

Defining the Physician Assistant Role in Ontario

Ontario Physician Assistant Scope of Practice Statement and Ontario Physician Assistant Competency Profile

April 18, 2007

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This document was created on behalf of the Physician Assistant Implementation Steering Committee (PAISC), which is a partnership between the Ministry of Health and Long-Term Care (MOHLTC) and the Ontario Medical Association (OMA).

Project support was provided by Hay Group Health Care Consulting.

Funding was provided by the Government of Ontario.

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Purpose and Utilization of this Document

The province of Ontario is committed to meeting societal needs. The Ontario Ministry of Health and Long-Term Care, in partnership with the Ontario Medical Association and the Ontario Hospital Association, is introducing the role of Physician Assistant (PA) to the Ontario health care system in response to identified societal health needs. Physician Assistants are highly skilled health professionals trained to support physicians in a wide range of health care settings. They have been used since the 1960s in the United States, and are being integrated into the health care systems of various other international jurisdictions. In Canada, PAs are currently used in the Canadian Forces and in Manitoba (where they are designated Clinical Assistants). Evaluation of the PA role in other jurisdictions indicates that PAs can be a safe and effective way of improving access to medical care. Thus, Ontario is proceeding with a series of demonstrations to evaluate the PA role in a variety of clinical settings within its healthcare delivery system.

In order to integrate PAs into the Ontario healthcare system, it is essential to clearly define both their clinical competence and their scope of practice. The scope of practice defines how and under what circumstances the PA may exercise their competencies within the health care system. The competency profile provides insight to what PAs, as practitioners, are trained and able to do. Thus, it is essential that the Scope of Practice statement and the Clinical Competency Profile are considered simultaneously when defining the PA role in Ontario practice settings.

This document provides both the Scope of Practice Statement and the Competency Profile that have been developed for PAs in Ontario. These documents are intended to help employers, PAs, educationalists and others to understand the “how” and “what” that PAs can do in Ontario. These documents should be considered together to help define specific roles and develop job descriptions for PAs as they are integrated into practice in Ontario.

Scope of Practice Statement

Ontario has developed a scope of practice statement for PAs. The PA scope of practice is relevant to practice in any health care setting or role, and defines how PAs are able to apply their competencies in clinical practice. This statement is intended to help users understand the education and training requirements, the laws and regulations and the supervisory relationships that govern PA practice in Ontario. It is consistent with practice requirements articulated by the Canadian Association of Physician Assistants (CAPA), the Canadian Forces and PA practice in other jurisdictions.

The PA scope of practice is unique from that of other health care disciplines. In that the PA is not an autonomous practitioner; all tasks must be delegated to the PA by the supervising physician. The type of work delegated, and the extent of direct supervision provided to the PA, is dependent on the physician’s assessment of the PA’s individual competencies, skills and experience in that practice setting. Further, only work within the physician’s own scope of practice can be delegated to a PA. For example, PAs are able to provide only those medications that the supervising physician would normally prescribe, and that the supervising physician has assessed the PA as competent to provide under delegation. Thus, the individual relationship between the PA and the supervising physician becomes the essential determinant of each PA’s individual clinical role, within the context of the PA’s competencies and the PA scope of practice.

The Ontario Physician Assistant Competency Profile

Although the PA scope of practice dictates that the PA role will vary with the individual competencies of the individual physician-PA relationship, it is important to understand the common competencies that PAs in Ontario possess.

The Ontario Physician Assistant Competency Profile details the general and specific competencies that a PA in Ontario is expected to acquire, possess and maintain throughout their careers, regardless of specialty or setting. Competencies are defined for entry level, generalist PA practice. The competencies are detailed and prescriptive, and distinguish between those competencies that PAs “must have” and “can or may have”.

