#MEDICINETOO

February 12, 2020

Re: Policy Feedback from #MedicineToo

Thank you for inviting the public to provide feedback as part of the Policy Consultation. #MedicineToo has reviewed the CPSO's policy, *Professional Responsibilities in Postgraduate Medical Education*. Please accept these preliminary recommendations for your policy review and do not hesitate to reach out for further clarification.

Issue A: Use of the term MRP is confusing.

In the hospital setting, multiple attending physicians, including the MRP, consultant(s), and on-call attending(s), may be simultaneously responsible for (different aspects of) a patient's care. Each of these attending physicians may be supervising a different trainee and they are generally not responsible for supervising each other's assigned trainees. A trainee may be assigned to work under the supervision of multiple clinical preceptors over the course of a single clinical rotation, but only reports to one clinical preceptor for any given patient encounter. The CPSO policy should reflect this complex role overlap in modern care.

Let us consider the scenario of a patient admitted to the ICU. At the start of every week, a different ICU physician (with a team of postgraduate trainees and medical students) may take over as the MRP for all of the patients in the ICU. According to item 3c of the CPSO policy, "make the patient or substitute decision-maker aware of the name and role of the MRP, and the fact that the MRP is ultimately accountable for the patient's care", these trainees would (appropriately) advise the patient that they are providing care under the supervision of the ICU physician.

Now let us imagine a scenario where the ICU physician consults the hospital's psychiatry service and the consultant psychiatrist directs the psychiatry PGY-1 to conduct the assessment? It is unclear from item 3c whether the CPSO expects the psychiatry trainee to discuss with the patient the role of the MRP (i.e. the ICU physician), the role of the psychiatry consultant, or both.

Recommendations:
1. Replace the term "MRP" with "clinical preceptor".
2. Define "clinical preceptor" as: "a physician with an Independent Practice Certificate who is independently responsible for the whole or part of a patient's care, either as the MRP, the consultant, or the attending physician on call.
3. Add the following to the definition of "postgraduate trainee": "At all times, postgraduate trainees practice medicine under the supervision of the clinical preceptor to which they are assigned by their postgraduate training program. A trainee may be supervised by multiple clinical preceptors in the course of a single day. However, a trainee reports to only one clinical preceptor for any given patient encounter."

Issue B: The policy inappropriately conflates the ultimate supervisory responsibility of the clinical preceptor with the limited supervisory function of a postgraduate trainee over junior trainees and medical students on the same care team.

In the clinical training environment, postgraduate trainees (including fellows) help their clinical preceptor to supervise more junior trainees and medical students who are also assigned to that clinical preceptor. However, the policy itself notes that postgraduate trainees, even if they have an independent practice certificate, "cannot practice independently within the confines of the training program". Accordingly, neither can postgraduate trainees be "responsible" for the supervision of other trainees or of medical students. Independently practicing physicians (clinical preceptors) must understand that senior postgraduate trainees supervise junior postgraduate trainees as a component of their learning, and that this supervisory *function* does not in any way obviate the supervisory *responsibility* of the clinical preceptor.

Recommendations:

