



College of Physicians and Surgeons of British Columbia

Practice Standard

Walk-in, Urgent Care and Multi-physician Clinics

Preamble

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

College's Position

The role of the College is to regulate physicians, irrespective of their practice setting. This professional standard is intended to remind physicians 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 walk-in, urgent care and multi-physician clinics as well as any practice setting providing transient medical care, and may also apply to specialists in shared-care community practice.

1. All patient medical records must identify the primary health-care provider or family physician, if there is one, whether that is a primary health-care provider or physician at the clinic or at another location. The clinic must provide a copy or summary of the patient-physician 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 but who attend the same walk-in, urgent care or multi-physician clinic repeatedly must be assumed to be receiving their primary health care from that clinic. The physicians and medical director are responsible for offering these patients longitudinal medical care, including the provision of appropriate periodic health examinations.
3. All walk-in, urgent care or multi-physician clinics where the care of patients is shared by a number of physicians must have a designated medical director who is a physician and is responsible for the medical administration of the clinic.

The role of the medical director must include:

- responsibility for compliance with the Bylaws and professional standards of the College
- responsibility for establishing administrative procedures to ensure standards of appropriate medical care including those detailed in this document

- representation of the clinic in communication with the College
4. All physicians working in walk-in, urgent care or multi-physician clinics 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 the responsibility of the ordering or referring physician unless a system is in place to ensure that another physician will do it, and the ordering physician has confidence in the system.

Physicians in all settings are also individually responsible to appropriately respond to the receipt of an abnormal diagnostic or consultation report, even if the patient is no longer or never was in their care. This is not unique to multi-physician clinics. If a critical report comes to the attention of any physician in any context, she or he has an obligation to take reasonable steps to ensure that it is acted upon.

The responsibility for appropriate continuity of care and follow up of medical care and laboratory tests cannot be delegated to non-physician owners or staff.

5. All physicians working in walk-in, urgent care or multi-physician clinics must ensure that there is after-hours coverage available for their patients.
6. All physicians who work in walk-in, urgent care or multi-physician 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. Patient consent to access PharmaNet must be included in the patient consent to access treatment.

Physicians 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.

References

College of Physicians and Surgeons of New Brunswick – Walk-in Clinics

College of Physicians and Surgeons of Saskatchewan – Walk-in Clinics and Episodic Care

College of Physicians and Surgeons of Alberta – Episodic Care

Canadian Medical Protective Association – Follow up for "orphaned patients"

Canadian Medical Protective Association – Why and when do we need consent?

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Questions and Answers

Walk-in, Urgent Care and Multi-physician Clinics

For 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.

For registrants

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.