



CANADIAN PHYSICIAN ASSISTANT COMPETENCY FRAMEWORK 2021

Canadian EPA-PA

Abstract

This document identifies the competencies and outcome-based goals for Physician Assistant education in Canada. Competency-based education allows for an outcome-approach to curriculum delivery that directly addresses and assesses student preparation for clinical practice, patient navigation, and resource application.

Ian Jones, MPAS CCPA PA-C

University of Manitoba, Master of Physician Assistant Studies

Kristen Burrows, BSc BHSc(PA) MSc PhD CCPA

McMaster University, Physician Assistant Education Program

Leslie Nickell, MSW, MD, CCFP

University of Toronto, Consortium of Physician Assistant
Education

Major Ashley Millham, BSc, CCPA

Canadian Forces Health Services Training Centre

TABLE OF CONTENTS

Physician Assistant Education and Scholarship in Canada	2
PA Education Program Summary of CanMEDS-PA (2015) and Framework Integration	2
Introduction to Competency Based Medical Education (CBME)	3
Table 1: Key Distinctions Between Competencies and EPAs	3
Connecting CanMEDS-PA Framework to Proposed EPAs	4
Entrustable Professional Activities (EPA) for Canadian PA(s).....	4
Table 2: Canadian PA Entrustable Professional Activities (EPA-PA).....	5
EPA 1 Practices Patient-Focused, Safe, Ethical, Professional, and Culturally Competent Medical Care Across the Healthcare Continuum.....	6
EPA 2 Obtains histories and performs physical examinations, demonstrating the clinical judgement appropriate to the clinical situation.....	7
EPA 3 Formulates clinical questions and gathers required clinical evidence to advance patient care and communicates those results to the patient and medical team.....	8
EPA 4 Formulates and prioritizes comprehensive differential diagnoses.....	9
EPA 5 Develops and implements patient-centered, evidence-based treatment plans within the formalized physician, clinical team and caregiver relationship.....	10
EPA 6 Accurately documents the clinical encounter incorporating the patient's goals, caregiver goals, decision-making, and reports into the clinical record.....	11
EPA 7 Collaborates as a member of an inter-professional team in all aspects of patient care including transition of care responsibility.....	12
EPA 8 Recognizes a patient requiring immediate care, providing the appropriate management and seeking help as needed.....	14
EPA 9 Plans and performs procedures and therapies for the assessment and the medical management appropriate for general practice.....	15
EPA 10 Engages and educates patients on procedures, disease management, health promotion, wellness, and preventive medicine.....	16
EPA 11 Recognizes and advocates for the patient concerning cultural, community, and social needs in support of positive mental and physical wellness.....	17
EPA 12 Integrates continuing professional and patient quality improvement, life-long learning, and scholarship.....	18
Proposed CANMEDS-PA 2021	19
Acknowledgements and Considerations.....	20
Additional Framework Considerations.....	20
Appendix 1: Overview of International Medical Education Competencies and Entrustable Professional Activities.....	21

PHYSICIAN ASSISTANT EDUCATION AND SCHOLARSHIP IN CANADA

Canadian Physician Assistants (PAs) are academically and clinically educated medical generalists who practice medicine within a formalized relationship with physicians.

PA education programs are focused on preparing a medical generalist that can adapt to any clinical environment, including primary health care, specialty practice, consulting, or hospital-based roles (i.e., Internal Medicine, Surgery, Emergency Medicine, et al.). In these roles, the PA develops specific competencies and knowledge relating to their primary practice area, thus mirroring their physicians' scope of practice. A PA will develop an increased knowledge of a medical or surgical specialty over time and may practice in more than one specialty during their career.

With the experience and feedback gathered from PA-program leadership, previous accreditation cycles, and practicing PAs, Canadian PA educators are proposing an updated competency framework reflecting competency-based medical education titled "**Canadian Physician Assistant Competency Framework 2021 (Canadian EPA-PA)**". The purpose of this document is to identify the competency-based goals and entrustable professional activities for Canadian PA education programs. Competency-based education allows for an outcomes-based approach to curriculum delivery that directly assesses learner preparation for clinical practice, patient navigation, and resource application.

PA EDUCATION PROGRAM SUMMARY OF CANMEDS-PA (2015) AND FRAMEWORK INTEGRATION

- CanMEDS-PA 2015's current design is challenging from many perspectives, including curriculum design/mapping, learner assessment, and accreditation.
- CanMEDS-PA 2015 requires a review and update in order to maintain professional standards and to ensure PA education program curriculums reflect existing and emerging cultural, social, and medical competencies (i.e., provision of virtual care; integration of culturally competent medical care)
- The appendix of "Disease and Conditions" in CanMEDS-PA (2015) is outdated and no longer reflects the breadth of procedures, competencies and medical expertise required of Canadian PAs
- Canadian resident training has shifted to competency-based medical education (i.e., Royal College' Competency by Design' post-graduate/resident training). Shifting towards similar assessment and curriculum delivery allows for better alignment for faculty, preceptors, and clinical sites involved in PA training.
- Shifting to an EPA-PA model (outlined in the document) allows for clarity around activities, competencies and assessable outcomes expected of PA program graduates for their transition to clinical practice
- EPA-PA framework allows for full inclusion and embedding of foundational NCP and CanMEDS-PA competencies within contextually dependent activities.

