After-hours coverage

National survey of policies and guidelines for primary care physicians

Risa Bordman, MD, CCFP, FCFP **David Wheler,** MD, CCFP **Neil Drummond,** PHD
David White, MD, CCFP, FCFP **Eric Crighton,** MA
On behalf of the North Toronto Primary Care Research Network (Nortren)

ABSTRACT

OBJECTIVE To determine the prevalence and content of existing or developing policies and guidelines of medical associations and colleges regarding after-hours care by family physicians and general practitioners, especially legal requirements.

DESIGN Telephone survey in fall 2002, updated in fall 2004.

SETTING Canada.

PARTICIPANTS All national and provincial medical associations, Colleges of Family Physicians, Colleges of Physicians and Surgeons, local government offices for the north, and the Canadian Medical Protective Association (CMPA).

MAIN OUTCOME MEASURE Response to the question: "Does your agency have a policy in place regarding after-hours health care coverage by FPs/GPs, or are there active discussions regarding such a policy?"

RESULTS The College of Physicians and Surgeons of British Columbia was the first to institute a policy, in 1995, requiring physicians to make "specific arrangements" for after-hours care of their patients. The College of Physicians and Surgeons of Alberta adopted a similar policy in 1996 along with a guideline to aid implementation. In 2002, the College of Physicians and Surgeons of Nova Scotia approved a guideline on the *Availability of Physicians After Hours.* The Saskatchewan Medical Association and the College of Physicians and Surgeons of Saskatchewan formulated a joint policy on medical practice coverage that was released in 2003. Many agencies actively discussed the topic. Provincial and national Colleges of Family Physicians did not have any policies in place. The CMPA does not generate guidelines but released in an information letter in May 2000 a section entitled "Reducing your risk when you're not available."

CONCLUSION There is increasing interest Canada-wide in setting policy for after-hours care. While provincial Colleges of Physicians and Surgeons have traditionally led the way, a trend toward more collaboration between associations was identified. The effect of policy implementation on physicians' coverage of patients is unclear.

EDITOR'S KEY POINTS

- This survey describes official policies or guidelines for after-hours care provided by family physicians and general practitioners reported by the Canadian Medical Association (CMA), its provincial associations, branches of the College of Family Physicians of Canada, provincial Colleges of Physicians and Surgeons, and the Canadian Medical Protective Association (CMPA).
- Only the Colleges of Physicians and Surgeons of British Columbia, Alberta, and Saskatchewan have policies. Nova Scotia has a guideline; the Newfoundland Medical Board has a guideline pending.
- The CMPA recommends explaining practice arrangements for after-hours coverage to patients. The CMA addresses workload and lifestyle when it recommends 1 in 5 days or weekends on call.
- Despite the few policies currently available, there appears to be a growing interest in this area as part of primary care reform. Collaboration between medical organizations is also increasing. Expect more policies in the near future.

This article has been peer reviewed.
Full text available in English at **www.cfpc.ca/cfp**
Can Fam Physician 2005;51:536-537.

Interest and concern regarding provision of after-hours care by family physicians and general practitioners in Canada have grown recently as ministries of health at both provincial and federal levels examine how primary health care is delivered. This attention is manifest in proposals for primary care reform that require 24-hour, 7-day-a-week coverage of patients. In addition, creation and funding of Telehealth services by several provinces demonstrate governments' willingness to support extended hours of health coverage.

Primary care practitioners have traditionally included some arrangement for care of their patients outside usual office hours. This concept is implicit in the four principles of family medicine promoted by the College of Family Physicians of Canada (CFPC). These principles include statements that the family physician "provides continuing care" and "organizes the practice to ensure that patients' health is maintained whether or not they are visiting the office."[1] This study was conducted to determine the current regulatory environment in Canada regarding after-hours care.

