



**Hospital Association
of New York State**
INCORPORATED

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GUIDELINES FOR THE FUNCTIONING OF
PHYSICIAN'S ASSOCIATES IN HOSPITALS

These Guidelines are suggested by HANYS Committee on Professional Affairs for hospitals which are preparing for private physicians who expect to utilize their physician's associates (P.A.'s) in hospitals, and/or for hospitals expecting to employ P.A.'s, as authorized by recent state legislation, Chapters 1135, 1136, Laws of 1971, (Effective Date: April 1, 1972).

Listed below are several key guidelines and factors individual hospitals may want to consider in preparing for the functioning of P.A.'s "on premises". Each guideline is elaborated in corresponding sections of this document.

- I. Physician's Associates' functioning derives from legislative authorization; experimentation in new medical roles is encouraged.
 - A. Legislative Background.
 - B. Statutory and State Hospital Code Definitions and Authorization.
- II. Hospitals should review what steps are necessary and/or desirable to integrate physician's associates into the clinical, administrative, legal and human framework of hospitals.
 - A. Medical Board Responsibility.
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 - G. Job Descriptions (of P.A.'s).
 - H. Liability Relationships and Coverages by Hospital and/or Physician's Liability Insurance Carrier.
 - I. Acceptance by Patients, Relatives and Hospital Employees.

General Background

New York State's legislation regarding "Physician's Associates and Specialist's Assistants" (Chapters 1135, 1136, Laws of 1971; Effective Date: April 1, 1972) provides a legal basis for the identification, training, registration and utilization of P.A.'s and S.A.'s. These Guidelines are intended to complement official rules and regulations by calling attention to general factors which should be considered in order to help integrate P.A.'s into the clinical, administrative, legal and human framework of hospitals. Specific functions and job descriptions of P.A.'s can only be determined locally by employing physicians and hospitals.

These "Guidelines" represent HANYS' Professional Affairs Committee's preliminary suggestions based on experience and official rules and regulations to date. The Committee envisions revising this document as such experience and/or official information become available.

The Hospital Association of New York State supported the basic legislation (Chapter 1135) because it was a sound bill which provided the desired statutory authorization necessary to fostering further experimentation with "physician's assistants". The Committee on Professional Affairs foresees both benefits and complications deriving from P.A.'s functioning in hospitals.

The Committee, therefore, has declined to recommend a formal endorsement of "physician's associates" functioning in hospitals, preferring at this time only to encourage further experimentation.

Note: These Guidelines are intended to apply primarily to the "physician's associate". When further legal definition of the "specialist's assistant" is available from the State Education and Health departments, these Guidelines will be revised to reflect the nature and scope of S.A.'s functioning.

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- I. Physician's Associates' functioning derives from legislative authorization; experimentation in new medical roles is encouraged.

A. Legislative Background

Chapters 1135 and 1136, Laws of 1971, effective April 1, 1972, established the statutory basis for the identification, training, registration and utilization of "physician's associates" and "specialist's assistants" to help meet the demand for physician's services, and to extend medical services to persons not now receiving them. Because the concepts of "physician's associates" (P.A.'s) and "specialist's assistants" are new, the legislation gives recognition to this factor by providing only the necessary minimum legal authorization for their functioning. It intentionally avoids a detailed legal definition and licensure process. Instead, a registration process by the State Education Department is required. It is the responsibility of

physicians and hospitals employing P.A.'s to provide a working definition (job description and qualifications) relevant to the particular setting and responsibilities facing the P.A. and within the scope of practice of a P.A.'s supervising physician.

B. Statutory and State Hospital Code Definitions and Authorization

[State Hospital Code Part 700.2(b) (¢25)] "Registered physician's associate shall mean an individual who has completed a program for the education and training of physician's associates, or its equivalent, approved by the New York State Department of Education and who is currently registered as a physician's associate by the New York State Department of Education."

[State Hospital Code Part 700.2(b) (¢26)] "Registered specialist's assistant shall mean an individual who has completed a program for the education and training of specialist's assistants, or its equivalent, approved by the New York State Department of Education and who is currently registered as a specialist's assistant by the New York State Department of Education."

Chapter 1135, Laws of 1971, amends the education law by adding a new "Article 131-A, Physician's Associates and Specialist's Assistants". It includes Section 6532, "Performance of Medical Services", which follows:

1. Notwithstanding any other provision of law, a physician's associate may perform medical services, but only when under the supervision of a physician and only when such acts and duties as are assigned to him are within the scope of practice of such supervising physician. 2. Notwithstanding any other provision of law, a specialist's assistant may perform medical services, but only when under the supervision of a physician and only when such acts and duties as are assigned to him are related to the designated medical specialty for which he is registered and are within the scope of practice of his supervising physician. 3. Supervision shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician at the time and place where such services are performed. 4. No physician shall employ or supervise more than two physician's associates and two specialist's assistants in his private practice. 5. Nothing in this article shall prohibit a hospital from employing physician's associates or specialist's assistants provided they work under the supervision of a physician designated by the hospital and not beyond the scope of practice of such physician. The numerical limitation of subdivision four of this section shall not apply to services performed in a hospital. 6. Notwithstanding any other provision of law, a trainee in an approved

program may perform medical services when such services are performed within the scope of such program." [Article number to be corrected during 1972 legislative session.]

