



GUIDELINES FOR COLLEGE-DIRECTED SUPERVISION

Approved by Council – Dec. 5/13

INTRODUCTION

Reasons/Goals of Supervision

The College, through its committees or policies, may require a physician's practice to be supervised for several reasons.

Examples of College-directed supervision:

- The Registration Committee may direct supervision when a physician is missing qualifications for full registration (refer to the College's [Registration policies](#), as well as FMRAC's "[Expectations of Medical Regulatory Authorities Using Supervision for Provisional Licensure Purposes](#)").
- The Quality Assurance Committee or the Inquiries, Complaints, and Reports Committee may require supervision when an assessment or investigation of a physician's practice identifies the need for practice enhancements and/or identifies patient safety concerns.
- The Inquiries, Complaints and Reports Committee may order supervision, as part of an interim order pending a Discipline Hearing.
- The Fitness to Practise Committee may order supervision when a physician has a health issue that needs to be monitored.
- The College's policies for [Re-entering Practice](#) and [Changing Scope of Practice](#) typically require supervision as part of a series of steps towards independent practice.

Supervision of a physician's practice may take one or more of the following forms:

1. [preceptorship](#);
2. [clinical supervision](#);
3. [practice monitoring](#); and/or
4. [health monitoring](#).

Each type of supervision serves a different purpose, but all involve some degree of oversight of a physician's practice. In some cases, the College may ask a supervisor to provide a dual or blended supervisory role e.g., to act as both Preceptor and Clinical Supervisor.

The College may ask a physician to engage a *Mentor* at times; this is not considered a form of supervision.

PURPOSE OF GUIDELINES

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

- principles of supervision;
- qualifications and characteristics of an acceptable supervisor;
- terms of supervision;
- approaches to supervision,
- basis for immediate reports to the College;
- content of supervision reports; and
- roles of supervisors and supervised physicians, as well as general responsibilities of supervisors and supervised physicians to each other and to the College.

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

TERMINOLOGY

Supervision is an umbrella term, and is defined as “the act of overseeing a physician’s practice, and includes the following forms of supervision: Preceptorship, Clinical Supervision, Practice Monitoring and Health Monitoring”.

Supervisor is also an umbrella term, and is defined as “an individual who oversees a physician’s practice, and includes the roles of Preceptor, Clinical Supervisor, Practice Monitor, and Health Monitor”.

PRINCIPLES OF SUPERVISION

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

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

QUALIFICATIONS AND CHARACTERISTICS OF AN ACCEPTABLE SUPERVISOR

While the College ultimately approves the supervisor, supervised physicians may be encouraged or required to locate potential supervisors. The College determines whether the supervised physician may have input into the supervisor selection process.

¹ This document does not pertain to supervision in educational settings. Please refer to the College’s policies “[Professional Responsibilities in Undergraduate Medical Education](#)” and “[Professional Responsibilities in Postgraduate Medical Education](#)”.

College's Criteria for Approval of Supervisors

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

Also, the College considers the following criteria in determining whether to approve a supervisor (the College may exercise discretion on any individual criterion):

- an Ontario certificate of registration for independent practice (a member of another regulated health profession may be acceptable to the College for practice or health monitoring roles);
- practises in Ontario;
- a minimum of five consecutive years of practice in the scope of practice to be supervised;
- member's investigative and assessment history with the College is acceptable;
- not the subject of an active College investigation or assessment that raises concerns for the College;
- not involved in activities that would compromise their ability to be a supervisor;
- sufficient time and resources necessary to take on the responsibility of supervising a physician and to fulfill all terms of the College undertaking;
- ability to provide constructive and objective feedback;
- experience in, or willingness to learn about, the education and evaluation of practising physicians;
- affiliations with relevant institutions in the community of practice; and
- a strong sense of professional responsibility and commitment to peer support.

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

Disclosure of Pre-Existing Relationship between Supervisor and Supervised Physician

The 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 supervisor, i.e. whether the relationship might interfere with the supervisor's ability to objectively evaluate the supervised 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 Supervised Physician

The College acknowledges that although there may be a financial arrangement between the supervisor and supervised physician, the supervisor's ultimate responsibility is to the College.

THE TERMS OF SUPERVISION

- The supervisor and the supervised physician must discuss the terms of the supervision (i.e., nature, duration, level, and frequency of reports) as set out in undertakings, decisions, orders or applicable policies (e.g., [Registration policies](#)) through an initial face-to-face meeting. Discussion via secure web-based technology acceptable to the College may be permitted in unique situations.
- The terms of the supervisory arrangement may only be changed on the approval of the College.
- The College determines when the supervision phase is complete. This may involve a re-assessment or re-inspection of the supervised physician's practice; a determination of whether the goals of the supervision arrangement have been met; or in other instances, a determination of whether another certificate of registration has been issued that enables unsupervised practice.

