

Physician Assistants: A Jurisdictional Review

Health Professions Regulatory Advisory
Council (HPRAC)



Regulation of Physician Assistants: A Jurisdictional Review

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Objective

The objective of this jurisdictional review is to provide evidence-informed observations on the regulation of physician assistants (PAs) in selected Canadian provinces, selected United States (U.S.) jurisdictions, the United Kingdom (UK), South Africa and Australia. Information on the following six topics was gathered:

1. Current Regulatory Status of the Profession
2. Relevant Legislation, Regulations, or By-laws
3. Scope of Practice
4. Controlled Acts/Reserved/Restricted Acts
5. Entry to Practice Requirements
6. Practice Settings

Context:

Currently, PAs in Ontario practise under the supervision of a physician and are only able to perform controlled acts under delegation as they are not regulated [Canadian Medical Association (CMA), 2010]. The PA role was announced in May 2006 with the launch of HealthForceOntario (HFO), the province's strategy to ensure that Ontarians have access to the right number and mix of qualified health care providers, now and in the future (HFO, 2011). Co-led by the Ontario Ministry of Health and Long-Term Care and the Ontario Medical Association, the PA initiative in Ontario involves about 80 PAs working in demonstration projects in Ontario hospitals, community health centres, family health teams, long-term care homes and in settings where PAs are employed by a physician or group of physicians (Ibid). The initiative also includes the establishment of Ontario-based post-secondary PA education programs (Ibid).

On June 24, 2011, the Minister formally requested advice from the Health Professions Regulatory Advisory Council (HPRAC) on whether the PA profession, ought to be regulated, whether independently or in conjunction with an existing profession under the *Regulated Health Professions Act, 1991* (RHPA), and if so what would be the appropriate scope of practice, controlled acts, and titles authorized to the profession. It was also requested that HPRAC advice consider what model of regulation would be most conducive to interprofessional collaboration between PAs and other health professionals in Ontario.¹

Search Methodology:

A review of the current PA legislation, regulations and where applicable, by-laws, in selected Canadian provinces, U.S. states, the UK, South Africa and Australia, was conducted. In Canada,

¹ The Minister's letter of referral may be found at: http://www.hprac.org/en/resourcesGeneral/MinisterLetter_June242011.pdf

only the provinces where PAs are regulated² (Manitoba and New Brunswick) and those provinces where the PA role has been introduced without regulation (Alberta and Ontario) were reviewed. The eight U.S. states selected for this review were Arizona, California, Michigan, Minnesota, New York, North Dakota, Texas and Washington. These states were chosen based on a number of factors including: geographical characteristics, number of practicing PAs³, key informant recommendations and PA regulatory structures.

The websites for each jurisdiction’s regulatory body and professional association were also examined. Where adequate information was not available online, key informant interviews were held by telephone or through email communication with representatives of regulatory bodies, governments and relevant associations. Based on the questions posed by the Minister of Health and Long-Term Care, key themes were identified and defined (see Table 1).

Table 1: Research Theme

Category	Description
Current Regulatory Status of the Profession	Is the profession statutorily regulated? In the absence of regulation, how is the public protected? This category also may include information on discipline, code of ethics, title protection and total PAs, where applicable/available.
Relevant Legislation, Regulations, or By-laws	A combination of laws, regulations, and by-laws that support the regulatory model. An organizational entity is typically assigned the authority to regulate using these tools.
Scope of Practice	“Scope of Practice” refers to a description of the acts and services a profession is legally authorized to offer or perform. It “identifies what a profession does and how it does it. It is the range of activities that a qualified practitioner may practice. [Conference Board of Canada (CBOC), 2007]
Controlled Acts/Reserved/Restricted Acts	In jurisdictions that employ a controlled acts scheme, the performance of certain acts is limited to a group of regulated professionals. In other jurisdictions, the acts which the profession cannot perform are outlined in a statute, regulation, or by-law.
Entry to Practice Requirements	This category includes information on the registration requirements to be met in order to be licensed or registered as a PA.
Practice Settings	This category provides additional information with respect to the settings in which PAs work.

² The PA profession as part of the Canadian Forces was not included in this review due to the lack of statutory regulation surrounding the profession in the Canadian Forces. (Mid-level clinicians have been employed by the Canadian Forces for over 50 years. In 1984 the first class of “physician assistants” graduated from the Canadian Forces Medical Services School in Borden, Ontario. They are generally acknowledged as the first formally trained PAs in Canada (Press Release, University of Manitoba, 2008)

³ The total number of PAs in each jurisdiction reviewed may be found in each jurisdiction’s individual chart under Appendix B.

Limitations:

Although this jurisdictional review undertook extensive background research in order to draw its findings, limitations still may exist. The majority of the jurisdictions reviewed and hence the majority of the key findings are from the U.S. states reviewed. Only 4 Canadian jurisdictions were reviewed, 2 of which are regulated, and 3 international jurisdictions, only 1 of which is statutorily regulated. Therefore, aside from the U.S., due to the lack of regulation of PAs in Canada and internationally, there were not many findings in these jurisdictions. The PA profession is well-developed in the U.S. and is regulated in all fifty states, but in other parts of the world, it is still in its infancy.

Summary of Key Findings:

Current Status of the Profession

- In Canada, PAs are statutorily regulated in only two provinces, Manitoba and New Brunswick.
- Manitoba first introduced PAs by way of the *Medical Act* in 1999, under the title of "Clinical Assistant". However, in 2009, the *Clinical Assistants and Physician Assistants Regulation* under the *Medical Act, 1999*, was amended to permit practice under the title of PA. In 2009, the College of Physicians and Surgeons of New Brunswick (CPSNB) amended the New Brunswick *Medical Act, 1981*, to include PAs.
- In both Manitoba and New Brunswick⁴, PAs are regulated under the province's College of Physicians and Surgeons and must be registered in order to practice.
- Alberta is the only Canadian Province with a PA voluntary (non-regulated) registry. This registry is held by the College of Physicians and Surgeons of Alberta (CPSA).
- PAs are regulated in all 50 U.S. states. There are three models of PA regulation displayed in the U.S. states reviewed. In three states (New York, North Dakota and Washington), PAs are regulated by a Medical Board. In California, Texas, and Minnesota, PAs are regulated under a Medical Board with a PA Advisory Committee/Council. Finally, in two states (Arizona and Michigan), PAs are regulated by a PA Board/Task Force independent of the Medical Board. In each form of regulation, PA's are represented to a varying capacity on the council of each governing body.
- Of the three international jurisdictions reviewed, only one of the jurisdictions (South Africa) formally regulates PAs, although they are referred to as Clinical Associates. The U.K. has a similar voluntary registry to that of Alberta, however instead of a regulatory college, the

⁴ PAs are regulated in New Brunswick, however according to the Registrar of the College of Physicians and Surgeons of New Brunswick, the PA profession in New Brunswick is still in its beginning stages, with only 2 PAs registered (personal communication, August 10, 2011).

UK Association for Physician Assistants (UKAPA) is the professional body for PAs and is responsible for the registry. PAs are not regulated in Australia.

- The titles “Physician Assistant”, “P.A.”, “Certified Physician Assistant” and different variations of, are protected in all of the reviewed jurisdictions that regulate PAs, except Washington and South Africa.
- In all the jurisdictions reviewed with PA regulation, except for New Brunswick, PAs are legislated to sit on the council/board of the governing body
- Some jurisdictions have different classes of registration for PAs. For example, Washington registers three classes: “certified physician assistant”, “physician assistant” and “physician assistant-surgical assistant”. In addition, many jurisdictions offer a “temporary license” to a PA applicant who has met all the qualifications but is waiting to take the next certification exam or is waiting for the results of their certification exam. The temporary permit will have an expiration date by which the applicant must meet the full licensure requirements. In such a case there may be practice restrictions, such as the PA must work at the same site as the supervising physician (e.g. Arizona).
- Disciplinary provisions in the case of professional misconduct by a PA are addressed depending on the regulatory mechanism in each jurisdiction. For example where PAs are governed by a Medical College or Board, they will fall under the disciplinary provisions of the Medical College or Board at large. However, if they are governed by a PA council/committee under the Medical Board or by a separate PA board, then disciplinary provisions will be handled independent of the larger medical governing body. For example, under the Michigan Public Health Code (333.16216) the duties of the PA task force of Michigan include the creation of discipline sub-committees to impose disciplinary sanctions.

