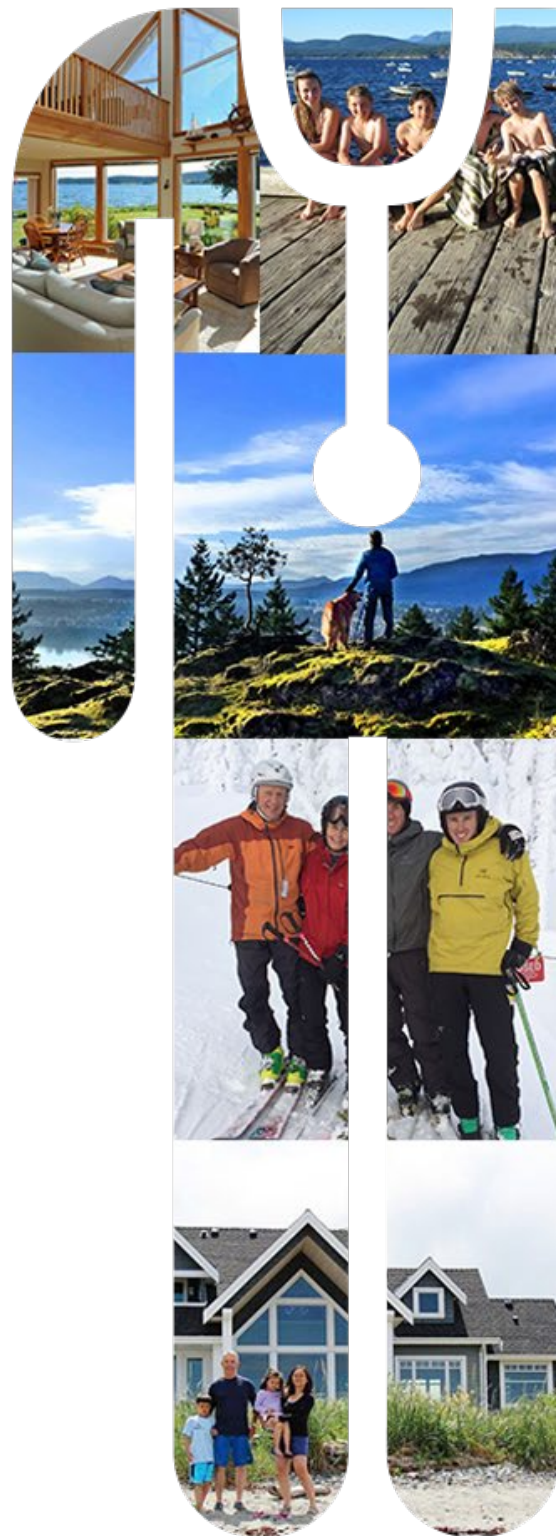




# Practice Change Toolkit

*A comprehensive guide to support physician's transition from practice*

*June 2022*



**Comox Valley**  
**Division of Family Practice**

A GPSC initiative

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

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## Winding down your practice?

### 4 key facts about family practice environment to help frame your practice transition/retirement efforts.

1. The Strathcona Resident Program graduates 6 family physicians per year
2. New graduates bring varying levels of debt and lifestyle expectations. Many are interested in providing locum coverage and joining a group or interprofessional practices.
3. Important practice, personal and professional attributes include maintaining reasonable and flexible work hours, ability to take time off and availability of EMRs.
4. Island Health's moratorium policy requires international medical graduates to practice medicine in rural or underserved areas. Only after a HealthMatch BC/Island Health job posting has been posted for 6+months may physicians not licensed to practice in Canada be considered.

### Will you...

#### Close your practice

1. When does your lease expire? Does it allow for termination prior to the expiry date?
2. What is your practice closure date?
3. How and when will you notify your patients, colleagues, and professional associations of your practice closure?
4. How will you arrange the secure storage or transfer of patient records?
5. What processes will be put in place to support continuity of care (appropriate transfer and follow up) for patients who require it?

