

THE DIFFERENCES BETWEEN CANADIAN ARMED FORCES AND CIVILIAN PHYSICIAN ASSISTANTS: AN INTERVIEW SERIES

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ABSTRACT

The number of Physician Assistants (PA) in Canadian healthcare will grow as the population increases and ages. The closure of the Canadian Armed Forces Physician Assistant Education Program will increase the direct entry of civilian-educated PAs into military service. Knowing the factors related to military or civilian education and practice is essential in understanding this human resource. Information for this qualitative study was gathered through structured interviews to develop and explore the themes occurring during the Canadian Armed Forces Physician Assistant's journey through their career, education deployment, and transition to civilian employment. Civilian PAs joining the military must understand that the military is a controlled environment that requires flexibility and adaptability, but a high level of comradery is among the benefits. Role differences were noted in military and civilian practice and explored the experiences, practice environments, teamwork, resiliency, flexibility, limited range of patient ages, and medical conditions limited clinical experiences. The transitions into civilian practice by military PAs resulted in a steep learning curve related to the health concerns more common to civilian populations. Still, they were backed by the confidence and attributes those individuals developed in the military. Regarding work environments, the military requires and offers unique experiences and posting to remote locations, naval ships, and overseas, which can result in autonomous practice only found in specific rural civilian areas.

Introduction

The need for more Physician Assistants in the Canadian healthcare system is growing and knowing this profession's history, evolution, and sector differences is essential to understanding this human resource.

The Canadian Association of Physician Assistants (CAPA) reports 218, or 31% of their 854 PA members, are from the Canadian Armed Forces (CAF). (1) The number of active-duty PAs is between 100-140, and the CAF graduated 723 Physician Assistants (PA) between 1980 – 2019. (2) The Canadian Armed Forces Physician Assistant (CAF-PA) program entry and utilization differs from civilian counterparts. The University of Manitoba (UofM) and McMaster University PA



education programs were established in 2008. The University of Toronto's (UofT) Consortium for PA Education began in 2010, and all three are considered civilian institutions. (3). The Canadian Armed Forces Physician Assistant Education Program dates from the 1980s. It occurred at the Canadian Forces Health Services Training Centre in Borden, Ontario, a federal institution, and part of the Department of National Defence. (4)

The potential for graduate PAs from the civilian programs to enlist has increased as Direct Entry into the service as a PA is now possible. Identifying and understanding the significant similarities and, more importantly, the variability between these two Physician Assistant subsets is essential.

This qualitative study demonstrates the differences in academic backgrounds, training, and characteristics between CAF Physician Assistants and their civilian counterparts. Only a few articles exist with information on 'Physician Assistants in the Canadian Forces' (5) and 'The birth of physician assistants in Canada' (6) but any published comparisons and details are only outlined for the process in the USA. With the assistance of interviews between multiple CAF-turned-civilian PAs currently in practice in Canada, these questions and concerns will be explored with those with first-hand experience.

CAF-PAs are posted across Canada and serve worldwide to integrate into all levels of operation. Civilian PAs, despite their introduction in Manitoba in 2003, appear to still be in their introductory phase as only four of the ten provinces have a PA history before 2010. (3) Although, the professional association's newsletter in March of 2023 announced that three additional provinces will introduce PAs in the near future. (1) The military and civilian education models are proven and nationally accredited. Still, from an outside perspective, one does not know the differences and successful characteristics required for each role (civilian vs. military). This is a problem for Canadian healthcare and warrants further investigation.

The proposed objectives of this study are to understand the role difference between civilian and military PAs, the differences in academic background and training, as well as comprehensively understand the challenges and advantages of CAF PA training for follow-on employment in civilian practice. Additionally, this research seeks to understand some of the key factors required in the transition of a PA's focus from a military context of "Force Health Protection", which is defined by NATO as: "all medical efforts to promote or conserve physical and mental well-being, reduce or eliminate the incidence and impact of disease, injury, and death and enhance operational readiness and combat effectiveness of the forces" (7), to addressing the needs found in the larger civilian community.

Methods

This qualitative study investigates the interviewed physician assistants' roles, employment atmosphere, and education. Through a series of recorded in-person and virtual interviews, a standardized list of questions guided the conversation (Appendix A). The responses were used to identify essential and recurring themes. The subject population of ex-military PAs currently employed in provincial healthcare environments is small. The number of targeted interviews planned was ten, however, seven PAs were able to participate in the available time frame. The study was approved by the Health Research Ethics Board at the Bannatyne Campus Research Ethics Office of the University of Manitoba (HS25701).