INTRODUCTION TO COMPETENCY BASED MEDICAL EDUCATION (CBME)

Competency-Based Medical Education (CBME) formulates content around activities that lead to specific outcomes or predefined medical practice abilities. CBME leads to increased proficiency of required skills, knowledge, and learner's professional behaviour. CBME is focused on the desired performance outcome, starting with a clear picture of what is essential for learners to do, then organizing the curriculum, instruction and assessment to graduate learners who have achieved the necessary knowledge and skills. Competency-based medical education is a focus on the defined end goal related to the medical role. (McGuire 2017, De Jager 2005) CBME encourages the educator and the learner to share responsibility for learning and guide learner assessments and course evaluations. (McGuire 2017, Harden 1999)

1. Learners advance upon demonstrated mastery;
2. Competencies include explicit, measurable, transferable learning objectives that empower learners;
3. Assessment is meaningful and a positive learning experience for learners;
4. Learners receive timely, differentiated support based on their individual learning needs;
5. Learning outcomes emphasize competencies that include applying and creating knowledge and developing essential skills and dispositions.
6. A CBME approach allows PA education programs to assess and validate what the PA learner can be trusted to do from graduation to transition to practice.

TABLE 1: KEY DISTINCTIONS BETWEEN COMPETENCIES AND EPAS

Competency	Addresses the knowledge, skills and attitudes as they relate to a specific task	Assessment is based on the individual's ability (context-independent)
EPA	Addresses the knowledge, skills and attitudes that need to be integrated to deliver care	Assessment is based on the clinical context (more meaningful, context dependent)

CONNECTING CANMEDS-PA FRAMEWORK TO PROPOSED EPAS

Canadian PA educators support CanMEDS as the embedded domains for describing roles and competencies. The Canadian Association of Physician Assistants (CAPA) is a CanMEDS (Frank JR et al. 2015) partner, sharing a commitment to improve patient care and embed a standard set of values and competencies (CanMEDS-PA) into their respective areas of work in training and evaluating. CAPA has used a CanMEDS framework since 2009 to reflect the National Competency Profile of Canada's PAs. The proposed Canadian Entrusted Professional Activities for Physician Assistants (EPA-PA) builds on the CanMEDS-PA document to contextually capture specific competencies required for the PA graduates from the respective Canadian programs.

The CanMEDS framework organizes competencies under seven domains: medical expert, communicator, collaborator, leader, health advocate, scholar, and professional. Each of the seven domains are embedded under the relevant EPA framework, ensuring an inclusive and foundational description of roles and competencies. Please note program educators have recommended changing two domain names from CanMEDS-PA (2015) to "leadership" (previously leader) and "scholarship" (previously scholar).

ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPA) FOR CANADIAN PA(S)

An Entrustable Professional Activity (EPA) is an essential task that an individual can be trusted to perform. (Ten Cate O 2013) EPAs identify the desired competencies and the outcomes of the PA's formal academic education and must demonstrate for graduation and transition to clinical practice. Canadian EPA-PAs outline the tasks or responsibilities entrusted to the PA once they have attained sufficient specific competence. (AFMC 2016) PA graduates will be able to perform "entrustable professional activities" (EPAs). To be entrusted with these EPAs, PA learners are directly observed and supervised before graduation by qualified professionals to ensure their readiness for indirect supervision on day one of practice. (Englander 2014)

An extensive literature review was conducted between 2017-2020 as Canada, and other countries developed and integrated CBME and EPAs into health professional programs (including post-graduate medicine and physician assistant/associate training programs). A summary of international EPAs and competencies are found in Appendix 1. Given the context of medical education in Canada, the four Canadian PA education programs recommend the integration of the following EPAs:

TABLE 2: CANADIAN PA ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPA-PA)

EPA 1	Practices patient-focused, safe, ethical, professional, and culturally competent medical care across the healthcare continuum.
EPA 2	Obtains histories and performs physical examinations, demonstrating the clinical judgement appropriate to the clinical situation.
EPA 3	Formulates clinical questions and gathers required clinical evidence to advance patient care and communicates those results to the patient and medical team.
EPA 4	Formulates and prioritizes comprehensive differential diagnoses.
EPA 5	Develops and implements patient-centered, evidence-based treatment plans within the formalized physician, clinical team and caregiver relationship.
EPA 6	Accurately documents the clinical encounter incorporating the patient's goals, caregiver goals, decision-making, and reports into the clinical record.
EPA 7	Collaborates as a member of an inter-professional team in all aspects of patient care including transition of care responsibility.
EPA 8	Recognizes a patient requiring immediate care, providing the appropriate management and seeking help as needed.
EPA 9	Plans and performs procedures and therapies for the assessment and the medical management appropriate for general practice.
EPA 10	Engages and educates patients on procedures, disease management, health promotion, wellness, and preventive medicine.
EPA 11	Recognizes and advocates for the patient concerning cultural, community, and social needs in support of positive mental and physical wellness.
EPA 12	Integrates continuing professional and patient quality improvement, life-long learning, and scholarship.

EPA 1 PRACTICES PATIENT-FOCUSED, SAFE, ETHICAL, PROFESSIONAL, AND CULTURALLY COMPETENT MEDICAL CARE ACROSS THE HEALTHCARE CONTINUUM.

<p>Description</p>	<p>PAs must provide culturally safe and culturally competent care, regardless of patient or provider background or experiences. Cultural safety refers to the patient's perspective in a healthcare encounter, while cultural competence refers to a health care provider's ability to create and support safe spaces for patients. PA education and practice must recognize the communities we serve and address the diversified health needs associated with the diversity in culture, ethnicity, gender, sexuality, physical ability, geography, religion and socioeconomic status. Patient-centred care encompasses dignity and respect and involving patients in their healthcare decisions. PA practice considers equality and respects the individual. PA practice supports a partnership between individuals, families, and healthcare services providers. PAs are respectful of patients' differences, values, and needs. The PA continuously advocates for wellness and the promotion of healthy lifestyles. (<i>Institute of Medicine 2010</i>)</p>
<p>Specifics</p>	<ol style="list-style-type: none"> 1. Share power and responsibility with patients and caregivers. 2. Communicate with patients in a shared and fully open manner. 3. Take into account" patients' individuality, emotional needs, values, and life issues. 4. Implement strategies for reaching those who do not present for care independently, including care strategies that support the broader community. 5. Enhance prevention and health promotion by helping patients identify and reduce health risk factors.
<p>Foundational CanMEDS-PA Competencies</p>	<p>Advocate</p> <ul style="list-style-type: none"> • Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment • Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner • Work with patients to address determinants of health that affect them and their access to needed health services or resources <p>Leadership</p> <ul style="list-style-type: none"> • Engage in the stewardship of health care resources • Contribute to a culture that promotes patient safety • Facilitate change in health care to enhance services and outcomes

EPA 2 OBTAINS HISTORIES AND PERFORMS PHYSICAL EXAMINATIONS, DEMONSTRATING THE CLINICAL JUDGEMENT APPROPRIATE TO THE CLINICAL SITUATION.

