

Stronger Together Collaboration in Health Human Resources

How the Agreement on Internal Trade and New Supervision Requirements will Impact Ontario

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College of Physicians and Surgeons of Ontario

QUALITY PROFESSIONALS | HEALTHY SYSTEM | PUBLIC TRUST

Themes

- **AIT**
 - *impact on mobility, physicians and the public*
- **Another doctor needs supervision!**
 - *what is supervision; making it work for everyone*
- **A few tips to manage the (constantly) changing landscape**





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Fundamental Premise

- **Public interest mandate of CPSO**
- **Qualifications for Registration**
- **CPSO supports mobility, and has been part of the solution to physician supply**



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RHPA (Regulated Health Professions Act)



Regulated Health Professions Act, 1991

S.O. 1991, CHAPTER 18

<http://www.search.e-laws.gov.on.ca/en/search/>



What is the CPSO?

- **To regulate the practice of the profession and to govern members by**
 - *Registration standards*
 - Ensure fully qualified individuals granted license
 - Prevents unqualified from performing potentially harmful medical acts
 - *Assuring quality of practice, continuing competence, ethics*
 - *Investigation and discipline*
- **In the public interest**

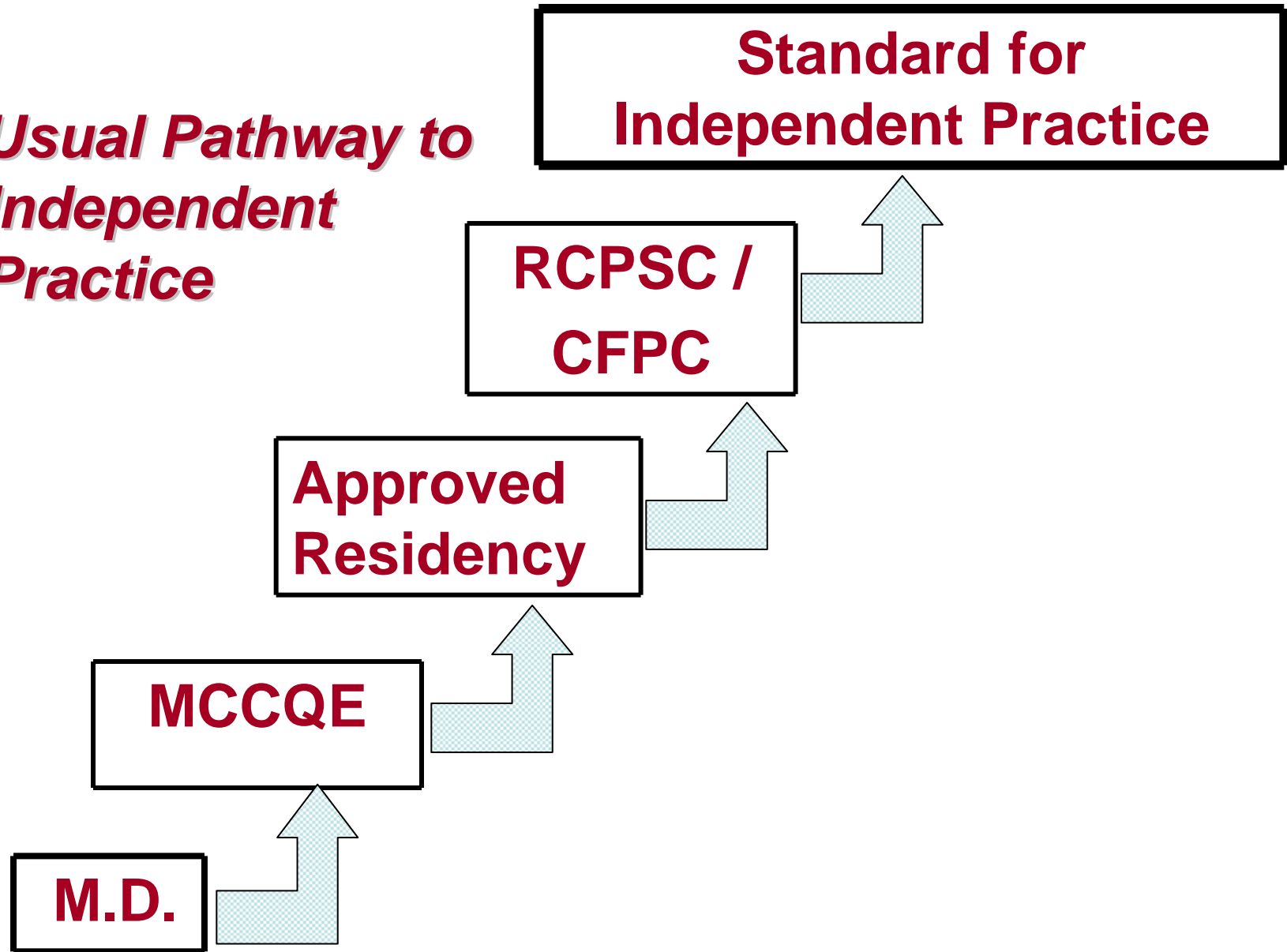


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Usual Pathway to Independent Practice



Current Alternatives to Usual Pathway to Independent Practice

Standard for Independent Practice

RCPSC / CFPC

Approved Residency

MCCQE

M.D.

Current Alternatives (via registration policies)

