Physician Assistant Toolkit

A Resource Tool for Canadian Physicians

Produced by the
Canadian Medical Association and the
Canadian Association of Physician Assistants

Revised Edition
2012

ASSOCIATION MÉDICALE CANADIENNE
CANADIAN MEDICAL ASSOCIATION

Canadian Association of Physician AssistantsAssociation
Association canadienne des adjoints au médecin

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Message from the Canadian Medical Association

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President

As an advocate of collaborative care, the CMA is pleased to see the progress which has been achieved for the physician assistant (PA) profession in its relatively short, but important period of time in Canada. The CMA enjoys a strong relationship with the Canadian Association of Physician Assistants (CAPA) and is pleased to be a part of the PA Certification Council. The emergence of the profession has come at a critical time when Canada continues to face health human resource challenges with patients encountering difficulties in accessing care. The CMA believes PAs are an important part of the solution to these challenges.

Since the release of the first iteration of this toolkit in January 2010, a number of positive changes have been witnessed for the physician assistant profession. A total of three civilian training programs have been created and all have graduated their inaugural classes. Furthermore all of these programs have successfully completed CMA accreditation.

This toolkit, which has been updated to reflect the significant changes which have taken place in the profession, has been designed to serve as a resource for physicians and others, enhancing awareness of PAs and answering questions that surround the role. Numerous stakeholders have played an integral role in the expansion of this emerging profession including the CMA, provincial/territorial medical associations, educational colleges, universities and others. CAPA has worked tirelessly to establish meaningful linkages with the medical community and as such as gained the interest (and confidence) of physicians to establish a collaborative care model delivering quality care to patients.

The CMA believes that PAs play a valuable role extending the capacity of physicians and enhancing access to patient care. We are hopeful the information contained in this toolkit provides answers to the common questions and concerns that arise when contemplating the role a PA might play in practice.

Canadian Association of Physician Assistants
Association canadienne des adjoints au médecin

Message from the Canadian Association of Physician Assistants

Canada's Physician Assistants are academically prepared and highly skilled health care professionals, who work in any setting providing medical care, extending physician services and improving access to quality care.

Tim Ralph, MPAS, CCPA
National President

On behalf of Canada's Physician Assistants (PAs) and the Canadian Association of Physician Assistants' (CAPA) Board of Directors I would like to introduce the PA Toolkit. This toolkit, developed by the Canadian Medical Association (CMA) and CAPA, is intended to be a source of information for physicians considering the incorporation of PAs into their health team. By including PAs in your practice, you have a unique opportunity to help develop the culture and identity of the profession while contributing to improvements in patient care. A short time ago, the only Canadian PA's in clinical practice were found in the Canadian Forces. Now we are part of a thriving and innovative profession expanding across Canada.

The integration of a PA into a physician's practice takes time. A relationship needs to be cultivated and built on trust, mutual respect, understanding, and communication. This requires foresight and preparation. Done properly, the benefits to patient care and to the physician's practice will be abundant.

CAPA is the national organization that advocates on behalf of its members to advance the PA profession in Canada. CAPA believes in making a difference in improving patient care and access to quality care through the use of the Physician/Physician Assistant collaborative practice model; one in which PAs, under physician leadership, are the optimal choice for delivery of patient care. With physicians, government leaders and other members of the health care team, CAPA is further developing partnerships to strengthen and improve access to high-quality care for Canadians. The material included

in this toolkit is designed to educate and guide physicians when introducing PAs into their practice.

CAPA has partnered with the Canadian Medical Association to provide you with the tools to develop, learn, and shape the practice of PAs. The development of this toolkit is a combined effort between the CMA and CAPA, with the intent to enhance access to quality care for patients and to contribute positively to the Canadian health care system. We thank you for your interest in our profession. It is an exciting time for both physicians and PAs in Canada and it is our belief that together we can make a positive difference in Canadian health care.

Purpose of the toolkit

Like many other countries, Canada faces health human resource challenges. As a result of these challenges, alternative models of care delivery involving enhanced collaboration between physicians and other health professionals are being sought and implemented. Physician Assistants (PAs) have provided care in the Canadian Forces for many years and are currently employed in the civilian health care systems. As highly skilled health care professionals, PAs working alongside physicians can improve access to care, reduce wait times and enhance the quality of care.

With an aim to aid the integration of PAs into Canada's health care system by addressing physicians' questions, this toolkit will allow physicians to:

- be more aware of the scope of practice of PAs
- assess the contribution PAs can make to their practice, work environment and health system and identify the benefits of working with PAs
- become familiar with the legal, regulatory, educational and funding issues
- be alert to the requirements of physicians working with and supervising PAs
- stimulate discussion about PAs at the national, provincial, regional and local levels
- facilitate the integration of PAs into their practice

Using this toolkit

The role of PAs in civilian health care is evolving rapidly across Canada. The CMA and CAPA will attempt to provide the most up to date information through this online toolkit. The toolkit is not intended to be read from start to finish, but rather will serve as a resource to address specific questions. Although it is intended to inform physicians first and foremost, it is our hope that it will aid numerous stakeholders in the incorporation of PAs into the Canadian health care system.

Please note that no part of this document is intended to be nor should be interpreted as constituting legal advice. If you have any concerns regarding your own legal liability or your liability insurance coverage, you are advised to seek the advice of a lawyer and/or a carrier of liability insurance.

Introduction to Physician Assistants

What is a Physician Assistant?

Canada's Physician Assistants (PAs) are academically prepared and highly skilled health care professionals educated in the medical model. They graduate with a Baccalaureate or Master's degree from a university level program affiliated with a medical school. PAs practice medicine under the supervision of a licensed physician within a patient-centered health care team. PAs possess a defined body of knowledge including clinical and procedural skills, and a professional philosophy to support effective patient care. They are physician extenders and not independent practitioners; they work with a degree of autonomy, negotiated and agreed on by the supervising physician and the PA. PAs can work in any clinical setting to extend physician services, complement existing services and aid in improving patient access to health care. A relationship with a supervising physician is essential to the role of the PA.

CAPA with the support of the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) created the Scope of Practice and National Competency Profile as a resource for PA's, Supervising Physicians, Educators, Legislators and other health professionals. The Scope of Practice and National Competency Profile which is based on the CANMEDS framework is the national standard for PAs practicing in Canada. Within the clinical setting, the PA's scope of practice is determined on an individual basis and is formally outlined in a practice contract or agreement between the supervising physician, the PA and often the facility or service where the PA will work. PAs possess a defined body of knowledge including clinical and procedural skills, and a professional philosophy to support effective patient care. PAs apply these competencies to collect data and interpret information, develop and further investigate differential diagnoses, make appropriate clinical decisions, and carry out required diagnostic, procedural, and therapeutic interventions.