Definition	It is essential to patient care and medicine practice that PAs approach patient concerns with a symptoms-based approach responsive to the individual patient and their situation. PAs should apply their knowledge and skills in a patient-centred manner instead of solely pursuing predetermined protocols. PAs must perform an accurate, complete or focused history and physical exam in a prioritized, organized manner tailored to the clinical situation and specific patient encounter. PAs need to integrate the scientific foundations of medicine (medical expert), psychosocial factors, and clinical reasoning skills to guide information gathering. (Institute of Medicine 2003)
Description	<ol style="list-style-type: none"> 1. The PA must demonstrate the ability to obtain a thorough history and perform a physical examination that enables a better understanding of the patient, the patient's clinical situation and aids in determining the next steps in care. 2. The PA needs to demonstrate appropriate judgment for when additional assessment beyond their skill-level is required. 3. The PA must adapt their educational and clinical skills to the environment or clinical situation and their patients' needs.
Foundational CanMEDS-PA Competencies	<p>Medical Expert</p> <ul style="list-style-type: none"> • Perform a patient-centred clinical assessment and establish a management plan • Apply clinical knowledge appropriate to patient care; • Performs complete and appropriate assessments of a patient and formulates a clinical treatment plan. <p>Communicator</p> <ul style="list-style-type: none"> • Develop professional rapport, trust and ethical therapeutic relationships with patients, families and caregivers; • Accurately elicit and synthesize Foundational information and perspectives of patients, families, caregivers and other health care professionals; • Develop an understanding of patient problems and plans with the supervising physician, patients, families and other healthcare professionals to develop a shared care plan. <p>Advocate</p> <ul style="list-style-type: none"> • Respond to individual patient health needs and issues as part of patient care; • Identify the determinants of health for the populations that they serve.

EPA 3 FORMULATES CLINICAL QUESTIONS AND GATHERS REQUIRED CLINICAL EVIDENCE TO ADVANCE PATIENT CARE AND COMMUNICATES THOSE RESULTS TO THE PATIENT AND MEDICAL TEAM.

Description	PAs select and interpret standard diagnostic and screening tests using evidence-based and cost-effective principles in any setting. PAs must recognize normal and abnormal diagnostic and screening test results, explain the significance of test results, respond appropriately to these test results and communicate them to patients (family, caregiver, advocate), team members and colleagues.
Specifics	<ol style="list-style-type: none"> 1. In formulating clinical questions, PAs recognize the importance of an Evidence-Based Practice (EBP) process. 2. In selecting a test, PAs must demonstrate a basic understanding of a diagnostic study's appropriateness for a given patient situation.
Foundational CanMEDS-PA Competencies	<p>Medical Expert</p> <ul style="list-style-type: none"> • Practice medicine within their defined scope of practice and expertise to provide optimal, ethical and patient-centred medical care; • Apply clinical knowledge appropriate to patient care; • Perform a complete and appropriate assessment of a patient and formulate a clinical treatment plan; • Implement effective management plans that include preventive and therapeutic interventions. <p>Communicator</p> <ul style="list-style-type: none"> • Develop an understanding of patient problems and plans with the supervising physician, patients, families and other healthcare professionals to develop a shared plan of care; • Convey accurate oral, written and electronic information about a medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy. <p>Collaborators</p> <ul style="list-style-type: none"> • Establishes positive therapeutic relationships with patients and their families characterized by understanding, trust, respect, honesty, and compassion • Listens respectfully to patients and family members and addresses their concerns responding to non-verbal behaviours to enhance communication • Adapts communication to the unique needs and preferences of each patient and their clinical condition and circumstances, ensuring that care is inclusive and culturally safe

EPA 4 FORMULATES AND PRIORITIZES COMPREHENSIVE DIFFERENTIAL DIAGNOSES.

Description	PAs must integrate patient data and cultural awareness to formulate an assessment, develop a list of prioritized potential diagnoses, and select a working diagnosis. Creating a differential diagnosis is a dynamic and reflective process requiring continuous adaptation to avoid unconscious bias, common clinical reasoning errors, and preconceived opinions.
Specifics	<ol style="list-style-type: none"> 1. A differential diagnosis enables appropriate testing to rule out possibilities and confirm a final diagnosis. 2. Prioritizing actions by the likelihood and urgency of the condition. 3. The formulation and documentation of differential diagnoses are evidence of physician" assistants' competence, prudence, and thoughtfulness.
Foundational CanMEDS-PA Competencies	<p>Medical Expert</p> <ul style="list-style-type: none"> • Practice medicine within their defined scope of practice and expertise • Apply clinical knowledge appropriate to patient care; • Demonstrate appropriate procedural skills, both diagnostic and therapeutic; • Seek appropriate consultation from the supervising physician and other health professionals. <p>Communicator</p> <ul style="list-style-type: none"> • Accurately convey Foundational information and explanations to patients, families and other healthcare professionals; • Explores the patients' life context, including cultural and family influences • Develop an understanding of patient problems and plans with the supervising physician, patients, families and other healthcare professionals to develop a shared plan of care; • Convey accurate oral, written and electronic information about a medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy. <p>Collaborator</p> <ul style="list-style-type: none"> • Participate effectively and professionally in an interprofessional healthcare team; • Work effectively with other professionals to prevent, negotiate and resolve interprofessional conflict; • Transfer care when appropriate, effectively and safely to other health care professionals. <p>Leadership</p> <ul style="list-style-type: none"> • Effectively prioritize and execute tasks in collaboration with colleagues; • Utilize finite health care resources appropriately • (The PA) Contributes to an atmosphere of continuous improvement in patient care and patient safety.

