



TO: Committee on Academic Policy and Programs

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APPENDIX "D" TO REPORT NUMBER 163  
OF THE ACADEMIC BOARD – June 1, 2009

DATE: April 20, 2009

AGENDA ITEM: 5

### **ITEM IDENTIFICATION**

**Faculty of Medicine: Proposal for Bachelor of Science Physician Assistant (BScPA) degree**

### **JURISDICTIONAL INFORMATION:**

The Committee has authority to recommend to Academic Board for approval changes which establish a new degree program.

### **PREVIOUS ACTION TAKEN:**

### **HIGHLIGHTS:**

The Faculty of Medicine proposes the establishment of a Bachelor of Science Physician Assistant degree (BScPA) as a full-time professional, second-entry undergraduate degree program, as outlined in the attached proposal. The BScPA will be a University of Toronto degree that will be delivered with the participation of two distinguished, healthcare-focused, educational institutions: Northern Ontario School of Medicine (NOSM) and The Michener Institute for Applied Health Sciences (Michener). The program will be based in the Department of Family and Community Medicine.

A Physician Assistant (PA) is a mid-level health care professional who work as physician extenders. PAs are authorized through Delegation of Controlled Acts and other procedures to provide a broad range of medical and surgical services under the supervision of licensed physicians. A Certified PA is a graduate of an accredited PA education program and has passed the National Competency Exam. Ontario's 2006 Health Human Resources strategy announced a plan to introduce PAs in the health care system. As part of introducing the PA initiative, a collaborative steering committee was established co-led by the Ontario Ministry of Health and Long-Term Care (MOHLTC) and the Ontario Medical Association (OMA). The committee represented employers (Ontario Hospital Association, Association of Ontario Health Centres, OMA); educators; regulators and professions such as medicine (College of Physicians and Surgeons of Ontario) and nursing (College of Nurses, Nurse Practitioners' Association of Ontario); the Local Health Integration Networks (LHINs); and government.<sup>1</sup>

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<sup>1</sup> *Introducing Physician Assistants in Ontario*, HealthForce Ontario, December 2008

In Canada, the University of Manitoba offers a Master's-level PA program and McMaster University began a BScPA program in 2008. As outlined in the proposal, the BScPA program will offer students a balance in academic and clinical education, extensive access to healthcare-relevant resources and a curriculum delivery model that maximizes rural training and geographic accessibility throughout Ontario.

The full-time distance and distributed-learning program will require the completion of 6 consecutive semesters over 24 months. Expected total enrollment the first year will be 22 students with an anticipated increase to a maximum of 42 students per cohort by the second intake year. The BScPA is intended for professionals with prior experience in a health-related field and with commitment to contributing to healthcare in under-served and rural communities.

The Faculty and the Michener Institute have jointly offered a BSc (Medical Radiation Sciences) for the past decade. Building on their existing strong relationship, the Faculty of Medicine and the Michener began to explore the development of a new program in Physician Assistant education along with Northern Ontario School of Medicine. Unlike the BSc (Medical Radiation Sciences), the proposed BScPA is solely a UofT degree, rather than a joint degree, although the three institutions will contribute to the development, administration and delivery of the U of T education program. A formal MOU has been developed which outlines the principles of the academic relationship between the three institutions. The three institutions will be jointly responsible for assuring that the degree program meets the appropriate professional accreditation standards.

Consultations on the new degree have been undertaken with the University of Toronto Council of Health Science Deans, Lawrence S. Bloomberg Faculty of Nursing and the University of Toronto Scarborough Paramedicine program as well as external stakeholders. In the course of consultations, the question of how the scope practice of PAs differed from that of Nurse Practitioners was raised since the Lawrence S. Bloomberg Faculty of Nursing currently offers Nurse Practitioners programs. Nurse Practitioners are independently licensed practitioners with a defined, regulated scope of practice. PAs are not autonomous health care providers, and are currently not regulated in Ontario. PAs act under delegation of a supervising physician. The scope of practice for a PA is directly related to and limited by the scope of practice of their supervising physician.

Nurse Practitioner programs at Uof T are graduate degree and post-graduate diploma programs, while the PA program will be a second-entry undergraduate program. Inherent in this degree level difference is the admissions requirements, both academic and clinical. The academic requirements for the Nursing graduate degree (MN, NP, or MN/MHSc) programs include the completion of an undergraduate nursing degree. Although the PA program requires candidates to have experience as a health care provider, it is not limited to nursing. Both professional degree programs require pre-requisite clinical experience, although the parameters for this also differs – the NP program requires a minimum of two years of clinical nursing experience and the PA program will require only one year of direct patient contact in a health care capacity.

The BScPA degree proposal and relevant MOU were approved by the Faculty of Medicine Faculty Council on March 9, 2009. In accordance with governance procedures at the two institutions, the MOU has been approved by the Michener Institute President, office of the Chief Executive Officer and the Executive Leadership Team and by the Dean of Northern Ontario School of Medicine.

## **FINANCIAL IMPLICATIONS**

There are no resource implications for the University's operating budget as the BScPA program will be self-sustaining. The financial plan has been reviewed and approved by the Faculty of Medicine and by the Vice-Provost Planning and Budget Office. The BScPA degree proposal and MOU will be brought forward to the Planning and Budget Committee on May 7, 2009.

## **RECOMMENDATIONS**

The Committee on Academic Policy and Programs recommends to the Academic Board:

THAT the Bachelor of Science Physician Assistant (BScPA) degree at the Faculty of Medicine Department of Family and Community Medicine be recommended to Governing Council for approval, with enrolment commencing January, 2010.

**PROGRAM PROPOSAL:  
BScPA - Bachelor of Science Physician Assistant  
Department of Family and Community Medicine  
Faculty of Medicine, University of Toronto**

**March 2009**

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## **Executive Summary**

This is a proposal for a Bachelor of Science Physician Assistant degree (BScPA) as a full-time professional, second-entry undergraduate degree program to be based in the Department of Family and Community Medicine (DFCM) in the Faculty of Medicine at the University of Toronto (U of T). The BScPA will be a University of Toronto degree that will be delivered in collaboration with the Northern Ontario School of Medicine (NOSM) and The Michener Institute for Applied Health Sciences (Michener), which are both distinguished, healthcare-focused, educational institutions. The three institutions will contribute in the development, administration and delivery of the U of T education program. A Memorandum of Understanding (MOU) has been developed to this effect.

### **PROGRAM OVERVIEW**

The BScPA program will offer students a balance in academic and clinical orientation, extensive access to healthcare relevant resources and a curriculum delivery model that maximizes rural training and geographic accessibility throughout Ontario. The aim of the program is to equip graduates with the competencies necessary to establish the foundation for a sustainable Canadian Physician Assistant profession based on principles of:

1. Social accountability (including increasing access to healthcare in underserved and rural communities)
2. Professionalism (including establishing the identity of PAs in a variety of healthcare settings, particularly in primary care)
3. Interprofessional Collaboration (including collaborative patient-centred practice)
4. Critical thinking and Life-long learning (including enhancing the effectiveness of services provided by physicians)

The full-time distance and distributed learning program will require the completion of 6 consecutive semesters over 24 months. Expected total enrolment the first year will be 22 students with an anticipated increase to a maximum of 42 students per cohort by the second intake year. This novel program will likely attract a diverse group of candidates from across the province. The BScPA is intended for professionals with prior experience in a health related field and with commitment to contributing to healthcare in underserved and rural communities.

### **PA OVERVIEW**

A Physician Assistant (PA) is a mid-level health care professional who is a physician extender. PAs are authorized through Delegation of Controlled Acts and other procedures to provide a broad range of medical and surgical services under the supervision of licensed physicians. A Certified PA is a graduate of an accredited PA education program and has passed the National Competency Exam.

### **FUNDING**

The MOHLTC has committed one-time start-up funding to support the BScPA degree at U of T, in addition support for clinical placement costs. The Ministry of Training, Colleges and Universities has agreed the funding model will match that provided to the other PA program in

the province (3 BIUs per 1.5 FTE). The tuition rate has also been agreed upon by MTCU to align this program with the other provincial PA program.

## **APPROPRIATENESS**

The Faculty of Medicine is directed by various aspects of the changing landscape, which includes the “Changing Dynamic for Knowledge and Education”.<sup>1</sup> The embrace of new technologies to support and deliver innovative curriculum, including web-based, complex audio-visual and simulations is in keeping with the PA program proposal which is designed to align with the modern technologies of the generation.

The BScPA program aligns with a major objective of the Faculty of Medicine Academic Plan 2004-2010 to “advance our scientific and professional training platform for the 21st century. The Faculty will: a) strategically *leverage newly created programs*...and new collaborative programs; b) *capitalize on* national attention and capacity-building needs of areas such as Public Health and bioinformatics and our expanding role in global health; and c) *exploit emerging competencies* in knowledge translation, innovative simulation tools, and inter-professional education, to name a few. We shall prioritize the programs that will best prepare future leaders in research and education, consistent with the Faculty’s vision statement<sup>1</sup>.”

This program is in complement to U of T’s Undergraduate Medical Education priority strategy of promoting generalism and primary care as a career path for trainees, as a socially accountable strategy of contributing to a sustainable healthcare system<sup>2</sup>. Through clinical placements focusing on primary care and generalist medicine, students will be able to address specific learning needs and areas of interest using a competency –based academic curriculum to demonstrate their proficiencies as a PA.

## **Program Overview (Description and Rationale)**

The main purpose of the program is to educate students in a professional degree program so that they may be eligible to become Canadian Certified Physician Assistants and work in Ontario. Physician Assistant students will complete a generalist-focused education in order to be prepared to work as a PA in most clinical environments under physician supervision, in underserved areas and rural communities.

The proposed program is a second entry, 24- month undergraduate BScPA. It is a professional degree in the field of Physician Assistant (PA). It is the intent that the BScPA program receives accreditation by the Conjoint Committee for Accreditation (CCA) of the Canadian Medical Association (CMA). Graduates of the accredited program will be eligible for Canadian PA Certification with PACC (Physician Assistant Certification Council), an independent Council of the Canadian Association of Physician Assistants (CAPA).

