



The Results of the First Canadian National Physician Assistant Survey

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ABSTRACT

The first Canadian physician assistant (PA) survey was done in 2010 and used to establish baseline information on Canadian PAs' educational background, practices, role, responsibility, and satisfaction with their careers.

Methods and results A master file of PAs in Canada was obtained and information was received from 106 PAs (68% response rate). Of those, 51% classified themselves as civilian PAs (n = 54) and 49% as Canadian Forces (CF) PAs (n = 52). The mean age was 46 years (range, 27-65 years), and 47% of respondents were between 35 and 44 years of age. Males made up 72% of respondents (**Figure 1**). Although the gender divide was more pronounced in the military group, 17% of CF PAs are female; by comparison, 39% in the civilian group and 65% of US PAs are female.¹ Females were slightly overrepresented among the respondents to the survey compared with the proportion of female Canadian Academy of Physician Assistant (CAPA) members in general. One-quarter (24%) of practicing CAPA members are female.

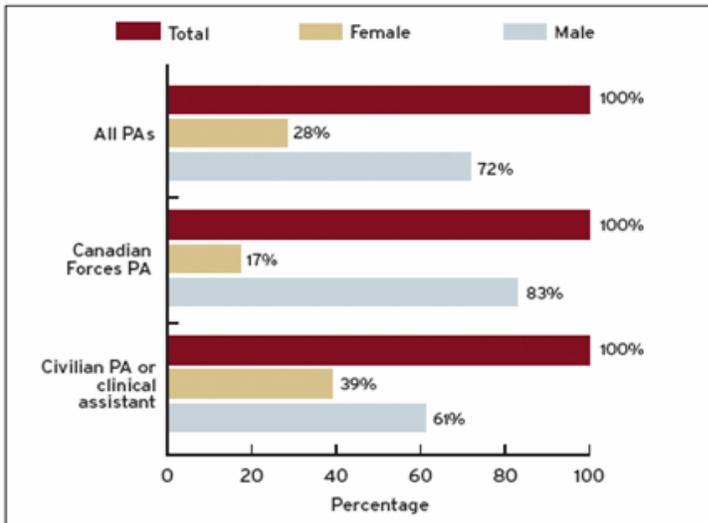


FIGURE 1. Proportion of civilian and Canadian Forces PAs by gender

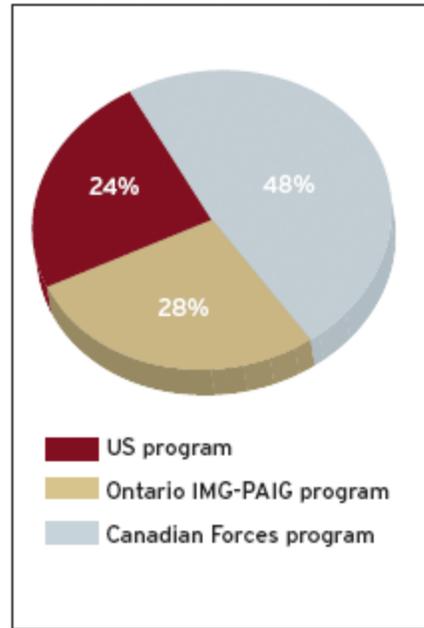


FIGURE 2. Where Canadian PAs were trained

All active PAs still in the Canadian Forces are graduates of the CF program, which has educated nearly half (48%) of the PAs in Canadian civilian practice (**Figure 2**). Of the remaining civilian PAs, 28% graduated from Ontario's International Medical Graduate (IMG) PA program stream, and the rest graduated from training programs in the United States. Thirty eight percent of the respondents graduated from their PA programs before 2005, and 85% indicated they held either US or Canadian PA certification. The average time spent as a PA in Canadian practice was 6 years.

Figure 3 presents areas of specialization or focus. Family medicine and emergency medicine are the top two areas of focus for civilian and CF PAs. General internal medicine was the next most often indicated specialty focus for civilian PAs.

At least 28% had departed the CF to become civilian PAs in the past 2 years. One-quarter of those had changed from primary care to a surgical or medical subspecialty. Change was anticipated for 20% who planned to increase their research activities, and 11% intended to increase their work hours.

As many as 40% of the surveyed CF PAs indicated the intention to become civilians within the next 2 years; though 62% were 45 years or older, a common retirement age for members of the Canadian Force. Reducing administrative duties was the next most popular response, at 27%, and roughly 1 in 5 (21%) said they expected to increase their work hours.

