



November 2022

## Physician Assistants

### Background

#### Physician Assistants

Physician Assistants (PAs) first emerged in the United States in the 1960s. The rationale for their development was because of an 'uneven' geographical representation of physicians and a desire to better serve population needs. In Canada, PAs were first adopted in Manitoba, where legislation for the regulation and establishment of the role was established in 1999. Ontario, Alberta, and New Brunswick followed suit, incorporating PAs into their health care systems over the next 10-15 years.<sup>i</sup>

Physician Assistants are highly skilled physician extenders and are not independent practitioners. PAs undertake delegated medical services under the supervision of physicians, within a medical model of health. Diagnostics, patient histories, selected therapeutic interventions as well as 'preventative health services' are among the common services offered by PAs.<sup>ii</sup> Ongoing reviews have also pointed to the ways in which PAs can address the needs of typically underserved rural and remote communities. As noted by the Canadian Association of Physician Assistants; PAs, "work with a degree of autonomy, negotiated and agreed on by the supervising physician(s) and the PA. PAs can work in any clinical setting to extend physician services. PAs 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."<sup>iii</sup>

At present there are roughly 800 PAs working across Canada, largely in Manitoba, Alberta, Ontario, and New Brunswick. Currently, there is no legislation in BC that accommodates PAs as *regulated* health care professionals, although there are an estimated 20 working in an unregulated capacity. Since 2005, the Doctors of BC (previously the BC Medical Association) has supported the inclusion of PAs in the health care system.

Given the recent conversation in British Columbia regarding health and human resource challenges, the discussion around the integration of PAs has resurfaced as one of the many potential solutions to BC's primary care crisis. As has historically been the case, the reintroduction of the PA conversation brings to the fore comparisons between Physician Assistants and nurses. While we recognize the value of PAs in high functioning health care systems, it is important to understand the differences between PAs and nurses. It is through these distinctions that we can best understand gaps and opportunities.

#### Nurse Practitioners

First introduced to BC in 2005, a Nurse Practitioner (NP) is an autonomous, self-regulating advanced practice nurse that is licensed under the Nurse Practitioner designation by the nursing regulatory body, the BC College of Nurses and Midwives (BCCNM). Nurse Practitioners provide comprehensive patient care including diagnosing disease and illness, prescribing medications; ordering and interpreting diagnostic tests; and referring patients to alternate levels of care like specialists as required. NP practice does not require physician supervision. More than five decades of research confirms the exceptional level of care provided by NPs, and roughly three million patients across this country utilize an NP as a primary care provider.

The establishment of the NP role in British Columbia was the result of the determination and focus of nursing leaders. Some of the first graduates from BC NP education programs organized and formed a professional association, the BC Nurse Practitioner Association (BCNPA), to continue to advance the role and integration of NPs within the BC health care system. From the very beginning, BCNPA successfully removed multiple barriers impeding NPs from practicing to full scope and negotiated with health authorities to create NP roles and NP departments to further expand the role of NPs.<sup>iv</sup> Despite multiple successes in the early years, there continued to be misconceptions and a lack of understanding about the NP role.



Through advocacy and ongoing awareness building, the BCNPA successfully advocated for new approaches to supporting the NP role. New models of NP integration began to develop. NPs were regularly sought out to contribute to Ministry of Health meetings and to policy papers. Additionally, NP roles expanded in BC's health authorities, where they successfully secured seats at leadership and governance tables. Today, BC's 800 Nurse Practitioners remain at the heart of BC's primary care strategy, effectively and safely meeting the health needs of British Columbians in every corner of the province.

### **Registered Nurses**

Registered Nurses (RNs) are an integral part of health care in BC. From acute care to street level, rural to downtown Vancouver, RNs are the largest group of nursing professionals in our province. RN scope of practice is set out by BCCNM and RNs must complete baccalaureate education in nursing science to qualify for licensure in BC. RNs provide comprehensive nursing care to patients, clients, residents, families, and communities, including assessment, nursing diagnosis, nursing intervention, implementation of medical interventions including medication administration, nurse-initiated activities which can include initiation of diagnostic tests, care planning, case management, chronic disease management, population health promotion, health education, education, research, and leadership. Registered Nurses are autonomous, self-regulating health professionals who coordinate care with a multidisciplinary team, including medicine, physiotherapy, occupational therapy, social work, and many more.