Chapter 1135 also permits an exception to the State Medical Practice Act (part of the education law) covering the performance of medical services expressly delegated to P.A.'s by their supervising physician:

"...this article shall not prevent the following...":
"1. Acts performed by duly registered physician's associates or specialist's assistants who are working under the responsible supervision of physicians licensed to practice medicine in the state of New York." [Section number to be corrected during 1972 legislative session.]

Note: Thus, the P.A. is envisioned by the law as performing medical services, but only at the direction of his supervising physician. However, P.A.'s are prohibited by Chapter 1136, Laws of 1971, from performing those specific functions and duties specifically delegated by law to those persons licensed as "allied health professionals" under the public health law (Official Codes, Rules and Regulations, Volume 10-A, Subchapter L, Part 89), (i.e., x-ray technicians), or the education law (Chapters 1135, 1136), (i.e., physical therapists, dental hygienists, pharmacists, podiatrists, optometrists, ophthalmic dispensers, social workers.)

- II. Hospitals should review what steps are necessary and/or desirable to integrate physician's associates into the clinical, administrative, legal and human framework of hospitals.

Note: The issue of to whom the P.A. is responsible administratively (as opposed to professionally) has not been clearly defined. Patterns vary between different settings. However, the Committee on Professional Affairs suggests that individual hospitals make provision to ensure that P.A.'s, whether employed by private physicians or by the hospital, will not be exempt from the hospital's administrative and legal policies and rules governing the conduct of other hospital personnel. The basic qualifications, experience and capabilities of any P.A. registered by the State Education Department are certified by the registration process per se. However, it is suggested that physicians expecting to supervise P.A.'s should document the special qualifications, experience and capabilities of each individual P.A. as they relate to the specific functions, responsibilities, and duties delegated to the P.A. These, for example, might be approved by the credentials committee of the medical staff and by the chief executive officer and the governing body, and be recorded in the appropriate minutes as well as in the P.A.'s personnel records.

A. Medical Board Responsibility

[State Hospital Code, Part 707.2] "The medical board or for medical facilities having no medical board a medical advisory committee composed of at least two currently registered physicians shall adopt with governing board approval by laws, rules and regulations which provide formal procedures for the evaluation of the application and credentials of registered physician's associates and registered specialist's assistants applying for employment or privileges in the facility for the purpose of providing medical services under the supervision of a physician."

B. JCAH Requirements

[JCAH Bulletin, No. 59, Winter/1971] "...In response to these questions, [regarding the utilization of physician's assistants] it should be pointed out that the Medical Staff section of the newly-approved Standards for hospital accreditation specifically recommends that each hospital medical staff delineate in its bylaws, rules and regulations the qualifications, status, clinical duties and responsibilities of those members of the allied health professions, such as doctoral scientists and others, whose patient-care activities require that their appointment and authority for specified services be processed through the usual medical staff channels. Although physician's assistants are not specifically named in this reference, it is the Joint Commission's view that their status, functions, and responsibilities should be delineated in the same manner, inasmuch as such persons are not usually considered hospital employees.

Hospital privileges for P.A.'s

"It is recommended, therefore, that each medical staff that wishes to make provisions for the utilization of physician's assistants amend its bylaws to provide for the granting of "privileges" to this classification, specifying the qualifications necessary and the limits of privileges possible to grant. When this has been done, it remains only for a physician to nominate his assistant for privileges and then for the application to be processed through the established channels."

C. State Education Department Requirements

(Official rules, regulations and guidelines applicable to hospitals shall be met.)

D. State Health Department and State Hospital Code Requirements
(shall be met)

General Standards: [State Hospital Code Part 707.2]
"Medical facilities employing registered physician's associates, registered specialist's assistants or both shall:

- "(a) employ only physician's associates and specialist's assistants who are currently registered with the New York State Department of Education.
- "(b) designate in writing the licensed and currently registered staff physician or physicians responsible for the supervision and direction of each physician's associate and specialist's assistant employed. No physician shall be designated to supervise and direct more than six physician's associates and specialist's assistants or a combination thereof.
- "(c) employ only physician's associates and specialist's assistants whose training and experience are within the scope of practice for which the physician or physicians to whom they are assigned are qualified.
- "(d) with respect to the employment of specialist's assistants be approved for providing the specialized medical services for which the specialist's assistant is employed and employ only specialist's assistants whose training and experience is appropriate to the delivery of the specialized service."

