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**SCHEDULE A**

**PRACTICE DESCRIPTION – NON-INSTITUTIONAL SETTING – FAMILY PRACTICE**

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AREAS HIGHLIGHTED IN GREEN ARE FOR GUIDANCE IN COMPLETING THIS DOCUMENT. THESE AREAS WILL BE DELETED BY COLLEGE STAFF WHEN THE DOCUMENT IS IN ITS FINAL FORM.

AMEND/MODIFY AREAS HIGHLIGHTED IN YELLOW AS APPROPRIATE – ENSURE ALL CONTENT YOU ADD IS HIGHLIGHTED IN BLUE SO THE REGISTRAR CAN EASILY IDENTIFY CHANGES

DO NOT CHANGE OR DELETE CONTENT THAT IS NOT HIGHLIGHTED WITHOUT PRIOR WRITTEN APPROVAL FROM THE COLLEGE

Physician Assistant: INSERT NAME (hereinafter "Physician Assistant")
Designated Primary Supervisor: INSERT NAME
Date Practice Description approved by Registrar: [Insert date]
Practice Location(s): INSERT PRACTICE LOCATION(S)

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**Contents**



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Be advised that nothing in this document limits the standards set out in the Standards of Practice of Medicine or Code of Ethics, nor could anything in this document limit those standards.

This Practice Description is limited by and must be read in accordance with the Contract of Supervision. Physician Assistant's professional practice as described herein at paragraphs 1 to 4 is further limited by paragraph 5 of this Practice Description, which relates to 'Levels of Competence'.

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**SCHEDULE A**

For the purpose of this Practice Description, the supervisor immediately responsible for supervising Physician Assistant in accordance with the Contract of Supervision will be referred to as the **'responsible supervising physician'** (see paragraphs 2 and 4 of the Contract of Supervision).

## 1. Overview of the Practice Setting

[INSERT NAME OF PRACTICE SETTING] provides [INSERT TYPE OF MEDICAL SERVICES PROVIDED].

The patient population is derived primarily from [INSERT MUNICIPALITY] and surrounding communities.

[INSERT A DETAILED DESCRIPTION OF THE PRACTICE SETTING IN WHICH THE PHYSICIAN ASSISTANT WILL BE ENGAGED IN THEIR PROFESSIONAL PRACTICE. INCLUDE THE FOLLOWING:

- WHETHER THE SETTING IS INSTITUTIONAL OR NON-INSTITUTIONAL;
- WHETHER THE SETTING IS A DEPARTMENTAL OR PROGRAM SETTING;
- WHETHER THE SETTING IS A SOLO OR GROUP FAMILY PRACTICE CLINIC;
- A REASONABLE APPROXIMATION OF THE TYPICAL NUMBER OF PATIENTS SEEN IN THE PRACTICE SETTING; AND
- INFORMATION ABOUT OTHER HEALTH CARE PROFESSIONALS PRESENT IN THE PRACTICE SETTING.]

[INSERT ADDITIONAL DEMOGRAPHICS TO FURTHER DESCRIBE THE CLINIC SETTING AS RELEVANT]

## 2. Professional Practice of Physician Assistant

### 2.1. Description of the Physician Assistant's anticipated scope of professional practice:

Physician Assistant is only permitted to practice under the supervision and direction of a responsible supervising physician. Physician Assistant will not be the most responsible physician in respect to the care of any patient.

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Working under the direction of the responsible supervising physician, the principal responsibilities of Physician Assistant may include:

- conducting patient interviews;
- taking medical histories;
- performing physical examinations;
- ordering and interpreting tests;
- diagnosing and treating illness;
- performing approved procedures;
- developing management plans; and
- counselling on preventative health care.

Physician Assistant will work with the responsible supervising physician to ensure that all aspects of the care provided are clinically indicated and in keeping with best practice guidelines.

Throughout their career, Physician Assistant will also take part in quality improvement initiatives, policy development, education, research, health advocacy, professional development, and leadership opportunities.

Physician Assistant will [not (delete if not applicable)] be permitted to prescribe and/or order drugs in their professional practice.

[INSERT A SUMMARY DESCRIPTION OF ANY OTHER ASPECT OF THE PHYSICIAN ASSISTANT'S ANTICIPATED SCOPE OF PROFESSIONAL PRACTICE AND THE TYPE OF WORK THEY WILL BE DOING NOT INCLUDED ABOVE – THIS NEED ONLY BE A SUMMARY AS MORE DETAILS ARE REQUIRED IN OTHER SECTIONS BELOW – PROCEDURES ASSISTANT IS EXPECT TO PERFORM IS DEALT WITH BELOW]

### 2.2. Retention of Medical Records

Primary Supervisor will be responsible for ensuring the College's medical records retention standards are complied with respecting all medical records used or created by Physician Assistant when they are practicing under this Practice Description. Where Physician Assistant is under the supervision of an alternate or additional supervisor, this may be accomplished by Primary Supervisor satisfying themselves the responsible supervising physician has taken on this responsibility.

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### 2.3. Permitted Reserved Acts

[DELETE ALL THOSE RESERVED ACTS LISTED UNDER THIS PARAGRAPH THAT ARE NOT TO BE INCLUDED IN PHYSICIAN ASSISTANT'S ANTICIPATED SCOPE OF PRACTICE.]

