Medical Supervision Policy

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Contents

Purpose

In order to ensure the delivery of safe and high-quality healthcare services to healthcare recipients within the Kingdom, it is essential to emphasize the importance of supervision of certain physicians during their practice. Different levels of experience and competencies mean that different physicians need different levels of supervision.

The purpose of this document is to provide clear supervision instructions to physicians within the Kingdom of Bahrain. Healthcare facilities are expected to implement this policy and ensure proper supervision is always provided are per the terms of this policy. In cases of dispute, complaint investigations, malpractice, or misconduct investigations the terms of this policy will be implemented. Any violations to the terms of this policy by either the physician or the healthcare facility may lead to disciplinary actions being taken by NHRA.

Scope

All health care professionals and healthcare facilities.

Definitions:

Consultant: Any physician holding a license with a consultant category.

Kingdom: Kingdom of Bahrain

License category: The specific designation given to the physician within the license issued by NHRA.

License: An official permit to practice medicine/dentistry within the Kingdom of Bahrain.

Medical Director: The physician holding overall responsibility for the medical services and the clinical operations being provided within a healthcare facility.

NHRA: National Health Regulatory Authority.

Physician: Any medical doctor or dentist licensed to practice within the Kingdom of Bahrain.

PQR: Professional Qualifications Requirements

Resident: Any physician holding a license with a general category and holds a job title of a resident within the healthcare facility.

SCH: Supreme Council of Health

Senior Resident: Any physician holding a license with a general category and holds a job title of senior resident within the healthcare facility.

Specialist: Any physician holding a license with a specialist category.

Supervision: The overseeing of the activities performed by physicians by a more senior physician within the team as per the terms specified within the policy.

Supervising physician: The physician assigned with the task of supervising other physicians.

Intern: A graduate of Medical school performing internship rotations and do not hold a license within the kingdom

Types of Supervision:

Direct Supervision:
The supervising physician is physically present with the supervised physician

Indirect Supervision:
This type of supervision is divided into two categories:

1. **Indirect Supervision with direct supervision immediately available:**
   The supervising physician is physically within the facility and is immediately available to provide direct supervision.

2. **Indirect Supervision with direct supervision available:**
   The supervising physician is not physically present within the facility but is immediately available by means of phone and/or electronic modalities and is available to provide direct supervision.

Oversight:
The supervising physician is available to provide review of procedures and clinical encounters with feedback provided after care is delivered.

Determinants of Supervision level:

The type of medical supervision is generally determined by:

1. License
2. Experience
3. Competence

Residents, senior residents, and specialists may be privileged to perform certain procedures once they are deemed competent in the performance of that given procedure. To be deemed competent, the given procedure must be performed safely and successfully by the resident, senior resident, or specialist a minimum of three times without any complications while being directly supervised by the supervising physician. Certain procedures as well as high risk procedures may still be reserved for consultants only.

Supervision of Interns:

1. All Interns should always be directly supervised.
2. Must have an allocated supervising physician within each department who is responsible for their direct supervision and provision of guidance.

3. If the direct supervisor is not available, another physician with the same level of the supervising physician must be assigned the supervisory duties instead.
4. Interns may evaluate patients, obtain medical history, perform physical examination, develop differential diagnosis, , and put a plan of care for the patient provided all of these are discussed with the supervising physician at different stages and the discussion is recorded in the medical record. The name and designation of the supervising physician should be clearly documented in the medical record.
5. Interns may not perform the following tasks:
    a. Obtain informed consent
    b. Request consultations from other services
    c. Perform invasive procedures
    d. Write death certificates

Supervision of Residents:

1. All residents provide patient care under the supervision of a consultant.
2. Supervision should be direct.
3. Residents may evaluate patients, obtain medical history, perform physical examination, develop differential diagnosis, request laboratory and radiological investigations, and put a plan of care for the patient provided all of these are discussed with the supervising physician at different stages and the discussion is recorded in the medical record. Each resident should know his/her own limits, competence, and scope of authority.
4. Residents must request the direct supervision of a more senior team member when asked to perform a procedure.
5. Document the name of supervising physician in the medical record of the patient.
6. Residents may respond to consultation requested and then discuss the case with the supervising physician.
7. Competent residents may supervise Interns.
8. If there is a delay in the response of the senior resident, communication should be directed to the specialist or consultant if necessary.
9. The supervising physician must be contacted in the following situations:
    a. Any unstable patient at the time of admission.

b. An unexpected death of a patient
c. Cardiopulmonary arrest
d. An unexpected deterioration in the patient's condition requiring a higher level of care or urgent intervention.
e. A high-risk medical error with or without harm to the patient
f. When the number, acuity of patients, or admissions makes it difficult to provide safe care.
g. Unexpected need for blood transfusion.
h. Patients leaving against medical advice.