SUPERVISION + ASSESSMENT



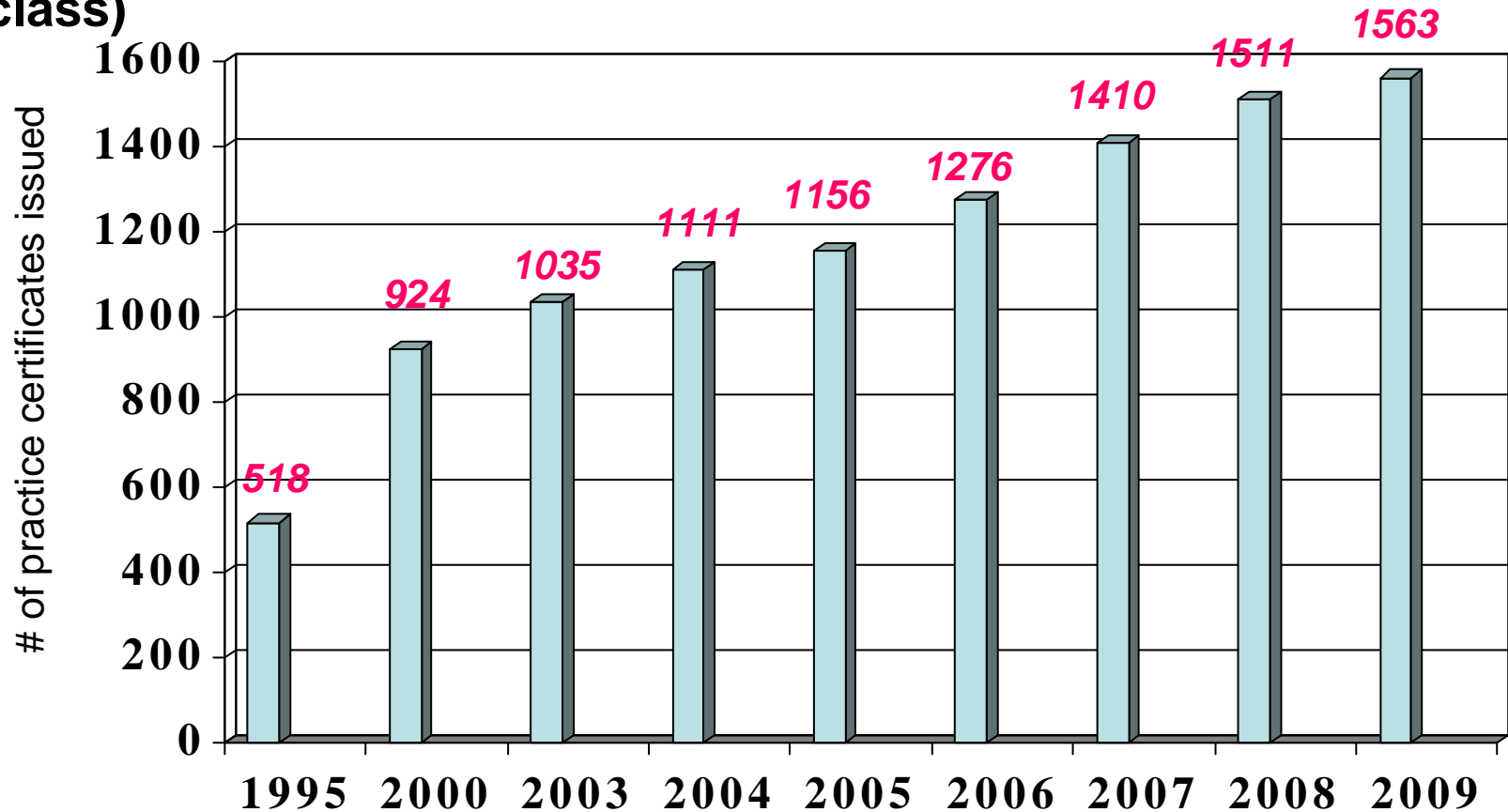
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