ONTARIO NURSES' ASSOCIATION

SUBMISSION

ON

Proposed amendments to regulations made under the Medicine Act, 1991, to regulate Physician Assistants.

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The Ontario Nurses' Association (ONA) is the union representing 68,000 registered nurses (RNs) and health-care professionals across Ontario, and more than 18,000 nursing students. Our membership includes thousands of front-line nurses and health-care professionals providing care in hospitals, long-term care (LTC) facilities, public health, community, industry, and clinics.

From ONA's perspective, the proposed regulations are ill-advised and lack compelling evidence to justify their necessity. Moreover, ONA contends that the proposed regulations do not demonstrate any significant improvements in patient care and safety. In addition to highlighting these shortcomings, the ONA seeks to draw attention to critical areas of concern that have been overlooked within the framework of these proposed amendments.

Role Clarity and Patient Safety:

The proposed modifications do not entail an expansion of the physician assistant's (PA) scope beyond their present role. The PA will persist in necessitating delegation from a member of the College of Physicians and Surgeons of Ontario (CPSO), specifically a physician. Educational prerequisites and the inclusion of a registration examination to ascertain qualifications remain unaltered. Presently, the PA is exclusively authorized to function under the direct supervision of a physician and perform solely those acts explicitly delegated by said physician. It is crucial to point out that the proposed alteration will not confer upon the PA the authority to delegate the execution of any entrusted act to other health-care providers.

There is no change in the following components of the proposed amendments; A member who is a physician shall ensure, before delegating an authorized act to a member who is a physician assistant, that,
(a) The member who is a physician has the knowledge, skill and judgment to perform the authorized act safely and competently themselves; and
(b) The member who is a physician is satisfied, after taking reasonable steps, that the member who is a physician assistant has the knowledge, skill and judgment to perform the act safely and competently.

A member who is a PA is entitled to presume that a member who is a physician is permitted to delegate an authorized act to them unless the member who is a PA has reasonable grounds to believe otherwise. Additionally, a member who is a PA shall only perform an authorized act delegated to them by a member who is a physician if, before completing the authorized act, the member who is a PA ensures that they have the knowledge, skill and judgement to perform the authorized act safely and competently.

While the Regulated Health Professions Act (RHPA) of 1991 aims to better protect and serve the public interest, this change only adds complexity and ambiguity surrounding roles. Consequently, this may result in heightened risk to patients. Given that the PA's authority will remain the same to perform controlled acts independently and only to be able to perform such acts that the supervising physician delegates, how can they be identified as regulated health-care providers? They cannot autonomously determine the required intervention, implement a controlled act, or delegate a controlled act to another health-care provider.

Differentiating Regulated Health-care Providers:

Nurse practitioners (NP) and registered nurse first assistants (RNFA) are regulated autonomous health-care providers authorized to perform many controlled acts independently. The NP and RNFA, in addition to the PA category of health care provider, are employed by and receive compensation for their services from the employing agency. Physicians charge their fees to the Ministry of Health, including patient care interactions and tasks performed by the PA. This results in increased health-care costs to the system while also increasing the risk of errors, delayed, and missed care and complications by adding additional individuals and steps into an existing process. This will further foster a two-tiered health-care framework.

Affording the PA with a title that reflects 'registered' and is therefore perceived as a regulated care provider offers a false sense of security not only to other health-care professionals and team members but more so to members of the public and vulnerable patients due to the existence of a title with no authority. The apparent benefit of this role and regulation appears only to support improved financial gain for the physician while costing taxpayers more.

Conclusion:

ONA maintains that the government should implement a proposal to expand the current role of NPs and RNFAs, regulated autonomous health-care providers authorized to perform controlled acts. Increasing the scope of practice of NPs and RNFAs would enhance an already developed role, thus mitigating risk to patients, the public and other health-care providers while improving access to care for a greater number of citizens. It would also have a positive effect on health-care spending overall.

The proposed regulations fail to create strict guidelines for PAs or the creation of a professional body to establish a protocol for regulatory oversight of PAs. ONA maintains that the proposed regulations under this act decrease patient safety and increase costs. Additionally, conducting the policy-making process through regulations removes oversight, accountability, and transparency of the democratic process central to delivering critical services such as health care.

These regulations do absolutely nothing to address the health human resource shortage in the province of Ontario. ONA has been calling attention to the severe nursing shortage and calling on the government to develop a comprehensive retention and recruitment strategy to address the shortage of RNs. Ontario has the fewest RNs of any province per capita and must hire net 24,000 RNs to meet the Canadian average RN-to-population ratio. This does not account for the regular replacement of retiring nurses or those who otherwise leave the profession.

The longer the government delays working with front-line nurses and their union to develop and implement a retention and recruitment strategy, the more dire the situation will become as front-line nurses continue to burn out and leave the profession prematurely through early retirement or career changes. The government must implement policies addressing the root causes of the nursing shortage – namely, uncompetitive wages and untenable working conditions that deplete the workforce.