Medical associations in several other countries have set standards for after-hours care. In Australia, The Royal Australian College of General Practitioners requires general practices "to ensure reasonable arrangements for 24-hour medical care for practice patients."[2] The New Zealand Medical Association expects general practice physicians to assist the public health office in providing access to primary care outside weekday business hours.[3]

The British Medical Association has required physicians who are off duty to ensure that "suitable arrangements are made for patients' medical care."[4] The 2004 contract between general practitioners and the British government, negotiated by the British Medical Association, however, now allows physicians to opt out of after-hours care.[5]

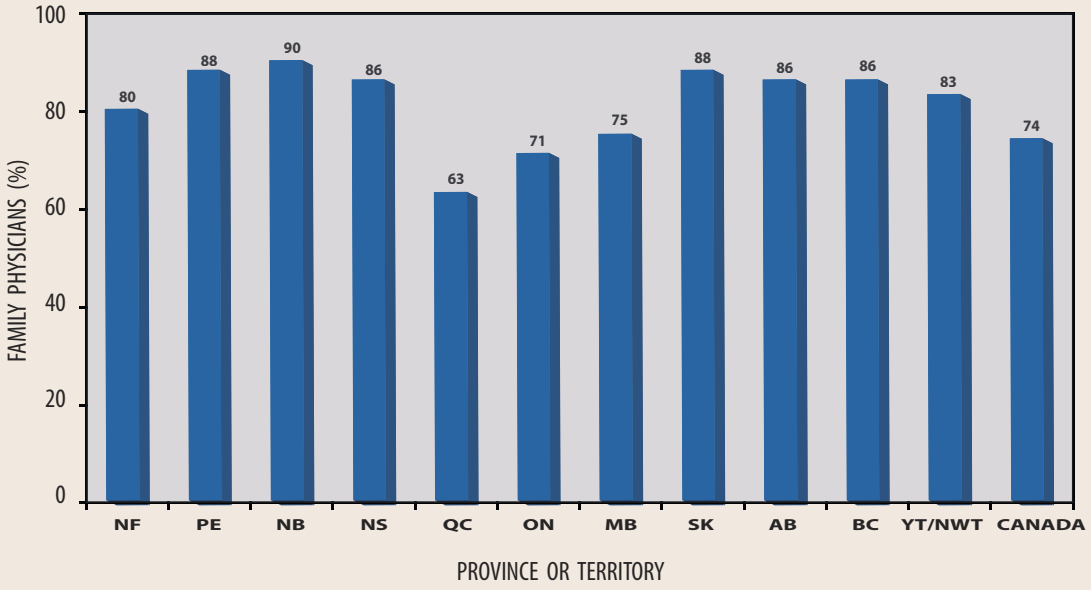
A literature review looking at after-hours care revealed few Canadian studies. Patel et al[6] compared after-hours care of children by family physicians and by pediatricians in four Canadian cities in 1994. Their findings suggest considerable regional variation in after-hours availability. While there is little Canadian information on after-hours care, there is more on on-call duty. The CFPC's 2001 National Family Physician Workforce Survey elicited responses from 14 319 family physicians and general practitioners from across Canada. Preliminary findings from the self-reported survey[7] suggest on-call duties also vary greatly by region (**Figure 1**).

In the National Family Physician Workforce Survey, on-call duty is defined as "time outside of regularly scheduled clinical activity during which you are available to patients."[8] "After-hours care" and "on-call duty" can differ in the Canadian medical environment. After-hours care in the context of family practice is defined as providing care to *all practice patients* outside normal office hours. While after-hours care is often provided using an on-call system, being on call can also refer to coverage of only certain patients, such as hospital inpatients, obstetric cases, and patients in long-term care. On-call duty could also be viewed as being required to be available to provide care, from the perspective of physicians, whereas after-hours care is the ability to access care outside usual office hours, from the point of view of patients.

To understand regional differences in after-hours care properly, we must first determine whether requirements for such care differ throughout Canada. We conducted a national survey of medical associations known to set policies, write guidelines, or give guidance in the area of policy

Dr Bordman *is Professional Development Director and Dr Wheler is Undergraduate Family Medicine Program Director at the Scarborough Hospital in Ontario.*
Dr Bordman *is an Assistant Professor,* **Dr Wheler** *is a Lecturer, and* **Dr White** *is an Associate Professor in the Department of Family and Community Medicine at the University of Toronto in Ontario.* **Dr Drummond** *is an Associate Professor in the Departments of Family Medicine and Community Health Sciences at the University of Calgary in Alberta.* **Dr White** *is Chief of Family and Community Medicine at the North York General Hospital in Ontario.* **Mr Crighton** *is a Research Associate in the Primary Care Research Unit of the Department of Family and Community Medicine at Sunnybrook and Women's College Health Sciences Centre in Toronto.*

Figure 1. Percentage of family physicians who provide on-call service, by province or territory



Data from the College of Family Physicians of Canada 2001 National Family Physician Workforce Survey.[7]

development, in order to identify the current legal obligations of Canadian family physicians and general practitioners to provide after-hours care. We also contacted the Canadian Medical Protective Association (CMPA), which does not set policy, but provides legal advice.