Physician Assistant may perform the following reserved acts, but only in accordance with the Contract of Supervision and this Practice Direction, including that they may only do so when it is safe and appropriate, and they are competent:

- Making a diagnosis and communicating it to an individual or their personal representative in circumstances in which it is reasonably foreseeable that the individual or representative will rely on the diagnosis to make a decision about the individual's health care.
- Ordering or receiving reports of screening or diagnostic tests.
- Performing a procedure on tissue
    - below the dermis;
    - below the surface of a mucous membrane;
    - on or below the surface of the cornea; or
    - on or below the surface of a tooth or dental implant, including the scaling of a tooth or dental implant.
- Inserting or removing an instrument or a device, hand or finger
- into the external ear canal;
    - beyond the point in the nasal passages where they normally narrow;
    - beyond the pharynx;
    - beyond the opening of the urethra;
    - beyond the labia majora;
    - beyond the anal verge; or
    - into an artificial opening in the body.
- Administering a substance
    - by injection;
    - by inhalation;
    - by mechanical ventilation;
    - by irrigation;
    - by enteral instillation or parenteral instillation;
    - by transfusion; or

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**SCHEDULE A**

  - using a hyperbaric chamber.
- Prescribing a drug or vaccine.
- Administering a drug or vaccine by any method.
- Applying or ordering the application of
  - ultrasound for diagnostic or imaging purposes, including any application of ultrasound to a fetus;
  - electricity for
    - aversive conditioning,
    - cardiac pacemaker therapy,
    - cardioversion,
    - defibrillation,
    - electrocoagulation,
    - electroconvulsive shock therapy,
    - electromyography,
    - fulguration,
    - nerve conduction studies, or
    - transcutaneous cardiac pacing;
  - electromagnetism for magnetic resonance imaging;
  - other non-ionizing radiation for the purpose of cutting or destroying tissue or medical imagery;
  - X-rays or other ionizing radiation for diagnostic, imaging or therapeutic purposes, including computerized axial tomography, positron emission tomography and radiation therapy;
  - any other use of a form of energy listed in clauses (a) to (e), if the use is specified by regulation; or
  - any other form of energy that is specified by regulation.
- In relation to a therapeutic diet that is administered by enteral instillation or parenteral instillation,
  - selecting ingredients for the diet; or
  - compounding or administering the diet.
- Setting or casting a fracture of a bone or a dislocation of a joint.
- Putting into the external ear canal, up to the eardrum, a substance that
  - is under pressure; or
  - subsequently solidifies.
- Managing labour or the delivery of a baby.
- Prescribing, dispensing or fitting a wearable hearing instrument.
- Prescribing, dispensing or verifying a vision appliance.

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**SCHEDULE A**

- Fitting a contact lens.
- Prescribing, dispensing or fitting a dental appliance.
- Performing a psycho-social intervention with an expectation of modifying a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs judgment, behaviour, the capacity to recognize reality, or the ability to meet the ordinary demands of life.
- In relation to allergies,
    - performing challenge testing by any method; or
    - performing desensitizing treatment by any method.

### 2.4. History Taking

When taking a history, Physician Assistant will be expected to obtain a comprehensive and relevant medical history based upon standard format. History taking will comply with prevailing professional standards, including those set out in the College's published Standards. The history will include the following components as applicable:

- Appropriate demographic information (e.g. name, gender, ethnicity, date of birth, language, etc.);
- Presenting complaint or reason for visit (e.g. illness onset and duration, provoking and alleviating factors, quality of pain, radiation of pain, severity of pain, timing and progression, quality of life, pattern of occurrence);
- Appropriate social history as required (e.g. living arrangements, marital status, sexual orientation, employment and occupation, smoking, alcohol and recreational drug use, sexual history, diet, stressors, legal involvement, etc.);
- Pertinent medical history, including family medical history;
- A review of systems as required, possibly documenting problems involving the following (this list is not all-inclusive):
    - Changes in weight, loss of appetite, fever, chills, fatigue, night sweats, etc.;
    - Head and neck, including:
        - headache, dizziness, light-headedness,
        - eyes (e.g. visual changes, visual field deficits, dry eyes, excessive tearing, red eyes, pain),
        - ears (e.g. tinnitus, vertigo, hearing loss, earaches, discharge),
        - nose (e.g. epistaxis, stuffiness, rhinitis, nasal pain, obstruction),

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- throat (e.g. chewing, dysphonia, pain, dysphagia),
- mouth (e.g. dental disease, dry mouth),
- Neck (e.g. swollen glands, lumps, goiter);

- Respiration (e.g. cough, smoking history, sputum production, wheeze, dyspnea, exercise tolerance, hemoptysis, pleural pain);
- Chest pain, including quality, quantity, location, temporal relationships, aggravating and alleviating factors;
- Cardiovascular (e.g. chest pain, dyspnea, orthopnea, paroxysmal nocturnal dyspnea, edema, palpitations, syncope, claudication);
- Gastrointestinal (e.g. dysphagia, gastrointestinal reflux disease, abdominal pain, nausea, diarrhea, vomiting, changes in bowels);
- Abdomen, including pain, bowel habits, appetite, nausea, vomiting;
- Genitourinary tract (e.g. urinary frequency, dysuria, incontinence, urethral discharge, vaginal discharge or bleeding, menstrual history, pregnancy and sexual dysfunction);
- Endocrine (e.g. polydipsia, polyuria, skin/hair/nail changes, hot or cold intolerances);
- Musculoskeletal system (e.g. joint, bone, or muscle pain or inflammation);
- Dermatological (e.g. distribution, periodicity, and character of rashes, nodules, lumps, sores, pruritus, lymph node enlargement, ulcerations and soft tissue infections, and skin har or nail changes);
- Breasts (e.g. lumps, pain, nipple discharge, skin changes);
- Psychiatry (e.g. mood, sleep, anxiety, depression, anger, grief, stress); and
- Hematology (easy bruising, prolonged bleeding);

- Medications and allergies; and/or
- Any other areas as appropriate in the clinical circumstance.