EPA 5 DEVELOPS AND IMPLEMENTS PATIENT-CENTERED, EVIDENCE-BASED TREATMENT PLANS WITHIN THE FORMALIZED PHYSICIAN, CLINICAL TEAM AND CAREGIVER RELATIONSHIP.

Description	PAs prepare an evaluation and management plan (patient treatment plan or clinical management plan) for commonly encountered presentations and diagnoses, including consultations, referrals, medical orders, and prescriptions.
Specifics	1. PAs will discuss recommendations with other healthcare team members, patients and representatives as necessary or as required. PAs include patient safety and quality of care principles in their clinical approach to patient care. (Kornhaber, R.,2016)
Foundational CanMEDS-PA Competencies	<p>Medical Expert</p> <ul style="list-style-type: none"> • Practice medicine within their defined scope of practice and expertise • Apply clinical knowledge appropriate to patient care • Implement effective management plans that include preventive and therapeutic interventions • Demonstrate appropriate procedural skills, both diagnostic and therapeutic • Seek appropriate consultation from the supervising physician and other health professionals <p>Communicator</p> <ul style="list-style-type: none"> • Accurately convey Foundational information and explanations to patients, families, caregivers, and other healthcare professionals • Develop an understanding of patient problems and plans with the supervising physician, patients, families, caregivers, and other healthcare professionals to develop a shared plan of care • Convey accurate oral, written and electronic information about a medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy. <p>Collaborator</p> <ul style="list-style-type: none"> • Work within the PA/Physician relationship • Defines and negotiates their own and other's roles and responsibilities (including clinical, research, education or administrative) to meet the patient's needs • Work effectively with other professionals to prevent, negotiate and resolve interprofessional conflict <p>Leadership</p> <ul style="list-style-type: none"> • Effectively prioritize and execute tasks in collaboration with colleagues • Utilize finite health care resources appropriately • Contributes to an atmosphere of continuous improvement in patient care and patient safety.

EPA 6 ACCURATELY DOCUMENTS THE CLINICAL ENCOUNTER INCORPORATING THE PATIENT'S GOALS, CAREGIVER GOALS, DECISION-MAKING, AND REPORTS INTO THE CLINICAL RECORD.

Description	PAs must provide accurate, focused, and context-specific documentation of a clinical encounter in verbal, written or electronic formats. PAs should present a concise summary of their clinical services to one or more health care team members (including patients and families) to achieve a shared understanding of the patient's current condition. PA documentation must satisfy the profession's legal and ethical obligations, medical regulatory authority (College), hospital, and legislative requirements for clear and legible records.
Specifics	<ol style="list-style-type: none"> 1. Understand the evolution of the patient's narrative, problems, diagnostic workup, and impact of therapeutic interventions. 2. Identify the social and cultural determinants that affect the health of the patient. 3. View the illness through the lens of the patients and family. 4. Incorporate the patient's preferences into clinical decision-making.
Foundational CanMEDS-PA Competencies	<p>Communicator</p> <ul style="list-style-type: none"> • Explore and identify patient and caregiver/family goals of care • Accurately convey Foundational information and explanations to patients, families and other healthcare professionals; • Develop an understanding of patient problems and plans with the supervising physician, patients, families and other healthcare professionals to develop a shared plan of care; • Convey accurate, timely oral, written and electronic information about a medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy • Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy <p>Medical Expert</p> <ul style="list-style-type: none"> • Establish plans for ongoing care and, when appropriate, timely consultation • Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety <p>Leadership</p> <ul style="list-style-type: none"> • Effectively prioritize and execute tasks in collaboration with colleagues; • Utilize finite health care resources appropriately • Contributes to an atmosphere of continuous improvement in patient care and patient safety. <p>Advocate</p> <ul style="list-style-type: none"> • Responds to the individual patient's health needs by advocating within and beyond the clinical environment.

EPA 7 COLLABORATES AS A MEMBER OF AN INTER-PROFESSIONAL TEAM IN ALL ASPECTS OF PATIENT CARE INCLUDING TRANSITION OF CARE RESPONSIBILITY.

Description	<p>PAs must contribute to effective teamwork to support CanMEDS-PA competencies for safe, timely, effective, efficient, and equitable care. Introduction to the roles, responsibilities, and contributions of individual team members early in professional development is critical to embracing teamwork's value to patient care outcomes. Effective and efficient handover communication is vital for safe patient care.</p>
Specifics	<p>The three essential elements for a positive impact of interprofessional collaboration include uniformity in sharing and upholding of procedures (standardization), maintaining and sharing of knowledge (sustainment), cooperation based on professional respect (collaboration).</p> <p>National Interprofessional Competency Framework (National Competency Framework for Interprofessional Collaboration 2010)</p> <ol style="list-style-type: none"> 1. Role Clarification: Learners and practitioners understand their role and the roles of those in other professions and appropriately use this knowledge to establish and meet patient, client, family, and community goals. 2. Patient, Client, Family, Community-Centered: Learners and practitioners seek out, integrate, and value as a partner the input and patient/ client, family, and the community's engagement in designing and implementing care or services. 3. Team Functioning: Learners and practitioners understand team dynamics and group processes' principles to enable effective interprofessional team collaboration. 4. Collaborative Leadership: Learners and practitioners understand and apply leadership principles that support a collaborative practice model. 5. Interprofessional Communication: Learners/practitioners from varying professions communicate in a collaborative, responsive, and responsible manner. 6. Interprofessional Conflict: Learners and practitioners actively engage themselves and others, including the patient and family, in dealing effectively with interprofessional conflict.

