



GUIDELINES FOR COLLEGE-DIRECTED CLINICAL SUPERVISION

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 a Clinical Supervisor;
- terms of Supervision;
- approaches to Supervision,
- content of Supervision reports;
- basis for immediate reports to the College; and
- roles of Clinical Supervisors and supervised physicians.

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 practice and that patient safety is not compromised. This form of supervision 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 the expected standard of practice is met and that patient safety is not compromised. The Clinical Supervisor may also take on an educational role for the supervised physician.

PRINCIPLES OF CLINICAL SUPERVISION

Principles of Clinical Supervision are applied in a consistent and responsible manner. They are:

1. Safe and effective patient care is the priority in all supervisory situations.
2. The Clinical Supervisor's ultimate responsibility is to the College; the Clinical Supervisor must ensure the supervised physician adheres to orders and undertakings with the College.

QUALITIES OF A CLINICAL SUPERVISOR

While the College ultimately approves the Clinical Supervisor, physicians to be supervised are generally required to identify to the College 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. If there is an active public complaint against a proposed Supervisor, the circumstances of the matter will be reviewed on an individual basis.

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

- One who has an Ontario certificate of registration for independent practice.
- One who currently practises in Ontario.
- One who has a minimum of five current and consecutive years of practice in the scope of practice to be supervised.
- One who has an acceptable College history.

- One who has sufficient time and resources necessary to take on the responsibility of supervising a physician and to fulfill all terms of the College undertaking.
- One who has completed or is willing to complete the required training for Clinical Supervision.
- One who meets the College requirements regarding CPD.

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 to determine whether the relationship interferes 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): family, social/personal, physician-patient, and business. The College will evaluate whether the proposed Clinical Supervisor may have a conflict of interest and/or any perceived bias.

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 meeting, the terms of the supervision. Discussion via secure web-based technology acceptable to the College may be permitted.
- The terms of the Clinical Supervision may be changed only on the approval of the College.
- Occasionally, there may be multiple levels of supervision. College approval to reduce from one level to the next is required. The College determines when the Clinical Supervision is complete. Completion will be determined by the terms of the Clinical Supervision arrangements having 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 undertaking.
- 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.
- A team-based approach to Clinical Supervision is sometimes acceptable¹ 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.
- Reports must be signed and dated by the Clinical Supervisor.
- The Clinical Supervisor’s responsibility is to the College whether or not there is a financial arrangement between the Clinical Supervisor and supervised physician.

BASIS FOR IMMEDIATE REPORTS TO THE COLLEGE

There may be circumstances in which a Clinical Supervisor should contact the College immediately. Contact should be with the assigned College staff person to discuss the matter. This may occur 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:

- any practice, or conduct that may expose patients or others to risk of harm or injury;
- any concern that the member may be incapacitated;
- any failure to comply with the terms of the undertaking or Committee direction/order, which includes missing a meeting or an appointment with the Clinical Supervisor without sound reason, or being uncooperative;
- the inability of the Clinical Supervisor to continue in the role, or to fulfill obligations on a timely or temporary basis, e.g., due to illness, vacation, personal emergency, etc.; or
- if issues arise that could impact the Clinical Supervisor role, e.g., becoming the subject of a complaint or investigation, or having a conflict of interest.

¹Team-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.

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 practice and that patient safety is not compromised. This form of supervision 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 the College registration policy requires the 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 practice 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 College;
- reports to the College if the physician is practising in a setting not approved by the College;
- complies with the terms of the Clinical Supervision undertaking (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 may be the MRP and, if so, assumes final accountability for medical care of patients⁴;
- attends at the physician’s practice to review patient care provided by the physician in order to ensure it meets the expected standard of practice; 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 and the Clinical Supervisor is the MRP;
 - direct observation of patient care, where appropriate or directed;
 - review of a selection of patient records, as prescribed by the College;
 - discussion of any concerns arising from such record review;
 - interviewing colleagues/staff; 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.

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

Supervised Physician Expectations and Responsibilities:

- identifies a potential Clinical Supervisor;
- agrees to information sharing amongst all relevant entities (as per undertaking) to facilitate the Clinical Supervision;
- gives 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
- acknowledges responsibility for payment of all fees, costs, charges, expenses, etc. arising from the supervision arrangement.

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’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 • Observation as directed • Additional tools as indicated 	<ul style="list-style-type: none"> • Chart reviews • Discussions with physician • Observation as directed • Additional tools as indicated 	<ul style="list-style-type: none"> • Chart reviews • Discussions with physician • Regular, direct observation by a Clinical Supervisor(s) • Additional tools as indicated
Identification of MRP	Supervised Physician is the MRP	Supervised Physician is the MRP	Clinical Supervisor may be the MRP ⁵
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	When the Clinical Supervisor is the MRP, must be available 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 – depends on source Committee	The reports are typically expected on a weekly or bi-weekly basis – depends on source Committee

Effective: June 3, 2022

⁵Registration Committee and Change of Scope/Re-entry to Practice matters, for which a high level of supervision is required, typically require the Clinical Supervisor to be the Most Responsible Physician (MRP), with possible exceptions. For matters before other Committees, where high level supervision is required, the Committee specifies whether the Clinical Supervisor is the MRP.