

## The College of Family Physicians of Canada

### Position Statement Physician Assistants

#### Background

Increasing demands on the health care system are affecting the practice of family medicine in Canada. While patients in some areas and regions have experienced difficulties in gaining access to family physicians, family physicians have also experienced pressures in their delivery of care. The increasing complexity of care in the community setting and resulting pressures in family practice have led to an exploration of new and additional ways to enhance care.

#### Inter-Professional Care

In 2007, the College of Family Physicians of Canada (CFPC) and its Board of Directors approved the *Vision Statement on Inter-Professional Care*. This statement emphasized that the future of family practice would include the right of every person to have his or her own family doctor, as well as access to a nurse and other health professionals, including physician assistants.

The CFPC supports and encourages inter-professional models of practice that promote the efficient collaboration of health professionals to provide optimum care to patients.

The CFPC supports evidence-based expansion of scopes of practice for other health professionals, while emphasizing that every person in Canada has the right to care provided by a personal family physician who works with other health professionals as part of a team. Team-based models allow a range of health professionals, each with their own special skills, to contribute to efficiency, quality care, and greater professional satisfaction. Further, the composition of a health care team should meet community and patient needs, be designed to improve access while also supporting continuity of care, and enhance cost-effectiveness in the delivery of care.

The CFPC recognizes that physician assistants, under the direction and supervision of a family physician, are among those professionals with the potential to augment access to family practice services/primary care.

#### Education

Physician assistant programs include didactic instruction in basic medical sciences and involve a series of clinical rotations. There is an emphasis on history taking, physical examination, differential diagnosis,

and treatment planning. The original training of physician assistants was initiated by the Canadian Military. Programs now exist in three Canadian universities: the University of Manitoba, McMaster University, and the University of Toronto.

Physician assistants who seek a career in family practice settings should have discipline-specific training appropriate to their scope of practice.

The Physician Assistant Certification Council of Canada (PACCC), of which the CFPC is a member, confers certification to physician assistants upon satisfactory completion of training in an accredited program. Success in the certification examination leads to the designation CCPA (Canadian Certified Physician Assistant). The certification examination meets criteria set by the Canadian Association of Physician Assistants (CAPA). Further, the CFPC supports and works with CAPA to develop a continuing professional development program for physician assistants.

### **Regulation of Physician Assistants**

Both CAPA and the Canadian Medical Association recommend that physician assistants within Canada be regulated and registered with their provincial or territorial medical regulatory authority.

## **Integration of Physician Assistants Within Primary Care Models**

### **Scope of Practice for Physician Assistants**

Physician assistants are skilled health professionals trained in basic medical sciences who provide care under the direction and supervision of a physician. In their capacity as “physician extenders”, physician assistants perform delegated medical acts under physician supervision. Their tasks may include making diagnoses, ordering tests, performing procedures, undertaking referrals, and beginning therapies in both primary care and acute care settings. Common areas for physician assistants include emergency departments, anesthesia, surgery and operating rooms, and primary care/family practice.

As physician assistants become integrated in family practice settings, it will be important to monitor and evaluate the best ways for them to meet patient needs within their defined scope of practice.

Issues to consider while planning physician assistant participation in family practice include the following:

- Delegation of medical acts, processes, and interactions with other members of the health care team
- Remuneration issues for both the physician assistant and the supervising physician
- Capacity and appropriate infrastructure for the training of physician assistants, particularly in teaching practices that already include family medicine residents

- Liability insurance
- Impact on access to care, continuity of care, and meeting patient and community needs as a whole

**Principles:**

- Patients must be at the centre of health care
- The CFPC maintains that each patient should have a family physician to benefit from the family doctor's central role in the provision, coordination, and continuity of medical care; the CFPC strongly supports other health professionals within team-based models of care
- A team-based approach involves maximizing the skills of each professional on the primary care/family practice team in a complementary manner; no healthcare professional should be a substitute for the role of another
- The CFPC supports the role of physician assistants as a resource within family practices and other environments involving family physicians, working collaboratively with family physicians and other health care professionals
- The CFPC supports the involvement of physician assistants in various health care settings, such as hospitals and community facilities (eg, long-term care)
- Each professional will practice within a) the legislated scope of practice for his or her profession and b) the knowledge and skills he or she has personally acquired
- Provincial regulation is essential to define the scope of practice for physician assistants
- The CFPC supports the formal training programs and certification process for physician assistants and welcomes the participation of physician assistants in CFPC-accredited continuing medical education courses
- The CFPC will continue to support the CAPA and the PACCC and participate in the development of its education programs to ensure that both the standards and the content of these programs are appropriate for preparing and maintaining the skills and knowledge physician assistants need in order to fulfill their practice roles and responsibilities in primary care/family practice settings

## Appendix:

The Canadian Medical Association (CMA) has been supportive of physician assistant utilization in the health system and views the profession as a beneficial addition to other health professionals for a spectrum of services including surgical assisting, emergency department services, care in remote or rural locations, and primary care/family practice. A general statement on the issue of physician assistants can be found at [www.cma.ca/physician%20assistants](http://www.cma.ca/physician%20assistants).

The **Physician Assistant Toolkit** is an information resource developed by the Canadian Medical Association and is available on the CMA website:  
[www.cma.ca/multimedia/CMA/Content/Images/Inside\\_cma/Advocacy/Physician\\_Assistants/PA-Toolkit\\_en.pdf](http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Advocacy/Physician_Assistants/PA-Toolkit_en.pdf).

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"Physician Assistants – At the request of Alberta Health and Wellness, the College has agreed to develop registration criteria for and ultimately regulate Physician Assistants (PAs)." (page 5)

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### **Newfoundland**

“Be it resolved that the NLMA Policy Committee study the potential role of physician assistants in Newfoundland and Labrador’s health care system and make recommendations on this subject to the NLMA Board of Directors.” (page 8)

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### **Nova Scotia**

“Under the leadership of Dr. Bill Lowe, the Registration Department continues to refine the process for IMG credentialing for both family physicians and specialists. It is also developing guidelines for the licensure of clinical assistants.” (page 2)

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