<p>EPA 7 (cont) Foundational CanMEDS-PA Competencies</p>	<p>Medical Expert:</p> <ul style="list-style-type: none"> As a Healthcare team member, the PA actively participates and supports collaborative practice in the sharing of knowledge and wisdom. <p>Collaborator</p> <ul style="list-style-type: none"> Work within the PA/Physician relationship; Participate effectively and professionally in an interprofessional healthcare team; Work effectively with other professionals to prevent, negotiate and resolve interprofessional conflict; Recognizes and facilitates necessary transitions in care with other colleagues in the health professions, including but not limited to shared care, transfer of care, and handover of care to enable continuity and safety. <p>Communicator</p> <ul style="list-style-type: none"> Develop professional rapport, trust and ethical therapeutic relationships with patients, families and caregivers; Accurately elicit and synthesize Foundational information and perspectives of patients, families, caregivers and other health care professionals; Accurately convey Foundational information and explanations to patients, families and other healthcare professionals; Develop an understanding of patient problems and plans with the supervising physician, patients, families, caregivers, and other healthcare professionals to develop a shared plan of care; Convey accurate oral, written and electronic information about a medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy. <p>Leadership</p> <ul style="list-style-type: none"> Effectively prioritize and execute tasks in collaboration with colleagues; Utilize finite health care resources appropriately Contributes to an atmosphere of continuous improvement in patient care and patient safety. <p>Advocate</p> <ul style="list-style-type: none"> Engage patients, communities, or populations to call for change and speaks up as needed to support or lead the mobilization of financial, material, and human resources in support of the patient Works with patients to address determinants of health that affect them and their access to needed health services or resources
--	--

EPA 8 RECOGNIZES A PATIENT REQUIRING IMMEDIATE CARE, PROVIDING THE APPROPRIATE MANAGEMENT AND SEEKING HELP AS NEEDED.

Description	PAs must recognize a patient who requires urgent or emergent care. PAs must initiate rapid systems-based assessment, evaluate the patients' risk and need, manage initial stabilization, and communicate with team members and other caregivers. PAs can identify limitations and know when to seek help. PAs must provide patient care that is timely, effective, appropriate, and compassionate for managing health problems and promoting health.
Specifics	<ol style="list-style-type: none"> 1. PA must have the skills and knowledge necessary to provide Basic and Advanced Life Support for patients with mental health, medical or traumatic conditions. 2. Gather the accurate and essential information using all available sources, including medical interviews, physical examinations, caregivers, informed individuals, medical records, and diagnostic/therapeutic procedures. 3. Integrate diagnostic information and generate an appropriate differential diagnosis. 4. Implement an effective patient management plan, including therapy, appropriate consultation, disposition, and patient education. 5. Competently perform the diagnostic and therapeutic procedures and emergency stabilization considered essential to the practice of emergency medicine.
Foundational CanMEDS-PA Competencies	<p>Medical Expert</p> <ul style="list-style-type: none"> • Apply clinical knowledge appropriate to patient care; • Perform a complete and appropriate assessment of a patient and formulate a clinical treatment plan; • Implement effective management plans that include preventive and therapeutic interventions; • Demonstrate appropriate procedural skills, both diagnostic and therapeutic; • Seek appropriate consultation from the supervising physician and other health professionals. • ** Annex 1, 2 contains Recommended Specific Advanced Clinical Skills for Emergency Medical Care <p>Leadership</p> <ul style="list-style-type: none"> • Effectively prioritize and execute tasks in collaboration with colleagues; • Utilize finite health care resources appropriately • Contributes to an atmosphere of continuous improvement in patient care and patient safety. • Demonstrate the ability to prioritize and stabilize multiple patients appropriately and perform other responsibilities simultaneously <p>Communicator</p> <ul style="list-style-type: none"> • Engages patients to gather information about their symptoms, ideas, concerns, expectations of • health care, and the full impact of their illness experience on their lives

EPA 9 PLANS AND PERFORMS PROCEDURES AND THERAPIES FOR THE ASSESSMENT AND THE MEDICAL MANAGEMENT APPROPRIATE FOR GENERAL PRACTICE.

Description	Competencies for procedures and clinical practice require experiential expertise and the technical skills to perform procedures. Qualifications and authority to perform specific procedures are dependant on jurisdictional authority and the defined medical reserved acts.
Specifics	<ol style="list-style-type: none"> 1. PAs need to demonstrate competency in performing the core procedures common to general practice and the primary care role and recognize the necessity of obtaining or referring to qualified expertise. 2. PAs must ensure informed consent is obtained for the tests and procedures performed.
Foundational CanMEDS-PA Competencies	<p>Medical Expert</p> <ul style="list-style-type: none"> • Determine the most appropriate procedures or therapies • Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy • Prioritize a procedure or therapy, considering clinical urgency and available resources • Perform a procedure skillfully and safely, adapting to unanticipated findings or changing clinical circumstances • Establish plans for ongoing care and, when appropriate, timely consultation • Recognize and respond to harm from health care delivery, including patient safety incidents • Adopt strategies that promote patient safety and address human and system factors <p>Communicator</p> <ul style="list-style-type: none"> • Establishes positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty, and compassion • Optimizes the physical environment for patient comfort, dignity, privacy, engagement, and safety • Respects patient confidentiality, privacy, and autonomy • Listens respectfully to patients and family members and addresses their concerns <p>Collaborator</p> <ul style="list-style-type: none"> • Works effectively with others in a collaborative team-based model and recognizes and reflects on one's contributions and limitations and their impact on the teams' function. • Recognizes and facilitates necessary transitions in care with other colleagues in the health professions, including but not limited to shared care, transfer of care, and handover of care to enable continuity and safety

EPA 10 ENGAGES AND EDUCATES PATIENTS ON PROCEDURES, DISEASE MANAGEMENT, HEALTH PROMOTION, WELLNESS, AND PREVENTIVE MEDICINE.