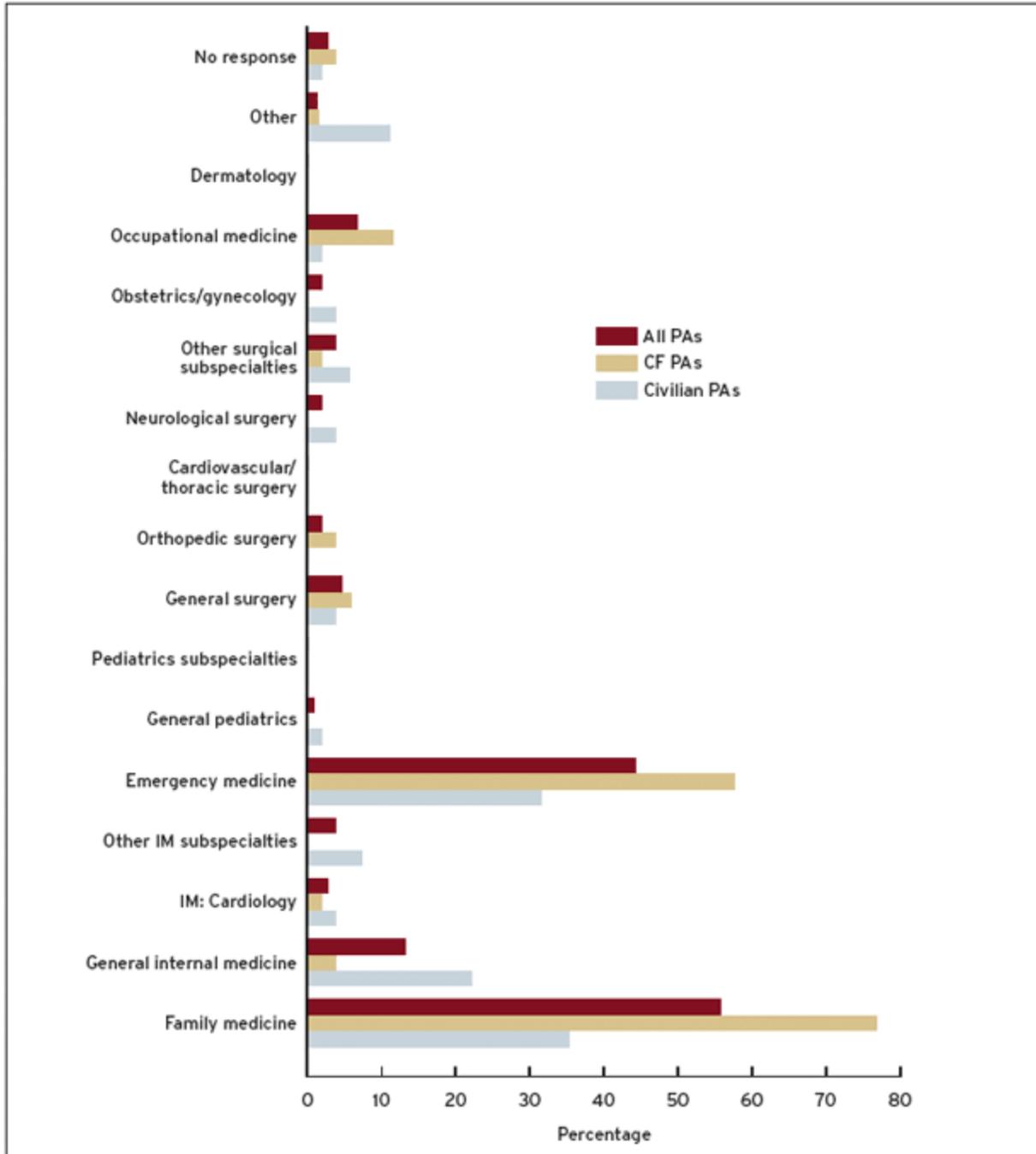


FIGURE 3. PA practice areas

Statistically significant predictors of satisfaction included age, civilian versus CF status, and more than 4 years working as a PA (**Table 1**). Predictors of satisfaction in relationship with other health professionals and patients were also examined, but none of the variables turned out statistically different.² PAs with more than 4 years of service were also likely to be satisfied with current professional life and to have a satisfactory balance between personal and professional commitment.

