



Supervision Handbook



COLLEGE OF
PHYSICIANS & SURGEONS
OF NOVA SCOTIA

Contents

Defined License Supervision.....	2
Supervision Policies & Guidelines.....	2
Getting Started	3
Checklist to Begin Supervision:.....	4
Frequently Asked Questions (FAQ) about Supervision	4
Timeline for Standard-Level Supervision.....	6
Record Selection Guide: Office-Based Family Medicine	7
Direct Observation Guide	8
Medical Colleague Interviews: Quick Tips.....	10

Defined License Supervision

In Nova Scotia, a Defined Licence is issued to physicians who do not have one or more qualifications required for a Full Licence. In most cases, these physicians have come to Canada having trained in other jurisdictions.

In accordance with the 2011 [Medical Act](#), any physician issued a Defined Licence is required to have oversight from both a Supervisor and a Sponsor for the duration of that licence. Physicians granted a Defined Licence after January 1st, 2015 must work towards long-term licensure, according to a pathway and timeline designated at the time of licensure.

The [Pathway to Long-Term Licensure via a Defined Licence](#) policy describes the pathway and timeline in effect as of September 1, 2022.

Your role as a Supervisor is to monitor, assess, and support the supervised physician as they work towards long-term licensure in the Province. Supervisors play an important part in ensuring access to high-quality patient care for Nova Scotians.

Supervision Policies & Guidelines

Please review the following Supervision policies and guidelines:

- [Pathway to Long-Term Licensure via a Defined Licence](#)
- [Supervision Levels for College-Directed Supervision](#)
- [Approval of Supervisors for College-Directed Supervision](#)
- [College-Directed Supervision Framework – Responsibilities and Outline by Level](#)
- [Guidelines for College-Directed Supervision](#)
- [Notification of Complaint to Sponsor and Supervisor](#)

Getting Started

To begin supervision, follow the steps below:

1. College staff will meet with you for an orientation session on Supervision and the College's online Supervision Portal.
2. You will receive an email from the College (supervision@cpsns.ns.ca) notifying you that Supervision documents are ready to be completed. The timing of this email will depend on the start date for Supervision. The first set of reports are due eight weeks from the Supervision cycle start date.
3. To access Supervision reports, sign into your account via [Member Services](#) on the College website. Once you have signed in, click option #5, "**Supervision**". Then click on "**I am a Supervisor**" to access the landing page, which includes the grid of Supervision Activities for the Defined Licence Physician you are supervising.
4. The grid of Supervision Activities shows due dates for all reports to be submitted. **We recommend you book time for supervision activities and report due dates in your online calendar or agenda.** Each report links to a specific activity in the supervision cycle. Plan your supervision activities well ahead of the report due date.
5. The next step is to contact the physician you will be supervising and set up an interview.
 - a. The interview is a time to review their scope of practice, discuss their pathway to long-term licensure, and plan how you will work best together during this period of supervision.
 - b. In addition, you can familiarize yourselves with the general timing of supervision activities over the year and coordinate your schedules to book time for supervision activities.
 - c. You can also gain insight from the physician on what type of learning and mentoring styles have worked well for them in the past and discuss how you will share feedback.

Your role as a Supervisor is to monitor, assess, and support the supervised physician as they work towards long-term licensure in Nova Scotia.

Checklist to Begin Supervision:

Review this checklist to ensure you are ready to begin Supervision:

- ✓ I have notified CPSNS staff on how I would like to receive my stipend (either to myself personally or through my corporation).
- ✓ I have attended a Supervision orientation session that covers how to access the College's online supervision portal.
- ✓ I have reviewed this Handbook and reviewed the Supervision Policies linked in the handbook and linked to the College's website.
- ✓ I have reviewed the "Record of Contact Questionnaire" completed by the supervised physician on the College's online Supervision portal.
- ✓ I have set up a date and time to interview the supervised physician.
- ✓ I have put reminders in my calendar or agenda for Supervision activities and report due dates.

Frequently Asked Questions (FAQ) about Supervision

What is a Defined Licence?

The purpose of a [Defined Licence](#) is to enable physicians to practice while they pursue the requirements for long-term licensure in Nova Scotia.

A Defined Licence is granted to a physician who does not meet the requirements for a Full Licence, but who meets the requirements for independent medical practice under sponsorship and supervision.

The [Pathway to Long-Term Licensure via a Defined Licence](#) describes the pathway for physicians from Defined licensure to long-term licensure, either Full or Restricted licensure.

Why am I being asked to supervise?

The 2011 [Medical Act](#) requires that physicians be supervised until the requirements for long-term licensure are met. The [Pathway to Long-Term Licensure via a Defined Licence](#) describes the pathway for physicians from Defined licensure to long-term licensure, either Full or Restricted licensure.

You have been identified as a supervisor based on the College's policy on [Approval of Supervisors for College-Directed Supervision](#).

