

February 26, 1971

WSD's Physician's Assistant - Guidelines for Utilization

TO : Managers, VA Hospitals, Birmingham, VA Regional Office,
and Regional Offices with Cooperative Clinics

1. Guidelines governing areas of utilization and levels of activity for Physician's Assistants employed at VA stations are attached to this circular. These guidelines constitute a framework within which each station employing Physician's Assistants will develop its own local operating policies. The guidelines are intended as broad guidelines, pending further development of this new occupation. They are applicable to Physician's Assistants of the type described in Circular 18-70-234 and to the other forms in this circular. Guidelines for utilizing Physician's Assistants (the term "utilization" includes training) will be developed by the appropriate inter-agency program committee on Professional Services in Central Office agreement at a later date.

2. All medical facilities of the VA are appropriate areas of utilization for the Physician's Assistants function. However, positions Physician's Assistants will work primarily in work, in admitting rooms and outpatient clinics, and in various other areas under the Hospital team format. They will work directly under the supervision of physicians as members of the health care team, performing duties that are those listed in Attachment 1 of this circular. The majority of a Physician's Assistant's duties are those now customarily performed by the physician, rather than a combination of duties typically performed by other professional or technical personnel. Areas of work at the station will assign the Physician's Assistant either to one physician or to several physicians in the combined assignment. The immediate responsibility for the actions of the Physician's Assistant will rest with these designated physicians.

3. While the development of their general guidelines, the Medical Staffs may recommend and subject to approval by the station director, develop operating policies which will govern the areas of duties of Physician's Assistants at their stations. Special attention will be given to policies governing drugs, emergency procedures, and management of emergency patients. These policies should be as specific as appropriate local clinical services, but general policies, as appropriate, may be needed to adequately cover all practices Physician's Assistants employed. When approved, the

copies of these policy statements will be forwarded promptly to the appropriate Regional Medical Director, Region No. _____, if it is determined appropriate.

4. Appropriate manual changes regarding activities of Physicians' Associates and related responsibilities of the Medical Executive Committee will need to be published.

Richard S. Wells, M.D.
Richard S. WELLS, M.D.
Regional Medical Director

Attachments

Attachment No. 100 100 copy
of 100000 100 100, 100, 1000

100000 100000 100000 100000

4. General Considerations

A. Under supervision of the responsible physician, a Physician's Assistant is primarily responsible for performing certain clinical duties now customarily assigned and performed by physicians. The Physician's Assistant is a duly accredited participant in the health team and, as authorized, substitute or the direct representative of the physician in all assigned duties.

B. These general guidelines are applicable only to Physician's Assistants in the VA who are recognized by "Type B" Physician's Assistants in the terminology of the Board of Medical and the National Academy of Sciences (NASAS).¹ Candidates applicable to areas of anesthesia and a specialty, i. e., the Medical or surgical sub-specialty, Anesthesiology, Pathology, or Radiology, or for work in a specialty area, such as Medical Staff, CCU, ICU, or Psychogeriatric Nursing Units, will be determined separately by the appropriate sub-specialty program committee of the Medical Service or Central Office.

C. Within the framework of these general guidelines and with the approval of the units involved, the Medical Executive Committee at each station employing Physician's Assistants will develop and utilize operating policies defining their scope of activities and levels of assignments. The Medical Executive Committee will review these guidelines in light of local problems but will normally have no authority that would function as establishing standing orders for differing situations and situations that are to be "routine" and "non-routine" but such orders as modifications and laboratory procedures. The committee should give special attention to the development of policies governing emergency procedures (see Section II B and II C), including evaluation of patients and the attending physicians. These policies will define clearly the assignment of physician responsibility for the Physician's Assistant's actions in emergency situations.

¹These guidelines are based on an interim basis pending further development of the program. They will be reviewed and revised, if appropriate, as more experience with Physician's Assistants working at VA stations is obtained.

²The complete definition of Physician's Assistants of Types A, B, and C are promulgated by the HHS and given in document 16.

D. These guidelines are indicative of the types of duties and levels of responsibility to be assigned to Physician's Assistants. Each Physician's Assistant must not necessarily be assigned to perform all the duties considered appropriate by the Medical Executive Committee. Further, the duties to be performed by individual Physician's Assistants need not be listed separately by the committee. Each Physician's Assistant should be considered individually and be assigned only those duties which are commensurate with his training and competency.

E. Physician's Assistants should be prepared to work on any shift or on rotating shifts, on an eight-hour basis (8 hours per day, 7 days per week), consistent with applicable Civil Service regulations and P.A. policy.

II. Areas of Utilization

A. All medical facilities in the VA are appropriate areas of utilization for Physician's Assistants, depending on assignments under the local operating policies promulgated by the Hospital Medical Executive Committee. Hospital Physician's Assistants may perform duties primarily in wards, in admitting rooms and outpatient clinics, and in various other areas under the Hospital Staff Service.

B. Physician's Assistants will be assigned to the various clinical services, with working assignments under the Hospital operating policies promulgated being made by the Service Chief. Physician's Assistants may receive many of the same assignments as the physician. Offices of the Com. as long as their physician is available by consultation at all times.

C. The operating areas of Physician's Assistants in hospitals in a given area of utilization has not been described at this time.

