

Professional Responsibilities in Medical Education

Policies of the College of Physicians and Surgeons of Ontario (the “College”) set out expectations for the professional conduct of physicians practising in Ontario. Together with the *Practice Guide* and relevant legislation and case law, they will be used by the College and its Committees when considering physician practice or conduct.

Within policies, the terms ‘must’ and ‘advised’ are used to articulate the College’s expectations. When ‘advised’ is used, it indicates that physicians can use reasonable discretion when applying this expectation to practice.

Definitions

Undergraduate medical students (“medical students”): Students enrolled in an undergraduate medical education program. They are not members of the College of Physicians and Surgeons of Ontario.¹

Postgraduate trainees (“trainees”)²: Physicians who hold a degree in medicine and are continuing in postgraduate medical education. Commonly referred to as “residents” or “fellows” in most teaching sites. Trainees often serve in the role of supervisors but do not act as the most responsible physician for patient care. If trainees are supervisors, then the provisions of the policy regarding supervisors apply to them.

Most responsible physicians (“MRP”): Physicians who have overall responsibility for directing and coordinating the care and management of a patient at a specific point in time, regardless of the amount of involvement that a medical student or trainee has in that patient’s care.

Supervisors: Physicians who have taken on the responsibility to observe, teach, and evaluate medical students and/or trainees. The supervisor of a medical student or trainee who is involved in the care of a patient may or may not be the most responsible physician for that patient.

¹ The *Regulated Health Professions Act, 1991*, S.O. 1991, c.18 (*RHPA*) permits students to participate in the delivery of health care by allowing them to carry out controlled acts “while fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession”.

² The majority of trainees in Ontario hold a certificate of registration authorizing postgraduate education, but regardless of the class of certificate of registration held, postgraduate trainees cannot practise independently.

29 **Policy**

30 **Identification of MRPs, Trainees and Medical Students**

- 31 1. MRPs, supervisors, and/or trainees **must** ensure that patients³ are informed:
- 32 a. of the name and role of the MRP along with an explanation that the MRP is
- 33 ultimately responsible for their care;
- 34 b. about the medical students and/or trainees involved in their care, their roles
- 35 on the health-care team and the fact that medical students are not physicians;
- 36 and
- 37 c. about the fact that patient care in teaching hospitals and other affiliated sites
- 38 where medical education occurs relies on a collaborative, team-based
- 39 approach.⁴
- 40

41 **Supervision of Medical Students**

- 42 2. MRPs and/or supervisors⁵ **must** provide appropriate supervision to medical
- 43 students. This includes:
- 44 a. determining a medical student's willingness and competency to participate in
- 45 patient care;
- 46 b. closely observing interactions between medical students and patients to
- 47 assess:
- 48 i. a medical student's performance, capabilities, and educational
- 49 needs;
- 50 ii. whether a medical student has the requisite competence (i.e.,
- 51 knowledge, skill and judgment) to safely participate in a patient's
- 52 care without compromising that care; and
- 53 iii. whether a medical student demonstrates the requisite competence
- 54 (i.e., knowledge, skill, and judgement) and expertise to interact with
- 55 patients in circumstances where the supervisor is not present in the
- 56 room;
- 57 c. meeting at appropriate intervals with a medical student to discuss their
- 58 assessments of patients and any care provided to them;
- 59 d. ensuring that a medical student only engages in patient care based on
- 60 previously agreed-upon arrangements with the MRP and/or supervisor;

³ Throughout this policy, where "patient" is referred to, it should be interpreted as "patient or substitute decision-maker" where applicable.

⁴ Medical students could also provide the information contained in this provision.

⁵ A trainee may also be a supervisor.

- 61 e. reviewing and providing feedback on a medical student's documentation,
62 including any progress notes written by a student;
- 63 f. using their professional judgment to determine whether to countersign a
64 medical student's documentation;
- 65 g. countersigning all orders written under the supervision or direction of a
66 physician;⁶ and
- 67 h. managing and documenting patient care, regardless of the level of
68 involvement of medical students.

