

## REGISTRATION POLICY

# Associate Physician – Acute Care Class – Registration and Licensure Requirements for Eligibility and Accountability

## Purpose

This policy outlines the registration and licensure requirements for the associate physician – acute care class and the requirements to employ physicians in the associate physician – acute care class.

## Background

The associate physician – acute care class currently permits physicians with postgraduate medical training acceptable to CPSBC to work under supervision in team-based acute care settings to increase capacity and service delivery.

This licensure class supports an employment environment for physicians in British Columbia who do not meet the criteria for licensure as independent medical practitioners.

Section 2-25 of the CPSBC Bylaws states:

### **Associate physician - acute care**

- 2-25 (1) Associate physician registration may be granted to physicians, who are not otherwise eligible for registration in the provisional or full class as determined by the registration committee, and who are practicing under the direction and supervision of an attending physician. An associate physician may not be the most responsible physician.
- (2) For the purposes of section 20(2) of the Act, to be granted registration in the associate physician class, an applicant must
- (a) have a medical degree,
  - (b) submit with the application a sponsorship letter from a Health Authority, satisfactory to the registration committee, that
    - (i) identifies the applicant's sponsor,
    - (ii) describes how the applicant will engage in the practise of medicine, and

- (iii) notes that the applicant will be working under the direction and supervision of an attending physician,
  - (c) have completed a minimum of two years' accredited training as a medical or surgical specialist prior to applying for registration,
  - (d) have successfully completed Part 1 of the MCC Qualifying Examination, and
  - (e) have Canadian Citizenship, be a permanent resident or be legally able to live and work in British Columbia.
- (3) Associate physician must limit their practice of medicine to the provision of services in connection with fulfilling the terms set out in their sponsorship letter.
- (4) Associate physician registration is cancelled if the Health Authority withdraws sponsorship provided under section 2-25(2).

## Policy

### Registration and licensure requirements

1. Associate physicians - acute care must have the appropriate qualifications under section 2-25 of the CPSBC Bylaws to be registered with CPSBC and be properly credentialed by their health authority.
2. Associate physicians - acute care must
  - have a sponsorship letter from a health authority;
  - have an employment agreement;
  - always work under supervision;
  - only work in alignment with accredited programs, corresponding sponsorship letter, and associate physician job description;
  - work in an acute team-based clinical environment;
  - limit the amount of basic clinical skill teaching (to residents and medical students); and
  - have adequate liability coverage or protection.
3. Oversight structure of associate physicians:
  - Associate physicians are integrated into existing reporting structures within each health authority, with the vice president, medicine or equivalent position having overall responsibility.
  - Each associate physician must be supervised, to the satisfaction of CPSBC.
  - The health authority is responsible for:
    - obtaining and maintaining program accreditation in accordance with the accreditation standards;

- notify CPSBC immediately of any proposed substantive changes in the associate physician's program and/or the associate physician's role and responsibility (e.g. loss of program, scope of practice, etc.) once program accreditation is received;
  - assigning associate physicians to various services or duties within the program;
  - obtaining feedback and evaluations from clinical supervisors, co-workers, nursing and allied professional staff;
  - supervision, and training, of procedures required to perform their role(s);
  - ensuring the associate physician practices in accordance with the sponsorship letter;
  - acting as a liaison with CPSBC, ensuring completion of evaluations and any required reports on the performance of an associate physician;
  - participating in periodic CPSBC accreditation surveys; and
  - having a clear documented description of the roles and responsibilities of the associate physician, available to CPSBC, including
    - a detailed job description for associate physicians within each clinical program, and
    - clear guidelines for sign-off on the associate physician having the competencies to perform the clinical duties set out in the associate physician's job description, including any procedures that may be assigned. Any procedure not specified in the associate physician's approved job description requires evidence of training, demonstration, and maintenance of competence by the clinical program and approval by the health authority.
- The health authority must not
    - assign to an associate physician a duty or responsibility for which the associate physician is not adequately trained;
    - assign to an associate physician a duty or responsibility the attending physician is not competent to perform themselves;
    - assign to an associate physician the provision of medical services in an area in which the attending physician does not provide services; or
    - assign to an associate physician teaching duties (to medical students or residents) beyond the instruction of basic clinical skills.
4. There must be a process to document demonstrated competence for all procedures performed by all associate physicians.
- There must be a well-documented process in place to verify the competence of any procedure to be performed by the associate physician.

