



Planning for retirement

Regulatory and Ethical Aspects

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Disclosure of conflict of interest

I have no conflict of interest to declare.

My only affiliation is with the *Collège des médecins du Québec*,
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Workshop Objectives

As a result of attending this session, participants will be able to:

- Observe the physician's obligations related to a change of status
 - Obligations in institution (patients, colleagues, etc.)
 - Obligations in private practice (patients, records, etc.)



Workshop Objectives

As a result of attending this session, participants will be able to:

- Discuss the options for a trouble-free retirement
 - Change or decrease the scope of practice
 - The maintenance of competence, at any age



Workshop Objectives

As a result of attending this session, participants will be able to:

- Abide by the regulatory aspects applicable to the inactive physician's status
 - Communication of change of practice
 - Prescriptions
 - Transfer of patients and records



Key points

- Stay competent and pertinent
- Plan for your patients
- Plan for your records
- Inactive means retired



Documentation



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Retraite



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IMPRIMER

Aspects réglementaires et déontologiques

- [Abandon de la pratique médicale : Les aspects à considérer](#) (L'Association canadienne de protection médicale)
- [Article – Cessation d'exercice ou changement de lieu d'exercice : règles en matière de tenue et de cession de dossiers](#)
- [Cession de dossiers](#)
- [Choisir entre la démission ou la radiation pour non-paiement de la cotisation](#)
- [Classes de cotisation à compter du 1er juillet 2016 :](#)

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Scenario 1

A 60-year-old family physician is contemplating a move to a private practice, or to a palliative care residence, or to limit his practice to walk-in clinics. The goal is to decrease his workload and decrease hospital on-call duties.

He works in a general care hospital and does consultations at his GMF.



Scenario 1

Questions :

1. What will happen to his office clientele, if they do not want to pay ?
2. Who will provide follow-up for his patients ?
3. Must this physician obtain a certificate in palliative care ?
4. Who will determine whether a physician has the required competence to pursue his practice in a different field ?



Scenario 1

PATIENT FOLLOW-UP

1. Do all your patients need the same follow-up?
2. Are your colleagues ready to assume the follow-up of all your patients, on a short notice?
3. Are your patients easy to transfer with a minimum of paper work ? Do you have an updated summary sheet ?



Scenario 1

Compile a list of patients

- On-going investigation
- Periodic follow-up
- Annual follow-up

Unsubscribe your patients with the RAMQ



Scenario 1

Are your colleagues ready to assume the follow-up of all your patients, on a short notice ?

- You must give time to your patients, your colleagues and yourself to “land safely”
- Three months up to 2 years is a reasonable time frame
- 60 days is the minimum for hospital duties



Scenario 1

Are your patients easy to transfer with a minimum of paper work ?

Rarely, from what we see, you must :

- Set your records straight
- Keep updated summaries in each file
- Keep an updated list of medications



Scenario 1

Prescription renewal

- You can prescribe up to 24 months, as long as the patient's condition is stable.
- The pharmacist can extend the prescription for the same length of time (up to 1 year).
- The rules are different for narcotics and controlled drugs.



Scenario 1

CHANGE IN SCOPE OF PRACTICE

- Be realistic, we do not learn as fast after 45 years old
- Inform your clientele at your office, in the papers, by letter, in person
- Inform the Secretary of the College



Scenario 1

CHANGE IN FIELD OF PRACTICE

Regulation respecting periods of refresher training and refresher courses that may be imposed on physicians

- 1. The Board of directors of the Collège des médecins du Québec may, if it deems necessary for the protection of the public, require that a physician complete a period of refresher training or a refresher course, or both, where: ...**(6)** the physician begins to practise medicine in a new field of medical activities without having practised in that field or after practising in another field for **3 years** or more;
- 3. A period of refresher training and a refresher course may include, in particular, one or more of the following refresher activities:
 - **(1)** a workshop; **(2)** tutoring; **(3)** directed readings program; **(4)** a discussion of files; **(5)** research work.