#### Find a replacement

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

#### Merge your practice into an existing practice

1. What are your goals for the merger (e.g. work part-time, locum)?
2. What are you looking for in an existing practice when it comes to: Practice philosophy; Governance and decision-making; Income and expense sharing; Medical records; Staffing; Physical location
3. Can you identify compatible practices with similar intentions?

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

1. What are your goals for the merger (e.g. work part-time, locum)?
2. What would an ideal merged group practice look like when it comes to: Practice philosophy; Governance and decision-making; Income and expense sharing; Medical records; Staffing; Physical location
3. Can you identify compatible FP colleagues that have similar intent

## The Bottom Line

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

1. Notify patients, outlining the departure date and the procedure whereby patients might obtain a copy of their medical record or transfer of a copy of the records to a new attending physician, in the following ways: a notification letter to each patient, a notice posted in the office, a voicemail message about the planned retirement, and a notice in a local newspaper.
2. 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.
3. Arrange safe and secure storage and retrieval of patient records for or a minimum period of sixteen years from either the date of last entry or from the age of majority, whichever is later.
4. Advise the College of the location of, and means for accessing, all medical records that a physician owns.
5. Ensure that there is a process in place to support continuity of care (appropriate transfer and follow up) for patients who require it
6. Ensure that there is a system in place whereby all of the work in progress will be reviewed and appropriately acted upon.
7. For physicians who wish to retire/resign from the College of Physicians and Surgeons of BC, complete and submit the Retirement/Resignation from the College Form.

### References

1. CPSBC Professional Standards and Guidelines – Leaving a Practice (Oct 2009)
2. CPSBC Professional Standards and Guidelines - Medical Records in Private Physicians' Offices (Jun 2013)
3. CPSBC Professional Standards and Guidelines - Medical Records (Sep 2014)
4. CMPA – Considerations s When Leaving a Medical Practice (Apr 2008)
5. CMPA – Winding Down Your Medical Practice (Jul 2013)
6. Doctors of BC – Protecting Personal Information When Leaving a Medical Practice (Jun 2009)

## Patient Notifications

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

**Length of notice:** according to the College, where possible, **three months** is considered appropriate

**Methods of notification:** a combination of any or all of the following:

1. An individual letter. See the [patient notification letter template](#).
  - o Letter should detail:
    - planned departure date
    - introduce a new physician who is taking over the practice, whether or not there are partners or associates in the practice who are accepting new patients, or whether there are other physicians in the community who are accepting new patients
    - how patients can access copies of their medical records.
    - To reduce costs, consider hand delivering the letter to patients in-office and/or mailing a single letter to all family members.
2. A printed notice placed in the physician's waiting area. See the [departure notice template](#).
3. A departure notice placed in a local community newspaper. See the [departure notice template](#).
4. A notice on the practice's website
5. A one-way email to patients, if EMR-based
  - o Physicians should discuss their departure date with as many patients as possible in person; office staff should also be prepared to inform patients, discuss options for finding a new physician, and how to access copies of medical records.
  - o Physicians should keep a log, including the method and date of patient notification. Save a copy of the letter, copies of public notifications, returned envelopes and receipts in order to verify your notice in any case of discrepancy or challenge.

**Which patients to notify** active patients, or patients who have physically visited the practice in the past 2 to 7 years (at your own discretion)

- o To determine your list of active patients, see the Patient Panel Assessment resources for [EMR-based offices](#)
- Patients should be assisted in their search for a new physician. Family practitioners may provide a list of physicians in their geographic area who are accepting new patients. If a new physician is taking over the practice, the provision of some introductory information would reassure patients.
- After you have left your practice:
  - o Solo Practitioner:
    - Consider keeping you phone line open for three months with a message that: i) notifies the patient that your practice has closed; ii) provides information for finding a new physician; iii) relays how to access copies of medical records.
  - o Group Practitioner:
    - Consider changing the group practice's voicemail with a message directing your former patients to a message detailing your practice closure
- o See the [voice mail template](#).