69

70 **Supervision of Trainees**

- 71 3. MRPs and/or supervisors **must** provide appropriate supervision to trainees. This
72 includes:
 - 73 a. being familiar with individual learning plans and competencies, and program
74 objectives;
 - 75 b. regularly evaluating a trainee's clinical competence and learning needs, and
76 assigning graduated responsibility accordingly;
 - 77 c. determining that a trainee has the requisite competence (i.e., knowledge,
78 skill, and judgment) to participate in a patient's care;
 - 79 d. ensuring that relevant clinical information is made available to a trainee;
 - 80 e. communicating regularly with a trainee to discuss and review their patient
81 assessments, management, and documentation of patient care in the
82 medical record; and
 - 83 f. directly assessing the patient as appropriate.

- 84 4. Trainees **must**:
 - 85 a. only take on clinical responsibility in a graduated manner in step with their
86 demonstrated growing competency, although never completely independent
87 of appropriate supervision;
 - 88 b. communicate with a supervisor and/or MRP and document:
 - 89 i. in accordance with the guidelines of their postgraduate program and/or
90 clinical placement setting;
 - 91 ii. their clinical findings, investigations, and treatment plans;
 - 92 iii. when there is a significant change in a patient's condition;

⁶ Prescriptions, telephone or other transmitted orders may be transcribed by the medical student but must be countersigned.

- 93 iv. when the trainee is considering a significant change in a patient's
94 treatment plan or has a question about the proper treatment plan;
95 v. about a patient discharge;
96 vi. when a patient or family expresses concerns; or
97 vii. in an emergency or when there is significant risk to the patient's well-
98 being; and
99 c. identify the MRP or supervisor who has reviewed their consultation reports
100 and indicate the MRP's or supervisor's approval of the report.

101 **Availability of MRP and/or Supervisor**

- 102
- 103 5. MRPs and/or supervisors **must** ensure that that they are identified and available to
104 assist medical students and/or trainees when they are not directly supervising them
105 (i.e., in the same room) or if unavailable, they **must** ensure that an appropriate
106 alternative supervisor is available and has agreed to provide supervision.
107
- 108 6. The degree of availability of an MRP and/or supervisor and the means of availability
109 (by phone, pager or in-person) **must** be appropriate and reflective of the following
110 factors:
111 a. the patient's specific circumstances (e.g., health status, specific health-care
112 needs);
113 b. the setting where the care will be provided and the available resources and
114 environmental supports in place; and
115 c. the education, training and experience of the medical student and/or trainee.

116 **Professional Behaviour**

- 117 7. MRPs and supervisors **must** demonstrate a model of compassionate and ethical
118 care while educating and training medical students and trainees.
119
- 120 8. MRPs, supervisors, and trainees **must** demonstrate professional behaviour in their
121 interactions with:
122 a. each other,
123 b. medical students,
124 c. patients and their families,
125 d. colleagues, and
126 e. support staff.
127
- 128 9. MRPs, supervisors, and trainees **must not** engage in disruptive behaviour that
129 interferes with or is likely to interfere with quality health-care delivery or quality

130 medical education (e.g., the use of inappropriate words, actions, or inactions that
131 interfere with a physician's ability to function well with others.⁷)
132

133

134 **Violence, Harassment, and Discrimination**

135 10. Physicians (including MRPs, supervisors, and trainees) involved in medical
136 education and/or training **must not** engage in violence, harassment or
137 discrimination against medical students and/or trainees.

138 a. Physicians **must** take reasonable steps to stop violence, harassment or
139 discrimination against medical students and/or trainees if they see it
140 occurring in the learning environment and **must** take any other steps as may
141 be required under applicable legislation⁸, policies, institutional codes of
142 conduct or by-laws.

143

144 11. MRPs and/or supervisors **must** provide medical students and/or trainees with
145 support and direction in addressing disruptive behaviour (including violence,
146 harassment and discrimination) in the learning environment, including but not
147 limited to taking any steps as may be required under applicable legislation⁹,
148 policies, institutional codes of conduct or by-laws.

