



Standard of Practice Practice Management

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Standards of Practice of Medicine set out the requirements related to specific aspects for the quality of the practice of medicine. Standards of Practice of Medicine provide more detailed information than contained in the *Regulated Health Professions Act*, Regulations, and Bylaws. All members must comply with Standards of Practice of Medicine, per section 86 of the *Regulated Health Professions Act*.

This Standard of Practice of Medicine is made under the authority of section 82 of the *Regulated Health Professions Act* and section 15 of the CPSM Standards of Practice Regulation.

1. Practice Management: Patient Restriction or Selection

This Part sets out requirements for patient restriction and selection in addition to those described in Section 2 of the Regulation which is as follows:

- 2(1) *If a member restricts or selects patients for his or her practice, or has a practice that is closed to new patients, the restrictions or selection criteria for accepting patients must be relevant to the member's clinical competence and medical practice and to a patient's health care needs.*
- 2(2) *In special or exceptional circumstances, a member may accept as a patient a person who does not meet the criteria or falls outside the restrictions for accepting patients established under subsection (1).*
- 2(3) *If a member meets with a person seeking the member's medical services and does not accept the person as a patient, the member must explain the reason to the person, unless the disclosure of the reason could, in the opinion of the member, be reasonably expected to*
- (a) threaten the person's mental or physical health or safety;*
 - (b) threaten another person's mental health or physical health or safety;*
 - (c) breach the privacy of another patient; or*
 - (d) pose a threat to public safety.*

1.1. Accepting Patients

- 1.1.1. A member who restricts or selects patients for his or her practice for any reason must establish a selection process which is clearly articulated to the prospective patient and which is not overwhelming for or demeaning to a prospective patient. Upon request, a member must give a copy of the written selection process to the prospective patient.

1.2. Prohibited Grounds for Refusing Patients

- 1.2.1. A member must not refuse to accept a person as a patient because:
- 1.2.1.i. the medical care required could or will be complex, unless the care the patient requires is beyond the clinical competence of the member;
 - 1.2.1.ii. the medical care will or is likely to require the member to complete more documentation than is required for other patients;
 - 1.2.1.iii. the medical care will or may take the member more time than required for other patients; or
 - 1.2.1.iv. the patient is a pregnant woman seeking pre-natal care who intends to have a home birth, a new mother who had a home birth, or an infant born at home.

1.3. Billing for Meetings

This section is addressed in section 7 of the Regulation which is as follows:

- 7(1) *If a meeting between a member and a person seeking his or her medical services is not a medical appointment, the member must notify the person of that fact.*
- 7(2) *A member must not submit a claim under The Health Services Insurance Act, or charge any person, for making an appointment to meet or for meeting with a person to determine if he or she will be accepted as a patient.*
- 7(3) *If medical care is provided by the member in the course of a meeting with the person, the member may submit a claim under The Health Services Insurance Act if authorized to do so by that Act.*

2. Practice Management: Ending a Member-Patient Professional Relationship

This Part sets out requirements for ending a member-patient professional relationship in addition to those described in Section 12 of the Regulation which is as follows:

12 A member who ends a professional relationship with a patient must give notice to the patient or his or her representative, have reasonable grounds for doing so and must document those reasons on the patient record.

- 2.1. A member must not end a professional relationship with a patient because:
 - 2.1.1. the medical care required by the patient is or will become complex, unless the care the patient requires is beyond the clinical competence of the member;
 - 2.1.2. the medical care requires the member to complete documentation in addition to the patient record, unless an arrangement described in subsection (2) applies.
 - 2.1.3. the medical care takes the member more time than required for other patients;
 - 2.1.4. a patient makes unhealthy lifestyle choices (such as smoking);
 - 2.1.5. a patient fails to keep appointments or to pay outstanding fees, unless proper notice has been given to the patient. For an isolated incident of a missed appointment, the member must afford the patient the privilege of scheduling a further appointment;
 - 2.1.6. a patient does not follow the member's medical advice, unless the patient is repeatedly non-adherent despite reasonable attempts by the member to address the non-adherence; or
 - 2.1.7. the member will be required to participate in legal proceedings.
- 2.2. A member may arrange for another member to provide medical care to a patient if the arrangement is acceptable to the patient and to the other member.
- 2.3. Notwithstanding subsection (1), a member may terminate a professional relationship with a patient immediately if:
 - 2.3.1. the patient poses a safety risk to office staff, other patients or the member;
 - 2.3.2. the patient is abusive to the member, office staff or other patients;
 - 2.3.3. the patient does not respect professional boundaries or acts in an inappropriate manner; or
 - 2.3.4. the member is leaving medical practice because of personal illness or other urgent circumstances.

The member must document the reasons for terminating the relationship on the patient record.

