



**CANADIAN ASSOCIATION OF PHYSICIAN ASSISTANTS**

**SCOPE OF PRACTICE**

**AND**

**NATIONAL COMPETENCY PROFILE**

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*PAs play a vital role in Canada's healthcare*

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# **Canadian Association of Physician Assistants: Scope of Practice and National Competency Profile**

## **Preface**

The *Canadian Association of Physician Assistants* (CAPA) is a national professional organization which advocates for physician assistants (PAs) and represents its membership across Canada and globally. It is committed to foster development of the physician/ physician assistant model to assure quality care for Canadians. The Scope of Practice and National Competency Profile are created with the support of The Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) as a resource for PA's, Supervising Physicians, Educators, Legislators and other health professionals.

CAPA has established and maintains the national standard of practice for PAs and provides the National Certification Process through the Physician Assistant Certification Council (PACC). The Canadian Medical Association (CMA) offers conjoint accreditation of PA training programs with CAPA.

By guiding educational programs and assisting legislators, CAPA's goal is to provide efficacious health professionals to the Canadian public, and foster the development of the profession nationally.

Historically the PA's role was developed within the Canadian Forces Health Services to provide a full spectrum of medical care. Civilian PAs are practicing in Manitoba and in Ontario where they have been integrated in the health care system since 2006.

This model is being increasingly used to help meet the pressing demand for quality medical care around the world. In the U.S. Physician Assistants have been assisting in meeting this need since the 1970's. In addition, health care planners and administrators in many countries worldwide have utilized similar models or are starting to explore this health care profession.

## **Introduction**

CAPA's objective in the development of this document is to communicate to the public and to the PA profession a set of standards that all physician assistants are expected to acquire for entry to practice. It is intended to help employers, PAs, physicians, educators and others to understand the breadth and depth of practice for PAs in Canada.

This document provides the *Scope of Practice Statement* and the *National Competency Profile*, developed for entry-level Generalist PAs in Canada.

The *Scope of Practice Statement* defines how and under what circumstances the PA may exercise their competencies within the health care system. The PA scope of practice is relevant to practice in any health care setting or role.

The *National Competency Profile* details the key and enabling competencies that a PA for entry level, Generalist PA practice in Canada is expected to acquire.

In the development of this National Canadian PA competency document, the RCPSC's *CanMEDS framework (1)* was adopted. 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 of Canada 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 Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar and Professionals. These same roles have been adapted to define PA competencies in this document. CanMEDS was chosen as the framework as it provides a comprehensive competency profile that meets the needs of multiple stakeholders, including educators, teachers, PA trainees, PAs, supervising and practicing physicians, researchers, other health care professionals, public officials and the public.

CAPA used its own *National Occupational Competency Profile 2006 (2)*, the *Ontario PA Competency Profile (3)* and the *Four Principles* of the College of Family Physicians of Canada (CFPC) (4) in the development of this document.

### **Scope of Practice**

The *Physician Assistant* is a health care provider with the knowledge, skills and attitude to undertake delegated medical services. Physician Assistants 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, in accordance with the delegated medical act.

The PA is a physician extender and not an independent practitioner. They work under the direction of supervising physicians within the client/patient-centered health care team. The PA has the skills and experience to deal with everyday health care needs and various specialty practice environments. The PA's activities may include conducting patient interviews, histories, physical examinations; performing selected diagnostic and therapeutic interventions; and counseling on preventive health care. 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, the PA scope of practice, and provincial jurisdictions.

### **Purpose**

#### **For PAs**

As a student, lists the generic abilities that their education will provide and prepare them for assessments, a guide for certification exam and a resource for continuing professional development (CPD).

#### **For Supervising Physicians**

List the basic competencies an entry to practice PA. Educate themselves on the role of a PA in a patient centered team.

### **For Educators**

May be used as the basis for curricula throughout each phases of training. May also be used for the creation of in-training assessments tools to monitor training.