In the United States, nearly 84,000 PAs currently assist physicians in a variety of settings, including urban neighbourhoods, rural communities, hospitals, doctors' offices, the military and public health. About half work in primary care, with the rest in specialties including surgery, obstetrics, internal medicine and emergency care.

In Canada, upwards of 300 PAs currently work in health care settings, primarily in Manitoba, Ontario and New Brunswick. PAs are gradually being introduced in other provinces. The evaluation of the profession's impact on access, wait times, quality of care and both patient and provider satisfaction is ongoing and has been referenced on page 14 of this toolkit.

As the profession's national organization, CAPA advocates on behalf of PAs practicing in all parts of Canada. CAPA's mission is to advocate the endorsement of the Physician/PA model of care as well as to ensure that its members have met the established national standard of education and certification for PAs in Canada. CAPA's

members share a desire to help develop Canadian health care, and to advocate for the professions' model of cooperative, collaborative, patient centered quality health care.

Brief history of PAs in Canada

Evolution of the profession — PAs have been providing safe and effective health care in the Canadian Forces and in the United States since the 1960s. The existence of Physician Assistants in Canada can be traced back to sick berth attendants in the Canadian Navy. Through the years, they have been called group 3 medics, as well as 6B medical assistants. However, in 1986 the name changed to physician assistant.

In 1999, the Director General of Health Services decreed that all health care professionals in the Canadian Forces should be members of their various civilian professional bodies. However, as PAs were recruited, trained and employed solely within the Canadian Forces health care system, the profession was not recognized in any Canadian province and a civilian professional body did not exist.

CAPA undertook to establish a credible professional body, accredited training programs and a national certification for PAs regardless of the Canadian jurisdiction in which they practice. The goal was to have PAs included as a designated health science profession by the CMA's Conjoint Accreditation Program.

The CMA's Committee on Conjoint Accreditation required that certain criteria be met by the PA profession as listed below. CAPA has achieved the following:

- Establishment of a national body representing all PAs in Canada. — The CMA recognizes CAPA as that body.
- Existence of at least 1 teaching facility and PA education program. — The PA education program at the Canadian Forces Health Services Training Centre met this criterion and subsequently three other Canadian academic institutions developed a physician assistant program. They are as follows: McMaster University, the University of Manitoba and The Consortium for PA Education (University of Toronto, Michener Institute of Applied Health Sciences, and the Northern Ontario School of Medicine).
- Development of a scope of practice for the generalist PAs employed in civilian practice. — This was established in 2001 and revised in 2009.
- Establishment of a certification body to certify individuals — The Physician Assistant Certification Council of Canada was established in 2001 with the mandate of ensuring that PAs entering practice in Canada have met the nationally accepted standard and that they are maintaining their competencies throughout their careers.
- Development of a civilian competency profile for PAs. — An initial occupational competency profile was established in 2001. In 2009, CAPA developed a new Scope of Practice and National Competency Profile in accordance with the CanMEDS framework and based on the *National Occupational Competency Profile 2006*, the *Ontario Physician Assistant Competency Profile a*nd the four principles

of the College of Family Physicians of Canada (CFPC). It defines the core competencies that a generalist PA should possess on graduation.

PAs practicing in the Canadian civilian health care setting — Since 1999, Manitoba has employed clinical assistants in areas of medical need. In 2003, the provincial *Medical Act* recognized certified clinical assistants to be employed in surgical and medical specialties. The role expanded to include emergency departments of several community hospitals. As of September 2009, Manitoba legislation changed to recognize the title and training of Physician Assistant and clearly defines a Physician Assistant and a Clinical Assistant. As of 2012 Ontario has roughly 130 PAs employed through the Ontario Demonstration Projects and the Ontario PA Grant program. These PAs are employed in a variety of clinical settings including: emergency departments, medical and surgical specialties, community health centres, long-term care facilities and many other areas of health care. PAs are able to practice in Ontario through the *Regulated Health Professions Act (RHPA),* which allows certain controlled medical procedures to be delegated to PAs by a physician through verbal or prewritten orders or by medical directive.

In 2009, the College of Physicians and Surgeons of New Brunswick (CPSNB) amended the New Brunswick Medical Act in order to include PAs in their health care model. Section 32.1 of the Act now allows PAs to be licensed, provided they register with the CPSNB. In addition, Regulation 14 was created in January 2010 in order to dictate the terms of practice for PAs in the province. The Doctor Everett Chalmers Hospitals was the first facility to integrate two PAs into their emergency department setting in June 2011.

In 2010, the Council of the College of Physicians and Surgeons of Alberta (CPSA) passed bylaw 24(6), allowing PAs to operate under the responsibility of a regulated member. Accordingly, the CPSA created a new voluntary and non-regulated membership category for PAs.

Announcements from other provinces are expected soon.

CMA's involvement with PAs

In May 2003, the CMA Board of Directors approved an application from CAPA (then the Canadian Academy of Physician Assistants) to include PAs as a designated health science profession within the CMA Conjoint Accreditation Process. In June 2004, the CMA accredited the PA program delivered by the Canadian Forces Medical Services School at Canadian Forces Base Borden. As of 2012 there are four CMA accredited Canadian universities that offer physician assistant programs. They are as follows: The Canadian Forces Health Services Training Centre (accredited 2011/08/09), the University of Manitoba (accredited 2010/08/16), McMaster University (accredited 2010/06/11) and The Consortium of PA Education (University of Toronto, Northern Ontario School of Medicine and the Michener Institute of Applied Sciences) (accredited 2011/12/01).

The CMA has held two information symposiums, the first in 2005 and the second in 2008. Both events had a strong attendance. The second having more than 140 registrants

including representative of all 12 provincial/territorial medical associations (PTMAs). These were held in partnership with the Canadian Forces Health Services Group and CAPA, respectively. The purpose of these symposiums was to inform and educate stakeholders about PAs and the current challenges and successes surrounding their work. Feedback from the symposiums was very positive, with many participants indicating a strong interest in continuing discussions within their jurisdiction. Both the PTMAs and presidents/CEOs in attendance expressed intent to continue discussions and expressed support for raising this issue with provincial/territorial deputy ministers. Communication with the deputy ministers is ongoing.

In addition, in 2006, the CMA hosted a 1-day face-to-face meeting with the Canadian Orthopaedic Association to discuss the issues regarding integration of PAs into orthopaedic practice. The purpose of this meeting was to gain insight from PA–orthopaedic surgery collaborations in Manitoba and to discuss barriers to implementation of similar arrangements in other orthopaedic practices. Representatives from the Canadian Medical Protective Association (CMPA) and regulatory agencies, university officials and a practising PA from Manitoba were invited to participate.

