

# Physician assistant toolkit

*A resource for Canadian physicians*



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## Message from the Canadian Medical Association



**Anne Doig, MD, CCFP, FCFP**  
**President**



Canada faces unprecedented health human resource shortages, ongoing challenges with patient access to services and a physician population working full out to meet patient needs. The Canadian Medical Association (CMA) believes that physician assistants (PAs) can play an important role in extending the capacity of physicians to deliver care through a truly collaborative partnership.

The CMA supports patient-focused collaborative care, and we have worked closely with the Canadian Association of Physician Assistants (CAPA) over the past few years to assist in the transition of PAs from the military system into civilian health care. The future success of PAs is dependent on the trust and confidence that patients and other providers have in this emerging profession. The existence of a comprehensive education/certification system and regulatory environment is critical to building this trust, as is the presence of adequate liability protection and funding models to support the PA role.

The information that follows is intended to serve as a toolkit for physicians and others, to enhance awareness and answer questions or concerns surrounding the role of PAs. You will see that the CMA, provincial and territorial medical associations, educational colleges and others have played an integral role in the expansion of this relatively new profession and we will continue to do so. CAPA and the PA profession have worked hard to establish early, ongoing and meaningful linkages with the medical profession and, as a result, have gained the confidence of physicians that together we can create a model of care that will work for our patients.

We look forward to the exciting years ahead and hope that you find the information that follows both informative and encouraging as you consider the role a PA might have within your practice.

## Message from the Canadian Association of Physician Assistants



**CAPA - Canadian Association of Physician Assistants**  
**ACAM - Association canadienne des adjoints au médecin**

**Canada's physician assistants — academically prepared and highly skilled health care professionals, who work in any setting providing medical care, extending physician services and improving access to quality care.**



**Ian W. Jones, PA-C, CA (cert), MPAS**  
**National President**

**Maurice Chapman, CCPA**  
**Past President**

On behalf of Canada's physician assistants and the Board of Directors of the Canadian Association of Physician Assistants (CAPA), we introduce this toolkit to share information and suggestions for the development of PAs in your workplace and community. You have a unique opportunity to help develop the culture and identity of Canada's PAs while contributing to improvements in patient care. Only a short time ago, the only practising PAs in Canada were found in the Canadian Forces; now we are part of a thriving and innovative profession expanding across Canada. Canada's PAs are making a difference.

An optimum relationship and a positive practice environment are built on trust, communication and understanding. Introducing a PA into a clinical practice is not a quick, overnight process but requires foresight and preparation. Done properly, it will result in a valuable return on the investment — a strong partnership that continues to grow and thrive.

CAPA is the national organization advocating the further development of the physician-PA model of health care delivery. We believe that a collaborative practice model with PAs under physician leadership and direction is the optimal choice for quality patient care. With physicians, government leaders and other members of the health care team, we are further developing partnerships and relationships to strengthen and improve access to high-quality care. The material in this toolkit is designed to contribute, help educate and guide you toward finding the right answers and building strong relationships when introducing PAs into your practice.

CAPA is working with its partners in the Canadian Medical Association to provide you with the tools to develop, learn and shape the practice of PAs. This toolkit is the combined effort of a team — a team that cares about and is concerned with improving access to high-quality medical care. We welcome you and thank you for your interest in our profession. It is an exciting time in an exciting profession, and we know we will make a positive difference in Canadian health care.

## Purpose of the toolkit

Like many other countries, Canada faces health human resource challenges. As a result of these challenges, alternative models of care delivery involving enhanced collaboration between physicians and other health professionals are being sought and implemented. Physician assistants (PAs) have provided care in the Canadian Forces for many years and, recently, they have begun to emerge in the civilian health care landscape as well. As highly skilled health care professionals, PAs working alongside physicians can improve access to care, reduce wait times and enhance the quality of care.

It is necessary to understand the collaborative way in which PAs function with physicians and the benefits a PA can bring to a practice. A recent survey of CMA members demonstrated that physicians are interested in PAs, but that a few outstanding concerns and questions must be addressed. Although issues of liability, regulation, education and funding are prominent in physicians' minds, survey respondents indicated that collaboration with PAs in the future is likely.

With an aim to aid the integration of PAs into Canada's health care system by addressing physicians' questions, this toolkit will allow physicians to:

- be more aware of the scope of practice of PAs
- assess the contribution PAs can make to their practice, work environment and health system and identify the benefits of working with PAs
- become familiar with the legal, regulatory, educational and funding issues
- be alert to the requirements of physicians working with and supervising PAs
- stimulate discussion about PAs at the national, provincial, regional and local levels
- facilitate the integration of PAs into their practice

### Using this toolkit

The role of PAs in civilian health care is evolving rapidly across Canada. The CMA and CAPA will attempt to provide the most up to date information through this online toolkit. The toolkit is not intended to be read from start to finish, but rather will serve as a resource to address specific questions. Although it is intended to inform physicians first and foremost, it is our hope that it will aid numerous stakeholders in the incorporation of PAs into the Canadian health care system.

Please note that no part of this document is intended to be nor should be interpreted as constituting legal advice. If you have any concerns regarding your own legal liability or your liability insurance coverage, you are advised to seek the advice of a lawyer and/or a carrier of liability insurance.

## Introduction to physician assistants

### What is a physician assistant?

PAs are academically prepared and highly skilled health care professionals who provide a broad range of medical services. PAs are physician extenders and not independent practitioners; they work with a degree of autonomy, negotiated and agreed on by the supervising physician and the PA. PAs can work in any clinical setting to extend physician services. PAs complement existing services and aid in improving patient access to health care. A relationship with a supervising physician is essential to the role of the PA.

The PA's scope of practice is determined on an individual basis and formally outlined in a practice contract or agreement among the supervising physician, the PA and often the facility or service where the PA will work. Activities may include conducting patient interviews, histories and physical examinations; performing selected diagnostic and therapeutic interventions or procedures; and counseling patients on preventive health care.

