

# Full Practice Authority and Responsibility (FPAR)

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## **Under the FPAR proposal, will PAs work without supervision or collaboration?**

There seems to be confusion about the term “Supervising Physician” and what it means in the context of the task force proposal for PA Full Practice Authority and Responsibility.

When the task force says it seeks to eliminate the requirements for PAs to have a “Supervising Physician” or a “Collaborating Physician”, we are referring to the laws and regulations that require a PA to identify or register a specific physician or group of physicians who are willing to enter into a “Supervisory Agreement” or “Collaboration Agreement” and accept legal liability and responsibility for all of the care the PA provides.

Eliminating these requirements in law would not mean that PAs will work “alone”, nor does it mean that physicians would not supervise PAs at their places of employment. The reality is that PAs will continue to work for hospitals, health systems, clinics and physician groups. And at your place of employment, you will have a supervisor or a manager from whom you will take direction and feedback, and with whom you will discuss treatment plans and patient concerns. You will also consult with and refer patients to many other clinicians and team members – from physician specialists and other PAs to social workers and physical therapists. In licensed facilities like hospitals, PAs would still be subject to credentialing and privileging decisions that define practice scope and oversight requirements. FPAR would not and does not seek to change any of those standard employment and practice relationships.

Some PAs currently own their own practice and others would like to. What FPAR means for them is that they would not need to identify (and pay) a physician to enter into a “Supervisory Agreement” and serve as their “Supervising Physician” in order to comply with the current legal or regulatory requirements for PA practice. They may decide to hire a physician to work at their practice, and they will, most certainly, continue to consult with and refer to physicians when a patient’s condition requires it.

In addition, many PAs would like to volunteer as clinicians and are held back by state requirements for a “Supervision Agreement” or, in a few cases, a “Collaboration Agreement”. Under FPAR, PAs would be able to volunteer, consulting with and referring to physicians and others as indicated to meet patient needs. That’s a big advantage to PAs and to patients seen by PA volunteers.