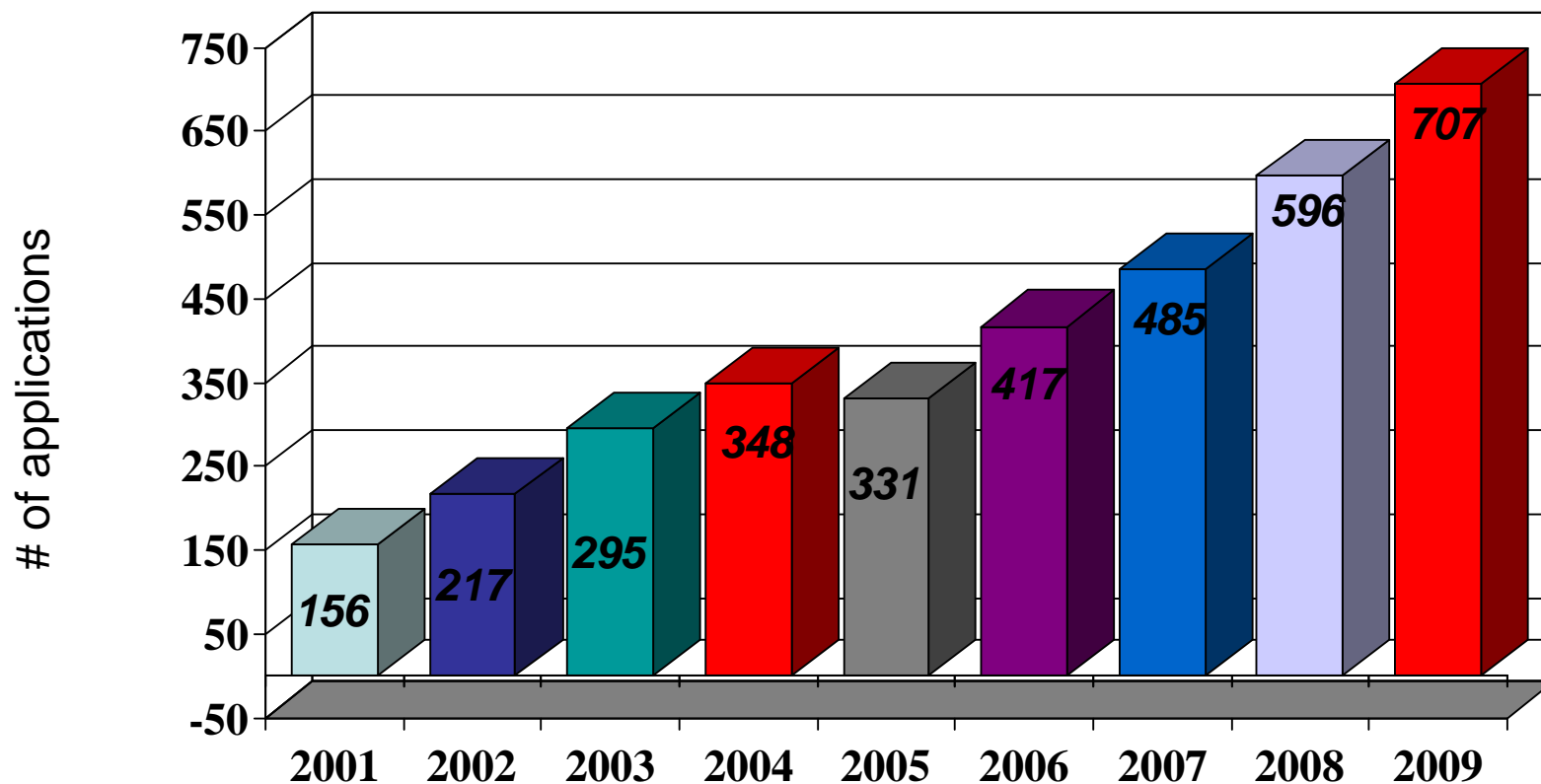
Practice Certificates of Registration

