



## PRACTICE DIRECTION

# Practice and Supervision Requirements for Clinical and Physician Assistants and Physician Assistant Students

Initial Approval: March 20, 2024

Effective Date: March 20, 2024

Practice Directions set out requirements related to specific aspects of the practice of medicine. Practice Directions are used to enhance, explain, or guide registrants with respect to the subject matter relevant to the practice of medicine. Practice Directions provide more detailed information than contained in *The Regulated Health Professions Act*, Regulations, Bylaws, and Standards of Practice issued by CPSM. All registrants must comply with Practice Directions, per s. 86 of *The Regulated Health Professions Act*.

This Practice Direction is made under the authority of s. 85 of the RHPA and represents requirements of CPSM registrants in so far as appropriate.

This Practice Direction sets out requirements that must be followed in practice by Clinical Assistants (CIAs), Physician Assistants (PAs), Physician Assistant Students (PA Students), as well as all supervising physicians. It also includes requirements for obtaining a certificate of practice and compliance with Part 8 of the *CPSM General Regulation*. Registration requirements and policies for CIAs, PAs, and PA Students may be found in the [‘Council Policy – Registration of Clinical and Physician Assistants and PA Students’](#).

Please note that Contextual Information for this Practice Direction is under development. When added, notice will be provided through CPSM’s Newsletter.

### Contents:

1. Certificates of practice: .....	2
2. General requirements for practice descriptions and contracts of supervision: .....	2
3. Supervision of CIAs and PAs: .....	5
4. Title restrictions:.....	16
5. Performance of reserved acts and delegation of reserved acts:.....	16
6. Collaborative care:.....	19
7. Continuing professional development .....	19

**1. Certificates of practice:**

- 1.1. CIAs, PAs, and PA Students require a valid certificate of practice<sup>1</sup> issued by CPSM to engage in practice.<sup>2, 3</sup> Certificates of practices are issued in accordance with Part 4 of the *CPSM General Regulation*.<sup>4</sup> Pursuant to section 4.5 of the *CPSM General Regulation*, CIAs and PAs must have an approved practice description and contract of supervision<sup>5</sup> before they may be issued a certificate of practice:<sup>6</sup>

*4.5(1) An applicant for a certificate of practice who is or will be registered as a physician assistant (full), (restricted purpose) or (academic — s. 181 faculty) or clinical assistant (full) must also submit a practice description and contract of supervision to the registrar for approval.*

*4.5(2) For the purpose of clause 41(1)(f) of the [RHPA], a certificate of practice may be issued only if the registrar approves the practice description and contract of supervision.*

**2. General requirements for practice descriptions and contracts of supervision:**

- 2.1. Part 8 of the *CPSM General Regulation* establishes the requirements for practice descriptions and contracts of supervision for CIAs and PAs. Sections 8.1 and 8.3 state:

*8.1 A physician assistant or clinical assistant may practise only under a contract of supervision with a regulated member and a practice description approved by the registrar. ...*

...

---

<sup>1</sup> A certificate of practice is a license to practice medicine. This differs from a certificate of registration, which provides membership with CPSM.

<sup>2</sup> See sections 4.1 and 4.2 of the *CPSM General Regulation*.

<sup>3</sup> Subsections 4.3(1)(d), (e) and (f) of the *CPSM General Regulation* include that certificates of practice may be issued to CIAs, PAs, and PA Students. This includes PAs in the restricted purpose and academic classes as well as visiting PA Students. Note that certificates of practice are not issued to registrants in a non-practicing class.

<sup>4</sup> Common requirements and non-exemptible requirements for all regulated registrants are found at section 4.4 of the *CPSM General Regulation*.

<sup>5</sup> In brief, a contract of supervision is an agreement entered by either a CIA or a PA with a Primary Supervisor (physician), whereby the Primary Supervisor undertakes to supervise the medical services provided by the CIA or PA. CPSM requires that before beginning practice, CIAs and PAs must enter a contract of supervision, in addition to completing the usual requirements for registration. Read together with this Practice Direction and the CIA's or PA's Practice Description, the contract of supervision outlines the roles and responsibilities of supervisors and the CIA or PA and sets out the scope of practice and the medical duties that the CIA or PA is permitted to perform. The Practice Description provides specific details about the professional practice in which the CIA or PA will be engaged.

<sup>6</sup> This requirement does not apply to PA Students.

