AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

# SCOPE OF PRACTICE — PHYSICIAN ASSISTANTS

## AAFP Position

The American Academy of Family Physicians (AAFP) recognizes the valuable contributions of the physician assistant (PA) profession and believes 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, led by physicians, in the best interest of patients.

## Importance of Physician-Led Team-Based Care

The AAFP encourages health professionals to work together as physician-led, multidisciplinary, integrated teams to provide the most effective, efficient, and accessible evidence-based care to the patient. Patients need access to every member of their health care team—primary care physicians, nurse practitioners, physician assistants, and all the other professionals practicing to the full extent of their license. The family physician is trained to provide complex differential diagnoses, develop a treatment plan, 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 under physician supervision. 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.

## 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 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. Due to the current physician shortage, states are seeking to adjust scope of practice regulations of PAs to fill the physician supply gaps. A number of states have introduced legislation aiming to expand scope of practice relationships from supervisory to collaborative.

Almost all states (excluding Wisconsin) and DC now allow the scope of practice to be determined at the practice level through a written agreement rather than at the state level. States also commonly do not

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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.

PAs are allowed to prescribe schedule II-V drugs in 44 states and DC, and schedule III-V drugs in the remaining six states (AL, AR, GA, IA, KY, WV).[1] Thirty-five states (AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, KS, KY, LA, MD, MA, MI, MT, NC, NE, NH, NJ, NV, NY, OH, OK, PA, RI, SC, SD, TN, TX, VT, WA, WI) and DC require PAs to be supervised by physicians, while 13 states (AK, ID, IL, IN, ME, MN, MO, ND, OR, UT, VA, WV, WY) require PAs to have collaborative agreements with physicians.[2] In twenty-one states (AL, CA, CO, IN, IA, KS, KY, LA, MS, MO, MT, NE, NV, NH, OH, PA, SC, TN, TX, UT, VT) at least some percentage of PA charts must be co-signed by the supervising or collaborating physician.

In 42 states and DC, PAs are regulated by the medical board. In the remaining eight states (AZ, CA, IA, MA, MI, RI, TN, UT), PAs are regulated by a separate, independent regulatory board. Additionally, 20 states (AL, AK, CO, FL, ID, IA, KS, KY, ME, MS, MO, MT, NE, NV, OR, PA, SC, TN, VA, WV) have laws determining how responsible supervision of a physician over PAs is accomplished, while the other 30 states and DC allow this to be decided at the state regulatory level. Finally, 35 states and DC 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 15 states (AK, ID, ME, MA, MI, MN, MS, NC, ND, NM, OR, RI, TN, UT, WY) do not have any limits.[3]

**Future Issues**

In the summer of 2021, the American Academy of Physician Assistants voted to change their professional title from 'physician assistant' to 'physician associate.' This title change is subject to adoption by each state's regulatory and legislative bodies, employers, and other national medical organizations. While the AAFP acknowledges the critical contribution of PAs to physician-led care teams, the AAFP opposes this title change as it will likely lead patients to mistakenly conclude that PAs practice at a similar level to physicians.

Lincoln Memorial University DeBusk College of Osteopathic Medicine in Harrogate, TN created a "Doctor of Medical Sciences" (DMSc) 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. The University of Lynchburg in Lynchburg, VA has also instituted a DMSc degree program and has received accreditation from SACSCOC. Similar programs have since been founded at universities in Oregon and Utah.

In 2018, Tennessee legislation provided for "Doctor of Medical Science" (DMS) licensure was killed by opposition from family physicians in Tennessee and other physician groups. Given the opposition to the DMS degree from the physician community, it remains to be seen how many other colleges or universities introduce DMS degree programs as well as how states will approach DMS licensure.

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[1] American Medical Association. (2021). "Physician assistant scope of practice." Web.
[2] American Medical Association. (2021). "Physician assistant scope of practice." Web.
[3] Barton Associates. (2018). "PA Scope of Practice Laws." Web.