



**Canadian Association of Physician Assistants  
Association canadienne des adjoints au médecin**

# **CANADIAN ASSOCIATION OF PHYSICIAN ASSISTANTS**

## **CanMEDS-PA**

## **2015 Edition**

Canadian Association of Physician Assistants  
October 2015  
[capa-acam.ca](http://capa-acam.ca)

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*FINAL: October 16, 2015*

# Canadian Association of Physician Assistants: CanMEDS-PA

## **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. CAPA is committed to foster development of the physician/PA model to assure quality care for Canadians.

CAPA has established and maintains the national standard of practice for PAs. The Physician Assistant Certification Council of Canada (PACCC), a council of CAPA, administers and maintains the PA certification process. PACCC safeguards professional standards and promotes lifelong learning of the PA by responding to the evolving needs of patients, government, regulators and national associations. The Canadian Medical Association (CMA) offers conjoint accreditation of PA training programs in Canada.

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 role in Canada was developed within the Canadian Armed Forces to provide a full spectrum of medical care. Civilian PAs are practicing in many parts of Canada where they have been integrated in the healthcare system since 2003.

Around the world, the PA model is being increasingly used to help meet the pressing demand for quality medical care. In the US, PAs have been assisting in meeting this need since the 1960's. Governments, health care planners and administrators in many countries worldwide are exploring or have already developed similar models within their healthcare systems.

## **Introduction**

As the national professional association, it is the responsibility of CAPA to communicate to the public and to the PA profession a set of competency standards that all PAs are expected to demonstrate for entry-to-practice generalist PA. It is intended to help employers, PAs, physicians, educators and others to understand the breadth and depth of practice for PAs in Canada. The CanMEDS-PA (formerly known as the CAPA National Competency Profile and Scope of Practice) were created with the support of The Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) in 2009 as a resource for PAs, supervising physicians, educators, legislators and other health professionals.

In the development of the original National Competency Profile for PAs in Canada (2009), CAPA used its own National Occupational Competency Profile 2006, the Ontario PA Competency Profile, the Four Principles of Family Medicine (CFPC) and adapted the RCPSC's *CanMEDS framework*. 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 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, Leader (formally Manager), Health Advocate, Scholar and Professionals. These roles have been adapted to define PA competencies. CanMEDS was chosen as the framework for PAs 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.

This 2015 edition was updated to reflect the ongoing changes in health care as well as the CanMEDS 2015 (1).

### **Scope of Practice**

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

PAs are medically educated clinicians who practice medicine within a formalized agreement with physician(s). The Scope of Practice is defined by the formalized agreement with the Physician(s) and their qualifications, experience and knowledge to delegate to the PA and the laws of the jurisdiction of practice.

The PA has the knowledge, skills and experience to deal with health care and medical needs in a variety of practice environments. The PA's activities may include conducting patient interviews, histories, physical examinations; performing selected diagnostic and therapeutic interventions; providing medical orders and prescriptions, 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 and the PA scope of practice.

### **Purpose of the CanMEDS-PA**

#### **For PAs**

For PA students, the CanMEDS-PA describes the knowledge, skills and attitudes that they are required to demonstrate during their academic experience. The education program utilizes these competencies as a basis for assessments. The competencies also serve as a guide for the Canadian national certification exam. For Certified PAs, the CanMEDS-PA provides a resource for continuing professional development (CPD).

#### **For Supervising Physicians**

The CanMEDS-PA provides supervising physicians with a list of the basic competencies of a certified entry-level PA. It also describes the role of a PA in a patient centered team.

### **For Educators**

The CanMEDS-PA provides educators with the template that may be used as the basis for curriculum development in each phase of training. It may also be used for the creation of in-training assessments tools to monitor progress.

### **For Legislators**

The CanMEDS-PA may be used to help develop medical directives for PAs at provincial or local levels to optimize the quality of patient care.

### **References**

- 1- Frank JR, Snell L, Sherbino J, editors. *The Draft CanMEDS 2015 Physician Competency Framework – Series IV*. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2014 December
- 2- Jones IW, Martin Y, St-Pierre N, editors. *Canadian Association of Physician Assistants Entry-to-Practice Physician Assistant Procedural Competencies – 2014 Survey*. University of Manitoba Office of Physician Assistant Studies. (Internal Document)

# CanMEDS-PA for Physician Assistants

## I. Medical Expert

### Definition

The physician/PA relationship is central to the PA scope of practice. As *Medical Expert*, PAs integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of high-quality and safe patient-centered care. *Medical Expert* is the central PA role in the CanMEDS framework and defines the PAs scope of practice.

### Description

As Medical Experts who provide high-quality, safe, patient-centered care: PAs draw upon an evolving body of knowledge, clinical skills, procedural skills and professional attitudes. 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 health care setting, the 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, Leader, Health Advocate, Scholar and Professional.

