



 **qathet**
Division of Family Practice
An FPSC initiative

Demystifying **Practice Changes**



These documents were initially developed as part of the A GP for Me Project, March 2016, by the qathet Division of Family Practice and the South Island Division of Family Practice. Reviewed, updated, and compiled by the qathet Division of Family Practice, March 2025.

Acknowledgements

Thank you to the South Island Division of Family Practice for the use of their Succession Planning Workbook!

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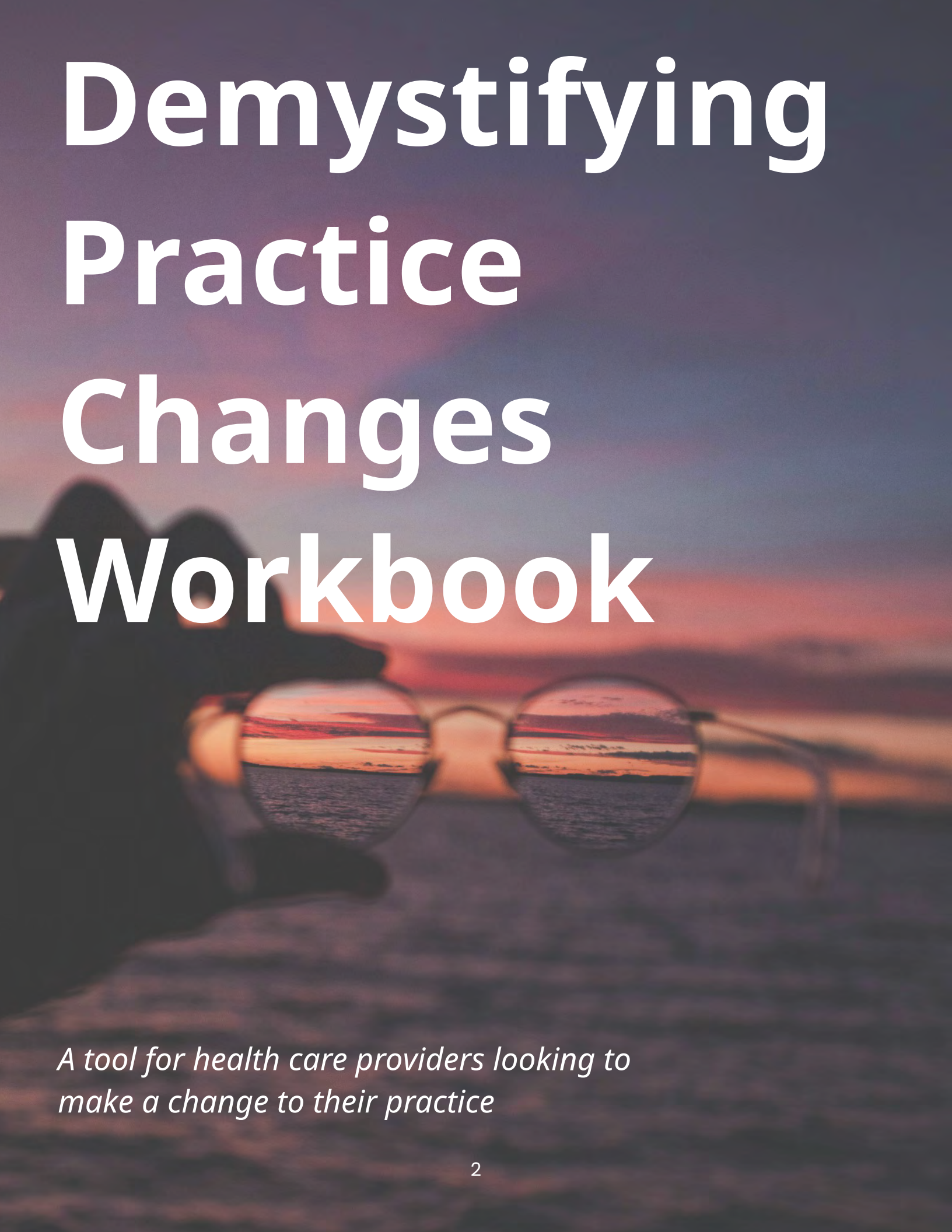
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Demystifying Practice Changes Workbook



*A tool for health care providers looking to
make a change to their practice*

Introduction

This document is a toolkit for physicians who are planning to transition their practice. It is meant as a practical guide that outlines the steps required to hand over your practice to a new physician or close your practice. The content for this toolkit was developed by the Richmond Division of Family Practice, South Island Division of Family Practice and the New South Wales Rural Doctors Network and is used with their permission.

