Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice

Introduction

Physicians may wish to change their scope of practice (e.g. if they become interested in a different area of medicine or if their personal circumstances change), and/or may be absent from practice for a period of time for a variety of reasons (e.g. going on an extended parental leave, taking a sabbatical, or taking on a teaching role).

Physicians are responsible for maintaining the medical knowledge and clinical skills necessary to provide the highest possible quality of care to patients. When a physician notifies the College of his or her intention to change his or her scope of practice or to re-enter practice, the College oversees the process that must be undertaken by the physician in order to ensure that he or she is competent to resume practice or to practice within a new scope.

This policy sets out the expectations related to reporting and maintaining competence with respect to changing scope and/or re-entering practice and outlines the applicable College processes related to ensuring competence.

Principles

The key values of professionalism articulated in the College’s Practice Guide – compassion, service, altruism and trustworthiness – form the basis of the expectations set out in this policy. Physicians embody these values and uphold the reputation of the profession by:

1. Acting in the best interests of their patients by ensuring that they have acquired the necessary training and knowledge prior to changing their scope of practice and/or re-entering practice.

2. Demonstrating continued professional competence, by meeting the standard of care and acting in accordance with all relevant and applicable professional obligations.

3. Being committed to lifelong learning and maintaining the medical knowledge and skills necessary to provide the highest possible quality of care to patients.

4. Upholding professionalism and trust and protecting patient safety by only practising in the areas in which they are both educated and experienced.
5. Participating in self-regulation of the medical profession by complying with the expectations set out in this policy.

**Purpose and Scope**

This policy articulates expectations to ensure that when physicians propose to significantly change their scope of practice and/or to re-enter practice they have the competence necessary to practise safely.

This policy applies to physicians who wish to change their scope of practice or to re-enter practice after an extended absence from practice, even if they have continuously maintained their certificate of registration during their absence. The policy also applies to physicians who would like to re-enter practice and change their scope of practice simultaneously.

This policy does not apply to physicians who intend to change their scope of practice or intend to re-enter practice in positions focused on teaching, research, or administration, where there is no assessment or treatment of patients.\(^1\),\(^2\)

**Terminology**

1. **Scope of practice:** Scope of practice is influenced by factors including:
   - education, training, and certification;
   - the patients the physician cares for\(^3\);
   - the procedures performed;
   - the treatments provided;
   - the practice environment\(^4\).

2. **Change in scope of practice:** A change in scope of practice occurs when there has been a significant change to any of the factors set out in the description of scope of practice above. When referring to changing scope of practice requirements in this policy, these

---

\(^1\) For those physicians changing their scope of practice or re-entering practice in positions that involve teaching, research and administrative there are separate processes for ensuring competence. For example, there are credentialing requirements in hospitals. The College requires all physicians to maintain competence regardless of type of practice.

\(^2\) Physicians who are intending to change their scope of practice to an area which involves reviewing medical records for individuals with whom the physician does not have a treating relationship for the purpose of providing third party reports (i.e. Independent Medical Examiners) are captured by this policy and must report their intention to change their scope of practice.

\(^3\) This would include populations (e.g. where a physician is practising as a Medical Officer of Health).

\(^4\) Practice environment may include colleague supports, access to resources, payment systems, geographic or health system demands.
specifically pertain to changes that are significant. For information regarding whether a change is significant, please refer to Appendix 1.

**Policy**

The College expects physicians to practise medicine competently. As such, physicians must only practise in the areas of medicine in which they are educated and experienced.⁵

Physicians may wish to change their scope of practice and/or may take a break from practising for a variety of reasons. In order to ensure that physicians are practising competently, the following expectations will apply to physicians before they change their scope of practice and/or re-enter practice:

1. Reporting to the College; and

Physicians must not practise in a new scope of practice or re-enter practice unless the College has approved their request.

**Reporting to the College**

Physicians must report to the College when they:

- wish to re-enter practice and have not been engaged in practice for a period of two consecutive years or more; and/or
- wish to change their scope of practice. This includes physicians who are making a significant change in scope of practice or who wish to return to a scope of practice in which they have not practised for two consecutive years or more, even if the physician has previously trained and had experience in this scope of practice.

Reporting can be initiated by completing the applicable application form⁶. A physician must also indicate in the Annual Renewal Survey that he or she has made this report⁷.

---

⁵ The requirement that physicians practise in the areas of medicine in which they are educated and experienced is a term, condition and limitation on a physician’s certificate of registration. The *Professional Misconduct* regulations under the *Medicine Act, 1991*, state that it is professional misconduct for a physician to contravene a term, condition or limitation on his or her certificate of registration (Section 1(1)1).