Individuals were contacted via email by the Principal Investigator. Participants who agreed to participate have consented, and their identities are kept confidential to only the author. Those interviewed hold varying experiences in both civilian and PA roles allowing for a wide range of experience in both sectors to be shared. Participants included former military PAs currently in urologic surgery, general surgery, primary care, orthopedic trauma surgery, emergency, community health, and rural medicine in Alberta, Manitoba, and Ontario. Interviews were conducted on a volunteer basis with no financial incentive. The data analysis process involved transcribing the individual recorded interviews. Each transcribed interview was then analyzed by the primary investigator and mentor to mitigate interviewer bias. This was completed following the principles and properties of a humanities approach, where common themes were selected based on identifying keywords and repeated phrases in the quotations of the interviewed subjects. Identifying information (name and email) and collected data is secured on an encrypted spreadsheet of a password-protected cloud drive. No real names are used in this paper, and those interviewed are assigned the code names MMA, MMB, MMC, etc. All data is encrypted and stored for one-year post-publication before deletion.

Entry Points for PA Education in Canada

The entry point for individuals to become Physician Assistant Students (PA-S) in Canada varies between the CAF-PA and civilian university programs. Within the CAF, healthcare professionals progressed through the enlisted member ranks before selection to the CAF-PA program. After completing the required basic training qualification, members begin a 34-week military occupational specialty qualification level (QL) course called QL3, a medical technician apprenticeship course. The role and duties of a Medical Technician in the CAF are comparable to a Paramedic (Basic Life Support) or Licensed Practical Nurse on the civilian side. (8)

After five to six years, the now QL3 medical technicians embarked on a 17-week QL5 journeyman course. This course encompassed advanced emergency care training and works to build on previous training, experiences, and classes. Historically, with 10-12 years of service in the CAF, QL5 Journeymen can advance to a QL6A medical technician by attending a 12-week course that adds components of administration and leadership, in addition to medicine. Between 12 and 16 years after enrolment into the CAF, a few medical technicians were selected for the PA program. (4) The seven CAF-PAs interviewed for this study held the rank of sergeant with an average of 16.57 years in the military as a Medical Technician. The shortest duration as a medical technician before transitioning to PA was 11 years, and the longest was 19 years.

The 3 civilian schools in Canada all have similar requirements for application and therefore, acceptance. The UofM is a graduate-level master's program, which requires applicants to hold a 4-year bachelor's degree. Specific prerequisites exist, such as biochemistry, human anatomy, physiology, and successful completion of the CASPer situational judgment test. (9) The University of Toronto (UofT) has a slightly different entrance requirement. Completion of a bachelor's degree is not required; instead, 4 semesters of university-level education with clinical experience is needed. The degrees offered by UofT and McMaster University are bachelor's degrees (BSc-PA). The notable difference lies with UofT entrance requirements of health care experience, a minimum of 100 hours during the COVID pandemic, which will soon be increased to 350 hours. (10) McMasters PA program applicants need at least 2 years of undergraduate education, without specific course requirements or health care experience. (11) However, the

majority of those accepted to the UofT and McMaster PA programs have completed undergraduate degrees or better and have clinical experiences in first responder roles or higher. (12)

Given the variations in entry requirements for civilian PA schools, it is evident that many who enter the civilian stream have significantly different healthcare experiences and training. For example, the MPAS class of 2023 comprised individuals with an average age of 28. The cohort of 15 held at least one bachelor's degree, with some also having a master's degree. The class consisted of occupational therapists, paramedics, nurses, and research assistants. The few with no prior professional healthcare experience generally held other graduate degrees. McMasters' class of 2023 has an average age of 24, with 62.96% of the class holding bachelor's degrees with an additional 18.52% holding a master's degree (subtotal of 81.48%). Just 18.52% had a minimum of 2 years of classes at the university level with previous careers, including nursing, firefighter first responder, pharmacy assistant, kinesiologist, and a few without any previous healthcare experience. The U of T class of 2023 demographics showed an average age of 27, with 75% of successful applicants having a bachelor's degree and 19% with a master's degree (subtotal 94%). Previous careers included paramedics, military medics, kinesiologists, pharmacy assistants, midwives, and nurses. (12)

