

# Comox Valley Physician Family Practice Transition Toolkit

*Support for Family Physicians  
Transitioning out of Family Practice  
- Includes Retirement & Career Changes*

July 2020



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*Special thanks to the Richmond Division for the development of this Toolkit.*

Disclaimer: This toolkit is to be used as a guide or starting point and is NOT an exhaustive compilation of the tasks associated with practice closure.



## PRACTICE CLOSURE – KEY CONSIDERATIONS

### WINDING DOWN YOUR PRACTICE – WILL YOU...

#### ... Close your practice

- ⇒ When does your lease expire? Does it allow prior termination?
- ⇒ When does your practice close?
- ⇒ How/when will you notify your patients, colleagues and professional associations of your plans?
- ⇒ How will you arrange the secure storage or transfer of patient records?
- ⇒ How will you support continuity of care - appropriate transfer and follow up?

#### ... Find a replacement

- ⇒ What is the size of your patient panel?
- ⇒ Does your patient panel have a proportional balance of different types of patients?
- ⇒ What is your timeline for recruitment that will accommodate all recruitment steps (e.g. advertising, registration/licensing, orientation, and transition)?
- ⇒ How do you plan to source physician candidates?
- ⇒ How will you craft terms and conditions that meet physician candidate's needs?
- ⇒ How will you create a smooth transition for the incoming physician, colleagues and patients?

#### ... Merge your practice into an existing practice

- ⇒ What are your goals for the merger (e.g. work part-time, locum)?
- ⇒ What are you looking for in an existing practice regards: Practice philosophy; Governance/decision-making; Income/expense sharing; Med records; staffing; location
- ⇒ Can you identify compatible practices with similar intentions?

#### ... Merge your practice with others to form a larger group practice

- ⇒ What are your goals for the merger (e.g. work part-time, locum)?
- ⇒ What would an ideal merged group practice look like regarding: Practice philosophy; Governance and decision-making; Income and expense sharing; Medical records; Staffing; Physical location
- ⇒ Can you identify compatible GP colleagues that have similar intentions?

## **FACTS TO HELP FRAME YOUR PRACTICE TRANSITION/RETIREMENT EFFORTS**

- UBC Strathcona Resident program graduates 4 FPs in the Valley each year. Some have remained as locums or joined a family practice clinic. Applications are submitted each year; notification will be provided by the local Division.
- International medical graduate Return of Service (ROS) program requires graduates to practice in both urban and rural areas for 2-yrs post-residency. Applications are submitted each year; notification will be provided by the local Division. Your Division, Health Match BC, and Island Health practice postings must have been posted for 6+ months to be Return of Service eligible.
- Maintaining reasonable/flexible work hours, the ability to take time off, and an effective EMR are attractive practice and personal attributes.

## **THE BOTTOM LINE**

When a medical practice is closed, replaced, or relocated, physicians have a professional and legal duty to use reasonable efforts to:

- Notify patients of departure date and how they can obtain a copy of their medical record or transfer of a copy to a new physician. See next page for more information.
- Arrange secure transfer of patient records to another provider that agrees to accept the responsibility. Physicians must obtain authorization from the patient before a copy of the medical record is transferred. Transfer of the record should be done within 30 days of the request.
- Ensure that there is a process in place to support continuity of care (appropriate transfer and follow up) for patients who require it.
- Ensure that there is a system in place whereby all the work in progress will be reviewed and appropriately acted upon.
- Arrange safe and secure storage and retrieval of patient records for a minimum period of sixteen years from either the date of last entry or from the age of majority, whichever is later.
- Advise [The College of Physicians & Surgeons of BC](#) of the location of, and means for accessing, all medical records that a physician owns.
- For physicians who wish to retire/resign from [The College of Physicians & Surgeons of BC](#), complete and submit the Retirement / Resignation from the College Form.

See [Appendix 1 – Key Resources](#) & [Appendix 2 – Practice Closure Checklist](#) for additional resources.

## EMOTIONAL PREPARATION AND SUPPORT

Deciding and accepting when to close your practice and/or retire can be the greatest challenge. This transition not only affects you but your family and colleagues so accessing your support network to process this information is important.

### KEY QUESTIONS TO CONSIDER:

- How will I spend my time?
- What can/will I do to get there?
- Am I financially secure?
- Will I have the health to enjoy retirement?
- What barriers might I anticipate?
- What information/organizations can assist me?
- Have I done everything to protect my partner and family?

The Physician Health Program offers confidential and complimentary support and referral for physicians and their families during career and life transitions. Whether it is stress from retirement planning or life post-retirement, a Physician Health Program physician and/or network of counsellors will be there to assist.

