

Physician Assistants in Canada

Background

Physician assistants, or PAs, are health professionals who practise under the supervision of a physician as part of a patient-centred health-care team. As physician extenders, PAs work to improve the efficiency, capability, and productivity of physician services. Their scope of practice is determined on an individual basis and formally outlined in a practice contract or agreement between the supervising physician, the PA, and the facility where the PA will work.

PAs were first introduced in Canada in the 1980s by the Canadian Forces. Manitoba has the longest history of integrating PAs, producing the first civilian graduates in 2010, followed by Ontario and then New Brunswick. PAs are educated in the medical model and graduate with a bachelor's or master's degree from a program affiliated with a medical school.

Today, PAs predominantly work in primary health care and emergency medicine but can be found in more than thirty specialties. PA activities may include¹:

- Conducting patient interviews, histories, and examinations
- Ordering and interpreting tests
- Performing selected diagnostic and therapeutic interventions
- Assisting in surgery and doing pre-op and post-op care

PAs have worked in the United States since the 1960s. The profession is one of the fastest-growing segments of the health-care workforce, with over 130,000 PAs working in primary care and medical specialties.² In 2017, there were almost 800 PAs in Canada.

PA Workforce Data³

Jurisdiction	2013	2017
Canada	308	797
Alberta	14	40
Newfoundland and Labrador	5	1
Prince Edward Island	1	1
Nova Scotia	25	39
New Brunswick	4	10
Quebec	21	25
Ontario	170	528
Manitoba	42	128
Saskatchewan	1	1
British Columbia	24	24
Territories	1	0

Civilian PAs work in five provinces: Alberta, Manitoba, Ontario, New Brunswick, and Nova Scotia.

Military PAs work across Canada and may be deployed overseas.

Occupational Health PAs work outside the public health-care system in British Columbia, the North West Territories, and other provinces.

¹ Jones IW, Hooker RS. Physician assistants in Canada: update on health policy initiatives. *Can Fam Physician*. 2011;57(3):e83–e88. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3056699/>

² National Commission on Certification of Physician Assistants. 2018 Statistical Profile of Recently Certified Physician Assistants. <https://www.nccpa.net/research>

³ Canadian Institute for Health Information. Canada's Health Care Providers: Provincial Profiles, 2008 to 2017 – Data Tables. Ottawa: CIHI, 2019. <https://www.cihi.ca/en/physician-assistants>

PA Education Programs in Canada

In addition to the Canadian Forces, three civilian schools offer PA education, producing approximately 80 graduates per year⁴. All programs are 24 to 25 months in duration and include course work and clinical experience:

- **University of Manitoba**, Master of Physician Assistant Studies (Manitoba)
- **McMaster University**, Bachelor of Health Sciences PA program (Ontario)
- **The Consortium of PA Education**, Bachelor of Science Physician Assistant – a collaboration between the University of Toronto, the Northern Ontario School of Medicine, and The Michener Institute for Education at the University Health Network (Ontario)
- **Canadian Forces Health Services Training Centre PA Program** (Ontario) – restricted to serving members, grants a degree in collaboration with the University of Nebraska Medical Centre

Regulation, Funding, and Models of Care in Canada

Although the use of PAs in Canada's health-care system has expanded in the last two decades, there are still barriers to their integration. The most notable barrier is the lack of a stable model for funding and compensation.⁵

Funding for PAs is derived from several sources⁶:

- **Provincial governments**, often through grants, pilots, and demonstration projects (Alberta, Nova Scotia, and Ontario)
- **Block funding**, such as academic specialty groups (Manitoba and Ontario)
- **Direct funding from physicians and institutions** (such as primary care fee-for-service physicians where access can be increased)
- **Health delivery structures** (such as regional health authorities and primary care networks in Alberta)

Manitoba – PAs since 1999

- PAs are regulated through the College of Physicians and Surgeons of Manitoba. In this model, PAs are associate members of the College and regulated under *The Medical Act*. 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 2016, the government shifted salary funding for PAs from hospitals to physician groups, which are responsible for funding PA positions. Previous funding covered 12 new positions each year through regional health authorities.
- Physician groups may recoup costs for the PA by shadow billing or redirecting pre-existing program funding.

⁴ Desormeaux M, Stewart M, Grimes K, Prada G. Gaining Efficiency: Increasing the Use of Physician Assistants in Canada. Ottawa: The Conference Board of Canada, 2016. https://www.conferenceboard.ca/temp/1868ec01-682a-41c1-8f45-01b660fe76ee/8347_PhysiciansAssistants_RPT_.pdf

⁵ Grimes K, Prada G. Value of Physician Assistants: Understanding the Role of Physician Assistants Within Health Systems. Ottawa: The Conference Board of Canada, 2016. https://www.conferenceboard.ca/temp/aacbe5e9-dd41-417c-8617-d9486576c54b/8107_Value-of-Physician-Assistants_RPT.pdf

⁶ Jones IW, St-Pierre N. Physician assistants in Canada. *Journal of the American Academy of PAs*. 2014;27(3):11-13. https://journals.lww.com/jaapa/fulltext/2014/03000/Physician_assistants_in_Canada.2.aspx

- Since 2013, family medicine physicians have piloted PAs in three practice models (community health centre, fee-for-service family practice, and a family medicine role within a hospital), and later added three more sites.

