



COUNCIL POLICY

Supervision of Provisional Registrants

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1. Application of this policy:

- 1.1. For most classes of provisional registration there is a condition that the registrant only engage in the practice of medicine under supervision or monitoring. This Council Policy sets out the approved supervision requirements for provisional registrants in the following classes:¹
 - 1.1.1. Provisional (Specialty Practice-Limited), per subsections 3.16(1)(f) and 3.18(2) of the *CPSM General Regulation*,
 - 1.1.2. Provisional (Family Practice-Limited), per subsections 3.19(1)(f) and 3.21(2) of the *CPSM General Regulation*, and
 - 1.1.3. Provisional (MPAP), per section 3.23 of the *CPSM General Regulation*.

¹ This policy does not apply to supervision or monitoring requirements for those provisionally registered in the Academic classes (s. 181 Faculty, Visiting Professor, or Post-Certification Trainee), or the Public Health Officer, Restricted Purpose, Temporary-Locum, Transitional, and Non-Practising classes.

- 1.2. For the above listed classes of provisional registration, registrants must enter a satisfactory arrangement with a Practice Supervisor approved by the Registrar. The prescribed arrangements for supervision will be articulated in undertakings to CPSM to be signed by the Provisional Registrant and the Practice Supervisor.

2. Approval criteria for practice supervisors:

- 2.1. The Practice Supervisor must:
 - 2.1.1. be approved by the Registrar, who may consider the proposed supervisor's professional conduct history in determining whether they are approved as a supervisor,
 - 2.1.2. be a fully or provisionally registered physician, and
 - 2.1.3. recognize the importance of their need to demonstrate effective communication and interpersonal skills and knowledge and understanding of cultural differences and values and beliefs that affect performance in a Canadian practice environment.
- 2.2. The Practice Supervisor should:
 - 2.2.1. have a similar scope of practice and be in a similar current practice situation and environment as that in which the Provisional Registrant will be practising, including the possibility of geographic isolation, and
 - 2.2.2. be experienced in the system, with a minimum of two (2) years of independent practice.
- 2.3. Best practices for the Practice Supervisor include:
 - 2.3.1. affiliation with the Manitoba Faculty,
 - 2.3.2. affiliation with relevant health institutions in the community, and/or
 - 2.3.3. demonstrated commitment to training and evaluation of the work they do as a Practice Supervisor.
- 2.4. Prior to approval, the Practice Supervisor must have completed relevant, formal training satisfactory to the Registrar.²
- 2.5. The Practice Supervisor will have a direct link to a CPSM staff member or an experienced practice supervisor in the field to discuss supervision practices and concerns.

² The ordinary requirement is that proposed practice supervisors must have completed the Practice Supervisor Workshop organized by the Manitoba Faculty in association with CPSM.

3. Practice supervisor's role and responsibilities:

- 3.1. The Practice Supervisor is responsible for:
 - 3.1.1. assisting with orientation as may be necessary,
 - 3.1.2. reviewing the Provisional Registrant's professional practice at regular intervals, as prescribed by the Registrar,³
 - 3.1.3. receiving and reviewing audit reports prepared in accordance with this policy,⁴
 - 3.1.4. ascertaining whether the Provisional Registrant is practising safely, and meeting expected clinical standards of care,
 - 3.1.5. meeting with the Provisional Registrant to discuss supervision, and
 - 3.1.6. providing written Monitoring Reports to CPSM on a schedule prescribed by the Registrar.⁵
- 3.2. In fulfilling their supervisory responsibilities, the Practice Supervisor must always act in good faith and must:
 - 3.2.1. maintain appropriate boundaries with the Provisional Registrant respecting their role and responsibilities to CPSM,
 - 3.2.2. be an unbiased reporter of the observations of the Provisional Registrant's practice,
 - 3.2.3. provide written Monitoring Reports to CPSM, in a form satisfactory to CPSM, at the prescribed frequency, using the input of others, including other health professionals, in completing Monitoring Reports,
 - 3.2.4. make recommendations to CPSM regarding supervision and the frequency of reporting based upon the performance of the Provisional Registrant, and
 - 3.2.5. provide feedback to the Provisional Registrant in an unbiased and constructive manner.
- 3.3. The Practice Supervisor should identify physician enhancement opportunities to the Provisional Registrant as well as assist in learning about community resources to help meet patient needs and promote good care.
- 3.4. Provisionally registered physicians are usually linked to a separate mentor to assist with orientation, integration into the health care system and identification of professional development based upon need. If a separate mentor cannot be

³This usually includes chart reviews at a frequency determined by CPSM. A schedule of chart reviews will be set out in applicable undertakings. This requirement will include discretion for the Registrar to require additional chart reviews if concerns are identified.