149 **Professional Relationships/Boundaries**

150

151 12. MRPs and supervisors **must not**:

152 a. make sexual comments or gestures toward a medical student and/or trainee;

153 b. enter into a sexual relationship with a medical student and/or

154 trainee while directly or indirectly responsible for mentoring,

155 teaching, supervising or evaluating the medical student and/or

156 trainee; or

157 c. enter into any relationship¹⁰ with a medical student and/or trainee

158 that could present a risk of conflict of interest, bias, or coercion

⁷ For more information, please refer to the College policy on [Physician Behaviour in the Professional Environment](#), as well as the [Guidebook for Managing Disruptive Physician Behaviour](#).

⁸ For example, the obligations set out in the [Occupational Health and Safety Act](#), R.S.O. 1990, c.0.1 ("OHS") and the *Human Rights Code*, R.S.O. 1990, c. H.19 (the "Code").

⁹ Physicians may have other obligations under OHS and the Code in regard to their own behaviour in the workplace, as well as specific obligations if they are employers as defined by OHS or the Code.

¹⁰ E.g., dating, business, etc.

159 while directly or indirectly responsible for mentoring, teaching,
160 supervising or evaluating the medical student and/or trainee.

161

162 13. MRPs and/or supervisors (including trainees who are supervisors) **must** disclose
163 any sexual or other relationship¹¹ between themselves and a medical student
164 and/or trainee which pre-dates the mentoring, teaching, supervising or evaluating
165 role of the MRP and/or supervisor to the appropriate member of faculty (e.g., the
166 department or division head or undergraduate/postgraduate program director) in
167 order for the faculty member to decide whether alternate arrangements are
168 warranted.

169 **Reporting Responsibilities**

170 14. Physicians (including MRPs, supervisors and trainees) involved in the education
171 and/or training of medical students and/or trainees **must** report to the medical
172 school and/or to the health-care institution, if applicable, when a medical student
173 and/or trainee:

- 174 a. exhibits behaviours that would suggest incompetence, incapacity, or abuse
175 of a patient;
- 176 b. fails to behave professionally and ethically in interactions with patients and
177 their families, supervisors, and/or colleagues; or
- 178 c. otherwise engages in inappropriate behaviour.

179

180 15. Physicians involved in administration at medical schools, or health-care
181 institutions that train physicians **must** contribute to providing:

- 182 a. a safe and supportive environment that allows medical students and/or
183 trainees to make a report if they believe the MRP and/or their supervisor:
 - 184 i. exhibits any behaviours that would suggest incompetence, incapacity,
185 or abuse of a patient;
 - 186 ii. fails to behave professionally and ethically in interactions with
187 patients and their families, supervisors or colleagues; or
 - 188 iii. otherwise engages in inappropriate behaviour, including violence,
189 harassment, and discrimination against medical students and/or
190 trainees; and
- 191 b. an environment where medical students and/or trainees will not face
192 intimidation or academic penalties for reporting such behaviours.

193

¹¹ E.g., family, dating, business, etc.

194 **Consent**

195 While patient consent for treatment¹² must always be obtained, additional expectations
196 apply in the medical education and training context.

197 16. The physician responsible for or who is providing care must obtain express
198 consent¹³ from the patient for:

- 199 a. medical student observation or participation in care, and/or
- 200 b. trainee observation of care.

201

202 17. MRPs and/or supervisors **must** use their professional judgment to determine
203 whether to obtain express consent from patients when trainees participate in
204 patient care.¹⁴

205

206 18. Where an examination, investigation and/or procedure is unrelated to or
207 unnecessary for patient care¹⁵, the MRP and/or supervisor **must** obtain express
208 consent from the patient¹⁶ and **must** be confident that the proposed examination
209 or clinical demonstration will not be detrimental to the patient, either physically or
210 psychologically.