What is my role as a Supervisor?

The role of a Supervisor is to monitor, support, and assess the Defined License Physician for the duration of their Defined licence. During this time, the Supervisor will assess the Defined Licensee using a variety of methods which are pre-determined by the College. See the [Guidelines for College-Directed Clinical Supervision](#) for details.

Typical supervision activities include review of patient records, observation of direct or indirect patient care procedures, and review of the supervised physician's continuing professional development plan. All supervision activities will be recorded and submitted as reports through the College's online Supervision portal. Refer to the [College-Directed Supervision Framework – Responsibilities and Outline by Level](#).

How much time is this going to take? How often do I need to be in the same location?

This will depend on the level of supervision required for the Defined Licensee. In almost all circumstances, the Defined Licensee will be on Standard Level Supervision. Some supervision activities for Standard Level Supervision must be done in the same location, such as Direct Observations. Some activities can occur through remote communication and oversight.

What is the compensation for Supervisors?

As directed by College Council, Defined Licence Physicians will be responsible for both the direct and indirect costs of their supervision. Reflecting the additional work and responsibilities of the role, Supervisors will be compensated. The stipend given to supervisors is \$6,000 for six months of supervision.

What if I need to stop supervising a physician?

If you are unable to continue supervising a physician, the Sponsor and the College will recruit a replacement. To ensure Supervision activities are not interrupted, advanced notification is required.

Who should I contact if I have questions about Supervision or the Online Portal?

If you have any questions, please contact the Administrator for the Physician Performance Department at (902) 422-5823 or via e-mail at supervision@cpsns.ns.ca.

Timeline for Standard-Level Supervision

This table shows the general timeline for Supervision.

Supervision is a condition of licensure for the physician you are supervising. **If supervision reports are not received in a timely manner, it can impact the supervised physician's licence and ability to practice.**

Date	Supervision Activities and Reports Due
Start of Supervision	<p>The supervised physician fills in the <i>Record of Contact Questionnaire</i>.</p> <p>The Supervisor attends an orientation, reviews this Handbook, and reviews the supervised physician's Licensing Agreement.</p>
Month 1	<p>Record of Contact Checklist Report & CPD Review Report (We recommend you meet with the physician you are supervising and review these reports together.)</p> <p>Direct Observation of a Clinical Encounter and/or a Procedure x 5*</p> <p><i>*Family Medicine specialists will perform five Direct Observations. The number of Direct Observations required in other specialties may be different. This will be addressed in your supervisor training.</i></p>
Month 2	<p>Direct Observation of a Clinical Encounter and/or a Procedure x 5*</p> <p>Medical and Health Professional Colleague Interview Worksheets x 2 and Medical Colleague Interview Summary</p>
Month 3	<p>Direct Observation of a Clinical Encounter and/or a Procedure x 5*</p> <p>Patient Record Worksheets x 10 and Consolidated Record Review</p>
Month 4	<p>Direct Observation of a Clinical Encounter and/or a Procedure x 5*</p> <p>Interim Report</p>
Month 5	<p>Direct Observation of a Clinical Encounter and/or a Procedure x 5*</p> <p>Medical and Health Professional Colleague Interview Worksheets x 2 and Medical Colleague Interview Summary</p> <p>Clinical Supervision: Summary Report</p>
Month 6	<p>At this point, a decision is made on the outcome of Supervision by the Registrar. The Defined Licence physician may be granted a Restricted Licence, they may need to remain on a Defined Licence for an additional six months, or they may not be granted a licence.</p>

Record Selection Guide: Office-Based Family Medicine

- This guide may be used for office-based family medicine including walk- in clinics.
- You will select 10 patient records to review.
- Select records that reflect the supervised physician’s practice scope and profile. The Supervisor will determine the approximate number and type of records, as well as any patient conditions that are representative of the practice.
- Records should be for care provided no more than eight weeks prior to the review date, recognizing that time may be required to accommodate follow-up visits (where appropriate). In most cases, it will not be necessary to review the entire patient record.
- On-Site Review: In most cases, record selection will be guided by the supervised physician’s clinic log or EMR. Records will typically be requested by date (i.e., all visits from two randomly selected half-day clinics). From these, the supervisor will choose representative records for review.
- Remote Review: Records may be selected for off-site review using randomly identified dates, as above. In this case, it will be necessary for the supervisor to discuss with the supervised physician which specific records from those dates will be submitted for review. It is the supervised physician’s responsibility to connect with the EMR service provider to request a temporary password for use by the Supervisor.
- If the supervised physician is using paper charts, the original paper records should not be submitted for remote review. Only scanned or photocopied documents should be submitted for remote review. Once reviewed, submitted patient records should be permanently deleted or shredded.
- The supervisor may invite the supervised physician to submit a subset of charts that they consider most representative of their practice or quality of care.

