



THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

EXPECTATIONS OF RADIOLOGISTS INTENDING TO INTERPRET AND SUPERVISE NUCLEAR MEDICINE STUDIES IN INDEPENDENT HEALTH FACILITIES CHANGING SCOPE OF PRACTICE PROCESS

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 radiologists have been interpreting and supervising nuclear medicine studies in hospitals for some time, 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 supervised/consultative environment). In fact, physicians in IHFs practice relatively independently.¹ There is a specialized body of knowledge (e.g. radiation safety), as well as skills and judgment which are necessary to work in the IHF setting safely and competently. The importance of these issues is heightened for physicians working in a more isolated environment.

While the change in scope of practice process is individualized for each physician, in general, the core activities involved are training, supervision, and assessment.

As there are no formal training routes for radiologists to become certified in Nuclear Medicine, other than completing a nuclear medicine residency, the College will consider practice experience. Specifically, the radiologist must demonstrate that he or she has established career in nuclear medicine.

For the College's initial review, the radiologist **must** provide a statement about the types of nuclear medicine studies he or she wishes to be able to interpret in an IHF setting, as well as evidence of the following:

- At least 5 (five) years of recent, consecutive practice experience in interpreting nuclear medicine studies in a hospital settingⁱⁱ in the form of letter(s) of support from the Chief of Diagnostic Imaging and the Chief of Nuclear Medicine (if different) from all applicable hospitals; letters must include:
 - the types of studies and duration of time the physician interpreted nuclear medicine studies at the hospital;
 - a description of the location where the physician obtained his or her experience in interpreting nuclear medicine studies, including a description of resources available to the physician, as well as access to a certified nuclear medicine physician.
 - Chiefs' impression of the physician's skill, error rate compared to others, and any concerns about any of the studies being brought forward for consideration.
 - verification that the physician is actively interpreting nuclear medicine studies at one of the hospital(s) at the time of the request to the CPSO, with an indication of which types of studies the physician has been interpreting, the duration of time the physician has been interpreting each type of study and the annual volume of each study interpreted.

In addition to the above, the radiologist should submit evidence of the following (all that applies):

- a) Training – any academic or on-the-job training in interpreting nuclear medicine studies should be itemized. The College would generally expect a minimum of 6 months post grad training that includes clinical components as well as basic sciences, radiopharmacy, radiobiology and radiation safety.
- b) Research – any published peer reviewed work in this field.
- c) Teaching/education – any formal experience in teaching others how to perform the procedure.
- d) CPD – documentation attesting to all CPD activities related to this field of practice. At a minimum, CPD activities should meet the requirements of the Royal College of Physicians and Surgeons of Canada for continuing professional development, and be relevant to the practice of nuclear medicine.

If the CPSO has determined that the radiologist has had an established career in nuclear medicine, then he or she would undergo the following steps:

- An assessment by a CPSO-appointed specialist in Nuclear Medicine or dual certified in Nuclear Medicine and Radiology of the Radiologist's hospital-based nuclear medicine

reporting practice. If the results of the assessment indicate that the radiologist is interpreting nuclear medicine in a safe manner, then this will be followed by:

- A period of supervised practice (generally about six months) in the IHF setting with supervision reports provided by the IHF Quality Advisor at intervals specified by the CPSO;

AND

- An assessment of the Radiologist's IHF-based practice, which would be done through a change in scope of practice assessment (at the radiologist's expense, as is the case with all scope assessments).

When determining the components of the assessment, various factors would be considered by the College, including: Radiologist's scope of nuclear medicine practice, Radiologist's former practice experience, contents of the hospital-based assessment report, and the quality and content of supervision reports provided to the College.

CRITERIA AND PROCESS FOR RADIOLOGISTS INTENDING TO INTERPRET AND SUPERVISE NUCLEAR MEDICINE STUDIES IN IHFs	
DEFINITION OF AN ESTABLISHED CAREER IN NUCLEAR MEDICINE	SUPERVISION AND ASSESSMENT
<p>Radiologists MUST provide evidence of at least 5 (five) years of recent, consecutive practice experience in interpreting nuclear medicine studies in a hospital setting, including verification of actively interpreting nuclear medicine studies at a hospital at the time of the request to the CPSO.</p> <p>In addition to the above, the College would consider the following information (all that applies):</p> <ul style="list-style-type: none"> a) Training – any academic or on-the-job training in interpreting nuclear medicine studies (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) CPD – documentation attesting to all CPD activities related to this field of practice. <p>The CPSO would review the above information and make a decision about whether the radiologist has had an established career in interpreting nuclear medicine studies; if yes, this would be followed by an assessment of the radiologist’s hospital-based practice in nuclear medicine to be facilitated by the College. If safe, then the radiologist would proceed to the supervision and assessment phases.</p>	<p>Supervision</p> <ul style="list-style-type: none"> → The radiologist would enter a phase of structured supervision (generally six months), whereby supervision might initially be moderate, if necessary. Graded supervision would generally apply. → The IHF’s Quality Advisor (QA) would monitor the radiologist’s work through the IHF’s usual quality assurance processⁱⁱⁱ. <p>Assessment</p> <ul style="list-style-type: none"> → A “changing scope of practice” assessment of the Radiologist’s IHF-based practice at the Radiologist’s expense, as is the case with all scope assessments.

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

ⁱⁱ Radiologists who do not possess at least five years of recent, consecutive hospital-based experience must obtain specialty certification in nuclear medicine to interpret nuclear medicine studies in an IHF.

ⁱⁱⁱ 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