Scope of Practice

- A PA’s scope of practice is defined by many variables including: education, experience, state law, facility policy and physician delegation (AAPA, 2010).
- The legislation among the reviewed jurisdictions adheres to a physician-delegated scope of practice, on condition that the delegated duties are within the education/training of the PA. Also, a physician may not delegate tasks to a PA that the physician him/herself is not permitted to perform.
- In addition to a broader physician-delegated scope of practice, some of the jurisdictions reviewed (e.g. Minnesota) have a checklist of duties that a PA may perform under delegation such as: ordering patients histories, performing physical examinations, ordering and performing diagnostic and therapeutic procedures, assisting at surgery and more. These “checklists” are non-exhaustive.

- As explained in the North Dakota Administrative Code governing PAs, it is the obligation of each team of physicians and PAs to identify the PA scope of practice and ensure that it is appropriate to the level of competence of the PA. In some of the jurisdictions reviewed (e.g. Manitoba), a “practice description” is required to be approved by the governing body before a PA may practice. It will set out the medical services that the PA may perform. Any task not found in the “practice description” shall not be performed by the PA. Other jurisdictions require similar mechanisms to that of Manitoba. For example, California requires there to be a “delegation of services agreement” between a supervising physician and PA
- As part of the delegated scope of practice, all of the reviewed jurisdictions in this review permit physicians to delegate prescriptive privileges to PAs, which includes the prescription of controlled/scheduled medications. The jurisdictions reviewed vary in the amount of prescribing authority delegated to PAs. Some jurisdictions permit PAs to prescribe controlled drugs from Schedule 2 to 5 (based on the US controlled substances schedules), while others only permit Schedule 3 to 5 drugs, all upon delegation from the supervising physicians. In the majority of jurisdictions, the PA must use their name/initials along with their supervising physician in connection with the prescription. As well, in the U.S., a PA who is a delegated prescriber of controlled substances is required to register with the federal drug enforcement administration. Prescribing standards/protocols are to be included in the “practice/delegation agreement” between the PA and physician.

Supervision

- A PA must practise medicine under the supervision of a licensed physician.
- Supervision may be “direct” or “indirect”, but is most often “indirect” (Hooker, Cawley, & Asprey, 2010). This means that the physician is not required to always be present while the PA is practicing, but rather is required to be available for contact.
- In some jurisdictions (e.g. Arizona), if the PA practices in a location where the supervising physician is not “routinely present”, the PA must meet their supervisor a minimum of once a week (in person or by telecommunication) for direction and oversight. The board may also require certain tasks to only be performed under physician supervision.
- Some jurisdictions (e.g. Manitoba) require a “contract of supervision” stating the physician’s intent to supervise the medical services performed by the PA. Some jurisdictions require such contracts/agreements to be approved by the governing authority. In addition, according to other jurisdictions (e.g. Arizona) the agreement must be signed by the supervising physician and PA, updated annually, kept on file at the practice site and made available to the board on request.
- Tasks of the supervising physician include (but are not limited to); verification of the PA’s credentials, evaluation of the PA’s performance, monitoring the PA’s practice, identifying PA scope of practice and notifying the governing authority if it is exceeded, assure that the delegation of medical tasks fits the PA’s level of competence, etc.

- In some jurisdictions (e.g. California) chart co-signature/counter signature (the supervising physician must sign all or a percentage of the charts of those patients treated by the PA) may be required as a means of supervision, while in others (Michigan) it is not.
- In some of the jurisdictions reviewed there is a limit to the number of PAs that a physician may supervise. For example, in Manitoba the limit per physician is three PAs, and in North Dakota there is no limit. On the other hand, in Texas, PAs are permitted to have more than 1 physician supervisor.
- In the case of emergency situations, some jurisdictions (e.g. Michigan) do not require a PA to practice under supervision. However, they still must not exceed their scope of practice.

Controlled/Reserved/Restricted Acts

- In Manitoba, PAs are permitted to perform reserved acts by way of the “Delegation of a Reserved Act” provisions under the Regulated Health Professions Act, 2009. However, they may only perform the reserved act in accordance with the regulations respecting the delegation of that reserved act made by the council of the delegating member's college. Similarly, Ontario and Alberta permit an unregulated PA to perform controlled/restricted acts by delegation or supervision respectively.
- Among the other jurisdictions reviewed, some employ a list of acts which the PA is restricted from performing, including: the determination of the refractive states of the eye, adaptation of fitting of lenses or frames, prescribing the use of or using any optical device, prescribing, fitting or adaptation of contact lenses, dentistry or dental hygiene and others. The issue of signing a death certificate varies by jurisdiction. For example, Washington permits a PA to sign a death certificate, but New York does not.
- Other jurisdictions will more simply state that, “the supervising physician or agent shall not delegate to the PA any health care task that the physician does not have training or experience in and does not perform (Arizona Statutes Title 32-2533).”

Entry to Practice Requirements

- The registration requirements for PA practice in the Canadian jurisdictions reviewed are consistent. Manitoba, New Brunswick and Alberta (for voluntary registration) all require an applicant to be a graduate of an approved PA training program and to be certified by the Physician Assistants Certification Council of Canada (PACCC) of the Canadian Association of Physician Assistants (CAPA) or the National Commission for the Certification of Physician Assistants (NCCPA);
- All of the American jurisdictions reviewed follow the same basic registration requirements as the Canadian jurisdictions reviewed, except when it comes to maintaining one's PA certification.

- Among the international jurisdictions the entry to practice requirements are similar as well. In order for U.K. applicant to be registered on the Physician Assistant Managed Voluntary Register (PAMVR), they must have graduated from a recognized UK PA program and have passed the UK national PA exam. The UK also has registry requirements for EU and International applicants. To register as a Clinical Associate in South Africa, one must have received qualification from an approved PA education authority. The Board may require an examination as well.
- There are slight variations among the jurisdictions reviewed in terms of additional registration requirements such as: good moral character, physical and mental capabilities, fees etc. As well, in the U.S, certain jurisdictions have provisions in place for a PA who is licensed in one state and wants to now practice in another.
- There are some common exemptions to the entry to practice requirements among the American jurisdictions reviewed such as: a student enrolled in an approved PA education program, a PA who is an employee of the U.S. government and works on land or facilities of the U.S. government or a PA who is a member of the U.S. reserve components.

Practice Settings

- Some of the jurisdictions reviewed list the settings in which a PA may practice in the legislation. These may include: solo and group practices, hospitals, military facilities, nursing homes, home care services, federal/state correctional institutions are more.
- Other jurisdictions will more simply state that a PA may only provide medical services in a setting authorized by the supervising physician.
- Manitoba requires that the practice locations of a PA be submitted and approved by the CPSM.

Description of Findings:

Current Regulatory Status of the Profession

Canada

Table 1: PA Regulatory Bodies in Canada

Jurisdiction	Regulated	Body
Alberta	No	College of Physicians and Surgeons of Alberta
Manitoba	Yes	College of Physicians and Surgeons of Manitoba
New Brunswick	Yes	College of Physicians and Surgeons of New Brunswick
Ontario	No	Not Regulated

In Canada, the PA profession is in the beginning stages of regulation. Currently, as depicted in Table 1 above, only two provinces regulate PAs, Manitoba and New Brunswick and only two provinces have introduced the PA profession to their province, Alberta and Ontario. Alberta is further ahead of Ontario, in that the CPSA has set up a voluntary registry for PAs (CPSA, n.d.). While in Ontario, the province is still in the midst of demonstration projects without any form of regulation (HFO, 2009). In British Columbia, the British Columbia Medical Association (BCMA) has demonstrated support for the PA profession through a policy statement (BCMA, 2009). In both Manitoba and New Brunswick PAs are regulated under their respective province's College of Physicians and Surgeons. In Manitoba, PA's are included on the council of CPSM; however in New Brunswick they are not included on the College council due to the small number of PAs currently registered (personal communication, Aug. 10, 2011).

