



## LIMITED FAMILY PRACTICE SUPERVISION POLICY

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### OVERVIEW

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To qualify for a Limited Family Practice Licence, applicants must first apply through the Office of the Registrar for Medical Practitioners. Physicians who do not meet the full requirements of the Medical Register may be required to undergo and successfully pass a practice readiness assessment prior to obtaining a licence under the Limited Family Practice Register.

Following the practice readiness assessment, the Yukon Medical Council (YMC) will determine whether an applicant has met the requirements for a Limited Family Practice licence. Upon licensure, the practice-ready physician (PRP) will continue under supervision until he or she has met the requirements for licensure on the Medical Register.

### OBJECTIVE

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The clinical objectives identified in the Supervised Practice Assessment (see attached) represent the YMC's minimum expectation for independent practice of family medicine. The objectives for a specific PRP may be modified after consultation between the PRP, the supervisor and a YMC designate who is familiar with the candidate's background and intended practice location.

### APPLICATION

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The PRP and the supervisor should review the objectives for supervision at their first meeting. Supervision should be a dynamic activity, and objectives should be met and recorded throughout the period of supervision.

The supervisor is normally required to submit formal evaluation reports of the PRP's performance to the YMC after the first, third and sixth months, and then, at the discretion of Council, at 12 month intervals. More frequent reporting may be required by YMC on a case-by-case basis, based on the individual PRP's performance.





Both the PRP and the supervisor should review and sign the evaluation reports before submitting them to the YMC. Signature by the PRP does not necessarily mean agreement with the findings but does mean he or she agrees the evaluation has been discussed with him or her.

#### **RESPONSIBILITIES OF MEDICAL PRACTITIONER ON LIMITED REGISTER**

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1. The primary responsibility for demonstrating proficiency in patient care rests with the PRP. The PRP must be fully aware of the objectives of the supervised practice assessment and take the initiative to achieve them.
2. The PRP is the most responsible physician whose primary responsibility is to his or her patient. The PRP must remain in good standing on the Limited Family Practice Register.
3. The PRP will be visited in his or her office by the practice supervisor, initially on a weekly basis (or at some other interval, as agreed to in advance by the YMC), to review charts, hold case-based discussions and provide advice on issues as they arise. The case reviews should include a broad cross section of medical conditions including chronic disease management and common presenting complaints. The practice supervisor will review and discuss between five and 10 charts per visit. Each visit is expected to take approximately two hours.
4. The PRP is expected to discuss any difficulty in meeting any requirements or objectives of the supervised practice assessment with the practice supervisor. In the event of disagreement between the PRP and the supervisor with respect to the purpose or conduct of the supervised practice assessment, the PRP is expected to raise the problem with a designate of the YMC.
5. The PRP must respect the practice supervisor's evaluation of the PRP's performance and discuss any outstanding difference of opinion with a designate of the YMC.





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## RESPONSIBILITIES OF SUPERVISORS

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1. The practice supervisor shall obtain training as required by the College of Physicians and Surgeons of Alberta prior to commencing supervisory responsibilities under this policy.
2. The relationship between the practice supervisor and the PRP must be at arm's-length, no real or perceived conflict of interest e.g. no familial, employer/employee etc. relationships are permitted.
3. Concerns or inquiries regarding the PRP's progress in the supervised practice assessment should be directed to a designate of the YMC.
4. The practice supervisor shall report any issues of significant concern (i.e. patient safety) immediately to a designate of the YMC.
5. The practice supervisor shall conduct regular office visits to the PRP to review charts, hold case-based discussions, obtain feedback on the PRP from staff and colleagues, and provide advice on issues. The case reviews should include a broad cross section of medical conditions including chronic disease management and common presenting complaints.
6. The practice supervisor shall review and discuss between five and 10 charts and cases at each office visit. It is anticipated that each office visit could take approximately two hours of time.
7. Following sufficient interaction between the supervisor and the PRP, the practice supervisor may, at his or her discretion, reassess the frequency of the office visits.
8. Practice supervisors are required to complete and submit evaluation reports to the YMC after the first, third and sixth months, and then, at the discretion of Council, at 12 month intervals. More frequent reporting may be required by YMC on a case-by-case basis, based on the individual PRP's performance.



### QUALITIES OF SUPERVISORS

Supervisors must:

- be a respected clinician,
- have broad knowledge of Canadian health care and experience in a variety of health care settings,
- be a physician in good standing with the YMC, and
- possess common sense and the ability to be objective.

### EXPECTATIONS OF MEDICAL REGULATORY AUTHORITIES USING SUPERVISION FOR PROVISIONAL LICENSURE PURPOSES

The Yukon Medical Council adopts the principles set out in the document created by the Federation of Medical Regulatory Authorities of Canada, entitled *Expectations of Medical Regulatory Authorities Using Supervision for Provisional Licensure Purposes*.

Please note: The Yukon Medical Council does not adopt section 8, "Agreements with the Supervisor", of the above-noted document, as contractual arrangements and remuneration for supervision are not matters within the purview of the YMC.