<p>Description</p>	<p>PAs counsel patients on disease management, risk factor modification, and health promotion adapted to meet the clinical context using evidence-based information. PAs may provide this information independently or collaboratively with other health care team members. PAs propose evidence-informed, holistic management plans that include pharmacologic and non-pharmacologic components developed with an understanding of patient context, values, and illness experience.</p>
<p>Specifics</p>	<p>Core Principals for therapeutic patient education (Greiner AC, 2003)</p> <ol style="list-style-type: none"> 1. <i>Provide patient-centred care</i>—identify, respect, and care about patients' differences, values, preferences, and expressed needs. In providing care, the PA= actively listens to the patient's concerns, sharing decision-making and management. The PA continuously advocates disease prevention, wellness, and healthy lifestyles. 2. <i>Work in interdisciplinary teams</i>—cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable. 3. <i>Employ evidence-based practice</i>—integrate best research with clinical expertise and patient values for optimum care and participate in learning and research activities. 4. <i>Utilize informatics</i>—communicate, manage knowledge, mitigate error, and support decision making using information technology.
<p>Foundational CanMEDS-PA Competencies</p>	<p>Medical Expert</p> <ul style="list-style-type: none"> • Function effectively as a clinician and medical practitioner in the physician extender and connector, integrating all of the CanMEDS-PA roles to provide optimal, ethical, and patient-centred medical care. <p>Communicator</p> <ul style="list-style-type: none"> • Develop professional rapport, trust and ethical therapeutic relationships with patients, families and caregivers; • Accurately elicit and synthesize foundational information; and provides explanations to patients, families and other healthcare professionals; • Develop an understanding of patient problems and plans with the supervising physician, patients, families, caregivers, and other healthcare professionals to develop a shared plan of care; • Convey accurate oral, written and electronic information about a medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy. <p>Scholarship</p> <ul style="list-style-type: none"> • Facilitate the learning of patients, families, and other healthcare professionals • Improves clinical practice by applying a process of continuous quality improvement and education to disease prevention, health promotion, and health surveillance activities <p>Leadership</p> <ul style="list-style-type: none"> • Engage in the stewardship of health care resources, contributing to a culture that promotes patient safety and facilitates change in healthcare that enhance services and outcomes

EPA 11 RECOGNIZES AND ADVOCATES FOR THE PATIENT CONCERNING CULTURAL, COMMUNITY, AND SOCIAL NEEDS IN SUPPORT OF POSITIVE MENTAL AND PHYSICAL WELLNESS.

Description	PAs work in partnership with patients and communities, contributing their expertise and influence to improve health by understanding needs, as agents of change, and mobilizing resources. PAs contribute their expertise and influence to work with communities or patient populations to improve health. PAs must be culturally competent to tailor healthcare delivery to meet patients' social, cultural and linguistic needs. Culturally competent health providers require behaviours, attitudes, and practices that support interactions in cross-cultural situations. (<i>aha.org</i> . 2019)
Specifics	<p>Concepts of social determinants and cultural competencies for PA Education include; (<i>Sorensen J, et al. 2017</i>)</p> <ol style="list-style-type: none"> 1. Identifying how awareness of one's implicit attitudes, norms, values, and biases may affect health care provision, and 2. Knowing how culture shapes individual behaviour and thinking, including the culture of medicine. 3. Identify the critical community patient population groups recognized as underserved in Canada (Social Determinants of Health). 4. Developing the skills required to work effectively with an interpreter and the ability to identify and take into account socio-cultural factors that may influence patient care (e.g., provide a treatment plan that considers the patient's social and cultural context").
Foundational CanMEDS-PA Competencies	<p>Advocate</p> <ul style="list-style-type: none"> • Works with patients and communities to address determinants of health that affect them and their access to needed health services or resources • Works with patients and their families and social or cultural support networks to increase opportunities to adopt healthy behaviours • Incorporates disease prevention, health promotion, and health surveillance into interactions with individuals <p>Communicator</p> <ul style="list-style-type: none"> • Develop professional rapport, trust and ethical therapeutic relationships with patients, families and caregivers; • Accurately elicit and synthesize Foundational information and perspectives of patients, families, caregivers and other health care professionals; • Accurately convey Foundational information and explanations to patients, families and other healthcare professionals; • Develop an understanding of patient problems and plans with the supervising physician, patients, families and other healthcare professionals to develop a shared plan of care; • Convey accurate oral, written and electronic information about a medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy.

EPA 12 INTEGRATES CONTINUING PROFESSIONAL AND PATIENT QUALITY IMPROVEMENT, LIFE-LONG LEARNING, AND SCHOLARSHIP.