⁴ To support supervision and monitoring, an auditor appointed by CPSM will conduct routine audits of the Provisional Registrant's practice and produce a report. The auditor's report will be made available to the Practice Supervisor. The schedule for audits will be described in applicable undertakings.

⁵ The schedule for Monitoring Reports will be set out in applicable undertakings. This will include discretion for the Registrar to require additional Monitoring Reports if concerns are raised. The schedule for Monitoring Reports will generally align with the schedule for prescribed chart reviews.

obtained, the Practice Supervisor may also assume the mentorship role, as long as this does not interfere with the Practice Supervisor's primary role, including their CPSM reporting obligations.

3.5. Supervision of the Provisional Registrant will be monitored by CPSM.⁶

4. Degree of supervision:

- 4.1. Supervision during provisional registration is one component of a progressive path to full registration. Some components of supervision of the Provisional Registrant remain in place until they receive full registration.
- 4.2. Supervision is of a graduated nature; the level will be more intense at the onset and gradually reduced through the supervisory period, as appropriate. The components and frequency of reviews and Monitoring Reports for the duration of provisional registration are to be determined by the Registrar.⁷ While under supervision, the intensity of supervision may be decreased or increased based on, but not limited to:
 - 4.2.1. the Practice Supervisor's Monitoring Reports, which provide explicit indications as to whether the Provisional Registrant is meeting expected standards in prescribed areas,
 - 4.2.2. recommendations by the Practice Supervisor,
 - 4.2.3. other forms of feedback,
 - 4.2.4. audit reports prepared in accordance with this policy,
 - 4.2.5. professional conduct history (e.g., complaints), and
 - 4.2.6. any issues addressed in the Quality Department.
- 4.3. Supervision as required under this Practice Direction will be removed immediately if the Provisional Registrant achieves the minimum eligibility requirements for full registration and converts to that class.⁸

⁶ Monitoring is typically overseen by the Assistant Registrar in the Quality Department.

⁷ This usually includes chart reviews followed by a Monitoring Report 1) monthly for the first three months of supervision, 2) at nine, eighteen, and twenty-four months, and 3) at any other time at the direction of the Registrar. Immediate reporting would be required where the Practice Supervisor, for whatever reason, is of the opinion that the Provisional Registrant is unable to practice medicine safely. CPSM's [Duty to Report Standard of Practice](#) otherwise applies in the usual way.

⁸ For some registrants, a determination may be made that further audits or monitoring is indicated, even after conversion to full registration. When that is the case, this will typically be accomplished through referral to the Central Standards Committee.

5. Orientation plan:

- 5.1. Provisional Registrants who have not practiced medicine in Manitoba may be required to complete an orientation plan to the satisfaction of the Registrar as part of their supervisory arrangements. This is mandatory for those who have not practiced in Canada for at least two (2) years. Orientation plans are individualized, but need to include one or more of the following components, as relevant to the Provisional Registrant's professional practice:^{9, 10}
 - 5.1.1. CPSM's regulatory scheme, including Standards of Practice and Practice Directions.
 - 5.1.2. Fundamentals regarding the Manitoba Health Care system and the role of the physician in that system.
 - 5.1.3. Cultural sensitivity and trauma informed practices in delivering good care,
 - 5.1.4. Patient-centered approach to care.
 - 5.1.5. Team-based practice environments.
 - 5.1.6. Documentation and maintenance of patient records.
 - 5.1.7. Business arrangements and practice management in non-institutional practice settings.
 - 5.1.8. Continuing professional development expectations.

6. Reporting mechanisms for practice supervisors:

- 6.1. Nature and content of Monitoring Reports:
 - 6.1.1. Monitoring Reports must be provided by the Practice Supervisor to CPSM. Reports must provide evidence of the competence and quality of practice of the Provisional Registrant during the identified period of supervision.
 - 6.1.2. The Provisional Registrant must be appraised on their performance on a regular basis by the Practice Supervisor and provided with opportunities for response. This includes discussion of Monitoring Reports.
- 6.2. Frequency of Monitoring Reports and management of the report information:
 - 6.2.1. Monitoring Report frequency and reporting mechanisms will be clearly defined by the Registrar.
 - 6.2.2. Scheduling of Monitoring Reports, including tapered frequency over time, will be reflective of the demonstration of practice competence through the period of supervised practice.