Includes full independent practice, academic practice, and restricted practice certificates (excludes postgraduate education class)



Registration Trends

Number of applications approved by Registration Committee



453% Increase (to date) from 2001



Imagine for a Moment...



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What is AIT?

- “The Agreement on Internal Trade (AIT), signed in 1994 by the Government of Canada and the provincial and territorial governments, makes it easier for people, investments, and services to move across Canada.”
- ““Labour mobility” refers to the freedom of workers to practice their occupation wherever opportunities exist. Every year, approximately 200,000 Canadians relocate to a different province or territory and look for work. Encouraging the recognition of qualifications across Canada benefits workers and employers alike.”
- “Chapter 7 of the AIT - the Labour Mobility Chapter - says that any qualified worker in an occupation in one province or territory must be granted access to similar employment opportunities in any other Canadian jurisdiction. Chapter 7 of the AIT targets three main barriers that prevent or limit the interprovincial movement of workers:
 - *residency requirements;*
 - *practices related to occupational licensing, certification and registration; and*
 - *differences in occupational standards.*”



AIT - Key Points

- **F/P/T agreement**
 - *Economic foundation*
- **Eliminate barriers to mobility**
- **Qualified workers in one place will be recognized as qualified by all other Canadian jurisdictions**
- **Translated into legislation in several provinces**



AIT - Key Points

- **Applies to all licenses:**
 - *Full license (unrestricted, unconditional)*
 - *Restricted license (restrictions, conditions)*
- **Receiving jurisdiction**
 - *Must accept*
 - **Conduct/character issues can still be considered**
 - *Apply equivalent restrictions, conditions (if possible)*
 - *No material re-training, testing, assessment or examination*



Legitimate Objectives

- **Legitimate reason to retain or establish a barrier**
 - *e.g. Issue of public health*
- **Governments can register LO's against other governments**
- **Must demonstrate material deficiency in skill, knowledge, ability**



Challenges in Medical Licensure

- **Current mobility in Canada ...**
- **A doctor is a doctor is a doctor ...**
- **A province is a province is a province ...**



Current Mobility in Canada ...

- **Majority of doctors were mobile in Canada before the latest AIT revisions and legislation (mutual recognition agreement)**
 - *Canadian qualifications*
- **Approximately 25% were/are not (pre-AIT)**
- **> 140 classes of medical license in Canada**



A Doctor is a Doctor is a Doctor ...