Education

The military PA formal education that occurred at Canadian Forces Base Borden, in Ontario, ran from 1984-2021 and was the first formal PA program introduced in Canada. Yet, the structure of PA programs in Canada has evolved. While PA was not the first term used in Canada, a similar role began in the Canadian Navy in 1911. (4) The CAF has been training and deploying these specialists since the 1960s. (4) The progression, adaption, and improvement of these early medical assets resulted in the construction of the medical technician trade. These medical technicians' versatility and ability laid the foundations for the PA profession. In 1984, the CAF graduated the first formal PA class from the Canadian Forces Medical Services School in Borden, Ontario. (4) (Various titles for the training site have included Canadian Forces Health Services Training Centre and Canadian Forces Medical Services School). It wasn't until 2004, after 2 decades of clinical service, that the CAF-PA program was formally accredited by the Canadian Medical Association (CMA). Initially, a diploma program, graduates from 2009 and onwards received a university-level degree through the University of Nebraska. (3)

The last CAF-PA program design consisted of 4 phases: 48 weeks of didactic education and a year of clinical rotations in 13 medical and surgical subspecialties, including sites tailored to military needs, such as dental and public health. After successfully completing the first 2 phases, members commence the 3rd phase with exams at the Canadian Forces Health Services Training Center. Phase 4 involves preparing for the Physician Assistant Certification Council of Canada (PACCC) examination and posting to their new units. (4)

In 2017, the CAF altered its rank structure for PAs. Upon completion of the 4 phases, candidates are promoted. Before 2017, promotion was to the rank of Warrant Officer and given the job title of "PA". Historically, this role was occupied by senior non-commissioned members (NCMs), which means they are not commissioned by the Queen/King. These roles were occupied by those who are considered trade specialists with extensive hands-on experience and skills. (4) These individuals held medical responsibilities, leadership, and administrative tasks, with the tendency to divert time away from the clinic. The transition to an officer rank (commissioned

member) resulted in the former non-commissioned PAs promotion to Captain and assigned positions allowing a focus on clinical practice. (4)

Physician Assistant education within the civilian sector has similarities and differences between the three current Canadian Universities and the CAF PA education programs. Manitoba regulated PAs in 1999 with the first PAs starting practice in 2003 and in Ontario in 2007 being either American or CAF PA program graduates. (6) In contrast, the Canadian civilian PA education programs started with the first classes at the UofM and McMaster in 2008 (graduating in 2010), and UofT in 2010, graduating in 2012. (6)

The Univ. of Manitoba's Master of Physician Assistant Program (MPAS) involves 25 months of didactic coursework and clinical rotations. The clinical year is 46 weeks and involves a 6-week clinical course in emergency medicine, 8 weeks in primary care, 6 weeks in surgery, 4 weeks in community health, 4 weeks in psychiatry, 6 weeks in internal medicine, 4 weeks in obstetrics and gynecology, 4 weeks in pediatrics and two 2-week electives. In addition, MPAS students must complete a research-based capstone project. (9) UofT is a 2-year program with most of the didactic year dispensed online through distance education. Students within this BScPA program attend residency skills blocks during the didactic for clinical skills. The UofT's second year has a 3-month rotation in primary care with 4-week rotations in general surgery, emergency medicine, hospitalist/internal medicine, mental health, and pediatrics. (10) The U of T program lends 12 weeks to electives. (10) McMaster University is a 24-month program with a slightly different approach to the didactic year. The first 12 months of the program consist of problem-based learning, in which students are placed into small groups to master the curriculum. (11) The second year is spent on clinical placements that include family medicine, pediatrics, geriatrics, internal medicine, surgery, emergency medicine, and psychiatry. (11) Where the programs may have different curriculums and entry points, all Canadian PAs must meet defined national competency standards before challenging PACCC National Exam. (13)

Post Graduation

Life after graduation from a civilian or military PA program is where dramatic differences prevail. The location where recent graduates practice medicine and the population demographics being treated has a serious impact on acquiring experience. The patients or clients in the military are approximately 80% male individuals, aged 18-55, and typically healthy. Before joining the military, a 2-part medical screening ensures a standardized health and fitness level before enrolment. Those with significant or chronic medical conditions would not be eligible. Upon promotion and completion of the national certification exam, military members are posted to any location within Canada or overseas. The postings within Canada are to the air force, army, or naval bases, with the possibility of deployments, such as navy ships or overseas deployment with an army unit. There are unique opportunities to complete 'advanced training' in three main subspecialties, aviation medicine, basic dive, and then advanced dive medicine. The workload at each posting varies significantly with a mixture of administrative duties, field exercises, a remote duty deployment, specialty dive medicine, or "duties as required." As stated in more than one interview: "Depending on where you practice, you don't actually practice."

