



PA FACT SHEET 2013

PAAs in Canada

- The introduction of PAs into Canada began in the Canadian Forces approximately 50 years ago.
- PAs in the Canadian Forces are currently practicing in all provinces and territories across Canada and serve an important role on military bases. In the public health care system PAs are practicing in Manitoba, Ontario, New Brunswick and Alberta.
- PAs were introduced into the Canadian public health care system 13 years ago in Manitoba, in Ontario 6 years ago, and in New Brunswick and Alberta 2 years ago.
- The PA profession is regulated by the college of physicians and surgeons in Manitoba and New Brunswick. The College of Physicians and Surgeons of Alberta has a voluntary registry for PAs. In Alberta and Ontario PAs are not regulated but are permitted to practice by way of delegation under the *Medical Act*.
- There are approximately 350 PAs practicing in Canada, roughly 180 of which are practicing in Ontario.

PAAs in the US

- In the US PAs have been practicing for roughly 40 years and today is one of the fastest growing segments of the health care workforce with over 90,000 PAs practicing in primary care and virtually every medical specialty¹. It is projected that in 2020, there will be between 137,000 and 173,000 certified PAs.² Currently there are 173 accredited PA programs.³

¹ NCCPA Fact Sheet. (2013) pg. 1. Retrieved from: <http://www.nccpa.net/PDFs/NCCPA%20Fact%20Sheet.pdf>

² The American Academy of Physician Assistants. (2013). PAs past, present and future. Paragraph 3. Retrieved from: http://www.aapa.org/the_pa_profession/quick_facts/resources/item.aspx?id=3840

³ Accredited Review Commission on Education for the Physician Assistant. (2013). Accredited Entry Level Programs. Retrieved from: http://www.arc-pa.org/acc_programs/

STATUS OF CANADIAN HEALTH CARE SYSTEM

- International surveys of primary care physicians in seven countries show the current inadequate status of Canada's primary care system in comparison to other nations. Evidence suggests a lean and perhaps inadequate supply of primary care providers.⁴
- Today approximately 4.5 million Canadians do not have access to a primary care provider.⁵
- Family physicians in Canada report seeing an average of 107 patients per week excluding those seen while on call. Almost 40% see more than 100 patients per week; 5% see more than 200.⁶

ROLE OF PAs IN THE HEALTH SYSTEM

- PAs in primary care settings can be used for 75% of all visits without referral to physician level care.⁷
- PAs can manage up to 62% of all patients in emergency care environments.⁸
- In the emergency department setting, PAs appear to be equally capable of performing procedures if adequately trained and supervised and the quality of care provided by PAs is comparable with that of emergency specialists (attending) physicians and senior residents. This results in shorter wait times for patients.⁹

⁴ Moores, Wilson, Cave, Woodhead, and Donoff; *Improving the Quality and Capacity of Canada's Health Services: Primary Care Physician Perspectives*. Healthcare Policy, 3(2) 2007: 0-0

⁵ Statistics Canada. (2012). *Canadian Community Health Survey*. Retrieved from: <http://www.statcan.gc.ca/dailyquotidien/110621/dq110621b-eng.htm>

⁶ Canadian Medical Association. (2010). *National Physician Survey Summary*. Retrieved from: <http://www.ocfp.on.ca/docs/publications/national-physician-survey-2010---backgrounder.pdf?sfvrsn=2>

⁷ Schweitzer, S.O. & Record, J.C. (1981). *Staffing primary care in 1990: physician replacement and cost saving*. Springer Publication Co., New York.

⁸ The Australasian College of Emergency Medicine and Australasian Society for Emergency Medicine. (2011). *Roles and Task Assignments*. para 3, p.p. 9.

⁹ The Australasian College of Emergency Medicine and Australasian Society for Emergency Medicine. (2011). *Roles and Task Assignments. Quality of Care*. para 3, p.p. 13.