211

212 **Supervision of Medical Students for Educational Experiences not Part of an Ontario**
213 **Undergraduate Medical Education Program**

214 19. In addition to fulfilling the expectations set out above, physicians who choose to
215 supervise medical students for educational experiences that are not part of an
216 Ontario undergraduate medical education program **must**:

- 217 a. comply with the *Delegation of Controlled Acts* policy,¹⁷

¹² Obtaining informed consent includes the provision of information and the ability to answer questions about the material risks and benefits of the procedure, treatment or intervention proposed. For more information, please refer to the College's [Consent to Treatment](#) policy and also, the *Health Care Consent Act, 1996*, c. 2, Sched. A.

¹³ Express consent is directly given, either orally or in writing.

¹⁴ As trainees are physicians, it may not always be necessary to obtain express consent for their participation in patient care. See *Advice* for examples of when express consent may be needed for involvement of trainees in patient care.

¹⁵ See *Advice* for examples.

¹⁶ Regardless of whether or not the patient will be conscious during, for example an examination. For further information about medical students performing pelvic examinations, please see the Society of Obstetricians and Gynaecologists of Canada's [Guideline #246](#).

¹⁷ The College's Delegation of Controlled Acts policy applies to any physician who supervises:

1. an Ontario medical student completing an extra rotation that is not part of their MD program, and
2. a student from outside Ontario completing an Ontario educational experience where the student will be performing controlled acts.

- 218 b. ensure that they have liability protection for that student to be in the office,
219 c. ensure that the student:
220 i. is enrolled in and in good standing at an undergraduate medical education
221 program at an acceptable medical school,¹⁸
222 ii. has liability protection that provides coverage for the educational
223 experience,
224 iii. has personal health coverage in Ontario, and
225 iv. ensure that the student has up-to-date immunizations.¹⁹
226
227 b. Where physicians do not have experience supervising medical students or are
228 unable to fulfill the expectations outlined above, they **must** limit the activities of
229 the medical student to the observation of patient care only.

¹⁸ For the purposes of this policy, an “acceptable medical school” is a medical school that is accredited by the Committee on Accreditation of Canadian Medical Schools or by the Liaison Committee on Medical Education of the United States of America, or is listed in either the World Health Organization’s Directory of Medical Schools: <http://www.who.int/hrh/wdms/en/>, or the World Directory of Medical School’s online registry: <https://www.wdoms.org/>.

¹⁹ Please refer to the Council of Ontario Faculties of Medicine’s Immunization policy: <https://cou.ca/wp-content/uploads/2016/06/COFM-Immunization-Policy-2019.pdf>.

37 It is also important for medical students and trainees to develop awareness of their
38 limitations and inform the MRP and/or supervisor and, seek appropriate assistance
39 when necessary if they are unable to carry out their duties. Good communication is vital
40 to facilitating good supervision and optimal patient care.

41
42 ***How can physicians demonstrate a model of compassionate and ethical care to medical***
43 ***students and trainees?***

44 Students and trainees often gain knowledge and develop attitudes about
45 professionalism through role modeling. MRPs and supervisors have a duty to lead by
46 example and to translate into action the principles of professionalism taught to medical
47 students and trainees.

48
49 Characteristics of effective role models are well established. They include availability,
50 clinical excellence, empathy, good communication skills, interest in teaching, self-
51 reflection, transparency and respect for others.¹ Being an effective role model is not
52 only beneficial to medical students and trainees, but it is also an important part of
53 ensuring the best possible care for patients.

54
55 Engaging in favouritism of students and/or trainees is detrimental to the learning
56 environment and affects all students. Similarly, predatory behaviour is unacceptable
57 anywhere, but it is particularly problematic in a learning environment where medical
58 students and trainees model the behaviour of their teachers. For these reasons, it is
59 imperative that clinical teachers consistently uphold and display the highest values of
60 the medical profession.

61
62 The policy requires physicians to not engage in disruptive behaviour including, violence,
63 harassment, and discrimination against medical students and trainees. These
64 behaviours are the antithesis to being a positive role model and physicians must not
65 engage in them.

