



The College of
Physicians and Surgeons
of Newfoundland and Labrador

Licensing Guide: Standard for Sponsorship of Provisionally Licensed Physicians

Sponsorship of Provisionally Licensed Physicians

Preamble

All physicians who are provisionally licensed must have a sponsor that is acceptable to the College, and supervision is required for all sponsored physicians. That Sponsor must be able to demonstrate to the College that it is fully aware of its responsibilities as a sponsor, and that it is able to undertake those responsibilities in terms of orientation, induction, mentorship, and oversight.

Definitions

Induction: the familiarization of the Supervised Physician with the systems and processes of the worksite and the specific service required by the sponsoring health care organization.

Mentor: refers to a member of the College who is a trusted, experienced Colleague. He/she is considered a ‘Friend of the Supervised Physician’ who serves to guide the Supervised Physician through the health care system. Though the Mentor may provide advice on how to deal with clinical and other practice matters, he/she does not have an obligation to provide reports to the College, other than those prescribed by legislation.

Most Responsible Physician (MRP): the physician who has final responsibility and is accountable for the medical care of a patient.

Orientation: the introduction and overview to medical practice in the Newfoundland and Labrador Health Care System.

Primary Supervisor: In cases where multiple supervisors may be required, the Supervisor with primary responsibility to the College for monitoring and reporting while the Supervised Physician is under supervision.

Sponsor: is generally an organization responsible for recruiting a physician and providing a place of practice for the Supervised Physician, with Regional Health Authority (RHA) being the preferred type of sponsor. The sponsor is separate and distinct from that of the Supervisor or Mentor of the candidate.

Supervised Physician: refers to the physician who has a Provisional Licence granted by the College that enables him/her to practise under supervision. He/she is the Most Responsible Physician (MRP) in this role, unless formally restricted by the College.

Supervision: the act of overseeing the practice of a Supervised Physician. The nature, frequency, level, and duration of interaction between Supervisor and Supervised Physician will depend on the practice objective of the supervisory arrangement defined by the College.

Supervisor: a physician, approved by the College who checks a Supervised Physician's clinical practice at regularly prescribed intervals set by the College, to ensure the Supervised Physician is meeting the expected standard of practice and that patient safety is not compromised. The Supervisor is considered an agent of the College and provides reports to the College and the Sponsor.

Practice Standards

Who Can Sponsor

A candidate for provisional licensing may be sponsored by either:

- A Regional Health Authority (RHA) – preferred sponsor
- Memorial University of Newfoundland – Faculty of Medicine
- The Department of Health and Community Services – Government of Newfoundland and Labrador

Place of Practice

If the Supervised Physician is sponsored by an RHA, he/she is restricted to practise within the defined operating area of the RHA. It is the responsibility of the Sponsor to ensure that continuity of care and medical records are maintained regardless of the site of practice within the RHA region.

Obligations of the Sponsor

The sponsor will have the following specific obligations:

- Submission of a Sponsorship Letter and supporting documentation to the College (see Required Documentation)
- Arrangement of a College-approved Supervisor for the Supervised Physician and ensuring that a formal Supervision Agreement is concluded between the Supervisor and the Supervised Physician.
- Provision of a program of induction and orientation for the Sponsored Physician that is acceptable to the College (See Orientation).
- Credentialing and privileging of the Sponsored Physician.
- Facilitating mentorship of the Sponsored Physician.
- Review of supervision and any reports from the Supervisor
- Continuity of care of patient records.
- Identification of an alternate Supervisor if the supervision agreement is terminated.
- Implementation of a Supervision Plan that will guide the overall program of supervision for the Supervised Physician.
- Notification to the College if the sponsorship agreement is terminated.
- Ensuring supervision of the Supervised Physician to the satisfaction of the College.

Supporting Documentation

All requests for sponsorship must be accompanied by the following documents:

- Letter from the Sponsor to the College requesting provisional licensing for the Supervised Physician. See Annex A for document template.
- A signed sponsorship agreement between the Sponsor and the Supervised Physician indicating that all parties understand their duties and obligations. See Annex D
- The Supervision Plan. See Annex E

Orientation

The provision of a formal orientation program is mandatory for all newly sponsored physicians. Sponsors may implement their own programs, but it must meet the minimum standards set by the College (see Annex B), and will be subject to audit by the College.

