

The Joint Task Force on the Future of PA Practice Authority

REQUEST FOR FEEDBACK

The Joint Task Force on the Future of PA Practice Authority has engaged in its preliminary deliberations, and seeks feedback from the PA community regarding its suggestions for AAPA policy.

After 50 years, we believe that the PA profession has demonstrated a commitment to competent and quality care for our patients. It is natural for our profession to seek to define its future. After initial deliberations, the Task Force believes the profession should consider and commit to a process that gives PAs “Full Practice Authority and Responsibility”. In this process we seek to make the PA profession and individual PAs more accountable, preserve our positive relationship with physicians, and, by decreasing unnecessary administrative burdens on physicians, PAs and our employers, increase access to care for patients.

In order to realize PA Full Practice Authority and Responsibility, AAPA would have to adopt policy changes and take action to:

- Emphasize our profession’s continued commitment to team-based practice.
- Support the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating or other specific relationship with a physician in order to practice.
- Advocate for the establishment of autonomous state boards, with a voting membership comprised of a majority PAs, to license, regulate, and discipline PAs.
- Ensure that PAs are eligible to be reimbursed directly by public and private insurance.

What do we mean by Full Practice Authority and Responsibility?

We mean that, *collectively*, PAs have the Authority and Responsibility, as a majority of the voting members of an autonomous state PA licensing board, to:

- Define and regulate PA licensure
- Define and regulate PA practice
- Determine and enforce through disciplinary action PA practice standards

We mean that, *individually*, every licensed PA has the Authority and Responsibility to:

- Practice as a member of health care teams that include other PAs, physicians, NPs, nurses, pharmacists, physical therapists, social workers, and others
- Practice to the top of their own education, training, experience and competency
- Recognize the limits of their knowledge and abilities, and know when a patient’s condition requires consultation with and/or referral to other qualified healthcare providers
- Adhere to the regulatory requirements of the PA board
- Adhere to standards of care, document this care, prescribe and order appropriately, and complete and sign all documents required for patient care, disability, insurance, medical leave, and medical necessity
- Accept liability for the care they provide
- Bill public and private payers directly for the services they provide, as appropriate

How is Full Practice Authority and Responsibility different from “independent practice” or “autonomy”?

As PAs, we remain committed to team-based care. We will continue to seek and participate in collaborative clinical relationships with other health care providers, including physicians, other PAs, NPs, nurses, physical therapists, pharmacists, social workers, and other health care professionals. We believe that every member of every patient care team should be respected for their education, experience and

skills, for the role they play in patient care, for their contributions to patient health, and for the support and leadership they give to other members of the team.

To be clear, just like physicians, NPs and other providers, PAs make and will continue to make autonomous clinical decisions every day. However, we believe that the terms “independent practice” and “autonomy” do not appropriately reflect our commitment to a team-based model of care. The use of these terms could suggest that we do not seek or value our relationships with physicians, nurses, or other health care providers, or that we seek to practice “alone” with no accountability.

Can the profession embrace FPAR without changing its title?

The task force recognized that changing the name of the profession is an important topic that could gain added urgency if Full Practice Authority and Responsibility becomes AAPA policy. However, while there is considerable dissatisfaction with the title of “Physician Assistant”, we recognize that no clear consensus on an alternate title has emerged. The task force believes that moving to FPAR is critical for the profession’s viability and should not be delayed by the issue of changing the profession’s title. Additionally, we agreed that tackling this topic is outside the scope of our charges. We believe that another group should be convened to undertake the research and PA community engagement on the topic of name change, and invite your feedback on that suggestion. In the interim, the Task Force intends to use the acronym “PA”, consistent with the current AAPA convention.

Initiating a Profession Wide Discussion: Next Steps

It is clear that changing state and federal laws and regulations, as well as the policies and practices of employers and insurance companies, will be challenging and take time. The first step, however, is to reach agreement, as a profession, about the future that we will work to achieve.

Just as PAs do in their everyday practice, the Joint Task Force on the Future of PA Practice Authority recognizes the limits of our collective and individual experiences. For that reason, we seek the feedback and input of our fellow PAs and the full range of AAPA constituent organizations. We hope that you will engage in dialogue with us and with each other through Huddle or through social media. We seek your views through email at fparfeedback@aapa.org or letter. And we intend to send out a survey to individual PAs in early January. And we expect to discuss these important issues with you at the Leadership and Advocacy Summit (LAS) in early March. We plan to share all of your feedback – positive or negative – on an AAPA webpage devoted to this topic: <http://news-center.aapa.org/fpar/>

Once we hear from you, we will come together again to reconsider and, if necessary, revise our position. It is our expectation and intent to offer a resolution to the AAPA Board of Directors and the AAPA House of Delegates for their consideration in May 2017.