TABLE 1. Frequencies and results of logistic regression for job satisfaction measures

	Current professional life			Balance between personal and professional commitment			Relationship with nurses		
	Satisfied, n (%)	Univariate odds ratio	95% CI	Satisfied, n (%)	Univariate odds ratio	95% CI	Satisfied, n (%)	Univariate odds ratio	95% CI
Age group, years									
Median (44) and below	38 (79.2%)	1	Ref	29 (60.4%)	1	Ref	35 (74.5%)	1	Ref
Above median	44 (83.0%)	1.287	0.473-3.496	37 (69.8%)	1.515	0.665-3.453	44 (91.7%)	3.771	1.118-12.718
Sex									
Female	20 (74.1%)	1	Ref	15 (55.6%)	1	Ref	22 (88.0%)	1	Ref
Male	62 (83.8%)	1.808	0.627-5.218	51 (68.9%)	1.774	0.718-4.384	57 (81.4%)	0.598	0.155-2.303
PA description									
Canadian Forces PA	38 (77.6%)	1	Ref	29 (59.2%)	1	Ref	32 (71.1%)	1	Ref
Civilian PA	44 (84.6%)	1.592	0.581-4.366	37 (71.2%)	1.701	0.744-3.891	47 (94.0%)	6.365	1.678-24.145
Level of education									
Certificate	49 (86.0%)	1	Ref	41 (71.9%)	1	Ref	44 (86.3%)	1	Ref
Bachelor and higher	20 (71.4%)	0.408	0.135-1.238	15 (53.6%)	0.45	0.176-1.154	21 (75.0%)	0.477	0.148-1.537
IMG	11 (78.6%)	0.599	0.136-2.628	9 (64.3%)	0.72	0.204-2.419	13 (92.9%)	2.068	0.233-18.382
Years of service as a PA^a									
Median (4) and below	36 (70.6%)	1	Ref	27 (52.9%)	1	Ref	36 (73.5%)	1	Ref
Above median	42 (91.3%)	4.375	1.332-14.372	36 (78.3%)	3.2	1.313-7.797	40 (95.2%)	7.222	1.525-34.208
Employer paying for professional development activities									
No	16 (69.6%)	1	Ref	13 (56.5%)	1	Ref	20 (95.2%)	1	Ref
Yes	64 (84.2%)	2.333	0.791-6.879	52 (68.4%)	1.667	0.641-4.335	57 (79.2%)	0.19	0.024-1.532
Patient care setting									
Private office/clinics	10 (83.3%)	1	Ref	8 (66.7%)	1	Ref	10 (90.9%)	1	Ref
Hospitals ^b	30 (88.2%)	1.5	0.238-9.465	27 (79.4%)	1.929	0.448-8.304	32 (94.1%)	1.6	0.131-19.556
Military ^c	29 (72.55%)	0.527	0.099-2.799	22 (55.0%)	0.611	0.158-2.363	27 (71.1%)	0.245	0.028-2.154
Specialization areas^d									
Primary care ^e	31 (73.8%)	1	Ref	26 (61.9%)	1	Ref	37 (90.2%)	1	Ref
Emergency medicine	36 (87.8%)	2.555	0.800-8.159	27 (65.9%)	1.187	0.484-2.910	31 (81.6%)	0.479	0.128-1.788
Surgery ^f	8 (72.7%)	0.946	0.212-4.218	7 (63.6%)	1.077	0.272-4.269	9 (81.8%)	0.486	0.077-3.085

Note. Bolding indicates statistically significant odds ratio and 95% CIs.
a. Includes time working outside Canada
b. Includes community hospitals and academic health science center
c. Includes military clinic and military deployment
d. For multiple answers, we use this overriding rule (surgery > emergency medicine > primary care)
e. Includes family medicine, internal medicine, and general pediatrics
f. Includes various surgery and obstetrics/gynecology

TABLE 1. Frequencies and results of logistic regression for job satisfaction measures, continued

