



## **Expectations for Cardiologists Intending to Interpret Nuclear Cardiology Studies in Independent Health Facilities Changing Scope of Practice Process**

### **BACKGROUND**

The CPSO's *Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice* policy states that "physicians must only practice in the areas of medicine in which they are educated and experienced". The policy is available at [www.cpso.on.ca](http://www.cpso.on.ca) under Policies & Publications.

The policy indicates a physician's scope of practice is determined by a number of factors including:

- education, training, and certification;
- the patients the physician cares for;
- the procedures performed;
- the treatments provided;
- the practice environment.

In addition, the policy states:

All physicians who wish to change their scope of practice and/or re-enter practice must participate in a College review process to demonstrate their competence in the area in which they intend to practise. The process for re-entry and change in scope of practice will be individualized for each physician but, in general, includes a needs assessment, training, supervision, and a final assessment.

### **PURPOSE OF THIS DOCUMENT**

This document clarifies the College's expectations of cardiologists intending to interpret nuclear cardiology studies in Independent Health Facilities (IHF). Prior to changing their scope of practice, cardiologists must ensure they have the appropriate education, training, and experience to competently assess and manage those conditions they plan to include in their practice, and that they are meeting the standard of practice.

While the changing scope of practice process generally involves a needs assessment, training, supervision, and assessment, not all of these components apply in every case. To determine what components are necessary to facilitate a changing scope of practice, the College will review each physician's individual circumstances.

## Document Development Process

While cardiologists have been interpreting nuclear cardiology studies in hospitals for some time now, providing this service in an IHF is considered a change in practice environment. IHF settings may not offer the same supports/resources that are available in hospitals (e.g., advice from colleagues, a structured supervisory/consultative environment). Physicians in IHFs practise relatively independently and must demonstrate the skills and judgment needed to practise safely and competently. The importance of these issues is heightened for physicians working in a more isolated environment. Therefore, the College has determined that cardiologists interested in interpreting nuclear cardiology studies in IHFs should be required to participate in the changing scope of practice process to provide assurance of their competence.

A College Working Group composed of cardiologists and nuclear medicine specialists has revised the original (2009) decision-making framework to assist the College in evaluating requests from cardiologists intending to interpret nuclear cardiology studies in an independent health facility (IHF). With a decade of experience in conducting needs assessments, supervision, and assessments for this cohort of physicians, the College has data to support that cardiologists have the ability to transition well to practice in IHFs when supported by this process.

The Working Group defined what constitutes acceptable training and acceptable practice experience for cardiologists intending to interpret nuclear cardiology studies in an IHF setting. The College adopts the definitions and recommendations of the Working Group, summarized in the Table beginning on page 4. Recommendations have been organized according to three categories:

1. Cardiologists who have completed acceptable COCATS<sup>1</sup> Level 3 training (Pathway 1);
2. Cardiologists who have completed acceptable COCATS Level 2 training (Pathway 2);
3. Cardiologists with acceptable practice experience (Pathway 3).

**Cardiologists applying for a change in scope of practice to interpret nuclear cardiology studies in an IHF must satisfy the requirements listed in one of three different pathways:**

### ***Pathway 1 – Level 3 Training***

Completed an accredited training program that meets COCATS Level 3 training requirements that must be structured such that it includes:

- i. A designated program director
- ii. Standard, written training objectives
- iii. A formal, regular evaluation process
- iv. A mechanism to report the Program's assessment of the individual's competence at the end of the program

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<sup>1</sup> COCATS (Core Cardiovascular Training Statement). Guidelines last revised in 2015.

### **Pathway 2 – Level 2 Training**

Completed an accredited training program that meets COCATS Level 2 training requirements that must be structured such that it includes:

- i. A designated program director
- ii. Standard, written training objectives
- iii. A formal, regular evaluation process
- iv. A mechanism to report the Program's assessment of the individual's competence at the end of the program

### **Pathway 3 – Significant Practice Experience (>10 years)**

This would essentially include physicians currently interpreting nuclear cardiology studies in a hospital setting, or who are coming to Ontario from another jurisdiction where they must demonstrate to the College's satisfaction that they possess significant experience in interpreting nuclear cardiology studies. Appropriate CPD must be demonstrated.

The need for supervision and assessment will be determined by the College in its discretion and will depend, amongst other things, on the physician's previous training and experience.

***Note: While not required, the College considers it an asset to have successfully completed the Certification Board of Nuclear Cardiology (CBNC) exams.***

### **Needs Assessment Requirements**

The College will review individual applications and supporting documentation to determine if the physician meets one of the eligibility pathways and, if so, whether supervision and/or assessment is required. Decisions regarding eligibility and need for supervision will be informed by a number of factors, including:

- Level of training – COCATS Level 2 or 3, and for those with significant practice experience, an outline of relevant training in interpreting nuclear cardiology studies.
- Research – any articles, studies, etc., in this field.
- Teaching/education – formal experience in teaching others how to perform the procedure.
- Volume of studies independently interpreted annually.
- Number of years of experience.
- CPD – documentation attesting to all CPD activities related to this field of practice.
- Environment – a description of the location where the physician has had experience interpreting nuclear cardiology studies, including a description of resources available to the physician.
- Exams (CBNC) – if available, evidence of completion of the Certification Board of Nuclear Cardiology exams.

## Supervision and Assessment Requirements

The table below summarizes the College's general expectations regarding supervision and assessment. However, each physician's situation is unique, hence, the level and duration of supervision will be determined by the College on a case-by-case basis. Change in level of supervision will be determined by the College taking into account recommendations and feedback from the Clinical Supervisor.

PATHWAY	SUPERVISION REQUIRED?	LEVEL OF SUPERVISION	MINIMUM DURATION OF SUPERVISION	ASSESSMENT REQUIRED?
<b>Pathway 1:</b> Level 3 Training	DISCRETIONARY (if the College deems it applicable)	DISCRETIONARY	DISCRETIONARY	NO  (unless clinical concerns are identified)
<b>Pathway 2:</b> Level 2 Training	YES	LOW	6 MONTHS	DISCRETIONARY
<b>Pathway 3:</b> Physicians with significant practice experience (>10 years)	DISCRETIONARY	DISCRETIONARY	DISCRETIONARY	DISCRETIONARY

**Note:** *Cardiologists must achieve, at minimum, Level 2 Certification in order to apply.*

**Final Assessment:** The College relies on demonstration of competence through regular comprehensive reports from the Clinical Supervisor(s). These reports will also be utilized by the College as a basis for determining the physician's readiness for a final practice assessment (if applicable).

In cases where the supervision reports have been of high quality and uniformly positive, the College may have sufficient information about the physician's competence to approve the change in scope without requiring a formal practice assessment. Where a formal practice assessment is required, College staff will retain an appropriate assessor. The assessment will generally involve discussions with the physician, chart reviews, direct observation of interpretation of data, and reporting, interviewing colleagues/referring physicians, etc.