While many RNs work alongside physicians, RNs are not physician extenders and they do not practice medicine. RNs practice nursing, grounded in a nursing knowledge base and often within the context of diverse care teams. While RNs implement medical interventions, they do not require physician supervision. Additionally, RNs can extend into advanced practice roles, such as Clinical Nurse Specialists with expertise in unique areas of care and Certified Practice areas such as Reproductive Health and Remote Nursing.

### **Current Status**

Nurses are committed to supporting the best possible care for British Columbians, with the right provider available for the right patient at the right time. As the professional voice for nursing in BC, NNPBC is focused on moving the entire nursing profession forward while keeping the interests of patients at the centre of all we do. As nurses and nurse practitioners leading change in this province, we believe that British Columbians deserve a health care system in which all health care professionals work together to strengthen and advance health care. We know that health care is complex and that the needs of the population are varied and multi-faceted. Ensuring that we focus on the principles of patient-centred, team-based care allows for a comprehensive and holistic health system that benefits those for whom we provide care.

NNPBC has followed the emergence of PAs in British Columbia and is well versed on the discussions that have occurred. It bears noting that at present there are nurses in the system who are not enabled to work to full scope and that scope can be unevenly applied across health authorities. Ensuring that nursing can work to top of scope is imperative as we consider the current health and human resource crisis at present. That said, nurses understand how new health care providers might integrate into the system and how nursing expertise can partner with new roles, such as PAs, as part of the shared goal of advancing excellent health and care in BC. Nursing can provide unparalleled expertise and advice on evidence informed practice and health system design that strengthens health care in BC and embraces collaboration between health professions. As noted, nursing has significant knowledge of the challenges and opportunities that surface when there is discussion about the introduction of a new profession and NNPBC looks forward to thoughtful, collaborative, and co-created discussions on new and emerging professional health care roles in BC.

NNPBC would welcome an opportunity to speak with the Canadian Association of Physician Assistants to discuss mutually beneficial ways PAs might be integrated into health care in BC so that people and communities can receive the level of care that all health care providers desire to achieve.



## Key Messages

- There are approximately 800 PAs working primarily in Ontario, Alberta, New Brunswick, and Manitoba.
- PAs work under the supervision of physicians with some autonomy as negotiated and agreed upon by the supervising physician.
- At present, BC does not have legislation that recognizes PAs as regulated health professionals, although our colleagues at Doctors of BC have long championed their integration into the BC health system.
- It is vitally important to understand the critical differences between PAs and nurses in order to properly address gaps and opportunities.
- The NP role was introduced in BC in 2005.
- NPs are autonomous providers who work independently of physicians and provide comprehensive clinical care including diagnosing disease and illness, prescribing medications, ordering, and interpreting laboratory tests, and making referrals to other health care specialists when needed.
- At present there are roughly 800 NPs in the province.
- NNPBC believes that British Columbians deserve a health care system in which all health care professionals work together to strengthen and advance health care.
- A collaborative, team-based and patient centred approach to health care is known to increase access to care and results in better outcomes.
- Nurses have the broadest knowledge of the health care system and offer evidence-informed expertise and advice on those decisions which not only strengthens health care delivery, but also embraces collaboration between health professionals.
- BC NPs are well versed on the challenges and the history of introducing a new health profession to the landscape and as such would provide unparalleled expertise on the ways in which emerging professions can be integrated.
- RNs are an integral part of health care in BC and are the largest group of nursing professionals in our province.
- Registered Nurses are autonomous, self-regulating health professionals, with knowledge grounded in nursing who do not require physician supervision.
- NNPBC believes that the focus of any discussion should always remain on population health needs. Focusing on the patients and communities that nurses serve puts the patient at the centre of health care.
- NNPBC believes that ensuring that all providers can work to full scope is an essential component of a healthy and functional health care system and that optimization of existing roles must precede the addition of new roles to BC's health care teams.
- NNPBC has always championed a collaborative, patient centred, solutions-oriented approach and would welcome conversation with the Canadian Association of Physician Assistants.

