



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.

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 graduating from accredited Canadian residency programs.

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.

Locums

6. 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

7. 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

8. 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.

9. When did this framework take effect?

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

10. 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.