FOR APPROVAL **PUBLIC** **OPEN SESSION**

TO:	Academic Board
SPONSOR: **CONTACT INFO:**	Nicholas Rule, Vice-Provost, Academic Programs (416) 978-3948, vp.academicprograms@utoronto.ca
PRESENTER: **CONTACT INFO:**	Same as above.
DATE:	May 21, 2026 for May 82, 2026
AGENDA ITEM:	10

ITEM IDENTIFICATION:

New Graduate Program Proposal: Master of Physician Assistant Studies, Temerty Faculty of Medicine.

JURISDICTIONAL INFORMATION:

The Committee on Academic Policy and Programs has the authority to recommend to the Academic Board for approval new graduate programs and degrees. (AP&P Terms of Reference, Section 4.4.a.ii)

The Academic Board approves proposals for new graduate programs, subject to confirmation by the Executive Committee (Academic Board Terms of Reference, Section 5.3.2.ii)

GOVERNANCE PATH:

1. Committee on Academic Policy and Programs [For Recommendation] (May 12, 2026)
2. **Academic Board [For Approval] (May 28, 2026)**
3. Executive Committee [For Confirmation] (June 15, 2026)

PREVIOUS ACTION TAKEN:

The proposal for the Master of Physician Assistant Studies received approval from the Temerty Faculty of Medicine's Faculty Council on April 20, 2026.

HIGHLIGHTS:

This proposal seeks approval for a new Master of Physician Assistant Studies (MPAS) to be offered by the Institute of Medical Science, Temerty Faculty of Medicine. The professional

master's program is designed to be completed full-time over six sessions. It will be delivered in a hybrid format, combining online synchronous and asynchronous learning with in-person campus blocks at the University of Toronto Scarborough, as well as extensive clinical placements across Ontario.

Physician Assistants (PAs) are an essential component of Canada's healthcare workforce, playing a vital role in addressing growing challenges within the healthcare system. As the country faces increasing pressures, such as an aging population, rising rates of chronic illness, and a general shortage of healthcare providers, PAs help fill critical gaps by providing high-quality, accessible medical care across various settings, including hospitals, clinics, and remote communities.

The MPAS represents a transition from Temerty's existing Bachelor of Science Physician Assistant (BScPA) program to a professional master's degree. This shift aligns with evolving national standards for physician assistant education, as well as the expanding role of PAs within Canada's healthcare system. Admissions to the BScPA will be suspended effective Fall 2027, and the program will be closed through governance following the launch of the MPAS.

The program integrates clinical training, research, and professional competencies with a strong emphasis on social accountability, equity, and service to underserved communities. The curriculum is organized into four integrated units: Medical Foundations; Clinical and Procedural Skills; Physician Assistant Professional Competencies; and Physician Assistant Research. Year 1 comprises didactic curriculum across these four units. Year 2 consists of 44 weeks of clinical placements integrating medical knowledge with clinical practice, along with continued study in the Professional Competencies and Research units and the completion of a research project.

The program will admit approximately 85 students annually, primarily domestic students, with an anticipated steady-state enrolment of 170 students. The program will be physically located at the University of Toronto Scarborough as part of the Scarborough Academy of Medicine and Integrated Health (SAMIH).

Graduates will be well positioned for employment as Physician Assistants across a range of healthcare settings, including hospitals, primary care, emergency medicine, and underserved rural and urban communities. Labour market demand for PAs in Ontario and across Canada remains strong, driven by healthcare workforce shortages, increasing patient demand, and the demonstrated impact of PAs in improving access to care and system efficiency. Employment outcomes from the existing BScPA program indicate high employment rates (90 - 100%) among graduates.

Consultation has taken place with the University of Toronto Scarborough and the Council of Health Science Deans, both of which are supportive. As of April 2025, all practising physician assistants in Ontario are registered and regulated by the College of Physicians and Surgeons of Ontario (CPSO), which is aware of the proposed MPAS and has raised no concerns. Physician assistant programs are subject to external accreditation through Accreditation Canada on a six-

year cycle; Accreditation Canada has been informed of the proposed change and does not anticipate any impact on accreditation status.

The proposal underwent external review on January 21, 2026, by Dr. Christine Everett (University of Utah) and Dr. Trustin Domes (University of Saskatchewan). The reviewers expressed strong support for the program and provided recommendations, which have been addressed in the Dean's administrative response.

FINANCIAL IMPLICATIONS:

The new financial obligations resulting from this program will be met at the divisional level.

RECOMMENDATION:

Be It Resolved:

THAT, subject to confirmation by the Executive Committee,

THAT the proposed Master of Physician Assistant Studies, as described in the proposal from the Temerty Faculty of Medicine dated March 23, 2026 be approved effective September 1, 2027.

DOCUMENTATION PROVIDED:

New Program Proposal Package (External Review Report Plus Site Visit Schedule, Dean's Administrative Response, VPAP Administrative Response, New Program Proposal) for the Master of Physician Assistant Studies, Temerty Faculty of Medicine

Master of Physician Assistant Studies New degree Program Proposal

UTQAP Template
New Program Review Report

Framework for UTQAP Reviews

University of Toronto Quality Assurance (UTQAP) processes support a structured approach for creating, reflecting on, assessing and developing plans to change and improve academic programs and units in the context of institutional and divisional commitments and priorities.

The University of Toronto (U of T), in its Statement of Institutional Purpose (1992), articulates its mission as a commitment "to being an internationally significant research university, with undergraduate, graduate, and professional programs of excellent quality." Thus “quality assurance through assessment of new program proposals and review of academic programs and units in which they reside is a priority for the University…:

> The quality of the scholarship of the faculty, and the degree to which that scholarship is brought to bear in teaching are the foundations of academic excellence. More generally, all of the factors that contribute to collegial and scholarly life —academic and administrative complement, research and scholarly activity, infrastructure, governance, etc.—bear on the quality of academic programs and the broad educational experience of students. (*Policy for Approval and Review of Academic Programs and Units* (2010))

The University’s approach to quality assurance is built on two primary indicators of academic excellence: the quality of the scholarship and research of faculty; and the success with which that scholarship and research is brought to bear on the achievement of Degree Level Expectations.

These indicators are assessed by determining how our scholarship, research and programs compare to those of our international peer institutions and how well our programs meet their Degree Level Expectations.

Program(s) under review:	*Master of Physician Assistant Studies Program*
Commissioning officer:	*Dr. Lisa ROBINSON, Dean, Temerty Faculty of Medicine and Vice Provost, Relations with Health Care Institutions*
Date of scheduled review:	*Wednesday January 21, 2026*
Reviewers' names and affiliations:	*Dr. Christine EVERETT – Vice Chair of Research, Division of Physician Assistant Education & Sciences, Spencer Fox Eccles School of Medicine, University of Utah* *Dr. Trustin DOMES – Academic Director, Master of Physician Assistant Studies Program, College of Medicine, University of Saskatchewan*

New Program Review Report

Please provide a joint Report evaluating the standards and quality of the proposed program.

A. Summary

Reviewers are asked to:

- Address the substance of the New Program Proposal.
- Comment on the adequacy of existing physical, human and financial resources, based in part on the external reviewers' assessment of the faculty members' education, background, competence and expertise as evidenced in their CVs.
- Acknowledge any clearly innovative aspects of the proposed program together with recommendations on any essential or otherwise desirable modifications to it.

Overall, the proposal for the MPAS was thorough and well done. The proposed changes are numerous and include plans for a move to a new location, new space, a larger cohort and altered program architecture. All stakeholders appear to embrace these changes as an opportunity and are aware of the need to ensure change management is embraced.

The proposal has several key strengths. First, organizational commitment to the program and ensuring diversity and inclusion is clearly strong. Second, organizational commitment to student well-being including financial considerations is clear, thoughtful and commendable.

Several innovations are notable. Hybrid delivery of content during the didactic phase is a unique aspect of the program that has the potential to attract a more diverse student body and expand the program's reach. Relocating the program to an area with a strong need for healthcare workers is a key innovation. Additionally, the potential for innovation regarding interprofessional education is high, given the interest of faculty in other health science programs. Finally, consolidating and integrating courses to improve efficiency is a solid approach to maintain quality and reduce inefficiencies.

Several potential risks were also noted that can be addressed but will require additional consideration. The movement to a Master's degree changes the requirements for admissions and may have unintended consequences on the diversity of students and graduates. The proposal does not expand program length, necessitating the need to ensure that critical clinical components are not compromised while adding the research component. The proposal is clear that current didactic components will be consolidated to make room for the research component. Additionally, there is a proposed one-week increase of in-person training sessions, which aligns with the desire of

students/alumni to expand hands-on training opportunities. Challenges are also anticipated with securing sufficient clinical placements, particularly given the current discussions around differential payment for MPAS/UME/PGME training placements. Finally, the addition of an admirable but ambitious research project requirement will likely require significant time commitments from students and faculty.

The focus on efficiency and collaboration is notable, but it is unclear if there are sufficient resources allocated to the program. It is unclear if there will be sufficient space for the PA program at the new Scarborough campus. With the move to a Master's degree, there is a reduction in funding per student from the government and this reduced revenue with increased programming will lead to a shortfall in funding. The educational spaces are shared with other programs and it is unclear if space will be available when needed. It is unclear if there will be a sufficient number and appropriate faculty and staff for the changes in the curriculum. It is also unclear if a sufficient number and type of clinical placements will be available. Similarly, the change of the passing grade from 60% to 70% may increase the need for key student services and remediation.

Essential modifications are a reflection of the risks outlined above. Key recommendations include:

1. Consideration of robust pre-requisite admissions requirements to ensure adequate preparation for the program, without sacrificing diversity of the student cohort.
2. Alterations to the proposed research project to ensure it can be successfully completed within the program timeframe. Considerations should be given to team vs. individual projects and project requirements.
3. Further evaluation and infrastructure development to ensure sufficient faculty and staff.
4. Further evaluation to ensure sufficient space.
5. Refinement of the program evaluation to ensure successful transition to the MPAS.

B. Recommendations

After reviewing the proposal and conversations with stakeholders, these are our recommendations:

1 - Current space plans need clarification and may not be sufficient: There was enthusiasm for the move to the Health Sciences Complex in Scarborough. However, the space plans provided made it unclear which spaces would be dedicated to the PA Program and which would be shared. While the program is hybrid, it was unclear if sufficient office and teaching space would be available when PA students are onsite. There was particular concern about small-group teaching space availability. It is our understanding that there are planned efforts to complete a mock schedule to further assess the space. Based on the number of programs sharing the space, the risk for insufficient space is reasonably

high. Given the density and brevity of the PA training, it is incredibly challenging to alter its schedule due to space constraints. Therefore, in the absence of a completed space plan, we recommend that it be made clear that the PA Program has priority for teaching space scheduling when onsite.

2 - Assessment needed to determine sufficient number and appropriate type of faculty: Given the increase in the number of students, the addition of a research requirement for the MPAS, as well as other changes to the curriculum, a formal assessment to determine the number and type of faculty required to deliver the new curricula is needed.

3 - Explore synergies with other faculty: Discussions with administrators and faculty from cognate programs revealed significant interest in co-learning and IPE opportunities. These should be further explored and incorporated into the assessment for sufficient number and type of faculty.

4 - Formal agreements needed for faculty training/collaboration: Given the anticipated reliance on a wider range of clinical faculty for clinical placements and the research projects, having formal written agreements outlining the faculty training sessions required, number of students and/or projects as well as other key details is highly recommended.

5 - Additional administrative staff will be required: The current administrative team is quite lean. Given the increase in faculty development, the increased number of students, and the addition of an ambitious, team-based research project, there will be a significant increase in the need for a range of administrative efforts, including coordination work. Consider a research navigator and staff to focus on faculty development and clinical placements.

6 - Considerations for research/scholarship requirements: The proposed research project would certainly provide trainees with a good set of master's level research skills upon completion. However, it is unclear if there are sufficient resources to ensure its successful completion. We recommend conducting an evaluation to ensure sufficient number and appropriate faculty and that students have sufficient time to complete the project. Additional thought should be given regarding making the final research project an individual vs. a group project. Specifically, it is unclear how individual competencies and contributions to the group project will be assessed. Additional considerations regarding student assessment should be clarified. Very specific criteria for successful completion should also be outlined. Given that the proposed projects are group projects that are completed in collaboration with external partners, and no additional time was added to the length of the program, a back-up plan that allows for successful completion of the project should be developed.

7 - Incorporate student services into curriculum: The dedication of the University of Toronto to the well-being of its students is to be commended. To ensure that students are aware of all supports

available, the student services staff expressed willingness to routinely deliver key information at key points of the program by embedding it in the curriculum. We recommend that this occurs, particularly regarding financial assistance.

8 - Additional financial assistance for PA students: Given the reduction in financial support for master's degrees, the planned increases in the number of students, and the desire to ensure diversity in the student cohorts, additional financial supports will likely be needed. We recommend the development of scholarships earmarked for PA students and to have goals specified for fundraising for these scholarships.

9 - Student Assessment: Several recommendations relate to the changing benchmark for passing from 60% to 70% to bring the PA program in line with the CGS requirements. First, an evaluation should be completed to determine the impact on the need for remediation and other student supports. Second, the program may wish to consider a pure competency-based student assessment and determine if this would be permissible under the CGS requirements.

10 - Consider pure competency-based student assessment: Consider changing the benchmark "pass mark" to fit CGS requirements may increase remediations even though students are competent.

11 - Evaluate the potential impact of admissions requirements on student success and diversity of matriculating students: While it is appropriate to have high academic standards for admissions, the literature suggests that as professions shift training to graduate degrees and/or institute admissions requirements such as more robust GPAs, the diversity of the classes can be reduced. We recommend an evaluation of the proposed admissions requirements to ensure student preparedness for the curricular changes while ensuring diversity and consideration be given to other approaches such as holistic admissions.

12 - Program Evaluation: The progression of PA training from a bachelor's degree to a master's degree is a large undertaking, and program evaluation will be critical to its success. The proposal provides details of a robust program evaluation process. Given that the program is adding a research component and is not extending the length of the program, the largest risk is that important clinical training may be reduced. To reduce this risk, we recommend that the evaluation compares the findings between years and that particular attention focus on the research component.

C. Program Evaluation Criteria

Please provide commentary on the following evaluation criteria. In some cases, it may be

preferable to address multiple criteria holistically. In such cases, please clarify which criteria are relevant to the comments.

1 Academic rationale and program objectives

a) Clarity of the program's objectives.
b) Appropriateness of degree or diploma nomenclature given the program's objectives.
c) Consistency of the program's objectives with the institution's mission and the University of Toronto's/the division's/unit's academic plans, priorities and commitments, including consistency with any implementation plans developed following a previous review.
d) Evidence that the following have been substantially considered in the development of the program and its associated resources:
    1. Universal design principles and/or the potential need to provide mental or physical disability-related accommodations, reflecting the University's Statement of Commitment Regarding Persons with Disabilities
    2. Support for student well-being and sense of community in the learning and teaching environment, reflecting the work of the Expert Panel on Undergraduate Student Educational Experience and the commitment to establishing a Culture of Caring and Excellence as recommended by the Presidential and Provostial Task Force on Student Mental Health
    3. Opportunities for removing barriers to access and increasing retention rates for Indigenous students; for integrating Indigenous content into the curriculum in consultation with Indigenous curriculum developers; and for addressing any discipline-specific calls to action, reflecting the commitments made in Answering the Call: Wecheehetowin: Final Report of the Steering Committee for the University of Toronto Response to the Truth and Reconciliation Commission of Canada (PDF)
    4. Opportunities for removing barriers to access and increasing retention rates for Black students; for promoting intersectional Black flourishing, fostering inclusive excellence and enabling mutuality in teaching and learning, reflecting the commitments made in the Scarborough Charter and consistent with the recommendations of the Anti-Black Racism Task Force Final Report
    5. Opportunities for fostering an equitable, diverse and inclusive teaching and learning environment, reflecting the values articulated in existing institutional documents such as the Statement on Equity, Diversity, and Excellence, the Antisemitism Working Group Final Report, the aforementioned reports, and future institutional reports related to equity, diversity and inclusion.
e) Unique curriculum or program innovations, creative components, significant high-

impact practices, where appropriate.

The program objectives provided in the proposal are clear, consistent with Master's level training, and consistent with the PA role in Canada. The program objectives are clearly aligned with the CanMEDS-PA framework and entrustable professional activities (EPAs). In particular, the objectives and degree level nicely address EPA 12 which details an integration of continuing professional and patient quality improvement, life-long learning and scholarship. In an External Review Report (UTQAP) from Sept 2025, the reviewers made clear that the PA program was already well positioned to transition to a Master's level education standard.

The objectives also demonstrate consistency with the institutional mission. Several objectives address social accountability and the provision of culturally competent care, particularly to rural, remote and underserved communities.

Our discussion with PA faculty, alumni, students, and student services made clear that significant efforts have been invested in supporting student well-being, ensuring accommodations, promoting community, and removing barriers to access and improving retention rates for Indigenous and Black students. The implementation of a hybrid program that allows students to largely remain within their home communities while completing the didactic component is one strong example. Similarly, on-site opportunities are well designed to foster community building. It is also clear that significant resources have been invested in student resources to ensure successful completion of the program. As noted in the recommendations section, our only recommendation is to embed some of the student services information at key points in the curriculum to ensure students are knowledgeable about the services.

2 Admission Requirements

a) Appropriateness of the program's admission requirements given the program's objectives and program-level learning outcomes.
b) Sufficient explanation of alternative requirements, if applicable, for admission into a graduate, second-entry or undergraduate program, e.g., minimum grade point average, additional languages or portfolios and how the program recognizes prior work or learning experience.

The admission requirements are largely in line with entry into a Master's degree for PA training, but additional course requirements may need to be considered and balanced with the potential impact of cohort diversity. As the proposal is converting a Bachelor's degree to a Master's degree, the largest change will be the requirement of a Bachelor's degree for entrance.
Requirements for anatomy and physiology, as well as minimum grade point averages, are also specified. Additional requirements also include completed hours of clinical experience.

Several large curricular changes are being proposed, including the development of a more efficient didactic basic science/clinical component and a research component. Given that these are occurring in the absence of an extended training period, more requirements may be needed. The reviewers recommend the requirement of 2 courses (6 credit units) of physiology. Consideration should be given to additional science requirements, statistics, writing courses, and a medical terminology course.

It is recommended that students admitted under renewed admissions criteria for MPAS are followed in the program to ensure that the prerequisites and requirements are sufficient to ensure preparation and success in the program.

3 Program Requirements

a) Appropriateness of the program's structure and the requirements to meet its objectives and program-level learning outcomes, including the structure and requirements of any identified streams (undergraduate), fields or concentrations (graduate).
b) Appropriateness of the program's structure, requirements and program-level learning outcomes in meeting the institution's applicable undergraduate or graduate Degree Level Expectations.
c) Appropriateness of the proposed mode(s) of delivery (i.e., means or medium used in delivering a program; e.g., lecture format, distance, online, synchronous/asynchronous, problem-based, compressed part-time, flexible-time, multi-campus, inter-institutional collaboration or other non-standard forms of delivery) to facilitate students' successful completion of the program-level learning outcomes.
d) Ways in which the curriculum addresses the current state of the discipline or area of study and is appropriate for the level of the program.

The proposed Master of Physician Assistant Studies (MPAS) program is appropriately structured to meet its stated objectives and program-level learning outcomes and is well aligned with the University of Toronto's Graduate Degree Level Expectations. The curriculum builds on a proven undergraduate foundation while appropriately elevating expectations related to scholarship, leadership, evidence-informed practice, and professional autonomy.

The course structure is in line with other MPAS programs in Canada. The four primary first year courses (Medical Foundations; Clinical and Procedural Skills; PA Professional Competencies; and PA Research) provide a coherent and integrated framework that supports progressive learning and prepares the learners well for their clinical placements. This design also aligns nicely with national

competency frameworks that have already been established, including CanMEDS–PA and EPA–PA and would reflect the current expectations for graduate-level PA education in Canada.

In our review and through U of T's current reputation, stakeholders consistently emphasized that the program already delivers strong clinical preparation and that the proposed restructuring maintains this strength while improving curricular integration. As one faculty member noted in our review, the curriculum has been "mapped backwards" to ensure all key components are maintained while endeavouring to streamline delivery. The proposed hybrid delivery model (online asynchronous/synchronous components combined with in-person campus blocks and distributed clinical placements) is appropriate and well matched to the program's learning outcomes. This model supports accessibility, social accountability, and learner flexibility while preserving hands-on skills training and clinical immersion. This hybrid approach has been effective and the move to increase the in-person exposure by one week and having all learners complete their first year early clinical placements in Ontario will help the program ensure these experiences are delivered appropriately. Students and alumni spoke positively about the effectiveness of the online components while highlighting the importance of in-person procedural training.

The proposed curriculum is clearly grounded in the current state of the PA profession in Canada, reflecting its rapid evolution toward greater clinical responsibility, leadership, and scholarly engagement. The physician assistant voice is strong in program design, delivery and leadership. The integration of ethics, health systems, equity, diversity and inclusion, improvement science, and research literacy throughout the curriculum is particularly appropriate for a graduate-level professional program and consistent with best practices in health professions education. The expectation that learners complete a scholarly capstone project is a great way to showcase research and also ensure research competencies are being met in a practical way.

We have no significant concerns regarding the program's structure, curriculum or its ability to fulfill the training requirements expected of a graduate level Physician Assistant program in Canada.

4 Program Requirements for Graduate Programs Only

a) Clear rationale for program length that ensures that students can complete the program-level learning outcomes and requirements within the proposed time.
b) Evidence that each graduate student in the program is required to take all of the course requirements from among graduate-level courses.
c) For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.

The rationale for maintaining the program's existing overall duration while transitioning to a master's-level program is clearly articulated, defensible and consistent with the other Canadian MPAS programs. The proposal demonstrates that graduate-level expectations are achieved not through program lengthening, but through curricular integration, increased efficiency, and elevation of academic rigor, particularly in the areas of research, scholarship, and professional competencies. The introduction of more prerequisite courses and being intentional in program design and delivery will ensure learners are prepared for course material and that the time they have in the program is well spent.

Faculty leadership articulated a clear strategy for managing trade-offs, emphasizing curricular integration rather than reducing important content. As noted during stakeholder discussions, courses have been merged and realigned to reduce cognitive burden while preserving clinical exposure and skills training.

All required coursework is appropriately positioned at the graduate level and delivered within the Institute of Medical Science, ensuring alignment with the School of Graduate Studies policies. Introducing a required research project is appropriate for a professional master's degree and aligns with the expectations of a graduate degree, the CanMEDS–PA Scholar role and EPA expectations related to quality improvement and lifelong learning. It is important that the research requirement is well-scoped and suitable for clinically-focused graduate students, taking into account faculty and research resources.

5 Assessment

a) Appropriateness of the methods for assessing student achievement of the program-level learning outcomes and degree level expectations.
b) Appropriateness of the plans to monitor and assess:
   1. The overall quality of the program
   2. Whether the program is achieving in practice its proposed objectives

3. Whether its students are achieving the program-level learning outcomes
4. How the resulting information will be documented and subsequently used to inform continuous program improvement.

The proposed assessment framework is well aligned with program-level learning outcomes and graduate degree expectations. The program plans to have a balanced mix of formative and summative assessments, including written examinations, OSCE-style evaluations, workplace-based assessments / EPAs during clinical placements, and evaluation of the capstone scholarly project. The program's proposed assessment mapping appears robust, with attention to all required CanMEDS-PA EPAs and competencies, which will be assessed longitudinally in multiple educational contexts.

Although the program is touted as a competency-based, course grades are planned to be assigned for each course. With the move to graduate studies, the pass mark is mandated to increase to 70% from a BScPA program that has traditionally had a pass mark of 60%. This increase does pose a risk for a significant increase in the number of students requiring remediation without necessarily equating to a lack of competency. There should be strong consideration to re-evaluate the course assessment framework and have courses assessed along a competency framework instead of numerical grades. This change would accomplish the program's overarching goal of making it competency-based and mitigate the risks associated with the changes in the minimum grade threshold.

The program benefits from established evaluation infrastructure within Temerty Medicine, including expertise in program evaluation, learner assessment, and faculty development. This is a great benefit to the program, however a dedicated MPAS program evaluation specialist would still be recommended given the importance and time required for this work.

During the review, stakeholders emphasized the current program's strong culture of reflection and improvement, noting that leadership actively seeks feedback to improve the program year after year. Having the program now under the Vice Dean of Medical Education's portfolio will help to strengthen the program's mission and will help align it closer to Temerty Medicine's strategic direction and aims. The proposal begins to describe how evaluation data will be documented and used to inform ongoing curriculum refinement, faculty development, and resource allocation, supporting a continuous quality improvement approach. Overall, we have no major concerns with the program's assessment framework.

6 Resources

Given the program's planned/anticipated class sizes and cohorts as well as its program-level learning outcomes:

a) Participation of a sufficient number and quality of core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment.
b) If applicable, discussion/explanation of the role and approximate percentage of adjunct and sessional faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience (see QAF Guidance).
c) If required, provision of supervision of experiential learning opportunities
d) Adequacy of the administrative unit's planned utilization of existing human, physical and financial resources, including implications for the impact on other existing programs at the University.
e) Evidence that there are adequate resources to sustain the quality of scholarship and research activities produced by students, including library support, information technology support and laboratory access.
f) If necessary, additional institutional or divisional resource commitments to support the program in step with its ongoing implementation.

The current BScPA program has undergone significant expansion over the last couple of years and the program has thrived through this. The program is supported by a sufficient number of experienced and highly qualified core faculty, many of whom are practicing physician assistants, physicians, and health professionals with demonstrated expertise in PA education. Continuity from the existing BScPA program provides stability, however moving to the Scarborough campus was identified as a potential area of risk and the faculty complement may evolve with this change. With the transition to a graduate program, the University has a strong commitment to cross-appoint current faculty with graduate faculty appointments within the Institute of Medical Science.

Given the hybrid nature of the program and continuation with this model with MPAS, the proposed program will continue to rely on numerous partners and adjunct faculty/preceptors outside of Toronto to deliver key aspects of the program. These individuals play an important role in facilitation, clinical skills instruction and experiential learning during clinical placements. The proposal appropriately acknowledges this reliance and outlines plans for enhanced faculty development, coordination, and quality assurance to ensure consistent student experience.

Investing in faculty development, including additional staff devoted to this role, will be critical for the massive change management that will be required when initiating the new program.

With the introduction of a research course and an enhanced focus on research competencies, it will be important to earmark faculty with sufficient experience to teach in this space. Many of the current BScPA faculty do not have formal training in research and are not active researchers, therefore additional faculty will need to be onboarded for this aspect of the program. Fortunately, Temerty Medicine has a strong faculty complement who can be called upon to serve in these roles. Similarly, the capstone project supervisors will need to be carefully chosen and supported to ensure the projects are appropriate and aligned with the program's expectations. The University of Toronto is fortunate to have strong IT, library and research support that the future MPAS program can rely on. A dedicated research navigator or facilitator for the MPAS program is important to support the administrative burden and research mission of the program.

During our review, securing clinical placements was identified as an ongoing challenge and an area of risk. Although clinical placement supervision is currently well established through existing networks, additional medical learners in Ontario will put more strain on securing placements. We heard from learners and alumni that there have been instances of delayed confirmation of placements, leading to learner stress and uncertainty. Although the program's distributed model aligns with the program's social accountability mandate and leverages long-standing relationships with clinical sites across Ontario, additional resources will be needed to secure and support more clinical placement opportunities for learners. This includes ensuring that faculty preceptors are compensated similarly no matter the level of medical learner or the program in which they are studying.

There are plans and assurances that the physical, administrative, and financial resources will be adequate to support the MPAS program. It was noted that the government transfers for graduate students are less than undergraduate students in Ontario, therefore additional revenues may be required to run the program, which will likely include increasing the cost of tuition for students. Additionally, although the move to the Scarborough campus opens up opportunities to enhance the program's social accountability mandate and enhance interprofessional educational offerings, it is also a risk for the program. The building has not been completed at the time of writing this report and there needs to be a risk management strategy developed in case the space is not secured in time for the program. Special attention has to be given to ensure the space needs of the program are adequate and are secured, especially when in-person learning is happening on campus. A detailed and mutually agreed plan for allocation of space within the new campus is critical to ensure adequate physical

resources with some flexibility, if the program is asked to expand further. There are no concerns with the program's access to library resources, learning technologies, and simulation facilities, which are world-renowned at the University of Toronto.

7 Resources for Graduate Programs Only

Given the program's planned/anticipated class sizes and cohorts as well as its program-level learning outcomes:

a) Evidence that faculty have the recent research or professional/clinical expertise needed to sustain the program, promote innovation and foster an appropriate intellectual climate.
b) Where appropriate to the program, evidence that financial assistance for students will be sufficient to ensure adequate quality and numbers of students.
c) Evidence of how supervisory loads will be distributed, in light of qualifications and appointment status of the faculty.

With the transition to a graduate program, the MPAS program will require additional resources to carry out the scholarly mission. Although the BScPA faculty have professional and clinical expertise, numerous core faculty lack the scholarly expertise required to sustain a graduate-level program. Aligning with the Institute of Medical Science and having a place within Temerty Faculty of Medicine should provide adequate faculty resources to fill these teaching and administrative roles. Additionally, the integration of the program within the Institute of Medical Science provides access to an established research culture, graduate governance structures and resources, and interdisciplinary collaboration. Several current faculty members hold leadership roles in curriculum development, ethics, and health professions education, and have fostered an appropriate intellectual and academic climate for the transition to a graduate-level program. Investing in faculty development and providing incentives for community-based faculty and preceptors to participate in the scholarly capstone project at the local level is highly recommended. Pairing community-based preceptors with U of T core research faculty is a great way to encourage collaboration and distribution of work, but specific resources and targeted faculty development should be provided for the community-based preceptors for this to be sustainable. It is important that community-based faculty are given an academic appointment to access the resources of the University, especially surrounding research.

The program proposal identifies existing and anticipated sources of student financial support, including institutional aid and access to broader University of Toronto funding mechanisms. With an anticipated increase in tuition and costs of travel and housing, these supports will be important to ensure access,

equity and diversity within the student body. MPAS-specific scholarships and bursaries should be sought, and we understand that the plan is to increase these offerings to students when the MPAS program begins. Targeted fundraising and philanthropy efforts to the MPAS program would be beneficial.

8 Quality and Other Indicators

a. Evidence of the quality of the faculty (e.g., qualifications, funding, honours, awards, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring)
   1. The quality of the scholarship of the faculty, and the degree to which that scholarship is brought to bear in teaching.

b) Any other evidence that the program and faculty will ensure the intellectual quality of the student experience.

c) Any additional indicators of quality identified by the division or academic unit.

d) How the proposed program compares to the best in its field among international peer institutions.

The quality of the faculty in the current University of Toronto's BScPA program is to be envied. The faculty are a mix of physicians, physician assistants, and other health professionals with honours, awards, and research output. From 2018-2024, the faculty received 35 awards, 22 peer-reviewed grants and published 101 peer-reviewed publications. Of note, the number of publications for the University of Toronto's BScPA faculty is higher than the median number of publications by PA faculty within the United States. The range of scholarly areas will be a benefit to the students. As outlined in the recommendations, additional work may be needed to ensure sufficient number and type of faculty to match the proposed research component of the program.

The proposal outlined plans to continue to monitor and assess program quality and effectiveness through a structured, committee-driven process. The overall quality of the program structure will be monitored through a formal cycle of curriculum mapping and committee review. Achievement of program objectives will be assessed through longitudinal tracking of key indicators including first-time pass rates on the PA National Competency Exam, graduation rates, attrition rates, and graduate employment rates. Alumni and employers will also be surveyed to gather data on clinical preparedness, professional conduct, and career satisfaction. Student achievement of each learning outcome is also tracked longitudinally through an assessment matrix. This data will be utilized in a closed-loop process of continuous improvement. The program also is subject to external accreditation

with Accreditation Canada every 6 years to ensure the curriculum is responsive to national standards.

Some data was provided that supports, directly and indirectly, the quality of the UofT's BScPA graduates. Employment data for graduating years 2020-2025 suggests employment rates ranging from 90-100%. The average number of applicants in the last 5 applications cycles was 774 for 28-31 slots. A provincial survey conducted with supervising physicians who were PA employers found that 92.9% were satisfied or very satisfied with their PAs and 93.1% were likely or very likely to recommend that other physicians consider hiring PAs.

Comparison of the University of Toronto's PA Program to other Canadian and international PA programs was not completed. Data comparing Canadian PA programs and international programs does not appear to be available. The US does have rankings for PA and other educational programs. However, the rankings have been intensely debated. Such comparisons are currently difficult, given that the PA roles in different countries do vary, as does their educational approaches.

9 Commissioning Officer Acceptance

After receiving the report from the reviewers, the commissioning officer formally accepts the final report and fills in the table below.