Reference

1. CPSBC Professional Standards and Guidelines - [Leaving a Practice](#) (May 2022)

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## Staff Notifications

If there was a formal employment contract, review the contract for notification requirements. The [BC Employment Standards Act](#) indicates that:

	<b>The employer becomes liable to pay an employee an amount equal to:</b>	<b>The liability is deemed to be discharged if the employee</b>
<b>After 3 consecutive months of employment</b>	1 week's wages	i) Is given 1 weeks' written notice ii) Is given a combination of written notice and money equivalent to the amount the employer is liable to pay iii) Terminates the employment, retires from employment, or is dismissed for just cause
<b>After 12 consecutive months of employment</b>	2 weeks' wages	i) Is given 2 weeks' written notice ii) Is given a combination of written notice and money equivalent to the amount the employer is liable to pay iii) Terminates the employment, retires from employment, or is dismissed for just cause
<b>After 3 years of consecutive employment</b>	3 weeks' wages plus 1 week's wages for each additional year of employment, to a maximum of 8 weeks' wages.	i) Is given 3 weeks' written notice, plus one additional week for each additional year of employment, to a maximum of 8 weeks' notice ii) Is given a combination of written notice and money equivalent to the amount the employer is liable to pay iii) Terminates the employment, retires from employment, or is dismissed for just cause
<p><i>Note: The amount the employer is liable to pay becomes payable on termination of the employment and is calculated b: (a) totaling all the employee's weekly wages, at the regular wage, during the last 8 weeks in which the employee worked normal or average hours of work, (b) dividing the total by 8, and (c) multiplying the result by the number of weeks' wages the employer is liable to pay</i></p>		



- 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. but be prepared to hire temporary staff.
- Consider retaining some staff to provide patient and operational support during and after the transition process.
- Assist staff in finding other employment opportunities:
  - With FP colleagues or newly opened practices
  - Offer reference letters
- Review staff insurance plans e.g. liability, health, life, disability, worker's compensation) and update, cancel or extend where appropriate
- For the solo practitioner:
  - If you have found someone to take over your practice:
    - The new physician may want to start with his/her own staff
    - Your staff may not want to remain with the new physician but should know if this is an option
- For the group practitioner:
  - If no one is taking over your practice, colleagues may consider reducing staff hours.
  - Consult a lawyer as many of the same legal considerations exist as with termination.

#### References

1. Ministry of Jobs, Tourism and Skills Training and Minister Responsible for Labor, BC Government, (2012). Factsheet: Termination of Employment. Retrieved from: <http://www.labour.gov.bc.ca/esb/facshts/pdfs/termination.pdf>
2. Ontario Medical Association. (n.d.). Winding Down a Practice: A guide for Physicians.
3. Sampson, K. (2014). Physician's Guide to Closing a Practice. *Maine Medical Association*.

## Arrangements for Patient Medical Records

### Notifications

- All physicians are **legally obliged** to advise the College of the location of, and means for accessing, all medical records that a physician owns. See the [Professional Association Notification Letter template](#).
- Patients should be notified about the location of their records and how they may be accessed. See the [Patient Notification Letter template](#).

### 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. Doctors of BC has set rates for 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.
  - See the [list of medical records storage facilities](#).

### Storage and retention of medical records

- Physicians must ensure that records are stored in a safe and secure place for at least **sixteen 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 passes away before 16 years have passed, his/her estate is required to store and retain records and may be sued. Physicians are strongly encouraged to make arrangements 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

## References

1. CPSBC Professional Standards and Guidelines - [Medical Records in Private Physicians' Offices](#) (Jun 2013)
2. CPSBC Professional Standards and Guidelines - [Medical Records](#) (Sep 2014)
3. CMPA - [A matter of records: retention and transfer of clinical records](#) (Jun 2013)
4. Doctors of BC – [Protecting Personal Information When Leaving a Medical Practice](#) (Jun 2009)

## 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 Patient Panel Assessment for [EMR-based offices](#) 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

If there is no replacement, retiring 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, for example:

- The [College](#) maintains a list of physicians accepting new patients
- Vulnerable patients may be transferred to a community FP with identified capacity using the [Comox Valley Central Referral Mechanism](#)
- Match patients to a colleague with the expertise for continuing care

### Work in Progress (Investigations, Lab Tests and Consultations, etc.)

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; or
- 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. [Click here for a sample Colleague Notification letter template.](#)

## References

1. CPSBC Professional Standards and Guidelines – [Leaving a Practice](#) (May 2022)
2. CPSO - [Practice Management Considerations for Physicians Who Cease to Practice, Take an Extended Leave of Absence or Close Their Practice Due to Relocation](#) (Apr 2007)

## Wrapping up Business

Drug Disposal  
Medical and Office Equipment  
Business Records

### 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 companies or appropriate pharmaceutical representatives
  - 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 and 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 your colleagues what you have available. They may be interested or know of other physicians who would be.
- Advertise:
  - *Free*: online classifieds ([Craigslist](#), [Kijiji](#)); hospital notice boards
  - *\$\$*: 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

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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 the *Food and Drugs Act* and *Medical Devices Regulations*, regulated by Health Canada Section 26 of the Medical Devices Regulations. These state that no person can sell a **Class II, III or IV medical devices** unless the manufacturer of the device holds a license in respect of that device.

## Business Records

According to the [Canada Revenue Agency \(CRA\)](#), you are required to keep all **records and supporting documents** that determine tax obligations and entitlements for a period of **six years**. This includes financial statements, income tax returns, ledgers, etc. Consult your accountant or call the CRA at 1-800-959-5525.

Under the *Employment Standards Act*, you must retain **employee records** for a minimum of **two years** after the employee's employment ends. This includes payroll records, wage rates, the number of hours worked each day, benefits paid, dates of statutory holidays and vacation taken, etc. Consult a lawyer regarding your legal obligations or contact the [Employment Standards Branch](#) at 1-833-236-3700.



## 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. Below are some key questions to consider:

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

Below is a resource that can help walk you through these questions and others:

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.

For support and referrals, contact the Physician Health Program [24-Hour Help Line](#) at 1-800-663-6729.

Suite 600 – 1665 Broadway West

Vancouver, BC V6J 1X1 Phone: 604-398-4300 Fax: 604-742-0744

Email: [info@physicianhealth.com](mailto:info@physicianhealth.com)

## Appendix 1: 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 or 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 assessment (see the [EMR-based office](#) guide) 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 FP and how patients can access their medical records. See the [letter template](#).
- Place a handout or visible signage placed in the waiting area
- Place a notice in a local community newspaper. See the [departure notice template](#), including information on local newspapers and pricing.
- No new patients should be accepted once practice closure date has been announced

### MEDICAL RECORDS

- Arrange for safe storage of medical records. See the [list of medical record storage companies](#).
- Notify the College of the location of the patient records and how they can be accessed. See the [letter template](#).
- Determine the correct amount of time your medical records should be stored. For BC, “medical records must be retained for a minimum period of *sixteen years* from either the date of the last entry or from the age of majority, whichever is later, except as otherwise required by law” (CPSBC, Sep 2014)
- If using an EMR, 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. See the [letter template](#).
- Notice in the Comox Valley Division of Family Practice monthly Newsletter, [The Heartbeat](#).

### PROFESSIONAL ASSOCIATIONS

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Letter (see the [letter template](#)) including practice closure date, forwarding address, and the name and address to whom correspondence and reports may be sent. Cancel any associated professional dues.