In the United States, more than 70 000 PAs currently assist physicians in a variety of settings, including urban neighbourhoods, rural communities, hospitals, doctors' offices, the military and public health. About half work in primary care, with the rest in specialties including surgery, obstetrics, internal medicine and emergency care.

In Canada, 200 PAs currently work in health care settings, primarily in Manitoba and Ontario. PAs are gradually being introduced in other provinces, and evaluation of their impact on access, wait times, quality of care and both patient and provider satisfaction is ongoing.

As the profession's national organization, CAPA advocates PAs practising in all parts of Canada in both military and civilian sectors. On behalf of the profession, CAPA's mission is to advocate endorsement of the physician-PA model of care as well as to ensure a national standard of education and certification of PAs that justify the trust of health care colleagues and the patients we serve.

### Brief history of PAs in Canada

*Evolution of the profession* — PAs have been providing safe and effective health care in the Canadian Forces and in the United States since the 1960s. The existence of mid-level providers in Canada can be traced back to sick berth attendants in the Canadian Navy. Through the years, they have been called group 3 medics, as well as 6B medical assistants. However, in 1986 the name changed to physician assistant as a result of the realignment of the profession to better reflect its rapid growth in the United States.

In 1999, the director general health services decreed that all health care professionals in the Canadian Forces should be members of their various civilian professional bodies.

However, as PAs were recruited, trained and employed solely within the Canadian Forces health care system, the profession was not recognized in any Canadian province.

CAPA undertook to establish a credible professional body offering an accredited training program and certification for PAs regardless of the Canadian jurisdiction in which they practise. The goal was to have PAs included as a designated health science profession by the CMA's conjoint accreditation program.

The CMA's Committee on Conjoint Accreditation required that certain criteria be met by the PA profession:

- Establishment of a national body representing all PAs in Canada — The CMA recognizes CAPA as that body
- Existence of at least 1 teaching facility and PA program — The PA program at the Canadian Forces Medical Services School met this criterion
- Development of a scope of practice for the generalist PA employed in civilian practice — This was established in 2001 and revised in 2009
- Establishment of a certification body to certify individuals — The Physician Assistants Certification Council was established in 2001
- Development of a civilian competency profile for PAs — An initial occupational competency profile was established in 2001. In 2009, CAPA developed a new national competency profile in accordance with the CanMEDS framework and based on *National Occupational Competency Profile 2006*, the *Ontario Physician Assistant Competency Profile* and the four principles of the College of Family Physicians of Canada (CFPC). It defines the core competencies that a generalist PA should possess on graduation.

*PAs practising in the Canadian civilian health care setting* — Since 1999, Manitoba has employed clinical assistants in areas of medical need. In 2003, the provincial *Medical Act* recognized certified clinical assistants to be employed in surgical and medical specialties. The role expanded to include emergency departments of several community hospitals. As of September 2009, certified clinical assistants were more appropriately identified as PAs under Manitoba provincial legislation.

As of 2007, Ontario had numerous demonstration projects, in which PAs were employed in emergency departments, medical and surgical specialties, community health centres, long-term care facilities and many other areas of health care. Ontario's *Regulated Health Professions Act* allows certain controlled medical procedures to be delegated to PAs by a physician through verbal or prewritten orders or by medical directive. By 2010, the successful Ontario PA initiative is expected to have over 100 PAs practising in the province.

*Plans for the future* — In spring 2009, New Brunswick announced plans to use PAs in emergency departments and primary care. Announcements from other provinces are expected soon.

## **CMA's involvement with PAs**

In May 2003, the CMA Board of Directors approved an application from CAPA (then the Canadian Academy of Physician Assistants) to include PA as a designated health science profession within the CMA conjoint accreditation process. In June 2004, the CMA accredited the PA program delivered by the Canadian Forces Medical Services School at Canadian Forces Base Borden.

In response to numerous requests for more information about the role of PAs, the CMA and the Canadian Forces Health Services Group cosponsored an information seminar on 1 April 2005. This 1st National Physician Assistant Symposium attracted over 80 attendees from across the country and served to clarify the role and training of PAs in Canada. Seminar attendees included physicians, other health care professionals and administrators, educators, medical associations, federal and provincial governments and others.

On 12 April 2006, the CMA hosted a 1-day face-to-face meeting with the Canadian Orthopaedic Association to discuss the issues regarding integration of PAs into orthopedic practice. The purpose of this meeting was to gain insight from PA–orthopedic surgery collaborations in Manitoba and to discuss barriers to implementation of similar arrangements in other orthopedic practices. Representatives from the Canadian Medical Protective Association (CMPA) and regulatory agencies, university officials and a practising PA from Manitoba were invited to participate.

On 5 October 2008, the 2nd National Physician Assistant Symposium, held jointly by the CMA and CAPA in Ottawa, was attended by more than 140 registrants including representative of all 12 provincial/territorial medical associations (PTMAs). The purpose was to inform and educate attendees about PAs and the current challenges and successes surrounding their work in the civilian sector. Feedback from the symposium was very positive, with many participants indicating a strong interest in continuing discussions within their jurisdiction. The day concluded with a dinner during which the PTMA presidents/CEOs and invited guests (approximately 70 people) discussed the next steps at the provincial/territorial and national levels. The PTMA presidents/CEOs are continuing this discussion and have expressed support for raising this issue with provincial/territorial deputy ministers. Communication with the deputy ministers is ongoing.

The medical profession, in general, has demonstrated support for the PA profession as reflected in the following motions passed at CMA's General Council:

- 2007 General Council — *The Canadian Medical Association will work with provincial/territorial medical associations and affiliates to develop a plan to enable the further expansion and integration of physician assistants into civilian health care in Canada.*

- 2008 General Council — *The Canadian Medical Association will work with the Canadian Association of Physician Assistants and appropriate stakeholders to develop a national certification and licensing process for physician assistants that ensures competency and portability across Canada.*

The CMA has continually demonstrated its commitment to the integration of PAs into the health care system — by approving the designation of the PA profession as a health science profession within its conjoint accreditation process, by coordinating meetings to facilitate discussion around PAs and, most recently, by passing motions at annual general meetings to further demonstrate support. The CMA will continue to collaborate with CAPA on the advancement of the profession across the country.