APPROACHES TO SUPERVISION

- A team-based approach to supervision is sometimes acceptable² and desirable;
- Remote supervision involving a review of records selected by the supervisor *may* be acceptable to the College in appropriate circumstances.

BASIS FOR IMMEDIATE REPORTS TO THE COLLEGE

In addition to the obligations set out in the College's "[Mandatory and Permissive Reporting](#)" policy that applies to all physicians, supervisors have other reporting obligations unique to their role.

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

- the supervised physician's practice may expose patients to risk of harm or injury;
- the supervised physician's conduct presents concern;
- the supervised physician is practising below standard;
- 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 supervisor without sound reason, or being uncooperative;
- the 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 supervisor becomes the subject of an investigation by his or her regulator.

² Team-based supervision must be formally approved by the College. One physician is designated as the "lead supervisor" and serves as the **primary contact** for the College.

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.
- The College provides templates based on the CanMEDS framework to guide supervisors with regard to the College's expectations around the content of supervision reports.
- The supervisor's undertaking will set 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. In addition, the reports must be detailed and must contain a meaningful assessment of the physician under supervision.

PRECEPTORSHIP: A form of supervision that focuses on educating and assisting the physician in acquiring or improving their knowledge and/or clinical skills.

Examples:

- A physician who is changing his scope of practice to include interventional pain management will engage a *preceptor* under the [Changing Scope of Practice policy](#).
- A physician who needs to improve their knowledge in obstetrical care and record-keeping issues will engage a *preceptor* for focused educational sessions in these areas.

Preceptor Responsibilities:

- signs an undertaking directly with the College;
- reviews any pertinent background materials;
- maintains a professional relationship with the supervised physician;
- may be requested to assist the physician and the College in the development of an Individualized Education Plan (IEP);
- identifies the physician’s overall strengths and weaknesses at the onset of supervision, and identifies any other educational needs;
- complies with the College’s expectations around: the use of tools, availability of the Preceptor, identification of the MRP for patient care, and frequency of reporting to the College (see Minimum Expectations for Low, Moderate, and High Supervision: Preceptorship Chart):
 - In certain situations, high level supervision might be required and as such the Preceptor may be required to be the MRP and if so, takes on final accountability for medical care of patients³
- meets in person with physician to carry out the preceptorship, in accordance with the IEP; visits may include but are not limited to:
 - approval of all management plans when 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;
 - 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 the templates provided, as prescribed by the College; and
- reports immediately to the College any situations outlined in the [Basis for Immediate Reports to the College](#) section.

Supervised Physician Responsibilities:

- acknowledges that deficiencies have been identified;
- where indicated, identifies potential Preceptor, to be approved by the College;
- gives irrevocable consent to the College to provide any pertinent background information to the *Preceptor(s)* to enable them to carry out their duties effectively;
- may be required to develop and provide to the College an Individualized Education Plan (IEP) with the assistance of College medical staff and/or the *Preceptor*;
- is motivated and takes responsibility for improvement;
- is open, honest, and collegial with his or her colleagues and *Preceptor*;
- demonstrates meaningful signs of progress towards meeting educational objectives;
- actively participates in all educational and practice activities that will lead to independent practice;
- ensures that the *Preceptor* fulfills obligations, including providing reports to the College as per undertaking;
- acknowledges responsibility for payment of all fees, costs, charges, expenses, etc. arising from the supervision arrangement; and
- agrees to information sharing amongst all supervisors, as per undertaking.

Quick Link: [Qualifications and Characteristics of an Acceptable Supervisor](#)

³ The physician’s individual circumstances will dictate the details of the arrangement, and be defined in undertakings.

Minimum Expectations for Low, Moderate, and High Supervision:

Preceptorship

Preceptor	Level of Supervision		
	Low	Moderate	High
Components	<ul style="list-style-type: none"> • Chart reviews, with a focus on areas of identified need or concern • Frequency of discussions with the supervised physician varies (to be determined by College) • Recommend CPD, as needed • Additional tools as indicated 	<ul style="list-style-type: none"> • Chart reviews • Daily to weekly case discussions with the supervised physician, sometimes immediately following patient encounter • Recommend CPD, as needed • Additional tools as indicated 	<ul style="list-style-type: none"> • Chart reviews • Direct observation • Discussions with supervised physician immediately following patient encounters • Recommend CPD, as needed • Additional tools as indicated
Availability of Preceptor	Available by phone for consultation	Generally available in person	Available on-site with initial direct observation
Frequency of Reporting to the College	Quarterly	Quarterly	Monthly

Note: Generally, the Preceptor is not the Most Responsible Physician (MRP) for patient care – **unless**, otherwise stipulated in the details of the official supervision undertakings. Each case is considered on an individual basis by the Committee requiring/ordering the supervision.