The 24-month program can be divided into Year 1 (*Academic*) and Year 2 (*Clinical*). The pre-clinical Year 1 is academically focused. The program introduces students to theoretical and

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<sup>1</sup> Faculty of Medicine Academic Plan <http://www.facmed.utoronto.ca/Assets/about/2010plan.pdf?method=1>

<sup>2</sup> University of Toronto, 2005. *Generalism Task Force Report*, Undergraduate Medical Education Program.

practical knowledge of generalist medicine. Through independent, small and large group learning, simulations and experiential courses, the program expands on and strengthens PA core competencies. Year 2 is clinically focused. A competency-based academic curriculum drives the clinical training portion of the program. Through clinical placements focused on primary care and generalist medicine, students have the opportunity to develop into proficient PAs and to explore areas of interest.

The program employs technology and proven principles of distance education. Much of the didactic learning is primarily independent. The majority of Year 1 takes place in the student's community, with teaching and learning occurring by way of the Internet and other computer-based educational resources. Throughout the two-year program, students are required to gather together in central locations for evaluation as well as group learning, including simulations and clinical skills development.

The program is guided by the following underlying principles:

- The curriculum is built on a foundation of academic and clinical excellence and health human resources relevance in keeping with the development of the PA profession in Ontario and in Canada, including the national Occupational Competency Profile (OCP)
- Information Technology will be used in the delivery of the distance education model of the program curriculum. This will ensure maximum access to the program by all students regardless of their geographic location in Ontario.
- By educating PA students in their own communities and encouraging and supporting clinical experiences in rural and underserved areas, the program will play a role in the subsequent increase in access to healthcare for Ontarians as PAs are added to the interprofessional healthcare team.

#### PA Profession Background:

A PA is a mid-level health care professional who is considered to be a physician extender. PAs are authorized through Delegation of Controlled Acts and other procedures to provide a broad range of medical and surgical services under the supervision of licensed physicians. To become a Certified PA, one must successfully complete an accredited PA program and successfully complete the National Competency Exam.

PAs have played a role in providing health care to the Canadian Military in one form or another for at least 50 years, with a recent estimate of approximately 130 Canadian military trained PAs in practice<sup>3</sup>. As of January 2009, Manitoba is the only province in Canada to have legislation in place (as of 1999) to regulate PAs. Known as "Clinical Assistants", there are 46 CAs currently in practice in Manitoba<sup>4</sup>. The US has incorporated PAs in its healthcare systems since the 1960's, and the current number of practicing PAs in the US has risen to approximately 70,000<sup>5</sup>. Worldwide, there are practising PAs or developing PA programs in at least 20 countries<sup>6</sup>.

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<sup>3</sup> Hooker, MacDonald & Patterson, 2003

<sup>4</sup> Pope, 2008

<sup>5</sup> American Academy of Physician Assistants, 2008

<sup>6</sup> Begg, 2008

The Province of Ontario suffers from a shortage of health care professionals<sup>7</sup>. As of August 2008, it is estimated that 850,000 Ontarians do not have a family doctor.<sup>8</sup> The president of the Ontario Medical Association cites the usefulness of a team based medical care which includes non-physician health care workers as part of the solution to alleviate the service gap.<sup>9</sup>

In order to address the Health Human Resources crisis, in May 2006, the MOHLTC announced a variety of targeted initiatives as part of its HealthForce Ontario strategy. Those initiatives included the implementation of the Physician Assistant as a new member of the health care workforce.

Given that the use of PAs in Canada is in its infancy, evidence for the impact of their use on the healthcare system is limited to the HealthForce Ontario Pilot and Demonstration projects that began in 2007. These projects have put PAs in various clinical positions in Ontario. Early evaluation has demonstrated shorter wait times, shorter time in the ER and fewer numbers of patients leaving without being seen by a health care provider. Teams that included PAs report increased satisfaction with team function and team communications, as well as increased efficiency in patient care.<sup>10</sup>

In the last several years, there have been progressive acts to incorporate PA education into Canada's public healthcare system. In May, 2003, the Canadian Medical Association (CMA), also responsible for accreditation of PA education programs, approved the PA profession as a designated health care profession.<sup>11</sup> In September 2008, the University of Manitoba began a Masters-level PA program and McMaster University began a Bachelor of Health Science, Physician Assistant (BScPA) program (accreditation will be considered in 2010).

## **Pedagogical and other Academic Matters, including Expected Benefits of the Proposed Program**

This program is in complement to the University of Toronto's Undergraduate Medical Education priority strategy of promoting generalism and primary care as a career path for trainees, as a socially accountable strategy of contributing to a sustainable healthcare system<sup>12</sup>. Through clinical placements focusing on primary care and generalist medicine, students will be able to address specific learning needs and areas of interest using a competency –based academic curriculum to demonstrate their proficiencies as a PA.

The professional PA profile is likely to be derived from within the diverse group of applicants each with their own healthcare backgrounds, while training within a standard curriculum. In creating the professional identity within the students, the PA education program will be instrumental in establishing the PA professional profile for the country. The role of the PA in civilian practice is emerging and developing, so the additional challenge within the generalist education of the program will be to ensure that graduates are well prepared to practice in a

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<sup>7</sup>World Health Organization, 2006

<sup>8</sup> Ontario Medical Association, 2008 Available from: <http://www.oma.org/media/news/pr080826.asp>

<sup>9</sup> D'Amato, 2008

<sup>10</sup> HealthForce Ontario. Introducing Physician Assistants in Ontario. December 2008 Report.

<sup>11</sup> Dukes, 2008

<sup>12</sup> University of Toronto, 2005. *Generalism Task Force Report*, Undergraduate Medical Education Program.



variety of healthcare settings in Ontario, and accepted by physician supervisors and allied health teams.

PA education traditionally follows the medical model. This PA professional degree program will expand and strengthen the theoretical and practical knowledge of medicine relevant to key competencies in the Physician Assistant profile. Distance and distributed learning opportunities allow for a diverse student population to participate. This innovative model also provides a framework for independent, small and large group learning, as well as self-study at a learner's own pace so that each learner can meet their own needs and yet complete the program with a set of standard competencies. The program developers will utilize current pedagogy in healthcare education during curriculum design. Curriculum delivery will employ various state-of-the-art e-learning tools and initiatives including on-line courses and modules with on-line assignments, portfolios and case logs, videoconferencing, live and recorded video streaming, live and video simulations and other experiential learning opportunities. The unique distance model for program delivery is adapted from the University of North Dakota's successful PA program.

It is proposed that students participate in interprofessional education sessions with other students across disciplines within the Faculty of Medicine at UofT and NOSM, and with allied health students at Michener. While some interprofessional course interactions may occur on-line, PA students will be able to interact with the students of other disciplines in face-to-face group activities while during the residential components of the program.

## **Projected Student Demand**

The first cohort of PA students in the US occurred in the late 1960s. Today there are more than 140 schools in the US providing PA education programs, with a national enrolment of approximately 6,000 students annually<sup>13</sup>.

The experience at the University of Manitoba and McMaster University in 2008 strongly indicates that the program can expect several hundreds of applicants for the proposed January 2010 start date.

The limit for admission to the first year of the PA program is currently 22 students for January 2010 entry. In screening applicants, the Admissions committee will consider all available information. Each application is to be considered on its own merit, consistent with the University of Toronto statement on "Policies and Principles for Admission to the University of Toronto".<sup>14</sup> Preference will not be specially given to individuals enrolled in programs at the University of Toronto.

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<sup>13</sup> American Association of Physician Assistants, 2008

<sup>14</sup> University of Toronto. (1991). Available from: <http://www.utoronto.ca/govcncl/pap/policies/admit.html>

## **Impact on the Department's and Division's Program of Study, including Impact on Other Divisions**

The program proposal is aligned with the Strategic Plan<sup>15</sup> of the Department of Family and Community Medicine (DFCM). The department's vision, "Excellence in research, education and innovative clinical practice to advance high quality patient-centered care" encompasses the establishment of the education of PAs as the newest member of the healthcare team in Ontario. The department's core values of "Commitment to innovation and academic and clinical excellence", "Promotion of social justice, equity and diversity" and "Multidisciplinary and interprofessional collaboration and effective partnerships" are directly applicable to the establishment of the new BScPA degree.

DFCM has agreed to house the PA program with recognition that the majority of the current Family Medicine Teaching Units are at full capacity and will have the right to decline to participate in offering clinical placements to PA students.

By using the calendar year (January to December) for the program delivery, it is possible that the pressures for clinical placements as well as faculty teaching responsibilities may be offset. For example, the novice PA students will have their first clinical block rotation starting in January of Year 2. By comparison, novice postgraduate medicine residents typically start in July and undergraduate medicine clerkship novices start clerkship rotations in October. As such, at any given point in time over the year, there will only be one novice group of trainees, be it from postgraduate or undergraduate medicine or physician assistant programs. While the summer months are often challenging times to schedule clinical placements, the program minimizes the impact with only one 4-week clinical block during the summer, utilizing the remaining summer weeks for residential teaching, evaluation and much deserved vacation time for students and for faculty.

Within the University of Toronto, the resources from within the Division of Anatomy (Dr. Michael Wiley, Anatomy Division Chair) as well as from the Network of Excellence in Simulation for Clinical Teaching & Learning (Dr. Vicki LeBlanc, Director) have expressed support and intent on collaboration. The program will utilize these services at various intervals, generally off-set to the peak demand times. For technology support, The Discovery Commons is engaged and eager to begin to assist and support in the development of the program in unique, innovative and effective ways (i.e. webcasting, online seminars, online course software and interactions, etc).

Student support services exist at UofT for students with personal issues or in crisis, in need of financial assistance, for personal and career development etc. PA program students will be able to access the services regardless of the student's geographic location.

The PA program, as an undergraduate degree program, is not likely to compete with the applicant pool for the Master of Nursing - Nurse Practitioner (MN-NP) program at UofT. Nurses who already have a bachelor degree are more likely to apply to graduate programs, like the MN, for career laddering. The requirements for entry into the programs are also significantly different. The MN-NP programs offered by the Faculty of Nursing have both Adult or Child streams. In

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<sup>15</sup>Department of Family and Community Medicine Strategic Plan 2009-2013. "Primary Connections: Linking Academic Excellence to High Quality Patient-Centred Care."

contrast the PA program has a more general, primary-care focus for under-served areas and rural communities. There may be opportunities for students in the MN-NP and PA program to participate in interprofessional, collaborative educational sessions (IPE) but this issue is still to be explored by the respective faculties.

