



NAME	Supervision Policy for Members		
TYPE	Registration		
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Intent

This policy applies to members of the College who act as supervisors to other members, in the practice of traditional Chinese medicine. The purpose of the policy is to identify the eligibility criteria and the professional obligations of members of the College who agree to supervise others.

For purposes of clarity, “supervisor” or “proposed supervisor” will refer to those who act as a supervisor and “member” will apply to the persons who are being supervised.

Which Members Require Supervision?

Some members of the College may be required to practice under supervision, for a variety of reasons. For example;

- Under the Registration Regulation:
 - Members in the Student Class shall only practise the profession while under the supervision of a member who holds a General certificate of registration who can communicate with the member in the member’s language and who has been approved by the Registrar.
 - Members in the Temporary Class may only practise traditional Chinese medicine under the supervision of a supervisor who holds a General certificate of registration.
- In some cases, a College committee may direct that a member practise under supervision. This may occur when, for example, a member resumes practice after being away from the profession for an extended period of time.

Policy

General Accountability and Responsibility

In all cases,

- a. The supervisor is ultimately responsible for the quality of care provided by those under their supervision. This includes ensuring that those under their supervision meet the required clinical standard of care and display the expected knowledge, skill, judgment and attitude expected of a traditional Chinese medicine practitioner and/or acupuncturist.
- b. Supervisors may only supervise in the areas of TCM practice in which they are educated and experienced. In particular, only supervisors who hold the R. TCMP designation may supervise herbal treatments.
- c. Only supervisors registered in the General class of registration may supervise members. Furthermore, members in the General class, who are registered with a condition of supervised



practice (i.e., they can only practice if supervised by a member of the profession), are not permitted to supervise others.

- d. Supervisors must not supervise individuals to whom they are related or are closely associated with in any way (for example, a spouse, family member, or business partner). Additionally, there must not be a real or perceived conflict of interest between the supervisor and the individual they are supervising).
- e. Supervisors must have the skills to:
 - i. communicate effectively with those under their supervision; and
 - ii. evaluate members' skills and knowledge to ensure that they are able to practise the profession competently and safely.

Criteria for the approval of a supervisor

The following criteria do not apply to members who supervise students within TCM practical training programs. Education programs set their own supervisor criteria, but may also adopt College Policies, as appropriate.

Supervisors must be pre-approved by the Registrar.

The following are the criteria that the Registrar will use to determine whether to approve the proposed supervisor.

- The proposed supervisor must have been registered in the General class for at least the immediate past five years;
- The proposed supervisor must have conducted at least 500 TCM patient visits in the last three years, as of their most recent registration renewal.
- The proposed supervisor's registration status with the College must be in good standing (e.g., not be in default of any fee);
- The proposed supervisor must not be the subject of a referral to the Discipline Committee, Fitness to Practice Committee or the Quality Assurance Committee;
- The proposed supervisor must not have any terms, conditions or limitations (TCLs) on their certificate of registration, except those that apply to all certificates of that class of registration.

The Registrar will also consider the proposed supervisor's history with the College. For example, the Registrar will take into account whether the proposed supervisor has a history of practice concerns or if they are, or have been, the subject of an investigation (whether it is as a result of a complaint or a Registrar's Investigation), and may decline a supervisor proposal accordingly.

Undertaking

Once approved, the supervisor will be required to enter into an undertaking in the form approved by the College that outlines their obligations as a supervisor. The undertaking may address responsibilities and



obligations in addition to those set out in this policy. A copy of the signed Supervision Undertaking will be provided to the supervisor and the supervised member.

The Registrar may rescind a supervisor agreement in the event that the Supervisor no longer meets the approval criteria noted above.

Supervisors' Obligations

The supervisor will at minimum:

- (a) Supervise the member under their supervision while they are providing patient care.

The supervisor may adjust the level of supervision to allow a member under their supervision to treat patients without being directly observed once the supervisor has assessed their abilities and is satisfied that they have the necessary knowledge, skills, judgement and competencies. The level of supervision must be adjusted in consideration of the individual patient's needs and the relevant risk factors. The supervisor must be immediately available, in person, to the member being supervised;
- (b) Be available to the member on a regular basis for support and guidance;
- (c) May not be a supervisor of more than six members at any given time;
- (d) Review and co-sign the member's patient records;
- (e) Promptly discuss any concerns arising from patient interactions and/or chart reviews and/or anything of relevance to the practice of the profession with the member;
- (f) Make recommendations to the member for practice improvements and ongoing professional development, and make inquiries of the member to determine that he or she is incorporating recommendations into their practice;
- (g) Report necessary information (including but not limited to the Written and Immediate Reports described below) to the College in a form acceptable to the Registrar; and
- (h) Participate in any other activities, such as reviewing other documents or conducting interviews with or obtaining feedback from the member's colleagues, co-workers and staff that the supervisor deems necessary to the member's supervision.

