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分担研究報告書

諸外国のフィジシャン・アシスタント(PA)に関する研究
（分担項目：カナダにおけるフィジシャン・アシスタント）

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研究要旨

研究要旨：医師の働き方改革を進める中で、日本では存在しない職種であるフィジシャン・アシスタント（PA）の適用を検討するために、カナダにおける PA について、文献検索や関連機関のホームページの検索、資料収集、および現地訪問により関係者へのインタビューを実施した。カナダでは米国より遅れて 1999 年に一部の州で PA が法的に認められ、現在までに 4 つの PA 養成プログラムが発足し、主に 4 つの州で 740 人の PA が勤務している。カナダでは PA の国家資格試験はなく、2 年間の養成プログラム修了後に認定資格がある。PA の業務規定の有無および内容は各州で異なるが、いずれも PA は医師の監督下で診療を行うこととされ、独立した診療は認められていない。PA の存在により医師の業務負担軽減、診療患者数増加には貢献し、他職種からの受け入れも良好である。しかし PA の全体数が未だ少なく、活動範囲も一部の地域に限定されているため、PA の啓発と普及が今後の課題である。

A. 研究目的

医師の働き方改革を進める中で、日本には存在しない職種であるフィジシャン・アシスタント（PA）について、業務範囲や医師の負担軽減への効果、医療の質への影響などを明らかにし、わが国への PA の適用の検討に必要な資料を作成する。

B. 研究方法

インターネットを用いた検索および PubMed による文献検索を行った。さらに、2017 年 10 月 27 日から 29 日に開催された CAPA 2017 （Canadian Association of Physician Assistants）に参加するとともに、30 日には Toronto 大学（The Consortium of PA Education）を訪問した。カナダで最初の民間 PA 養成プログラムを設立した CAPA 会長、カナダの PA 養成課程の教育責任者、参加者から情報収集を行うとともに、適宜、電子メールにて質問事項を送りさまざまな資料提供、および回答を得た。さらに、2018 年 1 月 31 日、2 月 1 日には、PA を導入していないケベック州のマギル大学附属病院を訪問し、Nurse Practitioners や軍の PA 養成教育に協力している胸部外科および救急外来の指導医にインタビューを行った。

インターネットを用いた情報収集では、

カナダ医学会（CMA）(1)、Canadian Association of Physician Assistants（CAPA）(2)、Royal College of Physicians and Surgeons of Canada (3)、Canadian Nurses Association（CNS）(4)、ならびにPA 養成課程を有する大学のウェブサイトを活用した。

C. 結果

1.定義

カナダ医学会（Canadian Medical Association : CMA）と Canadian Association of Physician Assistants （CAPA）が発行する Physician Assistant Toolkit（Revised Edition 2012）(5)によると、Physician Assistant（PA）は以下のように説明されている（抜粋)。

"Canada's Physician Assistants (PAs) are academically prepared and highly skilled health care professionals who provide a broad range of medical services. PAs practice medicine under the supervision of a licensed physician within a patient-centered health care team."

（カナダの PA は、幅広い医療サービスを提供する、学問的に習熟し高度に熟練した医療従事者である。PA は患者中心のヘルスケアシステムの中で、ライセンスのある医師の元で医療を提供する。）

2.PA の統治組織

カナダ医学会に認可される形で発足した CAPA が PA の統治組織として機能している。カナダでは PA の国家資格はなく、Physician Assistant Certification Council of Canada （PACCC）(6)による認定試験があるのみである。

3. PA 設立の経緯、歴史的背景(2) (5)

カナダでは、1960 年代からカナダ軍に PA の前身となる medical assistant が存在していた。1984 年に Canadian Forces Medical Services School を卒業した国内初の PA が誕生した。1997 年、カナダ軍の PA であった Warrant Officer Thomas Ashman の提案により Canadian Academy of Physician Assistants が発足し、さらにそれが軍だけでなく民間にも PA を広めることを目的に CAPA（Canadian Association of Physician Assistants）発足へと発展した。

1999 年、マニトバ州が PA を Clinical Assistant として機能することを法的に認めた。これにより、米国で資格を取得した PA がカナダ国内初の民間 PA として働くようになった。その後 2006 年にオンタリオ州、2009 年にニュー・ブランズウィック州、2010 年にアルバータ州で PA が導入された。

2003 年にはカナダ医学会が PA を医療専門職と認定し、2004 年にはカナダ軍の PA 養成プログラムが認定された。2005 年から PA の認定試験が導入された。2008 年には 2 つの民間 PA プログラムが University of Manitoba と McMaster University に発足し、2010 年に PA Consortium（University of Toronto、Northern Ontario School of Medicine、Michener Institute of Applied Sciences）が 3 つ目のプログラムとして発足した。

2017 年現在、カナダでは 4 つの PA 養成プログラム（民間 3、軍 1）により約 740 人の PA が誕生し、主に 4 つの州（マニトバ州、オンタリオ州、アルバータ州、ニュー・ブランズウィック州）にて医療専門職として働いている。

4. PA 養成課程（年数、カリキュラム）(2) (5, 7)

カナダでの PA 認定試験（PACCC 認定試験）を受けるには、１）カナダ国内の PA 養成プログラムに進学して修了し学士号または修士号を取得するか、２）米国での認定 PA 養成プログラムを修了する方法がある。(8)

カナダ国内の PA 養成プログラム（Physician Assistant Education Program：PAEP）は大学のプログラム 3 つと、カナダ軍のプログラム 1 つの計 4 プログラムである（2017 年）。

・University of Manitoba（学生数：15 人/年）(9) (10)
・McMaster University（学生数：25 人/年）
・PA Consortium (University of Toronto（学生数：30 人/年）, Northern Ontario School of Medicine and the Michener Institute of Applied Sciences)
・Canadian Forces Medical Services School

上記プログラムにより、毎年約 80 人の PA が新たに誕生している。

大学プログラムでは入学基準の一部として医療経験（看護師、PT、EMT、ソーシャルワーカーなど）が求められる場合がある。応募にあたり、他の医療職からの移行について、編入などの特別な措置はない。

CAPA は、PA のコンピテンシーについて CanMEDS-PA(11)を発表している（2015 年）。CanMEDS-PA は、医師向けの CanMEDS framework(12)を元に作成され、カナダでの PA 養成プログラムの道標となっている。

