

Registrar's message: challenges in leaving practice



In recent years, leaving practice, whether to retire, move to a new community, or change a scope of practice, has become increasingly challenging. Due in part to a shortage of physicians in BC, most can no longer expect a colleague to be able and willing to take over their full patient panel.

The College has seen an increase in the number of inquiries from registrants—both by email, and through our [registant support coaching program](#)—wondering how to close their practice without negatively affecting patients.

The [Leaving Practice](#) standard is intended to assist registrants in understanding the College's expectations of registrants who retire, take an extended leave of absence or close/relocate their medical practice. Last year, the College also published an [online course on leaving practice](#), to help registrants better understand how to apply the practice standard in their unique situation.

Still, many registrants find it difficult to close their practice, and have expressed concerns that the expectations in the standard cannot be met in every scenario, especially in smaller communities

where resourcing challenges are extreme. In these difficult situations, the College does not expect registrants to continue to practise indefinitely, and instead expects them to do their best to prepare patients for their departure by prioritizing effective communication and continuity of care for those most vulnerable.

Communicating with and empowering patients

Registrants are expected to notify their patients that they will be leaving practice, including details such as their departure date, and how patients can access a copy of their medical records prior to that date. The College does not mandate a set notification period but recommends a minimum of three months to give patients time to do what they can to find other health care resources. This language is intentionally lenient due to the varying circumstances registrants may be facing when leaving practice, and the unfeasibility in attempting to enforce a three-month timeline as a “one size fits all” requirement.

Registrants are expected to use their best judgement and provide as much notice as possible to patients prior to leaving practice. They should also consider their most vulnerable patients, such as those with complex health problems or challenges with accessing care, and ensure that these individuals are supported by other resources in their communities as necessary.

The standard also advises registrants to let patients know “the name of the individual who is taking over the practice, whether or not there are partners or associates in the practice who are accepting new patients, or whether there are other professionals in the community who are accepting new patients.” We recognize that this is becoming more challenging and can only emphasize the importance of open and honest communication with patients about ways they can access care after they have left, including attending walk-in clinics or urgent and primary care centres.

Tapering your practice

Specialists should not accept patients in consultation if they do not expect to be able to complete their treatment. Similarly, registrants should not order diagnostics if they will not be available to receive and deal with the results. Registrants who cannot find a colleague to follow up on test results may choose to close their office practice but maintain their licence for a period of time to review the results and refer patients as needed. Registrants who know when they intend to leave practice may also choose not to order tests they cannot follow up on, but instead redirect patients to another provider to seek care for conditions that cannot be appropriately managed during the time remaining.

Medical records

Registrants must plan for either retention or transfer of patient medical records, as described in the *Leaving Practice* standard, and are further advised to refer to the [Medical Records Management](#) standard for detailed information about providing enduring access to medical records, as well as the transfer, retention, and destruction of medical records.

Contingency planning

The above expectations address circumstances where leaving practice is known in advance. Registrants are also advised to have a plan in place for emergency situations when they are abruptly unable to continue managing their practice and providing care to their patients. Read more about contingency planning in this [College Connector](#) article.

Resources

- [Leaving Practice practice standard](#)
- [Medical Records Management practice standard](#)
- [Online course on leaving practice](#) (takes 5-10 minutes to complete)
- [Registrant support coaching](#)

Heidi M. Oetter, MD

Registrar and CEO

Comments on this or any other article published in the College Connector can be submitted to the communications and public affairs department at communications@cpsbc.ca.