### **ATTACHMENT:**

- SUPERVISED PRACTICE ASSESSMENT  
REPORTING FORM





## Yukon Medical Council Supervised Practice Assessment

Consider all competency components under each Primary Competency Category (PCC) before assigning overall assessment rating.	<b>Check appropriate assessment rating below</b>
<b>PCC: HISTORY TAKING</b>	
Provide documentation to support those competency components that need improvement.	___ SATISFACTORY      ___ UNSATISFACTORY
1. Key historical features of the presenting complaint are documented.	
2. Problem labels or diagnoses are documented and those with ongoing implications for future care are readily identifiable at future visits.	
3. Significant past medical history (e.g. major diseases, major surgical procedures, results of significant investigations) is available.	
4. Allergies are readily identifiable.	
5. A list of active medications is available.	
6. Relevant prevention and health promotion issues are documented.	
GENERAL COMMENTS:	
Consider all competency components under each Primary Competency Category (PCC) before assigning overall assessment rating.	<b>Check appropriate assessment rating below</b>
<b>PCC: PHYSICAL EXAMINATION AND TECHNIQUES</b>	
Provide documentation to support those competency components that need improvement.	___ SATISFACTORY      ___ UNSATISFACTORY
1. Physical findings are documented.	
2. Evidence of examining patients in a manner which is focused on determining the presence or absence of relevant clinical signs, and which is appropriate to the context of the visit.	
GENERAL COMMENTS:	
Consider all competency components under each Primary Competency Category (PCC) before assigning overall assessment rating.	<b>Check appropriate assessment rating below</b>

<b>PCC: DIAGNOSTIC AND PROBLEM DEFINITION</b>		___ SATISFACTORY	___ UNSATISFACTORY
Provide documentation to support those competency components that need improvement.			
1. Evidence is documented of a search for the root cause.			
2. Evidence of appropriate clinical reasoning.			
3. Evidence of a differential diagnosis that is based on an interpretation and prioritization of related history, physical examination and investigation.			
4. Considerations of relevant psychological, social and lifestyle issues are evident.			
GENERAL COMMENTS:			
Consider all competency components under each Primary Competency Category (PCC) before assigning overall assessment rating.		<b>Check appropriate assessment rating below</b>	
<b>PCC: COMMUNICATION/RELATIONSHIP SKILLS</b>		___ SATISFACTORY	___ UNSATISFACTORY
Provide documentation to support those competency components that need improvement.			
1. Communicates clearly and is easily understood by patients and their families, office staff and colleagues.			
2. Demonstrates respect for patients and their families, office staff and colleagues.			
3. Demonstrates an understanding of the key components of patient/family communication.			
4. Interacts collaboratively with other physicians.			
GENERAL COMMENTS:			
Consider all competency components under each Primary Competency Category (PCC) before assigning overall assessment rating.		<b>Check appropriate assessment rating below</b>	
<b>PCC: INVESTIGATION AND MANAGEMENT</b>		___ SATISFACTORY	___ UNSATISFACTORY
Provide documentation to support those competency components that need improvement.			
1. Investigations, referrals and treatment (including name, dosage and quantity of prescriptions) are documented.			
2. Uses diagnostic and treatment resources appropriately.			
3. Advises on/prescribes medications appropriately.			
4. Makes appropriate use of consultants and allied personnel.			
5. Evidence of providing education to patients and families, and of enlisting their participation in the management plan.			



GENERAL COMMENTS:	
Consider all competency components under each Primary Competency Category (PCC) before assigning overall assessment rating.	Check appropriate assessment rating below
<b>PCC: MEDICAL KNOWLEDGE</b>	___ SATISFACTORY      ___ UNSATISFACTORY
Provide documentation to support those competency components that need improvement.	
1. Management choices adhere to practice standards or variance is explained.	
2. Ongoing and preventative care can be referenced to specific sources of information (e.g. evidence based literature) when asked.	
GENERAL COMMENTS:	
Consider all competency components under each Primary Competency Category (PCC) before assigning overall assessment rating.	Check appropriate assessment rating below
<b>PCC: PUBLIC HEALTH, MEDICO-LEGAL, ETHICAL</b>	___ SATISFACTORY      ___ UNSATISFACTORY
Provide documentation to support those competency components that need improvement.	
1. Evidence of compliance with the CMA Code of Ethics.	
2. Documented awareness of, and attention to public health and social issues.	
3. Evidence of informed consent obtained where appropriate.	
4. Demonstrates evidence of "duty to report" in circumstances that present a danger to others (communicable diseases, child abuse, etc.).	
GENERAL COMMENTS:	
Consider all competency components under each Primary Competency Category (PCC) before assigning overall assessment rating.	Check appropriate assessment rating below
<b>PCC: FOLLOW-UP</b>	___ SATISFACTORY      ___ UNSATISFACTORY
Provide documentation to support those competency components that need improvement.	
1. Arrangements for follow-up are documented (for all chronic problems and for acute problems, when necessary).	

2. A system is in place to ensure follow-up of critical issues, results and/or reports.	
GENERAL COMMENTS:	
Consider all competency components under each Primary Competency Category (PCC) before assigning overall assessment rating.	Check appropriate assessment rating below
<b>PCC: PROFESSIONALISM</b>	
Provide documentation to support those competency components that need improvement.	___ SATISFACTORY      ___ UNSATISFACTORY
1. Demonstrates the ability to recognize own limitations and gaps and seek out appropriate resources - reading, electronic, consultation.	
2. Demonstrates responsibility for continuing care of patients and, when appropriate, for transfers of care of patients to another physician.	
GENERAL COMMENTS:	
<b>Sources of information include:</b> ___ Chart Audit                      ___ Interviews with Peers ___ Formal Discussion              ___ Interviews with Non-Physician Co-workers ___ Direct                              ___ Other: _____	
The following signatures acknowledge that this evaluation report, which has been completed by Dr. Practice Supervisor for Dr. Limited Licensed Practice Ready Physician, has been reviewed prior to submission to the Yukon Medical Council by the following individuals:	
<b>PRACTICE-READY PHYSICIAN</b>	<b>PRACTICE SUPERVISOR</b>
Signature	Signature
Print Name	Print Name
Date	Date
Please submit <u>signed and completed</u> evaluation report to: Yukon Medical Council Box 2703 (C-18) Whitehorse, Yukon Y1A 2C6 Fax: (867) 393-6483 Email: ymc@gov.yk.ca	