## Resources

- [Canadian Association of Physician Assistants](#)
- [The History of BCNPA](#)
- [NNPBC: role of an NP information sheet](#)
- [Doctors of BC](#)



## Appendix A: Statistics and Factual Overview

Canadian Association of Physician Assistants. 'PA Facts.' 2022. <https://capa-acam.ca/about-pas/pa-fact-sheet/>.

- As of 2022, there are approximately 800 PAs across Canada, with a little more than 500 of them just in Ontario (Note: this number is inclusive of military PAs who do not necessarily work with civilian patients).
- PAs were introduced to Canadian public health system in:
  - Manitoba, 1999
  - Ontario, 2007
  - New Brunswick, 2009
  - Alberta, 2013
  - Nova Scotia, 2019/2020 (pilot project only)

Canadian Association of Physician Assistants. 'History.' 2017. <https://capa-acam.ca/about-pas/history/>.

- Started in the US due to an uneven geographical distribution of doctors
- In 1984, the Canadian Armed Forces adopted the PA role for senior medics (then called Senior Medical Techs)
- CAF changed name to PAs in 1991
- 1999, Manitoba enacted legislation regulating PAs, calling them 'Clinical Assistants, Certified' – changes the name to 'Physician Assistants' in 2009 and creates separate PA Registry
- 2001, formation of PA Certification Council
- 2006, Ontario Minister of Health and LTC announces PAs will be included in the health care system
- 2007, Ontario employs first five PAs – each in a different emergency dept
- 2009, New Brunswick develops legislation for PAs and employs two PAs in Fredericton
- 2010, U of Manitoba and McMaster start offering PA programs
- 2010, PA Cert Council becomes the PACCC – PA Cert Council of Canada
- 2011, Ontario Ministry of Health invites the Canadian association to present an application for regulation of PAs in Ontario
- 2012, stakeholder feedback commences for PA regulation in Ontario
- 2013, Ontario recommends compulsory PA registry under CPSOntario as PAs don't meet criteria for their own separate regulation
- 2013, Alberta Health launched the PA Demonstration Project in 2013, and placed PAs in locations to support rural primary care, and surgery, medicine, and obstetrics in urban hospitals
- 2014, Alberta Minister of Health supported regulating PAs under CPSA, but didn't come about until 2021
- 2014, PAs get prescriptive authority in NB
- 2016, Cdn Assn of PAs enters into agreement with Royal College of Phys and Surgeons of Canada for the maintenance and tracking of PA CPD hours



Canadian Association of Physician Assistants. 'Issue Brief: Physician Assistants.' Jan 2022. <https://capa-acam.ca/wp-content/uploads/2022/08/CAPA-Information-Brief-on-Physician-Assistants-January-2022-5.pdf>.

- Currently three accredited PA education programs – University of Manitoba, McMaster University, University of Toronto
- Programs at all three institutions are 24 months
- McMaster PA class of 2021:
  - There were more than 730 applicants for 24 seats
  - 72 applicants were invited to interview for the program
  - Average GPA of the 72 interviewees: 3.82
  - 70/72 applicants had already completed a bachelor's degree and 10 had completed a master's/PhD
  - Average age: 25
- Over the past 10 years (2011-2021), more than 5230 applicants applied to McMaster PA program (for a total of 261 seats)
  - By comparison, approx. 5000 candidates applied for 206 seats in McMaster's Medical School
- Like other health professions, PAs continue to learn in the clinical environment and through CPD
- All PAs must renew CAPA membership annually, and must present 400+ credits in CPD over 5 years and 40+ credits each year in order to be able to renew membership
- **Alberta**
  - 2010, CPSA passed bylaw allowing PAs to operate under regulated SPs and created new voluntary and non-regulated membership options
  - 2020, Gov Alberta announced that PAs would be regulated
- **Ontario**
  - 2007, PAs introduced through joint initiative with Ministry of Health & LTC, and Ontario Medical Assn to address doctor shortages – initially launched as demonstration project to assess the value
  - Oct 2020, Ontario will begin moving forward with regulating PAs
- **Nova Scotia**
  - 2019, Nova Scotia HA with support from CPSNova Scotia announced intro of PAs into orthopaedic surgery
- **In 2021:**
  - Manitoba PAs are regulated under CPSManitoba
  - New Brunswick PAs are regulated under CPSNew Brunswick
  - Alberta PAs are regulated under CPSAlberta
  - Ontario PAs are not regulated, but operate under delegation by members of CPSOntario

College of Physicians and Surgeons of Alberta. 'Physician Assistants Registration.' 2022. <https://cpsa.ca/physician-assistants/>.