Uof T, NOSM and Michener will share the accountability for delivery of the BScPA program – including clinical placement, and establishing distance and distributed learning curriculum to maximize geography and not to be limited by physical capacity of one single training space.

## **Consultation with other affected divisions**

Experience internationally in the development of PA education programs suggests that “strong verification and documentation of need for additional health care professionals can be of great value in garnering support and resources needed to establish a viable PA program.”<sup>16</sup> As the establishment of a PA program is occurring simultaneously with the provincial government’s initiative to introduce practicing PAs into the health care system, it is reasonable to establish positive working relations with associated healthcare professions within the institution and in the communities at large.

The Faculty of Medicine has engaged in consultations with University senior academic administrators in the Council of Health Science Dean, the Lawrence S. Bloomberg Faculty of Nursing, and the University of Toronto Scarborough Paramedicine program.

Consultation with the Lawrence S. Bloomberg Faculty of Nursing included discussion with the Dean, Associate Dean and Undergraduate Program Chair. Positive aspects of collaboration are expected, for both student interprofessional experiences and opportunities for Nursing and PA faculty interaction. It was noted that graduates of any of the U of T nursing programs (undergraduate or graduate level) would not be in direct competition for employment in primary care as this is a focus of the PA program only.

Consultation occurred with the University of Toronto Scarborough Paramedicine Joint Program with Centennial College included discussion with the Vice-Dean, and Program Supervisor. They noted that the BScPA program will be a welcome opportunity for Paramedicine graduates and professionals.

External stakeholders have been involved in the development of this program including the Canadian Medical Association and the Canadian Association of Physician Assistants. The Faculty of Medicine has received extensive and continuing support from PA Educators in Canada as well as in the US, including individual PA Program Directors and from the Physician Assistant Education Association (PAEA).

Consultation with rural communities and potential preceptors and additional clinical training sites for PA students is ongoing. For example, the ROMP (Rural Ontario Medical Program)

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<sup>16</sup> Association of Physician Assistant Programs. November 2004. “Physician Assistant Programs: A Guide for International Program Development”. Available from: <http://www.paeonline.org/index.php?ht=a/GetDocumentAction/i/3536>

Spring Workshop in March 2009 will serve to promote interest in the PA program and to generate potential clinical placement sites for students in the rural and underserved communities of southern Ontario. NOSM will play an active role in marketing the program to their affiliated communities to promote interest for potential applicants as well as communities and potential preceptors from the northern and rural sectors in Ontario.

## **Appropriateness of the name and designation of the new program**

### **Undergraduate level:**

In Ontario, the McMaster University PA program is offered at the level of a second-entry bachelor degree. The curriculum is modified from their undergraduate medical school content, fit within 24 months, and geared towards the competencies expected for a PA.

The University of Manitoba's PA program is established at a masters level, which makes it the only graduate level PA program in Canada. The curriculum for the Manitoba program is similar to the traditional medical model of PA education with an additional research project component.

Although the majority of the PA education programs in the US are currently at the Masters level, this was not always the case. The initial programs were at the post-secondary diploma or certificate and then undergraduate degree level. As the profession established itself, the qualifications required for clinicians, educators, researchers and professional leaders followed the global trend in the credentialing of professional education.

A second-entry undergraduate degree of this nature is considered to be a professional degree. Although a rigorous academic experience, the professional degree of BScPA is, in general, intended to be a terminal degree. However, in addition to some graduate level programs in certain disciplines, there are likely Physician Assistant professional masters degree programs in the US (focusing on administration and education for PAs which may, in fact, recognize the BScPA as an appropriate entry level credential.

### **Title of Degree:**

The designation of Bachelor of Science Physician Assistant is akin to the designations of other health professional undergraduate degrees; specifically noted are the BScN (Bachelor of Science in Nursing), offered through the Lawrence S. Bloomberg Faculty of Nursing or BScPharm (Bachelor of Science in Pharmacy), offered through the Leslie Dan Faculty of Pharmacy.

The McMaster University Physician Assistant Education Program is located within the Faculty of Health Sciences, along with their schools of Medicine, Nursing, and Rehab Sciences, and a variety of undergraduate, graduate and diploma programs. They have designated their degree to be a Bachelor of Health Sciences (Physician Assistant), which reflects the configurations within their institution.

## **Accountability**

The program will be reviewed as per the University of Toronto *Policy for Assessment of Academic Programs and Units*. Accountability measurements include performance and satisfaction levels of stakeholders, costs, and productivity measurements of contribution made to the delivery of health care. The program will provide annual status reports through the program's Medical and Program Directors.

## **Program Description and Requirements, Course Titles, and Faculty Members**

### Glossary of Terms:

“Distance” refers to time when the students are not required to be in “class”, and expected to complete curriculum components at home, or wherever they choose to be.

“Residential” refers to time in which students are expected to be at the central teaching location (likely to vary sites between University of Toronto, Michener and NOSM) for face-to-face curriculum components, including simulations.

“Evaluation” refers to specific weeks in the program for summative evaluations, including OSCEs (Objective Structured Clinical Exams). These are to be conducted at the central location (i.e. contiguous with the Residential weeks). Evaluations, whether written or simulation/practical, will be based on the competency requirements of the national Occupational Competency Profile.

“Courses” in Semesters 1, 2 and 3 of Year 1 are all delivered in a variety of distance formats, complemented by face to face experiences in the Residential weeks that also include simulation.

“Longitudinal Clinical Experience” describes the 120 hours required over the Year 1 semesters when the PA students observe a variety of clinical care settings to complement the knowledge acquisition and integration of the rest of the curriculum.

“Block” refers to the 9 designated clinical rotations required in Year 2.

“Clinical 1” and “Clinical 2” are the designations used to distinguish the 2 portions of clinical blocks in which each student will participate – north and south. For example, a student who completes Clinical 1 through NOSM affiliated, rural and northern Ontario communities will complete Clinical 2 through University of Toronto and Michener affiliated, urban, suburban and rural communities in southwestern Ontario.

“Vacation”/ “Reading Week” / “Other” refers to unscheduled time in the program, either for self-study as in the institution's “Reading Week” or program-wide scheduled “Vacation” time.

## **Program Description:**

The BScPA is presented over six consecutive semesters, as a full-time undergraduate professional degree program. The 24-month program schedule is delivered according to the calendar year from January to December.

The January start date allows potential candidates time to complete any prerequisites requirements in the preceding Summer or Fall. Initial graduates of the program would be expected to be pursuing employment from within a limited number of available positions (since employment requires a supervising physician, likely to be coordinated with the MOHLTC as PAs are not yet regulated health professionals).

The program will integrate skills development through simulation-based learning and clinical education. A variety of distributed learning models (e.g., print based, on-line) will be explored to ensure access to province-wide learners and reduce relocation requirements of students. The program is designed to integrate interprofessional education and simulated clinical preparation analogous to the educational model in place for the University of Toronto and Michener joint programs for Medical Radiation Sciences.

The 24-month schedule is presented in the “Program at a Glance” (Appendix A).

1<sup>st</sup> year (3 semesters) is academically focused:

- Completion of 15 courses in total, in addition to 120 hours of longitudinal clinical experience.
- 14 weeks are designated for residential weeks to include orientation to clinical topics, seminars and simulated clinical learning experiences. Location of the residential weeks will depend on student locations, curricular needs and availability of specific resources
- 3 separate weeks are designated for summative evaluation of students over the course of Year 1.

2<sup>nd</sup> year (3 semesters) is clinically focused:

- Completion of 9 blocks of clinical rotations, for a total of 38 weeks of direct clinical contact. (22 weeks for Clinical 1 and 16 weeks for Clinical 2). Although rotations are indicated in blocks, the focus is on completion of competencies. These may be completed within a minimal number of site locations.
- 6 weeks are designated for residential weeks to include orientation to clinical topics, seminars and simulated clinical learning experiences. Location of the residential weeks will depend on student locations, curricular needs and availability of specific resources.
- 3 separate weeks are designated for summative evaluation of students over the course of year 2.

Clinical placements will be arranged within Year 2 of the program to provide students with the experiences they reasonably require to achieve competency as a PA. All students will be required to complete clinical portion of Year 2 in both northern and southern sites. Every effort will be made to minimize the student travel requirements within each of ‘Clinical 1’ and ‘Clinical 2’ time periods, without compromising the suitability of the clinical environment for the student.

Clinical training sites will be accredited in advance of placements as part of the responsibilities of the Clinical Coordinators for the program. The accreditation will include internal processes such as completion of a checklist to ensure appropriateness of facility for learning as well as completion of preceptor training on teaching expectations with respect to the supervision and evaluation of PA students.

Table 1 presents the Program Curriculum by breakdown of broad categories, as defined by the PAEA. The breakdown is comparable to other programs as listed in the “2002-03 Annual Report on Physician Assistant Educational Programs” in the US<sup>17</sup>. The calculations below use an estimated minimum standard of 35 hr/week for students in clinical activities.

Table 2 presents a breakdown of the various components of the program by time and composition.

**Table 1: Overall Program Curriculum by Category**

<b>Category</b>	<b>Year</b>	<b>Estimated Hours per Year</b>	<b>Total Hours in Program</b>
Basic Science	1	312	312
	2	0	
Clinical Medicine	1	312	468
	2	156 (Distance Courses)	
Patient Assessment	1	234	444
	2	210 (6 weeks Residential time)	
Supervised Clinical Instruction	1	120 (Longitudinal Clinical Experience)	1540
	2	1330 (38 weeks of Clinical Rotations) 90 (6 weeks Residential time simulations)	

<sup>17</sup> In 2002-03, the average PA Program curriculum in the US spent 400.5 hours on Basic Science, 358.9 hours Clinical Medicine, 147.3 hours on Patient Assessment and 45 weeks for supervised clinical instruction (PAEA, 2004).

