Preamble

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

The role of the College is to regulate physicians and surgeons, irrespective of their practice setting. This practice standard is intended to remind registrants that it is the medical care of the patient and not the setting of the medical practice that must guide the ethical, professional and clinical decisions around the provision of appropriate medical care.

The principles in this document apply to registrants who provide primary care services in walk-in, urgent care, and multi-registrant clinics, and may also apply to specialists in shared-care community practice.

Registrants practising in urgent and primary care centres (UPCCs) owned or operated by, or under contract with health authorities are not obligated to provide longitudinal primary care to patients. However, other principles in this practice standard continue to apply.

College's position

- 1. All patient records must identify the patient's usual primary health-care provider (i.e. family physician or nurse practitioner), if there is one, regardless of whether that primary health-care provider works at the clinic or at another location. The clinic must provide a copy or summary of the patient-registrant interaction (including copies of ordered tests) to the primary care provider identified by the patient unless the patient explicitly directs it not to.
- 2. Patients who do not identify a family physician or nurse practitioner as being most responsible for their care, but who attend the same clinic must be assumed to be receiving their primary health care from that clinic. The registrants and medical director are collectively responsible for offering these patients longitudinal medical care, including the provision of appropriate periodic health examinations. For patients receiving ongoing care at the clinic, there must be a comprehensive medical record that includes a cumulative patient profile (CPP). All registrants at the clinic are responsible for populating the CPP over time and ensuring it is current and available for other clinic staff.
- 3. All primary care settings, where the care of patients is shared by a number of registrants, must have a designated medical director who is a registrant and is responsible for the medical administration of the clinic.

The role of the medical director must include:

responsibility for establishing administrative procedures to ensure standards of appropriate medical care including those set out in this document

representation of the clinic in communication with the College

The medical director must have a clearly identified alternate to assume the above responsibilities when the medical director is unavailable. Due to the responsibility of