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

### Elements

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

## Key Competencies

### *PAs 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

### *PAs 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
  - 1.7 Contribute to a culture that promotes patient safety
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/behavioural science genitourinary (GU), dermatology, haematology and 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 and 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 Removal of foreign body e.g. Fish hook, splinter, or glass
      - 5.1.1.7 Superficial and partial-thickness burn care
      - 5.1.1.8 Minor surgical procedure to include excision biopsy (elliptical and cyst removal)
    - 5.1.2 **Local Anesthetic Procedures including:**
      - 5.1.2.1 Local anesthetic to include topical, local infiltration, eye and digital nerve block

- 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
  
- 5.1.7 **Genitourinary and Women’s Health Procedures including:**
  - 5.1.7.1 Performing Pap smear
  - 5.1.7.2 Conducting bi-manual pelvic exam
  
- 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
  
- 5.1.10 **Resuscitation Procedures including:**
  - 5.1.10.1 Airway management to include basic and advanced techniques
  - 5.1.10.2 Cardiac resuscitation to include cardiac pacing and defibrillation
  
- 5.1.11 **Injections and Cannulation:**
  - 5.1.11.1 Prepare and perform an intramuscular injection
  - 5.1.11.2 Prepare and perform a subcutaneous injection
  - 5.1.11.3 Prepare and perform an intradermal injection
  - 5.1.11.4 Perform a venipuncture
  - 5.1.11.5 Prepare and obtain a peripheral intravenous line
  - 5.1.11.6 Perform a finger stick blood glucose test
  
- 5.1.12 **Respiratory Procedure including:**
  - 5.1.12.1 Obtain Pharyngeal swab
  - 5.1.12.2 Manage nebulizer treatment
  - 5.1.12.3 Perform peak flow

- 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
  - 5.5 Perform procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
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
  - 6.4 Recognize and respond to adverse events and near misses

## II. Communicator

### Definition

As *Communicators*, PAs 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 by exploring the patient's symptoms, which may be suggestive of disease, and by actively listening to the patient's experience of their illness. PAs explore the patient's perspective, including their fears, ideas about the illness, feelings about the impact of the illness, and expectations of health care and health care professionals. The PA integrates this knowledge with an understanding of the patient's context, including socio-economic status, medical history, family history, stage of life, living situation, work or school setting, and other relevant psychological and social issues. Central to a patient-centered approach is shared decision-making: finding common ground with the patient in developing a plan to address their medical problems and health goals in a manner that reflects the patient's needs, values, and preferences. This plan should be based on evidence and guidelines. The application of this competency and the nature of the PA/physician/patient relationship vary within the different practice profiles.

Because illness affects not only patients but also their families, PAs must be able to communicate effectively with everyone involved in the patient's care.

### Elements

- Accuracy
- Addressing end-of-life issues
- Appropriate documentation
- Attention to the psychosocial aspects of illness
- Breaking bad news
- Capacity assessment
- Capacity for compassion, trustworthiness, integrity
- Concordance of goals and expectations
- Conveying effective oral and written information for patient care across different media
- Diverse PA/physician/patient relationships for different medical practices
- Disclosure of error or adverse event
- Effective/Active listening
- Effective oral and written information for patient care across different media
- Efficiency
- Eliciting and synthesizing information for patient care
- Empathy
- Ethics in the PA/physician/patient encounter
  
- Flexibility in application of skills

- Informed consent
- Interactive process
- Patient-centered approach to communication
- Privacy and confidentiality
- Mutual understanding
- Rapport, trust and ethics in the PA/physician/patient relationship
- Relational competence in interactions
- Respect for diversity
- Shared decision-making
- Therapeutic relationships with patients, families and caregivers
- Transition in care
- Use of expert verbal and non-verbal communication

## Key Competencies

### *PAs are able to...*

- 1 Develop professional 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 electronic information about a medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy.

## Enabling Competencies

### *PAs are able to...*

1. **Develop professional 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
  - 1.6 Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances
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
  - 2.3 Use patient-centered interviewing skills to effectively gather relevant biomedical and psychosocial information
  - 2.4 Provide a clear structure for and manage the flow of an entire patient encounter
- 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 and encourages discussion and participation in decision-making
  - 3.2 Disclose harmful patient safety incidents to patients and their families accurately and appropriately
- 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
  - 4.6 Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
- 5. Convey accurate oral, written and/or electronic information about a medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy**
- 5.1 Maintain clear, accurate, and appropriate written or electronic records of clinical encounters and plans in compliance with regulatory and legal requirements
  - 5.2 Record patient history, results of examination and proposed treatment plan including prescriptions and medical orders
  - 5.3 Effectively communicate verbal reports of clinical encounters and plans to the supervising physician

### **III. Collaborator**

#### **Definition**

*As Collaborators*, PAs work within a formalized relationship with physician(s) and informally with members of the interprofessional healthcare team to effectively optimize patient care.

