

# CLINICAL SUPERVISION FRAMEWORK

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## 1. Introduction

The Royal College of Dental Surgeons of Ontario has a duty to serve and protect the public interest. The RCDSO developed this supervision framework to establish a consistent and risk-based approach to supervised practice across Ontario in line with the College's objectives and mandate. The framework provides guidance to supervisors and supervisees to understand what is expected of them in a supervisory relationship. It sets out the process for entering a supervisory relationship, outlines roles and responsibilities for supervisor and supervisee, and details the parameters of the supervisory relationship to ensure safe and effective care is delivered to the people of Ontario.

The framework consists of the following elements:

- Process for establishing a supervisory relationship
- Supervision levels and assessment process
- Roles and responsibilities of supervisor and supervisee
- Reporting requirements

## 2. When does the framework apply?

The framework applies to supervision for the following purposes:

### 1. SUPERVISION RESULTING FROM A COLLEGE DECISION

### 2. SUPERVISION OF REGISTRANTS IN THE EMERGENCY CLASS

The framework does not apply to the supervision of students undertaking clinical training at an Ontario dental school.

#### SUPERVISION OF “EMERGENCY CLASS” REGISTRANTS:

Under the [Pandemic and Emergency Preparedness Act, 2022](#), the Ministry of Health required all Ontario health regulatory colleges to develop an “Emergency Class” certificate of registration. The College requires that this new class practice under the supervision of a dentist who has been approved by the Registrar.<sup>1</sup>

#### COLLEGE DIRECTED SUPERVISION

Supervision may be required when the College identifies patient safety concerns, the need for practice improvement, or other reasons that a registrant may require oversight.

A College Committee can direct supervision as a registration requirement, or it may be required because of a complaint or identified practice deficiency. In this case, supervision will take the form of a condition imposed by a Committee or may be agreed to by way of an undertaking.

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## 3. Terminology

**Clinical supervision:** Clinical supervision is the ongoing oversight of practice, enabling individual practitioners to practice safely and effectively, while they develop knowledge and competence and assume responsibility for their own practice. In general, the goal of clinical supervision is to ensure that safe and effective care is provided by the practitioner (supervisee) while they are gaining competence.

**Supervisor:** A dentist who oversees another dentist’s practice to ensure that the expected standard of practice is met, and that patient safety is not compromised.

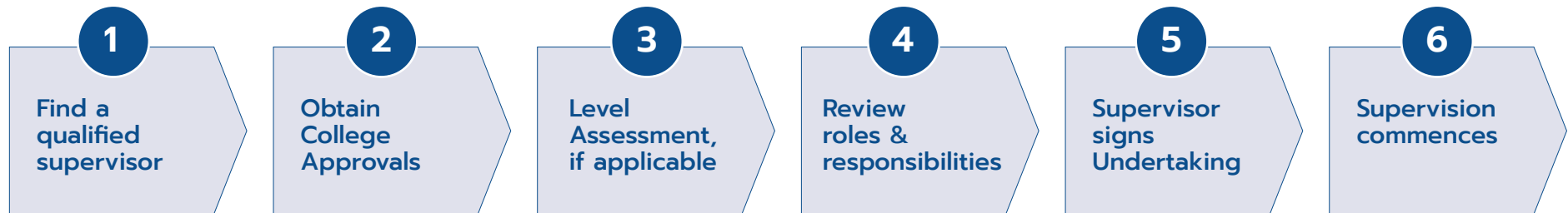
**Supervisee:** A dentist who is under supervision.

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<sup>1</sup> Section 26.1 of [Ontario Regulation 205/94](#) under the Dentistry Act, 1991, outlines the requirements for an emergency class certificate of registration.

## 4. Commencing the Supervision Process

The supervisee is responsible for identifying an appropriate supervisor. Both the supervisor and supervisee will need to make sure there is alignment in expectations, an understanding of needs, and clearly articulated responsibilities.