<table>
<tr><td colspan="2">As Commissioning Officer, I confirm that:
✓ The New Program Proposal and all relevant faculty CVs were provided to the reviewers to support their assessment of the new program.
✓ The Report addresses the program evaluation criteria, as required by UTQAP.
✓ I have brought to the attention of the reviewers any clear factual errors in the report and the reviewers have corrected these.
✓ I have brought to the attention of the reviewers any omitted UTQAP requirements.
✓ I have attached the site visit schedule to the report.</td></tr>
<tr><td>Commissioning Officer*: Dr. Lynn Wilson, Acting Dean, Temerty Faculty of Medicine</td><td>Report Accepted as Final on March 24, 2026</td></tr>
</table>

TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

Temerty Medicine

Office of the Vice Dean, Medical Education

March 25, 2026

Lisa A. Robinson MD, FRCPC, FASN, FCAHS
Dean, Temerty Faculty of Medicine
Vice Provost, Relations with Health Care Institutions
University of Toronto

Re: Master of Physician Assistant Studies New Program Proposal

Dear Dean Robinson:

We are pleased to provide this response to the External Review Report of the proposed new program, Master of Physician Assistant Studies (MPAS).

First, I wish to thank the reviewers, Dr. Christine Everett and Dr. Trustin Domes, for their comprehensive review of the proposal. Their time and expertise are greatly appreciated. Also, let me extend thanks to the team of individuals across Temerty Medicine who have worked intensely over the past 10 months to develop this high-quality proposal.

Overall, the reviewers were impressed, expressing positive comments about the proposed program. Specifically, they described the proposal as thorough and well done, identifying key strengths. These strengths include organizational commitment to diversity, inclusion, and student well-being. The program objectives were described by the reviewers as clear, consistent with both master's level education and with the PA role in Canada and aligned with relevant national competency frameworks. Several innovations were also noted. These include the hybrid delivery of the program curriculum, with the online components enhancing accessibility, facilitating the ability to attract a more diverse student body, and ultimately expanding the program's reach. The reviewers noted that the curricular design promotes efficiency while maintaining quality. The proposed capstone project was viewed as admirable and ambitious. They acknowledged how relocation of the program to the Scarborough Academy of Medicine and Integrated Health (SAMIH) at the University of Toronto Scarborough (UTSC) will provide excellent interprofessional education opportunities and will bring the training of PAs to a community in need of a committed healthcare workforce.

We thank the reviewers for their thoughtful engagement with the proposal, including recommendations that will help ensure delivery of a program that provides a teaching and learning experience that is excellent, equitable and sustainable. The reviewers provided five key recommendations and 12 additional recommendations, with some overlap between the two groups of recommendations.

The reviewers' recommendations are aligned with and build upon the program's vision and goals, including planned implementation and evaluation activities to ensure that the program is successful and well positioned to make evidence-informed continuous improvements. In order

to respond both individually and holistically to the reviewers' recommendations, we have grouped them below into seven themes, organized according to the five key recommendations and 12 additional recommendations.

1. Admissions

- Key recommendation 1: "Consideration of robust pre-requisite admissions requirements to ensure adequate preparation for the program without sacrificing diversity of the student cohort." On page 9 of the report, the reviewers expand on key recommendation 1, specifying a recommended admission requirement of 2 courses / 6 credit units of physiology. The reviewers also suggest that "consideration should be given to additional science requirements, statistics, writing courses, and a medical terminology course."
- Additional recommendation 11: "Evaluate potential impact of admissions requirements on student success and diversity of matriculating students." The reason given for this recommendation is to "ensure student preparedness for the curricular changes while ensuring diversity and consideration be given to other approaches such as holistic admissions."

Response:

In developing the MPAS proposal, program leadership carefully considered admission requirements to ensure student preparedness and recognized that additional prerequisite courses, beyond those required for the existing BScPA, would be needed. Based on the BScPA experience and best practices in PA education, it was agreed that the MPAS will include pre-requisite requirements for half courses in human anatomy and human physiology. The program is confident that those two half courses will ensure the level of preparation that informed the recommendation provided by the reviewers for 2 courses / 6 credit units of physiology. That said, the program is committed to evaluation of student preparedness, as recommended by the reviewers. As noted on page 6 of the review report, "the proposal provides details of a robust program evaluation process". We are committed to ensuring that student preparedness is part of that evaluation process.

With student preparedness in mind, we appreciate the recommendation for consideration of "additional science requirements, statistics, writing courses, and a medical terminology course" as pre-requisites. That recommendation will be considered as part of the program's ongoing program evaluation process. We also agree with the reviewers that assessing the impact of the admission requirements on student success and diversity is essential. This too is something that the program is committed to assessing as part of its ongoing program evaluation process. Further detail about program evaluation is provided below under 5. Program Evaluation, which was one of the five key recommendations provided by the reviewers.

2. Research Project

- Key recommendation 2: "Alterations to the proposed research project to ensure it can be successfully completed within the program timeframe. Considerations should be given to team vs individual projects and project requirements."
- The reviewers expand on key recommendation 2 in additional recommendation 6 ("Considerations for research/scholarship requirement"), including the recommendation

that “very specific criteria for successful completion” of the group project should be provided to faculty and learners to ensure clarity about research project expectations and assessment.
- Additional recommendation 6 also includes the recommendation of an “evaluation to ensure sufficient number and type of faculty” to support successful completion of the research project.

Response:
We appreciate the reviewers’ observation that the MPAS is the same length (two years) as the existing BScPA, despite the inclusion of a research project in the MPAS. Although the MPAS is the same length of the BScPA, development of the MPAS involved consideration of the time required to successfully complete the MPAS requirements, including the research project. We have re-examined the MPAS requirements in light of the recommendations offered by the reviewers and remain convinced that students will have sufficient time and support to successfully complete the research project given the intentional curricular design changes, including more curriculum integration and increased course efficiency.
That said, the program is committed to ongoing evaluation of the program, including with respect to student progress and timely completion of program requirements. As part of the program’s evaluation plan, student outcome data will be collected through the Program Assessment Matrix for review by the program’s competency committee as well as its evaluation and assessment committee. Those evaluations will inform ongoing enhancements to program requirements and curriculum design.

Based on an assessment of current faculty capacity, support for individual student projects will not be viable in the initial years of the MPAS. However, faculty capacity is expected to grow over time, which would allow for consideration of individual projects in the future. In the meantime, and in alignment with the reviewers’ observations about ensuring sufficient “type” of faculty to support the research project, we will be providing ongoing faculty development to ensure existing faculty are well positioned and prepared to support the MPAS research requirements in general and the group research project in particular (see 3. Faculty and Staff for further details about faculty development).

We appreciate the reviewers’ observation that the proposal does not include details about “how individual competencies and contributions to the group project will be assessed”. We agree that such clarity is important. With that in mind, the program will ensure there are clear and transparent expectations for the assessment of individual student performance in the group research project. Two key strategies will guide this approach:
- Development of an assessment framework that separates the collaborative product from the individual demonstration of competency
- A clear and transparent description of research component milestones required over the 2-year program

As part of the assessment framework, individual assessments will include consideration of teamwork skills, which are integral to students’ professional development, and pre-identified milestones that must be completed by each student. Models of individual assessment within

group work exist in other graduate and healthcare training programs, which we will adapt for the MPAS.

3. Faculty and Staff

- Key recommendation 3: "Further evaluation and infrastructure development to ensure sufficient faculty and staff."
- With respect to faculty, the reviewers expand on key recommendation 3 in additional recommendation 2 ("Given the increase in the number of students, the addition of a research requirement for the MPAS, as well as other changes to the curriculum, a formal assessment to determine the number and type of faculty required to deliver the new curricula is needed"), additional recommendation 3 ("Explore synergies with other faculty" as part of the assessment of sufficient number and type of faculty), and additional recommendation 4 ("formal written agreements outlining the faculty training sessions" given the reliance on a wider range of clinical faculty for clinical placements and the research projects).
- With respect to staff, the reviewers expand on key recommendation 3 in additional recommendation 5: "Given the increase in faculty development, the increased number of students, and the addition of an ambitious, team-based research project, there will be a significant increase in the need for a range of administrative efforts, including coordination work. Consider a research navigator and staff to focus on faculty development and clinical placements."

Response:

We agree with the reviewers that ensuring the sufficient number and type of faculty is essential to the success of the MPAS. As noted above in relation to key recommendation 2, development of the MPAS was informed by and is aligned with the current faculty complement. We are confident that the current faculty complement is sufficient. That said, we appreciate the importance of exploring the opportunities recommended by the reviewers to enhance the faculty complement and ensure that faculty are well positioned to support MPAS students, particularly with respect to the program's research requirements, which was the focus of the reviewers' observations and recommendations regarding sufficient faculty.

As the reviewers note on page 14 of their report, "Temerty Medicine has a strong faculty compliment who can be called upon to serve in these roles"; i.e. in teaching and supervisory roles related to the program's research requirements. Further, funding for a dedicated faculty development role within SAMIH has been secured via the Program Implementation Fund, established through the Garron Foundation. This faculty development role will work with PA faculty to help ensure faculty are well prepared and positioned to support the MPAS research requirements. Ongoing need for this faculty development role will be assessed in approximately five years, once the Garron Foundation funds have been fully utilized.

As a graduate program, the MPAS will work closely with the Institute of Medical Science (the program's graduate unit) to ensure that all teaching faculty have appropriate academic appointments. The MPAS will also work closely with leadership in Temerty Medicine to explore incentives for community-based preceptors, including via affiliation agreements between the University of Toronto and its partner hospitals.

Ensuring sufficient staff is also essential to the success of the MPAS. Informed by the relocation of the PA program to SAMIH at UTSC, a revised organizational structure for the PA education has been developed and initiated. This reorganization of existing staff positions includes the development of new roles to ensure sufficient support for PA education, including the MPAS. These new roles include positions related to clinical placement coordination and the learner experience. This reorganization does not currently involve an increase in the number of staff (i.e. FTEs); rather, it involves a restructuring of existing positions focused on ensuring sufficient and sustainable operational support for PA education, including the MPAS. That said, a net new staff position focused on supporting student research is under development. This new position, which is being developed with the MPAS in mind, has my full support and can be accommodated within the Medical Education budget. It is important to note that the reorganization of existing staff positions was informed by partnerships with other offices, such as the Temerty Medicine Office of Enrolment Services and Temerty Medicine Office of Learner Affairs, to effectively leverage and complement existing staff resources across the Medical Education portfolio. Since the staff reorganization summarized above was not announced to affected staff until very recently, those reorganization details were not included in the proposal provided to the external reviewers. The proposal has been updated accordingly, in section 10.2 Other Resources (page 76).

4. Space

- Key recommendation 4: "Further evaluation to ensure sufficient space".
- The reviewers expand on key recommendation 4 in additional recommendation 1, in which they "recommend that it be made clear that the PA Program has priority for teaching space scheduling when onsite." The context of that recommendation is that the physical space for the MPAS at SAMIH was under construction at the time of the review as was the plan for how that space will be allocated to the programs that comprise SAMIH, including the existing BScPA and proposed MPAS.

Response

Leadership from the existing BScPA has been actively involved in the development of SAMIH. This has included providing input about PA education space needs, which informed the design of the Myron and Berna Garron Health Sciences Complex. As noted by the external reviewers, "There was enthusiasm for the move to the Health Sciences Complex in Scarborough". However, as the new building was still under construction at the time of the review, plans for how space in the new building will be allocated to the programs that comprise SAMIH were still being formalized.

We appreciate the reviewers' thoughtful observations and recommendations regarding the importance of having a clear space allocation plan. With that in mind, I am in active discussions with all the programs located at SAMIH and am committed to ensuring that the MPAS has priority for those onsite times, as scheduled in the MPAS curriculum design. In short, we agree with and are actively acting on the recommendation that "it be made clear that the PA Program has priority for teaching space scheduling when onsite". Further, since the BScPA program is moving to SAMIH in September 2026, space planning for the MPAS will have the benefit of an initial BScPA space planning year.

5. Program Evaluation

- Key recommendation 5: "Refinement of the program evaluation to ensure successful transition to the MPAS."
- The reviewers expand on key recommendation 5 in additional recommendation 12, in which they "recommend that the evaluation compares the findings between years and that particular attention focus on the research component."

Response:

We agree that ongoing evaluation of the MPAS "will be critical to its success" and appreciate the reviewers' observation that "the proposal provides details of a robust program evaluation process". As noted above under 2. Research Project, the MPAS program evaluation plan will include the collection of student outcome data, including with respect to the research project, through the Program Assessment Matrix. That data will be reviewed by the program's competency committee as well as its evaluation and assessment committee. Those evaluations will help ensure successful transition from the BScPA to the MPAS, and inform enhancements to MPAS program requirements and curriculum design.

In support of MPAS program evaluation activities, the program will have access to resources in the Medical Education portfolio, including a Director, Program Evaluation, who co-chairs the Medical Education Program Evaluation Committee. One of the strategic initiatives identified in the Medical Education Strategic Plan (2023-2026) is: *Enable and support a harmonized approach to program evaluation, including accreditation*. Informed by that strategic initiative, the Medical Education Program Evaluation Committee is responsible for providing strategic direction and leadership for the development of program evaluation principles, guidelines, processes and practices relevant to the programs that comprise the Medical Education, which includes PA education.

6. Student Services

- Additional recommendation 7: "Incorporate student services into curriculum" to help ensure awareness of available supports, particularly regarding financial assistance.
- Additional recommendation 8: "Additional financial assistance for PA students", including the "development of scholarships earmarked for PA students" and "goals specified for fund raising for these scholarships."

Response:

The University of Toronto in general and PA program in particular are deeply committed to student well-being. We agree that communicating to students about student support services, whenever possible, is important. As noted by the reviewers, "student services staff expressed willingness to routinely deliver key information at key points of the program by embedding it in the curriculum". MPAS leadership is very appreciative of that willingness and will work with staff to identify opportunities to incorporate student service information into the curriculum, as well as in extra-curricular activities, in a manner that is timely and meaningful to MPAS students. This will include consideration of opportunities to record information sessions and make them available to students at any time.

We also agree that providing financial assistance for MPAS students is important. An assessment of existing student financial need is currently underway. Findings from that assessment will inform consultations with the Temerty Medicine Office of Advancement about fundraising and philanthropic opportunities, with the aim to establishing dedicated MPAS-specific scholarships and bursaries.

7. Student Assessment

- Additional recommendation 9: With reference to the changing benchmark for passing from 60% (for the BScPA) to 70% (for the MPAS), the reviewers make two recommendations: First, that "an evaluation should be completed to determine the impact on the need for remediation and other student supports. Second, the program may wish to consider a pure competency-based student assessment and determine if this would be permissible under the CGS requirements."
- In additional recommendation 10, the reviewers recommend consideration of pure competency-based (i.e. pass/fail) student assessment.

Response:

We appreciate the observation that the increased pass mark may result in an increased need for remediation and student support. While student preparedness informed development of the MPAS admission requirements, including consideration of how those pre-requisite courses might mitigate the impact of the increased pass mark, we agree that ongoing evaluation is important. With that in mind, student performance will be extensively tracked as students progress through the program, and remedial data will be collected and compared year-by-year. Informed by this ongoing monitoring, the program will be well positioned to efficiently identify if more pro-active supports are needed.

We agree that a pass/fail competency-based assessment model is interesting. However, a 'global' pass/fail marking system is not in compliance with School of Graduate Studies grading requirements. That said, there may be smaller components within the program that could utilize a competency-based approach, informed by the broader marking matrix. Consideration of such opportunities will include seeking experiential and best practice advice from other professional master's programs within Temerty Medicine that utilize competency-based assessments as well as from the School of Graduate Studies.

Clinical Placements

While the reviewers did not provide any recommendations about clinical placements, they did make some important observations about clinical placement capacity and funding. As noted on page 14 of the review report, "additional medical learners in Ontario will put more strain on securing placements" and "additional resources will be needed to secure and support more clinical placement opportunities for learners." In the face of potentially changing compensation agreements within medical education, the reviewers emphasized that, in Ontario, PA clinical preceptor payments must remain at parity with MD program clinical preceptor payments.

PA education leads meet regularly with the Ministry of Health and will advocate strongly for appropriate preceptor payments if the current equitable status changes. As PA enrollment in the

province has been significantly increasing over the past two years, the resulting increased need for clinical placements has been the focus of much discussion among PA health educators. The PA education leads regularly meet to review clinical placement capacity and approaches to enhance and sustain existing placement sites. Untapped opportunities throughout hospitals affiliated with the University of Toronto are being explored. With my counterpart at McMaster University, I am co-chairing a provincial committee to review and create a strategic plan to ensure healthcare clinical training capacity. This will be an ongoing process for all health professions education programs, including PA education.

In Summary:
The reviewers' review and recommendations are thoughtful, comprehensive and align with the vision and values of the MPAS. Many of the recommendations are already in progress and future plans include additional implementation opportunities. We will collect relevant data and conduct ongoing monitoring within the key aspects of admissions, program evaluation, student assessment, and staff/faculty/space infrastructure to ensure we address the reviewers' recommendations, which we appreciate are focused on ensuring that the program is successful and provides students with an excellent learning experience.

Overall, the reviewers stated that they had "no significant concerns regarding the program's structure, curriculum or its ability to fulfill the training requirements expected of a graduate level Physician Assistant program in Canada". We greatly appreciate their support and expertise to help us ensure that the MPAS meets the high standard of graduate education at the University of Toronto and PA education in Canada. We look forward to moving the proposed MPAS forward.

Sincerely,

Patricia Houston MD, MEd, FRCPC
Vice Dean, Medical Education
Professor, Department of Anesthesiology and Pain Medicine
Temerty Faculty of Medicine, University of Toronto

cc Professor Justin Nodwell, Vice Dean, Research and Health Science Education

March 26, 2026

Professor Nicholas Rule
Vice-Provost, Academic Programs
University of Toronto

Dear Professor Rule,

I am writing to provide the decanal response to the external review of the proposed Master of Physician Assistant Studies (MPAS) to be offered by the Temerty Faculty of Medicine.

On behalf of Temerty Medicine, I would like to thank Dr. Trustin Domes, Academic Director, Master of Physician Assistant Studies Program, University of Saskatchewan and Dr. Christine Everett, Vice Chair of Research, Division of Physician Assistant Education & Sciences, University of Utah for conducting an external review of the proposed MPAS. The reviewers hold senior academic appointments with universities in Canada and the United States and have a deep understanding of physician assistant education. They met virtually with academic leadership, faculty and administrative staff affiliated with the proposed program, academic leadership from cognate programs, and current students in and alumni from our existing undergraduate physician assistant program (BScPA), which will be closed pending approval of the MPAS.

In their report submitted on February 6, 2026, the reviewers noted as a strength our organizational commitment to the program, including with respect to equity and diversity and student well-being. The reviewers recognized several innovations, including a hybrid mode of delivery that “has the potential to attract a more diverse student body and expand reach”. In recognition of the Scarborough area’s “strong need for healthcare workforce”, the reviewers acknowledged the physical location of the program at the University of Toronto Scarborough campus, as part of the Scarborough Academy of Medicine and Integrated Health (SAMIH), as a “key innovation”.

We are pleased that the reviewers “have no significant concerns regarding the program’s structure, curriculum or its ability to fulfill the training requirements expected of a graduate level Physician Assistant program in Canada.” That said, the reviewers did provide a number of recommendations, for which we are grateful. A unit response to those recommendations was provided to me by Dr. Patricia Houston, Vice Dean Medical Education and Dr. Leslie Nickell, MPAS Faculty Lead.

The reviewers provided five key recommendations and 12 additional recommendations, with some overlap between the two groups of recommendations. As detailed in the unit response, the reviewers' recommendations are well-aligned with the program's existing commitments and planned implementation activities. Many of the reviewers’ recommendations will be addressed through the evaluation and continuous improvement processes, as described below. Informed by the unit response, included below is a summary of the recommendations and my responses.

Admissions
(*key recommendation 1, additional recommendation 11*)
The reviewers' key recommendation related to admissions is for "consideration of robust pre-requisite admissions requirements to ensure adequate preparation for the program without sacrificing diversity of the student cohort". This includes a specific recommendation for 2 courses / 6 credit units of physiology as well as consideration of other admission requirements ("additional science requirements, statistics, writing courses, and a medical terminology course"). Finally, the reviewers noted that "it would be appropriate to include evaluation of the admissions criteria in the program evaluation plan to ensure requirements that will ensure student success and allow for the development of alternative requirements."

The program and I agree with the reviewers about the importance of admission requirements that ensure students are suitably prepared for the MPAS and well positioned for success. As proposed, the MPAS admission requirements include a requirement of at least a half full course equivalent in each of human anatomy and human physiology, which we believe is adequate preparation. That said, we agree with the reviewers about the importance of ongoing evaluation, with respect to both student preparedness and diversity of the student cohort. As is the case for other health profession education programs offered by Temerty Medicine, MPAS leadership is committed to continuous evaluation and improvement of the program's admission requirements and processes. Temerty Medicine has a longstanding commitment to excellence through equity and social accountability, including through the development of pathways and resources focused on widening the pool of highly qualified and committed health professions students.

Research Project
(*key recommendation 2, additional recommendation 6*)
Describing the proposed capstone research project as "admirable and ambitious", the reviewers offered recommendations focused on clarification of how individual competencies and contributions to the group research project will be assessed, suggested consideration of individual rather than group projects, and noted the importance of "evaluation to ensure sufficient number and type of faculty" to support successful completion of the research project.

Informed by feedback provided by the reviewers, the program re-examined the MPAS requirements, including the research program. Given the intentional curricular design changes, including more curriculum integration and increased course efficiency (in comparison to the existing BScPA), the program is confident that the students will have sufficient time and support to complete the research project, which is a curriculum design goal that we agree is integral to program and student success.

Along with the program, I agree with the reviewers that clarity and transparency with respect to student assessment is important. To ensure there are clear and transparent expectations for the assessment of individual student performance in the group research project, the program has a plan to develop an assessment framework that clearly separates the collaborative product from the individual demonstration of competency, including consideration of teamwork skills, which are integral to students' professional development. That framework will also include a clear and transparent description of research component milestones required over the two years of the MPAS.

As recommended by the reviewers, development of the MPAS curriculum included an evaluation of faculty capacity. Based on that assessment, support for individual student projects is not viable in the initial years of the program. That said, faculty capacity is expected to grow over time, which will allow the program to consider individual rather than group research projects as a viable option. As noted in the unit response, current MPAS faculty have access to help to ensure they are well positioned and prepared to support the

program's research requirements in general and group research project in particular; more information about faculty development is provided below, under Faculty and Staff.

Faculty and Staff
(*key recommendation 3, additional recommendations 2, 3, 4, 5*)
The key recommendation provided by the reviewers with respect to faculty and staff is for "further evaluation and infrastructure development to ensure sufficient faculty and staff". For faculty, the focus of this grouping of recommendations is on ensuring students have supports that align with the program's research requirements, as discussed above under Research Project. For staff, the focus of this grouping of recommendations is on ensuring sufficient administrative support, particularly with respect to clinical placements and student research.

I appreciate the reviewers' focus on ensuring that there are sufficient faculty and staff to support delivery of the MPAS. As noted above, development of the program was informed by existing faculty and staff resources. Along with the program, I am confident that current faculty complement is sufficient. Further, there are many resources available to help ensure faculty are well positioned to support MPAS students. In addition to resources offered centrally through the Centre of Teaching Innovation and Support, faculty development is supported in Temerty Medicine through the Centre for Faculty Development and by the Director, Faculty Development, Medical Education. Even more specific to faculty in the proposed program, a Program Implementation Fund established through the Garron Foundation will help ensure the launch of SAMIH. A portion of that SAMIH Program Implementation Fund is dedicated to advancing and supporting faculty development for MPAS faculty.

With respect to staff, the Vice Dean Medical Education has overseen a reorganization of PA education, informed by the relocation of the PA program to SAMIH at UTSC. This reorganization of existing staff positions involves a restructuring of existing positions focused on ensuring sufficient and sustainable operational support for PA education, including with respect to clinical placements and the learner experience. While the reorganization does not involve an increase in the number of staff (i.e. FTEs), a new staff position focused on supporting student research is under development. This new position can be accommodated within the Medical Education budget. As noted in the proposal and the unit response, delivery of the MPAS will also be supported by other units in Temerty Medicine, including the Institute of Medical Science (which is the program's graduate unit), the Temerty Medicine Office of Enrolment Services, and the Temerty Medicine Office of Learner Affairs. Since the staff reorganization summarized above was not announced to affected staff until very recently, those reorganization details were not included in the proposal provided to the external reviewers. The proposal has been updated accordingly, in section 10.2 Other Resources (page 76).

Space
(*key recommendation 4, additional recommendation 1*)
The key recommendation provided by the reviewers with space is for "Further evaluation to ensure sufficient space".

It is important to note that the evaluation recommended by the reviewers is focused on space allocation and not whether or not there is sufficient space. This is made clear by the external reviewers in additional recommendation 1, in which they clarify that their recommendation is "that it be made clear that the PA Program has priority for teaching space scheduling when onsite." As noted by the reviewers, the space in which the MPAS will be physically located at SAMIH was under construction at the time of the review. At that time, the plan for how space will be allocated to the programs that comprise SAMIH, including the

existing BScPA and proposed MPAS, was still being developed. That said, Temerty Medicine has been and will continue to be actively involved in SAMIH space allocation discussions and decisions

Prior to and concurrent with development of the MPAS proposal, Temerty Medicine was involved in the collaborative development of SAMIH at UTSC. SAMIH, which will be housed in the Myron and Berna Garron Health Sciences Complex, will launch in fall 2026. Along with the nurse practitioner program and the physical therapy program, the existing BScPA will be relocated to SAMIH in time for the 2026-2027 academic year. A subset of the MD Program will be located at SAMIH starting in the 2027-2028 academic year.

The Vice Dean, Medical Education is actively involved in discussions with academic and administrative leadership from all the programs that will be located at SAMIH and is committed to ensuring that the existing BScPA and proposed MPAS have sufficient space. This includes ensuring that "it be made clear that the PA Program have priority for teaching space scheduling when onsite", as recommended by the reviewers.

Program Evaluation
(*Key recommendation 5, additional recommendation 12*)
A key recommendation provided by the reviewers is for "Refinement of the program evaluation to ensure successful transition to the MPAS." In additional recommendation 12, the reviewers "recommend that the evaluation compares the findings between years and that particular attention focus on the research component."

Echoing the program, I agree that evaluation of the MPAS "will be critical to its success" and appreciate the reviewers' observation that "the proposal provides details of a robust program evaluation process". As detailed in the unit response, the MPAS program evaluation plan will include the collection of student outcome data, including with respect to the research project, through a Program Assessment Matrix. That data will be reviewed by relevant program committees, including to ensure successful transition from the BScPA to the MPAS. Those evaluations will also inform ongoing enhancements to MPAS program requirements and curriculum design.

Student Services
(*Additional recommendations 7 and 8*)
The reviewers recommended incorporation of student service information into the MPAS curriculum to help ensure student awareness of available services. The reviewers also recommended development of scholarships earmarked for PA students.

MPAS leadership is very supportive of this recommendation and is committed to working in partnership with student services staff to embed student service information into the curriculum, as well as in extra-curricular activities, in a manner that is timely and meaningful to MPAS students.

MPAS leadership also has my full support to work with the Temerty Medicine Office of Advancement to identify fundraising and philanthropic opportunities, with the aim of establishing scholarships and bursaries for PA students.

Student Assessment
(*Additional recommendations 9 and 10*)
The reviewers recommended that an evaluation of the 70% pass mark (which is an increase from the 60% pass mark required for the BScPA) should be completed to determine the impact on the student need for

remediation and other support services. The reviewers also recommended consideration of a “pure competency-based student assessment”, including whether or not such a pass/fail approach would be permissible by the University of Toronto School of Graduate Studies.

The program appreciates the observation that the increased pass mark may result in an increased need for remediation and student support and has confirmed that student performance data will be extensively tracked throughout the program and that remedial data will be collected and compared year by year, including to assess remediation and other student support needs.

The program also confirmed that a ‘global’ pass/fail marking system is not in compliance with School of Graduate Studies grading requirements. It is, however, an interesting option that could possibly be utilized for smaller components within the program. I support the program’s plan to consult with other programs that currently utilize competency-based student assessments for consideration as part of the program’s evaluation and continuous improvement activities.

I am very pleased by the overall positive review of the proposed MPAS. Once again, I would like to thank the reviewers for their recommendations, including the many recommendations that align with our commitment to program evaluation and continuous improvement. I would also like to thank all those involved in development of an innovative program that is aligned with Temerty Medicine’s guiding vision and social accountability mandate to “be an unparalleled force for new knowledge, better health and equity”.

Sincerely,

Lisa A. Robinson, MD, FRCPC, FASN, FCAHS
Dean, Temerty Faculty of Medicine
Vice Provost, Relations with Health Care Institutions

cc Dr. Patricia Houston, Vice Dean, Medical Education, Temerty Faculty of Medicine
Professor Justin Nodwell, Vice Dean, Research and Health Science Education, Temerty Faculty of Medicine

UNIVERSITY OF TORONTO

OFFICE OF THE VICE-PROVOST,
ACADEMIC PROGRAMS

March 27, 2026

Professor Lisa A. Robinson
Dean, Temerty Faculty of Medicine
Vice-Provost, Relations with Health Care Institutions
University of Toronto

Re: Review Report, Proposed New Master of Physician Assistant Studies (MPAS)

Dear Dean Robinson,

I am pleased to receive the external review report for the proposed Master of Physician Assistant Studies. Your administrative response to the report nicely summarizes the report and addresses the specific recommendations and suggestions made by the reviewers, which I address thematically below.

Admissions

The reviewers recommended consideration of additional admission requirements to ensure adequate preparation for the program while maintaining diversity in the student cohort.

In your response, you agree with the importance of admission requirements that ensure students are well prepared for the MPAS and positioned for success. You note that the proposed requirements, including coursework in human anatomy and physiology, provide appropriate preparation for the program. You also emphasize the importance of ongoing evaluation of admissions requirements and processes to support both student preparedness and cohort diversity, and highlight the Faculty's broader commitment to equity, social accountability, and continuous improvement in health professions education.

Research Project

The reviewers recommended refinements to the proposed research project to ensure that students can successfully complete it within the program timeframe, including consideration of project structure (team versus individual). They also emphasize the importance of clearly defined expectations and assessment criteria for student performance, as well as ensuring sufficient faculty capacity to support the research component.

In your response, you indicate that, in light of these recommendations, the program has re-examined the feasibility of the research component within the existing program length and is confident that curricular integration and increased efficiency will allow students sufficient time and support to complete it. You confirm that the program will monitor

student progress and outcomes through its evaluation framework and use these findings to inform ongoing improvements. You also note that students will initially work in groups until there is sufficient faculty capacity to consider individual projects, and that faculty development will support delivery of the research component. Finally, you agree with the reviewers about the importance of assessment clarity for the group projects, indicating that program staff will develop a clear assessment framework to define expectations, milestones, and the evaluation of individual contributions within group work.

Faculty and Staff

The reviewers recommended further evaluation and development of faculty and staff infrastructure to support the program, including assessing the number and type of faculty required, exploring synergies with other units, and formalizing arrangements for faculty training and collaboration. They also emphasize the need for enhanced administrative support, particularly to support research, clinical placements, and coordination activities.

In your response, you indicate that the program confidently believes that the current faculty complement suffices to support delivery of the MPAS while also recognizing opportunities to further strengthen capacity, particularly in relation to the research component. You highlight plans for faculty development supported by dedicated funding and note that the program will leverage existing resources to support teaching and supervision.

You also indicate that staff support has strengthened by reorganizing existing roles to enhance operational capacity, including support for clinical placements and the student experience. Although this restructuring does not increase overall staff numbers, you report that the program is developing a new position focused on student research within existing resources. You note that collaboration with other units within the Temerty Faculty of Medicine are supporting these changes and that you have updated the proposal with this information (Section 10.2, Other Resources).

Space

The reviewers recommended further evaluation of space allocation to ensure sufficient and appropriate facilities, particularly given that planning for the Scarborough Academy of Medicine and Integrated Health (SAMIH) space is still underway. They emphasized the importance of clearly establishing priority access to teaching space for the program when onsite.

In your response, you indicate that program leadership is actively working with SAMIH to plan space allocation and that the program will have priority for teaching space when onsite. You also note that the transition of the BScPA program to SAMIH in September 2026 will inform space planning ahead of the MPAS launch.

Program Evaluation

The reviewers emphasized the importance of program evaluation in supporting a successful transition to the MPAS, particularly with respect to monitoring outcomes over time and ensuring that the addition of the research component does not compromise clinical training.

