



Trusted Doctors
Providing Great Care

Re-Entering Practice Application

Dear Doctor:

The College is pleased to provide you with an application and information for re-entering practice.

For your careful review, please read through the following links:

Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice Policy:
<https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Ensuring-Competence>

Guidelines for College-Directed Supervision. For a re-entering practice process, it is Clinical Supervision:
<https://www.cpso.on.ca/Physicians/Your-Practice/Quality-in-Practice/CPGs-Other-Guidelines/Guidelines-for-College-Directed-Supervision>

While the re-entering practice process generally involves training, supervision and assessment, all of these components **may not** apply in every case. As with all requests for re-entering practice issues, in arriving at a decision, the CPSO will review each physician's applications and circumstances on an individual basis.

Please complete and submit the application form and all requirements as indicated in your application's Schedule of Requirements. For detailed information relating to the process and timelines, you may review the **Process and Timelines** document:

<https://www.cpso.on.ca/CPSO/media/Documents/physician/polices-and-guidance/policies/changing-scope-of-practice-process-timelines.pdf>

Should you have any questions, please contact the Applications and Credentials Department at (416) 967-2617, Monday to Friday 8:00 am to 5:00 pm.

The College looks forward to receiving your application and wishes you a success in your Re-entering Practice process.

Sincerely,

Registration & Membership Services Department

College of Physicians and Surgeons of Ontario

Application Form for Physicians Re-entering Clinical Practice



The purpose of this application is to provide the College with the most current information about you and your former clinical practice, in addition to your proposed “scope of practice.” You are requested to complete this application in accordance with the CPSO Policy “Ensuring Competence: Changing Scope of Practice and/or Re-Entering Practice” approved by CPSO Council in February 2018. The information you provide will be reviewed by the staff who support the Re-entering Practice process, and related Committees.

The CPSO may use this information for evaluation and research purposes to improve our quality improvement programs. All information made available to individuals or organizations external to College will be in aggregate, unidentifiable formats.

SURNAME (as indicated on CPSO register): _____

GIVEN NAME(S)(as indicated on CPSO register): _____

CPSO NUMBER: _____ **DATE OF BIRTH** (day/month/year): ____/____/____ **SEX (M/F):** _____

MEDICAL DEGREE FROM UNIVERSITY OF: _____ **YEAR:** _____

Year internship/residency training completed: _____

Total years of postgraduate training (internship/residency): _____

College of Family Physicians of Canada: Certificant Yes No **Year** _____ **Member** Yes No

Royal College of Physicians and Surgeons of Canada: Fellowship Yes No **Year** _____ **Specialty** _____

When did you last practice medicine (in any jurisdiction)?: _____

Mailing Address

<i>Hospital/Facility Name (if applicable)</i>	<i>Street and Number</i>	<i>Suite Number</i>
<i>City</i>	<i>Province</i>	<i>Postal Code</i>
<i>Office Telephone</i>	<i>Home Telephone</i>	<i>Fax Number</i>
<i>Email Address</i>		

Former Primary Practice Address (location in which you saw the majority of your patients)

<i>Hospital/Facility Name (if applicable)</i>	<i>Street and Number</i>	<i>Suite Number</i>
<i>City</i>	<i>Province</i>	<i>Postal Code</i>
<i>Office Telephone</i>	<i>Home Telephone</i>	<i>Fax Number</i>
<i>Email Address</i>		

PART I: WHAT IS YOUR PROPOSED PRACTICE LOCATION?

PROPOSED PRACTICE ADDRESS (*location in which you will see the majority of your patients*)

<i>Hospital/Facility Name (if applicable)</i>		<i>Street and Number</i>		<i>Suite Number</i>
<i>City</i>	<i>Province</i>	<i>Postal Code</i>	<i>Email Address</i>	
<i>Office Telephone</i>		<i>Fax Number</i>		

PART II: RE-ENTERING CLINICAL PRACTICE

1. How long have you been completely out of clinical practice?

2. Why did you choose to leave clinical practice?

3. Why have you decided to return to clinical practice?

4. How did you stay current in your area of practice while you were away?

5. Will there be any significant changes to your proposed new practice compared to your former practice? Significant changes could be your practice location, the type of patients you are seeing and the types of problems that they have.

