

Ontario Medical Association Submission

CPSO Policy – Professional Responsibilities in Medical Education

November 2020



The Ontario Medical Association (OMA) welcomes the opportunity to provide comments in response to the CPSO's consultation on its revised policy – Professional Responsibilities in Medical Education. We appreciate the shorter, simpler format that the policy has taken, and the Advice to the Profession document provides additional explanation and clarity. The OMA's comments below outline some areas of the policy where it would be helpful to have even further clarification to help physicians, residents, and medical students to understand the CPSO's expectations.

Identification of MRPs, Trainees and Medical Students (line 30)

In this section (lines 31, 34-36) the policy states that the most responsible physician (MRP), supervisors, and/or trainees must ensure that patients are informed about the medical students and/or trainees involved in their care, their roles on the healthcare team and the fact that medical students are not physicians. However, in some environments, such as busy Emergency Departments, medical students often see patients prior to the MRP. It may be confusing to the patients to receive the information above from the MRP after they have already been seen by the medical student. It may be helpful to indicate that in situations where medical students are likely to see the patient first, that they be instructed to provide this information to the patient first, which can then be confirmed by the MRP when he or she subsequently sees the patient.

Supervision of Medical Students (line 41)

At lines 42-45, the policy indicates that MRPs and/or supervisors must provide appropriate supervision to medical students, including determining a medical student's willingness and competency to participate in patient care. Clarification is requested about the word 'willingness', for example, does it refer to the student's confidence in completing the intervention? Assuming the student has the competency, it is unclear what the 'willingness' may pertain to.

At lines 62-63, the policy states that MRPs and/or supervisors must use their professional judgment to determine whether to countersign a medical student's documentation. However, some hospitals and some educational institutions have policies that require medical students' notes to be cosigned, so this action is not always based on professional judgement. As well, some institutions may require medical students' documentation to be signed as a matter of practice, while others may only require a signature when the MRP and/or supervisor disagrees with the notes. Clarification to account for these additional circumstances would be helpful.

Violence, Harassment, and Discrimination (line 134)

At line 138 of this section, the policy indicates that physicians must take reasonable steps to stop violence, harassment, or discrimination against medical students and/or trainees if they see it occurring in the learning environment. It would be helpful to clarify that this includes violence, harassment or discrimination by patients, co-workers, fellow medical students and/or trainees, etc.

Reporting Responsibilities (line 169)

In this section, at lines 171-172, the policy indicates that “Physicians (including MRPs, supervisors and trainees) involved in the education and/or training of medical students and/or trainees must report to the medical school and/or to the healthcare institution, if applicable, ...”. It would be helpful to specify to whom one would report at the medical school, as is stated in lines 165-166 (“to the appropriate member of faculty (e.g., the department or division head or undergraduate/postgraduate program director”).

Consent (line 194)

In this section of the policy, it states at lines 197-199 that the physician responsible for providing care must obtain express patient consent for medical student observation or participation in care. As indicated above, in many Emergency Departments, the medical student sees the patients prior to the MRP. As well, in a hospital setting where an ED physician consults with another specialty team, the team will often assign a medical student to see the patient first. It would be helpful for the policy to clarify instances, such as these, where the medical student can obtain consent if they are first to see the patient. Additionally, in settings where medical students may see the same patients in a medical ward several times, clarification as to whether it is necessary for express consent to be obtained at each encounter, or just during the initial visit, would be beneficial.

The OMA appreciates the opportunity to provide the CPSO with feedback about its Professional Responsibilities in Medical Education policy. We welcome the opportunity to engage in further discussions as stakeholder feedback is reviewed.