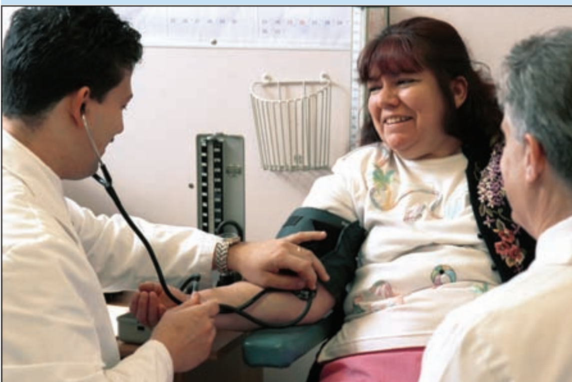
Issue Brief

Physician Assistant Scope of Practice

- Each PA's scope of practice is defined by
    - Education and experience
    - State law
    - Facility policy
    - Physician delegation
- PAs are educated in the medical model. Along with a classroom curriculum, they receive on average 2,000 hours of supervised clinical practice prior to graduation. After graduation, PAs continue learning at work and through continuing medical education. PAs work with physicians in every specialty and setting – from NICUs to SNFs.
- State laws allow physicians broad delegatory authority. This allows for flexible, customized team care.
- In facilities, PAs usually are credentialed and privileged through the medical staff.
- PAs work as members of physician-directed teams. PAs seek and embrace a physician-delegated scope of practice.



Physician assistants (PAs) are educated in the medical model and work as members of physician-directed teams. But what exactly do PAs do? And who decides?

The boundaries of each physician assistant's scope of practice are determined by four parameters.

The PA's Education and Experience

PA scope of practice should be limited to those tasks for which they are adequately prepared. This preparation is achieved through education and training in an accredited PA program, working with physicians in clinical practice, and continuing medical education (CME).

Physician assistant education is modeled on physician education. PAs are taught in programs located at medical schools and teaching hospitals. PA students commonly share classes, facilities, and clinical rotations with medical students.

Applicants to PA programs must complete at least two years of college courses in basic science and behavioral science as prerequisites to PA training. This is analogous to pre-med studies required of medical students.

The mean length of PA education programs is 26 months.[1] Students begin PA programs with a year of basic medical science courses (anatomy, pathophysiology, pharmacology, physical diagnosis, etc.). Following the basic science and medical science classroom work, PA students enter the clinical phase of training. This includes classroom instruction and clinical rotations in medical and surgical specialties (family medicine, internal medicine, obstetrics and gynecology, pediatrics, general surgery, emergency medicine, and psychiatry). PA students complete 2,000 hours of supervised clinical practice prior to graduation.[2]

Physician assistants receive a broad-based generalist education with an emphasis in primary care. However, like other health professionals, PAs continue learning in the clinical work environment and through continuing medical education. In addition to the skills learned in PA

programs, PA scope of practice is determined by the fund of knowledge and clinical skills gained from working with physicians in the patient care environment and from formal CME courses.

State Law

The first state laws for physician assistants, passed in the 1970s, allowed broad delegatory authority for supervising physicians. Many were simple amendments to the medical practice act that allowed physicians to delegate patient care tasks within the physician's scope of practice to PAs who practiced with the physician's supervision.

In some states the initial delegatory language was replaced by a more regulatory approach. Many state legislatures or licensing boards created lists of items that could be included in a PA's scope of practice. However, states soon determined that this approach was both impractical and unnecessary. In early 1996, the North Dakota Board of Medical Examiners changed the rules governing PAs to eliminate a procedure checklist and adopt a physician-delegated scope of practice. Writing in the board's Winter 1996 newsletter, *The Examiner*, Executive Director Rolf Sletten stated:

> Historically, a PA's scope of practice has been defined by a checklist that ostensibly itemizes every procedure the PA is permitted to perform. The benefit of the checklist is that it is very specific and so, in theory, everyone (i.e., the PA, the supervising physician and the Board) knows the precise boundaries of the PA's scope of practice. In actual practice, it is simply not so. PAs function in a great variety of practice situations, in a wide range of specialties. Furthermore, their practice is constantly evolving. This is true for individual PAs as they gain additional skill and experience, and for the profession generally as medicine evolves and new practices become routine. The business of designing and maintaining a checklist which truly identified every procedure performed by every PA at any given time proved to be impossible.[3]

Although there is still some variation, most state laws have abandoned the concept that a medical board or other regulatory agency should micro-manage physician-PA teams. Wyoming, in its regulations, has gone one step further in describing the role of the medical board.

> The board does not recognize or bestow any level of competency upon a physician assistant to carry out a specific task. Such recognition of skill is the responsibility of the supervising physician. However, a physician assistant is expected to perform with similar skill and competency and to be evaluated by the same standards as the physician in the performance of assigned duties.

Facility Policy

Licensed health care facilities (hospitals, nursing homes, surgical centers, and others) have a role in determining the scope of practice for health care professionals who practice in their institutions. In general, PAs are credentialed by the medical staff and authorized through privileges in a manner parallel to that used for physicians. Privileges are generally granted in accordance with community need and norms. Any privileges granted by a facility must conform to state law.

Delegatory Decisions Made by the Supervising Physician

Physician assistants seek and embrace a physician-delegated scope of practice. This is unique. No other health profession sees itself as entirely complementary to the care provided by physicians. PAs have great respect for the depth of training received by physicians and acknowledge physicians as the best-educated and most comprehensive providers on the health care team.