[INSERT ANY OTHER EXPECTATIONS FOR THE ASSISTANT RESPECTING HISTORY TAKING]

### 2.5. Physical Examination Expectations

DELETE ALL ASPECTS OF PHYSICAL EXAMINATIONS IN THIS PARAGRAPH THAT ARE NOT ANTICIPTATED TO FALL UNDER PHYSICIAN ASSISTANTS SCOPE OF PRACTICE

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**SCHEDULE A**

Physical examination may include the following elements, if relevant:

**2.5.1.** The Head and Neck Exam:

- **a.** Cranial nerve examination (see 2.5.6).
- **b.** Otoscopy examination of the external auditory canals, tympanic membranes and Weber/Rinne testing. Dix-Hall-Pike and Eply maneuvering as needed.
- **c.** Eye exam assessing the sclera, conjunctivae, extra-ocular movements, fundoscopy and eyelid lesions.
- **d.** Oropharyngeal exam noting presence and location of lesions, infections, periodontal changes, vascular changes, growths and obstructions.
- **e.** Nasal examination noting patent meatus, turbinate size, polyps, vascular changes or infection and sinus tenderness (maxillary, frontal, ethmoid, sphenoid).
- **f.** Lymph node examination noting bidimensional size, mobility, texture, number and location (preauricular, post-auricular, occipital, anterior cervical, posterior, cervical, submandibular, submental, supraclavicular, and infraclavicular).
- **g.** Neck vein exam including jugular venous pressure (with patient inclined at 45 °), and presence or absence of the hepatojugular reflux.
- **h.** Carotid artery exam noting presence or absence of bruits and character of the pulse.
- **i.** Scalp examination including examination of the temporal arteries and skin (see 2.5.5).

**2.5.2.** The Cardiorespiratory Exam:

- **a.** Examination of the respiratory rate noting difficulty breathing, increased work of breathing, difficulty speaking, and audible stridor or wheezing.
- **b.** Examination of the heart rate noting regularity or irregularity and type.
- **c.** Cardiac exam with a stethoscope noting the heart sounds; the presence or absence, location, intensity, and radiation of murmurs; presence or absence of an $S_3$ or $S_4$; and correlation with the neck vein examination.

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**SCHEDULE A**

**d.** Examination of the tracheal position.

**e.** Examination of the carotid, radial, ulnar, brachial, femoral, posterior tibialis and dorsal pedis pulses, noting presence and strength.

**f.** Lower respiratory tract exam with stethoscope noting breath sounds over the bronchopulmonary segments (including apical, anterior, and posterior segments of the upper lobes; the medial and lateral segments of the right middle lobe; the superior, medical basal, lateral basal, anterobasal segments of the lower lobes; and the lingula); areas of percussion dullness, and areas of increased or decreased tactile fremitus.

**2.5.3.** The Abdominal Exam:

**a.** Presence or absence and character of bowel sounds.

**b.** Presence and location of abdominal pain noting presence or absence of signs of peritonitis and labelled per quadrant identified.

**c.** Noting hepatic span in centimetres measured in the right midclavicular line from the costal limit of dullness anteriorly to the palpable lower edge of the liver.

**d.** Splenic enlargement detected by palpating the splenic tip in the left upper quadrant and noting its estimated size in centimetres from the lower left costal margin to the palpable lower edge of the spleen.

**e.** Presence or absence of flank tenderness on palpation.

**f.** Presence or absence of costovertebral angle tenderness on percussion.

**g.** Presence or absence of abdominal masses or hernias.

**h.** Examination of the abdominal aorta and measurements.

**2.5.4.** The Musculoskeletal Exam:

**a.** Presence or absence of focally tender joints noting swelling, pains, erythema, and heat associated with the affected area.

**b.** Presence or absence of focal tenderness along the vertebral column.

**c.** Gait examination.

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**SCHEDULE A**

**d.** Flexibility of all joints on passive and active movement including neck; shoulder; elbow; wrists; proximal and distal interphalangeal joints of the hands and feet; vertebral column; hip joints; knee joints; and ankle joints.

**e.** MSK Strength; Isolated Myotomes to be rated on a scale of strength out of 5:

i. C5 - Shoulder abduction
ii. C6 - Elbow flexion/wrist extension
iii. C7 - Elbow extension/wrist flexion
iv. C8 - Finger flexion
v. T1 - Finger abduction
vi. L2 - Hip flexion
vii. L3 - Knee extension
viii. L4 - Ankle dorsiflexion
ix. L5 - Toe extension

**2.5.5.** The Dermatological Exam:

**a.** Skin examination should be initiated as a macro approach with full visualization of the affected area.

**b.** Skin rashes and lesions should be characterized as macular, popular, maculopapular, plaque, patch, nodule, pustular or vesicular (bullous).

**c.** Skin rashes and lesions should be described by anatomic location.

**d.** Patient skin history, family history, sun exposure and immune status should be taken into account for the assessment of the lesion(s).