*8.3(1) A physician assistant or clinical assistant may engage in his or her professional practice only if he or she has entered into a contract of supervision approved by the registrar.*

*8.3(2) A physician assistant or clinical assistant may engage in his or her professional practice only in accordance with a contract of supervision, and a practice description, approved by the registrar.*

*8.3(3) A physician assistant or clinical assistant may be supervised by a regulated member who has signed the assistant's contract of supervision and meets the requirement in section 8.7.*

## 2.2. Practice descriptions:

2.2.1. Sections 8.4 and 8.5 of the *CPSM General Regulation* describe general requirements for practice descriptions:

*8.4 A practice description must*

- (a) be in writing;*
- (b) describe the duties and the services that the physician assistant or clinical assistant will provide; and*
- (c) be approved by the registrar.*

*8.5 Before expanding the scope of his or her professional practice, the physician assistant or clinical assistant must first obtain the registrar's approval of a new practice description.*

## 2.3. Contracts of supervision:

2.3.1. Section 8.6 of the *CPSM General Regulation* describes general requirements for contracts of supervision, including that a Primary Supervisor must be designated:

*8.6(1) A contract of supervision must*

- (a) be in the approved form;*
- (b) designate by name the regulated member who will supervise the applicant as the primary supervisor and indicate the primary supervisor's role and responsibilities;*
- (c) designate by name one or more regulated members who will supervise the applicant as an alternate supervisor and indicate
  - (i) the period during which, or the circumstances under which, the alternate will assume the duties and responsibilities of the primary supervisor, and**

- (ii) any substantive alteration in the physician assistant's or clinical assistant's duties or responsibilities while supervised by the alternate supervisor;*
- (d) include a term of the contract stating that each regulated member who signs the contract agrees to supervise the physician assistant or clinical assistant;*
- (e) set out the terms and conditions for performing the duties described in the practice description;*
- (f) be signed by*
  - (i) the applicant for registration as a physician assistant or clinical assistant,*
  - (ii) the primary supervisor,*
  - (iii) each designated alternate supervisor, and*
  - (iv) in the case of a physician assistant or clinical assistant practising in a departmental or program setting, each additional regulated member who agrees to supervise the applicant; and*
- (g) be approved by the registrar.*

*8.6(2) With prior approval of the registrar, a contract of supervision for a clinical assistant need not meet the requirement in clause (1)(c) if the contract states that the assistant may work only when the supervisor is also working.*

- 2.4. Section 8.14 of the *CPSM General Regulation* places limits on the number of contracts of supervision a regulated registrant may enter as the Primary Supervisor:

*8.14(1) At any one time, a regulated member may not be the sole primary supervisor for more than three physician assistants and clinical assistants in total.*

*8.14(2) As an exception to subsection (1), the registrar may permit a member to be the supervisor for more than three physician assistants and clinical assistants. The permission must be granted before the contracts of supervision are entered into.*

- 2.5. Pursuant to section 8.15 of the *CPSM General Regulation*, CIAs and PAs may enter multiple contracts of supervision:

*8.15(1) A physician assistant or clinical assistant may enter into a contract of supervision with two or more regulated members who are not associated in a group practice or department or program setting if each of them requires the services of the assistant on a part-time basis.*

*8.15(2) Each regulated member under subsection (1) is a primary supervisor and must enter into a contract of supervision with the physician assistant or clinical assistant.*

- 2.6. Any addition of an Alternate Supervisor or Additional Supervisor to a contact of supervision must be approved by the Registrar. This can be done by the execution of a new contract or by way of an addendum in the approved form to the original contract of supervision.

### **3. Supervision of CIAs and PAs:**

#### **3.1. Interpretation:**

- 3.1.1. Three categories of supervisors are established under Part 8 of the *CPSM General Regulation*, Primary Supervisors, Alternate Supervisors, and Additional Supervisors. In summary:

##### **3.1.1.1. Primary Supervisor's role and responsibilities:**

- i. The **Primary Supervisor** has ultimate and overarching responsibility for directing and reviewing the CIA's or PA's professional practice under an approved practice description and contract of supervision.
- ii. The Primary Supervisor's role and responsibilities can be transferred to an **Alternate Supervisor** designated under the contract of supervision at times when the Primary Supervisor is unavailable or unable to act in this regard.

