THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

FREQUENTLY ASKED QUESTIONS -
Expectations of Physicians Not Certified in Emergency Medicine Intending to Include Emergency Medicine as Part of their Rural Practice – Changing Scope of Practice Process

General

1. **Why did the CPSO develop these new expectations?**
   - This Framework was produced in response to the CPSO receiving requests from physicians seeking guidance on how to incorporate Emergency Room work into their rural or remote practice. There was a need for a framework to ensure a consistent approach.
   - The CPSO policy entitled "Ensuring Competence: Changing Scope and/or Re-entering Practice" has been in effect for many years (since June 2000). The primary purpose of this policy is to ensure that physicians are practice only in those areas in which they are educated and experienced
   - The CPSO has developed many similar frameworks as trends have emerged in the types of changes in scope requested by physicians.
   - This framework does NOT prohibit physicians not certified in Emergency Medicine from working in a rural Emergency Department. Rather, the Framework provides guidance to these physicians on how they can safely transition into this scope of practice if it was not part of their training.

2. **To whom do these new expectations apply?**
   - These requirements apply to physicians without formal certification in Emergency Medicine who are contemplating including working in the emergency department as part of their rural practice.
   - They do not apply to physicians who already include emergency medicine as part of their rural practice prior to the establishment of these requirements (March 2018) or family medicine residents who have their training in rural or remote settings where providing care in the emergency department is an integral part of their training program.

3. **To whom do these new expectations NOT apply?**
   - Physicians who already include Emergency Medicine as part of their rural practice prior to the establishment of this document (March 27, 2018 is when the document was published online).
   - Family Medicine residents who have their training in rural or remote settings where the provision of care in the Emergency Department is an integral part of their training program.

4. **What will I have to do?**
   - In most cases you will have to do three things:
     1. Make sure that you complete the standard resuscitation courses (ATLS, ACLS and PALS or APLS) in your first year of practice

2. Ensure that there is a system of support in place for you in your first three months of your practice in the ER. This means that someone is available to come in if a patient is seriously ill or injured and you need help.

3. Have a colleague periodically review cases, including those that require significant resuscitation or emergency transfer. This will provide you with feedback on your care and to give you the opportunity to discuss case management and learn from your colleague. Your colleague will also submit regular written reports to the CPSO to comment on your progress.

5. **How long will the supervision last?**

- Every case is different; however, in general, the duration of supervision is one year.
- In some cases, based on the physician's experience or performance, the period of supervision may be shorter.

Postgraduate Training Programs/FM Residents

6. **Does this apply to current residents or new graduates of FM programs where the majority of ER training is done in rural communities?**

- Generally, no. The CPSO recognizes that residents who are training in rural and remote environments are being prepared for work in that environment. This would not be a change in scope, but rather a transition from residency to practice. If, however, the resident or graduate has concerns that he or she was trained in a rural community that is significantly different from his or her intended practice location, then he or she can contact the CPSO for guidance.

7. **Does the size/population of the community (of the training location) or, its proximity to a tertiary care centre matter when determining applicability?**

- No, it isn't really about a specific number; numbers are included as a guideline. The focus is to provide physicians a consistent approach to a change in scope of practice that involves including Emergency Room coverage as part of a rural or remote practice.
- If you have concerns that the training location is sufficiently different from your intended practice location, please contact the CPSO for guidance.

8. **What does "substantial integrated rural and acute care training experience" mean? What does "significant ED experience as part of training" imply? How much time would be required to be deemed competent to work in ED during PGY2-FM year?**

- The CPSO relies on residency programs to prepare their residents for practice. It is up to the individual programs to ensure that their trainees are getting the experiences necessary to safely enter independent practice. The term "substantial integrated rural and acute care training experience" simply means that the resident is getting training in an environment that will prepare them for a rural or remote practice that includes Emergency Room coverage. The CPSO does not stipulate rotational requirements. Those are provided by the programs and the College of Family Physicians of Canada.

9. **Can a resident from a large centre who has used a lot of elective time in Emergency and acute care work in a rural ER upon graduation?**

    - The College looks at all physician requests on an individual basis. If a resident or new graduate feels they have adequate experience from their residency to prepare them to work in a proposed location that is *significantly different from the one in which they trained*, they should contact the College to discuss the matter.
    - The College will review the resident/graduate's plans and, if necessary, will work with him or her to develop a transition plan that is both supportive of the physician and prioritizes safety for patients.

Locums

10. **How does this impact short-term locums?**

    - Physicians who wish to provide short-term locum (generally less than two months) coverage in rural or remote settings where coverage of the Emergency Department is an expectation should ensure that they are able to provide care that meets the standard of practice, and that they have appropriate supports. In particular they should ensure that:
        - The physician is acceptable to the hospital and the chief of the Emergency Department, which have concluded, based on the physician's training and experience, that they are able to work safely and maintain the standard of practice.
        - There is a formal system of support in place for them while they are working. In general, this means making sure that help is available from an experienced colleague on short notice should a life or limb-threatening emergency present itself.
        - The chief of the Emergency Department should, on a regular basis, review the care of patients that require significant resuscitation or emergent transfer to a higher level facility to ensure care is appropriate and provide feedback to the physician.
    - If a physician is concerned that these supports might not be in place then they should contact the CPSO to discuss the matter in advance of commencing the locum.
    - We recognize that the guidelines in this document cannot be implemented over the course of short term locum coverage. However, physicians must work safely and within those areas in which they are trained and experienced.

Clinical Supervision

11. **Are Clinical Supervisors paid for the supervision provided? If yes, who pays for the supervision?**

    - The College has used clinical supervision for many years and has a guideline related to supervision. http://www.cpso.on.ca/cpso/media/documents/cpgs/other/guidelines-for-college-directed-clinical-supervision.pdf
    - There are many forms of payment for these arrangements and the decision as to whether payment is made, how much and what form it may take is between the physician being supervised and the supervisor. Any payment is always the responsibility of the supervised physician.

Process

12. **Will the CPSO be monitoring physicians' compliance with the Framework and the CPSO Ensuring Competence: Changing Scope and/or Re-entering Practice policy?**

    - The CPSO will not be monitoring compliance with this document. We rely on the profession to act in accordance with CPSO policy and to report to us if they are changing their scope of practice. However, if it comes to our attention that a physician is practising outside the scope of their practice – for example during a peer assessment, through a public complaint, or through other information received – the physician may anticipate that we will follow up on the issue, and should be prepared to provide information about the process that they went through to facilitate their change in scope of practice.

13. **When did this framework take effect?**

    - This framework came into effect on March 27, 2018.

14. **What if I still have questions about the framework and how it applies?**

    Please contact us by email at cosre@cpso.on.ca or contact the Applications and Credentials Department at (416) 967-2617, Monday to Friday 9:00 am to 5:00 pm.