## **Profiling current PA roles**

To find out more about PAs and physicians working in PA–physician relationships, click on the links below:

- [PA in neurosurgery](#)
- [PA in family practice](#)
- [Physician working with PAs in emergency medicine](#)
- [PA in emergency medicine, Winnipeg](#)
- [PA in emergency medicine, Timmins](#)

## **Frequently asked questions**

### ***Background***

#### ***Who are PAs and what do they do?***

PAs are academically prepared and highly skilled health professionals who support physicians in all health care settings. Within a formal physician–PA relationship, a PA has the skills and experience needed to deal with medical emergencies, as well as everyday health care needs including those in a specialty care environment. A PA is a physician extender (i.e., supports and supplements the work of a physician under that physician’s supervision) and not an independent practitioner. PAs work with negotiated autonomy under a supervising physician within the patient-centred care team.

As part of their comprehensive list of responsibilities, PAs conduct physical examinations, diagnose and treat illnesses, counsel on preventive health care and assist in surgery. Ordering tests and prescribing, which are controlled acts, are also part of a PA’s responsibilities in provinces where they are regulated (currently only in Manitoba). PAs who are not regulated are not authorized to perform controlled acts, although they can perform these acts if they are delegated by the supervising physician. PAs in Ontario, therefore, are able to *implement* a physician’s prescription or orders for procedures and diagnostic tests if specified by the supervising MD either through a medical directive or a direct order. Physicians should be familiar with the expectations of their

provincial/territorial medical college and their hospital regarding the degree to which PAs can independently perform certain tasks, if at all.

A PA's scope of practice may also include patient education, research and administrative services. Trained as general medical practitioners, PAs can develop specialized knowledge and skills over time through experience and ongoing professional development. In the United States, PA specialty accreditation is emerging.

***How did the PA profession begin?***

In the United States in the mid-1960s, physicians and educators recognized that there was a shortage and uneven distribution of primary care physicians. To expand the delivery of quality medical care, Dr. Eugene Stead of the Duke University Medical Center in North Carolina established the first course for PAs in 1965. He selected retired military veterans who received considerable medical training during their military service but who had no comparable civilian role. The curriculum of the PA program was based in part on knowledge of the fast-track training of doctors during World War II.

In Canada, the PA role evolved from that of the navy's sick berth attendants and medical technicians with advanced responsibility in the military. They had extensive training and, with formal education, expanded their role to meet the service needs in all areas served by the Canadian Forces. For more information about the history of the PA profession, visit the Physician Assistant History Center at [www.pahx.org](http://www.pahx.org).

***What formal education do PAs have?***

As of January 2010, PA education programs (PAEPs) were available in Canada at McMaster University, the University of Manitoba, the University of Toronto and the Canadian Forces Medical Services School. Currently, there are about 120 PA students in Canada. In the United States, there are over 140 accredited programs with approximately 12 000 students.

The programs are generally 2 years in duration and provide students with a combination of academic/didactic training (focus on clinical medicine) and clinical training placements. Also included in the curriculum are critical thinking, differential diagnosis determination, diagnostic medicine and treatment plan development. PAEPs include over 2000 hours of clinical training in areas that may include emergency medicine, pediatrics, internal medicine, orthopedics, sports medicine, general surgery, anesthesia, trauma and family medicine. Graduation from a CMA-accredited PAEP entitles graduates to take the Canadian Physician Assistant Certification Examination and become a Canadian certified PA. Please see "Education and certification" for further information pertaining to education.

### ***How does one become a PA?***

Admissions criteria for the four Canadian programs vary and are outlined below (Table 1).

**Table 1. Admission requirements of Canadian PA training programs**

<b>Program</b>	<b>Admission criteria</b>
University of Manitoba's Master in Physician Assistant Studies (MPAS)	Applicants must have a degree from a 4-year program in health sciences, with a minimum 3.0 grade point average (GPA) and 2000 hours of direct patient contact in the health sciences field. Undergraduate courses in human anatomy, physiology and biology are recommended, and courses in microbiology and psychology are an asset. <a href="#">For more information please click here</a> <a href="http://umanitoba.ca/faculties/medicine/departments/opas/paep/index.html">http://umanitoba.ca/faculties/medicine/departments/opas/paep/index.html</a>
McMaster University's Bachelor of Health Sciences (Physician Assistant)	Applicants must have completed at least 2 years of undergraduate work at an accredited university. Courses that require small-group work or self-directed learning are considered a great asset to the applicant. A minimum 3.0 GPA is required. <a href="#">For more information please click here</a> <a href="http://registrar.mcmaster.ca/CALENDAR/current/pg1257.html">http://registrar.mcmaster.ca/CALENDAR/current/pg1257.html</a>
University of Toronto's Bachelor of Science Physician Assistant (BScPA)*	Applicants must have a minimum of 10 full courses or the equivalent in academic credits at a recognized university. A minimum 3.0 GPA and courses in human anatomy, chemistry and physiology are required. Applicants must have had 1680 hours of direct patient contact in a professional setting. Preference is given to Ontario residents. <a href="#">For more information please click here</a> <a href="http://www.facmed.utoronto.ca/programs/healthscience/PAEducation.htm">http://www.facmed.utoronto.ca/programs/healthscience/PAEducation.htm</a>
Canadian Forces Medical Services School's Canadian Physician Assistant Program (CPAP)	For this competition-based program for military personnel, candidates are selected by a military board from a pool of experienced medical technicians. Candidates must have completed clinical training on the job and must have achieved the following: Medical Technician Qualification Level 6A, rank of sergeant and Primary Leadership Qualification. Students are required to complete 1 year of course work at CFB Borden, followed by 47 weeks of clinical rotations. <a href="#">For more information please click here</a> <a href="http://umanitoba.ca/faculties/medicine/departments/opas/cfpap/index.html">http://umanitoba.ca/faculties/medicine/departments/opas/cfpap/index.html</a>