U.S.

Table 2: PA Regulatory Bodies in the U.S.

Jurisdiction	Regulated	Body
Arizona	Yes	Regulatory Board of Physician Assistants
California	Yes	Physician Assistants Committee (Medical Board of California)
Michigan	Yes	Physician Assistants Task Force
Minnesota	Yes	Physician Assistant Advisory Council (Minnesota Board of Medical Practice)
New York	Yes	New York State Board for Medicine (Board of Regents)
North Dakota	Yes	North Dakota Board of Medical Examiners
Texas	Yes	Physician Assistant Board (Texas State Board of Medical Examiners)
Washington	Yes	Medical Quality Assurance Commission

In the U.S., PAs are regulated in all 50 states (AAPA, 2011). Among the states examined for this review (See Table 2), three models of PA regulation emerged which is representative of the models of PA regulation across all 50 U.S. states (Hooker et al., 2010). The first model is regulation under a Medical Board (Ibid.). In this model the state Medical Board administers the provisions of the relevant PA legislation/rules. In the jurisdictions reviewed with this regulatory scheme, each Medical Board's council included a varying number of PAs. The second model of regulation present in the states reviewed is regulation by a PA Advisory Council/Committee under a Medical Board (Hooker et al., 2010). In such a model, the PA Advisory is responsible for licensing, regulatory and disciplinary functions (Ibid). However, although the PA body has power to make rules regarding licensing etc. the Medical Board must approve (or reject) each rule adopted by the PA Advisory Council/Committee. For example, the Texas Occupations Code, Title 3, (Sec 204.102 (b), also cited as the Physician Assistant Licensing Act, states,

(b)The medical board, by a majority vote, shall approve or reject each rule adopted by the physician assistant board. If approved, the rule may take effect. If the rule is rejected, the medical board shall return the rule to the physician assistant board for revision.

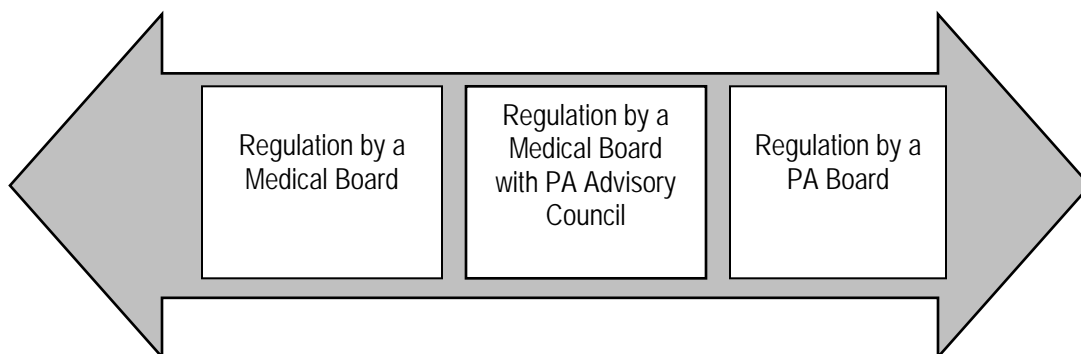
The board of such advisory committees/councils always includes along with PAs, medical practitioners and members of the public (depending on the regulatory framework may the council include doctors of osteopathic medicine or podiatry). The final model is regulation by a separate PA Board. This model is present in both Arizona and Michigan. In this model the PA Board is responsible for administering the PA legislation/rules and is granted all of the powers of a regulatory board and without a need for approval (Hooker et al., 2010). For example, the Michigan Public Health Code (Act 368 of 1978) Section 333.17021 (c) states (referring to the Michigan PA Task Force)

(3) The board of medicine shall not have the powers and duties vested in the task force by sections 17060 to 17084.

The composition of the council of a separate PA Board is similar to that of previous model, with representatives from the medical professions, PAs and public members.

The three models of regulation may be placed along a continuum (Figure 1) to represent the involvement/autonomy that PAs have in their own regulation:

Figure 1: Models of PA Regulation in the U.S.



International

Table 3: PA Regulatory Bodies in the International Jurisdictions Reviewed.

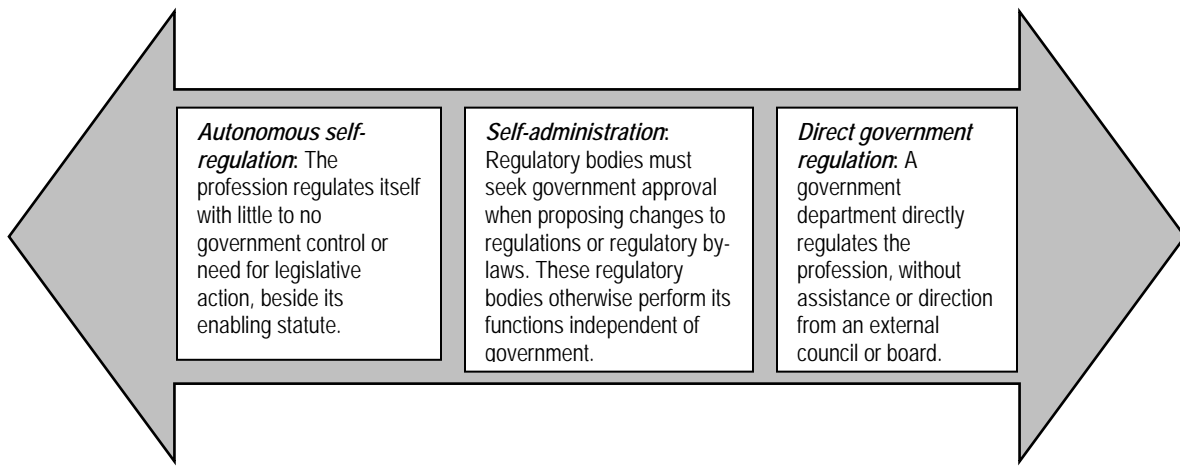
Jurisdiction	Regulated	Body
Australia	No	The Australian Society of Physician Assistants
South Africa	Yes	Medical and Dental Board (Health Professions Council of South Africa)
United Kingdom	No	United Kingdom Association of Physician Assistants

Regulation of the PA profession is still in the beginning stages among the international jurisdictions reviewed. The only reviewed jurisdiction (See Table 3 above) where PAs are statutorily regulated is South Africa, where they are referred to as Clinical Associates and only began registration with the Health Professions Council of South Africa (HPCSA) in 2008 (HPCSA, 2009). Clinical Associates are regulated under the Medical and Dental Board of the HPCSA. In the U.K., PAs are not yet statutorily regulated (UKAPA, 2011). However, the Physician Assistant Managed Voluntary Registry (PAMVR) has been established for PAs in the UK (Ibid). This registry is a requirement prior to statutory regulation of the profession in the U.K. with the primary purpose of public protection and safety, setting standards for education and development and to protect the PA title (PAMVR, 2011). The UKAPA is the professional body for PAs and the PAMVR Commission, a subgroup of the UKAPA, is responsible for the PAMVR which is currently held at and administered by St George's University of London, a PA educational program (Ibid). It will ensure that no one is placed on the register or allowed to remain on the register without evidence of fitness to practice (Ibid). The commission will have a mechanism for periodic checks to ensure that standards continue to be met (Ibid). The managed voluntary register does not have force of law, so PAs may continue to practice if they are not registered (Ibid). Currently, the UK Health Professions Council is no longer accepting applications for aspirant groups for statutory regulation as a result of the current Health and Social Care Bill going through parliament to look at other ways of regulating profession healthcare groups (UKAPA, 2011). This may further prolong the PA profession from receiving their regulatory status. In Australia, although not regulated, the PA profession has been introduced through a pilot project in 2009 (Hooker et al., 2010).

Orders of Regulation:

Health professional regulation can be viewed as a regulatory continuum of complete autonomous self regulation at one end, self administration in the middle, and direct government control at the other end (see Figure 1).

