



Bridging the Gap

introducing physician assistants in british columbia

INTRODUCTION

The following document has been prepared by the Canadian Association of Physician Assistants (CAPA) as part of the 2021 Pre-Budget Consultation Process and in response to the B.C. Government's [pre-consultation document](#).

We believe that the most critical issue affecting the sustainability of dependable public health care is a pervasive and growing shortage of medical professionals. Adding to this crisis is the uneven and inequitable distribution of physicians and other health care workers, which is most acutely felt in rural communities.

Without timely action, and in the context of new demands resulting from the COVID-19 pandemic, this shortfall will continue to negatively impact access to care and health outcomes, while costing the province more to inefficiently deliver services.

The integration of the physician assistant (PA) model in BC will help to bridge the gaps in care and improve the value for money in delivering health care. PAs represent an untapped resource that can help the Government provide high levels of service while reducing overall costs.

RECOMMENDATIONS

CAPA is strongly recommending that the province invest in training and hiring PAs and deploying them to priority areas within the health system. We understand the fiscal reality of the province, and know that an investment in PAs today will support patients, drive efficiencies, save money, and further the shift to team-based care.

Specifically, we call on the Government to:

1. **Regulate PAs** under the College of Physicians and Surgeons of British Columbia.
2. **Provide health authorities with funding** earmarked to hire 50 PAs over the next three years, at a cost of approximately \$6.5 million.
3. Work with physicians, health system leaders, First Nations, and other stakeholders to **identify the specialties where PAs can have the greatest impact**.
4. Explore **developing a PA Education Program at UBC** to begin training homegrown PAs soon.

EVIDENCE

A recent recommendation report published by the Conference Board of Canada indicates that:

“As physician extenders, PAs play a vital role in improving patient outcomes and reducing overall system costs. To capitalize on this potential, Canada needs to implement strategic policy and funding changes to the way that health human resources and health services are currently provided and delivered.”

While PAs are never a replacement for physicians, Canadian and global evidence is clear that they do help physicians manage more patients and improve outcomes. Just as important to government—it costs significantly less to hire a PA.

In its series of four reports, the Conference Board examined PA productivity, cost-effectiveness, and funding models. It also delivered a series of recommendations on how governments can tap into PAs to deliver high levels of service while reducing costs. Notably, the [“Gaining Efficiency”](#) report outlines cost savings that could be generated in primary care and emergency care, where PAs can be a cost-effective substitute for certain designated medical tasks.

- [Value of Physician Assistants: Understanding the Role of Physician Assistants Within Health Systems](#)
- [Funding Models for Physician Assistants: Canadian and International Experiences](#)
- [Gaining Efficiency: Increasing the Use of Physician Assistants in Canada](#)
- [Value of Physician Assistants: Recommendations for Action](#)

EXPANDING PAs TO TACKLE BRITISH COLUMBIA’S HEALTH CARE CHALLENGES

Emergency Departments

Emergency medicine PAs are widely considered essential to improving patient flow, lowering wait times, and boosting physician morale and productivity. The addition of PAs can help lower initial practitioner assessment time and reduce the percentage of walk-ins leaving unseen by a doctor.

In rural Gimli, Manitoba (population: 2,000+) a PA makes it possible to keep the ED doors open, even when physicians are not on site. Doctors are always available to consult electronically, but PAs are trained to perform procedures like wound care, casting, or abscess incision and to begin stabilizing more urgent cases.

Primary Care

Team-based care involving PAs is associated [with a higher practice capacity for family doctors, allowing them to see more patients and provide a broader scope of services.](#)

In Ontario, primary care clinics use PAs to help stabilize patient access. The PA addition creates same-day acute episodic appointments that result in a “walk-in” type of environment (within 24 hours). In many practices, a primary care PA develops a niche in certain types of appointments which ultimately frees up doctors to see more complex patients.

Surgical Wait Times (Hip and Knee Surgeries)

Demands on an already stretched surgical workforce are growing, but [the evidence shows](#) that adding PAs to orthopaedic surgical teams makes a big difference. The PA addition allowed a single surgeon to run two operating rooms during a single operating day and increase the volume of surgeries from three to seven surgeries per day.

With more PAs providing end-to-end support to surgical teams, tasks like post-operative evaluations, discharge planning, patient referrals, follow-up visits, and even prescription refills would be more efficient.

Demand for Hospitalists

With growing numbers of Alternative Level of Care patients admitted to hospital beds, the demand for hospitalists is growing. PAs are ideally suited to help manage patients who may not require complex hospital care, while also assisting in covering areas like internal medicine wards etc.

Access to Care in Rural and Remote Communities

Health care needs in rural, remote, and many First Nations communities are complex. Patients often lack timely access to services despite high rates of chronic diseases and other illnesses. The addition of PAs in these communities can improve continuity of care and offer patients more practitioner time. It can also make the physician workload more manageable and bring much-needed flexibility to local health care teams, thanks to the broad scope of practice of a PA.

ABOUT PAs

PAs are advanced practice professionals who are educated in the medical model, similar to how physicians are educated. They provide primary, acute, and specialty care in all types of settings from emergency rooms and surgical suites to long-term care homes and primary care clinics. Working autonomously under the supervision of a physician, they assess patients, order and interpret tests, make diagnoses, provide treatment, serve as first assist in surgery, and much more.

In an era of limited resources, PAs are quite simply a “must-have” for our health system. For more detail on the education and certification of PAs, as well as their scope and standards of practice, [please see our detailed Information Brief](#).

PAs IN BRITISH COLUMBIA

In British Columbia, military PAs are working under the federal jurisdiction of the Canadian Armed Forces at sites like CFB Esquimalt. Further, they are embedded at Vancouver General Hospital (home to the Canadian Forces Trauma Training Centre West) where they train to maintain clinical readiness ahead of deployment.

For civilian PAs who call British Columbia home, some work remotely, crossing borders and travelling long distances to work at industrial sites (mines, oil and gas etc.), while others must opt to work outside of their chosen profession to remain in their home province.

ABOUT CAPA

CAPA is the national professional association representing physician assistants in British Columbia and across the country. We are the national voice of PAs and work to support quality standards and competencies, and help establish the profession within the national health care framework. Learn more: capa-acam.ca.

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