\* The program offered at the University of Toronto is delivered in collaboration with Northern Ontario School of Medicine and The Michener Institute for Applied Health Sciences

## **PA role**

### ***What is the working relationship between a physician and a PA?***

The relationship between a PA and the supervising physician is one of mutual trust and respect. A PA is a physician extender and not independent. In a regulated model, such as in Manitoba, the PAs may write prescriptions, order tests and investigations and perform procedures as defined in their contract. The PA is a representative of the physician, and the scope of practice for the PA is defined only by the scope of practice of the supervising physician. The physician and PA practise as members of a medical team.

In Ontario, because PAs are not regulated, they are not able to perform any controlled act (such as prescribing). However, PAs can be delegated the authority to carry out a physician's orders by a direct order or medical directive and, through this mechanism, can, for example, prescribe and order tests, lab work and diagnostic imaging.

### ***What is the difference between a PA and a physician?***

Like physicians, PAs are educated in the medical model and often share similar curricula. One of the main differences between PA education and physician education is not the core content of the curriculum, but the amount of time spent in formal education. In Canada, PAs do not complete specialty postgraduate training (such as a residency), but instead attain graduated responsibility and expanded scope of practice as they gain experience on the job. PAs are not independent practitioners.

### ***What are the similarities and differences between a PA and a nurse practitioner?***

PAs are trained in a medical model, often by physicians, and share a common philosophy with physicians in terms of approach to patient care. PAs work under the supervision of a physician or group of physicians within a team. PAs practise with negotiated autonomy and their scope of practice is limited by the practice description, the relationship to the physician and the setting in which they work.

Nurse practitioners are trained in a nursing model and have undergone additional education beyond that of the bachelor of nursing degree. They are regulated health professionals who work independently within a defined scope of practice and perform certain acts independent of a physician's order.

Nurse practitioners and PAs often work collaboratively in clinical environments, blending their individual skills and knowledge to provide optimum patient care.

### ***What is the business case for PAs?***

The value of a PA is well documented. The quality of care and both the economic value and the efficiency that a PA can bring to a practice have been well studied over the 40-plus-year history of the profession. Examples follow.

An investigation of the efficiency and quality of care in a 747-bed urban academic medical centre in the northeastern United States with over 44 000 annual inpatient admissions found no differences in unadjusted hospital readmissions within 72 hours, 14 days, and 30 days of discharge; inpatient transfers to intensive care; or inpatient mortality

when the service was staffed by PAs/hospitalists compared with various resident and physician groups. — Roy CL, Liang CL, Lund M, Boyd C, Katz JT, McKean S, Schnipper JL. Implementation of a physician assistant/hospitalist service in an academic medical center: impact on efficiency and patient outcomes. *J Hosp Med* 2008;3(5):361-8.

In Winnipeg's Concordia Hospital orthopedic hip and knee program, the presence of a PA on the team was estimated to save each surgeon 4 weeks a year. Double operating suites, with PAs and MDs working together, increased the volume of primary joint surgeries by 42% a year. — Bohm E, Dunbar M. *Report on orthopaedic clinical assistants in Manitoba*. National Standards Committee; Canadian Orthopaedic Association, June 2007. Available: [www.coa-aco.org/images/stories/articles/nsc\\_physician\\_assistant\\_report\\_2007\\_final.pdf](http://www.coa-aco.org/images/stories/articles/nsc_physician_assistant_report_2007_final.pdf)

A primary care clinic that used PAs for a significant portion of patient care eventually realized about 16% fewer office visits a year for patients seen by a PA compared with patients cared for by physicians alone. The decrease in office visits was not offset by increased resource use in other settings, such as emergency departments, nor accompanied by any decrease in patient satisfaction. — Morgan PA, Shah ND, Kaufman JS, Albanese MA. Impact of physician assistant care on office visit resource use in the United States. *Health Serv Res* 2008;43(5 pt 2):1906-22.

PAs in family practices were found to have a substitution ratio of 0.86, meaning they see the same type of patient and deliver the same care as a physician 86% of the time. Along with their compensation to production ratio of 0.36, this demonstrates the significant economic benefits to practices where PAs are employed. — Grzybicki DM, Sullivan PJ, Oppy JM, Bethke AM, Raab SS. The economic benefit for family/general medicine practices employing physician assistants. *Am J Manag Care* 2002;8(7):613-20.

Among patients who receive physical examinations from PAs, 87% are very satisfied. Patients consistently rate PAs highly in terms of technical competence (89%) and professional manner (86%) and report improvements in the quality of care (71%) and access to services (79%) in areas where PAs are employed. — Nelson EC, Jacobs AR, Johnson KG. Patients' acceptance of physician assistants. *JAMA*;1974;228(1):63-7.

The Ontario Hospital Demonstration Project using PAs in emergency departments showed an unexpected result: fewer hospital admissions because of the time PAs spend with patients sorting out various issues with a patient-centred care approach and using community services. The project also discovered that PAs employed in rehabilitative facilities reduce the number of times patients are referred to emergency departments, as many issues can be addressed by the on-site PA through their collaborative relationship with a physician. — Unpublished interim findings.

## **PA certification and insurance**

### ***What does CAPA stand for?***

CAPA is the Canadian Association of Physician Assistants, a national professional organization that advocates for PAs and represents its membership across Canada and globally.

Established in 1999, CAPA was created by the Canadian Forces with the intent that it would become self-sufficient and expand to include a civilian component. The association has created and maintains the “national standard of practice” for PAs.

