



COLLEGE OF
PHYSICIANS & SURGEONS
OF NOVA SCOTIA

Suite 5005 -- 7071 Bayers Road
Halifax, Nova Scotia
Canada B3L 2C2
Phone: (902) 422-5823
Toll-free: 1-877-282-7767
Fax: (902) 422-5035
www.cpsns.ns.ca

All applicants for a Defined Licence must have a Sponsor and a Supervisor.

The supervisor must sign the enclosed form agreeing to enter a formal arrangement, as an agent of the College and periodically assess the Defined Licence physician's practice for the purpose of confirming that the care provided meets the expected standard.

Terms of Supervision: Supervisor

****For review and sign-off by Supervisor. Please return to jpaloheimo@cpsns.ns.ca or fax to (902) 422-5035**

Today's Date	
Supervisor	
Defined Licence Physician	
Sponsor	
Practice Location	
Level of Supervision	
Supervision Coordinator at CPSNS	Jasmine Paloheimo jpaloheimo@cpsns.ns.ca or (902) 421-2217 Fax: (902) 422-5035

As a *Clinical Supervisor*, I agree to enter into a formal arrangement, as an agent of the College, to provide support and periodically assess the Defined Licence physician's practice for the purpose of confirming that the care provided meets the expected standard.

The Supervisor will:

1. Participate in orientation and/or training as required by the College.
2. **Adhere to the College's Confidentiality Agreement* (see Appendix A below).**
3. Conduct an introductory interview with the supervised Defined Licence physician.
4. Utilize the College's Web-based Supervision Portal on the College's web-site, to document supervision activities and summary reports.
5. When necessary, notify the College of any observed practice concerns (using the "flag tab") when completing evaluations using the web-based portal.
6. Notify the College to address any immediate concerns regarding the Defined Licence physician's practice with respect to: patient safety, professional misconduct, conduct unbecoming, impairment or incapacity. Contact Jasmine Paloheimo, Supervision Coordinator at (902) 421-2217.
7. Provide advanced notice to the College in the event of a planned absence of greater than one month.
8. Provide advanced notice to the College of intent to end the supervisory agreement.

The College will:

- Provide orientation, training, feedback and a web-based portal to support the Supervisor with reporting requirements.
- Provide a Supervisors Handbook further detailing the Supervisor and Defined Licence physician's roles and responsibilities.
- Provide tools and templates for supervision activities.
- Administer payment of the Supervision stipend. Remittance will be subject to submission of required supervision reports within the annual cycle.
- Respond directly to the Supervisor should any flags be identified on the provided documentation received through the web-based Supervision Portal.
- When possible, provide advanced notice to the Supervisor of intent to end the supervisory agreement.

Limitations:

All parties acknowledge that the Defined Licence physician will be the Most Responsible Physician for all patient care delivered during the course of this supervisory agreement.

Decisions regarding the supervised physician's nature and level of supervision, suitability for continued independent practice and scope of practice are within the jurisdiction of the College.

I have read the Terms of Supervision above and agree to the terms of the **Confidentiality Agreement*** outlined in Appendix A below.

Supervisor's Name: _____

Signature: _____

Date: _____

Appendix A

CONFIDENTIALITY AGREEMENT

Agent of the College*

In consideration of my appointment or engagement with the College of Physicians and Surgeons of Nova Scotia (the College), I do hereby covenant, promise, undertake, and agree with the College as follows:

- (1) to preserve the confidentiality of any and all information in relation to physicians, applicants, complainants, patients and any other persons that comes to my knowledge by reason of my appointment or engagement with the College; and
- (2) to refrain from divulging or disclosing to any person, agency, body corporate or otherwise any such information to which I may have access unless specifically authorized in writing by the College or by a Court of competent jurisdiction; and
- (3) to use my best efforts to preserve the confidentiality of all such information.

I further acknowledge and agree that this undertaking shall remain in force both during and after my term of appointment or engagement with the College, however this may be terminated (whether voluntary or involuntary).

I further acknowledge and agree that in the event that I breach or threaten to breach this agreement and undertaking, the College shall be entitled, at its option, to:

- (a) obtain an injunction prohibiting and/or ceasing such breach;
- (b) immediately dismiss me from my appointment or engagement on the basis of such breach or threatened breach being hereby deemed to be just cause for dismissal; and/or
- (c) all other remedies available to the College pursuant to the *Medical Act* or otherwise by law.

I further acknowledge and agree that due to the highly sensitive and personal information which is frequently dealt with by the College, this undertaking requires me to exercise the utmost good faith in dealing with such information.

**Agent of the College applies to individuals who are retained by the College for the purpose of committee work, assessment, research, practice monitoring, supervision or independent contract work.*

The College agrees to furnish certain information necessary to my engagement, and grants me permission to store and review electronic versions of this information on a secure, electronic device that is not owned or possessed by the College. To protect the confidentiality of this information, I understand that I must ensure that this device be password-protected at all times.

I agree to:

- (a) Immediately inform the College of any actual or suspected breaches of confidentiality.
- (b) Review, examine, inspect or obtain the above information only for the purposes described above and to hold this information in a confidential and secure manner.
- (c) Promptly and permanently destroy in a secure manner any information related to my engagement or assignment with the College, when it is no longer needed to fulfil my role or assignment.
- (d) Refrain from storing identifying patient or physician information related to my engagement or assignment with the College on a USB or any other external device.
- (e) Refrain from sending information that either directly or indirectly identifies a patient over email.
- (f) Prevent any disclosure or release of this information to any individual who is not a staff, committee member or agent of the College.
- (g) Immediately report to the College the theft or loss of any secure electronic device containing information related to my work on behalf of the College.

DATED at _____, NS, this _____ day of _____ 20 _____

Print

Print - Name of CPSNS Staff

(Agreement reviewed and approved in the presence of)

Signature

Signature