**e.** Skin lesions should be assessed to determine differential cause including cancer, infection, inflammation, histamine mediated, or genetic. Dermoscopy can be used to aid in diagnosis with appropriate training. Woods Lamp examination can be used to aid in diagnosis with appropriate training.

**f.** Hair examinations should include visualization of the hair shaft, blood vessels, follicular openings, scalp skin surface, and hair type (vellus vs terminal). Trichoscopy can be used to aid in diagnosis with appropriate training.

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**g.** Nail examination should include visualization of the nail matrix, cuticle, lunula, nail plate, and lateral nail folds and distal nail edges. Onychoscopy can be used to aid in diagnosis with appropriate training.

**2.5.6.** The Neurological Exam:

**a.** Cognitive function should be assessed with the respect to level of consciousness, as characterized by the Glasgow Coma Scale, and orientation. If applicable, administration of standardized cognitive assessment testing or questionnaires as relevant, including but not limited to the mini mental state examination (MMSE), Montreal cognitive assessment (MoCA), Trails A, Trails B and the Screen for the Identification of Cognitively Impaired Medically at-risk Drivers, a Modification of the DemTect (SIMARD MD) tests.

**b.** Cranial nerve assessment:

i. CN1 history of olfactory abnormalities.
ii. CN2 light, perception, pupillary reflexes, history of visual abnormalities, and visual field exam.
iii. CN3 extraocular eye movements noting lateral, vertical, and diagonal gaze.
iv. CN4 extraocular eye movements noting lateral, vertical, and diagonal gaze.
v. CN5 noting corneal reflexes and facial sensation.
vi. CN6 extraocular eye movements noting lateral, vertical and diagonal gaze.
vii. CN7 noting forehead and eyebrow muscle movement.
viii. CN8 auditory and balance functions.
ix. CN9 noting gag reflex and swallowing function.
x. CN10 noting gag reflex and swallowing function.
xi. CN 11 noting shoulder movement.
xii. CN12 noting tongue movement

**c.** Gait disturbances

**d.** Deep tendon reflexes

i. Biceps (C5/C6)
ii. Triceps (C7/C8)
iii. Brachioradialis (C6/C7)

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iv. Patellar (L3/L4)
v. Achilles (S1)

**e.** Sensory function by light touch, pinprick, vibration and position.
i. C5-T1 Dermatomes
ii. L2-S1 Dermatomes

**f.** Specialized CNS testing:
i. Rhomberg
ii. Babinski
iii. Kernig/Brudzinksi
iv. Pronator drift
v. Rapid-alternating-movement
vi. Point to point
vii. Toe raise
viii. Clonus
ix. Tinels

**2.5.7.** The Geriatric Exam:

**a.** Acute weight loss or gain.
**b.** Acute height loss.
**c.** Vital signs including blood pressure, heart rate, oxygen saturation, respiration rate and orthostatic vitals.
**d.** Focused visual examination on acuity and peripheral vision noting pupil size discrepancy and cataracts.
**e.** Focused hearing examination focusing on acute or worsening hearing loss, and cerumen impaction.
**f.** Focused dental examination for periodontal disease, dentures, dryness, odour and malignancy.
**g.** Focused gait examination and falls risk assessment.
**h.** Focused geriatric special testing such as 'get-up-and-go'.
**i.** Geriatric cognitive assessment, and geriatric depression scale.
**j.** Focused driving fitness examination.
**k.** Focused ADL/iADL examination.
**l.** End of life discussions and advanced care planning.
**m.** All other examinations as reported in part 2.5 aside from 2.5.12

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**2.5.8.** The Breast Exam:

- **a.** Inspection of both breasts with patient sitting and hands on thighs, hips, above the head and with the patient leaning forward.
- **b.** Inspection of both breast sizes, symmetry, shape and colour, noting inflammation, erythema, peau d'orange, abnormal vascularity, thickening or puckering.
- **c.** Inspection of both nipples noting size, symmetry, skin changes, discharge, inversion or supernumerary.
- **d.** Palpation of both breasts entirely.
- **e.** Palpation of the axillary, infraclavicular, and supraclavicular lymph node systems.

**2.5.9.** The Gynecological Exam:

- **a.** Inspection of the external genitalia including the mons pubis, labia, perineum and perianal area, assessing for lesions, infections and anatomical changes.
- **b.** Speculum examination of the vagina and cervix including the procedures of PAP testing, endocervical swabbing, vaginal wall swabbing, perianal swabbing and IUD insertions and removals. KOH testing and PH testing can be used to aid in diagnosis as indicated.
- **c.** Palpation of external and internal genitalia, with attention to the Bartholin's glands for cysts or infection, Introits for cystocele or rectocele and vaginal anatomy for pelvic floor prolapse, cervical motion tenderness, uterine enlargement or tenderness and adnexal tenderness or masses.

**2.5.10.** The Lymphatic Exam

- **a.** As per 2.5.1 vi) and axillary, inguinal lymph nodes, liver and spleen.

