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Frequently Asked Questions
Contracts of Supervision for Clinical and Physician Assistants

Supervision in Practice

Q. Can a Physician Assistant (PA) or Clinical Assistant (ClA) practice if they work with a group of rotating physicians and have no primary supervising physician?

This question is answered by reading the contract of supervision.

PAs/ClAs are only permitted to practice in accordance with an approved Practice Description supervised in accordance with the terms of an approved Contract of Supervision.

At all times the PA/ClA is practicing, the Primary Supervisor or an Alternative Supervisor designated in accordance with the contract of supervision must be available to fulfill their supervisory role, even when the PA/ClA is practicing under the immediate supervision of an Additional Supervisor in a departmental or program setting.

Only physicians in a rotating group who are signatories to the Contract of Supervision could fulfill a supervisory role.

Q. Can a PA/ClA work with physicians or other health care professionals who are not signatories to the Contract of Supervision (i.e., responsible supervising physician(s))?

Depending on the wording of the practice description, this is generally acceptable and encouraged. The work in this sense would be considered collaborative rather than a supervisory relationship. It remains the case the PA/ClA would be required to be under supervision by someone in accordance with the terms of their Contract of Supervision while practicing.

As an example, a PA working in a health care facility under the remote supervision of their Primary Supervisor can work with other physicians in that health care facility in a collaborative way. Physicians who are not named as supervisors in the Contract of Supervision are not able to act as the “responsible supervising physician”, as this phrase is described in the Contract of Supervision. A notable limitation in this scenario is that the PA is always limited in their scope of practice by the responsible supervising physician(s).

Q. Can a PA/ClA engage in their professional practice outside the scope of the practice description at the request of a responsible supervising physician?

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; however, such amendment would require approval from the Registrar. Alternatively, two Contracts of Supervision may be created.

Those entering a Contract of Supervision must be diligent in ensuring the associated practice description captures the intended scope of practice.

If a PA/ClA is certified in ACLS/ATLS, etc. and the responsible supervising physician(s) is/are not, can they practice those skills?

No. At least one responsible supervising physician (i.e., a supervisor who is actively supervising) must be competent to perform the medical function they are supervising. This is a fundamental component of the regulatory scheme established for PAs and ClAs.

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/ClAs

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

1. Their approved Contract of Supervision and Practice Description; and
2. the professional practice of the responsible supervising physician(s).

In a departmental or program setting, sometimes the PA/ClA will be working under multiple responsible supervising physicians concurrently. For example, they may be working under the active supervision of their Primary Supervisor and one or more Additional Supervisors. The PA/ClAs permitted scope of practice will be limited by the responsible supervising physician(s). In this example:

- Subject to their Practice Description, the PA/ClA would be able to 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. The Primary Supervisor would be the responsible supervising physician for the medical function being performed.

- They would also be able to practice to the extent of the scope of practice of an actively supervising Additional Supervisor (e.g., an HMO). The Additional Supervisor would be the responsible supervising physician for the medical function being performed in that regard.

If the HMO is the only responsible supervising physician, then the professional practice of the PA/ClA would be bound by the HMO's scope of practice.

Contract of Supervision

Who is responsible for submitting changes to the Contract of Supervision, the Primary Supervisor or the PA/ClA?

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

Does the Contract of Supervision need to be received by CPSM before the PA/ClA can work with a new physician?

If by work, this question means 'be supervised by', then the answer is yes. Supervision is only permitted when it is pursuant to a Contract of Supervision that is approved and in force.

Contracts of Supervision can be signed electronically to make the process more efficient. The Contract of Supervision and Practice Description must be approved by the Registrar before the PA/ClA can commence practice.

Can a PA/ClA decline to add an Alternate/Additional Supervisor to their Contract of Supervision?

All parties must be in agreement with respect to the CoS. A PA/ClA may refuse to enter a CoS with a specific supervisor. The employment ramifications of such a decision are not controlled by CPSM.

