



Continuity of Access to Care

Standards of Practice of the Yukon Medical Council (“the Council”) are the minimum standards of professional behavior and ethical conduct expected of all physicians registered in the Yukon. Standards of Practice will be referenced in the management of complaints and in discipline hearings.

- (1) A physician whose practice includes established physician-patient relationshipsⁱ **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.

ⁱIn 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 .

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