As small business owners, physicians are responsible for their own retirement, sabbatical, and parental leave planning. While advice on the financial considerations of changes to a business can be gleaned from accountants, lawyers, and colleagues, the practicalities, both on a personal and practice level, can be overwhelming.

Why bother with succession planning? When a Family Physician decides to make changes to their practice, this decision affects not only the physician, but also their family, their patients, their staff, and the community. Succession planning is a concept commonly used in corporations to ensure that no gaps exist when executives and managers retire, are promoted, or leave a company. Given the important role physicians play in many

peoples' lives, succession planning is a key tool to ensure a smooth transition for everyone.

Physicians who piloted the NSW Succession Planning Manual (which Part 1 is based on) reported that the process also had unexpected benefits:

- The discipline of assembling documentation provided a valuable opportunity to examine the practice as a business and subsequently to fill gaps in or reinforce existing systems.
- Taking the time to plan for what the physician wanted allowed them to make tangible their dreams. The planning made it possible to see how goals could be achieved and in what timeframe.

Part 1, *Succession Planning Considerations*, is a practical guide for those who are considering making changes to their practice, and Part 2, *Refocus and Retirement Planning Guide*, is a guide for reducing or closing a practice.

Succession Planning Considerations



Step 1

Define the change you want to make to your work circumstances.



Some options to consider:

- Retire – Here? Elsewhere?
- Relocate
- Reduce hours
 - How many hours?
 - Partially retire here?
 - Partially retire elsewhere?
- Refocus your expertise
 - Take on a leadership role?
 - Upskill?
 - Specialty or sub-speciality training?
- Take a leave of absence
 - Extended annual – for how long?
 - Sabbatical – for how long?
 - Long service – for how long?
 - Maternity – for how long?
- A combination or some or all of the above.

I wish to change my work circumstances in the following way:

Briefly outline the stage you are at in your life, as well as your current circumstances and work routine:

Step 2 **Consult with significant others about the change in work circumstances you want to plan for.**



Your significant others might include:

- Your life partner
- Your child or children
- Members of your extended family
- A friend or friends
- Your mentor
- Your preceptor

Issues you might discuss include:

- What would your decision to change your work mean for or to them?
- Do they have any preferences regarding your plans?

- What support can/will they give you to complete your planning?
- What do they consider the most suitable timing to implement the plan? What support can/will they give you?
- Are there other options that might suit you or the family better?
- Do any of them contribute to the practice (e.g. as practice manager)? If so, what special actions are required?

To put this plan into action, I would need to do the following for the benefit of my family:

To put this plan into action, my family members will help in the following ways:

Step 3 **Decide on the timing you would prefer for changing your work circumstances.**



Planning for a change you'd like to occur in 10 years' time will have different planning implications than a change you'd like to occur in 2 years' time. Longer term planning can include many steps, including gradually reducing hours, locuming, and mentoring. Consider what your wishes are and think about the implications that your wishes hold.

I would like this change in my work circumstances to happen in the following timeframe:



Step 4 Consult key stakeholders about your intentions to make a succession plan.



Take care with confidentiality and clear communication!

Key stakeholders might include:

- Practice partners
- Practice manager
- Service organization
- Other local colleagues
- Division of Family Practice Executive Director or staff
- Hospital personnel
- Medical division head

Issues you might discuss include:

- What do they see as the likely ramifications if you altered your work arrangements as planned?
- Do they have any preferences relating to your plan and the effect this is likely going to have on them?
- What support can/will they give you to make your succession plan?
- What support can/would they give you if you were to implement your succession plan?
- Do they see any options other than what you are planning that might suit you or your family better?

Consultation with my key stakeholders indicates I will need to do the following:

Step 5 **Consider all of the options that would support your desired practice change.**



These options could include:

- Bringing in regular locums (short term and/or long term) to cover your immediate practice needs.
- Merging with another practice.
- Actively seeking a replacement physician – new out of medical school, experienced local, provincial, international.
- Joining a Primary Health Care Network practice to merge patient loads.
- Strategically seek to move patients to a willing colleague (e.g. maternity patients if you wish to stop doing maternity).