This competency profile reflects the competencies required for the principle expectations of practice for the generalist PAs in Ontario. However, it is recognized that there may be individuals practicing in PA roles for whom these competencies do not apply in entirety. There may be PAs in practice who, because of their prior experience or additional training, have additional competencies that allow them to work in specialist or sub-specialist PA roles and settings. These additional competencies are not defined here.

The Royal College of Physicians and Surgeons of Canada’s CanMEDS 2005 framework¹ was used as a model to frame the generic and specific competencies of a PA in Ontario that are defined in this document. Previously known as the Canadian Medical Education Directions for Specialists, CanMEDS has been used as a framework for standard documents by the Royal College of Physicians and Surgeons for over a decade in approximately sixty different disciplines, and has been adopted by numerous jurisdictions around the world. CanMEDS frames practitioner competencies in seven thematic roles of clinical expert, communicator, collaborator, manager, health advocate, scholar and professionals. These same roles have been used to define PA competencies in this document. CanMEDS was chosen as the framework for defining PA competencies as it provides a comprehensive competency profile that meets the needs of multiple stakeholders, including educators, teachers, PA trainees, practicing physicians, researchers, other health care professionals, public officials and the public.

Ontario has adopted the competency profile for Physician Assistants that has been articulated by The Canadian Association of Physician Assistants (CAPA) in its National Occupational Competency Profile (OCP), 2006², and has used this profile to inform the development of this document. CAPA is the national body that sponsors PA education programs for con-joint accreditation through the Canadian Medical Association. Membership in CAPA is required for PAs to write the National Certification Council Exam for certification as a PA.

¹ Frank, J.R. (Ed). 2005. The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Ottawa: The Royal College of Physicians and Surgeons of Canada.

² http://www.caopa.net/OCP_physician_assistant.pdf

The competencies defined in the curriculum of the University of Manitoba Faculty of Medicine Physician Assistant Training Program, 2006³ was also used to inform the Ontario profile of required PA competencies. The University of Manitoba document provided additional insight to the specific clinical skills and knowledge that PAs acquire during training. The Manitoba program is currently under consideration for con-joint accreditation through the Canadian Medical Association and CAPA. It is the first program for PAs to be developed in Canada outside of the Canadian Forces Medical Services Program. Consideration was also given to curriculum requirements of PA programs in Britain and the United States when developing this profile.

The authors of this document wish to thank The Royal College of Physicians and Surgeons, the Canadian Association of Physician Assistants and the University of Manitoba for their contributions to the development of this document.

³ Fleisher, W., Chan, M.K., McConnell, K. 03/14/2006, The University of Manitoba Faculty of Medicine Report Regarding the Development of A Physician Assistant Training Program

1. Physician Assistant Scope of Practice Statement

Physician Assistants (PAs) are highly skilled healthcare professionals educated in the medical model who work under the supervision of a registered physician in a variety of clinical team structures and settings. Understanding what PAs can and cannot do, or defining their scope of practice, is essential to establish their professional role in Ontario.

The scope of practice of clinicians working as Physician Assistants in Ontario can be defined by:

- Their education and training
- Regulations pertaining to their practice
- The delegatory relationship with the supervising physician

Education and Training

The PA scope of practice should be limited to the tasks that the PA is adequately prepared to complete. Preparation is most often achieved through participation in an accredited PA education program. The Canadian Association of Physician Assistants (CAPA) offers con-joint accreditation of PA training programs with the Canadian Medical Association (CMA).

The Canadian Forces (CF) currently offers the only accredited PA training program in Canada. Manitoba is in the process of developing a Master's level training program for Physician Assistants (who are referred to as Clinical Assistants in that province). PA training programs have been available in the United States since the mid- 1960's.

PA training is modeled on physician education. Didactic instruction typically includes basic medical sciences such as anatomy, the pathophysiology of disease across all major systems, and pharmacology. There is an emphasis on history taking, detailed physical exam, differential diagnosis and treatment planning for conditions commonly seen in primary and emergent care. Clinical instruction includes rotations in Family Practice, Internal Medicine, General Surgery, Psychiatry, Paediatrics, OB-GYN, Trauma and Emergency Medicine.

