In 2006, the Ministry of Health and Long-Term Care announced a demonstration project to evaluate the role of Physician Assistants (PAs) in the provincial healthcare system. Since the launch of the PA demonstration project, PAs have been successfully integrated into interprofessional teams within specialized hospital services (internal medicine, orthopedics, surgery, etc.), community health centres, ambulatory, diabetes and long-term care settings, and more recently family health teams (FHTs) and emergency departments. There are currently approximately 250 PAs working within these practice settings across Ontario.1

HISTORY AND EDUCATION

PAs have practiced in the United States since the 1960s and with almost 90,000 practicing members, they have established their role as a safe and effective part of the U.S. healthcare system.2 Similar to the U.S., the Canadian PA is rooted in the Canadian Forces as a class of clinicians introduced to provide medical care to the men and women of the Canadian Forces both at home and abroad. However, it wasn’t until the 1990s that the concept of the PA within Canada’s civilian healthcare system began to take shape.

Today, in addition to training under the Canadian Forces Health Services Program, three Canadian Universities offer degree programs in Physician Assistant Studies; McMaster University (Hamilton), University of Manitoba and the University of Toronto.
REGULATION AND SCOPE OF PRACTICE

Despite PA practice advances in Ontario, an application (January 2012) by the Canadian Association of Physician Assistants (CAPA) to the Health Professions Regulatory Advisory Council (HPRAC) for regulation of the Physician Assistant profession in Ontario was not approved. This decision was centred on HPRAC’s assessment that public safety and quality of care are sufficiently upheld through the delegation model under the supervision of a licensed physician. Therefore, PAs remain unregulated under the Regulated Health Professions Act (RHPA), and, as such, do not have the independent authority to perform controlled acts.

Without the independent authority to perform controlled acts, the care a PA provides under the supervision and delegated authority of a registered physician, which must take place within the physician-patient relationship. The specific duties of a PA will vary according to individual PA competencies, the physician’s area of practice, and the work the physician chooses to assign, but may include:

- Conducting patient interviews and taking medical histories
- Performing physical examinations
- Counseling on preventative healthcare
- Performing certain controlled acts delegated by the physician (including prescribing)

DELEGATION

Any controlled act assigned to the PA must be delegated by the physician either through a direct order (verbal or written) or through the use of a medical directive. When a physician delegates to a PA, they must do so in accordance with the College of Physicians and Surgeons of Ontario (CPSO) policy on Delegation of Controlled Acts: [http://www.cpsonto.ca/policies-publications/policy/delegation-of-controlled-acts](http://www.cpsonto.ca/policies-publications/policy/delegation-of-controlled-acts).

Although PAs are not authorized to independently prescribe medication, a PA acting under the authority of a physician may evaluate patients and prescribe medication as established by his or her delegated authority. Ultimately, the supervising physician remains responsible for the quality of care that the PA provides to patients.

FAQS

**How do I know that a PA has been given authority to prescribe pursuant to physician delegation?**

A prescription generated by a PA pursuant to delegation (direct order or medical directive) should include:

- Reference to the fact that the prescription was generated via delegated authority
- Name and contact information of authorizing physician
- Name, designation, signature, and contact information of the PA issuing the prescription

See the example of a prescription generated under a medical directive on page 33.

A consistent format including all of the above information allows the pharmacy team to identify prescriptions that have been authorized through delegation. Pharmacists and pharmacy technicians are encouraged to collaborate with PAs practicing in their communities to establish best practices with respect to PA generated prescriptions.
Can PAs prescribe narcotics and other controlled substances under delegation?

No. Health Canada, responsible for administering the Controlled Drugs and Substances Act (CDSA) does not permit medical directives to be used to implement orders for prescriptions for narcotics, controlled drugs, and benzodiazepine/other targeted substances.

Who should I contact for clarification/confirmation of PA prescriptions?

If there are questions about the prescription, the pharmacist should contact the PA directly. If the questions cannot be resolved, the physician should be contacted for further clarification.

Who is recorded as the “prescriber” on the pharmacy generated label and dispensing record?

The physician is recorded as the prescriber for the purposes of a pharmacy’s prescription records. All communication with both the PA and physician should be documented within the patient record.

Where can I find more information?

Canadian Association of Physician Assistants: http://capa-acam.ca


Ontario’s Physician Assistant Initiative (Health Force Ontario): http://www.healthforceontario.ca/en/M4/Ontario%27s_Physician_Assistant_Initiative


EXAMPLE OF A PA ISSUED PRESCRIPTION WRITTEN UNDER DELEGATED AUTHORITY AND PURSUANT TO AN ESTABLISHED MEDICAL DIRECTIVE.

Family Care Clinic
123 Main Street
Toronto, ON
Phone: xxx-xxx-xxxx
Fax: xxx-xxx-xxxx

Date: 11/01/2014

Patient: AT
D.O.B: 08/22/1982
Address: 99 First Ave.

Rx
Amoxicillin 500 tid x 10 days
M: 30

Order written under delegation established by medical directive number XXXX as authorized by Dr. P. Smith (CP5O XXXXX)

OCP practice consultants often receive questions from members seeking guidance with respect to other healthcare professionals’ scope of practice (nurses, optometrists, naturopathic doctors, etc.). OCP practice consultants cannot provide details related to another practitioners’ legal authority. As such, members are encouraged to discuss their questions/concerns with the practitioner directly and (or) contact the appropriate regulatory body for guidance (e.g. College of Nurses of Ontario for nurse practitioner (NP) related questions). Links to Ontario’s health regulatory colleges can be found on the Federation of Health Regulatory Colleges of Ontario (FHRCO) website:

http://www.regulatedhealthprofessions.on.ca