- |   |   |
|---|---|
| <input type="checkbox"/> Island Health            | <input type="checkbox"/> CFPC                                 |
| <input type="checkbox"/> CPSBC                    | <input type="checkbox"/> North Island Hospital - Comox Valley |
| <input type="checkbox"/> BC Medical Services Plan | <input type="checkbox"/> Residential care facilities          |
| <input type="checkbox"/> Doctors of BC            | <input type="checkbox"/> BC Cancer Agency                     |
| <input type="checkbox"/> CMPA                     |   |

See the [list and contact information of professional associations](#).  
**(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. Direct patients to the [Health Connect Registry](#). For more information, contact: [lmcdougall@comoxvalleydivision.ca](mailto:lmcdougall@comoxvalleydivision.ca)
- 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:
 

<ul style="list-style-type: none"> <li>• Lawyer, tax accountant, financial advisor, banker, insurance agent, etc.</li> <li>• Canada Revenue Agency (employee payroll and GST account, if applicable)</li> <li>• Canada Post</li> <li>• Medical suppliers</li> <li>• Office suppliers</li> <li>• EMR vendor</li> </ul>	<ul style="list-style-type: none"> <li>• Laundry services</li> <li>• Custodial services</li> <li>• Hazardous waste disposal services</li> <li>• Utilities (phone, internet, electricity)</li> <li>• Landlord</li> <li>• Credit and debit card companies</li> <li>○ Magazine subscriptions</li> </ul>
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### **(After the final patient is treated)**

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## 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. See the [sample voice mail recording](#).
- 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

## References

1. American Academy of Family Physicians. (n.d.). Closing Your Practice Checklist. Retrieved from: [http://www.aafp.org/dam/AAFP/documents/practice\\_management/admin\\_staffing/ClosingPracticeChecklist.pdf](http://www.aafp.org/dam/AAFP/documents/practice_management/admin_staffing/ClosingPracticeChecklist.pdf)
2. College of Physicians and Surgeons of BC. (Oct 2009). Professional Standards and Guidelines - Leaving a Practice.
3. DOCUdavit Solutions. (2011). A Checklist for Closing a Medical Practice.
4. Health Force Ontario. (n.d.). Succession Planning. Retrieved from: <http://www.healthforceontario.ca/UserFiles/file/Floating/Program/Recruiter%20U/recruitment-essentials-sp-en.pdf>
5. Sampson, K. (2014). Physician's Guide to Closing a Practice. *Maine Medical Association*
6. Ontario Medical Association (n.d.). Winding Down a Practice. Retrieved from: <https://www.oma.org/Resources/Documents/WindingDownAPractice.pdf>

**Appendix 2: Patient Notification Letter Template**

[Name]

[Office Address]

[Date]

**Dear Patient,**

It is with mixed emotions that I announce my [practice closure; practice relocation; retirement from active practice; etc.] as of [departure date].

It has been a privilege providing for your health care needs.

<p><b>Scenario 1: No succeeding physician, searching for a replacement</b></p> <p>At this time I have not found a replacement to take over my practice but a search is underway. My patients are welcome to continue to see me until I leave but I highly recommend that you begin looking for a new doctor in case there is a delay in finding a new physician to take my place.</p> <p>Sign up to the to the <a href="#">Health Connect Registry</a> and you will be contacted as soon as a family physician becomes available.</p>	<p><b>Scenario 2: No succeeding physician, not searching for a replacement</b></p> <p>Unfortunately, I have not found a replacement to take over my practice. Sign up to the to the <a href="#">Health Connect Registry</a> and you will be contacted as soon as a family physician becomes available.</p>	<p><b>Scenario 3: Succeeding physician</b></p> <p>I am pleased to advise you that we are all very fortunate to have Dr. [name] continue this practice and your care if you so choose. [Provide a brief bio in 1-2 lines]. Dr. [insert name] can be reached at:          [Address]          [Telephone Number]          [Fax Number]          [E-mail]</p>
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Your medical records are confidential, and a copy can be transferred to another doctor or released to you only through your written permission by completing an authorization for release of medical record form.

If you would like to receive a copy of your medical records or transfer them to another physician, please contact:

[Name of Physician and/or Clinic/and/or Record Storage Facility]

[Address]

[Telephone number]

[E-mail]

Please note: that there is a fee associated with the transfer of medical records of [insert amount].

