

Physician/Clinical Assistant Funding Proposal - Appendix A

FORM DESCRIPTION AND PURPOSE:

The purpose of this form is to provide a list of Evaluating Criteria for Physician/Clinical Assistant Proposals:

If, at any point, you have a question regarding the information requested on this form please email: Russell Ives at rives@hsc.mb.ca or Murray Werbeniuk at mwerbeniuk@wrha.mb.ca

DATE OF REQUEST: _____	EMAIL ADDRESS: _____
REQUESTOR NAME: _____	SECTION: _____
PROGRAM: _____	NUMBER OF PAS OR CAs REQUIRED: _____

SECTION 1: FUNDING REQUIREMENTS

Are there existing funds available to support the PA/CA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is new funding required to support the PA/CA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 2: AVERAGE PATIENT CENSUS (YEARLY)

Is the yearly average patient census increasing/decreasing?	<input type="checkbox"/> Yes:	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> No
If yes, by how much?	Amount:			
What attributed to this increase/decrease?				

SECTION 3: STATISTICS OF PROGRAM

AMOUNT

Identify the number of sites this program covers?	
How many Attending's are in the program?	
What is the number of Residents in the program? Is this expected to change? If yes, in what way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the current number of PA/CAs in the program at this time?	
What is the number of HMOs?	
What is the number of NPs?	
Is this Community or Tertiary Care?	<input type="checkbox"/> Community <input type="checkbox"/> Tertiary Care

SECTION 4: STAFF CONTRIBUTIONS FOR TRAINING OF PAs

Have PA Students completed electives/rotations in this practice? Yes No

Have staff worked with PAs in the past? Yes No

SECTION 5: SUPERVISING PHYSICIANS

How many Attendings have agreed to be Supervising Physicians?

Does the physician fully understand her/his duties toward the PA/CA? Yes No

Name:	Email Address	Phone Number
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Primary Supervising Physician Contact Info:

SECTION 6: COMPETING PRIORITIES

Describe the reasons why the program requires a PA/CA.

Is this service affected by other service requirements? Please indicate below.

Need to see an emergency patient while in clinic? Yes No

Outside calls/consults demands, same as other sites. Yes No

How many outside calls/consults are there? Approximately:

How often are outside calls/consults done? Weekly Bi-weekly Monthly Seldom

How do in-patient/out-patient service demands affect this group?(i.e. Increasing number of clinics, wait times, physician burnout.)

How do these requirements affect the primary focus of the practice/program?

How have the demands on this service changed over the years?

Are you affected by variability of residents or other house staff?

Do you have fewer off service residents and/or fewer Medical Students doing electives etc.?

If applicable, what are the implications on the availability of Medical Staff in relation to clinical services?

SECTION 7: ROLES AND RESPONSIBILITIES OF A PHYSICIAN ASSISTANT/CLINICAL ASSISTANT

Job Description and Role Clarity:

What is your understanding of the PA/CA Role?

What do you anticipate to be the main responsibilities of the Physician Assistant/Clinical Assistant?

Are there supplementary duty requirements?

Evening Coverage?

In or home call?

In house, is there a call room?

Yes **No**

Practice Setting

Where would the Physician Assistant/Clinical Assistant Practice?

In/Outpatient Services, Operating Room, Consult Service?

For this practice, how will the addition of a PA/CA affect these areas?

How/Who will train the PA/CA in these practice areas?

SECTION 8: ECONOMIC/PATIENT IMPACT

Describe the anticipated economic/patient impact of a PA/CA on this practice:

Answer

What are the anticipated cost savings if an HMO position is converted to a PA/CA position?

How much would patient stays decrease with a PA/CA?

If you do not have a PA/CA, how many additional staff would you have to hire?

Having a PA/CA means "x" can continue.

What additional services would a PA/CA enable you to do?

What is the projected cost/savings to the program/region by having a PA/CA in this program?

How do you expect the PA/CA will improve the delivery and quality of health care in your Region?

Are there other budget concerns that affect this facility?

Will having a PA/CA allow you to address mandated provincial wait time issues?

What is Plan "B" if the program does not get a PA/CA?

SECTION 9: OPERATIONAL/INFRASTRUCTURE SUPPORTS FOR PRACTICE

Does your program possess the necessary equipment, office/clinical space and support staff to retain a PA or CA in the specified care setting? Yes No

Clearly specify how this criterion will be met.

SECTION 10: TARGET DATES/RECRUITMENT

Are you aware of any PA/CAs currently in the system that are/may be interested in this position? Yes No

Do you have an anticipated start date for this position? Yes **Date:** No

SECTION 11: SPECIAL CONSIDERATIONS FOR RURAL PRACTICE AREAS

Are there other physicians available if the Primary Supervising Physicians are away/unavailable? Yes No

How many communities does the practice support?

Would having a PA/CA enable you to increase your support area, patient census? Yes No

How many physicians practice in this group?

Is the area/practice affected by tourism/seasonality/physician farmers? Yes No

Can the PA/CA be utilized in other practice areas? (i.e. Coverage for multiple surgical or medical services?) Yes No

Describe the current and projected demographic changes. Yes No

Are there other providers that can also be impacted? Physiotherapy? NP? Yes No

What is the distance/time to the next physician or other services, and what is their patient census? **Distance:** **Time:**

What is the physician turnover rate in months or years?

What has/can be done to address this turnover rate?

Are there any social/culture factors that should be taken into consideration when recruiting a PA/CA?

Signature of Physician Requesting PA/CA

Signature of Program Practice Director

Please return completed form to:

Russ Ives, Director Physician & Clinical Assistant Program, (Provincial/WRHA) <mailto:rives@hsc.mb.ca>.