Insights into the emerging physician assistant profession in Canada

D. Fréchette¹, A. Shrichand¹,

¹Royal College of Physicians and Surgeons of Canada, Ottawa, ON;

Objective

As Canada's population health needs continue to evolve, new interprofessional care models have emerged, with expanded use of other health professions. Physician Assistants (PAs), who have been used for decades in the Canadian military, have now been introduced in various clinical settings to provide patient care for the general population. Their scope of practice can include conducting physical examinations, requesting diagnostic tests, prescribing, conducting select controlled acts and counselling on preventive health care. This research reviews Canadian developments in the PA profession over the last decade.

Methods

A review of Canadian literature was undertaken in relevant electronic databases such as Medline, CINAHL, Scopus and Web of Science, combined with select qualitative information.

Findings

Given that healthcare in Canada is administered and delivered by the country's 10 provinces and three territories, the introduction of PAs varies across these jurisdictions. PAs have been formally introduced in provinces such as Manitoba, Ontario, New Brunswick and Alberta. Manitoba and New Brunswick were the first two provinces to regulate the profession, followed by Alberta, in May 2016. In Ontario, PAs remain unregulated. In the absence of legislative and/or regulatory frameworks, PAs are also practicing in Saskatchewan, Quebec, Prince Edward Island, Newfoundland, Nova Scotia, British Columbia and in the Northwest Territories.

Ontario and Manitoba have also introduced civilian training programs – Ontario's universities offer PA programs at the undergraduate level whereas Manitoba has a graduate program. The Canadian Association of Physician Assistants (CAPA), a national organization that represents PAs in Canada, has undertaken various measures to establish pan-Canadian standards of practice for PAs. CAPA's CanMEDS-PA, the national standard for PA education, mirrors the Royal College of Physicians and Surgeons of Canada's recently revised CanMEDS framework for physicians. CAPA also provides a national certification examination for PAs, which is a requirement amongst most employers. Furthermore, Canadian certified PAs complete specific continuing professional development requirements, similar to those required of physicians.

The deployment of PAs and the concurrent introduction of civilian training programs has propelled notable increases in the PA supply and workforce overall in Canada. There was a fourfold increase in the number of new PAs graduating Canadian programs from 2008 to 2014. In 2016, over 500 PAs are employed in Canada or work for a Canadian agency – double the numbers observed in 2012. Of the provinces, Ontario overwhelmingly has the highest proportion of PAs (more than 60% of the national PA workforce). There is growing Canadian evidence that demonstrates the positive effect of PAs as it relates to patient and provider satisfaction, patient health outcomes, and health system performance (e.g. wait times). However, key issues challenge the extent to which the PA movement will continue to build momentum. A long-term, sustainable model of funding will be critical to support the growing number of graduates in Canada's PA programs. Additionally, greater effort will be needed to continue to build the library of domestic knowledge on the effect of PAs on patient health outcomes and cost-effectiveness to garner further support for the profession amongst decision-makers.