Successful completion of the PA curriculum results in a clinician that demonstrates the generalist competencies for a PA as required for certification by the Certification Council of CAPA. Additional clinical training and skills development can facilitate the PA's involvement in a more specialized role within a medical or surgical sub-specialty practice.

Laws and Regulations

The PA profession is not regulated in Ontario. As such, medical care provided by the PA must be supervised by a registered physician and follow a recognized process of delegation. The PA is not an autonomous health care provider, and cannot act as the principal medical decision maker.

Delegatory Relationship with Supervising Physician

The supervising physician is responsible for the medical care provided to the patient by the PA. The physician can only delegate medical acts that are within their own scope of clinical practice. The physician must ensure that the delegation is in the best interests of

the patient, and that the PA is appropriately directed and supervised in delegation. The supervising physician must be constantly available for consultation to the PA.

The supervising physician may incorporate frequently delegated acts that are performed competently by the PA into medical directives. Medical directives, which may be performed by the PA with varying degrees of physician supervision, serve to increase the efficiency of patient care and improve patient flow.

For the most part, it is the unique working relationship between the Physician and the PA that governs the PA scope of practice. Mutually agreed upon guidelines between the physician and PA, facility guidelines regarding PA use, and physician delegatory style set the framework for how individual PAs are used in each clinical setting.

The PA is required to ensure that patients are aware of their status of PA when providing medical services. They are obligated to obtain informed patient consent, to keep a record of the delegated medical act, and to ensure that they have the necessary knowledge, skill, and judgment to perform any act that has been delegated.

Conclusion

The circumstances of clinical training and education, regulation and the delegatory relationship between each PA and their supervising physician create a unique scope of practice for clinicians functioning in the PA role in Ontario. The Ontario PA Scope of Practice is therefore defined as “Under the supervision of a registered physician, the practice of medicine in accordance with the College of Physicians and Surgeons of Ontario’s policy on delegation”⁴.

⁴ College of Physicians and Surgeons of Ontario *Policies: Delegation of Controlled Acts*
Available at: <http://www.cpso.on.ca/policies/delegation.htm>

2. A Competency Profile for Physician Assistants in Ontario

I. Clinical Expert Competencies

Description

The Ontario PA scope of practice is defined as “under the supervision of a registered physician, the practice of medicine in accordance with the College of Physicians and Surgeons of Ontario’s policy on delegation”⁵. Within this scope of practice, the PA possess a defined body of knowledge, clinical and procedural skills and professional attitudes that are directed to effective patient-centered care within the physician-patient relationship.

PAs apply these competencies to collect and interpret information in order to present a clinical treatment plan for approval by their supervising physician. They do so within the boundaries of their discipline, personal expertise, the healthcare setting, the delegatory relationship with their supervising physician and the patient’s preferences and context.

Clinical expert competencies are central to the function of PAs and draws on the other CanMEDS competencies of Communication, Collaboration, Management, Health Advocacy, Scholar and Professionalism.

General Competencies

Physician Assistants are able to:

1. Integrate all the core PA competencies to provide optimal, ethical and patient-centered medical care.
2. Perform a complete and appropriate clinical assessment of a patient and formulate a clinical treatment plan.
3. Use preventive and therapeutic interventions effectively.
4. Demonstrate proficient and appropriate use of diagnostic and procedural skills.
5. Recognize their scope of practice while demonstrating effective and appropriate consultation practice with other healthcare professionals in respect to patient care, education and legal opinions.

Specific Competencies

1. *In keeping with the PA scope of practice*, the PA will have been required to obtain sufficient knowledge in the following basic science subjects:
 - i. *Biochemistry* (organic chemistry, introduction to metabolism, lipids, biochemistry of respiration including fluids, electrolytes and acid base balance, clinical enzymes, biochemistry of hormones and the role of clinical chemistry in diagnosis and treatment of disease).