The medical profession, in general, has demonstrated support for the PA profession as reflected in the following motions passed at CMA's General Council:

2007 General Council — *The Canadian Medical Association will work with provincial/territorial medical associations and affiliates to develop a plan to enable the further expansion and integration of physician assistants into civilian health care in Canada.*

2008 General Council — *The Canadian Medical Association will work with the Canadian Association of Physician Assistants and appropriate stakeholders to develop a national certification and licensing process for physician assistants that ensures competency and portability across Canada.*

The CMA has continually demonstrated its commitment to the integration of PAs into the health care system — by approving the designation of the PA profession as a health science profession within its Conjoint Accreditation Process, by coordinating meetings to facilitate discussion around PAs, by passing motions at annual general meetings, and most recently included CAPA in their community outreach initiatives to further demonstrate support. The CMA will continue to collaborate with CAPA on the advancement of the profession across the country.

Frequently asked questions

Background

Who are PAs and what do they do?
Canada's Physician Assistants (PAs) are academically prepared and highly skilled health care professionals educated in the medical model. They graduate with a Baccalaureate or Master's degree from a university level program affiliated with a medical school. PAs practice medicine under the supervision of a licensed physician within a patient-centered health care team. PAs possess a defined body of knowledge including clinical and procedural skills, and a professional philosophy to support effective patient care. They are physician extenders and not independent practitioners; they work with a degree of autonomy, negotiated and agreed on by the supervising physician and the PA. PAs can work in any clinical setting to extend physician services, complement existing services and aid in improving patient access to health care. A relationship with a supervising physician is essential to the role of the PA.

As part of their comprehensive list of responsibilities, , PAs can be entrusted by way of delegated acts to conduct history and physical examination, diagnose and treat illnesses, counsel on preventive health care, assist in surgery, order tests, prescribe medications, and order diagnostic investigations including but not limited to: laboratory and diagnostic imaging; and perform interventions within the scope of their training and experience as long as it also within the scope of practice of their supervising physician. Physicians should be familiar with the expectations of their provincial/territorial medical college and their hospital regarding the degree to which PAs can independently perform certain tasks.

A PA's scope of practice may also include patient education, research and administrative services. Trained as general medical practitioners, PAs can develop specialized knowledge and skills over time through experience and ongoing professional development. Working with their supervising physician, PAs can be trained to acquire new skills that are deemed necessary for the physician's area of practice. As the PAs knowledge and competencies develop they may take on more responsibility with increasing indirect supervision.

How did the PA profession begin?
In the United States in the mid-1960s, physicians and educators recognized that there was a shortage and uneven distribution of primary care physicians. To expand the delivery of quality medical care, Dr. Eugene Stead of the Duke University Medical Center in North Carolina established the first course for PAs in 1965. He selected retired military veterans who received considerable medical training during their military service but who had no comparable civilian role. The curriculum of the PA program was based in part on knowledge of the fast-track training of doctors during World War II.

In Canada, the PA role evolved from that of the navy's sick berth attendants and medical technicians with advanced responsibility in the military. They had extensive training and, with formal education, expanded their role to meet the service needs in all areas served

by the Canadian Forces. For more information about the history of the PA profession, visit the Physician Assistant History Center at www.pahx.org.

What formal education do PAs have?

As of January 2010, PA education programs (PAEPs) were available in Canada at McMaster University, the University of Manitoba, The Consortium of PA Education and the Canadian Forces Health Services Training Centre. (Affiliated with the University of Nebraska Medical School). Currently, there are about 140 PA students in Canada. In the United States, there are over 159 accredited programs with approximately 12 470 students. More than 6000 PAs graduate each year.

PAs are educated and trained in the medical model. The programs are generally two years in duration and provide students with a combination of academic/didactic training (focus on clinical medicine) and clinical training placements. Also included in the curriculum are critical thinking, differential diagnosis determination, diagnostic medicine and treatment plan development. All existing Canadian CMA accredited PA programs encompass 75 % of the training that is delivered to new physician graduates. PAEPs include over 2000 hours of clinical training in areas that may include emergency medicine, paediatrics, internal medicine, orthopaedics, sports medicine, general surgery, anaesthesia, trauma and family medicine. Graduation from a CMA-accredited PAEP entitles graduates to take the Physician Assistant Entry to Practice Certification Examination administered by the Physician Assistant Certification Council of Canada and become a Canadian Certified PA (CCPA). Please see the Education and Certification section of this toolkit (pg. 27) for further information.

How does one become a PA?

Admissions criteria for the four Canadian programs vary and are outlined below (Table 1).

Table 1. Admission requirements of Canadian PA training programs

Program	Admission criteria
University of Manitoba's Master in Physician Assistant Studies (MPAS)	Applicants must be a graduate of or enrolled in the last year of a 4-year degree program, with a minimum 3.0 grade point average (GPA) in their last two years of study. Successful completion or enrollment in undergraduate courses in human anatomy, human physiology and biochemistry is required. For more information please click here http://umanitoba.ca/faculties/medicine/departments/opas/paep/index.html
McMaster University's Bachelor of Health Sciences (Physician Assistant)	Applicants must have completed at least 2 years of undergraduate work at an accredited university. Courses that require small-group work or self-directed learning are considered a great asset to the applicant. A minimum 3.0 GPA is required. For more information please click here http://registrar.mcmaster.ca/CALENDAR/current/pg1257.html
The Consortium of PA Education Bachelor of Science Physician Assistant (BScPA)*	Applicants must have a minimum of 10 full courses or the equivalent in academic credits at a recognized university. A minimum 3.0 GPA and courses in human anatomy, chemistry and physiology are required. Applicants must have had 1680 hours of direct patient contact in a professional setting. Preference is given to Ontario residents. For more information please click here http://www.facmed.utoronto.ca/programs/healthscience/PAEducation.htm
Canadian Forces Health Services Training Centre Canadian Physician Assistant Program (CPAP) Bachelor of Science Physician Assistant (BScPA)	For this competition-based program for military personnel, candidates are selected by a military board from a pool of experienced medical technicians. Candidates must have completed clinical training on the job and must have achieved the following: Medical Technician Qualification Level 6A, rank of sergeant and Primary Leadership Qualification. Students are required to complete 1 year of course work at CFB Borden, followed by 47 weeks of clinical rotations. For more information please click here

* The program offered at The Consortium of PA Education is delivered in collaboration with the University of Toronto, the Northern Ontario School of Medicine and the Michener Institute for Applied Health Sciences

PA Role

What is the working relationship between a physician and a PA?
The relationship between a PA and the supervising physician is one of mutual trust and respect. A PA is a physician extender and not an independent practitioner. PAs can be entrusted by way of delegated acts to conduct history and physical examination, diagnose and treat illnesses, counsel on preventive health care, assist in surgery, order tests, prescribe medications, order diagnostic investigations including but not limited to: laboratory and diagnostic imaging, and perform interventions within the scope of their training and experience as long as their supervising physician is qualified to perform the intervention. The PA is a representative of the physician, and the scope of practice for the PA is defined only by the scope of practice of the supervising physician. The physician and PA practice as part of a collaborative health care team.