- 2.4. Where notice is required under subsection (1), the notice provided to the patient must:
- 2.4.1. be in writing;
 - 2.4.2. give the patient sufficient time to obtain an alternative physician, taking into account the continuing care needs of the patient, but the notice must be given no less than 30 days prior to the date of the termination;
 - 2.4.3. include in the notice the reasons why the physician-patient relationship is being terminated unless disclosure of the reasons could reasonably be expected to:
 - 2.4.3.i. result in immediate and grave harm to the patient's mental or physical health or safety;
 - 2.4.3.ii. threaten the mental health or physical health or safety of the member or another person, or pose a threat to public safety.
- 2.5. Despite notice of termination of the physician-patient relationship, the member must:
- 2.5.1. provide or arrange for follow-up on any outstanding investigations;
 - 2.5.2. provide or arrange for care in relation to any serious medical conditions until the date of termination of the physician-patient relationship;
 - 2.5.3. provide or arrange for any necessary emergency care until the date of termination of the physician-patient relationship;
 - 2.5.4. provide or arrange for any ongoing medications for a reasonable period of time.
- 2.6. A member must establish a process for transfer of the patient's medical information if requested by the patient or an authorized third party.

3. Practice Management: Closing, Leaving or Moving a Medical Practice

This Part sets out the requirements in closing, leaving or moving a medical practice in addition to those set out in Section 13 and 14 of the Regulation as follows:

Notice of Intention to Close, Leave or Move

- 13(1) *A member must give notice of the member's intention to close their medical practice, to take a leave of absence or to relocate their practice or otherwise cease to practice medicine in Manitoba to:*
- (a) the member's patients or their representatives;*
 - (b) CPSM;*
 - (c) other members with whom the member refers or consults;*

- (d) *the Department of Health, Seniors and Active Living;*
- (e) *any regional health authority in which the member has privileges;*
- (f) *a personal care home at which the member has privileges that is not operated by a regional health authority;*
- (g) *if applicable, Canadian Medical Protective Association;*
- (h) *Doctors Manitoba.*

13(2) *The notice must include:*

- (a) *the date of closure, absence, relocation, or other cessation of practice;*
- (b) *information about where the patient's records are to be located; and how the records can be transferred to another member or how copies can be obtained; and*
- (c) *particulars of any arrangements for care that have been made for the member's patients.*

13(3) *Clause (2)(b) does not apply if the patient records are maintained by a trustee under The Personal Health Information Act who employed, engaged or granted privileges to the member.*

Storage and Disposition of Patient Records and Supplies

14(1) *A member who closes their medical practice or takes a leave of absence must:*

- (a) *ensure the secure storage of any patient records for the remainder of the retention period required by subsection 11(3) and the retention of appointment records for the remainder of the period required by subsection 10(2) and the subsequent destruction of the information in accordance with The Personal Health Information Act; and*
- (b) *give CPSM a copy of the notice sent to patients and information about to whom the notice was sent and the arrangements that have been made for the secure storage of the patient records and appointment records.*

14(2) *A member who ceases to engage in medical practice, temporarily or permanently, or who closes a medical practice, must safely dispose of medication, laboratory specimens, equipment and supplies.*

14(3) *The obligations under this section are in addition to any other requirements relating to patient records under the Act, The Personal Health Information Act, and any other enactment, by-law, standard of practice, code of ethics and practice direction with which a member must comply.*

3.1. Notice of Intention to Close, Leave or Move

- 3.1.1. The member must individually notify (i.e. not through a notice posted in the office) of the closure, relocation, leave of absence or cessation of practice each patient who:
 - 3.1.1.i. has an appointment booked prior to the date of closure, absence or relocation;
 - 3.1.1.ii. calls to arrange an appointment prior to the date of closure, absence or relocation.
- 3.1.2. The notice to CPSM must include:
 - 3.1.2.i. the date of closure, relocation, absence or cessation of practice;
 - 3.1.2.ii. a forwarding mailing address and contact information for the member; and
 - 3.1.2.iii. if the member is ceasing medical practice in Manitoba, forward all unused Manitoba Prescribing Practices Program (M3P) prescription forms in the possession of the member to the Manitoba Pharmaceutical Association and notify CPSM when this has been done.
- 3.1.3. Unless a member is leaving a medical practice due to illness or other urgent circumstances, at least 90 days' notice must be provided to each of the persons described in subsection (1).

3.2. Alternate Care Arrangements

- 3.2.1. A primary care physician who intends to close or reduce his or her practice must make reasonable attempts to arrange suitable alternative care of patients, particularly those who are in the course of treatment at the time of the closure. The member must document those efforts.
- 3.2.2. Even if a member is unable to make suitable alternative arrangements for the care of patients, the member must make arrangements to ensure patients or their caregivers have appropriate access to information contained in the patient's record.
- 3.2.3. If the member is a specialist, the care of the patient may, by agreement of the specialist and the referring member, be returned to the referring member.

3.3. Information on New Location

- 3.3.1. A member practising in a location where another member previously practised must, on request, provide information to any person about the new location of the member who has moved, if that member is aware of it.

