

Registrar's message: contingency planning and practice coverage for an unexpected absence



A question about contingency planning on this year's annual licence renewal form has prompted questions from registrants. This article outlines aspects of the plan that, from a regulatory perspective, should be considered to ensure continuity of patient care, whether the absence is due to an emergency, a sudden need for retirement or a health leave, or even death.

Registrants owe a professional duty of care to patients to plan for interruptions in practice, whether due to an emergency, a sudden need for retirement or a health leave, or even death. Proper planning ensures continuity of care for patients, appropriate access to medical records, and a seamless transition in business operations to a named successor.

The general requirement for having a contingency plan is set out in the practice standard [Leaving Practice](#). Requirements regarding planning for medical record retention and management are set out in the practice standard [Medical Records Management](#). As outlined, registrants have an ethical, professional, and legal obligation to ensure that *before* they create a medical record, they comprehensively address the issues of custody, confidentiality, and enduring access for themselves and their patients.

In the event of an unexpected absence from practice, registrants must have a plan in place for ongoing access to medical records, as well as the retention of medical records. Section 3-6(2) of the [College Bylaws](#)

states that records are required to be retained for a minimum period of sixteen years from either the date of last entry or from the age of majority, whichever is later, except as otherwise required by law.

The College recommends that registrants identify another trusted colleague, or group of colleagues, who can take over their practice if necessary—and that this agreement be made in writing. Not only should the agreement address medical record custodianship, but also who will assume responsibility for transferring records and following up on tests that have been ordered and will be received at the office or clinic following a registrant's unplanned departure from practice.

Registrants working in solo practice may consider entering into a written agreement with a locum or collaborating with other solo practitioners. Creating plans with medical office staff may also be considered to ensure patients have access to their medical records and can be informed of their options for accessing ongoing care.

Requirements for maintaining an up-to-date and comprehensive cumulative patient profile (CPP) are set out in the practice standard [Medical Records Documentation](#). The CPP can act as a helpful tool for those covering a practice in the event of an unexpected absence. The Canadian Medical Protective Association (CMPA) recommends that registrants communicate with their office staff on how patients' CPPs can be accessed by those who may play a role in the continuity of their own medical care.

The absence of formalized, written contracts not only puts patients at risk but can cause undue stress to registrants, their colleagues, and their families. Although it can take some time to coordinate all aspects, good contingency planning is a very worthwhile investment.

Registrants are advised to access appropriate legal counsel before providing medical services in situations where contingency planning has not been clearly addressed. The CMPA is available to registrants seeking medical legal advice, and has produced this 11-minute [podcast](#) on contingency planning as a guiding resource.

Members of Doctors of BC will have received notice this week about a new [Contingency Planning Toolkit](#), which provides clear information and outlines steps on how to complete a critical record inventory, initiate a communications plan, solidify a personal contingency plan and estate, and more.

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