Supervision of Senior Residents:

1. All senior residents provide patient care under the supervision of a consultant.
2. Supervision should be direct initially until experience, knowledge, skills, judgement, and competence are gained to perform the tasks with indirect supervision.
3. Senior residents may evaluate patients, obtain medical history, perform physical examination, develop differential diagnosis, request laboratory and radiological investigations, and put a plan of care for the patient provided all of these are discussed with the supervising physician at different stages and the discussion is recorded in the medical record.
4. Senior residents may respond to consultation requested and then discuss the case with the supervising physician.
5. Each senior resident should know his/her own limits, competence, and scope of authority.
6. It is the responsibility of the supervising physician to ensure the competence of the senior resident prior to allowing him/her to perform tasks with indirect supervision.
7. Must request the direct supervision of a more senior team member when asked to perform an unfamiliar procedure, a procedure they are not competent to perform unsupervised or indirectly supervised, or when the procedure is beyond the skills required for their level.
8. Surgical procedures should be directly supervised when requiring general anesthesia, being performed in the operating theater, or special procedure site.

9. Competent senior residents may supervise residents after they perform the given procedure being directly supervised at least three times and are deemed competent by the supervising physician.
10. High risk procedures or patients as well as emergency procedures may not be delegated to senior residents except with a qualified specialist or consultant directly supervising the procedure.
11. Document the name of supervising physician in the medical record of the patient.
12. If there is a delay in the response of the specialist, communication should be directed to the consultant.
13. The supervising physician must be contacted in the following situations:
    a. Any unstable patient at the time of admission
    b. An unexpected death of a patient
    c. Cardiopulmonary arrest
    d. Patient being transferred to another service
    e. An unexpected deterioration in the patient's condition requiring a higher level of care or urgent intervention.
    f. A high-risk medical error with or without harm to the patient
    g. When the number, acuity of patients, or admissions makes it difficult to provide safe care.
    h. Unexpected need for blood transfusion.
    i. Patients leaving against medical advice.

Supervision of specialists:

1. All specialists work under the supervision of a consultant
2. Specialists supervise interns, residents and senior residents.
3. Perform pre-operative assessments with documentation in the medical record.
4. Perform post-operative assessments with documentation in the medical record.
5. Obtain informed consent in high risk patients or procedures
6. May perform surgical procedures with oversight from a consultant or indirect supervision with direct supervision available when needed depending on the complexity of the case.

7. Must inform the consultant in the following cases:
    a. Admission of patients
    b. An unexpected death of a patient
    c. Brain death determination or organ donation
    d. Cardiac arrest
    e. Patient being taken to the operating theater.
    f. Patient being transferred to another service.
    g. An unplanned emergent invasive procedure such as interventional radiology, interventional cardiac catheterization, or any other high-risk invasive procedure.
    h. Complications of a procedure.
    i. An unexpected deterioration in the patient's condition requiring a higher level of care or urgent intervention.
    j. A high-risk medical error with or without harm to the patient
    k. When the number, acuity of patients, or admissions makes it difficult to provide safe care.
    l. Unexpected need for blood transfusion.
    m. Patients leaving against medical advice.

Consultants:

1. Consultants work independently within the scope of their license.
2. Hold ultimate responsibility for the care of the patient.
3. May delegate supervisory roles to specialists or other team members but remains responsible for the general oversight of the whole team.
4. Must be available to provide direct supervision when needed.
5. Must be notified of admissions under his/her care and be evaluated by him/her within 24 hours and at least once daily by one of the team members thereafter.
6. Availability should be appropriate to the level of supervision required for the members of the team.
7. Information about availability should be made available to the team members.

8. When a consultant goes on annual leave, he/she should inform the head of the department or medical director in writing about the consultant who will supervise his/her team during his/her absence.
9. Set expectations for team members.

Program Directors/Heads of Departments:

1. Ensure that each physician within the department has a written job description that clearly states their roles and responsibilities within the department.
2. Ensure proper supervision is provided to the different levels of physicians according to their needs.
3. Grant privileges and supervisory responsibilities to all physicians within the department
4. Develop polices for emergency situations where supervision may not be available and the physician is not privileged to perform a certain task.
5. Develop a policy for dealing with situations where the supervising physician is not available or is not responding.
6. Issue formal assignment notification of replacement supervising consultant's name during the primary consultant's annual leave.
7. Assign a replacement supervisory consultant and issue formal notification during the primary consultant's emergency leave.
8. On call schedules for faculty assures that supervision and / or consultation is always readily available to residents on assigned clinical duties.

Supervision for Gap in Practice:

1. All physician in a gap in practice must be directly supervised by a consultant or a specialist physician.
2. The supervising physician holds ultimate responsibility for the care of patients.
3. Must ensure the gaining of required competencies as appropriate for the physician's level within the required training period.

Healthcare facility:

1. Develop a system whereby it is mandatory for interns, residents, and senior residents document the name of the supervising physician within the medical record and audit for compliance.
2. Establish disciplinary processes for physicians who violate their supervisory roles or supervision requirements as per their designation.
3. Develop an orientation program for new physicians to advise about supervision requirements appropriate for their level.

References:

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3. Supervision Policy: Roles, responsibilities, and patient care activities of residents. University of Washington Family Medicine Residency Program.
4. Supervision Policy: Department of Neurosurgery. University of Utah
5. Resident Supervision Policy: Medical House Staff training program. Columbia University Medical Center.
6. Riverside University Health System