⁵ Ontario Physician Assistant Implementation Task Force, 2007

- ii. *Chemistry* (basic chemistry, atom and atomic concepts, the periodic table, valence and bonding, basic in organic nomenclature, chemical equations and reactions, properties of solutions, ionization, acids and bases, salts, pH, buffers and hydrolysis, metals and non-metals, and radioactivity).
 - iii. *Microbiology* (micro-organisms and infectious diseases).
 - iv. Relevant *anatomy and physiology* of the following major body systems: neurological, sensory (ocular, ear, nose and throat), cardiovascular, respiratory, gastro-intestinal, genito-urinary, reproductive, musculoskeletal and connective tissue, integumentary, hematopoetic, lymphatic/immune and endocrine.
 - v. *Immunological basis of disease*.
 - vi. *Pathological basis of disease*.
 - vii. *Pharmacology* (academic familiarity, including basic principles of pharmacokinetics and pharmaco-dynamics, with the following classes of medications: medications affecting the central nervous system, medications affecting the autonomic nervous system, medications affecting the respiratory system, medications affecting the cardiovascular system, medications affecting blood clotting mechanisms, medications affecting the gastrointestinal system, medications affecting labour, delivery and postpartum hemorrhage, medications used to treat electrolyte and substrate imbalances, medications used to treat/prevent inflammatory responses and infections and medications used to treat poisoning and overdose).
2. *In keeping with the PA scope of practice*, the PA is required to demonstrate sufficient knowledge of pathological disease processes across the major anatomical body systems and the mind. This includes the following systems and pathologies:
- i. *Neurological*
 Congenital, inflammatory, infectious, traumatic, and neoplastic diseases of the central, autonomic and peripheral nervous systems. Neuropathies, radiculopathies, headaches, seizures, neuromuscular disorders and neurogenic shock.
 - ii. *Sensory*
 Congenital, inflammatory, infectious, traumatic, and neoplastic diseases of the sensory organs.
 - a. Eye: visual acuity loss, color vision impairment, glaucoma and neuro-ophthamologic disorders.
 - b. Ear, nose and throat: auditory acuity loss, speech disturbances and vertigo.
 - iii. *Cardiovascular*
 Congenital, inflammatory, infectious and neoplastic diseases of the heart. Abnormalities of the conduction system, ischemic heart disease, valvular disease, shock, hypertension and congestive heart failure. Diseases of the aorta and peripheral vascular disease.

iv. *Pulmonary*

Congenital, inflammatory, infectious and neoplastic diseases of the lungs. Asthma and emphysema. Pulmonary thromboembolism. Acute and chronic respiratory failure. Occupational / environmental diseases of the lungs.

v. *Gastro-Intestinal*

Congenital, inflammatory, infectious and neoplastic diseases of the GI tract including liver, biliary tract and pancreatic disease.

vi. *Genito-urinary*

Congenital, inflammatory, infectious and neoplastic diseases of the male genitalia and urinary tract. Glomerular disease, hematuria, renal failure, obstructive urinary tract disease, erectile dysfunction, benign and malignant diseases of the prostate.

vii. *Reproductive*

Congenital, inflammatory, infectious and neoplastic diseases of the reproductive organs. Normal and abnormal pregnancy, labour, delivery, and postpartum period including breastfeeding. Menstrual irregularities, menopause, infertility, sexual assault, contraception and family planning. Benign and malignant diseases of the breast.

viii. *Musculoskeletal and connective tissue*

Congenital, inflammatory, infectious, metabolic, traumatic, neoplastic and autoimmune diseases of the musculoskeletal system and connective tissue.

ix. *Integumentary*

Congenital, inflammatory, infectious and neoplastic lesions of the skin. Secondary lesions of the skin from systemic diseases.

