Ontario
Physician Assistant
Symposium 2013

A Think Tank for Networking, Collaboration and Planning

Proceedings and Recommended Next Steps

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EXECUTIVE SUMMARY

The newest health profession to be introduced in Ontario – the physician assistant (PA) – has elicited a positive response from patients and employers, yet continues to face a number of new-profession challenges:

- Limited ability to have wide-spread impact on health care in Ontario with a small number of PAs;
- Lack of data collection to demonstrate impact of the PA role on health care delivery in Ontario;
- Lack of certainty regarding long-term employment opportunities for PA graduates;
- Recurring questions about PA regulatory status, supervision and payment options; and
- Financial viability of small-enrolment educational programs.

Working collaboratively, the two Ontario PA programs – one at McMaster University and one at the University of Toronto (as part of a consortium with the Northern Ontario School of Medicine and the Michener Institute) – initiated a provincial PA dialogue in Fall 2013. Fifty key stakeholders came together to discuss issues, challenges and enablers related to PA education, research and employment, as well as to develop strategies to move the PA initiative forward in Ontario.

This consensus document represents the outcomes of the discussion, resulting in the following recommendations and action items:

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<td>Seek funding to establish a graduate 0.5 FTE clinical research position.</td>
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<td>Clarify PA role and develop effectiveness measures. Develop a focused PA employment plan in terms of projected numbers, sustainable funding models, applicable to a variety of settings.</td>
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<td>Research and gather data to support the concepts of PA registration and regulation. Look to the UK, Netherlands, USA and Germany. Research and gather information about effective PA models, the landscape of health care in the world, and new roles such as Paramedic/PA ride out.</td>
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<td>Create templates/toolkits for metrics to be used by clinical groups (private clinics, consult services, emergency).</td>
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<td>Link with university research programs, health economics and policy evaluation groups. Seek funding to conduct a feasibility study: meeting between health economics professors, current research focused PAs and CAPA.</td>
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<td>Establish multiple program evaluation working groups, including a CAPA based interest group to link current PAs and students interested in research.</td>
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<td>Create a catalogue of current research projects. Process: McMaster and Consortium of PA Education Program email graduates; and CAPA reaches out to current membership (including non-Ontario-program graduates).</td>
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<td>Develop a business case regarding Masters level PA programs, which would include student research projects as part of the curriculum.</td>
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Create a graduate tracking database with CAPA and the education programs.

**Recommendation 2) Promote the PA Profession**

Develop a communication strategy. Gather and write up current and historic PA/patient stories and highlight the impact PAs are having in Ontario. Utilize communications expertise of the OMA, OHA and universities.

Develop a communication strategy to educate and raise awareness about the PA role and how PAs are trained. Target audiences are the public, patients, employers, the health care system and potential preceptors.

Create mentorship models between communities/areas that have PAs and those that want to hire PAs.

Develop strategies for recruitment of PA graduates in communities of greatest need.

Work with the OHA to develop a mechanism for hospital credentialing of PAs employed by independent physician practices.

Review the Career Start Grant application process with a view to starting the process earlier each year or establishing it as an ongoing, rolling application.

Create and provide faculty development programs, accessible to the geographic diversity in the province. Target experienced PA professionals and other clinicians interested in supervising PAs.

Develop strategies to increase capacity for clinical rotations (including elective opportunities).

**Recommendation 3) Legitimize the PA profession**

Establish a high level stakeholders group, with Ministry representation, to develop an overarching governance plan addressing regulation, registration, supervision, role and funding, with a phased approach and timelines. Establish working groups as needed. Work with employers, such as the OHA, to address barriers.

Develop the process for PA professionals to be registered with the CPSO. The goal is to have the registration status lead to support for eventual regulation of the PA profession.

At the appropriate time and with the appropriate rationale, seek registration status and subsequently regulation status for the PA profession.

Establish a common set of medical directives, based on core competencies, to be distributed provincially that can be adapted/adopted by hospitals, institutions and independent practices.

The PA symposium suggests that through a concerted and collaborative approach, the PA stakeholders (universities, the PA profession, the medical profession, employers, etc.) can move key issues forward, strengthen the profession and solidify PA integration into the Ontario health care system.
The Physician Assistant (PA) role was introduced in 2007 in Ontario through the Ministry of Health and Long-Term Care (MOHLTC). The demonstration projects were started in specific, predetermined health care settings (emergency departments, hospitals, community health centers, diabetes care and long term care). Two Ontario university medical school PA education programs followed shortly thereafter. The first opened at McMaster University in 2008-09 and then in 2009-10, a consortium program opened at the University of Toronto, in collaboration with the Northern Ontario School of Medicine and The Michener Institute for Applied Health Sciences.

Graduates of the Ontario PA programs have generally found employment to date through MOHLTC Career Start Grants. These grants have provided pre-approved potential employers with at least two years of bridge funding to provide time for employers to transition PA positions permanently into the organization’s base budget. Initially, the Career Start Grants offered full time salary funding; however, in the fourth iteration in 2013, the Grant provided 0.5 of the PA’s salary. Only graduates from the two Ontario PA education programs are eligible for the Career Start positions. Aside from the MOHLTC Grants, both Ontario PA graduates and other PAs have been hired by private physicians, hospitals and other institutions, in both Ontario and beyond. There has been a recent increase in PA employment in permanent positions, due to the inclusion of PAs as one of the eligible Interprofessional Healthcare Providers (IHPs) in Family Health Teams (FHTs) and other primary care groups. Some specialties have been successful in creating permanent PA positions within specific institutions, such as neurosurgical centers. Currently, there is no central tracking of PA employment in Canada.