Scenario 2

A 75 year old family physician has worked alone, being the only GP in his town.

He has practiced in his office for close to 30 years.

He responds to requests for patients in his region requiring follow-up with the help of specialists.

He has decided to stop practising clinical medicine and to close his office.

Obviously, he has paper files !



Scenario 2

Questions :

1. What are the physician's obligations as regards to access to the medical records of patients, requests to complete forms or other documents?
2. What steps must this physician take vis-à-vis the *Collège*?
3. If the physician becomes ill or unfit, what are the family's obligations in this situation?



Scenario 2

ACCESS TO RECORDS - FORMS

- Inform the clientele
 - *Prior notice within a reasonable time limit, at least 30 days before the cessation of practice date, who is the transferee*
- Inform the *Collège*
 - Notify the secretary of the date for cessation of practice, at least 30 days ahead of time and the name of the transferee, this information will be public.



Scenario 2

ACCESS TO RECORDS - FORMS

- **Regulation respecting records, places of practice and the cessation of practice by a physician**
 - The transferee or provisional custodian must maintain the medical records for a period of at least 5 years after the date of the last entry or inclusion in the record, as appropriate, or if it involves a research project, the date on which the project ends. After this 5-year period, the record is considered inactive and may be destroyed.
 - The new regulation will be 10 years for electronic medical record.
 - The physician shall ensure compliance with any security measures pertaining to the confidentiality of the information to be destroyed.



Scenario 2

Ill or unfit : the family's obligations

Find a physician who will agree to be the medical records transferee

- *“ transferee ” means a physician or a group of physicians to whom are transferred the effects of a physician at the time of a permanent cessation of medical practice;*
- *When informed of the death of a physician who had not signed a transfer agreement or a provisional custody agreement, the secretary shall incite the successors of the deceased physician to find, as soon as possible, a transferee or a provisional custodian for the effects of that physician.*



Scenario 2

Who can be a transferee?



Scenario 2

Who can be a transferee?

- Himself
- Physicians in a group practice
- Any physician in Quebec
- Other professional ?
- Secretary of the *Collège des Médecins du Québec*



Scenario 3

A physician has decided to retire. April 1st 2020, he therefore will change his status with the *Collège* to ***inactive physician***.

Throughout his career, he wrote many medicinal prescriptions, ordered many tests and referrals. He wants to keep his right to order laboratory tests and prescribe medications to help out certain patients. On occasion, he also writes prescription renewals of medication for his children and for neighbours, and he even renews his own cholesterol-lowering and anti-hypertensive drugs.



Scenario 3

Just a reminder from the ***Code of Ethics of Physicians***:

70. *A physician must, except in an emergency or in cases which are manifestly not serious, refrain from treating himself, or from treating any person with whom there is a relationship that could prejudice the quality of his practice, notably his spouse and his children.*






















Scenario 3

1. May an inactive physician write prescriptions?
 - Laboratory tests and/or requests for consultation?
 - Medications to help out former patients?
 - Medications for himself, his family or close relatives?
2. What will happen to prescriptions issued for his patients before his change of status?
3. As an inactive physician, can he be the transferee?



Active, inactive or resignation?

	Medical Act, article 31		Medical records		CPD	CMQ Member
	Evaluation Diagnosis Documentation	Prescribe medications or treatment	Maintain medical records as an "archivist"	Transfer of medical records		
Active physician with liability insurance			N/A	If pertinent		
Active physician <u>without</u> liability insurance				Choice		
Inactive physician				Choice		
Resignation				Mandatory		



Scenario 3

Rules for the active physician:

- Full contribution to the College
- Liability coverage according to clinical duties
- Record keeping of actions and decisions
- Continuous professional development activities, a minimum of 25 accredited hours / year.

Since July 2016, an inactive physician cannot practice medicine according to *Medical Act, article 31.*

He is retired !



Key points

- Stay competent and pertinent
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Questions?
Thank you

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