See [Appendix 1 – Key Resources](#) & [Appendix 2 – Practice Closure Checklist](#) for additional resources.

## PATIENT NOTIFICATIONS

Physicians who are leaving their practice should review the following recommendations:

### TIMELINE

The College suggests 3 months prior notification, where possible.

### WHICH PATIENTS SHOULD BE NOTIFIED?

Active patients or patients who have physically visited the practice in the past 2 to 7 years (at your own discretion). To determine your list of active patients, undertake a patient panel assessment (see [Appendix 3 - Patient Panel Assessment](#)).

### METHODS OF COMMUNICATION

- Discuss the departure with as patients in person if possible.
- Have office staff inform patients and provide options for finding a new physician and how patients can access copies of medical records.
- Keep a record of the communication, including patient name, date, and method of contact. Retain hardcopies where possible i.e. letter, public notifications, returned envelopes, to confirm your efforts in any case of discrepancy or challenge.
- After the practice has closed/left, solo practitioners should consider keeping the phone line open for 3 months with a message about the change. A group practitioner should consider changing the group practice's voicemail with a message about the change.

A combination of any of the following can be used to reach patients:

- **Letter to patients** (hardcopy or via email) with information about planned departure date and new doctor(s) taking over the practice or physicians in the community able to accept new patients. Patients should be assisted in their search for a new physician. How patients can access copies of their medical records.

**Sample #1:  
Patient  
Notification  
Letter - No  
succeeding  
doctor and  
searching for  
a  
replacement**

[Name] | [Office Address] | [Date]

Dear Patient,

It is with mixed emotions that I announce my [practice closure, relocation, retirement] as of [date]. It has been a privilege providing for your healthcare needs.

At this time, I have not found a replacement to take over my practice and my search continues. You are welcome to continue to see me until I leave.

However, if you want to look for a new doctor in case a replacement is not found, residents of the Comox Valley have several ways of finding a Family Doctor:



[Pathways Virtual Care Director](#) provides a list of doctors accepting new patients and suggests ways to find a new doctor.



Comox Valley Division provides a [list of clinics in the Comox Valley](#); patients can contact the clinics to be added to any wait lists.

With written authorization from you, a copy of your confidential medical record can be transferred to another doctor or released directly to you. Please contact [name/contact] and with the transfer information and your authorization. Please note there is a fee associated with the transfer of medical records of [amount].

It has been a great honour and pleasure meeting and caring for you.

Sincerely,  
[Signature]  
[Name]

**Sample #2:  
Patient  
Notification  
Letter - No  
succeeding  
doctor and  
NOT  
searching for  
a  
replacement**

[Name] | [Office Address] | [Date]

Dear Patient,

It is with mixed emotions that I announce my [practice closure, relocation, retirement] as of [date]. It has been a privilege providing for your healthcare needs.

Unfortunately, I have not found a replacement to take over my practice. My patients are welcome to continue to see me until I leave. I recommend that you begin looking for a new doctor right away. Residents of the Comox Valley have several ways of finding a Family Doctor:



[Pathways Virtual Care Director](#) provides a list of doctors accepting new patients and suggests ways to find a new doctor.



Comox Valley Division provides a [list of clinics in the Comox Valley](#); patients can contact the clinics to be added to any wait lists.

With written authorization from you, a copy of your confidential medical record can be transferred to another doctor or released directly to you. Please contact [name/contact] and with the transfer information and your authorization. Please note there is a fee associated with the transfer of medical records of [amount].

It has been a great honour and pleasure meeting and caring for you.

Sincerely,  
[Signature]  
[Name]



**Sample #3:  
Patient  
Notification  
Letter - New  
doctor taking  
over practice**

[Name] | [Office Address] | [Date]

Dear Patient,

It is with mixed emotions that I announce my [practice closure, relocation, retirement] as of [date]. It has been a privilege providing for your healthcare needs.

I am pleased to announce that [name] will be taking over my practice and is available to provide for your healthcare needs if you choose to remain with the practice. [Provide a brief bio in 1-2 lines].

However, if you want to look for a new doctor, residents of the Comox Valley have several ways of finding a Family Doctor:



[Pathways Virtual Care Director](#) provides a list of doctors accepting new patients and suggests ways to find a new doctor.



Comox Valley Division provides a [list of clinics in the Comox Valley](#); patients can contact the clinics to be added to any wait lists.