<b>Year</b>	<b>Semester #</b>	<b>Semester Season</b>	<b>Distance</b>	<b>Residential</b>	<b>Evaluation</b>	<b>Other</b>	<b>Total weeks</b>
1	1	Winter	8 weeks	4 weeks	1 week	1 reading week	<b>14</b>
1	2	Spring/Summer	11 weeks	3 weeks	1 week	1 reading week	<b>16</b>
1	3	Fall	10 weeks	7 weeks	1 week	4 vacation weeks	<b>22</b>
2	4	Winter	14 weeks	2 weeks	1 week	-	<b>17</b>
2	5	Spring/Summer	8 weeks	3 weeks	1 week	-	<b>12</b>
2	6	Fall	16 weeks	1 weeks	1 week	1 reading week 4 vacation weeks	<b>23</b>
<b>TOTALS</b>	<b>6 semesters</b>	-	<b>67 weeks distance</b>	<b>20 weeks residential</b>	<b>6 weeks evaluation</b>	<b>11 weeks unscheduled</b>	<b>104 WEEKS TOTAL</b>
<b>Time contribution to overall program</b>	<b>100%</b>	-	<b>64%</b>	<b>19%</b>	<b>6%</b>	<b>11%</b>	<b>100%</b>

### **Program Degree Level Expectations (DLE):**

The program's DLE, as outlined in Appendix C, are based on the Ontario Physician Assistant Competency Profile and describe the national competency standards currently under development. Using a competency based curriculum model for assessment, the DLE will be used as a guide in the program review process.

Various stakeholders have been consulted at the provincial and national levels to assist in the evolution of the Occupational Competency Profile, Core Competencies and Scope of Practice for PAs in Canada. A revised national competency document for entry-level PAs is expected to be finalized by January 2010. As these components continue to develop and mature, they will actively be incorporated into the program's degree level expectations.

### **Program Requirements:**

- Full time status
  - The structure of the program requires that all students be registered in the program on a full-time basis
  - Attendance at all Residential and Evaluation components of the program and participation in all Distance components are mandatory
  - Selective and elective options will be available in the clinical training opportunities in both Year 1 (Longitudinal Clinical Experience) and in Year 2 (9 Blocks of Clinical Rotations)
  - Employment while enrolled in the full-time professional degree program is strongly discouraged



*Rationale: The curriculum is very rigorous with significant time commitments. Part-time enrolment is not possible given the education structure of the program.*

- Advanced Standing/Transfer
  - The structure of the program requires that all students complete the entire 24 month curriculum from the beginning
  - There is no provision for advanced standing or transfer into the program
  - Prior Learning Assessments will not be considered to grant credits towards the BScPA  
*Rationale: There is fair evidence from the US experience<sup>18</sup> to require all PA students, regardless of education background and professional experiences, to complete the PA education program in its entirety.*

- Application for Deferred Registration
  - Deferred registrations will normally not be granted in the Program. Deferred registration may be granted only under exceptional circumstances.  
*Rationale: Applicants who request deferral in order to complete their undergraduate degree will be discouraged as the decision to complete one's undergraduate degree should be considered prior to application to becoming a PA.*

- Admission Requirements:

The goal of the admissions requirements to the BScPA is the selection of individuals who will enable the program to accomplish its mission to graduate socially accountable and professionally competent Physician Assistants who are well suited to practice in rural and underserved communities in Ontario, and to assist in the growth and development of the Physician Assistant profession in Canada.

The targeted recruitment of prospective students from rural and underserved communities will be achieved via mass marketing and community engagement with partners in the North and in small communities. A goal, as the program matures, is to encourage Aboriginal and Francophone applicants and to develop clinical networks within these communities of practice to support traditionally under-serviced communities. An advisory group may be convened to design the strategies to meet this goal in the first five years of the program. The submitted budget proposal includes curriculum development to address these needs.

The program admissions process requires that both cognitive (GPA, course prerequisites) and non-cognitive (assessed via Multiple Mini Interviews) competencies be assessed to determine eligibility for admission into the program.

#### Personal

- Canadian citizen or permanent resident  
*Rationale: The investment in the training of PA professionals through this program is intended to build and grow the PA profession in Canada.*
- Reside in Ontario for the duration of the program  
*Rationale: The training for the Physician Assistant profession in this program is practical and experiential. Students will be required to attend clinical placements*

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<sup>18</sup> Fowkes et al., 1996

*throughout their training in various clinical settings in Ontario in order to realize their role as a PA within the Ontario healthcare system.*

### Academic

- Minimum 10 full-courses or equivalent academic credits at a recognized university  
*Rationale: Credits from previous courses/credits may need to be applied to complete this second-entry undergraduate degree. Some of the specific course requirements may be only available to some applicants at a second-year undergraduate level, so completing the equivalent of 2 years of undergraduate education allows for a more reasonable assessment of academic abilities of applicants than only one year equivalent.*

- average GPA of at least 3.0 on the OMSAS (Ontario Medical Schools Application Service) 4.0 scale

*Rationale: Setting the minimum criteria at 3.0 on the OMSAS 4.0 scale is a cut-off benchmark for applicants, however, the expected competition for positions will likely mean a significantly higher GPA would increase chances for admissions. The 3.0 minimum is similar to other program requirements, although for accepted applicants in the US, the national average overall undergraduate GPA was 3.43 and average undergraduate science GPA was 3.35 for PA programs in 2007-08<sup>25</sup>.*

- Minimum one course credit in:

- Human Anatomy
- Chemistry
- Physiology

*Rationale: These courses have been suggested as valuable pre-requisites for new PA programs under development outside of the US<sup>19</sup>. More recently, they also represent the top 3 pre-requisites for all US PA programs.<sup>20</sup>*

- Computer and Internet skills

*Rationale: the program is designed as a distance education program, with much of the program delivery occurring over the internet or with computer-based technologies*

- English Language proficiency (if applicant's first language was not English)

*Rationale: Test/Qualifications and Scores that are acceptable proof of English facility for applicants are set by the Undergraduate Admissions policies of the University of Toronto<sup>21</sup>.*

### Clinical

- At least one year health care professional experience as a Regulated Health Professional<sup>22</sup> (i.e. RN, Medical Radiation Technologist, etc) or other health professional as listed (Paramedic/Emergency Medical Attendant, Dental Assistant, Podiatrist, Diagnostic Sonographer, Social Worker, Veterinarian, Medical Assistants

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<sup>19</sup> PAEA, 2004

<sup>20</sup> PAEA, 2008

<sup>21</sup> Available at: [http://www.adm.utoronto.ca/adm/adm\\_other\\_req/adm\\_english\\_facility.htm](http://www.adm.utoronto.ca/adm/adm_other_req/adm_english_facility.htm)

<sup>22</sup> Listing of recognized Self Governing Health Professions can be found in Schedule 1 of the *Regulated Professions Act, 1991*

and Medical Technicians), including a minimum of 12 months of DIRECT patient contact

*Rationale: This rigorous PA education program and the PA profession, as it is starting out, will benefit from the experience and expertise of people who were previously health professionals in other disciplines. The history of the development of the PA profession internationally demonstrates the use of previously trained health care personnel as a pool for PA candidates.<sup>23</sup>*

#### Preferred Criteria

- Ontario residents
- Demonstrated commitment to contribute to healthcare in underserved and rural communities (as determined by the Admissions Committee)

*Rationale: The program is partially supported by the MOHLTC for the health care benefit of residents in Ontario, particularly those in areas with limited access to health care. Selecting Ontario residents supports the goal of providing additional health care options to Ontarians. The actual weighting of the various components of the applicants file will be determined during the admissions process (by the Admissions Committee) in order to ensure equitable and diverse representation. Items relating to academic achievement, clinical experience, geographic location/commitment to rural and northern communities will be thoughtfully considered.*

#### Application Process

- Application through central provincial admissions organizational structure (Ontario Universities' Application Centre/OUAC)
- Supplementary application form submitted directly to the Admissions Committee
- Selected applicants will be invited to an MMI (Multiple Mini Interview) candidate interview

#### Course Titles

Table 3 outlines the Model Route for the program, listing courses by semester with details of course hours. The 24-month Program at a Glance can be found in Appendix A. An alphabetical listing of the course descriptions can be found in Appendix B.

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<sup>23</sup> Over the past 20 or so years, students enrolling in US PA education programs had previous health care experiences ranging from 29 months (the lowest reported yearly average in 2005) to 56 months (the highest reported yearly average in 1992). (PAEA, 2007)

**TABLE 3:**  
**MODEL ROUTE - BScPA: Physician Assistant Professional Degree Program**

## YEAR 1

Cohort: Winter 2010 intake				# of Semesters: 6	
Semester		Course Title		Course Hours per week	Total Hours
<b>Winter 2010</b>					
<b>Start</b>	<b>End</b>				
<i>Jan</i>	<i>Apr</i>		Introduction to the Physician Assistant Role	3	39
			Anatomy	6	78
			Physiology and Pathobiology I	3	39
			Clinical Skills I	6	78
			Foundations of Interprofessional Collaboration	3	39
			Longitudinal Clinical Experience	4	40
				<b>Semester Hours:</b>	<b>313</b>
<b>Summer 2010</b>					
<b>Start</b>	<b>End</b>				
<i>May</i>	<i>Aug</i>		Diagnostic Techniques and Procedures I	3	39
			Medical Microbiology	3	39
			Clinical Skills II	3	39
			Pharmacology I	6	78
			Physiology and Pathobiology II	3	39
			Longitudinal Clinical Experience	4	40
				<b>Semester Hours:</b>	<b>274</b>
<b>Fall 2010</b>					
<b>Start</b>	<b>End</b>				
<i>Sept</i>	<i>Dec</i>		Clinical Skills III	3	39
			Adult Medicine	8	104
			Behavioural Medicine	4	52
			Diagnostic Techniques and Procedures II	3	39
			Pharmacology II	3	39
			Longitudinal Clinical Experience	4	40
				<b>Semester Hours:</b>	<b>313</b>
<b>TOTAL Year 1 HOURS</b>				<b>1731</b>	

# YEAR 2

Cohort: Winter 2010 intake				# of Semesters: 6	
Semester		Course Title		Course Hours per week	Total Hours
<b>Winter 2011</b>					
<b>Start</b>	<b>End</b>				
<i>Jan</i>	<i>Apr</i>		Clinical 1 (= Blocks 1, 2, Introduction to Specialties, Block 3)	35	525
			Health Promotion and Education I	3	39
			Pediatric Medicine I	1	13
				<b>Semester Hours:</b>	<b>577</b>
<b>Summer 2011</b>					
<b>Start</b>	<b>End</b>				
<i>May</i>	<i>Aug</i>		Clinical 1 continues (=Block 4, 5, orientation to Clinical 2, Block 6)	35	525
			Health Promotion and Education II	3	39
			Pediatric Medicine II	1	13
				<b>Semester Hours:</b>	<b>577</b>
<b>Fall 2011</b>					
<b>Start</b>	<b>End</b>				
<i>Sept</i>	<i>Dec</i>		Clinical 2 (=Block 7, 8, 9 and Final Evaluation)	35	525
			Medical Ethics	3	39
			Evidence Based Medicine	1	13
				<b>Semester Hours:</b>	<b>577</b>
<b>TOTAL Year 2 HOURS</b>				<b>1731</b>	
<b>TOTAL PROGRAM HOURS</b>				<b>2631</b>	

## **Faculty Members**

The faculty structure for a Physician Assistant education program is well established by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) in the US.<sup>24</sup> This structure includes the following:

- Program Director
- Medical Director
- Academic Coordinator(s) oversee the Academic, pre-clinical Year 1
- Clinical Coordinator(s) oversee the Clinical Year 2.
- Teaching faculty

Due to the nature of the geographic locations of the three partnering institutions and the expectation of geographic dispersion of the PA students across the province, the program will have an Academic Coordinator in the north and one in the south, and the same for the Clinical Coordinators. Geographic locations of Clinical Coordinators will aid in availability for preceptor training as well as monitoring of students while they are in their clinical year.