**1. Find a qualified supervisor:** The potential supervisor must meet the College’s minimum eligibility requirements outlined in the Supervisor Request form and must not have a conflict of interest in supervising the individual. The supervisee will be required to indicate any potential conflicts of interest in the form, and the Supervisor will need to attest to this in an Undertaking.

**2. Obtain College approvals:** Once the supervisee has identified a potential supervisor, a Supervisor Request form must be submitted to the College.

**3. Supervision level assessment, if applicable:** This step is only applicable to registrants in the emergency class where the supervisor is responsible for assigning a level of supervision. Where supervision is College-directed, the level will be determined by the College.

**4. Review roles and responsibilities:** Before supervision can commence, it is important to review and understand the roles and responsibilities of both the supervisor and supervisee, some of which are shared, and some of which are unique to each role. See section 6 for more details.

**5. Sign and return Undertaking:** The supervisor must sign and return an Undertaking/Agreement with the College outlining the terms of the supervisory arrangement. This must be completed before the supervision can commence.

**6. Supervision commences:** Once a supervisor is approved by the College, and the level of supervision is established, when both parties understand the roles and responsibilities of the supervisory relationship, the supervision can begin.

## 5. Levels of Supervision

Supervision may be direct, indirect or remote [see Table 1], depending on the level of supervision assigned by either the supervisor or the College.

For Emergency Class members, the supervisor is responsible for assigning the appropriate level of supervision. Two tools have been developed to assist the supervisor's assessment of the appropriate level of supervision for an emergency class registrant:

- 1) the supervision assessment tool; and
- 2) the supervisee self-assessment.

Where supervision is College-directed, the College or Committee will assign the appropriate level of supervision.

Under all levels of supervision, the supervisee is the treating practitioner and holds accountability for care provided to the patient according to their knowledge, skills and judgment. This includes responsibility for billing for treatment. As registrants of the College, all supervisees are required to abide by the College's [Code of Ethics](#), Standards of Practice, Guidelines, Practice Advisories and Best Practices, and to adhere to the principles of professionalism, which includes working within their knowledge, skills and abilities. Clinical supervision is reliant on the expectation that registrants only provide care they are competent to provide. In some instances, where the supervisor has concerns about risk of harm to a patient, the supervisor may take over responsibility for the care of the patient, and in this instance, the supervisor would be accountable for care, and would be eligible to bill for treatment.

The College has outlined four Levels of Supervision described in the chart below.<sup>2</sup> At the recommendation of a supervisor, a supervisee can progress through the levels of supervision. The supervisor would communicate any recommendation for a level change in a report to the College. College approval is required for any change in supervision level. will approve any recommended level change.

<sup>2</sup> These Levels are adapted from the Australian Health Practitioner Regulation Agency (Ahpra) Supervised Practice Framework (2022). <https://www.ahpra.gov.au/Resources/Supervised-practice/Supervised-practice-framework.aspx>. Accessed November 29, 2023.

