



College of Physicians and Surgeons of British Columbia

Practice Standard

Care Coverage Outside Regular Office Hours

Effective:	June 1, 1995
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Related topic(s):	Access to Medical Care

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of all physicians in British Columbia. Standards also reflect relevant legal requirements and are enforceable under the [Health Professions Act](#), RSBC 1996, c.183 (*HPA*) and College [Bylaws](#) under the *HPA*.

Registrants may seek advice on these issues by contacting the College and asking to speak with a member of the registrar staff, or by seeking medical legal advice from the CMPA.

PREAMBLE

This document is a practice standard of the Board of the College of Physicians and Surgeons of British Columbia.

This practice standard sets out the legal obligations for all physicians to provide appropriate ongoing and after-hours coverage for patients dealing with urgent issues, as well as the College's professional and ethical expectations of physicians in meeting those obligations. These standards apply to all physicians whether providing primary or consultative care.

Physicians are expected to decline to work in arrangements that are not compliant with College standards.

COLLEGE'S POSITION

COMMON LAW DUTY OF CARE

In jurisdictions subject to common law (all provinces and territories except Quebec), the duty of care imposed on a physician within the context of the patient-physician relationship includes the duty to make referral or coverage arrangements when the physician is not available to treat the patient.

PRINCIPLES

1. All physicians involved in the treatment of patients are required to ensure ongoing medical care.
2. Physicians must establish a schedule of on-call coverage outside of regular office hours with colleagues, or make other arrangements to ensure that urgent medical advice is available to patients as necessary. Physicians must ensure that such arrangements are clearly communicated within their on-call groups, and readily accessible to other health-care professionals who are involved in the patient's care (e.g. laboratory physicians, pharmacists, hospital-based physicians, etc.) who may need to communicate with them about diagnostic tests, community follow-up after treatment in hospital, and other ongoing care issues.
3. Physicians must ensure that their patients are aware of the on-call coverage outside of regular office hours that is available to them.
4. If working in a temporary capacity (e.g. as a locum) or in a clinic managed by others (e.g. within a health authority), it is still required that individual physicians ensure there is a system of ongoing care and urgent care coverage for the patients they have seen.
5. In the event of an extraordinary medical staff shortage, it is the responsibility of those physicians who remain available to advise patients of the most appropriate alternatives for accessing medical care. If the medical staff shortage is expected to cause serious or prolonged disruption, the College must be informed of interim arrangements and what has been communicated to patients.
6. Physicians who plan to be absent from practice must promptly inform office staff, colleagues, local hospitals, pharmacists, and others involved in their patients' care of their absence, or arrange interim coverage to ensure that patient care is not compromised.
7. Physicians may only assign on-call coverage to groups of physicians or to local emergency departments if all parties have agreed to this arrangement in advance.

8. It is always acceptable to direct patients with emergencies requiring immediate attention to call 9-1-1.
9. Physicians may inform patients that they have the option to call the provincial health advice line at 8-1-1 to receive general health advice. This resource, however, must not be used as the physician's primary coverage method.