Despite a positive response from care providers and employers to the introduction of the PA role, and the MOHLTC’s introduction of new PA jobs, a number of new-profession challenges continue to exist, which led the PA programs, profession and government to initiate this Symposium. These new-profession challenges had been identified, via consensus, by those on the Symposium planning committee:

- Limited ability to have wide-spread impact on health care in Ontario with a small number of PAs;
- Lack of data collection to demonstrate impact of the PA role on health care delivery in Ontario;
- Lack of certainty regarding long-term employment opportunities for PA graduates;
- Recurring questions about PA regulatory status, supervision and payment options; and
- Financial viability of small-enrolment educational programs.
PURPOSE and OBJECTIVES

The inaugural Ontario Physician Assistant (PA) Symposium was held on October 21, 2013, under the direction of the academic leads from Ontario’s two university PA education programs. The intent is to continue to hold annual symposia until resolution of the majority of the major challenges. Approximately 50 stakeholders were in attendance. The Symposium itself was very well received by participants, and the rooms were filled to capacity with representatives that included:

- PA graduates and current PA students from both Ontario PA education programs
- PAs in practice in Ontario, including those PAs who have retired from the Canadian Forces, those practicing in urban and rural locations, representing a variety of clinical disciplines (primary care, specialties, hospitals, private practice)
- Canadian Association Physician Assistants (CAPA), Ontario & national representatives
- Corporate and small group employers of PAs from rural and urban regions
- Complex Continuing Care representatives
- Local Health Integration Network representatives
- Ministry of Health & Long-term Care
- Ministry of Training, Colleges and Universities
- HealthForceOntario
- College of Physicians & Surgeons of Ontario
- Rural Ontario Medical Program
- Ontario Hospital Association
- Ontario Medical Association
- Center for Health Economics & Policy Analysis
- Administrative and education faculty from both Ontario PA education programs

The purpose of the Symposium was to create opportunities for networking, collaboration and planning around the PA initiative in Ontario. The additional goal was to produce this consensus document for PAs in Ontario that would provide a snapshot overview of the key issues, challenges, enablers and in moving forward with specific plans towards success.

Participants attended a series of breakout groups focused on the topics of education, research and employment. Groups were charged with identifying barriers and the enablers with respect to promoting the PA profession, and to identify short and mid-term priorities for action.

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1 See Appendix 1: Ontario PA Symposium Agenda
2 See Appendix 2: Participant list
3 See Appendix 3: Summary of Participant Evaluation
INTRODUCTORY REMARKS

Dr. Andy Smith, VP Education, Sunnybrook Health Sciences Centre welcomed participants, and encouraged the group to use the Symposium as an opportunity to think about the important role that PAs bring to the interprofessional team and the impact they will have in the future as PA numbers continue to grow in the province.

Dr. Maureen Gottesman, Medical Director, BScPA Physician Assistant Professional Degree program, University of Toronto (for the Consortium of PA Education) and Dr. Paul Hawkins, Assistant Dean BHSc PA Education Program, McMaster University, asked that participants think about short and long-term solutions and innovations for the growth and integration of PAs into the Ontario health care system, and identify the kinds of structures and committees needed to make it happen.

Ms. Suzanne McGurn, Assistant Deputy Minister, Health Human Resources Strategy Division indicated that the Ontario MOHLTC is very supportive of the team approach to health care and with the introduction of roles like PA and nurse practitioner (NP), we are creating opportunities to build the right kind of team for different practice settings and different regions of the province. With these new roles, the province is now able to plan for the right set of competencies, with the right practitioner to provide the right care at the right cost.

Ms. McGurn indicated that early evidence demonstrates that PAs are contributing positively to the health care system. She encouraged the profession to share patient stories. Continued success on the ground, with a focus on delivery of care and talking about the value that PAs bring, will help advance the profession quickly. She noted that, as has been the case with the introduction of other new health professions, the PA profession will need to evolve to become a labour market force of its own.

Dr. Alan Schumacher, Family Physician and Ms. Jacqueline Harden, CCPA\(^4\) discussed their experience as supervisor and student in the McMaster PA program. They provided an overview of a number of PA employment models: PA/NP job share in a hospital renal program leading to efficient service and better patient care; private neurology clinic where the PA assesses new consults and the neurologist sees follow-ups; a team of 3.5 Family Physicians plus 1 FTE\(^5\) NP plus 1 FTE PA providing care to a roster of Family Health Team (FHT) patients; and 2 PAs working with physicians to help provide emergency room coverage on evenings and weekends for an Emergency Department with 30,000 visits/year.

\(^4\) CCPA is Canadian Certified Physician Assistant  
\(^5\) FTE is Full-Time Equivalent
DISCUSSION

The summaries of the discussions from the Symposium are presented here, including background information, and barriers and potential enablers as identified by participants, in the areas of governance, employment, education and research. From these discussions, next steps to continue advancing the PA profession in Ontario were identified in each of the groups. This document concludes with the identification of the overlapping themes and summary recommendations.

GOVERNANCE: Exploring governance related to the PA profession as healthcare providers in Ontario

By definition, the practice of medicine by a Physician Assistant is only possible under the supervision of a physician. Currently PAs in Ontario perform controlled acts by means of medical directives or via direct delegation by a physician. As a new profession in Ontario, the profession is not, at present, regulated, although the desire to become regulated is strong within the professional membership and physician supervision community. In 2012, the Health Professions Regulatory Advisory Council (HPRAC) recommended that the PA profession not be regulated, as the profession was still too small in numbers, and given the (by definition) supervision status of the profession, the potential risk to the public has not been identified. Risk to the public is typically the impetus towards moving for professional regulation. However, HPRAC did include the recommendation to begin to register practicing PAs and allow the profession to grow prior to re-evaluating the issue of regulation. Currently, the Canadian Association of Physician Assistants (CAPA), the national body that represents PAs, publishes a list of Canadian-certified PAs on their website; however, this is only a preliminary step towards an official registration database. There is no database of foreign-trained PAs practicing in Ontario, although some self-identify to CAPA.

The recommendation from HPRAC is to support the proposal for the College of Physicians and Surgeons of Ontario (CPSO) as the probable, eventual regulatory College, to develop a registration system for PAs in Ontario, similar to that which is done in other jurisdictions. The decision by HPRAC not to recommend regulation of the PA profession is not congruent with the overwhelming experience and direction taken by other regulatory bodies in Canada, and, more specifically with the extensive experience of regulation of PAs in the United States.