Analysis of all of my options:

Option	Pros	Cons

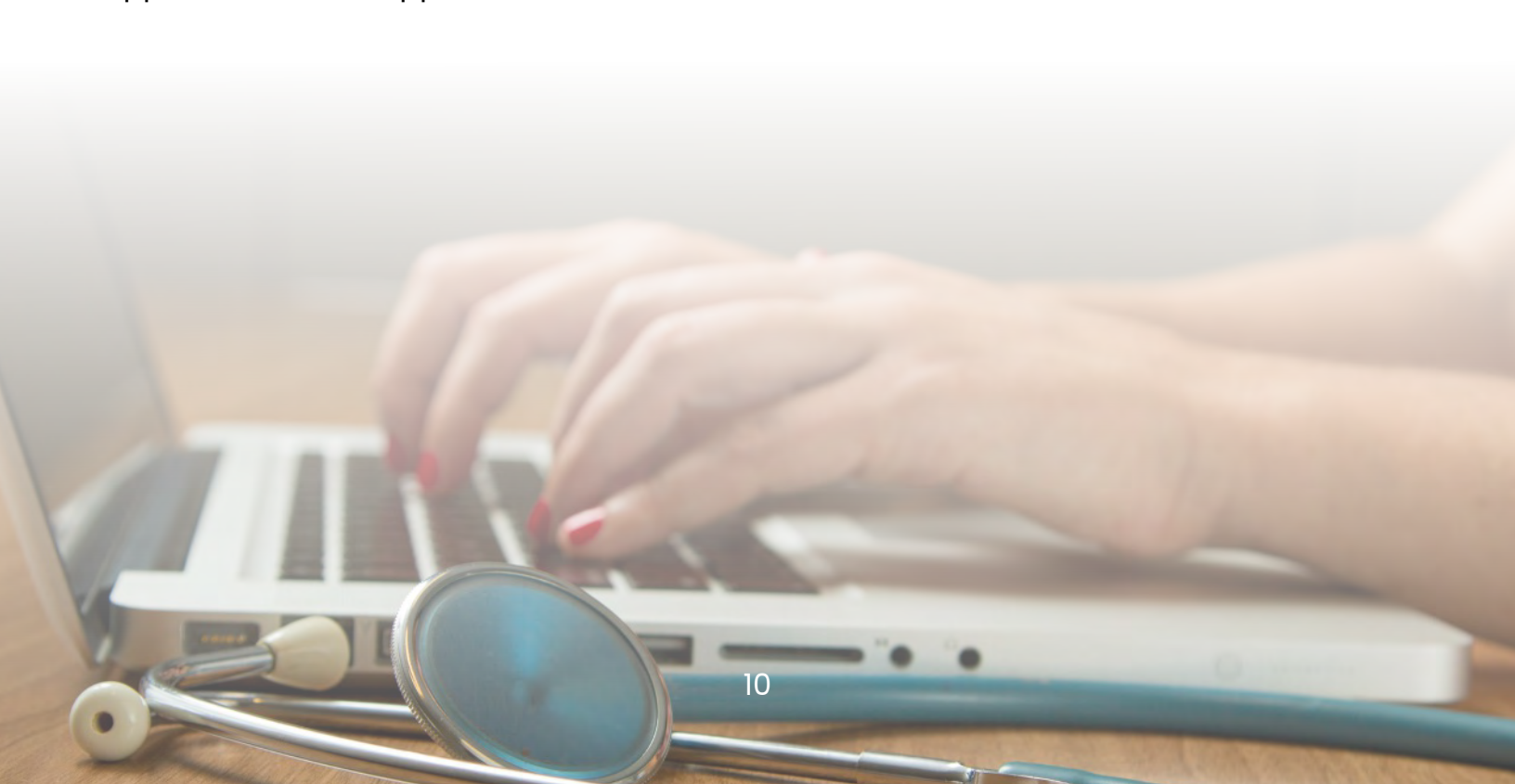
Step 6 **Analyze your practice internally and externally.**



Access assistance from the business advisors at Doctors of BC to analyze your practice and determine the different aspects of your practice that would be of interest to an incoming physician. You'll want to be able to quickly answer questions on the following topics:

- About the Practice
- Doctors
- Staff, Partners, and HR Considerations
- Privacy and Confidentiality
- Emergencies and Occupational Health and Safety
- Facility
- Administration and Operations
- Appendices – MOA and Office Manager Job Descriptions, EMR Guides, Privacy Statements

Contact one of the business advisors listed at <https://www.doctorsofbc.ca/advice-support/business-support>



Step 7 **Consider what you would like to do with practice assets if you changed your work circumstances as planned.**



These assets may include:

- Clinical workload
- Clinical equipment
- Patient records
- Practice staff
- Computer hardware and software
- Goodwill
- Practice furniture
- Practice location (lease or owned)
- Ongoing contracts or agreements (including EMR or office management)

I propose to handle practice assets in the following way:

Asset	Proposal
Clinic workload	
Clinic equipment	
Patient records	
Practice staff	
Computer hardware/software	
Goodwill	
Practice furniture	
Practice location	
Contracts/Agreements	

Step 8 **Now, consult key professionals about the implications of changing your work circumstances.**



These key professionals and topics may include:

Accountant and/or Financial Planner.

