Establishing and growing the scope of practice of physician assistants

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n order to address the widespread physician shortage within Canada, the use of physician assistants (PAs) has become more prominent within certain provinces.¹ The health care services provided by PAs are comparable to those provided by physicians, and patients report high levels of satisfaction.² As a result, PAs have demonstrated considerable success in offsetting the physician shortage and reducing the number of additional physicians required to meet the nation's needs.2 The PA is a relatively new health occupation in Canada; therefore, methods of determining and growing a PA's scope of practice after graduation have not been published.

Physician assistants are highly trained health care professionals being used within all areas of the medical field. They are required to work within the scope of practice and under the supervision of a licensed physician at all times.3 The supervising physician delegates the duties of the PA; therefore, the supervising physician ultimately decides which procedures the PA can perform, as well as what his or her responsibilities will be.3 So, how does the supervising physician determine a PA's scope of practice? According to organizations such as the Ontario Hospital Association and HealthForceOntario, a PA's competencies must be assessed before his or her tasks are assigned.4,5 A practice agreement is to be established in order to provide documentation of the PA's competencies, the types of clinical work that he or she can perform, and how that work will be assigned and supervised.4 Although it has been established that a PA needs to be evaluated to determine his or her scope of practice, no method of actual evaluation has been suggested.

Assessment of PAs

Our clinical group has developed a process to address the challenge of establishing a PA's competencies and corresponding scope of practice. We are a group practice of 8 rural Ontario physicians who, in 2009, began incorporating PAs into our clinic with the goal of engaging them in the broadest scope of primary care services possible. As this type of health care worker was a new entity for us, and was going to practise under our licences, there was much more concern and focus on determining the PA's competence compared with independent health professionals such as nurses and

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nurse practitioners. Our goal was to create an evaluation method that would make all the physicians in the group confident in the outcome.

In our process a new PA starts with a 2-month orientation and evaluation period in which every patient he or she visits in the clinic is also seen by the supervising physician of the day or the case is discussed with the supervising physician before the end of the patient visit.

Using a form that we have created (available at CFPlus*), the PA then records the medical issues that he or she has managed, any prescriptions that have been initiated, or any investigations that have been ordered. At the end of the clinic, the supervising physician scores the PA's skill level in managing the presenting complaints, as well as in initiating medications and ordering diagnostic and laboratory tests, from 1 (requiring full support) to 5 (working independently). These assessment forms are collected and the information is compiled. At the end of the 2-month period, we conduct a PA review in which the PA's competencies are determined based on the information from these assessment forms. Once a PA has 3 consecutive scores of a level 4 or higher for visits regarding the same clinical problem, he or she is deemed competent in that responsibility. When the evaluation findings reveal that the PA successfully managed the clinical problems, correctly used the laboratory or diagnostic tests, and appropriately initiated medications, then these elements become part of the PA's scope of practice and those medication prescriptions are ones he or she can initiate.

With a scope of practice established, our PA then functions under a single medical directive, which allows the PA to independently see patients whose issues fall within his or her determined competency. The PA still has a supervising physician assigned for each clinic, but for patient issues that are within the PA's competencies the supervisor is only required to review the clinic notes. For issues outside the PA's established scope of practice, the PA has to consult the supervising physician before the clinic visit is concluded. As the PA continues to see new patient problems and develop experience and knowledge, he or she uses the tracking forms to record the management of issues and use of medications that are outside his or her scope of practice. The PA's scope

*The physician assistant assessment form is available at www.cfp.ca. Go to the full text of the article online and click on the CFPlus tab.

Praxis

of practice is reviewed on a regular basis and further enlarged as evidence of competency accumulates.

Discussion

Our evaluation method to create and grow the PA scope of practice developed from a clinical need. We carried out several literature searches and discussed our dilemma with a number of academic Canadian PA educators but were not able to discover an established published tool that met our needs. Our tool was developed through clinical experience with several newly graduated PAs. Our tool has satisfactorily met our physician group's needs and has effectively established the scope of practice for our PAs; however, it has not been formally validated.

Conclusion

Many physician practices are sceptical about hiring PAs because they are unsure about what PAs are able to do and are concerned about having someone practise under their licence. The method that we have established for determining a PA's scope of practice allows all physicians in the practice group to be confident in and knowledgeable about the PA's competencies. This is achieved by providing gradual steps to

independence, as well as by documenting the PA's scope of practice. These steps allow the PA to grow his or her scope of practice while developing experience and knowledge. Physicians should consider hiring PAs given their benefit to clinical groups once their competencies have been determined and their scope of practice is established.

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Competing interests

None declared

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