In order to move the profession forwards, the status of the regulation of the profession, the status of registration of practicing PAs (ideally with the CPSO), and the clearly-identified role of physician supervision are all key governance issues that affect optimal utilization of PAs.

Regulation, or lack thereof, has significant impact on the current status of the PA profession as a whole. Without the status of regulation, the professionals in practice are somewhat in limbo, potentially limited to operate to their full scope of practice. Tensions can exist in the work

6 For a detailed list, see Appendix 3: Key Action Items for the PA Profession in Ontario
place due to this lack of clarity, not only with the supervising physician but also with other health professions. Regulation is deemed essential for patient safety, role clarity to other health care professionals, and to create a uniform supervisory environment that is both fair and transparent.

With its current unregulated status, the short-term focus for the profession should be to build and integrate the profession into the health care system. In the meantime, the profession can also begin to plan for the medium to long-term when the time will be appropriate to reapply for regulation. This planning would include how and when to build up a business case, and what evidence will be valuable for the application.

There are major stakeholders, not the least of whom are the Ontario public, who would benefit from the registration and regulation of the profession. PAs themselves are in the prime position to provide ongoing participation and collaboration towards registration and regulation. The national body that represents the profession, CAPA should continue to play an important role in addressing registration, regulatory and role clarification issues.

**Bottom Line - Governance**

PA leadership, with physician support, must work on putting a plan together towards reapplication for regulation of the PA profession. Part of that plan must include registration of the PA professionals in Ontario, as registration is linked to eventual regulation.

**EMPLOYMENT: Exploring employment-related issues for hospitals and other institutions who employ PAs, as well as for physicians and physician groups who employ PAs**

The PA role is still relatively unknown in Ontario, and expanding in other jurisdictions in Canada, but well established in the United States. The current lack of registration and regulation has a direct impact on the lack of clarity for supervision. These gaps contribute to the uncertainty for physicians, employers and PAs and are impacting the full integration of the PA role into the health care system. As any new profession is introduced, time must be spent on justifying the role, clarifying scope and ensuring proper utilization of the appropriate health care professional.

Integration of the PA as part of the healthcare team is an essential part of the success for the profession. It has been noted that both nursing and physician buy-in has been a challenge in some settings, leading to a failed implementation of an otherwise successful PA role. Including professional associations and current (and potential) regulatory colleges in the integration and employment can be an important and effective way to support the successful integration. Tools on how to introduce and integrate PAs into the team already exist, but may be under-accessed. PAs themselves have some responsibility, and have been noted to already take ownership, for
integrating themselves into the team. Participants recommended that CAPA take a leadership role to develop a robust Entry to Practice Guide for PAs.

Employment of PAs in hospitals and other institutions often, but not always, leads to the establishment of medical directives. Many sites have created their own medical directives, resulting in many different sets now in use. A provincial effort to build on existing directives, collaborate and disseminate core medical directives (that could be adapted based on site requirements) would greatly help in introducing and integrating the profession.

Symposium participants described various examples of both over and under utilization of PAs. Apprehension has been expressed around PAs potentially practicing beyond their scope, but there are also anecdotes of underutilization, due to lack of role clarity and scope of practice. Although it is expected that PAs would be employed in positions where they are needed most, defining the need requires clearly-set metrics and criteria, and ongoing follow-up and monitoring of the level of involvement in clinical activities.

Some participants commented on a potential mismatch of available PA job opportunities in communities where PA graduates are from, or are intending to move to. Unfilled PA positions in some parts of the province, especially some with high rurality index scores, have led to some frustration by those communities. There remains great potential to realign the established and potential funding to support the PA positions in these communities. Potential may exist to generate employment incentives for PA jobs in communities of greatest need.

A lack of an overarching, long-term funding model for PAs within the healthcare system in Ontario still exists. Sustainable funding of PA positions in hospitals and healthcare institutions is concerning, particularly in the current fiscal climate. Participants commented that the MOHLTC Career Start Grants for PAs is a labour intensive process for potential employers, and is too time limited. Participants reported on examples of situations in which PAs were hired on contract with only the finite funding available. This translates into some individual institutions and employers being seen to make short-term decisions for PA employment, and these are not necessarily part of viable models for the longer term.

A key issue raised by family physicians who employ or wish to employ PAs is identifying a model for increased patient load that will sustain funding for the PA position. The challenge for family physicians to privately hire a PA relates to the necessity to increase their roster size. It was estimated that 800 additional patients would need to be added to the practice in order to cover the salary and benefits of the PA, which can present challenges. For example, in the absence of

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7 The “Physician Assistant Toolkit: A Resource Tool for Canadian Physicians” developed by the Canadian Medical Association (CMA), revised in 2012 as well as the “Physician Checklist”, geared to employers, are linked on the CAPA website, available at: [http://capa-acam.ca/pa-employers/](http://capa-acam.ca/pa-employers/)
the PA (if they had a prolonged absence or if the position became vacant), the physician must continue to be responsible for the care of the expanded roster.\textsuperscript{8}

There is already a short history of interested private offices, especially now in primary care models (FHTs and non-FHT primary care groups) who are including PAs as part of their IHP complement. This demonstrated interest has to now be channeled into defining the measures for success and proving sustainability so that different models can flourish in the variety of settings that suit the PA role.

The arrival of PAs in Ontario occurred after much of the legislation defining health care was written. This leads to unique challenges. PAs that are not hospital employees are frequently deemed ineligible for hospital privileges. As a result, PAs employed in independent physician practices are able to work in outpatient settings but are generally unable to work with their employer in the hospital setting. Consideration should be given to a province wide approach to this and other legislation-based challenges, including the funding issues.

PAs do not have their own billing numbers, so for fee-for-service physicians who employ PAs, there are limitations of the current OHIP Schedule of Benefits with respect to how a physician can bill for the patient visit for whom she or he must assume full medical and legal responsibility. Solutions should be explored with the assumption that the current Schedule of Benefits will not be modified and that changes are cost neutral. These solutions will need to be robust and flexible, and involve stakeholders and expertise from various disciplines to promote the potential implementation.

