

## PHYSICIAN ASSISTANTS

# Frequently Asked Questions

### LICENSURE & REGISTRATION OF PHYSICIAN ASSISTANTS

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#### **Q1. When should sites with designated funding for a Physician Assistant reach out to the College?**

Once you have identified, but not yet hired your Physician Assistant candidate, you are encouraged to reach out to the College of Physicians and Surgeons of Saskatchewan (CPSS) and put us in touch with your candidate.

We will work to collect some information from your potential candidate to determine if they would be eligible for a Physician Assistant Licence in Saskatchewan.

As part of the registration process, the candidate will be asked to provide a copy of their Physician Assistant Degree or Diploma and complete an Outline of Activities form. If the candidate meets requirements, the candidate and the Primary Supervisor will be asked to complete the Practice Description and Contract of Supervision form as part of the registration and licensure process. These documents will be provided directly to the candidate and Primary Supervisor.

If you have any questions about Physician Assistant Licensure, you can refer to the CPSS [website](https://cps.sk.ca) or email [cpsreg@cps.sk.ca](mailto:cpsreg@cps.sk.ca)

### SUPERVISION IN PRACTICE

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#### **Q2. Can a Physician Assistant practise 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.

Physician Assistants are only permitted to practise in accordance with an approved Practice Description and supervised in accordance with the terms of an approved Contract of Supervision.

At all times the Physician Assistant is practising, the Primary Supervisor or an Alternate Supervisor designated in accordance with the Contract of Supervision must be available to fulfill their supervisory role, even when the Physician Assistant is practising under the immediate supervision of an Additional Supervisor.

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

#### **Q3. Can a Physician Assistant work with physicians or other health care professionals who are not signatories on the Contract of Supervision?**

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. However, it remains the case

that the Physician Assistant would be required to be under supervision by someone in accordance with the terms of their Contract of Supervision while practising.

As an example, a Physician Assistant 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 described in the Contract of Supervision. A notable limitation in this scenario is that the Physician Assistant is always limited in their scope of practice by the responsible supervising physician(s).

#### **Q4. Can a Physician Assistant engage in their professional practice outside the scope of the Practice Description at the request of the responsible supervising physician?**

No, all areas of work need to be included in 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.

#### **Q5. If a Physician Assistant is certified in ACLS/ATLS, etc. and the responsible supervising physician(s) is/are not, can the Physician Assistant engage in practice using 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 regulation established for Physician Assistants.

#### **Q6. If a family physician is working as a hospitalist in an acute care setting, is the Physician Assistant bound by the physician’s professional practice?**

The Physician Assistant 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 Physician Assistant 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 Physician Assistant’s permitted scope of practice will be limited by the scope of practice of the responsible supervising physician(s).

In this example:

- Subject to their Practice Description, the Physician Assistant would be able to practise 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 practise to the extent of the scope of practice of an actively supervising Additional Supervisor (e.g., a physician working as a Hospitalist). The Additional Supervisor would be the responsible supervising physician for the medical function being performed in that regard.

If the family physician working as a hospitalist is the only responsible supervising physician, then the professional practice of the Physician Assistant would be bound by that physician’s scope of practice.

## **CONTRACT OF SUPERVISION**

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### **Q7. Who is responsible for submitting changes to the Contract of Supervision, the primary supervisor or the Physician Assistant?**

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

### **Q8. Does the Contract of Supervision need to be received by the CPSS before the Physician Assistant 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 and emailed to the CPSS, to make the process more efficient. The Contract of Supervision and Practice Description must be approved by the Registrar before the Physician Assistant can commence practice.

### **Q9. Can a Physician Assistant decline to add an alternate/additional supervisor to their Contract of Supervision?**

All parties must be in agreement with respect to the Contract of Supervision. A Physician Assistant may refuse to enter a Contract of Supervision with a specific supervisor. The employment ramifications of such a decision are not controlled by the CPSS.

### **Q10. How often does a Contract of Supervision need to be submitted or updated?**

If the Primary Supervisor, Alternate Supervisor or Additional supervisor is identified or if the supervisory relationship comes to an end, a new Contract of Supervision would need to be prepared, updated and/or resubmitted.

## **PRACTICE DESCRIPTION**

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### **Q11. Does professional practice refer to non-medical functions (eg. administrative functions such as billing)?**

The scope of the Physician Assistant'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 the CPSS is not concerned vis-à-vis the Practice Description.

Such components of an employment arrangement should not find their way into the CPSS Practice Description. Medical Administration that requires an exercise of medical skill, knowledge, and judgement, however, should be covered in the Practice Description.

**Q12. If a Physician Assistant is required to see patients in the patients' home, 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 Physician Assistant 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.

**Q13. Is the need for 8 hours of on-site supervision per month decreased if the Physician Assistant has less than a full-time equivalent position 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 Physician Assistant 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.

