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Military model might help cure what ails N.S. health-care system

By Tim Dunne

A Canadian medical technician radioed for advice to physician assistant Chief Petty Officer Peter Jardine at his forward operating base in Afghanistan. A military policeman had lost both legs and an arm to an IED and was bleeding out. He wanted to make sure he was doing everything right until the helicopter arrived.

The military policeman survived.

Now at Halifax's Formation Health Services, CPO Jardine has fewer emergency calls. As a military physician assistant (PA), he is a member of a profession that partners with physicians as treatment extenders. His civilian colleagues, who go by the same moniker, are unknown in Nova Scotia but are well-established in New Brunswick, Manitoba and Ontario. Alberta will soon launch a pilot project.

CPO Jardine says, "We work closely with a supervising physician to develop a scope of practice and we do whatever the doctor feels comfortable with us doing. That can be minor surgery, toenail removal, suturing, removal of lymphomas, lumps and bumps, prescriptions — as long as the supervising physician is comfortable with it."

Canada's first PA was sick berth CPO First Class Clement Filewod, who joined HMCS Rainbow in August 1910. The navy's "physician extenders" provided continuous health care during the Second World War, in Korea and today in the surface and submarine fleets. The Canadian Army adopted the physician extender model for combat medics during the Korean War.

Twenty-three candidates are accepted into the military's PA training program annually.

"Historically, people needed 15 to 20 years of experience," Jardine noted. "It would take that long to be rated highly enough to be accepted into the profession. Today, some can qualify with 12 years of service."

A non-commissioned medical professional begins with enrolment as a medical technician. After formal paramedical courses, years of on-the-job clinical training and experience, and promotion to sergeant, she or he can be selected for the two-year physician assistant program.

Candidates spend the first year at the Canadian Forces Health Services Training Centre, CFB Borden, Ont. This is followed by 47 weeks of supervised clinical rotations, including orthopedics, psychiatry, internal medicine, trauma, emergency medicine, pediatrics and geriatrics.

While there is little demand for pediatrics and geriatrics in the Canadian military, they have been included in PA training programs within the last 10 years because the Canadian Forces modelled its program after the American version, and as they were necessary for Canadian Medical Association accreditation. However, pediatrics and geriatrics have proven medically and operationally useful in deployed operations such as Haiti and Afghanistan, where local young and older people have needed medical treatment.

The Canadian Forces' two-year program boils down to four days of intensive testing, with 26 assessment stations and four critical evaluation stations. Failure in any part may require the candidate to repeat one or both years, or to be told, in effect, "We don't think you have what it takes to be a

physician assistant.”

Becoming a physician assistant is the pinnacle for non-commissioned medical personnel and, for most, it is as high as they can go in their military careers.

The PA is part of the physician’s team, within which are medical technicians, pharmacists, nurse practitioners, social workers, psychiatrists and psychologists. If the PA sees a patient who is outside his scope of practice, or has questions, specialists are available for guidance.

Much like a physician, the candidate would go to a psychiatrist, a surgeon or an internal medicine specialist for a consultation. As CPO Jardine notes, “We function semi-independently, and can work where there are no physicians. But in those cases, medical specialist advice is only a phone call or a radio connection away. In Afghanistan, for example, a med-tech and I worked on our own at a forward operating base, but a doctor was only a call away at the Canadian military hospital in Kandahar.”

Tim Ralph, president of the Canadian Association of Physician Assistants, described the civilian practice as “evolved from an organization that existed only in the Canadian Forces to one that has ... dedicated professionals working in four provinces [to improve] access to care in surgery, emergency departments, and family health care teams.”

Nova Scotia recently changed legislation to allow for physician assistants, but action is focused on nurse practitioners in its collaborative care model. Perhaps the province should also adopt our military’s PA model to reduce wait times and the financial and operational burden in bringing effective health care to Nova Scotians.

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