With written authorization from you, a copy of your confidential medical record can be transferred to another doctor or released directly to you. Please contact [name/contact] and with the transfer information and your authorization. Please note there is a fee associated with the transfer of medical records of [amount].

It has been a great honour and pleasure meeting and caring for you.

Sincerely,  
[Signature]  
[Name]

- Announcement via **clinic poster** and **local newspapers**. Sample language is provided below for a clinic poster. The language can be used for a local newspaper announcement but should be trimmed down substantially.

**Sample #4 –  
Closing  
practice and  
NO Doctor  
taking over  
the practice**

After [#] years, [name] regretfully announces the closure of his/her medical practice effective [date]. [name] wishes to express [his/her] appreciation to his many patients for their trust, confidence, and privilege in providing for their healthcare needs over the years and extends [his/her] best wishes for continued good health.

A replacement doctor has not been found. [name] recommends patients begin looking for a new doctor right away. Residents of the Comox Valley have several ways of finding a Family Doctor *(use your phone to access the websites)*:





[Pathways Virtual Care Director](#) provides a list of doctors accepting new patients and suggests ways to find a new doctor.



Comox Valley Division provides a [list of clinics in the Comox Valley](#); patients can contact the clinics to be added to any wait lists.

Patient medical records can be transferred to another doctor or released directly to you with written authorization from the patient. Please contact [name/contact] to transfer. Please note a fee of [amount] is charged for transfers.

Please contact the clinic reception for further assistance.

<p><b>Sample #5 – Closing practice and AND Doctor taking over the practice</b></p>	<p>After [#] years, [name] regretfully announces the closure of his/her medical practice effective [date]. [name] wishes to express [his/her] appreciation to his many patients for their trust, confidence, and privilege in providing for their healthcare needs over the years and extends [his/her] best wishes for continued good health.</p> <p>[name] is pleased to announce that [name] will be taking over their practice and is available to provide for your healthcare needs if you choose to remain with the practice. [Provide a brief bio in 1-2 lines].</p> <p>However, if you want to look for a new doctor, residents of the Comox Valley have several ways of finding a Family Doctor (<i>use your phone to access the websites</i>):</p> <p> <a href="#">Pathways Virtual Care Director</a> provides a list of doctors accepting new patients and suggests ways to find a new doctor.</p> <p> Comox Valley Division provides a <a href="#">list of clinics in the Comox Valley</a>; patients can contact the clinics to be added to any wait lists.</p> <p>Patient medical records can be transferred to another doctor or released directly to you with written authorization from the patient. Please contact [name/contact] to transfer. Please note a fee of [amount] is charged for transfers.</p> <p>Please contact the clinic reception for further assistance.</p>
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- Message on the clinic’s website. Best practice is to keep the language simple and the message to under 60 seconds. Sample voicemail messages:

<p><b>Sample #6 – Doctor taking over the the practice</b></p>	<p>[name] regretfully announces the closing of his/her practice on [date]. Your medical record can be transferred to another doctor or released directly to you with written authorization from you. Please contact [name/contact] to transfer. Please note a fee of [amount] is charged for transfers. If you wish to remain in this practice, do nothing. If you have questions, please contact [name] and we will be pleased to assist you. Thank you.</p>
<p><b>Sample #7 – No Doctor taking over the practice</b></p>	<p>[name] regretfully announces the closing of his/her practice on [date]. [name] will be taking over the practice. If you prefer, your medical record can be transferred to another doctor or released directly to you with written authorization from you. Please contact [name/contact] to transfer. Please note a fee of [amount] is charged for transfers. For information on finding a new family doctor or if you have questions, please contact [name] and we will be pleased to assist you. Thank you.</p>

## STAFF NOTIFICATIONS

The law in B.C. sets standards for payment, compensation and working conditions in most workplaces – see [Employment Standards in BC](#). The standards promote open communication, fair treatment, and life-work balance for employees. See [Section #69](#) for information about employment termination.

If there was a formal employment contract, review the contract for notification requirements.

Physicians should try to provide enough working notice to line up the date of practice closure with the notice requirement for terminating staff. In any situation, consult your lawyer on your legal obligations toward your staff regarding practice closure.

Organize one-on-one and/or staff meetings to inform each staff member of your practice closure. Consider staggering staff dismissal. Be prepared for staff to start looking for another position. Consider pre-empting this by offering bonuses, severance packages, etc. You may have to hire temporary staff. Consider retaining some staff to provide patient and operational support during and after the transition process. Reach out to GP colleagues or newly opened practices to assist in finding new employment. Offer staff reference letters.