Table 1: Levels of Supervision

| Level  | Description   | Requirements  | Supervisor Reports – timing <sup>3</sup>                 | Markers for progression   |
|--|---|---|--|---|
| <b>4 - Direct supervision</b>                | Supervisor must be in attendance with the patient, observing and working with the supervisee, while the supervisee is practicing.   | Supervisors may be requested to assist the supervisee in acquiring or improving knowledge and/or clinical skills if significant educational needs are identified.   | Reports are sent to the College at least every 2 weeks.  | The supervisor has observed (and conducted chart reviews) for at least 15 patient visits over a 2-week period;<br><br>Supervisee consistently demonstrates all entry-level competencies;<br><br>Both are confident that the supervisee is ready to practice with some independence. |
| <b>3 - Indirect supervision (Present)</b>    | Does not require the supervisor to observe the treatment, but the supervisor must be present at the workplace and immediately available to the supervisee at the time of care (if requested by the supervisee) to observe and discuss clinical management.  | Because the supervisor is not typically present during the time of care, the supervisee must have demonstrated competence adequate for independent practice before employing this level of supervision.   | Reports are sent to the College at least monthly.        | The supervisor has conducted at least 15 chart reviews in one month; both supervisor and supervisee are confident that the supervisee does not require real-time input from the supervisor.   |
| <b>2 - Indirect supervision (Accessible)</b> | The supervisor must be accessible to provide input on clinical care but is not necessarily present at the workplace at all times.<br><br>Two categories of accessible indirect supervision:<br>A) "On call" and available, by phone or other electronic means<br>B) Available at a scheduled, pre-arranged time to discuss the management of a patient or observe a procedure | The supervisor is expected to directly (in person) observe the supervisee at least monthly, to check-in on the quality and effectiveness of the supervisee's care.  | Reports are sent to the College at least monthly.        | The supervisor has conducted at least 15 chart reviews in one month; both are confident that the supervisee can practice autonomously without regular input from the supervisor.  |
| <b>1 - Remote supervision</b>                | The supervisor can be reached at scheduled times to discuss clinical activities, but is not expected to visit the premises, directly observe care, or participate in day-to-day clinical management.  | The supervisor is not expected to visit the premises, directly observe care, or participate in day-to-day clinical management. The supervisor will carry out patient chart review remotely and provide general feedback and practice recommendations where appropriate. | Reports are sent to the College at least every 3 months. | The supervisor has conducted at least 15 chart reviews in three months; both are confident that the supervisee can practice autonomously without a supervisor; and the supervisee has completed the minimum time required by the College <sup>4</sup>                               |

<sup>3</sup> The timing of reporting stated in the chart are minimum requirements. The frequency of reporting may vary at the request of the supervisor or at the direction of a College Committee.

<sup>4</sup> Regulation requires that supervision be provided at all times for registrants in the Emergency Class.

## 6. Roles and Responsibilities

### Shared roles and responsibilities

Regardless of the purpose of supervision, all supervisors and supervisees will be held to the following shared roles and responsibilities:

- **Patient Safety:** Patient care given during supervised practice must be safe and appropriate. This must be the overriding priority at all times.
- **Accountability and transparency:** Supervisees and supervisors must be **accountable and transparent** at all times in complying with their responsibilities for clinical supervision and in communication with the College. If the supervisee or supervisor does not act with honesty and integrity in their role, the College may take regulatory action.
- **Culturally safe and respectful practice:** It is expected that supervisees and supervisors will practise in a culturally safe and respectful way as set out in the College's [Code of Ethics](#). Supervisors and supervisees have responsibilities to provide culturally safe and respectful patient care. This requires having knowledge of how their own culture, values, attitudes, assumptions and beliefs influence their interactions with patients, their families, the community and colleagues.
- **Preparation and support:** Supervised practice is most effective when supervisees and supervisors are prepared and supported. There needs to be a shared understanding of the learning styles and expectations of the supervisor and supervisee.
- **Commitment to a positive learning model:** Supervisors should foster trust, compassion, and be attuned to the wellness and mental health of the supervisee. Although any risk posed by a supervisee to patient safety must be reported to the College, the supervisor should encourage open and honest dialogue.

### Supervisor Roles and Responsibilities

The goal of the clinical supervisor is to foster and enable the practitioner (supervisee) to provide safe and effective care while they develop their competence (knowledge, skills, abilities and judgment).

