

Questions and Answers from ZOOM meeting between CPSM and Physician Assistant (PA) and Clinical Assistants (CIAs)

May 26, 2020

- 1) QUESTION: Can a PA/CIA practice if they work with a group of rotating physicians and have no designated supervising physician?**

ANSWER: No, a designated Primary Supervisor is required.

- 2) QUESTION: If a PA/CIA is required to see patients in the patients' home, how should that be indicated on the CoS?**

ANSWER: Home visits should be clearly indicated as part of the duties in the Practice Description. Each individual address does not need to be listed on the CoS, only the primary practice site(s).

- 3) QUESTION: If a PA/CIA has only has a Primary Supervisor, does there also have to be a Designated Alternate Supervisor?**

ANSWER: An Alternate Supervisor is not required; however, the PA/CIA cannot work in a clinic capacity with patients if the Primary Supervisor is not available. Administrative or research work is permitted.

- 4) QUESTION: Is the requirement for 8 hours of onsite supervision per month decreased if the PA/CIA has a low EFT or casual position?**

ANSWER: No; however, the CPSM could consider an exception if a request in writing is provided.

- 5) QUESTION: Will all the PA/CIAs be placed at the beginning of the "Evaluation and Performance" timeline when they are transitioned to the new CoS?**

ANSWER: No. If a PA/CIA is working under the same Practice Description with the same Primary Supervisor, the PA/CIA would be placed on the appropriate reporting schedule based on years of work in the Practice Description.

- 6) QUESTION: What is this reporting schedule based on?**

ANSWER: It is based on the same schedule used by the CPSM for other members requiring supervision.

7) QUESTION: Can PA/CIAs access their “Evaluation and Performance review?”

ANSWER: Yes. The report must be reviewed and signed by the PA/CIA. Signing the report does not mean the PA/CIA is in agreement with the content of the report. The PA/CIA can add comments to the report if they disagree.

8) QUESTION: If a PA/CIA has a new Primary Supervisor under the same Practice Description, will the PA/CIA be placed at the start of the “Evaluation and Performance” timeline?

ANSWER: This needs to be determined by CPSM. The PA/CIA and Primary Supervisor will need to submit a request in writing for review by the Registrar.

9) QUESTION: Will there be a section in the new Practice Description outlining training periods for new PA/CIAs?

ANSWER: No, but it is the intent that the Primary Supervisor will be responsible for training PA/CIAs starting in a new program. This is why the evaluation requirements are every month for first three months

10) QUESTION: Are the workload and expectations of PA/CIAs documented?

ANSWER: Yes. Workload is covered in the CPSM’s Standards of Practice, Schedule 1-Volume of Service. The expectations are found in the current Job Descriptions.

11) QUESTION: Is there a process for the PA/CIA to evaluate Supervising Physician(s)?

ANSWER: No, not at this time. CPSM may consider this in future.

12) QUESTION: If the PA/CIA is hired into a half time EFT, should “Evaluation and Performance” reviews occur on a monthly basis?

ANSWER: Yes, unless permission to deviate is obtained by CPSM.

13) QUESTION: Can a PA/CIA assist in an area that is not on their Practice Description, if asked?

ANSWER: No, all areas of work must be included on the Practice Description. The Practice Description could be broadened to include potential areas of work. Alternatively, two CoS’s may be created.

14) QUESTION: If a PA/CIA is certified in ACLS/ATLS, etc and their Primary Supervisor is not, can they practice those skills?

ANSWER: Yes, unless the Primary Supervisor would not allow this.

15) QUESTION: Can a PA/CIA decline to add an Alternate/Additional Supervisor to their CoS?

ANSWER: Ultimately, the employer determines who is on the CoS, but the relationship between PA/CIA is important. The reasons for this request would need to be evaluated with the program/employer.

16) QUESTION: Can a PA delegate reserve acts?

ANSWER: No. An Associate Member of the CPSM cannot delegate a Reserved Act to another Associate Member of the CPSM. A regulated member can delegate a reserved act to another regulated member. A PA can supervise a PA student performing a reserved act by proxy.

17) QUESTION: Does professional practice refer to the Physicians' professional practice, which may include billing, or the PA/CIAs' professional practice?

ANSWER: The term is used in the General Regulation and refers to scope of practice of medicine. The terms used in the COS need to be read through the lens of the RHPA.

18) QUESTION: Is the goal to change the Practice Description to be more like medical directives used in Ontario?

ANSWER: No.

19) QUESTION: Who is responsible for submitting changes to the CoS, the Primary Supervisor or the PA/CIA?

ANSWER: It is the responsibility of both.

20) QUESTION: Does the CoS need to be received by CPSM before the PA/CIA can work with a new physician?

ANSWER: Yes, but it can be signed electronically.

21) QUESTION: If a family medicine HMO is working in an acute care setting, is the PA/CIA bound by the HMOs professional practice or by the PA/CIA's Primary Supervisor's professional practice?

ANSWER: The scope of the HMO should be that of the primary supervising physician, but it is the primary supervising physician's practice that defines the PA/CIA's practice.