

## Family Practice PAs Seek Full Practice Responsibility

By [Beth Smolko, MMS, PA-C](#) Feb 10, 2016



In May 2016, the Association of Family Practice PAs (AFPPA) will introduce a resolution to the American Academy of PAs (AAPA) House of Delegates defining the term “Full Practice Responsibility” (FPR) to reduce existing barriers to PAs providing care at the top of their license and education. FPR is defined in the resolution as “PAs developing and upholding the broad definition of PA profession scope of practice.” It is being presented as an alternative option to practice supervision for states looking to expand healthcare via more autonomous PA practice.

Collaborative team practice has always been a hallmark of how PAs practice medicine. Family Practice PAs are not advocating for “independence” in this resolution, as they feel team practice is important for the best patient outcomes. (Healthcare providers don’t work in silos.) Regulatory language using the terms “supervision” and “dependent” is often misconstrued, however, to mean that PAs are “dependent” on other providers for clinical decision-making and writing prescriptions, lab orders, etc.

The term “supervision” implies that PAs are watched closely by physicians. PAs are, in fact, able to diagnose, treat, write prescriptions, and order testing in the absence of physicians. PAs do not need to have on-site supervision to practice medicine, and PAs working in rural medicine and small practices often have no direct supervision. This regulatory term unfairly holds “supervising” physicians responsible for the outcomes of patients treated by PAs. Therefore, FPR aims to have PAs ultimately responsible for their patient outcomes, regulation of their profession, and defining their scope of practice.

**“PAs are, in fact, able to diagnose, treat, write prescriptions, and order testing in the absence of physicians.”**

According to the [Journal of Oncology Practice](#), PAs have an excellent record of care with patient satisfaction and outcomes on par with physicians and APRNs. [The Kaiser Commission on Medicaid and the Uninsured](#) reported on a study from [Medical Care Research and Review](#), stating: “A substantial body of research examining the quality of NP and PA primary care shows that these clinicians perform as well as physicians on important clinical outcome measures, such as mortality,

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improvement in pathological condition, reduction of symptoms, health status, and functional status. In addition, patients report high levels of satisfaction with care provided by NPs and PAs.” As medical providers, PAs are trained at the graduate level in programs modeled after medical school curricula, which include more than 2,000 hours of clinical rotations. They are nationally certified and state-licensed providers.

So, why now? Why are PAs introducing the concept of FPR? More physicians are moving away from solo practice and toward hospital-owned practices. There is very little benefit to physicians to have “responsibility” for another profession through supervision. Many physicians are not compensated for this increased legal liability.

After nearly 50 years of practice, the PA profession has had a multitude of studies reflecting their efficacy, safety, and patient satisfaction with care. The argument that PAs need to be supervised because of safety issues cannot be asserted based on current evidence. In the absence of benefits to supervising physicians, lack of data to support safety concerns, and the increasing number of patients needing access to primary care services, the AFPPA feels that now is the time to unleash the full practice potential of PAs to meet the nation’s healthcare needs.



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Beth Smolko is a certified PA with experience in primary care and occupational health and wellness. While in PA school, Beth volunteered in a mobile medical unit in Tucson, AZ which ignited her passion for bringing quality medical care to the underserved outside the walls of a clinic. Beth is a recognized leader in primary care with professional roles that includes Past President and Advocacy Chairperson for the Association of Family Practice Physician Assistants.

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7 Responses



Anonymous

says:

02/13/2016 at 1:27 pm

Excellent!

PAs are excellent medical providers and it's time we took a look at being responsible for our own actions as all other professionals are and governing our own profession. Good job AFPPA and good job Beth!

Dave



Lorraine Diana says:

02/13/2016 at 3:44 pm

We now have 50 years of data and experience that show the safety and efficacy of both APRN and PA practice, in addition to high patient satisfaction with APRN and PA care.

It is time for APRNs and PAs to regulate their own practices in every state. It is also time for us as professionals to stop trying to have a say over another profession's scope of practice.

At the end of the day, we all are trying to do what is best for our patients and our communities, so we need to stop trying to damage and disparage one another's professions.

Let's all start working together to try to solve all of the issues facing us in healthcare today.



Debi Onken, DNP says:

02/13/2016 at 4:57 pm

I'm delighted to see PAs striking out for FPR. The evidence is in. PAs and NPs are more than qualified. Our two professions must stick together and support each other in this. We are the solution to the access problem. Our health care model must change as a reflection of the changing times and of the evidence that supports these new models. We don't have the time to waste on entrenched ideas that have been disproved simply because people are afraid and threatened by change.



Deborah Milam, PA-C says:

02/15/2016 at 10:38 am

MD's are frightened by the term "supervision"; it has always been a poor choice of wording for our profession & had become essentially obsolete. I think there should be a training period for new grads & those in a new field, but allow that time period to be established between the PA & MD. This is what is actually already in place for all mid-levels. MD's think supervision means they have to be present & watch every move we make which is not true.



Susan Adkins says:

02/18/2016 at 6:22 pm

Eliminating barriers to enable greater legal autonomy would be beneficial given the shortage of health care providers. I've lost out on opportunities to NPs due to their increased legal autonomy. Has the AAPA determined the impact on malpractice insurance rates with loss of supervision?



Wendy Fragoso

says:

02/19/2016 at 12:14 am

Excellent! I look forward to being a part of and supporting what could be a huge forward leap in our career as a whole!

THANK YOU



Ann Miles PA-C says:

04/29/2016 at 11:44 am

Thank you. I thought I was the only one advocating for general practice autonomy. The independent ANP creates a difficult competition for mid-level positions. My practice relies on a network of physicians that I can call on to help me with difficult cases and diagnosis and that would not change if we had full practice responsibility.

Great job everyone, and thank you for your support bringing this issue to the front lines.

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