In 2001, CAPA developed the *Occupational Competency Profile for Civilian PAs in Canada*, which was then adopted by the Canadian Forces. Through its independent certification council, CAPA assists in the national certification process, the certification exam and registry for its members.

CAPA’s goal is to help provide efficacious health professionals for the Canadian health care system and the public and to foster the development of the profession in all provinces. By helping to develop educational programs and assisting legislators, CAPA supports quality health care for Canadians.

### ***What does CCPA stand for?***

CCPA stands for Canadian Certified Physician Assistant. A health professional with a CCPA designation has completed the defined course of study and has successfully passed the National Certification Examination set by the Physician Assistants Certification Council.

### ***What does PACC stand for?***

PACC stands for Physician Assistants Certification Council, an independent council within CAPA that administers and maintains the PA certification process. The PACC consists of various members of the medical and PA community who represent various perspectives. PAs who were educated and certified in the United States carry the designation Physician Assistant-Certified (PA-C).

### ***How does certification work in the United States?***

In 1971, the American Medical Association (AMA) Committee on Allied Health Education and Accreditation (CAHEA) developed training program guidelines and implemented a program accreditation mechanism to maintain consistency throughout PA programs.

In 1994, CAHEA was dissolved and accreditation activities were transferred to a new independent agency, the Commission on Accreditation of Allied Health Education Programs. In January 2001, the Accreditation Review Commission on Education for the Physician Assistant was established as a free-standing accreditation agency for PA programs in the United States.

Simultaneously, the need for an agency to represent the professional interests of PAs evolved, and the American Academy of Physician Assistants (AAPA) was established.

Soon after, the Association of Physician Assistant Programs (now the Physician Assistant Education Association) was formed to provide a forum for the exchange of information between educators.

Issued by the National Commission on Certification of Physician Assistants (NCCPA), the Physician Assistant-Certified (PA-C) credential is a mark of professional accomplishment, indicating the achievement and maintenance of established levels of knowledge and clinical skills. The PA-C credential is widely recognized within the medical professions and beyond. All 50 US states, the District of Columbia and the US territories have decided to rely on NCCPA certification as one of the criteria for licensure or regulation of PAs. To protect the credibility of the PA-C designation, the NCCPA certification process involves formal collegiate education, examination and ongoing pursuit of continuing medical education (CME).

At this time, Manitoba, Ontario and New Brunswick have recognized the qualifications of the US physician assistant educational programs and have recruited or plan to recruit from their graduates. The University of Nebraska Medical School has granted a bachelor's degree to recent graduates of the Canadian Forces Medical Services School program. Discussions are ongoing regarding reciprocal recognition of PA certification by Canada and the United States.

#### ***Where are PAs regulated?***

In Manitoba, PAs have been regulated through the College of Physicians and Surgeons of Manitoba since 1999. In this model, they are associate members of the college and regulated under the *Medical Act*. Together with the supervising physician or physician team and the college, PAs sign a contract that outlines the terms and conditions of their work and establishes the individual PA's scope of practice.

In Ontario, PAs are not currently regulated. The *Ontario Regulated Health Professions Act*, which governs the medical profession, permits delegation of controlled acts. The College of Physicians and Surgeons of Ontario policy, *Delegation of Controlled Acts*, is a standard set of guidelines containing information on delegating controlled medical acts.

It is the vision of CAPA and the CMA to have all PAs within Canada regulated and registered with their provincial/territorial medical regulatory authority.

#### ***What about liability insurance for PAs?***

In many situations, as health care employees, PAs are covered under the employer's comprehensive general liability insurance. CMPA members who supervise or work with PAs are generally eligible for assistance from the CMPA in the event of medico-legal difficulty arising from medical acts delegated to a PA or clinical supervision of a PA. As non-physicians, PAs do not have access to the services of the CMPA.

Physicians must ensure that all PAs with whom they might work have adequate liability protection that is commensurate with the degree of risk created by the tasks that may be delegated to the PA. Any negligence by an unregulated, non-independent PA may expose the supervising physician to the risk of liability. For example, a physician may be held responsible for the medical acts performed by the PA while under the physician's supervision.

Physicians should also be familiar with expectations in their local jurisdiction (including hospital, if applicable) regarding the acts that may be appropriately delegated to PAs and the degree of supervision required. The supervising physician may also be responsible for evaluating the capabilities and qualifications of a PA under his or her direction. Ideally, the PA should provide the supervising physician with information or proof concerning his or her current qualifications and experience. The physician can then make an informed clinical decision about whether the PA is clinically competent to perform the delegated task.

Physicians with membership in CMPA may wish to consider contacting the association for additional information regarding liability protection at [www.cmpa-acpm.ca](http://www.cmpa-acpm.ca) or 1-800-267-6522.

## **Key issues for physicians working with PAs**

Since the 1990s, the following four issues have been the focus of attention for CAPA and the PA profession, medical organizations and governments, as PAs transition from military service to the civilian sector:

- funding and employment models
- liability
- regulation
- education and certification

These are also the fundamental issues about which physicians need to be most aware as they contemplate a collaborative arrangement with PAs in their practice. The following sections contain summaries of the relevant facts on each issue, a list of the most important things physicians need to know and our perspectives on a preferred future in each of these areas.