PAs can be delegated the authority to carry out a physician's orders by a direct order (verbal or written) or medical directive. Physicians should be familiar with the expectations of their provincial/territorial medical college and their hospital regarding the degree to which PAs can independently perform certain tasks.

What is the difference between a PA and a physician?
Like physicians, PAs are educated in the medical model and often share similar curricula. One of the main differences between PA education and physician education is not the core content of the curriculum, but the amount of time spent in formal education. In Canada, PAs do not complete specialty postgraduate training (such as a residency), but instead attain graduated responsibility and expanded scope of practice as they gain experience on the job. PAs are not independent practitioners whereas physicians are. Physicians are ultimately responsible for patient care and have final authority with regards to investigations, interventions and disposition of all patients. One of the most important qualities of PAs is; to understand and respect their limitations and involve their supervising physician immediately in the care of any patient that they feel may be outside their scope of knowledge or depth of experience.

What are the similarities and differences between a PA and a nurse practitioner?
PAs are trained in a medical model, often by physicians, and share a common philosophy with physicians in terms of approach to patient care. They work under the supervision of a physician or group of physicians within a team. PAs practice with negotiated autonomy and their scope of practice is limited by the practice description, the relationship to the physician and the setting in which they work. PAs are regulated in Manitoba and New Brunswick and have voluntary registration in Alberta by the college of physicians and surgeons. An application for regulation was submitted in January 2012 to the Health Professions Regulatory Advisory Council in Ontario. It is the desire of CAPA and the profession that, as the profession is integrated into provincial health care systems, regulation through the physician colleges is established as well. Nurse practitioners are trained in a nursing model and have undergone additional education beyond that of the

bachelor of nursing degree. They are regulated health professionals in all jurisdictions within Canada and work independently within a defined scope of practice and perform certain acts independent of a physician's order.

Nurse practitioners and PAs often work collaboratively in clinical environments, blending their individual skills and knowledge to provide optimum patient care.

What is the business case for PAs?
The value of a PA is well documented. The quality of care and both the economic value and the efficiency that a PA can bring to a practice have been well studied over the 40-plus-year history of the profession. Examples follow.

An investigation of the efficiency and quality of care in a 747-bed urban academic medical centre in the northeastern United States with over 44,000 annual inpatient admissions found no differences in unadjusted hospital readmissions within 72 hours, 14 days, and 30 days of discharge; inpatient transfers to intensive care; or inpatient mortality when the service was staffed by PAs/hospitalists compared with various resident and physician groups. — Roy CL, Liang CL, Lund M, Boyd C, Katz JT, McKean S, Schnipper JL. Implementation of a physician assistant/hospitalist service in an academic medical center: impact on efficiency and patient outcomes. *J Hosp Med* 2008;3(5):361-8.

In Winnipeg's Concordia Hospital orthopaedic hip and knee program, the presence of a PA on the team was estimated to save each surgeon four weeks a year. Double operating suites, with PAs and MDs working together, increased the volume of primary joint surgeries by 42% a year. — Bohm E, Dunbar M. *Report on orthopaedic clinical assistants in Manitoba*. National Standards Committee; Canadian Orthopaedic Association, June 2007. Available:
www.coa-aco.org/images/stories/articles/nsc_physician_assistant_report_2007_final.pdf

In Ontario, a study was performed by McMaster University on PAs employed in emergency departments. The findings showed that utilizing PAs in the emergency department reduced wait times for patients by 1.6 times and reduced the "left without being seen" rate by 24 percent. The study indicates that "the reductions found in wait times and left without being seen rates suggests that the presence of new roles can help to improve the efficiency of emergency department patient care". The study also recommends that "given the shortage of physicians, use of alternative health care providers should be considered." - Ducharme, Adler, Pelletier, Murray and Tepper. *Impact on patient flow after the integration of nurse practitioners and physician assistants in Ontario emergency departments.* Canadian Journal of Emergency Medicine, p. 107 – 108.Available: http://www.cjem-online.ca/v11/n5/p455

A primary care clinic that used PAs for a significant portion of patient care realized about 16% fewer office visits a year for patients seen by a PA compared with patients cared for by physicians alone. The decrease in office visits was not offset by increased resource use in other settings, such as emergency departments, nor accompanied by any decrease in patient satisfaction. — Morgan PA, Shah ND, Kaufman JS, Albanese MA. Impact of

physician assistant care on office visit resource use in the United States. *Health Serv Res* 2008;43(5 pt 2):1906-22.

PAs in family practices were found to have a substitution ratio of 0.86, meaning they see the same type of patient and deliver the same care as a physician 86% of the time. Along with their compensation to production ratio of 0.36, this demonstrates the significant economic benefits to practices where PAs are employed. — Grzybicki DM, Sullivan PJ, Oppy JM, Bethke AM, Raab SS. The economic benefit for family/general medicine practices employing physician assistants. *Am J Manag Care* 2002;8(7):613-20.

Among patients who receive physical examinations from PAs, 87% are very satisfied. Patients consistently rate PAs highly in terms of technical competence (89%) and professional manner (86%) and report improvements in the quality of care (71%) and access to services (79%) in areas where PAs are employed. — Nelson EC, Jacobs AR, Johnson KG. Patients' acceptance of physician assistants. *JAMA*;1974;228(1):63-7.

The Ontario Hospital Demonstration Project using PAs in emergency departments showed an unexpected result: fewer hospital admissions because of the time PAs spend with patients sorting out various issues with a patient-centered care approach and using community services. The project also discovered that PAs employed in rehabilitative facilities reduce the number of times patients are referred to emergency departments, as many issues can be addressed by the on-site PA through their collaborative relationship with a physician. — Unpublished interim findings.

PA certification and insurance

What does CAPA stand for?
CAPA is the Canadian Association of Physician Assistants, a national professional organization that advocates for PAs and represents its membership across Canada and internationally. CAPA has members in all national regions as well as the Canadian Forces sharing a desire to advance Canadian health care and to advocate for the professions' model of cooperative, collaborative, patient-centered quality care. Established in 1999, CAPA was created by the Canadian Forces with the intent that it would become self-sufficient and expand to include a civilian component. The Association has created and maintains the "national standard of practice" for PAs.

In 2001, CAPA developed the *Occupational Competency Profile for Civilian PAs in Canada*, which was then adopted by the Canadian Forces. Through its independent certification council, the Physician Assistant Certification Council of Canada (PACCC), CAPA assists in the national certification process, the certification exam and registry for its members.

CAPA's goal is to help provide efficacious health professionals for the Canadian health care system and the public and to foster the development of the profession in all provinces. By helping to develop educational programs and assisting legislators, CAPA supports quality health care for Canadians.

