



Ontario Medical Association

Submission to the College of Physicians and Surgeons of Ontario's Consultation on Accepting New Patients

February 2017



Submission to the College of Physicians and Surgeons of Ontario's Consultation on "Accepting New Patients"

The OMA appreciates the opportunity to comment on the CPSO's draft revised policy, "Accepting New Patients". Please see our comments below.

Introduction

The OMA agrees that access to healthcare is a concern for all involved, including physicians. We support the principles outlined in the Introduction of the revised policy (lines 5-6): fairness, transparency, and respect for the rights, autonomy, dignity and diversity of all prospective patients. As well, we acknowledge that serving patients on a first-come, first-served basis is one strategy to achieve these principles (lines 10-11). However, the OMA would like the phrase "whenever possible" inserted at the end of line 11 to read, "Physicians satisfy these obligations, in part, by accepting new patients on a first-come, first-served basis whenever possible." This is consistent with the statement later in the draft policy that there are exceptions to this approach.

The previous CPSO policy stated that "Physicians are feeling pressured to care for an increasing number of individuals, but there is a limit to the patient load any one physician can handle." The acknowledgment that physicians are under increasing pressure in an under-resourced healthcare system is absent from the new policy and should be included in the Introduction of the revised draft.

As stated in the draft revised policy, physicians must comply with the *Human Rights Code* (lines 11-12) to provide Ontario residents equal treatment without regard to race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability (lines 76-79). Beyond that, physicians are independent professionals and must maintain the ability to balance their practice and their patient load for their personal health and well-being and for that of their patients. Enabling physicians to make legitimate, good-faith decisions about their practice will ensure the sustainability of excellent medical care. Caution must be exercised to ensure that this policy does not interfere with physicians' discretion to make legitimate decisions to balance their patient load. This should be included in the Introduction of the revised draft.

In addition, physicians can and do consider access issues at an individual level and within their communities. However, it would be unrealistic to expect physicians to manage the equitable distribution of healthcare at a system level without the resources to do so. This should be included in the Introduction of the revised draft.

Principles

In principle 3. (line 25) where content has been added to emphasize respect for a prospective patient's autonomy and freedom of choice of healthcare provider, we would note that a patient's freedom of choice may be constrained by the limits of an under-resourced healthcare system. Freedom of choice does not necessarily translate into unlimited choice, nor does it mean that

physicians can continue to accept new patients once they have determined that their practices have reached a manageable size. This should be included in the revised draft.

First-Come, First Served Approach

The OMA disagrees with lines 67-71 of the draft policy where content has been added to indicate that introductory tools, such as introductory meetings (e.g. 'meet-and-greet' appointments) and medical questionnaires, are inappropriate prior to accepting patients. These approaches can be useful to determine whether the physician's scope of practice is appropriate for, and in the best interests of, the prospective patient. As long as they are not used for discriminatory purposes they should be permitted.

As well, prospective patients choosing new physicians also may find introductory meetings and/or questionnaires helpful to determine which physicians are the right fit for their personal healthcare needs. If patients are to be autonomous, they should have information about prospective physicians before they commit to becoming their patients, especially if they are physicians with whom the patients will have long-lasting clinical relationships.

Applying the First-Come, First-Service Approach

Lines 118-121 state that physicians are required to provide patients "with a referral to another appropriate health-care provider for those elements of care the physician is unable to manage directly" due to clinical competence and/or scope of practice limitations. The OMA would like the phrase "will make best efforts" inserted in place of "are required", to read: "Physicians will make best efforts to provide patients with a referral to another appropriate health-care provider...". Again, with Ontario's under-resourced healthcare system, it may not always be possible to find another appropriate physician in the community that is accepting patients for referral purposes. Other factors such as geographic location and shortages in certain practice areas/specialties can compound this difficulty.

Potential Exceptions to First-Come, First-Serve Approach

The draft revised policy acknowledges that there are instances when exceptions may be made to the first-come, first-served approach to accepting new patients in the interest of delivering better care, such as accepting higher-need and complex patients, or caring for patients' family members. The OMA would like some flexibility built into this section of the policy to allow for other instances where a different approach may be used to serve the best interest of the patient. We recommend adding a sentence at line 149 that states, "There are potential exceptions to the first-come, first-serve approach to accepting new patients. Two possible examples are described below."

Thank you for considering these comments.