

Practice Standard

Primary Care Provision in Walk-in, Urgent Care and Multi-registrant Clinics

Effective:	June 26, 2015
Last revised:	January 17, 2022
Version:	8.0
Next review:	January 2025
Related topic(s):	Access to Medical Care Without Discrimination ; Care Coverage Outside Regular Office Hours ; 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 the College of its registrants (all physicians and surgeons who practise medicine 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 or other entity.

PREAMBLE

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

The role of the College is to regulate physicians and surgeons, irrespective of their practice setting. This practice standard is intended to remind registrants 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 registrants who provide primary care services in walk-in, urgent care, and multi-registrant clinics, and may also apply to specialists in shared-care community practice.

COLLEGE'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-registrant 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 registrants 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 registrants 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 registrants, **must have a designated medical director who is a registrant** 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 the College

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 the College and being acquainted with College standards, the medical director and alternate must be College registrants.

Compliance with expected standards is a shared responsibility of the medical director and every registrant working at a clinic. Registrants must decline to work in clinics that do not meet

College standards. Nurse practitioners are regulated by the BC College of Nursing Professionals (BCCNP) and as such, are held accountable to their own unique practice standards.

4. All registrants 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 registrant unless a system is in place to ensure that another registrant or nurse practitioner will take responsibility. If a critical report comes to the attention of any registrant in any context, she or he has 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 registrant or nurse practitioner by mutual agreement and cannot be delegated to non-registrant/non-nurse practitioner owners or staff.

5. All registrants providing primary care in walk-in, urgent care or multi-registrant clinics must ensure that there is after-hours coverage available for their patients.
6. All registrants who work in walk-in, urgent care or multi-registrant 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 College's *Referral Consultation Process* professional guideline apply when referrals are made from walk-in, urgent care, and multi-registrant clinics, including for transient patients.

RESOURCES

The Canadian Medical Protective Association. *How effective management of test results improves patient safety*. Found at: <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2011/how-effective-management-of-test-results-improves-patient-safety>