



College of Physicians and Surgeons of British Columbia

Practice Standard

Walk-in, Urgent Care and Multi-physician Clinics

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Related topic(s):	Access to Medical Care , Care Coverage Outside Regular Office Hours , Infection Prevention and Control (IPAC) in Physician's Offices

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.

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.

REFERENCES

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

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

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