

# ACCEPTING NEW PATIENTS

Policies of the College of Physicians and Surgeons of Ontario (“CPSO”) set out expectations for the professional conduct of physicians practising in Ontario. Together with [Essentials of Medical Professionalism](#) and relevant legislation and case law, they will be used by CPSO and its Committees when considering physician practice or conduct.

Within policies, the terms ‘must’ and ‘advised’ are used to articulate CPSO’s expectations. When ‘advised’ is used, it indicates that physicians can use reasonable discretion when applying this expectation to practice.

Additional information, general advice, and/or best practices can be found in companion resources, such as *Advice to the Profession* documents.

## Definitions

**Discrimination:** An act, communication, or decision that results in the unfair treatment of an individual or group, for example, by excluding them, imposing a burden on them, or denying them a right, privilege, benefit, or opportunity enjoyed by others. Discrimination may be direct and intentional; it may also be indirect and unintentional, where rules, practices, or procedures appear neutral but have the impact of disadvantaging certain groups of people.

**Good Faith:** A legal term that means an intention to act in a manner that is honest and decent. The term may be characterized as a sincere intention to deal fairly with others.

**High or Complex Care Needs:** High or complex care needs include, but are not limited to, conditions or needs requiring urgent care; chronic conditions or comorbidities, particularly those that are unmanaged; activity-limiting disabilities; and/or mental illnesses. Social determinants of health may also contribute to patients’ high or complex care needs.

**Introductory Meetings:** Meetings used by physicians to share information about the practice, disclose information about their scope of practice and/or focused practice area, inform the patient of any criteria they have for accepting new patients, and/or determine in collaboration with the patient whether there is a good foundation for an effective therapeutic relationship. Introductory meetings are not typically used to provide medical care.

## Policy

1. Physicians are permitted to decide:

- a. Whether their practice is accepting new patients;<sup>1</sup> and
- b. Which patients to accept into their practice.

These decisions **must** be made in good faith and in accordance with this policy.

2. Physicians must not discriminate against patients based on any protected grounds under the *Ontario Human Rights Code* when determining whether to accept them into their practice.<sup>2</sup>

<sup>1</sup> The expectations set out in this policy apply broadly to all physicians, including family physicians and specialists, and to those acting on their behalf. For instance, physicians may rely upon clinical managers and/or office staff to accept new patients on their behalf. Organizations may also act as a physician’s representative in this context.

<sup>2</sup> The [Ontario Human Rights Code \(“Code”\)](#) prohibits actions that discriminate against people based on protected grounds in protected social areas (including goods, services, and facilities, such as hospitals and health services). The protected

- 34 **3.** Physicians **must not** refuse to accept a patient solely on the basis that the patient has:
- 35 a. Complex or chronic health-care needs, unless those needs are beyond the physician’s clinical  
36 competence, scope of practice, and/or focused practice area;
- 37 b. A history of prescribed opioids and/or psychotropic medication;<sup>3</sup>
- 38 c. Needs that require additional time to manage;
- 39 d. A physical or mental health condition or disability<sup>4</sup> that may require the physician to prepare and  
40 provide additional documentation or reports; or
- 41 e. Beliefs or ideologies which do not align with the physician’s own and which may impact the  
42 patient’s therapeutic choices.
- 43 **4.** Physicians are permitted to establish criteria for accepting new patients. These criteria **must**:
- 44 a. Be directly relevant to the physician’s clinical competence, scope of practice, and/or focused  
45 practice area;<sup>5</sup>
- 46 b. Comply with the terms and conditions of the physician’s practice certificate and associated practice  
47 restrictions, if applicable;
- 48 c. Be fair and promote equitable access to health-care services;
- 49 d. Be clearly communicated to any prospective patient seeking care; and
- 50 e. Be shared with CPSO, on request.
- 51 **5.** Where a physician refuses to accept a patient, the physician **must**:
- 52 a. Do so in good faith;
- 53 b. Clearly communicate the reasons for the refusal to the patient (or referring provider, as needed);  
54 and
- 55 c. Document the reasons for the refusal.
- 56 **6.** Given the broad scope of practice of primary care physicians, there are few occasions where scope of  
57 practice would be an appropriate ground to refuse a prospective patient. Once accepted into a primary care  
58 practice, should elements of the patient’s health-care needs be outside of the physician’s clinical  
59 competence and/or scope of practice, the physician **must not** abandon the patient.
- 60 a. Physicians **must** make a referral to another appropriate health-care provider for those elements of  
61 care that they are unable to manage directly.
- 62 **7.** Physicians are permitted to prioritize access to care for patients with high or complex care needs and  
63 those belonging to priority populations. Physicians **must** use their professional judgment to determine  
64 whether prioritizing or triaging patients is appropriate, taking into account the patient’s health-care needs  
65 and any known social factors that may influence the patient’s health outcomes.

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grounds include age; ancestry, colour, race; citizenship; ethnic origin; place of origin; creed; disability; family status; marital status; gender identity; gender expression; receipt of public assistance; record of offences; sex; and sexual orientation. For more information see CPSO’s [Human Rights in the Provision of Health Services](#) policy.

<sup>3</sup> Physicians are advised to consult CPSO’s [Prescribing Drugs](#) policy for further information on blanket ‘no narcotics’ prescribing policies.

<sup>4</sup> Physicians should be aware that under the *Code*, the term ‘disability’ is interpreted broadly and covers a range of conditions. ‘Disability’ encompasses physical, mental and learning disabilities, mental disorders, hearing or vision disabilities, epilepsy, drug and alcohol dependencies, environmental sensitivities, and other conditions. The *Code* protects individuals from discrimination because of past, present and perceived disabilities.

<sup>5</sup> Physicians with a ‘focused practice area’ may include those with a commitment to one or more specific clinical practice areas, such as geriatrics, psychotherapy or adolescent health, or who serve a defined target population.

- 66 8. Physicians are permitted to prioritize the family members of current patients but **must** use their  
67 professional judgment to determine whether accepting family members is appropriate (e.g., it would  
68 reasonably assist in the provision of quality care).<sup>6</sup>
- 69 9. Physicians are permitted to use introductory meetings to meet with prospective patients and to determine  
70 the patients' needs but **must not** use introductory meetings or questionnaires to unfairly screen prospective  
71 patients.<sup>7</sup>
- 72 10. Physicians who use introductory meetings **must** inform patients of the purpose of the meeting, for  
73 example, that:
- 74 a. An introductory meeting is not typically used to provide medical care;<sup>8</sup> and  
75 b. Offering a patient an introductory meeting does not mean that the patient has been accepted as a  
76 patient.
- 77 11. Physicians who use introductory meetings **must** inform patients in a timely manner whether they have or  
78 have not been accepted into the practice.

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<sup>6</sup> While the policy permits physicians to prioritize family members of current patients, physicians are not required to do so. It may be inappropriate for physicians practising in certain specialties (e.g., psychiatry) to accept family members of current patients into their practice.

<sup>7</sup> Medical questionnaires include those administered in person or virtually by physicians or those acting on their behalf.

<sup>8</sup> Once a physician provides any medical service or care to a patient, a physician-patient relationship will have been established. In these cases, patients may reasonably assume that they have been accepted into the physician's practice.