



## POLICY

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### Medical Practice Coverage

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| <b>STATUS:</b>              | APPROVED                            |
| <b>Adopted by Council:</b>  | 2007                                |
| <b>Approved by Council:</b> | Sept 2010<br>June 2012<br>June 2015 |
| <b>Amended:</b>             | March 2021                          |
| <b>To be reviewed:</b>      | March 2023                          |

#### 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” includes primary care physicians (including those working at urgent care/walk-in/episodic care clinics/virtual care services), and specialists/consultants providing care as part of a sustained physician-patient relationship. All such physicians have a professional and ethical obligation to ensure the availability of continuous care to their patients. Physicians are expected to use their professional judgment in determining how best to do this and must act in good faith to facilitate continuity of care and access to coordinated care.

#### 2. Definitions

For the purposes of this policy, the following definitions apply:

*After-hours* means outside of regular clinic or office operating hours, and this may vary depending on the nature of the clinic or practice.

*Office hours* means regular clinic or office operating hours, which may vary depending on the nature of the clinic or practice.

*Physicians involved in direct patient care* includes 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, regardless of mode of service delivery (in-person or virtually).

*Sustained physician-patient relationship* is a physician-patient relationship where care is actively managed and where the care will be provided on a longitudinal basis.

#### 3. Expectations

- All physicians involved in direct patient care have an obligation to arrange for 24-hour coverage of patients currently under their care.

- The College recognizes that it is difficult for a physician to be available continuously while maintaining caregiver well-being. As such, where the number of physicians and other qualified medical professionals is sufficient to ensure safe continuous coverage and promote continuity of care, the College encourages physicians to form call groups with caregivers 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 an appropriate share of call responsibility as agreed upon with other members of the interdisciplinary team.

### 3.1 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 (i.e. how the patient can access after-hours, non-emergent care), 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.

### 3.2 After-hours management of test results

Physicians must ensure that any practice location in which they work has appropriate systems in place to receive and review investigations results after-hours, to permit them to take appropriate

action in response to critical diagnostic test results reported by a laboratory or imaging facility for urgent attention, and to follow-up with the patient with appropriate urgency.

The primary responsibility for review and follow-up is with the ordering physician, but after-hours or in the absence of the ordering physician, investigation results should be reviewed by a licensed physician or eligible alternate healthcare provider pursuant to a coverage arrangement as referenced in 3. above.

### **3.3 Availability to respond to after-hours inquiries from other health-care providers**

Physicians or their designate must respond in a timely manner when contacted by other physicians or health-care providers who want to communicate or request urgent information about a patient after-hours. What is 'timely' will depend on, for example, the impact to patient safety that may be caused by a delay in responding. 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.

### **3.4 Coordinating coverage for temporary absences from practice**

During planned temporary absences from practice, physicians providing care as part of a sustained physician-patient relationship should make coverage arrangements for patient care and all physicians must make coverage arrangements for the management of test results. Physicians should also proactively plan for how to manage unplanned temporary absences from practice.

### **3.5 Use of voicemail and email**

Physicians must ensure that voicemail messages, electronic patient communication applications and e-mail are reviewed and, if appropriate, responded to within a reasonable timeframe. What is reasonable 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 frequency of review, the timing of replies and when and how to access emergency care.

### **3.6 Practice coverage during office hours when unable to accommodate access**

In order to facilitate timely access to coordinated 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. In some cases, this may include advice to call 9-1-1 or to attend the local emergency department.

## 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 “Patient-Physician Relationships”](#)

[CPSS Policy “Clinics that Provide Care to Patients Who Are Not Regular Patients of the Clinic”](#)

CMPA publications:

*Closing the loop on effective follow-up in clinical practice: 8 suggested steps toward a robust follow-up system* (March 2019)

*Part-time practice, full-time safety: [Reducing](#) clinical workload while addressing risks* (June 2015)

*How effective time management of test results improves patient safety* (June 2011)

## 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.