Walk-in Clinics – Standard of Care

Preamble

This document is a standard of the Board of the College of Physicians and Surgeons of British Columbia. It must be read and reviewed in conjunction with the College’s standard entitled, Primary Care Multi-physician Clinics.

Changes in physicians’ practice formats have given rise to the concept of walk-in clinics, which historically have provided episodic care rather than the more traditional longitudinal care based on booked appointments. However, the assumption that patients only attend walk-in clinics for less serious, one-off complaints is both flawed and dangerous. More and more patients are seeking all of their medical care on an episodic basis at walk-in clinics—even if the physician they see differs with each visit.

This shifting reality has been the subject of much discussion about the type of service, standard of practice, and level of care provided to patients at clinics where an appointment is not required.

The following describes the College’s position on the expected standard of care provided by physicians practising in primary care clinics in British Columbia, whether by a booked appointment or on a walk-in basis. It is supported by guiding ethical principles.

College’s Position

The thoroughness of care provided, and the quality of care expected from physicians is not defined by a chosen mode or site of practice. The following principles must be adhered to regardless of whether a physician is treating a patient based on an existing patient-physician relationship or at a walk-in clinic.

1. The standard and quality of care physicians are expected to provide must not vary with their chosen mode or site of practice. A thorough evaluation of a patient’s presenting complaints and needs is required in any and all practice settings. In fact, an episodic, one-time assessment must be as comprehensive, if not more so than a situation where the patient is well known to the treating physician. At minimum, a full and complete assessment includes a description of the chief complaint, past history, allergies, a record of medications, family history, an appropriate focused examination, a diagnosis, and a treatment plan. In situations where the patient cannot be properly evaluated, he/she must be so advised, and specific referrals must be made to an alternate individual or facility—urgently where necessary.
2. Patients attending walk-in clinics must be asked whether or not they have a primary care physician. If they do, the primary care physician, with the patient’s consent, must be informed that his/her patient has attended the clinic, and with the patient’s consent, a copy or summary of the patient-physician interaction, including copies of ordered tests, must be provided. Not only is this a professional courtesy, it is also essential for ensuring patient care continuity.

3. Each patient chart should clarify whether the patient has a regular attending family physician outside the clinic. Each patient who does not identify a regular attending family physician, and who attends the same clinic on three or more occasions is assumed to be receiving longitudinal care from the clinic. Each of these orphan patients must be offered the opportunity to become a regular clinic patient and be assigned to an acceptable most responsible physician (MRP) if the patient requests this option. The medical director of the clinic is responsible for ensuring that this practice occurs, and for ensuring that an MRP is assigned to patients who choose to become regular clinic patients and who request an MRP. In such circumstances, a longitudinal patient medical record must be created detailing all patient-physician interactions so that the treating physician, and other physicians working at the same clinic, may access and benefit from the information documented in the record.

4. The MRP must accept responsibility for chronic disease management (e.g. diabetes, hypertension, or depression), for health maintenance (e.g. cardiovascular risk assessment, Pap smear, or mammography), and for other aspects of care generally included in traditional primary practice. Encouraging patients to obtain the majority of their care for chronic conditions such as diabetes, asthma or hypertension from one physician will promote a proactive strategy for chronic disease management.

5. Personal after-hour availability, or the creation of call groups and other mechanisms to assure patients have access to care, applies to all physicians regardless of their mode of practice. Walk-in clinics are not exempt from this requirement. Arrangements must be bilateral, where the identified physician or facility has agreed to assume responsibility for after-hours backup. It is not appropriate for clinic owners, directors, and physicians to rely on a recorded message stating that the clinic is closed without providing options for alternate or emergency care from those who have agreed to provide such care.

6. The follow-up of test results and treatment is the responsibility of the ordering or treating physician, unless other physicians involved in the patient’s care have been informed and have explicitly agreed to assume this responsibility. Any forms or documentation requirements are similarly the obligation of the treating physician. Unilateral referrals of test results and any necessary actions or treatments to the regular physician, if one exists, are not considered appropriate.

7. It is best practice for physicians to use PharmaNet, particularly when dealing with patients who require prescriptions for controlled substances. PharmaNet is mandatory for physicians working in transient care settings or methadone maintenance programs. Patient consent is necessary to access a PharmaNet profile.
Guiding Ethical Principles

CMA Code of Ethics

Responsibilities to the Patient

19. Having accepted professional responsibility for a patient, continue to provide services until they are no longer required or wanted; until another suitable physician has assumed responsibility for the patient; or until the patient has been given reasonable notice that you intend to terminate the relationship.

See also Primary Care Multi-physician Clinics and Questions and Answers

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