AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

SCOPE OF PRACTICE — PHYSICIAN ASSISTANTS

RECOMMENDATION:
The American Academy of Family Physicians (AAFP) recognizes the valuable contributions of the physician assistant (PA) profession and we believe that physician assistants should function in an integrated practice arrangement with practicing, licensed physicians. Duties should not be delegated to a physician assistant for which the supervising physician does not have the appropriate educational training and current competence. The AAFP encourages health professionals to work together as clinically integrated teams in the best interest of patients. Patients are best served by a health care team led by a physician.

Education and Training

There are significant differences in the educational and training requirements between physicians and physician assistants. All physicians are required to complete a four-year bachelor's degree, four years of MD/DO education, and three years of residency which includes 12,000 to 16,000 hours of clinical patient care. Further, physicians are required to take 150 hours of Continuing Medical Education (CME) training every three years, and must sit for their board certifications every six to ten years. Each physician is required by law to carry individual medical liability insurance.

By contrast, physician assistants are required to complete a four-year bachelor's degree and three years of PA education. Students complete 2,000 hours of clinical practice during their PA education and do not complete an additional residency-like training. Physician assistants must pass a national certifying examination and obtain state licensure prior to practice. They are required to take 100 hours of CME training every two years and sit for a recertification exam every ten years. Physician assistants are not required by law to carry individual medical liability insurance.

Regulation and Scope of Practice

The regulation of the scope of practice of physician assistants varies from state to state and is determined through state licensing requirements. Many states now allow the scope of practice to be determined at the practice level rather the state. States also commonly do not have uniform scope of practice regulations but address scope of practice on an issue-by-issue basis. State laws regarding the practice of physician assistants address issues concerning the use of "licensure" as a regulatory term, authority to prescribe, determination of scope of practice, adaptability of supervision requirements, determination of co-signature requirements, and maximum number of PAs a physician can supervise at one time. All states have passed legislation regarding the use of the term "licensure" to describe the process by which the state authorizes PAs to practice.

Currently, seven states (AR, GA, IA, KY, MO, OK, and WV) limit the prescriptive authority of physician assistants at the state level. Four of these states (AR, GA, MO, WV) do not authorize PAs to prescribe Schedule II medications. Iowa stipulates that PAs are not authorized to prescribe Schedule II depressants. Kentucky does not allow PAs to prescribe or administer any schedule drugs. Oklahoma allows the state board to define the scope. Prescriptive authority is determined at the practice level by the supervising physician for the other 42 states and the District of Columbia.

There are 35 states that allow for the determination of scope of practice to be jointly established through a written agreement between the supervising physician and PA at the practice level. Seven

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states (AL, DC, GA, KY, MS, SC, and WV) require that the scope of practice of each individual PA be approved by the state medical board while eight states (FL, IA, MD, PA, OK, VA, WA, and WI) have laws listing the specific services that PAs can provide. Similarly, 27 states and the District of Columbia (AK, AR, AZ, CT, DE, DC, FL, ID, IL, KY, LA, ME, MD, MA, MI, MN, NJ, NY, NC, ND, OH, RI, SD, TX, VT, WA, WI, and WY) allow for co-signature requirements for PAs to be determined at the practice level by the supervising physician. The remaining 33 states have state regulations regarding co-signature requirements.

Additionally, 21 states (AL, AK, AR, CO, FL, ID, IA, KS, KY, MS, MO, MT, NE, NV, NM, PA, SC, SD, TN, VA, and WV) have laws determining the means by which responsible supervision of a physician over PAs is accomplished, while the other 29 states and the District of Columbia allow this to be decided at the state level. Finally, 39 states and the District of Columbia have state laws limiting the number of PAs that one physician may supervise at a time. The limits vary from state to state but generally allows between two to seven PAs per one supervising physician. The other 11 states (AK, AR, ME, MA, MT, NM, NC, ND, RI, TN, and VT) do not have any limits.

Future Issues

Due to the current physician shortage, states are seeking to adjust scope of practice regulations of PAs to fill the physician supply gaps. In 2017 alone, Connecticut, Illinois, New Mexico, and West Virginia introduced legislation aiming to expand scope of practice relationships from supervisory to "collaborative." Action is pending in Illinois and now law in New Mexico. The proposed legislation failed in Connecticut and was vetoed by Gov. Justice (D) in West Virginia.

Lincoln Memorial University DeBusk College of Osteopathic Medicine in Harrogate, TN created a "Doctor of Medical Sciences" (DMS) program as an advanced degree for PAs. The goal of this degree is to give PAs "skills equivalent to that of a residency trained physician." Participants in the program must have PA master's level training and a minimum of three years of clinical experience in family, internal, or emergency medicine. The two-year program includes online didactic education, clinical work, and an exam "equivalent to MD or DO standards." This program was approved and included in the scope of current accreditation by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) Board of Trustees on November 11, 2015. Lynchburg College in Lynchburg, VA has also taken steps to institute a DMS degree program but has not yet received accreditation from SACSCOC.

In 2017, four states (Florida, Tennessee, Virginia, and Washington) proposed legislation regarding the establishment of a "Doctor of Medical Science" (DMS) licensure, however thus far no such legislation has passed. It remains to be seen how many other colleges or universities introduce DMS degree programs as well as how states will approach DMS licensure.

Importance of Physician-Led Team Based Care

The AAFP encourages health professionals to work together as multidisciplinary, integrated teams in the best interest of patients. The central goal of team-based care is to provide the most effective, efficient, and accessible evidence-based care to the patient. Patients are best served when their care is provided by an integrated practice care team led by a physician. Wholesale substitution of non-physician health care providers for physicians is not the solution, especially at a time when primary care practices are being called upon to take on more complex care. Patients need access to every member of their health care team—starting with a primary care physician, nurse practitioners, physician assistants, and all the other professionals who provide health care. The family physician is trained to provide complex differential diagnosis, develop a treatment plan that addresses multiple organ systems, and order and interpret tests within the context of the patient's overall health condition. A physician assistant, on the other hand, is specifically trained to support a physician treating patients after diagnosis, assessing progress, and performing routine procedures while under the supervision of a physician. Physician-led team based care addresses patients' needs for high quality, accessible health care and reflects the skills, training and abilities of each health care team member to the full extent of their license.