- Is the business viable for an incoming FP?
- Review of the practice assets.
- Audit requirements.
- Estimate of the business costs/benefits if the plan were implemented.
- Personal economic implications of implementing your plan, especially for incorporated companies?
- Superannuation.
- Personal tax implications.
- When would be an economically sound time to change work arrangements?

Lawyer.

- What are the legal implementations and/or requirements of implementing your plan?
- Conditions and contract for an incoming GP.
- Insurance, particularly indemnity insurance.

Trusted colleagues:

- How to obtain support for changing rosters.
- Impact on their workloads and on-call arrangements.

Information from my accountant/financial planner that is pertinent to this plan includes:

Information from my lawyer that is pertinent to this plan includes:

Information from my trusted colleagues that is pertinent to this plan includes:

Step 9 Define your role and skills that you use in your practice as it is now.

Also include the skills of anyone else who may be leaving their role (e.g. long-standing MOA, your partner who is also the office manager).

These may include:

- Qualifications
- Clinical skills
- Procedural skills – e.g. anaesthetics, emergency, surgery, obstetrics
- Areas of special interest – e.g. mental health, sports medicine
- Management skills
- IT skills
- Hours of work and call requirements
- Role as a preceptor or mentor
- Gender-specific requirements
- Language skills – e.g. if your patient population has a specific language requirement

Working area for Step 9–13 is on page 15.

Step 10 Define the skills, attributes, and competencies that would be important for the practice to maintain when you enact your plan.

These may include the roles and skills defined in Step 9, as well as:

- Flexible
- Comfortable with technology and change
- Entrepreneurial orientation
- Global awareness and experience
- Ability to partner and build business alliances
- Ability to facilitate rather than direct
- Ability to work with a diverse group of individuals and organizations
- Ability to develop others
- Strong critical thinking and problem-solving skills

Step 11 Determine which of these skills will not be needed going forward, as well as those that could be reallocated to others remaining in the practice.

Also think about new roles that may have to be created, and who in the practice could take those on. This step will allow you to assess which roles or tasks may remain unfilled in the practice, and therefore which specific skills should be brought into the practice.

Step 12 **Considering the skills defined in Step 10, draft a training plan for staff who need to refresh or learn new skills to take on the roles assigned to them in the previous step.**

Remember that training may be knowledge transfer from you or another staff member who is leaving the practice.

Points to consider:

- What training is required?
- Where can that training be accessed?
- What would the training cost, and what budgetary constraints does the practice have for training?
- What are the workload constraints on training?
- How soon does the practice need the training to be completed?
- What outside financial assistance for the training may be available?
- What support mechanisms for the training will need to be put in place?

Skill or competency to be trained	Staff member to be trained	Mechanism for training	Timeline for training

Step 13 **Taking steps 9-12 into consideration, determine what skills and attributes would be required in an incoming FP.**

This gap analysis will provide the basis for an advertisement for an incoming FP. You may need to consider if more than one FP would be required to cover the hours, skills, or workload. Underline the skills and competencies that will be essential in an incoming FP. This will be your bottom line.

	Step 9: My role, skills, and competencies	Step 10: Required roles, skills, and competencies	Step 11: Roles, skills, competencies NOT needed	Step 12: Roles to be taken over by practice staff	Step 13: Skills required in an incoming FP
Qualifications					
Clinical Work					
Procedural Work					
Management Tasks					
Leadership Tasks					
IT Skills					
Work Hours/Call Requirements					
Preceptor/Mentor Roles					
Gender-specific Requirements					
Language Skills					

steps

This will give you a fallback position if, for some reason, you are unable to implement the steps of your plan when the time comes for you to move on. Since it is difficult to predict what challenges may arise when you implement your plan, it may be helpful to list probable and possible challenges, and give more attention to planning for those that are probable.