## Funding and employment models

<b>What you need to know</b>	<b>What you need to do</b>
<ul style="list-style-type: none"><li>• Currently, PAs are employed by hospitals, physicians, private groups or regional health authorities; in each of those instances, the PAs and supervising MDs sign a contract indicating the terms of the relationship.</li><li>• In this model the employer (e.g., the hospital) sets the terms of the PA's employment.</li><li>• Currently, provincial funding models do not permit physicians to bill for care provided by a PA.</li><li>• Currently in Ontario, physicians are paid a stipend for supervising PAs within the PA-physician relationship.</li><li>• Salaries for PAs in the civilian sector range from \$75 000 to \$130 000 depending on hours per week, experience and professional responsibilities. This does not include the benefits and educational allowances required to practise and maintain registration or licensing (where applicable).</li></ul>	<ul style="list-style-type: none"><li>• When signing a contract to work with a PA and serve as the supervising physician, be aware of the supervisory requirements and ensure that the terms of the contract are commensurate with the extent and degree of oversight required.</li><li>• Be aware of the specific funding model of the PA with whom you are working and the details of their employment.</li><li>• When considering a physician/clinic-employed model, be aware of what is permissible under your specific provincial/territorial health plan.</li></ul>
<p><b>Future directions</b></p> <p>CMA supports the availability of both a hospital-employed model and a physician/clinic-employed model of funding.</p> <p>CMA supports changes to provincial/territorial funding plans that would permit the physician to bill for services provided by the PA without the physical presence of a physician.</p> <p>CMA will work with provincial/territorial medical associations and CAPA to explore funding models for PAs.</p>	

## Liability

<b>What you need to know</b>	<b>What you need to do</b>
<ul style="list-style-type: none"><li>• Physicians working with a PA in a clinical setting are generally eligible for liability protection through the CMPA.</li><li>• PAs are not eligible for liability protection through the CMPA.</li><li>• All PAs are responsible for ensuring that they have adequate liability protection commensurate with their degree of responsibility.</li><li>• PAs employed by a hospital, region or institution should have adequate liability protection through the employer's insurance provider.</li><li>• PAs employed by a physician or private group practice must seek out and maintain their own liability protection.</li><li>• Currently, two carriers of liability insurance are The Health Insurance Reciprocal of Canada (HIROC) and Willis Insurance.</li><li>• Personal PA liability protection must address all aspects or areas of the PA's employment and provide protection that is appropriate considering the risks posed by the duties likely to be carried out by the PA.</li></ul>	<ul style="list-style-type: none"><li>• Ensure that you provide adequate supervision of the PA.</li><li>• Be aware of all the regulatory requirements when entering into a collaborative arrangement with a PA (see "Regulation").</li><li>• Ensure that all PAs with whom you work and whom you supervise have <i>adequate</i> liability protection including "tail coverage."</li><li>• Ensure that liability protection is commensurate with the degree of risk created by the tasks that may be delegated to the PA.</li><li>• For a full understanding of the medico-legal risks, physicians are encouraged to contact the CMPA before they enter into a working arrangement with a PA (<a href="http://www.cmpa-acpm.ca">www.cmpa-acpm.ca</a> or 1-800-267-6522).</li></ul>
<p><b>Future directions</b></p> <p>CAPA will continue to work with insurance carriers to secure access to adequate liability coverage for all PAs.</p> <p>CAPA, working with the medical profession, will continue to enhance its national standard of PA education, ensure a sound certification process and develop a comprehensive continuing professional development system to optimize the quality of care provided by PAs.</p> <p>CMA, provincial/territorial medical associations, CMPA and others will continue to educate physicians about the role of PAs and provide information on how to reduce medico-legal risk.</p>	

## Regulation

<p><b>What you need to know</b></p> <ul style="list-style-type: none"><li>• PAs are not independent practitioners.</li><li>• The supervising physician is responsible for oversight of PAs.</li><li>• PAs work under the delegated authority of a physician.</li><li>• Two models currently exist: regulated and non-regulated.</li><li>• In Manitoba, PAs are regulated through the College of Physicians and Surgeons of Manitoba. In this regulated model, PAs are associate members of the college and regulated under the provincial <i>Medical Act</i>.</li><li>• In Manitoba, the physician, PA and college sign a contract that determines the terms and conditions of the working arrangement and sets the scope of practice of the PA.</li><li>• In Ontario, PAs are supervised by physicians who are regulated under the <i>Regulated Health Professional Act</i>. PAs are not currently regulated in Ontario.<sup>1</sup></li></ul>	<p><b>What you need to do</b></p> <ul style="list-style-type: none"><li>• In the regulated model (Manitoba), the supervising physician:<ul style="list-style-type: none"><li>• must be available in person or by phone at all times</li><li>• must identify another supervising physician if not available</li><li>• cannot delegate responsibility for acts the MD does not provide or is not licensed to perform</li></ul></li><li>• In the regulated model (Manitoba), the PA may write prescriptions, order tests and investigations and perform procedures as stipulated in his or her contract.</li><li>• Supervising physicians provide direct and indirect supervision. Consult your provincial/territorial regulatory college to determine the specific requirements in your jurisdiction.</li></ul>
<p><b>Future directions</b></p> <p>Both CMA and CAPA support changes to the medical act of each province that would allow for PA regulation by the medical regulatory college.</p> <p>CAPA is willing to work with each provincial/territorial college to help ensure that the PA profession is regulated appropriately.</p> <p>With more PAs being introduced into health care delivery, their regulatory status will have to be continually monitored and reviewed.</p>	

<sup>1</sup> <http://oma.org/Health/IPC/PAOMASstatement.pdf>

## Education and certification

What you need to know	What you need to do
<p><i>Education</i></p> <ul style="list-style-type: none"><li>• PAs are educated in accredited physician assistant education programs available in Canada and the United States.</li><li>• PAs are educated in the medical model in a 2-year program. Year 1 is primarily didactic; year 2 provides clinical experience similar to a clinical clerkship.</li><li>• Education of PAs focuses on understanding the pathophysiology of disease, determining a differential diagnosis and implementing a treatment plan. The program includes over 2000 hours of clinical rotations.</li><li>• As of January 2010, Canada will have four physician assistant education programs (admissions criteria vary):<ul style="list-style-type: none"><li>- Canadian Forces Medical Services School</li><li>- University of Manitoba, Master of Physician Assistant Studies (MPAS)</li><li>- McMaster University, Bachelor of Health Sciences (PA) program</li><li>- University of Toronto (in collaboration with Northern School of Medicine and The Michener Institute of Applied Health Sciences), Bachelor of Science Physician Assistant</li></ul></li><li>• CAPA's national competency profile is the national standard for PA education and is based on the CanMEDS competencies established by the Royal College of Physicians and Surgeons of Canada (RCPSC) for postgraduate medical education</li><li>• Students are required to pass a final oral and practical examination at the conclusion of their program.</li><li>• PAs take an objective structured clinical examination (OSCE) as part of their accredited programs, education and final</li></ul>	<ul style="list-style-type: none"><li>• Ensure that PAs with whom you work are fully certified and have completed all necessary training and evaluation.</li><li>• Involve PAs in CME events.</li><li>• Consider being a clinical preceptor for PA training programs.</li></ul>

testing before graduation. The OSCE is not part of the national certification examination but may be a component of provincial registration.