The supervisor in a clinical supervision arrangement is responsible for:

- Signing an **Undertaking** with the College and following the direction outlined.
- Providing **effective clinical supervision**, at the level outlined in the supervisor's Undertaking. This includes being able to communicate clearly and effectively and in a way that the supervisee can receive, provide and receive regular feedback, guide supervision based on risk and patient safety, and foster a safe and open trusting supervisory relationship.
- If requested and included in the supervision arrangement, **assisting the supervisee in acquiring or improving knowledge and/or clinical skills**, particularly in instances where significant educational needs are identified;
- **Meeting** with supervisee at agreed upon intervals (as specified by the College). This may also require attending the supervisee's practice to observe the care they provide, and ensuring it meets the expected standard of practice;
- Completing the required supervisor report and submitting them to the College, including:
  1. **General Supervisor Reports:** the supervisors are required to report at the frequency specified for each level of Supervision in Table 1. The required components of the report are outlined in the Supervisor Report form at Appendix A.

2. **Immediate Reports:** immediate reports are required if the supervisor has a concern about a risk to the public, if a conflict of interest arises, if the supervisory relationship has broken down, or if they no longer wish to supervise the registrants.

- Promptly raising areas of concern to the supervisee’s attention, and escalating these concerns to the College (through an Immediate Report) if remediation is needed; and
- Declaring any potential **conflicts of interest** during the supervisor approval process, and notifying the College if any new conflict of interest arises.
- In addition, the following responsibilities apply:

#### SUPERVISION OF “EMERGENCY CLASS” REGISTRANTS:

- Assessing the knowledge/ skills/judgement and competencies of the supervisee, to determine (and adapt) the level of supervision required.

#### COLLEGE DIRECTED SUPERVISION

- Reviewing all material provided by the College to prepare for supervising.

## Supervisee Roles and Responsibilities

In general, the goal of clinical supervision is to ensure safe and effective care is provided by the practitioner (supervisee) while they are learning, developing, or gaining competence.

The supervisee in a clinical supervision arrangement is responsible for:

- **Arranging the requirements of clinical supervision**, including identifying a supervisor, submitting the Request for Supervisor Approval Form, and supporting the establishment of clear roles and responsibilities.
- **Providing safe and effective care while under supervision.** This includes adhering to the supervisory arrangement as outlined in the Supervisor’s Undertaking and working within their knowledge, skills and abilities. As is expected of all members of the College, clinical supervision is reliant on the expectation that registrants act within their knowledge, skill, and judgment, and only provide care they are competent to provide.
- **Committing to improvement, continuous learning, and, if applicable, working to meet all competencies.** This includes being reflective, motivated and taking responsibility to demonstrate meaningful signs of progress towards meeting College expectations. This includes:
  - Meeting with the supervisor at agreed upon (or College-specified) intervals, and coming to the meeting prepared and on-time, prepared to both give and receive feedback;
  - Openly and actively engaging in supervision with the aim to build clinical competence, including asking questions and ensuring directives and tasks assigned are understood.

- **Paying all fees and expenses arising from the supervision arrangement.** Providing clinical supervision is a time intensive process for the supervisor, requiring them to take time away from their usual duties. The supervisee is responsible for bearing any costs associated with the supervised practice arrangement. The payment schedule and fees related to supervised practice arrangement will not be reviewed or approved by the College. The provision of supervision should never be exploitative. Although expected to fluctuate based on context and level of supervision, an hourly rate of \$250-\$300 may be considered reasonable .
- In addition, the following responsibilities apply:

#### SUPERVISION OF “EMERGENCY CLASS” REGISTRANTS:

- It is expected that supervisees have reviewed the RCDSO welcome package and information for emergency class registrations, and that they complete the required Quality Assurance module designated for Emergency Class registrants.
- The supervisee is responsible for identifying what they think they are and are not competent to do, while in supervised practice. The supervisee should have open and honest conversations about their skills and competence with the supervisor before setting up the supervision arrangement. This includes completing the Supervisee Self-Assessment.
- All Emergency Class registrants must specifically identify themselves as a member of the Emergency Class while practising.<sup>5</sup> This means they must clearly explain to others, during care, that they are practising under supervision.

<sup>5</sup> This requirement is outlined in Section 26.1(3)(3) of [O. Reg. 205/94](#).