In your response, you affirm the critical role of program evaluation in assuring the success of the MPAS and highlight the strength of the proposed evaluation framework. You indicate that the the Program Assessment Matrix will collect student outcome data, including data related to the research component, and that relevant program committees will review those data to support the transition to the MPAS and inform ongoing improvements. You also note that established evaluation resources and leadership within the Medical Education portfolio will support these activities.

Student Services

The reviewers recommended integrating student services information into the curriculum and developing dedicated scholarships for students.

In your response, you indicate that the program will work with student services to embed support information into curricular and co-curricular activities and will pursue fundraising opportunities to establish scholarships and bursaries for MPAS students.

Student Assessment

The reviewers recommended evaluation of the increase in the passing grade from 60% in the BScPA to 70% in the MPAS to assess its impact on student remediation and support needs. They also recommended considering a competency-based (pass/fail) assessment approach.

In your response, you confirm that leadership will closely monitor and analyze student performance and remediation data. You also note that, although a full pass/fail system does not align with School of Graduate Studies requirements, the program will consult with other programs that use competency-based assessment approaches as part of its ongoing evaluation and continuous improvement activities.

Overall, the reviewers express strong support for the proposed program, describing the proposal as thorough and well developed. They highlight notable innovations, including the hybrid delivery model and the program's location within SAMIH, and confirm that they have no significant concerns regarding the program's structure or its ability to meet the expectations of a graduate-level Physician Assistant program in Canada.

I will be very pleased to recommend this new graduate program to governance for approval, following approval at the divisional level.

Sincerely,

Nicholas Rule
Vice-Provost, Academic Programs
Professor of Psychology

cc: Patricia Houston, Vice Dean, Medical Education, Temerty Faculty of Medicine
Justin Nodwell, Vice Dean, Research & Health Science Education, Temerty Faculty of Medicine
Paul Tonin, Senior Project Manager, Strategic Initiatives, Office of the Vice Dean, Medical Education, Temerty Faculty of Medicine
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Jennifer Francisco, Academic Change Specialist, Office of the Vice-Provost, Academic Programs
Annette Knott, Academic Change Specialist, Office of the Vice-Provost, Academic Programs

University of Toronto Proposal: New Undergraduate and Graduate Program

Full name of proposed program:	Master of Physician Assistant Studies
Degree name and short form:	MPAS
Program name:	Physician Assistant Studies
Professional program (yes or no):	Yes
Unit (if applicable) offering the program:	Institute of Medical Science
Faculty/division:	Temerty Medicine/Division 4
Dean's office contact:	Professor Justin Nodwell, Vice Dean, Research and Health Science Education Rachel Zulla, Faculty Graduate Affairs Officer
Proponent:	Dr. Patricia Houston, Vice Dean, Medical Education Dr. Lucy Osborne, Interim Director, Institute of Medical Science Dr. Leslie Nickell, MPAS Faculty Lead
Version date (please change as you edit this proposal)	March 23, 2026

Framework for UTQAP New Programs

The University of Toronto Quality Assurance Process (UTQAP) supports a structured approach for creating, reflecting on, assessing and developing plans to change and improve academic programs and units in the context of institutional and divisional commitments and priorities.

New Program Proposal

The New Program Approval Protocol applies to new undergraduate or graduate degrees, undergraduate specialists and majors within approved degrees, and to graduate degree programs, offered in full or in part by the University of Toronto or by the University of Toronto jointly or conjointly with institutions federated or affiliated with the University. New for-credit graduate diplomas and new standalone degree programs arising from a long-standing field in a master's or doctoral program go through the Expedited Approval Protocol (see UTQAP section 2.8). All proposed new programs except graduate diplomas are subject to external appraisal.

This template aligns with UTQAP requirements and will help to ensure that all evaluation criteria established by the Quality Council are addressed in bringing forward a proposal. Divisions may have additional requirements that should be integrated into the proposal.

Development and Approval Steps	**Date (e.g., of external appraisal site visit, final signoff, governance meeting, Quality Council submission, Ministry submission)**
New program consultation meeting	September 10, 2025
Consultation Proponents/Dean's Office/Provost's Office	
Provost's Advisory Group	January 14, 2026
External appraisal	January 21, 2026
Decanal signoff In signing off I confirm that I have ensured appropriate: ✓ compliance with the evaluation criteria listed in UTQAP section 2.3 ✓ consultation with the Office of the Vice-Provost, Academic Programs early in the process of proposal development ✓ consultation with faculty and students, other University divisions and external institutions	Lisa Robinson, Dean, Temerty Faculty of Medicine January 8, 2026
Provostial signoff *In signing off I confirm that the new program proposal:* ✓ is complete ✓ includes information on all the evaluation criteria listed in UTQAP section 2.3	Nicholas Rule, Vice-Provost, Academic Programs January 14, 2026
Unit-level approval (if required)	February 9, 2026
Faculty/divisional governance	April 20, 2026
Submission to Provost's Office	
AP&P	May 12, 2026
Academic Board	May 28, 2026
Executive Committee of Governing Council	June 25, 2026
The program may begin advertising as long as any material includes the clear statement that, "No offer of admissions will be made to the program pending final approval by the Quality Council and the Ministry of Colleges, Universities, Research Excellence and Security (where the latter is required)."	
Ontario Quality Council	[date]
Submitted to the Ministry (in case of new graduate degrees and programs, new diplomas)	[date]

New Program Proposal

Master of Physician Assistant Studies

Institute of Medical Science

Temerty Medicine

Table of Contents

1 Executive Summary 5
2 Effective Date and Date of First Review 8
3 Academic Rationale and Program Objectives 8
4 Academic Calendar Copy 15
5 Rationale for Program as Designed 20
6 Assessment 50
7 Need and Demand 56
8 Enrolment 59
9 Consultation 60
10 Resources 63
11 Quality and Other Indicators 78
Appendix A: Courses 81
Appendix B: Library Statement 110
Appendix C: Student Support Services 114
Appendix D: Comparator Programs 120
Appendix E: MPAS Program at a Glance 127

1 Executive Summary

Please provide a brief overview of the proposed program summarizing the key points from each section of the proposal.

This is a proposal to create a Master of Physician Assistant Studies (MPAS), transitioning from the existing Bachelor of Science Physician Assistant (BScPA) offered by the Temerty Faculty of Medicine. The MPAS is designed as a professional master's program, informed by and aligned with the changing national landscape for physician assistant (PA) education standards and corresponding increasing role of PAs in Canada's healthcare system as clinicians, scientists and leaders.

PAs are an essential component of Canada's healthcare workforce, playing a vital role in addressing the growing challenges within the healthcare system. As the country faces increasing pressures, such as an aging population, rising rates of chronic illness, and a general shortage of healthcare providers, PAs help fill critical gaps by providing high-quality, accessible medical care across various settings, including hospitals, clinics, and remote communities.

As the PA profession has become more established in Canada, a graduate-level program is necessary to fully prepare and position future PAs as skilled clinicians who can also meaningfully contribute to health advances, achieve leadership positions in hospitals and community healthcare settings, and successfully advocate for the diverse patient populations they serve. The MPAS is designed to ensure that its graduates contribute to the scholarship and academic leadership of healthcare and health education, advancing and integrating scientific knowledge and scholarship with professional practice.

The MPAS Degree Level Expectations and Program Learning Outcomes are informed by and aligned with nationally recognized Canadian Medical Education Directives for Specialists – Physician Assistant (CanMEDS-PA) and Entrustable Professional Activities for Physician Assistants (EPA-PA) professional competency frameworks to ensure that MPAS graduates are prepared and well positioned for entry into practice. Both of these frameworks emphasize scholarly activities, including ongoing contributions to the creation, dissemination, application and translation of clinical knowledge, as well as leadership as integral to PA education and practice. As a master's level program, the MPAS will provide students with the foundational knowledge and skills needed to

achieve all areas of their professional competency frameworks, both clinically and with respect to scholarly activities and evidence-informed leadership in the healthcare system.

The MPAS is designed as a hybrid, professional master's program, utilizing both in-person and online education modalities. The program consists of a unit-based didactic curriculum, clinical placements, and a research project. The four units are organized by content areas: Medical Foundations, Clinical and Procedural Skills, PA Professional Competencies, and PA Research. Each unit is comprised of sections that integrate the unit-specific curriculum, gradually increasing in complexity. Year 1 is comprised of didactic curriculum across these four units. Year 2 is comprised of 44 weeks of clinical placements integrating medical knowledge with clinical practice, a continuation of the Professional Competencies and Research units, and the completion of a research project.

The graduate unit offering the MPAS will be the Institute of Medical Science (IMS), an existing graduate unit within the Temerty Faculty of Medicine. It currently offers doctoral programs (MSc and PhD), a professional master's program in Biomedical Communication (MScBMC) based at the Mississauga Campus (UTM), and a Graduate Diploma in Health Research in partnership with the MD program. IMS is the ideal home for this program as its mandate is to "foster education and scholarship in the Clinical Departments of the Temerty Faculty of Medicine…special(izing) in translational research with a strong emphasis on bench-to-bedside clinical applications" and has experience offering a graduate program at a satellite campus (UTM). As part of this graduate unit, the MPAS will utilize existing mechanisms to ensure it aligns with the School of Graduate Studies policies and procedures, as well as divisional governance for all curriculum changes.

The majority of faculty required for the delivery of the MPAS curriculum are currently teaching in the BScPA program. MPAS faculty will receive a graduate faculty membership to IMS, in addition to their clinical faculty appointment to the University of Toronto, primarily to the Department of Family and Community Medicine, which is a clinical department in Temerty Medicine.

The program will be physically located at University of Toronto Scarborough campus, as part of the Scarborough Academy of Medicine and Integrated Health (SAMIH) and this will be the site of the in-person delivery of the program.

In addition to services provided by the IMS, School of Graduate Studies and central University of Toronto offices, MPAS students will have access to services provided by the Temerty Medicine Office of Learner Affairs (which is under the portfolio of the Vice Dean Medical Education). MPAS education leadership, faculty and administrative staff will have access to operational supports provided through the Vice Dean Medical Education portfolio, such as program evaluation and clinical teacher assessment advice and guidance. Faculty development will be supported by a Director, Faculty Development, Medical Education and the Centre for Faculty Development, both of which focus on faculty development for clinical faculty in health professions education programs. Faculty will also be able to access all resources offered through the Centre of Teaching Innovation and Support (CTSI).

The anticipated start date of the MPAS is September 2027, with an enrolment target of 85 students per year (i.e., 80 domestic students plus 5 Canadian Military) and an anticipated steady-state enrolment of 170 students in the MPAS by the 2028-29 academic year. The BScPA will suspend admissions effective for the Fall 2027 intake and onwards but will continue to be offered until the final cohort of BScPA students have graduated. A proposal to close the BScPA program will be submitted after Fall 2026.

In recognition of the growing need for more PAs in the Canadian healthcare system, new MPAS programs have been created throughout Canada. Four universities now offer MPAS programs, all outside of Ontario. McMaster University is the only other Ontario university with an undergraduate PA program, and it is actively working to transition from a bachelor’s to master’s degree, with an expected start date of Fall 2027. The proposed MPAS at the University of Toronto will be in alignment with the other Canadian PA education programs, collectively setting a higher bar for future PAs and their employers while advancing the national standards for PAs in Canada.

The BScPA currently offered by Temerty Medicine has a proven record of preparing graduates for success. At this juncture, transitioning from the BScPA to a professional master’s is both timely and essential to ensure the enduring strength of PA education at Temerty Medicine. Reimagining the program objectives and its corresponding curriculum at the master’s level addresses the evolving nature of the profession to become healthcare leaders, responsive and adaptive to the complexity of patient needs as well as a diverse and ever-changing ecosystem. As comparable institutions move in the same direction, the MPAS will allow the University of Toronto to remain competitive, draw outstanding applicants, and deliver a program of exceptional quality.

2 Effective Date and Date of First Review

Anticipated date students will start the program: September 1, 2027

First date degree program will undergo a UTQAP review and with which unit[1]: as early as Spring 2030 or as late as Fall 2033, under the Institute of Medical Science

3 Academic Rationale and Program Objectives

3.1 Program Objectives

- List the program's objectives.

The MPAS program will:

1. Provide a comprehensive education to prepare students to become competent Physician Assistants, able to provide excellent team-based patient-centred medical care, apply clinical reasoning and problem-solving, and adapt to changing environments and technologies across healthcare settings and specialties.
2. Provide a rigorous graduate level academic learning experience to prepare students for their future roles as leaders and scholars who will contribute meaningfully to health systems research, quality improvement initiatives, and scholarship in clinical and educational settings.
3. Promote lifelong learning by integrating scientific knowledge and scholarship with professional practice.
4. Graduate physician assistants who value and promote social accountability, team-based interprofessional collaboration, and patient-centered excellence in health care delivery.
5. Contribute to an equitable health system by preparing graduates who will provide culturally competent care in rural, remote and underserved communities in Ontario and beyond.

[1] Programs that are inter- and multidisciplinary must identify a permanent lead administrative division and identify a commissioning officer for future cyclical program reviews.

3.2 Academic Rationale

- Provide the academic rationale for the proposed program.
- Discuss the appropriateness of degree or diploma nomenclature given the program's objectives.
- Discuss the consistency of the program's objectives with the institution's mission and U of T's/the division's/unit's academic plans, priorities and commitments, including consistency with any implementation plans developed following a previous review.
- Evidence that the following have been substantially considered in the context of developing the changes to the program and its associated resources:
  - Universal design principles and/or the potential need to provide mental or physical disability-related accommodations, reflecting the University's Statement of Commitment Regarding Persons with Disabilities.
  - Support for student well-being and sense of community in the learning and teaching environment, reflecting the work of the Expert Panel on Undergraduate Student Educational Experience and the commitment to establishing a Culture of Caring and Excellence as recommended by the Presidential and Provostial Task Force on Student Mental Health.
  - Opportunities for removing barriers to access and increasing retention rates for Indigenous students; for integrating Indigenous content into the curriculum in consultation with Indigenous curriculum developers; and for addressing any discipline-specific calls to action, reflecting the commitments made in Answering the Call: Wecheehetowin: Final Report of the Steering Committee for the University of Toronto Response to the Truth and Reconciliation Committee of Canada (PDF).
  - Opportunities for removing barriers to access and increasing retention rates for Black students; for promoting intersectional Black flourishing, fostering inclusive excellence and enabling mutuality in teaching and learning, reflecting the commitments made in the Scarborough Charter and consistent with the recommendations of the Anti-Black Racism Task Force Final Report.
  - Opportunities for fostering an equitable, diverse and inclusive teaching and learning environment, reflecting the values articulated in existing institutional documents such as the Statement on Equity, Diversity, and Excellence, the Antisemitism Working Group Final Report, the aforementioned reports, and future institutional reports related to equity, diversity and inclusion.
- Unique curriculum or program innovations, creative components, significant high impact practices, where appropriate.

The role of the PA in Canadian health care is rapidly evolving, and the educational requirements needed to support this growing role requires a graduate-level program. Given the clinical role of PAs in the health care system as well as the expectation that they meaningfully contribute to health advances, achieve leadership positions in hospitals and community health care settings, and successfully advocate for the diverse patient populations they serve, a professional master's is the most appropriate degree designation.

While PAs are relatively new to the Canadian Health Care system, they have rapidly become an integral part of health services providing high quality patient care. Their role in health care has significantly evolved over 17 years since the opening of the first Canadian university education program in 2008. In addition to their role as excellent clinicians, PAs are increasingly contributing to healthcare innovation, interprofessional team collaboration, leadership roles and advancing health knowledge and treatment advances within their communities of practice.

CanMEDS-PA, which is a national competency framework for PAs, outlines the competencies PAs are expected to have, organized according to seven roles: Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar and Professional. Its purpose is to provide a standardized framework for the education, training and evaluation of PAs across Canada. As the PA role continues to evolve and grow in Canada, the training and education of PAs must reflect the high-level performance expectations articulated in the CanMED-PA framework and appropriately equip PAs with the necessary knowledge and skills.

The *Scholar* role in CanMEDS-PA emphasizes contributions to the creation, dissemination, application and translation of clinical knowledge as integral to PA education and practice and is particularly relevant to the positioning of the MPAS as a graduate-level program. More specially, the CanMEDS-PA Scholar role describes PAs' commitment to evaluating evidence and applying translation of medical knowledge. Translational medicine involves bridging the gaps between discoveries in clinical and laboratory sciences to patient care, including diagnostics, treatment, and prevention. While PAs have long excelled at the bedside, the new era of PA education requires preparing students to span both sides of the translational bridge – both the research aspects and the application of findings to the patient setting. As a professional master's program, the MPAS will enable and support the education of PAs who demonstrate excellence in both sides of knowledge translation.

Additionally, the *Manager* role in the CanMEDS-PA framework was updated to *Leader* in 2015. This change was made to emphasize the leadership skills needed by PAs to contribute to the shaping and continuous improvement of healthcare systems. PAs are expected to work within their teams *as leaders* to support sustainable practice and support decision-making around allocation of finite resource. This is done, in large part, through engagement with health systems scholarship and research. Along with the *Scholar* role, the expectations expressed through the *Leader* role underline the need for PAs to have master's-level research and scholarship skills to support the continuous improvement of healthcare systems.

Finally, the Entrustable Professional Activities for Physician Assistants (EPA-PA) framework is designed to outline tasks that a PA is expected to perform proficiently in day-to-day practice. EPA 12 is: *Integrates continuing professional and patient quality improvement, life-long learning, and scholarship*. The MPAS will provide students with the foundational knowledge and skills they need to achieve all areas of their professional competency framework, clinically as well as in the integration of scholarship and quality improvement.

In recognition of evolving expectations of PAs, the MPAS is designed to produce adaptable, knowledgeable, lifelong learners who can thrive in new and evolving healthcare delivery models, contribute to the advancement of scholarship within the PA profession, and to take on leadership roles in driving continuous improvement in healthcare delivery.

"Master of Physician Assistant Studies" is the name applied to all existing master's level PA programs in Canada, as well as many such programs in the United States. It is the common degree currency across North America, making it easily identifiable for prospective students, potential employers, healthcare academics nationally and internationally, and other stakeholders.

The MPAS will utilize innovative and comprehensive curriculum to ensure that graduates are both clinically proficient and capable of thriving in challenging and complex healthcare settings with compassion, scientific rigour and adaptability. Further, MPAS graduates will be prepared to serve diverse communities, advance patient care, and contribute meaningfully to the transformation of health systems locally and across Canada.

Transitioning from a BScPA to a master's-level program is supported by the recent cyclical (UTQAP) review of the current BScPA program. As stated in the September 2025 External Review Report:

> '*The PA program is already well positioned to transition to a Master level program with the program applicants nearly all already having bachelor degrees.*
>
> *The standard for PA education in the United States is a Master level education and the standard in Canada is transitioning to a Master level. There are currently four PA programs in Canada at a Master level and two at a Bachelor level. Additionally, comparable professions in Canada such as physical therapy, pharmacology, etc., are already graduate level degrees.'*

The external reviewers noted that the program is well positioned to transition to a master's-level credential, as most applicants already hold bachelor's degrees. As detailed below and throughout this proposal, that transition aligns with national and international trends and is supported by BScPA faculty.

With respect to national trends, the Canadian educational landscape is undergoing a significant change in PA training. For several decades, there were three PA education programs in Canada: a master's level program in Manitoba and two bachelor's level programs in Ontario, at McMaster and University of Toronto. Since 2024, the number of Canadian PA education programs has doubled, with new programs opening in Alberta, Nova Scotia and Saskatchewan, all at the master's level. McMaster is actively working to transition its program from a bachelor's to master's degree, with an anticipated start date of Fall 2027.

The expected standard of PA training in Canada is clearly evolving, informed by shifting expectations of PAs in practice that are better aligned with graduate-level training, specifically through professional master's degree programs. This proposal will position Temerty Medicine's PA education program as a competitive and attractive option for future applicants and maintain the competitive excellence that the University of Toronto is known for. As articulated in the University of Toronto Statement of Institutional Purpose, the University's mission is grounded in being "committed to being an internationally significant research university, with undergraduate, graduate and professional programs of excellent quality." The MPAS is in alignment with this mission as it embeds advanced research literacy, scholarly inquiry, and evidence generation and translation within a graduate-level professional curriculum, preparing graduates to

contribute to the creation, dissemination, and application of health knowledge and to strengthen research-informed healthcare practice and system improvement.

An important feature of the MPAS is its alignment with Temerty Medicine's commitment to social accountability, as expressed in its guiding vision (Academic Strategic Plan 2018–2023):

> *Our learners, graduates, faculty, staff and partners will be an unparalleled force for new knowledge, better health and equity.*
>
> *We will cultivate and bring to life ideas that impact scholarship and society through unprecedented collaboration drawing in the diverse voices of our research, learning and clinical network.*

This commitment to social accountability was foundational to the establishment of the original BScPA program, which focused on promoting PA practice in rural, remote and underserved communities to increase access to quality healthcare for these populations. Over the past 14 years, many of the BScPA graduates have chosen to work in rural and remote communities.

The MPAS will continue this social accountability mission by enabling students to complete much of their training in their home setting and by exposing its students to rural, remote, and northern communities. Given that health professionals typically choose to practice where they train, graduates of the MPAS program may be more likely to pursue practices over these broad geographical settings, significantly enhancing healthcare availability across the province.

The hybrid mode of delivery of the MPAS aligns with and supports the program's social accountability mission by enabling students to live in the locations of their clinical placements, rather than requiring them to move to and live in Toronto full-time regardless of the location of their clinical placements. Simultaneously, the program's commitment to social accountability is not limited to rural and remote communities. There are many underserved communities in urban settings, including Scarborough, which informed the physical relocation of the BScPA program to the Scarborough Academy of Medicine and Integrated Health (SAMIH), which will also be the physical home of the MPAS. The eastern Greater Toronto Area (GTA) has been underserved as compared to provincial averages for many years. SAMIH reflects the University of Toronto Scarborough's strategic theme of "Inspiring Inclusive Excellence" and will help

boost the eastern GTA's healthcare capacity by training the next generation of healthcare professionals within the community.

The MPAS is also aligned with Temerty Medicine's commitment to Equity, Diversity, and Inclusion. This alignment recognizes that excellence in medical education cannot be achieved without creating an environment where all students feel respected, supported, and empowered. In Temerty Medicine's 2018 Strategic Plan, one of the three identified strategic domains is "Excellence through Equity" with one of the corresponding objectives to "Embed principles of equity and inclusion into curricula and teaching across the Faculty to create a safe and healthy learning environment for all." MPAS is both a framework for academic and professional standards and a vehicle for advancing inclusive practices. By incorporating EDI principles into its expectations, the MPAS ensures that students are assessed and supported in ways that recognize diverse experiences, reduce systemic barriers, and foster belonging.

Development of the MPAS curriculum included an intentional integration of an anti-oppressive framework that challenges students to critically examine the biopsychosocial components of every clinical case, including consideration of how power, privilege, and social structures impact health outcomes. This is supported through the integration of Equity, Diversity, Inclusion, and Anti-oppression principles throughout the fabric of the MPAS curriculum, rather than reliance on standalone lectures, to foster a continuous and critical lens. This sustained critical conversation across multiple sections and clinical topics will help ensure that discussions of identity – including race, gender, and sexuality – are not siloed but rather are recurring themes that enrich core medical content. To further embed these principles throughout the MPAS curriculum, case-based scenarios featuring virtual patients from diverse backgrounds will be deployed, including those with disabilities or specific cultural beliefs that necessitate culturally aware and adaptable management plans. Finally, this commitment will be systematized through an annual unit review process, where faculty are specifically tasked with identifying, articulating, and enhancing both new and existing curriculum components that are viewed through an explicit EDI lens, ensuring our approach remains dynamic, reflective, and ever evolving.

Recognizing that recruitment approaches for underrepresented populations must begin early, the MPAS will participate in various student outreach activities organized by the Temerty Medicine Office of Access and Outreach. These outreach activities include:

- The Summer Mentorship Program (SMP), which gives high school students in grades 10-11 who self-identify as Indigenous or Black African, Black Caribbean,

Black North American, multi-racial students who have and identify with their Black ancestry, a chance to explore health sciences at the University of Toronto. Through the SMP, participants learn about the PA profession, meet current PA students and alumni, and receive mentorship to map their educational path forward.

- The Community of Support (COS), which is offered in collaboration with several faculties of medicine across Canada. The COS supports prospective students facing systemic barriers on their journeys to enter medical education, basic sciences, the physician assistant program and rehabilitation sciences programs. This includes individuals who identify as Indigenous, Black, Filipino, Latin American, and students that face financial barriers, and/or self-identify as having a disability, and/or are non-traditional applicants (e.g., mature students).

Additionally, broad recruitment strategies will continue to include outreach at annual school fairs at the University of Toronto Scarborough and Mississauga campuses, Toronto Metropolitan University, Queen's University, and Waterloo University.

4 Academic Calendar Copy

The highlighted text indicates the new calendar entry for the MPAS program.

Faculty Affiliation

Medicine

Degree Programs

Biomedical Communications

MScBMC

Fields:

Biomedical Media Design;
Biomedical Visualization Design

Medical Science

MSc and PhD

Fields:

Bioethics;
Biomedical Science;
Clinical Science;
Health Professions Education;

Population Health/Health Services;
Radiation Oncology

Physician Assistant
MPAS

Diploma Programs
Graduate Diploma in Health Research
GDipHR

Overview
The Institute of Medical Science (IMS) was established to foster education and scholarship in the Clinical Departments of the Faculty of Medicine. IMS specializes in translational research with a strong emphasis on bench-to-bedside clinical applications. Degree candidates have the opportunity to conduct research in one of four training areas: bio-medical science; clinical science; health systems and services; and population health. Graduates have been appointed to positions as academics and health-care professionals in universities, government, and industry.

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Master of Physician Assistant Studies
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Master of Physician Assistant Studies (MPAS)

Program Description
The University of Toronto is committed to shaping the future of the Physician Assistant profession in Canada by equipping graduates with the competencies essential for building a sustainable and impactful workforce and promote leadership and scholarship skills to advance the profession and enhance healthcare systems. This is an accredited program (Accreditation Canada) and ensures every graduate is highly qualified and prepared to meet the evolving demands of complex and advanced healthcare.

The nature of this graduate program equips trainees to apply their knowledge to complex decision-making, to serious medical and ethical issues, and to develop a strong sense of personal accountability and intellectual rigour. This program will provide students with content expertise and essential practical skills to address complex clinical problems within a collaborative healthcare environment and make evidence-based judgements during their clinical practise. Graduates of this program will be well

prepared to apply and contribute to healthcare knowledge and skills through scholarly inquiry and professional development.

This program has a hybrid mode of delivery with a mix of online units and in person units located at the University of Toronto Scarborough campus. Year 1 includes 6 weeks of in-person campus block sections split into 3 periods, 40 weeks of online learning and 40 hours of longitudinal clinical experiences, based in Ontario, dispersed throughout all semesters. Year 2 has 3 weeks of campus block sections, divided into 2 (one 1 week and one 2 week) blocks plus 44 weeks of in-person clinical placements located in Ontario and additional on-line units dispersed throughout second year. Students are required to participate full-time, and attendance is mandatory for all components of the curriculum, regardless of delivery (i.e., a mix of online and in-person). Employment, while enrolled in this program is strongly discouraged.

Minimum Admission Requirements

- Applicants are admitted under the General Regulations of the School of Graduate Studies. Applicants must also satisfy the additional admission requirements stated below
- Canadian Citizenship or Permanent Resident Legal Status required
- A four-year bachelor's degree from a recognized university with a minimum 3.0 cumulative GPA. Candidates may apply in their final year of their four-year university degree, provided they have completed the prerequisite course requirements and provide proof of completion of the degree requirement no later than June 30 of the application year.
- Required undergraduate courses in human anatomy (min 0.5 FCE) and human physiology (min 0.5 FCE)
- Minimum of 350 hours of prior health care experience (PHCE). All forms of PHCE are considered toward the minimum requirement and can be obtained through employment, clinical placements as part of health care educational programs, or as a volunteer. Applicants are expected to provide information on up to two healthcare experiences.
- Supplemental application: In addition to responses to the questions in the online admissions application, applicants are required to submit a Supplemental Part A that includes 6 sections: 1) Additional Personal Information, 2) Healthcare Experience, 3) Information Technology, 4) Declaration of Professional Misconduct, 5) Travel/Accommodations Terms & Conditions, 6) Self-Declarations
- Three letters of reference: Referees must be professionals who have known the applicant for a minimum of 3 months; at least one must have been in a

supervisory capacity in a professional setting with the applicant, and one must have knowledge of the applicant's prior healthcare experience.

- Applicants whose primary language is not English and who graduated from a university where the language of instruction and examination was not English must demonstrate proficiency in the English language through the successful completion of one of the following English language proficiency tests:
  - **Test of English as a Foreign Language (TOEFL):**
    - a minimum score of 600 on the paper-based test and 5 on the Test of Written English (TWE); or
    - a minimum score of 100 on the Internet-based test and 25 on the writing and speaking sections.
  - **International English Language Testing System (IELTS):** minimum overall score of 7.5 with at least 6.5 in each component.
  - **Certificate of Proficiency in English (COPE):** minimum total of 86 with a minimum writing score of 32, reading score of 22, and listening score of 22. Test of Oral Proficiency assessment band = 7.
- Prior to starting the program, a satisfactory vulnerable sector screening (VSS) police check is required prior to having direct contact with patients. Without proof of a satisfactory VSS, placements will not allow students to participate in clinical settings
- Short-listed applicants will be invited and are required to attend Multiple Mini Interviews (MMI), virtually. The MMI will include a Supplemental Part B, which consists of 4 personal questions that address key competencies: Knowledge of the profession, Ambition/Drive, Teamwork & Collaboration, and Advocacy. Applicants will answer these questions in real time, on the MMI platform.

Program Requirements

- **Coursework**: Students must complete 6.0 full-course equivalents (FCEs) including:
  - MSC5001H, Medical Foundations 1
  - MSC5002H, Medical Foundations 2
  - MSC5003H, Medical Foundations 3
  - MSC5011H, Physician Assistant Scholar (Physician Assistant Professional Competencies) 1
  - MSC5012H, Physician Assistant Scholar (Physician Assistant Professional Competencies) 2
  - MSC5013H, Physician Assistant Scholar (Physician Assistant Professional Competencies) 3

    - MSC5014H, Physician Assistant Scholar (Physician Assistant Professional Competencies) 4
    - MSC5015H, Physician Assistant Scholar (Physician Assistant Professional Competencies) 5
    - MSC5016H, Physician Assistant Scholar (Physician Assistant Professional Competencies) 6
    - MSC5021H, Clinical & Procedural Skills (CPS) 1
    - MSC5022H, Clinical & Procedural Skills (CPS) 2
    - MSC5023H, Clinical & Procedural Skills (CPS) 3
- **Research Project**: Students must complete 6 research units (3.0 FCEs):
    - MSC5031H, Research (Physician Assistant Research) 1
    - MSC5032H, Research (Physician Assistant Research) 2
    - MSC5033H, Research (Physician Assistant Research) 3
    - MSC5034H, Research (Physician Assistant Research) 4
    - MSC5035H, Research (Physician Assistant Research) 5
    - MSC5036H, Research (Physician Assistant Research) 6
- **Clinical Units**: Students must complete 10 clinical placements (1.5 FCEs):
    - MSC5041H, Clinical Unit 1
    - MSC5042H, Clinical Unit 2
    - MSC5043H, Clinical Unit 3
- Given that all longitudinal clinical experiences, dispersed throughout first year, and all clinical placements in second year, are based in Ontario,students must reside in Ontario for the duration of the program

Mode of Delivery: Hybrid
Program Length: 6 sessions full-time (typical registration sequence: FWS-FWS)
Time limit: 3 Years

5 Rationale for Program as Designed

5.1 Rationale for Admission Requirements

- Discuss the appropriateness of the program's admission requirements as they are articulated in the calendar entry above, given the program's objectives and program-level learning outcomes.
- Provide a sufficient explanation of alternative requirements, if applicable, for admission into a graduate, second-entry or undergraduate program, e.g., minimum

grade point average, additional languages or portfolios, and how the program recognizes prior work or learning experience.

Admissions

The MPAS application process is aligned with the other Canadian PA graduate programs and upholds the University of Toronto admission application expectations. All MPAS entrance requirements and admission procedures will be posted on the program's website, with a link to the IMS graduate unit. Applicants will upload their application via the School of Graduate Studies (SGS) application platform (GradApp). The program admissions office will receive and review applications through the MPAS Admissions and Selection Committee.

The MPAS Admissions and Selection ("A&S") committee initiates and implements policies and procedures with respect to the selection and admission of all applicants to the program. Any changes to admission and program requirements will be subject to divisional governance as outlined for such minor modifications for graduate programs in Temerty Medicine. The committee considers program objectives and learning outcomes to ensure appropriate admissions requirements reflect the level expected of students entering the program. The committee also considers processes that provide an equitable experience for applicants. The committee establishes processes for application file review, interviews, and ultimately reviews and approves the selection of applicants to the program.

