BACKGROUND

The CPSO “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 under Policies and Publications.

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

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

While some cardiologists have been interpreting nuclear cardiology studies in hospitals for some time now, providing this service in an IHF is considered a change in the practice environment. IHF settings do not offer the same supports/resources that are available in hospitals (e.g., advice from colleagues, a structured supervisory/consultative environment). In fact, physicians in IHFs practise relatively independently. There is a specialized body of knowledge (e.g., radiation safety), as well as skills and judgment which are necessary to perform this procedure safely and competently. The importance of these issues is heightened for physicians working in a more isolated environment. The IHF Nuclear Medicine Task Force agreed 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 Working Group composed of cardiologists and nuclear medicine specialists developed the following decision-making framework to assist the College in evaluating requests from cardiologists intending to interpret nuclear cardiology studies in an independent health facility (IHF). While this process is individualized for each physician, in general, the core activities involved are training, supervision, and assessment.
The Working Group defined what constitutes acceptable training and acceptable practice experience for cardiologists intending to interpret nuclear cardiology studies in an IHF setting. Its recommendations are summarized in the Table beginning on page 3, and have been organized according to three broad categories:

1. Cardiologists who have completed acceptable training and Certification Board of Nuclear Cardiology (CBNC) exams;
2. Cardiologists who have completed only acceptable training (no exams);
3. Cardiologists with acceptable practice experience.
## CRITERIA AND PROCESS FOR CARDIOLOGISTS INTENDING TO INTERPRET NUCLEAR CARDIOLOGY STUDIES IN IHFS

<table>
<thead>
<tr>
<th>DEFINITION OF ACCEPTABLE TRAINING OR PRACTICE EXPERIENCE</th>
<th>SUPERVISION AND ASSESSMENT</th>
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<tbody>
<tr>
<td><strong>1. Cardiologists with acceptable training and CBNC exams</strong></td>
<td><strong>Supervision</strong></td>
</tr>
<tr>
<td>Cardiologists in this category are required to provide evidence that satisfies the following criteria:</td>
<td>→ Generally, cardiologists would require low level supervision.</td>
</tr>
<tr>
<td>a) Completion of a training program that meets the criteria set out in the Joint Canadian Association of Nuclear Medicine (CANM) and Canadian Nuclear Cardiology Society (CNCS) requirements. For example:</td>
<td>→ The IHF’s Quality Advisor (QA) would ideally monitor the cardiologist’s work through the usual quality assurance process. iv</td>
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<tr>
<td>→ Recent graduates are required to complete one year of post-residency nuclear cardiology training;</td>
<td>→ For those physicians who have completed acceptable training and the CBNC exams, there may be even less supervision in place.</td>
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<tr>
<td><strong>OR</strong></td>
<td><strong>Assessment</strong></td>
</tr>
<tr>
<td>→ Cardiologists in practice would need to complete a one year integrated non-invasive cardiac training program, which includes at least six months of nuclear cardiology. iii</td>
<td>A “changing scope of practice” assessment of the cardiologist’s IHF-based practice at the cardiologist’s expense, as is the case with all scope assessments.</td>
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<tr>
<td>b) Evidence that the physician is actively interpreting nuclear cardiology studies at the time of the request to the CPSO.</td>
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<tr>
<td>c) Evidence of successful completion of the Certification Board of Nuclear Cardiology (CBNC) exams:</td>
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<td>→ If available, evidence that the physician has re-certified, but this is not necessary. [Note: In order to maintain certification, the CBNC requires physicians to successfully complete the CBNC exam within a 10-year time frame. The certification is valid for a period of 10 years.]</td>
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## CRITERIA AND PROCESS FOR CARDIOLOGISTS INTENDING TO INTERPRET NUCLEAR CARDIOLOGY STUDIES IN IHFS

### DEFINITION OF ACCEPTABLE TRAINING OR PRACTICE EXPERIENCE

2. **Physicians with acceptable training without CBNC exams**

   Cardiologists in this category are required to provide evidence that satisfies the following criteria:

   a) Completion of a training program that meets the criteria set out in the Joint Canadian Association of Nuclear Medicine (CANM) and Canadian Nuclear Cardiology Society (CNCS) requirements. For example:
      - Recent graduates are required to complete one year of post-residency nuclear cardiology training.
      - OR
      - Cardiologists in practice would need to complete a one year integrated non-invasive cardiac training program, which includes at least six months of nuclear cardiology.

   b) Evidence that the physician is actively interpreting nuclear cardiology studies at the time of the request to the CPSO.

