Executive Summary:

This policy sets out the College’s expectations for physicians when permanently closing a medical practice. Physicians may close their medical practice for a variety of reasons including retirement, resignation, relocation, revocation of a member’s certificate of registration by the College, or where the sudden illness or death of a physician forces the practice to close. Key topics and expectations include:

- **Notification:** A minimum of ninety days’ notice must be provided to patients prior to a planned practice closure. Notification must also be provided to hospitals or other facilities where the physician holds privileges, employers, and to the College of Physicians and Surgeons of Ontario. The contents of this notice, timelines for providing it, and acceptable methods of communication are set out in the policy.

- **Facilitating Continuity of Care:** When a physician closes a medical practice, steps must be taken to minimize the impact on patients and to not impede patients’ ability to access care. This includes assisting patients in arranging care from another health-care provider, meeting expectations around medical records, facilitating access to prescription medication, and managing any outstanding test results.

INTRODUCTION

Physicians may permanently close their medical practice for a variety of reasons including retirement, resignation, relocation, revocation of a member’s certificate of registration by the College, or where the sudden illness or death of a physician forces the practice to close. In order to minimize the impact on patients, physicians, or a designate in the event of a closure due to sudden illness or death, must take positive steps to preserve continuity of care in the best interests of patients. This policy sets out what is expected of physicians when they permanently close their medical practice.

PRINCIPLES

The key values of professionalism articulated in the College’s Practice Guide – compassion, service, altruism and trustworthiness – form the basis of the expectations set out in this policy. Physicians embody these values and uphold the reputation of the profession by:

1. Acting in the best interests of their patients;
2. Communicating and collaborating effectively with patients and other health-care providers to minimize breakdowns in continuity of care and risk to patient safety;
3. Maintaining public trust in the profession by not abandoning patients;
4. Participating in the self-regulation of the medical profession by complying with the expectations set out in this policy.

SCOPE

This policy applies to all physicians regardless of practice area or specialty who are permanently closing their medical practice. A physician who closes a medical practice may be ceasing to practise medicine (due to retirement, resignation, revocation, illness or death) or may be continuing to practice at a new location (i.e. relocation).  

In cases where physicians are closing their medical practice due to relocation, the physician is required to take the steps outlined in the ‘Notification’ section of the policy, but would only have to meet the expectations set out in the ‘Facilitating Continuity of Care’ section of the policy for patients who will not be moving to the relocated practice. 

This policy does not apply in situations where the physician is temporarily absent from practice but is planning to return to the same practice (e.g., parental leave, educational leave, suspension of the physician’s certificate of registration). Temporary absences from practice will be addressed in the Continuity of Care suite of policies, currently under development.

POLICY

Physicians must comply with the expectations set out in this policy when permanently closing a medical practice. 

This policy begins by setting out expectations related to notification including the timeline, method, and contents that must be included in this notice, and then outlines the steps that physicians are expected to take in order to facilitate continuity of care when closing a medical practice.

Planning

The College recognizes that in some cases a practice closure may be sudden, due to illness or death of the physician. All physicians are advised to take steps to ensure their medical practice is appropriately managed in the event of an unexpected illness or death. This includes

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1 Please see the Frequently Asked Questions (FAQ) document for more information about specific scenarios and details regarding closure of a medical practice including relocating a practice and a physician’s departure from a group practice.
identifying a designate to facilitate compliance with the policy in the event the physician is unable to do so. Physicians may wish to contact the Canadian Medical Protective Association or the Ontario Medical Association for further information or practice management resources.

**Notification**

Notice must be provided to the following:

- Patients or their substitute decision-maker;
- Hospitals and other facilities where the physician holds privileges, and employers; and
- College of Physicians and Surgeons of Ontario.

Physicians are advised to give consideration to others that may require notification. This may include other health-care providers actively involved in a patient’s care that would benefit from awareness of the practice closure, the Ministry of Health and Long-Term Care, and frequently used laboratories or pharmacies.

i. **Notice to Patients**

Notice to patients or their substitute decision-maker must be provided a minimum of ninety days’ prior to a planned practice closure. The physician is only expected to notify patients to whom they are actively providing care.