### **For Legislators**

May be used to help develop medical directives for employed PAs at provincial or local levels as to optimize patient care

### ***Appendix: to Competency profile – “Diseases/Conditions”***

### **References**

- 1- Frank, J.R. (Ed.) 2005: The CanMEDS 2005 Physician Competency Framework. Better Standards. Better Physicians. Better care: The Royal College of Physicians & Surgeons of Canada, Ottawa, Ontario, Canada
- 2- Canadian Association of Physician Assistants, 28 Jan 2007: The National Occupational Competency Profile for Physician Assistant, Ottawa, Ontario, Canada
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- 4- The College of Family Physicians of Canada: Four Principles of Family Medicine

# National Competency Profile for Physician Assistants

## I. Medical Expert

### Definition

The physician-PA relationship is central to the PA scope of practice. As Medical Expert, physician assistants integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. *Medical Expert* is the central physician assistant (PA) Role in the CanMEDS framework.

### Description

Physician Assistants possess a defined body of knowledge, clinical skills, procedural skills and professional attitudes, which are directed to effective patient-centered care. They apply these competencies to collect and interpret information, make appropriate clinical decisions, and carry out diagnostic and therapeutic interventions. They do so within the boundaries of their discipline of which they are practicing, personal expertise, the healthcare setting, and the delegatory relationship with their supervising physician and the patient's preferences and context. Their care is characterized by up-to-date, ethical, and resource-efficient clinical practice as well as with effective communication in partnership with patients, other health care providers and the community. The Role of Medical Expert is central to the function of PAs and draws on the competencies included in the Roles of Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional.

Physician Assistant education incorporates clinical medicine with relevance across the human life cycle, including: inpatient care, outpatient care, surgical care, emergency care, psychiatric/behavioral care and primary care.

### Elements

- Integration and application of all CanMEDS Roles for patient care
- Core medical knowledge
- Patient problem identification
- Diagnostic reasoning
- Clinical judgment
- Clinical decision-making
- Application of appropriate therapies
- Procedural skill proficiency
- Humane care
- Application of ethical principles for patient care
- Maintains collaborative relationship with the supervising physician
- Knowing limits of expertise
- Maintenance of competence
- Principles of patient safety and avoiding adverse events

## Key Competencies

### *Physician Assistants are able to...*

- 1 Function effectively as a physician extender, integrating all of the CanMEDS Roles (as adapted for the PA) to provide optimal, ethical and patient-centered medical care;
- 2 Apply clinical knowledge, appropriate to patient care;
- 3 Perform a complete and appropriate assessment of a patient and formulate a clinical treatment plan;
- 4 Implement effective management plans that include preventive and therapeutic interventions;
- 5 Demonstrate appropriate procedural skills, both diagnostic and therapeutic;
- 6 Seek appropriate consultation from the supervising physician and other health professionals.

## Enabling Competencies:

### *Physician Assistants are able to...*

1. **Function effectively as a physician extender, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care**
  - 1.1 Appropriately adapt their scope of practice within the specific clinical setting of the supervising physician
  - 1.2 Demonstrate effective use of all CanMEDS competencies relevant to their practice
  - 1.3 Identify and appropriately respond to relevant ethical issues arising in patient care
  - 1.4 Effectively and appropriately prioritize professional duties when faced with multiple patients and problems
  - 1.5 Demonstrate compassionate and patient-centered care
  - 1.6 Recognize and respond to the ethical dimensions in medical decision-making
2. **Apply clinical knowledge appropriate to patient care**
  - 2.1 Demonstrate knowledge of the fundamental biomedical sciences including anatomy and physiology, chemistry and biochemistry, immunology, pharmacology, microbiology, genetics and pathophysiology, as they apply to patient care
  - 2.2 Demonstrate knowledge of general clinical medicine in all systems, including: cardiovascular, endocrine, musculoskeletal, pulmonary, gastrointestinal (GI), eye, ear, nose, throat (ENT), reproductive, neurological, psychiatry/behavioral science genitourinary (GU), dermatology, haematology, infectious disease
  - 2.3 Incorporate psychosocial factors into clinical decision making
  - 2.4 Use evidence based medicine in the provision of patient care

