

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the CPSA Standards of Practice. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

Advice to the Profession documents are dynamic and may be edited or updated for clarity at any time. Please refer back to these articles regularly to ensure you are aware of the most recent advice. Major changes will be communicated to our members; however, minor edits may only be noted within the documents.

## Contents

CPSA’s responsibility regarding Physician Assistants .....	2
Training and education.....	2
Integration into the healthcare team.....	3
Scope of practice .....	3
Availability of supervising physician .....	4
Most responsible healthcare provider.....	4
Prescribing.....	4
Ordering Tests and investigations.....	4
Resources.....	5
Appendix A.....	6

CPSA’s Advice to the Profession documents cannot capture every potential scenario a member may encounter. Regulated members are expected to consider standards of practice and advice documents in the context of individual patients in each care encounter. Regulated members are expected to do their best to meet the spirit and intent of the standards and advice, while focusing on providing the best quality care possible.

April 1, 2021 was an exciting and proud day for CPSA as we officially welcomed Alberta's physician assistants (PAs) to CPSA regulation. For decades, PAs have played a key role in supporting physicians and patient care, and we look forward to working more closely with them in the years ahead.

PAs are regulated healthcare professionals who have the knowledge, training and skills to provide a broad range of medical services within healthcare teams. PAs act as healthcare extenders, working under the supervision of a physician, to complement existing services and aid in improving patient access to health care. Learn more about the [history of PAs here](#).

### **CPSA's responsibility regarding Physician Assistants**

CPSA started regulating PAs on April 1, 2021. We have long supported physician assistant regulation and have been engaged with PAs since 2010. Before the start of formal regulation, we had more than 60 PAs on our voluntary listing.

Registered PAs will continue to practise under physician supervision and, like physicians, will pay annual fees, hold liability insurance and follow CPSA's [Standards of Practice](#). They are also responsible for complying with our [continuing competence requirements](#).

If a PA in the Canadian Armed Forces (CAF) is seeing civilian patients in Alberta, they must register with CPSA.

### **Training and education**

PAs are academically prepared and highly skilled healthcare professionals who provide a broad range of medical services.

PAs in Canada receive their education through formal education programs designed to meet competencies outlined by the [Canadian Association of Physician Assistants \(CAPA\)](#). There are three PA education programs in Canada, and each program sets its own admission requirements.

1. [McMaster University Physician Assistant Education Program](#)
2. [The Consortium of PA Education \(University of Toronto, Northern Ontario School of Medicine and The Michener Institute for Education at UHN\)](#)
3. [University of Manitoba Master of Physician Assistant Studies](#)

PAs have a body of knowledge that enables them to practise in all clinical settings and help free up physicians' time by performing duties that can be delegated. This provides the physician time to address more complex patient issues. The ripple effect also allows for assessing and treating more patients within a unit of time<sup>1</sup>.

PAs can work in any clinical setting to extend physician services, complement existing services and aid in improving patient access to health care<sup>2</sup>.

### **Integration into the healthcare team**

PAs are not replacements for a physician, nurse practitioner, registered nurse or licensed practical nurse: each of these professions have different abilities, skill sets and varying scopes of practice that work together to provide Albertans with high-quality health care<sup>3</sup>. While currently used primarily in hospitals, PAs are also very effective in primary care.

For information on how PAs fit in among others who provide similar levels of care, please see the chart in [Appendix A](#).

### **Scope of practice**

PAs are physician extenders and not independent practitioners; they 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>4</sup>.

The services offered by a PA depends on the individual professional relationship with their supervising physician(s) and is formally outlined in a practice contract or agreement between the supervising physician, the PA and the facility where the PA will work, where applicable (e.g., an AHS facility).

Some PAs see and assess patients, conduct patient interviews, take histories, perform physical exams, perform procedures, assist in surgery and more. A PA's scope of practice may also include patient education, research and administrative services. Patients should

---

<sup>1</sup> From the Canadian Medical Association's "[Could physician assistants be the next great solution for senior care in Canada?](#)" article (March 21, 2018).