Written Reports

The supervisor will be required to submit written reports to the College. Such reports shall be in a form acceptable to the Registrar. The reports must include reasonable detail and contain all information that the supervisor believes will assist the College in evaluating the member's standard of practice, and the member's compliance with the terms, conditions and limitations imposed on their certificate of registration.

Please see Appendix A for a supervisor report template.



Immediate Reports

There will be situations where the supervisor must immediately alert the College, in writing, as it is relevant to the supervision relationship. These include situations where there is a concern that the member is not practising safely or may be engaging in professional misconduct, the supervision relationship has terminated or the supervisor is concerned that they have breached a term of the undertaking. If the supervisor is not certain if a written report is required, they should call the College as soon as possible to obtain advice.

Legislative Provisions

O. Reg. 27/13: Registration under Traditional Chinese Medicine Act, 2006, S.O. 2006, c. 27



Appendix A - Supervisor Report Template

Supervisor Information		
Name		
<i>First</i>	<i>Middle</i>	<i>Last</i>
Registration Number:	Designation: <input type="checkbox"/> R. TCMP <input type="checkbox"/> R. Ac	
Member Information		
Name		
<i>First</i>	<i>Middle</i>	<i>Last</i>
Registration Number:	Designation: <input type="checkbox"/> R. TCMP <input type="checkbox"/> R. Ac	
Reporting Period		
1. Supervised Practice Location(s) (e.g., practice name and address)		
2. Reporting Period (e.g., from the first day of supervised practice to current date)	From:	To:
3. Total number of patient visits completed under supervision during this reporting period:		
Evaluation Report		
4. Patient Treatments: Please comment on the member's skills in the following areas:		
a. Taking patient history and current health information	Expectations: <input type="checkbox"/> Consistently met <input type="checkbox"/> Somewhat met* <input type="checkbox"/> Unfulfilled*	*Explain
b. Communicating a TCM diagnosis	Expectations: <input type="checkbox"/> Consistently met <input type="checkbox"/> Somewhat met* <input type="checkbox"/> Unfulfilled*	*Explain
c. Preparing a treatment plan	Expectations: <input type="checkbox"/> Consistently met <input type="checkbox"/> Somewhat met* <input type="checkbox"/> Unfulfilled*	*Explain
d. Explaining the plan to the patient	Expectations: <input type="checkbox"/> Consistently met <input type="checkbox"/> Somewhat met* <input type="checkbox"/> Unfulfilled*	*Explain



e. Following up on the effects of treatment	Expectations: <input type="checkbox"/> Consistently met <input type="checkbox"/> Somewhat met* <input type="checkbox"/> Unfulfilled*	*Explain
f. Dealing with challenging or difficult patients	Expectations: <input type="checkbox"/> Consistently met <input type="checkbox"/> Somewhat met* <input type="checkbox"/> Unfulfilled*	*Explain
5. Health and Safety and Infection Control Practices		
a. Does the member use appropriate cleaning, disinfection and sterilization techniques?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the member use proper management of waste materials including sharps and materials contaminated by blood or body fluids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Additional Comments		
6. Clinic Conditions		
a. Does the member provide patient privacy in the consultation area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the member keep the area clean, sanitary, pest-free, and in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Additional Comments		
7. Scope of Practice - describe the member's practice, giving examples of the full range of treatments they provide to patients.		
8. Assessment of the Member's Practice - provide YOUR assessment of the quality of the member's practice based on your own observations. Please provide specific examples.		



9. Supporting Documentation Checklist

- Liability Insurance (required) - attach a copy of the member's professional liability insurance policy.
- If applicable, attach a copy of the member's business card and advertising materials.
- Patient Records (required) – **attach a copy of at least six (6) unique patient records/files for each reporting period**; include the following:
 - Informed consent forms
 - Records of each visit (initial treatment and follow-up treatment record)
 - Receipts for treatments

Important: When submitting patient records to the College you must ensure that the patient's personal health information is protected. To do so, you may **redact identifying patient information** (e.g., patient's names, home addresses)

To submit the files, you may either:

- Upload the files to a secure cloud folder accessible through your member portal
- Submit the files by email to registration@ctcmpao.on.ca in a password protected pdf format.

10. Supervisor's Signature

Name (Printed)

Signature

Date