Additional considerations:

- For the solo practitioner where another physician is taking over the practice, the new physician may want to start with his/her own staff, or your staff may not want to remain with the new physician. Staff should be informed if staying is an option.
- For the group practitioner colleagues may consider reducing staff hours. Consult a lawyer as many of the same legal considerations exist as with termination.
- Review staff insurance plans e.g. liability, health, life, disability, worker's compensation) and update, cancel or extend where appropriate

## PATIENT MEDICAL RECORDS

### NOTIFICATIONS

- All physicians are **legally obliged** to advise The BC College of the location of, and means for accessing, all medical records that a physician owns. See the Professional Association Notification sample letter below.

**Sample #8:  
Professional  
Association  
Notification**

[Name of professional association]  
[Address of professional association]  
[Date]

To whom it may concern:

I am announcing my [practice closure; practice relocation; retirement from active practice; etc.] as of [insert departure date]. [My membership/account number is [insert number]]. Please forward all correspondence to:

[Name] | [Address] | [phone] | [Fax] | [E-mail]

[For BC College notification letter: Use this paragraph to describe the location of patient medical records and how they can be accessed].

Thank you,  
[Signature]  
[Name]

- Patients should be notified about the location of their records and how they may be accessed. See the [patient notification sample letters](#).

### OWNERSHIP

- Patient medical records belong to the doctor, but patients have the right to access the information contained therein and to obtain a copy of his/her record.
- Physicians leaving a practice and holding ownership of the medical records of that practice, do not avoid the obligations of security, confidentiality, accessibility, and retention of these records by their leaving.
- Physicians may, when their departure is planned, delegate their ownership of records through mutual agreements, written and signed by both parties. Otherwise, their obligations persist.
- Unanticipated departures (through disability or death, including that of family members) deserve prior planning by each physician, so that family members, estates and associates are not burdened with those obligations.

## TRANSFER OF RECORDS

- Physicians may transfer medical records to:
  - a) another physician, with the consent of the patient.
    - Release of copies of the records requires written patient authorization which should be retained with the original record.
    - Physicians may transfer original medical records to another physician if the receiving physician has agreed to take custody of the medical record and provide enduring access to the transferring physician and the patients. As a general practice, the College and CMPA recommend that you **always retain the original record** for the purpose of future complaints or legal action.
    - Transfer of a medical record to another physician should also be documented in a written contract that includes:
      - the location, safe-custody, and protection of confidentiality of the medical records
      - a requirement that the receiving physician notify the transferring physician if the location changes
      - the transferring physician's right of access
      - the patient's right of access
      - duration of retention and appropriate destruction
    - Information provided can include selected copies of relevant documentation from the patient's medical record and/or an adequately comprehensive summary of the patient's care.
    - The *Personal Information Protection Act (PIPA)* states that a physician must generally respond to a patient's request for that information within 30 business days.
    - The provision of this information is, at present, a non-insured service, and a reasonable fee may be charged to the patient at the physician's discretion. Check the [Doctors of BC website](#) for fees pertaining to copying and transferring of records. The College advises physicians to be mindful of the patient's ability to pay. You cannot refuse a patient access to their medical records if the patient cannot pay.
  - b) a safe storage facility if they remain in the custody of the original physician.
    - Physicians who contract with service providers for storage and retrieval of medical records for the remaining retention period should ensure that a legal agreement has the following provisions:
      - Maintain the confidentiality of all patient information stored, providing access to information only to authorized representatives of the physician or with written authorization from a patient or legal representative.
      - Upon request of the physician, promptly return all confidential patient information without retaining copies.
      - Prohibit the use of patient information for any purpose other than what was mutually agreed upon. This includes selling, sharing, discussing, or transferring any patient information to unauthorized business entities, organizations, or individuals.
      - Provide a secure storage facility that protects against theft, loss, damage, and unauthorized access.

- As specified by the physician, securely destroy patient information at the end of the retention period.
- Canadian medical record storage and transfer service providers (may not be comprehensive):
  - Med Records Services Inc. – Vancouver, BC | T: 604-800-7079 | F: 604-608-3896 | W: <http://medrecords.ca> | E: [info@medrecords.ca](mailto:info@medrecords.ca)
  - DOCUdavit Solutions – Toronto, ON | T: 416.781.9083 | Toll Free: 1.888.781.9083 | Fax: 1.866.297.9338 | W: <http://docudavit.com>
  - Record Storage and Retrieval – Toronto, ON | T: 1.888.563.3732 | F: 1.877.398.5932 | W: <http://www.recordsolutions.ca> | E: [info@rsrs.com](mailto:info@rsrs.com)