**2.5.11.** The Obstetric Exam:

- **a.** As per 2.5.8 and 2.5.9
- **b.** Symphysis-Fundal height
- **c.** Doppler examination for fetal heart rate
- **d.** Leopold's Maneuvers

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**SCHEDULE A**

**2.5.12.** The Pediatric Exam

- **a.** Weight and Height for all ages.
- **b.** Vital signs including blood pressure, heart rate, oxygen saturation, respiration rate for all ages.
- **c.** Neonatal examinations would additionally include:
  - i. Head circumference for growth curves in addition to weight and height.
  - ii. HEENT examination noting macrocephaly, microcephaly, dolicocephaly, brachiocephaly and skull symmetry. It will also include skull suture line assessment and assessment of the fontanelles.
  - iii. Eye examinations will include lid, sclera, iris, pupil, pebral fissures, fundoscopy, red reflex, and corneal reflex.
  - iv. Ear examinations will include position, shape and features of ears, and tympanic membranes.
  - v. Nose examinations will include assessment for patency of nasal passages.
  - vi. Mouth examinations will include assessment of the lips, gingiva, buccal mucosa, hard and soft palate, uvula, tongue and oropharynx.
  - vii. Neck examination will include assessment of tone, folds, webbing, masses, nodules, lymphadenopathy and thyroid.
  - viii. Cardiorespiratory examination will include examination for chest wall deformities in addition to 2.5.2.
  - ix. Abdominal examination will include examination for umbilical or abdominal wall defects or pathologies, and patency of anus in addition to 2.5.3.
  - x. Genitourinary examination will include examination of any genital ambiguity, testicular descent, hydrocele and hypospadias in males, and patent vaginas in females.
  - xi. Musculoskeletal examination will include, but is not limited to, Barlow and Ortolani maneuvers, club foot examination, and birth injury examination.
  - xii. Neurological examination will include, but is not limited to, alertness, and tone. In addition to specialized

neurological tests, as age appropriate, including: Babinksi, deep tendon reflexes, Galant, stepping, rooting, fencing, Moro, Palmar and plantar grasp.

xiii. Dermatological examination as per 2.5.5.

**d.** Infant/Child examinations would additionally include:

i. Head Circumference is now age dependent.
ii. HEENT examination as per 2.5.1 in addition to cover-uncover test, corneal light reflex, strabismus examination, visual acuity, visual fields and hearing tests.
iii. Cardiorespiratory examination as per 2.5.2
iv. Abdominal examination per 2.5.3.
v. Genitourinary examination per 2.5.9 and 2.5.13 with age restrictions for specific investigations and assessment for precocious puberty.
vi. Musculoskeletal examination as per 2.5.4 in addition to pediatric developmental milestones.
vii. Neurological examination as per 2.5.6 in addition to pediatric developmental milestones.
viii. Psychiatric examination as per pediatric developmental milestones.
ix. Dermatological examination as per 2.5.5.

**e.** Adolescent examinations would additionally include:

i. HEENT examination as per 2.5.1.
ii. Cardiorespiratory examination as per 2.5.2.
iii. Abdominal examination per 2.5.3.
iv. Breast examination, as indicated, per 2.5.8, including Tanner Stages.
v. The Urological examination, as indicated, per 2.5.13, including Tanner Stages.
vi. The Gynecological examination, as indicated, per 2.5.9, including Tanner Stages.
vii. The Obstetrical examination, as indicated, per 2.5.11.
viii. The MSK examination as per 2.5.4, in addition to scoliosis examination.
ix. The neurological exam as per 2.5.6, in addition to assessment of learning disabilities.
x. Dermatological examination as per 2.5.5.

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xi. Psychiatric examination as per 2.5.14, with collateral and social assessment, as indicated.

**2.5.13.** The Urological Exam:

**a.** As per 2.5.9 for females.
**b.** As per 2.5.3 for all genders.
**c.** As per 2.5.10 for all genders.
**d.** Palpation and percussion of the bladder
**e.** Digital rectal examination as indicated for masses, rectocele, lesions and prostate.
**f.** In males, inspection of prepuce, meatus, glans, shaft and base for lesions, discolouration, masses, discharge, stricture or stenosis. Foreskin examination for phimosis or paraphimosis.
**g.** In males, scrotal examination supine and standing, assessing size, shape, symmetry, erythema, skin changes or masses on skin, testes, epididymus and spermatic cord.
**h.** Inguinal examination for herniations including transillumination.
**i.** Stress testing as indicated for incontinence.

**2.5.14.** The Psychiatric Exam:

**a.** Detailed mental status examination (MSE) Including all of the following components:
i. Motor Activity
ii. Appearance
iii. Behaviour
iv. Speech
v. Affect and Mood
vi. Perception
vii. Thought content
viii. Thought process/form
ix. Cognition
**b.** Suicide risk assessment as is necessary during the MSE.
**c.** Conduct of similar physical examinations previously listed to ensure no organic disorder exhibiting psychiatric symptoms is missed.

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**d.** Conduct physical exams consistent with medication side effect monitoring. This could include, but is not limited to, weight, abdominal circumference, blood pressure, thyroid examination and heart rate.

[INSERT ANY OTHER EXPECTATIONS FOR PHYSICIAN ASSISTANT RESPECTING PHYSICAL EXAMINATIONS]

### 2.6. Ordering and Interpreting Investigations

DELETE ALL ASPECTS OF ORDERING AND INTERPRETING INVESTIGATIONS IN THIS PARAGRAPH THAT ARE NOT ANTICIPTATED TO FALL UNDER PHYSICIAN ASSISTANT'S SCOPE OF PRACTICE

Physician Assistant will know, understand and follow the protocols used at [INSERT NAME OF PRACTICE LOCATION], and the investigations related to these protocols.