There will be circumstances where it will not be possible to provide ninety days’ notice due to unforeseen circumstances such as sudden illness or death or where a member’s certificate of registration is revoked by the College. In these circumstances, physicians, or a designate in the case of illness or death, must provide notice as soon as they learn of the need for the practice closure.

Physicians are reminded that they must meet their legal and ethical obligations to protect patient confidentiality when providing notification of a practice closure.

ii. **Contents of Notice**

Notice to patients must include the following:

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3 For example, where a specialist’s involvement with a patient has already reached its natural or expected conclusion prior to the practice closure, notification would not be required. Please see the FAQ document for more information on this and other scenarios.
4 For more information on physicians’ obligations to maintain patient confidentiality see the Confidentiality of Personal Health Information policy.
• The date of the closure;
• Information about whether another health-care provider is available to assume responsibility for the patient’s care, either through designating a successor or through a potential transfer of the patient to another medical practice. In this case, direction must be given to patients about how to proceed, depending on whether the patient wants their care to be transferred or if the patient wishes to pursue other options for care;
• If applicable, notice of a transfer of records to a physician’s successor\(^5\) and any timelines for retaining the records;
• If no physician is available to assume responsibility for the medical practice or patients, then notice of that fact; and
• Where patients can access their medical records or where a request for access or transfer can be made.

iii. Methods of Notification

Physicians must take the following steps:

• In all cases, each patient must be directly notified of the intended practice closure with written notice, either by letter mail or secure email. A sample letter of notice is contained in Appendix A.
• Physicians must also ensure that the office voicemail message is up to date and accurate and indicates the planned closure date.

Notification can also be supplemented with one or more of the following methods.

• In person, at a scheduled appointment;
• Telephone call;
• Printed notice, posted in the office;
• A notice posted on a website; and/or
• Newspaper advertisement.

iv. Notification to Hospitals, Facilities and Employers

Physicians are advised to exercise judgement about the contents and methods of notification provided to hospitals, facilities, and employers.

v. Notification to the College of Physicians and Surgeons of Ontario

\(^5\) The *Personal Health Information Protection Act, 2004* s. 42(2) states, “where this is not reasonably possible to notify patients in advance of a transfer of records, physicians must notify patients as soon as possible after the transfer has occurred.”
With the exception of physicians who have had their certificate of registration revoked, all physicians who are closing a medical practice must notify the College through one of two options:

- Physicians who are resigning from membership are required to complete a resignation form as soon as reasonably possible.\(^6\)
- For those physicians who are closing a medical practice, but are remaining a member of the College,\(^7\) they are required to notify the College of a change in their practice address within 30 days of it occurring.\(^8\) Physicians are advised to consult the College webpage for additional information on how to report this change.

All physicians who have closed a medical practice must notify the College of the arrangements made for storing and accessing patient medical records by contacting the College’s Membership Services department.

**Facilitating Continuity of Care**

When closing a medical practice, physicians must take steps to minimize the impact on patients and to not impede a patient’s ability to access care. The following outlines the College’s expectations of physicians in facilitating continuity of care.\(^9\)

### i. Arranging Ongoing Care

Physicians must take reasonable steps to arrange for the ongoing care of their patients. Although some physicians may be able to arrange for a successor to take over their entire practice or a part of their practice\(^10\), the College recognizes that this will not be possible in many circumstances. Physicians must be as helpful as possible to the patient in finding a new health-care provider and are advised to consider the specific needs of the patient when considering what assistance to provide.

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\(^6\) Additional information and the resignation form can be accessed here: [http://www.cpsso.on.ca/Member-Information/Membership-Info-Fees/Resignation-from-Membership](http://www.cpsso.on.ca/Member-Information/Membership-Info-Fees/Resignation-from-Membership)

\(^7\) This could include circumstances such as where a physician is relocating their practice; maintaining their membership with the College but practicing outside of the province; or where a physician is ceasing to practise (i.e. retiring) but is maintaining their certificate of registration. Please see the FAQ document for more information about these specific scenarios.

\(^8\) College by-law requires physicians to report any change of a practice address within 30 days.

\(^9\) Broader expectations for physicians’ role in facilitating continuity of care, unrelated to closing a medical practice, will be set out in the forthcoming Continuity of Care policies.