It is expected that the core faculty (Program Director, Medical Director, Academic and Clinical Coordinators) will share the teaching and administrative responsibilities of the program. Adjunct, sessional or expert faculty (physicians, non-physicians, PAs, or non-PAs) may be recruited and involved at various times in the program as required. Teaching Assistants can be hired to administer course material, assist in simulations and evaluations and research. The actual representation of UofT faculty and NOSM and Michener faculty depends on the successful recruitment of the most appropriate and qualified individuals for the various positions.

Faculty teaching in the Program will fall under the policies and procedures as outlined in the Memorandum of Agreement (MOU) for the three institutions.

The academic rank of the appointment granted to the various PA program faculty will correspond with the academic credentials of the applicant and the expectations of the position, ranging from Lecturer to full Professor. New faculty may be appointed to the Faculty of Medicine with the Department of Family and Community Medicine.

Table 4 identifies the projected FTEs for faculty in the program. The requirements over the first three years in various categories reflect the changing needs for staffing the program as it establishes, including preparing for the professional accreditation process, course development and refinement and initiating the program evaluation process. It is expected that as the PA profession grows in Canada, faculty who are certified PAs will be able to provide clinical care in addition to their teaching and administrative responsibilities, though this cannot be assumed at the outset. The proposed faculty requirements for our program can be seen in comparison to the US statistics<sup>25</sup> for 2006-07: the mean number of faculty per program at the time was 10.2, consisting of a Program Director, Medical Director, 4.4 PAs, 1.3 non-PAs and 2.5 other personnel. The majority of the PA program personnel held Master's degrees, were PA's and held an academic rank of Assistant Professor or higher.

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<sup>24</sup> “The ARC-PA is an independent accrediting body authorized to accredit qualified PA educational programs leading to the professional credential, Physician Assistant PA.” (<http://www.arc-pa.org/>)

<sup>25</sup> PAEA, 2007

**TABLE 4: FACULTY MEMBER REQUIREMENTS**

Faculty Position By Profession	Requirements		
	First Intake Year	Second Intake Year	Third Intake Year
Medical Director (Physician)	0.8 FTE	0.8 FTE	0.8 FTE
Program Director (PA)	1.0 FTE	1.0 FTE	0.8 FTE
Academic Teaching Faculty (Physicians)	1.0 FTE	1.0 FTE	1.0 FTE
Physician Assistants	2.0 FTE	1.6 FTE	1.6 FTE
Non-Physician Teaching Faculty	0.4 FTE	1.0 FTE	1.0 FTE
Teaching Assistants	0.6 FTE	1.7 FTE	2.1 FTE
<b>TOTAL Faculty FTE</b>	<b>5.8 FTE</b>	<b>7.1 FTE</b>	<b>7.3 FTE</b>

## Program Administration and Delivery

The program will be offered by the University of Toronto, with the collaboration of NOSM and Michener. The expertise and geographical situation of these institutions align in a truly Ontario initiative that is poised for success. The three institutions will contribute in the development, administration and delivery of the education program.

A Memorandum of Understanding with the three of the education institutions has been developed to define the program's development, administration and delivery. The three institutions will assume responsibility for the curriculum, program delivery, professional accreditation, management of the program, academic coordination and identification of potential clinical education venues.

BScPA program committees will have representation and terms of reference as follows:

- Executive Committee (comprised of the Deans/leadership of the partnering institutions) to oversee the governance and strategic direction of the program
- Steering Committee (comprised of representatives from all three institutions and other stakeholders) to advise on policy, planning and implementation matters as well as the future direction and vision for the program
- Management Committee to supervise and oversee academic and administrative affairs related to the program delivery
- Evaluation Committee to address program evaluation and student evaluation matters, including student progression and recommendations to the PA Board of Examiners
- Curriculum Committee to develop, implement and monitor the curriculum, including its on-going integrity
- Admissions and Selection Committee to be responsible for the admissions and selection process for candidates

Responsibility for clinical education will be shared by all three institutions. Year 1 Longitudinal Clinical Experience will be arranged within or close to the home communities of the students, as much as possible. Community Family Physicians and other healthcare professionals will be recruited for the Year 1 practicum (comparable to the preceptor recruitment process for the

Family Medicine Longitudinal Experience for Undergraduate Medical Students). Year 2 Clinical experiences are comprised of 9 block rotations. Although organized by Blocks, the curriculum is one that requires the attainment of competency and not necessarily a time-based rotation in order to fulfill the expectations. Students will be paired to a community with various preceptors, with the expectation that the students should live in or close by the community for the duration of the rotations in that community. The entire cohort will be divided in half between northern Ontario (NOSM affiliated) and Southwestern Ontario (U of T/Michener affiliated) sites, where each student will complete half of their practicum in a NOSM affiliated community and half in a UofT/Michener affiliated community. This will help to ensure students are exposed to a well-rounded clinical experience, including urban, rural, remote, Aboriginal communities, and communities of various sizes. The urban or sub-urban clinical experiences in the U of T affiliated sites may occur through the expansion training sites in Barrie (Royal Victoria Hospital), Oshawa (Lakeridge Health) and Newmarket (Southlake Regional Health Centre). By pairing the students in communities (i.e., 2 PA students in each community), it is projected that the capacity within the province for clinical placements is realistic. The pairing of students serves to enhance the continuity of care experience for each student (as students stay in the community for prolonged periods of time), and facilitates a supportive learning experience for the students themselves (as students have each other for local support).

### **Professional Development:**

Professional development for faculty teaching in the Program and for clinical educators to enhance teaching expertise and Interprofessional Education competencies will be a joint responsibility of the three institutions. Through the University of Toronto's Centre for Faculty Development and Office for Interprofessional Education and the Centre for Learning Innovation at The Michener Institute, as well as through NOSM's Continuing Health Professional Education office, faculty development initiatives will be delivered for the faculty and clinical educators associated with this program. An established working relationship exists between these departments to facilitate expertise in adult teaching, diverse delivery modalities and interprofessional collaboration.

Examples of professional development currently available at the three institutions:

- coaching and mentoring in the clinical setting
- interprofessional collaboration (conflict management, leadership in a healthcare team)
- giving and receiving constructive feedback
- development of online courses
- interactive webcasting

Specific professional development of initiatives around supervision and evaluation of PA students will occur. Existing resources such as those developed for HealthForce Ontario's PA Demonstration and Pilot projects, as well as well established materials from the US will be adapted to the needs of the local communities, clinicians and educators.

Research into the efficacy and effectiveness of the program and its graduates will be the shared responsibility of the three institutions.



## **Profession Accreditation Requirements:**

It is the intent that the BScPA receive accreditation by the Conjoint Committee for Accreditation (CCA) of the Canadian Medical Association (CMA). Graduates of the accredited program will be eligible for certification with PACC (Physician Assistant Certification Council), an independent Council of the Canadian Association of Physician Assistants (CAPA).

The CCA sets the national education benchmark as the body that accredits the professional education programs for Physician Assistants in Canada. The CCA acknowledges the National Competency Profile as established by CAPA. The requirements for accreditation are fivefold:

1. Student attainment of competencies specified in national profile (7 criteria; 2 critical criteria)
2. Protection of student rights and interests (9 criteria; 2 critical criteria)
3. Adequate resources for effective learning (5 criteria; 2 critical criteria)
4. Infrastructure for integrated learning experience (5 criteria; 2 critical criteria)
5. Program evaluation for continuous quality improvement (4 criteria; 2 critical criteria)

The curriculum committee will be refined to meet the competencies and academic requirements for approval of the program by the respective educational institutions as well as by the national accreditation body as above.

U of T will be the Contact site and Corporate Authority for the purposes of CMA Accreditation, as well as for the purposes of application to the MTCU for program approval and the MOHLTC for supplemental funding for the program.

Employment of PA graduates and the possible inclusion of the PA profession as a regulated health profession are beyond the scope of this program proposal and will be addressed at the government and regulatory body levels.

## **Mode of Delivery**

In accordance with the provincial guidelines for Distance Delivery<sup>26</sup>, there is a “clear rationale” for distance delivery, arrangements in the schedule to ensure the a “learning community is fostered”, including appropriate intervals for face-to face contact, and accessibility to equipment, curriculum and library resources. Faculty development initiatives have been considered in the program’s budget to provide the appropriate support and guidance for the faculty’s continuing professional development as they participate in this type of curricular model. Technical support for e-learning has also been considered as an ongoing expense in the program’s budget.

A variety of clinical placements will be provided in environments such as emergency departments, family practice clinics, patient education centres, outpatient clinics and wellness centres. The institutions will work together to arrange and supervise the clinical experiences associated with the program under the supervision of a Clinical Coordinator (CC) in the south (U of T or Michener) and a second CC in the north (NOSM). The CCs will be responsible for the identification, recruitment, orientation and support of clinical partners. The CCs will be recruited to plan clinical education for the first cohort of students as students will be participating in Longitudinal Clinical Experiences throughout Year 1. Formal affiliation agreements will be established for each clinical partner, if not already in place, including scope of responsibility,

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<sup>26</sup> Ontario Council on Graduate Studies. January 2008. OCGS By-Laws and Procedures. Available at: [http://ocgs.cou.on.ca/\\_bin/home/byLaws.cfm](http://ocgs.cou.on.ca/_bin/home/byLaws.cfm)

accountability, liability, compensation, etc., as evidenced in established clinical affiliation agreements with the partners.