Diagnostic tests within Physician Assistant's practice description may include, but are not limited to, the following:

- x-rays
- CT Scans with and without contrast, including CT angiograms
- MRIs
- Ultrasounds
- Nuclear Medicine
- BMD
- Colonoscopy, EGD and sigmoidoscopy, and bronchoscopy
- PFTs and Spirometry
- Echocardiograms
- EKGs

Physician Assistant will accurately and legibly report any significant abnormalities in the ordered imaging reports. As applicable, they will further report these results on to the appropriate responsible supervising physician.

Laboratory tests within Physician Assistant's practice description may include, but are not limited to, the following:

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**SCHEDULE A**

- Hematology
  - Complete blood count with differential
  - Reticulocytes
  - ESR
  - Blood Type
  - Peripheral blood smear
  - Flow Cytometry
  - Hemoglobinopathy Investigations
  - Haptoglobin, Ceruloplasmin, Ferritin, Folate, Iron, TIBC, Vitamin B12, INR, PTT, HFE
  - D-Dimer
  - Total protein, Albumin, Globulin, Immunoglobulins
- Cardiac enzymes (e.g. troponin)
- Blood Chemistry
  - Sodium, Potassium, Chloride, CO2, BUN/Urea, Creatine
  - Fasting glucose, random glucose, Glucose 2-hr PC, GTT, Hgb A1c
  - Alk Phosphatase, ALT, AST, Amylase, Bilirubin Total and Direct, CK, GGT, LDH, Lipase
  - Magnesium, Phosphate, Calcium, Uric Acid
- Lipids
  - Fasting or Random: Cholesterol, Triglycerides, HLD and LDL
- Cancer Screening tests
  - CEA
  - PSA
  - CA-19-9
  - CA-125
  - SPEP, UPEP, FLC,
- Endocrine
  - Cortisol AM and PM, Estradiol, Progesterone, Prolactin, Testosterone, LH, FSH
  - TSH, T4, TPO
- Pregnancy
  - B-HCG serum and urine
  - Glucose 50g load, GTT (pregnancy)
  - MSS
  - Vaginal and anorectal swab for GBS
- Drug Levels

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**SCHEDULE A**

- Carbamazepine, Digoxin, Lithium, Phenobarbital, Phenytoin, VPA, Clozapine
- Urine street drug screen and comprehensive drug screen

- Rheumatological Serology
  - ANA, dsDNA, RF, ANCA, ACL, anti-jo-1 antibodies, anti-Scl-70 antibodies, anti-Ro/SSA, anti-La/SSB, ESR, CRP, LAC, APL, C3, C4, anti-U1snRNP, anti-Sm, HLA-B27
- Microbiology
  - C+S from any source including but not limited to: serum, urine, wounds, pharynx, vagina, urethra, cervix
  - MRSA, ESBL, VRE
  - Chlamydia and Gonorrhoea, swabs or urine
  - Vaginal Swabs for BV, Trichomonas, Yeast
  - Viral detection
- Stool/Urine
  - Stool for Occult Blood
  - Stool for Culture, O+P, C. difficile, Pinworms
  - Urinalysis – Complete
  - Urine ACR
  - Urine electrolytes: Calcium, Creatinine, Sodium, Protein, CrCl
  - 24-Hr Urine collections
- Synovial Fluids
  - Cell counts, crystal counts, C+S
- Semen Analysis
  - Complete analysis or post-vasectomy analysis
- Infectious Serology:
  - STBBI panel, Post exposure panel, Prenatal panel
  - HIV, Syphillis Screening
  - HAV (IgG + IgM), HBcAb, HBzAB, HBsAg, HCV Ab, WNV PCR, HCV
- Genotyping, HBV PCR/QUANT, HCV PCR/QUANT
  - Measles (IgM + IgG), Mumps (IgM + IgG), Rubella (IgM + IgG)
- Varicella (IgM + IgG), CMV (IgM + IgG), EBV (IgM + IgG), HSV (IgM + IgG)
- Parvo B19 (IgM + IgG), Toxoplasma (IgM + IgG), WNV (IgM + IgG),
  - lyme Ab, H. Pylori Ab, Mycoplasma pneumonia IgM

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**SCHEDULE A**

Physician Assistant will accurately and legibly report any significant abnormalities in the ordered blood work. As applicable, they will further report these results on to the appropriate responsible supervising physician.

Physician Assistant will be responsible for ensuring that results of pertinent investigations and consultative expertise (including medical, surgical, radiological, and laboratory consultant) are followed. Where Physician Assistant is personally responsible for follow up, they will do so in accordance with the standard of care and then communicate pertinent information to the attention of the appropriate responsible supervising physician, as required.

[INSERT ANY OTHER EXPECTATIONS FOR PHYSICIAN ASSISTANT RESPECTING ORDERING AND INTERPRETING INVESTIGATIONS]

### 2.7. Patient Management

#### 2.7.1. Development of management plan

[INSERT EXPECTATIONS FOR THE ASSISTANT RESPECTING DEVELOPING MANAGEMENT PLANS FOR PATIENTS, PARTICULARLY RESPECTING COMPLEX PATIENTS SUCH AS THOSE WITH CHRONIC DISEASE]

#### 2.7.2. Follow-up, including respecting diagnosis and test results

Physician Assistant will arrange follow-up as required.

