7/14/71

AMA COUNCIL ON HEALTH MANPOWER
ANSWERS TO SPECIFIC QUESTIONS ON
UTILIZATION OF "PHYSICIAN'S ASSISTANTS"

1. *What is AMA's position on the Board of Medical Examiners' approving physician's assistant programs?*

The AMA believes that California's A.B. 2109 offers an acceptable interim approach to the problem of program recognition. However, as you know, one of the distinctive features of American education is that the development and maintenance of educational standards has traditionally been the responsibility of non-governmental, voluntary accrediting agencies. Nationally recognized status of course, would ideally involve approval by the AMA's Council on Medical Education.

2. *What is AMA's position on the Board of Medical Examiners' approving doctors as preceptors?*

The AMA would encourage the Board to implement a mechanism, as part of their program, which would qualify doctors to be responsible for a preceptorship program.

3. *What recognition is to be given to physician's assistants?*

The AMA is joined by the American Hospital Association, the American Public Health Association, and other national groups in calling for a moratorium on state licensure of any additional categories of allied health personnel to permit time for study of suggested alternatives to the present system, which is often restrictive to the evolution of the profession licensed, and which legally, often does not protect the public to the degree intended.

2 At present, the AMA favors national certification of physician support personnel, and is considering a system for national certification of physician's assistants that could be based upon a uniform examination to evaluate individual qualifications.

4. *Should the Board of Medical Examiners require some kind of proof that efforts have been made to determine the need for a physician's assistant?*

Yes, the AMA has stated that for the national level, documentation of need should be attested to by the group representing the potential employers, i.e., the medical specialty body(s) whose members will be responsible for utilizing new personnel. At the local level, we would recommend documentation be in evidence to indicate that there are sufficient employment opportunities in the community to accomodate the graduates of a program. Additionally, such employment opportunities as exist should (1) not be solely representative of one socio-economic area, nor (2) should they be primarily concentrated in the parent educational institution. Along these lines, documentation of need might be delegated to areawide comprehensive health planning agencies.

5. *How does AMA recommend physician's assistants be identified?*

Appropriate terminology to identify additional physician support personnel has not been determined at a national level, however much this might be desirable. Thus far, terminology has followed the mutually exclusive preferences of program progenitors. This trend is likely to continue, and in any event will be difficult to reverse. Our immediate concern however, is that this assistant be closely identified with a physician, but not mistaken for him. Accordingly, we have no objection to the term "physician's assistant" in the singular possessive, but the AMA's Council on Health Manpower has opposed use of the term "physician's associate" to identify anyone other than a fellow physician.

6. *How does the AMA recommend handling the question of informed consent?*

When a physician enters into a general agreement of treatment with a patient who has requested his services, a very personal relationship is established. The *Principles of Medical Ethics* state that:

> *"The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion."*

As this precept is interpreted generally, it means that the patient as a human being is entitled to choose his own physician and he should be permitted to acquiesce in or refuse to accept particular services from the physician to whom he grants his consent for treatment.

Customarily, patients have accepted the giving of injections by professional and vocational nurses, the drawing of blood specimens for diagnostic purposes by nurses and medical technologists and a variety of routine procedures when performed by ancillary helpers of physicians. There are certain services that traditionally have been performed only by physicians, however. To change this traditional role and to have physicians suddenly delegate procedures which patients impliedly consent to have performed only by the physician of their choice to newly emerging categories of allied health personnel may expose physicians to increased legal problems and result in deteriorating medical public relations.

The profession has been advised to inform patients when assistants are to be used during surgical procedures, for example, and to make full disclosure if another physician is to perform such a procedure under the guidance of the primary physician. The same type of recommendation has been made to obstetricians who may be unavailable when a patient is in labor. Any substitution requires the consent of the patient who has agreed to have a particular physician perform certain procedures.

In the case of physicians who plan to utilize physician's assistants in their office and/or hospital practice, the Office of the General Counsel recommends that the assistant be introduced and identified by role to all patients for whom he may provide services; that physicians

not delegate any patient care functions to such an assistant when a patient indicates an unwillingness to have the function in question performed by anyone other than the physician; and that the physician be alert to patient complaints concerning the type or quality of services provided by such an assistant. This advice is based upon legal considerations and is designed to lessen the possibility of a patient suing the physician because of disappointment or dissatisfaction following a physician's failure to fully inform the patient of the role of the assistant. If a conscious patient accepts the services of a physician's assistant without objection, consent may be implied from the circumstances.

7. *What are AMA recommendations regarding malpractice coverage?*

The physician employer should obtain the necessary additional ✓ coverage for utilization of the assistant as deemed necessary by the insurer and seek to have the issue of professional liability clarified and established in all the settings where the assistant will function. This implies that in every instance there exists a clear understanding between the physician and his assistant as to the scope of the assistant's duties and responsibilities.

Additionally, the assistant may wish to obtain his own professional liability insurance to protect his own interests.