PART III: TELL US ABOUT YOUR FORMER AND PROPOSED PRACTICE

Please complete the following sections to the best of your ability. When answering the questions below, please note that:
Former Practice = your former clinical activities
Proposed Practice = your proposed clinical activities
 With reference to those questions about your proposed "scope of practice," please indicate "unknown" if you are unable to answer the question. Please do not leave blanks.

WITH WHOM DID YOU WORK IN YOUR FORMER OFFICE PRACTICE AND WITH WHOM DO YOU PLAN TO WORK IN YOUR PROPOSED PRACTICE?

1. Please indicate the number of full-time and part-time personnel that you worked with on a regular basis (daily/weekly) within your former office practice, as well as what you anticipate will be the situation in your proposed practice:

FOR OFFICE PRACTICE	FORMER		PROPOSED		Unknown
	# FT	#PT	#FT	#PT	
Physicians					
Registered Nurses (RNs)					
Nurse Practitioners (NPs)					
Administrative Staff					
Other (please specify) _____					

2. Tell us what you share with other physicians in your former office practice as well as your proposed office practice.

FOR OFFICE PRACTICE	FORMER		PROPOSED	
	YES	NO	YES	NO
Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMUNITY SERVICES

	FORMER		PROPOSED		Unknown
	Yes	No	Yes	No	
3. a) Do you have access to basic laboratory services (e.g., hemoglobin, urine, blood glucose analyses, etc.)?					
b) Do you have access to advanced laboratory services (e.g., bone density, cardiac stress test, electromyography, etc.)?					
c) Do you have access to basic radiological services?					
d) Do you have access to CT or MRI?					
e) Do you have access to specialists for referral?					
f) Do you have regular contact and interaction with physicians in the same discipline in your community?					
g) Does your community have one or more long term care facilities?					

h) Does your community have a Community Care Access Centre (CCAC)?					
i) Do you have access to social service agencies to support medical care for your patients?					

WORKLOAD AND PATIENT VOLUMES

4. Please indicate in which location you saw patients, the number of patients seen and the number of hours spent in direct patient contact during a **typical work-week**. Please also describe the number of patients, and the number of hours to be spent during direct patient contact in your **proposed** practice setting.

Please complete the “former” and “proposed” columns for <u>only</u> those facilities that apply.	FORMER		PROPOSED	
	# patients seen	# hrs spent in direct patient contact	Approx. # patients expected to be seen (If unknown, please mark “unknown”)	Approx # hrs to be spent in direct patient contact (If unknown, please mark “unknown”)
<u>Facility</u>				
A. Office Practice:				
a) Private Office				
b) Health Service Organization (HSO)				
c) Community Health Centre				
d) Family Health Network				
e) Family Health Group				
f) Walk-in Clinic; After hours Clinic, Urgent Care Setting (e.g., generally no appointments; generally episodic care, non-static patient base)				
g) Academic Family Practice Teaching Unit				
h) Locum				
B. Hospital:				
a) Community Hospital				
> Inpatients				
> Outpatients				
> Emergency				
> Surgical Assist				
> Day Surgery				
> Hospitalist				
b) Academic/Teaching Hospital				
> Inpatients				
> Outpatients				
> Emergency				
> Surgical Assist				
> Day Surgery				
> Hospitalist				
C. Long-Term Care Facility/Nursing Home etc.				
D. Independent Health Facility (IHF)				
E. Out-of-Hospital Premises (OHP)				
F. Government Facility (jail, military, etc.)				
G. House Call Service				
H. Other (please specify) _____				

CLINICAL ACTIVITY

5. Please describe your FORMER and PROPOSED clinical practice **using the table of codes listed on page 7**. We would like you to reflect on your actual practice (i.e. “what you actually do”), rather than the certification(s) you may hold. If you list more than one code, please estimate the percentage of time you spend in each area.

FORMER – What were you **formerly** doing?

Code (3 digits)	0 – 10%	10 – 20%	20 – 40%	40 – 60%	60 – 80%	80% +
a)						
b)						
c)						
d)						
e) Other, please specify						

PROPOSED – What do you **propose** to do?