\underline{Bottom Line- Employment}

Currently, there is little consistency in the introduction of the PA role into employment environments. There is a need to clarify the role and ensure support towards successful integration of the role into the existing healthcare teams, with purposeful intent. Standardization and dissemination of core medical directives is necessary and could be a helpful strategy towards the successful integration. The employment opportunities for PAs should be planned for, and should truly meet the public need, with a transparent and thoughtful process that helps to actually define those needs in the first place. For those positions that are physician-employed PAs, the additional barriers of billing for medical services, salary support based on physician income, and lack of possible hospital privilege’s for physician-employed PAs remain multi-faceted obstacles that are deserving of immediate attention in order to garner support for the PA profession moving forwards.

\textsuperscript{8} It is noted that the issue of supporting a larger roster size of patients with the addition of a non-MD health provider is not unique to the PA role, and is relevant for family physicians working with NPs in FHTs and in other models.
The two Ontario programs have cohort sizes between 24-30. Most civilian PA programs in North America have 20-40 students and are approximately 24 months in length. There may be reasons to expand the current PA student class sizes, in part, to achieve a critical mass of PAs to truly integrate and impact on the healthcare system. However, the limitations regarding access to suitable clinical training sites for PA students and concerns about stable PA graduate employment are current reasons to limit expansion of the programs to any significant extent. Increasing the awareness of the PA profession will obviously have many desired benefits, and should be targeted to include broadening the pool of applicants. There are likely many diverse (culturally, geographically, etc.) individuals that may otherwise be unaware of the PA profession as a possibility towards serving the healthcare needs of the population.

The two civilian PA programs in Ontario are baccalaureate level. The PA program in Manitoba and the majority of programs in the US are at the Masters level. Potential and current PA students have expressed interest in the potential of adjusting the current undergraduate credential for PA programs in Ontario. The future may demand graduate level degrees, however, at this point, the education degree was determined at the level of government.

Symposium participants discussed some of the current challenges within the education programs in both the academic and clinical areas of the training. Barriers in the delivery of the academic curriculum for some cohorts have been identified and, some may be institution specific. These include limited program funding for robust simulation, access to experienced teachers with knowledge of the PA role, physical classroom space and, occasionally, local support of the PA profession by those external to the profession. Barriers impacting clinical training include access to available preceptors and training sites in some communities, appropriate integration of clinical educators (PAs and physicians) into the formal education programs (e.g., expanding faculty positions for PAs), and the lack of standardization of the clinical training experience for PA learners across the province.

Using more and more experienced PAs as preceptors is a goal as the profession develops. It is expected that there will be increased opportunities for expanding the affiliated PA clinical training sites, as graduates disperse and employment opportunities expand. Participants of the Symposium noted a desire to increase the variety of clinical elective training opportunities, beyond the core rotations. This important step may facilitate PA graduates to expand their clinical repertoire and increase potential employment opportunities in specialties and focused practices. Faculty development for clinical preceptors, both PAs and physicians, will continue to be important to meet these demands.

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9 Lack of standardization of clinical training experiences for students in health professions education is not unique to PA education

10 The core rotations consistent in both Ontario PA training programs include: Family Medicine, Emergency Medicine, Internal Medicine, Surgery, Psychiatry, and Pediatrics
For current students, the transition from PA student into practicing PA has been seen as a stressful experience, in part, due to the nature and scheduling of the Career Start Grant process. The limitations of the Career Start Grant process should be reviewed and adjusted, to enable interested potential employers to submit applications for PA funding throughout the year, and not limit the annual process to a short window in the summer months. An adjustment to an extended application cycle may allow more quality submissions from employers, potentially using PAs and trainees in the development of the application.

### Bottom Line - Education

PA students are satisfied with their training, but are invested in seeing future growth of the education experience, to become smoother over time, within both the academic and the clinical realms. The education programs should be used as a vehicle to expand the public relations and population awareness for the PA profession, by targeting the expansion of the applicant pool, the cultivation of clinical training opportunities, and ultimately, the development of sustainable PA employment prospects.

### RESEARCH: Building the evidence regarding PAs in Ontario

Demonstrating that PAs are having a positive impact on health care delivery in Ontario is a multifaceted venture, and is necessary to help the profession move forwards. Data from the United States and other jurisdictions documents the effectiveness of PAs in many domains.

Initial qualitative data on outcomes of the profession from the PA Demonstration Project in Ontario has been reported (MOHLTC, Ontario Physician Assistant Implementation - Report of the Evaluation Subcommittee, December 2011). However, as stated by Symposium participants, subsequent to the Demonstration Project, additional studies on impact are required in Ontario. Program evaluation and peer-reviewed research are equally important research streams. There are opportunities to collaborate on research projects, as there appears to be pockets of data collected by various parties, including government, employers and the PA professionals. Mechanisms to promote collaboration amongst current and future researchers must be explored.

Funding for research is an ongoing concern. Initial seed-funding from the MOHLTC would assist investigators in ultimately attaining larger research grants from agencies such as CIHR and Health Canada. To help guide the PA profession into research, a review of the historic research agendas from other health professions, during the years they were becoming established, may provide insight into the learning from those experiences. Research funding is complex, and collaboration with experiences researchers from other health professions, from specific disciplines (such as health economists), and with other provinces, specifically Manitoba, may be of value.
As there is a lack of employment metrics, the profession and the stakeholders should be looking at the economic impact of including PAs in the system, the capacity of the system to take in PAs and tracking the workforce. Research questions can be developed to address the productivity and economic outcomes of employing PAs within the system.

It is equally important to study the impact of PAs on clinical outcomes. In addition to quantitative studies, there are a number of research questions that can be answered through qualitative methodology. Examples include: the perception of the profession by the public and employers; inter-professional dynamics; and, surveying employers about what questions they want answered.