PA 養成プログラムはいずれも Canadian Medical Association's Conjoint Accreditation Services のプログラム認定を受けている。プログラムの期間は 2 年間であり、1 年目に医学講義、2 年目に臨床実習を行う。講義では、解剖学、生理学、病理学、薬理学、行動医学、医療倫理、診断学、EBM、ヘルスプロモーションと健康教育などを扱う。シミュレーション教育も盛んにおこなわれている。

臨床実習では、家庭医療、救急医療、外科、内科、産婦人科、小児科、精神科に重点が置かれる。2 年間で医学総論講義と臨床実習を組み込むため、医学部と比較して凝縮したスケジュールが組まれている。Univ Toronto では、1 年間のうち休暇は春・夏各 1 週間、年末年始休暇 2 週間の 4 週間のみとのことである。臨床実習では、医学生と共に同等の実習を受ける。

PA 養成プログラムでは、医師および他の医療専門職とのチームワーク、コミュニケーション能力に重点を置いた教育が行われ、多職種連携教育（IPE）も導入されている。これは、PA が医師と協働して診療することが求められ、その仕事の範囲は本人の技能/経験を踏まえ、監督する医師との相談、交渉により決まるためである。

学費は年間 12,000 -16,500 カナダドル程度であり、多くの米国の PA 養成プログラム（約 40,000 から 130,000 米ドル）よりも安い。奨学金を得て就学する学生も多い。

カナダ国内での PA 養成プログラムの人気は高く、University of Manitoba のプログラムの応募倍率は 10 倍以上である。PA 養成プログラム入学に求められる学力レベルも非常に高い。医学部進学の足がかりとして PA 養成プログラム入学を希望する学生も一部にはいるが、PA 教員はそれには否定的である。

カナダでの PA 養成プログラム発足当初は米国でトレーニングを受けた PA および医師が学生教育に従事していたが、最近では自国の PA 教員による教育が進みつつある。

5. PA 資格試験・CPD（継続教育）・再認定試験(5, 6)

カナダには PA の国家資格試験はなく、PACCC（Physician Assistant Certification Council of

Canada = a Council of the Canadian Association of Physician Assistants）による認定試験があるのみである。すなわち、認定を受けていなくても、事実上誰でも PA として勤務することが可能である。

PACCC による認定試験を受験要件として、カナダ国内あるいはアメリカの認定 PA プログラム修了が求められる。プログラム修了後 5 年以内に認定試験に合格すれば、認定 PA（Canadian Certified Physician Assistant：CCPA）と認定される。

PACCC による CCPA の認定更新のためには、Continuing Professional Development（CPD；継続教育）が求められる。具体的には Royal College of Certification Program（MOC プログラム）に基づき、年 40 単位以上、5 年間で 400 単位以上を取得して、5 年毎に認定更新をする。

CPD の単位は、グループ学習、自己学習、アセスメント（省察）3 つのセクションからなる。単位については各 PA が e-Portfolio のアカウント（Web またはスマホアプリ）に自身で登録する。認定更新には CPD 単位が取得できていればよく、特に再認定試験はない。

なお、米国の PA プログラム修了者がカナダで働くことは可能である一方、カナダの PA プログラム修了者は米国では PA 認定を受けられないため、基本的にはカナダで就業することになる。

カナダの PA プログラム修了生の中には、卒業時には就職先が確定せず、パートタイム勤務から臨床経験を積む者もいるのが現状である。

6. 実施可能な医行為の範囲及びその範囲が決定された経緯(5)

PA の業務に関する規定は各州で異なるが、いずれも PA が独立して診療することは認められていないため、医師の監督下で医療行為を行う必要がある。ただし「監督下」とは常に行動を共にするわけではなく、同じ敷地内で働く、あるいは電話による相談・報告で済ませるなどその範囲はそれぞれの PA と医師間での関係性により規定される。PA の医療行為の責任は監督する医師にある。

PA の業務規定の有無や内容は、各州によって大きなばらつきがある。

マニトバ州は、最も PA の業務規程が明確に示されている。マニトバ州では PA の業務が The College of Physicians and Surgeons of Manitoba(13)によって規定されており(14)、PA は医師の監督下で処方箋記入、検査オーダーの他、契約で規定された手技を実施することができる。監督する医師は直接または電話対応できるか、自身が対応できない場合には他の監督責任者を指名しておく必要がある。医師に実施権限のない行為を PA に権限委譲することはできない。

一方、オンタリオ州には統一された PA の業務規定がないため、PA のできる医療行為の範囲はそれぞれの PA と監督する医師との間で決定されることになる。PA の業務規定がないため、PA には処方権限も認められていない。

オンタリオ州は国内で最も就業する PA が多い州であるが、多くの PA と医師とが個別に業務範囲の契約を結んでいるため、むしろ州全体の規定策定には否定的な意見が多いようである。

7. 実施した医行為に関する責任の所在(2, 5)

PA の監督責任は医師にある。PA は、医師が加入可能な CMPA（The Canadian Medical Protective Association）での医療過誤保険には加入できないため、各自が責任を持つ医療行為に応じて個別に医療過誤保険に加入する責任がある。CAPA では PA に対して医療過誤保険への加入を

推奨している。病院など組織に雇用される場合には雇用主の加入する保険での保護が受けられるが、個人で雇用される場合には個別に責任を持つ必要がある。

8. 従事場所(15)

カナダのPAのうち、約60% 以上がオンタリオ州で、17%がマニトバ州で勤務している。この他、PAが正式に導入されているアルバータ州（7%）、ニュー・ブランズウィック州（0.5%）の他、少数ずつだがPAが正式に導入されていない州・準州で勤務するPAもいる。

勤務先種別は、病院（病院から直接雇用）19%、地域の医療サービス機関14%、病院の診療グループ（救急、内科、外科などから直接雇用）14%、個人診療（医師1－2人）13%、グループ診療（10人以上）5%、大学や教育機関5%、企業4%、カナダ軍20%であった。

