

# OMA Submission to the Standing Committee on Social Policy

## **The Role of Physician Assistants as Outlined in Bill 283, Advancing Oversight and Planning in Ontario's Health System Act, 2021**

Ontario Medical Association, May 14, 2021



## OMA Response

The Ontario Medical Association welcomes the opportunity to provide input regarding Bill 283, Advancing Oversight and Planning in Ontario's Health System Act, 2021, specifically in relation to physician assistants and the rules concerning the acts they may perform.

The OMA has supported the involvement of physician assistants in the Ontario healthcare system for many years. We value the contribution of physician assistants to increase access to primary care and emergency department services across the province. The OMA also supports the regulation of physician assistants through the College of Physicians and Surgeons of Ontario (CPSO). Self-regulation is important to ensuring safe, quality care within a clear accountability framework.

Physicians and physician assistants have worked collaboratively and successfully for many years. The current model of delegation, where physicians temporarily transfer their authority to physician assistants and physicians remain accountable and responsible for patient care, works well. It is the same model that is used in other provincial jurisdictions (Alberta, Manitoba, and New Brunswick) and in many states in the U.S.A.

The language in Bill 283 contemplates a different care delivery model, where physician assistants are given independent authority to perform a controlled act when ordered by a physician. This is different from the current delegation model that works, and for which the OMA has expressed support previously. It is our understanding that the Canadian Association of Physician Assistants (CAPA) has indicated it is vital to ensure the system of regulation in Ontario is aligned with other provinces to enable labour mobility, and the CPSO has proposed an amendment to the bill that would retain the current care delivery model, which the OMA supports. Implementing a different system would be needlessly complicated, inconsistent with current practice in Ontario and other jurisdictions, and time consuming to operationalize, delaying implementation. Instead, the OMA recommends removing (4)(b) from the bill and keeping (4) and (4)(a) as written to maintain the current model of care delivery, as follows:

### **Additional requirements for authorized acts by physician assistants**

(4) A member who is a physician assistant shall not perform an act under the authority of section 4 unless,

(a) the performance of the act by the member is permitted by the regulations and the member performs the act in accordance with the regulations;

~~(b) the act is ordered by a person who is a member of the College, other than a physician assistant, and who is authorized to perform the act.~~

The OMA would be pleased to work with the government, the CPSO, and CAPA to ensure the implementation of a practical and productive healthcare delivery model that benefits all Ontarians.

Thank you.