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

Sincerely,

Dr. [Name]

[Signature]

## Appendix 3: Patient Notification Departure Notice Template

### Sample # 1

After [insert number] years, Dr. [insert name] regretfully announces the closure of his/her medical practice effective [insert date]. Dr. [insert name] wishes to express his/her appreciation to patients and colleagues for their trust and confidence over the years and extends his best wishes for continued good health.

Dr. [insert name] will be taking over the practice as well as the bulk of medical records.

Patients may obtain copies of their medical records by contacting [name of physician and/or clinic/and/or record storage facility]

### Sample # 2

I, Dr. [insert name], am announcing the closing of my medical practice effective [insert date]. It has been a pleasure serving as your physician and I thank you for your trust and confidence over the years.

Dr. [insert name] will be taking over the practice as well as the bulk of medical records. Patient files may be obtained by contacting [name of physician and/or clinic/and/or record storage facility]. Thank you.

### Local Newspapers

<a href="#"><u>Comox Valley Record</u></a>	<a href="#"><u>Comox Valley Echo</u></a>
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## Appendix 4: Patient Notification Sample Voice Mail

- *Solo practitioners are advised to keep their phone line open for three months, with a message that details your practice closure*
- *Group practitioners are advised to change the group practice's voicemail with a message directing former patients to a message that details your practice closure.*
- *For a sample voicemail see below. The vocabulary or tone of the message may be modified as you see fit. Best practices are to keep the language simple and message 60 seconds or less.*

### Sample #1 – Succeeding Physician

"Dr. [insert name] regretfully announces the closing of his/her practice on [insert date]. Dr. [insert name] will be taking over the practice and the bulk of medical records. If you would like to receive a copy of your medical records or transfer them to another physician, please contact [name of physician and/or clinic] at [insert telephone number] or [insert email address] to obtain an authorization for release of medical record form for you to complete. Please note that there is a fee associated with the transfer of medical records. If you have any questions, please feel free to contact us and we will be pleased to assist you. Thank you."

### Sample #2 – No Succeeding Physician

"Dr. [insert name] regretfully announces the closing of his/her practice on [insert date]. If you would like to receive a copy of your medical records or transfer them to another physician please contact [name of physician and/or clinic/and/or record storage facility] at [insert telephone number] or [insert email address] to obtain an authorization for release of medical record form for you to complete. Please note that there is a fee associated with the transfer of medical records. Please contact [insert name] at [insert telephone number/email address] with any questions. Thank you."

## Appendix 5: Colleague, Referring Physician Notification Letter Template

[Name of colleague, referring physician]  
 [Address of colleague, referring physician]

[Date]

**Dear [name of colleague, referring physician],**

I am announcing my [practice closure; practice relocation; retirement from active practice; etc.] as of [departure date].

<b>Scenario 1: No succeeding physician</b>	<b>Scenario 2: No succeeding physician</b>	<b>Scenario 3: Succeeding physician</b>
<p>At this time, I have not found a replacement 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.</p> <p>Please forward all correspondence to: [insert address]</p>	<p>My practice colleague(s), Dr. [insert name(s)] will take over my practice as well as the bulk of my medical records.</p> <p>Dr. [insert name] can be reached at:            [Address]            [Telephone Number]            [Fax Number]            [E-mail]</p>	<p>As of [insert date], Dr. [insert name] will take over my practice as well as the bulk of my medical records.</p> <p>Dr. [insert name] can be reached at:            [Address]            [Telephone Number]            [Fax Number]            [E-mail]</p>

Your assistance in ensuring continuity of care is greatly appreciated. It has been an honor and privilege to have worked alongside you to deliver quality primary care in the Comox Valley. Thank you and all the best in the future.

Sincerely, Dr.  
 [Name]  
 [Signature]

## Appendix 6: Professional Association Notification Letter Template

[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:

Dr. [Name]  
[Address]  
[Telephone Number]  
[Fax Number]  
[E-mail]

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

Thank you.