**3. Perform a complete and appropriate assessment of a patient and formulate a clinical treatment plan**

- 3.1 Effectively identify and explore issues to be addressed in a patient encounter, including the patient's context and preferences
- 3.2 Elicit a history that is relevant, concise and accurate to context and preferences
- 3.3 Perform a focused physical examination that is relevant and accurate
- 3.4 Select medically appropriate investigative methods, including ordering and interpreting the results of common tests related to screening, diagnosis and management: Haematological, Biochemical, Microbiologic, Pathologic, Diagnostic imagery (general x-ray, CT, MRI, ultrasound), Electrocardiographic
- 3.5 Demonstrate effective clinical problem solving and judgment to address patient problems, and generate differential diagnoses
- 3.6 Develop management plans for physician review, including follow-up plans for patients with acute and chronic conditions

**4. Implement effective management plans that include preventive and therapeutic interventions.**

- 4.1 Implement a physician approved management plan in collaboration with a patient and their family
- 4.2 Demonstrate effective, appropriate, and timely application of preventive and therapeutic interventions including pharmacotherapy management, non-pharmacotherapy, health promotion and disease prevention and supportive counseling.
- 4.3 Recognize the principles and medico legal responsibilities related to informed consent for therapies

**5. Demonstrate appropriate procedural skills, both diagnostic and therapeutic**

- 5.1 Demonstrate effective, appropriate, and timely performance of diagnostic and therapeutic procedures relevant to patient care

**5.1.1 Integumentary Procedures including:**

- 5.1.1.1 Abscess incision and drainage
- 5.1.1.2 Insertion of simple suturing
- 5.1.1.3 Laceration (simple) repair; suture and gluing
- 5.1.1.4 Cryotherapy of skin lesions, Skin scraping for fungus determination
- 5.1.1.5 Release subungual hematoma
- 5.1.1.6 Drainage of acute paronychia
- 5.1.1.7 Removal of foreign body e.g. Fish hook, splinter, or glass
- 5.1.1.8 Pare skin callus

**5.1.2 Local Anesthetic Procedures including:**

- 5.1.2.1 Infiltration of local anesthetic

- 5.1.3 **Eye Procedures including:**
  - 5.1.3.1 Instillation of Fluoroscein
  - 5.1.3.2 Removal of corneal or conjunctival foreign body
  - 5.1.3.3 Application of eye patch
- 5.1.4 **Ear Procedures including:**
  - 5.1.4.1 Removal of cerumen
  - 5.1.4.2 Removal of foreign body
- 5.1.5 **Nose Procedures including:**
  - 5.1.5.1 Removal of foreign body
  - 5.1.5.2 Anterior nasal packing
- 5.1.6 **Gastrointestinal Procedures including:**
  - 5.1.6.1 Nasogastric tube insertion
  - 5.1.6.2 Fecal Occult Blood testing
- 5.1.7 **Genitourinary and Women’s Health Procedures including:**
  - 5.1.7.1 Pap smear
- 5.1.8 **Obstetrical Procedures including:**
  - 5.1.8.1 Provide assistance in normal vaginal delivery
- 5.1.9 **Musculoskeletal Procedures including:**
  - 5.1.9.1 Splinting of injured extremities
  - 5.1.9.2 Application of sling – upper extremity
  - 5.1.9.3 Assist in the application of simple casts
  - 5.1.9.4 Assist in the aspiration and injection of joints
- 5.1.10 **Resuscitation Procedures including:**
  - 5.1.10.1 Oral airway insertion
  - 5.1.10.2 Bag and Mask ventilation
  - 5.1.10.3 Cardiac defibrillation
- 5.1.11 **Injections and Cannulation:**
  - 5.1.11.1 Intramuscular injection
  - 5.1.11.2 Subcutaneous injection
  - 5.1.11.3 Intradermal injection
  - 5.1.11.4 Venipuncture
  - 5.1.11.5 Peripheral intravenous line
- 5.2 Recognize the principles and medico legal responsibilities related to informed consent for procedures
- 5.3 Recognize the principles and medico legal responsibilities related to documentation of procedures performed
- 5.4 Recognize the importance of arranging follow-up for procedures performed
- 6. **Seek appropriate consultation from the supervising physician and other health professionals**
  - 6.1 Demonstrate insight into their own limitations of expertise

- 6.2 Demonstrate effective, appropriate, and timely consultation as needed for optimal patient care
- 6.3 Recognize the importance of arranging appropriate follow-up for a patient in a collaborative model of care

## II. Communicator

### Definition

As *Communicators*, physician assistants effectively facilitate patient centered care and the dynamic exchanges that occur before, during, and after the medical encounter.