Some contingencies to consider include:

- You can't sell the practice as you hoped to.
- You can't recruit a replacement within the time allocated.
- The potential replacement needs further training because he or she lacks skills.
- There is a gap between when you leave and when the incoming FP arrives.
- Vancouver Coastal Health/Doctors of BC won't extend the right to practice to the incoming doctor (especially for international recruits).
- The incoming doctor requires ongoing supervision.

Contingency options:

[illegible]

Step 16 **Choose how you will inform your patients and key stakeholders when the time comes for you to change your work circumstances.**



Communication options can include:

- Face-to-face – for staff/key stakeholders (colleagues, hospital contacts)
- Formal or informal
- Practice meeting
- Letter mailed out to patients
- News article or advertisement
- Poster or notice in the waiting room
- MOA communicating to patients, but is also fully informed enough to be able to answer their questions

It is important that communications about your plans are clear and unambiguous, and that no important individuals are overlooked.

You may need to plan for how to cope with patients' reaction when you inform of your plans to alter your work arrangements – patients have been known to leave a practice immediately, or exhibit anger, grief, or blame. Reactions may be less extreme if you are able to outline what the plans are for their continuing care.

Communications plan:

steps

- My requirements during the transition period:*

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Step 18

Plan the orientation process for the incoming FP.



This might include:

- A tour of the area
- Meeting key community members and other ongoing contacts in the short to medium term
- Introduction to hospital staff
- Introduction to practice staff
- Tour of practice and hospital
- Familiarization with Practice Toolkit, legal considerations
- Introduction to patients
- Introduction to local services including banks, pharmacies, landlord, schools, etc.

Be sure to decide who is responsible for providing these orientation activities, some of which may be provided by the Division of Family Practice.

Orientation process:

Orientation Activity	Person Responsible

Step 19 ***Based on the information gathered in the preceding steps, refine Step 3 and create a timeline.***



You may wish to revise your timing defined in Step 3, taking into account the time required to train staff, recruit and orient an incoming FP, other information obtained from your advisers, or the preferences of your significant others and colleagues. Include on your timeline all the steps required to implement your succession plan, including the various tasks in the recruitment process.

My requirements during the transition period:

Step	Action	Proposed Completion Date

Refocus and Retirement Planning Guide



The following image depicts a high level timeline of the process to transition from full-time family practice. Most of the resources in this toolkit address the necessary tasks of the Transition Phase.

Succession Planning





Introduction

Winding Down

Deciding and accepting when and how to wind down your practice and/or retire can be the greatest challenge. This transition not only affects you, but your family and colleagues as well; accessing your support network to process this information is important. Some 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?

Your Options

Option 1: 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 candidates' needs?

5. How will you create a smooth transition for the incoming physician, colleagues and patients?

Option 2: Merge into a Practice

1. What are your goals for the merger (e.g. work part-time, locum, take on a leadership role)?
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 or GP colleagues with similar intentions in the area?

Option 3: 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?

Resources

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

E: info@physicianhealth.com

T: 604.398.4300

F: 604.742.0744

W: <https://www.physicianhealth.com>

The **Financial Literacy Counsel (FLC)** has partnered with the Divisions of Family Practice in BC to offer Physicians two complimentary one-on-one financial appointments. Whether you're preparing to wind down your practice, evaluating your options, or seeking expert guidance on tax and estate planning, they can help.

For over 20 years, FLC has provided financial planning and education to Physicians. They can assist with questions such as:

- Am I financially on track?
- How do I reduce taxes and draw money out of my corporation tax efficiently?
- Will I have enough for a work optional or retirement ready lifestyle?

To book an appointment, fill out the appointment request form: <https://irene259.typeform.com/flc-request>, or reach out to the FLC by email at contact@flci.ca, by phone at 604.620.6630. Visit their website at <https://flci.ca/>.

The **qathet Division of Family Practice** is able to support your transition out of family practice by providing resources, assisting in recruitment, and assisting the practice transition or closure tasks.

qathet Division of Family Practice

4760 Joyce Avenue, Powell River

E: admin@prdivision.ca

T: 604.485.4700

W: <https://www.divisionsbc.ca/qathet>

The **UBC CPD Coaching & Mentoring Program** provides coaching and mentoring for numerous topics, including making transitions in practice. To learn more, visit: <https://ubccpd.ca/learn/learning-activities/course?eventtemplate=91-coaching-and-mentoring-program-camp>

The **Rural Education Action Plan** provides various programs, grants and funding for rural physicians to upskill their practice. To learn more, visit: <https://rccbc.ca/rural-health/reap/reap-for-practitioners/>.