- PAs came under CPSA regulation on Apr 1, 2021
- PAs cannot bill Alberta Health directly – PAs are paid through their PCN
- All PAs in Alberta must be registered with CPSA
- Current annual registration: \$400
- Current practice permit annual fee: \$537.50
- To register with CPSA, PAs must have two-year education leading to a degree in PA studies, certification as a PA through CAPA, currency of practice as a PA, and English language proficiency

College of Physicians and Surgeons of Alberta. *The Messenger*. 'Physician Assistants.' Jan 19, 2021. <https://cpsa.ca/news/physician-assistants/>.

- As of 2021/2022 reg year, 38 practicing PAs in Alberta (Note: this is listed as an estimate but appears to be the most accurate estimate).
- Hoping more PAs will become registered as reg first opened to this profession in April 2021
- PAs are not physicians or independent practitioners
- PAs must work under supervision of a physician
- PAs are not NPs – they do not have the same education, training, skillsets, scope, standards of practice, etc.

The College of Physicians and Surgeons of Manitoba. 'Regulated Associate Member – Physician Assistant – Full.' 2022. <https://cpsm.mb.ca/registration/registration-requirements/regulated-associate-member-physician-assistant-full>.

- A PA may practise only under a contract of supervision with a regulated member
- A PA is not entitled to practise if they do not have a regulated supervising physician
- All regulated association PA members must carry PLP of at least \$10 million or provide satisfactory written evidence from the employer that the PA is engaging in professional practice under an approved supervisory contract and PLP claims against the PA will be covered by the PLP of the supervisor/employer

Shared Health Manitoba. 'Physician Assistants and Clinical Assistants contribute to health care across Manitoba.' Nov 27, 2020. <https://sharedhealthmb.ca/news/2020-11-27-physician-assistants-and-clinical-assistants-contribute-to-health-care-across-manitoba/#:~:text=In%20Manitoba%2C%20PAs%20and%20CI,currently%20working%20across%20the%20prouvince>.

- In 2020, 171 PAs + Clinical Assistants registered in Manitoba

Government of Canada, Canadian Forces. 'Physician Assistant: Overview.' Nd. Accessed Oct 2022. <https://forces.ca/en/career/physician-assistant/>.



- PAs are health care providers who 'extend the hand' of the supervising physician in remote/isolated locations
- PAs in the Canadian Forces provide primary and emergency care for Canadian Armed Forces (CAF) personnel both domestically and abroad
- PAs are employed in Health Services Clinics, onboard ships/submarines, or overseas as supports to operational missions, anywhere CAF members are based
- PAs for the CAF must also participate in 12 weeks of basic military training and specific e-learning courses
- PAs who join the CAF are trained at the Canadian Forces Health Services Training Centre in Borden, Ontario
- PAs can be certified through the Physician Assistant Certification Council of Canada (PACCC)
- Many PAs receive advanced training in dive medicine and aviation medicine

Nova Scotia Health. 'Physician assistant role pilot program aims to help improve access to hip and knee replacement surgeries.' Sept 18, 2019. <https://www.nshealth.ca/news/physician-assistant-role-pilot-program-aims-help-improve-access-hip-and-knee-replacement>.

#### **Nova Scotia PA project 2019**

- Nova Scotia started a three-year PA 'pilot project' in 2019
  - Three PAs joined the orthopedics division specifically to help increase access to hip and knee joint replacement surgeries
  - Under this project, PAs could:
    - Provide support care in orthopedic assessment clinics
    - Obtain medical histories
    - Complete physical exams
    - Document consults
    - Help arrange other service consults
    - Support patient care rounds
    - Assist in surgeries
    - Support post-op orders and in-hospital management of patients
    - Arrange follow-up care including outpatient clinics
    - Prescribe certain drugs under supervision of their orthopedic surgeon

Armstrong, L. Global News. 'Physician assistants say they could help ease pressure on N.S. health system.' May 5, 2022. <https://globalnews.ca/news/8811347/covid-physician-assistants-nova-scotia-health-system/#:~:text=Physician%20assistants%20are%20trained%2C%20primarily,in%20Nova%20Scotia's%20health%20system>.

