Managing Changes of Physician Scope of Practice in Ontario, Canada: A Review from the CPSO

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OBJECTIVES

- Gain an understanding of the current CPSO Changing Scope of Practice policy
- Outline processes to implement policy
- Some statistics
- Lessons learned
- The future in Ontario...
Physician regulation a **provincial** responsibility

**Regulated Health Professions Act, 1991**

- Law which grants self-regulation to 26 health professions

**College of Physicians and Surgeons of Ontario**

- Medicine Act
- 30,000 active members
Governing Council

• sets policy and direction

Policy Process:
  o Working group draft
  o Public and key stakeholders consultation
  o Revision
  o Final approval by Council
  o Updated every 5 years, or sooner where warranted
1993. Registration Regulations Updated, Terms and Conditions:

“may practice only in areas of medicine in which holder is educated and experienced.”
• Late 1990s: *Re-entry to Practice* and *Scope* policies developed together

• 2002-2008: *Voluntary Reporting*

• 2008: *Mandatory Report* via Annual Survey of members
Changing Scope of Practice

PRINCIPLES

1. The public is entitled to be treated by physicians who are competent to practice.
2. The College recognizes that, over time, physicians may change the focus of their practice.
3. Physicians are responsible for being appropriately trained to practise competently.
4. The College is charged with the responsibility of ensuring that physicians practise competently and meet the standard of practice for their chosen area of practice.

PURPOSE

In accordance with by-law, when asked by the College, whether in the annual renewal or elsewhere, physicians must report to the College if they have changed their scope of practice or if they think their current scope of practice has changed significantly.

Before a change in practice is considered by the College, the physician must first ensure that the change is significant and that the physician is appropriately trained to practise the new area of practice.
Definitions/Examples:

1. Every physician’s scope of practice is unique.
2. A physician’s scope of practice is determined by the patients the physician cares for, the procedures performed, the treatments provided, and the practice environment.
3. A physician’s ability to perform competently in his or her scope of practice is determined by the physician’s knowledge, skills and judgment, which are developed through training and experience in that scope of practice.
4. A change in scope of practice occurs when there have been significant changes to any of the elements set out in part 2 of the definition. If a physician has changed practice such that he or she is practicing outside of what would be considered the usual scope of practice for the discipline, then his or her scope of practice may have changed significantly.
Change of Scope: What it isn’t

“…Performance of innovative techniques or procedures within the context of a specialty or family medicine, while new, would not constitute a change in scope of practice.”

<table>
<thead>
<tr>
<th>a) General surgeon who learns to perform laparoscopic cholecystectomies?</th>
<th>b) Family physician who decides to only treat women's health issues?</th>
<th>How about: Surgical assisting?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal evolution of practice, not change of scope</td>
<td>Focus within practice, not change of scope</td>
<td>Is a change of scope, but performed under supervision</td>
</tr>
</tbody>
</table>
Change Of Scope: Examples

- Family physician who wishes to perform cosmetic surgical procedures
- A surgeon who wishes to practice primary care medicine.
- May also occur when a physician moves to Ontario from a place where the health care system is significantly different.
Change in Scope Process - Overview

- Report to College
- Training
- Supervision
- Assessment

Consistent Individualization
Change of Scope - Current Process

1. **Physician Notifies of Intention to Change Scope**

2. **Application submitted with change and Training Proposal**
   (IEP - Individualized Education Plan)

3. **Reviewed and Finalized by CPSO Staff/Medical Advisor**

4. **Training**
   - Supervised Practice (High/Medium/Low)

5. **Committee**
   - Assessment
   - Change of scope approved
Starting out: Where to begin?

- One process for those who **have changed** scope of practice
- One for those **planning to change** scope of practice
Change of Scope - Current Process

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Application Form

Current and Proposed

- Office staff and colleagues
- Where and how many patients
- Services available
- Top 10 Common Conditions
- Code practice % time

Current: CPD

Proposed

- Expansion/Contraction
- Describe – how different?
- Training to date
- Individual Education Plan (IEP)
Training Plan-IEP

“...If you have completed or plan to complete any formal training and educational enhancement (e.g. courses, seminars, etc.) in preparation for your proposed “scope of practice”, please describe your completed or proposed training in detail, including: content, duration and location of the training.”
<table>
<thead>
<tr>
<th><strong>EDUCATIONAL NEED/CANMEDS ROLE</strong></th>
<th><strong>OUTCOMES (GOALS)</strong></th>
<th><strong>PROPOSED EDUCATIONAL METHOD</strong></th>
<th><strong>ASSESSMENT METHOD</strong></th>
<th><strong>EXPECTED COMPLETION DATE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Expert</td>
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<td>Communicator</td>
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<td>Collaborator</td>
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<td>Manager</td>
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<td>Health Advocate</td>
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<td>Scholar</td>
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<tr>
<td>Professional</td>
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</table>
Stats 2000-2008

191 Scope queries
Letters/emails

106 Stopped

21 False

26 Committee

38 Non-surgical cosmetics (Training log)

95 Abandoned

11 Withdrew

24 Approved

2 Additional training

Based on available data
Some of what we’ve seen:

- GP ➔ hernia surgery
- GP ➔ psychotherapy
- GP ➔ cosmetic surgery
- GP ➔ sleep medicine
- GP ➔ dermatology
- Anesthetist ➔ women’s health
- medical biochemist ➔ family medicine
- pediatrician ➔ family medicine
Expectations=
Minimum guidelines document available at  [www.cpso.on.ca](http://www.cpso.on.ca)
2012 – By the Numbers

- 4680 Calls
- 520 "Yes" ARF
- 5200 emails
- 150 Application/IEP
- 100 Under supervision

Quality Assurance Committee
- Approved (Assessment)
- Approved (No assessment)
- Not approved (Further training)

No Further Action
What might our Committee approve?

Assessment (very few)
- Nuclear Cardiology
- Sleep
- Hair
- ER
- Surgical cosmetics

Non assessment (the majority)
- Nuclear Cardiology
- Sleep
- Hair
- ER
- Surgical cosmetics

- Interventional Pain Medicine
- WIC
- Abortion
- GP psychotherapy
- Palliative care
- Fertility

- GP oncology
- FM obstetrics
- MOH
Lessons learned

- **Common changes**
  - Design expectations/minimal training standards documents
  - Clear expectation may stop trends
- **Wide variation in training expectations**
  - Supervision guidelines (Preceptor)
  - Levels: High, Moderate, Low
- **Scopes can cross disciplines** (i.e. sleep)
- **Re-entry to Practice and Change of Scope of Practice** often “blended”
- **Defined Scope** – consultation with the profession
Policy Enforcement:

- Annual Membership Renewal - mandatory questions
- Change in Scope of Practice Peer Assessments
- Complaints/Discipline processes
Future trends

- Family Medicine ← Emergency
- FM → GP psychotherapy
- FM/ER → Hospitalists
- Palliative
- FM/General Surg → C/S
Summary

- Change of scope can be identified, assessed and appraised
- Need: a process, consistent individualization and staff (medical and non-medical)
- Some standardization is possible
- Be reassured, word gets out