⁹ In all cases, Provisional Registrants are encouraged to seek out mentorship responsibilities and opportunities to orient themselves to their practice environment.

¹⁰ The intended purpose of the orientation plan is to set the Provisional Registrant up for success. Aspects of a good plan will be case specific. Numerous components can be accomplished through online resources, such as CPSM's published materials and educational modules offered through the Medical Council of Canada (MCC), the Canadian Medical Protective Association (CMPA), and the Manitoba Faculty.

- 6.2.3. Monitoring Reports must be shared with the Provisional Registrant to enable them to identify personal areas for continuing professional development.
 - 6.2.4. The Monitoring Report will form a part of the registration file held by CPSM.
- 6.3. The Practice Supervisor must immediately report any concerns regarding patient safety to CPSM.

7. Audits, reviews, and inspections by CPSM:

- 7.1. During the period of supervision, audits of the Provisional Registrant's practice will occur on a schedule determined by the Registrar. They are conducted by a CPSM appointed auditor. The Provisional Registrant must cooperate with and participate in audits as required. This may include chart or interactive audits, as appropriate in the circumstances. The Practice Supervisor is expected to assist with audits as necessary and is provided with the audit report as part of their supervision.¹¹
- 7.2. Reviews or inspections of the Provisional Registrant's practice by a CPSM appointee, as part of monitoring and supervision, may occur as determined by the Registrar. The Provisional Registrant must cooperate with and participate in such reviews or inspections. The Practice Supervisor is expected to assist with reviews and inspections as necessary and will be provided with any report arising therefrom.¹²

8. Agreements and undertakings:

- 8.1. The Provisional Registrant will be required to enter a written undertaking to CPSM regarding arrangements for supervision.
- 8.2. There must be a written undertaking to CPSM from the Practice Supervisor, including an undertaking to commit to the responsibilities described in this policy. The undertaking should include details with respect to:
 - 8.2.1. charts reviews, reporting requirements, and frequency determined by CPSM,
 - 8.2.2. declaration of freedom of any real or perceived bias or conflict of interest,
 - 8.2.3. fulfilling supervisory responsibilities notwithstanding any financial and remuneration arrangements between the Practice Supervisor and the Provisional Registrant,
 - 8.2.4. confidentiality between the Provisional Registrant and the Practice Supervisor, and

¹¹ This usually includes a chart audit after 6 months of practice, and at any other time at the direction of the Registrar.

¹² In the usual course, this is limited to a 360-degree multisource feedback review of the Provisional Registrant's practice. This is included in applicable undertakings.

- 8.2.5. principles governing the relationship between the Practice Supervisor and the Provisional Registrant and the Practice Supervisor and CPSM, including issues relating to power imbalance and resolving disputes.
- 8.3. The Provisional Registrant will be responsible for costs associated with arrangements for supervision.

9. Provisional Registrants who have completed the Royal College Subspecialty Examination Affiliate Program (SEAP):

- 9.1. For the purposes of subsection 3.8(b)(i.1)(C) of the *CPSM General Regulation*, the approved period of supervised practice for those seeking full registration based on successful completion of a Royal College SEAP is to be determined by the Registrar under the following framework:
 - 9.1.1. In situations where the candidate has successfully completed an accredited Canadian subspecialty training program in a Royal College recognized subspecialty discipline, the Registrar may deem them to have completed the approved period of supervised practice.
 - 9.1.2. If the candidate has no relevant training or experience in Canada, then supervision should be for a minimum of eighteen (18) months, plus any period required to complete additional orientation, reviews, audits, or Monitoring Reports prescribed by the Registrar in accordance with this policy, up to a maximum period of twenty-four (24) months.
 - 9.1.3. In all other situations, the required period of supervision shall be determined on a case-by-case basis by the Registrar, up to a maximum period of twenty-four (24) months.
 - 9.1.4. If the Registrar determines that the Provisional Registrant has not satisfactorily completed the approved period of supervised practice, then the candidate ceases to be eligible for full registration under subsection 3.8(b)(i.1) of the *CPSM General Regulation*. In this situation, they would need to pursue another path to full registration (i.e., MPAP or RC certification).
 - 9.1.5. In determining whether the Provisional Registrant has satisfactorily completed the approved period of supervised practice, the Registrar will consider relevant indicators of performance and competence, including reviews, audits, and Monitoring Reports prepared in accordance with this policy.
- 9.2. For clarity, during the period of supervision, the Provisional Registrant will be registered in the Provisional (Specialty Practice-Limited) Class.