METHOD

The original survey was conducted from October to December 2002; it was updated from July to September 2004. The Canadian Medical Association (CMA), the CFPC, the CMPA, the provincial chapters of the CMA and the CFPC, every provincial College of Physicians and Surgeons, and local government offices in the territories were contacted by telephone by a single research assistant using each organization's main telephone number. The interviewer asked to speak to the appropriate member of the organization who could answer the question, "Does your agency have a policy in place regarding after-hours health care coverage by family physicians or general practitioners, or are there active discussions regarding such a policy?" The suitable director; registrar; communications, information, or public affairs officer; administrator; or administrative assistant, once identified, was asked the question, and responses were noted. A follow-up e-mail message was sent to the interviewee to confirm the content of the telephone conversation. Organizations that had policies, guidelines, or draft documents were asked to send copies.

RESULTS

Responses to the telephone survey are shown in **Table 1**. Overall, 36 of 38 agencies provided interviews, representing a response rate of 95%. We were unable to contact the Northwest Territories Medical Association or the Yukon Medical Association after numerous attempts. No organization asked for a further definition of after-hours care. Three relevant policies (one policy was from two organizations) were reported to be in place. One guideline was released on December 13, 2002, which offered "suggestions" for after-hours care. One agency was in the process of releasing its statement on after-hours care and is listed as "pending." Several medical associations noted that they were in active discussions about after-hours care.

Table 1. Policies or guidelines for after-hours care by family physicians and general practitioners

NAME OF INSTITUTION	CONTACT	POLICY OR GUIDELINE
Canadian Medical Association	Information Services	No*
British Columbia Medical Association	Policy Assistant	No
Alberta Medical Association	Assistant Executive Director of Health Policies and Economics	No
Saskatchewan Medical Association	Communications Consultant	Policy
Manitoba Medical Association	Compensation Analyst	No
Ontario Medical Association	Senior Administrative Assistant	No
Association Médicale du Québec	Executive Director	No
Fédération des médecins omnipraticiens du Québec	Communications Director	No
New Brunswick Medical Society	Economics Coordinator	No
Medical Society of Nova Scotia	Policy Analyst	No
Medical Society of Prince Edward Island	Director of Economics and Corporate Affairs	No
Newfoundland & Labrador Medical Association	Assistant Health Policy and Economics	No
College of Family Physicians of Canada (CFPC)	Director of Health Policy and Communications	No
British Columbia College of Family Physicians	Chapter Administrator	No
Alberta College of Family Physicians	Executive Director	No
Saskatchewan College of Family Physicians	Administrator	No
Manitoba College of Family Physicians	Administrator	No
Ontario College of Family Physicians	Executive Director	No
Collège québécois des médecins de famille	Administrative Director	No
New Brunswick College of Family Physicians	President	No
Nova Scotia College of Family Physicians	Administrator	No
CFPC Prince Edward Island Chapter	Chapter Secretary	No
CFPC Newfoundland and Labrador Chapter	Administrative Assistant	No
College of Physicians and Surgeons of British Columbia	Deputy Registrar	Policy
College of Physicians and Surgeons of Alberta	Communications Officer	Policy
College of Physicians and Surgeons of Saskatchewan	Associate Registrar	Policy
College of Physicians and Surgeons of Manitoba	Practice Guideline Coordinator	No
College of Physicians and Surgeons of Ontario	Policy Analyst	No
Collège des Médecins du Québec	Officer of Public Affairs and Communications	No
College of Physicians and Surgeons of New Brunswick	Registrar	No
College of Physicians and Surgeons of Nova Scotia	Communications Officer	Guideline
College of Physicians and Surgeons of PEI	Registrar	No
Newfoundland Medical Board	Registrar	Pending†
Northwest Territories Department of Health and Social Services	Registrar	No
Nunavut Department of Health and Social Services	Coordinator	No
Yukon Department of Community Services	Registrar of Medical Services	No

**No—policy relates to on-call duty.*
†Pending—draft paper at approval stage.

Canadian Medical Protective Association

While the CMPA does not generate clinical guidelines, its advice influences policy development and vice versa. In the May 2000 *Information Letter*, the CMPA addressed the issue of after-hours care in a section entitled "Reducing your risk when you're not available." The advice in this publication is oriented to communities where physician resources are scarce. It recommends explaining "to your patients, in advance, the parameters of your practice, including the availability of off-hours coverage, and from whom a patient should seek help in your absence."[9]

Canadian Medical Association and branches

The CMA cited their *Charter for Physicians*[10] and two policy papers (*Physician Compensation Update 2001*[11] and *Rural and Remote Practice Issues*[12]) as their policy documents regarding after-hours care. These policy papers address the issue from a quality-of-life perspective, discussing the need for a reasonable workload for physicians. The Charter recommends limiting call to 1 night in 5, or weekends. Neither document specifically mentions after-hours care.