専門別では、家庭医療30%、病院内科15%、病院外科14%、救急診療10%、カナダ軍17%であった。

約80%がフルタイム勤務（週32時間以上）し、約20%がオンコール業務に従事している。

PA認定試験では専門は規定されていないため、PAはどの領域でも診療することが可能である。実際、多くのPAがそのキャリアの途中で専従する診療分野を変更する。例えば、外科での経験を数年積んだ後、皮膚科、内科などでの勤務に変更するなどである。パートタイムで複数の専門や勤務場所にて従事することや、教員とパートタイムでの勤務を兼任することも可能である。その時のライフ・ワークバランスにより勤務形態を替える場合も多い。

また、へき地での医師不足対策として、へき地に就業するPAに州が独自のインセンティブを付与することもある。

また、CAPA年次総会では、高齢化に伴う医療提供者不足が問題として挙げられており、高齢者医療、在宅医療、終末期医療現場など、PAの活躍の場の拡大が期待されていた。

9. 給与水準(5)

民間勤務の常勤PAの給与水準は75,000～130,000カナダドル程度である。

マニトバ州ではPAの給料は州により支払われる。オンタリオ州では1年目のみ給料の半分が州より支払われ、継続雇用する場合には医療機関からの支払いとなる。この他、へき地勤務者には州よりボーナスが支払われる場合がある。雇用する医療機関が給与を支払う必要がないため、PA採用のインセンティブになる。

10. 他の職種との業務の棲み分け・役割分担、特に看護師やナース・プラクティショナー（NP）との違い

カナダでPAに最も類似した看護専門職はNurse Practitioner （NP）である。NPとPAでは養成モデルが異なる点は、米国・英国と同様である。NPは医師の指示がなくても規定の範囲内で自立して診療を行うことが可能であるが、あくまでも看護の延長としての医行為との考え方が強い。

一方、PAは医師をモデルとして養成されているため、医師により近い視点からの診療を行うことが可能である。実際、CAPAがPAのコンピテンシーについて規定したCanMEDS-PAは、Royal College of Physicians and Surgeons of Canada（RCPSC）が医師のコンピテンシーを規定したCanMEDS framework(12)を元に作成されている。

カナダでは、NPとPAの資格認定、普及状況が米国と大きく異なる。カナダではNPは国家資格

として全国的に認定された医療専門職であり、その人数も約4800人（2016年）(4)とPAよりも圧倒的に多く、カナダ全土に広く普及している。米国ではPAとNPが共に発展し、現場レベルでは類似した役割を担っているが、カナダではPAよりも圧倒的にNPの存在感の方が大きい。(5)

医療チーム内でPAが担う役割は、医師を補助する役割が大きい。たとえば、PAは医師に代わって他職種からの相談に応じて入院患者の処方や指示の変更をすることが可能である。すなわちPAは「医師の手足の延長となり業務を遂行する」役割を担うのである。多忙で相談しにくい医師に代わり、他職種にとってより身近で声をかけやすいPAがチームに居ることで、より円滑に患者ケアを提供できているという。

カナダでのPA導入当初は、看護師やNP団体からの反発もあったようであるが、実際にPAが導入された現場では、看護師など医師以外の専門職の業務の効率化にもつながっており、現在では特に問題となることはないようである。

11. 医師の業務負担軽減効果・医療アウトカムの非劣性(7, 16)

PAの存在により、現場で医師が行う業務が軽減し、診療できる患者数が増加する効果が得られている。

PAの1日あたりの診療患者数は、1-10人が23%、11-20人が40%、21-30人が16%、30人以上が10%であった。(15)

例えば家庭医がPAと協働する場合、PAが診療補助や書類作業を行うことにより、診療できる患者数が増加し、勤務時間を軽減することができる。病院では、PAは多忙で様々な業務を行う医師に代わり、患者や家族への病状説明、オーダーを出すなどの日常業務を行い、より円滑な患者ケアを実現している。また、PAの存在により、入院患者の退院を早め、代わりにPAがスカイプや電話などで在宅療養をサポートする体制がとれるようにもなっている。米国とは異なり、オンタリオ州のように業務規定がない州ではPAの診療行為には医師のカウンターサインが求められるものの、個別にはPA導入は着実に進んでいるという。実際、トロントの教育病院ではPA導入が徐々に進行し、現在は各フロアにPAが配置されるようになっているという。

PAを導入した医療機関においては、PAの他職種への業務負担軽減効果は自明のようである。しかし、カナダでは未だPAの歴史が浅くその人数も少ないため、業務負担軽減効果等に関するデータ集積はこれからの課題である。

12. 他職種によるPAの評価

カナダではNPと比較してPAの人数が圧倒的に少なく、PAの存在による医療アウトカムへの影響や、他職種によるPAの評価について明文化されたものは少ないのが現状である。PAと協働した経験がない医療職は、自身の職を奪われるのではないかといった懸念を抱くこともあるようである。実際、導入に際しては、NPの団体からの反対があった。しかし、PAを導入した医療現場では、PAの存在は好意的に受け止められている。特に、病棟の看護師や薬剤師など、医師を呼び出して患者に関する相談が必要な職種には、気軽に相談できるPAはありがたい存在となっている。患者にとっても、常に病棟にいるPAには質問があるときなどに気軽に尋ねることができ、安心感につながるとのことであった。

PAの絶対数が少ないため、PAを導入していない医療機関も多い。そのようなところの医師のインタビューでは、NPであろうとPAであろうと、医療者が増えて診療支援が得られるのであればどちらでも歓迎するというコメントが得られた。

13. カナダでの PA の今後の展望(2)

CAPA では、2015 年から 2018 年の戦略を公表し、優先課題として、1) CAPA の持続可能性、2) PA の資金調達モデルの確立、3) PA の専門性の教育と認知、4) 政府支持による PA の医療制度への統合を挙げている。

具体的な行動目標としては、PA の費用対効果や質的・量的価値についてのエビデンス提示、PA の専門性を推進する全国的キャンペーンの展開、新たな州・準州への PA の導入、PA が診療するための州法/規制の導入などを挙げている。CAPA のホームページでは、PA についての動画(17)なども公開している。

