

## *Establishing a Registrant – Patient Relationship*

The registrant-patient relationship is unique and based upon trust, honesty, respect, and a shared desire to improve health outcomes.

### **Preamble:**

When deciding whether to accept a new patient, registrants must ensure their decision is fair and non-discriminatory. Once a relationship is established, registrants are expected to continue to provide services within their scope of practice until these services are no longer required or until after the patient has been given reasonable notice that the registrant intends to end the relationship.

### **Policy:**

#### **When is a Registrant-Patient Relationship Established?**

In most cases, the Registrant-Patient Relationship is not established until the registrant and patient meet (in person or virtually) to discuss a specific medical concern. The act of a patient being affiliated or rostered to a practice, is an administrative process and does not establish a relationship. It is not until the registrant uses clinical reasoning to address a patient's medical concern, that a relationship is established.

Where the relationship can move into a gray area is when the registrant gives medical direction or advice to a referring healthcare provider or if the registrant's office staff have given medical direction to the unseen patient. These cases will have to be looked at individually.

#### **Establishing the Registrant-Patient Relationship**

An established relationship between a registrant and a patient is formed when the registrant provides care that would reasonably be expected to extend beyond episodic care. This includes, but is not limited to, long-term relationships based on regular attendance (e.g., a family medicine practice); and short-term relationships based on a presenting concern, referral or identified medical condition (e.g., a patient seeing a specialist physician until their condition is managed in a way that can be transferred back to their family physician). Provision of medical care through virtual means does not alter the establishment of the registrant-patient relationship described above.

Once a relationship is established, registrants are expected to continue to provide services until these services are no longer required or until after the patient has been given reasonable notice that the registrant intends to end the relationship. When ending the relationship, registrants are expected to meet the expectations of the College as set out in the College's Policy on Ending the Registrant Patient Relationship.

## Accepting New Patients

In the selection of new patients, registrants must ensure that access to medical care for patients is fair and non-discriminatory.

### Non-Discrimination

Registrants are bound by the *Human Rights Act*, which prohibits discrimination regarding provision of, or access to, services or facilities.

The following grounds of discrimination are not acceptable reasons for denial of a patient into a medical practice: race, colour, nationality, ethnic origin, social origin, religious creed, religion, age, disability, disfigurement, sex, sexual orientation, gender identity, gender expression, marital status, family status, source of income, and political opinion.

### Patient Selection Process

The College generally expects registrants to use a first-come, first-served approach when accepting new patients into their practices. Registrants may, however, use their clinical judgment to prioritize care for patients due to circumstances such as urgency of medical needs or complexity of health and social circumstances. Decisions to prioritize a patient's access to care should take into consideration the patient's healthcare needs as well as any factors which may influence the patient's health outcomes.

Registrants may also prioritize immediate family members (e.g. spouse or dependent child) of current patients in a family practice setting.

Registrants are expected to continue to acquire knowledge and skills to maintain competence in the area of practice in which they are licenced. A registrant who restricts their practice for any reason must establish a selection process which is non-discriminatory and relevant to the physician's clinical competence and medical practice. A registrant must not refuse to accept a patient solely on the basis that the medical care required could or will become complex or time consuming.

Where a prospective patient's medical needs are outside of a registrant's competence or scope of practice, the registrant must consider the impact of not accepting the patient into their practice and promptly communicate the reasons for the refusal to the patient or referring healthcare provider.

Registrants should not refuse to accept a patient seeking to transfer their care for the sole reason that they are rostered to another registrant. There could be many reasons why that relationship is no longer serving the patient's healthcare needs, and patients who are able to demonstrate legitimate reasons for requiring a transfer, should have the ability to transfer to another registrant.

### “Meet and Greet” and Medical Questionnaires

Registrants must not use ‘meet and greet’ appointments and/or medical questionnaires to vet prospective patients and determine whether to accept them into their practice. Registrants are permitted to use ‘meet and greet’ appointments and/or medical questionnaires to share information about the practice and obtain information about the patient after a patient has been accepted into a practice.

### Document History:

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