Admission Requirements Rationale

Below is the rationale for each admission requirement (in italics), in the order it appears in the SGS Calendar entry. These requirements are similar to those asked in the BScPA but have been raised to reflect SGS Minimum Standards or higher.

1. *Applicants are admitted under the General Regulations of the School of Graduate Studies. Applicants must also satisfy the additional admission requirements stated below* – this is a similar requirement across all graduate programs
2. *Canadian Citizenship or Permanent Resident Legal Status required* - At this time, the program will pilot with only domestic students and reconsider admissions of international students at a later date.
3. *A four-year bachelor's degree from a recognized university with a minimum 3.0 cumulative GPA.. Candidates who apply in the final year of their four-year university degree, must complete the prerequisite course requirements (see below) and*

provide proof of completion of the degree requirement no later than June 30 of the application year - This requirement is consistent with all other Canadian MPAS programs and reflects the academic demands of the curriculum. Students are more likely to succeed if they have demonstrated prior academic success through a higher GPA. It is well-established in the medical education literature that the best predictor of academic success is prior academic success[2,3,4]. Due to the rigorous academic nature of the MPAS program, students with higher GPAs will be best positioned to meet the academic demands of the program. Given that the program is new, it will start by using the minimum GPA of 3.0 and reassess this requirement before its external review (2030) to determine if it needs to be adjusted.

4. *Applicants whose primary language is not English and who graduated from a university where the language of instruction and examination was not English must demonstrate proficiency in the English language through the successful completion of one of the following English language proficiency tests:*
    a. ***Test of English as a Foreign Language (TOEFL):*** *a minimum score of 600 on the paper-based test and 5 on the Test of Written English (TWE); or a minimum score of 100 on the Internet-based test and 25 on the writing and speaking sections.*
    b. ***International English Language Testing System (IELTS):*** *minimum overall score of 7.5 with at least 6.5 in each component.*
    c. ***Certificate of Proficiency in English (COPE):*** *minimum total of 86 with a minimum writing score of 32, reading score of 22, and listening score of 22. Test of Oral Proficiency assessment band = 7.*

    This aligns with IMS standards.

5. *Undergraduate courses in human anatomy (min 0.5 FCE) and human physiology (min 0.5 FCE)* – The rationale for this requirement is that students with this academic background typically have a solid understanding of the human body's structure (anatomy) and function (physiology). Students lacking this foundational knowledge will likely be at an academic disadvantage and struggle with the intensity, volume and pace of the graduate level curriculum. Based on past experiences in the

[2] Donnon, T., Paolucci, E. O., & Violato, C. (2007). The Predictive Validity of the MCAT for Medical School Performance and Medical Board Licensing Examinations: A Meta-Analysis of the Published Research. *Academic Medicine*, *82*(1), 100–106. https://doi.org/10.1097/01.ACM.0000249878.25186.b7
[3] Jaehn, M., Hissbach, J., Frickhoeffer, M., Weppert, D., Zimmerhofer, A., Hampe, W., Kadmon, M., & Becker, N. (2025). Predictive validity of admission tests and educational attainment on preclinical academic performance – a multisite study. *BMC Medical Education*, *25*(1), Article 1255. https://doi.org/10.1186/s12909-025-07974-2
[4] Julian, E. R. (2005). Validity of the Medical College Admission Test for Predicting Medical School Performance. *Academic Medicine, 80* (10), 910-917.

BScPA program, students lacking these courses were most likely to experience academic difficulty.

6. *Minimum of 350 hours of prior healthcare experience (PHCE). Applicants are expected to provide information on up to two healthcare experiences. All forms of PHCE experiences are considered toward this minimum requirement and can be obtained through employment, clinical placements as part of healthcare educational programs, or as a volunteer.* Many PA programs in North America require PHCE. This requirement relates to the historical development of the PA profession as an advanced training program for healthcare providers. PA programs are intensive and clinically focused. The rational for this requirement relates to the relatively short duration and condensed clinical training of PA education, and the benefits of a baseline familiarity with the clinical environment and patient care.
7. *Supplemental application* - These six sections in Supplemental Part A provide the admissions committee a fuller picture of the applicant's suitability for the program. *Additional Personal Information* provides context about background and motivations, similar to what a letter of intent would do, while *Healthcare Experience* provides a detailed description and verification of the required prior healthcare experience. *Declaration of Professional Misconduct* ensures transparency and ethical standards, and *Travel/Accommodations Terms & Conditions* confirms the applicant's ability to meet program requirements involving travel or relocation (i.e. to attend campus blocks, clinical placements). Together, these sections assess applicant preparedness, integrity, and adaptability beyond the basic application. *Information Technology* confirms applicants' understanding of distance learning, and their access to necessary computer requirements.
8. *Three letters of reference* - Although the SGS minimum is 2 letters of reference, asking for three letters of reference instead of two, and from specific types of individuals, provides a broader and more balanced view of the applicant's strengths, ensuring the committee sees multiple perspectives.
9. *Prior to starting the program, a satisfactory vulnerable sector screening (VSS) police check is required prior to having direct contact with patients. Without proof of a satisfactory VSS, placements will not allow students to participate in clinical settings.* - PA students will interact with patients during clinical placements, including children, elderly individuals, and people with disabilities or serious illnesses. A VSS ensures that individuals entering the program do not pose a risk to these populations.
10. *Short-listed applicants will be invited and are required to attend Multiple Mini Interviews (MMI)* – MMIs are a structured interview format widely used in admissions for healthcare programs such as medicine and nursing. This typically consists of a

series of short, timed sessions that deal with a scenario or question. Each session is approximately 5-10 minutes and are used to assess non-academic qualities such as professionalism, ethical judgement, and empathy. MMIs have been conducted across the globe in the student selection process, particularly in health profession education. In a systematic review of the validity evidence for the use of MMIs in various educational settings, it was found that the "content, response process and internal structure of MMI" was well supported by the evidence. "The evidence shows that MMI is a non-biased, practical, feasible, reliable and content-valid admission tool."[5] The Supplemental Part B that is integrated into the MMI provides more depth into applicants' understanding of key competencies.

5.2 Rationale for Program Structure

5.2.1 All New Programs

In a **single** response, please discuss the new program requirements, by considering the program relative to the following criteria:

- Discuss the appropriateness of the program's structure and requirements as stated in the calendar to meet its objectives and program-level learning outcomes, including the structure and requirements of any identified streams (undergraduate), fields or concentrations (graduate). Please include a discussion of the program's planned/anticipated class sizes.
- Appropriateness of the program's structure, requirements and program-level learning outcomes in meeting the institution's applicable undergraduate or graduate Degree Level Expectations
- State the proposed mode(s) of delivery of the program. Discuss the appropriateness of the mode(s) of delivery (i.e., means or medium used in delivering a program, e.g., lecture format, distance, online, synchronous/asynchronous, problem-based, compressed part-time, flexible-time, multi-campus, inter-institutional collaboration or other non-standard forms of delivery) to facilitate students' successful completion of the program-level learning outcomes.
- Discuss the ways in which the curriculum addresses the current state of the discipline or area of study and is appropriate for the level of the program.

[5] Yusoff MSB. Multiple Mini Interview as an admission tool in higher education: Insights from a systematic review. J Taibah Univ Med Sci. 2019 May 10;14(3):203-240

The MPAS is structured to provide the fundamental knowledge and skills needed for clinical excellence, but also nurture the curiosity and innovation required for scientific advancement and the confidence and capacity to contribute to leadership within any healthcare community. Consistent with the advanced academic expectations of a graduate degree, MPAS graduates will be prepared to serve diverse communities with excellence, with the expectation to advance patient care and contribute meaningfully to the transformation of health systems both locally and across Canada.

The program's design, requirements, delivery, and assessment strategies are directly aligned with both its specific learning outcomes and the Graduate Degree Level Expectations (DLEs), ensuring graduates are prepared as evidence-informed and practice-ready healthcare providers.

1. Appropriateness of Structure and Requirements to Meet Objectives and Learning Outcomes

The program's two-year, sequenced structure as a professional master's program is appropriate for achieving its objectives. Year 1 establishes a robust academic foundation, beginning with basic medical sciences and progressively building integrated knowledge in pathology, pharmacology, and clinical reasoning through problem-based and case-based learning. This spiral and scaffolded curriculum design, where concepts are revisited at increasing levels of complexity and delivered in manageable units, ensures foundational knowledge is securely supported before advancing to application. The strategic integration of key clinical assessments – from history-taking in Year 1, Semester 1 to comprehensive patient assessment and case presentation by the end of Year 1, Semester 3 – systematically prepares students for the clinical immersion of Year 2.

In Year 1, principles of qualitative and quantitative research, evidence-based medicine, and quality improvement will provide a foundational understanding for more advanced concepts of basic research statistics, data analysis, and knowledge translation. Mid-way through Year 1, students begin working in groups on their team-based research projects. In Year 2, students apply their research knowledge to complete their group project, submit a written paper, and present a poster on their findings.

Year 2 focuses on in-person clinical learning, featuring ten clinical placements across diverse settings and specialties in Ontario. These include 7 core placements: 2 in family medicine, and 1 in each of surgery, internal medicine, pediatrics, psychiatry, emergency medicine, and 3 elective placements, to ensure comprehensive exposure to the scope of PA practice.

Year 1 of the program is comprised of 4 units spanning all 3 semesters. Each unit, in turn, will be comprised of a number of integrated sections (courses). The four units are:

1) Medical Foundations (MF)
2) Clinical and Procedural Skills (CPS)
3) PA Professional Competencies (PAPC)
4) PA Research (PAR)

The program's structure and outcomes are explicitly designed to meet the DLEs. The research project requirements directly address Depth and Breadth of Knowledge and Research and Scholarship, demanding a mastery of the discipline and a contribution to its knowledge base. The complex clinical case analyses, problem-based learning, and the application of theoretical knowledge to real world patient care during clinical placements demonstrate advanced Application of Knowledge. The emphasis on interprofessional education, collaborative practice, and professional identity formation cultivates the Professional Capacity/Autonomy and Communication Skills expected of a graduate-level professional. Finally, the program's focus on the evolving role of PAs within the healthcare system and the critical analysis of clinical evidence prepares students to be active contributors to the future of the profession.

The Program curriculum is mapped to align with the nationally recognized CanMEDS-PA[6] and EPA-PA[7] professional competency frameworks to ensure all learning outcomes are met and graduates are competent in the full range of PA roles and entrustable professional activities required for entry-to-practice.

The program curriculum utilizes both in-person and virtual education modalities. Year 1 combines 6 weeks of in-person campus block sections split up into 3 periods (e.g., hands-on clinical skills), and 40 weeks of online synchronous learning dispersed between the campus blocks and 40 hours of longitudinal clinical experiences spread throughout the year. Year 2 has 44 weeks of in-person clinical placements, plus 3 weeks of campus block sections, divided into 2 (one 1 week and one 2 week) focusing on simulation training and interprofessional education curriculum. The online portion is comprised of synchronous sessions such as interactive discussions, workshops, and asynchronous learning (e.g., self-directed modules, recorded lectures) to deliver foundational content. The in-person campus block sections will take place at the UofT Scarborough campus. Each campus block is 1-3 weeks in duration, dispersed

[6] CanMEDS-PA. Ottawa, Ontario: Canadian Association of Physician Assistants; 2015.
[7] Jones I, Burrows, K., Nickell, L., Millham, A. Canadian Physician Assistant Competency Framework: Canadian EPA-PA. 2021

throughout the 2-year curriculum, and provides essential hands-on skills training, simulation, high-stakes competency assessments, and promotes the development of our future PAs' professional identity. Please refer to **Appendix E: MPAS Program at a Glance** for more details.

The majority of the curriculum will align with the SGS start and end dates of the academic year. However, the following courses listed below (by term) will be off-cycle extended courses.

- Year 1, Term 3: Medical Foundations 3 (MSC5003H), Clinical and
- Procedural Skills 3 (MSC5023H), PA Professional Competencies 3, (MSC5013H), and PA Research 3 (MSC5033H)
  - These course will start in YR 1, Term 2 (Winter) and extend into YR 1, Term 3 (Summer)
  - Grades will be posted in YR 2, Term 3 (Summer)
- Year 2, Term 5: Placement 7 (within Clinical Unit 2, MSC5024H)
  - This course will start YR 2, Term 5 (Winter) and extend into YR 2, Term 6 (Summer)
  - Grades for MSC5024H (Clinical Unit 2, which includes Placements 4 - 7) will be posted in YR 2, Term 6 (Summer)
- Year 2, Term 5: PA Professional Competencies 5 (MSC5015H) and PA Research 5 (MSC5035H)
  - These courses will start YR 2, Term 5 (Winter) and extend into YR 2, Term 6 (Summer)
  - Grades will be posted in YR 2, Term 6 (Summer)

The start dates for these off-cycle courses will be the same year to year. As this is a cohort-based structured graduate program, MPAS program administrators will enrol students into all courses each year (i.e., students do not choose courses). Using similar program resourcing (at the bachelor's level), the MPAS program will be responsible for this activity and as well as tracking student progress using ROSI and other available tools, as necessary.

This multi-modal educational delivery approach is ideal for a program that recruits students from across Ontario and other provinces, providing accessible education to those living in rural or remote communities, without sacrificing the essential experiential educational elements. Delivery in Year 2 consists primarily of in-person clinical placements across Ontario. A placement-based second year is the gold standard for PA clinical education in Canada. The integration of protected virtual academic half-days

and longitudinal research education units throughout the clinical year ensure continuous scholarly development and connection to academic faculty, allowing students to integrate their practical clinical experiences with theoretical and academic knowledge, thereby reinforcing learning outcomes.

The curriculum directly addresses the current state and future directions of the PA profession in Canada. Its alignment with the national professional competency standards, the CanMEDS-PA[8] and EPA-PA[9] frameworks, ensures graduates are ready to enter PA practice. The focus on interprofessional collaboration and the intentional design of clinical placements, where PA students often learn alongside other healthcare learners, such as medical students and residents, mirrors the real-world, collaborative model of modern healthcare delivery.

By delivering master's-level research education, including completion of a research project, the MPAS will meet the evolving expectations of the profession, producing graduates who are not only skilled clinicians, but also critical consumers of research and contributors to scholarship and evidence-based practice. This further aligns with the trend toward advanced academic credentials for PA education globally, as well as many other healthcare professions. The curriculum is therefore entirely appropriate for the master's level, balancing intense clinical preparation with the scholarly rigor expected of a graduate degree.

Program Learning Outcomes (PLOs)[10]

PLO 1 - Practices patient-focused, safe, ethical, professional, and culturally competent medical care across the healthcare continuum
PLO 2 - Obtains histories and performs physical examinations, demonstrating the clinical judgement appropriate to the clinical situation.
PLO 3 - Formulates clinical questions and gathers required clinical evidence to advance patient care and communicates those results to the patient and medical team.
PLO 4 - Formulates and prioritizes comprehensive differential diagnoses.
PLO 5 - Develops and implements patient-centered, evidence-based treatment plans within the formalized physician, clinical team and caregiver relationship.

[8] CanMEDS-PA. Ottawa, Ontario: Canadian Association of Physician Assistants; 2015.
[9] Jones I, Burrows, K., Nickell, L., Millham, A. Canadian Physician Assistant Competency Framework: Canadian EPA-PA. 2021.
[10] Note that PLO 1 to 12 reflect the Canadian national Entrustable Professional Activities for PAs, which is one of the two nationally recognized professional competency frameworks for PAs. PLO 13 and 14 are added to reflect the graduate level components of the MPAS program.

PLO 6 - Accurately documents the clinical encounter incorporating the patient's goals, caregiver goals, decision-making, and reports into the clinical record.
PLO 7 - Collaborates as a member of an inter-professional team in all aspects of patient care including transition of care responsibility.
PLO 8 - Recognizes a patient requiring immediate care, providing the appropriate management and seeking help as needed.
PLO 9 - Plans and performs procedures and therapies for the assessment and the medical management appropriate for general practice.
PLO 10 - Engages and educates patients on procedures, disease management, health promotion, wellness, and preventive medicine.
PLO 11 - Recognizes and advocates for the patient concerning cultural, community, and social needs in support of positive mental and physical wellness.
PLO 12 - Integrates continuing professional and patient quality improvement, lifelong learning, and scholarship.
PLO 13 – Identifies educational and health-related topics requiring further study and/or advancement, relevant to real-word issues, including quality improvement initiatives, patient safety issues, clinical topics, health systems gaps, and medical education research.
PLO 14 – Applies appropriate qualitative, quantitative, mixed-methods, or quality improvement approaches to plan, execute, and present a team-based research project, demonstrating knowledge translation skills to communicate findings as a scholarly work.

Table 1: Degree Level Expectations, Program Learning Outcomes and Requirements

Master's DLEs (Based on the Ontario Council of Academic Vice-Presidents [OCAV])	**Master's Program Learning Outcomes**	**How the Program Design/Structure of the Required Courses and Other Learning Activities Supports the Achievement of Program Learning Outcomes**
1. Depth and Breadth of Knowledge A systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of the academic discipline, field of study or area of professional practice.	PLO 2 - Obtains histories and performs physical examinations, demonstrating the clinical judgement appropriate to the clinical situation. PLO 3 - Formulates clinical questions and gathers required clinical evidence to advance patient care and communicates those results to the patient and medical team. PLO 4 - Formulates and prioritizes	The MPAS is structured to ensure graduates achieve a systematic understanding of medical knowledge, paired with a critical awareness of current clinical problems and emerging insights at the forefront of PA practice. This is accomplished through a comprehensive, integrated, spiral curriculum model, including didactic methods, clinical and procedural simulations, and bedside clinical experiences that align directly with key Program Learning Outcomes. The Medical Foundation units contain the core themes in advanced human anatomy and physiology, pathophysiology, clinical and laboratory medicine, and pharmacotherapeutics. These topics provide the comprehensive scientific and clinical frameworks required for understanding and application in the field of clinical medicine. These units are sequenced to build complexity, enabling students to master medial knowledge through an interactive and case-based clinically focused curriculum in year 1. Discrete sections start with basic medical science, progressing developmentally to a system-based approach, and culminating in medical specialty focused clinical learning in the core clinical specialties. (PLO 3, PLO 4, PLO 5)

Master's DLEs (Based on the Ontario Council of Academic Vice-Presidents [OCAV])	**Master's Program Learning Outcomes**	**How the Program Design/Structure of the Required Courses and Other Learning Activities Supports the Achievement of Program Learning Outcomes**
	comprehensive differential diagnoses. PLO 5 - Develops and implements patient-centered, evidence-based treatment plans within the formalized physician, clinical team and caregiver relationship. PLO 6 - Accurately documents the clinical encounter incorporating the patient's goals, caregiver goals, decision-making, and reports into the clinical record. PLO 7 - Collaborates as a member of an inter-professional team in all aspects of patient	The Clinical and Procedural Skills units provide hands-on learning in simulated clinical environments, allowing students to apply and integrate knowledge and psychomotor skills in realistic, risk-controlled settings. Students benefit from small-group practice sessions and simulations of clinical scenarios with standardized patients, developing and consolidating both physical examination techniques and communication skills in varying settings and levels of acuity, with progressive levels of difficulty. Students learn to give and receive constructive feedback to support their learning. Procedural skills sessions support performing therapeutic procedures, through simulated practice and immediate corrective feedback. Throughout these units, students practice and build on their skills in clinical documentation and oral presentations to supervising clinicians. A variety of clinical documents and presentation types are practiced recurrently, with progressive level of difficulty. (PLO 2, PLO 3, PLO 4, PLO 5, PLO 6) During Year 2 campus block, high-fidelity simulation scenarios promote the development of advanced management skills in urgent and emergent conditions, with a continued focus on appropriate context-specific, and accurate clinical documentation. Regular practical assessments, such as clinical skills checklists and the

Master's DLEs (Based on the Ontario Council of Academic Vice-Presidents [OCAV])	**Master's Program Learning Outcomes**	**How the Program Design/Structure of the Required Courses and Other Learning Activities Supports the Achievement of Program Learning Outcomes**
	care including transition of care responsibility. PLO 8 - Recognizes a patient requiring immediate care, providing the appropriate management and seeking help as needed. PLO 9 - Plans and performs procedures and therapies for the assessment and the medical management appropriate for general practice. PLO 11 - Recognizes and advocates for the patient concerning cultural, community, and social needs in	Objective Structured Clinical Examinations (OSCEs) holistically and comprehensively assess students' clinical reasoning, technical competence, professionalism, and communication skills. (PLO 7, PLO 8, PLO 9) The Professional Physician Assistant Competency Units integrate concepts in professionalism, medical ethics, health equity, reflective practice, advocacy, social determinants of health, and cultural competence, ensuring that clinical knowledge is applied within a framework of patient-centered, ethical, and socially responsible care. Health systems science content prepares students to navigate the healthcare system in a variety of clinical contexts and appreciate the complexity of the healthcare environments in which they will work. (PLO 2, PLO 11)

Master's DLEs (Based on the Ontario Council of Academic Vice-Presidents [OCAV])	**Master's Program Learning Outcomes**	**How the Program Design/Structure of the Required Courses and Other Learning Activities Supports the Achievement of Program Learning Outcomes**
	support of positive mental and physical wellness.	
2. Research and Scholarship A conceptual understanding and methodological competence that: Enables a working comprehension of how established techniques of research and inquiry are used to create and interpret knowledge in the discipline; Enables a critical evaluation of current research and	PLO 12 - Integrates continuing professional and patient quality improvement, lifelong learning, and scholarship. PLO 13 – Identifies educational and health-related topics requiring further study and/or advancement, relevant to real-word issues, including quality improvement initiatives, patient safety issues, clinical topics, health	The MPAS is designed to ensure graduates attain a robust conceptual understanding and methodological competence in research and scholarly inquiry. This is achieved through a vertically integrated curriculum that progresses from foundational critical appraisal skills to the independent execution of a scholarly project. Students will develop skills to create, interpret, and apply scientific knowledge in physician assistant practice. Dedicated units in Research Methods and Biostatistics, along with longitudinal training in Evidence-Based Medicine, support students in formulating clinical questions, and gathering and appraising best evidence. Students complete structured critical appraisal assignments and participate in journal clubs in which they evaluate current research, foster critical awareness of contemporary issues essential to current medical practice. Dedicated Healthcare Systems and Quality Improvement units train students to identify gaps in knowledge and practice, patient safety concerns, and system-level issues,

Master's DLEs (Based on the Ontario Council of Academic Vice-Presidents [OCAV])	**Master's Program Learning Outcomes**	**How the Program Design/Structure of the Required Courses and Other Learning Activities Supports the Achievement of Program Learning Outcomes**
advanced research and scholarship in the discipline or area of professional competence; and Enables a treatment of complex issues and judgments based on established principles and techniques; and, on the basis of that competence, has shown at least one of the following: The development and support of a sustained argument in written form; and	systems gaps, and medical education research. PLO 14 – Applies appropriate qualitative, quantitative, mixed-methods, or quality improvement approaches to plan, execute, and present a team-based research project, demonstrating knowledge translation skills to communicate findings as a scholarly work.	translating observation and literature reviews into formal, investigable topics for quality improvement or research studies. (PLO12, PLO13) The MPAS research project requirement is a team-based project that serves as the primary demonstration of methodological competence and original scholarship. Under faculty mentorship, student teams select a relevant clinical or health systems issue of interest to them, design an appropriate investigation (which may be a research study, a quality improvement initiative, or a comprehensive systematic review), execute the project, analyze findings, and draw evidence-based conclusions. This process mandates the *treatment of complex issues using established principles and techniques*. (PLO 13, PLO 14) The scholarly journey culminates in knowledge synthesis and communication of findings through presentations and optional means of dissemination, including conference presentations and journal article publication. Students must produce a comprehensive, written report that presents a *sustained argument supported by their data and analysis*, adhering to rigorous academic standards. Student groups will also present their work at a program-wide research symposium during the final campus block, practicing the translation of complex information for both academic and professional audiences.

Master's DLEs (Based on the Ontario Council of Academic Vice-Presidents [OCAV])	**Master's Program Learning Outcomes**	**How the Program Design/Structure of the Required Courses and Other Learning Activities Supports the Achievement of Program Learning Outcomes**
Originality in the application of knowledge.		Completion of the Project, through the stages of design, implementation, and presentation of findings, supports students' development of competence and their contributions to the PA profession's body of scholarship. Students will thus demonstrate *originality in the application of knowledge* to address real-world problems and knowledge gaps. (PLO 14) Through this developmental approach – from understanding methods, to critically appraising literature, to actively generating and disseminating new insights – the MPAS ensures graduates are not merely consumers of research but are equipped as skilled, critical, and contributing members of the scholarly community in healthcare.
3. Application of Knowledge Competence in the research process by applying an existing body of knowledge in the critical analysis of a new question or of a specific problem or issue in a new setting;	PLO 3 - Formulates clinical questions and gathers required clinical evidence to advance patient care and communicates those results to the patient and medical team.	The MPAS is designed to systematically develop a graduate's competence in applying an existing body of knowledge to critically analyze and solve novel, complex problems across diverse clinical and scholarly settings. This is achieved through a scaffolded, experiential curriculum that moves students from guided simulation to autonomous practice in real-world environments. In Medical Foundation units, through case-based and problem-based learning, from the start of the curriculum, students will learn to develop clinical questions based on their own knowledge gaps, develop

Master's DLEs (Based on the Ontario Council of Academic Vice-Presidents [OCAV])	**Master's Program Learning Outcomes**	**How the Program Design/Structure of the Required Courses and Other Learning Activities Supports the Achievement of Program Learning Outcomes**
	PLO 4 - Formulates and prioritizes comprehensive differential diagnoses. PLO 5 - Develops and implements patient-centered, evidence-based treatment plans within the formalized physician, clinical team and caregiver relationship. PLO 6 - Accurately documents the clinical encounter incorporating the patient's goals, caregiver goals, decision-making, and reports into the clinical record. PLO 7 - Collaborates as a member of an	individualized learning objectives, research their questions, and iteratively apply their new knowledge and researching skills to complex real-world clinical scenarios. Working in small groups, students are presented with simulated, multifaceted patient cases that require them to integrate knowledge from foundational sciences, such as anatomy, pathophysiology, pharmacology, and clinical medicine. This pedagogic approach encourages *critical analysis of new questions in a simulated setting*, as students are asked to justify diagnostic and therapeutic decisions using current evidence, thereby practicing the translation of theory into clinical reasoning. (PLO 3, PLO 4, PLO 5) Before entering clinical learning environments, students refine their applied competence in high-fidelity simulation labs and procedural skills workshops. These controlled settings allow for the deliberate practice of patient assessment, examination, procedural skills, diagnostic, and emergent clinical management decision-making. Simulation scenarios are intentionally designed to present *specific problems in new settings*, requiring students to adapt prior knowledge to dynamic, complex, and ambiguous clinical situations, prioritize actions and decisions, and demonstrate clinical judgment, often with time constraints. (PLO 8, PLO 9)

Master's DLEs (Based on the Ontario Council of Academic Vice-Presidents [OCAV])	**Master's Program Learning Outcomes**	**How the Program Design/Structure of the Required Courses and Other Learning Activities Supports the Achievement of Program Learning Outcomes**
	inter-professional team in all aspects of patient care including transition of care responsibility. PLO 8 - Recognizes a patient requiring immediate care, providing the appropriate management and seeking help as needed. PLO 9 - Plans and performs procedures and therapies for the assessment and the medical management appropriate for general practice. PLO 1 - Practices patient-focused, safe,	The core of applied bedside learning occurs during more than 1,900 hours of supervised clinical practice experiences (clinical placements) across a broad range of medical and surgical specialties. In each clinical placement, students encounter unique patient presentations, requiring them to *apply their existing knowledge base to the critical analysis of specific, real-world issues*. A structured assessment strategy reinforces this: students are expected to document evidence-based justifications for their clinical decisions in patient records, which are then reviewed by clinical preceptors, who provide constructive and corrective feedback, as needed. This continuous learning feedback loop ensures the refinement of knowledge application in direct patient care. (PLO 9. PLO 6, PLO 7) Through this progressive structure – from classroom cases and simulated scenarios to supervised clinical placements, and continuous scholarly investigation – the MPAS ensures graduates are not passive repositories of information but rather adept, competent, and adaptive clinicians and scholars. They are equipped to meet unfamiliar clinical and scholarly challenges with reasoned, evidence-based judgment and to contribute meaningfully to the advancement of healthcare practice and outcomes. (PLO 1, PLO 12, PLO 14)

Master's DLEs (Based on the Ontario Council of Academic Vice-Presidents [OCAV])	**Master's Program Learning Outcomes**	**How the Program Design/Structure of the Required Courses and Other Learning Activities Supports the Achievement of Program Learning Outcomes**
	ethical, professional, and culturally competent medical care across the healthcare continuum PLO 12 - Integrates continuing professional and patient quality improvement, lifelong learning, and scholarship. PLO 14 – Applies appropriate qualitative, quantitative, mixed-methods, or quality improvement approaches to plan, execute, and present a team-based research project, demonstrating	

Master's DLEs (Based on the Ontario Council of Academic Vice-Presidents [OCAV])	**Master's Program Learning Outcomes**	**How the Program Design/Structure of the Required Courses and Other Learning Activities Supports the Achievement of Program Learning Outcomes**
	knowledge translation skills to communicate findings as a scholarly work.	
4. Professional Capacity/Autonomy The qualities and transferable skills necessary for employment requiring: The exercise of initiative and of personal responsibility and accountability; Decision-making in complex situations;	PLO 1 - Practices patient-focused, safe, ethical, professional, and culturally competent medical care across the healthcare continuum. PLO 5 - Develops and implements patient-centered, evidence-based treatment plans within the formalized physician, clinical team	The Professional PA competency units support the development of essential qualities and transferable skills required for autonomous, responsible, and ethical practice as a physician assistant. Through a scaffolded, comprehensive, and holistic approach that combines formal instruction, experiential learning, and reflective practice, students progressively develop the professional competencies needed for employment in complex healthcare environments. During program orientation, students collectively affirm their commitment to professional and ethical practice, through the recitation of the PA Code of Ethics at their welcome ceremony. This is reinforced in a detailed student handbook that outlines expectations for conduct, integrity, and accountability. Dedicated curriculum in the PA

Master's DLEs (Based on the Ontario Council of Academic Vice-Presidents [OCAV])	**Master's Program Learning Outcomes**	**How the Program Design/Structure of the Required Courses and Other Learning Activities Supports the Achievement of Program Learning Outcomes**
The intellectual independence required for continuing professional development; The ethical behavior consistent with academic integrity and the use of appropriate guidelines and procedures for responsible conduct of research; and The ability to appreciate the broader implications of applying knowledge to particular contexts.	and caregiver relationship. PLO 7 - Collaborates as a member of an inter-professional team in all aspects of patient care including transition of care responsibility. PLO 8 - Recognizes a patient requiring immediate care, providing the appropriate management and seeking help as needed. PLO 9 - Plans and performs procedures and therapies for the assessment and the medical management	Professional PA Competencies Unit introduces critical topics such as caring for marginalized populations, social determinants of health, health advocacy, and professional boundaries, establishing the value of professionalism and ethical practice from the start of the curriculum. (PLO 1) Professional autonomy is contextualized for PAs within a team-based care model and a supervisory relationship with physician colleagues. These supervisory and regulatory practice requirements are presented in the PA Professionalism units. Additionally, a robust, longitudinal Interprofessional Education (IPE) curriculum allows PA students to learn with, from, and about their peers in multiple health professions education programs, progressing from introductory learning activities to more complex topics, such as conflict management, end-of-life team-based care, and leadership in healthcare. Through this immersive interprofessional learning experience, students learn to *exercise personal responsibility and accountability* within a collaborative framework, understanding their specific role, while appreciating the contributions of other disciplines—a key skill for transitions of care and shared decision-making. (PLO 5, PLO 7, PLO 8, PLO 9, PLO 11)

Master's DLEs (Based on the Ontario Council of Academic Vice-Presidents [OCAV])	**Master's Program Learning Outcomes**	**How the Program Design/Structure of the Required Courses and Other Learning Activities Supports the Achievement of Program Learning Outcomes**
	appropriate for general practice. PLO 11 - Recognizes and advocates for the patient concerning cultural, community, and social needs in support of positive mental and physical wellness. PLO 12 - Integrates continuing professional and patient quality improvement, lifelong learning, and scholarship.	Intellectual independence and a commitment to growth are fostered through guided reflective practice. Students complete a series of reflective written assignments at all stages of the program, analyzing their clinical experiences, identifying personal knowledge and performance gaps, and confronting cognitive blind spots, such as implicit biases. This learned capacity for reflection and self-assessment is directly linked to the PA Portfolio, in which students meet in small groups with practicing PA mentors, document their individual learning journeys, and create plans for continued professional development, thereby cultivating the *intellectual independence required for continuing professional development*. (PLO 12) The program supports students' development of professional competencies, to appreciate the contextual implications of their practice. This is supported through dedicated curricular content on social determinants of health, cultural safety, and patient advocacy. Courses and clinical debriefings challenge students to consider how cultural, community, and social factors, including their own well-being as care providers, influence health outcomes. This training empowers them to *recognize and advocate* for patient needs beyond the

Master's DLEs (Based on the Ontario Council of Academic Vice-Presidents [OCAV])	**Master's Program Learning Outcomes**	**How the Program Design/Structure of the Required Courses and Other Learning Activities Supports the Achievement of Program Learning Outcomes**
		immediate clinical presentation, thereby *appreciating the broader implications of applying knowledge* to individual and community contexts. (PLO 11, 12) Through this integrated design – spanning ethical foundation, simulated and real clinical autonomy, interprofessional teamwork, development of reflective practices, and scholarly integrity – the program ensures that graduates possess the mature professional judgment, self-directed accountability, and ethical grounding to thrive as autonomous and collaborative practitioners in any healthcare setting.
5. Communication Skills The ability to communicate ideas, issues and conclusions clearly.	PLO 3 - Formulates clinical questions and gathers required clinical evidence to advance patient care and communicates those results to the patient and medical team.	The MPAS is designed to ensure graduates can communicate ideas, issues, and conclusions clearly across a variety of modalities and audiences, an essential ability in current healthcare. This is accomplished through a robust, scaffolded curriculum that integrates theory, deliberate practice, and authentic assessment, progressing from foundational skills to mastery in complex, higher-stakes scenarios.