## **STORAGE AND RETENTION OF MEDICAL RECORDS**

- Physicians must ensure that records are stored in a safe and secure place for at least 16 years from the date of the last entry. Where the patient is a minor, records must be kept for at least sixteen years from the age of majority, which is currently 19 years of age.
- If a physician dies before 16 years have passed, his/her estate is required to store and retain records and may be sued. Physicians are strongly encouraged to plan for storage of their records as part of their estate planning.
- The actual custody of the records and the mechanics of retrieval may be delegated to an appropriate third-party, but the physician will continue to be responsible maintaining the security of records.
- Once the retention period has expired, records should be destroyed in a manner that maintains confidentiality. Destruction should ensure that the record cannot be reconstructed in any way. For example, it is recommended that paper records be either shredded, pulverized, or incinerated. Effective destruction of electronic records requires that the records be permanently deleted or irreversibly erased.
- See [Transfer of Records section above](#) for a list of Canadian medical record storage and transfer service providers.

## CONTINUITY OF CARE

According to the College, physicians have both a professional and legal duty to use reasonable efforts to arrange appropriate transfer and follow-up care for those patients who require it (see [Appendix 3 - Patient Panel Assessment](#) for instructions on how to identify vulnerable patients for continuity of care). Special attention should be given to patients who are being actively investigated or treated.

### TRANSFER OF CARE

Where there is no physician taking over the practice, physicians should attempt to transfer their patients to another physician. Some patients may prefer to find their own new doctor. Physicians should try to assist the patient in the search process. Resources include:

- Pathways Virtual Care Director provides a list of doctors accepting new patients and suggests ways to find a new doctor.
- Comox Valley Division provides a list of clinics in the Comox Valley; patients can contact the clinics to be added to any wait lists.

### WORK IN PROGRESS

Work in progress includes investigations, lab tests, and consultations. The CMPA has dealt with many examples of cases where work in progress has fallen “between the cracks” resulting in allegations of a delayed diagnosis or worse. The risk of such an occurrence increases with a physician leaving a practice.

Physicians leaving a practice for whatever reason should make reasonable efforts to have in place a system whereby all of the work in progress will be reviewed and appropriately acted upon. For example:

- Arrange to have another physician cover or assume his/her practice.
- Arrange to have another physician review results for patients with outstanding laboratory tests, and to advise patients of the results and any requirements for follow-up.
- Arrange for patients to obtain their test results from the physician’s office or the testing facility (if permissible) and provide patients with instructions to obtain follow-up as soon as possible.

The CMPA recommends sending a notice to those consultants (specialists, pharmacists, therapists, other health care professionals) whom the physician most frequently refers or shares patient care, as well as to laboratories and x-ray facilities. In the notice, it is useful to include the name of the contact physician replacing the physician (even if only temporarily), and/or direction on where to send a report if alternative arrangements have not been made.

See a sample [Colleague Notification letter](#) on the next page, [Appendix 1 – Key Resources](#), [Appendix 2 – Practice Closure Checklist](#), & [Appendix 4 - Professional Associations](#).



**Sample #9:  
Colleague  
Notification  
Letter**

[Name of professional association]  
[Address of professional association]  
[Date]

**Re: [name] & [membership/account #]**

To whom it may concern,

I am announcing my [practice closure, relocation, retirement] as of [date].. Please forward all correspondence to: [Name] | [Address] | [Fax#] | [E-mail].

[For BC College, describe the location of patient medical records and how they can be accessed].

[SCENARIO#1 – NO REPLACEMENT &/OR STILL SEARCHING: At this time, a replacement physician has not been found to take over my practice and a search is underway. In the event that no replacement is identified, I will do my best to transition care of all vulnerable patients to other providers in the community.]

[SCENARIO#2 – REPLACEMENT PHYSICIAN: As of [date], [new doctor name] will be taking over my practice and the bulk of my medical records. [new doctor name] can be reached at [Address] | [Phone] | [Fax] | [E-mail].

Sincerely,

[Name]

[Signature]

## WRAPPING UP BUSINESS

### DRUG DISPOSAL

Physicians are responsible to dispose of drugs in a conscientious manner that considers environmental impacts and provincial and federal requirements.