また、他国での PA 事例を参考にして、PA を普及させるための資金モデルや今後の活動に関するレポートも報告されている(18, 19)。

D. 考察

カナダでは米国に約 30 年遅れて PA の統治組織が発足し、州単位での PA 導入が行われ、現在までに約 740 人が PA として勤務している。医師モデルを基とした 2 年間の PA 養成課程が確立し、医師の監督下に、家庭医療をはじめ多様な医療現場および専門分野で医師を補助する役割を担っている。PA と NP との比較では、カナダでは PA よりも NP が圧倒的に普及している。PA の絶対数が少ないため、PA 導入による医師の業務負担軽減効果のデータ集積は今後の課題であるが、PA を導入した医療現場ではその効果は自明のようである。しかし PA が診療する州が限られているため、全国への PA の啓発と普及、および PA が診療するための州法/規制の導入が今後の課題である。

E. 結論

カナダでは PA 養成プログラムが確立し、PA が導入された現場では、PA は医療チームの一員として医師の業務を補助する役割を担っていた。現場レベルでは PA 導入の効果は自明であり、他職種からも良好な評価を得ていた。一方、PA の絶対数は未だ少なく、全国的な普及、規制の整備には至っていなかった。

F. 健康危険情報－該当なし

G. 研究発表－該当なし

H. 知的財産権の出願・登録状況（予定を含む）
なし

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添付資料

カナダで診療する医師のための PA ツールキット（抜粋）

出　典

Canadian Medical Association and Canadian Association of Physician Assistant Association: “Physician Assistant Toolkit. A resource tool for Canadian physicians.” Revised Ed.　2012.　（抜粋 p. 10－26）

https://www.cma.ca/Assets/assets-library/document/en/advocacy/PA-Toolkit-e.pdf#search=PA%20Toolkit

Physician Assistant Toolkit

A Resource Tool for Canadian Physicians

Produced by the
Canadian Medical Association and the
Canadian Association of Physician Assistants

Revised Edition
2012

Canadian Association of Physician AssistantsAssociation
Association canadienne des adjoints au médecin

Frequently asked questions

Background

Who are PAs and what do they do?

Canada's Physician Assistants (PAs) are academically prepared and highly skilled health care professionals educated in the medical model. They graduate with a Baccalaureate or Master's degree from a university level program affiliated with a medical school. PAs practice medicine under the supervision of a licensed physician within a patient-centered health care team. PAs possess a defined body of knowledge including clinical and procedural skills, and a professional philosophy to support effective patient care. They are physician extenders and not independent practitioners; they work with a degree of autonomy, negotiated and agreed on by the supervising physician and the PA. PAs can work in any clinical setting to extend physician services, complement existing services and aid in improving patient access to health care. A relationship with a supervising physician is essential to the role of the PA.

As part of their comprehensive list of responsibilities, , PAs can be entrusted by way of delegated acts to conduct history and physical examination, diagnose and treat illnesses, counsel on preventive health care, assist in surgery, order tests, prescribe medications, and order diagnostic investigations including but not limited to: laboratory and diagnostic imaging; and perform interventions within the scope of their training and experience as long as it also within the scope of practice of their supervising physician. Physicians should be familiar with the expectations of their provincial/territorial medical college and their hospital regarding the degree to which PAs can independently perform certain tasks.

A PA's scope of practice may also include patient education, research and administrative services. Trained as general medical practitioners, PAs can develop specialized knowledge and skills over time through experience and ongoing professional development. Working with their supervising physician, PAs can be trained to acquire new skills that are deemed necessary for the physician's area of practice. As the PAs knowledge and competencies develop they may take on more responsibility with increasing indirect supervision.

How did the PA profession begin?

In the United States in the mid-1960s, physicians and educators recognized that there was a shortage and uneven distribution of primary care physicians. To expand the delivery of quality medical care, Dr. Eugene Stead of the Duke University Medical Center in North Carolina established the first course for PAs in 1965. He selected retired military veterans who received considerable medical training during their military service but who had no comparable civilian role. The curriculum of the PA program was based in part on knowledge of the fast-track training of doctors during World War II.

In Canada, the PA role evolved from that of the navy's sick berth attendants and medical technicians with advanced responsibility in the military. They had extensive training and, with formal education, expanded their role to meet the service needs in all areas served

by the Canadian Forces. For more information about the history of the PA profession, visit the Physician Assistant History Center at www.pahx.org.

What formal education do PAs have?

As of January 2010, PA education programs (PAEPs) were available in Canada at McMaster University, the University of Manitoba, The Consortium of PA Education and the Canadian Forces Health Services Training Centre. (Affiliated with the University of Nebraska Medical School). Currently, there are about 140 PA students in Canada. In the United States, there are over 159 accredited programs with approximately 12 470 students. More than 6000 PAs graduate each year.

PAs are educated and trained in the medical model. The programs are generally two years in duration and provide students with a combination of academic/didactic training (focus on clinical medicine) and clinical training placements. Also included in the curriculum are critical thinking, differential diagnosis determination, diagnostic medicine and treatment plan development. All existing Canadian CMA accredited PA programs encompass 75 % of the training that is delivered to new physician graduates. PAEPs include over 2000 hours of clinical training in areas that may include emergency medicine, paediatrics, internal medicine, orthopaedics, sports medicine, general surgery, anaesthesia, trauma and family medicine. Graduation from a CMA-accredited PAEP entitles graduates to take the Physician Assistant Entry to Practice Certification Examination administered by the Physician Assistant Certification Council of Canada and become a Canadian Certified PA (CCPA). Please see the Education and Certification section of this toolkit (pg. 27) for further information.

How does one become a PA?
Admissions criteria for the four Canadian programs vary and are outlined below (Table 1).