[INSERT ANY OTHER EXPECTATIONS FOR THE ASSISTANT RESPECTING FOLLOW UP]

#### 2.7.3. Consultations and referrals

Physician Assistant will assist in the arrangement of consultations and referrals from the responsible supervising physician with appropriate services including:

- Medical specialties and subspecialties;
- Surgical specialties and subspecialties;
- Home Care;

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**SCHEDULE A**

- Social Work; and
- Other services as appropriate.

[INSERT ANY OTHER EXPECTATIONS FOR THE ASSISTANT RESPECTING INITIATING REFERRALS]

### 2.8. Relationships

While Physician Assistant may only be supervised by signatories to the Contract of Supervision, they are expected to work collaboratively with others involved in patient care, including consultants, other health care professionals within the practice location and administrative staff.

It is important and mandatory that productive, cooperative working relationships be established and maintained between Physician Assistant and designated supervisors, the Medical Director (if applicable), the medical office assistant(s), the patients and their families.

[INSERT ANY OTHER EXPECTATIONS FOR THE ASSISTANT RESPECTING DEVELOPING AND MAINTAIN RELATIONSHIPS WITH OTHER HEALTH CARE PROVIDERS AT THE PRACTICE LOCATION(S) OR OTHER SITES]

### 2.9. Documentation

The Physician Assistant will document care in accordance with prevailing professional standards and the College's Standards of Practice of Medicine. Documentation must be in English.

In all entries created by the Physician Assistant they shall document the name of the responsible supervising physician at the time care is provided.

Physician Assistant will maintain a separate log noting all procedures performed and the date on which they were performed, omitting patient names. This is kept for the purpose of evaluation.

[INSERT ANY OTHER EXPECTATIONS FOR DOCUMENTATION]

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**SCHEDULE A**

**3. Prescribing and medications**

DELETE PARAGRAPHS 3.1 TO 3.4. IF PHYSICIAN ASSISTANT IS NOT PERMITTED TO PRESCRIBE AND ENTER A SENTENCE INDICATING THEY ARE NOT PERMITTED TO PRESCRIBE – OTHERWISE DO NOT EDIT AREAS NOT HIGHLIGHTED

DELETE PARAGRAPH 3.4. UNLESS PHYSICIAN ASSISTANT IS AUTHORIZED BY THE REGISTRAR TO PRESCRIBE M3P MEDICAITONS.

**3.1.** Physician Assistant may prescribe or order a drug or vaccine (*in accordance with the Contract of Supervision*) as long as they are safe and competent to do so, and the prescribing or order relates to their professional care and treatment of the patient.

**3.2.** Notwithstanding paragraph 3.1., in situations where a patient is already taking a drug that was prescribed by another physician and the prescribing of that drug does not otherwise relate to the current professional care and treatment of the patient by Physician Assistant, Physician Assistant may authorize a refill of the prescription and/or order the drug for the patient if the following criteria are met:

1. the Physician Assistant has verified the prescribing history for the drug and is satisfied based on their best clinical judgment that refill and/or order respecting the drug is in the best interest of the patient and is safe; and
2. the refill and/or order is for a period no longer that necessary to allow the patient to obtain a further prescription or order from the person ordinarily responsible for managing the drug.

**3.3.** Notwithstanding paragraph 3.1., Physician Assistant may only prescribe drugs or vaccines that the responsible supervising physician has determined that Physician Assistant may prescribe.

**3.4.** Physician Assistant will be permitted to prescribe and/or order M3P schedule medications.

[INSERT ANY OTHER EXPECTATIONS FOR PRESCRIBING AND MEDICATIONS]

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**SCHEDULE A**

## 4. Education and training

### 4.1. General

**4.1.1.** Physician Assistant will be expected to keep their knowledge base current through appropriate readings or by attendance at scientific meetings or conferences.

### 4.2. Reading

**4.2.1.** Physician Assistant will keep their knowledge base current through appropriate readings.

[INSERT OTHER EXPECTATIONS FOR SELF-EDUCATION THROUGH READING]

### 4.3. Other continuing professional development

**4.3.1.** Physician Assistant will attend at least [ENTER NUMBER] scientific meetings and/or conference each year. This may include meetings such as Grand Rounds and Journal Clubs.

[INSERT OTHER EXPECTATIONS FOR CONTINUING PROFESSIONAL DEVELOPMENT APART FROM READING]

### 4.4. Training

[INSERT ANY EXPECTATIONS FOR TRAINING]

### 4.5. Other education

[INSERT ANY EXPECTATIONS FOR ANY OTHER FORM OF EDUCATION]

## 5. Evaluation and assessment of performance

### 5.1. Documentation of evaluation and assessment

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**SCHEDULE A**

**5.1.1.** All evaluations and assessments of performance under this part must be documented. The Primary Supervisor is responsible for ensuring documentation is retained for Physician Assistant and that it remains accessible to Primary Supervisor for review while the Contract of Supervision is in effect.

## 5.2. General

**5.2.1.** When any concerns related to Physician Assistant's professional practice are raised by any person, they must be evaluated and appropriately addressed, as necessary, by the responsible supervising physician in the circumstance. Addressing concerns will include discussing them with Physician Assistant. Concerns must be documented, and the documentation must be provided to Primary Supervisor.

## 5.3. Periodic Formal Evaluations

**5.3.1.** Performance will be formally evaluated at least every six months. This shall be overseen and documented by the Primary Supervisor. Performance evaluations are to be a collaborative process with all Alternative and Additional Supervisors named in the Contract of Supervision who worked with Physician Assistant over the relevant six-month period. Periodic formal evaluations must be documented.