What does CCPA stand for?
CCPA stands for Canadian Certified Physician Assistant. A health professional with a CCPA designation has completed the defined course of study and has successfully passed the National PA Entry to Practice Certification Examination developed, maintained and administered by the Physician Assistant Certification Council of Canada.

What does PACCC stand for?
PACCC stands for Physician Assistant Certification Council of Canada, an independent council within CAPA that administers and maintains the PA certification process. The PACCC consists of various members of the medical and PA community who represent various perspectives. PAs who were educated and certified in the United States carry the designation Physician Assistant-Certified (PA-C).

How does certification work in Canada?
PACCC is an independent Council of the Canadian Association of Physician Assistants (CAPA) that administers and maintains the Physician Assistant (PA) certification process. This includes the PA Entry to Practice Certification Examination (PA Cert Exam), written upon the successful completion of a Canadian Medical Association (CMA) accredited PA program. The PA Cert Exam is administered independently of any training facility to ensure that the PA meets the standard set out in the National Competency Profile (NCP) for the Physician Assistant profession. CAPA aims to reassure the public that there is a national standard of care from PA providers who successfully complete the PA Cert Exam.

PACCC will include a minimum of two certified Physician Assistants and representatives from the following categories:

- Physician organization
- PA Regulatory authority
- Allied Health professional
- Educator
- Consumer
- Chair, Test Committee
- Chair, CPD Committee

PAs who have obtained their CCPA designation must complete 250 CPD credits (at least 125 credits must be Mainpro-M1 and/or Mainpro-C) in a five year cycle in order to maintain their certification and CCPA designation. All CCPAs will be required to be a member of CAPA in order to access the CPD tracking tool online system. PAs can earn Mainpro–M1 credits when they participate in structured learning programs, events or activities that focus on enhancing knowledge and skills integral to Physician Assistants. Mainpro–M2 credits are awarded primarily for self-directed, unstructured CPD or continuing medical education (CME) activities. The CPD process for PAs has been modeled after the CFPC, which has a well-established history of managing CPD for their Canadian family physician members. The CFPC provides assistance to PACCC by providing an online tracking system through their Non-member Mainpro Participant login for CAPA members to track their CPD activities. The profession is supportive of CPD and views this as an important part of maintaining competency. CCPA designation is not only a way of ensuring that an entry-to-practice standard has been achieved but also a way of ensuring that CPD takes place among the profession.

How does certification work in the United States?

In 1971, the American Medical Association (AMA) Committee on Allied Health Education and Accreditation (CAHEA) developed training program guidelines and implemented a program accreditation mechanism to maintain consistency throughout PA programs.

In 1994, CAHEA was dissolved and accreditation activities were transferred to a new independent agency, the Commission on Accreditation of Allied Health Education Programs. In January 2001, the Accreditation Review Commission on Education for the Physician Assistant was established as a free-standing accreditation agency for PA programs in the United States.

Simultaneously, the need for an agency to represent the professional interests of PAs evolved, and the American Academy of Physician Assistants (AAPA) was established.

Soon after, the Association of Physician Assistant Programs (now the Physician Assistant Education Association) was formed to provide a forum for the exchange of information between educators.

Issued by the National Commission on Certification of Physician Assistants (NCCPA), the Physician Assistant-Certified (PA-C) credential is a mark of professional accomplishment, indicating the achievement and maintenance of established levels of knowledge and clinical skills. The PA-C credential is widely recognized within the medical professions and beyond. All 50 US states, the District of Columbia and the US territories have decided to rely on NCCPA certification as one of the criteria for licensure or regulation of PAs. To protect the credibility of the PA-C designation, the NCCPA certification process involves formal collegiate education, examination and ongoing pursuit of continuing medical education (CME).

At this time, Manitoba, Ontario, New Brunswick, and Alberta have recognized the qualifications of the US physician assistant educational programs and have recruited or plan to recruit from their graduates. The University of Nebraska Medical School has granted a bachelor's degree to recent graduates of the Canadian Forces Medical Services School program. Discussions are ongoing regarding reciprocal recognition of PA certification by Canada and the United States.

Where are PAs regulated?

In Manitoba, PAs have been regulated through the College of Physicians and Surgeons of Manitoba since 1999. In this model, they are associate members of the college and regulated under the *Medical Act*. Together with the supervising physician or physician team and the college, PAs sign a contract that outlines the terms and conditions of their work and establishes the individual PA's scope of practice.

In New Brunswick PAs are regulated through the College of Physicians and Surgeons of New Brunswick. In 2009, the College amended the New Brunswick Medical Act in order to include PAs in their health care model. Section 32.1 of the Act now allows PAs to be licensed, provided they register with the CPSNB. In addition, Regulation 14 was created in January 2010 in order to dictate the terms of practice for PAs in the province.

In Ontario, PAs are not currently regulated. The *Ontario Regulated Health Professions Act*, which governs the medical profession, permits delegation of controlled acts. The College of Physicians and Surgeons of Ontario policy, *Delegation of Controlled Acts*, is a standard set of guidelines containing information on delegating controlled medical acts. CAPA on behalf of the PA profession has made an application to the Health Professions Regulatory Advisory Council (HPRAC) for regulation of the PA profession under the RHPA. A decision is expected late summer of 2012.

In Alberta PAs may practice under the responsibility of a regulated member of the College of Physicians and Surgeons of Alberta (CPSA). On December 3, 2010, the Council of the College of Physicians and Surgeons of Alberta passed bylaw 24(6), allowing PAs to operate under the responsibility of a regulated member. Accordingly, the CPSA created a new voluntary and non-regulated membership category for PA

It is the vision of CAPA and the CMA to have all PAs within Canada regulated and registered with their provincial/territorial medical regulatory authority.

What about liability insurance for PAs?
In many situations, as health care employees, PAs are covered under the employer's comprehensive general liability insurance. CMPA members who supervise or work with PAs are generally eligible for assistance from the CMPA in the event of medico-legal difficulty arising from medical acts delegated to a PA or clinical supervision of a PA. As non-physicians, PAs do not have access to the services of the CMPA. They do have the option to purchase liability coverage through CAPA if they are members of the association.

Physicians must ensure that all PAs with whom they might work have adequate liability protection that is commensurate with the degree of risk created by the tasks that have been delegated to the PA. Any negligence by an unregulated, non-independent PA may expose the supervising physician to the risk of liability. For example, a physician may be held responsible for the medical acts performed by the PA while under the physician's supervision.

Physicians should also be familiar with expectations in their local jurisdiction (including hospital, if applicable) regarding the acts that may be appropriately delegated to PAs and the degree of supervision required. The supervising physician may also be responsible for evaluating the capabilities and qualifications of a PA under his or her direction. Ideally, the PA should provide the supervising physician with information or proof concerning his or her current qualifications and experience. The physician can then make an informed clinical decision about whether the PA is clinically competent to perform the delegated task.