### **Methods Used for the Evaluation of Student Progress**

Teaching and evaluation methods will vary as not all content is best suited to be delivered nor evaluated by any one process. For example, the content of teaching physical examination skills may be best suited to students preparing in advance by way of accessing on-line and printed materials to review theory and procedures. However, the practicality of this particular topic is best suited to be taught in a face-to-face, live interaction during a residential component of the curriculum. The face-to-face teaching method for this particular topic in small groups will also enable formative feedback and ensure student progress.

The use of both formative and summative evaluations will be considered throughout the program curriculum. For online and distance courses, evaluation of students will be done by assignments, on-line interactions and written exams. Simulations will be utilized for both clinical experiential education as well as evaluation purposes. The use of Objective Structured Clinical Examinations (OSCEs) during each of the six weeks of evaluation throughout the 24-month program will be central to ensuring the progress of the students in integrating the expected competencies. In year 2, during the block rotations, students will be evaluated utilizing ITERS (In-Training Evaluation Reports).

### **Faculty**

The program will have to recruit Physician Assistants to the faculty, as none exist to our knowledge. There are less than 200 certified civilian PAs in all of Canada, some of whom may be interested in an academic position. Additional recruitment as required will likely come from the United States. As outlined above, it is likely that the faculty appointment for the purposes of the PA Professional Degree Program will be distributed amongst all three institutions.

The structure of the faculty makeup for the Program as outlined above is being proposed in order to maximize the teaching and expertise from the available professionals. Although historically physicians were the only teachers in PA education programs in the US, as the PA profession grew, so did the pool of PA educators from which to draw upon. So while we do not have available PA educators as such at this moment, there are several affiliated faculty physicians who have had experience working with and teaching PAs.

### **Student Matters**

For clinical placements, students who partake in unpaid training placements with employers are deemed as “learners” and thus eligible for Workplace Safety and Insurance Board (WSIB) coverage when their placement employer (e.g. hospital) is covered by WSIB. Students may be eligible for private insurance coverage when their placement employer (e.g. private doctor’s office) is not covered by WSIB, through ACE INA Insurance. In this instance, the student, the University and Clinical Coordinator must complete the Work/Education Placement Agreement/Post-Secondary form<sup>27</sup>.

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<sup>27</sup> Form is available at: <http://www.edu.gov.on.ca/eng/document/forms/631352.pdf>



TO: Planning and Budget Committee

SPONSOR: Safwat Zaky, Vice-Provost Planning & Budget

CONTACT INFO: 416 978-7116, Safwat.zaky@utoronto.ca

DATE: April 8, 2009 for May 7, 2009

AGENDA ITEM: 5

### ITEM IDENTIFICATION

Faculty of Medicine: Proposal for Bachelor of Science Physician Assistant (BScPA) degree and Memorandum of Understanding with Northern Ontario School of Medicine and the Michener Institute for Applied Health Science

### JURISDICTIONAL INFORMATION

The Committee advises the Academic Board on planning and resource and proposals to establish, disestablish or significantly restructure academic programs. Implications might include significant planning and budgetary changes and significant effects on other divisions, the University as a whole and the public.

The Committee is responsible for reviewing and making recommendations concerning matters that impact relationships amongst divisions and between the University and the community at large. The Committee recommends to the Academic Board for consideration templates for agreements with external bodies.

### PREVIOUS ACTION TAKEN

### HIGHLIGHTS

The Faculty of Medicine proposes the establishment of a Bachelor of Science Physician Assistant degree (BScPA) as a full-time professional, second-entry undergraduate degree program (Executive Summary Appendix 1). The program will be based in the Department of Family and Community Medicine (DFCM).

The BScPA will be a University of Toronto degree that will be delivered with the participation of two distinguished, healthcare-focused, educational institutions: Northern Ontario School of Medicine (NOSM) and The Michener Institute for Applied Health Sciences (Michener). A Memorandum of Understanding (MOU) has been developed to set out the responsibilities for the three institutions' and their contributions to the development, administration and delivery of the U of T degree program (Appendix 2).

A Physician Assistant (PA) is a mid-level health care professional who is considered to be a physician extender. PAs are authorized through Delegation of Controlled Acts and other

procedures to provide a broad range of medical and surgical services under the supervision of licensed physicians. A Certified PA is a graduate of an accredited PA education program and has passed the National Competency Exam. In Canada, the University of Manitoba offers a Master's-level PA program and McMaster University began a BScPA program in 2008. As outlined in the proposal, the BScPA program will offer students a balance in academic and clinical education, extensive access to healthcare-relevant resources and a curriculum delivery model that maximizes rural training and geographic accessibility throughout Ontario.

The full-time distance and distributed-learning program will require the completion of 6 consecutive semesters over 24 months. Expected total enrollment the first year will be 22 students with an anticipated increase to a maximum of 42 students per cohort by the second intake year. The BScPA is intended for professionals with prior experience in a health-related field and with commitment to contributing to healthcare in under-served and rural communities.

The Faculty and the Michener Institute have jointly offered a BSc (Medical Radiation Sciences) for the past decade, and the relevant MOU, was approved by Governing Council on November 1, 2008. A Joint Program Agreement Template between the two institutions was also approved. Building upon their current strong relationship, the Faculty of Medicine and the Michener began to explore the development of a new program in Physician Assistant education along with Northern Ontario School of Medicine. As the BScPA differs in that it is solely a UofT degree, not a joint degree program, and as the program involves a third institution, a distinct MOU has been developed. The Michener MOU and the Joint Program Template were used as guides.

The MOU is the formal agreement between the three institutions that outlines the principles of the academic relationship. The institutions will provide co-ordination and oversight of the program collaboratively through representation on committees. The three institutions will be responsible for assuring that the degree program meets the appropriate professional accreditation standards. The development of the curriculum will be shared by the parties and maintained collaboratively.

Consultations on degree plans have been undertaken with the University of Toronto Council of Health Science Deans, the Lawrence S. Bloomberg Faculty of Nursing, and the University of Toronto Scarborough Paramedicine program, as well as with external stakeholders. The BScPA degree and MOU were approved by the Faculty of Medicine Faculty Council on March 9, 2009. In accordance with governance procedures at the two institutions, the MOU has been approved by the Michener Institute President, office of the Chief Executive Officer and the Executive Leadership Team and by the Dean of Northern Ontario School of Medicine.

The BScPA degree proposal will be brought forward to the Committee on Academic Policy and Programs on May 12, 2009.

## **FINANCIAL IMPLICATIONS**

The resources necessary to offer the degree program will be provided by a combination of one-time start-up funding from the Ministry of Health and Long-Term Care (MOHLTC) and tuition and BIU revenue generated by student enrolment. The Ministry of Training, Colleges and Universities has agreed the funding model will match that provided to the other PA program in the province (3 BIUs per 1.5 FTE). Students will pay tuition and relevant non-tuition fees to U of T, and U of T will transfer the allocated portions of the budget to Michener and NOSM semi-annually. There are no resource implications for the University's operating budget as a result of entering into the MOU with Michener and NOSM. The program will be self-sustaining from the outset with the one-time start-up funds from the MOHLTC.

The financial plan has been reviewed and approved by the Faculty of Medicine and by the Planning and Budget Office.

## **RECOMMENDATIONS**

Be it Resolved that the Planning and Budget Committee concurs with the prospective recommendation of the Committee on Academic Policy and Programs

THAT the Bachelor of Science Physician Assistant (BScPA) degree at the Faculty of Medicine Department of Family and Community Medicine be approved, with enrolment to the program commencing January 2010.

and

Be It Recommended to Academic Board

THAT the Memorandum of Understanding between the University of Toronto, The Michener Institute for Applied Health Sciences and the Northern Ontario School of Medicine be approved, effective immediately.

## **PROGRAM PROPOSAL - SUMMARY FOR FACULTY COUNCIL:**

### **BScPA - Bachelor of Science Physician Assistant Faculty of Medicine, University of Toronto**

**March 2009**

This is a proposal for a Bachelor of Science Physician Assistant degree (BScPA) as a full-time professional, second-entry undergraduate degree program to be based in the Department of Family and Community Medicine (DFCM) in the Faculty of Medicine at the University of Toronto (U of T). The BScPA will be a University of Toronto degree that will be delivered in collaboration with Northern Ontario School of Medicine (NOSM) and The Michener Institute for Applied Health Sciences (Michener), which are both distinguished, healthcare-focused, educational institutions. The three institutions will contribute in the development, administration and delivery of the U of T education program. A Memorandum of Understanding (MOU) has been developed to this effect.

#### **PROGRAM OVERVIEW**

The BScPA program will offer students a balance in academic and clinical orientation, extensive access to healthcare relevant resources and a curriculum delivery model that maximizes rural training and geographic accessibility throughout Ontario. The aim of the program is to equip graduates with the competencies necessary to establish the foundation for a sustainable Canadian Physician Assistant profession based on principles of:

1. Social accountability (including increasing access to healthcare in underserved and rural communities)
2. Professionalism (including establishing the identity of PAs in a variety of healthcare settings, particularly in primary care)
3. Interprofessional Collaboration (including collaborative patient-centred practice)
4. Critical thinking and Life-long learning (including enhancing the effectiveness of services provided by physicians)

The full-time distance and distributed learning program will require the completion of 6 consecutive semesters over 24 months. Expected total enrollment the first year will be 22 students with an anticipated increase to a maximum of 42 students per cohort by the second intake year. This novel program will likely attract a diverse group of candidates from across the country. The BScPA is intended for professionals with prior experience in a health related field and with commitment to contributing to healthcare in underserved and rural communities.

#### **PA OVERVIEW**

A Physician Assistant (PA) is a mid-level health care professional who is considered to be a physician extender. PAs are authorized through Delegation of Controlled Acts and other procedures to provide a broad range of medical and surgical services under the supervision of licensed physicians. A Certified PA is a graduate of an accredited PA education program and has passed the National Competency Exam.