1. Remove the term "supervisor" from the Policy; the CPSO should not use any catch-all terms that group together the distinct supervisory functions of independently practicing and trainee physicians.
2. The "Definitions" heading should define only the following terms:
    i. Postgraduate Trainees (as per recommendation A3, above);
    ii. Clinical Preceptor (as per recommendation A2, above);
    iii. Supervising Trainees: A Postgraduate Trainee who is informally supervising a more junior learner under the direction and guidance of the Clinical Preceptor learning the Clinical Preceptor role by informally supervising more junior Learners, under the direction and guidance of the Clinical Preceptor. Notwithstanding the extent of the supervisory functions performed by senior postgraduate trainees, the Clinical Preceptor retains ultimate responsibility for the patients and the learners on the team.
    iv. Learners: All Medical Students and Postgraduate Trainees, including Supervising Trainees, are at all times Learners in an accredited medical education program.
3. In item 2, "The MRP and/or supervisor physician **must** provide appropriate supervision to the trainee", replace "MRP and/or supervisor physician" with "Clinical Preceptor".
4. In item 3d, replace "communicate with the supervisor and/or MRP" with "communicate with the Supervising Trainee and/or Clinical Preceptor, as directed, agreed upon, and/or most appropriate to the situation."
5. In item 3e, replace "...discuss these with the MRP and/or the supervisor" with "...discuss these with the Clinical Preceptor and/or Supervising Trainee, as directed, agreed upon, and/or most appropriate to the situation."
6. Under item 2, add: "i. teaching trainees the Clinical Preceptor role by assigning them graduated supervisory responsibility over other Learners, commensurate with applicable institutional policies, patient care needs, and with the learners' clinical competence, supervisory skills, and learning needs."
7. Under item 2, add "j. making reasonable efforts to determine that the Supervising Trainee has the necessary supervisory competence (knowledge, skill and judgment) to participate in the appropriate supervision of junior learners, and that patient care is not compromised by inadequate supervision."
8. Under item 2, add "k. ensuring that all Learners and allied health staff on the team understand the distinct supervisory roles and responsibilities of the Clinical Preceptor versus the Supervising Trainee(s)."
9. Clearly define and distinguish the supervisory roles of clinical preceptors from senior trainees, by splitting the section "Supervision and Training" into three separate items:
    i. "The Clinical Preceptor must..." (corresponding to item 2),
    ii. "The Trainee must..." (corresponding to item 3),

iii. New item "The Supervising Trainee must assist the Clinical Preceptor, as directed, to provide appropriate supervision to Subordinate Learners. This includes:
    a. being willing and available to see patients when clinically required and, to the extent possible, whenever requested by the Clinical Preceptor, the Subordinate Learner, the patient/substitute decision maker, or the patient's nurse;
    b. together with the Clinical Preceptor, regularly evaluating a Subordinate Learner's clinical competence, comfort level, and learning needs, and assigning graduated responsibility accordingly;
    c. ensuring that all relevant clinical information is made available to the Subordinate Learner, and directly assessing the patient as appropriate;
    d. communicating regularly with the Subordinate Learner to discuss and review the learner's patient assessments, management, and documentation of patient care in the medical record;
    e. calling the Clinical Preceptor for help when needed and if the Clinical Preceptor is inaccessible or unavailable, securing help according to institutional protocols.

10. Replace 2d, "being willing and available to see patients when required or when requested", with "being willing and available to see patients when required or when requested by Learners, without threat or imposition of academic or other penalty".

Issue C: The "Professional Relationships" section is inadequate and problematic.

The CPSO, as a matter of practice, does not investigate or discipline Clinical Preceptors for discrimination, harassment, intimidation, or abuse of trainees. Instead the CPSO defers responsibility for the learning environment to the training programs, which regulate such matters internally with essentially no meaningful oversight from any of the various accreditation bodies.

Since the CPSO has chosen to entirely abdicate its responsibility to regulate the conduct of Clinical Preceptors toward postgraduate trainees and medical students — even when such conduct compromises patient safety — it is disingenuous for the CPSO to issue policy or guidance on managing the power differential between preceptors and learners.

Furthermore, some of the CPSO's language in this section of the policy is counter productive, potentially exposing vulnerable Learners (and by extension, our patients) to even greater risk of harm. For example, disclosure of dating relationships to division heads or program directors exposes the learner to risk of sexual blackmail from the division head/program director and/or enables institutional reprisal and cover up of sexual harassment.

Recommendations:

1. Remove item 4; the CPSO already has a "disruptive behaviour" policy. In practice, the term "disruptive behaviour" is almost exclusively applied to learners in order to cover up harassment and/or medical malpractice perpetuated by Clinical Preceptors.
2. Replace item 6 with: "Clinical Preceptors must acknowledge the signficant power differential between themselves and learners. They must be mindful of the ways in which this power differential may compromise patient care and safety. They must actively seek to minimize this risk whenever they supervise learners."
3. Remove item 7; such routine disclosure is contrary to privacy laws (PHIPA and FIPPA). Instead, consider adopting the IPC's recommendation on this point. Avoid any references to "dating" relationships between supervisors and learners.