Master's DLEs (Based on the Ontario Council of Academic Vice-Presidents [OCAV])	**Master's Program Learning Outcomes**	**How the Program Design/Structure of the Required Courses and Other Learning Activities Supports the Achievement of Program Learning Outcomes**
	PLO 6 - Accurately documents the clinical encounter incorporating the patient's goals, caregiver goals, decision-making, and reports into the clinical record. PLO 7 - Collaborates as a member of an inter-professional team in all aspects of patient care including transition of care responsibility. PLO 10 - Engages and educates patients on procedures, disease management, health promotion, wellness, and preventive medicine.	Core communication skills are established early through dedicated units in the first clinical and procedural skills units. Students learn evidence-based techniques for patient-centred empathic listening, building rapport, and structuring a clinical encounter. This theoretical foundation is immediately applied in Standardized Patient (SP) encounters, in which students practice skills such as history-taking, delivering difficult news, and providing patient education. These sessions include structured, multi-source feedback from SPs, peers, and faculty, allowing students to critically reflect on their own developing competencies, improve their clinical skills, and refine their verbal and non-verbal communication in a safe, formative environment. (PLO 3, PLO 6, PLO 10) Written communication is cultivated through diverse, progressive assignments. Structured written assignments, including evidence-based opinion papers and reflective essays, train students to construct clear, persuasive, and well-supported arguments. The critical skill of accurate clinical documentation is taught and assessed throughout the curriculum, from simulated electronic health record entries during cases to the generation of more comprehensive patient notes during clinical placements. This ensures graduates can produce

Master's DLEs (Based on the Ontario Council of Academic Vice-Presidents [OCAV])	**Master's Program Learning Outcomes**	**How the Program Design/Structure of the Required Courses and Other Learning Activities Supports the Achievement of Program Learning Outcomes**
		clear, concise, and legally sound medical records that effectively communicate clinical reasoning and plans. (PLO 6, PLO 7) Mastery of Interprofessional and Team-Based Communication: Students learn effective collaborative competencies in the longitudinal Interprofessional Education (IPE) curriculum. Students participate in small-group learning activities, such as case-based learning, alongside peers from nursing, pharmacy, social work, and other health professions education programs. In these activities, students practice formulating shared patient care plans, managing conflict, and developing optimal team communication skills, such as closed-loop communication. This immersive, longitudinal experience is essential for developing the specific skills required for safe handovers, care transitions, and functioning within an interprofessional team. (PLO 7) Refinement through authentic clinical practice during supervised clinical practice experiences: communication skills are assessed and refined in real-world contexts. Students learn to adapt their communication style to diverse patient populations, clinical settings, and levels of acuity. They are required to deliver formal oral case presentations to preceptors and teams, receiving direct feedback on their clarity, organization, and clinical judgment. This ongoing

Master's DLEs (Based on the Ontario Council of Academic Vice-Presidents [OCAV])	**Master's Program Learning Outcomes**	**How the Program Design/Structure of the Required Courses and Other Learning Activities Supports the Achievement of Program Learning Outcomes**
		application ensures that competency in communication skills is deeply integrated into PAs' professional identity and clinical practice. (PLO 3, PLO 6, PLO 7, PLO 10) Through this deliberate, multi-layered approach—spanning patient interaction, clinical documentation, interprofessional collaboration, and scholarly dissemination—the program guarantees that graduates are proficient, adaptable, and effective communicators, fully prepared to advocate for patients, collaborate with colleagues, and contribute to the advancement to scholarship and to their profession.
6. Awareness of Limits of Knowledge Cognizance of the complexity of knowledge and of the potential contributions of other interpretations,	PLO 7 - Collaborates as a member of an inter-professional team in all aspects of patient care including transition of care responsibility. PLO 8 - Recognizes a patient requiring	The MPAS is designed to instill a mature and reflective cognizance of the complexity of knowledge, fostering an intellectual humility that is essential for safe, effective, and collaborative practice. Through structured reflective practice and writing, competency-based performance assessments, immersion in interprofessional learning, and scholarly inquiry, students learn to recognize the boundaries of their own expertise, value the essential contributions of other professions, and appreciate diverse perspectives.

Master's DLEs (Based on the Ontario Council of Academic Vice-Presidents [OCAV])	**Master's Program Learning Outcomes**	**How the Program Design/Structure of the Required Courses and Other Learning Activities Supports the Achievement of Program Learning Outcomes**
methods and disciplines.	immediate care, providing the appropriate management and seeking help as needed. PLO 11 - Recognizes and advocates for the patient concerning cultural, community, and social needs in support of positive mental and physical wellness. PLO 12 - Integrates continuing professional and patient quality improvement, lifelong learning, and scholarship.	Awareness begins with introspection. The curriculum embeds reflective practices through guided reflective writing and self-assessment in the Professional PA Competency units, including the student portfolio. Students are encouraged to analyze impactful clinical and academic experiences, such as those in which knowledge gaps, diagnostic uncertainties, or ethical dilemmas arise. By thoughtfully considering how they identified these limits and sought appropriate resources or consultation, students develop the metacognitive capacity of continuous self-assessment, recognizing that PA competency includes not just what one does know, but also what one does *not* know. (PLO 7, PLO 8, PLO 11) The ability to recognize limits is purposefully supported and assessed through a competency-based assessment strategy. In Objective Structured Clinical Examinations (OSCEs), stations are designed with ambiguous presentations or complicating social factors, testing students' judgment under uncertainty and their appropriate use of resources. In clinical placements, the evaluation of Entrustable Professional Activities (EPAs) specifically assesses a student's judgment in knowing when to perform a task independently and when to seek help. Formative and summative feedback, in weekly field

Master's DLEs (Based on the Ontario Council of Academic Vice-Presidents [OCAV])	**Master's Program Learning Outcomes**	**How the Program Design/Structure of the Required Courses and Other Learning Activities Supports the Achievement of Program Learning Outcomes**
	PLO 13 – Identifies educational and health-related topics requiring further study and/or advancement, relevant to real-word issues, including quality improvement initiatives, patient safety issues, clinical topics, health systems gaps, and medical education research.	notes and final evaluations, reinforces the professional necessity of appropriate escalation and consultation, with faculty preceptors modeling this level of insight and self-knowledge in their own practice. (PLO 8, PLO 12) The program promotes the notions that complex patient care requires integrating knowledge beyond any single profession. The longitudinal Interprofessional Education (IPE) curriculum places PA students in team-based simulations and case-based learning activities with peers from nursing, pharmacy, social work, and other health professions education programs. In these settings, students experience firsthand how different professional perspectives, such as social work, pharmacy, and rehabilitation providers, contribute unique and complementary competencies to a patient care. This immersion systematically is designed to deconstruct traditional professional silos and establish team-based care as the model for optimal patient-centred care. (PLO 7) Awareness extends beyond biomedical knowledge to encompass the social and cultural determinants of health. Dedicated curriculum content on cultural safety, health equity, and social advocacy challenges students to recognize that a patient's wellness is

Master's DLEs (Based on the Ontario Council of Academic Vice-Presidents [OCAV])	**Master's Program Learning Outcomes**	**How the Program Design/Structure of the Required Courses and Other Learning Activities Supports the Achievement of Program Learning Outcomes**
		influenced by factors often outside traditional medical paradigms. Learning to recognize and advocate for patients' cultural, community, and social needs reinforces the understanding that effective care requires appreciating the complexity of a patient's biopsychosocial context. (PLO 11, PLO 12, PLO 13) Through this integrated framework – development of reflective and self-assessment capacity, formative and summative assessment of clinical skills and judgment, authentic interprofessional collaboration, scholarly investigation of knowledge gaps, and advocacy training – the MPAS ensures graduates practice with the necessary humility, curiosity, and collaborative spirit. They are prepared to navigate the evolving landscape of medicine with integrity, viewing the limits of knowledge not as failures but as invitations for consultation, lifelong learning, and improved patient care.

5.2.2 For Graduate Programs Only

- Clear rationale for program length that ensures that students can complete the program-level learning outcomes and requirements within the proposed time.
- Evidence that each graduate student in the program is required to take all of the course requirements from among graduate-level courses (please include the language, provided in the “Response” area, below, in your response).
- For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.
- Discussion on how the SGS Personal Time Off Policy has been considered in the proposal within the context of student well-being.

The MPAS is a two-year graduate program. The curriculum schedule is structured within a 24-month time frame. The four core units are offered once each year. All students in the program are required to complete all section requirements in all four units. Students who are unable to complete a unit (e.g., due to illness, or other unexpected life events), may apply for a Leave of Absence (LOA) and, if approved, may resume the program the following year from the start of the incomplete semester.

Personal time off is also intentionally scheduled, as indicated below, meeting and exceeding the expectations of the SGS Personal Time Off Policy.

2027 Proposed Time Off
Year 1
Sem1: Reading Week Oct 20 – 26 (5 days)
Sem 1: Vacation Dec 22-24 (2 days) *University closed Dec 24-Jan 2*
Sem 2: Vacation Mar 30 – Apr 5 (4 days) + 1 stat holiday
Sem 3: Reading Week Jun 29 – Jul 5 (2 days) + 2 presidential days + 1 stat holiday
Sem 3: Vacation: Aug 24 – 30 (5 days)
Total: 18 personal days

Year 2
Sem 4: Vacation Aug 31 – Sep 6 (5 days)
Sem 4 Winter Vacation – TBD (depends on university closure, most likely 3 days Dec 21 - 24)
Sem 5: Vacation Mar 15 – 21 (5 days)
Total: 13 to 15 personal days

Whereas the Province's Quality Assurance Framework requires that students complete a minimum of two-thirds of courses at the graduate level, the University of Toronto requires graduate students to complete all of their course requirements from among graduate-level courses. This proposed program complies with this requirement.

6 Assessment

- Discuss the appropriateness of the methods for assessing student achievement of the program-level learning outcomes and degree level expectations.
- Discuss the appropriateness of the plans to monitor and assess the following:
  - The overall quality of the offering's structure.
  - Whether the program and/or the offering within the program is achieving in practice its proposed objectives.
  - Whether its students are achieving the program-level learning outcomes.
  - How the resulting information will be documented and subsequently used to inform continuous program improvement.

The MPAS will employ a comprehensive, multi-modal assessment system aligned with its program-level learning outcomes (PLOs) and degree-level expectations (DLEs), as detailed below. This approach moves beyond single-point assessments to provide a holistic, continuous, and triangulated view of student competency across the CanMEDS-PA and EPA-PA frameworks.

Appropriateness of Assessment Methods
The program utilizes a robust combination of direct and indirect measures, woven throughout formative and summative assessment strategies, to ensure a valid evaluation of student achievement.

- **Direct Measures:** These performance-based assessments form the core of the program's evaluation and include objective structured clinical examinations (OSCEs), standardized patient encounters, clinical skills performance checklist assessments, and clinical preceptor assessments e.g., End of Rotation Examinations (EREs). These methods are ideal for objectively assessing clinical skills, diagnostic reasoning, technical skills, and applied aspects of research theory, design, methodology and scientific review, directly demonstrating competency.

  The oral and written presentations of the research project will serve as a direct assessment of students' acquisition of research skills by demonstrating their abilities

to undertake a research project, formulate findings, and present them in a scholarly process.

- **Indirect Measures:** These include comprehensive written examinations, student self-assessments, reflective writing, unit evaluations and End of Rotation written assessments. They provide crucial context on the student experience and perceived preparedness, helping to validate and explain trends identified in direct measures.

- **Formative and Summative Integration:** Continuous low-stakes assessments (e.g., quizzes, case-based discussions, practice Objective Structured Clinical Examinations (OSCEs), In-training assessment reports ITARs) and performance feedback (e.g., SP feedback, informal preceptor feedback) provide ongoing feedback for development. These are complemented by high-stakes summative assessments (e.g., middle and end-of-unit exams, summative OSCEs, and End of Rotation Examination (EREs) that ensure students meet minimum competency standards for progression. Throughout the students' research project group activities, there will be multiple opportunities for faculty feedback and low-stakes assessments.

This multi-layered approach is specifically designed to assess not only the acquisition of knowledge, skills, and attitudes, but, critically, the practical application of these knowledge, skills, and attitudes, first in simulated environments, and then in clinical placements.

Plans to Monitor and Assess Program Quality and Effectiveness
The program has established a structured, committee-driven process to monitor its quality and effectiveness.

- **Overall Quality of the Offering's Structure:** The program's structure is monitored through a formal cycle of curriculum mapping and committee review. The Curriculum Committee meets quarterly to review unit syllabi, instructional methods, and sequencing against the program's mission and PLOs. Throughout the year, each course is presented and discussed one time, approximately one month after it has concluded for that year. Annually, each Unit Director submits a formal report analyzing student performance data, student feedback, and a self-assessment of the unit's strengths and weaknesses. This collective data is used to evaluate the coherence, currency, and effectiveness of the entire curriculum structure. Student representatives further contribute to the quality improvement cycle. Each unit will have an elected student "Unit representative" who will act as liaison between the unit

director and the student body, proving feedback on behalf of the class in the unit report process.

- **Achievement of Program Objectives in Practice:** The program's practical effectiveness is assessed through longitudinal tracking of key performance indicators (KPIs), including first-time pass rates on the PA National Competency Exam (PACCC), graduation rates, attrition rates, and graduate employment rates. Furthermore, biennial surveys of alumni and their employers gather data on clinical preparedness, professional conduct, and career satisfaction. This real-world data provides direct evidence of the program’s success in achieving its objectives.

- **Student Achievement of Program-Level Learning Outcomes:** Student achievement of each PLO is tracked longitudinally through a dedicated Program Assessment Matrix. This live document aggregates data from all core assessment tools (OSCE checklists, EREs, clinical evaluations) and maps them directly to specific PLOs. The Progress Review Committees analyze this data at the end of each semester and for each graduating cohort. This allows the program to identify individual student performance, cohort-wide trends, and potential gaps in curriculum coverage for each outcome.

Documentation and Use for Continuous Improvement
The information gathered from all assessments is systematically documented and analyzed to fuel a closed-loop process of continuous program improvement.

- **Structured Committee Review**: Data is presented to the Competency Committee for decisions on student progression and to the Evaluation and Assessment Committee, which standardizes the review of all assessment tools. These meetings conclude with specific action items for program enhancement.

- **Iterative Unit Improvement:** Each unit undergoes an annual "iteration review" led by the Unit Director, Program Director, and Academic Coordinator. This review analyzes student evaluations, compares student performance to previous years, and incorporates the Unit Director’s reflection. A concrete plan for the next unit iteration is developed and tracked, ensuring yearly refinement.

- **External Benchmarking:** Key data points, such as PACCC exam results and final OSCE performance, will be analyzed annually. The Evaluation and Assessment Committee compares results to previous years to identify areas for curriculum

enhancement (e.g., adding dermatology and hematology topics based on past reviews). This ensures the curriculum remains responsive to national standards.

- **Formal Accreditation/Quality Assessment Cycles**: The program undergoes rigorous external accreditation with Accreditation Canada every 6 years, which includes PA educators from other Canadian MPAS programs as peer surveyors. The MPAS will also undergo a UTQAP review every 8 years, which includes an external review by nationally and internationally based reviewers. These processes provide an intensive, external validation of program quality and identifies strategic areas for improvement.

In summary, the MPAS program's assessment plan is a dynamic and integrated system. It is designed not only to ensure students meet rigorous competency standards but also to generate a wealth of data that is systematically used to monitor, evaluate, and perpetually enhance the quality of the program.

Table 2: Alignment of Program Learning Outcomes and Assessments

PLO List	Written Exams	Practical Exams	Assign-ments	Work Based Assessment	Research Project Presentation	Research Project Paper
PLO 1 - Practices patient-focused, safe, ethical, professional, and culturally competent medical care across the healthcare continuum		X		X		
PLO 2 - Obtains histories and performs physical examinations, demonstrating the clinical judgement appropriate to the clinical situation.		X		X		
PLO 3 - Formulates clinical questions and gathers required clinical evidence to advance patient care and communicates those results to the patient and medical team.	X	X	X	X		
PLO 4 - Formulates and prioritizes comprehensive differential diagnoses.	X	X		X		
PLO 5 - Develops and implements patient-centered, evidence-based treatment plans within the formalized physician, clinical team and caregiver relationship.	X	X	X	X		
PLO 6 - Accurately documents the clinical encounter incorporating the patient's goals, caregiver goals, decision-making, and reports into the clinical record.	X	X		X		

PLO List	Written Exams	Practical Exams	Assign-ments	Work Based Assessment	Research Project Presentation	Research Project Paper
PLO 7 - Collaborates as a member of an inter-professional team in all aspects of patient care including transition of care responsibility.				X		
PLO 8 - Recognizes a patient requiring immediate care, providing the appropriate management and seeking help as needed.		X		X		
PLO 9 - Plans and performs procedures and therapies for the assessment and the medical management appropriate for general practice.				X		
PLO 10 - Engages and educates patients on procedures, disease management, health promotion, wellness, and preventive medicine.				X		
PLO 11 - Recognizes and advocates for the patient concerning cultural, community, and social needs in support of positive mental and physical wellness.				X		
PLO 12 - Integrates continuing professional and patient quality improvement, lifelong learning, and scholarship.					X	X
PLO 13 – Identifies relevant educational and			X		X	X

PLO List	Written Exams	Practical Exams	Assign-ments	Work Based Assessment	Research Project Presentation	Research Project Paper
health related topics requiring further study and/or advancement, relevant to real-word issues, including quality improvement initiatives, patient safety issues, clinical topics, health systems gaps, and medical education research.						
PLO 14 – Applies appropriate qualitative, quantitative, mixed-methods or quality improvement approaches to plan, execute, and present a team-based research project, demonstrating knowledge translation skills to communicate findings as a scholarly work.			X		X	X

7 Need and Demand

- Discuss this program in relation to internal cognate and external comparator programs. Please fill out and refer to the table in Appendix E listing the comparator programs.
- In 500 words or less, discuss the labour market demand for the program, providing evidence that graduates of the program are needed in specifically identified fields (within academic, public and or private sectors), where information is available. Please indicate up to three occupations that graduates from this proposed program may be employed in.

Rationale

The MPAS is unique in its academic content from other UofT graduate programs. However, Temerty Medicine currently offers a Bachelor of Science Physician Assistant degree program (BScPA), which is the closest comparator and precursor to the MPAS. The MPAS has been designed to replace the BScPA considering the evolving expectations of PA practice and education.

While the University of Toronto has several professional master's in the health sciences, none are true comparators in terms of academic content. One of the key components of the MPAS is the completion of clinical placements in real healthcare settings. The Master of Science in Physical Therapy (MScPT), Master of Occupational Therapy (MScOT), Master of Health Science in Speech-Language Pathology (MHSc SLP), Master of Nursing, Nurse Practitioner (MN), and the Master of Science in Pharmacy (MScPhm) are examples of other professional master's programs offered at UofT that are comprised of course work and a clinical placement component. All of these programs are two years in length, like the MPAS, and all include a research type project. Among the list of professional programs listed above, the MScPT, MN-NP, and MScPhM programs offer realistic models of comparison for the proposed MPAS, demonstrating feasibility and degree level expectations.

There is only one other PA education program in Ontario, at McMaster University, which is the closest external to UofT comparator. It is also a two-year program and it is currently in the process of transitioning to a master's degree program. While the curriculum design is quite different between the two programs (McMaster's program is a small group, in-person design, contrasting with our MPAS blended in person and on-line approach), the content of each program is very similar and reflects the standards and expectations set by the National PA Competency Framework and the Accreditation Canada required standards for PA programs nationally. Both programs also undergo regular review according to the provincial Quality Assurance Process.

Three new MPAS programs have opened in Canada in the past two years, at University of Calgary, Dalhousie, and U of Saskatchewan. All are two-year, master's programs, with a similar combination of course work, clinical training and research scholarship.

While most PA education programs in the United States are at a graduate level, comparisons are less relevant because their healthcare system is vastly different.

As evidenced by all the other Canadian MPAS programs, the national standard and expectation of training for physician assistants is that of a graduate degree, exclusively

at the master's level. The proposed UofT MPAS is clearly in alignment and justified. Further details are included in Appendix D: Comparator Programs.

Labour Market Demand for Program

It is increasingly recognized that PAs are a Human Health Resource asset to help address the healthcare crisis facing Canadians. They have proven to be a flexible, high-impact solution, extending physician capacity and improving continuity of care. In one study, the use of PAs enabled physicians to increase the number of patients they can treat in a day; employing PAs allowed physicians to provide same-day access for patients with acute problems.[11] Within the context of emergency medicine, PAs can manage up to 62% of all patients in emergency care environments, have been found to reduce wait times by 1.9 times, and have been found to reduce the rates of patients without being seen by half. [12,13]

The demand for PAs has steadily increased over the past five years. The number of PA training programs has doubled in Canada in the past two years. As noted previously, all are offered, or will be offered, at a master's level, reflecting the changing competency standards expected of practicing PAs. Changes in employer expectations will follow. The proposed MPAS is appropriate and necessary, to ensure our graduates meet national professional standards and optimize their future employability.

In 2021, a provincial survey was conducted with supervising physicians who were PA employers[14]. It found:

- patients and physicians benefit from the inclusion of PAs in a broad range of healthcare settings and disciplines
- 92.9% of Physician supervisors indicated they were "satisfied" or "very satisfied" with their PAs

[11] Taylor, M.T., Taylor D. W. (unpublished (2012). B*enefits and Barriers to the Employment of Physician Assistants by Physicians in the Ontario Health Care System: A Qualitative Study*

[12] Ducharme, Adler, Pelletier, Murray and Tepper. (2009). *Impact on patient flow after the integration of nurse practitioners and physician assistants in Ontario emergency departments.* The Canadian Journal of Emergency Medicine, Vol. 5, p.p. 458. Retrieved from: http://www.cjem-online.ca/v11/n5/p455)

[13] The Australasian College of Emergency Medicine and Australasian Society for Emergency Medicine. (2011). *Roles and Task Assignments.* para 3, pp 9).

[14] K Burrows, L Nickell, P Krueger. Physician ratings of physician assistant competencies and their experiences and satisfaction working with physician assistants: Results from the supervising physician survey in Ontario, Canada. Healthcare Management Forum 2023, Vol. 0(0) 1–6 https://doi.org/10.1177/08404704231173612

- 93.1% indicated that they were likely or very likely to recommend that other physicians consider hiring PAs
- 63.6% indicated a likelihood of hiring a PA in the next 5 years.

In recognition of the PAs' role in the Ontario healthcare system, the government has doubled the number of seats in both Ontario programs over the past two years. There are an estimated 1,000 PAs practicing in Canada, and approximately 600 of these are in Ontario.

Table 3. Employment data for the last 5 years of graduates of the UofT BScPA program.

Graduating Year	# of Graduates	# of Respondents	Employment rate*
2020	28	19	90%
2021	27	16	94%
2022	29	15	94%
2023	27	17	94%
2024	31	18	100%

Even with increased number of PA training positions in Ontario, the demand to become a PA exceeds the availability of training positions as shown in the table below.

Table 4. UT Application Cycles 2021 - 2025

	Average number over the last 5 application cycles
Number of completed applications	774
Number of interviews	134

8 Enrolment

- Please provide details regarding the anticipated in-take by year, reflecting the expected increases to reach steady state. Include approximate domestic/international mix. This table should reflect normal estimated program length. You may wish to build in a small amount of reduced retention in the later years.
- Please provide an explanation of the numbers shown and their relation to the Faculty/division's enrolment plan. Please be specific where this may differ from approved enrolment plans.

Table 5: Enrolment Projections*

Year of Study	2027/28	2028/29*	2029/30	2030/31	2031/32
Year 1	85	85	85	85	85
Year 2	n/a	85	85	85	85
Total	85	170	170	170	170

* It is anticipated a steady state will be achieved by 2028/29.

In its initial years, the MPAS program will only accept domestic students. This decision will be reassessed once enrolment reaches steady state. These early years are crucial to work through and resolve any operational and curriculum issues that surface. After this period, we should have the means to support internationally educated students, as they typically come with little to no experience in the Ontario/Canadian healthcare system and bring with them unique challenges and needs.

In 2027/28, 56 Year 2 BScPA students and 85 Year 1 MPAS students will be enrolled, for a total of 141 students across the two programs in 2027/28. At steady state, the MPAS will have 170 graduate students.

The BScPA will suspend admissions effective for the Fall 2027 intake and onwards but will continue to be offered until the final cohort of BScPA students have graduated. A proposal to close the BScPA program will be submitted after Fall 2026.

9 Consultation

- Describe consultation with internal (faculty, students, cognate units, etc., as appropriate) and external stakeholders (alumni, community or professional organizations, etc., as appropriate).

Consultations have occurred within Temerty Medicine with senior leadership, including the Vice Dean Research & Health Science Education, Vice Dean Medical Education, Vice Dean Clinical & Faculty Affairs, Chief Administrative Officer, Chief Financial Officer and Manger, Operations, SAMIH. All are supportive of the MPAS.

Discussions with the Institute of Medical Science (IMS) Interim Director, Director of Curriculum, and Chair of the Faculty Appointments Committee have taken place. All are supportive of IMS acting as the Graduate Unit for the MPAS.

BScPA program course directors have been consulted, and administrative staff have been actively engaged in the development of the MPAS. Information sessions for all faculty have occurred, providing details of the proposed MPAS, including its unit/section design and graduate level curriculum. Course directors that are directly impacted by the change to the MPAS are participating in working sub-groups for this proposal (i.e., curriculum, operational/logistics). Student representatives are aware and supportive of this direction.

All faculty and staff are well informed about the physical move of the BScPA to University of Toronto Scarborough (UTSC) through committee meetings and presentations. That move, which will take place in time for the 2026-27 academic year, will not impact the faculty delivering the on-line components of the program. The faculty involved in the in-person campus block components are committed to deliver this curriculum at UTSC. The Associate Dean, Undergraduate Programs and Curriculum, UTSC has reviewed the proposal and offered their endorsement, stating that '*It is a strong, well-developed proposal with clear alignment to institutional priorities and accreditation requirements'*.

The proposal was reviewed by members of the Council of Health Science (CHS) Deans and no concerns or objections were raised. Members were assured that the BScPA will continue until the final cohort completes their studies and no students in that program will be displaced. Future plans to develop a bridging program for BScPA graduates to upgrade their credentials was shared. The Council wishes the MPAS team the best of luck as it proceeds through governance to eventually implement this new professional master's program.

The proposal was discussed at the Hospital University Education Committee (HUEC), an advisory committee to the Dean, Temerty Faculty of Medicine, comprised of education leaders from Temerty Medicine's health professions education programs (including the BScPA) and education leaders from the University of Toronto's affiliated hospitals and health care centres. HUEC is a forum to enhance the partnership between Temerty Medicine and its affiliated hospitals and health care centres, with a mandate to facilitate and support the planning and resource allocation necessary to sustain the excellence of Temerty Medicine's health professions education programs. HUEC expressed strong support for the transition of the BScPA to a master's level program, including interest in and capacity for expansion of PA student placements.

An MPAS working group was established and included a senior leader of the Department of Physical Therapy since that program underwent a similar transition from

a bachelor's to a master's level program in 2001. The Chair of the Department of Occupational Science & Occupational Therapy was consulted regarding finances and governance.

Development of this proposal has included consultation with the Temerty Medicine Faculty Graduate Affairs Officer, Temerty Medicine Office of the Vice Dean Research and Health Science Education (RHSE), and the Office of the Vice-Provost, Innovations in Undergraduate Education (OVPIUE) Curriculum Development Specialist.

The MPAS Lead and the Associate Dean, McMaster PA Education program are in regular consultation. As of April 2025, all practising PAs in Ontario are registered and regulated with the College of Physicians and Surgeons of Ontario (CPSO). The CPSO is aware of the proposed MPAS with no expressed concerns; they are primarily interested in eligibility for CPSO certification, not level of degree achieved.

All the other Canadian MPAS programs are aware of the proposed change and are in support.

Accreditation Canada has been informed of the proposed change and does not anticipate any issues with accreditation status.

The Canadian Armed Forces, for whom the UofT and McMaster PA programs provide supernumerary training positions, are aware of the proposed change to an MPAS and are in support. Moving to a graduate level program and thus requiring a completed bachelor's degree for all applicants, is not anticipated to present a barrier to the CAF members. 10 of the 11 CAF students in the BScPA offered by Temerty Medicine, since that partnership with CAF began in 2021, completed a bachelor's degree prior to admission to the BScPA.

Ongoing discussions with the Ministry of Health (MOH) have confirmed their strong support for the transition of the BScPA to a master's level program. They are aware and supportive of the details of this proposal (e.g. higher tuition, program expansion) as it aligns with the MOH's broader health education priorities.

10 Resources

10.1 Faculty

Please fill out the table below. In a separate appendix provide all CVs of all faculty in the table.