### Description

PAs enable patient-centered therapeutic communication through shared decision-making and effective dynamic interactions with supervising physicians, patients, families, caregivers, and other professionals. The competencies of this Role are essential for establishing rapport and trust, formulating a provisional diagnosis, delivering information, striving for mutual understanding, and facilitating a shared plan of care. Poor communication can lead to undesired outcomes, and effective communication is critical for optimal patient outcomes. The application of these communication competencies and the nature of the PA-physician-patient relationship vary within the different practice profiles of the supervising physicians.

### Elements

- Patient-centered approach to communication
- Rapport, trust and ethics in the PA-physician-patient relationship
- Therapeutic relationships with patients, families and caregivers
- Diverse PA-physician-patient relationships for different medical practices
- Shared decision-making
- Concordance
- Mutual understanding
- Empathy
- Capacity for compassion, trustworthiness, integrity
- Flexibility in application of skills
- Interactive process
- Relational competence in interactions
- Eliciting and synthesizing information for patient care
- Efficiency
- Accuracy
- Conveying effective oral and written information for patient care
- Effective listening
- Use of expert verbal and non-verbal communication
- Respect for diversity
- Attention to the psychosocial aspects of illness
- Breaking bad news
- Addressing end-of-life issues
- Disclosure of error or adverse event
- Informed consent
- Capacity assessment
- Appropriate documentation

## Key Competencies

### *Physician Assistants are able to...*

- 1 Develop rapport, trust and ethical therapeutic relationships with patients, families and caregivers;
- 2 Accurately elicit and synthesize relevant information and perspectives of patients, families, caregivers and other health care professionals;
- 3 Accurately convey relevant information and explanations to patients, families and other health care professionals;
- 4 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;
- 5 Convey accurate oral, written and/or electronic information about a medical encounter.

## Enabling Competencies

### *Physician Assistants are able to...*

- 1. Develop rapport, trust and ethical therapeutic relationships with patients, families and caregivers**
  - 1.1 Establish relationships of trust, respect, honesty and empathy
  - 1.2 Respect patient confidentiality, privacy and autonomy
  - 1.3 Listen effectively
  - 1.4 Be aware and responsive to nonverbal cues
  - 1.5 Facilitate a structured clinical encounter
- 2. Accurately elicit and synthesize relevant information and perspectives of patients, families, caregivers and other health care professionals**
  - 2.1 Gather information about disease, but also about a patient's beliefs, concerns, expectations and illness experience.
  - 2.2 Seek out and synthesize relevant information from other sources, such as patient's family, caregivers and other professionals.
- 3. Accurately convey relevant information and explanations to patients, families and other health care professionals**
  - 3.1 Deliver information to a patient and family, colleagues, and other professionals, in a humane manner and in such a way that it is understandable, encourages discussion and participation in decision-making.

- 4. 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**
  - 4.1 Identify and explore problems to be addressed from a patient encounter, including the patient's context, responses, concerns, and preferences
  - 4.2 Respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making
  - 4.3 Encourage discussion, questions, and interaction in the encounter
  - 4.4 Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care
  - 4.5 Address challenging communication issues such as obtaining informed consent, delivering bad news, and addressing anger, confusion and misunderstanding
  
- 5. Convey accurate oral, written and/or electronic information about a medical encounter**
  - 5.1 Maintain clear, accurate, and appropriate records (e.g., written or electronic) of clinical encounters and plans
  - 5.2 Record patient history, results of examination and proposed treatment plan including prescriptions and medical orders
  - 5.3 Present verbal reports of clinical encounters and plans to the supervising physician.

### **III. Collaborator**

#### **Definition**

*As Collaborators*, physician assistants work with the supervising physician to effectively work within a healthcare team to achieve optimal patient care.