Physicians with membership in CMPA may wish to consider contacting the association for additional information regarding liability protection at www.cmpa-acpm.ca or 1-800-267-6522.

Key issues for physicians working with Physician Assistants

Since the 1990s, the following issues have been the focus of attention for CAPA and the PA profession, medical organizations and governments.

- Funding and employment models
- Liability
- Regulation

These are also fundamental concerns that physicians need to be aware of as they contemplate a collaborative arrangement with PAs in their practice. The following sections contain summaries of the relevant facts on each issue, a list of the most important things physicians need to know and our perspectives on each of these areas.

Funding and employment models

What you need to know	What you need to do
• Currently, PAs are employed by hospitals, physicians, private groups or regional health authorities; in each of those instances, the PAs and supervising MDs sign a contract indicating the terms of the relationship. • In this model the employer (e.g., the hospital) sets the terms of the PA's employment. • Currently, provincial funding models do not permit physicians to bill for care provided by a PA. • Currently in Ontario, physicians are paid a stipend for supervising PAs within the PA–physician relationship. Once we move toward a more permanent funding model this stipend will likely no longer be available. Salaries for PAs in the civilian sector range from $75 000 to $130 000 depending on hours per week, experience and professional responsibilities. This does not include the benefits and educational allowances required to practice and maintain registration or licensing (where applicable).	• When signing a contract to work with a PA and serve as the supervising physician, be aware of the supervisory requirements and ensure that the terms of the contract are commensurate with the extent and degree of oversight required. • Be aware of the specific funding model of the PA with whom you are working and the details of their employment. • When considering a physician/clinic-employed model, be aware of what is permissible under your specific provincial/territorial health plan.

Future directions

CMA supports the availability of both a hospital-employed model and a physician/clinic-employed model of funding.

CMA supports changes to provincial/territorial funding plans that would permit the physician to bill for services provided by the PA without the physical presence of a physician.

CMA will work with provincial/territorial medical associations and CAPA to explore funding models for PAs.

Liability

What you need to know	What you need to do
• Physicians working with a PA in a clinical setting are generally eligible for liability protection through the CMPA. • PAs are not eligible for liability protection through the CMPA. • All PAs are responsible for ensuring that they have adequate liability protection commensurate with their degree of responsibility. Liability coverage is available through CAPA provided that PAs are members of the association and certified in Canada or the USA. • PAs employed by a hospital, region or institution should have adequate liability protection through the employer's insurance provider. • PAs employed by a physician or private group practice must seek out and maintain their own liability protection. • Currently, two carriers of liability insurance are The Health Insurance Reciprocal of Canada (HIROC) and Willis Insurance. • Personal PA liability protection must address all aspects or areas of the PA's employment and provide protection that is appropriate considering the risks posed by the duties likely to be carried out by the PA.	• Ensure that you provide adequate supervision of the PA. • Be aware of all the regulatory requirements when entering into a collaborative arrangement with a PA (see "Regulation"). • Ensure that all PAs with whom you work and whom you supervise have *adequate* liability protection including "tail coverage." • Ensure that liability protection is commensurate with the degree of risk created by the tasks that may be delegated to the PA. • For a full understanding of the medico-legal risks, physicians are encouraged to contact the CMPA before they enter into a working arrangement with a PA (www.cmpa-acpm.ca or 1-800-267-6522).

Future directions

CAPA, working with the medical profession, will continue to enhance its national standard of PA education, ensure a sound certification process and develop a comprehensive continuing professional development system to optimize the quality of care provided by PAs.

CMA, provincial/territorial medical associations, CMPA and others will continue to educate physicians about the role of PAs and provide information on how to reduce medico-legal risk.

Regulation

What you need to know	What you need to do

• PAs are not independent practitioners.
• The supervising physician is responsible for oversight of PAs.
• PAs work under the delegated authority of a physician.
• Two models currently exist: regulated and non-regulated.
• In Manitoba, PAs are regulated through the College of Physicians and Surgeons of Manitoba. In this regulated model, PAs are associate members of the college and regulated under the provincial *Medical Act*.
• In Manitoba, the physician, PA and college sign a contract that determines the terms and conditions of the working arrangement and sets the scope of practice of the PA.
• In New Brunswick, PAs are regulated through the College of Physicians and Surgeons of New Brunswick. In this instance, the Medical Act has been amended to include PAs under their health care model.
• In Ontario, PAs are supervised by physicians who are regulated under the *Regulated Health Professional Act*. PAs are not currently regulated in Ontario.[1] CAPA has made an application to HPRAC for the profession to be regulated under the RHPA in Ontario.
• In Alberta, PAs are part of a voluntary registry managed by the College of Physicians of Surgeons of Alberta. In this instance PAs may operate under the authority of a regulated member.
	• In the regulated model (Manitoba), the supervising physician:
	  • must be available in person or by phone at all times
	  • must identify another supervising physician if not available
	  • cannot delegate responsibility for acts the MD does not provide or is not licensed to perform
	• In the regulated model (Manitoba), the PA may write prescriptions, order tests and investigations and perform procedures as stipulated in his or her contract.
	• Supervising physicians provide direct and indirect supervision. Consult your provincial/territorial regulatory college to determine the specific requirements in your jurisdiction.

[1] http://oma.org/Health/IPC/PAOMAStatement.pdf

Future directions

Both CMA and CAPA support changes to the medical act of each province that would allow for PA regulation by the medical regulatory college.

CAPA welcomes the opportunity to work with each provincial/territorial college to help ensure that the PA profession is regulated appropriately.

With more PAs being introduced into health care delivery, their regulatory status will have to be continually monitored and reviewed.

Education and certification

What you need to know	What you need to do
Education • PAs are educated in accredited physician assistant education programs available in Canada and the United States. • PAs are educated in the medical model in a 2-year program. Year 1 is primarily didactic; year 2 provides clinical experience similar to a clinical clerkship. • Education of PAs focuses on understanding the pathophysiology of disease, determining a differential diagnosis and implementing a treatment plan. The program includes over 2000 hours of clinical rotations. • As of December 2011, Canada has four physician assistant CMA accredited education programs (admissions criteria vary): - Canadian Forces Health Services Training Centre - University of Manitoba, Master of Physician Assistant Studies (MPAS) - McMaster University, Bachelor of Health Sciences (PA) program - The Consortium of PA Education (the University of Toronto, the Northern Ontario School of Medicine and the Michener Institute of Applied Health Sciences), Bachelor of Science Physician Assistant	• Ensure that PAs with whom you work are fully certified and have completed all necessary training and evaluation. • Involve PAs in CPD events. • Consider being a clinical preceptor for PA training programs.