E. Hospital Operating Policies and Procedures for Professional, Paramedical and other Staff

Each institution is encouraged to work out for pre-planning purposes, rules and/or guidelines covering interprofessional relationships between P.A.'s and other hospital professional and paramedical personnel, for example, by use of a "joint practices" or other appropriate committee. Similarly, the application of a hospital's policies and procedures governing all hospital employees should be ascertained.

F. Degree and Nature of Physician Supervision and Direction Required

[Chapter 1136, Section 6532 (3)] "Supervision shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician at the time and place where such services are performed."

P.A.'s may not work beyond the scope of practice of their duly designated supervising physician. In addition, it is suggested the supervising physician and his P.A. jointly sign a statement which notes that the physician agrees to provide proper supervision, direction, and delegation of responsibilities and duties (as are within the scope of his practice), and that the P.A. agrees not to exceed such supervision, direction and delegation, nor otherwise knowingly and willingly perform a duty for which he is not sufficiently competent. (Supervision might be categorized for example as (1) over-the-shoulder, (2) on-premises, or (3) remote but with monitoring).

Note #1: Thought should be given as to what constitutes proper vs. improper delegation of responsibilities and duties.

Note #2: Thought should be given to what level of standards apply to the P.A.'s performance of the duties delegated to him by his supervising physician.

Note #3: It should be carefully understood that a physician's supervisory relationship with his P.A. is extremely important. It may take several months to develop such a relationship. The duties and responsibilities assigned to the P.A. should not, therefore, exceed that which can be safely performed under the relationship. Additionally, it is hoped physicians in hospital-employment settings would not take on more P.A.'s than they can effectively supervise.

G. Job Descriptions (specific roles, responsibilities and duties delegated by P.A.'s supervising physician)

Note #1: Prototype "job descriptions" are not included here since such should be determined locally.

Note #2: The P.A.'s roles, responsibilities and duties should clearly derive from or relate to his didactic and clinical training, including equivalency training and experience, as recognized by the State Education Department for official registration purposes.

Items which might be covered in job descriptions might include, but are not limited to, the following:

1. delegation relationships:
 - a. MD to PA
 - b. PA to other personnel.
2. levels of assigned duties and responsibilities:
 - a. duties which may be performed routinely.
 - b. duties which may be performed only upon specific order of the P.A.'s supervising physician.
 - c. duties which may be performed in an emergency situation pending the availability of (1) his supervising physician or (2) another licensed physician.
3. degree of judgment, decision-making and initiative to be exercised.
4. degree of scientific understanding to be expected, i.e., in-depth cause and effect level of understanding as opposed to superficial recognition of signs and symptoms.

5. reporting relationships, i.e., by P.A.'s to other than their supervising physician, e.g., to a Medical Director, Director of Professional Services, other professional department staff, including nursing, and administrative staff.
6. making written progress notes, orders and other entries in the medical record.
7. writing orders; time lapse after which supervising physician must countersign orders.
8. responsibility for continuing or follow-up care of patients in ECF's, nursing homes, clinics, patients' homes, home health agencies, and satellite facilities.
9. hours or shift P.A. is expected to be available for routine duties, and for emergency call-back.
10. the upper limits on a P.A.'s role, responsibilities and duties. The State Medical Practice Act definition of "medicine" includes the terms "diagnosing, treating, operating and prescribing..." If P.A.'s are expected to, e.g., perform some level of histories and physicals (parts of diagnosing), the upper limits should be defined to preclude charges that the P.A. is illegally practicing medicine. The same concerns apply in the "treating", "operating" and "prescribing" processes. In other words, safeguards should be defined to preclude the P.A. being accused of practicing as a de facto physician.

H. Liability Relationships and Coverages by Hospital and/or Physician's Liability Insurance Carrier

[Note: While early indications are that hospitals, physicians, and P.A.'s will have little difficulty in obtaining liability coverages or extensions of their existing policies, several legal issues remain unresolved at this time. They are being discussed with legal counsel, physicians, and carrier representatives. Therefore, the Committee on Professional Affairs has not yet formulated any guidelines regarding liability relationships and what constitutes a proper notification of carriers of P.A. functioning in hospitals.]

I. Acceptance by Patients, Relatives and Hospital Employees

Because of the complex inter-professional and inter-personal relationships among hospital employees and with patients and their relatives, it is suggested that special effort be made by all groups, notably by physicians who supervise P.A.'s, including hospital auxiliaries, to help accommodate P.A.'s joining the "hospital family". Uniform jackets and "RPA" name pins are helpful devices for clearly identifying P.A.'s to staff, patients and relatives.