PAs: Assessing Clinical Competence
Guide for regulators, hospitals, employers and third-party payers

Physician assistants (PAs) are versatile members of the medical team, with broad, yet rigorous medical training. PAs practice in every medical and surgical specialty and every practice setting, 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 masters-level program modeled on physician education. Applicants must complete at least two years of college courses in basic and behavioral sciences as prerequisites.

PA education programs average 26 months in length. The first year of PA school provides a broad grounding in medical principles and instruction in the classroom and lab. Year one consists of basic medical science courses, including anatomy, physiology, biochemistry, pharmacology, physical diagnosis, pathophysiology, microbiology, clinical laboratory sciences, behavioral sciences and medical ethics. In the second year, PA students receive hands-on clinical training through rotations that 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. There are more than 187 PA programs accredited by the Accreditation Review Commission on Education for the Physician Assistant.

Upon graduation from a physician assistant program, PAs must pass the Physician Assistant National Certifying Examination (PANCE), the initial certifying exam administered by National Commission on Certification of Physician Assistants. Starting in 2014, NCCPA’s Certification Maintenance requirements changed, with enhanced CME requirements and re-examination extended to a 10-year cycle, to mirror the Maintenance of Certification® requirements for physicians. PAs will transition from a 6-year cycle to the 10-year cycle at their next recertification due date. While all states require initial certification for initial licensure, not all states require maintenance of current certification for licensure renewal.

Credentialing PAs
Organizations credential healthcare professionals to assure that patients receive high quality medical care. Hospitals, healthcare organizations, practices and third-party payers use varied systems for doing this. Many organizations adapt physician forms and criteria to create a parallel process for PAs.

For PAs, primary sources include:
- State licensing board to confirm that the applicant is properly licensed
- Accredited PA program for graduation information
- National Commission on Certification of Physician Assistants (NCCPA) to confirm initial and ongoing national certification. Go to www.nccpa.net.
- National Practitioner Data Bank (NPDB) for malpractice and adverse actions history

Unlike physicians, PAs do not have specialty board exams. They specialize by virtue of the physicians with whom they work.
The American Medical Association’s (AMA) Physician Profile Service offers PA credentials verification. For a nominal fee, credentialing professionals can confirm a PA’s education program attendance and graduation dates, national certification number and status, current and historical state licensure information, and AAPA membership status. The Joint Commission has deemed that the information provided by the AMA service is equivalent to primary source information.

Similarly, the Federation of State Medical Boards offers its Federation Credential Verification Service to PAs.

**Privileging PAs in Hospitals**

Because of the breadth and rigor of PA education programs, students graduate with skills that are fundamental and essential to every specialty – a fund of medical knowledge, interpersonal and communication skills, patient care-including the ability to provide age appropriate patient assessment, evaluation and management, professionalism, practice-based learning and improvement, and systems-based practice. PA students master clinical fundamentals that prepare them to practice with physicians in virtually every area of medicine and surgery. However, unlike physicians, PAs do not have specialty board exams. They specialize by virtue of the physicians with whom they work.

When PAs are evaluated for specialty privileges, hospitals can verify their competence through a number of means.

- Attestation to the PA’s competence by physicians and PA peers
- Hospital systems that track clinical activity
- Data collected for initiatives such as the Surgical Care Improvement Project (SCIP) or the Physician Quality Reporting System (PQRS)
- Requiring a certain percentage of continuing medical education credits specific to the specialty
• Requiring maintenance of pertinent certifications such as Basic Life Support, Advanced Cardiac Life Support, Advanced Trauma Life Support, Pediatric Advanced Life Support, etc.
• Certificates of completion from relevant clinical courses
• Use of simulation labs to assess cognitive and procedural competence
• Professional portfolio in which the PA documents procedures and patient care provided

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

FPPE and OPPE
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 help ensure the competence of providers. Data for the ongoing evaluation is acquired from periodic chart review, direct observation, procedures logs, peer review, monitoring of diagnostic and treatment techniques, and input from other individuals involved in the care of the same patients, including clinicians and administrators.

Regulatory Agencies and Insurers
State regulatory agencies and third-party insurance companies typically leave the determination of an individual PA’s specialty and scope of practice up to the physicians with whom the PA works. This ranges from solo physicians, through large multi-specialty practices, to major health care systems. A PA working in a particular specialty has oversight and guidance by a physician in that specialty. Because the physicians and PAs work closely together, they are the individuals most able to determine the appropriate specifics of a PA’s day-to-day practice, based on the PA’s training and experience, patient needs and the needs of the particular practice.

References