66
67 ***Is posting a sign informing patients that care in teaching hospitals may be provided by***
68 ***students and/or trainees sufficient?***

69 Having a sign posted in a teaching hospital or other clinical placement setting where
70 students and/or trainees are involved in care is helpful and promotes patient education
71 and understanding, but it is not sufficient in terms of meeting the policy expectations.

¹ *Canadian Family Physician*, Vol.66. February 2020, e55-61.

72 The policy requires that express consent be obtained from patients when either medical
73 students and/or trainees observe the care provided to patients and when medical
74 students participate in care. (See question below regarding express consent and trainee
75 participation in care).

76 ***When should express consent be obtained for trainee participation in care?***

77 The policy states that MRPs and/or supervisors **must** use their professional judgment
78 to determine whether to obtain express consent from patients when trainees participate
79 in the care of patients.

80 Trainees are medical doctors as they have obtained a certificate for postgraduate
81 education, yet they are not permitted to practise independently. Obtaining express
82 consent for participating in patient care is not needed in all cases, as it is for medical
83 students. However, there may be circumstances where it may make sense to obtain
84 consent for trainee participation in patient care. MRPs and/or supervisors can look to
85 the experience and competency of the trainee. It may be appropriate to obtain express
86 consent from patients when a less experienced trainee is providing care. It may be
87 appropriate to obtain express consent in situations where a trainee is performing a
88 procedure or examination for the first time or first few times or is providing a significant
89 component of complex care. For those trainees who are transitioning to independent
90 practice, it would be unlikely that express consent is necessary.

91 In addition, MRPs and/or supervisors can involve the patient in making this
92 determination and look at the wishes and needs of the patient.

93

94 ***What are some examples of procedures/exams/investigations unrelated to patient care?***

95 This happens often with learners, especially medical students - a physician performs a
96 procedure/exam/investigation and then the medical student and/or trainee repeats it.
97 For example, if a patient has an unusual heart murmur, a patient will be asked if the
98 medical student can listen for educational purposes. Likewise, learners are asked to
99 examine a skin rash, or check peripheral circulation, or do an eye or ear exam for their
100 educational purposes. Intimate examinations (as defined by the medical schools) are
101 also sometimes done by medical students and trainees and can be unrelated to patient
102 care.

103 **Resources**

104 The information below provides additional information related to professional
105 responsibilities in medical education as well as information that may be helpful to

106 medical students and/or trainees. It is important for MRPs and/or supervisors to
107 encourage medical students, who are not yet members of the CPSO, to become familiar
108 with this information.

109 Medical schools and institutions where learning takes place also have relevant policies,
110 guidelines, statements and procedures which are relevant to medical students and/or
111 trainees. MRPs and/or supervisors are advised to be familiar with this information and
112 direct their medical students and/or trainees to it.

113 ***Dialogue Articles***

114 [Dialogue](#), the College's quarterly publication for members, regularly addresses themes
115 or issues relating medical education.

116 ***CPSO's Professionalism and Practice Program***

117 How a physician delivers care is just as important as the care provided. To that end, the
118 CPSO has partnered with medical schools across Ontario to develop modules on key
119 professionalism topics. These modules include PowerPoint presentations, and case
120 studies ground in real life issues and trends seen by the CPSO. They are also grounded
121 in relevant frameworks, such as CanMEDs. We encourage medical students and
122 trainees – and anyone else interested in medical professionalism – to visit
123 the [Professionalism and Practice](#) area on our website and to download the modules.

124 ***Canadian Medical Protective Association (CMPA)***

125 The CMPA is a national organization and provides broad advice about a number of
126 medico-legal issues. For Ontario specific information physicians are advised to look at
127 the CPSO policy and advice document regarding professional responsibilities in medical
128 education. However, the CMPA has a number of resources on the issues generally that
129 physicians may find helpful.

130 For example:

131 [Delegation and Supervision of Medical Trainees](#)

132 [Responsibilities of Physicians as Teachers](#)