Physician Assistants in Hospital Practice: Credentialing and Privileging/Medical Staff Membership

Physician assistants (PAs) practice medicine with physician supervision. Typical hospital duties include evaluating and treating patients in the emergency room; performing histories and physicals; admitting patients on behalf of physicians; providing surgical first assisting for daily and emergency operating schedules; conducting patient rounds; evaluating changes in patients’ conditions; issuing orders for medications, treatments and laboratory tests; and writing discharge summaries. PAs working with specialist physicians often have additional privileges particular to that field.

PAs who practice in hospitals are diverse and highly skilled professionals that work in virtually every department and practice with physicians of every medical and surgical specialty. They may be employed by the hospital (or system), medical practices or hospital medicine groups.

There are nearly 75,000 clinically practicing PAs. Forty percent (30,000 PAs) practice primarily in hospitals. Another 20 percent (15,000) practice at least part of the time in hospitals. While PAs work almost anywhere in a hospital, they most often practice in emergency departments, inpatient services, operating rooms, outpatient units and critical care/intensive care units.

The exact requirements for physician supervision are defined by state law and hospital policy. All state laws allow the flexibility of off-site supervision by physicians as long as they are available via telecommunication. In developing their supervision policies, most hospitals choose to follow state law.
Federally employed PAs, however, are governed by federal agency guidelines, not state law.

Like physicians, the credentialing and privileging standards for PAs are guided by the same six general competencies identified for physicians by the Accreditation Council for Graduate Medical Education and the American Board of Medical Specialties. These competencies are:

- patient care
- medical/clinical knowledge
- practice-based learning and improvement
- interpersonal and communication skills
- professionalism
- systems-based practice

For more information about PA competency measures, see AAPA’s hospital practice resources at www.aapa.org/advocacy-and-practice-resources/practice-resources/hospital-practice/557-pa-competency-measures.

**Credentialing PAs**

Hospitals that wish to grant privileges to a PA must first verify the qualifications of the PA to provide medical services in a hospital or other health care facility. Many hospitals adapt their physician forms and criteria to create a parallel process for PAs. The criteria are defined in the medical staff bylaws or in an associated policy and procedures manual.

The credentialing process includes verifying, through the appropriate primary sources, the individual’s professional education, training, licensure and certification. For PAs, primary sources include:

- State board of medicine to confirm that the applicant is properly licensed, certified or registered;
- PA program for graduation information;
- National Commission on Certification of Physician Assistants (NCCPA) to confirm initial and ongoing certification;
- National Practitioner Data Bank (NPDB) for malpractice and adverse action history; and
- Federation of State Medical Boards (FSMB) to verify PA’s identity and to uncover any disciplinary actions taken against the PA.

The credentialing process also includes a review of the individual’s health status, previous work experience, clinical privileges, professional references and evidence of adequate professional liability insurance.

**Privileging PAs**

To provide patient care in the hospital, PAs and their supervising physicians must first delineate PA clinical privileges. Medical staff professionals use the process for granting clinical privileges that is outlined in the medical staff bylaws. The actual privileges available to PAs should be stated, not in the bylaws, but in the medical staff rules and regulations. The bylaws should include a definition of physician assistant, generally conforming to the definitions used in state law or by the American Academy of Physician Assistants. An example might be as follows:

A physician assistant (PA) is an individual who is a graduate of a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant or its predecessors and/or who is certified by the National Commission on Certification of Physician Assistants; and who is licensed, registered or certified to practice medicine with physician supervision.

Bylaws should stipulate that all clinical privileges granted to PAs be consistent with all applicable state laws and regulations and that a PA may provide medical services that are within the scope of practice of the supervising physician. Because PAs work with physicians in every medical specialty,
it is impossible to provide examples of “typical” privileges. The procedures will depend on the type of practice, the experience and expertise of the PA and the physician, and the delegation of tasks by the physician. As with credentialing, the physician privilege form can be modified for PAs. On demonstration of satisfactory training and experience, and after approval by the hospital governing body, a PA may be granted privileges with supervision by a physician or physicians with appropriate privileges.