Table 6: Faculty Complement (please list alphabetically by category)

Name	Clinical Departmental Primary Appointment	Unit of Other Budgetary Appt and % (if applicable)	Current Graduate Faculty Membership Status and Graduate Unit (e.g., Associate, Department of Public Health Sciences) See Below *	Commitment to Other Programs Please list other programs in which the person routinely teaches/ supervises. (e.g., MA in English; PhD in English)	Nature of Contribution to The Current Program (Course instructor [CI], thesis supervision [TS], clinical or practice supervisor [C/PS]. Please list the courses each member will teach.)
Tenure Stream: Associate					
Paulo Koeberle BSc, PhD	Surgery (Div of Anatomy)	N/A	IMS	Dept of Surgery	CI - Anatomy

Name	**Clinical Departmental Primary Appointment**	**Unit of Other Budgetary Appt and % (if applicable)**	**Current Graduate Faculty Membership Status and Graduate Unit (e.g., Associate, Department of Public Health Sciences)** **See Below ***	**Commitment to Other Programs Please list other programs in which the person routinely teaches/ supervises. (e.g., MA in English; PhD in English)**	**Nature of Contribution to The Current Program (Course instructor [CI], thesis supervision [TS], clinical or practice supervisor [C/PS]. Please list the courses each member will teach.)**
Teaching Stream: Associate					
Sharona Kanofsky BSc (Hons), PA-C, CCPA, MScCH	DFCM	N/A		N/A	Research and Scholarship Lead, CI – PAPC; IPE Curriculum Lead
Nohjin Kee BSc, MSc, PhD	Physiology	N/A		Physiology	CI - physiology
Others **(please specify, i.e., adjunct, status only, clinical faculty, visiting or other as per U of T definitions)**					

Name	**Clinical Departmental Primary Appointment**	**Unit of Other Budgetary Appt and % (if applicable)**	**Current Graduate Faculty Membership Status and Graduate Unit (e.g., Associate, Department of Public Health Sciences)** **See Below ***	**Commitment to Other Programs Please list other programs in which the person routinely teaches/ supervises. (e.g., MA in English; PhD in English)**	**Nature of Contribution to The Current Program (Course instructor [CI], thesis supervision [TS], clinical or practice supervisor [C/PS]. Please list the courses each member will teach.)**
Jeff Golisky, MD CCFP(EM) FCFP Asst Professor Clinical (MD) Adjunct	DFCM	N/A		DFCM – Postgraduate program	Director
Peter Tzakas BSc, MSc, MEd, MBChB, FCFP Asst Professor Clinical (MD) Full Time	DFCM	N/A		DFCM – Postgraduate program, Fac of Medicine-Undergraduate Program	Program Director
Aurthi Muthukumaran MScCH, BSc(Hons), BScPA, CCPA Lecturer (Status Only)	DFCM	N/A		N/A	Academic Coordinator

Name	**Clinical Departmental Primary Appointment**	**Unit of Other Budgetary Appt and % (if applicable)**	**Current Graduate Faculty Membership Status and Graduate Unit (e.g., Associate, Department of Public Health Sciences)** **See Below ***	**Commitment to Other Programs Please list other programs in which the person routinely teaches/ supervises. (e.g., MA in English; PhD in English)**	**Nature of Contribution to The Current Program (Course instructor [CI], thesis supervision [TS], clinical or practice supervisor [C/PS]. Please list the courses each member will teach.)**
Iram Siddiqui MBBS, MSc, FRCPC Clinical (MD) Full Time Appt	Laboratory Medicine and Pathobiology	N/A		LMP	CI - Pathology
Jordana Boro, CFPC MD Clinical Adjunct MD (Lecturer)	DFCM	N/A		N/A	CI – MFI
Rima Styra Clinical (MD) Full Time	Department of Psychiatry	N/A		N/A	CI – Beh Med
Sonja Sajic, BScPha rm, BScPA, CCPA Lecturer (Status Only)	DFCM	N/A		N/A	CI –Pharmacy

Name	**Clinical Departmental Primary Appointment**	**Unit of Other Budgetary Appt and % (if applicable)**	**Current Graduate Faculty Membership Status and Graduate Unit (e.g., Associate, Department of Public Health Sciences)** **See Below ***	**Commitment to Other Programs Please list other programs in which the person routinely teaches/ supervises. (e.g., MA in English; PhD in English)**	**Nature of Contribution to The Current Program (Course instructor [CI], thesis supervision [TS], clinical or practice supervisor [C/PS]. Please list the courses each member will teach.)**
Jeffrey Straw, BHSc, MPH, PA-C, CCPA Lecturer (Status Only)	DFCM	N/A		N/A	CI – CS I, II, III
Dee Naidu, BSc., BHSc., MPH, MSc., CCPA Lecturer (Status Only)	DFCM	N/A		N/A	CI – DTP II; Clinical Preceptor
Erin Unger, BA, MPAS, MSc CCPA Lecturer (Status Only)	DFCM	N/A		N/A	Facilitator; Clinical preceptor
James Misurka BScPA, CCPA Lecturer (Status Only)	DFCM	N/A		N/A	Facilitator; Clinical Preceptor

Name	**Clinical Departmental Primary Appointment**	**Unit of Other Budgetary Appt and % (if applicable)**	**Current Graduate Faculty Membership Status and Graduate Unit (e.g., Associate, Department of Public Health Sciences)** **See Below ***	**Commitment to Other Programs Please list other programs in which the person routinely teaches/ supervises. (e.g., MA in English; PhD in English)**	**Nature of Contribution to The Current Program (Course instructor [CI], thesis supervision [TS], clinical or practice supervisor [C/PS]. Please list the courses each member will teach.)**
Katrina Dekirmendjian, BScPA, CCPA Lecturer (Status Only)	DFCM	N/A		N/A	Facilitator; Clinical preceptor
Nicole Boetto, Hons. B.Ed., BScPA- CCPA Lecturer (Status Only)	DFCM	N/A		N/A	Course Assistant
Tanni Dhukai (nee Halder), BScPA, CCPA Lecturer (Adjunct)	DFCM	N/A		N/A	Clinical Preceptor
Drew Gould, BScPA, MA, CCPA Lecturer (Adjunct)	DFCM	N/A		N/A	CI – PA scholar; Clinical Preceptor

Name	**Clinical Departmental Primary Appointment**	**Unit of Other Budgetary Appt and % (if applicable)**	**Current Graduate Faculty Membership Status and Graduate Unit (e.g., Associate, Department of Public Health Sciences)** **See Below ***	**Commitment to Other Programs Please list other programs in which the person routinely teaches/ supervises. (e.g., MA in English; PhD in English)**	**Nature of Contribution to The Current Program (Course instructor [CI], thesis supervision [TS], clinical or practice supervisor [C/PS]. Please list the courses each member will teach.)**
Kevin Penney, BScPA, BSc PT, CCPA Lecturer (Adjunct)	DFCM	N/A		N/A	Course Facilitator; Clinical preceptor
Patricia D'Silva, BScPA, CCPA Lecturer (Status Only)	DFCM	N/A		N/A	CI – HPE
Zlata Janicijevic, BSc, McMS, DMSc, PA-C, CCPA Lecturer (Status Only)	DFCM	N/A		N/A	CI – LCE
Davindra Singh MD, CFPC, RCPSC	DFCM	N/A		N/A	Clinical Preceptor

Name	**Clinical Departmental Primary Appointment**	**Unit of Other Budgetary Appt and % (if applicable)**	**Current Graduate Faculty Membership Status and Graduate Unit (e.g., Associate, Department of Public Health Sciences)** **See Below ***	**Commitment to Other Programs Please list other programs in which the person routinely teaches/ supervises. (e.g., MA in English; PhD in English)**	**Nature of Contribution to The Current Program (Course instructor [CI], thesis supervision [TS], clinical or practice supervisor [C/PS]. Please list the courses each member will teach.)**
Clinical Adjunct MD (Lecturer)					
Mohamad Alshurafa MD, CFPC Clinical Adjunct (Assistant Professor)	DFCM	N/A		N/A	Clinical Preceptor
Seamus Norton, MD, RCPSC, FRCPC, FAAP Clinical (MD) Adjunct Appt	Department of Pediatrics	N/A		Dept of Paediatrics	Clinica Preceptor
Deniece O'Leary, BSc, MPAS, PA-C Lecturer (Status Only)	DFCM	N/A		N/A	Clinical Preceptor

Name	**Clinical Departmental Primary Appointment**	**Unit of Other Budgetary Appt and % (if applicable)**	**Current Graduate Faculty Membership Status and Graduate Unit (e.g., Associate, Department of Public Health Sciences)** **See Below ***	**Commitment to Other Programs Please list other programs in which the person routinely teaches/ supervises. (e.g., MA in English; PhD in English)**	**Nature of Contribution to The Current Program (Course instructor [CI], thesis supervision [TS], clinical or practice supervisor [C/PS]. Please list the courses each member will teach.)**
Renee Roy, BPHE, BScPA, MSc, CCPA Lecturer (Status Only)	DFCM	N/A		N/A	Clinical Preceptor
Sahand Ensafi, BSc, BHSc, MHSc, CCPA Lecturer (Status Only)	DFCM	N/A		N/A	Clinical Preceptor
Nasir Mohammad Iftikhar, BKin, BScPA, CCPA Lecturer (Status Only)	DFCM	N/A		N/A	clinical preceptor

Given the program's planned/anticipated class sizes and cohorts (enrolment section) as well as its program level learning outcomes please discuss:

- Participation of a sufficient number and quality of core (i.e., appointed) faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment.
- If applicable, discussion/explanation of the role and approximate percentage of adjunct and sessional faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience.
- If required, provision of supervision of experiential learning opportunities.

The faculty listed in the above table are teaching in the current BScPA program, and will continue to teach in the MPAS. The current faculty complement consists of:

- One tenure stream associate professor
- Two teaching stream associate professors
- Three MDs with full-time clinical faculty appointments
- Five MDs clinical adjunct appointments
- Three PAs with adjunct appointments
- Fifteen PAs with status only-lecturer appointments

As described below, this appointment model and corresponding faculty complement aligns with a medical education appointment model used throughout North America and beyond. The faculty complement listed in Table 7 is appropriate and sustainable to support achievement of the MPAS objective and learning outcomes.

Medical education in general and PA education specifically is predicated on the provision of teaching by non-tenure, teaching faculty who also have full or part time clinical practices in hospitals or in the community. Clinical teaching faculty are responsible for the delivery of all aspects of medical education programs, including knowledge-based curriculum, clinical skills and professional development. They teach in classroom settings and in clinical settings. Given the continuous and rapidly evolving advances in healthcare, it is essential that faculty in health professions education maintain their clinical practice component in order to stay current and relevant in the content of their teaching. The sustainability of this approach has been demonstrated by a number of health profession education programs, including the MD Program.

The MPAS faculty, with the exception of 2 PhD scientists who teach anatomy and physiology, are either physicians (MDs) or physician assistants. In addition to their academic roles within the program, 26 MDs and PAs in Table 7 also have active clinical practices and most have hospital appointments with one of the hospitals affiliated with the University of Toronto. This is integral to their ability to provide practice-informed expertise, essential to the case-based integration of the curriculum. Further, they are very experienced in ensuring an appropriate balance of theory and practice given their involvement in the BScPA program. All are very knowledgeable about the role of the PA within the healthcare system and are well-suited to teach students in the MPAS. The faculty complement is intentional and driven by the expertise needed to teach each section of the MPAS, enabling students to successfully meet the section PLOs.

For many practicing physicians and physician assistants, academic teaching roles, such as those within the MPAS, are highly valued and sought after positions. The combination of clinical practice and teaching enhances the breadth of their professional identity, supports the maintenance of excellence in their knowledge and skills, and contributes to academic promotion opportunities. Within the medical education appointment model, those benefits result in the long term commitment of MDs and PAs to teaching roles in medical education programs, contributing to the stability of medical education programs in general and the MPAS in particular.

In addition to their appointments to the University of Toronto, the MDs and PAs who are responsible for the Unit-based curriculum and those in leadership positions will be eligible for a Graduate Faculty Appointment with the Institute of Medical Sciences (IMS), at the level of Associate Member Restricted to Teaching status.* These appointments will be granted just prior to the launch of the MPAS in September 2027, in accordance with SGS governance and policies.

We are fortunate to have a ‘proof of concept’ for the delivery of the MPAS curriculum given the successful 16 year history of the BScPA.

The quality of instruction meets the highest standards and the faculty are very committed to the provision of quality education in support of a robust PA profession in healthcare. As practicing clinicians, the faculty are also committed to training the next generation of health care professionals – it is an integral part of their academic mandate to ensure the sustainability of the healthcare system for the future.

The current complement of clinical teaching faculty are appropriate and qualified to deliver the MPAS curriculum. The MPAS curriculum will be divided into 4 primary Units:

Medical Foundations, Physician Assistant Professional Competencies, Clinical and Procedural Skills and Physician Assistant Research. Each of these units will be sub-divided into smaller units (e.g. Medical Foundations is divided into sections MF1, MF2, MF3). Each of these primary Units (e.g. MF) will be led by a Unit Director who will be responsible for the overall integration of the unit sections (MF1 – MSC5001H, MF2 – MSC5002H, MF3 – MSC5003H), and for the marking and grading of student evaluations. The curriculum will be taught by Section Leads who are content experts; some of these Section Leads are also Unit Directors. For example, there may be 1 - 2 Sections Leads for MF1 – MSC5001H. Section leads will provide the content to be taught, the material to be evaluated and will deliver the section teaching sessions.

The curriculum and project for the PA R Unit will be overseen by a full-time faculty member in the teaching stream – the program's PA Research and Academic Scholar, who is also a PA. For each project, two types of supervisors will be involved and will collaborate to support student progress and completion of their research projects.

1) PA Research Faculty Advisor (who holds both a faculty and graduate appointment) will have research experience and their role will be to support and ensure students meet their academic requirements of the Research Unit curriculum.

2) Research Supervisor will be the student's project supervisor in the local setting where the projects are conducted. The research supervisor will have firsthand knowledge and experience to support the project and student in its setting.

Research supervisors will be recruited through an annual call-out to the PA program's broad network, including:

- clinical supervisors, both PAs and MDs, who are geographically distributed across program placement sites
- program unit directors and section leads
- interprofessional networks, such as the research arms of the Centre for Advancing Collaborative Healthcare and Education (CACHE)
- U of T health professions and health systems research networks, such as the Wilson Centre (at Toronto General Hospital - University Health Network
- two graduate units - Institute of Health Policy, Management, and Evaluation (IHPME), and the Dalla Lana School of Public Health
- DFCM's office of research scholarship

Research supervisors will not be paid or have university appointments. However, the benefit is that the student's research activity advances the teaching and academic

dossiers of the Research supervisors (e.g., conducting relevant research project conducted at their site, contributing to production of scholarly work, including journal publications and conference presentations).

Prospective research supervisors will be invited to submit research project outlines that will be vetted by the PA Research and Academic Scholar for approval. Students will select their research projects from the approved list of project proposals and organize themselves in groups of approximately 4 students per research project.

Finally, with regards to the 44 weeks of clinical placements, students receive direct supervision from clinical preceptors who are either licensed physicians or certified PAs. Many of the clinical preceptors hold faculty appointments at the Northern Ontario School of Medicine University (NOSM U), UofT, and/or other Ontario health institutions. All placements have affiliation agreements with UofT. The student evaluation process for clinical placements is structured by the program, consistent between all placements, and overseen by the clinical unit director. The program ensures that there are appropriate and sufficient placements, in every required specialty, for all students.

10.2 Other Resources

- Adequacy of the administrative unit's planned utilization of existing human, physical and financial resources, including implications for the impact on other existing programs at the University.
- Evidence that there are adequate resources to sustain the quality of scholarship and research activities produced by students, including library support, information technology support and laboratory access.
- If necessary, additional institutional or divisional resource commitments to support the program in step with its ongoing implementation.

In anticipation of the physical move of the BScPA program to SAMIH in July 2026, decanal oversight of the undergraduate Physician Assistant (PA) Program shifted to Dr. Patricia Houston, Vice Dean Medical Education, effective October 1, 2025. The Vice Dean Medical Education portfolio is inclusive of physician assistant education, undergraduate (MD) medical education, postgraduate medical education, clinician-scientist education, and continuing professional development.

The MPAS administration will be physically located at the Scarborough campus as part of the Scarborough Academy of Medicine and Integrated Health (SAMIH). Although most of

the program will be delivered online, space is required for the program's in-person campus blocks, which will take place at SAMIH. During the two-year program, there will be nine campus blocks (six in Year 1, three in Year 2). The following space requirements have been outlined to the Senior Advisor, Strategic Initiatives, Temerty Medicine:

- One large room for approximately 95 people (unit director, facilitators and students) for demonstration purposes
- Ten smaller rooms for approximately seven to ten people (students, facilitators and standardized patients) for breakout/practice

All equipment needed for the Campus Blocks is owned by the PA Program. Additional equipment will not be required.

The MPAS administrative team will have five offices that can hold six people. In addition to the offices, there will an open area with three hotelling workstations to be shared with other programs.

Some storage has been allotted to the PA program; additional storage will be required and is available in other areas of the SAMIH building.

Student housing near SAMIH during campus blocks will be limited, especially during high student volume times of the academic year. However, in consultation with the CAO of UTSC, there are several viable hotel housing options in Pickering and Markham, and dedicated shuttles to the campus from these sites, during campus blocks is possible. There are no other foreseeable capital requirements.

MPAS administrative staffing and leadership positions are adequate for a class size of 85. Informed by the relocation of the BScPA to SAMIH at UTSC, a revised organizational structure for the PA education has been developed and initiated. This reorganization of existing administrative staff positions includes the development of new roles to ensure sufficient support for PA education, including the MPAS. These new roles include positions related to clinical placement coordination and the learner experience. While the reorganization does not involve an increase in the number of administrative staff (i.e. FTEs), a new staff position focused on supporting student research is under development. This new position, which is informed by the operational needs of the MPAS, can be accommodated within the Medical Education budget. Unit costs, equipment, educational resources and IT requirements are within the proposed budget capacity. No additional funding will be required for research supervisors. It is anticipated that MPAS admissions and program operational costs will remain the same

as the current BScPA costs. Discussions with IMS have indicated an alignment in expectations of workload and a recognition that the MPAS program will essentially be an autonomous entity within IMS, similar to the existing program, MSc in Biomedical Communication, that operates out of UTM.

As graduate students, MPAS students will have access to the same services as their graduate student peers in the program's home graduate unit, the Institute of Medical Science. This includes but is not limited to access to health and wellness resources, including the Faculty's onsite counsellor, as well as resources at the departmental level (program counselling, graduate academic appeals, etc.). Delivery of these services will be offered using online platforms or students can choose to come to IMS in person.

As MPAS students will be a unique subset of the IMS student body due to the clinical nature of their training, they will also be able to access the Temerty Medicine Office of Learner Affairs (OLA). Its mandate is to optimize the learning environment and experience and enable clinical learners' development into accomplished health care professionals. This access aligns with other graduate clinical students in the Temerty Faculty of Medicine (i.e. Physical Therapy, Occupational Therapy, Graduate Diploma in Health Research). The counselling services offered by OLA are accessible to students even during the on-line portions of the program, as they can receive counselling services virtually. OLA is very familiar with the PA program and student needs – they respond in a timely manner, offering confidential personal counselling with learner life specialists and academic coaching with a learner strategist. They help facilitate student access to extensive resources and networks within the University and surrounding community, including various wellness programs and crisis resources.

The MPAS program will use Quercus, the University's online teaching and learning system. Within Quercus, students can access course materials such as course outlines, lectures, assignments and links to additional information. The platform is used for online interactions between students, and between faculty and students. Students will be provided with an orientation to the platform prior to the first campus block, the Academic Coordinator and admin staff provide individual support as needed and students can access MEDIT for further assistance. Please see Appendices B and C for further information about library resources and student support services.

10.3 Resources for Graduate Programs Only

Given the program's planned/anticipated class sizes and cohorts as well as its program level learning outcomes:

- Evidence that faculty have the recent research or professional/clinical expertise needed to sustain the program, promote innovation and foster an appropriate intellectual climate.
- Where appropriate to the program, evidence that financial assistance for students will be sufficient to ensure adequate quality and numbers of students.
- Evidence of how supervisory loads will be distributed, in light of qualifications and appointment status of the faculty.

As evidenced by the attached Curricula Vitae of the current BScPA faculty complement, the faculty demonstrate advanced and specific clinical and scholarly expertise in healthcare, academic scholarship and the PA profession. As such, the faculty are well prepared to sustain the MPAS and to advance and innovate to remain relevant within evolving health care science and needs.

The Temerty Faculty of Medicine has a well-established history of ensuring that their students receive financial assistance as needed – as the MPAS will move to SAMIH under the oversight of the Vice Dean Medical Education, Temerty Medicine will apply the same experience to MPAS students in financial need.

As noted in 10.1, research advisors will be recruited through an annual call-out to the PA program's broad network. As is the norm for student driven research projects in medical fields, supervisor payment will be 'in-kind'. The 'payment' is the opportunity for the completion of projects in the supervisors' field of interest at no additional cost to them.

11 Quality and Other Indicators

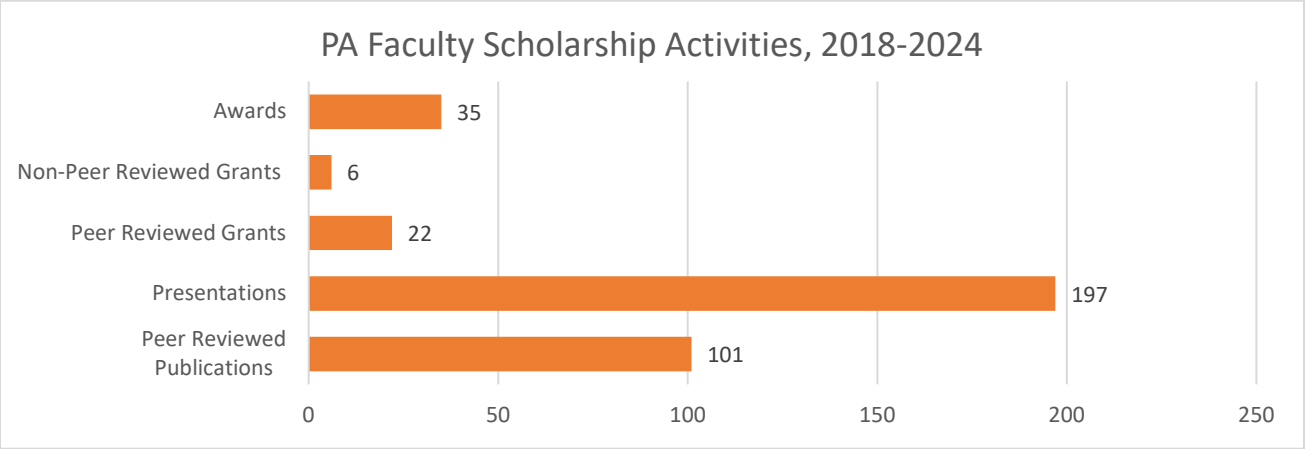
- Evidence of the quality of the faculty (e.g., qualifications, funding, honours, awards, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring)
  - The quality of the scholarship of the faculty, and the degree to which that scholarship is brought to bear in teaching.
  - Any other evidence that the program and faculty will ensure the intellectual quality of the student experience.
  - Any additional indicators of quality identified by the division or academic unit.
  - How the proposed program compares to the best in its field among international peer institutions.

The quality of MPAS faculty is evidenced by their academic and professional qualifications, credentials, and scholarly achievements. Their diverse expertise and commitment to research and scholarship enhance the learning experience for students, fostering an environment of intellectual growth.

Publications, Presentations, Grants and Awards

As evidenced in Figure 1, faculty involved PA education are engaged in scholarly research and activities, demonstrated by the number of publications, presentations, grants and awards from 2018-2024.

Figure 1. PA Faculty Scholarship Activities, 2018-2024.



Awards

A significant testament to the quality of our faculty is the number of prestigious awards they have received. Over the past few years, numerous faculty members have been recognized by the Canadian Association of Physician Assistants (CAPA) for their outstanding contribution to PA education. Table 7 shows the track record of our faculty winning these awards. The two main CAPA awards are:

- Tom Ashman Physician Assistant of the Year - recognizes a current member of CAPA who has demonstrated a long-term commitment to furthering the PA profession in Canada.
- PA Educator of the Year - An individual, team or site who has had a significant impact on the education of PAs in Canada.

Table 7. CAPA awards and U of T PA Program Faculty.

Award	Year	Faculty Member
CAPA Honour Roll	2017	Dr. Peter Tzakas
Tom Ashman Physician Assistant of the Year	2013	Sharona Kanofsky
	2019	Sahand Ensafi
	2020	Drew Gould
PA Educator of the Year	2020	Dr. Peter Tzakas
	2021	Zlata Janicijevic
	2023	Jeff Straw
	2025	Aurthi Muthukumaran

These accolades not only reflect individual achievement but also enhance the overall reputation of our Program, showcasing the exceptional talent and dedication of our faculty to PA education. The impact of our Program graduates on health care and health scholarship, and the alignment and advancement of Canadian PA professional standards through our Program's educational process are key indicators that are referred to in the Need and Demand section.

Appendix A: Courses

The following section summarizes each Unit, with number, title and description:

Unit: Medical Foundations
Unit Summaries: Medical Foundations 1 (MSC5001H), Medical Foundations 2 (MSC5002H) and Medical Foundations 3 (MSC5003H)

Medical Foundations 1 MSC5001H	**Medical Foundations 1 (MF1)** **Unit Description:** Medical Foundations 1 (MF1) provides an **integrated study of human anatomy, physiology, and pathobiology**, forming the cornerstone of medical knowledge for understanding health and disease. This course systematically explores the structure, function, and dysfunction of major organ systems—including the **head/neck, thorax, abdomen, pelvis, musculoskeletal (MSK), and neurological systems**—emphasizing their interconnections from cellular to whole-body levels. Students will analyze disease mechanisms (e.g., inflammation, neoplasia, genetic disorders) and clinical correlations, bridging foundational science to diagnostic and therapeutic strategies. The unit culminates with an introduction to therapeutics, preparing students for advanced clinical topics. **Key Components:** 1. **Integrated Systems Approach:** a. **Anatomy:** Gross and functional anatomy of organ systems. b. **Physiology:** Homeostasis and system interactions (e.g., cardiovascular, respiratory, renal). c. **Pathobiology:** Disease mechanisms (cellular injury, hemodynamic disorders, microbiology). 2. **Clinical Relevance:** a. Case-based learning linking pathology to patient presentations. b. Introduction to diagnostic and preventive strategies. 3. **Therapeutics Primer:** Foundational principles of treatment (beginning at course end). **Section Leadership:** • **1 Unit Lead** (oversees integration).

	• **3 Section Leads** (Anatomy Lecturer, Physiology Lead, Pathology Lead).
	
	Section Structure:
	
	• **Weekly Hours:** 6 hours (didactic + active learning).
	• **Schedule:**
	  ○ **Monday PM:** 2-hour session (e.g., anatomy/physiology integration).
	  ○ **Tuesday PM:** 2-hour session (e.g., pathobiology focus).
	  ○ **Thursday AM:** 2-hour session (e.g., clinical correlations/therapeutics).
	• **Assessments:**
	  ○ **Weekly Quizzes (Friday PM):** Open-book/formative checks on that week's material.
	  ○ **Biweekly Tests (Every 2nd/3rd Monday AM):** Summative exams covering 2–3 weeks of content.
	
	Learning Outcomes:
	
	By the end of MF1, students will:
	
	1. **Correlate** anatomical structures with physiological functions across organ systems.
	2. **Explain** pathobiological mechanisms (e.g., inflammation, neoplasia) and their clinical manifestations.
	3. **Apply** foundational knowledge to diagnose/treat diseases through case-based examples.
	4. **Demonstrate** readiness for advanced therapeutics via introductory principles.
	
	MF1 equips students with a **unified understanding of human biology and disease**, ensuring seamless progression to clinical applications.
	The weeks of the unit are:
	
	1. Thorax - Cardio with a focus on cells
	2. Thorax - Resp with continue focus on cells
	3. Abdomen + neoplasia principles
	4. Pelvis + neoplasia principles
	5. MSK- microbiology
	6. MSK -microbiology
	7. Neuro immunology
	8. Neuro +genetics
	9. Integrative + genetics

	10. Integrative + intro to pharm principles
Medical Foundations 2 MSC5002H	**Medical Foundations 2 (MF2)** **Unit Description:** Medical Foundations 2 (MF2) bridges foundational science with clinical medicine, using a **systems-based approach** to explore pathophysiology, diagnosis, and management of diseases across major organ systems. Building on MF1 knowledge, this unit emphasizes **clinical reasoning, pharmacotherapy, and evidence-based practice** while integrating concurrent anatomy, physiology, and clinical skills training. Each week centers on a **case-based learning model**, linking theory to real-world patient scenarios while also starting students to review how conditions can be investigated i.e. how to read X-rays for the Musculoskeletal system, how to read ECGs in the cardiac system etc. **Key Components:** 1. **Systems-Based Pathophysiology & Management:** a. Covers **11 major systems**: i. Skeletal, Muscular, Nervous, Behavioral Medicine ii. Endocrine, Cardiovascular, Hematologic iii. Respiratory, Digestive, Urinary, Reproductive b. Focus areas: i. Disease mechanisms, clinical presentations, differential diagnoses ii. Diagnostic testing, treatment planning, preventive medicine iii. Medication safety, pharmacotherapy, patient education 2. **Clinical Integration:** a. Weekly **case-based learning** (1 case/week) to apply concepts. b. Emphasis on **peer teaching, communication skills, and reflective practice**. 3. **Pharmacology & Pathology Synergy:** a. Drug mechanisms, therapeutic decision-making, and safety. b. System-specific pathologic correlations (e.g., cardiac, respiratory).

Unit Leadership:

- **1 Unit Lead** (oversees curriculum integration and assessments
- **2 Section Leads** (Pharmacology, Pathophysiology).
- **Weekly System Experts** (Guest faculty for specialty topics; some weeks taught by Unit Director).

Unit Structure:

- **Weekly Hours:** 6 hours (didactic + case-based sessions).
- **Schedule:**
  - **Monday PM:** 2-hour session (e.g., pathophysiology focus).
  - **Tuesday PM:** 2-hour session (e.g., pharmacotherapy/management).
  - **Thursday AM:** 2-hour session (e.g., case application/system review).
- **Assessments:**
  - **Weekly Quizzes (Friday PM):** Open-book/formative assessments on recent material.
  - **Biweekly Tests (Every 2nd/3rd Monday AM):** Summative exams covering 2–3 systems.

Learning Outcomes:

By the end of MF2, students will:

1. **Analyze** disease mechanisms and clinical presentations across 12 organ systems.
2. **Develop** differential diagnoses and evidence-based management plans.
3. **Apply** pharmacologic principles to treatment strategies and patient safety.
4. **Demonstrate** clinical reasoning through case-based learning and peer teaching.
5. **Integrate** preventive medicine and patient education into care plans.

MF2 prepares students for clinical rotations by unifying foundational science with **diagnostic and therapeutic decision-making**.
The weeks of the unit are:

1. Intro to pharm and integumentary system
2. Skeletal System + Xray
3. Muscular System +Xray

	4. Nervous System +NCS/EMGs 5. Endocrine System + relevant blood tests 6. Cardiovascular System +ECG 7. Lymphatic System +continued ECG 8. Respiratory System + PFTs 9. Digestive System + relevant blood tests 10. Urinary System +urinalysis 11. Reproductive System 12. Behavioural System
Medical Foundations 3 MSC5003H	**Medical Foundations 3 (MF3)** **Unit Description:** MF3 advances clinical integration by adopting a **specialty-based approach** to disease diagnosis and management. Building on MF1/MF2, this unit covers larger **clinical specialties**, emphasizing evidence-based practice, clinical reasoning, and patient-centered care. Students will refine skills in differential diagnosis, treatment planning, and interdisciplinary collaboration, with continued focus on pharmacotherapy, medication safety, and preventive health. **Key Components:** 1. **Specialty-Focused Curriculum:** a. **Core Specialties Covered:** i. *Medical:* Cardiology, Gastroenterology, Respirology, Nephrology, Endocrinology, Infectious Disease, Rheumatology, Hematology/Oncology, Allergy/Immunology, Psychiatry, Pediatrics, Obstetrics, Geriatrics, Dermatology, Emergency Medicine, ii. *Surgical:* General Surgery, Urology, Gynecology, Ophthalmology iii. *Primary Care:* Family Medicine & Preventive Health 2. **Clinical Skill Integration:** a. **Case-based learning** linking pathophysiology to specialty-specific presentations. b. Emphasis on **diagnostic testing interpretation**, therapeutic decision-making, and patient education. 3. **Pharmacology & Pathology Synergy:** a. Advanced pharmacotherapy principles tailored to specialties (e.g., anticoagulants in Cardiology, immunosuppressants in Rheumatology). b. Disease mechanisms and their clinical correlations.

