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## The Impact of Changes in the PA Occupation on Med Tech Retention

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## **The Impact of Changes in the Physician’s Assistant Occupation on Medical Technician Retention**

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# **The Impact of Changes in the Physician’s Assistant Occupation on Medical Technician Retention**

## **AIM**

1. The Medical Technician (Med Tech) occupation is the primary and largest Non-Commission Member (NCM) trade of the Canadian Armed Forces Health Services (CFHS).<sup>1</sup> Trained as pre-hospital care specialists as qualified primary care paramedics (PCP), Med Techs are a foundational part of the primary care model within the CFHS. Yet this occupation is chronically understaffed, has a high turnover rate, and many Med Techs express high job dissatisfaction levels. Given the importance of the trade to the medical services within the Canadian Armed Forces (CAF), it is important to understand some of the factors affecting the occupation in order to understand how to address the issues facing the trade. The purpose of this paper is to examine the current recruiting and retention challenges with regards to the Medical Technician (Med Tech) occupation, with an examination of the impact that changes made to the training plan for the Physician’s Assistant (PA) occupation have had on Med Tech satisfaction within the CAF.

## **INTRODUCTION**

2. The COVID-19 pandemic highlighted the amazing and versatile capabilities that the CFHS. However, it also identified and highlighted many of the challenges and limitations of the CFHS. The pandemic stretched the CFHS capabilities to its limits, exacerbating an already challenged and stressed system. Many clinical occupations felt this strain, and while many occupations, such as nurses, were recognized for their outstanding work, others just went about their work quietly getting things done. As stated earlier Med Techs are a foundational part of the primary care model. On operations, they are the primary embedded first responder, in garrison they are an integral part of the care delivery teams at all clinics. As Med Techs progress they become an integral part of the health services leadership structure at all levels. However, in spite of the importance of the occupation, the CAF and CFHS has an extremely challenging time recruiting and retaining Med Techs within the organization.<sup>2</sup> There are several factors that contribute to this that will be examined in this paper. The training program for Med Techs is slow and as a result many are in the organization for extended periods of time, untrained and therefore unable to be employed in any clinical capacity.<sup>3</sup> Furthermore, upon completion of training, the organization does not pay for their credentialing nor does it provide them with the opportunities to maintain their pre-hospital skills through any form of maintenance of clinical readiness program (MCRP), benefits that are offered to other clinical occupations. However, one of the primary dissatisfiers, and one that the primary focus of this paper, is the recent changes made to the structure of the career progression of the Med Tech occupation, the commissioning of the PA occupation.<sup>4</sup>

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<sup>1</sup> ‘Problem Definition Paper Medical Technician 00334/Medical Assistant 00150’.

<sup>2</sup> ‘Initial Problem Definition Paper Medical Technician 00334/Medical Assistant 00150’.

<sup>3</sup> Dionne et al., ‘DPGR Medical Technician/Medical Assistant Sponsor Advisory Group 1’.

<sup>4</sup> ‘Problem Definition Paper Medical Technician 00334/Medical Assistant 00150’.

## DISCUSSION

### PA Occupation History

3. In order to understand the impact that the change in the PA occupation had on the Med Tech trade it is important to understand the history of the PA occupation and it's interconnected history with the Med Tech occupation in the CAF. The origins of the PA trade date back to the 1960s and 1970s in the United States (US), during which time the occupation was created and recognized as a clinical profession.<sup>5</sup> From a military perspective the US military recognized the PA occupation as a commissioned occupation in all service branches in 1992. The title physician assistant was first recognized within the CAF in 1984 as an adopted title for senior Med Techs, and to date, only Canada and the US have recognized occupations of PA within their military structures. In 1991, the CAF officially changed the title for any senior Med Tech once they received their Qualification Level 6B to Physician Assistant. In 2002, Canadian Forces Health Services Training Centre (CFHSTC) began operating a Canadian Medical Association (CMA) accredited 24 month PA program. In 2009, this program entered into a partnership with the University of Nebraska and as a result, upon successful completion of the program, graduating Med Techs were conferred with a Bachelor degree.<sup>6</sup>

4. Under this system Med Techs who wished to be promoted to the rank of Warrant Officer (WO)/Petty Officer First Class (PO1) were required to complete this 24 month program as the QL6B course. However, their US counterparts, with the same qualifications were commissioned officers holding officer ranks. Additionally, during this period of time, the PA occupation became more recognized within the provincial civilian health care setting, creating employment opportunities for PA's outside of the CAF.<sup>7</sup> Further exacerbating this, as the PA qualification was a career progression course for PA's there was no obligatory service incurred for completing this course, as a result there was nothing preventing PA's from releasing upon completion of their PA program. The sum of these effects is that there were friction points with many PAs with increased opportunities for them to release. Over time, to mitigate and correct this situation the decision was made that the PA occupation within the CAF was to become a commissioned one, and as a result in 2016, the CAF began the process of separating the PA occupation from the Med Tech one, and the PA occupation was stood up independently.