##### **3.1.1.2. Immediate supervision:**

- i. The **Primary Supervisor** may assign, direct, and supervise the duties and services performed by the CIA or PA while actively engaged in their practice. This is referred to as '**immediate supervision**'. When acting, the **Alternate Supervisor** may also perform these general supervisory duties.
- ii. **Additional Supervisors** may be appointed under a contract of supervision in departmental or program settings to fulfill certain

supervisory duties, particularly relating to the immediate supervision of the CIA or PA in delivering patient care.<sup>7</sup>

iii. While they may assign, direct, and supervise the duties and services performed by the CIA or PA, **Additional Supervisors** cannot assume the Primary Supervisor's role and responsibilities. (see section 3.4)

3.1.1.3. Primary Supervisors, Alternate Supervisors, and Additional Supervisors must comply with the general duties for all supervisors when acting in these capacities. The role and responsibilities of the Primary Supervisor as well as the general duties for all supervisors of CIAs and PAs are further explained below.

3.1.2. For the purposes of this Practice Direction, the supervisor immediately responsible for supervising the CIA or PA while actively engaged in their practice is referred to as the '**responsible supervising physician**'. The responsible supervising physician must remain readily available for consultation when the CIA or PA is engaged in practice under their supervision.

3.1.3. The clinical activities and reserved acts that may be **assigned** to a CIA or PA are set out in their approved practice description.

### 3.2. Requirements to be a supervisor:

3.2.1. Section 8.7 states:

*8.7 A regulated member who meets the approved criteria may be a supervisor for a physician assistant or clinical assistant if the member has signed a contract of supervision approved by the registrar.*

3.2.2. Approved criteria for supervisors include that they must:<sup>8</sup>

3.2.2.1. be a fully or provisionally registered physician who is experienced in the system,<sup>9</sup>

3.2.2.2. recognize the importance of their need to demonstrate effective communication and interpersonal skills and knowledge and understanding of cultural differences and values and beliefs that affect performance in a Canadian practice environment, and

---

<sup>7</sup> For clarity, Additional Supervisors are intended to extend the supervisory capabilities of the Primary Supervisor or Alternate Supervisor. They do not assume ultimate responsibility for directing the professional practice of the CIA or PA or for providing regular reviews. See section 3.8.

<sup>8</sup> In accordance with section 8.7, the Registrar still has discretion to refuse to add a supervisor even when these criteria are met.

<sup>9</sup> The candidate should have a minimum of two (2) years of independent practice, particularly if there fulfilling the role and responsibilities of the Primary Supervisor.

- 3.2.2.3. be approved by the Registrar, who may consider:
- i. the proposed supervisor's scope of practice,
  - ii. professional conduct history, and
  - iii. potential and actual conflicts of interest
- in determining whether they should be approved as a supervisor.

- 3.2.3. Section 8.18 relates to a supervisor acting through a health profession corporation:

*8.18 To avoid doubt, subsections 64(1) to (3) of the Act apply to a supervisor in respect of his or her duties and responsibilities under this Part even if the supervisor is practising through a health profession corporation.*

3.3. Supervision in departmental or program practice setting:

- 3.3.1. Section 8.8 of the *CPSM General Regulation* establishes supervision criteria that must be met before a CIA or PA is permitted to work in an institutional departmental or program setting<sup>10</sup>:

*8.8 A physician assistant or clinical assistant may provide services within a department or program setting if each of the following requirements is met:*

- (a) one regulated member who works in the setting*
  - (i) signs the contract of supervision designating the member as the primary supervisor, and*
  - (ii) agrees to be responsible for the physician assistant or clinical assistant even when the assistant is acting under the immediate supervision of any other regulated member in the setting who has signed the contract of supervision;*
- (b) at least one of the regulated members who works in the setting signs the contract of supervision and agrees to act as an alternate supervisor;*
- (c) every regulated member of the department or program who agrees to supervise the physician assistant or clinical assistant signs the contract of supervision.*

---

<sup>10</sup> "Institutional setting" has the same meaning as it does elsewhere in CPSM's Standards of Practice of Medicine, which is: "(a) a facility that is designated as a hospital under The Health Services Insurance Act; or (b) a hospital or health care facility operated by the government, the government of Canada, a municipal government, a regional health authority or CancerCare Manitoba."