Recruiting a Replacement

Preparing for Recruitment

Finding a physician to take over your practice is a difficult task considering the country-wide shortage of family physicians, especially in rural communities. Finding the right physician to take over your practice may be subject to timing and personal connections but there are steps you can take to make your practice more attractive to new physicians looking to become established in a community.

The qathet Division of Family Practice can offer assistance with recruitment by:

- Writing and posting advertisements with provincial and national recruitment sites.
- Coordinating site visits for prospective candidates.
- Promoting your clinic/practice at recruitment events.
- Assisting in arranging interviews.
- Responding to inquiries promptly.

Please contact cmartin@prdivision.ca for more details.

Establishing a Time Frame

Physician recruitment is a lengthy and detailed process. **Start early.** According to HealthMatch BC, six months' lead time is usually considered the minimum amount of time to accommodate all recruitment steps such as advertising, arranging a site visit and interview, registration, and licensing. Ideally, begin the process 12 to 18 months before the intended start date.

Marketing Your Physician Opportunity

Tips for writing a compelling physician vacancy advertisement:

- Develop a catchy headline and introductory sentence to encourage further reading.
- Make it personal.
- Include colour and photos if applicable.
- Avoid abbreviations.
- Write in the active voice e.g. "contact Dr. X" versus "You can contact Dr. X."
- Involve the reader e.g. "Join our practice!"
- Include value added information e.g. community site visit, incentives, etc.

Information to include in your physician vacancy advertisement:

- Start date
- Hours of work
- Turn-key practice opportunity
- On-call obligations
- Practice details: OB/maternity, ER shifts, OR assists
- GPs, #MOAs, #AHPs
- EMR
- Patient panel size and description
- Compensation: type, estimated remuneration, overhead
- Qualification required and preferred
- Community assets and lifestyle
- Local medical community description
- Contact person for candidate referrals

Where to Find Physicians

Personal Networks

- Any network of physicians or health care professionals
- Locums
- Postgraduate residents
- Candidates generated from previous recruitment and advertising efforts
- Upcoming meetings, conferences, and courses can also be sources for networking and advertising opportunities

Postings and Recruiters

- Health Match BC (free)
- Vancouver Coastal Health Medical Staff (free)
- Society of General Practitioners of BC (free with membership)
- Canadian Association of Staff Physician Recruiters (must have a membership)
- Locums.ca (\$)
- College of Family Physicians (\$)
- Canadian Healthcare Network (\$\$)
- British Columbia Medical Journal (BCMJ) (\$)
- Canadian Medical Association Journal (CMAJ) (\$\$)

Best Practices

- Post ads in several media, making sure you select those that are most relevant and reach your target audience.
- Respond to expressions of interest in a timely manner. While a few days may seem reasonable, if a candidate has made several inquiries to practices, a very prompt reply may make a difference.
- Physicians are generally the best recruiters of other physicians!





Practice Transition

The Transition Process

For the Incoming Physician

There are several ways that support a smooth transition for the incoming physician, your colleagues and patients.

- Consider a cross-over period to help orientate the incoming physician to office procedures, patients, medical colleagues and staff.
- Invite the incoming physician to join the local Division of Family Practice and connect with colleagues for support and advice.
- Utilize the Practice Support Program's in-practice coaching services for support around EMR optimization, improving office efficiencies, optimizing workflow processes, maximizing incentive payments and implementing advanced access scheduling.

For the Outgoing Physician

There is also a transition process for the outgoing physician. If you do not wish to stop practicing altogether, you might want to consider the following:

- Provide locum coverage to your successor and other local physicians. Ensure your local Division is aware so you can be added to the locum list.
- Consider continuing work in areas of practice interest.
- Join a committee or board in an area of special interest or with the local Division of Family Practice

to promote strong primary care delivery and support practising FPs.

Notifications

Patients

Whether you are closing your practice or handing it over to another physician, you will need to notify your patients of the upcoming changes.

Length of Notice

According to the College, where possible, THREE MONTHS is considered appropriate.

Discuss your 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 if no replacement is found.

Recommendations for Patient Notifications

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).

Time of notice: according to the College, where possible, three months prior to departure is considered appropriate.

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

1. An individual letter including: planned departure date; introduction of the 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 other physicians in the community who are accepting new patients; and how patients can access copies of their medical records.
2. A printed notice placed in the physician's waiting area.
3. A departure notice placed in a local community newspaper.
4. A notice on the practice's website.
5. A one-way email to patients, if EMR-based.