⁶ The application to request a change in scope of practice can be found [here](#). The application to request re-entry to practice can be found [here](#).

⁷ In accordance with section 51(3) of the College’s *General By-Law*. 
If physicians are uncertain about whether they are required to report a change to their scope of practice or an intention to re-enter practice, they should contact the Inquiries Section in the Applications and Credentials Department of the College for further guidance at 416-967-2600 ext. 221 or by email at inquiries@cpso.on.ca.

College Review Process

All physicians who wish to change their scope of practice and/or re-enter practice must participate in a College review process to demonstrate their competence in the area in which they intend to practise.

The College oversees the process for changing scope of practice and/or re-entering practice. The process for re-entry and change in scope of practice will be individualized for each physician but in general includes a needs assessment, training, supervision, and a final assessment.

During the College review process, consideration will be given to the physician’s specific situation including prior experience, any training the physician has undertaken, the continuing professional development the physician has engaged in, the risk of harm to patients, the length of time the physician has been away from practice, and the degree to which the discipline has advanced during the physician’s absence.

For greater detail on the requirements for changing scope of practice and/ or re-entering practice, physicians should consult Appendix 2.

---

8 This would apply in the re-entry or combined re-entry and change of scope cases.
9 This would apply in the re-entry or combined re-entry and change of scope cases.
Description of Significant Change in Scope of Practice

Scope of practice is defined in the *Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice* policy.

The policy states that scope of practice is influenced by factors, including:

- education, training, and certification;
- the patients the physician cares for; \(^1\)
- the procedures performed;
- the treatments provided;
- the practice environment. \(^2\)

The policy states that a change in scope of practice occurs when there has been a significant change to any of the factors set out in the description of scope of practice above. Physicians may have questions about whether a change in scope of practice would warrant reporting to the College (i.e. is significant) or whether the change would simply be considered an evolution of practice.

A change in scope of practice has been considered “significant” in the following circumstances:

i. A physician completely changes his or her type of practice (e.g. a surgeon wants to practise in family medicine); or

ii. A physician is adding something to his or her practice that
   a) he or she has not done before, and
   b) is not something that is considered a usual part of the discipline (e.g. a pediatrician who wants to start working in an emergency department caring for adult patients); or

iii. A physician is changing the focus of his or her practice to an area in which he or she has not been active for at least two years; or

iv. A physician wishes to practise in a place where the healthcare system is significantly different from where they had been practising previously (e.g. an urban setting versus a rural setting).

---

\(^1\) This would include populations (e.g. where a physician is practising as a Medical Officer of Health).

\(^2\) Practice environment may include colleague supports, access to resources, payment systems, geographic or health system demands.
Examples of changes in scope of practice that have been considered significant by the College include but are not limited to:

- A family physician who wishes to perform cosmetic surgical procedures;
- A family physician who wishes to primarily practise and receive referrals for psychotherapy, disorders of the skin, or palliative care;
- A family physician who wishes to practise fertility medicine;
- A physician who practises chronic pain management but who wishes to practise interventional pain management;
- A psychiatrist who wishes to practise sleep medicine;
- A neurosurgeon who wishes to practise palliative care;
- An orthopedic surgeon who wishes to practise family medicine;
- An emergency medicine physician who wishes to practise sports medicine.

When there is a change to one of the factors set out in the definition of scope of practice but the change is not significant, the College considers this to be an evolution of practice. An evolution of practice is characterized by the gradual development or progression of a physician’s practice within a certain area in keeping with the direction of the specialty. An evolution of practice may include narrowing or limiting a practice, performance of innovative techniques or procedures or prescribing new medications within the context of a specialty. Examples include a family physician who, within his or her general area of training, decides to narrow the focus of his or her practice to women’s health issues or, an emergency medicine physician who is incorporating bedside ultrasound into his or her practice.

If physicians are uncertain about whether a change of scope is considered significant or is an evolution in practice, they should contact the Inquiries Section in the Applications and Credentials Department of the College for further guidance at 416-967-2600 ext. 221 or by email at inquiries@cpsq.on.ca.
Process for Changing Scope of Practice and/or Re-Entering Practice

The changing scope of practice and/or re-entering practice process is composed of four stages: a needs assessment, training, supervision, and a final assessment. Decisions about the specific stages that must be undertaken will be determined on an individual basis. Physicians must not practise in a new scope of practice or re-enter practice unless the College has approved their change in scope of practice and/or re-entry request.

A description of the four stages of the process is set out below.

