



Registration Department

Suite 400 – 175 Western Parkway

Bedford, Nova Scotia

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Phone: (902) 422-5823 Toll-free: 1-877-282-7767

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Medical Student Observer Permit Application Package

Medical students who wish to participate in an educational experience outside of their undergraduate medical education program must obtain a medical student observership permit.

A medical student observer will be given opportunities to observe and participate in clinical interactions in order to acquire the skills, behaviors, knowledge, and judgment required for future practice.

Medical students doing electives at Dalhousie do not require observership permits from the College.

As an observer, medical students will interact with patients and will have access to personal patient information. A medical student must meet standards acceptable to the College. Therefore, a permit with the College is required.

Please note that an observer permit is not a licence to practise medicine.

Participating in an observership is not considered training or work experience and will not be considered when assessing eligibility for a licence to practise medicine in Nova Scotia.



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Contents

- Basic Requirements
- Application Process
- Required Documentation
- Application form
- Sponsor Agreement form
- Medical Student Observership Policy (attached)
- [Medical Act of Nova Scotia](#)
- [Medical Practitioners Regulations](#)



Dear Applicant:

Enclosed is an application package for a **medical student observer permit** with the College of Physicians and Surgeons of Nova Scotia (the College). You are required to have a permit in order to do an observership in Nova Scotia.

Please complete the application form in full and return it directly to the address on the application, along with all the required documentation. Also enclosed in this package is a Sponsorship Agreement form and the College's policy regarding observerships which you will need to provide to the physician(s) who has/have agreed to sponsor you for an observership.

It is your responsibility to complete all the application requirements, as outlined on the application form. Failure to do so could result in a delay in obtaining a permit which is required prior to commencing an observership in Nova Scotia. Once your application is complete, please allow sufficient time for processing by the Registration Department. The Registration Department is unable to guarantee any applicant that they will be issued a permit by a particular date.

You must not begin your observership until you have received confirmation from this office that the permit has been issued.

Regards,

Registration Department



COLLEGE OF PHYSICIANS & SURGEONS OF NOVA SCOTIA

REQUIRED DOCUMENTATION:

1. COMPLETION OF APPLICATION FORM

Please complete and return the enclosed application form to the College of Physicians and Surgeons of Nova Scotia.

2. PHOTOGRAPH

Provide one (1) passport size photograph **taken within the last six (6) months**.

- Your signature must appear on the photograph, preferably on the front. If there is no room on the front, sign the back of the photograph.
- Submit your photograph directly to the College.

3. IDENTIFICATION

Provide one of the following **valid** photo identification:

- Passport
- Permanent Resident card
- Drivers licence

4. LETTER OF INTENT

Please include a separate letter indicating the following:

- The date you expect to start an observership in Nova Scotia
- Your scope of practice (eg. family medicine, cardiology)
- Office (or hospital) address, telephone and fax numbers in Nova Scotia where you will be observing

5. APPROVAL OF PERMIT FROM UNDERGRADUATE MEDICAL EDUCATION OFFICE

Written approval declaring you are in good standing is required from your undergraduate medical education office. This letter must confirm your current year of medical school and expected year of graduation. This document can accompany your completed application form or arrive under separate cover.

6. SPONSORSHIP AGREEMENT

Observers require supervision by a fully licensed physician in Nova Scotia. Once you have identified a sponsoring physician please complete the top portion of the enclosed sponsorship agreement form and

forward it (by fax or e-mail) to your sponsor, along with a copy of the Medical Student Observer policy. Your sponsor will need to review the policy, complete the rest of the form and return the form directly to our office (by fax or e-mail) prior to an observership permit being issued.

7. REFERENCE LETTER

Medical student observers are required to provide a written character reference from an individual who is not a relative who has known the candidate for at least five years, acceptable to the Registrar.

Application for Medical Student Observership

NAME: _____
Surname First & Middle Names

MAILING ADDRESS: _____
Street address, Apt/Ste #, PO Box

City/Town Province Postal Code

CONTACT PHONE #: _____ **E-MAIL ADDRESS:** _____

MEDICAL SCHOOL CURRENTLY ATTENDING: _____

CURRENT YEAR OF TRAINING: _____ **EXPECTED YEAR OF GRADUATION:** _____

UNDERGRADUATE DEAN OF MEDICINE: _____

I do hereby covenant, promise, undertake, and agree:

- (1) to preserve the confidentiality of any and all information in relation to patients and any other persons that comes to my knowledge by reason of my observership; 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 requested by law.