#### *Certification*

- On successful completion of a PA education program, students are eligible to write the national certification examinations provided by the Physician Assistants Certification Council (PACC).
- Successful completion of the exam confers the designation Canadian Certified Physician Assistant (CCPA).
- The PACC is an independent council of the CAPA that administers and maintains the PA certification process

#### *Accreditation*

- The CMA's conjoint accreditation program is available to all PA programs in Canada.
- The CMA's accreditation process measures a program's success in meeting the national competency profile, among other requirements.

#### *Maintenance of competence*

- PAs are required to complete continuing education, much the same as physicians.
- Canadian certified PAs are required to complete 250 CME hours in a 5-year cycle, with no more than 100 hours logged for credit in any 1 year.
- The annual meetings of the national PA associations in the United States and Canada incorporate comprehensive accredited CME hours.
- As PAs are trained as generalists, much of their specialty-specific training occurs on the job and in subsequent CME sessions.
- CAPA has been working closely with the RCPSC and the CFPC to facilitate the alignment of CME programs for MDs and PAs.

- The CMA, RCPSC and CFPC are members of the PACC.
- The CMA is committed to ensuring the highest standard of PA education through its conjoint accreditation process working with CAPA and PACC.

*Exam eligibility*

- To be eligible to write the certification exam, PAs must meet 1 or more of the following conditions:
  - They must have graduated from a CMA-accredited PA program
  - They must have graduated from the Canadian Forces PA program,
  - They must be certified by the National Commission on Certification of Physician Assistants (NCCPA) and be able to provide certification number
  - They must have successfully completed the Ontario PA Integration Program and be able to provide a completion certificate
- In addition to 1 of the criteria above, to be eligible to write the exam, the PA must be a member in good standing of CAPA.

**Future directions**

The CMA supports a close linkage between PA training and physician education along the continuum from early education through to continuing professional development.

The CMA is aware of the current capacity limitations in the clinical training environment. Both the CMA and CAPA are committed to ensuring that the emergence of new PA training programs will not compromise the learning experience of current medical students, residents and other health care providers.



## Links

### History and overview of PAs

[History of physician assistants in Canada](#)

[Canadian Association of Physician Assistants: Scope of practice and national competency profile](#)

### Resources for physicians

[College of Physicians and Surgeons of Manitoba regulation of physician assistants -](#)

Process for delegated Acts

[Delegation of Controlled Medical Acts \(College of Physicians and Surgeons of Ontario policy\)](#)

An interprofessional guide on the use of orders, directives and delegation for regulated health professionals in Ontario ([Federation of Health Regulatory Colleges of Ontario](#))

[Regulated Health Professionals Act, 1991 \(Ontario\)](#)

### Reports, position and policy statements

[Ontario Medical Association statement on physicians working with physician assistants](#)

[Doctors Manitoba \[formerly Manitoba Medical Association\] policy statement on physician assistants](#)

[British Columbia Medical Association policy statement: physician assistants](#)

[Report on orthopaedic clinical assistants in Manitoba](#) (National Standards Committee, Canadian Orthopaedic Association, Drs. Eric Bohm and Michael Dunbar, chairs)

[Physician Assistants — a solution to wait times in Canada](#) by Chris W. Ashton, Alice Aiken and Denise Duffie (*Healthcare Management Forum*, Summer 2007)

[2nd National Physician Assistant Symposium: summary of proceedings](#)

## **Related web sites**

[Canadian Association of Physician Assistants](#)

[University of Manitoba, Office of Physician Assistant Studies](#)

[McMaster University, Physician Assistant Educational Program](#)

[University of Toronto, Physician Assistant Professional Degree Program](#)

[HealthForceOntario, Ontario's Physician Assistant Initiative](#)

[Canadian Medical Protective Association](#)

## **Resources in the United States**

[Accreditation Review Commission on Education for the Physician Assistant, Inc.](#)

[American Academy of Physician Assistants](#)

[National Association of Physician Assistants](#)

[National Commission on Certification of Physician Assistants](#)

## Profiles and testimonials from professionals working in PA–physician relationships

### PA in neurosurgery

The role of a PA in neurosurgery, and perhaps most surgical areas, is in peri-operative support. PAs rotate from the outpatient clinic where they take histories and perform physical examinations, to daytime ward duty caring for inpatients, then in-hospital night call. If needed, the PA is available to provide surgical assistance, including patient preparation, opening and closures, all dependent on the requirements of the surgeon and experience of the PA. The rotation permits the PA to work with attending neurosurgeons evaluating patients, taking in-hospital consults, learning and improving the collaborative relationship.

The neurosurgical clinic has the PA examining new patients and performing post-operative follow-ups, ordering additional studies, if indicated, and coordinating admissions while the attending physician fields calls, completes documentation or evaluates another patient, improving overall productivity and efficiency. The PA gathers the essential background information from which to build the patients' care. On the ward, rounds are completed with the residents, who can then leave for educational sessions or the operating room, allowing the PA to manage medical care, adjust orders and generally perform the traditional duties of a house medical officer and neurosurgery consulting services. On service, PAs work *with* residents but *for* attending neurosurgeons. Attending and supervising physicians are always available for support and case review.

