



GUIDELINES FOR COLLEGE-DIRECTED CLINICAL SUPERVISION

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INTRODUCTION

Reasons/Goals of Clinical Supervision

The College, through its committees or policies, may require a physician's practice to be clinically supervised for several reasons. Examples of College-directed clinical supervision:

- The Registration Committee may direct low-level Clinical Supervision when a physician is missing qualifications for full registration (refer to the College's [Registration policies](#)).
- The Quality Assurance Committee or the Inquiries, Complaints, and Reports Committee may require Clinical Supervision when an assessment or investigation of a physician's practice identifies patient safety concerns and/or the need for practice improvement.
- The College's policy [Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice](#) typically requires Clinical Supervision as part of a series of steps towards independent practice.

PURPOSE OF GUIDELINES

These Guidelines set out the College's *general* expectations and processes for physicians engaged in a College-directed Clinical Supervision arrangement¹ with regard to:

- principles of supervision;
- qualities of an acceptable Clinical Supervisor;
- terms of Clinical Supervision;
- approaches to Clinical Supervision,
- content of Clinical Supervision reports;
- basis for immediate reports to the College; and
- roles of Clinical Supervisors and supervised physicians, as well as general responsibilities of Clinical Supervisors and supervised physicians to each other and to the College.

These are *general* guidelines only. All supervised physicians and Clinical Supervisors are asked to sign detailed undertakings which set out the College's *specific* expectations in their case.

¹ This document does not pertain to supervision in undergraduate or post-graduate educational settings. Please refer to the College's policies "[Professional Responsibilities in Undergraduate Medical Education](#)" and "[Professional Responsibilities in Postgraduate Medical Education](#)".

TERMINOLOGY

Clinical Supervision is a form of supervision that involves the oversight and ongoing assessment of a physician's practice to ensure that the physician is meeting the expected standard of care and that patient safety is not being compromised. This form of supervision also commonly has a significant educational component for the physician being supervised.

A *Clinical Supervisor* is a physician who oversees another physician's practice to ensure that s/he is meeting the expected standard of care and that patient safety is not being compromised. The Clinical Supervisor may also take on an educational role for the physician being supervised.

PRINCIPLES OF CLINICAL SUPERVISION

When principles of Clinical Supervision are applied in a consistent and responsible manner, Clinical Supervision will promote quality physicians, healthy systems and public trust. The principles of Clinical Supervision are:

1. Safe, quality patient care must always take priority in all supervisory situations.
2. The Clinical Supervisor's ultimate responsibility is to the College; both the Clinical Supervisor and supervised physician must adhere to orders and undertakings with the College.
3. Clinical Supervisors and supervised physicians must, within the supervisory relationship, respect the principles underlying the Ontario's *Human Rights Code*.

QUALITIES OF AN ACCEPTABLE CLINICAL SUPERVISOR

While the College ultimately approves the Clinical Supervisor, supervised physicians are generally required to locate potential Clinical Supervisors.

College's Guidelines for Approval of Clinical Supervisors

The Clinical Supervisor must not currently be the subject of any disciplinary or incapacity proceeding.

The College, as part of its consideration/approval process, generally seeks the following qualities in a Clinical Supervisor:

- an Ontario certificate of registration for independent practice;
- currently practices in Ontario;
- a minimum of five current and consecutive years of practice in the scope of practice to be supervised;
- member's past and current investigative and assessment history with the College is acceptable;
- not involved in activities that would compromise their ability to be a Clinical Supervisor, e.g. doing work for the Canadian Medical Protective Association that conflicts with the Clinical Supervision to be provided to the physician to meet the College's requirements;

- sufficient time and resources necessary to take on the responsibility of supervising a physician and to fulfill all terms of the College undertaking;
- experience in, or willingness to learn about, the education and evaluation of practising physicians;
- completion of College-directed orientation and training to Clinical Supervision;
- affiliations with relevant institutions in the community of practice; and
- meets the College regulation regarding CPD reporting

In addition to the above, the College also considers relationships that could exist between the Clinical Supervisor and supervised physician.

Disclosure of Pre-Existing Relationship between Clinical Supervisor and Supervised Physician

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

Examples of relationships that may disqualify a proposed Clinical 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.