Table 1. Admission requirements of Canadian PA training programs

Program	**Admission criteria**
University of Manitoba's Master in Physician Assistant Studies (MPAS)	Applicants must be a graduate of or enrolled in the last year of a 4-year degree program, with a minimum 3.0 grade point average (GPA) in their last two years of study. Successful completion or enrollment in undergraduate courses in human anatomy, human physiology and biochemistry is required. For more information please click here http://umanitoba.ca/faculties/medicine/departments/opas/paep/index.html
McMaster University's Bachelor of Health Sciences (Physician Assistant)	Applicants must have completed at least 2 years of undergraduate work at an accredited university. Courses that require small-group work or self-directed learning are considered a great asset to the applicant. A minimum 3.0 GPA is required. For more information please click here http://registrar.mcmaster.ca/CALENDAR/current/pg1257.html
The Consortium of PA Education Bachelor of Science Physician Assistant (BScPA)*	Applicants must have a minimum of 10 full courses or the equivalent in academic credits at a recognized university. A minimum 3.0 GPA and courses in human anatomy, chemistry and physiology are required. Applicants must have had 1680 hours of direct patient contact in a professional setting. Preference is given to Ontario residents. For more information please click here http://www.facmed.utoronto.ca/programs/healthscience/PAEducation.htm
Canadian Forces Health Services Training Centre Canadian Physician Assistant Program (CPAP) Bachelor of Science Physician Assistant (BScPA)	For this competition-based program for military personnel, candidates are selected by a military board from a pool of experienced medical technicians. Candidates must have completed clinical training on the job and must have achieved the following: Medical Technician Qualification Level 6A, rank of sergeant and Primary Leadership Qualification. Students are required to complete 1 year of course work at CFB Borden, followed by 47 weeks of clinical rotations. For more information please click here

* The program offered at The Consortium of PA Education is delivered in collaboration with the University of Toronto, the Northern Ontario School of Medicine and the Michener Institute for Applied Health Sciences

PA Role

What is the working relationship between a physician and a PA?
The relationship between a PA and the supervising physician is one of mutual trust and respect. A PA is a physician extender and not an independent practitioner. PAs can be entrusted by way of delegated acts to conduct history and physical examination, diagnose and treat illnesses, counsel on preventive health care, assist in surgery, order tests, prescribe medications, order diagnostic investigations including but not limited to: laboratory and diagnostic imaging, and perform interventions within the scope of their training and experience as long as their supervising physician is qualified to perform the intervention. The PA is a representative of the physician, and the scope of practice for the PA is defined only by the scope of practice of the supervising physician. The physician and PA practice as part of a collaborative health care team.

PAs can be delegated the authority to carry out a physician's orders by a direct order (verbal or written) or medical directive. Physicians should be familiar with the expectations of their provincial/territorial medical college and their hospital regarding the degree to which PAs can independently perform certain tasks.

What is the difference between a PA and a physician?
Like physicians, PAs are educated in the medical model and often share similar curricula. One of the main differences between PA education and physician education is not the core content of the curriculum, but the amount of time spent in formal education. In Canada, PAs do not complete specialty postgraduate training (such as a residency), but instead attain graduated responsibility and expanded scope of practice as they gain experience on the job. PAs are not independent practitioners whereas physicians are. Physicians are ultimately responsible for patient care and have final authority with regards to investigations, interventions and disposition of all patients. One of the most important qualities of PAs is; to understand and respect their limitations and involve their supervising physician immediately in the care of any patient that they feel may be outside their scope of knowledge or depth of experience.

What are the similarities and differences between a PA and a nurse practitioner?
PAs are trained in a medical model, often by physicians, and share a common philosophy with physicians in terms of approach to patient care. They work under the supervision of a physician or group of physicians within a team. PAs practice with negotiated autonomy and their scope of practice is limited by the practice description, the relationship to the physician and the setting in which they work. PAs are regulated in Manitoba and New Brunswick and have voluntary registration in Alberta by the college of physicians and surgeons. An application for regulation was submitted in January 2012 to the Health Professions Regulatory Advisory Council in Ontario. It is the desire of CAPA and the profession that, as the profession is integrated into provincial health care systems, regulation through the physician colleges is established as well. Nurse practitioners are trained in a nursing model and have undergone additional education beyond that of the

bachelor of nursing degree. They are regulated health professionals in all jurisdictions within Canada and work independently within a defined scope of practice and perform certain acts independent of a physician's order.

Nurse practitioners and PAs often work collaboratively in clinical environments, blending their individual skills and knowledge to provide optimum patient care.

What is the business case for PAs?
The value of a PA is well documented. The quality of care and both the economic value and the efficiency that a PA can bring to a practice have been well studied over the 40-plus-year history of the profession. Examples follow.

An investigation of the efficiency and quality of care in a 747-bed urban academic medical centre in the northeastern United States with over 44,000 annual inpatient admissions found no differences in unadjusted hospital readmissions within 72 hours, 14 days, and 30 days of discharge; inpatient transfers to intensive care; or inpatient mortality when the service was staffed by PAs/hospitalists compared with various resident and physician groups. — Roy CL, Liang CL, Lund M, Boyd C, Katz JT, McKean S, Schnipper JL. Implementation of a physician assistant/hospitalist service in an academic medical center: impact on efficiency and patient outcomes. *J Hosp Med* 2008;3(5):361-8.

In Winnipeg's Concordia Hospital orthopaedic hip and knee program, the presence of a PA on the team was estimated to save each surgeon four weeks a year. Double operating suites, with PAs and MDs working together, increased the volume of primary joint surgeries by 42% a year. — Bohm E, Dunbar M. *Report on orthopaedic clinical assistants in Manitoba*. National Standards Committee; Canadian Orthopaedic Association, June 2007. Available:
www.coa-aco.org/images/stories/articles/nsc_physician_assistant_report_2007_final.pdf

In Ontario, a study was performed by McMaster University on PAs employed in emergency departments. The findings showed that utilizing PAs in the emergency department reduced wait times for patients by 1.6 times and reduced the "left without being seen" rate by 24 percent. The study indicates that "the reductions found in wait times and left without being seen rates suggests that the presence of new roles can help to improve the efficiency of emergency department patient care". The study also recommends that "given the shortage of physicians, use of alternative health care providers should be considered." - Ducharme, Adler, Pelletier, Murray and Tepper. *Impact on patient flow after the integration of nurse practitioners and physician assistants in Ontario emergency departments.* Canadian Journal of Emergency Medicine, p. 107 – 108.Available: http://www.cjem-online.ca/v11/n5/p455

A primary care clinic that used PAs for a significant portion of patient care realized about 16% fewer office visits a year for patients seen by a PA compared with patients cared for by physicians alone. The decrease in office visits was not offset by increased resource use in other settings, such as emergency departments, nor accompanied by any decrease in patient satisfaction. — Morgan PA, Shah ND, Kaufman JS, Albanese MA. Impact of

physician assistant care on office visit resource use in the United States. *Health Serv Res* 2008;43(5 pt 2):1906-22.

