



June 6, 2018

Re: The CFPC, OCFP, and SRPC response to the College of Physicians and Surgeons of Ontario's *Expectations of Physicians Not Certified in Emergency Medicine Intending to Include Emergency Medicine as Part of Their Rural Practice – Changing Scope of Practice Process*

Dear colleagues,

We appreciate the College of Physicians and Surgeons of Ontario (CPSO)'s commitment to ongoing dialogue regarding its new policy. Our main concern is the application of this policy to new family medicine residency graduates. We would like to put forward a number of issues and suggestions for consideration:

1. **Impact on rural recruitment and retention:** There is grave concern that this policy will negatively affect the recruitment and retention of family physicians providing rural emergency care in Ontario. Some College of Family Physicians of Canada (CFPC) members practising in rural communities have begun to witness the deleterious effects of the CPSO policy. Rural hospitals currently have an established credentialing process that includes local knowledge about the scope of care and training required for a particular care setting. We suggest that a monitoring process and evaluation are needed before any element of the CPSO policy is implemented.
2. **Implications for family medicine residency training:** The CFPC reaffirms its commitment to a scope of practice and training that includes emergency care, as underscored in the CFPC's newly released position statement, the [Family Medicine Professional Profile](#). We are committed to standards that are competency-based and apply to all family physicians, regardless of whether they practise or intend to practise in rural or urban communities. While we agree that a competency lens must be applied, practice context is also extraordinarily important. It is not only the skills of an individual physician but also the team and resources surrounding that physician that determine the approach and care provided. The CFPC requires all residents to have rural practice experience as part of their training. Further, we have recently published a set of "rural competencies" that provides additional educational guidance to residency programs on the nature of these experiences. This document demonstrates the CFPC's profound understanding of the enhanced role that family physicians play in the management of emergent medical conditions in rural settings.

In applying a "change in scope" policy to new graduates, the CPSO signals a lack of confidence in the existing scope of training with a potential negative impact on graduates' practice intentions. Enhanced skills training in emergency medicine (available through either the CFPC or the Royal College of Physicians and Surgeons of Canada) is typically based in large, urban settings with graduates staying in these settings for full-time emergency medicine practice. While it is important to the provision of urban emergency care in tertiary hospital settings, this is neither realistic nor feasible as the primary solution for shortages facing rural emergency care. This remains almost exclusively the domain of rural family physicians, who need to be supported in this role.

3. **Call to review supervisory requirements:** All family medicine residents, regardless of the setting in which they train, are expected to acquire broadly based foundational skills that allow them to enter and adapt to any setting in Canada. This adaptation process inevitably requires mentorship for local learning and for tough cases, and the CFPC fully supports the use of mentorship for emergency care in the rural setting; this happens naturally in many instances. However, the CPSO policy demands a model of mentorship that appears supervisory in that it is mandatory and requires monitoring and reporting of performance to a degree that necessitates remuneration for those providing this service. We are concerned about the financial burden on new graduates and the extra work for already-stretched physician supervisors. We request an immediate review of these requirements.

Given the level of concern about potential impacts of this policy we ask the CPSO to delay its implementation. We propose that the CPSO document be reframed as general information for new graduates and that the CPSO refrains from declaring the decision to practise emergency medicine a change in scope. This discourse challenges the CFPC, in a positive way, to scrutinize its goals and training approaches, and we are committed to doing so in an open and constructive way with our partners.

Sincerely,



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President
College of Family Physicians of Canada



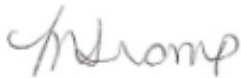
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