5. As a result of the stand up of the PA occupation as a commissioned trade, the med tech trade career progression was altered, and currently, Med Techs are now able to attain the senior NCO ranks above Sergeant(Sgt)/Petty Officer Second Class (PO2) without completing the PA program. However, this also resulted as the removal of the Med Tech occupation as the exclusive feeder trade into the PA program, with all trades now able to apply. Under the new construct, the CFHST no longer operates an accredited PA program, and any CAF personnel selected for the PA program must now complete this training at a civilian university, with the prerequisite for all programs offered in Canada being 2 years of post-secondary education prior

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<sup>5</sup> 'History'.

<sup>6</sup> 'Historical Timeline'.

<sup>7</sup> Jones et al., 'A Perspective on the Economic Sustainability of the Physician Assistant Profession in Canada'.

to admission.<sup>8</sup> The result of this change in the career path is an exacerbation of the growing frustration that exists within the Med Tech trade which is what this paper will now turn to address.

## **Med Tech Dissatisfaction**

6. Historically, the Med Techs occupation has been an underfilled trade that is challenged to recruit and retain personnel. Recently the PML for Med Techs has been shrinking with releases outstripping recruiting and the current PML is at 86%.<sup>9</sup> The most recent “Your Say” survey for the Med Tech occupation has highlighted a growing level of dissatisfaction within the occupation. Upon examination of these survey, key themes begin to emerge which affect the ability of the CAF to retain Med Techs within the organization. The primary historical dissatisfiers when examining the med tech occupation can be grouped into: training opportunities, licensing issues, postings and career progression.<sup>10</sup> This paper will briefly discuss each, however, the intent will be to focus on the last factor in particular.

7. The first two factors although separate, are linked to one another and one affects the other. As previously identified the primary training qualification for the Med Tech occupation is the PCP qualification, as pre-hospital lifesaving care is the primary task and function of a Med Tech when they are on deployed operations. However, in Canada, where a robust civilian pre-hospital care system is already in place, the primary method of Med Tech employment does not focus on acute pre-hospital care activities. Instead, Med Tech employment in a clinical setting revolves around providing non-urgent, routine, primary care services to a relatively healthy patient population. As a result, there is a significant risk of skill fade that can only be mitigated through a robust training program. However, within the CAF training system there exist several barriers to facilitating this training. Firstly, the CAF does not reimburse or require Med Techs to maintain their provincial licensure, as such not all Med Techs maintain their licensing qualification after training.<sup>11</sup> This is distinctly different from other clinical occupations such as physicians, physiotherapists, and nurses as examples who are all required to maintain their licenses and are reimbursed the cost. Secondly, as part of the CAF maintenance of clinical readiness (MCRP) program, prehospital activities are not a requirement as part of maintaining clinical readiness. Rather, primary care clinical exposure in a variety of non-acute settings will satisfy the requirements. As a result, there is limited funding opportunities for pre-hospital care and as such no priority or emphasis placed on ensuring Med Techs are given acute pre-hospital care exposure.<sup>12</sup> With regards to the third factor, there is a general dissatisfaction amongst Med Techs with regards to posting preferences. According to the survey data, Med Techs would like

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<sup>8</sup> ‘CF Mil Per Instr 02/17 - Military Physician Assistant Training Plan (MPATP)’.

<sup>9</sup> ‘Initial Problem Definition Paper Medical Technician 00334/Medical Assistant 00150’.

<sup>10</sup> Ebel-Lam, Urban, and Franklyn, ‘Medical Technicians: Qualitative Analysis of the 2019 Canadian Armed Forces (CAF) Retention Survey Results’.

<sup>11</sup> ‘Problem Definition Paper Medical Technician 00334/Medical Assistant 00150’.

<sup>12</sup> ‘Initial Problem Definition Paper Medical Technician 00334/Medical Assistant 00150’.

to have more influence and input into decisions as to where they are posted<sup>13</sup>. With rising cost of living, and the changed family dynamics of most families being two income households, there are challenges with moving regularly, and as such not being able to have influence over location and frequency of posting is an area of dissatisfaction.