- If you are transferring your practice, you may be able to transfer drugs to the new physician
- If you are closing your practice:
  - Refuse any new drug samples six months prior to practice closure
  - Dispose of drugs using medical waste and sharps companies
  - Return expired and unused samples to drug company's pharmaceutical representative
  - Offer in-date samples to colleagues
  - Take expired or unused drugs to a [pharmacy for proper disposal](#).
  - Destroy all prescription pads, or keep them safe and secure

Drug disposition resources for clarification and guidance include:

- [Controlled Drugs & Substances Act](#)
- [National Association of Pharmacy Regulatory Authorities' Resources for Pharmacy Operators](#)

### MEDICAL AND OFFICE EQUIPMENT

There are several options for selling or passing on your medical and office equipment:

- Sell or give to any new physician coming into the practice
- Inform colleagues what you have available.
- Advertise: *Free*: online classifieds ([Craigslist](#), [Kijiji](#)); hospital notice board; local Division communication | *\$\$*: medical publications (e.g. BCMA)
- Consider donating to nonprofit organizations that perform medical mission work.

Important considerations when selling your medical and office equipment:

- Methods to assess the value of equipment:
  - Market value: Contact your medical equipment supplier and ask for a reasonable estimate of what your equipment is worth.
  - Book value: Determined by accounting records and accounts for the depreciation of an asset over time
  - Buy/sell value: As agreed upon by the buyer and seller
  - Simple guessing
- Certain pieces of medical equipment must be handled in compliance with Gov of Canada Legislation and Guidelines - Medical Devices.

### BUSINESS RECORDS

The [Canada Revenue Agency](#) outlines a business owner's responsibility regarding record keeping. See the see [Employment Standards in BC](#) for information pertaining to employee records.

## APPENDIX 1: KEY RESOURCES

- [Physician Health Program](#)—offers confidential and complimentary support and referral for physicians and their families during career and life transitions.
- [Doctors of BC Retirement Guide](#)—offers retirement guidance to ease the burdens of GPs and patients. Their resources include a “[How to Retire Guide](#)” and supporting videos.
- [Provincial Division of Family Practice](#)—offers a collection of resources to help physicians prepare for retirement or incorporate succession planning into their practice.
- College of Physicians and Surgeons of BC—[Standards and Guidelines](#), includes: [Medical Records in Private Physicians’ Offices](#) and [Leaving a Practice](#)
- Canadian Medical Protective Association—[Closing or leaving a practice - Tips for Primary Care Physicians](#).
- [Doctors of BC Privacy Toolkit](#)—Provides guidelines for BC physicians in private practice in meeting their PIPA obligations, includes [Guidelines for Protecting Medical Records When Leaving a Practice](#).
- BC law sets standards for payment, compensation and working conditions in most workplaces – see [Employment Standards in BC](#).
- [Family Practice Toolkit](#)—a tool for launching a new clinic.
- [Doctors Technology Office](#)—tools for new and existing offices provided by Doctors of BC.

## APPENDIX 2: PRACTICE CLOSURE CHECKLIST

Estimated Practice Closure Date: \_\_\_\_\_

### **24 months in advance**

#### *Group Practice:*

- Review agreement to determine notice required
- Consider if shares need to be transferred to another physician
- Group practice without an agreement - give notice to your partners/associates
- Consider locum support of finding a physician to assume your practice
- Review staff employment contract, insurance policies and notice requirements

#### *Solo Practice:*

- Review lease and specifics on termination
- If the office space is owned, determine if the property should be maintained or sold
- Consider locum support or finding a physician to assume your practice

### **18 months in advance**

- Undertake a patient panel assessment to support physician recruitment and/or continuity of patient care if leaving your practice. *i.e. involves defining your patient panel and creating a patient registry that identifies your vulnerable patients*

### **6-12 months in advance**

#### *Group Practice:*

- Contact your lawyer, tax accountant, financial advisor, banker, insurance agent, etc. for guidance on practice closure, storage requirements for clinic documents (employment, tax, legal and financial records, etc.) and estate planning

#### *Solo Practice:*

- Contact your lawyer, tax accountant, financial advisor, banker, insurance agent, etc. for guidance on practice closure, storage requirements for clinic documents (employment, tax, legal and financial records, etc.) and estate planning
- Review staff employment contract, insurance policies and notice requirements

### **3-6 months in advance**

#### **STAFF**

- Notify staff of practice closure
  - Stagger staff dismissal
  - Prepare severance packages
  - Prepare to hire temporary staff
- Consider offering incentives so that staff stay with you until the day of practice closure
- Assist staff in finding other employment opportunities

#### **PATIENTS**

- If possible, discuss practice closure with patients in person
- Send a letter to active patients, including practice closure date, plans for practice, assistance in finding a new GP and how patients can access their medical records
- Place a handout or visible signage placed in the waiting area
- Place a notice in a local community newspaper
- No new patients should be accepted once practice closure date has been announced