CLINICAL SUPERVISION: A form of supervision that focuses on evaluating the physician’s standard of care.

Examples:

- An applicant for registration lacks certain prescribed qualifications to practise medicine independently in Ontario, however, satisfies a College registration policy which requires appointment of a *clinical supervisor*;
- Clinical concerns have been identified in the supervised physician’s practice.

Clinical Supervisor 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 plan⁴ to the College for consideration and approval by the source Committee, if applicable;
- reports to the College if the physician is practising in a setting not approved by College;
- complies with the College’s expectations around: the use of tools, availability of the Clinical Supervisor, and frequency of reporting to the College (see Minimum Expectations for Low, Moderate, and High Supervision: Clinical Supervision Chart)
- attends in person at the physician’s practice to verify that patient care provided by the physician meets the expected standard of care by using the following tools (and others as deemed appropriate):
 - 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
 - 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 the templates provided, as prescribed by the College; and
- reports immediately to the College any situations outlined in the [Basis for Immediate Reports to the College](#) section.

Quick Link: [Qualifications and Characteristics of an Acceptable Supervisor](#)

Supervised Physician Responsibilities:

- acknowledges that deficiencies have been identified, or is missing certain prescribed qualifications for independent practice;
- identifies a potential *Clinical Supervisor*, and arranges for the *Clinical Supervisor* to submit a detailed supervision plan⁴ to the College for consideration and approval by the source Committee, if applicable;
- 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;
- ensures that the *Clinical Supervisor* fulfills obligations, including providing reports to the College as per undertaking;
- acknowledges responsibility for payment of all fees, costs, charges, expenses, etc. arising from the supervision arrangement; and
- agrees to information sharing amongst all supervisors, as per undertaking.

⁴ 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, and ensure that the expected standard of care is being met. The Clinical Supervision plan should include details of: the duties and responsibilities of the physician, how and when the Clinical Supervision will be conducted, what level of autonomy the candidate will have, who will be the Most Responsible Physician (MRP) for the care provided, the availability of the Clinical Supervisor, identification of a back-up Clinical Supervisor, the frequency with which the physician will be conducting chart reviews, and the minimum number of charts that will be reviewed. The Clinical Supervisor’s curriculum vitae should also be included with the Clinical Supervision plan.

Minimum Expectations for Low, Moderate, and High Supervision:

Clinical Supervision

Clinical Supervisor	Level of Supervision		
	Low	Moderate	High
Components	<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
Availability and Frequency of Clinical Supervisor visits	Periodically to review practice (preferably in person, unless otherwise specified by Committee)	Monthly visits (at minimum) to review practice (preferably in person, unless otherwise specified by Committee)	Initially, may be required to be available in person at all times to review treatment plans; or otherwise, weekly to review practice
Frequency of Reporting to the College	Every three to six months, or more frequently - depends on source Committee/Department	Approximately every three months, or more frequently - depends on source Committee/Department	Initially, a report is expected after the first month, and thereafter, frequency determined by source Committee/Department

PRACTICE MONITORING: A form of supervision that focuses on ensuring that the physician is in compliance with the terms of his or her undertaking or order, or with the terms and conditions imposed on the physician’s certificate of registration by a Committee.

Examples:

- **Inappropriate prescribing** – *Practice Monitor* may be required to:
 - co-sign prescriptions as indicated by order or undertaking
 - reconcile the physician’s prescribing log and patient records
 - ensure required signage is prominently posted in the office
- **Alleged sexual abuse or boundary issues**- *Practice Monitor* may be required to:
 - ensure physician is not seeing types of patients prohibited by terms and conditions
 - ensure required signage is prominently posted in the office
 - maintain patient logs, initial corresponding records
- **Office Hygiene and Practice Organization Issues** – *Practice Monitor* may be required to:
 - inspect the physician’s premises at specified intervals, often on an unannounced basis
 - ensures compliance with terms and conditions

Practice Monitor Responsibilities:

- signs an undertaking directly with the College;
- reviews any pertinent background materials;
- maintains a professional relationship with the supervised physician;
- verifies that the supervised physician is practising in accordance with the terms of his or her undertaking or order, or with the terms and conditions imposed on the physician’s certificate of registration by a Committee;
- submits objective reports to the College, in accordance with the templates provided, as prescribed intervals by the College; and
- reports immediately to the College any situations outlined in the [Basis for Immediate Reports to the College](#) section.

