
Graduated Responsibility/Supervision of Postgraduate Trainees

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Introduction & Background

Postgraduate medical education is situated in the clinical workplace; residents provide health care services with supervision from practicing physicians/surgeons who are ultimately accountable for the clinical work. Trainees' participation in clinical activities provides the opportunity to acquire the knowledge, skills and judgment required for future practice. This occurs through a process of graduated responsibility, whereby learners are expected to assume increased responsibility as they acquire greater competence. To ensure the safety and quality of patient care, supervisors assess the abilities of postgraduate trainees on an ongoing basis in order to make appropriate decisions about graduated responsibility.

Regulators, universities and accrediting bodies have delineated the professional responsibilities of those involved in postgraduate medical education with regard to graduated responsibility and clinical supervision. These policies are based on the following principles

- Safe and effective patient care takes priority over the training endeavour
- The mandate of the educational program is to support residents in their development to become independent practitioners

Process/Procedure/Methods

The CBD Policy Working Group followed pre-defined steps to collect information on the current policies related to Graduated Responsibility/Supervision of Postgraduate Trainees, and to establish questions and considerations for the transition to CBME training practices. For a detailed description of the CBD Policy Working Group processes and procedures,

please refer to the Process and Methods section within the Communique Series Introduction and Summary of Key Themes.

Data extraction

The data extraction team reviewed policies from sixteen of the 17 PGME offices in Canada, looking at policies relevant to graduated responsibility. Policies from the Université de Sherbrooke were only accessible on the institution intranet, and therefore were not included. In addition, the data extraction team reviewed policies from the College of Physicians and Surgeons of Ontario and the Council of Ontario Faculties of Medicine.

The template headings used to extract data from the policies are:

- Definitions of Graduated Responsibility
- Other related terms and definitions
- Role of the Supervisor
- Role of the Resident
- Link to Patient Care
- Link to Education
- Additional related concepts

Key terms and definitions

Key terms	Other terms currently in use	Definition
Most Responsible Physician (MRP)	Attending staff	The physician who has final accountability for the medical care of a patient. (CPSO, 2011)
Supervisor	Clinical supervisor Postgraduate trainee Supervisor Preceptor Trainer	A physician who has taken on the responsibility to guide, observe and assess the educational activities of trainees. The supervisor may or may not be the Most Responsible Physician (MRP) for that patient.
Resident	Postgraduate trainee	A physician in an accredited training program following the successful completion of a medical degree leading to certification or attestation in a recognized specialty or subspecialty. <i>(Royal College's Terminology in Medical Education Project, 2012)</i>
Graduated responsibility	Graded responsibility Delegated responsibility	The provision of safe patient care matched with the individual learner's level of advancement and competence.
Clinical supervision	Observation Monitoring Training	The act of one or more physician(s) overseeing the work of another.
Direct supervision		The act of supervision when a supervisor is present during the medical encounter and able to immediately intervene.
Indirect supervision	Remote supervision	The act of supervision when the supervisor is not present during the medical encounter. He or she is available for advice and consultation, though not immediately available to intervene.

Considerations for Post-Graduate Education Faculties

Themes were identified through the analysis of existing PGME policies. These themes were considered in the context of the change to CBME and the resulting considerations and recommendations are provided to support future policy adaptation work at individual faculties.

Language pertaining to responsibility based on postgraduate year of training

Rationale for Change

At present, policies outlining graduated responsibility and the need for clinical supervision are most often linked to the postgraduate year level (PGY) achieved by a trainee. PGY level is thus used as a surrogate for achievement of competence.

Considerations and Recommendations

In CBME, residents' achievement of competence is frequently assessed and documented. In CBD, this achievement is linked to progress through the stages of the [Competence Continuum](#). It is therefore suggested that the trainee's stage within the Competence Continuum may represent an alternative indicator of achievement of some EPAs and competencies, and may therefore provide a framework for graduated responsibility and clinical supervision.

Language identifying members of the physician/surgeon team

Rationale for Change

At present, there is considerable variation in the terms and language used to identify members of the physician/surgeon team, (e.g. interns, residents, trainees, fellows, clinical fellows). Clear and consistent definitions of the role and responsibilities of team members is an important facet of safe patient care in the context of graduated responsibility and clinical supervision. The addition of the stages found within the Competence Continuum has the potential to increase confusion regarding appropriate supervision.

Considerations and Recommendations

It is recommended that the definitions found in the Canadian Post-MD Education Registry (CAPER) are utilized as a primary source of standardized language/information regarding postgraduate trainees.

Other considerations

In support of consistent language alignment between organizations, it is suggested that Regulators should also review the language used in documents addressing graduated responsibility and clinical supervision, as these may have implications for moonlighting or other types of work performed by residents within various jurisdictions.

CBME introduces the concept of entrustment to the language of postgraduate medical education. In particular, CBD uses the concept of Entrustable Professional Activities (EPAs)

which, once sufficient competence has been demonstrated, indicate tasks that the resident may perform without direct supervision. Consideration should be given to the concept of entrustment as it pertains to the respective responsibilities of the supervisor and resident. Should the role and responsibilities of the supervisor change once a resident has been documented to have achieved a given EPA (or set of EPAs)?

References

The College of Physicians and Surgeons of Ontario. (2011). *Professional Responsibilities in Postgraduate Medical Education*. Retrieved from http://www.cpso.on.ca/CPSO/media/uploadedfiles/policies/policies/policyitems/profr_espPG.pdf?ext=.pdf

The Royal College of Physicians and Surgeons of Canada. (2012). *Terminology in Medical Education Project*. Retrieved from <http://www.royalcollege.ca/rcsite/documents/educational-strategy-accreditation/terminology-in-medical-education-working-glossary-october-2012.pdf>