Life after graduation for MMD varied from her colleagues: *"Right out of PA school I specialized and was posted right to the navy, so all of my medicine was focused on naval*



military medicine and diving medicine". Demonstrating each posting within Canada can be completely different.

The interviews show that the military PA role is compared to that of primary care with components of occupational health. Due to the patient demographics, there appeared to be an overwhelming response regarding common presenting illnesses. Military PAs mainly deal with acute complaints, specifically of muscle skeletal (MSK) or viral illness nature. When asked, "what would you say was the most common presenting illness while you worked as a military PA?" all seven of the interviewees included MSK in their response, and 5/7 included viral illness/respiratory infections in their response. However, the CAF education and assigned duties often include anticipating the risks of traumatic injuries from training or deployment.

As mentioned by MMB; *"I would say [the military] is probably a good mix of family medicine and emergency. Family medicine prevails when in Canada in clinics; it's a lot of walk-in clinics in the morning and then we do appointments for follow-ups for chronic conditions and medicals. When we deploy, it's anywhere from emergency medicine to trauma medicine as well as looking after the daily complaints of a walk-in clinic, family medicine style."*

Aside from medicine, there is much more to consider as a military PA and aspects of the job that a civilian PA will likely not encounter. For example, maintaining fitness standards, French language ability, and extra-curricular accomplishments are integral to the career and can affect the progression and subsequent promotion. Duty assignments can involve organizing, leading, teaching others, and working as a clinician while essentially 'on call' full-time, depending on the nature of the mission. It was noted that there is an inherent sense of both teamwork and accomplishment that comes with operational deployments.

In contrast, civilian PAs work with many vulnerable populations and care for patients from birth to end-of-natural life spans. Civilian graduates work in many sectors of interest when a position is available. Job opportunities in various specialties are available in Manitoba, Alberta, and Ontario. Nova Scotia and New Brunswick PA roles are currently limited as opportunities slowly develop. Therefore, the work hours and other job expectations can be negotiated within the contract and are case specific. In general, most civilian PAs work Monday-Friday with set daily hours, with the addition of on-call shifts, depending on the specialty.

Recently, civilian graduate PAs have had the opportunity to join the CAF as Direct Entry Officers (DEO). In this situation, civilian-trained PAs complete a 12-week Basic Military Officer Qualification training (BMOQ). This course covers the essentials of military life, principles of leadership, weapon handling, field training, navigation, and fitness. Once completed, further healthcare-specific training is provided. PAs complete the Common Health Services Officer online learning modules to understand policies, management, and procedures in the CAF. Direct Entry Officer PAs finish indoctrinating at the Canadian Forces Health Services Training Centre in Borden, Ontario where they learn the nuances of military medicine.

Comparing Working Environments

Other notable differences between military and civilian PAs in the environment they work in. Within the military, there are postings to naval ships (HMCS), OUTCAN postings (overseas), isolated postings, and garrison/base postings to any CAF location in Canada. The current OUTCAN postings for PAs include Geilenkirchen Germany and Casteau Belgium. Isolated Canadian postings include Yellowknife NT and Goosebay NL. The average posting length is 3 years but can be very dependent on the needs of the unit or clinic. In addition to postings, there are various deployments and exercises that military PAs can be subject to at a moment's notice and for a varying amount of time, as experienced by MMC;

"You can be stuck in an office one day and then three days later you are in the north pole. You need to be adaptable; you need to be able to be okay working with minimal resources and definitely need to know when to say when. You need to know when to ask for help and when to ask for help early". The theme of autonomy and having confidence in your ability prevails in these circumstances as *"often you are left to yourself way up north or at sea and there is no one around, maybe a telephone away. You have to be comfortable making a diagnosis for sure."* (MMG).

In discussing the transition of civilian-trained PAs into military life, MMX depicts an important aspect of the military working environment:

"You are totally on your own. I don't think any of the civilian PAs get that concept because I don't think they expect to go to Wainwright on exercise and set up a tent and you're it. You're the top dog, there's no backup there's nobody around. [You are] very autonomous right off the bat, which is a huge change from the civilian practice right now."