III. Scope of Assignment

A. Duties which may be performed by the Physician's Assistant as a part of his regular work assignment. History, physical examinations, and other health related work performed by the registered physician. Orders for the PA will be recorded when written but need not be transcribed and acknowledged by the registered physician as soon as feasible, but generally within 24 hours. The Physician's Assistant may decide to admit a patient, but may decide to report or to discharge a patient from hospital.

or outpatient care shall remain with the physician(s). Duties falling in this category include:

1. Performing initial histories and physical examinations on new patients, both inpatients and outpatients, and those in Extended Care programs, and indicating medical problems.
2. Performing staff examinations, e. g., 2507, 10-P-10, PBC, and PHC examinations, on outpatients and also employee health examinations.
3. Performing periodic physical examinations on long term patients and domiciliary patient members.
4. Ordering appropriate laboratory tests, x-rays, EKG, and comparable procedures, according to criteria previously established by the responsible physician(s) and the Medical Executive Committee.
5. Drawing blood specimens for testing and performing other comparable procedures when personnel who customarily perform such procedures are not available.
6. Ordering routine medications (See also B 12 & 13 and C 8).
7. Initiating consultations and monitoring scheduling of patients for special tests.
8. Making daily rounds to observe and record pertinent progress of patients, updating and summarizing charts, changing orders when appropriate, and notifying the responsible physicians of changes in the patient's condition.
9. Making interim summaries, as required.
10. Dictating required notes on all procedures performed for which he is responsible and which fall in category A.
11. Counseling the patient and his family as to preventive care, medical problems, and the use of prescribed treatment and drugs.

B. Duties which may be performed by the Physician's Assistant only upon specific order by the responsible physician(s). Where appropriate, the Physician's Assistant should remain in consultation with the responsible physician(s) during the performance of the procedure(s). These procedures include:

1. Performing routine incisions and drainage.
2. Performing wound care and debridement.
3. Performing nasogastric and nasotracheal intubations.
4. Performing gastric analyses.
5. Performing lumbar punctures.
6. Performing routine suturing of lacerations.
7. Performing diagnostic tests such as insulin, I. V. glucose tests, and tolbutamide tolerance tests.
8. Performing tissue biopsies.
9. Performing paracentesis.
10. Performing thoracentesis.
11. Placing indwelling arterial catheters and making blood gas determinations.
12. Ordering and administering non-routine medications.
13. Starting I. V. solutions and administering I. V. medications.
14. Applying and removing casts and traction apparatus.
15. Dictating notes on procedures and tests performed which fall in category B for review and countersigning by the responsible physician(s).

If an emergency situation exists, the Physician's Assistant may perform all the duties listed in category B without specific orders by a responsible physician except numbers 5, 7, and 8. (See Section I C.)

C. Procedures which may be performed by the Physician's Assistant in an emergency situation pending the availability of a physician. These procedures include, among others:

1. Managing cardiac arrest patients, including use of external cardiac compression.

2. Managing acute respiratory failure patients.
3. Managing life-endangering traumatic injuries.
4. Initiating electro-defibrillation.
5. Passing endo-tracheal tubes.
6. Ordering and administering oxygen.
7. Ordering and starting whole blood.
8. Administering emergency medications.

The Physician's Assistant may be permitted to carry out additional emergency procedures falling within his competence as authorized by the Medical Executive Committee in accordance with these guidelines (See Section I C). Management of patients who are admitted unconscious will always be directly assumed by the responsible physician with the exception of life-endangering situations listed in category C.

D. Additional duties which may be performed by the Physician's Assistant in accordance with directives if such duties are representative of those duties normally carried on by the(se) physician(s):

1. Administrative duties.
2. Clinical educational duties.
3. Clinical research duties.

FROM: NATIONAL ACADEMY OF SCIENCES. New Members of the Physician's Health Team: Physician's Assistants. Washington, D. C., 1970, pp. 3-4.

CATEGORIES OF PHYSICIAN'S ASSISTANTS

The Type A Assistant

The Type A assistant is capable of approaching the patient, collecting historical and physical data, organizing these data, and presenting them in such a way that the physician can visualize the medical problem and determine appropriate diagnostic or therapeutic steps. He is also capable of assisting the physician by performing diagnostic and therapeutic procedures and coordinating the roles of other, more technical, assistants. While he functions under the general supervision and responsibility of the physician, he might, under special circumstances and under defined rules, perform without the immediate surveillance of the physician. He is, thus, distinguished by his ability to integrate and interpret findings on the basis of general medical knowledge and to exercise a degree of independent judgment.

The Type B Assistant

The Type B assistant, while not equipped with general knowledge and skills relative to the whole range of medical care, possesses exceptional skill in one clinical specialty or, more commonly, in certain procedures within such a specialty. In his area of specialty, he has a degree of skill beyond that normally possessed by a Type A assistant and perhaps beyond that normally possessed by physicians who are not engaged in the specialty. Because his knowledge and skill are limited to a particular specialty, he is less qualified for independent action. An example of this type of assistant might be one who is highly skilled in the physician's functions associated with a renal dialysis unit and who is capable of performing these functions as required.

The Type C Assistant

The Type C assistant is capable of performing a variety of tasks over the whole range of medical care under the supervision of a physician, although he does not possess the level of medical knowledge necessary to integrate

and interpret findings. He is similar to a Type A assistant in the number of areas in which he can perform, but he cannot exercise the degree of independent synthesis and judgment of which Type A is capable. This type of assistant would be to medicine what the practical nurse is to nursing.

A TYPE B ASSISTANT

FIGURE 1



FIGURE 1