- PAs want to help in Nova Scotia amidst staffing shortages
- Currently they are not widely used in Nova Scotia, despite the 2019 pilot project
- Currently there are only three PAs in Nova Scotia
- These three PAs continue to work in orthopedic depts, based on 2019 project which started in 2020



- In May 2022, Peter Thibeault, Nova Scotia Director of CAPA says: “PAs can work in all different areas of medicine... I don’t know what’s the holdup.”
  - Thibeault says by now PAs should be working across the health system in primary care, ED, OR
- As of April 1, 2022, 88,300 Nova Scotians on primary care waitlist and 27,000 waiting for surgeries
- Thibeault is one of the three PAs and has worked as a PA more than 30 years
- Currently CAPA knows of 32 PAs in Nova Scotia but are unable to work with civilian clients based on provincial regulation holdups (so they only work on military assignments)

College of Physicians and Surgeons of New Brunswick. ‘Physician Assistants.’ 2022. <https://cpsnb.org/en/find-physicians/physician-assistants>.

- In 2022, five PAs are working in New Brunswick, and they all work under the same supervising physician at Fredericton’s Dr. Everett Chalmers Hospital

Ontario Ministry of Health and Long-Term Care. ‘Ontario Physician Assistant Implementation – Report of the Evaluation Subcommittee.’ Dec 2011. [https://capa-acam.ca/wp-content/uploads/2013/05/PA\\_Evaluation\\_Report\\_Final.pdf](https://capa-acam.ca/wp-content/uploads/2013/05/PA_Evaluation_Report_Final.pdf).

#### **Ontario PA project stats (2006/2007)**

- In May 2006, Ontario’s Ministry of Health and Long-Term Care introduced a new HHR strategy which included the creation of four new roles: surgical first assist, nurse endoscopist, clinical specialist-radiation therapy, and physician assistant (PA).
- Duties of a PA may include:
  - Taking histories
  - Conducting physical exams
  - Counselling on preventative health care
  - Performing selected diagnostic and therapeutic interventions delegated by a physician
- Two recruitment streams for PAs in Ontario: 1) those who were formerly educated PAs through the Canadian Forces or in the US, and 2) International Medical Graduates
- For this initial two-year project, 58 PAs were hired into roles at 24 hospitals
  - 21 of the 24 hospitals completed the project
  - 47 of the 58 PAs completed the two-year project contract
- **Project results related to access:**
  - Results demonstrated that inclusion of a PA(s) had a positive impact on access
  - All supervising physicians (SPs) reported that having a PA led to positive impact on access
  - Positive impact on the time that a patient/client had face-to-face contact with the practitioner
  - 71% of SPs reported that the PA had positive impact on patient throughput
  - 100% of non-hospital SPs reported the PA had a positive impact on wait times
  - 72% of hospital SPs reported PA had positive impact on wait times (80% of SPs in the ED reported positive impact on wait times)
  - 93% of SPs reported the PA allowed the SP to spend more time with more complex patients