**Q14. Are the workload and expectations of a Physician Assistant documented?**

In general, expectations related to workload, must be described in the Practice Description.

**Q15. Are Physician Assistants required to document the name of the responsible supervising physician on all notes and inpatient orders?**

The Physician Assistant will document care in accordance with prevailing professional standards. Documentation must be in English. In all entries created by the Physician Assistant, the Physician Assistant shall document the name of the responsible supervising physician at the time care is provided.

**Q16. How often does a Practice Description need to be submitted or updated?**

Any changes to the Physician Assistant or Primary Supervisor's practice that are not reflected in the Practice Description, would require it be updated and resubmitted to the CPSS. This includes if the expected Level of Competence of the Physician Assistant has changed.

## **EVALUATION AND REPORTING**

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**Q17. Will all Physician Assistants be placed at the beginning of the evaluation and reporting schedule when they are transitioned to a new Contract of Supervision?**

No. If a Physician Assistant 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 Physician Assistant's position on the reporting schedule. Where there is a material change, evaluation may reset.

**Q18. If a Physician Assistant has a new primary supervisor, but the same Practice Description, will the Physician Assistant be placed at the start of the evaluation and reporting schedule?**

One important aspect of the performance evaluation is that the Primary Supervisor will gain insight into the Physician Assistant'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 Physician Assistant.

### **Q19. What is the reporting schedule based upon?**

The specific reporting schedule is based on the format used for other classes of registration regulated by the CPSS that has proven satisfactory.

Reports will be submitted monthly for the first three months and then every 3 months for the remainder of the first year. Reports will be sent every 6 months in year two and annually thereafter.

The CPSS requires regular reporting from Primary Supervisors respecting the practice of the Physician Assistant, as an important means for oversight of the supervisory relationship.

The reporting template follows CanMEDS competencies.

### **Q20. Can a Physician Assistant access their evaluation and monitoring reports?**

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

### **Q21. Is there a process for a Physician Assistant to evaluate supervising physician(s)?**

There is no formal evaluation process for supervisors by the Physician Assistant. However, the CPSS 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 Physician Assistant. Significant concerns may also be reported to the CPSS. Members are reminded of the overarching reporting obligations in this regard.

### **Q22. If the Physician Assistant is hired into a half time position, should the evaluation and performance reviews be monthly?**

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

## **DELEGATION**

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### **Q23. Can a Physician Assistant delegate authorized practices?**

No, they cannot.

A Physician Assistant may perform an authorized practice only if the Physician Assistant receives authorization from their supervisor to perform the authorized practice and is supervised by a regulated member who is legally permitted and competent to perform the authorized practice.

## **PRESCRIBING DRUGS OR VACCINES**

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### **Q24. What are the requirements for prescribing a drug or vaccine?**

[\*The Drug Schedules Regulations, 1997\*](#) give the authority for Physician Assistants to prescribe certain medications. The regulations state:

9.5(1) Subject to the Controlled Drugs and Substances Act (Canada), the bylaws of the College of Physicians and Surgeons of the Province of Saskatchewan and any terms, conditions and restrictions of a licence issued pursuant to section 42.11 of The Medical Profession Act, 1981, a physician assistant registered and

licensed pursuant to section 42.11 of The Medical Profession Act, 1981 may prescribe any drug listed in Schedule I, II or III for the purpose of treating humans.

Schedules I, II and III are described in section 2 of the regulations.

*The Controlled Drugs and Substances Act* and the regulations under that Act state that only “practitioners” can prescribe controlled drugs. That is defined as persons who are *registered and entitled under the laws of a province to practise the profession of medicine, dentistry or veterinary medicine in the province as well as midwives, nurse practitioners and podiatrists.*

Physician Assistants are prohibited from prescribing controlled drugs and narcotics.

## **ADDITIONAL LIMITATIONS TO THE PRACTICE OF ALL PHYSICIAN ASSISTANTS**

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### **Q25. Outside of the Practice Description and Contract of supervision, are there specific limitations to the practice of all Physician Assistants?**

In Saskatchewan, a physician assistant can order and receive test results (as enabled by The Medical Lab Licensing Regulations). However, PAs are not designated under The Public Health Act, 1994 to communicate with persons infected or carrying a category 1 communicable disease. In the case of category 1 and 2 diseases, the physician that is supervising the PA is responsible for completing the contact notification. In the case of facilities, a PA may report the outbreak notification, but a supervising physician or nurse maintains the legal responsibility to report. PAs can manage all communication pertaining to emerging communicable diseases.

Through regulation amendments, PAs are authorized to order lab and medical imaging tests and prescribe medications, however at this time they should consult with, and rely on their supervising physician to make referrals to specialists in order for specialists to bill referred rates.

The Saskatchewan Government may review non-health specific legislation and regulation to identify additional amendments that may be required or desired to support PAs scope of practice. For example, legislation that identify circumstances in which a Physician Assistant may be authorized to provide reports currently limited to physicians.