#### **Description**

PAs work within a formalized practice description or delegated acts structure with physician(s) in the care of patients within the PA/physician/patient relationship. Within this relationship it is essential for PAs to be able to collaborate effectively with patients, families, and an interprofessional team of expert health professionals for the provision of safe, high quality, patient centered care.

#### **Elements**

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

#### **Key Competencies**

*PAs are able to...*

- 1 Work within the PA/Physician relationship;
- 2 Participate effectively and professionally in an interprofessional healthcare team;
- 3 Work effectively with other professionals to prevent, negotiate and resolve interprofessional conflict;
- 4 Transfer care effectively and safely to another health care professional.

## Enabling Competencies

*PAs 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 health care 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, misunderstandings and limitations that may contribute to interprofessional tension
- 4. Transfer care effectively and safely to another health care professional**
  - 4.1 Assess when and where care should be transferred to another health care professional
  - 4.2 Demonstrate safe and effective transfer of care, using both verbal and written communication

## **IV. Leader**

### **Definition**

A name change for the role from “Manager” to “Leader” has been made to reflect the CanMEDS 2015 and to emphasize the leadership skills needed by PAs to contribute to the shaping of health care. As *Leaders*, PAs are integral participants in health care organizations working with their supervising physician and others to contribute to sustainable practices, make decisions about allocating resources, and to enhance effectiveness of the healthcare system through their activities as clinicians, administrators and scholars.

### **Description**

PAs interact within their work environment as individuals, as members of teams or groups and as participants in the local, regional or national healthcare system. The balance of 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 everyday 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 evidence-based choices when allocating health care resources. The CanMEDS Leader role describes the active engagement of all PAs as integral participants in decision-making in the operation of the healthcare system.

### **Elements**

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

## Key Competencies

### *PAs are able to...*

- 1 Participate in activities that contribute to the effectiveness of their health care organizations and systems, including improving clinical practice and PA utilization;
- 2 Effectively prioritize and execute tasks in collaboration with colleagues;
- 3 Utilize finite health care resources appropriately.

## Enabling Competencies

### *PAs are able to...*

- 1. Participate in activities that contribute to the effectiveness of their health care organizations and systems**
  - 1.1 Work collaboratively with others in their organizations
  - 1.2 Participate in systemic quality process evaluation and improvement of patient safety initiatives
  - 1.3 Describe the structure and function of the healthcare system, including the roles of the physician and PA
  - 1.4 Use health informatics to improve the quality of patient care and optimize patient safety
  - 1.5 Demonstrate leadership skills to enhance health care
- 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 health care resources appropriately.**
  - 3.1 Recognize the importance of just allocation of health care 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*, PAs responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

### Description

PAs recognize the importance of improving the overall health of patients, as well as advocacy opportunities for the individual patient. Individual patients benefit from having a PA along with their physician(s) to assist them in navigating the healthcare 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 PAs along with their supervising physicians in influencing public health and policy. PAs advocate for disease prevention through screening, health promotion and surveillance. They also promote health equity to ensure all individuals and populations reach their full health potential without being disadvantaged by their race, ethnicity, religion, gender, sexual orientation, age, social class, economic status, or level of education.

### Elements

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

### Key Competencies

*PAs 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

*PAs 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
  - 1.3 Work with patients and their families to increase opportunities to adopt healthy behaviours

- 1.4 Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients
- 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*, PAs demonstrate a lifelong commitment to reflective learning, evaluating evidence and the application and translation of medical knowledge.

### **Description**

PAs recognize the need to acquire scholarly abilities to enhance practice and advance health care. 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, students, and other health care professionals.

PAs are able to identify pertinent evidence, evaluating it using specific criteria, and applying it in their collaborative practice and scholarly activities. In using evidence-based information and shared decision-making, they recognize uncertainty in practice and formulate questions to address knowledge gaps. Using skills in navigating information resources, they identify evidence syntheses that are relevant to these questions and arrive at clinical decisions that are informed by evidence while taking patient values and preferences into account.

### **Elements**

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

## Key Competencies

*PAs are able to...*

- 1 Maintain and enhance professional activities through continual learning;
- 2 Critically evaluate and integrate best evidence 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

*PAs are able to...*

- 1. Maintain and enhance professional activities through continual learning**
  - 1.1 Describe the principles of maintenance of competence
  - 1.2 Develop, implement, monitor, and revise a personal plan for continuing professional development
  - 1.3 Recognize, reflect and assess learning issues in practice
  - 1.4 Pose an appropriate learning question
  - 1.5 Integrate new learning into practice
  - 1.6 Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice
- 2. Critically evaluate and integrate best evidence information and its sources and apply this appropriately to practice decisions**
  - 2.1 Describe the principles of critical appraisal
  - 2.2 Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that address them
  - 2.3 Identify, select, and navigate pre-appraised resources
  - 2.4 Critically evaluate the integrity, reliability, and applicability of health-related research and literature
  - 2.5 Integrate critical appraisal conclusions into decision-making in 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
  - 3.3 Promote a safe learning environment
  - 3.4 Ensure patient safety is maintained when learners are involved
  - 3.5 Plan and deliver a learning activity