(See *Appendix A: Notification Templates* for sample Departure Notice and Patient Letter.)

Voicemail after you have left your practice: For a sample voicemail, see the template in *Appendix A*. 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.

- Solo Practitioner: Consider keeping your 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.

- *Group Practitioner:* Consider changing the group practice's voicemail with a message directing your former patients to a message detailing your practice closure.

(See *Appendix A: Notification Templates* for a sample Voice Mail Template.)

Staff

If there was a formal employment contract, review the contract for notification requirements. The BC Employment Standards Act outlines the amount of notice and pay required to discharge the employer of liability.

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

Professional Associations

Physicians leaving a practice should notify professional associations with as much advance warning as possible. This notification should include the date of departure, the forwarding address, and the person and address to which correspondence and reports may be sent. That person may be a colleague who agrees to act as a liaison person during the transition period.

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 as well.

College of Physicians and Surgeons of BC

300-669 Howe Street T: 604.733.7758

Vancouver, BC V6C 0B4 F: 604.733.3503

W: <https://www.cpsbc.ca/>

If you plan to retire from practice completely, complete this form:

<https://cpsbc.ca/files/pdf/Registration-Retirement-Resignation-from-the-College.pdf>

BC Medical Services Plan Medical Services Plan

PO Box 9480 Stn Prov Govt T: 604.456.6950

Victoria, BC V8W 9E7

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

Canadian Medical Protective Association

PO Box 8225 Station T T: 1.800.267.6522

Ottawa, Ontario K1G 3H7 F: 1.877.763.1300

W: <https://www.cmpa-acpm.ca/en/membership/interrupt-or-end-membership>

College of Family Physicians Canada

2630 Skymark Avenue T: 1.800.387.6197 x250

Mississauga, ON L4W 5A4 F: 1.888.843.2372

W: <https://www.cfpc.ca>

qathet General Hospital

5000 Joyce Avenue T: 604.485.3211

Powell River, BC V8A 5R3

Residential care facilities*Evergreen Extended Care Unit*

4970 Joyce Avenue T: 604.485.2208

Powell River, BC V8A 5P2 F: 604.485.3271

Willingdon Creek Village Residence

4980 Kiwanis Avenue T: 604.485.9868

Powell River, BC V8Z 5H5 F: 604.485.4994

See *Appendix A: Notification Templates* for a sample Professional Association Notification Letter and a Colleague, Referring Physician Notification Letter.

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. A template is provided in *Appendix A*.

Patients should be notified about the location of their records and how they may be accessed. A template is provided in *Appendix A*.

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 retain the obligations of security, confidentiality, accessibility, and storage of these records. Physicians may, when they have arranged for another physician to take over their practice, 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.

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. 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 for 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.

Transfer of Records

Physicians may transfer medical records to:

- another physician, with the consent of the patient; or
- a safe storage facility if they remain in the custody of the original physician.

When transferring records to another physician:

- Release of copies of the records requires written patient authorization, which should be retained with the original record.
- Information provided from the existing physician to the new physician 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 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.
- 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.

When transferring records to a storage facility:

- Physicians who contract with service providers for storage and retrieval of medical records 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.

Medical Record Management Companies

The following compares medical practice closure assistance, record storage and transfer services of three Canadian medical record management companies.

Med Records (Doctors of BC preferred vendor and non-profit organization)

Vancouver, BC

T: 604.800.7079

F: 604.608.3896

W: <https://medrecords.ca>

E: info@medrecords.ca

Services

- patient notification assistance
- bankers boxes and packing assistance
- secure, compliant storage for full retention period
- patient record transfers (individual and family rates)
- patient fees waived if patients are unable to pay
- physician record access
- record shredding and destruction
- assistance with sale and donation of used medical equipment

DOCUdavit Solutions

Toronto, ON

T: 416.781.9083

Toll Free: 1.888.781.9083

F: 1.866.297.9338

W: <https://docudavit.com>

Services

- patient notification assistance
- bankers boxes and packing assistance
- EMR extraction
- free, secure, compliant storage for full retention period
- patient record transfers (individual and family rates)
- patient fees waived if patients are unable to pay
- physician record access
- record shredding and destruction

Record Storage and Retrieval Services Inc.

