

CPSO Professional Responsibilities in Medical Education

Statement from the OMA Section on Plastic Surgery

The OMA Section on Plastic Surgery is grateful for the opportunity to provide its opinions and suggestions with respect to the CPSO draft document 'Professional Responsibilities in Medical Education' and the accompanying Advice to the Profession document. As a section, we support the efforts that the College is making to clarify the process surrounding the roles and responsibilities of physicians and trainees when it comes to medical education.

In regard to the documents themselves, there are a few points that we feel require further clarification or amendment before being finalized.

- 2. (line 46): The word "closely" should be removed, as this places too much constraint on how medical students can be educated and can learn. It alters the student/patient interaction to have an MRP constantly watching over a medical student shoulder as would be implied with "close observation".
- 3. (line 73): Consider rewording this point to read "...must be familiar with *program objectives and competencies* of trainees in their current phase of training. MRP's and / or supervisors are *advised* to discuss individual learning plans with the learners." In regard to program objectives and competencies, the objectives for each phase of training are clearly stated for the phases of training within competency based medical education. We agree that these points "must" be clear to all trainees and educators based on phase of training. However, individual learning plans are variations from these program wide standards / expectations, and these are the primary responsibility of the trainee (as an adult learner), with guidance from faculty. As a result, we feel that the word "must" should be removed from this part of then policy and replaced with "advise".
- 3. (line 77): The determination of competence is not up to a single physician. In current medical education frameworks, as things move to a competency based medical education, there are multiple factors that go into determining competence. This involves input from medical schools and post-graduate medical education (PGME) programs as well as competency committees. This should not all be placed on then MRPs shoulders
- 4. (line 92): Consider adding "in a timely manner" to this point, as making an MRP aware of a significant change 8 hours later may be too long of a delay to intervene.
- 12. (line 154): Clarify what constitutes "indirectly" responsible for mentoring / teaching.
- 16. (line 197): In the university / teaching hospital setting, medical student and trainee observation of care is the expectation in our system of medical education. There should be an understanding at an academic teaching site, medical students and trainees may be present. Express consent should not be required for this. If patients refuse to accept medical student and trainee participation / observation in their care, the patient should

be offered referral to a different provider/setting if the MRP is not able to accommodate the request for exclusion of learners in the teaching setting. ***The MRP in the teaching setting must not face disciplinary action if they are unable to provide care to a patient with the exclusion of learners (undergraduate or graduate level trainees)*** so long as this is communicated to the patient by the physician or delegate.

- 17. (line 202): There should be clarification of how to handle the situation where a patient refuses trainee participation in clinical care. This could significantly limit trainee experience and exposure if more patients just refuse trainee involvement and demand that the MRP is the only one to perform the procedure, particularly for procedures that are not associated with an high degree of complexity. Physicians should have advice on how to address this situation to ensure that trainees still get the education they require.

- 19. (line 224): What is the reasoning to make the supervisor ensure that the trainee has health coverage in Ontario? This should be the responsibility of the student, not the supervisor. The other stipulations all make sense