4. Practice Management: Billing

This Part sets out the requirements in billing matters in addition to those set out in Section 8 of the Regulation as follows:

8. Before medical care that is not an insured medical service under The Health Services Insurance Act is provided to or for a patient by a member, the member must notify the patient or third party of any fee or charge the patient will be required to pay. This requirement does not apply if the member is providing emergency care and it is inappropriate or impossible to notify the patient.

4.1. Notice of Billing for Uninsured Services

- 4.1.1. A member may charge a reasonable fee when he or she performs a health service that is not insured by the provincial fee schedule.
- 4.1.2. A member's agent may give preliminary information to a patient about the billing policies in the member's medical practice, but the member remains responsible for the final decision and explanation to the patient if the patient disputes a fee or requests clarification.
- 4.1.3. A general notice to patients in a member's office is not sufficient by itself, to fulfill the requirements of subsections (2) and (3).

4.2. Block Billing

- 4.2.1. "Block billing" means a fixed fee for designated uninsured services provided during a specified time period.
- 4.2.2. "Uninsured services" includes all health services provided by members that are not insured by Manitoba Health. Examples include, but are not limited to:
 - 4.2.2.i. advice by telephone;
 - 4.2.2.ii. completion of non-insured forms and reports;
 - 4.2.2.iii. transfer and/or photocopying of medical records;
 - 4.2.2.iv. examinations for reason of employment or insurance.
- 4.2.3. A member may charge patients for uninsured services as the patient actually uses them individually or based on block billing.
- 4.2.4. A member who offers patients block billing must:
 - 4.2.4.i. inform the patient that the patient has the choice to pay a block fee or to pay for uninsured services individually;

- 4.2.4.ii. ensure that the patient is given enough information to make an informed choice, including, but not limited to:
 - 4.2.4.ii.1. a written statement of exactly what uninsured services are included in the block fee, and the cost of each uninsured service if paid for individually;
 - 4.2.4.ii.2. a copy of s. 50 of this Standards of Practice of Medicine;
- 4.2.4.iii. answer the patient's questions about charges for uninsured services;
- 4.2.4.iv. offer the same block fee options to all patients in the same category, but the member may waive or reduce any fee according to the patient's ability to pay;
- 4.2.4.v. not link the block fee arrangement to the provision of insured services, for example:
 - 4.2.4.v.1. the payment of a block fee must not be a condition of the member accepting a person as a patient;
 - 4.2.4.v.2. the member must not offer to provide preferential services to a patient who agrees to pay a block fee.
- 4.2.5. A member must not include in a block fee any charge for:
 - 4.2.5.i. a service for which the member is compensated through any other mode, including any charge for a service which is included as part of an insured service. An exception exists for the completion of forms for a patient's benefit where the payer limits its payment to a fixed fee and specifies additional charges may be collected from the patient;
 - 4.2.5.ii. being available to render a medical service; or
 - 4.2.5.iii. services not actually requested by the patient.
- 4.2.6. A member must not bill for a block fee before the patient:
 - 4.2.6.i. has expressly elected to pay a block fee and agreed upon the amount of the block fee; and
 - 4.2.6.ii. has actually received the services for the period agreed upon.
- 4.2.7. A member must not enter a block fee arrangement for a period of less than six months or of greater than 12 months.

4.3. Missed Appointments

- 4.3.1. A member who charges a patient for a missed appointment must adhere to the following requirements:
 - 4.3.1.i. the patient must be informed in advance:

- 4.3.1.i.1. that a charge will be made for a missed appointment and the amount of the charge; and
 - 4.3.1.i.2. as to how much notice must be given to the member in order to avoid the charge for a missed appointment;
 - 4.3.1.ii. the member must have been available to the patient for the period of time for which the fee is charged and must not have been engaged in other billable health care at that time;
 - 4.3.1.iii. the fee charged for a missed appointment must reasonably reflect the actual costs of the missed appointment;
 - 4.3.1.iv. the member must take into account the circumstances of the missed appointment and the ability of the patient to pay and must be prepared to discuss the fee with the patient.
- 4.3.2. It is the responsibility of the consulting physician to inform a patient of charges for missed appointments with that consultant.
- 4.3.3. A member may request a deposit to cover the costs of unavoidable expenses associated with the proposed visit which a missed appointment would make impossible to recover. However, the patient must be advised in advance of the circumstances that will result in a forfeiture of the deposit.

4.4. Required Services

- 4.4.1. A member must provide care that is clinically required and urgent in all cases that are not elective or when no other member is reasonably available, despite the fact that collection of a fee may not be possible.
- 4.4.2. A member may not demand payment in advance of urgently required health services that are not readily available elsewhere.

4.5. Accounting Records

- 4.5.1. A member must keep an accounting record showing the date every health service was rendered by the member to a patient, the type of service, and the charge made.