STATEMENT ON FULL PROFESSIONAL RESPONSIBILITY

February 2015

The PA profession is nearing its 50th anniversary. Such a historic achievement should be widely celebrated. It should also be noted that professional and legislative models from 40-45 years ago still regulate us today. The PA profession has changed greatly over the last half century, yet the legislation in place to direct our practice has not. It is time to update and reconcile the legislation with language that more accurately represents modern PA clinical practice.

Since its inception, the PA profession has evolved to include a defined professional framework. The American Academy of Physician Assistants (AAPA) represents the professional PA. The Physician Assistant Education Association (PAEA) represents institutions educating the graduate PA. The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the accrediting organization for each PA program. Lastly, the National Commission on Certification of Physician Assistants (NCCPA) represents public interest by standardizing the certification process of the graduate PA. Each of these entities has evolved, adapted and matured to become the organizational structure for the PA profession.

PAs spend over two years in graduate programs learning the same medicine as physicians do in medical school, though as a condensed model. All programs are standardized by the ARC-PA. All are uniform in their educational standards and competency requirements, primarily geared towards a generalist education. After graduation, all PAs must sit for and pass the Physician Assistant National Certifying Exam (PANCE), administered by the NCCPA. PAs must recertify in core primary care competencies regardless of what specialty of medicine they practice. Since the 1967 Duke class of three PA graduates, there have been more than 100,000 competently educated and certified PAs practicing in all areas of medicine.

In addition to the progress of the organizational structure, utilization of the individual PA has evolved and matured as well. The level of professional responsibility has evolved beyond all original expectation. Safety, efficacy and acceptance of the PA profession have been clearly demonstrated. Patients have come to trust the care rendered by PAs. Despite these advances, many states still have legislative language dating to the early 1970s. Terms such as lifetime supervision, countersignature, physician ratio, geographic requirements, and chart review may have served a purpose in 1973 for an unproven profession. Today, they serve to impede and complicate an already over-burdened system.

PAFT supports the concept of team-centered healthcare. We also believe that the medical team is strongest when the members of the team have a profession they are accountable for and when all professionals take full responsibility for their own professional actions. Today, the PA profession is comprised of individuals who have a proven educational model that produces competently educated clinicians. Few other professions with parallel education are legally beholden to any other professional with requirements such as countersignature or chart review. Those that are continue to progressively move toward eliminating similar requirements. These mandates have come to dissuade some employers from making PAs part of the medical team. Physician concerns about general responsibility or fear of assuming professional liability for the clinical practice of another are no longer unusual occurrences. When given a choice, many physicians choose to partner with other professionals that don't have the same level of supervisory language or time consuming practice requirements of chart review and co-signature, and so forth. Furthermore, it has become obvious that legislation intended to provide clinical oversight for the protection of the public is antiquated and is a hindrance in the day to day practice of medicine.

PAFT contends that the PA profession, like other medical professions, instills in the individual PA a deep consideration of their scope and limitations in clinical practice. PAs refer patients to a higher level of care when appropriate and when clinically indicated. Time and experience expand the scope of practice for any PA. Over the past 50 years, the PA profession has proven a solid history and respect for the scope of practice concept. The profession cultivates this responsibility into the core of PA clinical practice. Perfunctory chart review, co-signature, etc. are largely performed to satisfy statute requirements rather than to benefit patient access or quality of care.

It is time for the PA profession to have full professional responsibility for what we do in clinical practice. The legislation that governs PA practice needs to reflect the true collaborative nature of the relationship we have with the medical team rather than the dependent concept of the past. The majority of PA practice is performed within a team framework and is accomplished autonomously. This is due to policy developed at the practice level by the medical team largely determined by experience, inter-professional trust and patient need rather than a mandate of state practice statutes. Further, physicians should not be legally responsible for the actions of another clinician.

As the PA profession approaches its 50th anniversary, legislation that limits PA practice should be removed. The U.S. healthcare system is evolving, changing and transforming before our eyes. The healthcare delivery model of the past is poised to evolve in the future and the future starts today. Current laws governing PAs are antiquated at best. The successful history of the profession has demonstrated that PAs do not need lifetime legislative barriers that impede practice, incur expense, stifle the profession and have no bearing on quality of care. Most importantly, legislation that limits access to care should be redefined to reflect how PAs will practice in the future.