Due to the relatively small sample size(s), the range in scope of practice and heterogeneous practice characteristics for individual PAs, research projects have to be well constructed to pursue questions that may have answers. The same questions may not be appropriate to be asked across all PA situations. As the PA role is inherently dependent on the supervising physician, the details about the actual clinical practice and level of supervision are complex factors to be considered in any outcomes-based research questions.

Education programs are responsible to their respective institutions and the Canadian Medical Association (accreditation body) to conduct program evaluation. Applicant pool and successful student demographics should be tracked, along with their reasons for pursuing the PA profession and individual career paths. This is an ideal time to establish metrics for tracking graduate outcomes, given that the education programs are still relatively new. Participants suggested that CAPA would be an ideal leader for establishing a database to facilitate this tracking.

Time and funding to devote to research are seen as barriers by some PAs and stakeholders to become involved in these important projects. Nonetheless, data collection in some environments (university, hospital, private practice) is currently underway.

**Bottom Line- Research**

The nature of the relatively small profession in Ontario and in Canada lends itself well to qualitative research projects. There are many gaps that the research can help fill, from economic impact to health outcomes, employer satisfaction to graduate success. Collaborations and alliances will help to move the research agenda forwards, towards the production of evidence to support the PA profession. Seed-funding from the MOHLTC should be attained for dedicated researchers, in order to begin the task of evaluating outcomes. In the longer term, a robust research strategy must be developed, involving diverse collaborators.
SUMMARY

The PA Think Tank provided the opportunity for PAs, educators, employers, stakeholders and government to network, collaborate and plan. Key themes arose during the sessions, highlighted in each section on Governance, Employment, Education and Research, and are summarized here:

Key Themes

- High-level collaboration of multiple stakeholders is needed to move forward and advocate for the PA profession. No single stakeholder holds responsibility for solving current challenges faced.
- Growing PA numbers, promoting excellent care, and sharing stories of success are major short-term foci.
- Role clarification and a provincial set of core medical directives are needed.
- Governance and communication strategies are needed both in the short-term and in the longer term, with the ultimate goal being regulation of the profession.
- Sustainable clinical funding models are essential.
- Initial funding support is necessary for researchers dedicated to building the evidence for the effectiveness of PAs.

Recommendations

1) Measure effectiveness of the PA Model
   a. Define effectiveness
   b. Research comparable data from other countries
   c. Implement templates for clinicians to use to collect data
   d. Identify the economics of the PA model and the Ontario labour market force
   e. Capture and track PA graduate employment data from all three civilian programs and the Canadian Forces

2) Promote the PA Profession
   a. Structure communication strategies to attract applicants, preceptors, employers, public (as consumers)
   b. Clarify the role for all stakeholders to promote integration
   c. Develop cost neutral financial strategies for communities in need to attract PAs
   d. Support education programs towards ongoing excellence

3) Legitimize the PA profession
   a. Develop plans towards registration as a very transient measure prior to regulation
   b. Develop plans towards professional regulation
   c. Address issues of PA credentialing within hospitals
   d. Standardize medical directives

A continued, concerted, collaborative approach to moving these issues forward will strengthen the profession and solidify integration of PAs into the Ontario health care system. Working
groups will be established to develop the action plans in the defined areas. Involving current students, graduates, experienced PAs and the many other stakeholders are essential to the planned success.

Authors note: Symposium participants were asked to contribute by consensus, and the authors summarized the relevant aspects to develop these proceedings. This document reflects the collective views of the participants and is not intended to specifically represent the view of one particular organization or individual. Drs. Gottesman and Hawkins wish to thank all of the participants and stakeholders of the Ontario PA Symposium 2013 who contributed to the collective. Specific thank you goes to Sunnybrook Health Sciences Centre for hosting this event, to the MOHLTC for their financial contribution to the Symposium.
Appendix 1: Ontario PA Symposium Agenda

Ontario PA Symposium 2013:
A Think Tank for Networking, Collaboration and Planning

October 21, 2013 8am to 2pm
Sunnybrook Health Sciences Centre*, Toronto
2075 Bayview Avenue, Toronto
Location: Room E-317 (on third floor, E Wing)

Purpose:
- To create opportunities for networking, collaboration and planning around the Physician Assistant initiative in Ontario
- To produce a consensus document for PAs in Ontario

Objectives:
By the end of the event, participants will be able to:
- Identify the health human resource planning, research and education issues in the progression of the PA profession in Ontario
- Describe the barriers to overcome and the enablers that will promote the PA profession in the future
- Identify the short and mid-term next steps for the progression of the PA profession in Ontario

Format for the Symposium:
Participants will be assigned to breakout groups based on their affiliation and experiences. Discussions will be facilitated by pre-assigned Discussion Leaders and Scribes will document the proceedings. As most topics are inter-related, participants will have the opportunity to contribute in a second round of breakout groups to solidify key messages and further collaborate on the short term and long term next steps. Proceedings from this event will be summarized in a report to follow.

*DIRECTIONS TO THE EVENT:
Visit http://sunnybrook.ca/content/?page=care-map-bayv for complete directions to Sunnybrook. There is ample parking available on site. Public transit subway to Davisville or Lawrence stations, transfer to bus “Sunnybrook Hospital), which will let you off at the Main front doors.

Once inside the hospital, there are numerous overhead signs guiding you to the E Wing where the Symposium will take place.