### 3.4. Primary Supervisor's role and responsibilities:

- 3.4.1. Section 8.9 of the *CPSM General Regulation* states, “A primary supervisor is responsible for giving direction and providing regular reviews concerning the performance of the physician assistant or clinical assistant while he or she engages in professional practice.”
- 3.4.2. The Primary supervisor has ultimate responsibility for the CIA or PA's practice under an approved practice description and contract of supervision. This includes supervising the CIA or PA in accordance with the terms and conditions of the contract of supervision and practice description, as well as all regulations, Standards of Practice, Practice Directions, and the Code of Ethics.
- 3.4.3. Except where arrangements are in place for supervision by an Alternate Supervisor<sup>11</sup>, the Primary Supervisor shall:
- 3.4.3.1. direct and review the work, records, and practice of the CIA or PA on a continuous basis to ensure appropriate and safe care is provided to each patient cared for by the CIA or PA;<sup>12</sup> and
  - 3.4.3.2. always be reasonably available to fulfil their supervisory role when the CIA or PA is practicing, even when the CIA or PA is practicing under the immediate supervision of an Additional Supervisor in a departmental or program setting.
- 3.4.4. The Primary Supervisor shall contact each Alternate Supervisor named in the contract of supervision to review performance and workload issues in accordance with the evaluation provisions set out in the practice description.
- 3.4.4.1. This responsibility cannot be assigned or delegated.
- 3.4.5. In accordance with subsection 8.12 of the *CPSM General Regulation*, the Primary Supervisor must send periodic reports to CPSM that are satisfactory to the Registrar regarding the performance of the CIA or PA in accordance with the evaluation provisions set out in the practice description.<sup>13</sup>
- 3.4.5.1. This responsibility cannot be assigned or delegated.

---

<sup>11</sup> See section 8.13 of the *CPSM General Regulation*.

<sup>12</sup> The degree of review and direction required is a matter of professional judgment and will be dependent on the nature of the practice setting and the relationship between the Primary Supervisor and the CIA or PA.

<sup>13</sup> CPSM reporting obligations are integrated into the Practice Description under the heading ‘Evaluation and Assessment of Performance’. For the vast majority of CIAs and PAs, the Primary Supervisor will be required to send periodic reports to the Registrar that are satisfactory to the Registrar regarding the CIA or PA's performance. Absent exceptional circumstances, for example evidence that the CIA or PA has worked with the Primary Supervisor within the previous few months under a similar Practice Description, reporting will occur on the following schedule: once per month for the first three months, every three months for the following 9 months, and every 12 months thereafter.



### 3.5. General duties of all supervisors of CIAs and PAs:

- 3.5.1. Section 8.10 of the *CPSM General Regulation* outlines requirements for on-site supervision by Primary Supervisors, Alternate Supervisors, and/or Additional Supervisors:<sup>14</sup>

*8.10(1) For a physician assistant, a supervisor must*

- (a) provide personal on-site supervision for at least the number of hours each month as specified in the contract of supervision;*
- (b) subject to subsection (2), be available to supervise the physician assistant for at least the number of hours each week as specified in the contract of supervision; and*
- (c) comply with any requirement set out in the practice description concerning the supervision of physician assistants.*

*8.10(2) The supervisor is not required to be physically present for the weekly supervision if the physician assistant is engaged in his or her professional practice in a location separate from the supervisor's regular practice location.*

*8.10(3) For a clinical assistant, a supervisor must*

- (a) provide personal on-site supervision in accordance with the contract of supervision; and*
- (b) comply with any requirement set out in the practice description concerning the supervision of clinical assistants*

- 3.5.2. In supervising CIAs and PAs, Primary Supervisors, Alternate Supervisors, and/or Additional Supervisors must ensure that the CIA or PA does not practice beyond the safe limits of their skills, knowledge, and judgement, or their authorized scope of practice. Supervisors are expected to be aware of the CIA's or PA's Level of Competence, as described in their practice description, and related limits arising therefrom. Section 8.11 of the *CPSM General Regulation* states:

*8.11(1) A supervisor must not permit a physician assistant or clinical assistant to engage in professional practice beyond the scope of the supervisor's professional practice.*<sup>15</sup>

---

<sup>14</sup> The usual requirement will be that the Primary Supervisor, an Alternate Supervisor, an Additional Supervisor, or any combination of the foregoing must provide on-site, personal supervision for a cumulative total of at least 8 hours per month, or the total time worked by the CIA or PA if it is less than 8 hours.

<sup>15</sup> In other words, the CIA or PA is limited by the scope of practice of the responsible supervising physician.