Description	Life-long learning skills are essential for the PA's ongoing personal quality improvement. PAs must collaborate with other healthcare team members to develop a self-assessment and professional development plan as part of a quality improvement cycle, including recognizing medical errors or near misses. PAs must recognize and seek timely intervention for safety and quality issues. Continuing Professional Development (CPD) aims to maintain and develop competencies (knowledge, skills, and attitudes) essential for meeting the changing needs of patients and the health care system, responding to the new challenges and advances from scientific development in medicine, and meeting the evolving requirements of licensing bodies and society. (Institute of Medicine, 2010; WHO, 2003)
Specifics	<ol style="list-style-type: none"> 1. Provide patient-centred care. At its core, a CPD system will embody an ethical commitment to ensuring quality healthcare and patient safety. This approach equips clinicians with powerful tools to improve communication while strengthening the ability to advocate for disease prevention and wellness. CPD will enable clinicians to keep pace with the evolving evidence base relating to their" patients' diverse values, preferences, backgrounds, and well-being. 2. Work in interprofessional teams. Team-based learning and training are central to promoting coordination and collaboration across health professions, helping them learn with, from, and about one another.
Foundational CanMEDS-PA Competencies	<p>Advocate</p> <ul style="list-style-type: none"> • Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment • Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner • Work with patients to address health determinants that affect them and their access to needed health services or resources. <p>Leadership</p> <ul style="list-style-type: none"> • Engage in the stewardship of health care resources • Contribute to a culture that promotes patient safety • Facilitate change in health care to enhance services and outcomes <p>Scholarship</p> <ul style="list-style-type: none"> • PAs demonstrate a lifelong commitment to reflective learning and the application, expansion, and translation of medical knowledge to their professional body of knowledge.

PROPOSED CANMEDS-PA 2021

Medical Expert:	The Physician Assistant and Physician relationship is central to the PA scope of practice. As Medical Experts, PAs integrate all the CanMEDS roles, applying medical knowledge, clinical skills, and professional attitudes to provide high-quality and safe person-centred care.
Communicators:	PAs effectively facilitate patient-centred care and the dynamic exchanges that occur before, during, and after the medical encounter sharing knowledge and information as appropriate.
Collaborators:	PAs work within a formalized relationship with a physician(s) and with all interprofessional healthcare team members serving as connectors and collaborators to optimize patient-centred care.
Leadership:	PAs are integral participants in health care organizations contributing to sustainable practices, resource stewardship, and optimizing the healthcare system's effectiveness through activities as clinicians, administrators, educators, and scholars.
Advocate:	PAs responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations. PA practice considers the implications of the Social Determinants of Health in all aspects of their practice.
Scholarship:	PAs demonstrate a lifelong commitment to reflective learning and the application, expansion, and translation of medical knowledge to their professional body of knowledge.
Professional:	PAs are committed to the fundamental principles and values of medical ethics, compassionate care, beneficence, non-maleficence, respect for persons, justice and accountability for actions. PA demonstrates respect for others through their work and behaviour as competent and reliable. The PA is mindful of societal and individual health and well-being demonstrated through ethical practice, profession-led association, and high personal standards of behaviour.

ACKNOWLEDGEMENTS AND CONSIDERATIONS

- Patient care in this document is inclusive, and all references to patients, health professions, and the health system include caregivers and family. It is essential to acknowledge the caregiver's role as an advocate, collaborator, and communicator essential to respecting the patient and their health journey. Caregivers are persons who provide care to people who need help taking care of themselves. Caregivers may be health professionals, family members, friends, social workers, or members of specific communities (religion, spiritual or others).
- The authors of this document recognize a list of topics potentially taught is exhaustive and dependent on the Educational Program's priorities of time and resources. Physician Assistants are first and foremost medical generalists. Defining the essential topics in a PA curriculum must recognize that healthcare is more than medicine and involves awareness of patients' situations and cultures.

ADDITIONAL FRAMEWORK CONSIDERATIONS

1. A list of the 105 essential medical topics; College of Family Physicians of Canada (CFPC):
<https://portal.cfpc.ca/resourcesdocs/uploadedFiles/Education/Priority%20Topics%20and%20KFs%20with%20skills%20and%20phases%20Jan%202011.pdf>
2. American National Commission for the Certification of Physician Assistants (NCCPA) examination blueprint:
<https://prodcmsstoragesa.blob.core.windows.net/uploads/files/ContentBlueprint.pdf>
3. The Physician Assistant Certification Council of Canada exam blueprint:
<https://capa-acam.ca/paccc/blueprint-sample-questions/>

**APPENDIX 1: OVERVIEW OF INTERNATIONAL MEDICAL EDUCATION
COMPETENCIES AND ENTRUSTABLE PROFESSIONAL ACTIVITIES**

Source	Overview of Competencies or Entrustable Professional Activities
<p>Proposed EPAs for PA Graduates (United States)</p> <p>University of Utah PA Program, Association of American Colleges, American Board of Pediatrics</p>	<ol style="list-style-type: none"> 1. Incorporate principals of cultural competence across the healthcare continuum 2. Gather essential and accurate information about patients through history taking, physical examination, and the use of laboratory data, imaging and other methods 3. Locate, critically evaluate, integrate, and appropriately apply scientific evidence to patient care 4. Develop and implement patient management plans 5. Provide preventative health care services and education 6. Provide transfer of care in a variety of settings 7. Develop and manage interpersonal interactions 8. Work and communicate effectively as a leader or member of an interprofessional health care team to provide patient-centered care 9. Apply public health principals to improve care for patient populations, communities and systems 10. Identify system failures and contribute to a culture of safety and improvement 11. Recognise and develop strategies to address system biases that contribute to health care disparities.
<p>Nine Clusters of PA Activity (Roderick Hooker and James Cawley)</p> <p><i>Hooker,RS., Carter,R., Cawley,JF 2004</i></p>	<ol style="list-style-type: none"> 1. Gathering medical data; 2. Diagnosing and managing common problems, conditions, and diseases; 3. Conducting and ordering laboratory and diagnostic studies; 4. Performing medical management activities; 5. Performing surgical procedures; 6. Managing medical emergencies; 7. Performing health promotion and prevention activities; 8. Prescribing medications and required therapies; 9. Using interpersonal skills