Code (3 digits)	0 – 10%	10 – 20%	20 – 40%	40 – 60%	60 – 80%	80% +
a)						
b)						
c)						
d)						
e) Other, please specify						

6. In a typical week, please **estimate** the percent of your **FORMER** patient visits (left column) that fall within each of the following categories. Also, please **estimate** the percent of your patient visits that would likely fall within your **PROPOSED** practice (right column). *Please note that the total should equal 100 percent.*

FORMER - Percent of patient visits	Category	PROPOSED – Percent of patients you anticipate in each area
	NEW PRESENTATIONS/ACUTE CONDITION MANAGEMENT – New or known patients with new complaints or condition requiring the formulation of a diagnosis in an office practice setting.	
	MANAGEMENT OF PATIENTS WITH ONGOING/CHRONIC CONDITIONS – Patients with chronic conditions requiring long-term monitoring with or without the presence of co-morbidities.	
	CONTINUITY OF CARE AND REFERRALS – Patients who you refer for treatment, surgical procedures, diagnostic procedures or otherwise, to the care of other physicians.	
	HEALTH MAINTENANCE – Patient visits for well care and preventive health maintenance (e.g. annual check-ups, screening, well baby visits, etc.).	
	PSYCHOSOCIAL CARE – Patients who you provide general counselling, psychotherapy sessions or referrals to various supportive social agencies in his/her community.	
	NEW CONSULTATIONS/PRE-OPERATIVE MANAGEMENT – New patients or known patients presenting prior to surgical/medical procedures for pre-operative examinations, testing and treatments.	
	OPERATIVE PATIENT MANAGEMENT AND PROCEDURES – Providing patients with intra-operative/procedural treatments.	
	POST-OPERATIVE MANAGEMENT AND FOLLOW-UP – Patient to whom you provide post-operative/post-procedural care, which may include follow-up of patients with conditions that may require long-term.	
	EMERGENCY MEDICINE MANAGEMENT - Patients to whom you provide care for in the emergency department.	
	OTHER (please specify)	
	TOTAL %	

7. Describe your proposed scope of practice. How will it differ from your former practice?

8. Please list 10 of the most common conditions/diseases that you FORMERLY saw/did in your practice as well as those you expect to see/do in your PROPOSED practice:

FORMER PRACTICE (Most Common Conditions/Diseases)	PROPOSED PRACTICE (Most Common Conditions/Diseases)
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Please list 5 of the most common procedures that you FORMERLY performed in your practice as well as those you expect to perform in your PROPOSED practice:

FORMER PRACTICE (Most Common Procedures)	PROPOSED PRACTICE (Most Common Procedures)
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Table of Practice Descriptors (To be used for Question 6)