\(^10\) Physicians must accept new patients in a manner that is fair, transparent, and respectful of the rights, autonomy, dignity and diversity of all prospective patients. For more information on physicians’ professional and legal obligations when accepting new patients, see the [Accepting New Patients](http://www.cpsso.on.ca) policy.
For many patients, it will be sufficient to provide them with information about how they can access ongoing care, using the resources listed on the College website. Patients who may be categorized as higher-need, marginalized and/or complex\(^{11}\) may require additional assistance in transferring to another health-care provider and physicians are advised to make particular efforts to arrange for the ongoing care of these patients.

**Medical Records**

Patients must have access to their medical records even if the physician has closed their medical practice. As such, the College advises all physicians to proactively plan for how they will meet their obligations under the *Personal Health Information Protection Act, 2004 (PHIPA)* and ensure patients have continued access to their medical records in the event of a planned or unplanned practice closure. In all cases, the physician will continue to be the custodian of the records until complete custody and control passes to another person or entity that is legally authorized to hold them.

When a physician closes a medical practice two options are available with respect to patient records:

- They may be transferred to another person legally authorized to hold them; or
- They may be retained for the periods set out in the College’s Medical Records policy.

In accordance with regulation, a physician who ceases to practise medicine can destroy records of family medicine and primary care after two years, as long as patients are notified of this timeline and given the option to transfer the records to another physician within those two years.\(^{12}\) Physicians are advised to refer to the College’s *Medical Records policy* for detailed information on obligations with respect to the transfer, retention, and destruction of medical records.

If a physician dies, the estate trustee of the physician is deemed to be the custodian of the records until custody and control of the records passes to another person who is legally authorized to hold them.\(^{13}\) Where uncertainty arises over responsibilities with regard to the medical records of a deceased physician, the College suggests seeking independent legal advice or contacting the College’s Physician Advisory Service.

**Facilitating Access to Prescription Medication**

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\(^{11}\) These patients include those requiring urgent access to care, those with chronic conditions, an activity-limiting disability, mental illness, or other socio-economic factors.

\(^{12}\) O. Reg. 114/94, General, enacted under the *Medicine Act, 1991; S.O. 1991, c. 30, s. 19(1)(2).*

\(^{13}\) *PHIPA* s. 3(12). Where there is no estate trustee, the person who has assumed responsibility for administration of the deceased custodian’s estate is deemed to be the custodian of the records.
The physician must make reasonable efforts to facilitate access to prescription medication. This will involve one of the following:

- Where medically appropriate, and where the physician is maintaining a license to practise in Ontario, provide the patient with renewals or repeats of the required medication(s) in order to allow the patient reasonable time to find alternative care;¹⁴ or
- Arrange for or advise the patient to attend another physician as soon as possible to have their prescription(s) renewed.

The physician must also advise patients that repeats or renewals for prescriptions written prior to the date of the resignation or revocation will not be legally valid after the date of resignation or revocation.

Physicians are reminded of their obligation to keep their prescription pads safe and must take steps to destroy¹⁵ these upon ceasing to practise.

iv. Test Results Management and Reports

Physicians must comply with the College’s Test Results Management policy¹⁶.

Physicians who are resigning or have had their license revoked must advise patients that standing orders for laboratory or other tests will not be legally valid after the date of resignation or revocation.

Further, following resignation or revocation, physicians are not permitted to interpret test results, prepare reports, or provide follow-up care. However, if only administrative work is required to finalize a report, a physician may complete this report following resignation or revocation. Administrative work includes editing draft reports, summarizing conclusions, or signing reports completed prior to resignation or revocation.

¹⁴ If a physician is providing patients with repeats or renewals of prescriptions, the physician is reminded of their obligation under College by-law to hold professional liability protection.

¹⁵ The Information and Privacy Commissioner (IPC) of Ontario provides guidance on the secure destruction of personal information. For paper records, the IPC notes that destruction “means cross-cut shredding, not simply continuous (single strip) shredding, which can be reconstructed”. More information can be found on the IPC website.

¹⁶ The Test Results Management policy is currently under review and will be included in the Continuity of Care suite of policies, once revised and approved.