

PERMANENT CLOSURE OF A MEDICAL PRACTICE

Background

A physician may close his or her medical practice for many reasons, including personal health issues, retirement, change in pattern of practice (e.g. to an administrative position), or a relocation out of Manitoba. A practice may also close as a result of a physician's death.

The primary issues to consider when closing a medical practice are:

1. Arrangements for the continuing care of patients.
2. Notifications
3. Arrangements for medical records

Scope:

This Statement applies to circumstances where a physician is permanently closing his or her practice.

Recommendations:

1. Alternate Arrangements for Care

- The physician who intends to close his or her practice must attempt to make some arrangements for alternate care of patients, particularly those who are in the course of treatment at the time of the closure.
- The physician must document efforts to make a suitable alternate arrangement for the care of patients. Even when the physician is unable to make suitable alternate arrangements for the care of his/her patients, the physician must be able to demonstrate reasonable efforts to make suitable alternate arrangements.
- If the physician is a specialist, the care of the patient may be returned to the referring family doctor with agreement.
- Notwithstanding the closure, physicians must be careful to ensure that any outstanding test results or reports will be reviewed and acted upon notwithstanding the closure.

2. Notification

- The following must be given reasonable notice of the intended closure:
 - Patients
 - Colleagues (referring and consulting)
 - College of Physicians and Surgeons of Manitoba
 - Manitoba Health
 - Any Regional Health Authority where the physician has privileges
 - Canadian Medical Protective Association (CMPA)
 - Manitoba Medical Association.
- The physician who intends to close his or her practice must provide reasonable notice to patients.
- The College regards reasonable notice as 90 days. Physicians are reminded of obligations to



provide emergency care to patients for 30 days following notice of termination.

- The notice may be by notice posted in the office and in local newspapers.
- The notice to patients must include the date of closure and particulars of any arrangements for care that have been made for the patient.
- The physician who is unable to make suitable alternate arrangements for the care of patients must make arrangements to ensure patients or their caregivers have appropriate access to information contained in the patient's medical record.

3. Medical records

- The primary concerns for the physician managing patient records on termination of practice should be:
 - (a) assuring continuity of patient care;
 - (b) assuring timely accessibility to appropriate persons;
 - (c) security of records;
 - (d) destruction of records.
- For physicians planning to leave clinical practice or leaving the jurisdiction, it may not be convenient to retain the records. Therefore, it may be difficult to respond to requests for information from these records. The records should not be sold to a second physician, but it may be appropriate to transfer the records to the custody of a second physician. The transfer should be documented in a written agreement. The following factors should be considered and addressed in the agreement:
 - (a) permitting free access to the records by the original doctor;
 - (b) the need for patient consent (express or implied) to have the custodian of the files take over any records;
 - (c) when the records may be ultimately destroyed;
 - (d) whether the custodian of the files will abstract relevant facts for a third doctor upon request.
 - (e) patient rights under applicable privacy laws.
 - (f) patient costs to obtain or forward their information.

Physicians are urged to obtain legal advice regarding any such agreement.

- If a physician closing his or her medical practice is unable to provide ongoing management of patient medical records, either personally or through a colleague, the records should be put into commercial storage for custody, transferred as necessary, or destroyed when that is appropriate.
- It is the physician's responsibility to arrange for the secure storage and accessibility of these records. Records should be retained for a minimum of ten (10) years following the date of last service; in the case of minor patients, they should be kept at least until two (2) years past the age of majority or for ten (10) years, whichever is longer. There may be particular circumstances where a physician must keep a medical record beyond the ten year period to benefit the patient. If there is any question about retention, the physician is advised to seek legal advice.
- Disposal of records must be in accordance with the requirements of *The Personal Health Information Act*, where applicable, the *Personal Information Protection and Electronic Documents Act*, and other relevant privacy laws.

**A statement is a formal position of the College with
which members shall comply**