

## Physician Assistants

Last Updated: October 2013

### BCMA Position

- The BCMA supports the establishment and deployment of physician assistants (PAs) in British Columbia.
- To ensure the optimal integration of PAs into BC's health care system, the BCMA recommends:
  - PAs be recognized by the provincial government as a regulated profession, with regulatory oversight by the College of Physicians and Surgeons of British Columbia.
  - Accessible, affordable, and adequate liability coverage be made available to and required of all PAs.
  - The provincial government explore stable funding options for PAs.

### Background

*Definition.* PAs are health care professionals who provide a broad range of medical services with physician supervision [1]. PAs can perform a supplementary role in which physicians delegate tasks to improve the efficiency of care provided and/or a complementary role in primary care teams [2]. They may also provide care in a community where no physician is available.

PAs can work in any clinical setting to extend physician services [1]. Consequently, they may be employed in hospitals, within physician practices, in rural and remote communities, and in Aboriginal communities. In the United States, over 83,000 PAs are estimated to be active in clinical practice [3]. In Canada, PAs work in health care settings in Manitoba, Ontario, New Brunswick, and in the Canadian Forces [1]. Recently, Alberta Health has hired two PAs in each the province's five health care zones as part of a pilot project to increase patients' access to care. PAs are not currently licensed to practise in British Columbia.

*Education and Training.* PAs are trained as generalists, following a formal course of medical education including 24 to 26 months of medical sciences (didactic) and clinical clerkships (preceptor) [4]. Four schools in Canada offer PA programs accredited by the Canadian Medical Association: The University of Toronto, McMaster University, the University of Manitoba, and the

Canadian Forces Medical Services School (Base Borden).

*Scope of practice.* PAs may perform any clinical duties delegated by physicians. The scope of practice for PAs is determined on an individual basis and typically outlined in a practice contract or agreement between the supervising physician(s), the PA, and the facility or service where the PA works [1].

Working as team members, PAs commonly perform diagnostic, therapeutic, preventive, and health maintenance services, which vary by practice setting [5]. Supervising physicians must be licensed to practise in their jurisdiction and be willing to exercise continuous supervision over the PA. This does not, however, necessarily require the continuous physical presence of the supervising physician at the time and place that services are rendered. Manitoba, for example, has established regulations describing how a physician is expected to supervise a PA remotely [6].

*Experiences with PAs.* In the US, the PA profession was established in the 1960s to improve and expand health care [7]. Data from US medical centres reveal that PAs provide a high degree of value and contribute to improvements in: continuity of care, access, patient safety, patient throughput, and length of stay [8]. In addition, practising PAs in the US have allowed

physicians to better use their time and talents to serve patients with complex conditions [9].

The Ontario Ministry of Health and Long-Term Care (MHLTC) has supported the introduction of PAs to address areas of high need as part of the HealthForceOntario health human resources strategy to reduce wait times and improve patient care. In 2008, MHLTC completed an emergency department pilot project, an evaluation which found that the use of PAs was associated with shorter wait times, shorter patient stays in the emergency department, and fewer patients leaving the hospital without being seen [10].

The use of PAs in a Manitoba orthopedic surgery program demonstrates that PAs can be well-integrated into care teams and can be used to increase surgical volume, which reduces wait times in a cost-effective manner [11]. Evidence also indicates patients have positive opinions of PAs and find that they provide useful information and communicate aspects of care, which contributes to a positive experience [11].

## Analysis

The BCMA supports the establishment and deployment of PAs as one way to address the shortage of health human resources in the province. The preferred model for utilizing PAs in BC is through collaborative care teams under the supervision of physicians.

Because of their unique practice model, their generalist training, and potentially broad scope of practice, there are many opportunities to utilize PAs in BC. A systematic review of the role of PAs in rural health care suggests that PAs are a good fit for rural practice and are well-received by communities and physicians [12]. The review also notes that PAs practising in rural communities possess a larger scope of practice than PAs in urban settings, a necessary quality to match the extensive health care needs of rural populations [12]. Thus, one area to deploy PAs would be in rural communities in BC to improve access to under-served areas and populations.

Other settings to deploy PAs include areas of medicine where their presence will improve access the most, such as anaesthesia, surgery/OR assists, emergency departments, and primary care. Provinces using PAs

have demonstrated that they are a valuable part of the health care system. The benefit of PAs includes improved access and increased quality of care. As a result, the BCMA recommends that PAs be recognized as a regulated profession in BC. This includes ensuring the provision of accessible, affordable, and adequate liability coverage for all PAs, in addition to the exploration of funding by the provincial government. Because PAs practise with physician supervision, the College of Physicians and Surgeons of BC is the most appropriate body to regulate PAs.

## References

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