### SUPERVISION AND ASSESSMENT

**Supervision**

- Cases would be reviewed on an individual basis.
- CPSO would exercise discretion regarding the level of supervision necessary, as this would depend on the circumstances of the individual.
- The IHF’s Quality Advisor (QA) would ideally monitor the cardiologist’s work through the usual quality assurance process.

**Assessment**

A “changing scope of practice” assessment of the cardiologist’s IHF-based practice at the cardiologist’s expense, as is the case with all scope assessments.
CRITERIA AND PROCESS FOR CARDIOLOGISTS INTENDING TO INTERPRET
NUCLEAR CARDIOLOGY STUDIES IN IHFS

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<td>→ Cases would be reviewed on an individual basis.</td>
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<td>→ Cardiologist might be required to undergo a ‘pre-assessment’ at his/her current location of practice, but this would be discretionary. The pre-assessment would help identify any weaknesses and therefore, pinpoint training needs.</td>
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<td>→ The cardiologist would enter a phase of structured supervision, whereby supervision might initially be moderate, if necessary. Graded supervision would generally apply.</td>
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<td>→ The IHF’s Quality Advisor (QA) would ideally monitor the cardiologist’s work through the usual quality assurance process.</td>
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Cardiologists in this category would need to provide evidence of the following:

a) Training – any training in interpreting nuclear cardiology studies; physicians may have some training, but would not meet the definition of full acceptable training (outlined above).

b) Research – any articles, studies, etc., in this field.

c) Teaching/education – formal experience in teaching others how to perform the procedure.

d) Volume of studies interpreted annually.

e) CPD – documentation attesting to all CPD activities related to this field of practice.

f) 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.

g) Exams (CBNC) – if available, evidence of completion of the Certification Board of Nuclear Cardiology exams.

The CPSO would review the information and make a decision about whether the cardiologist has had an established career in nuclear cardiology studies. If appropriate, the CPSO would approve the cardiologist to practise this procedure in an IHF setting.
ENDNOTES:

i A Quality Advisor, who may or may not be on site, provides input from time-to-time.

ii Until March 2008, the IHF Clinical Practice Parameters (CPPs) for Nuclear Medicine indicated that a physician must be a specialist certified in nuclear medicine by the Royal College of Physicians and Surgeons of Canada in order to perform nuclear medicine services in an IHF. Therefore, cardiologists were unable to interpret nuclear cardiology studies unless they met the following specific grandfathering provisions:

“Physicians reporting procedures hold a specialty qualification from the Royal College of Physicians and Surgeons of Canada in Nuclear Medicine or have been previously grandfathered prior to 1996:

→ Physicians who began practising nuclear medicine in an independent health facility after July 1, 1992 are required to show evidence of at least one full year of training in nuclear medicine in a Royal College accredited program.
→ After July 1, 1996, physicians who begin practising nuclear medicine in an independent health facility are certified by the Royal College in this specialty.”

As of March 2008, the IHF Nuclear Medicine Task Force broadened its approach so that non-nuclear medicine physicians could apply to the College for approval to provide a limited scope of nuclear medicine services. Specifically, the “Qualifications of Interpreting Physicians” section of the IHF Nuclear Medicine parameters includes a provision that enables cardiologists/internal medicine specialists to interpret nuclear cardiology studies in an IHF provided that they have completed a changing scope of practice process through the CPSO.

iii Physicians with U.S. training must provide evidence of Level 3 training requirements, which were the recommendations of a Joint Task Force, made up of representatives of the American College of Cardiology Foundation (ACCF) and the American Society of Nuclear Cardiology (ASNC), and these were approved by the governing bodies of the ACCF and ASNC in October 2007. These requirements were later endorsed by the American Society of Nuclear Cardiology (www.asnc.org).

iv As outlined in the IHF Regulations “every licensee shall appoint a Quality Advisor to advise the licensee with respect to the quality and standards of service provided in the independent health facility.” For more info about the QA’s role, see the “IHF Clinical Practice Parameters and Facility Standards for Nuclear Medicine”. In addition, there are additional requirements associated with the change in scope of practice process, and therefore, the QA should also review the “Guidelines for College-Directed Clinical Supervision”.

Revised: July 11, 2018