

EMORY UNIVERSITY SCHOOL OF MEDICINE

WOODRUFF MEMORIAL BUILDING ATLANTA, GEORGIA 30322

DIVISION OF
ALLIED HEALTH PROFESSIONS

April 24, 1974

PHYSICIAN ASSOCIATE
PROGRAM

Mr. Blair L. Sadler
Assistant Vice-President
Robert Wood Johnson Foundation
Forrestal Center, P.O. Box 2316
Princeton, New Jersey 08540

Dear Blair:

Thanks for the AHA policy statement on PAs in a hospital situation. I am sending copies to the Executive Committee of the Association and asking Sue Greenberg to distribute a copy to all PA programs as soon as she can. In addition, I am sending selected local individuals copies for their interest.

It seems like a good document and comes at a time when we can make prompt use of this statement.

Sincerely yours,

Bob
Robert E. Jewett, M.D.
Program Director
President, APAP

cc: APAP Executive Committee
Mr. C.L. Clifton
C.R. Hatcher, Jr., M.D.
J. R. Haverty, M.D.
Mr. Glenn Hogan
A.G. Yancey, M.D.

REJ:sbp

PROPOSED STATEMENT ON ROLE OF THE PHYSICIAN'S ASSISTANT IN THE HOSPITAL

Approved by Council on Professional Services
March 7-8, 1974

PREAMBLE

1 Physician's assistants, functioning under the supervision of licensed
2 physicians, possess potential for assisting in the delivery of high-
3 quality health care services in this country. Physician's assistants are
4 currently working in health care institutions, either as direct employees
5 of the institution or as employees of physicians who maintain profession-
6 al privileges in that institution. This fact, coupled with the increas-
7 ing numbers of physician's assistants, suggests that the current
8 American Hospital Association Statement on the Physician's Assistant in
9 the Hospital, dated November 18, 1970, should be replaced.

DEFINITION

10 Physician's assistants in the context of this document are members of the
11 professional health care team, qualified by academic and clinical train-
12 ing, who perform certain assigned tasks ordinarily done by a physician
13 and who work under the direction, supervision, and responsibility of a
14 physician in accordance with policies established in medical staff bylaws
15 of the health care institution. They exercise judgment within their areas
16 of competence and participate directly in the medical care of patients
17 under the supervision or direction of a member of the medical staff, per-
18 forming functions to the extent delineated by the medical staff, such as
19 histories, physical examinations, writing orders and recording progress
20 notes on the physician's order and progress note forms.

GENERAL INSTITUTIONAL POLICY

1 The medical staff and the administration should develop policies and pro-
2 cedures for recommendation to the governing body concerning the status,
3 relationships and functions of the physician's assistant in the institu-
4 tion, whether employed by a physician or by the institution. The policy
5 should relate to both the general, overall utilization of physicians'
6 assistants in the institution and to the utilization of each physician's
7 assistant. Consultation with other appropriate relating disciplines at
8 each institution should be sought when defining general policy. General
9 policy should address at least the following issues:

- 10 1. Definition and classification of the scope of practice within the
11 institution of different physician's assistants in accordance with their
12 varying levels of competence and achievement.
- 13 2. Regulation or supervision of the physician's assistant by the sponsor-
14 ing physician or a physician designee of the physician during the
15 sponsor's absence. When a physician's assistant is employed by the insti-
16 tution there must be clear responsibility of a physician or his physician
17 designee for the acts of the physician's assistant.
- 18 3. Identification of clinical procedures that require direct versus
19 general supervision by the responsible physician, and appropriate methods
20 of control by the institution.

- 1 4. Applications (or proposals) for the utilization of physician's
2 assistants with the accompanying request for authorization to provide
3 specified services should be processed by the credentials or other
4 designated committee of the medical staff, which will make its recommen-
5 dations to the chief executive officer. The qualifications of the
6 sponsoring physician and his ability to provide supervision to the
7 physician's assistant or assistants* for which he is responsible should
8 be considered.
- 9 5. After employment by the physician or the health care institution,
10 continuing utilization in the institution will be dependent upon ongoing
11 evaluation by appropriate components of the medical staff and management.
- 12 6. When the physician's assistant is employed by the health care insti-
13 tution, the employment policies of the institution will prevail in
14 addition to the foregoing professional review.
- 15 7. Suitable techniques for both verbal and visual identification of the
16 physician's assistant to the patient, and which make clear to the
17 patient that he is not a physician should be devised.
- 18 8. The mechanism for reduction or retraction of the functions and the
19 patient care services the physician's assistant is permitted to perform
20 and, in situations where the physician's assistant is an institutional
21 employee, his dismissal from employment.
- 22 9. A mechanism for channeling physician's assistant grievances.
- 23 10. Responsibility for adequate liability insurance coverage for actions
24 of the physician's assistant.
- 25 11. A system of continuing review and evaluation of the above issues.