PAs in family practices were found to have a substitution ratio of 0.86, meaning they see the same type of patient and deliver the same care as a physician 86% of the time. Along with their compensation to production ratio of 0.36, this demonstrates the significant economic benefits to practices where PAs are employed. — Grzybicki DM, Sullivan PJ, Oppy JM, Bethke AM, Raab SS. The economic benefit for family/general medicine practices employing physician assistants. *Am J Manag Care* 2002;8(7):613-20.

Among patients who receive physical examinations from PAs, 87% are very satisfied. Patients consistently rate PAs highly in terms of technical competence (89%) and professional manner (86%) and report improvements in the quality of care (71%) and access to services (79%) in areas where PAs are employed. — Nelson EC, Jacobs AR, Johnson KG. Patients' acceptance of physician assistants. *JAMA*;1974;228(1):63-7.

The Ontario Hospital Demonstration Project using PAs in emergency departments showed an unexpected result: fewer hospital admissions because of the time PAs spend with patients sorting out various issues with a patient-centered care approach and using community services. The project also discovered that PAs employed in rehabilitative facilities reduce the number of times patients are referred to emergency departments, as many issues can be addressed by the on-site PA through their collaborative relationship with a physician. — Unpublished interim findings.

PA certification and insurance

What does CAPA stand for?

CAPA is the Canadian Association of Physician Assistants, a national professional organization that advocates for PAs and represents its membership across Canada and internationally. CAPA has members in all national regions as well as the Canadian Forces sharing a desire to advance Canadian health care and to advocate for the professions' model of cooperative, collaborative, patient-centered quality care. Established in 1999, CAPA was created by the Canadian Forces with the intent that it would become self-sufficient and expand to include a civilian component. The Association has created and maintains the "national standard of practice" for PAs.

In 2001, CAPA developed the *Occupational Competency Profile for Civilian PAs in Canada*, which was then adopted by the Canadian Forces. Through its independent certification council, the Physician Assistant Certification Council of Canada (PACCC), CAPA assists in the national certification process, the certification exam and registry for its members.

CAPA's goal is to help provide efficacious health professionals for the Canadian health care system and the public and to foster the development of the profession in all provinces. By helping to develop educational programs and assisting legislators, CAPA supports quality health care for Canadians.

What does CCPA stand for?

CCPA stands for Canadian Certified Physician Assistant. A health professional with a CCPA designation has completed the defined course of study and has successfully passed the National PA Entry to Practice Certification Examination developed, maintained and administered by the Physician Assistant Certification Council of Canada.

What does PACCC stand for?

PACCC stands for Physician Assistant Certification Council of Canada, an independent council within CAPA that administers and maintains the PA certification process. The PACCC consists of various members of the medical and PA community who represent various perspectives. PAs who were educated and certified in the United States carry the designation Physician Assistant-Certified (PA-C).

How does certification work in Canada?

PACCC is an independent Council of the Canadian Association of Physician Assistants (CAPA) that administers and maintains the Physician Assistant (PA) certification process. This includes the PA Entry to Practice Certification Examination (PA Cert Exam), written upon the successful completion of a Canadian Medical Association (CMA) accredited PA program. The PA Cert Exam is administered independently of any training facility to ensure that the PA meets the standard set out in the National Competency Profile (NCP) for the Physician Assistant profession. CAPA aims to reassure the public that there is a national standard of care from PA providers who successfully complete the PA Cert Exam.

PACCC will include a minimum of two certified Physician Assistants and representatives from the following categories:

- •Physician organization
- •PA Regulatory authority
- •Allied Health professional
- •Educator
- •Consumer
- •Chair, Test Committee
- •Chair, CPD Committee

PAs who have obtained their CCPA designation must complete 250 CPD credits (at least 125 credits must be Mainpro-M1 and/or Mainpro-C) in a five year cycle in order to maintain their certification and CCPA designation. All CCPAs will be required to be a member of CAPA in order to access the CPD tracking tool online system. PAs can earn Mainpro–M1 credits when they participate in structured learning programs, events or activities that focus on enhancing knowledge and skills integral to Physician Assistants. Mainpro–M2 credits are awarded primarily for self-directed, unstructured CPD or continuing medical education (CME) activities. The CPD process for PAs has been modeled after the CFPC, which has a well-established history of managing CPD for their Canadian family physician members. The CFPC provides assistance to PACCC by providing an online tracking system through their Non-member Mainpro Participant login for CAPA members to track their CPD activities. The profession is supportive of CPD and views this as an important part of maintaining competency. CCPA designation is not only a way of ensuring that an entry-to-practice standard has been achieved but also a way of ensuring that CPD takes place among the profession.

How does certification work in the United States?

In 1971, the American Medical Association (AMA) Committee on Allied Health Education and Accreditation (CAHEA) developed training program guidelines and implemented a program accreditation mechanism to maintain consistency throughout PA programs.

In 1994, CAHEA was dissolved and accreditation activities were transferred to a new independent agency, the Commission on Accreditation of Allied Health Education Programs. In January 2001, the Accreditation Review Commission on Education for the Physician Assistant was established as a free-standing accreditation agency for PA programs in the United States.

Simultaneously, the need for an agency to represent the professional interests of PAs evolved, and the American Academy of Physician Assistants (AAPA) was established.

Soon after, the Association of Physician Assistant Programs (now the Physician Assistant Education Association) was formed to provide a forum for the exchange of information between educators.

Issued by the National Commission on Certification of Physician Assistants (NCCPA), the Physician Assistant-Certified (PA-C) credential is a mark of professional accomplishment, indicating the achievement and maintenance of established levels of knowledge and clinical skills. The PA-C credential is widely recognized within the medical professions and beyond. All 50 US states, the District of Columbia and the US territories have decided to rely on NCCPA certification as one of the criteria for licensure or regulation of PAs. To protect the credibility of the PA-C designation, the NCCPA certification process involves formal collegiate education, examination and ongoing pursuit of continuing medical education (CME).

At this time, Manitoba, Ontario, New Brunswick, and Alberta have recognized the qualifications of the US physician assistant educational programs and have recruited or plan to recruit from their graduates. The University of Nebraska Medical School has granted a bachelor's degree to recent graduates of the Canadian Forces Medical Services School program. Discussions are ongoing regarding reciprocal recognition of PA certification by Canada and the United States.

