American Academy of PAs

PAs: Credentialing, Privileging, and Assessing Competency (FPPE & OPPE)

A Guide for regulators, hospitals, employers, and third-party payers

PAs are versatile members of the healthcare team, with broad, yet rigorous medical training. PAs practice in every medical and surgical specialty and all practice settings, providing a broad range of services that would otherwise be provided by physicians. They are graduates of accredited PA programs, licensed, and nationally certified.

PA education is a master's-level program modeled on physician education. Upon graduation from an accredited program, PAs must pass the Physician Assistant National Certifying Examination (PANCE), the initial certifying exam administered by the National Commission on Certification of Physician Assistants (NCCPA). To maintain certification, PAs must pass a recertifying exam every 10 years and obtain 100 credits of continuing medical education (CME) every two years.[1] While all states require initial certification for licensure, and most PAs maintain certification, many but not all states require maintenance of current certification.[2]

PA education programs average 27 months in length, equivalent to 3 academic years, and are accredited by the Accreditation Review Commission on Education for the Physician Assistant.[3-4] PA students complete an average of more than 3,000 hours of education, including 2,000 hours of supervised clinical practice prior to graduation.[5] PA students receive hands-on clinical training through rotations that include family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, , emergency medicine, behavioral and mental health, and other specialites.[3] The first year of PA school provides a broad foundation in medical principles and instruction in the classroom and lab. Education consists of medical science courses, including anatomy, physiology, biochemistry, pharmacology, physical diagnosis, pathophysiology, microbiology, clinical laboratory sciences, behavioral sciences and medical ethics.

Prior to admission to a PA program, most applicants complete a bachelor's degree and have at least two years of college courses in life, physical, and behavioral sciences as prerequisites. Nearly 90% of applicants have prior healthcare experience with an average of more than 2,800 hours of direct patient care; more commonly as emergency medical technicians, paramedics, nursing and medical assistants, medical technicians, and scribes.[3,6]

Scope of Practice

A PA's scope of practice is determined by several factors: education and experience, state and federal laws and regulations, policies of employers and facilities, and the needs of patients. In a hospital or facility setting, a PA's scope of practice is also delineated by clinical privileges that have been granted.

PAs are graduate-trained, nationally certified, and state licensed to practice in every medical and surgical specialty and all practice settings.

A PA's scope of practice is determined by education and experience, state and federal statutory and regulatory policy, policies of employers and facilities, and the needs of patients.

Credentialing PAs

Credentialing is the process of verifying and assessing the qualifications of a practitioner to provide care or services. Organizations credential healthcare professionals to ensure that patients receive high-quality medical care. Hospitals, healthcare organizations, practices, and third-party payers use various systems for credentialing healthcare professionals. Many organizations adopt physician forms and criteria to create a parallel process for PAs.

Credentialing usually requires primary sources verification from an original source or an approved agency. Examples of primary credentialing sources for PAs include:

- State licensing board to confirm that the applicant is licensed
- Accredited PA program for graduation information
- NCCPA to confirm initial and ongoing national certification
- National Practitioner Data Bank (NPDB) for malpractice and adverse actions history

The American Medical Association (AMA) offers credentialing verification services to confirm a PA's education, training, certification, and state license data. The Federation of State Medical Boards (FSMB) offers the Federation Credentials Verification Service, which provides a repository of verified credentials. Both AMA and FSMB verification are recognized by the Joint Commission as a *designated equivalent source*, and is deemed comparable to a primary source.[7]

Secondary sources, such as copies of diplomas or certificates, are generally not acceptable.

Privileging PAs in Hospitals

PAs who provide care in a hospital or healthcare facility must be granted clinical privileges through a medical staff process that assesses qualifications and competencies.[7-8] The privileging process ensures a practitioner has the appropriate skills to perform specific duties and work in certain healthcare environments or with specific patient populations. Because of the extensiveness and rigor of PA education, PAs graduate with fundamental skills essential to every medical and surgical specialty, practice environment, and patient population. PAs have diverse

medical knowledge; the ability to provide age-appropriate patient assessment, evaluation, and management; understanding of social and behavioral determinants of health; knowledge of disease prevention and health promotion; interpersonal and communication skills; and professionalism.

While there are different methodologies for delineating privileges, it may be helpful to classify privileges into core and specialty privileges for PAs. Core privileges are those activities that most PAs at an organization or within a department are expected to be able to perform. Specialty privileges are the procedures a PA within a specialty or subspecialty might perform.

Core Privileges

Core privileges are those activities that most PAs at an organization or within a department are expected to be able to perform. They may include, but are not limited to, performing histories and physical examinations, consultations, follow-up encounters, and discharges; formulating a diagnosis; developing, implementing, and managing treatment plans; ordering and interpreting diagnostic tests; ordering medications, blood products, and other therapies; writing admission, discharge, and transfer orders; evaluating and managing emergency situations, performing suturing, fracture care, biopsies, foreign body removal, and incision and drainage of abscesses; administering local anesthetics; and assisting with surgery. This list of PA core privileges is not meant to be exhaustive and could include other core privileges, depending on the institution and department.

While there are different methodologies for delineating privileges, it may be helpful to classify privileges into core and specialty privileges for PAs.

Specialty Privileges

PAs demonstrate proficiency and competency through several methods. Although PAs practice in every medical and surgical specialty, unlike physicians, they do not have specialty board examinations. Instead, PAs may be evaluated for specialty privileges through a variety of means, which may include one or more of the following:

- Attestation of competence by a peer (e.g., PA), physician, or employer
- Procedure logs or a professional portfolio
- Simulation lab experience
- CME relevant to the specialty
- Data collected for initiatives such as the Quality Payment Program, clinical registries, or other metrics
- Pertinent certifications such as BLS, ACLS, and/or PALS

When a PA is a recent graduate or is changing specialties, it may be necessary to facilitate proctoring by a physician or experienced PA until the PA requesting privileges can demonstrate competence.

