

**Policies and Procedures – draft approved by RPC Executive June 2026**

Subject: Resident Supervision	
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The College of Family Physicians of Canada Accreditation Standards state that residency training programs should ensure that the educational experiences are appropriate for residents' stage or level of training and support residents' achievement of increasing professional responsibility to the level of independent practice. Therefore, acknowledging the concept of graded responsibility, a resident should be more closely supervised at the beginning of a Clinical Learning Experience (CLE) and earlier in the academic year than at the end of the CLE or at the end of the academic year assuming the resident has progressed as expected and has demonstrated competence such that greater independence is deemed appropriate by the supervising physician. Patient safety will always be paramount, but supporting learners in their development to becoming independent practitioners is the mandate of our educational program.

For more information on Resident Supervision, please see the [Dalhousie Postgraduate Medical Education \(PGME\) Supervision of Residents Policy](#).

Guiding Principles:

1. As residents advance in their training, supervisors must be aware of their stage of training and assess the residents' knowledge, abilities, and experience to establish the required level of supervision and the appropriateness of delegating tasks to the resident.
2. As per the [PGME Resident Supervision Policy](#), the Supervising Faculty Member must respond in an appropriate and timely manner to a resident's reasonable request for assistance in the care of their patients.
3. Until competence has been determined, residents should review each patient with their supervisor before the patient leaves the office or the emergency department (ED). In the office or ED, residents deemed competent can see and discharge patients on their own. The supervisor should provide an opportunity to review all cases seen by the resident at some time during the day/shift. In the emergency department, delegating the responsibility of discharging a patient from the emergency department prior to reviewing with the supervisor, should be explicitly discussed before it is done.
4. When providing virtual care, all virtual care should be reviewed with the supervisor before attending to the next patient until competence has been achieved. Once the resident is deemed competent to provide independent virtual care, the supervisor should provide an opportunity to review all the care the resident provided at some point during the day/call period.
5. For admitted hospital patients, all patients should be reviewed with the supervisor daily until



competency is achieved. Once deemed competent, residents can independently attend to patients and write orders. Unless the task is explicitly delegated, residents must inform the supervisor before admitting or discharging a patient to/from hospital care. Generally, if a patient requires admission, the patient should be assessed in person by an admitting supervisor as well within 24 hours of admission.

6. When on call, residents can see patients on their own if this falls within their competency level and resident safety standards are met (see the [PGME Resident Safety Policy](#)). All cases should be reviewed by the supervisor at some time during the on-call period.
7. All documentation should be reviewed/co-signed until the resident is deemed competent to independently chart and the task is thoughtfully delegated.

Resources:

[2026-2027 Family Medicine Resident Objective Book/Dalhousie Family Medicine Benchmarking Document \(Page 62\)](#)
[Program Expectations Tool](#)