



The Manitoba Pharmaceutical Association

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Clinical & Physician Assistant: Prescribing Authority

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Clinical & Physician Assistants can issue prescriptions under the delegated authority of a licensed physician. The Clinical Assistant Regulation was added to the Medical Act in 1999 and amended into both Clinical Assistant and Physician Assistant regulations in 2009. The Winnipeg Regional Health Authority (WRHA) hired the first Clinical Assistant (CA) in early 2002 and first Physician Assistant (PA) in 2003. Manitoba is the first Province in Canada to pass regulations permitting the practice of Clinical & Physician Assistants; several other provinces are now considering similar regulations.

Clinical & Physician Assistants are healthcare providers who practice medicine under physician supervision. These medical practitioners are “physician extenders”, which augment a physician's practice. Clinical & Physician Assistants practice medicine autonomously, but not independently. The supervisory relationship between physicians and both CA / PAs is mandated through regulations, and is the principle on which the profession is founded. There are over 80 CA/PAs practicing in a variety of medical and surgical specialties throughout Manitoba. These healthcare providers improve access to health care services, assist in waiting time reduction, provide both acute and chronic disease management, and enhance the collaborative practice model with other healthcare professionals.

Physician Assistants are individuals who have successfully completed an accredited Physician Assistant (PA) training program in either the U.S. or Canada. They must have also passed the national credentialing exam for the country in which they trained. There are currently four PA training programs in Canada. The University of Manitoba launched the first graduate PA educational program in Canada in 2008. There are also three PA educational programs in Ontario. The University of Toronto/Mitchner Institute/ and Northern Ontario school of Medicine have collaborated to for one program, McMaster University, and the Canadian Forces also have programs.

Physician Assistant training programs are 27-36 months in duration, and are based on a medical model similar to physician training. The breadth of learned medical knowledge is similar, but the depth of PA education is less comprehensive than that for a physician. A majority of PA training programs are part of the Faculty of Medicine at their respective universities.



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Clinical Assistants are individuals whose credentials have been verified and applications approved by the College of Physicians & Surgeons of Manitoba (CPSM). They must then pass the Registered Clinical Assistant (RCA) Part I exam administered by the University of Manitoba. Applicants for registration as a CA must meet the following requirements:

- a) have a degree in medicine from a faculty of medicine acceptable to the council (CPSM);
- b) be licensed or registered to provide healthcare under an act of legislature; or
- c) be certified as an Emergency Medical Attendant level III (EMA III).

After orientation and training within a specific area of practice, the CA must complete the RCA Part II exam. The University of Manitoba office of Continuing Medical Education also administers this exam.

Legislation

Clinical & Physician Assistants are registered pursuant to the Clinical & Physician Assistant Regulations (Regulation 183/99) of The Medical Act (C.C.S.M.c.M90). This permits registration of Clinical Assistants on Part 2 of the Clinical Assistant Register and Physician Assistants on the Physician Assistant Register. The CA or PA must enter into a **contract of supervision** with a licensed physician(s), and a list of alternate supervising physicians must also be submitted and approved. In conjunction with the contract of supervision, the physician must submit a **detailed practice description** outlining the CA's duties and functions. These practice descriptions must be approved by the CPSM.

Information on the Prescription and DPIN Data Entry

The authority to issue a prescription is outlined in section 16(1-3) of the Clinical Assistant & Physician Assistant Regulation. Clinical Assistants and Physician assistants **cannot prescribe narcotics or controlled or targeted substances. The Federal Controlled Drug & Substances Act** restricts this authority to prescribe these products to physicians, dentists, nurse practitioners and veterinary practitioners.

The prescriptions from Clinical Assistants or Physician Assistants, with the exception of inpatients of a hospital, must include all the usual prescribing information plus the:

- name and signature of the CA or PA followed by the designation CA or PA
- contact telephone number for the CA or PA,
- name of the Supervising Physician,
- treatment goal and/or diagnosis and/or clinical indication.



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Prescriptions are entered into the Drug Programs Information Network (DPIN) using the name and authority of the Supervising Physician, as indicated on the prescription form.

Please note that a CA or PA cannot issue a prescription for more than a three month quantity of medication and cannot renew a prescription unless he or she has assessed the patient to determine whether a renewal is appropriate.

Scope of Practice

The CA or PA scope of practice must mirror that of the supervising physician. The CA/PA effectively extends the same services to clients as does the physician. The CA/PA may not provide services for any physician that is not listed in the contract of supervision, or that are outside of the supervising physician's scope of practice. Each supervising physician must submit a detailed practice description outlining the duties & functions of the CA or PA in relation to the physician's practice. This practice description must be approved by CPSM.

Clinical Assistant / Physician Assistant & Pharmacist Collaboration

As with anyone employed in a healthcare field, collaboration & cooperation between all healthcare professionals is essential. The CA/PA prescriber-pharmacist collaboration is crucial to ensure that both patient safety & quality outcomes in disease management / prevention are met. The inclusion of **“the treatment goal and/or diagnosis and/or clinical indication”** on the prescription is critical for patient care and safety and successful implementation of treatment plans.