Figure 2: Orders of Regulation (CBOC, 2007)



The jurisdictions with PA regulation studied for this review may be placed along this continuum of orders of regulation. The majority of jurisdictions fall under the *self-administration* category, due to their reliance on government approval for changes to regulations or regulatory by-laws. However, regulatory bodies in this category are trusted to independently perform statutory functions (e.g. licensure/registration, investigations and discipline etc.). Of the reviewed jurisdictions, only New Brunswick and the UK fall into the *autonomous self-regulation* category. The College of Physicians and Surgeons of New Brunswick, which regulates PAs is relatively autonomous with little to no government control or need for legislature approval. None of the reviewed jurisdictions were found to resemble the *direct government regulation* model.

A constant theme in jurisdictions reviewed PA is that of interprofessional regulation. In the majority (10) of the jurisdictions reviewed, PAs are regulated under the same regulatory structure as physicians and even in the case of South Africa, dental surgeons as well. Only Arizona and Michigan where a separate PA Board or Task Force exists are PA's statutorily regulated separate from physicians. This is consistent with the requirement of PAs to practise under physician supervision, to be explained in detail further on.

Title Protection:

Statutory language protecting the title of "physician assistant" or a variant thereof ("certified physician assistant, P.A., PA-C, licensed physician assistant and more) was found in the majority of regulated jurisdictions. The only reviewed PA regulated jurisdiction in North America not to have title protection is Washington. In addition to protecting the title of "physician assistant", Manitoba also protects the title of "clinical assistant". Prior to the 2009 amendment to the *Clinical Assistants Regulation 183/99* (referred to currently as the *Clinical Assistants and Physician Assistants Regulation*) under the *Medical Act*, PAs were referred to as Clinical Assistants. However, after the amendments, all certified Clinical Assistants were deemed to be registered as PAs on the PA register, while non-certified Clinical Assistants continue to be registered on the Clinical Assistant register and assume the Clinical Assistant title. South Africa, which refers to PAs as Clinical Associates, does not have title protection. In addition to protecting the title of "physician assistant", New York also registers and protects the title of "specialist assistant". The specialist assistant profession falls under the same legislation as PAs and therefore have the same scope of practice, supervision requirements etc. There are certain categories where a specialist assistant may be

registered such as; orthopaedics, urology, radiology and acupuncture⁵. The other jurisdictions reviewed do not differentiate between a PA and a PA who is assigned to a designated medical specialty as NY does.

Scope of Practice

A PA may only practice medicine under physician supervision; hence their scope of practice is largely based on a physician delegation model (AAPA, 2011). Among all the jurisdictions reviewed, the legislation adheres to this physician-delegated scope of practice, on condition that the delegated duties are within the education/training and experience of the PA. The medical services assigned to the PA must also be within the scope of the supervising physician delegate. For example, in Title 16 of the California Code of Regulations referencing PAs (1399.540) it states:

“A PA may only provide those medical services which he or she is competent to perform and which are consistent with the PA’s education, training and experience and which are delegated in writing by a supervising physician who is responsible for the patients cared for by the PA.”

Further, it is the obligation of each team of physicians and PAs to identify the PA’s scope of practice. In most of the jurisdictions reviewed this is accomplished through the creation of a document outlining the duties of the PA. For example in Manitoba, a “practice description” must be established to outline the PA’s duties. The *Clinical Assistant and Physician Assistant Regulation* states:

*14 (1) A clinical assistant or physician assistant shall not perform medical services unless they are included in the **practice description** approved by the council*
*14 (2) If the supervising physician wishes to add to the duties or responsibilities of a clinical assistant or physician assistant set out in the **practice description**, he or she must first obtain the council’s written approval.*

Also, as the Manitoba regulation explicates, the agreement/plan must be approved by the council, or a varying form of governing body. The “practice description” is a requirement in most of the other jurisdictions reviewed, albeit in a varying form. For example, in California it is referred to as a “delegation of services agreement”.

Some jurisdictions (e.g. Minnesota and Texas) also require a PA to submit a “notice of intent to practice”. According to the Minnesota Statutes (2010), 147.A.20, Subdivision 2, “a licensed physician assistant shall submit a notification of intent to practice to the board prior to beginning practice. The notification shall include the name, business address, and telephone number of the supervising physician and the physician assistant. For purposes of clarity, this “notice” is separate

⁵ New York Codes Rules and Regulations (NYCRR): Title 10- Section 94.2 - Supervision and scope of duties- A specialist's assistant registered in this category (acupuncture) shall be employed or supervised only by a physician authorized to administer acupuncture in accordance with the rules and regulations of the New York State Department of Education and is an individual: (i) who satisfactorily completed a program of training in acupuncture approved by the New York State Department of Education; or (ii) who possesses equivalent education and training acceptable to the New York State Department of Education; and (iii) in addition to satisfying the requirements of subparagraphs (i) and (ii) of this paragraph has completed at least five years of experience in the use of acupuncture acceptable to the New York State Department of Education.

from the PA-physician agreements discussed above and later on under the topic of supervision. The notice of intent should include; the name, business address, and telephone number of the supervising physician and the physician assistant.

In addition to the broader physician-delegated scope of practice depicted above, some of the jurisdictions reviewed (e.g. Arizona, Minnesota and more) have a checklist of duties that a PA may perform under delegation. For example, according to section 32-2531 of the Arizona Statutes (Title 32 – Professions and Occupations Chapter 25 – Physician Assistants) duties may include:

1. *Obtaining patient histories.*
2. *Performing physical examinations.*
3. *Ordering and performing diagnostic and therapeutic procedures.*
4. *Formulating a diagnostic impression.*
5. *Developing and implementing a treatment plan.*
6. *Monitoring the effectiveness of therapeutic interventions.*
7. *Assisting in surgery.*
8. *Offering counselling and education to meet patient needs.*
9. *Making appropriate referrals.*
10. *Prescribing schedule IV or V controlled substances as defined in the federal controlled substances act of 1970 (P.L. 91-513; 84 Stat. 1242; 21 United States Code section 802) and prescription-only medications.*
11. *Prescribing schedule II and III controlled substances as defined in the federal controlled substances act of 1970.*
12. *Performing minor surgery as defined in section 32-2501.*
13. *Performing other nonsurgical health care tasks that are normally taught in courses of training approved by the board, that are consistent with the training and experience of the physician assistant and that have been properly delegated by the supervising physician.*

These checklists of duties that are present in some jurisdictions are not intended to be exhaustive or limiting but rather to give an idea of types of duties that PA performs under delegation from their supervising physician.

Prescribing:

As part of the delegated scope of practice, all of the reviewed U.S. jurisdictions permit physicians to delegate prescriptive privileges to PAs (Hooker et al., 2010). The U.S. states reviewed and regulated Canadian jurisdictions typically place certain stipulations on PA prescribing (AAPA, 2010). These limitations often include, which substances a PA may prescribe (Ibid). For example, in Texas, PAs are permitted to write prescriptions for controlled substances, but not those substances classified as Schedule II.⁶ California allows a PA to prescribe Schedule II through V controlled substances, but only upon a patient-specific approval from the physician (unless the PA has completed a board-approved training course on controlled substances) (Business and

⁶ In the US as defined in the Controlled Substances Act, “Controlled medications are regulated by both federal and state laws because of their potential for abuse and dependence. These medications are grouped into five “schedules” based on their abuse potential (AAPA, 2010).” (The schedules rank their abuse potential reversely from V to I, with Schedule V having the least abuse potential and Schedule I the most. In fact, Schedule I have no accepted medical use in the United States (Ibid). A similar but varied ranking system is present in Canada as well.

Professions Code). Similarly, Minnesota (Statutes 147A.18) requires the delegation agreement between a PA and physician to include a list of the categories of drugs for which the supervising physician delegates prescriptive and dispensing authority. This will constitute what is known as a formulary for the PA's prescribing authority. Of course, the delegation order must be within the scope of the physician assistant's training and all of the US states reviewed require a PA to be registered with the federal drug enforcement administration (AAPA, 2010). Where in Manitoba, the council may require a PA applicant to document adequate training and experience in pharmacology in their "practice description, and may even require a pharmacological exam to be taken (Clinical Assistant and Physician Assistant Regulation 783/99). Another stipulation that some of the reviewed jurisdictions employ is a "time-limit" for certain controlled substance prescriptions. For example, the Arizona PA Board limits the prescription of a Schedule II or III substance to a 14-day supply.

