

FAQ

Availability and Coverage

Introduction

The *Availability and Coverage* practice standard outlines expectations to support continuity of care by ensuring licensees are accessible and responsive within reasonable limits and that appropriate arrangements are in place for patients when they are unavailable to ensure continuity of care.

Below are the most frequently asked questions by licensees.

Frequently asked questions

How is the standard enforced?

A practice standard reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by CPSBC of all licensees. During the adjudication of a complaint, a licensee's actions are assessed against the applicable practice standard(s) as benchmarks for acceptable professional conduct.

Are licensees expected to be on call 24/7?

The practice standard does not require all licensees to be personally available 24 hours a day, seven days a week. Instead, licensees are expected to consider the safety and needs of their patients, as well as the expectations patients may have, based on the medical care provided. In all cases, licensees are expected to inform patients about how and where they can access **appropriate** care outside regular office hours.

However, depending on the nature of a licensee's practice, the legal **duty of care** requires additional steps to ensure appropriate continuity of care, such as arranging follow-up for post-operative patients or providing after-hours contact for obstetrical care. The specific expectations will vary based on the type of practice.

Hospital-based licensees must continue to meet their existing on-call obligations.

Where can questions be answered to determine individual responsibilities for after-hours care?

The nature of the question will determine the best source of guidance.

- For medico-legal questions, about after-hours care under the legal duty of care, licensees should contact the CMPA.

- For questions about how the practice standard can be applied in practices, licensees may benefit by having a confidential conversation with a [licensee support coach](#).
- Licensees are always welcome to [contact CPSBC directly](#) with any questions.

Under what circumstances is it appropriate to direct patients to the emergency department after hours?

It depends on the clinical situation and coverage arrangements.

It is always appropriate to direct patients to the emergency department for emergencies.

However, it is **not appropriate** to routinely direct patients to the emergency department in instances when after-hours coverage is the licensee's responsibility. For example, arranging follow-up for post-operative patients or providing after-hours contact for obstetrical care.

What qualifies as a "reasonable effort" to arrange coverage during a temporary absence?

Coverage is generally expected when it is available (e.g. for licensees working in urban areas), but not mandatory if unavailable (e.g. for licensees who are working in rural and remote areas and cannot find coverage). "Reasonable effort" refers to the level of action a diligent, competent practitioner would make in a similar circumstance to meet their professional obligations.

It is best for licensees to arrange practice coverage during extended absences, such as parental leave. However, it is **not mandatory** if coverage cannot be found despite reasonable efforts. For example, licensees working in rural and remote areas may not be able to find coverage.

If coverage is unavailable, licensees must:

- Inform patients where they can seek care (e.g. walk-in clinics, emergency departments).
- Use professional judgment to ensure patients with ongoing care needs are appropriately assessed and supported (e.g. tests that have already been ordered will be followed up on).

Does every hospital, pharmacy, or specialist need to be notified of an absence?

No, only those directly affected by the absence need to be informed.

When planning an extended absence (e.g. vacation or parental leave), licensees are expected to inform those directly involved in a patient's care to ensure they can receive the care they require.

Is coverage required if a licensee plans to take a single day off (e.g. for an appointment or personal matter)?

No.

Just as with any short-term absence, coverage is not required. When possible, patients should be informed of any office closures.

Can licensees still take vacation or go on parental leave if they are unable to find coverage?

Yes, licensees are expected to make reasonable efforts to find coverage but are not prohibited from taking leave if coverage cannot be arranged.

If coverage is unavailable:

- Clearly communicate the absence to patients.
- Make reasonable efforts to manage patient needs before leaving, especially for those with active or ongoing care concerns.
- Ensure critical lab results can be followed up with appropriately.
- Direct them to alternate care facilities such as the emergency room or a walk-in clinic or urgent care centre.

What information should be included in an automated message for after-hours or office closure scenarios?

Provide clear directions to patients regarding where they can seek care.

An automated message should include:

- Information about where to seek care after hours (e.g. on-call service, emergency department).
- Details of any specific coverage arrangements, if applicable.
- Additional information suited to the licensee's practice.

How should critical test results be managed during planned absences, such as vacations?

Plan ahead and ensure continuity of care where necessary.

If coverage is in place, ensure there is no lapse in managing critical results.

If there is no coverage, licensees may be able to arrange coverage just for critical results through a group practice.

Solo practitioners should plan by:

- Alerting patients to upcoming absences.
- Encouraging necessary labs to be completed before departure. If delays occur due to patient or lab factors, this is outside the licensee's control.

What is timely?

Timeliness depends on clinical context.

"Timely" is intentionally left vague, as the urgency depends on the nature of the results.

Licensees should use their professional judgement to determine when to contact patients if results are received outside regular hours.

In the event of a complaint, documentation supporting the rationale for timing is key.

Delays caused by laboratories are outside the licensee's control.

Why does the standard require licensees to be available by phone?

Telephone remains the default mode of communication for many.

While licensees may use various methods to communicate with patients and other health-care providers, the standard outlines expectations for availability by phone and voicemail, as these remain the primary and sometimes only means of communication for patients. Other communication methods (e.g. secure email or online portals) may be used, provided they maintain patient accessibility and confidentiality.

It remains important to offer **multiple means of contact**, as not all patients have reliable internet or digital access.

Does voicemail need to be answered after hours?

It depends.

While some licensees may need to triage calls after hours based on their patient needs, it is not a general requirement for all licensees to monitor their voicemail after hours.

What if a licensee cannot be available due to unforeseen circumstances?

Of course, surprises may arise. That's why contingency planning matters.

CPSBC acknowledges that in some cases, licensees might face circumstances where they cannot be available to their patients (for example, when a physician is acutely ill). CPSBC reminds licensees of the importance of contingency planning, in adherence to the [Leaving Practice](#) standard, and recommends review of the following resources:

- [Unexpected absence \(CPSBC\)](#)
- [Contingency Planning \(DoBC\)](#)