Practice Description

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 Contract of Supervision 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 CPSM is not concerned vis-à-vis the Practice Description. Such components of an employment arrangement should not find their way into a CPSM Practice Description. Medical Administration that requires an exercise of medical skill, knowledge, and judgement should be covered in the Practice Description.

If a PA/ClA is required to see patients in the patients' homes, how should that be indicated on the Contract of Supervision?

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 Contract of Supervision. The Contract of Supervision 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. This would be considered part of the overall practice setting.

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 Contracts of Supervision. However, the general rule is that a minimum of 8 hours on site supervision will be required.

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 CPSM's Standards of Practice of Medicine.

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

No.

Are PA/ClAs required to document the name of the responsible supervising physician on all notes and inpatient orders?

The PA/ClA will document care in accordance with prevailing professional standards and CPSM's Standards of Practice of Medicine. Documentation must be in English. In all entries created by the PA/ClA Assistant they shall document the name of the responsible supervising physician at the time care is provided.

Evaluation and CPSM reporting

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 Contract of Supervision alone should not impact the assistant's position on the reporting schedule. Where there is a material change, evaluation may reset.

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.

What is this reporting schedule based upon?

CPSM requires regular reporting from 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 CPSM's website, though the Primary Supervisor may develop their own format that is satisfactory to the Registrar. CPSM's template follows CanMEDS competencies. The specific reporting schedule is based on the format used for other classes of registration regulated by CPSM that has proven satisfactory.

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 CPSM. This notation should include whether consensus was reached on the comments made in the evaluation.

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. The practice description will set out what is thought to be prudent.

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, CPSM expects supervisors to strictly comply with the Contract of Supervision 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 CPSM. Members are reminded of the overarching reporting obligations in this regard. CPSM may consider an evaluation process for supervisors by the PA/ClA in future.

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

The Evaluation process set out in the applicable Practice Description must be followed.

Delegation

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 CPSM'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 CPSM'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. In this scenario, the recipient is being asked to do something they can do; it is not a delegation that requires supervision.

It is noted the registered nurse regulation under the 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.

Prescribing Drugs or Vaccines

What are the requirements for prescribing a drug or vaccine?

An overriding principle in terms of documentation and communication is that everyone in the circle of care or multidisciplinary environment must understand the ClA/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. This information 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. Each Contract of Supervision specifically acknowledges these expectations, including those related to prescribing a drug or vaccine.

Section 5.12 of the CPSM General Regulation provides for specific restrictions on prescribing a drug of vaccine by a Clinical Assistant or Physician Assistant:

> *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;*
>
> *(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.*

To be clear, the prescription must include the name of the responsible supervising physician respecting the care provided to the specific patient. In some institutional scenarios, the responsible supervising physician for the Clinical Assistant or Physician Assistant may not be the physician most responsible for that patient's care (e.g., the admitting physician/MRP).

Prescribing M3P schedule drugs adds additional requirements. Clinical Assistants and Physician Assistants can only prescribe M3P drugs when they are both expressly authorized to do so by:

1. the Registrar as part of their Practice Description, and
2. in accordance with section 5.12 of the CPSM General Regulation.

M3P prescription contents are strictly regulated, including in terms of required contents.

> *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*
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> *(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.*

The Registrar will only consider authorizing M3P prescribing by Clinical Assistants of Physician Assistants in departmental or program practice settings that are within an institutional practice setting.

Standards of Practice and Practice Directions that apply to prescribing for all CPSM registrants include:

- Section 5.8(2) of the CPSM General Regulation
- Practice Direction – Manitoba Prescribing Practices Program (MP3)
- Practice Direction - Prescribing Methadone or Buprenorphine/naloxone
- Practice Direction - Prescribing Practices: Doctor/Pharmacist Relationship
- Standard of Practice - Prescribing Requirements
- Standards of Practice - Prescribing Benzodiazepines & Z-Drugs
- Standards of Practice - Prescribing Opioids