Where are PAs regulated?

In Manitoba, PAs have been regulated through the College of Physicians and Surgeons of Manitoba since 1999. In this model, they are associate members of the college and regulated under the *Medical Act*. Together with the supervising physician or physician team and the college, PAs sign a contract that outlines the terms and conditions of their work and establishes the individual PA's scope of practice.

In New Brunswick PAs are regulated through the College of Physicians and Surgeons of New Brunswick. In 2009, the College amended the New Brunswick Medical Act in order to include PAs in their health care model. Section 32.1 of the Act now allows PAs to be licensed, provided they register with the CPSNB. In addition, Regulation 14 was created in January 2010 in order to dictate the terms of practice for PAs in the province.

In Ontario, PAs are not currently regulated. The *Ontario Regulated Health Professions Act*, which governs the medical profession, permits delegation of controlled acts. The College of Physicians and Surgeons of Ontario policy, *Delegation of Controlled Acts*, is a standard set of guidelines containing information on delegating controlled medical acts. CAPA on behalf of the PA profession has made an application to the Health Professions Regulatory Advisory Council (HPRAC) for regulation of the PA profession under the RHPA. A decision is expected late summer of 2012.

In Alberta PAs may practice under the responsibility of a regulated member of the College of Physicians and Surgeons of Alberta (CPSA). On December 3, 2010, the Council of the College of Physicians and Surgeons of Alberta passed bylaw 24(6), allowing PAs to operate under the responsibility of a regulated member. Accordingly, the CPSA created a new voluntary and non-regulated membership category for PA

It is the vision of CAPA and the CMA to have all PAs within Canada regulated and registered with their provincial/territorial medical regulatory authority.

What about liability insurance for PAs?
In many situations, as health care employees, PAs are covered under the employer's comprehensive general liability insurance. CMPA members who supervise or work with PAs are generally eligible for assistance from the CMPA in the event of medico-legal difficulty arising from medical acts delegated to a PA or clinical supervision of a PA. As non-physicians, PAs do not have access to the services of the CMPA. They do have the option to purchase liability coverage through CAPA if they are members of the association.

Physicians must ensure that all PAs with whom they might work have adequate liability protection that is commensurate with the degree of risk created by the tasks that have been delegated to the PA. Any negligence by an unregulated, non-independent PA may expose the supervising physician to the risk of liability. For example, a physician may be held responsible for the medical acts performed by the PA while under the physician's supervision.

Physicians should also be familiar with expectations in their local jurisdiction (including hospital, if applicable) regarding the acts that may be appropriately delegated to PAs and the degree of supervision required. The supervising physician may also be responsible for evaluating the capabilities and qualifications of a PA under his or her direction. Ideally, the PA should provide the supervising physician with information or proof concerning his or her current qualifications and experience. The physician can then make an informed clinical decision about whether the PA is clinically competent to perform the delegated task.

Physicians with membership in CMPA may wish to consider contacting the association for additional information regarding liability protection at www.cmpa-acpm.ca or 1-800-267-6522.

Key issues for physicians working with Physician Assistants

Since the 1990s, the following issues have been the focus of attention for CAPA and the PA profession, medical organizations and governments.

- Funding and employment models
- Liability
- Regulation

These are also fundamental concerns that physicians need to be aware of as they contemplate a collaborative arrangement with PAs in their practice. The following sections contain summaries of the relevant facts on each issue, a list of the most important things physicians need to know and our perspectives on each of these areas.

Funding and employment models

<table>
<tr>
<td>What you need to know

Currently, PAs are employed by hospitals, physicians, private groups or regional health authorities; in each of those instances, the PAs and supervising MDs sign a contract indicating the terms of the relationship.
In this model the employer (e.g., the hospital) sets the terms of the PA’s employment.
Currently, provincial funding models do not permit physicians to bill for care provided by a PA.
Currently in Ontario, physicians are paid a stipend for supervising PAs within the PA–physician relationship. Once we move toward a more permanent funding model this stipend will likely no longer be available. Salaries for PAs in the civilian sector range from $75 000 to $130 000 depending on hours per week, experience and professional responsibilities. This does not include the benefits and educational allowances required to practice and maintain registration or licensing (where applicable).

</td>
<td>What you need to do

When signing a contract to work with a PA and serve as the supervising physician, be aware of the supervisory requirements and ensure that the terms of the contract are commensurate with the extent and degree of oversight required.
Be aware of the specific funding model of the PA with whom you are working and the details of their employment.
When considering a physician/clinic-employed model, be aware of what is permissible under your specific provincial/territorial health plan.

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<tr>
<td colspan="2">Future directions

CMA supports the availability of both a hospital-employed model and a physician/clinic-employed model of funding.

CMA supports changes to provincial/territorial funding plans that would permit the physician to bill for services provided by the PA without the physical presence of a physician.

CMA will work with provincial/territorial medical associations and CAPA to explore funding models for PAs.</td>
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Liability

What you need to know	What you need to do
• Physicians working with a PA in a clinical setting are generally eligible for liability protection through the CMPA. • PAs are not eligible for liability protection through the CMPA. • All PAs are responsible for ensuring that they have adequate liability protection commensurate with their degree of responsibility. Liability coverage is available through CAPA provided that PAs are members of the association and certified in Canada or the USA. • PAs employed by a hospital, region or institution should have adequate liability protection through the employer's insurance provider. • PAs employed by a physician or private group practice must seek out and maintain their own liability protection. • Currently, two carriers of liability insurance are The Health Insurance Reciprocal of Canada (HIROC) and Willis Insurance. • Personal PA liability protection must address all aspects or areas of the PA's employment and provide protection that is appropriate considering the risks posed by the duties likely to be carried out by the PA.	• Ensure that you provide adequate supervision of the PA. • Be aware of all the regulatory requirements when entering into a collaborative arrangement with a PA (see "Regulation"). • Ensure that all PAs with whom you work and whom you supervise have *adequate* liability protection including "tail coverage." • Ensure that liability protection is commensurate with the degree of risk created by the tasks that may be delegated to the PA. • For a full understanding of the medico-legal risks, physicians are encouraged to contact the CMPA before they enter into a working arrangement with a PA (www.cmpa-acpm.ca or 1-800-267-6522).