Sincerely,

Dr. [Name] [Signature]

## Appendix 7: Patient Panel Assessment for EMR-Based Offices

### What is a patient panel assessment?

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 amount 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>	<p>Doctors of BC members can find a downloadable PDF of their Mini Profiles online in their <a href="#">My Account</a> area.</p> <p>Identify your active patients* by using key indicators in your EMR, such as:</p> <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> <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. See the <b>Patient Panel</b> Size Worksheet.

**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, such as:

- 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)

**Table A. Service and ICD-9 codes for identifying vulnerable patient populations**

<b>Vulnerable Patient Population</b>	<b>Service Code</b>	<b>ICD-9 Code</b>
Complex care	14033	All
MH/A	14043	All
Chronic Disease - Diabetes	14050	250
Chronic Disease - Congestive heart failure	14051	428
Chronic Disease - Hypertension	14052	401
Chronic Disease - COPD	14053	496
Frailty Complex Care (for pts with the single diagnosis of significant 'Frailty' (Can Study of Health & Aging Levels 6 & 7)	14075	V15
Mom & baby dyads (pregnancy to babies 18 mos old)	14094	08A

You can also identify patients during chart review and then add the condition to the patient's medical summary as a coded entry (problem list; disease registry; clinical details etc.)

**Step 2:** Generate a report based on the identified criteria.

Example: To pull all of Dr. X's diabetic patients, he could choose the following search criteria: " Clinic or Primary Care Provider – Dr. X  
ICD-9 Codes – patients with 250 in problem summary

This report can be saved on your computer (ie. Excel/Word) or in a binder/folder.

**Step 3:** To keep an updated registry, each newly identified patient should be coded accordingly.

## Appendix 8: Medical Record Management Companies

The following table compares medical practice closure and record storage and transfer services of three Canadian Medical Record Management companies.

	<b>Med Records</b>	<b>DOCUdavit Solutions</b>	<b>Record Storage and Retrieval Services Inc.</b>
	Vancouver, BC T: 604-800-7079 F: 604-608-3896 W: <a href="http://medrecords.ca/">http://medrecords.ca/</a> E: <a href="mailto:info@medrecords.ca">info@medrecords.ca</a>	28 Eugene Street Toronto, ON M6B 3Z4 T: 416.781.9083 Toll Free: 1.888.781.9083 Fax: 1.866.297.9338 W: <a href="http://docudavit.com/">http://docudavit.com/</a>	111 St. Regis Crescent S. Toronto, ON M3J 1Y6 T: 1.888.563.3732 F: 1.877.398.5932 W: <a href="http://www.recordsolutions.ca/">http://www.recordsolutions.ca/</a> E: <a href="mailto:info@rsrs.com">info@rsrs.com</a>
Patient notification assistance			
Mailing letters	X	X	X
Follow-up phone calls	X	X	X
Webpage	X	X	X
Voicemail service	X	X	X
Free bankers boxes and packing assistance	X	X	X
EMR record extraction		X	X
Free, secure, compliant storage for full retention period	X	X	X
Patient record transfers <i>(fees waived if patients are unable to pay)</i>			
Individual	\$35 - \$80	Cap at \$80	\$90 flat
Family		\$160 (up to 4 family members, \$50 for every additional member)	
Physician record access	X	X	X

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. \* Updated June 2022.



	<b>Med Records</b>	<b>DOCUdavit Solutions</b>	<b>Record Storage and Retrieval Services Inc.</b>
Record shredding and destruction	X	X	X
Assistance with the sale and donation of used medical equipment	X proceeds generated go towards decreasing patient costs for record transfers		X
Cost to physician	<i>For medical practice closures:</i> no charge to physicians (regardless if paper or electronic records)  <i>For retired physicians:</i> \$200/ bankers box for record storage (pickup, processing, scanning, and shredding incl.)	\$1.00 one-time Agreement Payment Amount  Annual Paper Storage Fee of \$9.80 per 30-litre bankers box for inactive records (patients that have not physically visited the office in the past 7 years)	Free services for full time primary care physicians where RSRS is appointed custodian for the records and facilitates all patient record transfer request