*8.11(2) The supervisor must not permit or require a physician assistant or clinical assistant to engage in professional practice, including the performance of a reserved act, if the supervisor determines that the physician assistant or clinical assistant is not competent to do so.*

*8.11(3) The supervisor must not permit a physician assistant or clinical assistant to independently assume some or all of the supervisor's duties or responsibilities.*

3.6. The role and responsibilities of CIA's and PA's:

- 3.6.1. CIAs and PAs are expected to faithfully, and to the best of their knowledge, skill, and judgment, assist the Primary Supervisor in their professional practice in accordance with their approved practice description and the terms and conditions of the contract of supervision.
- 3.6.2. CIAs and PAs shall comply with all proper directions of the Primary Supervisor and perform only those duties and responsibilities that are assigned by the Primary Supervisor or an Alternate Supervisor (when acting) who has signed the contract of supervision and is acting in accordance with the contract of supervision.
- 3.6.3. CIAs and PAs shall cooperate with performance evaluations in accordance with their practice description.
- 3.6.4. In engaging in their professional practice pursuant to the contract of supervision, the CIA or PA shall:
  - 3.6.4.1. Solely practice under the supervision of the Primary Supervisor, or an Alternate Supervisor or Additional Supervisor designated in the contract of supervision.
  - 3.6.4.2. Limit their practice solely to what is described in the practice description, including,
    - i. practicing only at practice settings named in the practice description, and
    - ii. refraining from the performance of any reserved act that is not listed in the practice description.
  - 3.6.4.3. Never practice beyond the professional scope of the responsible supervising physician's professional scope of practice, including by not performing any reserved act which the responsible supervising physician is not competent to perform.
  - 3.6.4.4. Comply with all rules and regulations of CPSM governing CIAs and PAs, including the *CPSM General Regulation*, the *Standards of Practice of Medicine*, and the *Code of Ethics*.

3.6.4.5. Refrain from engaging in professional practice pursuant to a contract of supervision when the Primary Supervisor is unavailable or unable to fully fulfil their supervisory role - unless an Alternate Supervisor has assumed Primary Supervisor's role and responsibilities under the contract of supervision.

3.6.5. Section 8.17 of the *CPSM General Regulation* provides:

*8.17(1) A physician assistant must clearly identify himself or herself as such when engaging in professional practice.*

*8.17(2) A clinical assistant must clearly identify himself or herself as such when engaging in professional practice.*

3.6.6. An overriding principle in terms of documentation and communication is that everyone in the circle of care or multidisciplinary environment must understand the CIA or PA's class of registration. This is because they are not in independent practice and must be supervised by a responsible supervising physician. This circumstance must also be understood in the context of peer review, including by a health professional regulatory authority. Information about the CIA or PAs class of registration must be reasonably reflected in the patient record, prescriptions, orders, requisitions, etc. Content in these records must also accord with institutional documentation requirements and CPSM expectations, including requirements established under the *CPSM General Regulation*.

3.7. Alternate Supervisor's role and responsibilities:

3.7.1. The Primary Supervisor is expected to designate an Alternate Supervisor in accordance with section 8.6 of the *CPSM General Regulation* to assume their role and responsibilities during any period when the Primary Supervisor is unavailable or unable to fully fulfil the role of Primary Supervisor and the CIA or PA is practicing.<sup>16</sup> The role of the designated Alternate Supervisor is described at section 8.13 of the *CPSM General Regulation*:

*8.13(1) The role of a designated alternate supervisor is to assume some or all of the duties and responsibilities of the primary supervisor under the contract when he or she is absent or otherwise unable to act.*

*8.13(2) If an additional or substitute alternate supervisor in a department or program is proposed,*

---

<sup>16</sup> The exception is that responsibility for evaluation of performance and related CPSM reporting obligations cannot be assigned or delegated by the Primary Supervisor.

*(a) the designation of that supervisor must be confirmed in writing by the additional or substitute alternate supervisor and by the physician assistant or clinical assistant by either adding the additional designation to the contract of supervision or entering into a new contract of supervision; and*

*(b) the amendment or the new contract approved by the registrar.*

*8.13(3) If the primary supervisor is absent or unable to act for any reason, he or she must take reasonable steps to ensure that the designated alternate supervisor supervises the physician assistant or clinical assistant.*

