

LETTERS TO THE EDITOR

Opinions are not necessary those of the Editorial Board. However, all viewpoints are welcome on these pages.

1) Submitted June 26, 2018

To the Editor,

On behalf of CAPA, it is with great pleasure that I welcome the first online edition of what I hope will be many years of publications for the Journal of Canada's Physician Assistants (JCanPA). Without a doubt this marks another very important benchmark for the Physician Assistant profession in Canada. That articles with a Canadian PA perspective are now readily available online is now a reality is yet another important indicator of the positive growth of our profession.

The articles within this 1st edition and what inevitably will follow reflects the excellent work and the exemplary standard to which we all adhere.

I would like to take this opportunity on behalf of all PAs to express my sincere gratitude for Ian Jones' continued leadership and hard work in delivering another very valuable tool for PAs in Canada. I encourage you all to read, be inspired and submit your own articles so that we can make JCanPA the premier journal for all physician assistants in Canada.

Sincerely,

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2) Submitted June 28, 2018

Hello Fellow Readers

Welcome to the open access Journal of Canada's Physician Assistants! I am absolutely thrilled that the PA profession in Canada has now reached yet another milestone on the road to becoming a professional in every sense of the word.

First, I would like to thank Ian for all of his work on this, it is the culmination of countless coffees and emails over the years.

I know it sounds easy to say "Let's have a journal" but the sheer number of hours involved on top of all the other "stuff" makes this project particularly daunting, it's not like other projects where you put the time and effort in, and you're done. This is a commitment on an ongoing basis on top of the hours it took to simply get here. So, saying welcome to the journal is actually just the first step and we cannot take the second without your help. The simple reality is that all news media formats are struggling to stay alive so

why will “our journal” be any different? Admittedly for a profession of only around 750 members this may seem like a bold step for us to take but I would suggest that one only must look back at the history of PAs in Canada to know that for a small group we have a well-documented history of setting our sights on goals and then achieving them. From the very beginning being told “I don’t think that will happen” has simply been codes words that mean it’s time to put your head down and find away because no one is going to do this for us. The goal is to publish quarterly so I would suggest that if each of us authored one article per year, we will have a very robust Canadian centric view of what we are achieving as a profession.

Along those lines it’s time to change the page on messaging – A few years ago it seems like I was asked what is a PA almost hourly? I would go in to see a patient and say Hi I’m Russ and I’m the PA that works with Dr. Buchel or Hayakawa and invariably the patients would say; Oh, are you like a nurse? Like a doctor? You look pretty old to still be in training when do you graduate? I would go on to explain that yes, I’m old, where the PA profession started, my own military background and how the few others of us that were around ended up here in Winnipeg. Patients would say that’s cool, but what’s it really like to fly in a helicopter at night over the ocean?

If someone tells you that they are a cop, accountant or geothermal physicist we go ok and ask them where they work or why they choose that as a profession. So why is it that as PAs we have struggled to define what it is that we do and who exactly we are? We use saying like we were trained in the medical model, we are like a chief resident that never leaves, we function like an R1,2 or 3, think of the relationship between PAs and physicians as one brain and 4 hands. All these saying were used to try and explain the how PAs can assimilate into a practice and start to do the “thing” that is not being done as well as we would like it to be or perhaps done differently in order to help make the patients journey through this maze we call health care just a little less painful. I think it’s time to change the message and stop clouding the issue; I say that because I’m now hearing you’re a PA? “I know what a PA is,” “my father, mother, aunt, uncle son, daughter or friend is one or saw one”. I believe that the time has come for us to simply “I’m a PA” and let that stand on its own the same way a cop would say I’m a police officer. We need to stop saying we do things “like” other providers we need to say that those other providers practice medicine just “like” we do. We just do it at a different level.

As our profession continues to expand each of you will in all likelihood be asked to provide insight into how to get a PA. As practicing PAs, we tend to think we are being asked what our scope of practice is. While what is your scope may well be part of the question the real questions you are being asked actually have little to do with what do you do on a daily basis. So, if they are not asking what you do then what are they really asking?

You have to be able to answer these questions

1. **What is a physician’s liability for what you do as a PA?**
Yes, PAs have their own liability coverage, either through their employer or through private insurance and yes CMPA recognizes that PAs work for MDs
2. **How do they get paid? (The real question is can a physician bill for the work done by a PA)**
- Yes and no, In order to bill physicians must follow the rules of application. This means they have to be involved in the care of the patient but does not mean they have to repeat everything you do
- The economic reason for physicians delegating work to PAs can be supported by applying the concept of comparative advantage. (read the article on funding in this edition)
3. **Where can I get one?**
We have four training programs in Canada
4. **What’s the difference between a PA and an NP?**

PAs are trained in the medical model

NP work autonomously, PAs work with physicians and have a contract of supervision. This means our scope of practice is that of the physician we work with

Yes we are registered under the medical act in Manitoba

We are not nurses

5. **What is the scope of practice and training of a physician assistant?**

PAs take a Degree or Master level degree program, yes they have a national certification process. It is comprised of a 250 question 3-hour exam PA education is often questioned and rightly so, after all, physicians have an undergraduate degree, a medical degree and up to 5 years of residency so how can we really function at the same level? Is there a difference, yes of course if there was not then we would be physicians, not PAs.

Physician Assistants are not physicians nor is there training intended to make them into physicians. When a physician assistant graduates from PA school, like new medical graduates, they are essentially stem-cells that can be moulded into whatever role the system needs them to fill. It is also important to understand that PAs will never replace a physician or have the breadth and depth of the training or knowledge that a physician/specialist does.

The key concept is that a physician assistant working in say orthopedics does not need to know everything that an orthopedic surgeon knows, what they need to know is the area of orthopedics the surgeon they are working with has specialized in and what the surgeon needs them to do to make the practice more efficient. This means that the PA scope of practice is a combination of both vertical and horizontal work substitution. If the surgeon they work with does primarily hip and knee surgery then the PA does not need to know how to do ankle and wrist surgery. The goal of working with a PA is for them to develop highly specialized training in the silo that the specialist works in. As such within this sub-specialized area, PAs certainly can and do have a degree of specialized training and knowledge that very quickly is akin to that of a senior resident. However, (To steal another line from the funding paper) perhaps the most accurate statement is a PA will see 100 percent of patients who present, manage what they can, discuss with their physician what they can't and what they have seen, and have the education to work with physicians to support everything else.

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