#### **Description**

Physician Assistants work with supervising physicians in the care of patients within the physician-patient relationship. Within this relationship it is essential for PAs to be able to collaborate effectively with patients, families, and an inter-professional team of expert health professionals for the provision of optimal care, education and scholarship.

#### **Elements**

- Collaborative care, culture and environment
- Shared decision-making
- Sharing of knowledge and information
- Effective teams
- Respect for other members of the healthcare team
- Respect for diversity
- Team dynamics
- Leadership based on patient needs
- Constructive negotiation
- Conflict resolution, management, and prevention
- Organizational structures that facilitate collaboration
- Understanding roles and responsibilities
- Recognizing one's own roles and limits
- Effective consultation with respect to collaborative dynamics
- Effective primary care – specialist collaboration
- Collaboration with community agencies
- Communities of practice
- Interprofessional health care
- Multiprofessional health care
- Learning together
- Gender issues

#### **Key Competencies**

##### ***Physician Assistants are able to...***

- 1 Work within the PA-Physician relationship;
- 2 Participate effectively and appropriately in an interprofessional healthcare team;
- 3 Work effectively with other professionals to prevent, negotiate and resolve interprofessional conflict.

## **Enabling Competencies**

### ***Physician Assistants are able to...***

#### **1. Work within the PA-Physician relationship**

- 1.1 Work within the PA scope of practice, and the delegated authority of the supervising physician
- 1.2 Promote understanding of the PA role and the Physician-PA relationship as part of a collaborative practice model.

#### **2. Participate effectively and appropriately in an interprofessional healthcare team**

- 2.1 Clearly describe PA roles and responsibilities to other professionals
- 2.2 Recognize and respect the diversity of roles, responsibilities and competencies of other professionals in relation to their own.
- 2.3 Work with others to assess, plan, provide and integrate care for individual patients (or groups of patients)
- 2.4 Respect team ethics, including confidentiality, resource allocation and professionalism

#### **3. Work effectively with other professionals to prevent, negotiate and resolve interprofessional conflict**

- 3.1 Demonstrate a respectful attitude toward other colleagues and members of the interprofessional team.
- 3.2 Work with other professionals to prevent conflicts
- 3.3 Respect differences, misunderstandings and limitations in other professionals
- 3.4 Recognize one's own differences, misunderstanding and limitations that may contribute to interprofessional tension

## IV. Manager

### Definition

As *Managers*, physician assistants are integral participants in healthcare organizations working with their supervising physician to organize sustainable practices, make decisions about allocating resources, and contribute to the effectiveness of the healthcare system.

### 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 colleagues, resources and organizational tasks, such as care processes and policies, as well as balancing their personal lives.

Thus, PAs require the ability to prioritize, effectively execute tasks collaboratively with colleagues, and make systematic choices when allocating scarce healthcare resources. The CanMEDS Manager Role describes the active engagement of all PAs as integral participants in decision-making in the operation of the healthcare system.

### Elements

- Physician Assistants as active participants in the healthcare system
- Physician Assistants roles and responsibilities in the healthcare system
- Collaborative decision-making
- Quality assurance and improvement
- Organization, structure and financing of the healthcare system
- Administration
- Consideration of justice, efficiency and effectiveness in the allocation of finite healthcare resources for optimal patient care
- Priority-setting
- Practice management to maintain a sustainable practice and physician assistant health
- Health human resources
- Time management
- Career development
- Information technology for healthcare

### Key Competencies

#### ***Physician Assistants are able to...***

- 1 Participate in activities that contribute to the effectiveness of their healthcare organizations and systems;

- 2 Effectively prioritize and execute tasks in collaboration with colleagues;
- 3 Utilize finite healthcare resources appropriately.