- 78% of other members of the care team (non-SPs) reported that the inclusion of PAs increased their face-to-face time with patients
- CHC team members reported that PAs facilitated improved access to reduced wait times for patients
- **Project results related to efficiency:**
  - 71% of SPs reported a positive impact of throughput
  - Two-thirds of non-hospital SPs said the impact on throughput was very positive
  - 95% of SPs said the PA increased their own efficiency in providing care
  - Administrative team members reported that the addition of PAs had a notable impact on enabling the physicians to better manage their workload, improved patient flow, and reduced wait times
- **Project results related to patient/client satisfaction:**
  - 82% of patients/clients seen by a PA reported they were either satisfied or very satisfied with the services provided by the PA
  - Administrative personnel reported that they believed the PA had a positive impact on communication with families, especially in hospital and LTC settings
  - Patient/family focus groups in LTC settings provided overwhelmingly positive feedback, key areas included:
    - PA accessibility
    - Quality of care
    - Continuity of care
    - PA knowledge of the resident (knew their name, health issues, etc.)
    - PA skills
    - PA personality
- **Project results related to provider satisfaction:**
  - By the conclusion of the two-year contract period, 95% of the PAs with formal education as a PA wished to continue working as a PA, while only 41% of the International Medical Graduate (IMG)-prepared PAs wished to continue as a PA
  - IMG-prepared PAs mostly reported wanting to pursue a career as a physician instead
  - 93% of SPs reported they hoped to continue working with a PA in future
  - 85% of hospital administrators and 100% of CHC and LTC administrators stated they would recommend that their organization continue to employ PAs
- **Project results related to integration/continuity:**
  - While initial understanding of the PA role among care teams was low, the PAs reported that both SPs and their team's understanding of the role increased throughout the project
  - Majority of administrative interviewees indicated that the addition of PAs facilitated improved continuity of care in their facility
  - In acute care settings, medical and surgical inpatients treated by a PA were significantly more likely to be referred to home care upon discharge than those not seen by a PA
  - LTC residents seen by PAs had an increased rate of referral to hospital Eds but no statistically significant change in hospital admission rates
- **Project results related to effectiveness:**
  - 85% of SPs reported they believed the introduction of PAs had a positive impact on quality of care and patient outcomes



- Majority of SPs reported that the addition of PAs increased the time they had to supervise learners such as medical students
- Hospital and CHC administrators also reported positive impact on time spent with learners and new health profession trainees
- Medical residents in teaching hospitals reported that the addition of PAs allowed them to focus more on learning from complex cases (PAs focused more on routine cases, patient related admin tasks, etc.)
- **Project results related to quality/safety:**
  - 85% of SPs reported the PA had a positive impact on patient safety
  - 85% of SPs reported positive impact on the quality of patient outcomes
  - No SPs reported a negative impact on patient safety or quality of outcomes
- **Project results related to sustainability:**
  - 95% of SPs said the introduction of the PA increased their own efficiency and 90% said the PA had a positive impact on their own work life
  - Majority of SPs believed that having a PA had a positive impact on physician recruitment and retention
  - Unfortunately, results of the study did not show that the ongoing addition of PAs would reduce health system costs as inpatients in hospitals treated by PAs had significantly longer lengths of stay (however, some SPs reported this may reflect the differences in assignments of patients to PAs)

Canadian Association of Physician Assistants. 'Legislation.' Nd. Accessed Oct 2022. <https://capa-acam.ca/pa-employers/legislation/>.

"The province of British Columbia does not currently have any legislation accommodating physician assistants in their health care system. However, in 2005, the British Columbia Medical Association (BCMA) demonstrated support for the profession by first producing a [policy paper](#) entitled "Working Together: Enhancing Multidisciplinary Primary Care in BC", backing the use of PAs. In November 2009, it was followed by a [policy statement](#) that also supported the profession."

Canadian PA. 'Learn about the PA Profession in Canada.' 2022. <https://canadianpa.ca/whatisapa/>.

- PAs graduate from a Baccalaureate or master's degree program
- PAs practice under supervision of a physician within a patient-centred team
- PA practice mirrors that of the supervising physician (SP)
- PAs are not: physicians, junior doctors, residents, fellows, medical students, nurses, medical scribes, admin assistants, medical assistants, or secretaries
- Nurses are trained in the nursing model – PAs are not trained in this model and do not have the same clinical responsibilities as nurses, therefore do not compete for nursing jobs
- PAs provide patient education, perform assessments, order and interpret tests/labs, decrease wait times, provide first-assist in surgery, do pre-op and post-op care, perform procedures and interventions, diagnose, prescribe, and formulate treatment plans
- PA programs are typically two years: Year 1) didactic, classroom learning with hands-on clinical skills, and Year 2) clinical placements
- PAs are physician extenders and force multipliers



- Occupational Health PAs currently work in BC, Nunavut, NWT, and Yukon

Benson A and Rasche T. Global News. 'No firm date on introducing physician assistants in Saskatchewan while doctors are overrun.' Sept 14, 2022. <https://globalnews.ca/news/9130298/will-physician-assistants-be-implemented-saskatchewan/>

- Last week (Sept 2022), Saskatchewan announced health care plan to add 1000 HCPs over next 2-3 years
- Recent statement from Saskatchewan Gov, "while physician assistants are not currently regulated in Saskatchewan, they can be employed as an unregulated health care provider."
- "The Ministry is not aware of the number currently working in the province, however, a 2020 Canadian Institute for Health Information report revealed that a single physician assistant was working in Saskatchewan."
- CAPA has formally requested the CPSSaskatchewan to regulate PAs – no word yet

Canadian Institute for Health Information. 'Canada's health care providers.' Jan 27, 2022. <https://www.cihi.ca/en/canadas-health-care-providers>.