<p>American Academy of Medical Colleges (AAMC)</p> <p>https://www.ncbi.nlm.nih.gov/books/NBK221519</p>	<ol style="list-style-type: none"> 1. Gather a history and perform a physical examination 2. Prioritise a differential diagnosis following a clinical encounter 3. Recommend and interpret common diagnostic and screening tests 4. Enter and discuss orders and prescriptions 5. Document a clinical encounter in the patient record 6. Provide an oral presentation of a clinical encounter 7. Form clinical questions and retrieve evidence to advance patient care 8. Give or receive a patient handover to transition care responsibility 9. Collaborate as a member of an interprofessional team 10. Recognise a patient requiring urgent or emergent care and initiate evaluation and management 11. Obtain informed consent for tests and procedures 12. Perform general procedures of a physician 13. Identify system failures and contribute to a culture of safety and improvement
--	--

<p>Association of Faculties of Medicine of Canada (AFMC EPA working group) & Future of Medical Education in Canada Post Graduate Transition Group (Sept. 2016)</p>	<ol style="list-style-type: none"> 1. Obtain a history and perform a physical examination adapted to the patient's clinical situation 2. Formulate and justify a prioritised differential diagnosis 3. Formulate an initial plan of investigation based on the diagnostic hypotheses 4. Interpret and communicate results of common diagnostic and screening tests 5. Formulate, communicate and implement management plans 6. Present oral and written reports that document a clinical encounter 7. Provide and receive the handover in transitions of care 8. Recognise a patient requiring urgent or emergent care, provide initial management and seek help 9. Communicate in difficult situations 10. Participate in health quality improvement initiatives 11. Perform general procedures of a physician 12. Educate patients on disease management, health promotion and preventive medicine
<p>United Kingdom Physician Associates Competence and Curriculum Framework (2012)</p>	<ol style="list-style-type: none"> 1. Formulate and document a detailed differential diagnosis having taken a history and completed a physical examination 2. Work with patients and, where appropriate, caregivers to agree on a comprehensive management plan in light of the individual characteristics, background and circumstances of the patient 3. Maintain and deliver clinical management in collaboration with the patient and on behalf of the supervising physician while the patient travels through a complete episode of care 4. Perform diagnostic and therapeutic procedures and prescribe medications (subject to the necessary legislation) 5. Request and interpret diagnostic studies and undertake patient education, counselling and health promotion

References

1. AFMC Entrustable Professional Activities for the Transition from Medical School to Residency September 2016 The AFMC EPA working group FMEC PG Transition Group Association of Faculties of Medicine of Canada.
https://afmc.ca/sites/default/files/pdf/AFMC_Entrustable_Professional_Activities_EN.pdf
2. Becoming a Culturally Competent Health Care Organization.
aha.org. <https://www.aha.org/ahahret-guides/2013-06-18-becoming-culturally-competent-health-care-organization>. Accessed December 5, 2019.
3. CIHC National Interprofessional Competency Framework established in 2010 by the Accreditation of Interprofessional Health Education initiative (AIPHE)
4. De Jager, HE., Nieuwenhuis, FJ.. Linkages between Total Quality Management and Outcomes based approach in an Educational Environment Quality in Higher Education, Vol. 11, No. 3, November 2005
5. Englander E, Carraccio C. Entrustable professional activities as an organizing framework for assessment across the continuum [presentation], ICRE Meeting, Toronto, Canada 2014
6. Frank JR, Snell L, Sherbino J, editors. Can Meds 2015 Physician Competency Framework. Ottawa: Royal College of Physicians and Surgeons of Canada; 2015.
7. Greiner AC, Knebel E, editors. Institute of Medicine (US) Committee on the Health Professions Education Summit; Health Professions Education: A Bridge to Quality. Washington (DC): National Academies Press (US); 2003. Chapter 3, The Core Competencies Needed for Health Care Professionals. Available from:
<https://www.ncbi.nlm.nih.gov/books/NBK221519/>
8. Harden, R. et al. "AMEE Guide No. 14: Outcome-based education: Part 1-An introduction to outcome-based education." Medical Teacher 21 (1999): 7-14.
9. Institute of Medicine (US) Committee on Planning a Continuing Health Professional Education Institute. Redesigning Continuing Education in the Health Professions. Washington (DC): National Academies Press (US); 2010. 5, Envisioning a Better System of Continuing Professional Development. Available from:
<https://www.ncbi.nlm.nih.gov/books/NBK219797/>
10. Kornhaber, R., Walsh, K., Duff, J., Walker K., Enhancing adult therapeutic interpersonal relationships in acute health care settings; an integrative review. Journal of Multidisciplinary Healthcare 2016;9 537–546

11. Malan, SPT. The 'new paradigm' of outcomes-based education in perspective ISSN 0378-5254 Tydskrif vir Gesinsekologie en Verbruikerswetenskappe, Vol 28, 2000
12. McGuire, D. Important Theories in Competency-Based Education." Study.com, 2 June 2017, Accessed Dec 2020 study.com/academy/lesson/important-theories-in-competency-based-education.html
13. National Competency Framework for Interprofessional Collaboration Journal of Physical Therapy Education Vol 24, No 1, Winter 2010 https://www.hhr-rhs.ca/en/?option=com_mtree&task=att_download&link_id=7095&cf_id=68
14. Sorensen J, Norredam M, Dogra N, Essink-Bot ML, Suurmond J, Krasnik A. Enhancing cultural competence in medical education. Int J Med Educ. 2017 Jan 26;8:28-30. doi: 10.5116/ijme.587a.0333. PMID: 28125799; PMCID: PMC5275746.
15. Ten Cate O. Nuts and Bolts of Entrustable professional activities. J Grad Med Educ 2013;5:157–8
16. World Health Organization – Continuing Professional Development WFME Office: University of Copenhagen WFME Office: University of Copenhagen · Denmark Denmark · 2003 <https://www.who.int/workforcealliance/knowledge/toolkit/46.pdf?ua=1>