	ANESTHESIA		OBSTETRICS AND GYNECOLOGY		SURGERY
101	Anesthesia	501	Gynecologic Oncology	803	Cardiovascular Surgery
103	Chronic Pain Management with anesthesia	502	Gynecologic Reproductive Endocrinology & Fertility	804	Clinical Associates-Surgical
102	Chronic Pain Management without general/spinal anesthesia	503	Gynecologic Surgery without labour and delivery	805	Colorectal Surgery
		504	Gynecology	806	Cosmetic Surgery
		508	Maternal Fetal Medicine	820	Endoscopy
	GENERAL/FAMILY PRACTICE	505	Obstetrical Practice without labour and delivery	807	General Surgery
917	Episodic Care/Urgent Care/Walk-in	506	Obstetrics	808	General Surgical Oncology
201	General/Family Practice	507	Office Gynecology	801	Laser Surgery
202	General/Family Practice without Hospital privileges		PEDIATRICS	822	Laser Vision Correction
203	General Practice Oncology	617	Adolescent Medicine	809	Neurosurgery
927	Hospitalist	618	Developmental Pediatrics	821	Office Orthopedics
921	House Calls	601	Neonatology	810	Ophthalmology
916	Long Term Care/Nursing Homes	607	Pediatric Allergy/Clinical Immunology	811	Orthopedic Surgery
		603	Pediatric Cardiology	812	Otolaryngology
		619	Pediatric Clinical Pharmacology	813	Plastic Surgery
	LABORATORY MEDICINE	620	Pediatric Critical Care Medicine	819	Sclerotherapy
401	Medical Biochemistry	621	Pediatric Emergency Medicine	802	Surgical Assist
402	Medical Microbiology	933	Pediatric Endocrinology	814	Surgical Practice without operative treatment
403	Pathology-Anatomic	610	Pediatric Gastroenterology	815	Thoracic Surgery
407	Pathology-Forensic	615	Pediatric Gynecology	818	Transplant Surgery
404	Pathology-General	611	Pediatric Hematology	816	Urology
405	Pathology-Hematological	612	Pediatric Hematology/Oncology	817	Vascular Surgery
406	Pathology-Neurological	613	Pediatric Infectious Diseases	823	Surgical Ophthalmology
	MEDICINE	604	Pediatric Nephrology		OTHER
301	Allergy	605	Pediatric Neurology	901	Acupuncture
302	Cardiology	608	Pediatric Oncology	911	Addiction Medicine
303	Clinical Immunology	609	Pediatric Orthopedics	902	Administrative Medicine
304	Clinical Pharmacology	614	Pediatric Respiratory Medicine	912	Aviation Medicine
305	Critical Care Medicine	934	Pediatric Rheumatology	908	Clinical Fellow-with moonlighting
306	Dermatology	616	Pediatric Sleep Medicine	907	Clinical Fellow-without moonlighting
307	Emergency Medicine	606	Pediatric Surgery	936	Community Medicine (non-Public Health Practice)
308	Endocrinology	602	Pediatrics	903	Community Medicine (Public Health)
309	Gastroenterology		PSYCHIATRY	915	Complementary Medicine
310	Genetics	910	Child and Adolescent Psychiatry	929	Consultations
311	Geriatric Medicine	937	Forensic Psychiatry	925	Coroner
325	General Practice Oncology	935	Geriatric Psychiatry	918	EEG
312	Hematology	321	Psychiatry	919	EMG
324	Hepatology	926	Psychoanalysis	913	Hyperbaric/Diving Medicine
313	Infectious Diseases	905	Psychotherapy	939	Independent Medical Examinations
314	Internal Medicine		RADIOLOGY	928	Locum
315	Medical Oncology	704	CT (computed tomography)	924	Managing practice (dealing with office staff, other business aspects of practice)
316	Nephrology	701	Diagnostic Imaging	904	Palliative care
317	Neurology	705	Interventional Radiology	923	Research
319	Occupational Medicine	703	MRI	914	Sleep Medicine
320	Physical Medicine and Rehabilitation	708	Neuroradiology	906	Sport Medicine
322	Respiratory Medicine	318	Nuclear Medicine	922	Teaching
323	Rheumatology	707	Position Emission Tomography (PET)	930	Travel & Tropical Medicine
920	Spirometry	702	Therapeutic Radiology/Radiation Oncology	938	Other
940	Transfusion Medicine			931	Cosmetics-Non Surgical Procedures

If you have completed or plan to complete any formal training or educational enhancement (e.g. courses, seminars, etc.) in preparation for your proposed “scope of practice”, **please describe your completed or proposed training in detail, including: content, duration, location of the training, and any accredited certification. Limited space is provided below; however, please feel free to attach any applicable information to this application.**

PART IV: SUPERVISION PROCESS

As part of your re-entering practice process, you may need to undergo a period of graded supervision, followed by a College-directed assessment of your abilities. You need to recruit one or more clinical supervisors to assist you in your re-entering practice process. It is advisable to have more than one clinical supervisor.

Your proposed clinical supervisor(s) must be acceptable to the College. For characteristics of an acceptable supervisor, please see the College document entitled *Guidelines for College-Directed Clinical Supervision*:

<https://www.cpso.on.ca/en/Physicians/Your-Practice/Quality-Management/CPGs-Other-Guidelines/Guidelines-for-College-Directed-Supervision>

Your graded supervision may take place in three levels: High, Moderate, and Low Level Supervision.

High Level Supervision

- Physician is never the Most Responsible Physician (MRP)
- All cases are reviewed with the supervisor and management plans are reviewed

Moderate Level Supervision

- Physician is the MRP
- Supervisor is immediately available by phone or email
- If the clinical scope of practice involves procedures, supervisor must be on-site and immediately available
- Supervisor reviews a selection of cases initially weekly, progressing to biweekly review at the College’s/Supervisor’s discretion, and provides feedback to the physician on documentation and care

Low Level Supervision

- Physician is the MRP
- Supervisor must be available by phone or email to discuss cases
- Supervisor to review a selection of cases on a monthly basis

PROPOSED SUPERVISOR(S):

NAME & CPSO#: _____

NAME & CPSO#: _____

Tentative Start Date: _____

I certify that the information provided on this application is correct and complete to the best of my knowledge.

SIGNATURE: _____

DATE: _____