Induction

The provision of a formal induction program is mandatory for all newly sponsored physicians. Sponsors may implement their own programs, but it must meet the minimum standards set by the College (see Annex C), and will be subject to audit by the College. The program must include:

- Credentialing
- Provision of privileges
- Provision of access to administrative and clinical systems (e.g. Meditech, Medical Records)
- Administrative activities (e.g. provision of office space, Human Resources set-up)
- Provision of information on organizational processes and policies (e.g. referrals)

Mentorship

Where it is judged to be necessary to the success of the sponsorship, the Sponsor will work with the designated Supervisor to identify mentor(s) within the proposed site of practice, who will work with the Supervised Physician to help him/her adjust to the practice environment and assist by addressing issues or concerns, reviewing training options, or helping him/her develop a career pathway.

Acknowledgements

CPSBC (2012). Expectations of Sponsors for Provisional Registrants. Retrieved from <https://www.cpsbc.ca/files/pdf/Expectations-Sponsors.pdf>

Document History

Document History	
Reviewed & Updated	
Expected Review Date	

Annex A – Template For Sponsorship Letter

[Date]

Registrar
College of Physicians and Surgeons
120 Torbay Road, Suite W100
St. John's, NL
A1A 2G8

RE: Sponsorship of [Full Name of Physician to be Sponsored]

On behalf of [Sponsoring Organization], we would request the approval of the College for our sponsorship of [Full Name of Physician to be Sponsored] to practise within our organization.

[Insert summary of sponsored physician medical training]

[Insert summary of sponsored physician's practice history for past three years]

The start date of the sponsored practice is [Start Date of Practice] and it is currently planned that the sponsored practice will conclude by [Planned End Date of Practice]. [Name of Sponsored Physician] will be practising at [Practice Location] with the clinical speciality of [Clinical Speciality of the Sponsored Physician]. We anticipate that orientation and induction will be completed by [Planned Completion Date for Orientation and Induction Activities].

Supervision of the sponsored physician will be provided by [Name of Supervising Physician]. Additional supervision will be provided by [Name of Additional Supervisors]¹. Additionally, [Name of Mentor Physician] will serve as a mentor².

The following educational opportunities will also be provided to the sponsored physician over the sponsorship period³:

[Insert details on any educational or professional development activities that will be provided to the sponsored physician – enter None if there are none]

The following specific terms and conditions will be applied to the sponsorship⁴:

[List any specific terms and conditions that will be applied to the sponsorship – enter None if there are no specific terms and conditions]

The person responsible for coordinating this sponsorship for our organization is:

[Contact Name]

[Contact Phone number]

[Contact Email]

[Contact Fax Number]

We acknowledge our obligations under the College's Standard of Practice for Sponsorship for Provisionally Licensed Physicians and Standard of Practice for Supervision of Provisionally Licenced Physicians.

Attached are:

1. The Supervision Plan for [Sponsored Physician Name]
2. Signed agreement between [Sponsoring Organization Name] and [Sponsored Physician Name]

Sincerely

[Name, Title and Signature of Authorised Representative]

Additional instructions for completing the Sponsorship Letter

All highlighted content is optional, specifically:

1. Information on additional supervisors should only be provided if the nature of the supervision will require additional supervisors beyond the designated Primary Supervisor (for example, when the sponsored physician is practising at a different location from the Primary Supervisor). Additional details of the supervision arrangement should be provided under Additional Terms and Conditions.
2. Information on a mentor should only be provided if the sponsoring organization has formally designated a mentor to the sponsored physician.
3. This section indicates if the sponsored physician requires additional educational or professional development activities. It should describe the activities to be undertaken and the reason they are necessary. Enter None if there are none
4. This section would describe any specific terms and conditions to be applied to the sponsorship, including any terms and conditions required by the College. Enter None if there are none.

Annex B – College Requirements for an Orientation Program

Sponsored physicians must receive a formal orientation to assist them in practising medicine in Newfoundland and Labrador. Sponsoring organizations may design and deliver their own orientation programs, but any orientation program must include:

- A designated coordinator for the overall process
- Formal on-boarding process on arrival
- Minimum two-week period within sponsor's geographic area with no clinical duties and focused on a successful orientation to practise in Newfoundland and Labrador in general and more specially to the local region
- Local health care staff, physicians and management Meet and Greet
- Critical policies and procedures and ethical and legal principles review
- Common problems and solutions including referral processes, Medical Examiner requirements, utilization of health care resources review
- Shadowing a local physician and/or other relevant health care professionals with goal of observing policies and processes in daily practice
- Providing information on available programs to support the physician and their family. This would include the:
 - Employee and Family Assistance Program (EFAP) offered by the RHA
 - Employee and Family Assistance Program offered by the Newfoundland and Labrador Medical Association (NLMA)
 - Physician Health Program offered by the NLMA
 - Other support programs offered by the NLMA or other organizations
 - Consideration of specific supports for the physician's family on a case by case basis.

