INFORMATION BRIEF: PHYSICIAN ASSISTANTS INCLUSION IN BILL 283, ADVANCING OVERSIGHT AND PLANNING IN ONTARIO'S HEALTH SYSTEM ACT, 2021

Bill 283, amendment to the ***Medicine Act 1991*** is a welcome, yet long awaited announcement. Regulation of health care professionals is about public safety, ensuring that health professionals provide competent, ethical care. The MOHLTC introduced PAs into the Ontario health care system in 2006.

1.0 ABOUT PHYSICIAN ASSISTANTS (PAs)

PAs are medically-trained clinicians who work with a supervising physician to provide primary, acute and specialty care in all settings where a physician may work. Key activities include taking medical histories, physical exams, ordering and interpreting tests, ordering medications, developing treatment plans in conjunction with the physician, counseling on preventative health care and assisting in surgery.

2.0 LANDSCAPE

- There are more than **700** PAs practicing in Canada, with over 500 of those serving Ontarians
- PA have worked in Ontario in civilian settings for approximately 15 years; they have worked in the military health care system longer
- Since 2010 Canadian PA education programs have graduated 975 PAs, trained in the medical model; the PA programs are second-entry programs leading to a Bachelor's degree (McMaster University, University of Toronto), or Master's program following the completion of a Bachelor's degree (University of Manitoba)
- PAs work in team settings, with a scope of practice similar to their supervising physicians
- PAs may provide care in all medical settings, including family doctors' offices, long term care, emergency, general surgery, oncology, organ transplant, orthopedics, neurosurgery and reconstructive plastic surgery
- PAs work on the frontlines every day. Many work on COVID care teams in ICUs and COVID wards, assessing and treating patients in emergency; helping manage patients needing urgent surgeries, providing virtual and in-person clinics and up-dating families about medical status of a loved one

3.0 KEY MESSAGES

- PAs reduce wait times in:
    - Primary Care: Allowing family doctors to offer more same-day appointments
    - Emergency Room: Patients seen more quickly to meet key benchmarks i.e. reducing those who leave without being seen
- PAs help improve access to care in rural and remote communities

- PAs are flexible and adaptable; they may provide home, nursing home, and hospital visits; emergency and urgent care services; perform office-based procedures; perform after-hours consults and be on-call;
- PAs enable continuity of care, especially for those with chronic conditions and post-operative patients
- PAs increase access to mental health services
    - Initiate psychiatric referrals; act as bridge between patient, physician, and psychiatrist; provide support to patients; write prescriptions (currently using medical directives)
- PAs help improve care for seniors in long-term care
    - Reduce annual hospital admissions, provide onsite wound care and minor procedures, medication review, enhanced communications
- PAs improve efficiencies and save money

4.0 MEDICAL DIRECTIVES

In Ontario, medical directives and direct orders are used to enable PAs to perform delegated controlled acts. Unfortunately, it is quite a lengthy and complex process to create medical directives and obtain administrative approval for them, every time a PA is hired to a new setting or practice. The development and implementation of directives often acts as a barrier to efficiency, utilization of PA skills and PA integration.

5.0 REGULATION

- Creates efficiencies, improves safety, supports accountability, and establishes a clear standard of excellence
- Ensures the title "physician assistant" is meaningful and used only by those who hold the appropriate degree and uphold the high standards set by and for the profession
- Provides assurance to PA colleagues and patients, while promoting integration within the health care system; provides PAs more credibility amongst colleagues in the health care system
- Provide role clarity and guidance, allowing PAs to work to their full scope of practice
- Allows PAs to practice in conjunction with a supervising physician without the necessity of complex medical directives; PAs may still accept orders, however an order will not be necessary for PAs to perform medical acts within their scope of practice that they have demonstrated they have the knowledge, skills and judgment to perform
- Allows for better integration of PAs into health system and with other providers. For example:
    - PAs in acute care are unable to speak to poison control because their staff are unable to speak to unregulated health care providers when providing guidance on how to manage a toxicologic emergency
    - PAs are currently unable to sign out-patient prescriptions in their own name, and must use medical directives or obtain physician co-signatures for this
    - PAs may assess/examine a patient after a workplace injury are unable to sign government forms

These examples impact patient care by limiting PAs from performing the very tasks they have been trained and deemed competent to perform

6.0 CONCLUSION AND NEXT STEPS

- With the support of the Ontario government, move through the process of passing **Bill 283** quickly
- Amend the **Medicine Act, 1991** enabling PAs to work with the CPSO to develop a process and establish a timeline to regulate PAs in Ontario
- Finalize details of regulation with CPSO, to maintain and optimize the PA scope of practice