



A Guide for Writing and Talking About PAs

The PA (physician assistant) profession was established more than fifty years ago. The language used to describe and refer to PAs has changed considerably since that time. This is a guide to communicating about the PA profession in a way that reflects modern PA practice. For more information, please email communications@aapa.org.

What is a PA?

PAs are medical providers who diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient's principal healthcare provider. With thousands of hours of medical training, PAs are versatile and collaborative. PAs practice in every state and in every medical setting and specialty, improving healthcare access and quality.

The PA Abbreviation

Use "PA" as the title of the profession, not "physician assistant," in all copy. If you must spell it out to aid external audiences, only use "physician assistant" once in parentheses after the first PA reference: e.g., "PA (physician assistant)." For all subsequent references, use "PA."

The PA Honorific

To promote uniformity of address in clinical and other settings, use PA as the honorific before the person's name, e.g., PA Pam Smith or PA Smith. Encourage the adoption of PA [surname] as the preferred form of address for PAs among staff and external audiences, unless a more suitable formal address is appropriate, such as military rank or academic role.

What PAs are NOT

PAs are not assistants to physicians. There is no possessive apostrophe in the title of the profession. The word "physician" in "physician assistant" is not possessive or plural.

Today's PAs collaborate with physicians. It is common for a PA to serve as the lead on care coordination teams and see patients in all settings without a physician present. In fact, in many rural and underserved areas, a PA may be the only health care provider for hundreds of miles. Thus, phrases like "physician-led teams," and/or "the PA is supervised by a physician," are also inaccurate.

PAs are not mid-level providers, physician extenders, or non-physician providers. These terms are not only offensive to PAs but are also relics of the past and should not be used. These terms were created when the PA profession began, and do not accurately reflect the current role of PAs.

Additional Guidance

Grouping PAs with other providers should be avoided. We have seen an increase in the use of the terms "advanced practice providers" (APP) or "advanced practice clinicians" (APC) by the media, hospitals, and healthcare organizations as a replacement for the outdated terms mentioned above. However, these terms are equally problematic, as they are imprecise and applied inconsistently. For example, one institution may refer to all providers with advanced degrees (e.g. APRNs, PAs, nutritionists, psychologists, etc.) as advanced practice providers or clinicians; another institution may intend to refer only to APRNs and PAs. As the professional society for all PAs, AAPA is charged with elevating the PA profession and its unique identity. Terms like APP dilute it and should be avoided.

If these terms cannot be avoided, indicate the provider groups that the terms represent in parenthesis after first use, e.g., "*Green Hospital believes that advanced practice providers (PAs and APRNs) expand access to care and are critical to the delivery of healthcare in the community.*"