



SCOPE OF PRACTICE — ASSISTANT PHYSICIAN

Background

In 2014, Missouri became the first state in the nation to enact legislation creating the new professional designation of assistant physician. The Missouri [law](#) allows assistant physicians to provide primary care services to individuals in rural and underserved areas with limited physician supervision without completing a postgraduate residency training. The Missouri Board of Registration for the Healing Arts began accepting applications for the assistant physician designation on January 31, 2017.

Since the Missouri law was passed, [Arkansas](#), [Kansas](#), and [Utah](#) have enacted assistant physician legislation, while New Hampshire, Oklahoma, Virginia, and Washington have considered bills similar to Missouri's. Arkansas' new "graduate registered physician" position allows medical school graduates with Arkansas ties to practice before residency with direct continuous supervision. Kansas created a special license for graduates of the University of Kansas School of Medicine who do not match with a residency program to let them practice under continuous direct supervision for a maximum of two years. Recently, Utah created an "associate physician" position that allows medical school graduates to provide primary care services in medically underserved areas with limited physician supervision for up to four years.

The Importance of Residency Programs

Assistant physicians and their equivalents have completed medical school but have not matched with a residency program, which includes 12,000 to 16,000 hours of clinical patient care, that is required for all family physicians. Assistant physicians lack the meaningful direct patient care experience and education necessary to provide quality care. The AAFP supports the practical training provided by residency as it provides hands on practice and guidance in the realities of delivering independent quality patient care. Residency education is critical to providing extensive patient care experiences under a high level of supervision. Over the course of a resident's training, medical school graduates are exposed to many different patients, pathologies, practice settings, and additional circumstances. Residents undergo a process of graduated responsibility in which residents take on progressive duties over the course of their training commensurate with their instruction and level of expertise. In addition to extensive clinical experience, residents are also instructed in professional development opportunities, effective communication, leadership, and other necessary skills.

Regulation and Scope of Practice

In the states that have created the assistant physician provider category, individuals may apply for licensure, a process which includes submitting exam scores, proof of medical degree and letters of recommendation. The state licensing board will decide whether to license the assistant physician after review of a medical school graduate's application.

Although statutes regulating the practice of assistant physicians vary by state, assistant physicians are typically required to enter a partnership with a licensed physician within six months of receiving their assistant physician license and are considered a physician assistant for payment purposes. Assistant physicians can only practice in medically underserved areas and the supervising physician must oversee all activities performed by the assistant physician and accept responsibility – although not necessarily be present – for services rendered by the assistant physician.

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Under these laws, assistant physicians are allowed to provide primary care services for a definite, or in the case of Missouri's law, an indefinite amount of time. Furthermore, Missouri law requires assistant physicians to receive only 30 days of clinical training before practicing in a HPSA with patients. As more states tackle provider shortages, it is expected that similar legislation to allow the practice of underqualified providers in underserved areas will be introduced in other states.