This event is a collaborative effort of MOHLTC, CAPA, OMA, McMaster PAEP and The Consortium of PA Education (UofT/NOSM/Michener). We gratefully acknowledge Sunnybrook Health Sciences Centre for their support and use of the facilities for this event.
## Ontario PA Symposium 2013 Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
<th>Speaker/Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-8:30</td>
<td>Continental Breakfast and Registration</td>
<td>Room E-317</td>
<td>Dr. Andy Smith, VP Education, Sunnybrook Health Sciences Centre</td>
</tr>
<tr>
<td>8:30-8:35</td>
<td>Welcoming Remarks</td>
<td>Room E-317</td>
<td>Dr. Maureen Gottesman, Medical Director, Physician Assistant Program, U of T</td>
</tr>
<tr>
<td>8:35-8:45</td>
<td>Introductions and Objectives for the Symposium</td>
<td>Room E-317</td>
<td>Dr. Paul Hawkins, Assistant Dean, Bachelor of Health Sciences, Physician Assistant</td>
</tr>
<tr>
<td>8:45-9:00</td>
<td>The Value of PAs in Strengthening Health Care for the People of Ontario</td>
<td>Room E-317</td>
<td>Suzanne McGurn, Assistant Deputy Ministry Health Human Resources Strategy Division,</td>
</tr>
<tr>
<td>9:00-9:20</td>
<td>Defining the Role of the PA: A PA-supervising physician story</td>
<td>Room E-317</td>
<td>M Gottesman, P Hawkins and group leaders</td>
</tr>
<tr>
<td>9:30-11:00</td>
<td>Concurrent Session #1: Key Issues (participants assigned)</td>
<td>Classroom 1-6</td>
<td></td>
</tr>
<tr>
<td>11:00-11:30</td>
<td>Networking and Refreshments</td>
<td>Room E-317</td>
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</tr>
<tr>
<td>11:35-12:35</td>
<td>Concurrent Session #2: Collaboration and Input (participants choice)</td>
<td>Classroom 1-6</td>
<td></td>
</tr>
<tr>
<td>12:40-1:50</td>
<td>Synthesis, Next Steps and Lunch</td>
<td>Room E-317</td>
<td>M Gottesman, P Hawkins and group leaders</td>
</tr>
<tr>
<td>1:50-2:00</td>
<td>Closing Remarks</td>
<td>Room E-317</td>
<td></td>
</tr>
<tr>
<td>2:00-3:30 p.m.</td>
<td>Small group interest topics/discussions/networking</td>
<td>Room E-317</td>
<td>All participants are invited to remain after the formal part of the event concludes for informal conversations and networking</td>
</tr>
</tbody>
</table>
Discussion Groups: Focus Topics for Consideration

Group 1) RESEARCH

FOCUS: Building the Evidence regarding PAs in Ontario

TOPICS FOR DISCUSSION:

a. Compiling existing data sets; projects that are already underway
b. Developing a process for building up consolidated metrics province wide
c. Disseminating research findings (Determine the audience for the project)
   i. Published in education journals
   ii. Published for lay audience/PA profession/MOHLTC
d. Identifying and accessing the funding sources
e. Asking research questions that meet the needs of stakeholders
   i. Employer research questions
   ii. Regulator research questions
   iii. CAPA/PA research questions
   iv. OHA research questions
   v. MOHLTC research questions
   vi. Lay/public/patient research questions
   vii. PA student research questions
f. Brainstorming ideas for topics/research questions
   i. Health Human Resources (HHR) planning (Modeling/Forecasting need/demand for PAs in Ontario moving forward – what is the critical mass to become a viable profession in the healthcare sector)
   ii. Linking PA scope of practice and roles in practice - Validating the NCP
   iii. Survey of the workforce
   iv. Effectiveness of PAs in clinical practice
   v. Medical Directives (development, implementing, effectiveness...)
   vi. Other?

NOTES:
The recent literature on PAs in Canada is cited in the references on the Symposium’s Agenda. There is a large volume of data on many of these topics in the US and other jurisdictions, documenting PA effectiveness in many domains. The focus is to develop a Canadian set of literature of the same, if possible.
Group 2) EMPLOYMENT/INDEPENDENT PHYSICIAN PRACTICES

FOCUS: Exploring employment-related issues for physicians/physician groups who employ PAs

TOPICS FOR DISCUSSION:

a. Optimal utilization of PA
b. Funding models
   i. Primary Care
   ii. Non-Primary care
   iii. Blended hospital/Specialty physician
c. Supervision of clinical practice
d. Medical Directives

NOTES:
b. Funding models – important to note: PAs will NOT be granted their own billing numbers. There are limitations of the current OHIP Schedule of Benefits with respect to how a physician can bill for the patient visit. Solutions should be explored with the assumption that the current Schedule of Benefits will not be modified.

Group 3) EMPLOYMENT/HOSPITAL-BASED

FOCUS: Exploring employment-related issues for hospitals and other institutions who employ PAs

TOPICS FOR DISCUSSION:

a. Optimal utilization of the PA
b. Funding models
   i. Practice/department/physician-group (aka from physician’s OHIP income)
   ii. Institution-based
c. Internal governance of PA within institution
   i. Stratification of employment level
   ii. Credentialing
d. Supervision of clinical practice
e. Medical Directives
   i. Role for province-wide directives
   ii. Consider application for Bill C-65 (amending the Controlled Substance Act)

NOTES:
e. i. Medical Directives- Many sets of medical directives exist, and many sites are creating their own,
or don’t have any and should. Perhaps there is a need to collaborate and disseminate the existing directives more.
e.ii. Bill C-65 is an amendment to the Controlled Substance Act, to allow non-MDs to prescribe controlled substances. This may be an avenue for some PAs in some settings to work to their full scope by enabling them to treat patients under directives. The SUMMARY of Bill C-65:
“This enactment amends the Controlled Drugs and Substances Act to, among other things, (a) create a separate exemption regime for activities involving the use of a controlled substance or precursor that is obtained in a manner not authorized under this Act; (b) specify the purposes for which an exemption may be granted for those activities; and (c) set out the information that must be submitted to the Minister of Health before the Minister may consider an application for an exemption in relation to a supervised consumption site.” Available from:

Group 4) GOVERNANCE

FOCUS: Exploring issues related to the PA profession as healthcare providers in Ontario

TOPICS FOR DISCUSSION:
a. Funding models
b. Optimal utilization of PA
   i. Internal governance of PA within institution
   ii. Supervision of clinical practice
c. Regulation
d. Medical Directives
e. Registration with CPSO

NOTES:
The 2012 HPRAC recommendations were not to regulate the profession, and to begin to register practicing PAs, and allow the profession to grow prior to re-evaluating the issue of regulation. We must consider when the time will be appropriate to reapply for regulation, how and when to build up a business case, what evidence will be valuable for this application, etc. There must be planning now for the future. Short-term implementations like registration may lead to support for eventual regulation. The significance of not currently being regulated remains now for employers and PAs – for example, limits the scopes of practice. We need to plan for the future of regulation. The HPRAC Regulation documents are available here:
Group 5) EDUCATION