- 3.7.2. Only those individuals who have signed the contract of supervision as an Alternate Supervisor may act as an Alternate Supervisor for the CIA or PA.
- 3.7.3. The role and responsibilities of the Primary Supervisor may not be held concurrently by Primary Supervisor and an Alternate Supervisor. Only one Alternate Supervisor may assume the role and responsibilities of Primary Supervisor at any time.
- 3.7.4. Where the Primary Supervisor is unavailable or unable to fully fulfil their supervisory role and no alternate supervising physician is available and designated, the CIA or PA must cease practicing until either:
- 3.7.4.1. the Primary Supervisor can resume their supervisory role; or
  - 3.7.4.2. an alternate supervising physician is designated in accordance with subsection 8.6 of the *CPSM General Regulation*.
- 3.7.5. To be clear, where an Alternate Supervisor assumes the Primary Supervisor's role and responsibilities, they and the CIA or PA are bound by the same terms and conditions as would apply as between the Primary Supervisor and the CIA or PA, including that the Alternate Supervisor will:
- 3.7.5.1. direct and review the work, records, and practice of the CIA or PA on a continuous basis to ensure that appropriate and safe care is provided to each patient cared for by the CIA or PA,
  - 3.7.5.2. always be reasonably available to fulfil their supervisory role when the CIA or PA is practicing.
- 3.7.6. Where an alternate supervisor identifies any concerns about the competence or fitness to practice of the CIA or PA, they must bring them to the attention of Primary Supervisor.

3.7.7. When not acting in their capacity as an Alternate Supervisor, any person who signs the contract of supervision as an Alternate Supervisor will also have authority to act as an Additional Supervisor in a departmental or program setting.

3.8. Additional Supervisor's role and responsibilities (departmental or program setting):

3.8.1. In accordance with subsection 8.8 of the *CPSM General Regulation*, the CIA or PA may provide services under the contract of supervision within an institutional department or program setting if each of the following requirements are met:

- 3.8.1.1. the Primary Supervisor works in the setting,
- 3.8.1.2. at least one of the regulated members who works in the setting has signed the contract of supervision as an Alternate Supervisor, and
- 3.8.1.3. every regulated registrant in the department or program who agrees to supervise the CIA or PA has signed the contract of supervision as an Additional Supervisor.

3.8.2. When working in an institutional departmental or program setting, the CIA or PA may be assigned certain medical duties or undertake medical responsibilities under the supervision of a regulated registrant who works in the setting and is named in the contract of supervision as an Additional Supervisor. When this occurs, the Additional Supervisor will supervise the CIA or PA in relation to the medical services they perform. In this context, the Additional Supervisor will be considered a responsible supervising physician in respect to the work they supervise. However, the Primary Supervisor, or Alternate Supervisor when designated, retains ultimate responsibility for the CIA's or PA's practice. Section 8.8. of the *CPSM General Regulation* provides that:

*8.8 A physician assistant or clinical assistant may provide services within a department or program setting if each of the following requirements is met:*

- (a) one regulated member who works in the setting
  - (i) signs the contract of supervision designating the member as the **primary supervisor**, and*
  - (ii) **agrees to be responsible for the physician assistant or clinical assistant even when the assistant is acting under the immediate supervision of any other regulated member in the setting who has signed the contract of supervision**".**

*(emphasis added)*

- 3.8.3. Ultimately responsibility, as referred to under section 8.8. of the *CPSM General Regulation*, concerns direction and oversight of the CIA or PA's practice and performance. Part of this responsibility requires that the Primary Supervisor, or a designated Alternate Supervisor reasonably satisfy themselves that the CIA or PA is appropriately taking direction and is being adequately observed in their professional practice in accordance with the approved practice description and contract of supervision.
- 3.8.4. In accordance with the general duties of all supervisors, the CIA or PA may perform medical functions that are within the scope of their practice description and the scope of the Additional Supervisor's practice when acting under the supervision of the Additional Supervisor.
- 3.8.5. Where an Additional Supervisor identifies any concerns about the competence or fitness to practice of a CIA or PA, they must bring them to the attention of Primary Supervisor.
- 3.9. Information sharing:
- 3.9.1. Contracts of supervision are to include appropriate information and confidentiality provisions. This includes the following:
- 3.9.1.1. All supervisors named in a contract of supervision are expected to speak to each other freely and to exchange any information relevant to the CIA's or PA's work and in particular the Clinical Assistant's workload and ability to manage that workload. Any supervisor named in a contract of supervision would also be expected to communicate such information to the Medical Director or Chief Medical Officer of the Regional Health Authority where they work, if applicable.
  - 3.9.1.2. CIAs and PA are expected to notify Primary Supervisors of any investigation or proceeding related to their conduct, competence, or fitness to practice that is initiated by CPSM or any other body with statutory authority to regulate a health profession in Manitoba or Canada or elsewhere. Notice must be provided within ten (10) days of the initiation of the investigation or proceeding.
  - 3.9.1.3. Primary Supervisors and Alternate supervisors are expected to promptly notify CPSM if they are permanently unable to fulfil their supervisory role under a contract of supervision.
  - 3.9.1.4. PAs and CIAs are expected to promptly notify CPSM if they cease to practice at a listed practice location.

