



Ontario Medical Association

Submission to the College of Physicians and Surgeons of Ontario's Consultation: "Ensuring Competence - Changing Scope of Practice and/or Re-entering Practice"

October 2017



OMA Submission to the College of Physicians and Surgeons of Ontario Consultation - “Ensuring Competence - Changing Scope of Practice and/or Re-entering Practice”

The OMA appreciates the opportunity to provide feedback regarding the CPSO’s draft policy “Ensuring Competence - Changing Scope of Practice and/or Re-entering Practice”.

The OMA’s submission will be two-fold: (1) to provide input to specific sections of the draft policy, and (2) to address the questions posed by the CPSO.

Input Regarding Specific Sections of the Draft Policy

Principles (page 1)

In general, the OMA supports the principles outlined in this draft policy.

Policy (page 3)

In general, the process outlined is clear. It is strongly recommended that the CPSO establish a reasonable timeframe for the CPSO approval process for physicians who apply to the college for a change in scope of practice and/or re-entering practice. The OMA recommends the CPSO include in its policy a provision that sets out a reasonable amount of time for a physician to move through the process once the application is submitted to the CPSO.

Reporting to the College (page 3)

While in many cases the reduction of the reporting requirement from three to two years is reasonable, the OMA urges the CPSO to consider certain circumstances that make it challenging and even unreasonable. For example, this policy change will impact those taking maternity/parental leave, medical leave as well as those taking leaves for research. As such, the OMA would instead suggest that the CPSO encourage physicians, without a formal policy, to keep up on practice recommendations during an absence.

The OMA urges the CPSO to defer to the professional body of a medical specialty (i.e. Royal College of Physicians and Surgeons of Canada, College of Family Physicians Canada) to determine whether a physician has the experience and education required to support changing a scope of practice. The professional bodies have developed standards of practice which should be recognized as the standard for achievement. The OMA recommends this provision be included in the policy.

In addition, the OMA has concerns for physicians in rural areas, specifically, for physicians who have practiced in an urban area, who make the decision to practice in a rural area. In this instance, this policy is a disincentive by involving the CPSO formally. Requiring physicians to complete an unduly onerous process to obtain a change in scope of practice could discourage physicians from pursuing work in a rural setting. We strongly urge the CPSO to consider the impact on rural practice. The OMA recommends that any changes to this policy reflect the unique challenges of practice in rural and northern areas and ensures that the policy does not hinder access to care for patients.

The OMA seeks further information on the change to no longer capture part time physicians in this proposed policy. The OMA questions the merit and fairness behind removing the minimum requirement to practice. Certain specialties have minimum volume standards in place that are already monitored by the Quality Management Partnership. In addition, some hospitals have minimum standards in place for physicians who provide certain procedures. As such the OMA urges the CPSO to reconsider this change to ensure that physicians in all specialties are treated equitably when it comes to minimum practice requirements.

College Review Process (page 4)

While this policy outlines the requirements for a review when changing physicians' scope of practice and/or re-entering practice, the OMA wants to again emphasize that the CPSO should defer to the professional body of a medical specialty (i.e. RCPSC, CFPC) and/or other educational experts in determining competence for medical practice.

Description of Significant Change in Scope of Practice (Appendix 1, page 1)

While this is clear, concerns remain regarding the impacts this will have on rural practice and many see this as a deterrent to attract physicians from urban areas.

Process for Changing Scope of Practice and/or Re-entering Practice (Appendix 2)

The OMA recommends that the CPSO defer to the professional body of a medical specialty (i.e. RCPSC or CFPC) to determine whether a physician changing scope of practice or re-entering practice, requires supervision and/or training.

Response to CPSO Questions

The CPSO posed five questions. Included below are our responses:

1. Does the draft policy provide useful guidance?
 - Overall, the draft policy defines a clear process and provides examples. However there are concerns, as outlined above, regarding the changes.
2. Does the draft policy clearly articulate when reporting changes in scope of practice and re-entry to practice is required?
 - The policy is relatively clear.
 - The impact on rural medicine is a concern to physicians. The OMA cautions that this policy should not negatively impact the availability and accessibility to physicians in rural communities. Rural medicine is unique and in many areas, there is a process in place to allow for a transition of physicians practicing rural medicine. This process should be respected.
3. Does the draft policy clearly set out the College's process for ensuring competence when physicians wish to change their scope of practice or re-enter practice?
 - As above.
4. Are there issues not addressed in the draft policy that should be addressed? If so, what are they?
 - This policy is not reflective of physicians who practice in rural areas. Attracting physicians to rural areas of Ontario is challenging. The draft CPSO framework will unintentionally raise additional barriers and exacerbate this issue.
 - This policy no longer addresses physicians working part time. This will be confusing for physicians who practice part-time which is problematic for the profession.
5. Are there other ways in which the draft policy could be improved?
 - Evidence used to inform the change from 3 to 2 years should be captured.
 - The two policies: Changing Scope of Practice and/or Re-entering Practice are two distinct policies that should remain separate.
 - It is unclear why the part-time practicing physician has been eliminated from the policy. The OMA recommends the CPSO reconsider this decision and include a minimum practice standard in the policy.

- Recommendation to include gender neutral terms throughout (i.e. “his/hers” could be replaced with “one’s”)

Conclusion

The OMA is supportive of the CPSO’s efforts to update its policies; Changing Scope of Practice and/or Re-entering Practice. While there is general support in the 4-stage process (Needs Assessment, Training, Supervision and Final Assessment) it is recommended that the CPSO defer to the professional body for each specialty when determining a physician’s competence.

It is recommended that the CPSO include citations to provide evidence that supports significant changes to the policy. Lastly, the new policy should consider the implications on rural medicine and ensure that the proposed provisions do not create unnecessary barriers for physicians who wish to practice in rural and northern areas.

The OMA appreciates the invitation to participate in this consultation and welcomes the opportunity to work closely with the CPSO and other stakeholders to make practical improvements.