While there are many unique experiences and locations for CAF military PAs, there are some similarities to civilian PA work in Manitoba and the rest of Canada. Manitoba provides many opportunities for rural and remote practice. Ongomiizwin Health Services (OHS) works to serve rural fly-in communities. Currently, PA positions within this organization travel to locations such as Garden Hill and St. Theresa Point in which PAs provide care to isolated indigenous populations. Given the physician shortage that currently exists, remote towns within Manitoba may only have a PA as their primary care provider. Prior to transitioning to emergency medicine in Winnipeg, MMC worked in McGregor MB for 3 years acting as the "town doctor" while their supervising physician was in Portage La Prairie, a town roughly 40km away. They would communicate in person only 1-2 times per month. MMD who works in rural practice in Alberta is not only involved in primary care but is responsible for managing patients in the setting of an outpatient clinic, emergency room and long-term care.

(MMD) *"I am also responsible for the acute care patients that are hospitalized so I round on our patients every day. And any issues that pop up because we also have long-term care beds, so I also take care of any acute issues that pop up."*

Results and Themes of the Interviews with Military-Educated PAs

In keeping with the study objectives and using the above sections “Entry Points for PA Education in Canada”, “Education”, “After Graduation” and “Comparing Working Environments”, there were four main questions posed which will be discussed in the following section.

A common theme of the military PAs path is experience. The approach to becoming a military-trained PA is more structured and reproducible, as evident by the many years of training required to be selected for the CAF-PA program. The seven CAF-PAs interviewed did not hold a bachelor's degree or formal education before the commencement of their PA program. However, they did have an average of 16.57 years of clinical exposure, leading to confidence, maturity, and extensive practical knowledge. The military path has added components aside from medicine, including leadership training. This is another benefit to ensuring that CAF-PAs can excel in emergencies and are comfortable practicing autonomously.

“The military gives you lots of leadership training which helps you develop your confidence in approaching issues and communicating where you are lacking knowledge” (MMD).

The lengthy linear path allows for a gradual acquisition of knowledge along with various operational experiences and results in practicing PAs with high confidence. Depending on the individual, these advantages may also be viewed as disadvantages. Operational deployments and additional administrative and leadership duties tend to remove the PA from full-time clinical practice. (4)

Those who start in a civilian PA program vary significantly as they enter this field. A younger entry point results in PAs starting their career much younger. Civilian-graduated PAs often have a bachelor's or graduate degree, placing them in the 23-28 age range when starting their first PA classes. This is an advantage for the Canadian healthcare system and is an attraction for many who embark on the civilian PA path. An early start means more opportunities to learn and bring knowledge along in their career, as applied experience is a great teacher (14). As civilians, niche specialties such as obstetrics, pediatrics, and geriatrics are much more of a common practice, but PA generalist knowledge transfer across specialties. There is more of a focus on the general Canadian population, including vulnerable people, resulting in graduates maintaining those competencies easier.

Civilian PAs have the opportunity to work in whichever specialty/role they prefer and that they feel will be the most impactful. A quote from MMD summarizes this discussion point well:

Put two PAs five5 years down the road and they are probably at the same juncture in their careers. Immediately post-grad I think civilian PAs have a better medical sense, but the military PAs are more ready to do independent duty.”

Role Differences Between a Physician Assistant in Military and Civilian Environments

PAs practice medicine under the authority of a supervising physician. For clarification, the scope of practice describes the services a qualified health professional is deemed competent to perform and permitted to undertake, in keeping with the terms of their professional license. There are minimal differences between military and civilian PAs' scope of practice and should be described as a role difference. As alluded to in previous sections, military PAs tend to work in

primary care settings under the authority of the Canadian Armed Forces Surgeon General. (4) Due to the different environments and operations of military PAs, their role tends to be more autonomous, with supervising or supporting physicians being accessed and consulted via telecommunications systems such as a phone or radio. While there are some exceptions and exposure that come with different deployments, the general theme seen is a practice focused on acute care. Military PAs are, for the most part, dealing with individuals aged 18-55 with minimal health issues.

The role of civilian PAs depends on their place of employment, negotiated autonomy with their supervisor, and provincial regulations. Regardless, both sets of PAs must maintain professional competencies and work within their Provincial medical act and regulatory structure.