In addition to some of the jurisdictions requiring prescribing authority to be in the "delegation agreement", some jurisdictions (i.e. California) require drug treatment "protocols". Such a protocol shall specify all criteria for the use of a particular drug or device, and any contraindications for the selection. North Dakota also has provisions in place for PA dispensing of medications for which they are authorized to prescribe (North Dakota Administrative Code). The conditions for dispensing are as follows: the dispensation must be in compliance with federal and state regulations, pharmacy services are not reasonably available/emergency care and dispensation is within the guidelines of the supervising physician. Finally, a majority of the jurisdictions reviewed require the PA to sign the name of their supervising physician along with their name and title on the prescription. Currently, in the UK, PA's are not permitted to prescribe medications. In South Africa, prescribing appropriate medication within the PA scope of practice is listed as an "exit outcome" for a clinical associate upon completion of a clinical associate education program (Standards Generating Document, 2007).⁷

Supervision

As mentioned above, a PA may only practice medicine under physician supervision (AAPA, 2010). Supervision may be "direct" or "indirect" (Hooker et al., 2010). Among all the jurisdictions reviewed, the type of supervision most commonly required is "indirect" (Ibid). In other words, a physician is not required to consistently be on premises with the PA visually observing (direct supervision), but rather must always be reachable (Ibid). The common language among the jurisdictions in reference to supervision is demonstrated as follows in Article 131-B of the New York Education Law,

"Supervision shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician at the time and place where such services are performed [6542(3)]."

The North Dakota Administrative Code Chapter 50-03-01 explains "continuous" to require the physician to always be available for contact, be it personally, by telephone or by other electronic

⁷ The HPCSA is in the process of drafting the Scope for the Profession of Clinical Associates. In the mean time, the Standards Generating Document is regarded the minimum standards for training of clinical associates in South Africa (personal communication, Sept. 5, 2011)

means. Some jurisdictions require the supervising physician to be present at the PA practice site for a minimum amount of time per month. For example, in Washington, if a PA is practicing in a remote site (i.e. in a setting which is not the physician's primary practice or where the physician spends less than twenty-five percent of the PA's practice time), then the physician must commit to spending at least ten percent of the PA's practice time at the remote site (Washington Administrative Code). In such a case the commission also requires there be a demonstrated need for such a practice arrangement to occur (Ibid). Similarly, Arizona requires a supervising physician to meet either in person or by telecommunication at least once a week if the PA is practicing in a setting where the supervising physician is not routinely present (Arizona statutes). PA supervision requirements may also vary based on the setting at which the PA is practicing (personal communication, June 14, 2011). For example, if a PA is working in a neurosurgery unit, they may have much closer supervision, as opposed to when they are working in family medicine (Ibid). Another determining factor of the amount of supervision required is the experience of the PA. A first time practicing PA may likely require more supervision or more direct supervision at first than an experienced PA would (Ontario Hospital Association, 2011). Other factors that may or may not play a role in determining the amount/type of PA supervision are the characteristics of the patient being attended to and the risk of the task assigned to the PA (Ibid). In general, the amount of PA oversight is a matter of "negotiated autonomy" (personal communication, June 14, 2011).

Many jurisdictions require there to be a "contract of supervision" between the supervising physician and PA. In some cases the contract of supervision may be combined (e.g. Washington, Minnesota) into the "practice agreements" described above and at times they may be separate. Manitoba requires a separate contract of supervision to state the number of hours per month that the physician will provide personal on-site supervision (Clinical Assistant and Physician Assistant Regulation 183/99).⁸ North Dakota requires a PA to secure a "supervision contract" to provide services under the supervision of a doctor of medicine (See Appendix A for an example of North Dakota's Supervision Contract). As well, the Minnesota Board of Medical Practice requires a "physician-physician assistant delegation agreement" which specifies the scope of practice and manner of supervision as required by the board. The agreement must contain:

- (1) a description of the practice setting;
- (2) a listing of categories of delegated duties;
- (3) a description of supervision type; and
- (4) a description of the process and schedule for review of prescribing, dispensing, and

administering legend and controlled drugs and medical devices by the physician assistant authorized to prescribe (Minnesota Statutes-Physician Assistant Practice Act). In this case, Minnesota combines a "supervision contract" with a "practice description" into one document. The majority of the jurisdictions reviewed also require that such an agreement be signed by both parties (the PA and supervising physician), updated on an annual basis and kept on file at the practice site to be made available upon request. In a case that the primary supervising physician is not available to supervise the PA, a PA is permitted to have an alternate supervising physician. In the case of PA working at a group practice, it may very well be another physician in that group. Some states (e.g. Washington) require the PA to list his/her alternate physician in the appropriate written agreement/contract.

⁸ Despite the minimum amount of on-site supervision per month, stated in the Manitoba "contract of supervision", it is merely suggested and there is no hard minimum for the amount of on-site personal supervision, it is to be negotiated between the supervising physician and PA and put into the "contract of supervision". It is dependant on many different factors, with the College having the final say (personal communication, Sept. 1, 2011).

Some of the states reviewed also have certain requirements a physician must meet before taking on a supervisory role of a PA. Arizona requires the physician to state their familiarity with the PA laws and rules, file an application with the board and be clean of practice restrictions, probation or suspension (Arizona Statutes). Washington and Texas both require board notification or approval for a physician to be a PA supervisor while California and New York do not. On the same note, Minnesota, North Dakota and Manitoba all require the contract (supervision or practice as described above) to be approved by the board.

When it comes to the number of PAs a physician is allowed to supervise at one time, the majority of the jurisdictions reviewed have limits. For example, in Arizona, a physician may not supervise more than 4 PAs at the same time regardless of their location; on the other hand, there is no limit in North Dakota. In addition, the number of PAs one physician may supervise may also depend on the facility they are practicing in. For example in New York, a physician working in his/her private practice may supervise no more than 2 PAs, in a correctional facility no more than 4 PAs and no more than 6 when the PAs are employed by a hospital (New York Codes Rules and Regulations, Title 10- 94.2).

Another element of the physician's supervising responsibility may be chart co-signature, where the physician co-signs certain charts of patients that were seen by PAs (AAPA, 2010). For example, chart co-signature by the supervising physician may be appropriate when a PA is treating a patient with very complex problems (AAPA, 2010). California is the only jurisdiction reviewed which may require co-signature (also referred to as counter-signature) on medical services performed by the PA as a means of PA supervision.⁹ Arizona requires a similar form of review system by the physician, of certain issued prescriptions for Schedule II and III controlled substances (Arizona Statutes) as do many of the other states reviewed. Further, a majority of jurisdictions require a review/evaluation of the PA's performance by the supervising physician.

Lastly, there are few circumstances where a PA does not require supervision to practice. For example, in Michigan a PA is permitted to practice without supervision in an emergency situation. However they must continue to practice within their scope of practice.

⁹ Aside from chart co-signature, in California, a supervising physician has the option of 3 other mechanisms by which they may supervise a PA in place of chart co-signature. One of those mechanisms is in the form of "Protocols". As detailed in the California Business and Professions Code Section 3502 (c):

"(1) A physician assistant and his or her supervising physician and surgeon shall establish written guidelines for the adequate supervision of the physician assistant. This requirement may be satisfied by the supervising physician and surgeon adopting protocols for some or all of the tasks performed by the physician assistant. The protocols adopted pursuant to this subdivision shall comply with the following requirements:

(A) A protocol governing diagnosis and management shall, at a minimum, include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be provided to the patient.

(B) A protocol governing procedures shall set forth the information to be provided to the patient, the nature of the consent to be obtained from the patient, the preparation and technique of the procedure, and the followup care.

(C) Protocols shall be developed by the supervising physician and surgeon or adopted from, or referenced to, texts or other sources.

(D) Protocols shall be signed and dated by the supervising physician and surgeon and the physician assistant."

Few states actually require such protocols (AAPA, 2010).

