



College of Physicians and Surgeons of British Columbia

Registration Policy

Associate Physician Class – Registration and Licensure Requirements for Eligibility and Accountability

PURPOSE

The purpose of this policy is to articulate the registration and licensure requirements for the associate physician class, and the requirements for health authorities that employ physicians in the associate physician class.

BACKGROUND

The associate physician class is intended to allow physicians with postgraduate medical training acceptable to the College to work under supervision in team-based specialty care settings to increase capacity and service delivery.

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

Section 2-24 of the College Bylaws under the *Health Professions Act* states:

- 2-24 (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 his or her 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 canceled if the Health Authority withdraws sponsorship provided under section 2-24(2).

POLICY

Registration and licensure requirements

1. Associate physicians must have the appropriate qualifications and have been properly credentialed by their health authority.

Associate physicians must

- have a medical degree,
 - have at least two years of postgraduate training in a medical or surgical specialty, other than family medicine. The training must meet the qualification required to perform the clinical work for which the health authority is hiring the associate physician. The training must be from an accredited program from any country, verified to the satisfaction of the College,
 - have successfully completed the Medical Council of Canada Qualifying Examination (MCCQE) Part I or the United States Medical Licensing Examinations (USMLEs) (Steps 1 through 3),
 - be employed by a health authority,
 - work under supervision,
 - work in a team-based clinical environment,
 - have adequate liability coverage or protection, and
 - be registered and licensed in the associate physician class with the College of Physicians and Surgeons of British Columbia.
2. 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 the College.
 - The health authority is responsible for
 - 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, procedures required to perform their role(s),

- acting as a liaison with the College, ensuring completion of evaluations and any required reports on the performance of an associate physician,
 - participating in periodic College accreditation surveys, and
 - having a clear documented description of the roles and responsibilities of the associate physician, available to the College 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, or
 - assign an associate physician the provision of medical services in an area in which the attending physician does not provide services.
3. 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.
4. Initial evaluation of associate physician
- An associate physician must undergo, satisfactory to the College, an initial 12-week evaluation, during which time their competence to perform the role of an associate physician in the intended specialty is evaluated unless an exemption is granted.
 - An exemption to the 12-week evaluation can be granted by the College, where the health authority and the associate physician request an exemption because the associate physician
 - has satisfactorily completed a minimum of a one-year fellowship in the educational – postgraduate (fellow) or educational – postgraduate trainee class of registration in British Columbia and the College can verify this information, or
 - has been in the associate physician class in British Columbia and the College can verify this information.

- During the evaluation period, the associate physician must be under the supervision of a physician supervisor or physician supervisors, satisfactory to the College.
 - A final evaluation report will be provided by the health authority physician designate, satisfactory to the College, who will obtain input from the physicians who have worked with the associate physician during the initial 12-week evaluation. The evaluation report will be sent to 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. In the case where the report indicates that the associate physician did not pass the evaluation period, the health authority must withdraw its sponsorship of the associate physician in writing to the College. Upon receipt of the withdrawal of sponsorship confirmation, the College will cancel the associate physician's registration and licensure.
5. 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 note must be maintained by the health authority in the associate physician's file and be available for review by the health authority and the College.
6. There must be opportunities for associate physicians to engage in continuing professional development that will be confirmed through the College's accreditation process.

- There must be opportunity 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.
 - Associate physicians 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 per cent 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 the College.
7. There must be periodic satisfaction surveys completed by associate physicians.
- At least on an annual basis, the institution 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, collegial working relationship with members of the associate physician's clinical team.
 - The health authority must maintain the surveys in a central file for review by the health authority and the College as necessary.
 - There must be evidence that significant and/or repetitive concerns expressed by the associate physician are addressed in a timely manner with outcomes documented.

RELATED POLICY AND STANDARDS

- Associate Physician Class – Eligible Clinical Programs
- Associate Physician Class – Use of Title Policy
- Accreditation Standards for Initial Accreditation – Associate Physician Program
- Associate Physician Program Accreditation – Initial Pre-visit Questionnaire
- Accreditation Standards for Ongoing Accreditation – Associate Physician Program
- Associate Physician Program Accreditation – Ongoing Pre-visit Questionnaire

Effective September 24, 2020