x. *Hematopoetic*

Congenital, inflammatory, infectious, metabolic and neoplastic diseases of the blood, bone marrow and spleen. Coagulation disorders and transfusion reactions.

xi. *Lymphatic / Immune*

Congenital, inflammatory, infectious and neoplastic diseases of the lymphatic and immune systems. Hypersensitivity reactions and immunodeficiencies.

xii. *Endocrine*

Congenital, inflammatory, infectious and neoplastic diseases of the endocrine system. Diabetes mellitus and dyslipidemias.

xiii. *Mind (Mental Health)*

Mood, anxiety, psychotic, cognitive disturbance, unexplained physical symptoms, sexual, sleep, eating, psychosocial and substance abuse disorders.

3. *In keeping with the PA scope of practice*, the PA will apply the knowledge of the pathological disease processes listed above to Pediatric and Geriatric patient populations.
4. *In keeping with the PA scope of practice*, the PA will demonstrate competency in the following clinical and procedural skills:

The PA will be able to:

- i. Obtain health history as appropriate, including patient demographics, chief complaint, history of the present illness or injury, past medical, surgical, family and psychosocial history, medications, allergies and systems review.
- ii. Conduct comprehensive and focused physical assessments and interpret findings. This includes assessment of vital signs and examination of all major body systems. In addition, the PA will be able to perform psychological, ob-gyn, neonatal, pediatric and geriatric assessments.
- iii. Utilize primary and secondary assessment results to formulate a differential diagnosis and determine if further clinical investigation is required.
- iv. Order and complete preliminary interpretation of necessary diagnostic tests, which may include, but are not limited to, hematology, microbiology, chemistry, serology, urinalysis, blood gas, ECG, peak flow and plain film x-ray.
- v. Perform the following diagnostic procedures:
 - ECG
 - Peak expiratory flow tests
 - Slit lamp examination (including fluorescein dye and intraocular pressure measurement)
 - Visual acuity
 - Pap smear

and will demonstrate at least an academic understanding of the performance of the following diagnostic procedures:

- Routine and micro-urinalysis
 - Basic hematology
 - Clinical chemistry
 - Microbiology
 - Point of care kits
 - Audiometry
- vi. Collect blood samples (arterial and venous), minor surgical samples, body secretions and body fluids (semen, sputum, wound drainage, and urine).
 - vii. Formulate a treatment and management plan based on assessment and investigation results, availability of services and special needs of patient.

viii. Implement the following interventions:

- Basic Life Support (BLS)
- Advanced Cardiac Life Support (ACLS)
- Basic and advanced airway management
- IV cannulation
- Immobilize fractures or suspected fractures with splints and/or casts
- Basic and advanced wound management including suturing
- Surgical first assist, if needed

and, will demonstrate at least an academic understanding, and **may have demonstrated skills in** a simulated setting, of the following interventions:

- Airway management including initiating treatment with portable transport ventilatory devices
- Advanced trauma life support protocols (primary and secondary survey, OPA insertion, NPA insertion, assisted bag mask valve breathing, intubation, rescue airway devices, percutaneous needle and surgical cricothyroidotomy, needle decompression, chest tube thoracostomy, control external hemorrhage, administer volume expanders including blood products, intraosseous needle insertion, IV cutdown, urinary catheterization, orogastric tube insertion, and nasogastric tube insertion, apply principles of burn management and hypo/hyperthermic injuries, apply principles of triage in mass casualty accidents, and arrange transfer as appropriate to major trauma centre)
- Minor surgery: biopsies, incision and drainage of abscesses
- Other procedures: ear syringing, gastric lavage, enema administration

ix. Provide pharmacological therapy

The PA **will be able** to administer medication⁶ by the following routes:

- Topical
- Oral
- Sublingual
- Inhalation
- Subcutaneous
- Intramuscular
- Intravenous

And, the PA will demonstrate at least an academic understanding, and **may have demonstrated skills in** a simulated setting, in the administration of medications via the following routes:

⁶ Prescriptive authority for specific medications is subject to delegation from the supervising physician

- Intraosseous
 - Endotracheal
 - Rectal
 - Intranasal
 - Other
- x. Monitor patient progress and response to treatment.

