



## POLICY

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### Responsibility for a Medical Practice

STATUS:	Approved
Approved by Council:	January 28, 2022
Amended:	n/a
To be reviewed:	January 2027

#### 1. Scope of policy

This policy applies to all physicians who provide patient care in any practice environment outside of any facility designated pursuant to *The Facility Designation Regulations*<sup>1</sup> and any other facility owned or operated by the Saskatchewan Health Authority (SHA), whether they provide primary care or specialist/consultant services. A physician who is a medical director of a Diagnostic Imaging Facility or a Non-Hospital Treatment Facility must, in addition, comply with the requirements in [bylaws 25.1 or 26.1](#), respectively.

#### 2. Definitions

For the purpose of this policy, the following definitions apply:

*Physician* means any individual licensed by the CPSS and independently providing patient care.

*Multi-physician clinic* means any practice environment where two or more physicians practise in association and share the use, benefits or costs associated with advertising; an office telephone number; medical records; staff; premises, equipment, furnishings or other property; and/or clinical or administrative functions (e.g., infection prevention and control, billing, etc.).

*Non-regulated staff* includes any person who assists physicians with duties related to the physician-patient relationship but who is not a regulated health professional.

*Regulated staff* includes any person who is a regulated health professional but not a physician.

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<sup>1</sup> Section 3 of *The Facility Designation Regulations*, c. R-8.2 Reg 6 establishes the following categories of facilities: addiction treatment centre, complex care centre, health centre, hospital, mental health centre, residential treatment centre and special-care home. Subcategories of hospitals include community or northern hospital, district hospital, regional hospital, provincial hospital, rehabilitation hospital and field hospital. **This policy does not apply to physicians providing patient care in any of these facilities.**

### 3. Guiding principles

The full scope of medical practice extends beyond the provision of patient care to various professional and administrative activities which support that care. While some responsibilities may be delegated to a non-physician, physicians are ultimately accountable for all aspects of medical practice (with the exception of administrative responsibilities that fall upon an agency exercising control of the practice setting, for example the SHA, College of Medicine or the provincial or federal government).

Practice environment may influence the management of physician responsibilities. The distribution of responsibilities may be decided by practice members; nonetheless, a single primary contact physician (the “primary contact”) must be established for the purposes of communication with the CPSS. If issues identified in 4.4. below do not fall within the responsibilities of the primary contact or any physician designated within the practice, each physician will be held individually accountable to ensure those expectations are addressed.

Even if the primary contact or another physician in the practice has designated responsibility for the expectations in 4.4. below, it is the responsibility of any physician in the practice to ensure that steps are taken to address any concerns that have not been resolved through the practice/clinic’s standard operating procedures. In circumstances where reasonable steps taken by the physician do not result in the appropriate change in the practice environment, physicians **must** seek guidance from the clinic owner. In circumstances where the clinic owner is unable/unwilling to effect the appropriate changes, the physician **must** seek guidance from the CPSS Registrar’s office.

### 4. Expectations

1. Physicians **must** direct and take responsibility for their own medical practice, including:
  - a. patient care provided, including the assessment, diagnosis, treatment, advice given and referral of the patient;
  - b. familiarity and compliance with all applicable laws, bylaws, policies and standards governing the practice of medicine; and
  - c. taking reasonable care to ensure that claims for payment for professional services are appropriate, are consistent with the services provided, and are consistent with any applicable payment schedule for insured and uninsured services.
2. Physicians **must not** practise in a multi-physician clinic within the scope of this Policy, irrespective of the ownership of the multi-physician clinic, unless the clinic has a duly qualified physician in good standing designated as the primary contact for the purpose of interactions with the CPSS.
3. The primary contact **must** be able to either directly answer inquiries from the CPSS or to direct the CPSS to specific physicians or administrators within the clinic who can provide the requested information. The primary contact is not responsible for the professional conduct of their colleagues.
4. Except where another physician in the practice has designated responsibility, each of the remaining physicians **must** direct and take responsibility for the following:

- a. all non-regulated staff supervised by the physician by:
  - i. setting appropriate roles and responsibilities;
  - ii. ensuring appropriate qualifications; and
  - iii. overseeing performance;
- b. all regulated staff participating in the practice by ensuring:
  - i. appropriate qualifications; and
  - ii. effective collaboration in a team-based setting;
- c. billings by the medical practice for uninsured services such as providing copies of patient records, charges for missed appointments, etc. and sale of products;
- d. advertising and promotion of services;
- e. quality assurance, quality improvements and infection prevention and control;
- f. custody or control of health information, including maintenance and storage of medical records, in compliance with the requirements of *The Health Information Protection Act*;
- g. notification to the College at least 30 days prior to:
  - i. establishing or moving the physical location of a practice, providing the street address and services to be offered; or
  - ii. initiating or resuming a service or procedure that requires approval by the College, as identified in College bylaws; and
- h. clear identification to patients and the public coming into the practice setting of the designations for all care providers (e.g. nametag or notice) that includes:
  - i. for regulated healthcare professionals, their name and professional designation; and
  - ii. for non-regulated care providers, their name and job title.

## OTHER RELEVANT CPSS BYLAWS, POLICIES AND GUIDELINES

Regulatory bylaw 4.1 – [Returning to Practice in Saskatchewan after an absence or disability, inactive practice, or change in scope of practice](#)

Regulatory bylaw 7.1 – [The Code of Ethics](#)

Regulatory bylaw 7.2 – [Code of Conduct](#)

Regulatory bylaw 9.1 – [Conflict of Interest](#)

Regulatory bylaw 23.1 – [Medical Records](#)

Regulatory bylaw 23.2 – [Privacy Policy](#)

Regulatory bylaw 25.1 – [Operation of Diagnostic Imaging Facilities in the Province of Saskatchewan](#)

Regulatory bylaw 26.1 – [Operation of Non-Hospital Treatment Facilities in the Province of Saskatchewan](#)

Regulatory bylaw 26.2 – [Infection Control in Medical Clinics](#)

Regulatory bylaw Part 7 – [Advertising](#)

Policy – [Clinics That Provide Care to Patients Who Are Not Regular Patients of the Clinic](#)

Policy – [Medical Practice Coverage](#)

Policy – [Performing Office-Based Insured Procedures](#)

Policy – [Performing Office-Based Non-insured Procedures](#)

Policy – [Physicians/Surgeons Leaving Practice](#)

Policy – [Scope of Practice Change](#)

Policy – [Standards for Primary Care](#)

Policy - [Uninsured Services](#)

Guideline – [Confidentiality of Patient Information](#)

Guideline – [Conflict of Interest](#)

Guideline - [Infection Prevention and Control \(IPAC\) for Clinical Office Practice](#)

Guideline – [Medical Practice Observation/Experience](#)

Guideline – [Patient-Physician Relationships](#)

Guideline - [Referral-Consultation Process](#)

Guideline – [Transfer of Patient Records](#)

## **ACKNOWLEDGEMENTS**

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