



CPSO- new policy on Medical Education

Combined Comments:

- It is comprehensive and reasonable. No major red flags
- Reasonable guiding document, and nothing in it concerned me (i.e. wasn't holding us to unattainable standards)
- a lot about knowledge, skill, and judgement; but not enough about behavior and attitude which are just as important
- Definitions: there is no inclusion of "observerships" (particularly IMGs) and foreign-training medical students are not included but only mentioned separately at line 212-229)
- Line 30-39 - Identification of MRP: this is vague and non-specific regarding the provision of this information: is it sufficient to just have a sign, does it need to be in writing and how is the patient to acknowledge this information. It is also unclear as to what "supervision" really means (especially in the context of having ultimate responsibility medico-legally). Line 37 refers to "affiliated sites" but it is not really clear that a resident training in private family physician's office would be included. As I think about "supervision" responsibilities, I am surprised that there is no mention of Program Directors and the need to foster or direct communication when there is concern about competence regarding a medical student/resident that is "protected" so that the reporting physician cannot be penalized/sued. There needs to be some statement regarding the need for program support where there are concerns about competence of learners (the reporting of supervisors by students is addressed in article 15 line 180-192)
- Line 149-160: Professional Relationships/Boundaries – I am surprised that these provisions do not extend beyond the educational relationship. It appears that once the trainee is no longer under supervision, a relationship is acceptable? (This is diametrically opposite to the relationship with patients, yet the same power imbalance can occur.)
- Line 162-164 refers to "relationships" further defined in footnote 11, but it is really not explicit as to how to manage a 2nd degree relationship (i.e. the child of business partner/close friend)
- Line 169-178 – Reporting Responsibilities: though I agree with the content, I wonder if the phrasing should be a little more stringent (the "must report" is hidden in the middle of the paragraph)
- Line 73: (MRPs and Supervisors must) "being familiar with individual learning plans and competences". In the past, we have left it up to the trainee to share these when working with a new preceptor (e.g. a new rotation) for fear of "forward feeding". I would like post-grad to revisit this practice in view of this document. We need to do a better job of ensuring continuity of education by finding a mechanism by which supervisors can become aware of learners gaps (at least the significant ones) from the start so that they can help them address these, and make sure to provide appropriate supervision to ensure patient safety
- Line 77: (MRPs and Supervisors must) "determining that a trainee has the requisite competence (i.e. knowledge, skills, and judgment) to participate in a patient's care". The reality is that MRPs and supervisors rely on the program to determine this and assume that if a resident is put with them on a rotation they have the basic knowledge and skills needed for the clinical responsibilities involved. As an MRP/supervisor working on the hospital setting or ER for example, I would be nervous about assuming the responsibility of determining a resident's competence on day 1 before I let them be involved in a patient's care. Maybe I am misinterpreting this and what they mean is that the supervisor's role over the time the work with a learner is to determine this, and not that this must be determined before they are involved in patient care