The Ministry of Health and Long Term Care's (MOHLTC) 2006 Health Human Resources plan called for the introduction of Physician Assistants into the Ontario healthcare system to contribute to decreased wait times and improved access to primary care. HealthForce Ontario Pilot and Demonstration projects began

in 2007 with PAs in various clinical positions in Ontario. In September 2008, the University of Manitoba began a Masters-level PA program and McMaster University began a BScPA program.

## FUNDING

The program will make use of existing resources within the Faculty of Medicine, such as the Anatomy Lab, simulation centres, simulated patients, library and online learning resources. Inherent in the benefit of collaboration with the three institutions is the ability to share resources. Educational resources such as simulation equipment and lab space, education software and existing course materials and advanced communication technologies (e.g. videoconferencing) are available for contribution to the program by NOSM and Michener.

Each institution has a variety of resources already in place to aid students in finding housing for the residential and clinical practicum portions of the program. The Medical and Program Director, along with the Academic and Clinical Coordinators, will work with students and the institutions to facilitate access to housing.

The MOHLTC has committed one-time start-up funding to support this, in addition to support for clinical placement costs. The Ministry of Training, Colleges and Universities (MTCU) has agreed the funding model will match that provided to the other PA program in the province (3 BIUs per 1.5 FTE). The tuition rate has also been agreed upon by MTCU to align this program with the other provincial PA program. In 2010, the tuition fee for a student in Year 1 of the Physician Assistant Professional Degree Program is expected to be \$9650 for 12 months/3 semesters. Students will be responsible for transportation costs for the longitudinal clinical experiences in Year 1 and all travel and accommodation costs related to the 7 residential components throughout both years of the program. Bursary program support may be available through the University to students who are Canadian citizens based on demonstrated financial need. Bursaries are intended to offset provincial financial assistance and cannot supplement the full cost of education.

## APPROPRIATENESS

The Faculty of Medicine is directed by various aspects of the changing landscape, which includes the “Changing Dynamic for Knowledge and Education”<sup>1</sup>. The embrace of new technologies to support and deliver innovative curriculum, including web-based, complex audio-visual and simulations is in keeping with the PA program proposal which is designed to align with the modern technologies of the generation.

The BScPA program aligns with a major objective of the Faculty of Medicine Academic Plan 2004-2010 to “advance our scientific and professional training platform for the 21st century. The Faculty will: a) strategically *leverage newly created programs*...and new collaborative programs; b) *capitalize on* national attention and capacity-building needs of areas such as Public Health and bioinformatics and our expanding role in global health; and c) *exploit emerging competencies* in knowledge translation, innovative simulation tools, and inter-professional education, to name a few. We shall prioritize the programs that will best prepare future leaders in research and education, consistent with the Faculty’s vision statement<sup>1</sup>.”

This program is in complement to U of T’s Undergraduate Medical Education priority strategy of promoting generalism and primary care as a career path for trainees, as a socially accountable strategy of

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<sup>1</sup> Faculty of Medicine Academic Plan <http://www.facmed.utoronto.ca/Assets/about/2010plan.pdf?method=1>  
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contributing to a sustainable healthcare system<sup>2</sup>. Through clinical placements focusing on primary care and generalist medicine, students will be able to address specific learning needs and areas of interest using a competency –based academic curriculum to demonstrate their proficiencies as a PA.

DFCM has agreed to house the PA program with recognition that the majority of the current Family Medicine Teaching Units are at full capacity and will have the right to decline to participate in offering clinical placements to PA students.

External stakeholder consultations have been ongoing with the Canadian Medical Association (CMA), the Canadian Association of Physician Assistants (CAPA), PA Educators in the US and in Canada, including those at McMaster and the University of Manitoba, individual PA Program Directors and the Physician Assistant Education Association (PAEA). Consultations with positive comments of support have been received from within the Faculty of Medicine and beyond and include the following: Discovery Commons, Division of Anatomy, Department of Physiology, Lawrence S. Bloomberg Faculty of Nursing, UTS Paramedicine Joint Program with Centennial College and the Network of Excellence in Simulation for Clinical Teaching & Learning. Pending discussions are forthcoming with the Hospital University Education Committee (HUEC) and TAHSN (Toronto Academic Health Sciences Network), as well as at the Council of Health Science Deans.

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<sup>2</sup> University of Toronto, 2005. *Generalism Task Force Report*, Undergraduate Medical Education Program. Executive Summary for Faculty Council– BscPA - March 6 2009  
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**MEMORANDUM OF UNDERSTANDING**

**BETWEEN**

**THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO**  
(“U of T”)

AND

**THE MICHENER INSTITUTE FOR APPLIED HEALTH SCIENCES**  
(“Michener”)

AND

**NORTHERN ONTARIO SCHOOL OF MEDICINE**  
(“NOSM”)

**PREAMBLE**

U of T, Michener and NOSM have a shared goal of providing excellent programs for the education of students in areas of common interest in applied health sciences.

U of T, Michener and NOSM have agreed to establish a consortium for Physician Assistant education (the “Consortium”), to deliver a Physician Assistant education program (the “Program”, as more particularly described below) from which graduates will receive a Bachelor of Science Physician Assistant (BScPA) degree from U of T, with the first students being admitted in January 2010 at the earliest.

The objective of the Program is to educate students in a professional degree program so that they may be eligible to become Canadian Certified Physician Assistants and work in Ontario.

This Memorandum of Understanding (“MOU”) sets out the arrangements between the parties regarding the Consortium and its delivery of the Program.

The parties acknowledge that this MOU may accordingly require amendment as provided for in paragraphs 41 and 44.

**THE PHYSICIAN ASSISTANT EDUCATION PROGRAM**

1. The Program is a second entry twenty-four month undergraduate BScPA program. It is considered a professional degree for Physician Assistants (individually a “PA” and collectively “PAs”). Graduates of the Program will be eligible to sit the National Certification exam once the Program is accredited by the Canadian Medical Association.
2. The Program is intended to offer students a balance in academic and clinical orientation, extensive access to healthcare relevant resources and a curriculum delivery model that maximizes rural training and geographic accessibility throughout Ontario.
3. The Program is intended to prepare Canadian PAs to effectively:
  - a. increase access to health care in underserved and rural communities
  - b. practice in a variety of healthcare settings
  - c. reduce wait times for primary care
  - d. advance interprofessional and collaborative patient-centred practice
  - e. enhance the effectiveness of services provided by physicians

4. The Program is intended to equip graduates with the capability to establish the foundation for a sustainable Canadian PA professional identity based on principles of:
  - a. social accountability
  - b. professionalism
  - c. interprofessionalism
  - d. critical thinking
  - e. life-long learning
  
5. The Program will be funded as follows:
  - a. student tuition
  - b. Ministry of Training, Colleges and Universities (MTCU) at an established rate of 3 BIUs annual per year two semesters.
  - c. Ministry of Health and Long-Term Care (MOHLTC) for one-time start up costs
  - d. MOHLTC for ongoing costs associated with clinical placements
  
6. The parties may use each others' facilities and services as follows:
  - a. Personnel of any of the three parties academic administrators ("Program Faculty") who teach or administer the Program may identify themselves as being associated with the Program Consortium.
  - b. All Program Faculty will have access to relevant faculty development programs and activities as determined to be appropriate by the parties. Resources connected to any of the three parties, such as anatomy labs, simulation centres and technology resources such as videoconferencing and software will be accessible to all Program Faculty as appropriate for use in the delivery of the Program.
  - c. the parties agree that they will collaborate in discussions with the government for future capital needs of the program.
  
7. The parties will be responsible for assuring that the Program meets the appropriate professional accreditation standards. U of T will serve as the contact site and Corporate Authority for the purposes of accreditation. The accrediting body responsible for the professional accreditation of the Program is the Conjoint Committee for Accreditation of the Canadian Medical Association.
  
8. U of T will conduct standard reviews of the Program in accordance with its policies and procedures. Reviews will be commissioned by the Dean of the Faculty of Medicine. Michener and NOSM will co-operate with U of T in its Program reviews. (e.g., departmental review, undergraduate program review, etc.)
  
9. The parties acknowledge that decisions of accreditation authorities and other circumstances may affect the Program, and they agree to inform each other of any such circumstances.

## **CO-ORDINATION AND OVERSIGHT**

10. Each of the parties will have an academic representative responsible for the Program.
  - a. The academic representative of U of T will be the Dean of the Faculty of Medicine or delegate
  - b. The academic representative of Michener will be the President/CEO or delegate
  - c. The academic representative of NOSM will be the Dean/CEO or delegate
  
11. The academic representative of each party will be responsible for ensuring that the party's obligations with respect to the Program under this MOU are met, except where responsibilities are assigned to other officials elsewhere in this MOU.
  
12. Each party agrees not to enter into agreements with other non-party academic institutions that could materially interfere with or impact on delivery of the Program without presenting the proposed agreement for discussion to the Program's Management Committee or its representative.

13. The Program will establish the following committees, with representation from all parties, for the following purposes:
  - a. Executive Committee (comprised of the academic representatives of each party referred to in paragraph 10 above) to oversee the governance and strategic direction of the Program
  - b. Steering Committee to advise on policy, planning and implementation matters, including the approval of the Program budget, as well as the future direction and vision for the Program
  - c. Management Committee to supervise and oversee academic and administrative affairs related to Program delivery
  - d. Evaluation Committee to address program evaluation and student evaluation matters, including Program Student (as defined in section 15 below) progression and recommendations to the PA Board of Examiners
  - e. Additional committees may be struck by any party as needed, including to address issues arising from this MOU. This includes committees on matters of curriculum, admissions and selection, program evaluation, and ad hoc.
  
14. Committees will use their best efforts to reach mutually acceptable solutions to disputes between the parties related to this MOU; if no agreement can be reached on a particular issue, the parties will continue to implement the balance of the MOU in so far as feasible.

### **PROGRAM STUDENTS AND FEES**

15. Successful applicants to the Program (“Program Students”) must meet the admissions requirements of the Program as outlined in the Program proposal and updated as required by an admissions and selection committee.
  
16. Program Students will be subject to the Board of Examiners for the PA program under the Faculty Council of the Faculty of Medicine, University of Toronto for the purposes of review of academic difficulties, progression through the program and advising of appropriate course of action, as well as reviewing marks.
  
17. Program Students will pay tuition fees and other fees for student services to U of T. U of T will keep all Program Student records in accordance with its policies and procedures.
  
18. The parties will develop a mechanism whereby U of T will transfer the allocated portions of the budget for costs to the other parties semi-annually based on student enrolment as submitted to MTCU and actual revenue collected.

