

## **Physician supervision plan framework – a guide for employers**

### **Introduction**

- When a physician applies for registration within a general scope of practice; the employer will be required to submit a proposed supervision plan to the Medical Licensing Department (MLD). The proposed plan will be considered by the MLD as part of the registration process.
- This framework is intended as a resource to guide employers in developing a supervision plan for physicians in their employ.

### **Key principles**

- Supervision plans must:
  1. Provide a mechanism for protection of public safety.
  2. Recognise that for supervision to be effective, appropriate time and resources must be specifically allocated to it.
  3. Be flexible, taking into account the individual merits of a particular case, both in terms of the training, qualifications and experience of a physician, and also the practice environment in which he or she will practise.
  4. Include requirements for supervision that are clearly defined and practical to implement.
  5. Recognise that orientation, induction and credentialing processes are important steps and, combined with supervision, ensures the safe integration of a newly registered physician into medical practice in the State of Qatar and into that particular practice setting.
  6. Be based around a team approach which would provide better support and assessment mechanisms for the physician.
  7. Address concerns of isolation.
  8. Help to avoid conflicts of interest for those in smaller practice environments.
  9. Include mechanisms to fully inform supervisors about the training, qualifications and experience of the physician.
  10. Include the ability for supervisors to use a range of electronic communications, including video conferencing, to meet with physicians they are supervising.

### **Factors taken into consideration**

- Proposed supervision plans will be considered on a case by case basis, taking into account:
  1. the training, qualifications and experience of the physician
  2. the pathway to registration
  3. the environment the physician has been practising in prior to coming to Qatar
  4. the practice environment of the proposed position
  5. the level of and duration of the proposed position
  6. the proposed induction and orientation programme prior to the physician beginning clinical practice
  7. how much time an offsite supervisor is going to work at the same site as the physician
  8. how frequently supervision meetings will take place (including video conference, telephone, or face to face meetings)
  9. what audit and peer review activities will be taking place for the physician
  10. what additional support will be available to the physician.

### **The role of the Medical Director (MeD)**

- The role of the MeD (or equivalent) is integral to the supervision plan. The MeD is required to agree to the proposed plan and would be responsible for the implementation of the plan.
- The MeD is also required to ensure that supervision reports are submitted to the MLD every six months and that appropriate input is provided by the wider team into the supervision report.
- The MeD will be the primary contact point for supervisors, the physician and the MLD if any problems arise in the supervision arrangement.

### **Onsite/offsite models**

- Supervision plans that include both an onsite supervisor and offsite supervisor would be required in the following two situations:
  1. When there is no vocationally registered specialist physician registered in the same scope of practice working where the physician is employed.

2. When there is only one vocationally registered specialist physician registered in the same scope of practice working where the physician is employed and is impaired in some way.
- The physician would be required to spend a period of time (between two and four weeks) working at the same site as a specialist physician registered within the same scope to:
    1. establish the supervisory relationship and agree on the expectations of both the doctor and supervisor
    2. undertake induction and orientation into the Qatari practice environment
    3. observe and be observed in a clinical setting
    4. determine suitability for the clinical placement
    5. expose the physician to the referral hospital or larger primary care site.
  - In cases where there is only one specialist physician registered in the same scope available onsite, it may not be necessary for the physician to work directly with the offsite supervisor. In this case, the role of the offsite supervisor is to:
    1. carry out peer review and audit (or review the peer activities undertaken)
    2. monitor and review the physician's CPD programme
    3. give advice on training opportunities
    4. discuss difficult or unusual cases
    5. give an opportunity to discuss cultural issues and management issues
    6. provide a check on work conditions
    7. to assist in mediating any difficulties.

#### **What supervision may include**

- Effective supervision requires a number of activities to take place. These may include:
  1. Direct one on one observation of practice by the primary supervisor, including interaction with patients/family, clinical documentation, discharge planning and the transferring of the duty of care to another doctor.
  2. Self assessment and reflective practice.
  3. 360 degree feedback.
  4. Use of role play and simulation or videoing.
  5. Assessment of the understanding of the Qatari health sector.
  6. Assessment of cultural awareness.
  7. Face to face structured meetings which critique outcomes of the direct observation.

#### **What should the supervision plan include?**

- Primary supervisor
  1. There should be a primary supervisor who works in the same scope of practice as that of the physician and at the same work site.
  2. If there is no such registrant available to provide this supervision onsite, then a primary supervisor who works in the same scope as the physician must provide supervision from a neighbouring site (or a site where the majority of referrals are sent).
- Additional supervisor
  1. If the primary supervisor is onsite and the service or primary care practice has only one physician registered in the same scope onsite, then an additional supervisor needs to be proposed from a neighbouring site (or a site where referrals are sent) and this supervisor needs to be registered within the same scope of practice.
  2. If the primary supervisor is offsite, then the additional supervisor needs to be proposed from the home site and may be registered within a different scope of practice.
- Orientation
  1. The proposed plan should include details of how orientation and induction will take place. This includes familiarization to the Qatari health system and orientation to the work site. Refer to the physician induction and orientation plan framework for more information.
  2. In cases where there is more than one supervisor, then both supervisors are required to be involved in the induction and orientation programme.
- Initial assessment

1. Having completed orientation the physician must work with the primary supervisor for a period of between two and four weeks. In some circumstances it may not be necessary for this time to be completed at the beginning, but rather sometime during the physician's first three months.
  2. The MLD will determine the period of time required, taking into account the individual factors of the application. If the physician's supervisor is offsite then this period of work may occur at either site, so long as both the physician and primary supervisor are in the same location.
- Credentialing
    1. Following orientation and the initial assessment period the employer should credential the physician to determine the specific clinical responsibilities that he/she is considered competent to undertake and appropriate to perform within that specific practice setting, which includes clinical support and available resources.
    2. A comprehensive supervision report is to be submitted to the MLD at this time, completed by both supervisors and signed by the MeD.
  - Ongoing clinical work
    1. Once orientation, initial assessment and credentialing have been completed, the physician would be able to take up their position at the home worksite.
    2. Supervision and support will be provided by both supervisors. In addition, where dictated in the supervision plan, the physician will periodically undertake duties at the neighbouring (or referral) site.
  - Supervision details
    1. The plan needs to include details of the time to be spent working at each site and the programme for meetings between both supervisors and the physician. The MLD will require supervision reports to be provided every six months. The MeD is required to ensure that appropriate input to the supervision report is provided by the wider team.