## VII. Professional

### Definition

As *Professionals*, PAs 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

PAs 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

#### 1. Commitment to patients

- Altruism
- Bioethical principles and theories
- Commitment to excellence in clinical practice and perfection of the discipline
- Commitment to professional standards
- Compassion and caring
- Confidentiality and its limits
- Morality and ethical behavior
- Integrity and honesty
- Professional boundaries
- Respect for diversity

#### 2. Commitment to society

- Commitment to the promotion of the public good in health care
- Social accountability
- Social contract in health care

#### 3. Commitment to the profession

- Accountability to professional regulatory authorities as applicable
- Code of ethics
- Commitment to patient safety and quality improvement
- Conflict of interest (personal, financial, administrative, etc.)
- Medico-legal frameworks governing practice
- Responsibility to the profession, including obligations of supervisor review

#### 4. Commitment to self

- Applied capacity for self-regulation, including the assessment and monitoring of one's thoughts, behaviors, emotions and attention for optimal performance and well-being
- Commitment to disclosure of error and/or adverse events and their impact
- Mindful and reflective approach to collaborative practice
- Responsibility to self, including personal care, in order to serve others

- Self-assessment

## Key Competencies

### *PAs are able to...*

- 1 Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards;
- 2 Demonstrate a commitment to society by recognizing and responding to societal expectations in health care;
- 3 Demonstrate a commitment to their profession, scope of practice and the unique PA/physician relationship;
- 4 Demonstrate a commitment to PA health and sustainable practice.

## Enabling Competencies

### *PAs are able to...*

- 1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards**
  - 1.1 Exhibit appropriate professional behavior in practice including honesty, integrity, commitment, compassion, respect for diversity, altruism and maintenance of confidentiality
  - 1.2 Demonstrate a commitment to maintenance of competence and delivery of the highest quality care
  - 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 society by recognizing and responding to societal expectations in health care**
  - 2.1 Demonstrate accountability to patients, society, and the profession by responding to societal expectation of PAs
  - 2.2 Demonstrate a commitment to patient safety and quality improvement
- 3. Demonstrate a commitment to their profession, scope of practice and the unique PA-physician relationship**
  - 3.1 Abide by the professional, legal and ethical codes of medical practice
  - 3.2 Comply with national, federal and provincial regulations, where applicable
  - 3.3 Recognize and respond to unprofessional and unethical behaviours, regardless of the health care profession
- 4. Demonstrate a commitment to PA health and sustainable practice**
  - 4.1 Balance personal and professional priorities to ensure personal well-being and professional performance

- 4.2 Strive to heighten personal and professional awareness and insight
- 4.3 Recognize other professionals in need and respond appropriately

## **ACKNOWLEDGEMENTS**

The Canadian Association of Physician Assistant (CAPA) would like to acknowledge the National Competency Working Group for their support in the review process and for the development of the CanMEDS-PA. Special acknowledgement to Ian W. Jones and the University of Manitoba Office for Physician Assistant Studies, for conducting the survey on CAPA's behalf. Specific mention should be made of the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada for their role in assisting with the distribution of the survey to physician groups. The efforts of these stakeholders are sincerely appreciated and have helped to ensure the successful review of CAPA's National Competency Profile, now titled the CanMEDS-PA.

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## Appendix to CanMEDS-PA

This document is an Appendix to the CanMEDS-PA. The Appendix specifies the abilities of the generalist entry-to-practice level Physician Assistant (PA) in recognizing, diagnosing and treating specific conditions and diseases.

### PURPOSE:

As an Appendix, this document is intended to expand on the CanMEDS-PA.

The Appendix lists the “Diseases and Conditions” in uncomplicated cases that the generalist, entry-to-practice level PA 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.

The categories in the Appendix are:

1. Ears, Eyes, Nose and Throat
2. Cardiovascular
3. Respiratory
4. Gastrointestinal
5. Obstetrics
6. Genitourinary/ Reproductive
7. Skin
8. Neurological
9. Musculoskeletal
10. Endocrine and Metabolic
11. Infectious Disease
12. Emergency
13. Blood/Hematology
14. Mental Health

## **Ears, Eyes, 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

## **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 Disease**

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

Minor head trauma  
Stroke

### **Emergency**

Poisoning and Overdose  
Hypothermia  
Hyperthermia  
Sepsis  
Respiratory distress/airway abnormalities

### **Blood/Hematology**

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)