The Saskatchewan Medical Association had collaborated with the College of Physicians and Surgeons of Saskatchewan to formulate a joint statement, "Medical Practice Coverage" (**Table 2**[13]). The policy and companion paper were adopted in March 2003. It states that physicians "have an obligation to arrange for 24-hour coverage of patients currently under their care." The Fédération des médecins omnipracticiens du Québec was addressing this area by negotiating financial incentives for care outside office hours. The Newfoundland and Labrador Medical Association stated that they were discussing the topic of after-hours care, and its financial aspect would be part of the association's arbitration discussions with government. The Alberta Medical Association considered after-hours coverage to be addressed by the Primary Care Initiative to which it had agreed, and the Medical Society of Nova Scotia had negotiated on-call funding in hospitals.

Table 2. Policy for medical practice coverage of the College of Physicians and Surgeons of Saskatchewan and the Saskatchewan Medical Association

• All physicians involved in direct patient care have an obligation to arrange for 24-hour coverage of patients currently under their care
• We recognize the impossibility for any physician to be available continuously. Where numbers permit (four or more), physicians are encouraged to form call groups with physicians of similar interest and training to share responsibility for after-hours and weekend coverage
• Physicians who transfer coverage of patients in their practice to another physician should have the covering physician's agreement beforehand
• If it is impossible or impractical to arrange alternative coverage with another physician or group, physicians may make mutually acceptable arrangements with a regional health authority, one or more hospital emergency departments, or physician emergency clinics to cover patients' after-hours needs. These arrangements should include, wherever feasible, a way for covering physicians to contact someone from the absent physician's call group when necessary
• Physicians who sign over coverage to a hospital or clinic emergency department should be prepared, if requested, to participate in the on-call roster, provided the covering physician has the required training or experience
• Information should be made available to patients providing clear directions as to when, where, and how they can seek physician care when their own physician is unavailable

Data from the College of Physicians and Surgeons of Saskatchewan.[13]

College of Family Physicians of Canada and provincial Chapters

As noted above, the four principles of the CFPC allude to "continuing care," but neither the CFPC nor any of its provincial Chapters had a specific policy or guideline for after-hours care. The CFPC discusses family practice networks in its position paper, *Primary Care and Family Medicine in Canada: A Prescription for Renewal*.[14] These networks are described as providing coverage of patients 24 hours a day, 7 days a week. Several provincial Chapters of the College also indicated that they were working on a family practice network model. The Nova Scotia College of Family Physicians stated that they had been actively involved with the College of Physicians and Surgeons of Nova Scotia in guideline development.

Colleges of Physicians and Surgeons

Of the 10 provincial Colleges of Physicians and Surgeons, four had developed guidelines or requirements relating to after-hours care. The Colleges of Physicians and Surgeons of British Columbia[15] and Alberta[16] have clear policies regarding after-hours care, while the Nova Scotia College has developed a guideline.[17] The Saskatchewan College had released their policy statement together with the Saskatchewan Medical Association as stated above. The Newfoundland Medical Board had developed a guideline, but it was not ready for general release.

In June 1995, the College of Physicians and Surgeons of British Columbia was the first medical body to institute a policy statement[15] requiring physicians to make specific arrangements for after-hours care of their patients (**Table 3**). In November 1996, the College of Physicians and Surgeons of Alberta adopted a similar policy[16] (**Table 4**), along with a guideline to aid physicians with implementation.

The College of Physicians and Surgeons of Nova Scotia approved *Guidelines on the availability of physicians after hours*[17] in 2002 for care "outside of normal working hours, when the severity and acuity of a patient's medical condition warrants" it. The guideline offers several suggestions for providing urgent care to patients without compromising patient safety or physician health.

