



COLLEGE OF  
PHYSICIANS & SURGEONS  
OF NOVA SCOTIA

The College, through the Medical Act (2011) and Regulations, or its Committees and Policies, may require that a physician’s practice be supervised. [College-directed Supervision](#) is the process under which a **Supervisor** is engaged as an Agent of the College to formally assess another physician’s practice for the purpose of ensuring that the care provided meets the expected standard. The assigned **level** of College-directed Supervision is directed under the College’s [Supervision Framework - Responsibilities and Outline by Level](#) and commonly includes an educational component for the physician under supervision. When principles of College-directed Supervision are applied in a consistent and responsible manner, supervision will promote quality physicians, patient safety and public trust.

**This is an agreement between the College and the Supervisor. We ask the Supervisor to review, complete and send to [supervision@cpsns.ns.ca](mailto:supervision@cpsns.ns.ca).**

**PART 1: To be completed by the Supervisor.**

<b>Supervisor’s Name:</b>			
<b>Supervisor’s Practice Address:</b>			
<b>Physician under Supervision’s Name:</b> Practice Location (Name Zone)  <b>Licence Type</b> (Classification)	<input type="checkbox"/> Defined licence <input type="checkbox"/> Restricted licence <input type="checkbox"/> Clinical Assessment licence <input type="checkbox"/> Unsure		
<b>Supervisor’s Contact Information</b>			
	Email Address:		
	Phone Number:		Date Sent
<i>**Review Part 2 and Complete Part 3 – next page**</i>			

## PART 2: To be reviewed by the Supervisor.

### The Supervisor will:

1. Practise in the same Nova Scotia Health Zone as the supervised physician to ensure they are able to be in-person for the direct observation component of supervision.
2. Participate in orientation and/or training as required by the College.
3. Adhere to the College's Confidentiality Agreement.
4. Conduct an introductory interview with the supervised physician.
5. Utilize the College's Web-based Supervision Portal on the College's website, to document supervision activities and summary reports.
6. Notify the College directly to address any immediate concerns regarding the physician's practice with respect to patient safety, professional misconduct, conduct unbecoming, impairment, or incapacity.
7. Provide advance notice to the College in the event of a planned absence of greater than one month.
8. Provide advance notice to the College of intent to end the supervisory agreement.

### The College will:

- Provide orientation, training, feedback, and a web-based portal and/or supervision assessment tools to support the Supervisor with reporting requirements.
- Respond directly to the Supervisor should any flags be identified on the provided documentation received through the web-based Supervision Portal.
- When possible, provide advance notice to the Supervisor of intent to end the supervisory agreement.

### Limitations:

All parties acknowledge that a physician under supervision (except for "high" level supervision) will be the Most Responsible Physician for all patient care delivered during this supervisory agreement.

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

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## PART 3: To be completed by the Supervisor and returned via email to [supervision@cpsns.ns.ca](mailto:supervision@cpsns.ns.ca).

<input type="checkbox"/> I Agree	By clicking "I agree" you are agreeing to engage as an Agent of the College (CPSNS) for the role of a Supervisor as defined in this agreement.		
Name:		Date:	