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Walk-in, Urgent Care and Multi-physician Clinics FAQs

The following attempts to address some of the questions raised by patients.

Can I insist that a particular physician working at a walk in clinic become my dedicated GP?

No, the obligation to provide comprehensive primary care is shared by all of the physicians who work in the clinic. Patients must receive appropriate care from any of the physicians they see, which includes periodic health examinations (e.g. PAP smears, blood pressure checks, screening tests for colon cancer) and chronic disease management (e.g. care over time for chronic illnesses such as diabetes, kidney disease, depression, hypertension). Patients may not see the same physician each time they attend the clinic but they can be assured of longitudinal care through a single medical record, which all of the physicians working in the clinic will access.

I was just discharged from hospital on blood thinners. When I left the nurse told me to follow-up with my family physician. I have attended a walk-in clinic in my neighborhood regularly for years for all of my care and I don't have a dedicated family physician. What should I do?

The walk-in clinic you have been attending is responsible for your care. Telephone the walk-in clinic and let them know that you have been in hospital. They are required to call the hospital and request that a copy of the discharge summary be sent to the clinic. Once they receive the discharge summary it will be placed in your medical record for all of the physicians working at the clinic to review. This will ensure you receive appropriate ongoing care.

Can I insist on becoming a clinic patient at my very first visit?

The standard refers to attendance at the same clinic on more than one occasion. This is *not* a first visit obligation for the clinic. Patients who attend the same clinic *regularly* as their primary care home must be offered ongoing care organized and delivered to expected standards, including the creation of a unified patient record which is reviewed at every visit. The standard formalizes what is already happening—a patient attending a single clinic for most or all of their care is a patient of that clinic.

The following attempts to address some of the questions raised by the profession.

I only work part time at the clinic, do I have to be a most responsible physician (MRP)?

No, part-time physicians who work regularly at a clinic are expected to provide both episodic and continuing care based on their availability at the clinic. The clinic, however, must ensure that there is a unified patient record that is accessed by all physicians, and that the patient is receiving longitudinal care if desired/needed. The administration of the clinic is a shared responsibility of the medical director and the physicians who work there.

I provide primary maternity care only. Do I have to accept patients into my practice after delivery?

No, patients referred for maternity care (prenatal care and delivery) can be transferred back to their referring primary care physician or medical clinic for ongoing care after postpartum care has concluded.

I am a physician working as a long-term associate at a walk-in clinic where some aspects of the standard are not being met. I have no influence. What can I do?

The College expects physicians to decline to work in settings that do not meet College standards. Physicians must insist, for example, that patients attending the clinic regularly are provided with longitudinal care through a medical record, that someone is responsible for taking calls after hours, and that the clinic provides on-site access to PharmaNet.

Two members of our group have left abruptly for health reasons. Our recruitment efforts have been unsuccessful and we do not have the capacity to absorb all of the patients into other practices. One of the now-unattached patients has told us this College standard obliges us to take him and threatened to complain if we don't. Is he right?

The College standard does not apply in these circumstances. When a physician leaves a group practice, the College expects those left behind to review the patient list to ensure that medically vulnerable patients do not fall through the cracks. For the remainder, clear communication is the key. Post signs, provide staff with a script, and, if you have an EMR, consider sending a letter to all affected patients. Advise them that their former physician has left the practice, and despite significant effort, you have been unable to replace him/her, and regrettably, the other physicians do not have the capacity in their practices to take them as new patients. If possible, do your best to provide alternate ideas for how they can access care.