**5.3.2.** Formal performance evaluations should involve obtaining information from other individuals who work in the practice setting that have relevant information.

**5.3.3.** Performance evaluation will focus on the following areas regarding Physician Assistant's level of skill, knowledge and judgment:

- **a.** clinical management of patients;
- **b.** log of procedures performed;
- **c.** patient assessment and evaluation, including history taking and physical examination skills;
- **d.** management, follow-up and organizational skills;

**e.** communication skills;
**f.** documentation skills, including prescription writing (if applicable);
**g.** relevant procedural skills;
**h.** interpersonal skills; and
**i.** clinical knowledge base.

### 5.4. Level of Competence

**5.4.1.** Five Levels of Competence have been developed to limit Physician Assistant's practice until properly evaluated. Primary Supervisor and any supervisor designated under the Contract of Supervision must be aware of the Physician Assistant's Level of Competence under this paragraph.

**5.4.2.** Physician Assistant should be functioning well at Level 1 (see below) after a probationary period of 3-6 months. Physician Assistant may then demonstrate progression through the remaining levels over the next 6-18 months. It is recognized that individuals may proceed through various aspects of these levels at different rates. These levels do not imply decreased supervision practices.

**5.4.3.** Levels of competence achieved must be documented and made available to all supervising physicians. It is the Primary Supervisor who determines Physician Assistant's Level of Competence.

**LEVEL I:**

At Level I, Physician Assistant will assist and perform their duties only while the responsible supervising physician is present and directly supervising Physician Assistant.

History and Examination: The history and physical examination should contain all the relevant components identified in this Practice Description. Documentation should be legible and orderly. This must be reviewed with and approved by the responsible supervising physician for each patient at the time of the visit.

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**SCHEDULE A**

Investigations: Physician Assistant must develop a plan of investigation related to the differential diagnosis. This will be reviewed with and approved by the responsible supervising Physician before implementation.

Management: Physician Assistant must develop a plan of management related to the differential diagnosis. This will be reviewed with and approved by the responsible supervising physician before implementation. All pharmaceutical prescriptions or orders must be reviewed with and approved by the responsible supervising physician before implementation.

Clinical Procedures: Physician Assistant will assist the responsible supervising physician with procedures.

**LEVEL II:**

Physician Assistant will perform their duties while under the active, on-site supervision of the responsible supervising physician.

History and Examination: Same as Level I, except the responsible supervising physician need not review the history and examination at the relevant visit but must review them on the same day as the relevant visit.

Investigation: Same as Level I, except Physician Assistant may proceed to implement the investigative plan prior to obtaining prior approval from the responsible supervising physician. The responsible supervising physician must review and endorse the plan on the same day as the relevant visit.

Management: Same as for Level I, except Physician Assistant may implement the management plan and proceed with pharmaceutical prescriptions, as permitted under this Practice Description, and orders without obtaining prior approval from the responsible supervising physician. The responsible supervising physician must review and endorse the plan and pharmaceutical prescriptions and orders on the same day as the relevant visit.

Clinical Procedures: Same as Level I.

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**SCHEDULE A**

**LEVEL III:**

Physician Assistant will be able to perform their duties in an efficient, safe, and competent manner with a greater degree of decreased supervision. There will be less need for direct and/or on-site supervision.

History and Examination: Same as Level II.

Investigation: Same as Level II.

Management: Same as Level II.

Clinical Procedures: Physician Assistant may perform procedure(s) under the supervision of the responsible supervising physician.

**LEVEL IV:**

The Physician Assistant will be able to perform their duties with minimal supervision. Supervision need be no greater that what is required under the Contract of Supervision.

History and Examination: Same as Level II, except review of the history and examination by the responsible supervising physician must take place within 24 hours.

Investigation: Same as Level II, except review of the investigations and investigation plan by the responsible supervising physician must take place within 24 hours.

Management: Same as Level II, except review of the management plan by the responsible supervising physician must take place within 24 hours.

Clinical Procedures: Physician Assistant may perform procedure(s) without the responsible supervising physician being present.

**LEVEL V: [Optional – to be completed and then sent to Registrar for approval if Level IV is not to be the highest level achievable]**

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**SCHEDULE A**

As with Level IV, Physician Assistant will be able to perform their duties with minimal supervision. Supervision need be no greater that what is required under the Contract of Supervision.

History and Examination: [TBD]

Investigation: [TBD]

Management: [TBD]

Clinical Procedures: [TBD]

## 6. CPSM Reporting Requirements

**6.1.** Pursuant to subsection 8.12 of the College of Physicians and Surgeons of Manitoba General Regulation:

**6.1.1.** Physician/Physician Assistant's Primary Supervisor will send periodic reports to the Registrar of the College that are satisfactory to the Registrar on Physician Assistant's performance on the following schedule:

i. once per month for the first three months;
ii. every three months for the following 9 months, and
iii. every 12 months thereafter.

**6.1.2.** A summary or copy of the results of any and all periodic formal evaluations conducted in accordance with paragraph 5.3 of this Practice Description will be forwarded to the Registrar of the College in accordance with Physician Assistant's Contract of Supervision. When this is done, the summary or copy will be accepted as a report under paragraph 6.1.1.

**6.1.3.** Reports under this paragraph must note Physician Assistants Level of Competence.