II. Communicator Competencies

Description

PAs enable patient-centered therapeutic communication through shared decision making and effective, dynamic interactions with patients, families, caregivers and other professionals within the physician-patient relationship.

General Competencies

PAs are able to:

- Develop rapport, trust and ethical therapeutic relationships with patients, families and caregivers.
- Accurately elicit and synthesize relevant information and perspectives of patients, families, caregivers and other health care professionals.
- Accurately convey relevant information and explanations to the supervising physician, patients, families and other health care professionals.
- Develop an understanding of patient problems and plans with the supervising physician, patients, families and other health care professionals to develop a shared plan of care.
- Convey effective oral and written information about a medical encounter to the supervising physician.

Specific Competencies

PAs are able to:

1. Effectively develop therapeutic relationships with patients and families by:
 - Establishing relationships of trust, respect, honesty and empathy.
 - Respecting patient confidentiality, privacy and autonomy.
 - Listening effectively.
2. Accurately elicit and synthesize relevant information about the patient encounter by:
 - Gathering information about the disease and patient beliefs, concerns, expectations and illness experience.
 - Seeking out and synthesizing relevant information from other sources, such as patient's family, caregivers and other professionals.
 - Recording patient history, results of examination and proposed treatment plan including prescriptions and medical orders.
3. Accurately convey relevant information and explanations, including a proposed treatment plan, to their supervising physician.
4. Effectively communicate the management and treatment plan to the patient, family, caregivers and other healthcare professionals.

5. Maintain clear, accurate and appropriate records of the patient encounter and management plan including:
 - Admission notes, progress notes and discharge notes as needed.
 - Dictated records as appropriate.
 - Consultation requests.
 - Other types of documentation as required by the particular setting.

III. Collaborator Competencies

Description

Physician Assistants work with supervising physicians in the care of patients within the physician-patient relationship. Within this relationship, they partner with other health care providers who are appropriately involved in the care of individuals or specific groups of patients.

General Competencies

PAs are able to:

- Participate effectively in a collaborative practice model while recognizing their role and limits within the healthcare team.
- Work effectively with other professionals to prevent, negotiate and resolve inter-professional conflict.

Specific Competencies

PAs are able to:

1. Recognize and respect the diversity of roles, responsibilities and competencies of other professionals in relation to their own.
2. Promote understanding of the PA role and the Physician-PA relationship as part of a collaborative practice model.
3. Work with others to assess, plan, provide and integrate care of individual patients and groups of patients.
4. Respect team ethics, including confidentiality, resource allocation and professionalism.
5. Demonstrate a respectful attitude toward other colleagues and members of the inter-professional team.

IV. Manager Competencies

Description

PAs interact with their work environment as individuals, as members of teams or groups and as participants in the health system locally, regionally or nationally. The balance in the emphasis among these three levels varies depending on the nature of the practice, but all practices will have some degree of management responsibility. PAs function as managers in their every day practice activities, involving co-workers, resources and organizational tasks, such as care processes and policies, as well as balancing their personal lives.

General Competencies

PAs are able to:

- Participate in activities that contribute to the effectiveness of their healthcare organization and systems.
- Effectively prioritize and execute tasks in collaboration with colleagues.
- Allocate finite healthcare resources appropriately.

Specific Competencies

PAs are able to:

1. Participate in systemic quality process evaluation and improvement such as patient safety initiatives.
2. Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life.
3. Employ information technology appropriately for patient care.

V. Health Advocate Competencies

Description

Physician Assistants recognize the importance of improving the overall health of patients and the society they serve, as well as advocacy opportunities for the individual patient, populations of patients and communities. Individual patients benefit from having Physician Assistants along with their physicians to assist them in navigating the health care system and accessing appropriate health resources in a timely manner.

