Practice Standard

Primary Care Provision in 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, Referral-Consultation Process, Telemedicine, Medical Records, Data Stewardship and Confidentiality of Personal Health Information

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.

The role of the College is to regulate physicians, irrespective of their practice setting. This practice 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 physicians who provide primary care services in walk-in, urgent care, and multi-physician 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-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 or nurse practitioner as being most responsible for their care, but who attend the same clinic repeatedly and consistently must be assumed to be receiving their primary health care from that clinic. The physicians 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 physicians 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 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 set out in this document
- representation of the clinic in communication with the College

Due to the responsibility of acting as a liaison with the College and being acquainted with College standards, the medical director must be a College registrant. Compliance with expected standards is a shared responsibility of the medical director and every physician working at a clinic. Physicians 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 physicians 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 physician unless a system is in place to ensure that another physician or nurse practitioner will take responsibility. 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.

**Ultimate responsibility for appropriate continuity of care and follow up of medical care and laboratory tests must only be assigned to a physician or nurse practitioner by mutual agreement and cannot be delegated to non-physician/non-nurse practitioner owners or staff.**

5. All physicians providing primary care 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.

7. The provisions of the College’s *Referral Consultation Process* professional guideline apply when referrals are made from walk-in, urgent care, and multi-physician clinics, including for transient patients.

**RESOURCES**