- **Medical Schools & Postgraduate Training**
- **Family Medicine**
- **Specialty Training**



European Union Headlines

Daily Mail (London, UK) *Terrifyingly inept foreign doctors are a symptom of a sickness in the NHS - not the cause* (Mar 18 2010)

Daily Mail (London, UK) *Fears over number of untested EU doctors [Scot Region]* (Mar 18 2010)

The Journal (Newcastle-Upon-Tyne, UK) *Safeguards are needed* (Feb 5 2010)

The Vancouver Sun (Vancouver, BC) *German doctor's fatal drug overdose killed British patient: Inquest* (Feb 4 2010)

Daily Mail (London, UK) *I have no interest in this at all ; As inquest opens, callous words of foreign doctor who killed his patient with a huge overdose* (Jan 15 2010)



A Province is a Province is a Province ...

- **License criteria differ**
 - *Full license*
 - *Provisional license*
- **Recruitment-driven**
- **Obligations not always explicit on license**

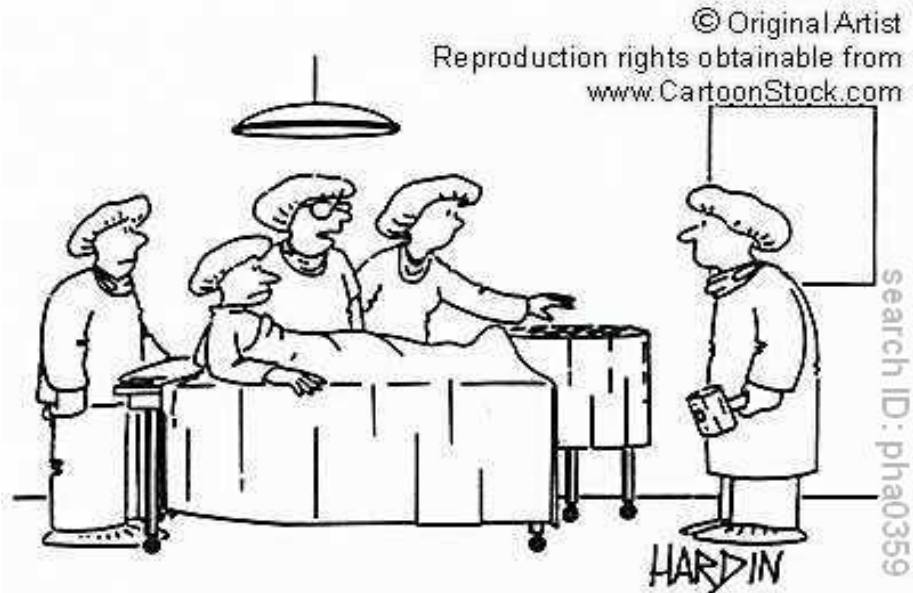


Ontario

- **Policies/ Pathways**
- **Pre-AIT**
 - *Most required pre- and post-licensure assessments*
 - *one year of supervised practice in Ontario*
- **Registration Through Practice Assessment (RPA) Program**



Assessment and Supervision Experience



"Pardon me, Doctor; but exactly where did you study anaesthesiology?"



Assessment and Supervision Experience

- **Deficiency in Knowledge:**
 - *Drugs, dosages, actions, side effects*
 - *Planning anesthesia care*
 - *Complications of procedures*
 - *Fluid management during peri-operative period*
 - *Difficulty understanding psychological issues*



Assessment & Supervision Experience

- **Deficiency in Skills:**
 - *History & physicals inadequate*
- **Deficiency in Pharmacology:**
 - *Serious concern re drug administration*
- **Deficiency in Follow up:**
 - *Lack of adequate follow-up with critically ill and vulnerable patients*



Assessment & Supervision Experience

- **Deficiency in Decisions:**
 - *Fails to consider more significant diagnosis*
 - *Inability to make a decision about treatment*
 - *Over-refers to specialists*



Assessment & Supervision Experience

**RESTRICTED CERTIFICATE IN ONTARIO
ENDED BASED ON SUPERVISION**

CERTIFICATE NOT ISSUED



In Fact...