Toronto, ON

T: 1.888.563.3732

F: 1.877.398.5932

W: <https://www.recordsolutions.ca>

E: info@rsrs.com

Services

- patient notification assistance
- bankers boxes and packing assistance
- EMR extraction
- secure, compliant storage for full retention period
- patient record transfers (individual rates)
- patient fees waived if patients are unable to pay
- physician record access
- record shredding and destruction
- assistance with sale and donation of used medical equipment

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 qathet Division of Family Practice does not endorse these companies nor does it make any representations with respect to the quality of any services, or accuracy of information they may provide. The qathet Division of Family Practice 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.

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. 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.

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 the work in progress will be reviewed and appropriately acted upon. For example:

- Arrange to have another physician cover or assume the 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 to or shares patient care with, 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. *Appendix A* contains a sample template.

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.
- 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: <https://laws-lois.justice.gc.ca/eng/acts/C-38.8/index.html>
- National Association of Pharmacy Regulatory Authorities' Resources for Pharmacy Operators: <https://www.napra.ca>

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 seven 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 seven 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 1.800.663.3316.

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: some online classifieds; hospital notice boards.
 - \$\$: medical publications (e.g. BCMA).
- Consider donating to nonprofit organizations that perform medical mission work.

Medical Equipment

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.

Practice Transition Summary: 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 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 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 (<https://www.cpsbc.ca/files/pdf/Registration-Retirement-Resignation-from-the-College.pdf>).

See *Appendix B: Practice Closure Checklist* for a timeline and associated list of tasks to complete when closing a practice.

References

Richmond Division of Family Practice, *Practice Transition Toolkit* (2015).

Practice Support Program, Vancouver Coastal Health, *Practice Closure Checklist* (n.d.).



Appendices

Appendix A: Notification Templates

Patient Notification Departure Notice (e.g. office, local newspaper)

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. Patient files may be obtained by contacting *[name of physician and/or clinic/and/or record storage facility]*. Thank you.

Patient Notification Voicemail

- 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.
- The vocabulary or tone of these sample messages 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]* regrettably 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.

Patient Notification Letter

[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.

Scenario 1: Succeeding physician

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]

Scenario 2: No succeeding physician

Unfortunately, I have not been able to find a replacement to take over my practice. Please register on the Health Connect Registry and you will be matched with a health care provider when one is available: <https://hcr.healthlinkbc.ca/s/>

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,

[Signature]

Dr. *[Name]*

Professional Association Notification Letter

[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,

[Signature]

Dr. [Name]

Colleague/Referring Physician Notification Letter

[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].

Scenario 1: No succeeding physician

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.

Please forward all correspondence to: [insert address]

Scenario 2: Practice colleagues taking over practice

My practice colleague(s), Dr. [insert name(s)] will take over my practice as well as the bulk of my medical records.

Dr. [insert name] can be reached at:

[Address]

[Telephone Number]

[Fax Number]

[E-mail]

Scenario 3: Succeeding physician

As of [inset date], Dr. [insert name] will take over my practice as well as the bulk of my medical records.

Dr. [insert name] can be reached at:

[Address]

[Telephone Number]

[Fax Number]

[E-mail]

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

Sincerely,

[Signature]

Dr. [Name]

Appendix B: Practice Closure Checklist

The Practice Closure Checklist was created by the Practice Support Program and Vancouver Coastal Health.

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

- Create a patient registry of all active patients who will require more notification to ensure continuity of care (e.g. complex care, chronic disease, mother and baby dyads, frail elderly, mental health and addictions).

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
- Assist staff in finding other employment opportunities.
- Consider offering incentives so that staff stay with you until the day of practice closure.

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.
- 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, Sept 2014).
- If using an EMR, contact the EMR vendor to cancel get assistance on how to maintain patient confidentiality of medical records.

Colleagues

- Send a letter, including practice closure date, forwarding address, and the name and address to whom correspondence and reports may be sent.

Professional Associations

- Send a letter including practice closure date, forwarding address, and the name and address to whom correspondence and reports may be sent. Cancel any associated professional dues.
 - CPSBC
 - BC Medical Services Plan

- Doctors of BC
- CMPA
- CFPC
- qathet General Hospital
- Residential care facilities
- qathet Division of Family Practice
- BC Cancer Agency

30–60 DAYS IN ADVANCE

Patients

- Respond to all patient requests for medical record transfers.
- Transfer care of any vulnerable patients or patients under acute, active treatment to a colleague.
- Review and act upon all outstanding reports or test results. 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 and 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 of 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.



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The Divisions of Family Practice Initiative is sponsored by the Family Practice Services Committee, a joint committee of the BC Ministry of Health and Doctors of BC.