The College reserves the right to audit the conduct of orientation programs for sponsored physicians to ensure the programs are meeting the requirements of the College.

Annex C- College Suggestions for an Induction Program

Each sponsoring organization must have a formal Induction Program for newly sponsored physicians. These programs will include (but are not limited to) the following (where appropriate):

- Provision of a welcome package
- The policies of the sponsoring organization
- Temporary Accommodations (if needed)
- Temporary Transportation (if needed)
- Appointment with Human Resources
- Photo ID / Access Cards
- Physician's lounge access
- Provision of access to hospital systems (with completion of the required forms)
- Parking
- Provision of administrative support
- Provision of office space
- Provision of keys / access cards
- Provision of pager / mobile phone
- Provision of computer/printer access
- Provision of office furniture and supplies
- Credentialing of the physician and the provision of privileges
- Arrangements for clinic time
- Arrangements for OR time
- Placement on on-call list
- Access to dictating services
- Access to email services (with email address) and training on application
- Access to PACS and training on the application
- Access to Meditech and training on the application
- Access to other hospital applications as required (specify)
- Welcome announcement to all staff
- Introductions to all staff in practice unit

SAMPLE INDUCTION CHECKLIST

Name:		Projected Start Date:	
Clinical Chief:		Program:	
Site:		Employment Status:	

Required Action Items to be completed 30 days prior to start (with the exception of parking, ID to be completed upon start)

Required Action	Date Required	Responsibility	Date Completed
Welcome Package		Medical Services	
Credentials Package / Access to Physician Portal		Medical Services	
Provider Form		Medical Services	
Program Specific & Eastern Health Policies		Program	
Temporary Accommodations (if needed)		Medical Services	
Temporary Transportation (if needed)		Medical Services	
Appointment with HR (if salaried)		Medical Services	
Dr's lounge access		Medical Services	If requested
Completion of IM/IT Computer Password Form		Program	
Parking		Program	
Admin Support (if allotted – resources allocation) _____		Program	
Office # _____		Program	

Keys to physician's office		Program	
Pager # Number _____		Program	
Phone Number # Number _____		Program	
Computer/Printer		Program	
Office Furniture/Supplies		Program	
Clinic Time		Program	
OR Time		Program	
On-Call List		Program	
Dictating Services (Medical Records – work types, resources)		Program	
Electronic Signature (PIN assignment)		Program	
PACS		Program	
Mail/Mailbox		Program	
Provider Dictionary (Notify IM/IT)		Program	
Photo ID/Access Cards		Program	
Arrange a mentor for new physician		Program	
Welcome Announcement to All Staff via Meditech & Outlook		Program	

ANNEX D – Sample Agreement Between Supervisor and Supervised Physician

SUPERVISION AGREEMENT between [Name of Sponsored Physician] and [Name of Supervising Physician]

[Sponsor Name] has agreed to sponsor [Name of Sponsored Physician] to practise in [Name of Practice Location] starting on [Start Date for Sponsored Practice] and ending upon [End Date for Sponsored Practice].

As a condition of the sponsorship, [Name of Supervising Physician] has agreed to act as the Supervisor for [Name of Sponsored Physician] over the term of the sponsorship. As a condition of this supervision, [Name of Sponsored Physician] will adhere to the Supervision Plan that has been developed for this sponsorship (to be considered part of this agreement by attachment).

Additionally, the following terms and conditions will apply to this agreement:

[Enter any specific additional terms and conditions to be applied to the supervision agreement. Enter NONE if there are no specific terms and conditions]

This agreement is made on [Month and Day], [Year].

[Name of Supervising Physician]

[Name of Sponsored Physician]

ANNEX E – College Requirements for the Supervision Plan

The Supervision Plan for a Supervised Physician shall include (but are not limited to):

Section A – Identification

- Name of physician to be supervised
- Name of Supervising Physician(s)
- Name of sponsoring organization

Section B – Details of Supervised Practice

- Start and end date of supervision
- Location of practice
- Clinical speciality of Supervised Physician
- Clinical speciality of the Supervising Physicians
- If a remote supervision arrangement is being proposed, provide rationale and details on how the supervision will be implemented
- Schedule of meetings between the Supervised Physician and the Supervising Physician, including details on how they will be conducted (e.g. face to face, videoconference)

Section C – Professional Development

- Details on any educational or professional development activities that will be provided during the sponsored practice, with details on why this is required.

Section D – Assessment and Reporting

- The detailed plan for assessing the Supervised Physician, including:
 - the specific assessment tools that will be used;
 - who will be involved in conducting the assessment;
 - how each component of the assessment will be performed.
- The schedule of reports to the College