient time to complete this task prior to your departure date, especially for EMR data split/transfers. This process can sometimes take 12 weeks or more.*

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.

[Policy – Medical Practice Coverage](#)

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 a real and imminent threat of harm or violence to the physician, clinic staff or others present.

See [CPSS Policy: Ending a Patient-Physician Relationship](#)

Return of pharmaceuticals, injectables and medication samples

Physicians must make arrangements for the transfer to another practitioner, or disposal, of all pharmaceuticals in the departing practitioner's practice, in accordance with all applicable laws. Contact your local pharmacy or the [Saskatchewan College of Pharmacy Professionals](#) (SCPP) if you have any questions about disposal.

Checklist for Leaving or Relocating Practice
When a physician/surgeon plans to close or leave a practice, it is mandatory that there is timely and appropriate notification to regulatory authorities and patients, provision on continuity of care for patients in that practice and appropriate disposition of all medical records in the practice.
<p>Applicable policies and guidelines:</p> <ul style="list-style-type: none"> · POLICY – <i>Physicians/Surgeons leaving practice</i> · GUIDE – <i>Leaving Practice – A guide for physicians and surgeons</i> · Guideline: <i>Transfer of Patient Records Between Physicians</i> · Guideline: <i>Transfer of Patient Records</i> · CMPA: <i>Closing or leaving a practice</i>

Informing Patients	Date started	Date completed
Calls to active patients.		
Letters to active patients, which emphasize the importance of continuing care, and provide information on where/how to find another physician. (Sample letters available in guide)		
Printed notice, posted in the office with optimal visibility (even when the office is closed).		
Newspaper advertisement.		
Recorded message on the office answering machine.		
Mail services.		
Practice website, Social Media site.		
Letters to patient on waiting lists for appointments, procedures, follow up etc.		
Special populations: Obstetrical patients, OAT patients, anticoagulated patients etc.		

Ambulatory Care Department (if applicable)			
Non-Physician Colleagues			
Remote Clinics (if applicable)			
Ambulance Services			
SGI			
WCB			
CMPA			
Medical Services Branch			
SMA			
Saskatchewan Cancer Agency			
Saskatchewan College of Pharmacy Professionals			
Prescription Review Program			
eHealth			
CMA			
Local Laboratory and X-ray departments			
EMR provider			
Clinical department in SHA			
College of Medicine (if faculty appointment)			
CFPC, RCPSC			
3S Health (transcription@3shealth.ca)			
Other:			
Other:			

TRANSFER OF PATIENT RECORDS	Date started	Date Completed
<p><i>***Please allow for sufficient time to complete these tasks prior to your departure date, especially for EMR data split/transfers. This process can sometimes take 12 weeks or more.***</i></p>		
<p>Arrangements/contract with a physician or clinic who will accept to take over patient records (See <i>Guideline: Transfer of Patient Records Between Physicians</i>).</p>		
<p>Paper files transfer to new trustee (physician/clinic/storage).</p>		
<p>Electronic records transfer to new trustee (EMR file migration/split).</p>		
<p>System in place for patients to obtain their files (See <i>Guideline: Transfer of Patient Records Between Physicians</i>) current and long term.</p>		

CONTINUITY OF CARE	Date started	Date Completed
<p>Transfer Patients under active treatment to a colleague who accepts to ensure continuity of care.</p>		
<p>All pending/outstanding laboratory tests and investigations to be reviewed and acted upon.</p>		
<p>Agencies such as lab and/or x-ray facilities to be made aware that those reports should be forwarded to the new physician.</p>		
<p>Arrange with colleagues with comparable expertise for the continuing care of patients who remain on waiting list at the time of departure (ensure that patients are not displaced from their priority ranking on the wait list.)</p>		
<p>Arrangements to be made for care and follow up for patients in Long-term care facilities.</p>		
<p>All records associated with hospital admission and long-term care to be completed and signed off, including discharge summaries.</p>		

Complete and sign off all office-based records, third party forms and other correspondence.		
As much advance notice as possible has been provided to the SHA and/or facility where you hold a medical staff appointment and to members of a clinical department in which an appointment is held.		

PHARMACEUTICALS, INJECTABLES and MEDICATION SAMPLES	Date started	Date Completed
Arrangements have been made for the transfer to another practitioner or for the return or disposal of all pharmaceuticals, injectables and medication samples held by my practice, in accordance with all applicable laws. (SCPP/Pharmacy)		
All have been transferred or disposed of appropriately.		

DISPOSABLES and SHARPS	Date started	Date Completed
Arrangements have been made for pickup and disposal of sharps and hazardous materials.		
All have been removed and/or disposed of appropriately.		

Notes:

Sample Letters

NOTICE OF LEAVING PRACTICE (PATIENT)

[Patient's Name],

I am writing to inform you of an important update regarding my professional status. It is with a combination of sentiments that I announce my retirement from active practice, effective [date]. This decision has been carefully considered, given the immense satisfaction I have derived from working at _____.