Controlled/Reserved/Restricted Acts

Of the 15 jurisdictions under review, 3 (Manitoba, Alberta, Ontario) employ a controlled/reserved/restricted acts model that articulates specific controlled/reserved/restricted acts that are authorized to certain regulated health professionals. These approaches identify certain higher risk procedures whose performance is then limited in law to specified professions. In each of these jurisdictions there are no “specific” controlled/reserved or restricted acts that are explicitly given to PAs. Rather, in each case PAs are permitted to practice controlled/reserved/restricted acts under delegation or supervision provisions. For example, in the *The Regulated Health Professions Act, 2009*, of Manitoba, PA's are permitted to perform reserved acts by way of the “Delegation of a Reserved Act [Section 6(1)]” provisions and in accordance with the regulations respecting the delegation of the reserved acts made by the council of the delegating member's college (i.e. physicians). Ontario has very similar delegation provisions to those of Manitoba which allow a PA to perform controlled acts.¹⁰ The CPSA has a Standard of Practice for physicians when supervising the performance of a restricted act (CPSA 2010). The Standard of Practice # 4 depicts the conditions for supervising a non-regulated health professional, in our case a PA, and others to perform a restricted act¹¹ as follows:

- (4) A physician may supervise a regulated healthcare professional, an unregulated worker or a student performing a restricted activity only if the physician is satisfied that:*
- (a) it is safe and appropriate for the supervised person to perform the restricted activity on the particular patient,*
 - (b) the equipment and resources available to perform the restricted activity are safe and appropriate, and*
 - (c) the patient provides informed consent to the procedure being performed under supervision unless consent is not possible because of emergency.*

Alberta also requires that the physician who is acting as a supervisor remain readily available for consultation during the performance of the restricted activity (Ibid). The other jurisdictions reviewed do not employ a controlled/reserved acts model. However, there were some jurisdictions which listed certain activities that a PA is not permitted to perform. The California Business and Professions Code, Section 3502 (d), lists the following activities for which a PA is not permitted to perform:

- (d) No medical services may be performed under this chapter in any of the following areas:*
- (1) The determination of the refractive states of the human eye, or the fitting or adaptation of lenses or frames for the aid thereof.*

¹⁰ When the clinical work assigned to a PA involves a controlled act, the process of delegation described in **The College of Physicians and Surgeons of Ontario's Policy on Delegation of Controlled Acts** must be followed. Physicians may use a direct order to authorize a PA to perform a specific controlled act for a specific patient when the patient is known to the physician. Physicians may also use a medical directive to authorize a PA to perform controlled acts under certain circumstances, and for a specified group of patients, in advance of the anticipated relationship between a patient and a physician. Retrieved from: http://www.oha.com/Services/PhysicianandProfessionalIssues/Documents/Roles%20and%20Responsibilities%20of%20Physicians%20Supervising%20PAs_.pdf. For more information regarding delegation of controlled acts in Ontario see the full policy at: <http://www.cpsa.on.ca/policies/policies/default.aspx?ID=1554>

¹¹ The restricted acts are listed in Schedule 7.1 (2) of the Government Services Act. This specific section of the act may be found at https://pharmacists.ab.ca/document_library/Schedule%207.1%20of%20Government%20Organization%20Act.pdf

- (2) The prescribing or directing the use of, or using, any optical device in connection with ocular exercises, visual training, or orthoptics.*
- (3) The prescribing of contact lenses for, or the fitting or adaptation of contact lenses to, the human eye.*
- (4) The practice of dentistry or dental hygiene or the work of a dental auxiliary as defined in Chapter 4 (commencing with Section 1600).*

Other restrictions include New York's broader prohibition of performing certain tasks belonging to specific allied health professions, such as the practice of radiologic technology and the practice of optometry (New York State Department of Health, 2009). As well, Washington prohibits the practice of chiropractic medicine (Washington Administrative Code). There is a divide among the US jurisdictions concerning the signature of a death certificate. For example, New York and Texas do not allow a PA to sign a death certificate, while Arizona and Washington permit it as well as the signing of any document that might ordinarily be signed by a physician. Another means for restricting the activities performed by a PA, in many of the jurisdictions reviewed, is to simply state that the PA may only provide medical services in those areas where the supervising physician provides patient care.

Entry to Practice Requirements

Among all of the jurisdictions reviewed the entry-to-practice requirements are nearly the same. Firstly, all of the jurisdictions require a PA applicant to have graduated from an accredited or approved PA educational program (AAPA, 2010). In the US, accreditation of educational programs is administered by the Accreditation Review Commission for the Physician Assistant (ARC-PA) (Hooker et al., 2010). In Canada, the Canadian Medical Association Conjoint Accreditation Canada is the accreditation body for PA programs (CMA, 2010).¹² In South Africa and the UK, there is no accreditation body for PA programs (personal communication, August 31, 2011). However, for UK applicants to gain entry onto the PAMVR, they must provide proof of graduation from a "recognized UK PA program" (PAMVR, 2011). As well, to register as a Clinical Associate in South Africa, an applicant must have obtained qualifications from one of the universities listed in regulation R. 1206.

In addition to the completion of a PA education program, there is the requirement of national certification. In the US jurisdictions reviewed, and in fact in all 50 states, a PA must pass the Physician Assistant National Certifying Exam (PANCE) administered by the NCCPA (Hooker et al., 2010). After passing PANCE, physician assistants are issued NCCPA certification and can use the PA-C designation until the certification expiration date (NCCPA website). However, not every state requires a PA to keep up their NCCPA certification as a condition of licensure (AAPA, 2010). There is an equal divide among the American jurisdictions reviewed as to whether NCCPA certification is required at the initial application for licensure. While some states do not require certification upon initial application, they may require it upon reinstatement of licensure as a result of a PA allowing their license to lapse or placing it in an "inactive" status, but not including cases of revocation or

¹² The "qualification requirements" in Manitoba's PA regulation still refers to a PA program accredited by the American Medical Association Committee on Allied Health Education and Accreditation or the Commission on Accreditation for Allied Health Education Programs, which are no longer the primary bodies for accreditation of PA educational programs, but rather fall under the ARC-PA. The Manitoba regulation also makes no reference to the CMA accreditation but rather "other acceptable programs"

suspension due to disciplinary sanctions (e.g. Michigan) (Ibid). In the Canadian jurisdictions reviewed, the PA certifying examination is administered by the PACCC, an independent council of CAPA (CAPA, 2011). Certification is required for licensing in all of the jurisdictions reviewed (Ibid). NCCPA certification is recognized in the Canadian jurisdictions and discussions are ongoing regarding recognition of Canadian PA certification by the U.S. (CMA, 2010) To be registered on the PAMVR, in addition to graduating from a PA program, an applicant must pass the UK National PA Exam (PAMVR, 2011) According to the UKAPA, American trained PAs working in the UK are required to have and maintain their NCCPA certification (UKAPA, 2011). As well, in South Africa the board may require an applicant being considering for PA registration to pass an examination but there is no certification body (Regulation R. 1206).

In 2005, the AAPA, ARC-PA, NCCPA, and the Physician Assistant Education Association (PAEA) came together to endorse the "Competencies for the Physician Assistant Profession" (Hooker et al., 2010). The competencies focus on the following areas: medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement and systems-based practice (Ibid). In order to seamlessly integrate PAs into Ontario, in 2007, Ontario created a PA competency profile to clearly define both their clinical competence and their scope of practice and to help understand the "how" and "what" that PAs can do (HFO, 2007). Partially building from Ontario's work, CAPA has also published a national competency framework for PAs with the intent to communicate to the public and to the PA profession a set of standards that all PAs are expected to acquire for entry to practice (CAPA, 2011). The categories of the Canadian competency frameworks vary slightly from the US but remain more or less the same. The UK also created the Competence and Curriculum Framework for PAs to establish professional standards and quality assurance of trainee PAs and to inform PA education programs (UKAPA, 2011).

Practice Settings

As explained above, PAs practice under physician supervision. Therefore, it follows that they may work in any medical setting in which their supervising physician(s) practice, including (but not limited to): private practices (solo and group), general acute care hospitals, acute psychiatric hospitals, special hospitals, nursing facilities, intermediate care facilities, and private homes (California Academy of PAs, 2010). In New Brunswick, although regulation is in place, PAs are still in somewhat of a pilot project and are only employed in hospital emergency rooms (personal communication, August 10, 2011). Under HFO's PA demonstration project, PAs may be found assisting in hospitals, community health centres, and in settings where PAs are employed by a physician or group of physicians (HFO, 2009).