Ontario – PAs since 2006

- Ontario uses the delegated authority provision to authorize PAs to practice, where PAs are supervised by physicians under the *Regulated Health Professions Act*.
- The Ministry of Health's Career Start grant supports new Ontario PA graduates by providing 50 to 100 per cent of the PA's salary for up to two years, with matching funds from the employer. However, once this funding ends, hospitals and clinics are challenged to pay for the PA salary out of their global budgets.
- Ministry funding is provided for PAs in select family health teams, community health clinics, hospital settings, and other primary care enrollment models. Other funding comes from physician salaries/practice overhead.
- Clinical service funding is provided in primary care and hospitals.

New Brunswick – PAs since 2009

- PAs are regulated through the College of Physicians and Surgeons of New Brunswick. The *Medical Act* has been amended to include PAs under their health-care model.
- In 2009, New Brunswick conducted a feasibility study on PAs, which recommended a pilot project in emergency departments⁷.

Alberta – PAs since 2010

- PAs are part of a voluntary registry managed by the College of Physicians of Surgeons of Alberta. PAs may operate under the authority of a regulated member. The process for regulation of the PA profession in Alberta is still underway.
- In 2013, Alberta Health Services (AHS) began a two-year PA Demonstration Project to integrate 12 PAs into 10 rural and urban facilities and evaluate their impact as members of teams in various clinical settings.
- The project ended successfully, with five sites providing quantitative data on improvements in wait times and clinic capacity.
- AHS continues to hire PAs into several departments across the zones.

Nova Scotia – Pilot project starting 2019

- Nova Scotia announced a [PA pilot project in September 2019](#).
- Under this three-year pilot project, three physician assistants will be hired in the orthopedics division at the Health Sciences Centre. The pilot will evaluate the PA role and increase access to hip and knee joint replacement surgeries.
- Nova Scotia Health Authority will employ the PAs, who will provide general medical care and support surgical care for joint replacement patients, including consultations, surgery, post-surgical care, discharge, and follow-up care.

⁷ Government of New Brunswick. Report on the Feasibility of Introducing Physician Assistants in New Brunswick—Final Report. Fredericton: Government of New Brunswick, 2009.

PA Research Scan

Title	Date	Setting	Design	Focus	Key findings
Utilizing the physician assistant role: case study in an upper-extremity orthopedic surgical program	2017	An upper-extremity surgical program in a peripheral hospital in Alberta	Mixed-methods research design using semi-structured interviews, surveys, and clinic data	As part of AHS' 2013 PA Demonstration Project, one PA was hired in an upper-extremity surgical program. Impact to pre-op, operative, post-op, and follow-up care to determine the effect of the PA role on patients, providers, and the health system.	The PA role was successfully implemented and became a valuable addition to the health-care team; surgeons, health providers, and patients were satisfied with the PA's quality of care, who helped to fill workforce shortages and improve system efficiencies.
Qualitative study of employment of physician assistants by physicians: benefits and barriers in the Ontario health care system	2013	A variety of clinical settings in rural and urban eastern and southwestern Ontario	Qualitative study using semi structured interviews and an iterative analysis	Experiences and perceptions of Ontario PA employers about barriers to and benefits of hiring PAs; seven family physicians and seven specialists participated.	Physicians believed that PAs can improve patient care, decrease wait times, improve continuity of care, and improve quality of life (reducing work hours and stress). Other benefits included increased flexibility, professional fellowship, and the opportunity to expand practice and focus more time on complex patients. Barriers to hiring PAs included funding, supervision, training, and lack of familiarity with PA role and scope of practice.
Experience with physician assistants in a Canadian arthroplasty program	2010	An arthroplasty practice in the Winnipeg Regional Health Authority	Mixed methods research design	Effect of PAs working in an arthroplasty practice, including costs, time savings for surgeons, surgical throughput and wait times, and patients, surgeons, residents, and allied health-care providers' perceptions of PAs.	PAs saved their supervising physicians more than 200 hours per year. Surgical throughput increased by 42 per cent as surgeons were able to implement a double operating room model, reducing wait times from 44 weeks to 30 weeks. PAs were viewed as important members of the health-care team by surgeons, nurses, resident physicians, and patients. PA salary costs were budget neutral when compared to GP surgical assist fees.

<p>The impact on patient flow after the integration of nurse practitioners and physician assistants in 6 Ontario emergency departments</p>	<p>2009</p>	<p>Six Ontario emergency departments (EDs)</p>	<p>Retrospective review of health records data</p>	<p>Impact of NPs and PAs in EDs, including patient flow, wait times, and proportions of patients who left without being seen.</p>	<p>PAs reduced wait times by 1.9 times and decreased the number of patients not seen by 50 per cent.</p> <p>Wait times, lengths of stay, and proportion of patients who left without being seen were significantly reduced whether a PA or NP was directly involved in the care of patients or indirectly involved by being on duty.</p> <p>Further studies are required to assess the impact on patient flow on a larger scale and in different provinces.</p>
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