#### **MEDICAL RECORDS**

- Arrange for safe storage of medical records
- Notify the College of the location of the patient records and how they can be accessed
- Confirm the retention retirement for medical records is still 16 years.
- Contact the EMR vendor to cancel get assistance on how to maintain patient confidentiality of medical records

#### **COLLEAGUES**

- Letter, including practice closure date, forwarding address, forwarding address, and the name and address to whom correspondence and reports may be sent.
- Notice via the Comox Valley Division communication channels

#### **PROFESSIONAL ASSOCIATIONS**

Letter to and cancel of any associated professional dues: Island Health

- |   |  |
|---|--|
| <input type="checkbox"/> CPSBC                    | <input type="checkbox"/> CFPC                        |
| <input type="checkbox"/> BC Medical Services Plan | <input type="checkbox"/> SJGH                        |
| <input type="checkbox"/> Doctors of BC            | <input type="checkbox"/> Residential care facilities |
| <input type="checkbox"/> CMPA                     | <input type="checkbox"/> BC Cancer Agency            |

## ***30-60 days in advance***

### **PATIENTS**

- Respond to all patient requests for medical record transfers
- Care of any vulnerable patients or patients under acute, active treatment should be transferred to a colleague or use the Comox Valley Division's Central Referral Mechanism.
- All outstanding reports or test results must be reviewed and acted upon. New physicians are aware of remaining outstanding investigations.

### **OFFICE EQUIPMENT/FURNITURE/SUPPLIERS**

- Plan for medical and office equipment.
- If you own – consider selling or donating
- If you lease – have lease termination date coincide with practice closure date. If not, consider a buyout.
- Notify the following providers of the day you wish to discontinue service and request final statements:
  - Lawyer, tax accountant, financial advisor, banker, insurance agent, etc.
  - Canada Revenue Agency (employee payroll and GST account, if applicable)
  - Canada Post
  - Medical suppliers
  - Office suppliers
  - EMR vendor
  - Laundry services
  - Custodial services
  - Hazardous waste disposal services
  - Utilities (phone, internet, electricity)
  - Landlord
  - Credit and debit card companies
  - Magazine subscriptions

## ***After the final patient is treated***

### **PHONE & MAIL SERVICE**

- Retain clinic telephone number with recorded phone message for a period of 3 months informing patients that the practice has closed and options for medical record retrieval.
- Contact Canada Post to coordinate change or address/mail forwarding

### **DRUGS AND HAZARDOUS WASTE**

- Dispose of prescription drugs and medications according to guidelines
- Destroy all prescription pads, or keep them safe and secure

### **BUSINESS-RELATED**

- Ensure that all final statements from vendors and suppliers are accurate and paid
- Keep business-related bank accounts open for at least three months to ensure all cheques have cleared

### **MEDICAL AND CLINIC RECORDS**

- Store medical and clinic records in a safe and secure location

## APPENDIX 3: PATIENT PANEL ASSESSMENT

### PATIENT PANEL ASSESSMENT – WHAT IS IT?

1. Defining your patient panel size, the number of active patients under your care
2. Building a patient registry that identifies vulnerable patients for continuity of care

### WHY UNDERTAKE A PATIENT PANEL ASSESSMENT

1. For recruiting physicians:
  - To frame recruiting efforts. Many incoming physicians would like to join or assume a practice with an appropriately sized, stable, and mixed patient panel.
  - A registry identifying vulnerable patients promotes proper handoff to a replacement physician for continuity of care
2. For physicians closing a practice: It is your professional and legal duty to:
  - Notify active patients of your practice closure at least three months in advance
  - Make reasonable efforts to ensure that there is a process in place to support continuity of care for patients who require it
3. A registry identifying vulnerable patients supports continuity of care in the case of an unplanned retirement due to departure/illness
4. To identify potential areas for allied health professional support based on the types of patients in your register (e.g. if you have a disproportionate number of CDM-diabetes patients, consider bringing in a chronic disease nurse)
5. As with paper charts, EMRs are only as good as the accuracy and comprehensiveness of the physician/staff who is entering the data. Following these instructions and starting early will ensure that you are coding correctly, optimizing billing incentives, and can readily and easily identify your CDM, complex care and/ or vulnerable patients when it comes time for your practice transition.