THE TERMS OF CLINICAL SUPERVISION

- The terms of the supervision (i.e., nature, duration, level, and frequency of visits and reports) are set out in undertakings, decisions, orders, or applicable policies (e.g., [Registration policies, Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice policy](#))
- The Clinical Supervisor and the supervised physician must discuss, through an initial face- to-face meeting, the terms of the supervision. Discussion via secure web-based technology acceptable to the College may be permitted in unique situations.
- The terms of the Clinical Supervision may only be changed on the approval of the College.
- The College determines when the Clinical Supervision is complete. Completion will be determined by whether the terms of the Clinical Supervision arrangements have been met.

APPROACHES TO CLINICAL SUPERVISION

- Clinical Supervision involves a regular review of a physician’s practice. The extent and frequency of the Clinical Supervision will be determined by the level of supervision as outlined in the Clinical Supervision Agreement.
- The Clinical Supervisor is required to review the physician’s work, through a review of charts, to assess and report on the quality of documentation and care.

- Occasionally, Clinical Supervision will also require the direct observation of a physician in their practice, interviewing relevant stakeholders regarding their care, among other things.
- It is quite common for the Clinical Supervisor to also take on an educational role for the physician being supervised.
- A team-based approach to Clinical Supervision is sometimes acceptable² and desirable;
- Remote Clinical Supervision involving a review of records selected by the Clinical Supervisor *may* be acceptable to the College in appropriate circumstances.

CLINICAL SUPERVISION REPORTS

- The Clinical Supervisor will submit regular reports to the College outlining the quality of documentation and care as well as reporting on the progress of the supervised physician.
- The Clinical Supervisor’s undertaking will set out the schedule for providing reports to the College. It is essential that the Clinical Supervisor meets this schedule to enable the College to monitor the Clinical Supervision. In addition, the reports must be detailed and must contain a meaningful assessment of the physician under Clinical Supervision.
- The College provides templates based on the CanMEDS framework to guide supervisors with regard to the College’s expectations around the content of Clinical Supervision reports.
 - The College’s [Practice Guide](#) and [policies](#) articulate expectations for the professional conduct of physicians practising in Ontario. Many of these expectations relate directly to the [Royal College of Physicians and Surgeons of Canada’s CanMEDS Framework](#) and the [College of Family Physicians of Canada’s CanMEDS - Family Medicine Framework](#).
 - These frameworks describe the knowledge, skills and abilities that physicians should possess, and are based on seven roles: Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar, and Professional.
- Reports must be signed and dated by the Clinical Supervisor.
- The College acknowledges that although there may be a financial arrangement between the Clinical Supervisor and supervised physician, the Clinical Supervisor’s ultimate responsibility is to the College, i.e. Clinical Supervision reports must be completely objective, fair, and impartial.

² Team-based clinical supervision must be formally approved by the College. One physician is designated as the “lead Clinical Supervisor” and serves as the **primary contact** for the College.

BASIS FOR IMMEDIATE REPORTS TO THE COLLEGE

There may be circumstances in which a Clinical Supervisor must file an immediate report to the College, outside of the regular schedule of reports as outlined in the Clinical Supervision undertaking. These circumstances are in addition to the obligations set out in the College's "[Mandatory and Permissive Reporting](#)" policy that applies to all physicians

The Clinical Supervisor's specific obligations will be set out in an undertaking with the College, but generally include the requirement for Clinical Supervisors to report **immediately** to the College in the following situations:

- the supervised physician's practice, or conduct may expose patients or others to risk of harm or injury;
- the supervised physician is acting in a manner that suggests that s/he may be incapacitated;
- the supervised physician fails to comply with the terms of his or her undertaking or Committee direction/order, which includes missing a meeting or an appointment with the Clinical Supervisor without sound reason, or being uncooperative;
- the Clinical Supervisor is unable to continue in the role, or unable to fulfill obligations on a timely or temporary basis, e.g., due to illness, vacation, personal emergency, etc.; or
- the Clinical Supervisor becomes the subject of an investigation to the College.

CLINICAL SUPERVISION: A form of supervision that involves an oversight and ongoing assessment of the physician’s practice to ensure that the physician is meeting the expected standard of care and that patient safety is not being compromised. This form of supervision also commonly has a significant educational component for the physician being supervised.

