

October 31, 2024

**CPSO Closing a Medical Practice Policy**  
Statement from the OMA Section on Plastic Surgery

The OMA Section on Plastic Surgery appreciates the opportunity to provide feedback on the CPSO draft policies, *Closing a Medical Practice* and *Advice to the Profession: Closing a Medical Practice*. We commend the College for its efforts to standardize the process for physicians planning to close or relocate their medical practices.

Our Section is generally in agreement with the CPSO policy's intent and direction. However, we believe that several clarifications would enhance the policy's applicability, especially for early-career surgeons and those with specialized practices.

**1. Proactive Planning for Unexpected Closures (Point 1)**

The policy states that physicians “must take steps to proactively plan for unexpected practice closures.” We seek clarification on how formalized these plans need to be. The accompanying *Advice* document suggests that an estate trustee would handle these arrangements. Would a verbal instruction to an estate trustee suffice, or is documentation required, such as a mention of this in a Will? Explicit guidance on this point would be beneficial, especially for younger surgeons or those new to practice.

**2. Arranging for Ongoing Patient Care (Point 2)**

The policy requires that physicians “take reasonable steps to arrange for the ongoing care of patients when they close a practice.” For specialists closing or relocating their practices, we request clarity on whether the expectation is for active outreach to patients, or if passive communication (e.g., posting a notice in the office or online) would suffice.

Additionally, it would be helpful to clarify what constitutes “reasonable steps” when a practice is relocated within the same community versus a move to a different city or province. For example, if a surgeon relocates within the same city, slight increases in travel time may be inconvenient but may not create a true barrier to care. Clearer guidance on requirements in these scenarios would support surgical specialists and subspecialists in ensuring continuity of care while adapting to new practice locations.

**3. Patient Access to Medical Records (Point 7)**

In cases where a physician practices within a team or group with centralized record-keeping, we seek clarification on the physician's responsibility to “ensure” record maintenance after leaving the group. If the practice continues to operate and retains the records within a centralized EMR, is the departing physician still accountable for those records, or is it sufficient for the health group to maintain them? This issue is especially pertinent in cases involving corporate-owned practices, where the physician may no longer have control or access. For instance, if a corporate-owned practice closes years after a physician's departure, would the physician be expected to oversee records they no longer manage? Further guidance on responsibilities in such situations would help physicians navigate these complexities.

**4. Chart Management in Cloud-Based EMRs**

Finally, as electronic medical records (EMRs) have moved to cloud-based systems, we would appreciate any updated guidance on chart management requirements specific to these platforms when closing a practice.

Thank you for considering these points as you refine the policy. We believe that these clarifications will enhance the effectiveness of the policy and support physicians in closing or relocating their practices responsibly.

If any further clarification is required, we would be happy to discuss this at further length.

Sincerely,

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