I further acknowledge and agree that this undertaking shall remain in force both during and after my observership.

This will confirm that I have read the policy regarding observerships and that I understand that I must receive confirmation from the College of Physicians and Surgeons of Nova Scotia that my permit is in place prior to starting an observership.

Signature

Date



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Observership for Medical Students
Sponsorship Agreement
(TO BE COMPLETED BY SPONSORING/SUPERVISING PHYSICIAN)

OBSERVER NAME: _____
PLEASE PRINT NAME IN FULL, SURNAME FIRST

I hereby confirm that I have read the policy regarding observerships for medical students.

Signature of OBSERVER **Date**

SPONSOR NAME: _____
PLEASE PRINT NAME IN FULL, SURNAME FIRST

MAILING ADDRESS: _____
STREET ADDRESS, APT/STE #

CITY/TOWN PROVINCE POSTAL CODE

CONTACT PHONE #: _____ **EMAIL ADDRESS:** _____

SCOPE OF MEDICINE FOR OBSERVERSHIP: _____

LOCATION OF OBSERVERSHIP: _____

ADDRESS: _____
(if different than above) STREET ADDRESS, APT/STE #

CITY/TOWN PROVINCE POSTAL CODE

TIME FRAME FOR OBSERVERSHIP: _____ **TO** _____
START DATE STOP DATE

I hereby confirm that I have read the policy regarding medial student observers. I understand that by undertaking this sponsorship, I assume **any liability** for the actions of this student while observing in my practice.

Signature of SPONSOR **Date**



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Observerships for Medical Students

SECTION	REGISTRATION		
APPLICABLE LEGISLATION	Medical Practitioners Regulations – Section 32 to 35		
Approved by: Registration Committee Executive Committee Council	Approval Date June 15,2018 June 19, 2018	Reviewer Deputy Registrar	Review Date April, 2020

Preamble

Medical students who wish to participate in an educational experience outside of their undergraduate medical education program must obtain a medical student observership permit.

A medical student observer will be given opportunities to observe and participate in clinical interactions in order to acquire the skills, behaviors, knowledge, and judgment required for future practice.

Limitations to the activities permitted, as laid out in this policy, must be clearly understood and adhered to by both the observing physician and the most responsible physician(s) (MRPs)/supervisor(s) approved by the College.

Medical students doing electives at Dalhousie do not require observership permits from the College.

Policy

In order for a medical student observership permit to be issued, the student must:

1. be enrolled in a medical school that meets criteria approved by Council as set out in the policy [University or School Approved by Council](#);
2. have the approval of the undergraduate medical education office of their medical school;
3. submit a medical student observership application form to the College of Physicians and Surgeons of Nova Scotia with supporting documentation;
4. arrange to have one or more Supervision Agreement form(s) completed by an independently licensed physician with a Full or Academic Licence, who has agreed to act as the MRP/supervisor, according to the expectations and limitations laid out in this policy; and
5. provide a character reference from an individual who is not a relative and who has known the candidate for at least five years, that is acceptable to the Registrar.

The medical student observership permit will remain valid at the discretion of the Registrar but will usually be time-limited and location specific.

Medical student observers must function under the direct oversight of a College-approved Supervisor at all times. Supervision may not be otherwise delegated.

Medical student observers may (with the patient's consent):

- Observe any aspect of a patient's care;
- View medical records; and
- Conduct clinical assessments (history and/or physical examination) in whole or in part, under the direct and immediate oversight of a College-approved Supervisor.

Medical student observers are **not** allowed to do the following:

- Make entries in the patient's medical record;
- Give medical advice to a patient or make a medical diagnosis;
- Prescribe treatment;
- Take a telephone call regarding clinical matters on behalf of their supervisor or other physicians;
- Perform or assist in medical procedures (exclusive of the clinical assessment, above);
- Conduct handover; or
- Discharge a patient from care.