

## PRACTICE STANDARD

# Primary Care Provision in Walk-in, Urgent Care and Multi-licensee Clinics

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**Related topic(s):** [Access to Medical Care Without Discrimination](#); [Availability and Coverage](#); [Infection Prevention and Control \(IPAC\) in Physician's Offices](#); [Referral-Consultation Process](#); [Virtual Care](#); [Medical Records Documentation](#); [Medical Records Management](#)

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

The role of CPSBC is to regulate physicians and surgeons, irrespective of their practice setting. This practice standard is intended to remind licensees that it is the medical care of the patient and not the setting of the medical practice that must guide the ethical, professional and clinical decisions around the provision of appropriate medical care.

**The principles in this document apply to licensees who provide primary care services in walk-in, urgent care, and multi-licensee clinics, and may also apply to specialists in shared-care community practice.**

Licensees practising in urgent and primary care centres (UPCCs) owned or operated by, or under contract with health authorities are not obligated to provide longitudinal primary care to patients. However, other principles in this practice standard continue to apply.

## CPSBC's position

1. All patient records must identify the patient's usual primary health-care provider (i.e. family physician or nurse practitioner), if there is one, regardless of whether that primary health-care provider works at the clinic or at another location. The clinic must provide a copy or summary of the patient-licensee interaction (including copies of ordered tests) to the primary care provider identified by the patient unless the patient explicitly directs it not to.
2. Patients who do not identify a family physician or nurse practitioner as being most responsible for their care, but who attend the same clinic must be assumed to be receiving their primary health care from that clinic. The licensees and medical director are collectively responsible for offering these patients longitudinal medical care, including the provision of appropriate periodic health examinations. For patients receiving ongoing care at the clinic, there must be a comprehensive medical record that includes a cumulative patient profile (CPP). All licensees at the clinic are responsible for populating the CPP over time and ensuring it is current and available for other clinic staff.
3. All primary care settings, where the care of patients is shared by a number of licensees, **must have a designated medical director who is a licensee** and is responsible for the medical administration of the clinic.

The role of the medical director must include:

- responsibility for establishing administrative procedures to ensure standards of appropriate medical care including those set out in this document
- representation of the clinic in communication with CPSBC

The medical director must have a clearly identified alternate to assume the above responsibilities when the medical director is unavailable. Due to the responsibility of acting as a liaison with CPSBC and being acquainted with CPSBC standards, the medical director and alternate must be CPSBC licensees.

Compliance with expected standards is a shared responsibility of the medical director and every licensee working at a clinic. Licensees must decline to work in clinics that do not meet CPSBC standards. Nurse practitioners are regulated by the BC College of Nurses and Midwives (BCCNM) and as such, are held accountable to their own unique practice standards.

4. All licensees must ensure that systems are in place to provide appropriate continuity and follow-up of medical care and laboratory tests.

The timely follow-up of diagnostic test results and consultations is ultimately the responsibility of the ordering or referring licensee unless a system is in place to ensure that another licensee or nurse practitioner will take responsibility. If a critical report comes to the attention of any licensee in any context, they have an obligation to take reasonable steps to ensure that it is acted upon.

**Ultimate responsibility for appropriate continuity of care and follow up of medical care and laboratory tests must only be assigned to a licensee or nurse practitioner by mutual agreement and cannot be delegated to non-licensee/non-nurse practitioner owners or staff.**

5. All licensees providing primary care in walk-in, urgent care or multi-licensee clinics must ensure that there is after-hours coverage available for their patients.
6. All licensees who work in walk-in, urgent care or multi-licensee clinics or any practice setting providing transient medical care must have on-site access to PharmaNet and document appropriate review in the medical record, which includes review prior to prescribing opioids or other psychoactive medications to a patient who is not receiving longitudinal medical care from the prescriber.
7. The provisions of the [Referral-Consultation Process](#) professional guideline apply when referrals are made from walk-in, urgent care, and multi-licensee clinics, including for transient patients.