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## Professional Standards Regarding Temporarily or Permanently Closing a Medical Practice

### Preamble

This standard sets out the expectations of the College regarding physicians who are closing their practice temporarily or permanently.

The following standards apply to elective, unplanned, or imposed practice closures.

The standard exists in order to ensure the continuity of care and the preservation of patient records.

### Professional Standards

#### 1. College notification

Physicians must notify the College of their practice closure and provide the College with their forwarding address. Physicians must also provide the College with the location of their medical record storage.

#### 2. Patient notification

Physicians must provide notice to patients of the closure of their practice as follows:

##### a. Elective closure:

In situations where physicians independently elect to close their practice, they must provide their patients with notification of no less than three months (3) in advance of the practice closure. Such notice should include information on where patients can obtain urgent care, and how patients can obtain information from their medical records.

If the patient has been seen by the physician in the previous year acceptable methods of notification include:

- Scheduled appointment, and/or
- Written letter from the physician to the patient, and/or

- Telephone call from physician or designate, and/or
- Email notification, and/or
- E-messaging.

If the patient has not been seen by the physician in the previous year, acceptable methods of notification also include:

- A printed notice in the office that is visible when the office is both open and closed; and/or
- A newspaper advertisement; and/or
- A recorded message on the office answering machine; and/or
- An online notice.

In situations where there is no expectation of an ongoing physician-patient relationship (e.g., walk-in clinic physicians, emergency-room physicians, and/or some specialists), physicians are expected to notify only those patients to whom they are actively providing care. These physicians are nevertheless expected to retain patient records.

b. **Unplanned closure:**

There will be instances where it is not possible to provide three months (3) notice prior to a practice closure. Unplanned closures include sudden illness or death. In these instances, the physician or designate (e.g., office administrator or practice executor) must provide notifications by telephone or mail as soon as they learn of the practice closure.

Administrators and/or executors are encouraged to contact the College for guidance on the appropriate steps and contact information.

c. **Imposed closure:**

In the case of an imposed closure such as a voluntary commitment to suspend practice, license suspension, or revocation, decisions about appropriate notification will be made on a case-by-case-basis by the College. To ensure the patients best interests are protected, the College agreement with the physician may include requirements regarding notification, medical records, reports, laboratory tests and results, and/or prescription medication.

### 3. Notification to employers, colleagues and others

Physicians must provide notification of permanent or temporary practice closure as follows:

a. **Elective closure:**

In situations where physicians independently elect to close their practice they must provide notification to:

- All physicians to whom they refer patients or from whom they receive referrals;
- Hospitals where they hold privileges;

- Their employer(s);
- The Nova Scotia Prescription Monitoring Program;
- Medical Services Insurance of Nova Scotia;
- The Canadian Medical Protective Association;
- Doctors Nova Scotia; and
- The appropriate District Health Authority and/or the Nova Scotia Department of Health and Wellness in instances where this notice may assist in recruiting efforts.

The amount of advance notice necessary for notification is at the discretion of the physician.

b. Unplanned closure:

In the case of an unplanned closure for example due to illness, the physician or designate (e.g., office administrator or practice executor) must provide notifications by telephone or mail as soon as they learn of the practice closure to:

- All physicians to whom they refer patients or from whom they receive referrals;
- Hospitals where they hold privileges;
- Their employer(s);
- The Nova Scotia Prescription Monitoring Program;
- Medical Services Insurance of Nova Scotia;
- The Canadian Medical Protective Association; and
- Doctors Nova Scotia.

c. Imposed closure:

In the case of an imposed closure notification, the College will make the necessary notifications on a case by case basis to:

- Hospitals where they hold privileges;
- Their employer(s);
- The Nova Scotia Prescription Monitoring Program;
- Medical Services Insurance of Nova Scotia;
- The Canadian Medical Protective Association; and
- Doctors Nova Scotia.

Administrators and/or executors are encouraged to contact the College for guidance on the appropriate steps for notification to patients, employers, colleagues and other stakeholders.