*Disclaimer: The information provided is meant to assist members in obtaining the names and contact information of medical record management companies who have, in the past, provided medical practice closure and record storage services to physicians. It is an informative resource only and the names of the companies are in no particular order. The Richmond Division does not endorse these medical record management companies nor does it make any representations with respect to the quality of any services, or accuracy of information they may provide. The Richmond Division does not take any responsibility for any services they may provide and shall not be held liable, directly or implicitly, for any actions undertaken on the basis of information contained in this resource document*

## Appendix 9: Professional Associations Contacts

Notification of physicians leaving practice should be made to professional associations, such as the Canadian Medical Protective Association, Richmond Hospital, the Medical Services Plan, and the College of Physicians and Surgeons of BC, with as much advance warning as possible. This notification should include the date of departure, the forwarding address, and the person and his/her address to whom correspondence and reports may be sent. That person may be a colleague who agrees to act as a liaison person during the transition period. For a sample letter template, [click here](#).

Below is a list of professional associations and their contact information. This list is not exhaustive so consider other organizations that you belong to (e.g. alumni), and provide them with appropriate updates of your status as well.

<b>Island Health</b>	Celina Callaghan Physician Recruitment Coordinator, Medical Affairs, Physician Recruitment & Retention Ph: 250-740-6972 / Fax: 250-716-7747 Email: celina.callaghan@islandhealth.ca
<b>College of Physicians and Surgeons of BC</b>	300-669 Howe Street Vancouver, BC V6C 0B4 T: 604-733-7758 F: 604-733-3503  If you plan to retire from practice completely, complete and the following <a href="#">Retirement/Resignation from College Form</a>
<b>BC Medical Services Plan</b>	Medical Services Plan PO Box 9480 Stn Prov Govt Victoria, B.C. V8W 9E7 T: 604-456-6950 W: <a href="http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/physicians/enrolment">http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/physicians/enrolment</a>
<b>Canadian Medical Protective Association</b>	PO Box 8225 Station T Ottawa, Ontario K1G 3H7 T: 1-800-267-6522 F: 1-877-763-1300 W: <a href="https://www.cmpa-acpm.ca/en/home">https://www.cmpa-acpm.ca/en/home</a>
<b>College of Family Physicians Canada</b>	2630 Skymark Avenue Mississauga, ON L4W 5A4 T: 1-800-387-6197 x250 F: 1-888-843-2372 W: <a href="http://www.cfpc.ca">www.cfpc.ca</a>
<b>North Island Hospital – Comox Valley</b>	101 Lerwick Rd Courtenay, B.C.

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. \* Updated June 2022.



	V9N 0B9 250-331-5900 <b>Annette Moore (Annette.Moore@islandhealth.ca)</b> Administrative Support for: Cathie Sturam, Site Director and Dr. Phil Luke, Site Medical Director	
<b>Residential care facilities</b>	Cummings Home	1926 Cummings Rd, Courtenay, BC V9N 0A3 T: (250) 897-0075 E: <a href="mailto:thecummingshome@gmail.com">thecummingshome@gmail.com</a>
	The Views	2137 Comox Avenue Comox, BC V9M 1P2 T: 778-431-0280
	CV Senior Village	4640 Headquarters Rd, Courtenay, BC V9N 7J3 T: 250-331-1183 F: (250) 331-4100 <a href="mailto:comox.info@retirementconcepts.com">comox.info@retirementconcepts.com</a>
	Glacier View Lodge	2450 Back Rd Courtenay, BC T: (250) 338-1451 F: (250) 338-1115
	Cumberland Lodge	Box 400-2696 Windermere Avenue, Cumberland, BC V0R 1S0 T: 250-331-8505 x 68321

References

5. CPSBC Professional Standards and Guidelines – [Leaving a Practice](#) (May 2022)

## Appendix 10: Resources

[College of Physicians and Surgeons of BC – Contact Information >](#)

Retired physicians, through the CPSBC, also offer retirement CMEs. Contact the College for more information.