To a very large extent, PA scope of practice is determined by the delegatory decisions made by the supervising physician. This allows for flexible and customized team deployment. The physician has the ability to observe the physician assistant's competency and performance and to assure that the PA is performing tasks and procedures in the manner preferred by the supervising physician. The physician also is in the best position to assess the acuity of patient problems seen in a particular setting. The supervising physician is able to plan for PA utilization in a manner that is consistent with the PA's abilities, the physician's delegatory style, and the needs of the patients seen in the practice.

The AMA recognized these concepts when its 1995 House of Delegates adopted the following Guidelines for Physician/Physician Assistant Practice.

- The physician is responsible for managing the health care of patients in all practice settings.
- Health care services delivered by physicians and Physician Assistants must be within the scope of each practitioner's authorized practice as defined by state law.
- The physician is ultimately responsible for coordinating and managing the care of patients and, with the appropriate input of the Physician Assistant, ensuring the quality of health care provided to patients.
- The physician is responsible for the supervision of the Physician Assistant in all settings.
- The role of the Physician Assistant(s) in the delivery of care should be defined through mutually agreed upon guidelines that are developed by the physician and the Physician Assistant and based on the physician's delegatory style.
- The physician must be available for consultation with the Physician Assistant at all times either in person or through telecommunication systems or other means.
- The extent of the involvement by the Physician Assistant in the assessment and implementation of treatment will depend on the complexity and acuity of the patient's condition and the training and experience and preparation of the Physician Assistant as adjudged by the physician.
- Patients should be made clearly aware at all times whether they are being cared for by a physician or a Physician Assistant.
- The physician and Physician Assistant together should review all delegated patient services on a regular basis, as well as the mutually agreed upon guidelines for practice.
- The physician is responsible for clarifying and familiarizing the Physician Assistant with his supervising methods and style of delegating patient care.[4]

Conclusion

Physician assistants, working as members of physician-directed teams, now participate in the care of patients from the neonatal intensive care unit to long-term care facilities. While PAs still work in primary care, many now work in specialties, including those specialties that deal with acute medical and surgical problems. This change has been created by physician demand. As PAs have become well known, many specialist physicians have realized that physician assistants can help extend care to patients in almost every medical and surgical setting.

What has not changed is the PA profession's commitment to team practice, with the physician as the captain of the team. Since the inception of the profession, this has remained a constant. PAs are now found in many settings, but the role they play in physician-directed care is identical to the vision of the physicians who created the profession.

The efficiency and potential for creativity found in the physician-PA team may be "just what the doctor ordered" for the challenges of health care delivery in the 21st century.

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References

1. *Twentieth Annual Report on Physician Assistant Educational Programs in the United States, 2003-2004.* Alexandria, VA: Association of Physician Assistant Programs.
2. *Eleventh Annual Report on Physician Assistant Educational Programs in the United States, 1994-1995.* Alexandria, VA: Association of Physician Assistant Programs.
3. Sletten R. PA Supervision Requirements. *The Examiner.* North Dakota State Board of Medical Examiners, Winter 1996.
4. American Medical Association. Guidelines for Physician/Physician Assistant Practice. 2001 Policy Compendium. Chicago, IL.

Further information about PA practice is available on the AAPA Web site, *www.aapa.org.*

An electronic version of this brief can be found at *www.aapa.org/gandp/scope-practice.pdf.*

The following publications are available from the AAPA store.

Order on-line at *www.aapa.org/aapastore*, or call 703/787-8044.

Hiring a Physician Assistant

This publication includes information about education requirements for physician assistants, guidelines regarding their scope of responsibilities and practice, and a pre-employment checklist. The book also covers topics such as state regulations, national certification, malpractice coverage, employment agreements, recruiting, and compensation. (68 pages)

Members $25.00 Nonmembers $50.00

Physician Assistant Third-Party Coverage

This resource summarizes third-party coverage policies for PA medical and surgical services, and outlines rules, regulations, and billing concepts for coverage of physician services provided by PAs under Medicare, Medicaid, TRICARE/CHAMPUS, and private insurance companies. Practice issues such as strategies for handling claim denials are also covered. This book provides the physician assistant with insight into courses of action that can be taken to help solve problems and maintain a more positive reimbursement environment. (127 pages)

Members $25.00 Nonmembers $50.00

Physician Assistants and Hospital Practice

This publication is a summary of information on the practice of PAs in hospitals. It contains policy statements from national organizations, information about JCAHO, patient restraints, EMTALA, model hospital bylaws, and a sample credentialing form. (74 pages)

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Contacts & Contracts: An Employment Guide for PAs

This comprehensive manual helps both new graduates and experienced PAs identify and secure the perfect job. It includes information about job opportunities, employment recruiters, resume and cover-letter writing, the interview process, and contract negotiation. Handy checklists for pre-employment issues, contract negotiations, and resigning procedures are also featured. (108 pages)

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Physician Assistants: State Laws and Regulations

This publication is a detailed resource of state laws and regulations related to the PA profession, including a state-by-state summary of statutes and regulations, with information on scope of practice, prescribing and dispensing, qualifications for practice, and the definition of supervision. It contains summaries of more than two dozen key provisions of each state's statute and regulations complete with legal citations. (10th ed., 316 pages)

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