#### 4. Medical Records

Physicians are strongly encouraged to securely retain the original records. Beyond their obvious obligations to current and former patients, physicians and/or their estates may be called upon to produce records in the event of a later legal action or regulatory complaint.

The College endorses the [Canadian Medical Protective Association recommendations](#), which advise physicians to retain their medical records for at least 10 years from the date of last entry or, in the case of minors, 10 years from the time the patient would have reached the age of majority, which is 19 years in Nova Scotia.

Physicians do not need to obtain patient's consent to store medical records. A number of companies will securely-store confidential records and assist in releasing specific information to designated parties as directed.

Physicians must arrange for appropriate storage of medical records as follows:

a. Elective closure:

Physicians must make appropriate arrangements for either the retention or transfer of a copy of their patient records (in paper or electronic form). Patients must sign an authorization form for release of their medical records. Physicians are expected to adhere to the College's [Professional Standards Regarding Medical Records](#).

b. Unplanned closure:

In the case of an unplanned closure, (e.g., due to illness) the physician must maintain and ensure the security of their medical records. In the event of a death of a physician, the executor of the estate is responsible to ensure proper maintenance of patient records.

Except under limited circumstances described in the Nova Scotia [Personal Health Information Act](#), patients and former patients are entitled to have access to the information contained in their medical records. Specifics about record retention and acceptable charges for providing copies of information to patients or other authorized parties are available from the [Privacy and Access Office at the Nova Scotia Department of Health and Wellness](#).

#### 6. Transfer of Care

In situations of elective closure, physicians must make reasonable efforts to arrange transfer and follow-up medical care for all patients and consider providing additional assistance to complex patients. This can include:

- a. Arrange to have another physician cover or assume care of their patients;
- b. Arrange with their employer (if applicable) to provide another physician to cover their patients;
- c. Provide a list of physicians in their geographic area who are covering new patients; and
- d. Ensure that all outstanding reports and work in progress (investigations, tests and consultations) are reviewed and acted upon.

If despite reasonable efforts, physicians are unable to arrange transfer and follow up care to patients, patients should be advised to contact their district zone health authority.

## 7. Continuity of Care

When physicians are unable to interpret and follow-up on work in progress (investigations, tests or consultations) personally for any reason, they must:

- a. Arrange to have another physician cover or assume their practice; or
- b. 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
- c. Arrange for patients to obtain their test results from the physician's office or by some other means, and provide patients with instructions on obtaining follow-up as soon as possible.
- d. Facilitate patient access to prescription medication required for long-term or chronic conditions that are likely to remain stable for the duration of the dispensing period. This can include:
  - i. Where medically appropriate, provide patients with renewals or repeats of the required medication(s) in order to allow patients reasonable time to find alternative care; or
  - ii. Advise patients to see another physician as soon as possible to have their prescription(s) filled.

Physicians are expected to use their professional judgment in terms of the number of renewals ordered without further medical assessment.

## 9. Disposal of Materials

Physicians are responsible to dispose or return medications, equipment, supplies and unused Triplicate Prescription forms in a safe manner.

In cases of imposed closure, the College will direct the physician regarding the appropriate disposal of materials.

## Definitions

A closure of a practice deemed to be *temporary* is to be defined by physicians within the context of their practice.

## Recommended Reading

College of Physicians and Surgeons of Nova Scotia

- [Professional Standards Regarding Medical Records](#)
- [Professional Standards Regarding Advertising and Public Communications by Physicians](#)

## Resources

Canadian Medical Protective Association

- [Winding Down Your Practice, 2013](#)
- [A matter of records: Retention and transfer of clinical records, 2016](#)
- [Ending the Doctor Patient Relationship 2015](#)

Government of Nova Scotia

- [Nova Scotia Personal Health Information Act](#)

## Document History

First approved by the Council of the College of Physicians and Surgeons of Nova Scotia: **March 27, 2009**

Re-approved with substantial revisions: **December 13, 2013**

Reviewed and updated: **October 12, 2018**

Approximate date of next review: **2021**

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