## **Enabling Competencies**

### ***Physician Assistants are able to...***

- 1. Participate in activities that contribute to the effectiveness of their healthcare organizations and systems**
  - 1.1 Work collaboratively with others in their organizations
  - 1.2 Participate in systemic quality process evaluation and improvement such as patient safety initiatives
  - 1.3 Describe the structure and function of the healthcare system, including the roles of the physician and physician assistants
- 2. Effectively prioritize and execute tasks in collaboration with colleagues**
  - 2.1 Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life
  - 2.2 Effectively and appropriately prioritize professional duties when faced with multiple patients and problems
  - 2.3 Practice effective problem-solving
  - 2.4 Assign and refer task appropriately and effectively
  - 2.5 Employ information technology appropriately for patient care
- 3. Utilize finite healthcare resources appropriately.**
  - 3.1 Recognize the importance of just allocation of healthcare resources, balancing effectiveness, efficiency and access with optimal patient care
  - 3.2 Apply evidence and management processes for cost-appropriate care

## V. Health Advocate

### Definition

As *Health Advocates*, physician assistants responsibly use their expertise and influence to advance the health and well being of individual patients, communities, and populations.

### Description

Physician Assistants recognize the importance of improving the overall health of patients, as well as advocacy opportunities for the individual patient. 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.

### Elements

- Advocacy for individual patients, populations and communities
- Health promotion and disease prevention
- Determinants of health, including psychological, biological, social, cultural and economic
- Adapting practice, management and education to the needs of the individual patient
- Patient safety
- Interactions of advocacy with other CanMEDS Roles and competencies

### Key Competencies

***Physician Assistants are able to...***

- 1 Respond to individual patient health needs and issues as part of patient care;
- 2 Identify the determinants of health for the populations that they serve.

### Enabling Competencies

***Physician Assistants are able to...***

1. **Respond to individual patient health needs and issues as part of patient care.**
  - 1.1 Identify the health needs of an individual patient
  - 1.2 Identify opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care

- 2. Identify the determinants of health for the populations that they serve.**
  - 2.1 Identify the determinants of health of the populations that they serve, including barriers to accessing care and resources
  - 2.2 Identify vulnerable or marginalized populations within those served and respond appropriately
  - 2.3 Appreciate the possibility of competing interests between the communities served and other populations

## VI. Scholar

### Definition

As *Scholars*, physician assistants demonstrate a lifelong commitment to reflective learning and the application and translation of medical knowledge.

### Description

Physician Assistants 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. PAs facilitate the education of patients, families, public, colleagues and students, and other health care professionals.

### Elements

- Lifelong learning
- Moral and professional obligation to maintain competence and be accountable
- Reflection on all aspects of practice
- Self-assessment
- Identifying gaps in knowledge
- Asking effective learning questions
- Accessing information for practice
- Evidence-based medicine
- Translating knowledge (evidence) into practice
- Translating knowledge into professional competence
- Enhancing professional competence
- Using a variety of learning methodologies
- Principles of learning
- Role modeling
- Assessing learners
- Giving feedback
- Mentoring
- Teacher-student ethics, power issues, confidentiality, boundaries
- Learning together
- Communities of practice

### Key Competencies

#### ***Physician Assistants are able to...***

- 1 Maintain and enhance professional activities through continual learning;
- 2 Critically evaluate information and its sources and apply this appropriately to practice decisions;
- 3 Facilitate the learning of patients, families, and other health care professionals.

## **Enabling Competencies**

*Physician Assistants are able to...*

- 1. Maintain and enhance professional activities through continual learning**
  - 1.1 Describe the principles of maintenance of competence
  - 1.2 Describe the principles and strategies for implementing a personal plan for continuing professional development
  - 1.3 Recognize and reflect learning issues in practice
  - 1.4 Pose an appropriate learning question
  - 1.5 Access and interpret the relevant evidence
  - 1.6 Integrate new learning into practice
  
- 2. Critically evaluate information and its sources and apply this appropriately to practice decisions**
  - 2.1 Describe the principles of critical appraisal
  - 2.2 Critically appraise retrieved evidence in order to address a clinical question
  - 2.3 Integrate critical appraisal conclusions into clinical care
  
- 3. Facilitate the learning of patients, families, and other health care professionals**
  - 3.1 Select effective teaching strategies and content to facilitate others' learning
  - 3.2 Assess and reflect on a teaching encounter

## VII. Professional

### Definition

As *Professionals*, physician assistants are committed to the health and well-being of individuals and society through ethical practice, profession-led association, and high personal standards of behavior.

### Description

Physician Assistants have an important 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 behaviors, integrity, altruism, personal wellbeing and the promotion of public good within their scope of practice.