• CAPA's Scope of Practice and National Competency Profile is the national standard for PA education and is based on the CanMEDS competencies established by the Royal College of Physicians and Surgeons of Canada (RCPSC) for postgraduate medical education • Students are required to pass a final oral and practical examination at the conclusion of their program. • PAs take an objective structured clinical examination (OSCE) as part of their accredited programs, education and final testing before graduation. The OSCE is not part of the national certification examination but may be a component of provincial registration. *Certification* • On successful completion of a CMA accredited PA or an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) education program, students are eligible to write the National Entry to Practice Certification Examinations provided by the Physician Assistant Certification Council of Canada (PACCC). • Both CMA Accredited PA program and ARC-PA program graduates must also be members of CAPA. ARC-PA graduates must be certified by the National Commission of Certification for Physician Assistant (NCCPA) (Requires proof of current NCCPA membership. NCCPA member number must be included on the registration form.) • Successful completion of the exam confers the designation Canadian Certified Physician Assistant (CCPA). • The PACCC is an independent council of the CAPA that administers and maintains the PA certification process.	

Accreditation • The CMA's Conjoint Accreditation Services are available to all PA programs in Canada. • The CMA's accreditation process measures a program's success in meeting the Scope of Practice and National Competency Profile, among other requirements. • The CMA is committed to ensuring the highest standard of PA education through its Conjoint Accreditation Process working with CAPA and PACCC *Continuing Professional Development* • PAs are required to complete continuing education, much the same as physicians. • Canadian certified PAs are required to complete 250 CPD credits (at least 125 credits must be Mainpro-M1 and/or Mainpro-C) in a five year cycle in order to maintain their certification and CCPA designation. The annual meetings of the national PA associations in the United States and Canada incorporate comprehensive accredited CPD hours. • As PAs are trained as generalists, much of their specialty-specific training occurs on the job and in subsequent CPD sessions. • PACCC has been working closely with the RCPSC and the CFPC to facilitate the alignment of CPD programs for MDs and PAs. PACCC works in conjunction with the CFPC for CAPA CCPA members to track their CPD status. • Various physician organizations (i.e. CMA, RCPSC and CFPC) sit as members on the PACCC. *Exam eligibility* • To be eligible to write the National Entry to Practice Certification Examination (PA Cert Exam), PAs must meet 1 or more of the following conditions: • They must have graduated from a CMA-	

accredited PA program • They must have graduated from an ARC-PA program and be certified by the National Commission on Certification of Physician Assistants (NCCPA) (proof of NCCPA certification is required)In addition to 1 of the criteria above, to be eligible to write the PA Cert Exam, the PA must be a member in good standing of CAPA.	
Future directions The CMA supports a close linkage between PA training and physician education along the continuum from early education through to continuing professional development. The CMA is aware of the current capacity limitations in the clinical training environment. Both the CMA and CAPA are committed to ensuring that the emergence of new PA training programs will not compromise the learning experience of current medical students, residents and other health care providers.	

Links
(available in the online version only)

History and overview of PAs

History of physician assistants in Canada

Canadian Association of Physician Assistants: Scope of practice and national competency profile

Resources for physicians

College of Physicians and Surgeons of Manitoba regulation of physician assistants

Process for delegated Acts
Delegation of Controlled Medical Acts (College of Physicians and Surgeons of Ontario policy)

An interprofessional guide on the use of orders, directives and delegation for regulated health professionals in Ontario (Federation of Health Regulatory Colleges of Ontario)

Regulated Health Professionals Act, 1991 (Ontario)

Reports, position and policy statements

Ontario Medical Association statement on physicians working with physician assistants

Doctors Manitoba [formerly Manitoba Medical Association] policy statement on physician assistants

British Columbia Medical Association policy statement: physician assistants

Report on orthopaedic clinical assistants in Manitoba (National Standards Committee, Canadian Orthopaedic Association, Drs. Eric Bohm and Michael Dunbar, chairs)

Physician Assistants — a solution to wait times in Canada by Chris W. Ashton, Alice Aiken and Denise Duffie (*Healthcare Management Forum*, Summer 2007)

2nd National Physician Assistant Symposium: summary of proceedings

Related web sites

Canadian Association of Physician Assistants

University of Manitoba, Office of Physician Assistant Studies

McMaster University, Physician Assistant Educational Program

University of Toronto, Physician Assistant Professional Degree Program

HealthForceOntario, Ontario's Physician Assistant Initiative

Canadian Medical Protective Association

Resources in the United States

Accreditation Review Commission on Education for the Physician Assistant, Inc.

American Academy of Physician Assistants

National Association of Physician Assistants

National Commission on Certification of Physician Assistants

Testimonials

PA in neurosurgery

The role of a PA in neurosurgery, and perhaps most surgical areas, is in peri-operative support. PAs rotate from the outpatient clinic where they take histories and perform physical examinations, to daytime ward duty caring for inpatients, then in-hospital night call. If needed, the PA is available to provide surgical assistance, including patient preparation, opening and closures, all dependent on the requirements of the surgeon and experience of the PA. The rotation permits the PA to work with attending neurosurgeons evaluating patients, taking in-hospital consults, learning and improving the collaborative relationship.

The neurosurgical clinic has the PA examining new patients and performing post-operative follow-ups, ordering additional studies, if indicated, and coordinating admissions while the attending physician fields calls, completes documentation or evaluates another patient, improving overall productivity and efficiency. The PA gathers the essential background information from which to build the patients' care. On the ward, rounds are completed with the residents, who can then leave for educational sessions or the operating room, allowing the PA to manage medical care, adjust orders and generally perform the traditional duties of a house medical officer and neurosurgery consulting services. On service, PAs work *with* residents but *for* attending neurosurgeons. Attending and supervising physicians are always available for support and case review.

Ian Jones, MPAS, PA-C, CCPA
Section of Neurosurgery, Winnipeg Regional Health Authority

Primary Care Director

As a Primary Care Director, I have found that the inclusion of the Physician Assistant role as part of our Health Centre Interdisciplinary team has been extremely valuable. Through appropriate delegation by the supervising physician, the PA role will increase the efficiency of our client services by off -loading work and procedures that can be competently accomplished by the PA, freeing up the physician to do more complex care. As well, this added resource to the team has allowed us to investigate the possibility of expanding our existing services for improved access to our clients and less reliance on walk in clinics and the emergency department. Our Health Centre always offered high quality care and we see the PA as part of our continuum of quality care.