Quick Link: [Qualifications and Characteristics of an Acceptable Supervisor](#)

Supervised Physician Responsibilities:

- acknowledges that practice deficiencies or conduct issues have been identified;
- gives irrevocable consent to the College to provide any pertinent background information to the *Practice Monitor* to enable them to carry out their duties effectively;
- is open, honest, and collegial with his or her colleagues and *Practice Monitor*;
- demonstrates meaningful signs of progress towards meeting College expectations;
- complies with the terms of his or her undertaking or order;
- ensures that the *Practice Monitor* fulfills obligations, including providing reports to the College as per undertaking;
- acknowledges responsibility for payment of all fees, costs, charges, expenses, etc. arising from the supervision arrangement; and
- agrees to information sharing amongst all supervisors, as per undertaking.

HEALTH MONITORING: A form of supervision that focuses on treating the physician for particular health issues which may potentially affect their practice. In some instances, the Ontario Medical Association Physician Health Program is considered a Health Monitor and reports to the College in its oversight and advocacy capacity for the member.

Examples:

- Physical conditions;
- Substance use disorders; and
- Mental health conditions.

Health Monitor Responsibilities:

- signs an undertaking directly with the College;
- reviews any pertinent background materials;
- maintains a professional relationship with the supervised physician;
- monitors the physician’s compliance with the treatment regime;
- sees the supervised physician at regular intervals as specified by the College; and, during vacation or other absence, makes arrangements for the necessary health care to continue to be provided by another health care provider;
- submits objective reports to the College, in accordance with the templates provided, as prescribed by the College, and noting:
 - the dates that the *Health Monitor* has professionally seen the physician;
 - major events in the course of the physician’s illness, including any periods of hospitalization, or any period in which s/he was not capable of properly practising medicine;
 - the treatment plan which is prescribed for the physician;
 - the physician’s compliance with the treatment plan; and
 - any other information that might assist the College in assessing the physician’s capacity to practise medicine; and
- reports immediately to the College any situations outlined in the [Basis for Immediate Reports to the College](#) section.

Quick Link: [Qualifications and Characteristics of an Acceptable Supervisor](#)

Supervised Physician Responsibilities:

- acknowledges that health issues have been identified;
- gives irrevocable consent to the College to provide any pertinent background information to the *Health Monitor* to carry out their duties effectively;
- is motivated and participates in health monitoring with a health care provider approved by the College;
- is open, honest, and collegial with his or her *Health Monitor*;
- demonstrates meaningful signs of progress towards meeting College expectations;
- ensures that the Health Monitor fulfills obligations, including providing reports to the College as per undertaking;
- acknowledges responsibility for payment of all fees, costs, charges, expenses, etc. arising from the supervision arrangement; and
- agrees to information sharing amongst all supervisors, as per undertaking.

Glossary of Terms

Supervision

An umbrella term, and is defined as “the act of overseeing a physician’s practice, and includes the following forms of supervision: Preceptorship, Clinical Supervision, Practice Monitoring and Health Monitoring”.

Supervisor

An umbrella term, and is defined as “an individual who oversees a physician’s practice, and includes the roles of Preceptor, Clinical Supervisor, Practice Monitor, and Health Monitor”.

Most Responsible Physician (“MRP”)

The physician who has final accountability for the medical care of the patient.

Preceptor

A supervisor who educates and assists the supervised physician in acquiring or improving their knowledge and/or clinical skills.

Clinical Supervisor

A supervisor who evaluates the supervised physician’s standard of care.

Practice Monitor

A supervisor who ensures that the supervised physician is in compliance with the terms of his or her undertaking or order, or with the terms and conditions imposed on the physician’s certificate of registration by a Committee.

Health Monitor

A supervisor who treats the supervised physician for particular health issues which may potentially affect the supervised physician’s practice. In some instances, the Ontario Medical Association’s Physician Health Program is considered a Health Monitor and reports to the College in its oversight and advocacy capacity for the member.

Mentor

A member of the College who guides the physician through the health care system in Ontario. The mentor is available to provide advice on how to deal with clinical and other practice concerns. A mentor does not have an obligation to provide supervision reports to the College, as this individual is not considered a supervisor, as defined in these Guidelines, but may augment other types of supervision arrangements. The Mentor cannot currently be the subject of any disciplinary or incapacity proceeding, and the College will also consider other information about the member, such as the Mentor’s investigative and assessment history.