Examples:

- An applicant is in the process of acquiring one or two required qualifications to practise medicine independently in Ontario, and College registration policy requires appointment of a Clinical Supervisor until an assessment has been completed.
- An investigation or assessment of a physician’s practice identifies clinical care concerns, and necessitates the appointment of a Clinical Supervisor; in this case, in addition to ensuring that the physician is meeting the expected standard of care and that patient safety is not compromised, the Clinical Supervisor may have a prominent educational role.
- A physician is changing their scope of practice, or is re-entering practice and requires Clinical Supervision; in this case, in addition to Clinical Supervision, there is a significant educational component.

Clinical Supervisor Expectations and Responsibilities:

- signs an undertaking directly with the College;
- reviews any pertinent background materials;
- maintains a professional relationship with the physician;
- may be requested to submit a detailed Clinical Supervision plan³ to the College for consideration and approval by the source Committee, if applicable;
- may be requested to assist the physician in acquiring or improving knowledge and/or clinical skills if significant educational needs are identified by the College⁴;
- reports to the College if the physician is practicing in a setting not approved by the College;
- complies with the terms of the Clinical Supervision agreement (refer to “Minimum Expectations for Low, Moderate, and High Clinical Supervision Chart” for general guidelines);
 - In certain situations high level Clinical Supervision may be required; the Clinical Supervisor is the MRP and assumes final accountability for medical care of patients⁵;
- attends in person at the physician’s practice to review patient care provided by the physician in order to ensure it meets the expected standard of care; this may be achieved by implementing various prescribed tools, which may include one or more of the following tools:
 - approval of all management plans when Clinical Supervision is at a high level;
 - direct observation of patient care, where appropriate;
 - review of a selection of patient records, as prescribed by the College;
 - discussion of any concerns arising from such record review;
 - interviewing colleagues; and/or
 - making and following up on recommendations to the physician for practice improvements and ongoing professional development;
- submits to the College objective progress reports, prepared in accordance with College requirements; and
- reports immediately to the College any situations outlined in the [Basis for Immediate Reports to the College](#) section.

Supervised Physician Expectations and Responsibilities:

- identifies a potential Clinical Supervisor, and in selected circumstances arranges for the Clinical Supervisor to submit a detailed supervision plan⁴ to the College for consideration and approval by the source Committee, if applicable;
- agrees to information sharing amongst all relevant entities (as per undertaking) to facilitate the Clinical Supervision;
- gives irrevocable consent to the College to provide any pertinent background information to the *Clinical Supervisor(s)* to enable them to carry out duties effectively;
- is motivated and takes responsibility for improvement;
- is open, honest and collegial with his or her colleagues and Clinical Supervisor;
- demonstrates meaningful signs of progress towards meeting College expectations;
- assists the Clinical Supervisor in fulfilling obligations; and
- assumes responsibility for payment of all fees, costs, charges, expenses, etc. arising from the supervision arrangement.

Quick Link: [Qualities of an Acceptable Clinical Supervisor](#)

³ For Registration Committee cases, the physician is encouraged to enter a group practice arrangement where the Clinical Supervisor is able to observe the physician’s practice.

⁴ The physician may also choose to recruit a [Preceptor](#) to help augment their education in addition to the education provided by the Clinical Supervisor.

⁵ The physician’s individual circumstances will dictate the details of the arrangement and be defined in undertakings.

Minimum Expectations for Low, Moderate, and High Clinical Supervision

Clinical Supervisor	Level of Supervision		
	Low	Moderate	High
Tools	<ul style="list-style-type: none"> • Chart reviews • Discussions with physician • Initially, limited direct observation, if directed • Additional tools as indicated 	<ul style="list-style-type: none"> • Chart reviews • Discussions with physician • Initially, limited direct observation, if directed • Additional tools as indicated 	<ul style="list-style-type: none"> • Chart reviews • Direct and regular observation with Clinical Supervisor on site at all times until modified by College • Discussions with physician • Additional tools as indicated
Identification of MRP	Supervised Physician is the MRP	Supervised Physician is the MRP	Clinical Supervisor is the MRP
Availability and Frequency of Clinical Supervisor visits	Periodically to review practice (preferably in person, unless otherwise specified by Committee)	Bi-weekly to Monthly visits (at minimum) to review practice	Must be available in person at all times to review treatment plans
Frequency of Reporting to the College	Every three to six months, or more frequently - depends on source Committee	The first report is expected by the end of the first month; submission of subsequent reports will vary according to direction of source Committee	Frequency of reports is determined by source Committee