### 3.10. Termination of contract of supervision:

- 3.10.1. Contracts of supervision may be terminated by either the Primary Supervisor or the CIA or PA by giving thirty (30) days' notice of the fact in writing to the other and to CPSM. Contracts of supervision can be otherwise cancelled in accordance with subsection 8.16(1) of the *CPSM General Regulation*. Upon termination of the contract of supervision, the Primary Supervisor and CIA or PA must advise CPSM of the circumstances which led to termination.
- 3.10.2. Those named in a contract of supervision as an Alternate Supervisor, or an Additional Supervisor may have their name removed by giving thirty (30) days' notice of the fact in writing to both the Primary Supervisor and to CPSM.
- 3.10.3. Under subsection 8.16(1) of the *CPSM General Regulation*, a contract of supervision is automatically cancelled if the Primary Supervisor is unable to fulfil their role and responsibilities under the contract and none of the designated Alternate Supervisors can fulfil their responsibilities under the contract.
- 3.10.4. The Registrar further has discretion to cancel a contract of supervision if one or more of its terms are breached.
- 3.10.5. In the event a CIA or PA can no longer work at the practice location(s) listed in a contract of supervision, for example due to loss of employment, the Primary Supervisor or Alternate Supervisor would consequently no longer be able to fulfil their supervisory role at the listed practice location(s) and therefore the contract would be cancelled. Thus, employment issues can have implications respecting the ability of the parties to fulfil the terms of a contract of supervision.

### 3.11. Breach of contract of supervision:

- 3.11.1. Breach of a contract of Supervision may result in the following:
  - 3.11.1.1. the imposition of conditions on the CIA's or PA's certificate of practice by the Registrar,
  - 3.11.1.2. removal of an Alternate Supervisor or Additional Supervisor from the contract of supervision, or
  - 3.11.1.3. cancellation of the contract of supervision.

**4. Title restrictions:**

4.1. Part 6 of the *CPSM General Regulation* establishes title restrictions for registrants.

4.1.1. For PAs, section 6.8. of the *CPSM General Regulation* provides:

*6.8(1) A member who is registered in any physician assistant membership class (including the physician assistant (retired) class) is permitted to use the title "physician assistant" and the abbreviation "PA" or any variation of them or equivalent in another language.*

*6.8(2) No person — other than a member described in subsection (1) — shall use the title or abbreviation described in that subsection or any variation of them or the equivalent in another language alone or in combination with other words in a manner that states or implies that the person is a physician assistant.*

4.1.2. For CIAs, section 6.9. of the *CPSM General Regulation* provides:

*6.9(1) A member who is registered in any clinical assistant membership class (including the clinical assistant (retired) class) is permitted to use the title "clinical assistant" and the abbreviation "Cl. A." or any variation of them or equivalent in another language.*

*6.9(2) No person — other than a member who is registered in a clinical assistant membership class — shall use any titles or abbreviations listed in subsection (1) or any variation of them or the equivalent in another language alone or in combination with other words in a manner that states or implies that the person is a clinical assistant.*

**5. Performance of reserved acts and delegation of reserved acts:**

5.1. Reserved acts are listed at section 4 of the RHPA. Subsection 5.20(1) of the *CPSM General Regulation* restricts CIAs and PAs to performing only those reserved acts they are authorized to perform by their practice supervisor where the practice supervisor is legally permitted and competent to perform the reserved act.<sup>17</sup>

---

<sup>17</sup> See s. 4, 5 and 6 of the RHPA and s. 6 of the *CPSM Practice of Medicine Regulation* which govern the performance of reserved acts and the delegation of the performance of reserved acts.