<sup>2</sup> From Canadian PA's "[What is a physician assistant?](#)" page.

<sup>3</sup> From Alberta Health Service's "[Physician Assistants – Medical Staff](#)" page.

<sup>4</sup> From the Canadian Association of Physician Assistant's "[About PAs](#)" page.

be made aware that the individual they are seeing is a Physician Assistant.

### **AVAILABILITY OF SUPERVISING PHYSICIAN**

In accordance with the [Supervision of Restricted Activities](#) standard, the supervising physician must remain “readily available” for consultation.

There are two types of supervision: direct/in-person and indirect, in which the physician is available by phone, video call, etc.

If a physician is not able to attend a patient in person if needed, they may not be able to adequately supervise the patient care. Supervision of a PA can only be delegated to another regulated physician with an independent practice permit.

### **MOST RESPONSIBLE HEALTHCARE PROVIDER**

PAs work under the direction of a defined physician(s) who remains most responsible for care of the patient: all investigations, prescriptions and patient encounters remain the responsibility of the supervising physician irrespective of whether the patient sees the physician during the encounter in question.

### **PRESCRIBING**

PAs are able to issue most prescriptions, but must be done in accordance with the [Supervision of Restricted Activities](#) standard of practice: the supervising physician is responsible for the prescription and must be clearly identified on the prescription (e.g., the supervising physician’s name, registration number or PRAC ID, and/or contact information).

PAs cannot prescribe controlled substances or narcotics.

### **ORDERING TESTS AND INVESTIGATIONS**

Like prescribing, PAs can issue requisitions for lab tests, diagnostic imaging, etc., but need to clearly identify their supervising physician: as the most responsible healthcare provider, results will be sent to the physician’s attention. The PA, however, should be able to review the results with appropriate access to Netcare/Connect Care.

## Resources

CPSA team members are available to speak with physicians who have questions or concerns. Please contact the Standards of Practice Advisor [standardsofpractice@cpsa.ab.ca](mailto:standardsofpractice@cpsa.ab.ca).

## RELATED STANDARDS OF PRACTICE

- [\*Continuity of Care\*](#)
- [\*Informed Consent\*](#)
- [\*Prescribing: Administration\*](#)
- [\*Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related Harms\*](#)
- [\*Responsibility for a Medical Practice\*](#)
- [\*Safe Prescribing for Opioid Use Disorder\*](#)
- [\*Supervision of Restricted Activities\*](#)

## COMPANION RESOURCES

- [Advice to the Profession](#) documents:
  - [Continuity of Care](#)
  - [Informed Consent for Adults](#)
  - [Informed Consent for Minors](#)
  - [Prescribing: Administration](#)
  - [Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related Harms](#)
  - [Responsibility for a Medical Practice](#)
  - [Safe Prescribing for Opioid Use Disorder](#)
- [AHS: Physician Assistants](#)
- [CMPA: Who is the most responsible physician? Check your knowledge](#)
- [What is a Physician Assistant?](#)

## Appendix A

How PAs fit in among others who provide similar levels of care

Physician Assistant (PA)	Clinical Assistant	Nurse Practitioner (NP)
<ul style="list-style-type: none"> <li>• Not a physician or independent practitioner.</li> <li>• Must work under supervision of a physician and are trained to work under physicians in clinical settings.</li> <li>• Does not hold a medical degree but has other post-secondary training.</li> <li>• Most commonly found in hospital settings as part of a healthcare team.</li> </ul>	<ul style="list-style-type: none"> <li>• A physician who is not eligible to practise independently.</li> <li>• Typically an International Medical Graduate.</li> <li>• Does not have equivalent clinical training to practise independently.</li> <li>• Hold a medical degree and at least one year of Post Graduate Training.</li> <li>• Generally hired for supervised practice in hospital settings.</li> </ul>	<ul style="list-style-type: none"> <li>• A nurse who has pursued post-graduate training.</li> <li>• NPs do not require supervision of a physician.</li> <li>• NPs have their own skillsets, scopes of work, standards of practice, etc.</li> </ul>