# STATE LAW ISSUES

## ISSUE BRIEF

## Physician Assistants and Protocols

**Physician assistants (PAs) practice medicine with physician supervision. Like physician education, PA education promotes practical skills in clinical problem solving. Despite this fact, some states still require physician-PA teams to use detailed clinical protocols to define the PA's practice. Other states use the word "protocol" to describe the supervisory arrangement between a physician and PA. Laws and regulations which use the term "protocol" should be updated and clarified to reflect PA practice and physician-PA affiliation.**

Like physicians, PAs are trained in the medical model in educational programs that are located at medical schools, teaching hospitals, academic medical centers and in military medical centers. Practicing in physician-directed teams, PAs work in all medical and surgical specialties, in a variety of practice, educational and research settings.

Some state PA practice laws and regulations use the word "protocol" to describe the practice arrangement between a physician and a PA, while other states direct physician-PA teams to use detailed clinical protocols to define a PA's practice. These differing uses for the term "protocol" create confusion for PAs and those who hire them.

When state laws or regulations mandate protocols for PAs, what PAs must do to satisfy that mandate is not always clear. State policymakers who do not want a true clinical protocol, but rather want to formalize a physician's professional affiliation with a PA, must clarify laws and regulations to make this distinction apparent.

Policymakers in states that mandate clinical protocols for PA practice should examine these legal provisions to determine whether the requirement is necessary. Protocols do have a place in medical care for treating specific clinical situations, but mandating clinical protocols for physician-PA teams is unwarranted. PAs are educated in the medical model, practice with physician supervision and are trained to assess patient care through the lens of analysis. Protocols, therefore, are only as useful to PAs as they are to physicians.

To clarify physician-PA team practice and to allow PAs to provide care based on clinical judgment, the American Academy of Physician Assistants (AAPA) advocates that in lieu of mandated protocols, physician-PA teams maintain a delegation agreement. This agreement should state that the physician, or physicians, will exercise supervision over the PA in accordance with state laws and regulations, and that the physician will retain professional and legal responsibility for the care rendered by the PA.

## PA Education

PA education prepares physician assistants to work in physician-led teams. The average length of a PA educational program is about 27 months, and the majority of PA students have a bachelor's degree and nearly three years of health care experience before they are admitted to a program.[1] PA education is characterized by an intense yet practical curriculum, with both classroom and clinical components.

The first year of PA education provides a broad grounding in medical principles with a focus on their clinical applicability. First-year instruction typically consists of coursework in the basic sciences, including anatomy, physiology, biochemistry, pharmacology, physical diagnosis, pathophysiology, microbiology, clinical laboratory sciences, behavioral sciences and medical ethics.

In the second year, students receive hands-on clinical training through a series of clerkships or rotations in a variety of inpatient and outpatient settings. Rotations include family medicine, internal medicine, obstetrics and gynecology, pediatrics, general surgery, emergency medicine and psychiatry.

PA students complete, on average, more than 2,000 hours of supervised clinical practice prior to graduation.[2]

## Team Practice

An unchanging tenet of the PA profession is the commitment to practicing in physician-directed teams. The relationship between PAs and physicians begins in PA school where PA students often share classes, facilities and clinical rotations with medical students. Because they train using similar curricula, training sites, faculties and facilities, physicians and PAs develop a similarity in medical reasoning during their schooling that eventually leads to standardized thought in the clinical workplace; PAs think like doctors.[3]

PAs are authorized to practice in all 50 states, the District of Columbia and the majority of US territories. In all of those jurisdictions, the PA is required to have a supervising physician, or

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physicians, responsible for delegating and supervising care provided by the PA.

In 1995, the American Medical Association's House of Delegates adopted *Guidelines for Physician/ Physician Assistant Practice*. These guidelines describe the roles and professional affiliation between physicians and PAs.[4]

## PAs and Protocols

AAPA recommends that clinical protocols should not be required as part of state laws or regulations delineating PA scope of practice. Protocols are useful for dealing with very specific clinical situations (e.g., anaphylaxis). However, protocols by their nature are rigid and rapidly outdated. Extensive clinical protocols neither enhance the clinical judgment exercised by PAs nor improve the diagnosis and treatment of disease.

Further, there is no evidence that requiring extensive clinical protocols at the state regulatory level protects public safety. This requirement, on the other hand, may actually hinder care since it decreases the ability to use clinical judgment and individualize treatment for a specific patient.

AMA guidelines also do not recommend protocols in delineating physician-PA practice. AMA policy calls for "mutually agreed upon guidelines that are developed by the physician and the physician assistant."[5]

## Delegation Agreements for Physician-PA Teams

Successful team practice by PAs and supervising physicians depends on all parties having a clear understanding of delegated duties and supervisory responsibilities. Many physician-PA teams find that written delegation agreements help facilitate this understanding. Being clear enough about team practice to commit its parameters to paper will serve the physician-PA team, their colleagues and their patients.

A delegation agreement between supervising physicians and PAs, often called a "practice agreement" or "written agreement," outlines in a general way the patient problems and procedures that the physician authorizes the PA to address or perform. Because physician-PA teams evolve in the way they deliver care, the agreement should be reviewed and updated periodically.

While AAPA does not advocate that physicians wishing to supervise PAs be subject to additional state registration requirements, they should be required to meet certain qualifications in order to supervise PAs. Qualifications include having an active license to practice medicine and maintaining a delegation agreement with the PA supervised. AAPA has drafted the following model language that can be used to amend state laws and regulations:

A physician wishing to supervise a PA must:

1. be licensed in this state;
2. be free from any restriction on his or her ability to supervise a physician assistant that has been imposed by board disciplinary action;
3. maintain a delegation agreement with the physician assistant. The agreement must state that the physician will exercise supervision over the physician assistant in accordance with this act and any rules adopted by the board and will retain professional and legal responsibility for the care rendered by the physician assistant. The agreement must be signed by the physician and the physician assistant and updated annually. The agreement must be kept on file at the practice site and made available to the board upon request.

## Conclusion

AAPA supports the development of a standardized approach to medical care founded on evidence-based medicine and its appropriate use by physician-PA teams. AAPA also supports effective and continuing communication between physicians and PAs who practice together, and appropriate delegation and direction from supervising physicians to PAs.

AAPA opposes state law requirements for protocols. There is no evidence that requiring extensive clinical protocols enhances care or protects public safety. Instead, AAPA recommends that when a PA and physician or physicians begin practicing together they discuss their professional affiliation. It is important for physicians and PAs to understand how they will work together and to evaluate the practice arrangement on an ongoing basis.

In most settings, it is impossible to define the PA's practice through detailed treatment protocols. It is more practical and promotes better patient care for physician-PA teams to develop a delegation agreement that allows a PA to exercise clinical judgment while consulting the supervising physician as necessary. This practice model allows for rapid inclusion of new treatment modalities, individualized approach to patient problems and maximization of the supervising physician's ability to direct patient care in the clinical setting.

For more information about PA education, PA scope of practice and physician-PA teams, see AAPA's Resources page at *www.aapa.org/advocacy-and-practice-resources/issue-briefs*.

## References


1 Physician Assistant Education Association. (2007–2008). *Twenty-fourth annual report on physician assistant educational programs in the United States*. Alexandria, VA.

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3 White, G.L., Egerton, C.P., Myers, R., & Holbert, R.D. (1994). Physician assistants and Mississippi. *Journal of Mississippi State Medical Association,* 35(12), 353-357.

4 American Medical Association. (1998). *Guidelines for physician/physician assistant practice.* Policy Compendium. Chicago, IL.

5 Ibid.



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