



The College of
Physicians and Surgeons
of Newfoundland and Labrador

Practice Guideline: Closure of Medical Practice and Extended Leave from Practice

Practice Guidelines are recommendations developed by the College to which members should be familiar with and follow whenever and wherever possible and appropriate.

Closure of Medical Practice and Extended Leave from Practice

Preamble

The College expects a physician to take adequate measures to ensure his/her closure of practice or extended leave from practice will not impact on appropriate and continuing care for patients.

Definitions

Permanent closure of practice: the closure of a physician's practice with no intention of reopening it in the same location. Examples include: retirement, moving a significant distance, or a change in scope of practice.

Extended leave from practice: the closure of a physician's practice for an extended period of time (3 months or longer) with the intention of returning. Examples include: sabbatical leave, maternity/paternity leave, education leave, medical leave, disciplinary action.

Practice Guidelines

A physicians who permanently closes his/her practice or is on an extended leave from practice should act in accordance with these guidelines. In situations where a physician is suddenly and unexpectedly absent from his/her practice (e.g. illness), the physician should, to the best of his/her ability and, as soon as it is practical to do so, take reasonable steps to act in accordance with these guidelines.

The College expects physicians to take reasonable steps to address the following practice management issues:

Notifying Patients

Permanent Closure of Practice

The College expects a physician to notify his/her patients in advance of his/her permanent closure of practice. In most circumstances, the College recommends that a physician should provide patients with a minimum of 90 days' notice.

Acceptable ways a physician may notify a patient include:

- In person at a clinic visit;
- Letter to the patient;
- Telephone call to the patient; and
- Email with confirmed read receipt.

Physicians may also wish to provide supplementary notices to patients through signage in their offices, notification on their clinic websites or social media accounts, and/or recorded messages on their answering machines.

The College recommends documenting how a patient has been notified in the patient's medical record.

The notice should include the following information:

- Date of the physician's intended departure from practice,
- Name of the physician who will assume responsibility for the medical practice (if applicable).
- The location where patient medical records will be stored and details on how patients can obtain a copy of their records.

Extended Leave of Absence from Practice

The College expects a physician to notify his/her patients in advance of an extended leave from practice in accordance with the above guidelines if the physician's practice will not be covered by another physician during his/her absence. If the physician's practice will be covered by another physician, the College recommends that the physician discuss this planned absence with patients during regular clinic appointments.

When planning an extended leave from practice, the College encourages physicians to make reasonable efforts to find alternate care for patients to support continuity of care.

Notifying the College

The College expects a physician to notify the College of his/her intention of a permanent closure or extended leave from practice in advance of the closure using the form appended to this Practice Guideline.

Notifying Regional Health Authorities, Colleagues

The College recommends that a physician provide notification of a permanent closure of practice or an extended leave of absence as soon as possible to any Regional Health Authority where the physician holds privileges. The College also recommends that the physician provide notice to any colleagues who also provide care to the patients of the physician (e.g. referring physicians). This may include transferring the care of the patient back to the referring physician.

Medical Records

The College expects a physician who permanently closes his/her medical practice or who is on an extended leave of absence from practice to make appropriate arrangements for the retention or transfer of patient medical records in a manner which is in accordance with the *Personal Health Information Act* and the College's By-Law: Medical Records.

Laboratory Tests, Diagnostic Imaging Reports

The College expects a physician who permanently closes his/her medical practice or takes an extended leave of absence from practice to take reasonable steps to ensure that:

- Patients can access the results of laboratory tests and diagnostic imaging reports ordered by the physician; and
- All abnormal or critical results are reviewed and followed-up on in a timely manner.

Acknowledgements

CPSO (2007). Practice Management Considerations for Physicians Who Cease to Practise, Take an Extended Leave of Absence or Close Their Practice Due to Relocation.
CPSA (2014). Closing or leaving medical practice.

Document History

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Closure of Medical Practice

Physician's Name: _____

Practice Address to be closed: _____

Anticipated closure date: _____ / _____ / _____
Month Day Year

Location of Patient records: _____

address / telephone number _____

(for patient use) _____

New mailing address / telephone number: _____

(College use only) _____

New email address (if applicable): _____

Has another physician assumed care of your patients? Yes No

If yes, please provide the physicians name _____

I, _____ (signature), acknowledge that I have read the applicable portions of the College Practice Guideline entitled "Closure of Medical Practice and Extended Leave from Practice".

Date Submitted: _____ / _____ / _____
Month Day Year

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Extended Leave from Practice

Physician's Name: _____

Practice Address to be closed: _____

Anticipated closure date: _____ / _____ / _____
Month Day Year

Anticipated re-opening date: _____ / _____ / _____
Month Day Year

Location of Patient records: _____
Address / Telephone Number _____
(for patient use) _____

New mailing address / telephone number: _____
(College use only) _____

New email address (if applicable): _____

Has another physician assumed care of your patients? Yes No

If yes, please provide the physicians name _____

I, _____ (signature), acknowledge that I have read the applicable portions of the College Practice Guideline entitled "Closure of Medical Practice and Extended Leave from Practice".

Date Submitted: _____ / _____ / _____
Month Day Year