Title: Most Responsible Physician (MRP) Policy		☒ Policy ☐ Policy & Procedure ☐ Procedure Only ☐ Protocol Only
Policy Type:		**Category**
Medical		Patient Care & Ethics
Approval Authority: Medical Advisory Committee		
Date of Original Issue: May 26, 2015	Revised Date: February 11, 2025	Next Review Date: February 11, 2028
Distribution: ☒ Hospital-Wide		
Related Policies: (Add the names of any related policies)		
Keywords: Most Responsible Physician; MRP; Consultant; Admissions; Transfer of Care;		
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Policy Statement: The Most Responsible Physician (MRP) Policy ensures that every patient admitted to Sault Area Hospital (SAH) is assigned a primary physician (or midwife as appropriate) responsible for overseeing and coordinating their care throughout the hospitalization. The MRP is accountable for making medical decisions, directing the care team, and ensuring continuous, high-quality patient care. This policy emphasizes clear communication, collaboration with the healthcare team, and adherence to hospital protocols, ultimately aiming to improve patient outcomes and maintain accountability in clinical care.

Purpose: The MRP policy has been developed so as to provide guidance to determine the designation of "MRP" status to the most appropriate service that best meet the needs of patients admitted for acute issues through reinforcing expectations of communication between practitioners at SAH.

Policy:

The process for determining most appropriate MRP service designation follows the following general principles:

1. We are at our best when we collaborate and communicate openly with each other.
2. Each physician has the prerogative and obligation to seek consultation from colleagues if they feel their knowledge and skills may not appropriately meet a patient's needs for diagnosis and therapy.
3. On-call Consultants have the obligation to help their colleagues in a timely manner, as determined by specific circumstances, by responding to requests for consultation for the purpose of determining the most appropriate care plan for patients when called upon.

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Process:
Current MRP (for ED patients, ED physician. For admitted patients, current attending physician) may request, based on their best evaluation, a consultation from an On-call consultant for assessment either for a supportive role and/or to request transfer of MRP designation to that Consultant if they feel the needs of the patient would be better served by that Consultant/Service.

The Consultant is obligated to provide a consultation evaluation for that patient if requested. If they feel they lack the required knowledge, skills, or service supports to provide an effective consultation, the On-call consultant will clearly communicate these concerns to the current MRP. If the current MRP still requests a consultation, they On-call Consultant is obligated to provide that assistance to their colleague. They may, however, choose to clearly document in their Consultation note their concerns.

If the Consultant, in collaboration with the current MRP, agrees to assume care, the MRP status will be transferred at a mutually agreed upon date and time.

If the Consultant determines after evaluation that the acute care needs of the patient are more appropriate with another Service, it is expected that they will collaborate with the current MRP to determine the most suitable course including engagement with other On-call Consultants as appropriate.

If there is dispute as to how to proceed in developing a care plan and associated MRP status for a given patient's needs, each physician can escalate to their Chief of Department or designate (as available) for resolution.

If the Chiefs of Department come to an agreement as to MRP designation, the involved physicians will abide by this decision.

If the Chiefs of Departments cannot come to an agreement as to how to proceed, this will be escalated to Chief of Staff. The Chiefs of Department will abide by the decision of the Chief of Staff and inform their involved Department member(s) of that decision.

Supportive Data / Definitions:

Terminology: Definition	**Terminology:** Definition
Terminology: Definition	**Terminology:** Definition

References:

Revision History:

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Date:	Signing Authority: Name / Title
Month, Day, Year	Name, Title
May 26, 2015	Medical Advisory Committee
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