Table 3. Statement on practice coverage from the 1995 College of Physicians and Surgeons of British Columbia Policy Manual

The problem of some physicians' failure to arrange after-hours, weekend, and holiday coverage for patients is ongoing. The following policy was adopted by the College of Physicians and Surgeons of British Columbia:

> An ethical physician will ensure continuity of and availability of medical care for his/her patients. When unavailable, the physician will make a specific arrangement with another physician or group for care of his/her patients. Physicians with whom these specific arrangements have been made will accept responsibility for the care of these patients.

Significant in this policy are the words "specific arrangements." It is insufficient for physicians, their offices, or their answering services to simply direct patients to the nearest emergency department or after-hours clinic unless they have made prior arrangements with the physician(s) working in such facilities and where those physicians have indicated their willingness and availability to provide that service.

Data from the College of Physicians and Surgeons of British Columbia.[15]

Table 4. College of Physicians and Surgeons of Alberta's policy for after-hours availability of physicians

The Council's policy has been for some time:

> Physicians, when unavailable, will make a specific arrangement with another physician or group for the care of their patients.

It is not adequate for physicians simply to direct patients to the nearest emergency department, unless they have made prior arrangements with the physician working in that emergency department to take care of their patients.

Data from the College of Physicians and Surgeons of Alberta.[16]

Northern Canada

It was difficult to locate local medical organizations for the Yukon, Northwest, and Nunavut Territories. In the North, the regional government office (which is responsible for licensing physicians) was contacted. No policies or guidelines were reported for the North.

DISCUSSION

Requirements for after-hours coverage by physicians vary by province, ranging from specific policy papers to no recommendations at all. The study by Patel et al[6] was conducted in provinces where no policies existed, and yet it found that many physicians (range 28% to 87%) were providing after-hours care. The limited data quantifying provision of after-hours care by primary care practitioners throughout Canada make it difficult to determine the relationship between policy statements and practice coverage.

While the most notable finding from our survey was the lack of policies or guidelines from most organizations contacted, many agencies demonstrated definite interest in exploring the issue. After the first policy papers were released in British Columbia and Alberta, 6 years went by with no new developments in the area. Now the topic is actively being discussed in many organizations, and new policies and guidelines are being devised and released. In contrast, the United Kingdom (which has a long history of providing after-hours care)

no longer considers provision of this service the responsibility of individual physicians.

The provincial Colleges of Physicians and Surgeons have historically released policies and guidelines regarding after-hours care. In our discussions a movement toward collaboration between associations has emerged. Several provincial Chapters of the CFPC and provincial medical associations have been assisting their respective Colleges with policy development. This trend could facilitate acceptance of guidelines.

This survey was intended as a rapid assessment of current policies and guidelines for provision of after-hours care by family doctors in Canada. In the interest of obtaining useful data quickly, we chose to contact organizations by telephone, asking for the call to be directed to the person best qualified to provide an accurate response to our question. While this could have introduced an element of sampling bias, in our judgment it was a better tactic for obtaining timely data on accessible policies than a standardized written letter. It is possible that lesser known policies and guidelines were missed, as the accuracy of the data depended upon the knowledge of respondents.

CONCLUSION

While only a few medical agencies have policies or guidelines on after-hours care, our survey notes two important trends in Canada. The first is a considerable increase in interest in the topic Canada-wide, and the second is more collaboration among medical bodies with respect to policy development. As governments, society, and the medical profession continue to explore the issue of primary care reform, more and more medical associations are moving toward making specific recommendations for after-hours care.

Acknowledgment

We thank Mary Young and Monica Bovett for the assistance they provided. We also thank the members of the North Toronto Primary Care Research Network (Nortren) for their support. Funding for the project was provided in part by a research grant from Physicians' Services Incorporated Foundation.

Contributors

Dr Bordman, *as principal investigator, designed the study, oversaw data collection, analyzed and interpreted the data, cowrote the first draft, and helped to revise the article.* **Dr Wheler** *assisted in study design, analyzed data, cowrote the first draft, and helped to revise the article.* **Dr Drummond, Dr White,** *and* **Mr Crighton** *contributed substantially to concept and design of the study and critically revised the initial article. All authors approved the final version to be published.*

Competing interests

None declared

Correspondence to: **Dr Risa Bordman,** *2622 Eglinton Ave E, Scarborough, ON M1K 2S3; fax (416) 267-1852; e-mail* **rbordman@rogers.com**

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