Sincerely,
Kathy Allan-Fleet
Primary Care Director, North Hamilton CHC

Primary Care, PA

I am a recent graduate of the McMaster University Physician Assistant Education Program and I have been working in primary care since November 2011. I am currently employed at the Chatham-Kent Community Health Centres as part of a diverse clinical team of physicians, nurse practitioners, nurses, chiropodist, occupational and physical therapists, dieticians, social workers as well as counselors for addictions and youth. I enjoy my position tremendously and feel accepted and valued as a member of the CHC's clinical team. Together we provide care at three locations locate across Ontario. Our aim to achieve the best possible health for those we serve. The model of care offered at CHCs is unique and allows providers to cater to the needs of the priority populations we serve, which include: economically disadvantaged people, people with mental health challenges, people with addictions, people with communication challenges, First Nations people and youth ages 13 to 21. I work closely with my supervising physicians in a mutually supportive relationship that allows my team and to provide comprehensive and efficient care to our patients and increase access to care in our underserviced area. My daily responsibilities include a broad range of activities, such as: taking medical histories, performing physical examinations, performing or assisting with procedures, articulating differential diagnosis, ordering and interpreting diagnostic investigations, and executing treatment plans to best manage our patient's health conditions.

Laura MacPherson BSc, MSc, BHSc-PA, CCPA
Chatham-Kent Community Health Centres
Chatham, Wallaceburg and Walpole Island First Nations Reserve

PA in emergency medicine, Winnipeg

As an emergency medicine PA, I am a member of the emergency care team providing services that would otherwise be provided by a physician. I work as a physician extender at two of the city's community-based hospitals, seeing all acuity levels in the emergency department, thus ensuring timely access for those who require care the most. I complete the history and physical, order and interpret appropriate diagnostics and perform procedures as necessary in consultation with our supervising physician.

On average, I see 20–25 patients per shift and perform or assist with procedures as necessary. This may include but is not limited to advanced airway management, central lines, lumbar puncture, fracture/dislocation reduction and immobilization, nasal packing, removal of ocular foreign bodies, suturing and incision & drainage. Patients may or may not been seen by the supervising physician depending on their complexity.

If required I will write admission orders for patients and arrange both in-hospital and out-of-facility consultations. Being certified in advanced cardiac and advanced trauma life support and emergency department ultrasound, I am able to extend the care of the physician and lessen both the stress and workload within the department. I work 10-hour shifts (minimum 40-hour work week). During the night shift when the department has

only one physician, having a PA available enables the department to continue seeing and managing patients when the physician is called to another area of the hospital.

Our facility now has five PAs in the emergency department, and we have become an integral part of the team.

Jack Buchanan, BHSc, CCPA
Winnipeg Regional Health Authority

PA in emergency medicine, Timmins

I started the PA emergency room (ER) pilot project in February 2007 after my retirement from the Canadian Forces. The PA role was poorly understood in the civilian sector, so I was initially paired with four full-time ER physicians. I worked only with these doctors for the first 3 months of my employment. After assessment of my clinical skill set, I was scheduled to work with the remaining physicians in the ER including locums. A typical day in the ER is hard to pin down, as we never know what is going to come through the door. I typically see Canadian Triage and Acuity Scale (CTAS) 2–5 patients alone for the initial assessment, and it is "all hands in" for CTAS 1 patients.

For CTAS 2–5 patients, I do the history and physical. In Timmins, we have advanced medical directives in place for laboratory, treatment and diagnostic imaging modalities. If there are other diagnostic procedures or medications that that I think are required outside the advanced medical directives, I will discuss the case with the ER doctor at that time and we will make a plan together. After the diagnostics are completed, I formulate a treatment plan and review the case with the physician. The physician reviews the treatment plan and performs a focused assessment before the patient is discharged or admitted. In addition to medical patient assessment, I perform suturing, casting, splinting and minor surgical procedures as required.

During CTAS 1 resuscitations, I have performed airway management, including intubation, and assist with patient assessment and management.

I feel the role of the PA in the ER at Timmins and District Hospital has been fully accepted and understood by all staff in the ER.

Shawn Best, CCPA, Timmins and District ER

PA in Orthopaedic Surgery, Hamilton

I am a recent graduate of the McMaster University Physician Assistant Education Program and was part of the second class of physician assistants in Ontario to graduate. Through HealthForceOntario, I was able to apply to various employers in a civilian setting who had received funding from the Ministry of Ontario to hire a physician assistant.

I now work at an orthopaedic assessment centre for three different orthopaedic surgeons and another physician assistant. Under adequate physician supervision, I take thorough histories, perform physical examinations, review imaging, and propose a plan of management. I see and evaluate consultations, for pre-operative and post-operative follow ups. I also perform surgery consents.

I assist with triage of referrals, research, development of patient education materials, complete dictations, and assist with medical forms. Patients have direct access to me and I can answer many of their pre and post-operative questions outside of clinic.

Two of the physicians I work with also have teaching responsibilities with residents, medical students, and physician assistant students. I work with these medical learners to help orient them to the centre and the EMR. I can also provide insight with regards to the physician preferences prior to starting their placement with the surgeon.

With the addition of a physician assistant, the centre has been able to double the number of patients seen. All of this is done without compromising quality of patient care, increasing patient load, reducing time from referral to consultation, and free's up the physician time to focus on academic endeavours or expanding their practice.

As a physician assistant, I am constantly working to ensure my knowledge and skills are up to date and in keeping with the leadership style and preferences of the physicians I work with. The time that I and the physician have invested on my training and continued medical education will help our patients in the long run.

Anne Dang, BHSc (Hons), BHSc PA, CCPA

Primary Care, PA, Ontario

I work as a primary health care physician assistant (PA) within a community health centre (CHC). Our patient load includes a broad spectrum from prenatal care to end of life care and everything in between.

Because of our unique catchment area, our patients not only have health care needs but also often have to deal with many of the social determinants of health. Providing the best health plan for these people can often be challenging, but it is always rewarding. It is about developing relationships with your patients and working collaboratively with them to improve their overall health and well-being.

As part of a multidisciplinary team, I work alongside many diverse practitioners including physicians, nurses, nurse practitioners and lung health experts, just to name a few. These dedicated professionals have wholeheartedly accepted me into the team, and my supervising physician and I have developed a trust that allows us to work more efficiently and comprehensively.

Whether it is seeing a newborn baby or following a diabetic client, we work together to provide the best care possible and I am made to feel that my contribution is valued. I have

been especially able to use my training and skills to improve management of patients with chronic disease and reduce the wait times for all clients to be seen. Being a part of introducing this new health care role to the public and to other medical professionals has been a great experience, and I feel it is an exciting time to be in this growing profession.

Angela Cassell, CCPA
Somerset West Community Health Care Centre
Ottawa

Patient Testimonial

During my recovery at Ottawa Civic Hospital Trauma unit, the Physician Assistant would stop in every day and was available if I had questions or concerns. It was reassuring to have a medical professional who was up to date and familiar with all aspects of my progress and recovery as the resident doctors changed often.

The PA was also of great assistance when I was finally able to return home as she was knowledgeable about what I would require on an ongoing basis and made arrangements with home care for both changing dressings and administering IV antibiotics.

I am certain that my hospital stay was shortened with the PA's assistance as she looked after discharge paperwork, home care planning and any other medical needs that I required.

Sincerely,
Daniel Kernychny