	Unit Leadership:
	• **1 Unit Director** (oversees curriculum and specialty integration).
	• **5 Section Leads** (each teach specific weeks of the unit).
	Unit Structure:
	• **Weekly Hours:** 6 hours (didactic + case-based sessions).
	• **Schedule:**
	  ○ **Monday PM:** 2-hour session (e.g., specialty pathophysiology/clinical pearls).
	  ○ **Tuesday PM:** 2-hour session (e.g., pharmacotherapy/management guidelines).
	  ○ **Thursday AM:** 2-hour session (e.g., complex case discussions).
	• **Assessments:**
	  ○ **Weekly Quizzes (Friday PM):** Focus on recent specialty topics.
	  ○ **Biweekly Tests (Every 2nd/3rd Monday AM):** Summative exams covering 2–3 specialties.
	Learning Outcomes:
	By the end of MF3, students will:
	1. **Develop** differential diagnoses for conditions across medical/surgical specialties.
	2. **Design** evidence-based treatment plans, integrating pharmacologic and non-pharmacologic strategies.
	3. **Apply** preventive medicine principles to specialty-specific populations (e.g., geriatrics, pediatrics).
	4. **Demonstrate** interdisciplinary collaboration through case-based learning.
	5. **Communicate** complex medical information to patients and peers effectively.
	MF3 prepares students for clinical rotations by mastering **specialty-specific reasoning** and **holistic patient care**.
	Weeks of the unit are:
	1.Cardiology
	2.Respirology
	3.Endocrinology
	4.Neurology
	5.Gastroenterology
	6.Rheumatology

	7.Obstetrics and Gynecology 8.Pediatrics 9. Pediatrics 2 10. Geriatrics 11.Psychiatry 12.Nephrology 13. Hematology/Oncology 14. Surgery (Uro and ophthalmology, ortho) 15. Surgery (ENT, plastics/transplant and Vascular) 16. Dermatology 17. Emergency Medicine 18. Family Medicine

Unit: Clinical & Procedural Skills
Unit Summaries: Clinical & Procedural Skills 1 (MSC5021H), Clinical & Procedural Skills 2 (MSC5022H), Clinical & Procedural Skills 3 (MSC5023H)

Clinical & Procedural Skills 1 MSC5021H	**Clinical & Procedural Skills 1 (CPS1)** **Unit Description:** CPS1 provides hands-on training in foundational clinical skills, equipping students with the competencies needed for patient interactions and physical examinations. Through simulated patient encounters (in-person and virtual), students practice history-taking, communication, and system-specific physical exams, ensuring readiness for real-world clinical settings. **Key Components:** 1. **Core Clinical Skills:** a. **Patient Communication:** Building rapport and structured interviewing techniques. b. **Medical History-Taking:** Focus on diverse case presentations and chief complaints. c. **Physical Examinations:** i. Vital signs measurement ii. System-specific exams (cardiovascular, respiratory, abdominal, pelvic, head/neck, musculoskeletal, neurological) 2. **Simulation-Based Learning:** a. Repeated practice with standardized patients (SPs) and virtual cases.

	b. Emphasis on **accuracy, patient comfort, and clinical relevance**. 3. **Integration with ePBL:** a. Case-based discussions facilitated by ePBL mentors to link skills to diagnostic reasoning. **Unit Leadership:** • **1 Unit director** • **6 ePBL Facilitators** (guide case-based learning and reflection). • Campus block facilitators **Unit Structure:** • **Weekly Hours:** 4 hours (hybrid format). • **Schedule:** ○ **Campus Block Sessions:** In-person skill drills and SP encounters (days/times flexible). ○ **Online Class (Thursday PM/Eve):** Virtual simulations, debriefs, and ePBL integration. • **Assessments:** ○ **Weekly Quizzes (Friday PM):** Knowledge checks during campus blocks. ○ **Final Test (Campus Block End):** Written/practical synthesis of course content. ○ **Physical Exam Checklists:** Demonstrated proficiency in exam techniques. ○ **History-Taking Oral Exam:** Structured patient interview evaluation. **Learning Outcomes:** By the end of CPS1, students will: 1. **Elicit** a comprehensive medical history across diverse patient scenarios. 2. **Perform** accurate physical examinations for major organ systems. 3. **Demonstrate** patient-centered communication and professionalism. 4. **Integrate** history and exam findings to guide next diagnostic steps. CPS1 bridges classroom learning to **clinical application**, ensuring competency in core patient-care skills. Focus of this unit is learning examination skills and taking a history

Clinical & Procedural Skills 2 MSC5022H	**Clinical & Procedural Skills 2 (CPS2)** **Unit Description:** CPS2 advances students' clinical reasoning and diagnostic skills through problem-based learning (PBL) with virtual patient scenarios. Building on CPS1, this course emphasizes differential diagnosis, evidence-based management, and integration of foundational sciences (Pathology, Pharmacology, Diagnostic Techniques). Students refine history-taking, physical exam skills, and diagnostic interpretation (e.g., EKGs, labs) while preparing for hands-on procedural training in CPS3. **Key Components:** 1. **Advanced Clinical Integration:** a. **Virtual Patient Encounters:** Simulated cases to practice medical/psycho-social histories, physical exams, and differential diagnoses. b. **Diagnostic Interpretation:** EKG, lab test, and imaging analysis tied to case scenarios. c. **Management Planning:** Evidence-based treatment strategies and patient education. 2. **Collaborative Learning:** a. **Online Team Discussions:** Instructor-facilitated PBL sessions (Thursday afternoons/evenings) to debate diagnoses and management. b. **SOAP Note Development:** Structured documentation practice with graded feedback. 3. **Bridge to Procedures:** a. Prepares students for CPS3's hands-on skills (e.g., suturing, injections) by reinforcing diagnostic foundations. **Unit Leadership:** • **1 Unit Director** (oversee curriculum and virtual case design). • **6 ePBL Facilitators** (guide team-based learning and critical thinking). • Campus block facilitators **Unit Structure:** • **Weekly Hours:** 4 hours (fully online). • **Schedule:** ○ **Thursday PM/Eve:** Live virtual PBL sessions (case discussions, instructor feedback). ○ **Self-Paced Learning:** Pre-work (e.g., reviewing diagnostic materials) and post-case reflections. • **Assessments:**

	○ **Weekly Quizzes (Friday PM):** Open-book assessments on case content. ○ **SOAP Note Assignment:** One graded submission evaluating clinical documentation skills from HINTS assessments ○ Oral Case presentation from HINTs assessment ○ Final case – watch video note on 1) SOAP note 2) Oral Case presentation of case and 3) write a referral/admission/discharge note **Learning Outcomes:** By the end of CPS2, students will: 1. **Synthesize** patient data to generate differential diagnoses for virtual cases. 2. **Interpret** diagnostic tests (EKGs, labs) to guide clinical decision-making. 3. **Develop** evidence-based management plans and SOAP notes. 4. **Collaborate** effectively in online team-based discussions. 5. **Transition** seamlessly to procedural training (CPS3) with strengthened diagnostic foundations. CPS2 prioritizes **critical thinking and interdisciplinary integration**, ensuring readiness for advanced clinical and procedural challenges. Focus of this unit is history-taking alongside the weeks of MF2 relevant content and learning to write SOAP notes, conduct Oral case presentations,
Clinical & Procedural Skills 3 MSC5023H	**Clinical & Procedural Skills 3 (CPS3)** **Unit Description:** CPS3 is the capstone of the pre-clinical skills series, advancing students' mastery of patient assessment, clinical procedures, and complex clinical reasoning. Through immersive simulations, hands-on training, and small-group learning, students refine neurologic/MSK exams, adapt care for special populations, and perform essential procedures. The unit bridges classroom knowledge to clinical rotation readiness, emphasizing high-yield, entry-to-practice PA competencies. **Key Components:** 1. **Advanced Clinical Skills:** a. **Neurologic & Musculoskeletal Examinations:** Focused assessment techniques.

	b. **Special Populations:** Pediatrics, geriatrics, mental health, and women's health adaptations. c. **Comprehensive Documentation:** History-taking, physical exams, and SOAP notes. 2. **Hands-On Procedural Training:** a. Suturing & wound care b. Airway management c. Orthopedic splinting/immobilization d. Surgical sterile prep (gloving/gowning, OR protocols) 3. **Integration & Teamwork:** a. Case-based learning links concurrent course content (e.g., Pathology, Pharm) to differential diagnoses and management plans. b. Collaborative simulations prepare students for interprofessional clinical environments. **Unit Leadership:** • **1 Unit lead** • **2 Section Leads** (CS3 + Diagnostic & Procedures lead). • **6 ePBL Facilitators** (guide case discussions and reflective practice). **Unit Structure:** • **Format:** hybrid (campus block + online). • **Weekly Hours:** 6 total (campus procedures + virtual cases). • **Schedule:** ○ **Campus Block:** Intensive hands-on skill sessions (dates flexible). ○ **Online (Thursday PM/Eve):** Virtual patient cases, team debriefs, and HINTS/SOAP note reviews. **Assessments:** • **Bi-Weekly Quizzes (Friday PM):** Application-based questions on procedural/clinical topics. • **Test (Every 3rd Monday AM):** Systems-focused exams (e.g., MSK, neuro) at end of campus block • **Graded Evaluations:** ○ **HINTS SOAP Notes and Oral case presentation:** Structured clinical documentation ○ **Oral Case Presentation:** Synthesis of history, exam, and management planning. ○ **Year 1 OSCE (V):** Summative objective structured clinical exam.

	Learning Outcomes: By the end of CPS3, students will: 1. **Perform** neurologic/MSK exams and procedures with technical proficiency. 2. **Adapt** assessments and care plans for pediatric, geriatric, and obstetric populations. 3. **Demonstrate** sterile technique and wound/orthopedic management. 4. **Defend** differential diagnoses and evidence-based plans in oral presentations. 5. **Perform well i**n OSCEs, showcasing readiness for clinical rotations. CPS3 ensures competency in **high-frequency PA skills** and **team-based care**, culminating the pre-clinical curriculum. In parallel with MF3, students will practice relevant history taking and next steps with focus on documentation of 1) admission note 2) inpatient progress note 3) discharge note 4) referral note 5) Consult note 6) Operative note 7) Labour and delivery note, 8) Procedure note

Unit: Physician Assistant Professional Competencies
Unit Summaries: PA Professional Competencies I (MSC5011H), PA Professional Competencies 2 (MSC5012H), PA Professional Competencies 3 (MSC5013H), PA Professional Competencies 4 (MSC5014H), PA Professional Competencies 5 (MSC5015H) and PA Professional Competencies 6 (MSC5016H)

PA Professional Competencies 1 (PAPC) MSC5011H	**PA Professional Competencies 1 (PAPC1)** **Unit Description:** PAPC1 introduces students to the fundamental roles and responsibilities of Physician Assistants within Ontario and Canada's healthcare systems. Grounded in the **CanMEDS-PA** and **EPA-PA** frameworks, this unit establishes core competencies for entry-to-practice, including scope of practice, interprofessional collaboration, professionalism, advocacy, and patient-centered communication. Through a combination of didactic learning, clinical exposure, and reflective practice, students begin developing their professional identity while engaging with critical healthcare concepts such as **social determinants of health, equity, diversity, inclusion, and accessibility (EDIA), quality improvement, and patient safety**.

	Key Components: • **Professional Foundations**: Introduction to PA roles, healthcare systems, and core competencies (CanMEDS-PA/EPA-PA). • **Longitudinal Clinical Experience (LCE**): 30 hours of supervised placements across diverse settings (e.g., family medicine, emergency medicine, surgery, pediatrics, allied health) to shadow MDs/PAs and observe patient care. • **Learning Portfolio:** Structured reflection on academic/professional growth via quarterly mentorship sessions with practicing PAs and self-assessment tools. • **Interprofessional Education (IPE):** Early collaboration with other health disciplines to understand team-based care. • **Critical Topics:** Exploration of EDIA, patient safety, and adaptability to diverse practice environments. **Unit Leadership:** • **1 Unit Director** overseeing curriculum and integration. • **10 Mentors** facilitating small-group sessions and clinical reflections. **Unit Structure:** • **Didactic Sessions:** 2 hours/week (Friday afternoons). • **LCE Placements:** 10 hours total (Protected Wednesdays). • **IPE Activities:** Scheduled throughout the semester. **Assessments:** • **Quizzes:** Foundational knowledge checks (e.g., PA roles, healthcare systems). • **Assignments:** Reflective writing or case analyses (e.g., EDIA in practice). • **Mentor Meeting Attendance & Reflection:** Documentation of professional development discussions. • **LCE Hours Logged & Reflection:** Clinical exposure verification and insights. • **IPE Participation:** Team-based learning evaluations. **Learning Outcomes:** By the end of PAPC1, students will:

	1. Articulate the PA role, scope of practice, and regulatory frameworks in Canada. 2. Observe and reflect on clinical care dynamics during LCE placements. 3. Apply EDIA principles to patient interactions and healthcare systems. 4. Engage in interprofessional teamwork through IPE activities. 5. Begin documenting professional growth via the Learning Portfolio. PAPC1 lays the groundwork for clinical and professional development, bridging theory with early practical experience.
PA Professional Competencies 2 (PAPC) MSC5012H	**PA Professional Competencies 2 (PAPC2)** **Unit Description:** PAPC2 focuses on the essential non-medical expert roles of a Physician Assistant, emphasizing professionalism, equity, and interdisciplinary collaboration. Building on foundational concepts from PAPC1, this unit explores critical topics such as social determinants of health, equity, diversity, and inclusion (EDI), quality improvement, and patient safety. Students will engage in structured reflective practice through the **PA Learner Portfolio** while gaining hands-on experience in clinical and interprofessional settings. **Key Components:** • **Professional Development:** Exploration of social determinants of health, EDI, patient safety, and quality improvement in healthcare. • **Learner-Centered Experience (LCE):** 10 hours of supervised clinical or allied health placements to observe and reflect on the PA role in practice. • **Interprofessional Education (IPE):** Collaborative sessions with UofT Health Science programs to understand team-based care dynamics. • **Mentorship:** Guided mentor meetings to support reflective growth and professional identity formation. **Unit Leadership:** • **1 Unit Director** overseeing curriculum and mentorship. • **10 Mentors** providing individualized guidance. **Unit Structure:** • **Total Hours:**

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Didactic sessions: 2 hours/week (Friday afternoons)
LCE placements: 30 hours total (Wednesdays, protected time)

IPE Sessions: Scheduled variably throughout the semester.

Assessments:

Quizzes: Knowledge checks on core topics (e.g., EDI, patient safety).
Assignments: Reflective or analytical work (e.g., social determinants case studies).
Mentor Meeting Attendance & Reflection: Documentation of mentorship discussions.
LCE Hours Logged & Reflection: Verification of placement hours and insights.
IPE Participation: Active engagement in team-based learning activities.

Learning Outcomes:
By the end of PAPC2, students will:

Analyze how social determinants of health and EDI principles impact patient care.
Demonstrate reflective practice through the PA Learner Portfolio and mentorship.
Observe and articulate the PA role in diverse clinical settings during LCE placements.
Collaborate effectively with other health professionals in IPE activities.
Apply quality improvement and patient safety frameworks to case scenarios.

PAPC2 bridges theory and practice, preparing students for clinical training while fostering professionalism and systemic awareness.
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<tr><td>PA Professional Competencies 3 (PAPC) MSC5013H</td><td>
PA Professional Competencies 3 (PAPC3)
Unit Description:
PAPC3 further develops the critical non-medical expert competencies essential for Physician Assistant practice, with continued emphasis on social determinants of health, equity, diversity, and inclusion (EDI). This unit integrates academic learning with hands-on clinical experiences, preparing students for the transition to their clinical year. Through mentorship, reflective practice, and diverse clinical exposures, students refine their professional identity, clinical reasoning, and adaptability in various healthcare settings.
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	Key Components:
	
	• **Professional Competencies:** Advanced exploration of EDI, social determinants of health, and healthcare system dynamics.
	• **Learner-Centered Experience (LCE):** 30 hours of clinical or allied health placements to observe and participate in patient care under MD/PA or allied health supervision.
	• **Portfolio Development:** Quarterly small-group mentorship sessions with practicing PAs and ongoing self-assessment of academic and professional progress.
	• **First-Year Clinical Practicums:** Early exposure to diverse clinical settings (e.g., family medicine, emergency medicine, surgery, pediatrics, allied health) to apply didactic knowledge, develop clinical skills (e.g., medical documentation, differential diagnosis, case presentations), and practice interprofessional teamwork.
	• **Transition to Clinical (TTC) Curriculum:** Prepares students for core rotations through workshops on clinical expectations, resilience, and work-life balance.
	
	Unit Leadership:
	
	• **1 Unit Director** overseeing curriculum and mentorship.
	• **10 Mentors** facilitating small-group sessions and individualized guidance.
	
	Unit Structure:
	
	• **Total Hours:**
	  ○ Didactic sessions: **2 hours/week (Friday afternoons)**
	  ○ LCE placements: 1**0 hours total (Wednesdays, protected time)**
	• **IPE Sessions:** Scheduled variably throughout the semester.
	
	Assessments:
	
	• **Quizzes:** Knowledge checks on core topics (e.g., EDI, clinical skills).
	• **Assignments:** Reflective or case-based work (e.g., clinical encounter analyses).
	• **Mentor Meeting Attendance & Reflection:** Documentation of mentorship discussions and professional growth.
	• **LCE Hours Logged & Reflection:** Verification of placement hours and clinical insights.

	• **IPE Participation:** Active engagement in interprofessional team activities. **Learning Outcomes:** By the end of PAPC3, students will: 1. Apply EDI principles and social determinants of health to patient care in diverse clinical settings. 2. Demonstrate clinical skills (e.g., documentation, case presentations) during practicums and LCE placements. 3. Reflect on mentorship experiences to navigate professional challenges and growth. 4. Collaborate effectively in interprofessional teams through IPE and clinical practicums. 5. Articulate strategies for transitioning to clinical rotations, including resilience and self-care. PAPC3 ensures students are clinically and professionally prepared for the demands of the PA role prior of the clinical year of the program
PA Professional Competencies 4 (PAPC) - MSC5014H	**PA Professional Competencies 4 (PAPC4)** **Unit Description:** PAPC4 builds on the foundational skills developed in PAPC1, 2, and 3, continuing the interprofessional education (IPE) and mentorship series while supporting students' transition into the clinical year. The unit includes structured workshops, mentor meetings, and IPE activities designed to reinforce professionalism, teamwork, and reflective practice in clinical settings. **Key Components:** • **Transition to Clinical Year:** A series of Wednesday morning sessions prepares students for the shift from didactic to clinical training. • **Mentorship Program:** Ongoing mentor meetings provide guidance, feedback, and professional development. • **Interprofessional Education (IPE):** Collaborative activities with other healthcare disciplines to enhance teamwork and patient-centered care. • **Professionalism discussion in the health care workplace** **Unit Structure:** • **Total Hours:** 12 per semester • **Schedule:** Primarily Wednesday mornings (transition workshops), with IPE and mentorship sessions scheduled variably.

	Assessments: • **Mentor Meeting Attendance & Reflection:** Students document and reflect on mentor discussions. • **IPE Participation:** Engagement in interprofessional activities with assessed outcomes. **Learning Outcomes:** By the end of PAPC4, students will: 1. Demonstrate readiness for clinical rotations through transition workshops. 2. Reflect on mentorship insights to guide professional growth. 3. Collaborate effectively in interprofessional teams via IPE experiences. 4. Uphold core professionalism standards in clinical practice.
PA Professional Competencies 5 (PAPC) - MSC5015H	**PA Professional Competencies 5 (PAPC5)** **Unit Description:** PAPC5 advances the professional development series by integrating interprofessional education (IPE), mentorship, with shift to a major ethics curriculum in this course. Building on PAPC4, this unit emphasizes ethical decision-making in clinical practice while continuing to foster teamwork, reflective mentorship, and professional growth. **Key Components:** • **Ethics in Clinical Practice:** A structured ethics curriculum explores principles, dilemmas, and case-based applications in healthcare. • **Mentorship Program:** Ongoing mentor meetings support clinical-year development and self-reflection. • **Interprofessional Education (IPE):** Collaborative activities with other healthcare disciplines to reinforce patient-centered, team-based care. **Unit Director:** • Leads the ethics curriculum, including lectures, discussions, and assessments. **Unit Structure:** • **Total Hours:** 20 per semester

	• **Schedule:** Wednesday morning sessions (ethics), with variable timing for IPE activities. **Assessments:** • **Mentor Meeting Attendance & Reflection:** Documentation and reflective writing on mentorship discussions. • **IPE Participation:** Engagement in interprofessional activities with evaluated outcomes. • **Ethics Quizzes:** Periodic assessments to gauge understanding of ethical principles. • **Ethics Assignments (x3):** Case analyses, reflective essays, or debates applying ethics to clinical scenarios. **Learning Outcomes:** By the end of PAPC5, students will: 1. Analyze and resolve clinical ethical dilemmas using foundational principles. 2. Reflect on mentorship experiences to guide professional identity and growth. 3. Collaborate effectively in interprofessional teams through structured IPE activities. 4. Demonstrate ethical reasoning in written assignments and case discussions. PAPC5 ensures students integrate ethical frameworks with professional competencies as they progress through clinical training.
PA Professional Competencies 6 (PAPC)-MSC5016H	**PA Professional Competencies 6 (PAPC6)** **Unit Description:** PAPC6 serves as the capstone of the professional development series, preparing students for the transition from clinical training to independent practice. This unit continues the interprofessional education (IPE) and mentorship components while emphasizing professionalism, career readiness, and the practical aspects of entering the healthcare workforce. **Key Components:** • **Transition to Practice:** Workshops and discussions focus on licensure, job search strategies, professional expectations, and work-life balance. • **Mentorship Program:** Final mentor meetings provide guidance on career planning, clinical challenges, and lifelong learning.

	• **Interprofessional Education (IPE):** Advanced collaborative activities reinforce team-based care and communication in real-world settings. • **Professionalism Series:** Reflective sessions on ethical practice, self-care, and adapting to the PA role. **Unit Lead:** • oversees mentorship, IPE, and transition-to-practice content. **Unit Structure:** • **Total Hours:** 12 per semester • **Schedule:** Primarily **Wednesday mornings** (transition workshops/professionalism), with variable timing for IPE sessions. **Assessments:** • **Mentor Meeting Attendance & Reflection:** Documentation and synthesis of mentorship discussions on career readiness. • **IPE Participation:** Active engagement in interprofessional case simulations or team-based activities. **Learning Outcomes:** By the end of PAPC6, students will: 1. Demonstrate readiness for clinical practice through transition-focused workshops. 2. Reflect on mentorship insights to navigate early career challenges. 3. Collaborate effectively in interprofessional teams, applying skills to complex cases. 4. Articulate strategies for maintaining professionalism, resilience, and ethical practice. PAPC6 ensures a confident transition into the PA profession, bridging education and real-world practice.

Unit: Physician Assistant (PA) Research
Unit Summaries: PA Research 1 (MSC5031H), PA Research 2 (MSC5031H), PA Research 3 (MSC5033H), PA Research 4 (MSC5034H), PA Research 5 (MSC5035H), PA Research 6 (MSC5036H)

PA Research 1 (PAR1) MSC5031H	**PA Research 1** **Unit Description:** This unit equips students with foundational skills in health professions research, emphasizing its critical role in evidence-based PA practice. The unit gives an overview of the diverse research methodologies, including quantitative (RCTs, cohort, cross-sectional), qualitative, and mixed-methods approaches, alongside quality improvement (QI) and program evaluation frameworks. This units 's main focus is on evidence-based practice (EBP), equipping students with the skills to search out and identify the best and most relevant evidence to help in their clinical decision-making. This unit teaches students to assess the strength of evidence of the risks and benefits of different diagnostic tests and treatments that are available for patient management. This unit is based on the following modules: introduction to Evidence Based Medicine (EBM), formulation of a clinical question, searching the biomedical literature for EBM, critical appraisal of the evidence, applying evidence to a patient problem and evidence-based guidelines. Throughout, the students will be working on their research project: working in their project groups to develop a full research project proposal design. **Assessments (p/F)** • Completion of TCPS 2: CORE-2022 Course on Research Ethics • Test on EBM principles • PICO assessment **Project** • Students must submit their ranking of projects that have been reviewed and provided by the program. Students will be placed into a project group, (maximum of 4 students) and assigned a project from their ranked list and a PI supervisor. Projects can be clinical, educational, or health systems research or QI based.

PA Research 2 (PAR2) MSC5032H	**PA Research 2** **Unit Description:** This unit continues to allow a more in-depth understanding of research methodologies with a focus on quality improvement (QI) and program evaluation frameworks and educational scholarship. The unit will also cover ethical principles in research—such as REB/IRB processes, informed consent, and confidentiality—are examined to ensure rigor and integrity. The unit also addresses equity and inclusivity in research design, highlighting the impact of systemic bias and strategies to promote representative scholarship. Students will develop an understanding of QI principles, as applied to the clinical setting. The QI module is interactive and will aid students in formulating their own QI projects. **Assessments (P/F)** • Quizzes or Test on Theory covered • Assignment on comparative methodologies for QI vs research for similar research question • QI Assignment **Project:** • Project design / writing a proposal on it for Research question vs QI project proposal
PA Research 3 (PAR3) MSC5033H	**PA Research 3** **Unit Description:** This unit equips students with skills in data analysis; it enables an understanding of basic statistical methods and interpretation of results. By the end of this unit, theoretical perspective frameworks and methodologies of qualitative analysis are understood. REB application submissions will be completed by mid-way through the unit. **Assessments:** • Quizzes/Test on Data analysis • Presentation on design choice – whether REB is required or not **Project:** • Submit group REB if required or if not submit a mock REB

PA Research 4 (PAR4) MSC5034H Data collection and Knowledge translation	**PA Research 4** **Unit Description:** This unit develops students' ability to communicate research effectively across academic and public audiences while maintaining rigorous scholarly standards. Participants will master techniques for tailoring messages, selecting optimal dissemination formats (including visual/infographic design), and examining how their positionality shapes knowledge translation. The curriculum combines practical training in scholarly publishing (journal/conference selection, submission processes, writing resources) with critical analysis of research biases and limitations. As students progress through their project's data collection phase, they will submit a formal status update demonstrating applied skills in research documentation, self-evaluation of methodological choices, and plans for stakeholder engagement. **Assessments:** • Quizzes/Test on Theory covered • Short presentation on knowledge translation **Project:** • Submit progress of data collection for feedback from PI/PA scholar & research lead • Submit Introduction of project for feedback from PI /PA scholar & research lead
PA Research 5 PAR5 MSC5035H	**PA Research 5** **Unit Description:** This unit integrates theoretical knowledge from prior coursework with hands-on research application, guiding students through the final stages of data collection and analysis. Participants will synthesize their findings by presenting key analyses for peer and faculty feedback, while completing polished drafts of their introduction and methods sections for both a scholarly paper and a poster presentation. The unit emphasizes rigorous data interpretation, academic writing standards, and effective communication of research processes and outcomes. **Assessment** Test on theory **Project:**

	• Submit methods section and results section for feedback from PI /PA scholar & research lead
PA Research 6 (PAR6) MSC5036H	**PA Research 6** **Unit Description:** In this culminating research unit, students will collaboratively refine their research projects by incorporating feedback from prior submissions to produce two deliverables: (1) a finalized scholarly paper meeting academic standard, and (2) a professional poster presentation. Students will formally present their findings to faculty & peers, demonstrating mastery of research communication, synthesis of feedback, and collaborative knowledge translation. This unit will conclude with a discussion of possible future research endeavours and explore how to apply for funding, i.e. grant writing and funding strategies. **Assessments:** • Group assessment **Project:** • Submit poster • Present poster • Submit paper

Unit: Clinical Unit
Course Summaries: Clinical Unit 1(MSC5041H), Clinical Unit 2 (MSC5042H), Clinical Unit (MSC5043H)

Clinical Unit 1 MSC5041H	**Clinical Unit 1 (CU1)** **Unit Description:** CU1 immerses students in core clinical placements across diverse medical settings, integrating hands-on patient care with structured academic learning. Students rotate through 3 core specialties (Placement 1, 2 and 3) within one of 10 regional training hubs, gaining exposure to real-world practice while participating in weekly Academic Half Days (AHDs) featuring Problem-Based Small Group (PBSG) learning. This unit bridges foundational knowledge with clinical application, emphasizing patient management, teamwork, and reflective practice.

	Key Components: 1. **Core Clinical Placements:** a. **3 Specialty Placements:** Discipline-specific training (e.g., internal medicine, surgery, family medicine). b. **Hub-Based Learning:** Regional clinical sites with preceptor-guided experiences. 2. **Academic Half Day (AHD – Wednesdays):** a. **Problem-Based Small Group (PBSG) Learning:** Case discussions linking rotation experiences to evidence-based practice. b. Topics align with rotation specialties and high-yield clinical concepts. 3. **Longitudinal Requirements:** a. **Case Log Submissions:** Documentation of patient encounters/procedures. b. **Weekend On-Call Opportunities:** Optional for enhanced exposure (hub-dependent). **Unit Leadership:** • **1 Clinical Unit Director** (oversees placements, Academic Half Day content, and assessments). • **1 Administrative Support** (coordinates hub placements and logistics). **Unit Structure:** • **Weekly Commitment:** ○ **4.5 Days Clinical Placements:** Monday–Friday (with possible weekend on-call). ○ **½ Day AHD (Wednesday):** PBSG sessions and didactic reinforcement. • **Duration:** Aligned with rotation blocks (e.g., 4–6 weeks per specialty). **Assessments:** 1. **End-of-Rotation Exam (ERE):** a. Specialty-specific written/practical assessments. Grade is average of EREs 2. **Case Log Submissions:** a. Verified patient encounters/procedures (minimum requirements per rotation). 3. **PBSG Attendance & Participation:** a. Graded engagement in small-group case discussions. 4. **In-training Assessment Report** – completed by preceptor at the end of each clinical rotation

	Learning Outcomes: By the end of CU1, students will: 1. **Apply** medical knowledge to diagnose and manage patients in 3 core specialties. 2. **Document** clinical experiences comprehensively via case logs. 3. **Collaborate** effectively in interprofessional teams during rotations. 4. **Analyze** cases critically during PBSG sessions, integrating rotation experiences. 5. **Demonstrate** readiness for advanced rotations through ERE performance. CU1 ensures **competency in core clinical disciplines** while fostering lifelong learning habits.
Clinical Unit 2 MSC5042H	**Clinical Unit 2 (CU2)** **Clinical Unit Description:** CU2 builds on the foundation of CU1, expanding students' clinical experience through 4 core specialty placements (Placement 4, 5, 6 and 7) while maintaining the integration of hands-on patient care with structured academic learning. Students continue training within one of 10 regional hubs, deepening their clinical expertise and participating in weekly Academic Half Days (AHDs) featuring Problem-Based Small Group (PBSG) learning. This unit emphasizes advanced patient management, interdisciplinary collaboration, and simulation-based skill refinement. **Key Components:** 1. **Core Clinical Placements:** a. **4 Specialty Placements:** Discipline-specific training in required and elective areas (e.g., emergency medicine, pediatrics, psychiatry, surgery subspecialties). b. **Hub-Based Learning:** Regional clinical sites with preceptor-guided experiences. 2. **Academic Half Day (AHD – Wednesdays):** a. **Problem-Based Small Group (PBSG) Learning:** Case discussions linking rotation experiences to evidence-based practice. b. Advanced topics aligned with rotation specialties and clinical challenges. 3. **Simulation Campus Block:**

	a. Immersive simulation exercises to practice high-acuity scenarios, procedural skills, and team-based care. 4. **Longitudinal Requirements:** a. **Case Log Submissions:** Documentation of patient encounters, procedures, and critical reflections. b. **Weekend On-Call Opportunities:** Optional for enhanced clinical exposure (hub-dependent). **Unit Leadership:** 5. **1 Unit Director** (oversees placements, AHD content, and assessments). 6. **1 Administrative Support** (coordinates hub placements, simulation scheduling, and logistics). **Unit Structure:** 7. **Weekly Commitment:** a. **4.5 Days Clinical Placements:** Monday–Friday (with possible weekend on-call). b. **½ Day AHD (Wednesday):** PBSG sessions and didactic reinforcement. 8. **Simulation Block:** Intensive hands-on training during dedicated campus sessions. 9. **Duration:** Aligned with rotation blocks (e.g., 4–6 weeks per specialty). **Assessments:** 1. **End-of-Rotation Exam (ERE):** a. Specialty-specific written/practical assessments. 2. **Case Log Submissions:** a. Verified patient encounters/procedures (minimum requirements per rotation). 3. **PBSG Attendance & Participation:** a. Graded engagement in small-group case discussions 4. **Simulation Performance:** a. Evaluated competency in simulated clinical scenarios. 5. **In-training Assessment Report** – completed by preceptor at the end of each clinical rotation **Learning Outcomes:** By the end of CU2, students will: 6. **Manage** patients independently in 4 core specialties, demonstrating advanced clinical reasoning. 7. **Synthesize** rotation experiences into evidence-based practice during PBSG discussions.

	8. **Perform** effectively in high-fidelity simulations, including crisis management and procedures. 9. **Document** clinical encounters comprehensively and reflectively via case logs. 10. **Collaborate** with interprofessional teams in both real and simulated environments. CC2 ensures **readiness for diverse clinical environments** and prepares students for the transition to residency or practice.
Clinical Unit 3 MSC5043H	**Clinical Course 3 (CU3)** **Unit Description:** CU3 represents the culmination of the PA clinical curriculum, offering students the opportunity to tailor their training through 3 placements (Placement 8, 9, and 10) in specialties of their choice. This unit combines specialized clinical experiences with continued academic development through weekly **Academic Half Days (AHDs)**, featuring Problem-Based Small Group (PBSG) learning. CU3 emphasizes advanced clinical autonomy, complex decision-making, and synthesis of knowledge across disciplines, preparing students for entry into professional practice. **Key Components:** 1. **Elective Clinical Placements:** a. **3 Specialty Placements:** Student-selected areas of focus (e.g., cardiology, orthopedics, critical care, global health). b. **Individualized Learning:** Customized experiences aligned with career goals and competency gaps. 2. **Academic Half Day (AHD – Wednesdays):** a. **Problem-Based Small Group (PBSG) Learning:** Advanced case discussions integrating elective experiences with core medical principles. b. Focus on complex patient management, healthcare systems, and transition-to-practice topics. **Unit Leadership:** • **1 Clinical Unit Director** (oversees elective coordination, AHD content, and assessments). • **1 Administrative Support** (manages elective placements and logistics). **Unit Structure:** • **Weekly Commitment:**

- **4.5 Days Clinical Placements:** Monday–Friday (with optional weekend on-call, rotation-dependent).
- **½ Day AHD (Wednesday):** PBSG sessions and transition-focused didactics.

- **Duration:** Aligned with placement blocks (e.g., 4 weeks per elective).