	Opportunity to use skills to their full extent			Availability of CPD opportunities to meet needs			Opportunity for career advancement		
	Satisfied, n (%)	Univariate odds ratio	95% CI	Satisfied, n (%)	Univariate odds ratio	95% CI	Satisfied, n (%)	Univariate odds ratio	95% CI
Age group, years									
Median (44) and below	31 (64.6%)	1	Ref	28 (59.6%)	1	Ref	23 (51.1%)	1	Ref
Above median	34 (65.4%)	1.036	0.455-2.357	27 (55.1%)	0.833	0.370-1.872	26 (50.0%)	0.957	0.431-2.125
Sex									
Female	14 (53.8%)	1	Ref	12 (52.2%)	1	Ref	11 (44.0%)	1	Ref
Male	51 (68.9%)	1.901	0.761-4.744	43 (58.9%)	1.314	0.512-3.369	38 (52.8%)	1.422	0.570-3.552
PA description									
Canadian Forces PA	32 (66.7%)	1	Ref	25 (53.2%)	1	Ref	27 (56.3%)	1	Ref
Civilian PA	33 (63.5%)	0.868	0.381-1.979	30 (61.2%)	1.389	0.617-3.128	22 (44.9%)	0.634	0.284-1.412
Level of education									
Certificate	39 (69.6%)	1	Ref	32 (60.4%)	1	Ref	29 (49.1%)	1	Ref
Bachelor and higher	15 (53.6%)	0.503	0.197-1.282	13 (48.1%)	0.609	0.239-1.551	12 (46.2%)	0.828	0.327-2.097
IMG	9 (64.3%)	0.785	0.229-2.692	8 (57.1%)	0.875	0.265-2.885	6 (50.0%)	0.966	0.278-3.353
Years of service as a PA^a									
Median (4) and below	31 (60.8%)	1	Ref	27 (55.1%)	1	Ref	25 (52.1%)	1	Ref
Above median	31 (68.9%)	1.429	0.614-3.326	26 (60.5%)	1.246	0.543-2.861	24 (53.3%)	1.051	0.466-2.375
Employer paying for professional development activities									
No	10 (43.5%)	1	Ref	8 (36.4%)	1	Ref	5 (23.8%)	1	Ref
Yes	53 (70.7%)	3.132	1.196-8.201	46 (63.9%)	3.096	1.147-8.357	43 (58.1%)	4.439	1.470-13.405
Patient care setting									
Private office/clinics	7 (58.3%)	1	Ref	5 (41.7%)	1	Ref	3 (25.0%)	1	Ref
Hospitals ^b	25 (73.5%)	1.984	0.500-7.867	19 (63.3%)	2.418	0.616-9.487	15 (49.6%)	2.647	0.603-11.624
Military ^c	25 (62.5%)	1.19	0.320-4.430	21 (52.5%)	1.547	0.420-5.704	22 (56.4%)	3.882	0.909-16.582
Specialization areas^d									
Primary care ^e	23 (54.8%)	1	Ref	20 (50.0%)	1	Ref	16 (41.0%)	1	Ref
Emergency medicine	32 (78.0%)	2.937	1.128-7.649	28 (70.0%)	2.333	0.932-5.839	24 (60.0%)	2.156	0.878-5.295
Surgery ^f	7 (63.6%)	1.446	0.367-5.692	5 (45.5%)	0.833	0.218-3.179	4 (36.4%)	0.821	0.206-3.279
<p>Note. Bolding indicates statistically significant odds ratio and 95% CIs.</p> <p>a. Includes time working outside Canada</p> <p>b. Includes community hospitals and academic health science center</p> <p>c. Includes military clinic and military deployment</p> <p>d. For multiple answers, we use this overriding rule (surgery > emergency medicine > primary care)</p> <p>e. Includes family medicine, internal medicine, and general pediatrics</p> <p>f. Includes various surgery and obstetrics/gynecology</p>									

PAs working for employers who pay for professional development activities were more likely to be satisfied with their opportunity to use their skills to their full extent and opportunity for career advancement. They were also 3.1 times more likely to be satisfied with availability of continuing professional development to meet their needs. Additionally, PAs who worked in emergency

medicine compared to primary care settings were more likely to be satisfied with opportunities to use their skills.