8. It is with regards to the final factor that this rest of this paper will focus, Med Tech career progression. The decision to commission the PA occupation may have been the proper decision from an organizational perspective, however, the impact on the Med Tech trade has been significant. The opportunity to become a PA was a significant factor for many Med Techs choosing their occupation when joining the CAF. As a result, many Med Techs were willing to work through the challenges identified previously because of the possibility of being selected for the PA occupation. As a feeder trade, career progression was directly linked to the PA qualification. When this was removed, and the Med Tech trade was no longer considered a feeder trade, the result was an increased level of dissatisfaction, and a higher attrition rate with more Med Techs releasing to find employment elsewhere<sup>14</sup>. Although Med Techs may still apply along with other occupations for PA selection through the Military Physician Assistant Training Program (MPATP), they must apply and be accepted into a recognized academic program and apply and be selected for sponsorship within the CAF.<sup>15</sup> Currently in Canada there are three PA programs that are operating in Canada, and all require applicants to have two years of undergraduate education as a pre-requisite to be able to apply.<sup>16171819</sup> As this is not a requirement for the Med Tech occupation, this means that Med Techs who wish to career progress and commission as a PA must find time on their own to complete two years of undergraduate programming while still working full time in an understaffed occupation. Although not impossible, and recently, several Med Techs were selected for the PA program, this does represent a significant barrier.

## CONCLUSION

9. The Med Tech occupation is the primary NCM/NCO occupation within the CFHS. The PA occupation and the Med Tech trade are interconnected with the PA occupation being created as a result of the clinical evolution in medicine that resulted in the need for a new medical profession. The 2016 separation of the PA trade, while arguably the right decision, has further exacerbated the growing frustration and discontent within the Med Tech occupation, by removing one of the key motivators and career progression opportunities for Med Techs.

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<sup>13</sup> Ebel-Lam, Urban, and Franklyn, 'Medical Technicians: Qualitative Analysis of the 2019 Canadian Armed Forces (CAF) Retention Survey Results'.

<sup>14</sup> Ebel-Lam, Urban, and Franklyn.

<sup>15</sup> 'CF Mil Per Instr 02/17 - Military Physician Assistant Training Plan (MPATP)'.

<sup>16</sup> 'Temerty Faculty of Medicine: Admission Requirements'.

<sup>17</sup> 'Faculty of Health Services: Physician Assistant Education Program'.

<sup>18</sup> 'Master of Physician Assistant Studies (MPAS) | Max Rady College of Medicine | University of Manitoba'.

<sup>19</sup> Dang, 'How to Become a Physician Assistant in Canada'.

## RECOMMENDATION

10. There is a need to mitigate the attrition of the Med Tech occupation while also ensuring the continuity of the PA occupation. Med Tech's are the backbone of the CFHS NCM corp and are highly trained and skilled. Equally, the clinical responsibilities of a PA are significant and as such, the training and education requirements must also be equally robust. However, the history of the PA occupation shows not only a strong historical connection between the two trades, but also a clinical one. The skills of a PA, historically, have been an extension of those of a Med Tech, the two trades, until recently were never considered mutually exclusive.

11. Currently, the biggest barrier preventing Med Techs from becoming PA's is the inability to have the program prerequisites of two years of undergraduate education. Therefore, it is recommended that the CAF enter into an agreement with one or more of the universities in Canada which offer a PA education program and they design a program which includes providing two years of undergraduate training as part of their PA program. The current average program length is two years for the PA program, so adding the two-year undergraduate course portion would only extend the program to a four year PA program, which would be in line with what the majority of CAF commissioned trades require<sup>20</sup><sup>21</sup><sup>22</sup>. Med Techs could then go through a selection process similar to the one that was utilized previously when the occupation was a feeder trade for the PA occupation. In this way, Med Techs that wish to remain the NCO corp do not have to apply and continue their career progression within the Med Tech occupation. However, those who wish to become PA's would apply to the MPATP as it is currently established, would commission and incur obligatory service upon completion of training. This would also resolve the previous challenge the CAF was having with the PA qualification being a career qualification with no obligatory service attached to the training. In this way, the CAF would be addressing one of the factors of dissatisfaction for Med Techs while also ensuring an effective program was in place to maintain stability and continuity within the PA occupation. This would then enable both trades to continue to recruit and retain highly skilled members for these vital occupations. The alternative of maintaining the status quo could eventually be the collapse of both trades, something that CAF cannot afford.

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<sup>20</sup> 'Temerty Faculty of Medicine: Admission Requirements'.

<sup>21</sup> 'Master of Physician Assistant Studies (MPAS) | Max Rady College of Medicine | University of Manitoba'.

<sup>22</sup> 'Faculty of Health Services: Physician Assistant Education Program'.

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