### Elements

- Altruism
- Integrity and honesty
- Compassion and caring
- Morality and codes of behavior
- Responsibility to society
- Responsibility to the profession, including obligations of supervisor review
- Responsibility to self, including personal care in order to serve others
- Commitment to excellence in clinical practice and perfection of the discipline
- Commitment to the promotion of the public good in health care
- Accountability to professional regulatory authorities as applicable
- Commitment to professional standards
- Bioethical principles and theories
- Medico-legal frameworks governing practice
- Self-awareness
- Sustainable practice and physician assistant health
- Self-assessment

### Key Competencies

#### ***Physician Assistants are able to...***

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

## **Enabling Competencies**

*Physician Assistants are able to...*

- 1. Demonstrate a commitment to their patients, profession and society through ethical practice**
  - 1.1 Exhibit appropriate professional behavior in practice including honesty, integrity, commitment, compassion, respect and altruism
  - 1.2 Demonstrate a commitment to deliver the highest quality care and maintenance of competence
  - 1.3 Recognize and appropriately respond to ethical issues encountered in practice, including issues of patient consent
  - 1.4 Appropriately manage conflicts of interest
  - 1.5 Recognize the principle and limits of patient confidentiality as defined by practice standards and the law
  - 1.6 Maintain appropriate professional interaction with patients
  - 1.7 Recognize and respond to others' unprofessional behaviors in practice
  - 1.8 Participate in peer review
  
- 2. Demonstrate a commitment to their scope of practice and the unique PA-physician relationship**
  - 2.1 Abide by the professional, legal and ethical codes of medical practice
  - 2.2 Comply with national, federal and provincial regulations, where applicable
  
- 3. Demonstrate a commitment to Physician Assistant health and sustainable practice.**
  - 3.1 Balance personal and professional priorities to ensure personal health and sustainable practice
  - 3.2 Strive to heighten personal and professional awareness and insight
  - 3.3 Recognize other professionals in need and respond appropriately

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**Appendix**  
**To**  
**National Competency Profile**  
**Physician Assistant**  
**“Diseases and Conditions”**

This document is an Appendix to the National Occupational Competency Profile for Physician Assistant. The Appendix specifies the abilities of the Generalist entry-to-practice level Physician Assistant in recognizing, diagnosing and treating specific conditions and diseases.

## PURPOSE:

As an Appendix, this document is intended to expand on the Canadian Association of Physician Assistants Scope of Practice and National Competency Profile (2009 version).

The Appendix lists the “Diseases and Conditions” in uncomplicated cases that the generalist, entry-to-practice level Physician Assistant should be competent to recognize, diagnose, manage and/or treat, within the PA’s own scope of practice, in accordance with their supervising physician and/or medical directives under supervision of a physician.

## LIMITATION:

This Appendix is NOT intended to be a comprehensive list of diseases and conditions for which a PA has been exposed to in education and in practice. It is expected and assumed that PA education programs will include curriculum that is more comprehensive and exhaustive than this Appendix is able to capture, and will cover diseases and conditions that a PA will be able to recognize and diagnose, but not manage/treat, or be able to recognize and refer.

## LAYOUT:

The lists in this Appendix are organized by systems, and include the disease process and conditions for pediatrics and geriatrics as well as both genders.

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## **Eyes, Ears, Nose and Throat**

Conjunctivitis  
Hordeolum  
Blepharitis  
Foreign body - Eye  
Red eye (painful/non-painful)  
Subconjunctival hemorrhage  
Eustachian tube dysfunction  
Foreign body – Ear  
Hearing loss  
Otitis externa  
Otitis media  
Serous Otitis  
Rhinitis (Allergic/viral/vasomotor/  
medicamentosa)  
Epistaxis  
Foreign body - Nose  
Sinusitis  
Aphthous stomatitis  
Candidiasis/thrush  
Croup  
Epiglottitis  
Herpes labialis  
Laryngitis  
Mononucleosis  
Periodontal abscess  
Pharyngitis/ Tonsillitis  
Tracheitis

