Defining Scope of Practice
College explores possible solution to “practice drift”

Most physicians’ practices evolve over time, but usually within their area of specialty training. The College, however, has noted a small, but increasing number of physicians “drifting” into areas that fall outside their formal training or current practice experience. The phenomenon of “practice drift” is well recognized and has become an area of concern for regulators, including this College.

The concerns have led the College to undertake a dialogue with the profession to explore the implications of giving new registrants a “defined scope” certificate that explicitly identifies their education and experience, thus defining their scope of practice.

As currently imagined, the scope reflected on the physician’s certificate of registration would be his or her specialty as recognized by the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada or by this College. It would authorize the holder to practise only in the stated area of specialty and it would explicitly require that the education and experience is current.
“Our mandate is to regulate in the public interest,” said Dr. Rocco Gerace, College Registrar, “and that starts with registration. We know that appropriate training leads to practice competency and that those without appropriate current training are more likely to have trouble maintaining an appropriate standard of care,” he said.

Currently, an independent practice certificate – the certificate that most Ontario doctors hold – requires physicians to practise only in the area of medicine in which they are educated and experienced. However, it does not explicitly identify the scope of practice. Instead, all physicians are expected to use their judgment and comply with the condition that they practise only in the areas of medicine in which they are educated and experienced.

“I am an anesthesiologist who has been practising exclusively in the operating room for the last 35 years,” said Dr. Bob Byrick, who chaired the Registration Committee which originally brought this concept to Council’s attention. “It wouldn’t be appropriate or safe for me to set up a family practice clinic at this point in my career, for example, but the Registration Committee has seen cases where physicians truly thought that their medical certificates and their rotating internships entitled them to practise across the breadth of the profession,” said Dr. Byrick, who is also the College’s President.

The College has already met with a number of physician groups to discuss this issue. “So far, the feedback has been mixed,” said Dr. Gerace. “Many of the doctors we have spoken to so far have indicated support for the idea – they believe that it will have no impact on the vast majority of Ontario physicians and may remind those few whose practice has drifted, that the College has specific requirements associated with a change in scope. Those who have objected to the idea have most often raised the concern that the consequence of such a change would be to limit scope more narrowly than we do today. That is not our intention – the idea we are discussing would be to make explicit a limitation that is already part of every physician’s certificate,” he said.

The other aspect of the debate that Dr. Gerace wanted to emphasize is that no decisions have been made at this point – this conversation is about exploring our options. Moreover, “What is outside and what is within a specialty’s scope of practice will always be best determined by members of the specialty, not the CPSO,” he said.

**DEFINED SCOPE CERTIFICATE vs RESTRICTED CERTIFICATE**

A defined scope certificate should not be confused with a restricted registration certificate. Defined scope certificates would be full independent practice certificates that would describe the physician’s scope of practice on the certificate of registration. For most new registrants, it is contemplated that a scope defined certificate will be completely consistent with their CFPC or RCPSC specialty.

Restricted certificates have terms, conditions and limitations imposed by a College committee. Such a certificate may state a requirement for supervision or authorization to practise in certain settings only.
The College’s expectation that physicians should confine their practices to their areas of expertise has taken an increasingly high profile over the last decade or so. We introduced the Changing Scope of Practice policy in 2000. It created an obligation to report significant changes or intended changes of scope and indicates that physicians changing their scope are required to participate in a process, including training, supervision and assessment, to ensure that they have the necessary competence to practise in the intended area.

In 2009, we added a question to the annual registration renewal that asks physicians whether they have changed their scope in the previous year or intend to change their scope of practice.

In our peer assessments and premises inspections, one element of the College’s oversight is to ensure that physicians and their premises are appropriately prepared for the area of their practice.

Finally, we consult with peer experts to develop guidelines to establish the appropriate training requirements for those who wish to change their scopes of practice.

“Our objective in this discussion is to hear from you about how best we can ensure that all Ontario physicians understand clearly what the College is saying when we talk about “scope of practice” and to ensure that we all continue to deliver the best possible care to our patients,” said Dr. Byrick.

Other jurisdictions have sought to connect registration with scope of practice or specialty. While the proposal we are exploring is unique, we will turn to the experiences of other medical regulatory authorities when evaluating next steps. “We have been learning from our colleagues across the country about their licensure models as physician mobility to Ontario has certainly increased in the past couple of years with the Agreement on Internal Trade and labour mobility legislation in Ontario,” added Dr. Gerace.

Have Your Say
We want you to be a part of the discussion about a defined scope of practice. We would appreciate your feedback on specific aspects of such a potential change as defined scope registration, and welcome your more general comments as well. Please participate in our online survey at www.cpso.on.ca under Consultations.

To ensure transparency and encourage open dialogue, the feedback received will be posted on our website in accordance with posting guidelines.

In addition to inviting you to participate in our online survey and welcoming written comments, College representatives have met or plan to meet with different groups of physicians throughout Ontario. If you would like a College representative to come and discuss the issues with your group, we would be happy to do so. Please contact Outreach Coordinator Leslie Ma at 1-800-268-7096 ext. 765, or email lma@cpso.on.ca.
What we have heard so far…and why it is helpful

College staff and Council members have been meeting with physicians across the province to discuss the potential for defined scope certificates of registration.

Some of you have embraced the concept while others have voiced concern about the ramifications. Each concern that you raise will be reported to the Registration Committee and ultimately to Council. Council will review your feedback in its determination of whether to proceed to develop a revised registration regulation.

If Council directs development of a regulation, the drafters will rely on your feedback to help to identify and to try to avoid unintended consequences. If a draft regulation is created, you will be invited to provide feedback at that stage too.

A sample of the comments we have received so far is below.

• Defining scope is impossible
  – In your feedback, you have provided many examples in which RCSPC or CFPC specialty might not accurately capture a physician’s real scope of practice or where it raises questions (eg. is interventional pain medicine within the scope of physiatry? How would we define the scope of a surgeon with the appropriate additional training and experience who also had a methadone practice?)

• In some cases, like northern or rural communities, family physicians deliver a very broad scope of care which may be different from the scope of practice of a family physician in an urban setting. Should such family physicians be exempted?

• This system would work better for specialists than family physicians. Should family physicians be exempted?

• This is a boost for public protection

• If we are going in this direction, we should define scope for all physicians, not only new registrants. Some doctors with established careers have narrowed or altered their scope and it is these doctors who pose a risk and they should not be exempt from a defined scope certificate. If the change is too broad and general, it will have no value – if it is too narrow and specific, it will be too expensive to implement

• There is a potential to confuse patients: for example, if scope is obstetrics/gynecology but the doctor practises oncology

• This should have happened years ago

• This could have a negative impact on access to care

• The ability to confine my own practice to my scope will be a welcome tool

• The ability to clearly identify physician competencies could assist hospitals in human health resource planning

Want us to visit your group?

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