Out-of-Hospital Premises Inspection Program
FAQs for Physicians

The following is intended to provide useful information about the Out-of-Hospital Premises Inspection Program. It includes an overview of the Program, the statutory requirements that affect physicians who are working in these premises and the fee structure. If you have additional questions that are not covered in this FAQ, please contact us at ohp@cpso.on.ca.

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How are out-of-hospital premises defined in the regulation?

The regulation defines out-of-hospital premises (OHPs) as any place where a physician performs certain procedures. In some cases, OHPs bill patients directly for procedures. Premises that are governed by any of the following legislations are not considered to be OHPs:

a) The Charitable Institutions Act
b) The Community Psychiatric Hospitals Act
c) The Developmental Services Act
d) The Homes for Special Care Act
e) The Homes for the Aged and Rest Homes Act
f) The Independent Health Facilities Act (some restrictions apply, see question 7)
g) The Mental Hospitals Act
h) The Ministry of Community and Social Services Act
i) The Ministry of Correctional Services Act
j) The Ministry of Health and Long-Term Care Act
k) The Nursing Homes Act
l) The Private Hospitals Act
m) The Public Hospitals Act
**To whom does the regulation apply?**

The regulation applies to two groups of physicians:

- Those who were already performing procedures in an out-of-hospital premises at the time the regulation came into effect on April 9, 2010; and
- Those who intend to perform procedures in the future.

Physicians who perform certain procedures in out-of-hospital premises are required to provide written notice to the College. We have developed an online notification form to provide you with the mechanism for giving the written notice required in the regulation: [http://www.cpso.on.ca/members/default.aspx?id=3756](http://www.cpso.on.ca/members/default.aspx?id=3756).

**How do I know whether I need to complete the notification form?**

Physicians (including anesthesiologists) will need to provide the required notice, using the notification form developed by the College and available online, if they perform or are planning to perform procedures on patients using certain types of anesthesia in an OHP. This includes procedures that when performed in accordance with the accepted standards of practice are performed under the administration of any of:

- general anesthesia;
- parenteral sedation (administered by intravenous, intramuscular or subcutaneous injection);
- regional anesthesia (except for a digital nerve block);
- any local anesthesia including, *but not limited to*, tumescent liposuction (please see exceptions listed below):
  - surgical alteration or excision of any lesions or tissue for cosmetic purposes;
  - the injection or insertion of anything permanent for cosmetic purposes;
  - nerve blocks solely for the treatment of chronic pain.

(Note: Unless listed in the exceptions below, members should report. For example, physicians affiliated with infertility clinics where egg retrieval takes place must report).

**Have you identified any procedures performed using local anesthesia that are exempt from the regulation?**

Yes, you do not need to provide notice if you are using local anesthetic to perform procedures such as:

- Cosmetic procedures:
  - NON-PERMANENT fillers, such as: Restylane®, Cosmoderm®, Cosmoplast®, Captique®, Hyalform®, Jevederm®, Perlane®, Zyderm®, Zyplast® (Note: not all available in Canada);
  - SEMI-PERMANENT fillers such as: Sculptra®, Radiesse;
  - Botox® injections; laser skin resurfacing with fractionated laser.
→ Ophthalmology:
  • lasik procedure;
→ Pain management:
  • application of Hematoma block;
  • dorsal penile block;
  • dental nerve block;
  • injecting or aspirating joints and bursas;
  • sedation for palliative care.
→ Other general procedures:
  • the surgical alteration or excision of lesions or tissue for a clinical purpose, including for the purpose of examination, treatment or diagnosis of disease;
  • minor dermatological procedures such as the removal of skin tags, benign moles and cysts;
  • minor procedures for ingrown toenails;
  • suturing of wounds;
  • anorectal surgeries, hemorrhoidectomy, fissurectomy, pilonidal sinus excision;
  • sclerotherapy;
  • ear lobe repair;
  • IV infusions for rheumatology, arthritis, osteo;
  • punch biopsies;
  • colposcopies and endometrial biopsies;
  • Infant circumcision; vasectomy.

Are there any circumstances where I should report that I surgically alter or excise lesions or tissue for a clinical purpose, including for the purpose of examination, treatment or diagnosis of disease?

Yes, you must report if the procedure is performed using general anesthesia, parenteral sedation, or regional anesthesia.

Are all circumcision procedures exempt under the regulation?

No, they are not all exempt. Circumcision performed on adults with a local anesthetic for cosmetic purposes must be reported. In addition, any circumcision performed under parenteral sedation, regional anesthesia or general anesthesia must be reported.

I inject permanent fillers, materials or substances for cosmetic purposes using local anesthetic. Do I need to complete the notification form?

