

Episodic Care Standard 15

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The **Standards of Practice** of the College of Physicians & Surgeons of Alberta are the minimum standard of professional behaviour and ethical conduct expected of all physicians registered in Alberta. Standards of Practice are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. The College of Physicians & Surgeons of Alberta also provides **Advice to the Profession** to support the implementation of the Standards of Practice.

- (1) This standard applies to the following medical practices:
 - (a) appointment-based family practices,
 - (b) non-appointment based family practices,
 - (c) non-walk-in episodic care clinics,
 - (d) solo and group practices,
 - (e) primary care practices in networks, and
 - (f) minor emergency care settings outside of hospitals, but not emergency departments.

- (2) At any visit for an episode of illness or concern, physicians must:
 - (a) inform patients up-front when the physician does not intend to provide continuing care to the patient in a long-term relationship,
 - (b) obtain and document a history appropriate to the patient's presenting concerns,
 - (c) collect information about relevant past medical history, drug reactions, current medication, and active health problems,
 - (d) observe, examine and document relevant physical findings both positive and negative,
 - (e) discuss and document:
 - (i) diagnoses reached,
 - (ii) investigations ordered,
 - (iii) treatment and advice given,
 - (iv) procedures performed,
 - (v) referrals made, and
 - (vi) follow-up planned (see also *Patient Records Standard of Practice 21*),

Terms used in the Standards of Practice:

- *Physician* means any person who is registered or who is required to be registered as a member of this College. The College regulates physicians, surgeons and osteopaths.
- *Must* refers to a mandatory requirement.
- *May* means that the physician may exercise reasonable discretion.
- *Patient* includes, where applicable, the patient's legal guardian or substitute decision maker.

- (f) when follow-up care is required, either provide the follow-up care personally or ensure that arrangements are in place for follow-up care, and
- (g) review the results of all tests personally ordered whenever possible and, when not possible, ensure that test results are reviewed by a qualified medical colleague (see also *Preventing Follow-up Care Failures Standard of Practice 24*).

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