### WHERE DO YOU START?

Define your patient panel size

Method	Description
<b>Mini Profile</b>	An accurate reflection of claims submissions and payments made for services provided in the calendar year based on Medical Services Plan payments. Statistics describe your panel size, demographics and the costs incurred for services against your province-wide peer group.
<b>EMR query</b>	Doctors of BC members can find a downloadable PDF of their Mini Profiles online in their <a href="#">My Account</a> area. Identify your active patients* by using key indicators in your EMR, such as: <ul style="list-style-type: none"><li>• Clinic or Primary Care Provider</li><li>• Active status</li><li>• No. of visits: &gt; X</li><li>• Date of last contact: today's date X number of years in the past or appointment during last X number of years, etc.</li></ul>

Method	Description
	<p>Generate a report based on the identified criteria. This report can be saved on your computer (ie. Excel/Word) or in a binder/folder</p> <p>*Defining an “active patient” is at the physician’s discretion. For medical record management companies, an active patient is one that has physically visited the office anywhere in the past 2 to 7 years.</p>
<b>Patient Panel Size Worksheet</b>	Calculate and identify discrepancies between your current and ideal patient panel sizes and assist an incoming physician in defining the ideal number of patients he/she can effectively care for.

## WHERE DO YOU START?

Build a patient registry that identifies vulnerable patients for continuity of care

- **Step 1:** Identify vulnerable patient populations by using key indicators:
  - Clinic or Primary Care Provider
  - Active status
  - ICD-9 Codes (see Table A)
  - Service Codes (see Table A)
  - Medication
  - Lab Results
  - Demographics (e.g. seniors (aged 65+), immigrants/newcomers)
- **Step 2:** Generate a report based on the identified criteria. This report can be saved on your computer (ie. Excel/Word) or in a binder/folder. For example, pull all of Dr. X’s diabetic patients using the following search criteria:
  - Clinic or Primary Care Provider - Dr. Xanadu
  - ICD-9 Codes - patients with a 250 in problem summary
- **Step 3:** To keep an updated registry, each newly identified patient should be coded accordingly.

See the following resources for current billing codes:

- [Govt of BC MSC Payment Schedule](#)
- [Doctors of BC – Fee Guides](#)
- [GPSC – Incentive Fees](#)



## APPENDIX 4: LIST OF PROFESSIONAL ASSOCIATIONS

### Island Health

Physician Recruitment & Retention

c/o Sheila Leversidge, Physician Recruitment Coordinator Medical Affairs

Ph: 250-740-6972 / Fax: 250-716-7747 | Email: [sheila.leversidge@viha.ca](mailto:sheila.leversidge@viha.ca)

### College of Physicians and Surgeons of BC

300-669 Howe Street

Vancouver, BC V6C 0B4

T: 604-733-7758 | F: 604-733-3503

W: <https://www.cpsbc.ca/contact-us> | [Information pertaining to retirement/resignation](#) | [Registration & Retirement Form](#)

### BC Medical Services Plan

Medical Services Plan

PO Box 9480 Stn Prov Govt

Victoria, B.C. V8W 9E7

T: 604-456-6950

W: <http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/physicians/enrolment>

### Canadian Medical Protective Association

PO Box 8225 Station T

Ottawa, Ontario K1G 3H7

T: 1-800-267-6522 | F: 1-877-763-1300 | W: <https://www.cmpa-acpm.ca/interrupt-or-end-membership>

### College of Family Physicians Canada

2630 Skymark Avenue

Mississauga, ON L4W 5A4

T: 1-800-387-6197 x250 | F: 1-888-843-2372 | W: [www.cfpc.ca](http://www.cfpc.ca)

### Long-Term Care Facilities

- The Views, 2137 Comox Avenue, Comox, BC V9M 1P2  
T: 250 331 8650 | [Michael.Aikins@cvviews.ca](mailto:Michael.Aikins@cvviews.ca)
- CV Senior Village, 4640 Headquarters Rd, Courtenay, BC V9N 7J3  
T: 250-331-1183 | F: (250) 331-4100 | [cmontgomery@retirementconcepts.com](mailto:cmontgomery@retirementconcepts.com)
- Glacier View Lodge, 2450 Back Rd, Courtenay, BC  
T: (250) 338-1451 | F: (250) 338-1115 | [Debbie.smethurst@glacierviewlodge.ca](mailto:Debbie.smethurst@glacierviewlodge.ca)
- Cumberland Lodge, Box 400-2696 Windermere Avenue, Cumberland, BC V0R 1S0  
T: 250-331-8505 x 68321 | [Corrine.Haughton@viha.ca](mailto:Corrine.Haughton@viha.ca)
- Cumming Home, 1926 Cummings Rd, Courtenay, BC V9N 0A3  
T: (250) 897-0075 | [thecummingshome@gmail.com](mailto:thecummingshome@gmail.com)