8. *What is the opinion of the AMA regarding examination of the physician's assistant prior to certification?*

The AMA would expect that interim efforts to provide recognition through certification for physician's assistants would be based upon assurances (examination) of their competency to perform within their defined scope of function. (see also No. 3 question and answer)

9. *What is AMA's position regarding continuing education of physician's assistants?*

The AMA is on record as recommending continuing education for allied health personnel as well as for physicians.

10. *What is AMA's position on fees and charges in general?*

The *Principles of Medical Ethics* provide in Section 7:

> *"In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients..."*

A statement drafted jointly by the AMA's Judicial Council and the Council on Medical Service, and approved by the House of Delegates, holds that when a physician assumes responsibility for services

rendered to a patient by a resident or intern the physician may ethically bill the patient for services which were performed under the physician's personal observation, direction and supervision. While this statement relates to interns and residents, it nonetheless recognizes the right of the physician to bill for services performed by others under his personal observation, direction and supervision when he is responsible for such services. It would seem that this opinion would control in the absence of any specific opinion of the Judicial Council or the House of Delegates relating specifically to the physician's assistant. Presently, there is no such specific ruling.

If the physician's assistant is a salaried employee acting under the direction and supervision of his or her physician employer, that employer would be expected to include cost for services rendered in his, the employers, fee. This is no new ethical concept, for example; nurses for years have in fact administered shots, taken histories and assisted the physician in a great variety of ways. The nurse was on salary. That salary - the cost of her services - became a component of the physicians fee. It was a part of his charge for the totality of the services rendered by him or under his direction or supervision.

A salaried employee does not bill for his or her services. An employer does not bill separately for the services performed by employees.

11. *What is the AMA's position on charges that are made by institutions for physician's assistants who work in an emergency room?*

The AMA has no policy statement specifically on this subject; however, at the present time, there are no training programs for physician's assistants that produce graduates competent to handle hospital emergency room cases without physician supervision. The question implies that a physician's assistant could be employed by a hospital to staff an emergency room and provide medical services. Since physician's assistants are not licensed to practice medicine and surgery, employment under these circumstances could subject both the hospital and the assistant to charges of the unlawful practice of medicine and invite increased exposure to legal liability.

In the event that a hospital employed a physician's assistant to make the initial evaluation of persons presenting themselves to the emergency room and to notify the physician on call when medical services appeared necessary, the assistant would appear to be serving in the same role as any hospital employee and a separate charge would not be made for such services. The billing from the hospital would be for the use of the emergency room facilities and the hospital employees' usual services within the scope of their employment.

The physician's assistant who works in an emergency room, by definition, must be responsible to the doctor in charge; even though an employee of a hospital, this assistant must be accountable to a physician. We are vitally concerned about the employment and utilization of physician's assistants in emergency rooms across the country.

While recognizing the theoretical economies of utilizing such personnel to handle trauma, we are especially concerned for the high incidence of triage judgment necessitated in such a setting. It is hoped that the medical staff of the hospital will continue to be responsible in this area.

5. A joint AMA-AHA statement provides useful guidelines for hospitals and medical staffs in establishing a proper relationship between the medical staff and certain allied health professionals who participate in hospital patient care. The statement, which was adopted by the AMA House of Delegates at its Annual Convention in 1969 reads as follows:

"1. *There should be only one organized medical staff in a hospital, governed by a single set of bylaws adopted by the staff members and approved by the governing authority of the hospital. Medical staff membership should be limited to competent and qualified physicians and surgeons with unlimited licenses to practice, and dentists, in accordance with the medical staff bylaws.*

"2. *The services of certain allied health professionals may be made available for patient care as medical staff affiliates within the limits of their skills and the scope of their lawful practice. Their eligibility in general shall be determined on the basis of the following criteria:*

"a. *They exercise independent judgment within their areas of competence, provided that a member of the medical staff shall have the ultimate responsibility for patient care.*

"b. *They participate directly in the management of patients under the general supervision or direction of a member of the medical staff.*

"c. *They record reports and progress notes on patients' records and write orders to the extent established by the medical staff.*

"d. *They perform consultations in conformity with the applicable provisions of the medical staff bylaws.*

"3. *It is the obligation of the medical staff of the hospital to recommend to the governing authority the extent of responsibility that may be assumed by members of these allied health professions. To carry out this obligation, the following procedures should be established and provided for in the medical staff bylaws:*

"a. *The medical staff should determine the general qualifications to be required of members of each category of allied professionals.*

"b. *Applications for appointment and privileges should be processed through the same channels as those for medical staff membership and privileges.*

"c. *Privileges should be considered and specified by the medical staff for each individual, based upon his professional training, experience, and demonstrated competency.*

"4. *Members of these allied health professions should be individually assigned to an appropriate clinical department as staff affiliates and should carry out their professional activities subject to departmental policies and procedures. The bylaws of the medical staff must establish this organizational pattern and relationship. An affiliate or adjunct staff should not be established as an organizational entity."*

mrg
7/14/71