

Guidelines for Privileging Physician Assistants

(Adopted 2005 and reaffirmed 2010)

The American Academy of Physician Assistants (AAPA) believes that recognition of physician delegation and verification of physician assistant (PA) education and experience are the appropriate criteria when assessing PAs for privileges requested. In addition, utilization of ongoing quality management and continuous competency assessment are appropriate re-credentialing tools.

Institutions privileging PAs should first credential them by verifying licensure, initial national certification, and graduation from an accredited physician assistant program. Decisions to grant specific privileges should be based on recommendations from supervising physicians, peer review, and verification of such things as relevant clinical experience, previous privileges where available, continuing medical education, and documentation of procedures performed. Re-privileging would include maintenance of minimum competency as documented by skills assessment or performance of a minimum number of specific procedures and evaluation by current supervising physician(s). Credentialing and privileging of physician assistants should be done through a committee that includes PA representation.

Background

The fundamental premise of the physician assistant profession is a solid educational foundation in medicine and surgery that prepares PAs to work with physicians in any specialty. Physician assistants recognize that physicians have a depth and breadth of training that is unmatched by other medical professionals. PAs embrace – legally and philosophically – the notion that physicians should lead the health care team.

Physician assistants have worked in primary care and specialty practice from the earliest days of the profession. In addition to their medical and surgical grounding, PAs have the skills and professional ethic for lifelong learning and a mission to remain flexible enough to meet changing needs in the health care system and society. The physician-PA team is designed to deliver the best care possible in the most efficient way. The quality of care PAs provide is assured by each PA's education, national certification, continuing medical education, training in the clinical setting, and oversight by a supervising physician.

Education

PAs are educated in the medical model of evaluation, diagnosis, and treatment. PA education standards require that students have clinical experiences in family

Guidelines for Privileging Physician Assistants

medicine, general internal medicine, pediatrics, prenatal care and gynecology, general surgery, emergency medicine, psychiatry/behavioral medicine, and geriatrics. The programs must provide medical and surgical clinical practice experiences that enable students to develop appropriate clinical competencies; according to the PA program accreditation standards.¹ The independent Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) accredits physician assistant programs.²

National Certification

The national certifying examination, developed by the National Commission on Certification of Physician Assistants (NCCPA) in conjunction with the National Board of Medical Examiners, comprises 350 questions that assess medical and surgical knowledge. To maintain national certification, PAs must complete 100 hours of CME every two years and pass a national recertification examination every six years.³

The Physician-PA Team

PAs are educated in the medical model of evaluation, diagnosis, and treatment. They are committed to life-long learning through clinical experience and continuing medical education. Recognition that new tasks and responsibilities can be taught and delegated by the supervising physician as a PA gains experience and as the physician and PA grow as a team are key to effective utilization of PAs.

Specialty and Subspecialty Privileges

When PAs and their supervising physicians request that a hospital grant PA privileges for specialized procedures or other highly technical, specialty-related care, the PAs' qualifications should be assessed just as they would be for any other privilege – verification of specialized training in the clinical setting, previous privileges, relevant CME, a documented skills assessment, or performance of a minimum number of procedures under direct proctoring by a supervising physician.

While the AAPA does not oppose verification of specific course completion, such as Pediatric Advanced Life Support (PALS) or Advanced Trauma Life Support (ATLS), the AAPA opposes specialty certification examinations as a requirement for physician assistant credentialing or privileging. The physician assistant profession does not have a system of specialty credentialing like the specialty boards system developed by physicians. Because there are other ways to assess PA competency, the AAPA believes imposing specialty boards or specialty exams is unnecessary and would undermine the basic construct of the profession, which is to be broadly educated medical providers with the versatility and flexibility to meet changing health care needs. Many PAs fulfill their national certification CME requirement by attending highly specialized courses specific to their area of practice.

Guidelines for Privileging Physician Assistants

Further, to require specialty certification is beyond the usual industry standard for physician assistants, and would be requiring a credential that is not available. Institutional accreditors – the Joint Commission on Accreditation of Healthcare Organizations, the National Committee for Quality Assurance, and the Centers for Medicare and Medicaid Services – do not specify that institutions should require PAs to obtain or maintain specialty certification.

Conclusion

The PA profession was created to increase access to care. In many cases, it has done so by extending primary care physician services to patients in underserved areas. It also has done so by maintaining its commitment to a broad medical and surgical education that enables PAs to respond to the needs of the system as it evolves.

By relying on a system of accredited education, national certification, and practice with physician oversight, the physician assistant profession has been able to retain its flexibility. The PA profession believes that the physician-PA team approach to patient care provides the highest quality care for patients and does so in a way that is economical for the overall health care system.