## **Cardiovascular**

Angina (stable/unstable)  
Ischemic heart disease  
Arrhythmia (Atrial fibrillation, Ventricular  
fibrillation, Bradycardia, Tachycardia,  
Premature beats, Asystole)  
Heart failure  
Hypertension (Primary/Secondary)  
Peripheral vascular disease  
Transient Ischemic Attack  
Varicose veins  
Venous thrombosis

## **Respiratory**

Asthma  
Bronchitis/Bronchiolitis  
COPD  
Costochondritis  
Pleural effusion  
Pneumonia  
Pneumothorax  
Pulmonary embolism  
Rib Fractures

## **Gastrointestinal**

Acute gastroenteritis  
Pancreatitis (Acute/Chronic)  
Upper GI bleed  
Appendicitis  
Bowel obstruction  
Cholecystitis  
Constipation  
Diarrhea  
Diverticulitis/diverticulosis  
Gastroesophageal reflux disease  
Hemorrhoids  
Hepatitis  
Inguinal hernia  
Irritable bowel syndrome  
Lactose intolerance  
Neonatal jaundice  
Peptic ulcer disease  
Pilonidal abscess  
Toxic Megacolon  
Ventral hernia  
Xerostomia

## **Obstetrics**

Breast feeding  
First trimester bleeding  
Post partum depression  
Uncomplicated pregnancy

## **Genitourinary/Reproductive**

Dehydration  
Hematuria  
Proteinuria  
Renal Failure  
Lower/Upper urinary tract infection  
Urinary tract calculi  
Infections of the genital tract (male/female;  
bacterial, fungal, trichomonal and HPV)  
Breast mass/lump  
Mastitis  
Menopause  
Menstrual irregularities  
Prostatic hypertrophy  
Epididymitis  
Phimosis  
Prostatitis  
Testicular torsion

## **Skin**

Acne vulgaris  
Angioedema  
Bites (Insect/Reptile/Animal/Human)  
Benign skin conditions  
(Blisters/callouses/skin  
tags/lipoma/epidermal cysts/pseudo-  
folliculitis barbae)  
Dermatitis  
(Atopic/Contact/Dyshidrotic/Seborrheic)  
Diaper rash  
Infections – Skin (bacterial, fungal, viral;  
cellulitis and superficial)  
Ulceration/stasis dermatitis  
Moles/Nevi  
Nail conditions (Onychomycosis,  
Paronychia/Ingrown)  
Rosacea  
Warts

## **Neurological**

Headache (Tension/Cluster/Migraine)  
Seizures (Simple/Complex)  
Febrile seizures of childhood  
Meningitis  
Minor head trauma  
Stroke

## **Musculoskeletal**

Arthritis  
Acute/chronic low back pain  
Degenerative disc disease  
Compartment syndromes  
Gout/pseudogout  
Osteomyelitis  
Osteoporosis  
Frozen shoulder syndrome  
Tendonitis – Achilles/Rotator Cuff  
Separation - Acromioclavicular  
Fracture – clavicle/foot (stress)  
Ligament injuries – Knee/Wrist/Hand  
Sprain- Ankle/neck (torticollis)  
Carpal tunnel syndrome  
Ganglion cyst  
Trigger finger  
Patellofemoral syndrome  
Plantar fasciitis  
Sciatica  
Shin splints

## **Endocrine and Metabolic**

Acute adrenal insufficiency  
Diabetes Mellitus (Type I and II)  
Electrolyte abnormalities  
Hyper/hypoglycemia  
Hyper/hypothyroidism  
Obesity  
Failure to thrive (child/adult)

## **Infectious**

Enterobiasis  
Parvovirus B19  
Coxsackie (Hand-foot-mouth)  
Mumps  
Pertussis  
Roseola infantum  
Rubella  
Rubeola  
Scarlet fever

## **Emergency**

Poisoning and Overdose

Hypothermia

Hyperthermia

Sepsis

Respiratory distress/airway abnormalities

## **Blood/Heamatology**

Anemia

Pancytopenia

## **Mental Health**

Anxiety (chronic/panic attacks)

Adjustment reaction (Grief)

Depression

Eating disorders

Suicide Assessment

Normal stages of Childhood Development

Abuse (Physical/Emotional/Sexual; child, spouse, elder)