

SECTION	PHYSICIAN PERFORMANCE		
POLICY NAME	Guidelines for College-directed Supervision		
APPLICABLE LEGISLATION	N/A		
Approved by : Assessment Committee Council	Approval Date September 11, 2020 October 9, 2020	Reviewer Director, Physician Performance Department	Review Date September 2022

Guidelines for College-directed Supervision

Introduction

The College, through the *Medical Act (2011)* and Regulations, or its Committees and Policies, may require that a physician's practice be supervised.

Examples of College-directed Supervision include:

1. The Medical Act requires supervision for a physician holding a Defined licence;
2. The Registrar or Registration Committee requires supervision for a physician who has been referred for concerns related to competency / performance in practice;
3. The Registrar or the Registration Committee may require supervision where a physician has a health-related issue that may interfere with their ability to provide safe patient care;
4. The Registrar or Registration Committee may require supervision for a physician who is changing their scope of practice or re-entering practice after an absence of more than three years;
5. An Investigations Committee may require supervision when the investigation of a physician's practice identifies the need for practice improvements and / or identifies patient safety concerns;
6. An Investigations Committee may require supervision as an interim measure pending a formal Investigation or Hearing;
7. The Peer Review Committee may require supervision for a physician who, during Peer Review, is identified as requiring practice improvement that has not been achieved through the Peer Review Program's process.

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Purpose of these Guidelines

These guidelines set out the College's general expectations and processes for physicians engaged in College-directed supervision regarding:

- terminology;
- principles of supervision;
- qualifications and characteristics of an acceptable Supervisor;
- terms of supervision;
- approaches to supervision;
- basis for immediate reports to the College;
- roles of Supervisors and Supervised Physicians, including the general responsibilities of these parties to each other and the College; and
- compensation of Supervisors.

This document does not pertain to supervision in accredited educational settings, such as undergraduate medical education or postgraduate specialty and subspecialty training.

In addition, this document does not pertain to physicians who are licensed by the College, requiring supervision under these circumstances:

- Formal Clinical Fellowship training program;
- Academic licence or a Defined licence with academic standing;
- Internal or External moonlighting;
- Clinical Assistants; or
- Clinical Assessment under the Nova Scotia Practice Ready Assessment Program in Family Medicine .

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Terminology

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. College-directed Supervision commonly includes an educational component for the Physician under Supervision.

A *Supervisor* is a physician who enters into a formal arrangement, as an Agent of the College, under which they agree to assess another physician's practice for the purpose of ensuring that the care provided meets the expected standard. The Supervisor is commonly expected to provide education and guidance to the supervised physician.

Exclusions

The following roles are addressed elsewhere:

The term *Practice Monitor* is used to describe an individual (not necessarily a physician) who is engaged as an Agent of the College to ensure that the monitored physician practices according to conditions or restrictions placed upon their licence (e.g. posting a sign, using a chaperone or limiting the scope of practice).

The term *Health Monitor* is used to describe an individual (typically a physician or other professional) who is engaged as an Agent of the College to ensure that the monitored physician maintains a level of personal health necessary to provide safe and effective care to patients (e.g. for issues of physical health, mental health or substance misuse).

The term *Mentor* is used to describe a trusted individual who establishes a relationship with the mentored physician for the purpose of modeling behavior, offering advice, education or support. This is considered an informal arrangement in that it does not have specific goals and objectives, or a reporting requirement to the College.

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Principles of Supervision

When the principles of College-directed Supervision are applied in a consistent and responsible manner, supervision will promote quality physicians, patient safety and public trust. The principles of supervision are:

1. Safe, quality patient care must take priority in all Supervisory situations.
2. The Supervisor's ultimate responsibility is to the College, and both the Supervisor and Physician under Supervision must adhere to the Terms of Supervision agreement with the College. Key elements of the College's "Terms of Supervision" are outlined below.

Qualifications and Characteristics of an Acceptable Supervisor

The College holds the authority to approve or decline a Supervisor. Depending on the circumstances, the College may direct the Supervised Physician's Sponsor and / or the relevant Health Authority to nominate potential Supervisors.

Approaches to Supervision

A team-based approach to Supervision is sometimes acceptable and desirable. This approach must be formally approved by the College. In this case, one physician will be identified as the 'Lead Supervisor' and will be the primary contact for the College.

Remote Supervision, including case discussions and record reviews using secure technologies, is acceptable to the College.

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The College's Criteria for Approval of Supervisors

The College *requires* the following criteria in determining whether to approve a Supervisor:

- Registration with the CPSNS and one of: a Full Licence, an Academic Licence or a Defined licence on Sponsor-only Oversight;
- Practises in Nova Scotia;

The College *recommends* the following criteria in determining whether to approve a Supervisor*:

- unless otherwise approved by the Registrar, engaged in a scope of practice similar to that of the Supervised Physician;
- a minimum of 2 years consecutive practice in the scope of practice to be supervised;
- member's complaints and investigations history acceptable to the College;
- member's assessment history (except as privileged under the Medical Act for the purpose of Peer Review) acceptable to the College;
- member's past performance as a supervisor (if any) acceptable to the College;
- able to maintain collegial and constructive relationship with the College;
- availability to the Physician under Supervision appropriate to fulfill the responsibilities of supervision;
- has sufficient time and resources necessary to take on the responsibility of supervising the physician and fulfill all requirements of the Terms of Supervision;
- ability to provide constructive and objective feedback;
- experience in, or willingness to learn about, the education and evaluation of practicing physicians;
- a strong sense of professional responsibility and commitment to peer support;
- not involved in activities that would compromise their ability to be a Supervisor;

* The College may exercise discretion on any of these individual criteria.

