



Position Paper

Physician Assistants Supporting Team-Based Collaborative Care and Working with Allied Health Professions

The Canadian Association of Physician Assistants (CAPA) endorses health care models that focus on team-based, interprofessional patient-centered care that aims to deliver the highest quality of care. CAPA believes that a collaborative model of care includes not only Physician Assistants (PAs), but also physicians, nurses, nurse practitioners, as well as other allied health care professions. By working together and employing all professionals to their full scope of practice, as suggested by the College of Family Physicians of Canada's *Patients Medical Home Model*¹, we can enhance health care delivery for all Canadians. This not only benefits patients, but it also provides a proven economical solution to address current and future health care challenges.

CAPA believes that all health professionals have a role to play in the delivery of health care, and it holds in high regard the contributions that allied health workers make in improving the quality of care. In today's environment, with the health human resource challenges, we need "all hands on deck". For years PAs have been working in collaborative care models, not only with physicians, but with other allied health professionals, and PAs have enjoyed a fulfilling work environment, while enhancing the overall experience for patients. The Canadian Armed Forces (CAF) is a perfect example. For over 50 years, CAF members, and in some cases their families have been receiving high quality care under this model.

PAs are "physician extenders", and their primary role is to extend the services of their supervising physician. The PA scope of practice mirrors that of their supervising licenced physician, and thus provides greater service capability for the physician. PAs are highly-trained, university-educated professionals, and as such can perform a variety of controlled medical acts by delegation from their supervising physician. According to the provincial Medical Acts, physicians are able to delegate to both regulated and unregulated health professionals, depending on the jurisdiction. For example, in Ontario and Alberta, PAs are not yet regulated; however, physicians are permitted to delegate to unregulated health professionals. Conversely, in Manitoba and New Brunswick, the profession is regulated by the respective colleges of physicians and surgeons. As such, physicians are able to delegate to PAs (as regulated health professionals) working in these provinces.

Recently, there have been questions regarding the Physician/PA relationship, and how this impacts other health professionals, specifically in terms of delegation. Of particular interest is when a PA subsequently delegates to other allied health professionals.

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¹ The College of Family Physicians of Canada. (2011). *A Vision for Canada: Family Practice, The Patients Medical Home*. Retrieved from:
http://www.cfpc.ca/uploadedFiles/Resources/Resource_Items/PMH_A_Vision_for_Canada.pdf

In this case a PA is not permitted to delegate to an allied health professional, however, they can instead communicate an order on behalf of their supervising physician. This is only acceptable if the act/task in which they are communicating is included in their own PA medical directives and scope of practice. In such cases PAs are permitted to communicate the order directly to allied health professionals for the provision of care.

There are other instances when a physician will provide a written or verbal order that may not be included in the medical directives. As long as the physician has signed off on this order, the PA may communicate this information to their allied health profession colleagues. Such an order should be interpreted as if it is directly conveyed by the physician, and not the PA. The very nature of the Physician/PA relationship is one based on both trust, as well as delegation. The PA is not an independent clinician, and as such is not permitted to practice without the supervision of a physician. In simple terms, the PA is a physician extender, and when an order is communicated to an allied health profession colleague from a PA, they are simply extending (reiterating) the supervising physician's request.

While the PA profession is a relatively new addition to the Canadian public health care system, the various levels of provincial regulation and scopes of practice can make the Physician/PA relationship somewhat challenging to understand. Nevertheless, referring to the respective provincial legislation on Delegation of Medical Acts provides a clearer understanding of relationships and guidelines that govern PA practice.

To that end, CAPA encourages allied health professionals to consult with the PA's supervising physician if they have additional questions regarding medical directives or delegation. This will also help to clarify the specific authority of a PA who may communicate a particular controlled act and/or task to another allied health professional.

Today's health care landscape is challenging and dynamic, and with the projected increase in Canadians requiring medical care, additional health human resources will be required. This is where allied health professionals, like PAs, working to the full scope of their practice in a multidisciplinary team can make the difference. Together, we can ensure that patients receive timely, effective and high quality care. This is why CAPA believes that PAs working collaboratively with other health professionals in interprofessional teams are part of the solution to Canada's health care predicament!

For additional information or inquiries regarding the Physician/PA relationship and delegation, please contact the CAPA National Office: admin@capa-acam.ca