Assessments:

1. **Objective Structured Clinical Exam (OSCE):**
   a. Summative evaluation of clinical skills, communication, and decision-making early in the semester based on core placements
2. **Final Summative Case-Based Test:**
   a. Comprehensive written assessment integrating knowledge across elective experiences.
3. **Elective-Specific Evaluations:**
   a. Preceptor assessments of clinical performance in each placement.

4, In-training Assessment Report – completed by preceptor at the end of each clinical rotation

Learning Outcomes:

By the end of CU3, students will:

1. **Demonstrate** mastery of patient care in their chosen elective specialties.
2. **Integrate** complex clinical knowledge across disciplines during PBSG discussions.
3. **Excel** in OSCEs, showcasing readiness for independent practice.
4. **Synthesize** learning through the final case-based test, reflecting breadth of training.
5. **Plan** their transition to practice, including licensure and career next steps.

CU3 ensures **specialized competency** and **professional readiness**, marking the completion of the PA clinical training journey.

Appendix B: Library Statement

University of Toronto Libraries Report for Master of Physician Assistant Studies
Temerty Faculty of Medicine, University of Toronto

Context: The University of Toronto Library (UTL) system is the largest academic library in Canada and is currently ranked third among academic research libraries in North America.[15] UTL has an annual acquisition budget of $42.4 million. Its research and special collections comprise over 12.8 million print volumes, 5.6 million microforms, and rich collections of manuscripts, films, and cartographic materials. The system provides access to more than 3.5 million electronic books, 200,000+ journals, and a rich array of online primary source materials.[16] Numerous, wide-ranging collections, facilities and staff expertise reflect the breadth of research and instructional programs at the University and attract unique donations of books and manuscripts from around the world, which in turn draw scholars for research and graduate work.

Major North American Research Libraries

	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
ARL RANK	**UNIVERSITY**	**UNIVERSITY**	**UNIVERSITY**	**UNIVERSITY**	**UNIVERSITY**
1	Harvard	Harvard	Harvard	Harvard	Harvard
2	Yale	Yale	Yale	Yale	Yale
3	Columbia	**Toronto (3rd)**	**Toronto (3rd)**	**Toronto (3rd)**	**Toronto (3rd)**
4	**Toronto (4th)**	Columbia	Michigan	Michigan	Michigan
5	Michigan	Michigan	Columbia	Columbia	New York

[15] As per Association of Research Libraries Statistics.

[16] Figures as of January 2023

Top 5 Canadian Universities in the ARL Ranking of Major North American Research Libraries

2018- 2019	2019-2020	2020-2021	2021-2022	2022-2023
RANK/ UNIVERSITY	**RANK/ UNIVERSITY**	**RANK/ UNIVERSITY**	**RANK/ UNIVERSITY**	**RANK/ UNIVERSITY**
4/Toronto	**3/Toronto**	**3/Toronto**	**3/Toronto**	**3/Toronto**
30/Alberta	39/Alberta	29/British Columbia	24/British Columbia	35/British Columbia
40/British Columbia	40/British Columbia	39/Alberta	39/McGill	41/McGill
47/McGill	51/McGill	42/McGill	42/Alberta	49/Alberta
62/Ottawa	75/Calgary	70/Calgary	58/Ottawa	71/York

Space and Access Services: UTL's 40 libraries are divided into four administrative groups: Central, Departmental/local, Campus (UTM & UTSC) and Federated and Affiliated College Libraries. UTL provides a variety of individual and group study spaces for students. Study space and computer facilities are normally available twenty-four hours, five days per week at one location, Robarts Library, with additional extended hours during study and exam periods at both UTSC and UTM. Web-based services and electronic materials are always accessible from campus or remote locations.

Equity, Diversity and Inclusion (EDI): EDI is a high priority at UTL. UTL has developed an EDI Statement, an Anti-Racism Statement and a Collections Diversity Plan. These statements are supported by a concrete action plan, which UTL is committed to achieving. UTL is prioritizing staff diversity, staff cultural competencies and awareness of systemic biases, building and improving relationships with Indigenous and other underrepresented communities, incorporating the principles of the Accessibility for Ontarians with Disabilities Act in its services, and working with the University's Equity Offices to remove barriers in support of our community members who seek to fulfill their academic, research, and employment goals. One example of an initiative to improve the diversity of our health sciences collections is our subscription in 2023 to VisualDx. VisualDX is a diagnostic point-of-care tool that supports clinical decision making. Its diverse image collection is considered the largest visual atlas for skin of colour, and contains over 46,000 skin types, ages, and disease presentation variations.

Teaching, Learning & Research Support: Libraries play an important role in the linking of teaching and research in the University. To this end, information literacy instruction has regularly been offered to assist in meeting Bachelor of Science Physician Assistant degree level expectations in the ability to gather, evaluate, and interpret information and is

expected to continue throughout the Master of Physician Assistant Studies. Librarians collaborate with instructors on assignment design, provide student research consultations, and offer just-in-time student research help in person, by phone, or through online chat. Librarians are also available to support curriculum mapping initiatives. Special initiatives, such as the annual forum for student journal editors, extend information literacy beyond the classroom. These services align with the Association of College and Research Libraries (ACRL) *Framework for Information Literacy for Higher Education*.[17]

Program Specific Instructional Support: Instruction has occurred at a variety of levels for students in the Bachelor of Science Physician Assistant program and is provided by a faculty liaison librarian specific to the program. This support will continue once the program transitions to the Master of Physician Assistant Studies (MPAS) program. The Gerstein Science Information Centre facilitates formal instruction integrated into the class schedule and hands-on tutorials related to course assignments. For example, students in PAP119 – Physician Assistant Professional Competencies receive library instruction on the 6S pyramid of sources, specifically focusing on pre-appraised sources. The librarian provides them with demos and opportunities to familiarize themselves with a variety of information sources including sources for clinical practice guidelines, point-of-care tools, drug information tools, medical search engines, and subject specific databases. The Library can provide similar instruction to students within the Master of Physician Assistant Studies, tailored to the new learning objectives and assignment requirements of new courses resulting from the creation of the Master level program. The Library, through its liaison librarians, customizes feeds of library resources which appear prominently in Portal/Blackboard course pages. Librarians at the Gerstein Science Information Centre have created a specific research guide for the program with recommended resources on topics relevant to the Physician Assistant Program. In addition, the library has created self-paced learning modules on comprehensive searching and a thorough overview of systematic and scoping review methodology.

Collections: Many college and campus libraries collect materials in support of the Physician Assistant students; the largest collection of materials is centrally located in the Gerstein Science Information Centre. Collections are purchased in all formats to meet the variety of preferences and styles of our current students and faculty. The University of Toronto Library is committed to collecting both print and electronic materials in support of the Master of Physician Assistant Studies at the University of Toronto.

[17] Association of College & Research Libraries. Framework for Information Literacy for Higher Education. ACRL, 2016. http://www.ala.org/acrl/sites/ala.org.acrl/files/content/issues/infolit/Framework_ILHE.pdf

Journals: The Library subscribes to 25 of the top 25 journals listed in Journal Citation Reports (JCR)[18] in the subject area most relevant to the Master of Physician Assistant Studies: Medicine, General & Internal. All these titles are available electronically to faculty, staff and students at the University. We prioritize acquisition of online journals where possible.

Monographs: UTL maintains comprehensive book approval plans with 39 book vendors worldwide. These plans ensure that the Library receives academic monographs from publishers all over the world in an efficient manner. In support of Physician Assistant students, monographs are purchased in electronic form where possible, and the Library currently receives all current e-books directly from Elsevier, Springer, Sage, and Wiley-Blackwell, amongst other publishers.

Knowledge Synthesis: Libraries are key partners in research through their collaborations with faculty in completing knowledge syntheses projects, Systematic and Scoping Review Collaboration (SSRC), and providing consultations to faculty and students on comprehensive searching for method driven reviews.

Preservation, Digitization, and Open Access: UTL supports open access to scholarly communication and research information through its institutional research repository (known as T-Space), its Downsview print repository, its open journal services, subscriptions to open access publications, and support for preservation of research materials in all formats. In addition to acquiring materials in support of Physician Assistant students, the Library has digitized its monograph holdings published before 1923. These books are available without charge to any Internet user. The University of Toronto Libraries has negotiated with several publishers to support open access publishing through either fully-funded or partially funded article processing charges (APCs).

Key Databases: Ovid MEDLINE, Ovid EMBASE, EBSCO CINAHL

Special Collection Highlight: The Gerstein Science Information Centre is home to a Graphic Medicine Collection – a collection of graphic novels on health-related topics.

Prepared by: Eden Kinzel, Liaison and Education Librarian, November 6, 2025

Submitted by: Larry Alford, University Chief Librarian, University of Toronto Libraries

[18] 2024 Journal Citation Reports® (Thomson Reuters, 2025)

Appendix C: Student Support Services

Student Services Statement
St. George Campus / University of Toronto Scarborough

All University of Toronto undergraduate and graduate students have access to student services on all three campuses, Mississauga, St. George (downtown Toronto), and Scarborough, regardless of their 'home campus'. The services and co-curricular educational opportunities provide a complement to the formal curriculum by engaging and challenging students to reach their full potential as learners, leaders and citizens. At the University of Toronto (St. George Campus) these services are organized by Student Life, the academic division registrar and local student life offices, and the School of Graduate Studies. All these services combine to support the success of our students from the time they are admitted through degree completion and beyond.

Students have access to comprehensive **physical and mental health care** on campus, including a medical clinic, travel medicine services, immunization, contraception and sexual health education. Counselling and treatment options for psychological and emotional concerns include psychotherapy, group therapy and pharmacotherapy, as well as specialized assault counselling services provided both by the Health and Wellness Centre and the Sexual Violence Prevention and Support Centre. In addition, a large number of wellness programs are provided, such as mindful meditation, workshops on coping skills and stress management. All students on all campuses have access to UofT MySPP, a multilingual immediate and/or ongoing confidential, 24-hour counseling support for any school, health or general life concern at no cost to students.

Housing needs, including residence application assistance, off-campus housing listings, and resources for students on the rental housing search, tenant rights and responsibilities, as well as assistance with finding temporary/urgent overnight accommodation, are met through the Housing Services.

Coaching and education in the development of key **learning skills** — from time management to reducing exam anxiety — is provided through **Academic Success**.

Academic Success also partners with faculty to integrate success strategies and support into the curriculum.

Students can explore what to do with their degree, discover job opportunities and further education by accessing programs, services and resources designed and delivered by **Career Exploration & Education.** Through workshops, appointments, events and job shadowing opportunities students can identify goals, navigate career decisions, build job searching skills and develop meaningful connections with employers and alumni. Career Exploration & Education also works with faculty and instructors to integrate career learning into their courses and curriculum.

International learning opportunities (study, research and professional experiences outside of Canada) for all students on all campuses enable the development of global fluency in academic, personal and career spheres. Opportunities are catalogued at learningabroad.utoronto.ca. Student **Safety Abroad** support is provided to all students on all university activity abroad. Opportunities for the development of global fluencies and skills are available to all students through on campus international learning co-curricular and experiential learning.

Specialized services are provided for **international students** including but not limited to pre-arrival, transition to Toronto, study and work permit advising, health insurance for international students and their dependents who are residents of Ontario, impact of lived experience and previous academic culture on teaching and learning expectations and peer resources for life as a U of T student. Specialized services are also available for all students whose health or disability impacts their functioning (academic accommodations, systems navigation, referrals, resources, skill development, peer programming and support) students with **children or other family responsibilities** (advising, resources, subsidized child care), **Indigenous students** (culturally relevant academic support, financial counselling) and **lesbian, gay, bisexual and transgender** students (counselling, referrals, equity outreach and engagement).

Participation in **campus life** and **experiential learning** are facilitated through Hart House (clubs, committees, events), the Centre for Community Partnerships (community-engaged learning and research opportunities , the Multifaith Centre (engage with religious diversity including spiritual and non-religious perspectives, interfaith programs, meditation and yoga, providing space for prayer, cultural and spiritual practices), and Clubs and Leadership Development (leadership development, equity education, recognition and support for student groups, activities, office, meeting and activity space for clubs). **Sport and recreational facilities and programs** are

provided to all students through both Hart House and the Faculty of Kinesiology and Physical Education. **Campus involvement** is supported actively through Orientation, Transition and Engagement (co-curricular record).

Support for the transition into life as a student are facilitated through Orientation, Transition and Engagement (transition programs, orientation coordination and support, outreach, parent and supporter resources) as well as **Mentorship and Peer Programs** (events for equity-seeking communities, 1:1 peer support, workshops). Programs and services designed to support Black, Latin American, Southeast Asian and First Generation students are offered through Mentorship and Peer programs.

Gradlife is a comprehensive suite of programs, services and initiatives offered across the Division of Student Life that are developed with a graduate student audience in mind. Gradlife includes skills development, social, academic and community building activities to support a holistic graduate student experience.

In addition to the UofT student services, the MPAS students will have access to the Temerty Faculty of Medicine services through the Office of Learner Affairs (OLA). The Associate Dean of OLA provides guidance to the Program and to individual students as needed. Students can access directly the OLA services of a learning strategy coach, personal counsellors, and the Learning Experience Unit that responds to incidents/reports/disclosure of student mistreatment, including in clinical placement settings. OLA refers students to UofT Accessibility Services whenever indicated and works closely with them and the Program to ensure any necessary accommodations are provided. The Associate Dean, OLA, is always involved if a student Leave of Absence is needed or being considered.

Within the program, the Academic Coordinator offers confidential support to students in difficulty and recommends appropriate resources/supports to the student. The Academic Coordinator is often the first point of contact for students and provides a consistent resource to students.

School of Graduate Studies (all campuses)

In addition to the above services available to all students, graduate students have access to registrarial services and co-curricular programs at the School of Graduate Studies (SGS) that assist students in meeting their academic goals.

Administrative staff at SGS provide **registrarial services** to graduate students including but not limited to recruitment, admission, orientation, registration, fees, program progress, awards/financial assistance and graduation. Fully equipped meeting rooms, which can be booked by student groups when not used for Final Oral Examinations, are distributed across two locations, the newly renovated 63 St. George Street (home of SGS Student Services) and 65 St. George Street. Financial advising, health & wellness and accessibility counselling services are also available at 63 St. George.

Two multi-purpose spaces, provided by SGS, are dedicated to graduate students. **Grad Room** is an accessible space on the St. George campus which provides University of Toronto graduate students with a lounge area and a space for academic, social and graduate professional skills programming. An additional lounge area for graduate students is available at 63 St. George, which provides graduate students with a quiet place to read, relax or study.

Grad Room is also home to the **Graduate Professional Skills Program** (GPS). GPS is a non-academic program presented by SGS consisting of a variety of offerings that provide doctoral stream students a range of opportunities for professional skills development. The program focuses on skills beyond those conventionally learned within a disciplinary program, skills that may be critical to success in the wide range of careers that graduates enter, both within and outside academe. GPS aims to help students communicate effectively, plan and manage their time, be entrepreneurial, understand and apply ethical practices, and work effectively in teams and as leaders.

The **Centre for Graduate Mentorship & Supervision (CGMS)** offers support to all members of the University of Toronto graduate community to help them achieve and maintain successful mentorship and supervisory relationships. Graduate students, supervisors, graduate chairs, and anyone else involved in the mentorship and supervisory relationship can contact CGMS about an issue or an incident and have a confidential conversation with trained staff. CGMS is dedicated to building capacity through consultation and skill development for both graduate students and supervisors,

system navigation and collaboration with other University partners, and identifying and developing resources that are aligned with best practices in graduate mentorship and supervision.

The **Graduate Centre for Academic Communication** (GCAC) provides graduate students with advanced training in academic writing and speaking. By emphasizing professional development rather than remediation, GCAC helps students to become familiar with the new genres they encounter in graduate school – such as literature reviews, research grants, research articles, and dissertations – and to cultivate a range of strategies for communicating expertise effectively in both writing and speech. GCAC offers five types of instruction designed to target the needs of both native and non-native speakers of English: non-credit courses, single-session workshops, individual writing consultations, guest talks given by invitation within graduate courses, and writing boot camps.

Temerty Faculty of Medicine

Graduate Student Health and Wellness
In partnership with the University of Toronto's Office of Health and Wellness, all FOM graduate students are eligible to access our on-location wellness counsellors as well as other relevant information about supports and services available on campus. This particular service aims to connect students with a counsellor in a timely fashion in order to get the support that they need. Using the University of Toronto's Stepped Care Model, a range of services and resources are provided for students to find the "right fit" based their level of distress, need and readiness to engage. Recently, a new chat function called NAVI has been launched to help students find services or resources 365/24/7.

Institute of Medical Science Students' Association (IMSSA)
All students registered in the Institute of Medical Science are members of the IMS Students' Association (IMSSA) and are expected to take an active part in the organization. A portion of the incidental fees goes to the Graduate Students' Union (GSU), which in turn funds the IMSSA. It represents the interests of graduate students at the Institute of Medical Science (IMS). IMSSA engages graduate students, staff and faculty of the IMS, with our primary mission being to promote the well-being of our student body as we attend to a wide range of student needs. We inspire students to participate in initiatives, activities and events beyond the lab setting within the realms of our various subcommittees: social, community and outreach, sports, academics and

wellness. This framework creates a bonded community and encourages the sharing of experiences, skills and ideas during and beyond students' graduate degree.

Appendix D: Comparator Programs

Please list U of T and external comparators and provide a short summary of the programs and highlight any differences between the degree programs and what is proposed. Please remove the example from the table below. The Ministry will be interested in variations in tuition of Ontario comparators. For example, if the new program's tuition is much higher than existing comparator programs in Ontario, the differences column and discussion above needs to present the value-add of this program.

Institution and Unit	Degree and Program (including URL)	Domestic Tuition	Program Description	Differences Between This Program and What is Proposed
U of T Comparators				
Master of Science in Physical Therapy	MScPT Physical Therapy Program https://www.physicaltherapy.utoronto.ca/mscpt-program	Program fee: $10,550/year Incidental and ancillary fees: $2,238.48	Two-year program, MScPT previously a bachelor level degree but transitioned to a master level in 2001 due to a mandate in the profession to move towards a MScPT. Admission Requirements: - 4-year bachelor degree - minimum of a mid-B in the final year - prerequisite courses in Human physiology - Human anatomy	The MScPT program is a master's level degree for Physical Therapy. Graduates will be eligible for employment as a physiotherapist. The MPAS requires 350 hours of prior healthcare experience, the MScPT does not. The MScPT requires a mid-B in final undergraduate year – the MPAS requires a GPA 3.0

Institution and Unit	Degree and Program (including URL)	Domestic Tuition	Program Description	Differences Between This Program and What is Proposed
			- Life and/or Physical Sciences - Social sciences and/or Humanities and/or Languages - Statistics or Research methods	
Master of Nursing (MN) Nurse Practitioner	MN NP https://bloomberg.nursing.utoronto.ca/learn-with-us/masters-programs/#NursePractitioner	Domestic Year One: Program Fee: $12,180 Incidental Fees: $2177.98 Ancillary Fees: $1124.98 Domestic Year Two: Same as above except: Ancillary Fee: $4772.36	Two year program, hybrid delivery format including on-line courses, campus residencies, and clinical placements. Admission Requirements: 3900 hours as a practicing clinical RN, BScN degree (or equivalent) with GPA 3.0, current registration as RN (registered nurse)	The MN NP program is a master level degree training as a nurse practitioner; only registered nurses can apply
Master of Science in Pharmacy, Graduate Department of Pharmaceutical Sciences	MScPhm mscphm@utoronto.ca	Tuition: $12,400 Ancillary Fees: $2238.48	24 month professional graduate program, includes a clinical practicum and a research project	Program developed for practicing pharmacists; only practicing pharmacists can apply

Institution and Unit	Degree and Program (including URL)	Domestic Tuition	Program Description	Differences Between This Program and What is Proposed
			Admission Requirements: Bachelors degree in Pharmacy or PharmD degree, Pharmacy practice experience	
Ontario Comparators				
McMaster University	BHScPA Physician Assistant Program https://physicianassistant.mcmaster.ca/	Approximately $12,000/academic year; supplementary fees estimated at $1,600 per year.	Two-year program delivered over a 24-month period Year 1 consists of clinical science courses, Year 2 consists of clinical training Their proposed MPAS, which will replace their BHScPA, will also include a scholarly project. Admission Requirements: - Minimum of 2 years of undergraduate university - will change to a completed bachelor degree when they become a Master level program.	The McMaster University PA program is currently in the process of transitioning to a Master degree program. While the curriculum content between McMaster's program and the UofT proposed MPAS is similar, the method of delivery is very different between the two programs. McMaster's program is a small group, in-person design, contrasting with the UofT hybrid approach.

Institution and Unit	Degree and Program (including URL)	Domestic Tuition	Program Description	Differences Between This Program and What is Proposed
			- Minimum GPA 3.0 - No prerequisite courses No prior healthcare experience required.	McMaster does not include any prior healthcare experience or prerequisite courses which the proposed UofT MPAS does.
Outside of Ontario (Canadian and International) Comparators				
(National Comparator) University of Manitoba	Master of Physician Assistant Studies (MPAS) https://umanitoba.ca/medicine/department-family-medicine/master-physician-assistant-studies-mpas	The tuition fee each year is approximately $22,387.32 plus a continuing fee of $675.00 Supplementary fees: $388.31	25-month graduate program - Comprised of coursework, clinical placements and a research capstone project Admission Requirements: - Minimum GPA of 3.0 in the last two full years - Prerequisites in Human anatomy, physiology and biochemistry Situational Judgement Test (Casper)	The UManitoba MPAS program does not require previous healthcare experience but does Biochemistry in their prerequisite courses Casper testing required Highest annual tuition among all Canadian PA programs

Institution and Unit	Degree and Program (including URL)	Domestic Tuition	Program Description	Differences Between This Program and What is Proposed
(National Comparator) Dalhousie University	Master of Physician Assistant Studies (MPAS) https://medicine.dal.ca/departments/PAStudies.html	Approximately $15,851.01 per year (3 terms). Incidental fees $2,125.02	First and only program in the Maritimes, opened in January 2024. Two-year graduate program consisting of core medical sciences (anatomy, physiology, pharmacology, and pathology), clinical placements and a research project Admission Requirements: - Minimum GPA of 3.0 in the last two full years of study - Prerequisites in Human Anatomy, physiology and biochemistry - Casper (assesses for non-cognitive skills and interpersonal characteristics) Nova Scotia resident	The Dalhousie program restricts applications to only those living in NS and/or the Atlantic provinces. Nova Scotia residents are prioritized first during the application process. If all 24 seats are not filled by Nova Scotian candidates, Maritime Canadian applicants will be considered. Applicants from outside of the Maritime Provinces will not be considered. Prerequisite courses include biochemistry and Casper testing required
(National comparator) University of Saskatchewan	Master of Physician Assistant Studies (MPAS)	$15,600 annually + student fees	Two-year, course-based graduate program consisting of foundational medical	

Institution and Unit	Degree and Program (including URL)	Domestic Tuition	Program Description	Differences Between This Program and What is Proposed
	https://medicine.usask.ca/mpas/index.php		knowledge and skills, clinical placements, a research capstone project Admission Requirements: Minimum 75% average in the last two years of study - Prerequisite courses in Indigenous studies; human anatomy; human physiology	Applicants are not required to have prior healthcare experience. USask MPAS has additional required prerequisite courses in Indigenous studies.
(National Comparator) University of Calgary	Master of Physician Assistant Studies (MPAS) https://cumming.ucalgary.ca/physician-assistant	$19,762,5 (based on $1,275 per course 31 courses over 2 years) approx. annually + general fees	Admission Requirements: 4 yr Undergraduate Degree, GPA 3.20, Pre-requisites required courses: Anatomy & Physiology, 500 hours of previous healthcare experience, Casper test	Casper testing is required, a slightly higher GPA and 150 more hours of previous healthcare experience
(International Comparator) Chatham University (Pittsburgh, USA)	MPAS Physician Assistant Program https://www.chatham.edu/academics/graduate/physician-assistant-studies/	Annual tuition: $55,165 USD Annual university fees: $4,098 USD Total two-year tuition and fees: $126,626 USD	Two-year program consisting of coursework and clinical placements. Admission Requirements: - Minimum overall 3.0 GPA	This is an American MPAS program that opened in 1995. The required prior healthcare experience is minimal, as compared to the UofT proposed MPAS, and their pre-requisites include

Institution and Unit	Degree and Program (including URL)	Domestic Tuition	Program Description	Differences Between This Program and What is Proposed
			- 11 prerequisite courses including anatomy, physiology, biology, organic chemistry 24 hours of PA shadowing	biology and organic chemistry. The tuition costs are substantially higher than Canadian standards.

Appendix E: MPAS Program at a Glance

Anticipated Start Date: Fall 2027

Dates (Monday – Sunday)	**Activities/Units**	**Important Dates**
Year 1, Term 1		
Aug 30 – Sept 5	Online Introduction	
Sept 6 – 12	In-person: Campus Block 1 in SAMIH	Sept 6 – Labour Day
Sept 13 – 19		Sept 9 – Welcome Ceremony
Sept 20 – 26		
Sept 27 – Oct 3	Online Units: MF1 (MSC5001H), CSP1 (MSC5021H), PAPC1 (MSC5011H), PAR1 (MSC5031H)	Oct 11 – Thanksgiving
Oct 4 – 10		
Oct 11 – 17		
Oct 18 – 24		
Oct 25 – 31		
Nov 1 – 7		
Nov 8 – 14		
Nov 15 – 21		
Nov 22 – 28		
Nov 29 – Dec 5		
Dec 6 – 12		
Dec 13 – 19		
Dec 20 – 26	Exams	Vacation: UofT Closed
Dec 27 – Jan 2	Vacation	
Year 1, Term 2		
Jan 3 – 9	Remedial	
Jan 10 – 16	Online Units: MF2 (MSC5002H), CSP2 (MSC5021H), PACP2 (MSC5012H), PAR2 (MSC5032H)	
Jan 17 – 23		
Jan 24 – 30		
Jan 31 – Feb 6		
Feb 7 – 13		
Feb 14 – 20		
Feb 21 – 27		Feb 21 – Family Day
Feb 28 – Mar 5		
Mar 6 – 12		
Mar 13 – 19		
Mar 20 – 26	Reading Week	

<table>
<tr><td>Mar 27 – Apr 2</td><td colspan="2">Remedial</td><td></td></tr>
<tr><td>Apr 3 – 9</td><td rowspan="4" colspan="2">Online Units[a]:
MF3 (MSC5003H), CSP3 (MSC5021H),
PAPC3 (MSC5013H), PAR3 (MSC5033H)</td><td></td></tr>
<tr><td>Apr 10 – 16</td><td rowspan="2">Apr 14 – Good Friday</td></tr>
<tr><td>Apr 17 – 23</td></tr>
<tr><td>Apr 24 – 30</td><td></td></tr>
<tr><td colspan="4">Year 1, Term 3</td></tr>
<tr><td>May 1 – 7</td><td rowspan="6" colspan="2">Online Units[a]:
MF3 (MSC5003H), CSP3 (MSC5021H),
PAPC3 (MSC5013H), PAR3 (MSC5033H)
(cont’d from YR 1, Term 2)</td><td></td></tr>
<tr><td>May 8 – 14</td><td></td></tr>
<tr><td>May 15 – 21</td><td></td></tr>
<tr><td>May 22 – 28</td><td>May 22 – Victoria Day</td></tr>
<tr><td>May 29 – Jun 4</td><td></td></tr>
<tr><td>Jun 5 – 11</td><td></td></tr>
<tr><td>Jun 12 – 18</td><td colspan="3" rowspan="2">In-person: Campus Block 2 in SAMIH</td></tr>
<tr><td>Jun 19 – 25</td></tr>
<tr><td>Jun 26 – Jul 2</td><td rowspan="7" colspan="2">Online Units[a]:
MF3 (MSC5003H), CSP3 (MSC5021H),
PAPC3 (MSC5013H), PAR3 (MSC5033H)
(cont’d from YR 1, Term 2)</td><td>Jul 1 – Canada Day</td></tr>
<tr><td>Jul 3 – 9</td><td rowspan="6"></td></tr>
<tr><td>Jul 10 – 16</td></tr>
<tr><td>Jul 17 – 23</td></tr>
<tr><td>Jul 24 – 30</td></tr>
<tr><td>Jul 31 – Aug 6</td></tr>
<tr><td>Aug 7 – 13</td><td>Aug 7 – Civic Holiday</td></tr>
<tr><td>Aug 14 – 20</td><td colspan="3">In-person: Campus Block 3 in SAMIH</td></tr>
<tr><td>Aug 21 – 27</td><td>Remedial</td><td colspan="2">Vacation</td></tr>
<tr><td>Aug 28 – Sept 3</td><td colspan="3">Vacation</td></tr>
<tr><td colspan="4">Year 2, Term 4</td></tr>
<tr><td>Sept 4 – 10</td><td rowspan="14" colspan="2">In-person: CU1 (MSC5041H)

Online Units: PAPC4 (MSC5014H), PAR4 (MSC5034H)</td><td rowspan="3"></td></tr>
<tr><td>Sept 11 – 17</td></tr>
<tr><td>Sept 18 – 24</td></tr>
<tr><td>Sept 25 – Oct 1</td><td rowspan="2"></td></tr>
<tr><td>Oct 2 – 8</td></tr>
<tr><td>Oct 9 – 15</td><td>Oct 9 - Thanksgiving</td></tr>
<tr><td>Oct 16 – 22</td><td rowspan="13"></td></tr>
<tr><td>Oct 23 – 29</td></tr>
<tr><td>Oct 30 – Nov 5</td></tr>
<tr><td>Nov 6 – 12</td></tr>
<tr><td>Nov 13 – 19</td></tr>
<tr><td>Nov 20 – 26</td></tr>
<tr><td>Nov 27 – Dec 3</td></tr>
<tr><td>Dec 4 – 10</td></tr>
<tr><td>Dec 11 – 17</td></tr>
</table>

Dec 18 – 24	Vacation – UofT Closed	
Dec 25 – 31		
Year 2, Term 5		
Jan 1 – 7	In-person: CU2 (MSC5042H) Online Units: PAPC5 (MSC5015H), PAR5 (MSC5035H)	
Jan 8 – 14		
Jan 15 – 21		
Jan 22 – 28		
Jan 29 – Feb 4		
Feb 5 – 11		
Feb 12 – 18		
Feb 19 – 25		Feb 19 – Family Day
Feb 26 – Mar 4	In-person: Campus Block 4	
Mar 5 – 11		
Mar 12 – 18	Vacation	
Mar 19 – 25	In-person: CU2 (MSC5042H) Online Units[a]: PAPC5 (MSC5015H), PAR5 (MSC5035H)	
Mar 26 – Apr 1		Mar 30 – Good Friday
Apr 2 – 8		
Apr 9 – 15		
Apr 16 – 22		
Apr 23 – 29		
Year 2, Term 6		
Apr 30 – May 6	In-person: CU 2 (MSC5042H) PCB, 6 Weeks (cont'd from YR 2, Term 5) Online Units[a]: PAPC5 (MSC5015H), PAR5 (MSC5035H) (cont'd from YR 2, Term 5)	
May 7 – 13		
May 14 – 20		
May 21 – 27		May 21 – Victoria Day
May 28 – Jun 3	In-person: CU3 (MSC5043H) Online Units: PAPC6 (MSC5016H), PAR6 (MSC5036H)	
Jun 4 – 10		
Jun 11 – 17		
Jun 18 – 24		
Jun 25 – Jul 1		Jul 1 – Canada Day
Jul 2 – 8		
Jul 9 – 15		
Jul 16 – 22		
Jul 23 – 29	In-person: Campus Block 5 – OCSE + TTP	
Jul 30 – Aug 5	In-person: CU3 (MSC5043H)	
Aug 6 – 12		Aug 6 – Civic Day
Aug 13 – 19		

Aug 20 – 26	Online Units: PAPC6 (MSC5016H), PAR6 (MSC5036H)	
Aug 27 – 31	Remedial	

Notes
MF – Medical Foundations
PAPC – Physician Assistant Professional Competencies
CSP – Clinical and Procedural Skills
PAR – Physician Assistant Research
CU – Clinical Unit; students complete all Clinical units (n = 10 placements) in-person
[a] MF3, CSP3, PAPC3, and PAR3 will be extended courses. These course will start in YR 1, Term 2 (Winter) and extend into YR 1, Term 3 (Summer). Grades will be posted in YR 2, Term 3 (Summer).
[b] Placement 7 will be an extended course. This course will start YR 2, Term 5 (Winter) and extend into YR 2, Term 6 (Summer). Grades will be posted in YR 2, Term 6 (Summer).
[c] PAPC5, PAR5 will be extended courses. These courses will start YR 2, Term 5 (Winter) and extend into YR 2, Term 6 (Summer). Grades will be posted in YR 2, Term 6 (Summer).