For examples of PA privileges, see Sample Core and Specialty Privileges for PAs.

FPPE and OPPE

Similar FPPE and OPPE criteria can be used for PAs and physicians.

The medical staff of a hospital or facility is responsible for ensuring the initial and ongoing competence of the clinicians providing medical services.[8] Confirming initial and ongoing competency is critical to ensure safe, high-quality healthcare. Joint Commission accredited hospitals are required to include PAs in their focused professional practice evaluations (FPPE) and ongoing professional practice evaluations (OPPE), which are intended to provide objective assessments of competency.[7] The Joint Commission does not specify the type of data or information that must be used for FPPE and OPPE, but similar criteria can be used for physicians and PAs.

FPPE

FPPE is used for initial privileging or when a performance issue arises. The medical staff is responsible for defining the method and criteria for performing evaluations, triggers that would indicate a need for an FPPE of existing privileges, and the duration of evaluation.[7] Methods of assessing performance during FPPE could include direct observation, chart review, demonstration of competency during simulations, and peer review. Ideally, peer review should be done by a person within the same profession as the reviewee. When it is not feasible to obtain a peer review from another PA, a review by a physician of allopathic or osteopathic medicine is accepted by the Joint Commission.[7] The duration of FPPE will vary based on the volume of privileges a practitioner performs, a practitioner's training and experience, and the risk level of a privilege.[7] When FPPE is completed, OPPE begins.

OPPE

OPPE is designed to provide an ongoing assessment of a clinician's competence and skill in order to identify clinicians delivering an unacceptable quality of care. The frequency of OPPEs is defined by the medical staff but must occur more frequently than every 12 months.[7] The medical staff is also responsible for defining the method and criteria for performing OPPE. While not required to do so, many hospitals use core competencies in the OPPE process. Sample competencies and corresponding examples of performance measures that may be used for PA assessment include:

- Person-Centered Care
    - Compliance with evidence-based recommendations (e.g., preventive screenings, etc.) or guideline-directed medical therapies
    - Assessment of (including an absence of) adverse event reporting
    - Subjective chart review
    - Peer attestation
- Knowledge for Practice
    - Completion of CME
    - Maintenance of licensure and NCCPA certification
    - Maintenance of applicable certifications (e.g., BLS, ACLS, PALS, etc.)
    - Performance on simulation
    - Subjective chart review
    - Peer attestation
- Interpersonal and Communication Skills
    - Patient satisfaction scores
    - Use of health information technology
    - Interaction with patients via portals
    - Legible and complete medical records
    - Timely responses to patient and practitioner enquiries
    - Subjective assessment by peers
- Professionalism and Ethics
    - Assessment of (including an absence of) documented complaints or deficiencies
    - Assessment of (including an absence of) restrictions on license or privileges
    - Timely completion of medical record documentation
    - Compliance with employer and facility policies
    - Meeting attendance or committee participation
    - Professional contribution (e.g., publications or presentations)
    - Completion of compliance training
    - Peer attestation
- Practice-Based Learning and Quality Improvement
    - Completion of self-assessment or performance improvement CME
    - Attendance at journal clubs or morbidity and mortality conferences
    - Participation in improvement activities through committees, the Medicare Merit-based Incentive Payment System, or other methods
    - Education and training of students and health professionals through mentoring, precepting, or other methods
    - Completion of training, education, or certification in healthcare improvement, management, or delivery

- Society and Population Health
  - Assessment of costs of care or resource utilization
  - Use of diagnostic tests consistent with Appropriate Use Criteria
  - Use of certified electronic health record technology, computerized order entry, or other electronic information technology
  - Completion of safety and compliance training
  - Completion of diversity and equity training
  - Participation in activities to improve healthcare access or equitability
  - Participation in patient or professional advocacy
- Interprofessional Collaboration
  - Appropriate referrals and collaboration with other healthcare professionals
  - Attendance at, and participation in, interdisciplinary committees and teams
  - Peer attestation

References

1. National Commission on Certification of Physician Assistants. https://www.nccpa.net/CertificationProcess. Accessed February 10, 2023
2. American Academy of Physician Associates. Statutory and Regulatory Requirements for Initial Licensure and Licensure Renewal. January 2021. https://www.aapa.org/download/19739/
3. Physician Assistant Education Association. By the Numbers: Program Report 33: Data from the 2017 Program Survey, Washington, DC: PAEA; 2018. doi: 10.17538/PR33.2018
4. Accreditation Review Commission on Education for the Physician Assistant. http://www.arc- pa.org/about/. Accessed February 10, 2023
5. Physician Assistant Education Association. Nineteenth Annual Report on Physician Assistant Educational Programs in the United States, 2002-2003. Alexandria, VA; 2003.
6. Physician Assistant Education Association. By the Numbers: Student Report 2: Data from the 2017 Matriculating Student and End of Program Surveys, Washington, DC: PAEA; 2018. doi: 10.17538/SR2018.0002
7. Joint Commission Resources. Medical Staff Essentials: Your Go-To Guide. 2017.
8. Centers for Medicare and Medicaid Services. Revised Guidance Related to New & Revised Hospital Governing Body and Medical Staff Regulations. 2014.

Additional Resources

Guide to PA Regulations and Compliance

Updated March 2023