- "Between 2016 and 2020, the number of health care providers grew in many professions. This includes increases in the supply of medical radiation technologists, midwives, nurse practitioners, physicians, physician assistants and pharmacy technicians."

Canadian Institute for Health Information. *Canada's Health Care Providers, 2016 to 2020 — Data Tables*. Ottawa, ON: CIHI; 2022.

#### **2016-2020 CIHI numbers**

- Newfoundland/Labrador
  - 2017: 1 unregulated
  - 2018: 2 unregulated
  - 2019: 1 unreg
  - 2020: 1 unreg
- PEI
  - 2016: 1 unreg
  - 2017: 1 unreg
  - 2018: 1 unreg
  - 2019: 2 unreg
  - 2020: 3 unreg
- Nova Scotia
  - 2016: 30 unreg
  - 2017: 39 unreg
  - 2018: 33 unreg
  - 2019: 34 unreg



- 2020: 34 unreg
- New Brunswick (regulated all years 2016-20)
  - 2016: 8
  - 2017: 10
  - 2018: 9
  - 2019: 9
  - 2020: 10
- Quebec
  - 2016: 20 unreg
  - 2017: 25 unreg
  - 2018: 23 unreg
  - 2019: 21 unreg
  - 2020: 19 unreg
- Ontario (unregulated on their own each year, but under SP reg)
  - 2016: 347
  - 2017: no data
  - 2018: 438
  - 2019: 519
  - 2020: 506
- Manitoba (regulated all years 2016-20)
  - 2016: 81
  - 2017: no data
  - 2018: 98
  - 2019: 134
  - 2020: 123
- Saskatchewan
  - 2016: 1 unreg
  - 2017: 1 unreg
  - 2018: 2 unreg
  - 2019: 1 unreg
  - 2020: 1 unreg
- Alberta (regulated all years 16-20)
  - 2016: 29
  - 2017: 40
  - 2018: 40
  - 2019: 45
  - 2020: 44



- BC
  - 2016: 20 unreg
  - 2017: 24 unreg
  - 2018: 21 unreg
  - 2019: 22 unreg
  - 2020: 23 unreg
- Yukon: 0 all years
- NWT: 0 all years
- Nunavut
  - 2016: no data
  - 2017: 0
  - 2018: 1 unreg
  - 2019: 1 unreg
  - 2020: 1 unreg

**In 2022:**

SK: 1 unregulated

MB: 125-150 (estimate based on recent CIHI numbers, knowing there's a total of 171 PAs plus CAs in 2022)

ON: 500+ (not regulated but work under SPs regulation)

NS: 3 (on pilot project contracts only, not yet regulated)

NB: 5 regulated

AB: 40/45 (estimate based on recent years)

NV: 1 unregulated

YK: 0

NWT: 0

NL: 1 (approximate, unregulated)

BC: 20 approximate, unregulated

PEI: 1-3 approximate, unregulated

QC: Unknown

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<sup>i</sup> Canadian Association of Physician Assistants Website. Accessed October 12, 2022: <https://capa-acam.ca/about-pas/history/>.

<sup>ii</sup> Doctors of BC, Physician Assistant Policy Statement. Accessed October 17, 2022. <https://www.doctorsofbc.ca/sites/default/files/physiciansassistantspolicystatement.pdf>

<sup>iii</sup> Canadian Association of Physician Assistants Website. Accessed October 12, 2022: <https://capa-acam.ca/about-pas/>.

<sup>iv</sup> The History of BCNPA. Accessed October 17, 2022. <https://www.nnpbc.com/pdfs/portals/np/The-history-of-BCNPA.pdf>