Transition to Clinical Practice in the Civilian Setting

The issues and successes experienced by graduates of the Canadian Armed Forces Physician Assistant education program on employment in civilian practice vary by individual and practice setting. More common issues experienced and expressed by the CAF-PA graduates included a vertically inclined learning curve in demographic-related ailments. This is not due to a lack of exposure from their PA education or training but related to the population being treated. Given the everyday need for a military PA, the expertise and experience in specific fields such as obstetrics, geriatric health, and pediatrics is less. CAF-PAs acquire the same didactic education and knowledge in these areas as civilian-trained PAs; still, with the military population, this knowledge may not be used or fully maintained. This discussion point is summarized clearly by MMD:

“I would say that the majority of military PAs are well prepared to handle acute traumatic issues. For the most part, we handled emergencies incredibly well, which has been the consistency I have seen. In terms of chronic health conditions, pediatric patients, gyne, obstetrics, and geriatrics, we are woefully underprepared because we rarely treat that demographic except in extreme circumstances.”

Regarding successes, specific attributes of confidence, autonomy, and resiliency developed in the CAF assisted in their transition to civilian practice. A recurring theme discussed throughout this study is that experience is an asset. From experience comes leadership, *“I feel like our leadership training in the military prepares us well for transition into civilian practice because even though we may lack the medical skills, we have the confidence to approach [the situation] and confidence in approaching patients.”* (MMD). The phrase ‘use it or lose it’ was a commonly expressed opinion in the interviews and appropriate for both PA subsets.

The Flip Side; Civilian-Educated PAs joining the Military.

Given the cessation of the CAF-PA program in 2021, some civilian-trained PAs will inevitably enter the military. The seven interviewees provided advice and details of the transition for those interested. The consensus for success in the military is to understand the regimented environment of the services. Flexibility, resiliency, and adaptability are essential attributes to possess or learn. As noted by MMF:

“I was told when I graduated to PA that I had the option to choose first pick for posting because I ranked high, so I requested Victoria, Quebec, and NB, and they said no, your options are Edmonton, Calgary or Petawawa.” As depicted, logistical considerations always come with a military career.

As stated previously, working in the military is not just clinical practice. An officer in the military is a leader and teacher. The individuals' flexibility and adaptability traits come into play.

“There are expectations that you will be leading and directing others. Nine times out of ten you are going to be looking after junior medics and helping them with their medical education” (MMD). *“There is no expectation while you are in the military that you're going to do the same job every day. [You have to be] willing to do the work even when undesirable”*. *“Individuals need to accept that deployments are often a requirement.”* (MMD)

The advice shared from MMA and MME: *“Civilian PAs must understand the highly autonomous role that occurs quickly in the Military. With that comes confidence in yourself and your abilities”*.

Furthermore, *“Many positive factors come from joining the Military.”* There was an overwhelming response to the sense of community by ex-military PAs working in civilian practice. *“You are going into a brand-new family. You will have friends for life”* (MMB). For MMF, *“being a PA in civilian practice is your career or job but being a PA in the military is like a lifestyle, so there is so much more connection to what you are doing.”*

While deployments and the unknown can be challenging for some, they provide opportunities worldwide that a civilian PA may never have the chance to experience.

Conclusion

This study sought to develop an understanding of the military and civilian PA profession in Canada, including key differences and similarities. The value of Physician Assistants (PA) has been proven for decades in the Canadian Armed Forces (CAF). The interview data suggest that CAF-PA education program graduates succeed in civilian practice due to a unique combination of experience and formal education. The differences between the two populations are evident in the entry points and academic backgrounds. Upon review of all four education programs in Canada (UofM, UofT, McMaster, CAF-PA), they all have minor variations. However, the structure, content, and lengths are similar. The PA is educated as a generalist but develops knowledge of their specialty with time. The most significant difference discovered was in the life after graduation component. Specifically, the PAs role in their chosen work environment is job specific and ends when the civilian goes home. The Military PAs bring their role home as the military is considered family. The clinical variation found is in the situations or environment care is provided, and the patient population seen is varied and unique. *Canadian Armed Forces Health Protection* is comparable to specialty practices like Pediatrics or Orthopedics. A PA's medical knowledge develops as they serve their patients to meet that population's unique needs. The stated benefits of

joining the military include the development of skills such as resiliency and a new community. The advancement of autonomy in a short time can help build the confidence and skills of the PA much quicker. While there are added benefits one might not encounter in the civilian world, there are many other duties and factors to consider outside of medicine. One must be flexible and understand the 'military life.'

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