FOCUS: Exploring issues related to the future of the civilian PA education programs in Ontario

TOPICS FOR DISCUSSION:

a. Advocating and promoting the PA role throughout the province
b. Linking PA Scope of practice back to education programs
   iii. Undergraduate vs. Masters degree programs
   iv. Specialty training/post-graduate training
c. Financial viability
   v. Increasing capacity to achieve critical mass for profession
   vi. Clinical placements capacity /funding limitations
   vii. Other opportunities for revenue generation
       1. CME
       2. Post-grad training
       3. Out of province/International students
d. Graduate Employment
   viii. Career start program (HFO funded)
   ix. Other positions

NOTES:
With the building of the PA profession, the interest for hiring PAs, and the established funding models, the graduate support program may have to be reassessed. Ideas are welcome for future employment positions.
Selected References


## Appendix 2: Ontario PA Symposium Participant List

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ron</td>
<td>Anderson</td>
<td>CAPA- Ontario Chapter</td>
</tr>
<tr>
<td>Zlata</td>
<td>Janicijevic</td>
<td>CAPA-National</td>
</tr>
<tr>
<td>Valoree</td>
<td>McKay</td>
<td>CAPA-National</td>
</tr>
<tr>
<td>Dawn</td>
<td>Campbell</td>
<td>Community PA</td>
</tr>
<tr>
<td>Albert</td>
<td>Schumacher</td>
<td>Community Preceptor / researcher</td>
</tr>
<tr>
<td>Jessica</td>
<td>Singh</td>
<td>Complex Continuing Care</td>
</tr>
<tr>
<td>Sue</td>
<td>Berry</td>
<td>Consortium of PA Education</td>
</tr>
<tr>
<td>David</td>
<td>Clutterbuck</td>
<td>Consortium of PA Education</td>
</tr>
<tr>
<td>Ken</td>
<td>Crosby</td>
<td>Consortium of PA Education</td>
</tr>
<tr>
<td>Maureen</td>
<td>Gottesman</td>
<td>Consortium of PA Education</td>
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<tr>
<td>Sharona</td>
<td>Kanofsky</td>
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</tr>
<tr>
<td>David</td>
<td>Marsh</td>
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<tr>
<td>Jennifer</td>
<td>Petrakos</td>
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<tr>
<td>Jason</td>
<td>Primrose</td>
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<tr>
<td>Sylvia</td>
<td>Schippke</td>
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<tr>
<td>John</td>
<td>Shea</td>
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<tr>
<td>Elizabeth</td>
<td>Whitmell</td>
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<tr>
<td>Dan</td>
<td>Faulkner</td>
<td>CPSO</td>
</tr>
<tr>
<td>Jane</td>
<td>Battistelli</td>
<td>Espanola Regional Hospital</td>
</tr>
<tr>
<td>Gilles</td>
<td>Carriere</td>
<td>Espanola Regional Hospital</td>
</tr>
<tr>
<td>Robin</td>
<td>Griller</td>
<td>Family Health Teams</td>
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<tr>
<td>Carla</td>
<td>Gomez</td>
<td>HFO MRA</td>
</tr>
<tr>
<td>Larry</td>
<td>Hynes</td>
<td>HFO MRA</td>
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<tr>
<td>Matt</td>
<td>Kirkham</td>
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</tr>
<tr>
<td>Kristen</td>
<td>Burrows</td>
<td>Hospital PA</td>
</tr>
<tr>
<td>Anne</td>
<td>Dang</td>
<td>Hospital PA</td>
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<tr>
<td>Melissa</td>
<td>Decloe</td>
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<tr>
<td>Jacqueline</td>
<td>Harden</td>
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<tr>
<td>Alisha</td>
<td>Noble</td>
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<tr>
<td>Maureen</td>
<td>Taylor</td>
<td>Hospital PA</td>
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<tr>
<td>Alan</td>
<td>Neville</td>
<td>McMaster University Education Services</td>
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<tr>
<td>Danielle</td>
<td>Laffan</td>
<td>McMaster University PAEP</td>
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<tr>
<td>Lidia</td>
<td>Papalia</td>
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<td>Nan</td>
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<tr>
<td>Nancy</td>
<td>Aza</td>
<td>McMaster University PAEP</td>
</tr>
<tr>
<td>Paul</td>
<td>Hawkins</td>
<td>McMaster University PAEP</td>
</tr>
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</table>
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<tr>
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<tbody>
<tr>
<td>Natalie</td>
<td>Coyle</td>
<td>McMaster University PAEP</td>
</tr>
<tr>
<td>Sahand</td>
<td>Ensafi</td>
<td>McMaster University PAEP</td>
</tr>
<tr>
<td>Jeff</td>
<td>Goodyear</td>
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<tr>
<td>Johlen</td>
<td>Jordens</td>
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<tr>
<td>Suzanne</td>
<td>McGurn</td>
<td>MOHLTC</td>
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<tr>
<td>Lynne</td>
<td>Nagata</td>
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<tr>
<td>John</td>
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<tr>
<td>Bob</td>
<td>Lester</td>
<td>OHA</td>
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<tr>
<td>Deborah</td>
<td>Hellyer</td>
<td>OMA</td>
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<tr>
<td>Ada</td>
<td>Maxwell</td>
<td>OMA</td>
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<tr>
<td>Brittany</td>
<td>Shupe</td>
<td>Owen Sound Hospital</td>
</tr>
<tr>
<td>Michelle</td>
<td>Hunter</td>
<td>ROMP</td>
</tr>
<tr>
<td>Debra</td>
<td>Carew</td>
<td>Sunnybrook Health Sciences Centre</td>
</tr>
<tr>
<td>Teresa</td>
<td>Korogyi</td>
<td>Sunnybrook Health Sciences Centre</td>
</tr>
<tr>
<td>Max</td>
<td>Mudrik</td>
<td>Sunnybrook Health Sciences Centre</td>
</tr>
<tr>
<td>Cynthia</td>
<td>Whitehead</td>
<td>UofT Faculty of Medicine</td>
</tr>
<tr>
<td>Mary-Kay</td>
<td>Whittaker</td>
<td>UofT Faculty of Medicine</td>
</tr>
<tr>
<td>Lynn</td>
<td>Wilson</td>
<td>UofT Faculty of Medicine</td>
</tr>
</tbody>
</table>
Appendix 3: Participant Evaluations