Reference List

Grey Literature

- American Academy of Physician Assistants. (2010) Chart co-signature and physician supervision of PAs: What is best for patient care? Retrieved from <http://www.aapa.org/>
- American Academy of Physician Assistants. (2010) Physician assistant scope of practice. *Professional Issues: Issue Brief*. Retrieved from <http://www.aapa.org/>
- American Academy of Physician Assistants. (2010) Physician assistant prescribing. *Professional Issues: Issue Brief*. Retrieved from <http://www.aapa.org/>
- American Academy of Physician Assistants. (2011). Quick facts. Retrieved from http://www.aapa.org/the_pa_profession/quick_facts.aspx
- American Academy of Physician Assistants. (2010) Supervision of physician assistants: Access and excellence in patient care. *State Law Issues: Issue Brief*. Retrieved from <http://www.aapa.org/>
- American Academy of Physician Assistants. (2010) Statutory and regulatory requirements for state licensure. Retrieved from <http://www.aapa.org/>
- British Columbia Medical Association. (2009). Policy Statement. Retrieved from https://www.bcma.org/files/Physician_Assistants.pdf
- Canadian Association of Physician Assistants. (2011). CAPA scope of practice and national competency profile. Retrieved from http://www.caopa.net/en/Scope_Of_Practice_National_Competency_Profile_55
- Canadian Association of Physician Assistants. (2011). Legislation. Retrieved from http://www.caopa.net/en/Legislation_52
- Canadian Association of Physician Assistants. (2011). Physician Assistant Certification Council of Canada. Retrieved from http://www.caopa.net/en/Overview_97
- Canadian Medical Association. (2010). Physician assistant toolkit: A resource for Canadian physicians. Retrieved from http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Advocacy/Physician_Assistants/PA-Toolkit_en.pdf
- California Academy of Physician Assistants. (2010). The physician assistant: Practice settings. Retrieved from <http://www.capanet.org/papractice.cfm>
- College of Physicians and Surgeons of Alberta. (n.d.). Information for physician assistants. Retrieved from http://www.cpsa.ab.ca/InformationFor/Physician_assistants.aspx

- College of Physician and Surgeons of Alberta. (2010) Health professions act: Standards of practice: Consolidation. Retrieved from http://www.cpsa.ab.ca/Libraries/Res_Standards_of_Practice/CPSA_Standards_of_Practice_Consolidated_Version.pdf
- College of Physician and Surgeons of Ontario. (2004) Delegation of controlled acts. *Policy Number: #8-10*. Retrieved from <http://www.cpso.on.ca/policies/policies/default.aspx?ID=1554>
- Conference Board of Canada. (2007). Achieving public protection through collaborative self regulation: Reflections for a new paradigm, p. 12. Retrieved from http://healthprofessions.dal.ca/Files/14_Conf_Board_Regulation_of_IP_collaborative_practice.pdf
- Health Force Ontario. (2009). Ontario's physician assistant initiative: An overview. Retrieved from http://www.healthforceontario.ca/upload/en/work/ontario_%20pai_overview_may2009%20final.pdf
- Health Professions Council of South Africa (HPCSA). (2009). Annual report. Retrieved from http://www.hpcsa.co.za/downloads/press_releases/annual_reports/hpcsa_annual_report_2008_2009.pdf
- Health Professions Council of South Africa (2007). Standards generating document.
- Hooker, R.S., Cawley, J.F., Asprey, D.P. (2010) *Physician assistants: policy and practice* (third ed.). Philadelphia, PA.: F.A. Davis Company.
- Mikhael, N.Z., Ozon, P., & Rhule, C. (2007) Defining the Physician Assistant Role in Ontario, Health Force Ontario. Retrieved from http://www.healthforceontario.ca/upload/en/work/defining%20the%20role%20of%20physician%20assistant%20scope%20of%20practice%20and%20competencies%20document_%20may%209%202007.pdf
- National Commission on Certification of Physician Assistants (2011) Certification Process Overview. Retrieved from <http://www.nccpa.net/CertificationProcess.aspx>
- New York State Society of Physician Assistants. (2010). *NYSSPA's frequently asked questions*. Retrieved from <http://www.nysspa.org/FAQ/faqs.cfm#Prof>
- Ontario Hospital Association. (2011). Roles and Responsibilities of Physicians Supervising PAs. Retrieved from http://www.oha.com/Services/PhysicianandProfessionalIssues/Documents/Roles%20and%20Responsibilities%20of%20Physicians%20Supervising%20PAs_.pdf
- Physician Assistant Managed Voluntary Register. (2011). About us. Retrieved from <http://www.paregister.sgul.ac.uk/about-us>

The Australian Society of Physician Assistants Incorporated. (2011). About ASPA. Retrieved from http://www.aspa-australianpas.org/latest_news.html

United Kingdom Association of Physician Assistants. (2011). FAQs. Retrieved from <http://www.ukapa.co.uk/faq/index.html#5>

University of the State of New York - New York State Education Department. (2011). License requirements: Physician Assistant. Retrieved from <http://www.op.nysed.gov/prof/med/rpa.htm>

Legislation/Regulations/By-laws

Canada

Government Organizations Act RSA Chapter G-10 (2000). Retrieved from <http://www.qp.alberta.ca/documents/Acts/g10.pdf>

College of Physician and Surgeons of Alberta. Alberta bylaw 24 (2010). CPSA non-regulated members. Retrieved from http://www.cpsa.ab.ca/Libraries/Pro_Registration/Bylaw_non_regulated_member_PAs.pdf

Regulated Health Professions Act S.O. 1991, ch.18. (1991) Retrieved from http://www.elaws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm

The Regulated Health Professions Act, S.M. 2009, c. 15 (2009). Retrieved from <http://web2.gov.mb.ca/laws/statutes/2009/c01509e.php>

Clinical Assistants and Physician Assistants Regulation, Regulation 183/99. (1999) Retrieved from <http://web2.gov.mb.ca/laws/regs/pdf/m090-183.99.pdf>

The Medical Act, C.C.S.M. c. M90. (1999). Retrieved from <http://web2.gov.mb.ca/laws/statutes/ccsm/m090e.php>

College of Physician and Surgeons of New Brunswick (2010) Regulation # 14: Physician assistants. Retrieved from <http://www.cpsnb.org/english/Regulations/regulation-14.htm>

U.S.

Arizona Statues, Title 32 – Professions and Occupations, Chapter 25 – Physician Assistants. Retrieved from <http://www.azpa.gov/Statutes-Rules/PA%20Statutes.aspx>

California Business and Professions Code Sections, Division 2, Chapter 7.7. Retrieved from <http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=bpc&codebody=&hits=20>

California Code of Regulations, Title 16, Division 13.8 (2009) Retrieved from http://www.pac.ca.gov/about_us/lawsregs/law-booklet.pdf

Education Law, Article 131-B, Physician Assistants and Specialist Assistants (Last updated 2009). Retrieved from <http://www.op.nysed.gov/prof/med/article131-b.htm>

Minnesota Statutes, Chapter 147A, Physician Assistants, Registration (2010). Retrieved from <https://www.revisor.mn.gov/statutes/?id=147A>

Medical Practice Act of North Dakota Chapter 43-17. Retrieved from http://www.ndbomex.com/Medact43_17.asp

New York Codes, Rules and Regulations (NYCRR), Title 10, Section 94.2. (2006). Retrieved from <http://w3.health.state.ny.us/dbspace/NYCRR10.nsf/56cf2e25d626f9f785256538006c3ed7/8525652c00680c3e8525652c006dddcf?OpenDocument>

North Dakota Administrative Code, Chapter 50-03-01 (1978). Retrieved from <http://www.ndbomex.com/Medact50.asp#101>

Occupations Code, Title 3, Health Professions, Subtitle B. Physicians, Chapter 157. Authority of Physician to Delegate Certain Medical Acts. Retrieved from. <http://www.statutes.legis.state.tx.us/docs/OC/htm/OC.157.htm>