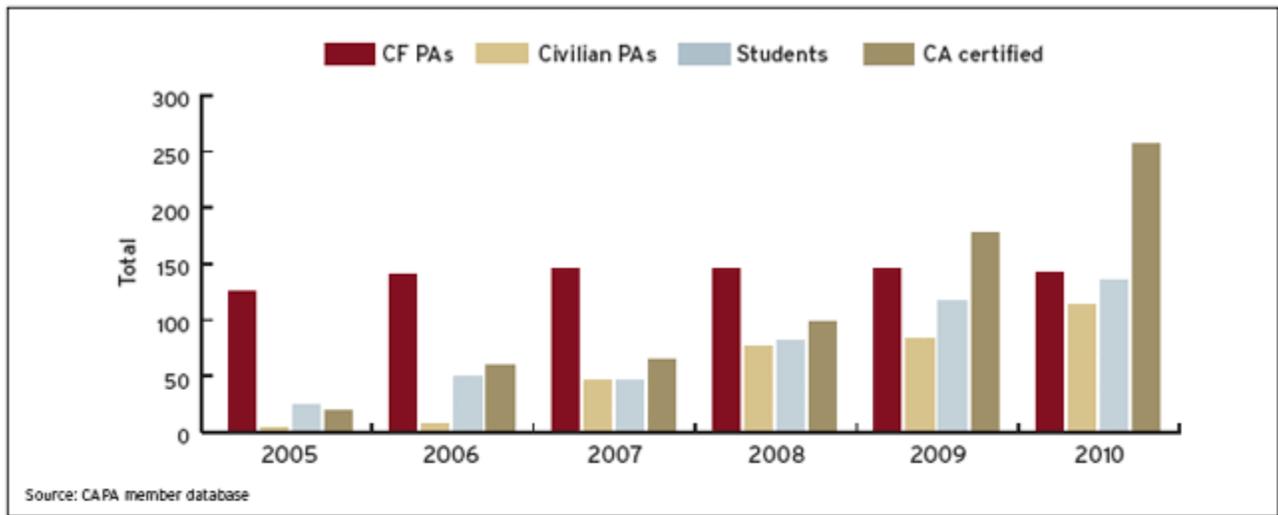


FIGURE. Number and growth of PAs in Canada since 2005

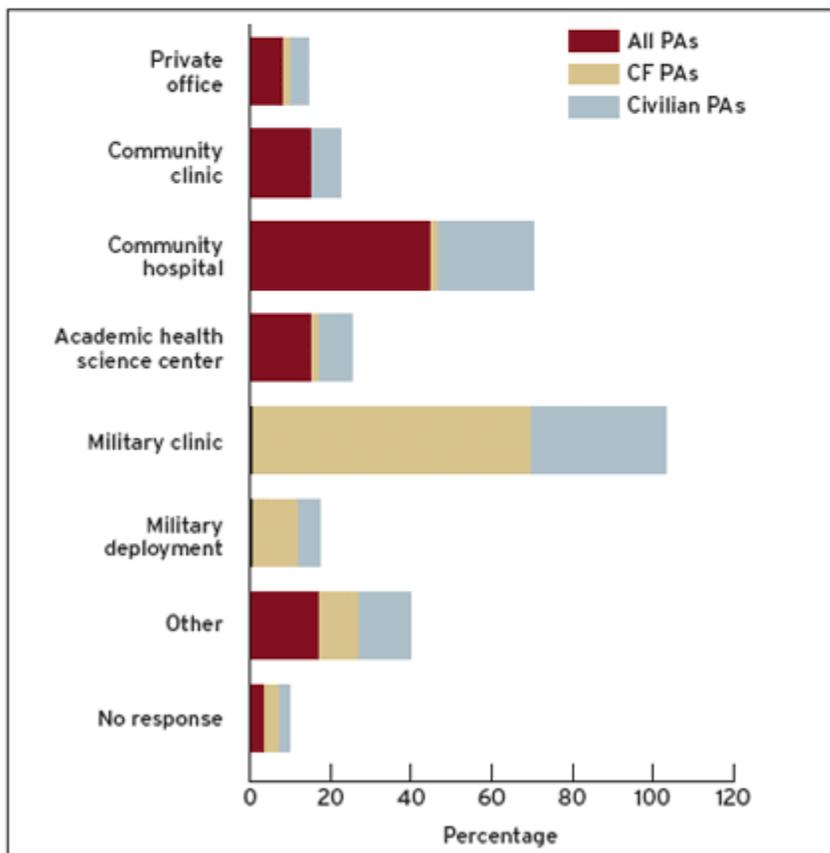


FIGURE. Primary practice site

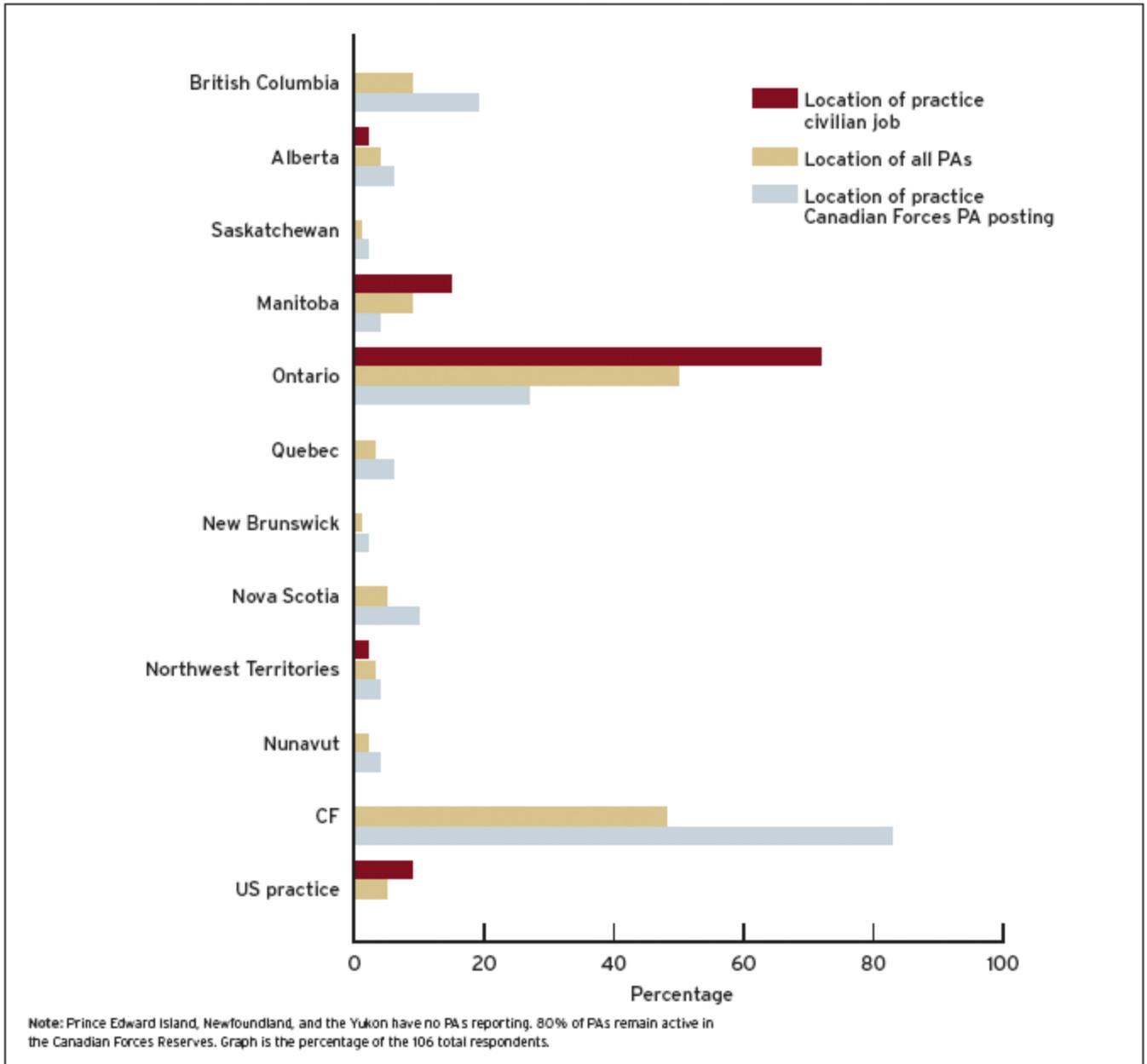


FIGURE. Province or location of practice

Discussion The PA profession in Canadian health care is new and appears to be expanding rapidly across the different provincial systems. The greater than 80% career satisfaction is important to attract and increase the cadre of PAs in Canada (and correlates with an American survey that noted similar findings of PAs³). There also appears to be a higher number of patients seen in civilian than in military practice, and more seen in general practice than is reported in American PA studies.¹

Conclusions Canada is poised for a period of dramatic growth for the PA profession. This is occurring at a time when Canada has one of the leanest ratios of physicians to population in the world. PAs are just one way to increase access to health care, but they are a profession with a

proven track record in Canada—and one that suggests small investments will produce a high rate of return. The concentration of PAs in primary care roles, which have been identified as a Canadian health priority, is a supporting factor for this profession. **JAAPA**

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