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Any College complaint received on a physician already acting in the capacity of a Supervisor will be reviewed to ensure that the matter does not undermine the College’s confidence in the quality of supervision.

In addition to the above, the College also considers relationships that could exist between the Supervisor and the Physician under Supervision.

Disclosure of a pre-existing relationship between Supervisor and Physician under Supervision

The Supervisor and the Physician **must** disclose to the College *any* pre-existing relationship. The College will determine whether the nature of the relationship disqualifies the proposed Supervisor, i.e. whether the relationship might interfere with the Supervisor’s ability to objectively assess the Physician.

Examples of relationships that may disqualify a proposed Supervisor include (but are not limited to): employment, family, social / personal, and business. As noted, the College will determine whether alternative supervision arrangements are warranted.

Financial Relationship between Supervisor and the Physician under Supervision

The College will set the conditions of and administer all financial matters related to supervision, including costs to the Physician under Supervision and remuneration (if any) to the Supervisor. In all circumstances, the responsibility of the Supervisor is to the College.

Direct financial arrangements between Physician under Supervision and Supervisor will not be considered.

The Terms of College-directed Supervision

The terms of College-directed Supervision will be determined by the Registrar or relevant College Committee and informed by Regulations and Policy.

The terms of College-directed supervision may only be changed by the Registrar or the relevant College Committee.

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The Supervisor and Physician under Supervision must meet with the College’s Physician Performance Department to discuss the terms of supervision (i.e. nature, duration, level and frequency of reports) through an initial meeting (in person, video or teleconference).

The Registrar or relevant College Committee determines when the Supervision phase is complete. This may involve a re-assessment or re-inspection of the Physician under Supervision’s practice; a determination of whether the goals of the supervisory relationship have been met; or in some circumstances a determination of whether a licence may be issued that enables unsupervised practice.

The Supervisor must inform the Registrar in a timely manner before withdrawing Supervision.

Basis for Immediate Reporting to the College

Supervisors review patient care in the course of their duties. Instances may arise where the Supervisor’s approach to care differs from that of the Physician under Supervision. As a result, Supervisors may make comments on or offer recommendations intended to improve care. These recommendations are most often of a general nature and do not address any immediate or significant risk to a specific patient. On the other end of the risk spectrum and in very rare occasions, a Supervisor may identify some deficiency in care which, if left unaddressed, may result in serious harm to a specific patient. Similarly, in rare circumstances, a Supervisor may identify a situation in which a previously unknown and real harm has already occurred as the result of improper care. In these cases the College has outlined a procedure: Managing Patient-Care Concerns Identified During Practice Assessments*, which is intended to guide College staff and the Supervisor in addressing patient care concerns, whether of a minor or serious nature, identified in the course of their duties.

In addition, the general obligations for reporting physician health concerns or sexual misconduct by Nova Scotia physicians are laid out in College Professional Standards and Guidelines*.

**See resources at the end of this guideline.*

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The Supervisor's additional and specific obligations will be set out in the **Terms of Supervision** with the College, but generally include the requirement for the Supervisor to report immediately to the College in the following situations:

- there are concerns about the Supervised Physician's practice (i.e. practice below a reasonable standard, or which exposes patients to risk of harm or injury);
- the Physician under Supervision is practicing outside the scope or setting approved by the College.
- the Supervised Physician's conduct presents concern;
- the Physician under Supervision is acting in such a manner that suggests that he / she may be impaired or incapacitated;
- the Physician under Supervision fails to comply with the terms of supervision, including missing an appointment or meeting with the Supervisor without good reason, or being uncooperative;
- the Supervisor is unable to continue in the role, or is unable to fulfill the obligations agreed to in the Terms of Supervision on a permanent or temporary basis (e.g. due to illness, personal emergency, etc.);
- the Supervisor becomes the subject of a complaint to the regulator, either in Nova Scotia or another jurisdiction, or;
- the Physician under Supervision ceases to practice within the Health Authority.

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Supervision Activities and Reports to the College

The Supervision Plan will lay out the schedule for providing reports to the College. It is essential that the Supervisor meets this schedule to enable the College to monitor the supervisory arrangement.

The Supervisor will be provided with a schedule that outlines the dates upon which his / her reports will be submitted.

Unless otherwise stated, the expected standards of practice will be those laid out in CPSNS policies and guidelines, and those established for the Supervised Physician's specialty by the Royal College of Physicians and Surgeons of Canada (RCPC) or the College of Family Physicians Canada (CFPC).

Reports must be objective, fair and impartial.

Reports must provide sufficient information to allow the College to make a determination as to whether the expected practice standards are being met and patient safety thereby assured.

Resources Utilized in the Development of this Guideline

1. [CPSO Guidelines for College-directed Supervision](#)
2. [Medical Practitioners Regulations](#)
3. [CPSNS Professional Standard & Guidelines: Duty to Report Health Professionals](#)
4. [CPSNS Professional Standard & Guidelines Regarding Sexual Misconduct by Physicians](#)
5. [Managing Patient-Care Concerns Identified During Practice Assessments](#)