



POLICY

Medical Practice Coverage

STATUS:	APPROVED
Adopted by Council:	2007
Approved by Council:	Sept 2010
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Approved by Council:	June 2015
Amended:	n/a
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1. Scope of this Policy

This policy sets out the College's expectations of all physicians involved in direct patient care regarding physician availability, after-hours coverage, and coverage during temporary absences from practice. "Physicians involved in direct patient care" include primary care physicians (including those working at urgent care/walk-in/episodic care clinics), and specialists/consultants providing care as part of a sustained physician-patient relationship. All such physicians have a professional and ethical obligation to ensure continuous after-hours care to their patients.

The term "after-hours" as it is used in this policy means outside of regular clinic or office operating hours, and this may vary depending on the nature of the clinic or practice.

2. Expectations

- All physicians involved in direct patient care have an obligation to arrange for 24-hour coverage of patients currently under their care.
- Recognizing the impossibility for a physician to be available continuously, where physician numbers permit (four or more), they are encouraged to form call groups with physicians of similar interest and training to share responsibility for after-hours and weekend coverage.
- Physicians who transfer coverage of patients in their practice to another physician must have the agreement of the covering physician before doing so.
- If it is not possible or practical to arrange alternative coverage with another physician or group, physicians may make mutually acceptable arrangements with the Saskatchewan Health Authority (SHA), one or more hospital emergency departments and/or physician emergency clinics to cover the after-hours needs of their patients. These arrangements should include, wherever feasible, the ability for the covering physician to contact someone from the physician's call group when necessary. However, it is not ethically acceptable for physicians to unilaterally offload professional responsibilities on SHA facilities and programs without a mutually acceptable agreement with the SHA.

- Physicians who sign over coverage to a hospital or clinic emergency department should be prepared, if requested, to participate in the on-call roster, provided the physician has the required training, experience and privileges (if in a SHA facility) to do so.
- Information should be made available to patients providing clear directions as to when, where and how they can seek medical care when their own physician is unavailable.
- All physicians involved in collaborative practices with Primary Care Clinics should be prepared to accept their fair share of call responsibility along with other members of the interdisciplinary team.

2.1 Office phone requirements

Physicians must have an office telephone that is answered and/or a voicemail that is operational at all hours which gives clear, accurate and current information on:

- a) practice office hours,
- b) any office closures,
- c) any relevant coverage information, and
- d) instructions on how to access emergency care (i.e. to call 9-1-1).

Physicians may inform patients that they have the option to call the provincial health advice line (8-1-1) to receive general health advice, but this must not be used as the physician's primary coverage method.

2.2 After-hour management of test results

As required by the CPSS policy *Standards for Primary Care*, physicians must ensure that any practice location in which they work has appropriate systems in place to:

- a) Review, and if appropriate, provide follow-up care in response to any investigations ordered by the physician. When possible, the results of such investigations should be reviewed by the physician who has ordered the investigations and, when not possible, investigations results must be reviewed by a qualified medical colleague; and
- b) Respond to "critical" diagnostic test results reported by a laboratory or imaging facility for urgent attention after regular working hours or in the absence of the ordering physician.

2.3 Availability to respond to after-hour inquiries from other health-care providers

Physicians or their designate must be available to respond in a timely and professional manner when contacted by other physicians, pharmacists, facilities providing care to patients, or other healthcare providers after-hours. To facilitate access and to enable communication with other health-care providers, physicians must include their professional contact information when ordering a test, writing a prescription, or making a referral. Physicians should ensure that their after-hours coverage arrangement includes information for these entities and should consider providing their relevant coverage contact information directly to other health-care providers when appropriate.

2.4 Coordinating coverage for temporary absences from practice

During temporary absences from practice, physicians providing care as part of a sustained physician-patient relationship should make coverage arrangements for patient care and for the management of test results.

2.5 Use of voicemail and email

Physicians must ensure that voicemail messages, electronic patient communication applications and e-mail are reviewed and responded to in a timely manner. What is timely will depend on a variety of factors including, but not limited to, the impact to patient safety that may be caused by a delay in responding and when the message was left (e.g., after-hours, weekend, holiday, etc.).

Physicians must also ensure that the voicemail or e-mail (automatic replies) and other outgoing messages are up to date and accurate and that patients are provided with detailed messaging regarding the timing of replies and when and how to access emergency care.

2.6 Practice coverage during office hours when unable to accommodate access

In order to facilitate timely access to care and continuity of care, physicians should take reasonable steps to structure their practice in a manner that allows for appropriate triaging of patients with time-sensitive or urgent issues. This may include implementing a same-day scheduling system or utilizing other physicians or health-care staff within or outside their practice.

If a physician is unable to accommodate a patient with a time-sensitive or urgent/emergent issue, a reasonable alternative for care should be offered.

OTHER RESOURCES

CPSS Regulatory Bylaw 7.1 – The Code of Ethics

CPSS Regulatory Bylaw 7.2 – Code of Conduct

CPSS Policy “Standards for Primary Care”

CPSS Policy “Clinics that Provide Care to Patients Who Are Not Regular Patients of the Clinic”

ACKNOWLEDGMENTS

In developing amendments to this policy, the College of Physicians and Surgeons of Saskatchewan referenced the following documents:

- the College of Physicians and Surgeons of British Columbia Practice Standard “Care Coverage Outside Regular Office Hours”
- the College of Physicians and Surgeons of Ontario Policy “Continuity of Care: Availability and Coverage”

The College recognizes, with thanks, the contributions of those organizations to the development of this policy.