Health advocacy is an essential and fundamental component of health promotion. It is appropriately expressed both by individual and collective actions of Physician Assistants along with their supervising physicians in influencing public health and policy.

General Competencies

Within the physician-patient relationship, ***PAs are able to:***

- Promote the health of individual patients, communities and populations.
- Respond to individual patient health needs and issues as part of patient care.
- Respond to the health needs of the communities that they serve.
- Identify the determinants of health for the populations that they serve.

Specific Competencies

Within the physician-patient relationship, ***PAs are able to:***

1. Identify and respond to individual patient health needs and issues by advising on health maintenance (lifestyle and fitness issues, injury prevention, nutrition and weight control, family planning, substance abuse, stress and anger management, occupational and public health issues).
2. Within the practice community that they serve:
 - Identify opportunities for advocacy, health promotion and disease prevention.
 - Assist the supervising physician in responding appropriately to the advocacy needs.
3. Identify the determinants of health of the population they serve, including barriers to accessing care and resources.

VI. Scholar Competencies

Description

Physician Assistants engage in a lifelong pursuit of mastering their domain of expertise. As learners they recognize the need to be continually learning, and model this for others. Through their scholarly activities, they contribute to the creation, dissemination, application and translation of clinical knowledge. As educators, they facilitate the education of patients and other health care providers.

General Competencies

PAs are able to:

- Maintain and enhance professional activities through ongoing learning.
- Critically evaluate information and its sources and apply this appropriately to practice decisions.
- Facilitate the learning of patients, colleagues and students.
- Contribute to the application of new medical knowledge and practices.

Specific Competencies

PAs are able to:

1. Self evaluate and set goals for improvement as related to professional practice:
 - Comply with continuing medical education guidelines of the national professional association and employer.
 - Develop personal plan for continuing professional development.
2. Participate in evidence-based practice:
 - Critically appraise retrieved evidence in order to address a clinical question.
 - Integrate critical appraisal conclusions into clinical care.
3. Demonstrate effectiveness in selecting appropriate teaching strategies for patients, colleagues and student.

And, PAs may have at least an academic understanding, and ***may demonstrate skill in:***

4. Research activities, including the:
 - Principles of research and scholarly inquiry.
 - Principles of research ethics.
 - Systematic evidence reviews, including the collection of research data, preparation of data summaries and reporting of trends and anomalies.

VII. Professional Competencies

Description

Physician Assistants have a unique societal role as professionals dedicated to the health and care of others. The professional role is guided by a code of ethics and commitment to clinical competence, embracing the appropriate attitudes and behaviours, integrity, altruism, personal wellbeing and the promotion of public good within their scope of practice.

General Competencies

PAs are able to:

- Demonstrate a commitment to their patients, profession and society through ethical practice.
- Demonstrate a commitment to Physician Assistant health and sustainable practice.
- Demonstrate a commitment to their scope of practice and the unique PA-physician relationship.

Specific Competencies

PAs are able to:

1. Exhibit appropriate professional behaviour in practice including honesty, integrity, commitment, compassion, respect and altruism.
2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence.
3. Recognize and appropriately respond to ethical issues encountered in practice, including issues of patient consent.
4. Recognize the principle and limits of patient confidentiality as defined by practice standards and the law.
5. Appreciate the professional, legal and ethical codes of medical practice.
6. Balance personal and professional priorities to ensure personal health and sustainable practice.
7. Respect the scope of practice for PAs, “Under the supervision of a registered physician, the practice of medicine in accordance with the College Of Physicians and Surgeons of Ontario’s (CPSO) Policy on Delegation of Controlled Acts (policy #4-03)⁷” or other applicable policies on delegation and supervision.

⁷ <http://www.cpso.on.ca/Policies/delegation.htm>