Total number of participants = 50

Evaluation Survey response rate = 50%

Evaluation Survey respondents who identified as a PA = 48%

<table>
<thead>
<tr>
<th>Participant Experiences</th>
<th>% of respondents who Agreed/Strongly Agreed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall this event met my expectations</td>
<td>96%</td>
</tr>
<tr>
<td>The program content was relevant to my work and extended knowledge</td>
<td>96%</td>
</tr>
<tr>
<td>The method of presentation enhanced my learning experience</td>
<td>96%</td>
</tr>
<tr>
<td>I would recommend this event to my colleagues</td>
<td>92%</td>
</tr>
</tbody>
</table>

Selected Comments from Participants:

Regarding the Collaboration at the Symposium:
...This group has brought a great deal of expertise together
...Very constructive, informative discussions. Great first step in bringing all stakeholders together. Valuable, networking opportunity and breaking down barriers.
...As a practicing PA I am relieved to have a forum to discuss concerns and subsequently focus on where to go from here to forward the profession...
... these type of "Think Tanks" are necessary for the development/progression of the PA role.
...For someone not from the GTA area, I was very happy to be included.

Regarding the Next Steps:
... Deep discussions and lots of feedback for next steps
....Very timely meeting for all sectors to explore next steps in robust HHR PA planning
...I look forward to bringing the outcomes of this to my colleagues
...I hope focused interest groups are developed. We need to help each other because we are such a small group!
... Looking forward to moving from ideas to action!

Suggestions for the Future:
...More community participation in the future from perspective PA employers
... options for PAs post 2 -years out.
... opportunity to have serious conversations about critical sustainability issues
...emphasis on commitments to next steps; decisions, assignment of responsibilities
## Appendix 4: Recommendations and Action Items

### Recommendation 1) Measure effectiveness of the PA Model

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seek funding to establish a graduate 0.5 FTE clinical research position.</td>
<td></td>
</tr>
<tr>
<td>Clarify PA role and develop effectiveness measures. Develop a focused PA employment plan in terms of projected numbers, sustainable funding models, applicable to a variety of settings.</td>
<td></td>
</tr>
<tr>
<td>Research and gather data to support the concepts of PA registration and regulation. Look to the UK, Netherlands, USA and Germany. Research and gather information about effective PA models, the landscape of health care in the world, and new roles such as Paramedic/PA.</td>
<td></td>
</tr>
<tr>
<td>Create templates/toolkits for metrics to be used by clinical groups (private clinics, consult services, emergency).</td>
<td></td>
</tr>
<tr>
<td>Link with university research programs, health economics and policy evaluation groups. Seek funding to conduct a feasibility study: meeting between health economics professors, current research focused PAs and CAPA.</td>
<td></td>
</tr>
<tr>
<td>Establish multiple program evaluation working groups, including a CAPA based interest group to link current PAs and students interested in research.</td>
<td></td>
</tr>
<tr>
<td>Create a catalogue of current research projects. Process: McMaster and Consortium of PA Education Program email graduates; and CAPA reaches out to current membership (including non-Ontario-program graduates).</td>
<td></td>
</tr>
<tr>
<td>Develop a business case regarding Masters level PA programs, which would include student research projects as part of the curriculum.</td>
<td></td>
</tr>
<tr>
<td>Create a graduate tracking database with CAPA and the education programs.</td>
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</tbody>
</table>

### Recommendation 2) Promote the PA Profession

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a communication strategy. Gather and write up current and historic PA/patient stories and highlight the impact PAs are having in Ontario. Utilize communications expertise of the OMA, OHA and universities.</td>
<td></td>
</tr>
<tr>
<td>Develop a communication strategy to educate and raise awareness about the PA role and how PAs are trained. Target audiences are the public, patients, employers, the health care system and potential preceptors.</td>
<td></td>
</tr>
<tr>
<td>Create mentorship models between communities/areas that have PAs and those that want to hire PAs.</td>
<td></td>
</tr>
<tr>
<td>Develop strategies for recruitment of PA graduates in communities of greatest need.</td>
<td></td>
</tr>
<tr>
<td>Work with the OHA to develop a mechanism for hospital credentialing of PAs employed by independent physician practices.</td>
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</tbody>
</table>
### Appendix 4: Key Action Items for the PA Profession in Ontario

<table>
<thead>
<tr>
<th>Action Item</th>
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</thead>
<tbody>
<tr>
<td>Review the Career Start Grant application process with a view to starting the process earlier each year or establishing it as an ongoing, rolling application.</td>
</tr>
<tr>
<td>Create and provide faculty development programs, accessible to the geographic diversity in the province. Target experienced PA professionals and other clinicians interested in supervising PAs.</td>
</tr>
<tr>
<td>Develop strategies to increase capacity for clinical rotations (including elective opportunities).</td>
</tr>
</tbody>
</table>

**Recommendation 3) Legitimize the PA profession**

- Establish a high level stakeholders group, with Ministry representation, to develop an overarching governance plan addressing regulation, registration, supervision, role and funding, with a phased approach and timelines. Establish working groups as needed. Work with employers, such as the OHA, to address barriers.
- Develop the process for PA professionals to be registered with the CPSO. The goal is to have the registration status lead to support for eventual regulation of the PA profession.
- At the appropriate time and with the appropriate rationale, seek registration status and subsequently regulation status for the PA profession.
- Establish a common set of medical directives, based on core competencies, to be distributed provincially that can be adapted/adopted by hospitals, institutions and independent practices.