(1) A physician whose practice includes established physician-patient relationships must:

(a) have a system in place to:
   i. review test results and consultation reports in a timely manner;
   ii. arrange any necessary follow-up care;
   iii. notify a patient of any necessary follow-up care; and
   iv. document all contacts with a patient, including failed attempts to notify a patient about follow-up care;

(b) personally provide or arrange for continuous after-hours care to be provided through an appropriate healthcare provider(s) and/or service with capacity to assess, triage, and manage care needs;

(c) ensure handover of relevant patient information to the after-hours healthcare provider(s) or service when a patient’s need for after-hours care is reasonably foreseeable;

(d) inform patients how to access the after-hours care;

(e) if using a recorded message to direct patients to a healthcare provider or service including an emergency room or after-hours medical clinic, have a written agreement with the identified healthcare provider or service; and

(f) notwithstanding subsection (1)(e), immediately refer a patient with an emergent or life-threatening condition to an appropriate emergency service if unable to render care.

(2) A physician must have arrangements in place for receiving and responding to critical diagnostic test results reported by a laboratory or imaging facility after regular working hours or in the physician’s absence, which include:

(a) clearly identifying on the test ordering documents and informing the patient when the results are of an urgent nature; and

(b) ensuring the laboratory or imaging facility is able to reach a physician or a physician’s designate, either by:
   i. participating in a call rota available to the laboratory or imaging facility that identifies who to contact in the physician’s absence and their direct contact information; or
   ii. providing direct contact information to the laboratory or imaging facility for the physician or the physician’s designate.

Terms used in the Standards of Practice:
- **Physician** means any person who is registered or who is required to be registered under the Medical Profession Act.
- **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.
(3) A physician whose practice includes ongoing care relationships with patients who is going to be unavailable for an extended period(s) of time must:

(a) enter into an agreement with an appropriate healthcare provider(s) and/or service to provide ongoing care during periods of unavailability and ensure handover at the start and conclusion of the coverage, including management of:

i. outstanding tests and test results;

ii. outstanding referrals and consultation reports; and

iii. any follow-up care required as a result of the above;

(b) provide proof of this agreement to the Council on request; and

(c) inform a patient of ongoing care arrangements, where a patient would have a reasonable expectation of being informed.

In an established physician-patient relationship, both the physician and patient have a reasonable expectation the care provided will extend beyond a single encounter. These relationships include but are not limited to:

(a) longitudinal relationships, based on the identification of a regular attending physician or clinic; and

(b) sessional relationships for a defined period of time, based on a presenting concern(s), referred consultation or identified medical condition.

Terms used in the Standards of Practice:

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- **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.