### **PLACEMENT OF PROGRAM STUDENTS IN CLINICAL SETTINGS**

19. The placement of Program Students for clinical education will be based on pedagogic interests, including the need for a wide range of learning experiences in northern and southern Ontario, and on requirements for accreditation and regulatory bodies (as applicable), and subject to the ability of the clinical placement site to offer such instruction and/or experience.
  
20. Program Students will be assigned to clinical placement sites in accordance with the curriculum plan for the program and the ability of the parties to provide appropriate placements.
  
21. When Program Students are placed in a clinical setting, the coordinators authorized by the Program will determine whether there are existing student placement agreements with the clinical site. If the clinical site has an agreement with U of T in addition to agreements with Michener or NOSM, the clinical site will be notified by the Program that the U of T agreement will apply. If the clinical site does not have an agreement with any of the parties, then the coordinators authorized by the Program will arrange for an appropriate placement or other

agreement with the clinical site in accordance with the policies and procedures of the relevant party or parties.

22. If any party enters into any new affiliation agreement that is relevant to the Program, they will notify the other parties of the new agreement.

## **PROGRAM FACULTY**

23. The Program will be delivered by Program Faculty from Michener, U of T and NOSM in a collaborative manner. Additionally, Program Faculty may be hired or appointed by any of the parties for delivery of the Program. The Program structure includes a Program Director (normally a PA) and a Medical Director (must be a certified physician). The Academic Coordinator(s) (usually a PA) will oversee the academic year 1, or pre-clinical year. The Clinical Coordinator(s) (normally a PA) will oversee the clinical year 2. Due to the nature of the geographic locations of the three parties and the expectation of geographic dispersion of the Program Students across the province, the Program will have an academic coordinator and clinical coordinator at NOSM and one of each at U of T or Michener. It is expected that the core Program Faculty (Program Director, Medical Director, Academic and Clinical Coordinators) will share the teaching and administrative responsibilities of the Program. Teaching Assistants (non-physicians, non-physician assistants) may assist in simulations and evaluations and research.
24. The Program Director and Medical Director will be required to qualify for and be appointed to the U of T Faculty of Medicine (or an equivalent status-only appointment) in accordance with U of T's policies and procedures. Both the Academic and Clinical Coordinators at NOSM will be required to hold appropriate NOSM faculty affiliation/appointments. At various times in the Program as required for delivery of the program,<sup>1</sup> U of T may decide to appoint status-only, adjunct faculty or visiting professors in accordance with U of T's policies and procedures.<sup>2</sup>
25. Those who teach or supervise consortium Program Students must qualify for and hold appropriate academic appointments at one of either U of T or Michener or NOSM. A faculty member of Michener or NOSM may also hold a status-only faculty appointment at U of T, provided that the U of T appointment is in accordance with University policies and procedures and Michener or NOSM, as the case may be relevant, agrees to the U of T appointment in writing.

## **APPLICABLE POLICIES**

25. Except as provided in paragraph 28 herein, Program Faculty will be subject to the applicable policies, procedures, guidelines, codes and similar documents of the institution where they are employed or hold their primary appointment.
26. Program Students will be subject to U of T's policies and procedures, including those with respect to:
  - a. academic matters and policies, including but not limited to the Code of Student Conduct<sup>3</sup>, Code of Behaviour on Academic Matters<sup>4</sup>, Grading Practices Policy<sup>5</sup> and Policy on Academic Appeals,<sup>6</sup> and any applicable Divisional policies or procedures regarding academic matters, including appeals. In particular, program Students will be subject to the Board of Examiners established for the Program under the Faculty

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<sup>1</sup> <http://www.provost.utoronto.ca/procedures/visitingprof.htm>

<sup>2</sup> <http://www.utoronto.ca/govcncl/pap/policies/clinical.pdf>

<sup>3</sup> <http://www.utoronto.ca/govcncl/pap/policies/studentc.html>

<sup>4</sup> <http://www.utoronto.ca/govcncl/pap/policies/behaveac.html>

<sup>5</sup> <http://www.utoronto.ca/govcncl/pap/policies/grading.html>

<sup>6</sup> <http://www.utoronto.ca/govcncl/pap/policies/appeal.pdf>

Council of the Faculty of Medicine, University of Toronto for the purposes of review of academic difficulties, progression through the program and advising of appropriate course of action, as well as reviewing marks;

- b. They will also be subject to U of T's Standards of Professional Practice Behaviour for Health Professional Students; and,
- c. intellectual property and research.

U of T's jurisdiction over Program Students: the students with respect to the foregoing matters shall be addressed in these policies is exclusive as between the parties. Students will be advised in writing of this jurisdiction and will be required to agree to it as a condition of registering in the Program.

27. Except as provided in paragraph 26 above, the parties acknowledge that Program Students will also be subject to such policies and procedures of Michener, U of T and NOSM as may be applicable to their Program activities conducted at Michener or NOSM, which policies shall be identified to U of T and the Program Faculty. In the event of any inconsistency between such policies and those of U of T, U of T's Vice-Provost, Relations with Health Care Institutions and Michener's Vice President Academic and Provost and NOSM's Vice-President and Provost will work together to resolve the issue and may refer the matter to an ad hoc committee as contemplated by paragraph 13 above for advice.
28. Michener and NOSM will advise their respective Program Faculty who do not hold UofT appointments that Program Students are subject to U of T's policies as set out in paragraphs 26 and will obtain the written agreement of such Program Faculty as a term of their participation in the Program to apply those policies with respect to their Program Students. Each party will advise its Program Faculty Program Students are subject to policies of the other parties as set out in paragraph 28 and will obtain the written agreement of those faculty as a term of their participation in the program to apply those policies with respect to Program Students.

## **PROGRAM CONTENT**

29. It is recognized that the parties have an agreement with the Department of National Defence (Canadian Forces Health Services Group) regarding shared curriculum, including recognizing intellectual property of that curriculum.
30. In the spirit of developing an innovative, collaborative curriculum for the Program (the "Curriculum Content") the following will apply:
  - a. The parties agree to collaborate to develop and maintain appropriate Curriculum Content.
  - b. Curriculum Content will be made available to all Consortium parties during the term of this MOU to further Program objectives, regardless of changes in Program Faculty.

Each party shall engage its Program Faculty on such terms as necessary to give effect to the provisions set forth herein.

## **USE OF NAME AND COMMUNICATIONS**

31. The parties agree that they will develop mutually acceptable communication materials appropriate to the needs of the Program. All materials and formal statements relating to the Consortium and the Program shall be collaborative communiqués agreed to in advance in writing by all parties.
32. No party shall use the name or logo of any other party without its prior written consent.

33. The parties agree that the cost of collaborative communications initiatives about the Consortium and the Program such as written publications and a web-site shall be approved in advance by all parties and shall be part of the overall Program budget.

#### **FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

34. The *Freedom of Information and Protection of Privacy Act* (FIPPA) applies to U of T and NOSM and these parties are committed to the requirements of FIPPA. The Michener Institute agrees to at all times protect personal information consistent with privacy protection requirements set out in FIPPA, as though the Michener Institute were an institution under FIPPA.

#### **INSURANCE**

35. Each of U of T, NOSM and Michener will maintain insurance coverage protecting its officers, employees, agents and students while on its premises or under its supervision in accordance with its usual practices and as is prudent under the circumstances.

#### **FUNDRAISING**

36. Fundraising from private sources is an important source of funding for all of the parties. The parties recognize that their fundraising constituencies overlap and that normally their fundraising campaigns and activities will operate independently. But it is anticipated that opportunities will arise from time to time where joint fundraising will be appropriate or where they will be able to assist each other in their separate endeavours. To this end, the parties will endeavour to inform each other of their fundraising plans and priorities where it is anticipated that they will significantly impact upon each other or where potential synergies may be developed.
37. Each party will follow its own policies with respect to naming things, such as, for example, buildings and endowed chairs.
38. Any funds from fundraising or gifts will be administered by the party that holds the funds.

#### **NO AGENCY RELATIONSHIP**

39. U of T, NOSM and Michener are independent contractors, and no agency, partnership, joint venture or employee-employer relationship is intended or created by this MOU.

#### **TERM, TERMINATION AND AMENDMENT OF THIS MOU**

40. The term of this MOU is for five years from \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_.
41. This MOU may be terminated by a party upon written notice to the other parties at least twelve months in advance of the entry date of the Program Student cohort to be affected by this change. In the event of termination, the parties will make every reasonable effort to ensure that the Program Students who have been selected for the incoming year or students who are currently enrolled will be able to complete the Program as it existed prior to the termination. As well, the parties will make every reasonable effort to ensure that the applicants of the affected Program Student cohort have been appropriately informed in the event of termination.

42. If, at the end of the term, a new MOU has not been executed and no party has given twelve months prior written notice of their intention not to renew this MOU, then this MOU will survive until such time as either a new MOU is executed or this MOU is terminated by a party giving the others twelve months prior written notice as outlined in paragraph 44.
43. The parties acknowledge that within the five-year term of this MOU, NOSM intends to establish arrangements with Lakehead and Laurentian Universities to register their own students and issue their own PA education degree. NOSM's intent is to continue in the Consortium with ongoing development and delivery of the collaborative Program resources as set out in this initial MOU. In the event that NOSM initiates its own PA degree program, either an amendment to this MOU or a termination and subsequent agreement of a new MOU might be required, and the provisions of sections 41 and 44 would apply.
44. This MOU may be amended by the parties at any time provided that no amendment shall be binding unless it is in writing and signed on behalf of the parties by their proper officers in accordance with the policies and procedures of each party.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

## **FOR THE MICHENER INSTITUTE FOR APPLIED HEALTH SCIENCES**

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**Dr. Paul Gamble**  
**President and CEO**  
**The Michener Institute for Applied Health Sciences**

## **FOR THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO**

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**Dr. Catherine Whiteside**  
**Vice-Provost, Relations with Healthcare Institutions**  
**Dean, Faculty of Medicine**  
**University of Toronto**

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**Prof. Cheryl Misak**  
**Vice-President and Provost**  
**University of Toronto**

## **FOR NORTHERN ONTARIO SCHOOL OF MEDICINE**

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**Dr. Roger Strasser**  
**Dean and CEO**  
**Northern Ontario School of Medicine**