



June 5, 2012

Mr. Hong Zhang
Regulatory Policy Division
Office of Controlled Substances
Controlled Substances and Tobacco Directorate
Healthy Environments and Consumer Safety Branch
Health Canada, Address Locator: 3503D
Ottawa, Ontario K1A 0K9

Sent via email to: OCS_regulatorypolicy-BSC_politiquereglementaire@hc-sc.gc.ca

Dear Mr. Zhang:

This letter concerns the recent proposed changes to the Practitioners Regulations under the *Controlled Drugs and Substances Act* as indicated in *Canada Gazette*, Part I, May 5, 2012. The Canadian Association of Physician Assistants (CAPA) was unaware of the proposed changes until recently. These amendments have the potential to remedy some serious problems experienced by physicians and Physician Assistants (PAs) in the delivery of health care in Canada; however as presently constructed the amendments fail to do so. CAPA would respectfully like to request that PAs be added to the list of practitioners recognized in the regulations of the *Controlled Drugs and Substances Act*.

CAPA recognizes that PAs are not regulated in all provinces and that this would only apply to provinces where in fact PAs are regulated. It is CAPA's intention to be proactive in our efforts. As PAs become regulated provincially across Canada, it will be crucial for this profession to be included in the list of practitioners recognized federally under the *Controlled Drugs and Substances Act*.

PAs were first engaged in practice in Canada in the Canadian Armed Forces. When their value to patient care became apparent, they began to be employed in civilian settings and are now regulated in Manitoba and New Brunswick, with pending regulation in Ontario. In these settings their value to patient care has again been demonstrated.

CAPA has seen the rapid growth and integration of PAs into every facet of health care, from tertiary care, to the operating room, to wards and outpatient clinics, to chronic care settings, and to community practice - to name a few. Attached to this letter is a copy of our brief to the Health Professions Regulatory Advisory Council of Ontario which describes in more detail the history of this growth, as well as the educational qualifications and many other matters relevant to these amendments.

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The remainder of this letter will describe some of the serious practice obstacles created by the present *Controlled Drugs and Substances Act* which will not be resolved by the proposed amendments. This letter will then make a recommendation on how these matters could be resolved in the best interest of patient care.

Barriers to patient care created by the Act

Case #1

In June 2006, Dr. Brian Postl drafted "*Final Report of The Federal Advisor on Wait Times*" for Health Canada identifying 5 key areas (Cancer- Curative Radiotherapy, Cardiac-Coronary Artery Bypass Surgeries, Orthopaedics - Fixation of Hip Fractures, Hip & Knee Replacements, Sight Restoration- Cataract Surgery, and Diagnostic Services - Mammograms and Cervical Screening) where excessive wait times were creating unacceptable increases in morbidity and mortality and established national benchmarks for wait times for each area. In one province, PAs became a key resource in allowing these programs to meet these targeted wait time benchmarks by enabling physicians and surgeons to see more patients in clinics, managing patient care on hospital wards, and assisting in surgical procedures. A key part of the success was improving patient throughput in the system. Delays in discharge while patients wait for physicians to write prescriptions for narcotics or other controlled substances could often result in delay of treatment or cancelation of these procedures and in certain circumstances discharge.

The physicians were faced with a much-improved system but a serious impediment to patient care posed by the present barriers in the *Act*. CAPA anticipates that PAs will become regulated in all provinces and authorized to prescribe, as have other health care providers, with the evolving scopes of non-physician practitioners. Provincial regulation and the addition of PAs to the list of health professionals under the *Controlled Drugs and Substances Act* would help to alleviate situations such as the case listed above and result in improved patient care.

Case #2

PAs work in chronic care settings. In these settings there is the frequent need for adequate pain control. The PA is often the primary care giver in these settings and the supervising physician may not be available by any means for many hours.

In these settings, and due to the restriction of the *Act*, physicians found it difficult to deliver adequate care to patients through the PA.

Case #3

There is a rural community in one province that, historically, has been very poorly served for primary care. Over the last decade attempts to place a physician have proven unfruitful, and the physicians working in the nearest community, many kilometers away are over worked. To the great relief of the community and the physicians, a PA now services this rural community under the supervision of a physician from the neighbouring community. The physician makes weekly visits to see some patients.

Occasions have frequently arisen when the PA is faced with a patient in great need of a drug that the PA is prevented from prescribing according to provincial law or the *Controlled Substances Act*. Due to the duties of the physicians they have from time to time been unavailable even by electronic means to authorize a controlled drug. In these instances the PA may have been able to manage the other areas of the patient's need with the exception of adequate pain relief. This is unacceptable for patient care and efforts have been made to accommodate the patients in this community.

In summary, these cases show circumstances occurring daily in which the patient is not being well served within the barriers of the present *Act*.

Fortunately a remedy is at hand.

CAPA's Recommendations

The government has proposed a change in the regulations called New Classes of Practitioners Regulations. (NCPR) These regulations would provide a means of authorizing midwives, nurse practitioners and podiatrists to prescribe, administer and provide controlled substances; provided they are already authorized to prescribe under provincial or territorial legislation. CAPA recommends that Physician Assistants be added to the list of practitioners recognized in the regulations.

CAPA recognizes that this regulation is dependent upon provincial or territorial legislation and therefore would not extend to PAs practicing in those provinces without regulation of PAs.

CAPA also recognizes that in the present proposed regulations certain exceptions apply. It may be that exceptions may be required for PAs as well, and CAPA is prepared to engage in a discussion to ensure any regulatory change is appropriate to the practice settings involved.

Conclusion

It is apparent that the present situation cannot continue. It is certainly understandable that due to the rapid evolution and incorporation of PAs into practice in Canada, regulatory authorities may be unaware of the present state of affairs. CAPA has only become aware of the situations described in the cases above through investigations in the last week.

It is indeed fortunate that the regulatory amendments already in process can repair this situation, and CAPA respectfully requests that they do so, and commits to working constructively toward that end. CAPA would welcome the opportunity to discuss this in further detail if the Federal Ministers of Health's office is amenable to a meeting.

Sincerely

A handwritten signature in blue ink, appearing to read 'Tim Ralph'.

Tim Ralph, MPAS, CCPA
National President
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