

1 **Ensuring Competence: Changing Scope of Practice and/or Re-entering** 2 **Practice**

3 **Introduction**

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

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

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

16 **Principles**

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

- 20 1. Acting in the best interests of their patients by ensuring that they have acquired the
21 necessary training and knowledge prior to changing their scope of practice and/or re-entering
22 practice.
- 23 2. Demonstrating continued professional competence, by meeting the standard of care and
24 acting in accordance with all relevant and applicable professional obligations.
- 25 3. Being committed to lifelong learning and maintaining the medical knowledge and skills
26 necessary to provide the highest possible quality of care to patients.
- 27 4. Upholding professionalism and trust and protecting patient safety by only practising in the
28 areas in which they are both educated and experienced.

29 5. Participating in self-regulation of the medical profession by complying with the expectations
30 set out in this policy.

31 Purpose and Scope

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

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

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

42 Terminology

- 43 1. **Scope of practice:** Scope of practice is influenced by factors including:
- 44 • education, training, and certification;
 - 45 • the patients the physician cares for³;
 - 46 • the procedures performed;
 - 47 • the treatments provided;
 - 48 • the practice environment⁴.
- 49
- 50 2. **Change in scope of practice:** A change in scope of practice occurs when there has been a
51 *significant* change to any of the factors set out in the description of scope of practice
52 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.

³This 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.

53 specifically pertain to changes that are significant. For information regarding whether a
54 change is significant, please refer to Appendix 1.

55 **Policy**

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

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

- 62 1. Reporting to the College; and
- 63 2. Undertaking a College Review Process.

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

66 ***Reporting to the College***

67 Physicians must report to the College when they:

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

74 Reporting can be initiated by completing the applicable application form⁶. A physician must also
75 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*.

76 If physicians are uncertain about whether they are required to report a change to their scope of
77 practice or an intention to re-enter practice, they should contact the Inquiries Section in the
78 Applications and Credentials Department of the College for further guidance at 416-967-2600
79 ext. 221 or by email at inquiries@cpsso.on.ca.

80 ***College Review Process***

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

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

88 During the College review process, consideration will be given to the physician's specific
89 situation including prior experience, any training the physician has undertaken, the continuing
90 professional development the physician has engaged in, the risk of harm to patients, the length
91 of time the physician has been away from practice⁸, and the degree to which the discipline has
92 advanced during the physician's absence⁹.

93 For greater detail on the requirements for changing scope of practice and/ or re-entering
94 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.

1 Description of Significant Change in Scope of Practice

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

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

- 5 • education, training, and certification;
- 6 • the patients the physician cares for¹;
- 7 • the procedures performed;
- 8 • the treatments provided;
- 9 • the practice environment ².

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

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

- 16 i. A physician completely changes his or her type of practice (e.g. a surgeon wants
17 to practise in family medicine); or
- 18 ii. A physician is adding something to his or her practice that
19 a) he or she has not done before, and
20 b) is not something that is considered a usual part of the discipline (e.g. a
21 pediatrician who wants to start working in an emergency department caring
22 for adult patients); or
- 23 iii. A physician is changing the focus of his or her practice to an area in which he or
24 she has not been active for at least two years; or
- 25 iv. A physician wishes to practise in a place where the healthcare system is
26 significantly different from where they had been practising previously (e.g. an
27 urban setting versus a rural setting).

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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.

30 Examples of changes in scope of practice that have been considered significant by the College
31 include **but are not limited to:**

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

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

51 If physicians are uncertain about whether a change of scope is considered significant or is an
52 evolution in practice, they should contact the Inquiries Section in the Applications and
53 Credentials Department of the College for further guidance at 416-967-2600 ext. 221 or by
54 email at inquiries@cpsy.on.ca.

1 **Process for Changing Scope of Practice and/or Re-Entering Practice**

2 The changing scope of practice¹ and/or re-entering practice process is composed of four stages:
3 a needs assessment, training, supervision, and a final assessment. Decisions about the specific
4 stages that must be undertaken will be determined on an individual basis. Physicians must not
5 practise in a new scope of practice or re-enter practice unless the College has approved their
6 change in scope of practice and/or re-entry request.

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

8 **Needs Assessment**

9 As part of the first stage in the changing scope of practice and/or re-entering practice process
10 physicians are required to submit an application.² The College will review the application and
11 consider whether the physician requires supervision and/or training. Decisions regarding
12 training and/or supervision will be informed by the physician's specific situation, including prior
13 experience, any training the physician has undertaken, the continuing professional
14 development the physician has engaged in, the risk of harm to patients, the length of time the
15 physician has been away from practice³, and the degree to which the discipline has advanced
16 during the physician's absence⁴.

17 **Training**

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

25 If the College determines that the physician requires training, he or she will be required to
26 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.

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

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

34 **Supervision**

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

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

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

45 **High Level Supervision**

46 A physician must arrange to work in another physician's practice. This physician will act as
47 Clinical Supervisor and must be practising in the same discipline that the physician wishes to
48 practise in. During high level supervision the Clinical Supervisor is the Most Responsible
49 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.

50 The physician will continue to practise under a high level of supervision until the Clinical
51 Supervisor is satisfied that the physician can work as the MRP under a moderate or low level of
52 supervision.

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

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

60 ***Moderate and Low Level Supervision***

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

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

72 **Final Assessment**

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

79 The College will review the final assessment report and will make a determination as to
80 whether the physician is competent to practise independently.

81 **Costs**

- 82 The physician undergoing the changing scope of practice and/or re-entering practice process
83 must pay for the costs related to training, supervision, and the final assessment.

DRAFT