Yes, the regulation requires you to complete the notification form. This is ONLY if that which you are injecting is of a PERMANENT nature. Examples of permanent fillers include: Aquamid®, Artecoll®, Artefill®, Bio-Alcamid®, Dermalive®, Evolution®, Outline®, Silicone or Silicone 1000®, (Note: not all available in Canada).

The use of temporary fillers such as hyaluronic acid-based fillers (e.g., Restylane®) and
neurotoxins (e.g., Botox®) do not need to be reported, even if local anesthetic is used during their administration.

**I am an anesthesiologist; do I need to complete the notification form?**

Yes, anesthesiologists that are providing services in OHPs are required to report. The regulation states that ANY member working in an OHP must provide notice to the College.

**I am an ophthalmologist, do I need to report?**

Yes, some ophthalmology procedures do fall under the regulation. You are required to provide notice if you perform or are planning to perform cosmetic procedures, such as blepharoplasty, oculoplasty and procedures that are performed using a regional block (including retrobulbar blocks) or using parenteral sedation (which includes neurolept anesthesia), or general anesthesia. However, if you only perform Lasik surgeries, you do not need to report.

**I rent space at an out-of-hospital premises to perform procedures which I specialize in (i.e., Interventional Pain Management). Am I required to report separately?**

Yes, you are required to report if you are currently performing procedures or if you intend to perform procedures in a rented space of an OHP. Please be advised that even if the OHP (which you intend to rent or are currently renting) has undergone an OHP inspection-assessment, you are still required to report if you are performing procedures as a separate entity (i.e., not an active staff of the OHP where you are renting the space from) or as a professional corporation. The reporting obligation does not fall under the responsibility of the Medical Director or the member who has permitted you to use the space for the procedures you perform; it is your sole responsibility to ensure that you have completed and submitted the written notice for each unique premises where you are performing procedures.

**I perform procedures in a licensed Independent Health Facility (IHF). Do I need to complete the notification form?**

IHF s are licensed to perform specific procedures permitted by the Ministry of Health and Long-Term Care and are regulated by the *Independent Health Facilities Act*. If you perform any procedures in accordance with the OHP regulation that are **outside of the scope of the facility’s licence**, you are required to complete the notification form.

**When is the notification form due?**

If you intend to commence performing procedures at an OHP as defined in the regulation, you are required to provide written notice to the College and you are not permitted to begin using these premises until the premises passes the inspection-assessment.

If you were already performing procedures in an OHP when the regulation came into effect on April 9, 2010, you were obligated to provide written notice by June 8, 2010. However, if you have missed this deadline, please contact program staff at (416) 967-2600, ext. 242 upon
completion of the notification form.

If you move to another OHP, you must also provide notice. The notification form is available on the College’s website at: http://wwwcpsoon.ca/members/default.aspx?id=3756.

**What are the next steps after I submit my notification form?**

The College may contact the Medical Director to ask any outstanding questions. The Medical Director of each premises will be sent an introductory letter, program information, a Pre-Visit Questionnaire and an invoice from the College. This information will assist members to adequately prepare for the inspection-assessment that will be scheduled.

**What are the core standards for out-of-hospital premises?**

The core requirements for the performance of procedures involving use of anesthesia as defined in the regulation are contained in the document *Out-of-Hospital Premises Standards* available on the College’s website at CPSO Members>Out-of-Hospital Premises Inspection Program. This core standards document is be used for the inspection-assessment of premises and physicians, and are applicable to all members of the CPSO that work in such premises. Please ensure that you have reviewed and are familiar with the standards document.

**Are there additional guidelines to assist in interpreting and applying the core OHP standards?**

Yes, in July 2011, the College issued a *Guide to Applying the OHP Standards in Interventional Pain Premises*. In November 2011, a *Guide to Applying the OHP Standards in Endoscopy/Colonoscopy Premises* was issued. These documents were developed to help practitioners plan for and participate in their inspection-assessments.


**Have any other assessment-inspection tools been developed?**

Yes, a number of assessment forms and tools have been developed to both guide physicians and for use in the assessment-inspection. They are available at: http://www.cpso.on.ca/members/default.aspx?id=4964.
How does the OHP assessment work – is it investigative or is it quality assurance?

The process is both an inspection and an assessment. The premises undergoes an inspection to ensure it is a safe environment for the types of procedures being performed - and the assessor(s) will make recommendations or actions required for the premises to meet the standard.

Physicians performing procedures in OHPs will be assessed similar to other College assessments. Inspection-assessments will be conducted by a peer assessor who will make recommendations about whether actions or improvements may be required of a physician to allow him/her to perform the procedures in question.

The Premises Inspection Committee (PIC), which oversees the program, will review the inspection-assessment results and determine whether the premises passed, passed with conditions or failed the inspection. If the results suggest that a physician may have committed an act of professional misconduct, or may be incompetent or incapacitated, the PIC will refer the matter to an appropriate committee of the College to determine whether further action is required.