## 5.2. Delegation:

- 5.2.1. Delegation by a regulated health professional allows the recipient of the delegation to perform a reserved act they would not otherwise be permitted to perform under the RHPA. Delegation is a regulated process under the RHPA and requires assessment and monitoring on the part of the delegator.<sup>18</sup> Pursuant to ss. 5.16(1) of the *CPSM General Regulation*, CIAs and PAs are not permitted to delegate reserved acts.
- 5.2.2. A PA may provide direct, onsite supervision for a PA student in accordance with section 5.19 of the *CPSM General Regulation* if they themselves are legally permitted and competent to perform the reserved act. This is not equivalent to delegation.

## 5.3. Prescribing Drugs or Vaccines

- 5.3.1. When involved in prescribing, CIAs and PAs must comply with all relevant CPSM Standards of Practice and Practice descriptions as well as ss. 5.8(3) and ss. 5.12 of the *CPSM General Regulation*.
- 5.3.2. Section 5.12 of the *CPSM General Regulation* provides for specific restrictions on prescribing a drug of vaccine by a CIA or PA:

*5.12(1) A physician assistant or clinical assistant may prescribe a drug or vaccine only if*

- (a) his or her supervisor has determined that the assistant is qualified to prescribe that drug or vaccine; and*  
*(b) the prescribing is done in accordance with the assistant's practice description.*

*5.12(2) A prescription issued by a physician assistant or a clinical assistant must include*

- (a) his or her name and the designation "PA" or "Cl. A", as the case may be;*  
*(b) the name of his or her supervising physician;<sup>19</sup>*

---

<sup>18</sup> Delegation differs from collaboration or authorization. For example, a CIA or PA can write an order to another health care professional requesting that person perform a reserved act. However, for the recipient of the order to perform that act, they would have to be entitled to do so in their own right under the RHPA. In this scenario, the recipient is being asked to do something they can do; it is not a delegation.

<sup>19</sup> Prescriptions prepared by CIAs or PAs must include the name of the responsible supervising physician respecting the care provided to the specific patient. It is noted that in some institutional scenarios, the 'responsible supervising physician' may not be the physician who is considered the 'most responsible physician' for that patient's care (e.g., the admitting physician/MRP).

*(c) his or her telephone or paging number; and*

*(d) one or more of the following:*

*(i) the patient's clinical indication,*

*(ii) the patient's diagnosis,*

*(iii) the treatment goal for the patient.*

5.3.3. Prescribing M3P schedule drugs adds additional requirements. CIAs and PAs can only prescribe M3P drugs when they are both expressly authorized to do so by:

5.3.3.1. the Registrar as part of their Practice Description, and

5.3.3.2. in accordance with section 5.12 of the *CPSM General Regulation*.

5.3.4. M3P prescription contents are strictly regulated, including in terms of required contents. Section 5.8 of the *CPSM General Regulation* provides:

*5.8(1) A member who is authorized under the Controlled Drugs and Substances Act (Canada) to prescribe the drugs listed on the M3P schedule must*

*(a) use an approved form to issue the prescription; and*

*(b) prescribe only one drug on each form.*

*5.8(2) The prescription must*

*(a) include the patient's name, address, date of birth and personal health information number on the approved form;*

*(b) clearly and accurately set out the name and dosage form of the drug, the quantity to be dispensed, and the directions for use, including the intervals at which the drug is to be taken; and*

*(c) be dated and signed by the member.*

*5.8(3) Subject to the regulations under the Controlled Drugs and Substances Act (Canada) and section 5.12 of this regulation, physician assistants and clinical assistants are not authorized to prescribe drugs listed on the M3P schedule.*

5.3.5. The Registrar will only consider authorizing M3P prescribing by CIAs and PAs in departmental or program practice settings that are within an institutional practice setting.

**6. Collaborative care:**

6.1. Depending on the wording of the practice description, participating in team-based or collaborative care is generally acceptable and encouraged. The work in this sense would be considered collaborative rather than a supervisory relationship. It remains the case that the CIA or PA would be required to be under supervision by a responsible supervising physician in accordance with the terms of their contract of supervision while practicing.<sup>20</sup>

**7. Continuing professional development**

- 7.1. CIAs and PAs must remain current in their area of practice, including through compliance with:
- 7.1.1. the performance and evaluation provisions of their practice description, and
  - 7.1.2. Part 10 of the *CPSM General Regulation* and the Continuing Professional Development Practice Direction.

---

<sup>20</sup> For example, a PA working in a health care facility under the remote supervision of their Primary Supervisor can work with other physicians or allied health care providers in that setting in a collaborative way. Physicians who are not named as supervisors in the contract of supervision are not able to act as their “responsible supervising physician”.