Starting from [date], your medical care will be entrusted to Dr. _____, who will be assuming responsibility for my practice. Dr. _____ brings a wealth of experience and expertise to their role, and I am confident in their ability to continue providing you with excellent care. You can reach Dr. _____ at the following address:

[Name of Physician and/or Clinic] [Address] [Telephone number] [E-mail]

I want to emphasize that your medical records are strictly confidential. Access to them, whether for another physician, yourself, or any other individual, requires your explicit consent. Should you desire, I am more than happy to furnish you with a summary of the care I have provided during your time as my patient. Additionally, upon your consent, I will make arrangements to transfer a copy of your file to your new physician's office.

To initiate this process, kindly sign the enclosed authorization form and return it to our office before (date) so that we can facilitate the necessary arrangements regarding your medical records.

In the event that we do not receive your authorization form by the specified date, your medical records will be transferred to _____. To access these records, please contact _____.

It has been a true privilege to serve as your healthcare provider, and I am grateful for the opportunity to have met such remarkable individuals throughout my years in practice. I wish you continued health and prosperity in all your future endeavors.

Sincerely,

Dr. _____ [Title]

NOTICE OF LEAVING PRACTICE (COLLEAGUES, PROFESSIONAL ASSOCIATIONS)

Dear (name of individual or agency),

I am writing to inform you of my decision regarding my professional endeavors, which evokes a range of emotions. Effective [date], I will be [announcing my retirement from active practice; relocating my practice; announcing an emergency closure of my practice, etc]. I want to express that this decision has been a carefully considered one, as my time at _____ has been truly fulfilling.

Commencing on [date], I am delighted to announce that Dr. _____ will be assuming responsibility for my practice and overseeing the majority of my medical records.

Dr. _____ brings a wealth of expertise to the position, with a background that encompasses [briefly describe their professional background in 1-2 lines]. You can reach out to Dr. _____ at the following contact details:

[Name of Physician and/or Clinic]

[Address]

[Telephone number]

[E-mail]

[Use this paragraph to indicate, such as committees, appointments, or positions that you will be stepping down from and to convey any other messages that may be pertinent to referring physicians or any affiliated organizations.]

Working alongside you to deliver exceptional healthcare services in Saskatchewan has been a privilege. I am truly grateful for the opportunity to collaborate with remarkable individuals who have contributed significantly to the provision of quality care throughout my tenure.

With sincere appreciation,

Dr. _____ [title]

NOTICE OF TRANSFER OF RECORDS

Dear (name of patient),

We are writing to notify you that, unless we receive alternative instructions, your medical record [will be/has been successfully] transferred to the [designated physician/clinic/record storage facility] as follows:

[Name of Physician and/or

Clinic/and/or

Record Storage Facility]

[Address]

[Telephone number]

[E-mail]

Please be aware that the confidentiality of your medical records is of utmost importance, and any disclosure or transfer of the information contained therein will be conducted only with your explicit consent.

If you wish to have your medical file transferred to an alternate location or physician, kindly complete the enclosed authorization form and return it to _____. This will allow us to facilitate the necessary arrangements promptly.

Please note that a reasonable fee may be applied for the processing and transfer of your medical records.

It has been our privilege to provide you with healthcare services in the past, and we sincerely appreciate the trust you have placed in us. We extend our best wishes for a healthy future.

With warm regards,

Dr. _____ [title]

NOTICE OF PATIENT DISMISSAL (ENDING A PATIENT-PHYSICIAN RELATIONSHIP)

Dear [Patient's Name],

The foundation of exceptional care lies within the patient-physician relationship. This relationship thrives on trust, honesty, respect, and a shared commitment to enhance health outcomes. It is crucial to foster a satisfactory patient-physician relationship, where both parties willingly participate.

Regrettably, after careful consideration, I have come to the conclusion that it is not in our best interest for me to continue serving as your physician. This decision stems from [briefly outline the valid reasons for withdrawal, such as unacceptable behavior, loss of trust, breakdown in interpersonal relationship, repeated non-compliance with medical advice or a monitored drug contract, etc.].

Hence, I must inform you that I will no longer be able to provide further medical services after [specific date]. Please note that this timeframe may vary, but I wanted to ensure at least one month's notice is provided. Until the aforementioned date, I will continue to provide you with services or make suitable alternative arrangements. However, after this date, I will only be able to offer emergency services in situations where there are no other physicians available to provide the necessary care.

I strongly urge you to promptly seek the services of another physician. If you grant consent, I will gladly prepare a summary of the care provided during your time as my patient and facilitate the transfer of your medical records to the new healthcare provider.

Should you have any queries or require further assistance during this transition, please do not hesitate to reach out.

Sincerely

[Physician name]