



## POLICY

---

### Clinics that Provide Care to Patients Who Are Not Regular Patients of the Clinic

<b>STATUS:</b>	APPROVED
<b>Adopted by Council:</b>	March 2015
<b>Amended:</b>	January 2020
<b>To be reviewed:</b>	March 2023

### PREAMBLE

The College of Physicians and Surgeons of Saskatchewan (CPSS) has responsibility to set standards and policies that result in high quality care for patients regardless of their point of contact with physicians in the health care system. For reasons of convenience or ease of access, patients often turn to episodic services such as walk-in or "no-appointment" physician visits in clinics. Physicians are expected to manage these episodic encounters to provide optimal continuity of care.

An excerpt from the Canadian Medical Association and CPSS *Code of Ethics and Professionalism* and the *Code of Conduct*, part of the College regulatory bylaws provide the basis for this policy.

- 2. Having accepted professional responsibility for the patient, continue to provide services until these services are no longer required or wanted, or until another suitable physician has assumed responsibility for the patient, or until after the patient has been given reasonable notice that you intend to terminate the relationship.*

The CPSS expects that physicians will:

- Ensure patient care and safety assume the highest priority in the clinical setting. The duty of physicians to advocate for patients does not excuse or justify unacceptable behavior; it must be done constructively.
- Provide the medical follow-up required by a patient's condition after undertaking an examination, investigation or treatment of a patient unless the physician has ensured that another physician, another professional or another authorized person has agreed to do so.
- After referring a patient to another physician, continue to assume responsibility for that patient until that other physician takes responsibility for the patient care

This policy is intended to apply to episodic care provided in medical practices, such as, but not limited to:

1. Walk-in clinics.
2. Appointment-based family practice clinics.
3. Primary health care clinics.
4. Minor emergency clinics.

## **POLICY**

1. Physicians are expected to provide the same standard of care to patients irrespective of the practice setting in which such care is provided and irrespective whether the patient is, or is not, a regular patient of the clinic where the physician works.
2. **Personal Family Physicians** - When being registered at a clinic, patients must be asked if they have a family physician who they usually see for care and, if so, the name of that family physician must be recorded on the patient's record.
  - a) Patients who have a family physician must be advised that information about the current visit will be sent to their family physician and given the option to request that this not be done. Written documentation of such a request must be obtained in each and every case.
  - b) Patients who do not have a family physician must be encouraged to establish a patient/doctor relationship with a family physician. Suggestions should be made to patients about the value of such a continuing care arrangement. The establishment of such a care arrangement should be facilitated if possible, either within the clinic or with another physician or clinic.
3. **Patient Records** - Physicians must document each patient visit in accordance with accepted standards of care and guidelines for medical record-keeping. Acceptable documentation includes an accurate and complete account of each patient visit including information such as related history, assessment, treatment, investigations, and follow-up. Suitable administrative systems must be in place to send information about the visit to the patient's family physician or primary care clinic, if the patient has one.
4. **Prescribing** - It is advisable for physicians to use PIP (Pharmaceutical Information Program), particularly when dealing with patients who require prescriptions for controlled substances.
5. **Imaging and Laboratory Services** – Physicians who own and operate a diagnostic imaging unit or laboratory services within their clinic shall adhere to the Council's policy with regard to radiological supervision of diagnostic imaging units and other related standards of good practice.
6. **Multi-Physician Clinics** – In clinics where more than one physician practices, a managing physician shall be designated to:
  - a) be responsible for implementing appropriate arrangements to handle follow up of test results by other physicians, follow up of test results after hours, and handling of urgent cases, and
  - b) develop and implement a policy manual which gives clear direction to the physicians employed in the clinic with regard to the policies and standards they shall observe while practicing in that clinic.

7. **Other Guidelines and Policies** – physicians who work in or manage clinics which provide episodic care should be aware of and compliant with the policy **Standards For Primary Care** and the policy **Medical Practice Coverage**

**References:**

CPSBC- [Primary Care Provision in Walk-In, Urgent Care, and Multi-physician Clinics](#)

CPSA- [Episodic Care Standard of Practice](#) and [Continuity of Care](#)

CMA- [Code of Ethics and Professionalism](#)