For off-site reviews, documents may be de-identified prior to submission at the discretion of the supervised physician. De-identification is not ordinarily necessary, as the Supervisor is acting as an Agent of the College and is subject to strict confidentiality provisions.

As you review the physician’s records, consider if their documentation and patient care meet the standards for their specialty. Did they do what a reasonable physician would be expected to do given the patient encounters? Is there evidence of continuity of care?

Direct Observation Guide

Direct Observation of a physician’s practice is a relatively unique assessment. This guide will help you prepare to complete a Direct Observation of a clinical encounter.

Before and During the Direct Observation:

Before the Direct Observation, the supervised physician must obtain consent from the patient for you to observe the encounter.

During the Direct Observation, your role is to be a “fly on the wall,” observing the encounter and taking notes. Position yourself so you can observe the physician and the patient without interfering with the doctor-patient space. Be quiet and unobtrusive. Speak up only if you observe something that, if left unaddressed, could lead to a patient safety issue.

Your choice of which type of encounter to observe will depend on the physician’s scope of practice and may be identified as an area of focus within the Supervision Plan.

Completing the Direct Observation Report:

Where well-established guidelines exist for the care of a specific condition, comment on whether the care offered conformed with the guidelines.

If care deviated from an accepted guideline, it should be established if this was due to some mitigating circumstance (patient preference/compliance, co-morbidity, resource availability, social or monetary concerns, etc.).

If no established guideline exists for the care of a specific condition, make a judgement as to whether the care offered would be considered reasonable to a competent peer in similar circumstances.

Below is a menu of questions or prompts you can use to guide your evaluation of the physician’s performance.

With respect to the Medical Interview, does the physician:

- Clearly establish the chief complaint or purpose for each visit?
- Obtain necessary historical information, including duration of symptoms, functional enquiry, and pertinent positive and negative findings?

With respect to the Physical Examination, does the physician:

- Demonstrate sensitivity to the patient’s modesty and privacy during the examination?

- Conduct a physical examination appropriate to the patient's complaint or condition?

With respect to being Professional / Humanistic, does the physician:

- Behave in accordance with ethical and professional standards for physicians during the encounter?
- Show respect, compassion, and empathy in their interactions with the patient?
- Demonstrate effective interactions with others working in the health system?

With respect to Clinical Judgement, does the physician:

- Interpret clinical and laboratory information accurately and in context?
- Arrive at a diagnosis, differential diagnosis or course of action that is supported by the available information?
- Consider the patient's circumstances, co-morbidities, and preferences in arriving at a course of action?
- Use diagnostic tests and consultations appropriately and selectively?
- Prescribe medications appropriately?
- Consider the risks and benefits of any prescribed treatment or investigation?
- Attend to urgent or emergent conditions in a timely manner?
- Periodically review the management plan and progress of chronic conditions?
- Employ preventative and screening strategies appropriate to the patient's circumstances?
- Employ appropriate strategies for the monitoring and management of patients with chronic non-cancer pain, including safe use of narcotics and strategies to prevent their misuse or diversion?

With respect to Counselling and Communication, does the physician:

- Use terms and language appropriate to patient understanding?
- Explain the rationale for tests and treatments, including foreseeable risks and side effects?
- Educate and counsel patients regarding disease management and prevention?
- Clearly articulate expected outcomes and a plan for follow-up?

- Give the patient an opportunity to ask questions and establish understanding?

With respect to Organization / Efficiency, does the physician:

- Work in an efficient and logical sequence?

With respect to Documentation, does the physician:

- Document each encounter accurately and in sufficient detail to ensure subsequent or third-party understanding?

Also consider:

- Are there any additional observations, not addressed above, regarding exemplary or sub-standard care?
- Were there any concerns with respect to patient safety that were not addressed above?

Medical Colleague Interviews: Quick Tips

As part of Supervision activities, you will interview **four medical colleagues** who work or interact professionally with the physician you are supervising. Please note:

- “Medical colleagues” include physicians, surgeons, nurses, or other Allied Health professionals, but not administrative staff.
- You will identify two medical colleagues to interview, and the supervised physician will identify two, for a total of four.
- The supervised physician may list the two medical colleagues they have chosen in their *Record of Contact Questionnaire*. If they have recently moved to a new practice, they will choose their medical colleagues after they have settled into the practice.
- The interview questions are provided for you in the online Portal.
- Interviews may be conducted in person or by telephone or videoconference. Each interview generally takes about 20 minutes.
- Physicians under supervision will **not** be able to review the individual *Medical Colleague Interview Worksheets*. This ensures interviewees feel comfortable being forthcoming and candid in their responses.
- Physicians under supervision will be able to review the *Medical Colleague Interview Summary*. In this document, you will summarize general trends from the interviews.

*If you have questions about Supervision,
please contact the Office Administrator, Physician Performance at
902-422-5823 or supervision@cpsns.ns.ca.*