Future directions

CAPA, working with the medical profession, will continue to enhance its national standard of PA education, ensure a sound certification process and develop a comprehensive continuing professional development system to optimize the quality of care provided by PAs.

CMA, provincial/territorial medical associations, CMPA and others will continue to educate physicians about the role of PAs and provide information on how to reduce medico-legal risk.

Regulation

What you need to know	What you need to do

• PAs are not independent practitioners.
• The supervising physician is responsible for oversight of PAs.
• PAs work under the delegated authority of a physician.
• Two models currently exist: regulated and non-regulated.
• In Manitoba, PAs are regulated through the College of Physicians and Surgeons of Manitoba. In this regulated model, PAs are associate members of the college and regulated under the provincial *Medical Act*.
• In Manitoba, 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 New Brunswick, PAs are regulated through the College of Physicians and Surgeons of New Brunswick. In this instance, the Medical Act has been amended to include PAs under their health care model.
• In Ontario, PAs are supervised by physicians who are regulated under the *Regulated Health Professional Act*. PAs are not currently regulated in Ontario.[1] CAPA has made an application to HPRAC for the profession to be regulated under the RHPA in Ontario.
• In Alberta, PAs are part of a voluntary registry managed by the College of Physicians of Surgeons of Alberta. In this instance PAs may operate under the authority of a regulated member.
	• In the regulated model (Manitoba), the supervising physician:
	  ◦ must be available in person or by phone at all times
	  ◦ must identify another supervising physician if not available
	  ◦ cannot delegate responsibility for acts the MD does not provide or is not licensed to perform
	• In the regulated model (Manitoba), the PA may write prescriptions, order tests and investigations and perform procedures as stipulated in his or her contract.
	• Supervising physicians provide direct and indirect supervision. Consult your provincial/territorial regulatory college to determine the specific requirements in your jurisdiction.

[1] http://oma.org/Health/IPC/PAOMAStatement.pdf

Future directions
Both CMA and CAPA support changes to the medical act of each province that would allow for PA regulation by the medical regulatory college. CAPA welcomes the opportunity to work with each provincial/territorial college to help ensure that the PA profession is regulated appropriately. With more PAs being introduced into health care delivery, their regulatory status will have to be continually monitored and reviewed.

Education and certification

What you need to know	What you need to do
Education • PAs are educated in accredited physician assistant education programs available in Canada and the United States. • PAs are educated in the medical model in a 2-year program. Year 1 is primarily didactic; year 2 provides clinical experience similar to a clinical clerkship. • Education of PAs focuses on understanding the pathophysiology of disease, determining a differential diagnosis and implementing a treatment plan. The program includes over 2000 hours of clinical rotations. • As of December 2011, Canada has four physician assistant CMA accredited education programs (admissions criteria vary): - Canadian Forces Health Services Training Centre - University of Manitoba, Master of Physician Assistant Studies (MPAS) - McMaster University, Bachelor of Health Sciences (PA) program - The Consortium of PA Education (the University of Toronto, the Northern Ontario School of Medicine and the Michener Institute of Applied Health Sciences), Bachelor of Science Physician Assistant	• Ensure that PAs with whom you work are fully certified and have completed all necessary training and evaluation. • Involve PAs in CPD events. • Consider being a clinical preceptor for PA training programs.

- CAPA's Scope of Practice and National Competency Profile is the national standard for PA education and is based on the CanMEDS competencies established by the Royal College of Physicians and Surgeons of Canada (RCPSC) for postgraduate medical education
- Students are required to pass a final oral and practical examination at the conclusion of their program.
- PAs take an objective structured clinical examination (OSCE) as part of their accredited programs, education and final testing before graduation. The OSCE is not part of the national certification examination but may be a component of provincial registration.

Certification

- On successful completion of a CMA accredited PA or an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) education program, students are eligible to write the National Entry to Practice Certification Examinations provided by the Physician Assistant Certification Council of Canada (PACCC).
- Both CMA Accredited PA program and ARC-PA program graduates must also be members of CAPA. ARC-PA graduates must be certified by the National Commission of Certification for Physician Assistant (NCCPA) (Requires proof of current NCCPA membership. NCCPA member number must be included on the registration form.)
- Successful completion of the exam confers the designation Canadian Certified Physician Assistant (CCPA).
- The PACCC is an independent council of the CAPA that administers and maintains the PA certification process.

Accreditation • The CMA's Conjoint Accreditation Services are available to all PA programs in Canada. • The CMA's accreditation process measures a program's success in meeting the Scope of Practice and National Competency Profile, among other requirements. • The CMA is committed to ensuring the highest standard of PA education through its Conjoint Accreditation Process working with CAPA and PACCC *Continuing Professional Development* • PAs are required to complete continuing education, much the same as physicians. • Canadian certified PAs are required to complete 250 CPD credits (at least 125 credits must be Mainpro-M1 and/or Mainpro-C) in a five year cycle in order to maintain their certification and CCPA designation. The annual meetings of the national PA associations in the United States and Canada incorporate comprehensive accredited CPD hours. • As PAs are trained as generalists, much of their specialty-specific training occurs on the job and in subsequent CPD sessions. • PACCC has been working closely with the RCPSC and the CFPC to facilitate the alignment of CPD programs for MDs and PAs. PACCC works in conjunction with the CFPC for CAPA CCPA members to track their CPD status. • Various physician organizations (i.e. CMA, RCPSC and CFPC) sit as members on the PACCC. *Exam eligibility* • To be eligible to write the National Entry to Practice Certification Examination (PA Cert Exam), PAs must meet 1 or more of the following conditions: • They must have graduated from a CMA-	

accredited PA program • They must have graduated from an ARC-PA program and be certified by the National Commission on Certification of Physician Assistants (NCCPA) (proof of NCCPA certification is required)In addition to 1 of the criteria above, to be eligible to write the PA Cert Exam, the PA must be a member in good standing of CAPA.	
Future directions The CMA supports a close linkage between PA training and physician education along the continuum from early education through to continuing professional development. The CMA is aware of the current capacity limitations in the clinical training environment. Both the CMA and CAPA are committed to ensuring that the emergence of new PA training programs will not compromise the learning experience of current medical students, residents and other health care providers.