- The process must include appropriate training and the demonstration and maintenance of competence to perform the procedures of the associate physician's job description.
5. Initial evaluation of associate physicians - acute care:
- An associate physician - acute care must undergo an initial evaluation, satisfactory to CPSBC. The initial evaluation period will be 12 weeks.
  - During this time, their competence to perform the role of an associate physician is evaluated unless an exemption is granted.
    - An exemption to the initial evaluation can be granted by CPSBC, where the associate physician program and/or the associate physician request an exemption because the associate physician
      - has satisfactorily completed a minimum of a one-year accredited fellowship in the educational - postgraduate (fellow) or educational - postgraduate trainee class of registration in a program within Canada, and CPSBC can verify this information, or
      - has previously been in good standing as an associate physician in British Columbia for more than 12 weeks in an associate physician program of the same scope and CPSBC can verify this information.
    - An exemption may only be granted after an associate physician is licensed with CPSBC.
  - During the evaluation period, the associate physician must be under the supervision of a physician supervisor or physician supervisors satisfactory to CPSBC.
  - A final evaluation report will be provided by the program, satisfactory to CPSBC, who will obtain input from the physicians who have worked with the associate physician during the initial evaluation. The evaluation report will be sent to [registrationcompliance@cpsbc.ca](mailto:registrationcompliance@cpsbc.ca).
  - The evaluation must include, but not be limited to, the assessment of:
    - basic clinical skills
    - communication skills
    - the ability and willingness to function as a member of a clinical team
    - special knowledge and skills applicable to the intended clinical placement
    - clinical decision-making and the appropriate use of clinical and diagnostic resources
    - clinical documentation
    - procedures required to function effectively within the team environment (during the initial months of the probationary period) and

to be added to as needed, or as circumstances and demonstrated competence permit

- The evaluation report will include a decision as to whether the associate physician passed or did not pass the evaluation period. If the report indicates that the associate physician did not pass the evaluation period, the health authority or program must withdraw its sponsorship in writing to CPSBC. Upon receipt of the withdrawal confirmation, CPSBC will cancel the associate physician's registration and licensure.
6. There must be an ongoing evaluation process to periodically reassess the performance of all associate physicians.
- The health authority must evaluate each associate physician's performance every six months for the first year and then annually thereafter.
  - Physicians who work with the associate physician must provide input for the evaluation and verbal feedback to the associate physician on an ongoing basis throughout the year.
  - The evaluation must address the defined roles and responsibilities of the associate physician.
  - The periodic formal evaluation and the ongoing feedback should form the basis for the continuing professional development needs for the associate physician.
  - A written summary of the evaluation must be provided to the associate physician.
  - Copies of the formal evaluations and any interim evaluations of notes must be maintained by the health authority in the associate physician's file and be available for review by the health authority and CPSBC.
7. There must be opportunities for associate physicians to engage in continuing professional development that will be confirmed through CPSBC's accreditation process.
- The primary supervisor/department head should be engaged in the planning of appropriate continuing professional development activities.
  - There must be opportunities for the associate physician to attend clinical rounds and other educational sessions as their clinical responsibilities permit.
  - Educational resources (e.g. hospital/departmental library) must be available to the associate physician.
  - There must be mechanisms to monitor and report on each associate physician's participation in continuing professional development.
  - An associate physician - acute care must participate in continuing professional development at a minimum of 50 hours per year, 25 hours of which must be accredited training recognized by the Royal College of Physicians and Surgeons' Maintenance of Certification Program for health-care professionals. A minimum of 50 percent of the training must focus on the associate physician's scope of practice for their position with the health authority. Health

authorities are responsible for monitoring this continuing professional development. Records related to continuing professional development must be available for review by the health authority and CPSBC.

8. There must be periodic satisfaction surveys completed by associate physicians.
  - At least annually, the health authority must conduct a written satisfaction survey of all associate physicians. The survey must address, but should not be limited to, supervision, evaluation (formal and informal), certification of procedures, opportunities for continuing professional development, working environment, and collegial working relationships with members of the associate physician's clinical team.
    - The associate physician will undergo an interview by CPSBC to review the satisfaction survey as part of the associate physician program's ongoing accreditation assessment.
  - The health authority must maintain the surveys in a central file for review by the health authority and CPSBC as necessary.
  - There must be evidence that significant and/or repetitive concerns expressed by the associate physician are addressed promptly, with outcomes documented.
9. If the associate physician program loses accreditation, CPSBC may cancel the associate physician's registration and licensure.

## Related policies and standards

- Associate Physician Class - Eligible Clinical Programs
- Associate Physician Class - Use of Title Policy

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