



June 14, 2019

Members of the Cayton Report Steering Committee
c/o Room 337 Parliament Buildings
Victoria, BC V8V 1X4

via email: PROREGADMIN@gov.bc.ca

Dear Minister Dix, MLA Letnick, and MLA Furstenau,

RE: Input on the Cayton Report

We are writing on behalf of the Canadian Association of Physician Assistants (CAPA), which represents more than 650 physician assistants (PAs) across Canada, including almost 25 civilian and military PAs who live in British Columbia, and many others who hail from B.C. but live elsewhere in Canada because they are not eligible to practice in their home province.

As a health care stakeholder, we appreciate the opportunity to provide input on Part Two of the Cayton Report and its proposed approaches to the modernization of the provincial health profession framework. CAPA supports the objectives of regulatory reform that Mr. Cayton describes, most notably the goal of adapting to change and responding to new opportunities (section 9.14), especially as it relates to the workforce reform that will be required over the next twenty years.

We also strongly support the recommendation outlined in section 9.32 for the Ministry of Health to consult on the potential for occupations under consideration for regulation to register with an *existing* college.

As you may know, for almost a decade CAPA has been advocating for British Columbia's Ministry of Health to take this exact step and introduce the regulation of PAs under the College of Physicians and Surgeons of British Columbia. This approach to regulating a separate but related profession—the PA—under a medical regulatory authority is not new. In fact, it was done successfully a decade ago in both Manitoba and New Brunswick, and will happen imminently in Alberta. The CPSBC is strongly in favour of the move in British Columbia.

Further, in the U.S. there are more than 123,000 PAs practicing today and they are licensed by the state medical licensing board, which often includes a designated PA seat and/or has an established PA advisory council.

In discussing a fit-for-purpose framework of the future, Mr. Cayton highlights the challenges of the existing status quo. Notably, that "*Regulation based on the supposed uniqueness of individual occupations runs counter to contemporary practice through effective team-based inter-professional collaboration. It also protects existing occupational boundaries against new roles and ways of working, putting up barriers to desirable developments in the expansion of the health workforce.*" (section 10.2)

Earlier in the report he also candidly acknowledges that "*Very frequently whether a profession is regulated by statute or not will depend on history, geography and politics. Rarely does it depend on a proper assessment of risk of harm or an evaluation of the costs and benefits to the public.*" (9.10).

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These two observations apply directly to the PA profession, which remains excluded from the Health Professions Act to this day. As a result, civilian PAs are unable to work in the province, contribute to team-based care, and help fill the gaps at the front lines of health care.

CAPA believes that Part Two of the Cayton Report offers an important blueprint for regulatory reform in British Columbia and offers many recommendations worthy of exploring. As the health needs of patients evolve and demand for care continues to skyrocket, it is essential for the province to modernize its approach to regulation and build the capacity to serve both patients and a diverse range of health professions.

Thank you again for the opportunity to provide input on the Cayton Report and its recommendations. CAPA looks forward to continuing this important dialogue, and will continue to advocate for British Columbia to introduce and regulate PAs.

Sincerely,

Eric Demers
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Victoria, BC

Patrick Nelson
Executive Director
Ottawa, ON