BENEFITS TO THE HEALTH SYSTEM

- PAs have been shown to enhance the delivery of care and improve access for patients.
- In an Ontario study, 71% of physicians working with PAs reported that the PA had a positive impact on patient throughput, with higher results in the non-hospital settings than in the hospital settings.¹⁰
- In Ontario study on the utilization of PAs; 95% of physician working with PAs said that the PA had increased their own efficiency in providing care.¹¹
- PAs in emergency departments can reduce wait times by 1.9 times and reduce left without being seen rates by half.¹²
- PAs in orthopaedics can free up their supervising orthopaedic surgeon the equivalent of four 50 hour work weeks per year.
- PAs can increased surgical throughput of primary joint replacements by 42% a year and reduce wait times for surgeries by 14 weeks.
- In orthopaedics, PAs used as first assistants in the operating room instead of general practitioners can free up the equivalent of 1.5 general practitioners working 40 hours per week for 44 weeks per year based on a surgical volume of 1400 joint replacements per year.¹³
- PA teams can improve the speed of treatment by taking a first responder role in emergencies and always being available on the ward.¹⁴ In addition, evidence suggests that patient safety can be enhanced by the presence of PAs.

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¹⁰ Ministry of Health and Long-Term Care.(2012). *Ontario Physician Assistant Implementation - Report of the Evaluation Subcommittee*. p.p. 25

¹¹ Ministry of Health and Long-Term Care.(2012). *Ontario Physician Assistant Implementation - Report of the Evaluation Subcommittee*. p.p. 27

¹² Ducharme, Adler, Pelletier, Murray and Tepper. (2009). *Impact on patient flow after the integration of nurse practitioners and physician assistants in Ontario emergency departments*. The Canadian Journal of Emergency Medicine, Vol. 5, p.p. 458. Retrieved from: <http://www.cjem-online.ca/v11/n5/p455>

¹³ Bohm, Dunbar, Pitman, Rhule and Araneta. (2009). *Experience with physician assistants in a Canadian arthroplasty program*. Can J Surg, Vol. 53, No. 2, p.p. 106 - 107. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2845948/>

¹⁴ Siggins Miller “prepared for Health Work Force New Zealand”. (2012). *Evaluation of the Physician Assistant Trial, Final Report*. p.p. v.

- Experiences with surgical PAs in rural practice settings can result in significant time savings for general surgeons who could be freed up to concentrate on more acute and complex care needs.¹⁵
- PA enable family physicians to better meet targets for vaccinations, pap smears, blood pressure checks and other preventive measures.¹⁶
- PAs are allowing physicians to increase the number of patients they are able to treat in a day and to serve in their practices overall. Having a PA on staff has permitted many physicians to provide same-day access for patients with acute problems.¹⁷

PAs AND SENIORS CARE

- PAs can increase access to medical care for seniors. Having a full-time PA on staff at a nursing home or long-term care facility can translate into patients being evaluated sooner and can prevent transfers to the hospital in many cases.¹⁸
- PAs in long-term care settings have been shown to decrease the hospital admission rates by 38% for seniors.¹⁹
- PAs can have an important preventive role in the care of geriatric patients.²⁰

¹⁵ Sigurdson, L. (2006). *Meeting Challenges in the Delivery of Surgical Care: A Financial Analysis of the Role of Physician Assistants*. Saint Mary's University. UTMJ, Vol 88, No.2, p.p. 20.

¹⁶ Taylor, M.T., Taylor D. W. (unpublished) (2012). *Benefits and Barriers to the Employment of Physician Assistants by Physicians in the Ontario Health Care System: A Qualitative Study*.

¹⁷ Taylor, M.T., Taylor D. W. (unpublished) (2012). *Benefits and Barriers to the Employment of Physician Assistants by Physicians in the Ontario Health Care System: A Qualitative Study*.

¹⁸ Hooker, Cawley and Asprey. (2010). *Physician Assistant Specialization: Nonprimary care*. PA Specialty Care. Ch. 7. p.p. 235.

¹⁹ Hooker, Cawley and Asprey. (2010). *Physician Assistant Specialization: Nonprimary care*. PA Specialty Care. Ch. 7. p.p. 235.

²⁰ Hooker, Cawley and Asprey. (2010). *Physician Assistant Specialization: Nonprimary care*. PA Specialty Care. Ch. 7. p.p. 235.