I have provided notification to the College, when will the inspection-assessment occur?

If you have provided written notice stating that you intend to commence performing procedures at an OHP, the College shall ensure that an inspection is conducted within 180 days from the day the College receives notification from you. You are not permitted to perform procedures in the premises until the premises passes the inspection-assessment.

How often will the College inspect an OHP?

After the completion of the initial inspection-assessment, premises will be inspected-assessed every five years. If PIC believes that it is necessary or advisable to inspect a particular premises within the five-year time frame, it will do so.

Once I have been assessed and the premises in which I perform procedures has been inspected, can I perform new procedures in the premises?

No, only those procedures that members and premises have been inspected and assessed for can be performed in premises.
What are the applicable fees associated for an OHP?

The Premises Inspection Program is a self-supporting program. As of October 1st, 2012, the College has set fees based on program costs and expenses, which consist of:

1. **One-time application fee** of $500 for each individual premises;

2. **Annual fee** of $825 for each individual member who is affiliated with an OHP. The Medical Director is no longer solely responsible for ensuring payment of annual fees;

3. **Inspection-assessment fee** (Please note that the inspection fee is calculated based on the cost of each individual premises inspection, such as the number of hours required to travel and conduct the assessment and the time involved in completing the inspection-assessment report);

4. **An affiliation fee** of $75 for each individual physician completing a notification form.

*A physician may notify for multiple OHPs on a single online notification form and will only be subject to pay $75 if the notification was provided on the SAME calendar date. However, any notifications made after the calendar date will be subject to an additional affiliation fee of $75.

Therefore, you are encouraged to complete the form on the same calendar date if you are affiliated with providing services at multiple OHPs.

What does my annual fee pay for?

The annual fee pays for the ongoing costs of administering and overseeing the OHP program. Core program infrastructure is required to support the administration and oversight of the inspection process, which includes the staff and technology support. The annual fee also supports the Premises Inspection Committee which oversees the Out-of-Hospital Premises Inspection Program. Resources are also required to support program review such as updating the program Standards and developing Adverse Event reporting protocols.

The program is self-funded by participants as opposed to the broader membership.

How did you arrive at the $825 fee?

The Program began in 2009 with the development of the regulation and program infrastructure. The College was required to inspect every premise within two years. The start-up costs and the ongoing costs of running the program had been calculated on a five-year basis to be in line with the inspection cycle of every five years for the bulk of OHPs. The cost over five years (2011 to 2015) is projected to be $5,287,353 or about $1,057,470 on average per year. The fee is calculated on the basis of the estimated number of physicians who are actively affiliated with premises. The calculation of the fee per member is based on the average projected annual program cost ($1,057,470 per year) and the estimated number of affiliated physicians in 2013 (estimated to be approximately 1,285) or $825 per member.

How do the fees compare with those in other jurisdictions?

Our fee structure is competitive, though it is not easily compared with other programs. We have learned from the experiences of the Colleges of Physicians and Surgeons in Alberta and
British Columbia, Accreditation Canada and the American Association for the Accreditation of Ambulatory Surgical Facilities.

**Provide an overview of the Program’s 2012 Budget?**

The Program requires resources for the following components: Staff makes up 43% of the program costs, Committee oversight is 26%, costs for administration and overhead including IT is 22% and other costs are 9%. In addition, all of the assessment site visits use additional resources and the premises are responsible for direct assessment costs.

**What can we expect in the future?**

The College is committed to a transparent and fair fee structure. In support of this objective, the College has retained an external firm to conduct a wide review of program fees to ensure consistency, fairness and sound modeling. We expect that this will result in future changes. We will keep program participants informed of our progress.

**What are the medical director’s fee obligations?**

Medical Directors for 2012-2013 will no longer have sole responsibility for the payment of the annual fee. This change takes effect this year as individual members (physicians) affiliated with premises will share in the cost of the out-of-hospital quality initiative. The Medical Director, as a member physician, will be responsible for their individual annual fee of $825 as well as for the one time application fee, and all direct inspection-assessment fees.

**If my OHP needs to be re-assessed, will there be another inspection-assessment fee?**

Yes, there will be a fee for a re-inspection-assessment of the premises.

**What is the penalty if the fees are not paid on-time?**

Payment is due within 30 days of receiving a College invoice. Any outstanding annual fee will be added to each member’s College annual renewal payment. In addition, an outstanding inspection-assessment fee will be added to the medical director’s College annual renewal payment.

If you do not pay your annual renewal in full, you can be subject to suspension of your certificate due to non-payment of College fees.

**I am no longer affiliated with an OHP. What is my obligation?**

Members who are no longer affiliated with an OHP need to advise the College. Members who become affiliated with an OHP need to advise the College. Members who are no longer affiliated with an OHP will not be responsible for the annual fee.