Frequently Asked Questions (FAQ)
Clinical and Physician Assistants

1) Can a PA/ClA practice if they work with a group of rotating physicians and have no primary supervising physician?

The simple answer is no. A PA/ClA must always have a Designated Primary Supervisor. A PA/ClA is only permitted to practice when under the supervision of a Primary or Alternate Supervisor. The Designated Primary OR Designated Alternative Supervisor must be available to fulfill their supervisory role at all times when the PA/ClA is practicing, even when the PA/ClA is practicing under the supervision of an Additional Supervisor in a departmental or program setting.

2) If a PA/ClA is required to see patients in the patients' homes, how should that be indicated on the CoS?

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. The CoS would need to include the practice location(s) out of which the PA/ClA is working. For example, this could be the primary practice location of the Primary Supervisor. The Practice Description would need to clearly describe the nature of home visits and how often they occur.

3) Is the need for 8 hours of on-site supervision per month decreased if the PA/ClA has a low EFT or casual position?

In exceptional circumstances, the Registrar may reduce the number of hours required for on-site supervision. This may occur, for example, where the PA/ClA is working under multiple similar CoSs. However, the general rule is that a minimum of 8 hours on site supervision will be required.

4) Will all the PA/ClAs be placed at the beginning of the "Evaluation and Performance" timeline when they are transitioned to the new CoS?

No. If a PA/ClA is working under the same Practice Description with the same supervisor(s), the transition to the new CoS alone should not impact the assistant's position on the reporting schedule.

5) What is this reporting schedule based upon?

The College now requires regular reporting from Designated Primary Supervisors respecting the practice of a PA/ClA. This is considered an important means for oversight of the supervisory relationship between the PA/ClA and the Primary Supervisor over time. A template for reporting is available on the College website, though the Primary Supervisor may develop their own format that is satisfactory to the Registrar. The College's template follows CanMeds competencies. The specific reporting schedule is based on the format used for other classes of registration regulated by CPSM and has proven satisfactory.

6) Can PA/ClAs access their "Evaluation and Performance review?

It is expected that the Primary Supervisor will share and review evaluations with the PA/ClA. This is an important aspect of continuing professional development. A notation from both the Primary Supervisor and the PA/ClA should be entered on the evaluation to indicate a review took place prior to submission of the report to the College. This notation should include whether consensus was reached on the comments made in the evaluation.

7) If a PA/ClA has a new Primary Supervisor, but same Practice Description, will the PA/ClA be placed at the start of the "Evaluation and Performance" timeline?

One important aspect of the performance evaluation is that the Primary Supervisor will gain insight into the PA/ClA's level of skill, knowledge and judgment. Therefore, the full extent of evaluation will generally be required. However, the Registrar may grant a request for reduced evaluation in exceptional circumstances based on a written request from the Primary Supervisor and PA/ClA.

8) Will there be a section in the new Practice Description outlining training periods for new PA/ClAs?

It is the intent that the Primary Supervisor will be responsible for training PA/ClAs starting in new program. That is why the evaluation requirements are every month for the first three months.

9) Are the workload and expectations of PA/ClAs documented?

In general, expectations, including related to workload, must be described in the Practice Description. All members are reminded they must comply with the 'Volume of Service' standard at Schedule I to the College's Standards of Practice of Medicine.

10) Is there a process for the PA/ClA to evaluate Supervising Physician(s)?

There is no formal evaluation process for supervisors by the PA/ClA. However, the College expects supervisors to strictly comply with the CoS and Practice Description. Concerns in this regard should be brought to the attention of the relevant supervisor or the Primary Supervisor by the PA/ClA. Significant concerns may also be reported to the College. Members are reminded of the overarching reporting obligations in this regard. The College may consider an evaluation process for supervisors by the PA/ClA in future.

11) If the PA/ClA is hired into a half time EFT, should "Evaluation and Performance" reviews be on a monthly basis?

Yes, unless permission to deviate is obtained by CPSM.

12) Can a PA/ClA engage in their professional practice outside the scope of the practice description at the request of a responsible supervising member?

No, all areas of work need to be included on the Practice Description. The Practice Description could be broadened to include potential areas of work. Such amendment would require approval from the Registrar. Alternatively, two CoS's may be created.

13) If a PA/ClA is certified in ACLS/ATLS, etc. and their Supervising Physician is not, can they practice those skills?

No. The responsible supervising physician must be competent to perform the medical function they are supervising.

14) Can a PA/ClA decline to add an Alternate/Additional Supervisor to their CoS?

All parties must be in agreement with respect to the Contract of Supervision. A PA/ClA may refuse to enter into a CoS with a specific supervisor. The employment ramifications of such a decision are not relevant to the College.

15) Can a PA delegate reserved acts?

No, they cannot.

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. PAs/ClAs are not permitted to delegate reserved acts.

Per subsection 5.16(1) of the College's General Regulation, a regulated associate member — *other than an assessment candidate member or an educational (resident) or (resident-limited) member* — must not delegate the performance of a reserved act.

A PA/ClA may perform a reserved act only if the PA/ClA receives authorization from their supervisor to perform the reserved act and is supervised by a regulated member who is legally permitted and competent to perform the reserved act.

A PA may provide direct, onsite supervision for a PA student in accordance with section 5.19 of the College's General Regulation if they themselves are legally permitted and competent to perform the reserved act. This is not equivalent to delegation.

Delegation is different from collaboration and/or authorization in a health care setting. For example, a PA/ClA can write an order to another health care professional, for example a nurse, requesting that person to 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.

It is noted in this context that the registered nurse regulation under RHPA does not permit registered nurses to delegate the performance of any of their reserved acts to any other regulated profession nor can registered nurses accept delegations from any other regulated profession including physicians. If the task or skill is within the nurse's own scope of practice, then delegation is not required. For more information, see DELEGATION by PHYSICIANS Under the Regulated Health Professions Act.

16) Does professional practice refer to non-medical functions (e.g. administrative functions such as billing)?

The scope of the PA/ClA's professional practice for the purpose of the CoS and the Practice Description is detailed in the applicable Practice Description. This includes functions that involve an exercise of medical skill, knowledge and judgment. Strictly administrative tasks or other non-medical functions would be considered separate employment issues about which the College is not concerned vis-à-vis the Practice Description.

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

No.

18) Who is responsible for submitting changes to the CoS, the Primary Supervisor or the PA/ClA?

It is the responsibility of both. It should be a collaborative exercise.

19) Does the CoS need to be received by CPSM before the PA/ClA can work with a new physician?

Yes. It can be signed electronically to make the process more efficient. The CoS and Practice Description must be approved by the Registrar before the PA/ClA can commence practice.

20) If a family medicine HMO is working in an acute care setting, is the PA/ClA bound by the HMOs professional practice or by the PA/ClA's

The PA/ClA is bound in their professional practice by the following, in hierarchical order:

1. their approved CoS and Practice Description; and
2. the professional practice of the responsible supervising physician.

In a departmental or program setting, sometimes the PA/ClA will be working under multiple responsible supervising physicians concurrently, for example a Designated Primary Supervisor and one or more Additional Supervisors. When this occurs, the PA/ClA can practice to the extent of the scope of their Primary Supervisor's professional practice and the work they do in that respect would be considered supervised by the Primary Supervisor. In this scenario, the Primary Supervisor is the responsible supervising physician for the medical function being performed.

The ClA would also be able to perform medical functions under the supervision of an Additional Supervisor (e.g. and HMO) to the extent of the additional supervisor's scope of practice. When they do, the Additional Supervisor in the responsible supervising physician respecting the specific medical function.