

May 1, 2026

To the Canadian Association of Physician Assistants,

**Re: Family Physician Support for Physician Assistants in British Columbia**

Family doctors are the foundation of our healthcare system, delivering comprehensive, compassionate care that sustains and strengthens our communities. At the heart of that care is the relationship between a patient and their physician – built on trust, continuity, and clinical expertise. It is what family medicine exists to foster and protect. Team-based care can enhance the delivery of primary care. A family doctor collaborating with skilled colleagues can offer their patients more - increased attachment, faster access, expanded clinical services, and the time to provide the complex care that only continuity makes possible.

Physician assistants are well-positioned to be part of that team. Practicing medicine as physician extenders under collaborative supervision, the PA model is designed for the kind of shared clinical work that can strengthen primary care. Within a physician-led team, PAs bring their own clinical training and judgment to patient encounters, deepening the care patients receive and expanding a family practice's services.

The experience of other jurisdictions offers important guidance as BC builds its approach to the integration of PA's in our province. Where PA integration has been gradual, physician-informed, and grounded in practice-level relationships, and where scope and supervision have been negotiated collaboratively for over sixty years, the PA profession has matured with a strong safety profile.<sup>1 2</sup> Where PAs were integrated primarily as a workforce solution, without first developing needed clinical and regulatory frameworks to support it, the results have been more challenging and demanding in areas of collaborative decision-making.<sup>3 4</sup> BC has the advantage of learning from these experiences, and the opportunity to design an integration model that reflects what works.

BC Family Doctors holds that the following elements are important considerations for the integration of PAs in British Columbia:

- **Inclusion of physician voice in design and integration:** Family physicians should be actively involved in shaping the integration of PAs into our health system at every level: regulatory, organizational, and within individual practices. The physician-led team is where PA collaboration will happen day-to-day, and frameworks should be informed by the physicians working with PAs.
- **Clear accountability and liability frameworks:** Delegation models - where physicians and PAs share clearly defined clinical responsibilities and physicians retain oversight accountability - have been effective in Ontario, Alberta, Manitoba, New Brunswick, and across the U.S.<sup>5 6</sup> In

BC, liability needs to be clearly delineated as part of the regulatory framework. Defining who is accountable in what circumstances and how both the physician and the PA are protected, needs to be defined before scope is expanded. The Canadian Medical Protective Association's 2024 guidance on physician liability in PA supervision reinforces the foundational nature of such clarity.<sup>7</sup>

- **Structured supervision that evolves with the relationship:** Effective supervision is collaborative and evolves over time. In a physician-PA relationship, as trust and demonstrated competence develops within a practice, supervision moves toward a more consultative model where the PA practices with increasing independence.<sup>8</sup> Defining this spectrum explicitly, through collaborative practice agreements that set out the scope, supervision expectations, and escalation pathways for each physician-PA relationship, protects both parties and gives patients confidence in the care they receive.
- **Practice-level flexibility within a consistent provincial framework:** Provincial standards should define the supervision framework: the expectations, accountability structures, and safeguards that apply everywhere PAs practice. Yet every family practice is different. Within that framework, individual physicians and PAs need the flexibility to develop practice agreements that reflect their patients, their communities, and their clinical environments. The standards provide the foundation; the practice agreement determines how collaboration works in context.
- **Regulation through the College of Physicians and Surgeons of BC:** Self-regulation promotes accountability and upholds standards of care. We encourage the government to direct the College of Physicians and Surgeons of BC (CPSBC) to amend its bylaws to enable PAs to practice as regulated health professionals within a collaborative framework consistent with the PA model's design.
- **Sustainable resourcing for collaborative practice:** For PA integration to succeed, family practices need the resources to support it. Funding models in BC must account for the full cost of building and maintaining effective physician-PA teams, including the clinical services PAs provide and the time physicians invest in supervision, mentorship, and collaborative care planning.<sup>9</sup> Compensation models should reflect that investment because effective supervision of PAs ensures patient safety.

The evidence for effectively integrated PAs within physician-led primary care is clear: patients get improved access to care, physicians and PAs report higher professional satisfaction<sup>10</sup>, and primary care practices deliver more continuous, comprehensive services to their communities.<sup>11</sup>

BC Family Doctors supports the integration of physician assistants into our province's primary care system. We see PAs as valued members of the physician-led team, and we are committed to being an active and constructive partner in building the framework that makes integration successful, for patients, for family physicians, and for physician assistants themselves. We look forward to working

alongside the Canadian Association of Physician Assistants, the College of Physicians and Surgeons of BC, and the provincial government to make this a reality.

Sincerely,



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- <sup>2</sup> Bowen, S., Botting, I., Huebner, L. A., Wright, B., Beaupre, B., Permack, S., Jones, I., Mihalchuk, A., Edwards, J., & Rhule, C. (2016). Potential of physician assistants to support primary care: Evaluating their introduction at 6 primary care and family medicine sites [Contribution potentielle des assistants médicaux aux soins de première ligne]. *Canadian Family Physician*, 62(5), e268–e277.
- <sup>3</sup> Leng, T. (2025, July). *Review: An independent review into physician associate and anaesthesia associate professions*. UK Government. <https://www.gov.uk>
- <sup>4</sup> Greenhalgh, T., & McKee, M. (2025). Physician associates and anaesthetic associates in UK: Rapid systematic review. *BMJ*. Advance online publication. <https://doi.org/10.1136/bmj-2025-084613>
- <sup>5</sup> 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. (2021). Ontario Medical Association. <https://www.oma.org/siteassets/oma/media/pagetree/advocacy/health-policy-recommendations/oma-submission-re-bill-283-may-2021.pdf>
- <sup>6</sup> College of Physicians and Surgeons of Alberta. (2022). Advice to the Profession: Physician Assistants. [cpsa.ca](https://cpsa.ca)
- <sup>7</sup> Canadian Medical Protective Association. (2024). Working with physician assistants: regulation, delegation, and liability protection. [cmpa-acpm.ca](https://cmpa-acpm.ca)
- <sup>8</sup> Robie, Stephen, "Exploring Negotiated Autonomy in the Physician–Physician Assistant Collaborative Dyad" (2024). Doctor of Philosophy in Translational Health Sciences Dissertations. Paper 33. [https://hsrc.himmelfarb.gwu.edu/smhs\\_crL\\_dissertations/33](https://hsrc.himmelfarb.gwu.edu/smhs_crL_dissertations/33)
- <sup>9</sup> Unlocking Potential Exploring Physician Assistant Funding Models and Impact Potential for Three Practice Settings. (n.d.). Retrieved April 14, 2026, from [https://www.signal49.ca/wp-content/uploads/2022/10/unlocking-potential\\_oct2023.pdf](https://www.signal49.ca/wp-content/uploads/2022/10/unlocking-potential_oct2023.pdf)
- <sup>10</sup> Moschella, A., & Burrows, K. (2023). Patient Experience With Primary Care Physician Assistants in Ontario, Canada: Impact of Trust, Knowledge, and Access to Care. *Journal of patient experience*, 10, 23743735231211782. <https://doi.org/10.1177/23743735231211782>
- <sup>11</sup> Halter M, et al. (2025). The contribution of physician associates in hospital settings: a rapid review. *BMJ*. [PMC12225544](https://doi.org/10.1136/bmj-2025-084613)