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## Professional Standards Regarding the Responsibilities of Physicians Working in Walk-in Clinics

### Preamble

Patients seeking care in walk-in clinics are entitled to the same appropriate and professional standard of care as that provided in any other setting. The distinctive character of walk-in clinics, where physicians see unfamiliar patients episodically, must not hinder the quality of patient care.

From the patient's perspective, the physician is the face of the walk-in clinic. The presence of a physician implies that broad professional standards are in place with respect to the running of the clinic and the delivery of care.

In addition to delivering patient care in keeping with the standards of the profession, physicians who choose to work in walk-in clinics have distinct professional responsibilities. Physicians must take reasonable steps to determine adequate clinical, administrative and operational systems are in place to achieve appropriate patient care. Physicians cannot assume that these systems are in place.

This document outlines the College's expectations with regards to the clinical, administrative and operational responsibilities of physicians who work in walk-in clinics.

### Professional Standards

#### 1. Clinical

When providing clinical care to patients in a walk-in clinic the physician must:

- a) Complete a thorough assessment and evaluation of the patient's presenting complaints;
- b) Review the prescribing history maintained by the Nova Scotia Prescription Monitoring Program (NSPMP) of all patients before prescribing an opioid, benzodiazepine, or other controlled substances;

- c) Document each patient visit including but not limited to the patient's medical history, any drug reactions, current medications, pertinent current health problem, current assessment, treatment, investigations ordered and follow-up;
- d) Ensure that all patient visits are maintained in one cumulative patient record immediately accessible to all physicians providing care to that patient in a future encounter at that clinic;
- e) Order whatever clinical tests and referrals that are indicated. Do not refrain from ordering necessary investigations or referrals to avoid ongoing responsibilities for follow up;
- f) Communicate any instructions to the patient regarding follow up and document these instructions;
- g) Ensure all patients are asked if they have a primary care physician. If so, provide the patient's primary care provider with a record of the encounter with the patient's consent and ensure copies of ordered tests and referrals are copied to them. If the patient does not consent or have a primary care provider, provide the patient with a record of the encounter and follow-up with abnormal test results;
- h) Explain to the patient the limitations of the episodic medical care they are providing and the extent of any follow-up processes that they will manage; and
- i) Ensure that patients are directed elsewhere for medical care at times when the clinic is closed or if they do not have a primary care provider. Posting a notice containing the clinic hours and advising patients to access the closest emergency department, collaborative care centre, another walk-in clinic or call 911 is sufficient to meet this standard.

Most walk-in clinics are privately owned, either by physicians or non-physicians. Most walk-in clinics, if not all, are independent and not formally connected to the Nova Scotia Health Authority (NSHA). This means that the clinic's patient records, both paper and digital, are not integrated with the NSHA's patient records.

## **2. Administrative**

Irrespective of the ownership of the clinic, physicians who choose to work in walk-in clinics have a duty to take reasonable steps to determine that there are administrative systems and processes in place to ensure the appropriate level of care, timely communication, and continuity of patient care.

The physician who orders tests does not necessarily need to be the physician who follows up on the results of the tests. There must be a system in place to review and respond to any diagnostic test results and/or consultation reports arising from a walk-in clinic encounter.

Given the most responsible care provider at a walk-in clinic changes every day, at a minimum, these administrative systems must include:

- a) a system for registering and recording patient visits;
- b) a central source for patient medical files;
- c) a cumulative patient record immediately accessible to any physicians in the clinic for subsequent visits;
- d) adequate processes for ordering, management and follow up of investigations and referrals or other follow up care; and
- e) access to the NSPMP e-access portal.

### 3. Operational

Physicians who have ownership shares in walk-in clinics must ensure adequate operational systems are in place. At a minimum, these systems must include appropriate:

- a) medical waste management including sharp disposals;
- b) sterilizing equipment and processes;
- c) storage of vaccines; and
- d) custodianship of the medical record consistent with College's [Professional Standard Regarding Medical Records](#), the [Personal Health Information Act](#) and [CMPA guidance](#).

Physicians who work in walk-in clinics must take reasonable steps to determine such operational systems are in place.

### Definitions

Cumulative patient record - a medical record containing relevant materials from all previous visits for an individual patient to that walk-in clinic.

### Recommended Reading

Canadian Medical Protective Association

- [Walk-in clinics: Unique challenges to quality of care, medical-legal risk](#)
- [Who has custody of medical records, and who can they be shared with](#)

College of Physicians and Surgeons of Nova Scotia

- [Professional Standards Regarding Medical Records](#)

College of Physicians and Surgeons of Ontario

- [Continuity of Care: Walk-in Clinics](#)

College of Physicians and Surgeons of Alberta

- [Episodic Care](#)

## Document History

Approved by the Council of the College of Physicians and Surgeons of Nova Scotia as *Professional Standard on the Standard of Care for Walk-in Clinics*: **May 28, 2010** and **May 22, 2015**.

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