- **From 2003 to 2008**
- **14% were:**
 - *refused entry to practice medicine in Ontario OR*
 - *terminated during a period of supervision in Ontario*
- **Compare to peer assessment in Ontario**



Provincial AIT Legislation

Ontario, Manitoba, British Columbia



AIT – General Impact

- **Ontario – legislatively enforced**
- **Licensure by “lowest common denominator”**
- **Physician mobility away from provinces most in need (recruitment & retention)**



What Does it Mean in Ontario?

- **Full license in another province – full license in Ontario**
- **Provisional license – possibly**
 - *Specialist recognition*
 - *Geographic restriction*
- **Character and conduct issues still relevant**



What Does it Mean in Ontario?

- **Given legislation, difficult to flag doctors as AIT- licensed doctors to the public, hospitals or others**
- **Is there a concern for the public?**
- **Are there different ways that the system can work together on this?**



Ontario Data

December 15/2009 – June 9/2010

- **28 registered based on AIT legislation**
 - *23 issued full license*
 - *5 issued restricted (provisional license)*
- **29 applications in process**
- **Compare to 62 physicians registered based on full “Canadian” qualifications**



Navigating AIT

- **National Standards**
- **Don't panic; but do your homework**
- **CPSO Current plan**
 - *Public register - NO*
 - *Certificates of professional conduct – IN PROCESS*
 - *Quality Assurance tools – IN PROCESS*
- **Institutions – privileges**
 - *Credentials*
 - *References*



Supervision



Supervision - A New Concept?

- **Supervision exists in all aspects of the practice of medicine:**
 - ***Education***
 - Graded responsibility, commensurate with skills, years of training, etc.
 - ***Institutional***
 - Hospitals, Family practice groups
 - Employer – employee
 - ***Professional Accountability***
 - Self-regulation; broad oversight (regulations, policies)
 - Individually-based
 - re-entry to practice; scope changes; QA-related; physician health
 - Entry to practice – assurance that training, experience translate to practice/performance



Supervision - Purpose & Goals

- **The public interest, first and foremost**
- **Recognizing practice experience – a continuum of safeguards**
- **Supportive**
 - *Clear performance expectations*
 - *Collegial relationships*
 - *Clear expected outcome*
 - **Achieving an independent practice certificate**



Definition of Supervisor in Registration Context

- **Clinical Supervisor**

- *An individual who reviews a physician's practice at regularly prescribed intervals set by the College to ensure that the physician is meeting the expected standard of care and that patient safety is not being compromised. The Clinical Supervisor may identify enhancement opportunities to the supervised physician, and may assist in learning about community resources to help meet patient needs.*



But...

- **Global mobility**
- **Highly variable training around the world**
- **Experienced physicians and qualifying examinations (MCCQE)**
- **Inability to access some exams (RCPSC)**
- **Unwillingness to do more exams**
- **Methods of practice assessment**



Variables (Background) to Determine Supervision Level

- **Training/education**
- **Experience**
- **Nature and extent of CPD**
- **Prior conduct and capacity**
- **Scope of previous practice**
- **What qualifications are lacking**



Variables (Practice) to Determine Supervision Level

- **Is MD the MRP**
- **Practice environment**
 - *office, institutional, community, solo;*
 - *Remote, rural, urban*
- **Presence of local support – consultants/co-workers**
- **Accountability – Chief of Staff; formal group practice**
- **Workload acuity and risk**



Most Common Concerns/Questions

- **I'm a great doctor! Why do I need it?**
- **I already have a mentor!**
- **Who will find a supervisor for me?**
- **I can't care for my patients and Dr. X's patients as well!**
- **This is going to be so time consuming!**
- **I'm going to get sued by someone!**
- **That supervisor must be biased!**



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