**Reappointment/Reprivileging**

As with physicians, hospital bylaws or policies specify a time period for the renewal and revision of PA privileges and reappointment to the medical staff.

The medical staff evaluates information provided by physician supervisors and PA peers on the PA’s professional performance, including technical and clinical skills. They also evaluate information on performance improvement, including continuing medical education and other courses completed. The PA’s scope of practice should be updated as changes in clinical privileges are made. Queries to the NPDB and FSMB should be made any time privileges are renewed, revised or expanded.

**The Joint Commission’s Processes**

The Joint Commission is an independent organization that accredits the majority of hospitals in the United States. The Joint Commission medical staff standards require hospitals to credential and privilege PAs through the medical staff or an equivalent process. Because PAs have extensive medical training and provide medical services as members of physician-PA teams, AAPA recommends using the medical staff process exclusively to credential and privilege PAs.

For Joint Commission-accredited hospitals, PAs, like their supervising physicians, are evaluated using a focused professional practice evaluation (FPPE) for new privileges or performance improvement and ongoing professional practice evaluation (OPPE) for bi-annual reappointment.

**Medical Staff Membership**

PAs should be members of the medical staff because they provide medical care. Though their authority to provide care is

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**Information that May Be Gathered for Credentialing and Privileging**

In addition to basic personal data, be prepared to provide:

- Government-issued photo identification
- License or registration number
- NCCPA certification
- State prescribing number
- DEA number
- National Provider Identifier (NPI)
- Degrees and certificates
  - From PA Program
  - From other educational programs or institutions
- Relevant postgraduate training
- Additional training (e.g., advanced cardiac life support, advanced trauma life support)
- Practice specialty(ies)
- Name(s) of supervising physician(s)
- Primary practice location
- Other practice locations
- Chronological professional experience (names, addresses and phone numbers of previous employers)
- Professional affiliations
- Teaching appointments
- Precepting and mentoring experience
- Past and current privileges
- Any legal and administrative actions taken against you
  - By employers, hospitals and other institutions
  - By government agencies
  - By professional societies
  - By other monitors of professional conduct
- Professional liability insurance
  - Current liability coverage
  - Other carriers from the past “x” years
  - Past and current claims and suits
- National Practitioner Data Bank
- Personal health*
- References

* Exact questions may vary depending on applicable legal requirements, such as the Americans with Disabilities Act.
delegated by a supervising physician, PAs exercise a high level of decision-making and autonomy in day-to-day practice. As medical staff members, PAs would receive timely input on clinical issues and medical staff policies. They also would have the opportunity to participate in quality review programs and on medical care committees.

In the majority of states, medical staff and hospital governing boards decide which types of practitioners will be medical staff members. Both Joint Commission standards and Medicare and Medicaid Conditions of Participation for Hospitals allow PA membership on medical staffs. The Medicare and Medicaid surveyors’ manual further specifies that hospitals can appoint PAs to the medical staff. Sometimes PAs are erroneously categorized as allied health professionals. PAs are providers of medical care and, as such, should not be considered part of the allied health field. The National Commission on Allied Health, convened by an act of Congress in 1992, defined an allied health professional as “a health professional (other than a registered nurse or physician assistant)....” The federal Bureau of Health Professions uses this same definition and classifies PAs as medical providers.

For more detailed information about PA medical staff membership, see www.aapa.org/advocacy-and-practice-resources/practice-resources/hospital-practice/563-medical-staff-membership.

**Additional Online Resources**

Because full access to the Joint Commission’s Web site is subscription-only, AAPA has compiled useful information about the Joint Commission and its policies. You can find this information at www.aapa.org/advocacy-and-practice-resources/practice-resources/hospital-practice/564-the-joint-commission.

For additional information about hospital practice, visit AAPA’s Resources page at www.aapa.org/advocacy-and-practice-resources/practice-resources/hospital-practice.

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**References**