OMA Ontario Medical Association

Ontario Medical Association Submission

CPSO Ending the Physician Patient Relationship, Accepting New Patients, and Infection Prevention and Control for Clinical Office Practice Policies

May 2024

The OMA appreciates the opportunity to provide comments on the CPSO's policies related to;

1. Infection Prevention and Control for Clinical Office Practice (general consultation),
2. Accepting New Patients (preliminary consultation), and
3. Ending the Physician-Patient Relationship (preliminary consultation)

OMA staff have conducted a review of the policies and consulted broadly with membership. The feedback received is summarized below.

Infection Prevention and Control for Clinical Office Practice – General Consultation

The OMA appreciates the efforts by the College to support physicians in understanding the expectations for infection prevention and control practices in physician office. The policy provides useful guidance and expectations are clear and comprehensive. We believe it may be beneficial to advise physicians that the policy does not set out new expectations, rather the policy highlights existing IPAC standards and practices.

Additionally, the OMA appreciates that the draft policy refers to and highlights key standards from the Provincial Infectious Diseases advisory committee (PIDAC) guidelines, rather than setting out new expectations, given that PIDAC is the expert in IPAC. However, while these guidelines are comprehensive, they are also lengthy and can be challenging for physicians to understand. Accordingly, there is a need for knowledge translation tools and supports, beyond the policy and Advice document, to help physicians best understand and implement the obligations set out in the policy. The OMA would be happy to work with the College in developing these important materials.

Ending the Physician Patient Relationship Policy -Preliminary Consultation

General Comments on Ending the Physician Patient Relationship and Accepting New Patients Policy:
The OMA appreciates the intent of these two policies in ensuring that patients are able access physician care. However, in reviewing and revising the policy, it is recommended that the College consider barriers to care provision such as the current crisis in family medicine and ongoing access challenges across the system, which are contributing to the moral injury and burnout of physicians. While physicians have an essential role in providing care to their patients, including through practicing in accordance with CPSO policies, their ability to provide that care is continuously being undermined and challenged by ever-increasing health system constraints, with physicians being put in a position to hold the system together and solve problems they did not create, while experiencing more and more of their own distress.

Situations which may lead a physician to end the physician-patient relationship:
Provision 5: This provision outlines situations which may lead a physician to end the physician patient relationship. This includes examples such as "as a result of behaviour that significantly disrupts the practise" and "other forms of inappropriate behaviour including abusive or threatening language". It is also stated here that "in these circumstances, physicians must only end the physician-patient relationship after reasonable efforts have been made to resolve the situation in the best interest of the patient, including**:** proactively communicating expectations for patient

conduct to all patients, considering whether a problematic incident or behaviour is an isolated example or part of a larger pattern; and discussing with the patient the reasons affecting the physician's ability to provide care".

It would be helpful if clarification was provided regarding whether physicians can set policies against, as least, abusive and threatening language and behaviour toward a physician, their staff, or other patients which clearly allows (but of course does not require) a physician to end the physician-patient relationship. Additionally, the lower threshold "behaviour which significantly disrupts the practice", which may still require engagement with the patient, could also benefit from some examples and guidance and clearly provide that if such behaviour continues despite engaging with the patient that the physician-patient relationship may be terminated.

Provision 7: It is stated here that when reducing practise size, physicians must consider any other relevant factors, including the patient's vulnerability, and the patient's ability to find alternative care in an appropriate timeframe. The OMA appreciates the importance of considering the unique individual situations of patients in situations where the physician is terminating the physician-patient relationship. However, in instances where physicians are downsizing their practise by a large number of patients, this is an unrealistic and highly burdensome standard for many physicians to meet. Accordingly, the stipulation around considerations should be modified to consider practise wide interventions or changes.

Relatedly, further clarity and examples around what exactly is meant by the term "vulnerable should be provided given that this term quite subjective and leaves much up to the interpretation of individual physicians.

Further, it is important to note that the College's requirements around consideration of patient health circumstances under this provision are not consistent with the Accepting New Patients policy, which refers to avoidance of prohibited grounds for discrimination under the Human Rights Code. It is recommended that the CPSO align the obligations within these two policies to minimize confusion for physicians.

Provision 16: This provision outlines expectations when ending the physician patient relationship including that, in all cases, physicians must provide every patient with written notification that the relationship has been discontinued. It is recommended that a reference be made to the principle that the expected end of treatment would not apply to these expectations (for example that a formal discharge letter for a patient discharged from a specialty clinic where they no longer require care is not required). This clarification would help avoid misunderstandings when the policy is read by patient and the misconception by patients that they are unnecessarily entitled to ongoing care unless they have a formal discharge process complete.

Circumstances where physicians must not end the physician patient relationship:
Provision 18: This provision outlines that physicians must ensure the provision of necessary medical services while the patient seeks a new physician. While it is important that patients not be left in a situation where they lack access to essential medical services, this requirement is both vague and unrealistic for many physicians. Specifically, in the current context of the primary care crisis, every physician who downsizes their practise could potentially be in breach of the policy and it could potentially take years for many patients to find a new physician. While the policy does acknowledge

that the care does not need to be indefinite, it would be helpful if further explanation around the specific duration that the physician is expected to provide care to the patient once discharged was provided so physicians do not unintentionally violate the obligations within the policy. It is also recommended that the policy reference ways in which access to care can be maintained and as well as alternative places that patients can access care during the interim period (e.g. a walk-in clinic).

Provision 19: It is stated here that physicians must be as helpful as possible to the patient in finding a new physician or other primary care provider and provide them with a reasonable amount of time for doing so. Again, this requirement is vague and unclear and leaves much to interpretation. It is recommended that the College expand on what is meant by "as helpful as possible" and provide examples of how this can best be implemented in the Advice document, so that physicians can optimally understand and fulfill the obligations set out in this policy.

Accepting New Patients Policy -Preliminary Consultation

General Comments on Accepting New Patients policy:
The policy outlines at the outset that physicians must employ the first-come, first-served approach when accepting new patients into their practices which would prohibit prioritizing patient within a geographic area. It would be helpful if expectations around this issue were clarified further, particularly in the context of an overburdened health system where patients may go to different clinics/physicians to seek priority care (and may either need to be accepted or refused based on the first come-first served approach).

Potential exceptions to the first-come-first- served approach:
Provision 14: It is stated here that "physicians must use their professional judgment to determine whether prioritizing or triaging patients based on need is appropriate, taking into account the patient's health care needs, and any social factors, including education, housing, food security, employment, and income that may influence the patient's health outcomes".

In general, when accepting new patients, triaging decision are made on objective medical need which is consistent with the first come, first served approach of the policy overall. However, given that the policy outlines requirements around new and unseen patients, it is likely that information about social factors and individual demographics, etc. is almost certainly to be unavailable to the physician for the triage decision. Accordingly, it is recommended the policy state only whether triage is considered medically appropriate and not explicitly require individual determination outside of medical need given that other demographic information is unlikely to be available.

The OMA appreciates the opportunity to provide feedback on the College's Infection Prevention and Control for Clinical Office Practice; Accepting New Patients; and Ending the Physician-Patient Relationship policies. Please contact us if you have any questions or require additional feedback.