Needs Assessment

As part of the first stage in the changing scope of practice and/or re-entering practice process physicians are required to submit an application. The College will review the application and consider whether the physician requires supervision and/or training. Decisions regarding training and/or supervision will be informed by the physician’s specific situation, including prior experience, any training the physician has undertaken, the continuing professional development the physician has engaged in, the risk of harm to patients, the length of time the physician has been away from practice, and the degree to which the discipline has advanced during the physician’s absence.

Training

Completing relevant training is an important part of ensuring competence. The College will review the physician’s application and determine whether the physician requires training. As part of the application process the physician must provide the College with a proposed Individualized Education Plan (IEP), to be approved by the College. The IEP must include a description of the training the physician will undertake. If the physician has undergone training prior to reporting to the College, he or she must provide the College with evidence of the training.

If the College determines that the physician requires training, he or she will be required to undergo supervision and then a final assessment after the training has been completed.

---

1 This process only applies to changes in scope that are significant.
2 The application to request a change in scope of practice can be found here. The application to request re-entry to practice can be found here.
3 This would apply in the re-entry or combined re-entry and change of scope cases.
4 This would apply in the re-entry or combined re-entry and change of scope cases.
Appendix 2

Physicians who do not require training will proceed directly to supervision and then a final assessment.

Physicians should note that the College has developed frameworks which set out the training that is required for areas of clinical practice where there are no recognized Canadian specialty training programs. These frameworks inform the College’s decisions about the training a physician will be required to undertake. More information about the frameworks that have been developed can be accessed here.\(^5\)

**Supervision**

During this stage of the process a physician must find one or more physicians who will act as his or her Clinical Supervisor. The Clinical Supervisor must be approved by the College and the supervision must take place in accordance with the Guidelines for College-Directed Supervision.

As competency is gained and demonstrated, the level of supervision will decrease and the physician will be afforded a greater level of autonomy. There are three levels of supervision. Physicians typically start out under high level supervision, and then will move on to moderate and then low level supervision. The level and duration of supervision will be at the discretion of the College with input from the Clinical Supervisor, and will be dependent on the content and duration of the training completed.

A description of the different levels of supervision is set out below.

**High Level Supervision**

A physician must arrange to work in another physician’s practice. This physician will act as Clinical Supervisor and must be practising in the same discipline that the physician wishes to practise in. During high level supervision the Clinical Supervisor is the Most Responsible Physician (MRP) for all patients.

\(^5\) Frameworks that are currently developed include expectations for: cardiologists intending to interpret nuclear cardiology studies in independent facilities, physicians intending to practise sleep medicine, physicians intending to practise as Medical Officers of Health, physicians who intend to change their scope of practice to include endo-colonoscopy, physicians who intend to change their scope of practice to include interventional pain management, physicians who intend to change their scope of practice to include surgical cosmetic procedures, radiologists intending to interpret and supervise nuclear medicine studies in Independent Health Facilities, physicians who intend to change their scope of practice to include caesarean section for non-obstetricians.
The physician will continue to practise under a high level of supervision until the Clinical Supervisor is satisfied that the physician can work as the MRP under a moderate or low level of supervision.

The Clinical Supervisor will notify the College when they are of the view that the physician has the required knowledge and skills to practise in a less supervised environment (moderate and low level supervision). The College will review the recommendation from the Clinical Supervisor and determine whether the physician may move on to a lower level of supervision.

The length of high level supervision will vary depending on the circumstances of each individual physician. It may be brief if the physician is capable of practising independently or it may be longer if the physician is not yet capable of practising independently.

**Moderate and Low Level Supervision**

In moderate and low level supervision the physician works in his or her own practice, makes decisions independently and is considered the MRP. The Clinical Supervisor will periodically visit with the physician to review charts and cases, and discuss patient management to ensure appropriate care is provided. The Clinical Supervisor will submit written reports to the College on a periodic basis. The frequency of visits from the Clinical Supervisor is initially weekly, but will become less frequent when the College determines that physician competency has been demonstrated. Once the Clinical Supervisor is satisfied that the physician is able to practise independently, the Clinical Supervisor will notify the College. The College will then determine whether the physician is ready for their final assessment.

The length of the periods of moderate and low level supervised practice will vary, but generally they will be longer than the time spent under high level supervision.

**Final Assessment**

Once physicians have completed the required training and/or supervision, they will typically be required to undergo a College-directed assessment of their practice. There may be an observational component to the assessment. For example, where the care involves performing new procedures the assessor may observe the physician performing the new procedures. Assessments may also involve interviews with colleagues and co-workers to provide feedback on care provided.

The College will review the final assessment report and will make a determination as to whether the physician is competent to practise independently.
The physician undergoing the changing scope of practice and/or re-entering practice process must pay for the costs related to training, supervision, and the final assessment.