Ian Jones, MPAS, PA-C, CCPA  
Section of Neurosurgery, Winnipeg Regional Health Authority

### PA in family practice

PAs work in a multitude of different styles within the family medicine practice environment. The PA model of generalist medical knowledge tends to support family practice physicians; however, PAs can work in a private practice physician group or in multiple specialty physicians' arrangements. PAs are found in community health care teams, which combine physicians, nurse practitioners, nutritionist, social workers, physician assistants and other health team members, or one on one with a MD in a small practice. PAs have been used to provide hospital management or emergency department day coverage of physician group patients within a PA–MD model. The PA model also allows remote site practice through practice plans and off-site physician supervision. Telehealth, Internet and electronic communication, combined with site visits and chart reviews, have allowed expanded practice opportunities in remote environments since the beginning of PA history. Included below is one example of how a PA is employed in family medicine.

Ian Jones, MPAS, CCPA, PA-C

I work as a primary health care physician assistant (PA) within a community health centre (CHC). Our patient load includes a broad spectrum from prenatal care to end of life care and everything in between.

Because of our unique catchment area, our patients not only have health care needs but also often have to deal with many of the social determinants of health. Providing the best health plan for these people can often be challenging, but it is always rewarding. It is about developing relationships with your patients and working collaboratively with them to improve their overall health and well-being.

As part of a multidisciplinary team, I work alongside many diverse practitioners including physicians, nurses, nurse practitioners and lung health experts, just to name a few. These dedicated professionals have wholeheartedly accepted me into the team, and my supervising physician and I have developed a trust that allows us to work more efficiently and comprehensively.

Whether it is seeing a newborn baby or following a diabetic client, we work together to provide the best care possible and I am made to feel that my contribution is valued. I have been especially able to use my training and skills to improve management of patients with chronic disease and reduce the wait times for all clients to be seen. Being a part of introducing this new health care role to the public and to other medical professionals has been a great experience, and I feel it is an exciting time to be in this growing profession.

Angela Cassell, CCPA  
Somerset West Community Health Care Centre  
Ottawa

### **Physician working with PAs in emergency medicine**

Over time, the face of medicine has changed and evolved creating a higher demand for access to health care through the emergency department. The introduction of emergency room PAs has dramatically improved and enhanced the level of care that is delivered on a daily basis.

As part of the emergency room care team, PAs function not to replace the attending physician but, within their scope of practice, to enhance and extend the care of the attending physician.

On any given day, the duties of the PA will include interviewing and examining patients and ordering investigations after discussing the care of a particular patient (depending on the complexity of the case) with the attending physicians, who may re-examine the patient and offer guidance to facilitate appropriate investigation and treatment options.

Beyond this, the availability of a PA (especially during the night shift) helps maintain an efficient team approach. During the night shift, the attending physician, as the responsible house medical officer for the facility, is regularly called away from the department to

assist with inpatient emergent care. The PA allows continuation of care and patient flow through out the department at these times.

PAs also have extensive clinical experience and have proven to be helpful in performing procedures like casting and suturing, which allows the attending physician to see more complex cases and deliver care in a timely fashion.

Dr. W.W.A van Dyk, MBChB (Pret)DA (SA) CCFP (EM)  
Winnipeg

### **PA in emergency medicine, Winnipeg**

As an emergency medicine PA, I am a member of the emergency care team providing services that would otherwise be provided by a physician. I work as a physician extender at two of the city's community-based hospitals, seeing all acuity levels in the emergency department, thus ensuring timely access for those who require care the most. I complete the history and physical, order and interpret appropriate diagnostics and perform procedures as necessary in consultation with our supervising physician.

On average, I see 20–25 patients per shift and perform or assist with procedures as necessary. This may include but is not limited to advanced airway management, central lines, lumbar puncture, fracture/dislocation reduction and immobilization, nasal packing, removal of ocular foreign bodies, suturing and incision & drainage. Patients may or may not been seen by the supervising physician depending on their complexity.

If required I will write admission orders for patients and arrange both in-hospital and out-of-facility consultations. Being certified in advanced cardiac and advanced trauma life support and emergency department ultrasound, I am able to extend the care of the physician and lessen both the stress and workload within the department. I work 10-hour shifts (minimum 40-hour work week). During the night shift when the department has only one physician, having a PA available enables the department to continue seeing and managing patients when the physician is called to another area of the hospital.

Our facility now has five PAs in the emergency department, and we have become an integral part of the team.

Jack Buchanan, BHSc, CCPA  
Winnipeg Regional Health Authority

### **PA in emergency medicine, Timmins**

I started the PA emergency room (ER) pilot project in February 2007 after my retirement from the Canadian Forces. The PA role was poorly understood in the civilian sector, so I was initially paired with four full-time ER physicians. I worked only with these doctors for the first 3 months of my employment. After assessment of my clinical skill set, I was scheduled to work with the remaining physicians in the ER including locums.

A typical day in the ER is hard to pin down, as we never know what is going to come through the door. I typically see Canadian Triage and Acuity Scale (CTAS) 2–5 patients alone for the initial assessment, and it is “all hands in” for CTAS 1 patients.

For CTAS 2–5 patients, I do the history and physical. In Timmins, we have advanced medical directives in place for laboratory, treatment and diagnostic imaging modalities. If there are other diagnostic procedures or medications that I think are required outside the advanced medical directives, I will discuss the case with the ER doctor at that time and we will make a plan together. After the diagnostics are completed, I formulate a treatment plan and review the case with the physician. The physician reviews the treatment plan and performs a focused assessment before the patient is discharged or admitted. In addition to medical patient assessment, I perform suturing, casting, splinting and minor surgical procedures as required.

During CTAS 1 resuscitations, I have performed airway management, including intubation, and assist with patient assessment and management.

I feel the role of the PA in the ER at Timmins and District Hospital has been fully accepted and understood by all staff in the ER.

Shawn Best, PACC  
Timmins and District ER