POLICIES RELATING TO THE INDIVIDUAL

- 26 Policies for each individual physician's assistant should address at
least the following issues:
- 27 1. Designation of the primarily responsible physician and a physician
28 designee to function during his or her absence.
- 29 2. Assessment of the physician's assistant's credentials and continuing
30 staff and institutional monitoring of each individual's performance.
- 31 3. The determination of the specific procedures and functions that each
32 individual may be authorized to carry out in the institution pursuant to
33 a professional review by the medical staff of the training, experience,
34 demonstrated competence, and other pertinent qualifications of the pro-
35 spective physician's assistant. The performance of these tasks must be
36 subject to continuing review and evaluation by the medical staff.

* It should be noted that certain states limit the number of physician's assistants for which a physician may be responsible to two.

1 Considerations should include:

- 2 a. The physician's assistant's eligibility for taking or success-
3 fully completing the National Board of Medical Examiner's
4 Certifying Examination.
- 5 b. The accreditation status of the physician's assistant training
6 program from which the physician's assistant was graduated.*
- 7 c. The specialty nature of the physician's assistant's academic
8 and clinical training.
- 9 d. State certification or licensure where required.

LEGAL

10 There is a clear distinction between a physician's use of a physician's
11 assistant in his private office and the use of the physician's assistant
12 within the health care institution. In the one case only the physician,
13 the patient, and the physician's assistant have an interest. When the
14 physician's assistant performs functions within the institution as an
15 employee either of the physician or of the institution, the institution
16 is legally responsible. Therefore, in addition to the policy that the
17 institution must develop, adopt, and implement with respect both to the
18 general utilization of physician's assistants and the regulation of each
19 particular physician's assistant, there must be awareness of the legal
20 implications associated with the use of such individuals in the institu-
21 tion. This awareness must be a continuing concern of the institution
22 because the institution is legally responsible for the selection, super-
23 vision, and working relationships of those persons who render care to
24 patients whether or not those persons are employees.

25 The institution must, therefore, at all times exercise authority over the
26 use of physician's assistants. Each physician's assistant must meet and
27 continue to meet the institution's standards as well as those of the
28 responsible physician. The activities of the physician's assistant must
29 be monitored routinely and assessed periodically. By adopting and enforce-
30 ing strict control procedures, the institution will meet its overall
31 legal responsibility for the quality of care delivered to its patients.

32 At the present time, the statutes, cases and regulations specifically
33 relating to physician's assistants give little guidance to the institu-
34 tion that permits or plans to permit the use of these persons within its
35 walls. Thus, the decision to permit physician's assistants to be used in
36 the institution as employees either of a physician or of the institution
37 must be made only after careful evaluation of their usefulness to the
38 institution and only after serious evaluation of the legal risks and
39 implications. If the institution decides to permit the use of physician's
40 assistants, the functions that they will be permitted to perform must be
41 strictly circumscribed, clearly spelled out and effectively enforced.
42 They must be strictly circumscribed so that the institution's legal risk

* Listed by AMA publications and specialty societies.

Statement of Role of Phys. Asst. in Hosp./4

1 is limited. They must be clearly delineated so that the physician
2 sponsor or designee, employees, members of the medical staff, and the
3 physician's assistant may know what the assistant is permitted to do.
4 They must be effectively enforced so that problems can be avoided.

5 Legal counsel must play a major role in the development of institutional
6 policy, rules, and regulations, with respect to the use of physician's
7 assistants in the institution. That policy must be based upon the
8 current laws, regulations, and legal precedents of the state in which the
9 institution is located. The institution, through its counsel, must con-
10 sider at least the following issues:

- 11 1. Is there a state law* recognizing physician's assistants? What re-
12 quirements does it impose concerning licensure, certification, train-
13 ing, and supervision of the physician's assistant?
- 14 2. Does the law specifically authorize or prohibit the hiring or utili-
15 zation of physician's assistants?++
- 16 3. Do the state laws authorizing the practice of medicine, nursing,
17 pharmacy, optometry, and other health professions bar any of the
18 activities that a physician's assistant might be permitted to perform
19 in the institution?
- 20 4. Does the institution's current public liability protection cover the
21 use of physician's assistants?

* Pertinent actions of the various regulatory agencies must be considered. The lack of specific legal authorization does not preclude the use of physician's assistants in the hospital.

++ The lack of specific legal authorization does not preclude the institution's hiring them.