

PRACTICE STANDARD

Leaving Practice

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Related topic(s): [Medical Records Documentation](#); [Medical Records Management](#); [Ending the Patient Relationship](#)

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by CPSBC of its licensees (all physicians and surgeons who practise medicine in British Columbia). Standards also reflect relevant legal requirements and are enforceable under the *Health Professions and Occupations Act, SBC 2022, c.43 (HPOA)* and the CPSBC Bylaws under the *HPOA*.

Preamble

This is a practice standard of the Board of the College of Physicians and Surgeons of British Columbia (CPSBC).

This standard sets out practice management considerations to ensure the continuity of patient care and the preservation of patient records in situations where licensees cease to practise, take an extended leave of absence, or close/relocate their medical practice.

CPSBC's position

Licensees must act in accordance with the standards set out below:

1. Notification

- Licensees must provide patients with notification that they will be leaving or restricting practice as soon as possible after it becomes apparent in order to allow patients ample time to make alternate care arrangements. Where possible, a minimum of three months is considered appropriate.
- Licensees must document reasonable efforts to provide notification to patients in person or alternatively, by way of a detailed letter, email or a telephone call advising of their planned departure date, how patients can access copies of their medical records and other information as appropriate, such as 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. Care must be taken to protect personal information, in accordance with privacy legislation. Messages must be limited to factual, general advice. Email distribution lists must be concealed.
- Where, because of the nature of the licensee's practice or the care being provided, there is no expectation of an ongoing patient-licensee relationship (e.g. emergency room physicians, and/or some consultants), the licensee is only expected to notify those patients to whom they are actively providing care.
- If it is not possible to recruit a replacement to take over the practice, patients must be advised of specific contingency plans. For example, if only the medically vulnerable, high-needs patients will be placed and all others must make their own arrangements, this must be explicitly communicated.
- A handout and/or visible signage must be placed in the licensee's waiting area and the office voice mail message must provide the above information.
- Licensees must provide notification of extended or permanent leave to individuals and agencies involved in the management of patients. The list includes, but may not be limited to, office staff, diagnostic facilities (laboratory and imaging), the regional health authority, the Medical Services Plan, WorkSafeBC, ICBC, the CMPA, associates, partners and all those to which they regularly refers and/or receives referrals. This notification must include the date of departure, the forwarding address, the person's name and address to

whom correspondence and reports may be sent, and the information about the arrangements made for storing and accessing patient medical records.¹

- Specialists must not accept patients in consultation if they do not expect to be able to complete their treatment.

2. Medical records

- Licensees must make arrangements for either the retention or transfer of patient medical records.
- Where the licensee continues to be in the custodian of the records, they, subject to the limited exceptions in the *Personal Information Protection Act (PIPA)*,² must provide patients with access to a copy of their medical records on request.
- Where the licensee has transferred patient records to another licensee or a medical records storage provider, they must provide patients with the information necessary to access a copy of their medical records.
- Licensees must notify CPSBC of the location of patient medical records and how patients may access these records.
- Licensees are advised to refer to the [Medical Records Management](#) practice standard, for detailed information about the expectations of licensees around providing enduring access to medical records as well as the transfer, retention, and destruction of medical records.

3. Patients requiring ongoing care

- Licensees must identify their patients who are under acute, active treatment, and make reasonable efforts to place them, which must be documented.
- Licensees must arrange for follow-up on any outstanding reports or test results so that patients are aware of how to access results or copies of their records.

4. Return of pharmaceuticals

- Licensees must make arrangements for the transfer to another practitioner, or disposal, of all pharmaceuticals in the departing practitioner's practice, in accordance with all applicable laws.

Licensees must have a contingency plan in place in the event of sudden death or other circumstances where the licensee is abruptly unavailable.

¹ The CPSBC Bylaws require licensees to immediately notify the registrar of any change in business address or other registration information.

² Personal Information Protection Act, SBC 2003, Chapter 63, Section 29