Physician Assistant Licensing Act, Acts 1999, 76th Leg., ch. 388, Sec. 1, 1999. (1999). Retrieved from <http://www.statutes.legis.state.tx.us/docs/OC/pdf/OC.204.pdf>

Public Health Code, Act 368 of 1978 Article 15 OCCUPATIONS (1978). Retrieved from [http://www.legislature.mi.gov/\(S\(i5yoybev5frfv45w2jyxse2\)\)/mileg.aspx?page=getObject&objectName=mcl-368-1978-15](http://www.legislature.mi.gov/(S(i5yoybev5frfv45w2jyxse2))/mileg.aspx?page=getObject&objectName=mcl-368-1978-15)

Public Health Code, Article 37, Physician's Assistants and Specialist's Assistants. (2006). Retrieved from <http://public.leginfo.state.ny.us/LAWSSEAF.cgi?QUERYTYPE=LAWS+&QUERYDATA=@SLPBH0A37+&LIST=LAW+&BROWSER=EXPLORER+&TOKEN=08109478+&TARGET=VIEW>

Regulations of the Commissioner, Part 60 Medicine, Physician Assistant, Specialist Assistant and Acupuncture. (2011). Retrieved from <http://www.op.nysed.gov/prof/med/part60.htm>

Revised Code of Washington, Chapter 18.71A RCW. Retrieved from <http://apps.leg.wa.gov/RCW/default.aspx?cite=18.71A>

Texas Administrative Code, Title 22, Part 9 Chapter 185, Physician Assistants. (2011). Retrieved from http://www.tmb.state.tx.us/rules/docs/Board_Rules_Effective_06.28.2011.pdf

Washington Administrative Code, Chapter 246-918 WAC. (Last updated 2011). Physician assistants — medical quality assurance commission. Retrieved from <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-918>

South Africa

No.R. 206 Regulations relating to the qualifications for registration of clinical associates. (2007).

Appendix A: Example of "Supervision Contract" (North Dakota)

NOTICE
The fee for amending this contract is \$25.00

PHYSICIAN ASSISTANT SUPERVISION CONTRACT

THIS AGREEMENT is made this _____ day of _____, 20_____, by and between one or more physicians who practice medicine in the State of North Dakota, including _____, (NAME) M.D./D.O., who will act as Primary Supervising Physician and _____, (NAME) PA-C, of _____, (ADDRESS) _____, (CITY) _____, (STATE) _____, (ZIP) _____.

The physician assistant will practice in the following locations:

1. _____ (NAME OF FACILITY WHERE PHYSICIAN ASSISTANT WILL PRACTICE)
 _____ (ADDRESS) _____ (CITY) _____ (STATE) _____ (ZIP)
 _____ (TELEPHONE) _____ (ANTICIPATED STARTING DATE)

Physician Assistant will be employed (paid) by: _____

2. _____ (NAME OF FACILITY WHERE PHYSICIAN ASSISTANT WILL PRACTICE)
 _____ (ADDRESS) _____ (CITY) _____ (STATE) _____ (ZIP)
 _____ (TELEPHONE) _____ (ANTICIPATED STARTING DATE)

Physician Assistant will be employed (paid) by: _____

3. _____ (NAME OF FACILITY WHERE PHYSICIAN ASSISTANT WILL PRACTICE)
 _____ (ADDRESS) _____ (CITY) _____ (STATE) _____ (ZIP)
 _____ (TELEPHONE) _____ (ANTICIPATED STARTING DATE)

Physician Assistant will be employed (paid) by: _____

WHEREAS, the physician assistant is duly qualified under the applicable rules and regulations of the North Dakota State Board of Medical Examiners, it is hereby agreed that:

1. The physicians who sign this agreement will supervise the physician assistant in accordance with the rules and regulations of the North Dakota State Board of Medical Examiners. The physician assistant agrees to faithfully and to the best of his/her knowledge and skill, to assist the physician(s) in the practice of medicine. By this contract it is contemplated that the physician(s) will assign certain duties to be performed by the physician assistant. The physician assistant will perform only those duties and responsibilities that are delegated by the physician(s). The physician(s) will not delegate to the physician assistant any duty or responsibility for which the physician assistant has not been adequately trained. The physician assistant is the agent of the physician(s) in the performance of all practice-related activities. The physician assistant will provide patient care only in those areas of medical practice where the physician(s) provides patient care.
2. During the term of this agreement, the physician assistant shall comply with all proper directions and orders of the physician(s) and shall comply with all rules and regulations of the North Dakota State Board of Medical Examiners governing physician assistants.

3. The supervising physician(s) responsibility is to oversee the activities of, and accept the responsibility for, the medical services rendered by a physician assistant. Supervision shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician at the time and place that the services are rendered. It is the responsibility of the supervising physician to direct and review the work, records, and practice of the physician assistant on a continuous basis to ensure that appropriate and safe treatment is rendered. The supervising physician must be available continuously for contact personally or by telephone or other electronic means. It is the obligation of each team of physicians and physician assistants to ensure that the physician assistant's scope of practice is identified; that delegation of medical tasks is appropriate to the physician assistant's level of competence; that the relationship of, and access to, the supervising physician is defined; and that a process for evaluation of the physicians assistant's performance is established.
4. The physician(s) agrees to designate a substitute supervising physician in the manner designated by the Board of Medical Examiners to act under this agreement during any absence or temporary disability of that physician.

This contract may be terminated by either party by giving thirty(30) days notice of that fact in writing to the other. (Sec. 50-03-01-03, North Dakota Administrative Code, requires that the State Board of Medical Examiners be notified of such termination within 72 hours of the time the termination becomes effective.)

It is expressly understood that this contract is subject to review and approval by the North Dakota State Board of Medical Examiners. Any subsequent amendment to this contract must also be specifically approved by the Board of Medical Examiners.

Signature of Primary Supervising Physician

Signature of Physician Assistant

Print or Type Name

Date

Print or Type Name

Date

1. _____
Signature of Supervising Physician

5. _____
Signature of Supervising Physician

Print or Type Name

Date

Print or Type Name

Date

2. _____
Signature of Supervising Physician

6. _____
Signature of Supervising Physician

Print or Type Name

Date

Print or Type Name

Date

3. _____
Signature of Supervising Physician

7. _____
Signature of Supervising Physician

Print or Type Name

Date

Print or Type Name

Date

4. _____
Signature of Supervising Physician

8. _____
Signature of Supervising Physician

Print or Type Name

Date

Print or Type Name

Date

Reason for submitting this form:

- Initial Application
- New Primary Supervising Physician
- Addition of (2nd) Primary Supervising Physician
- Addition of Supervising Physician
- Deletion of Supervising Physician _____ (Name)
- Addition of Practice Location _____
- Deletion of Practice Location _____

Appendix B: Information by Jurisdiction

Jurisdiction

Alberta

Current Status of the Profession (CPSA, 2011)

Physician assistants can voluntarily become a non-regulated member of the College of Physicians and Surgeons of Alberta (CPSA) under the category of physician assistants (PAs) through bylaw 24(6), (December 3, 2010). This by-law allows PAs to operate under the responsibility of a regulated member.

CPSA responsibilities regarding PAs include:

- Registering PAs that meet the registration criteria;
- Maintaining a list of registered PAs. The list includes a) Name, b) Credentials and c) Public Contact Information; and,
- Having standards of practice in place for physicians who wish to use physician assistants in their medical practice.

CPSA responsibilities regarding PAs do NOT include:

- Verifying the source of the information provided by PAs interested in registering;
- Regulating the PA profession;
- Having authority to mandate a PA to register with the College; and,
- Having any authority to discipline or regulate the conduct, training or performance of PAs.

Total PAs (voluntary registry): 10

Relevant Legislation, Regulations and Bylaws

Health Professions Act, R.S.A. 2000, c. H-7.

Physicians, Surgeons and Osteopaths, Alberta Regulation 350/2009

CPSA Non-Regulated Members, Alberta bylaw 24(6)

College of Physician and Surgeons of Alberta. (2010) Health professions act: Standards of practice: Consolidation.

Scope of Practice and Authorized Acts

CPSA website states that when hiring a physician assistant, the physician, as prospective employer, should consider having the candidate provide information such as their scope of practice.

The CPSA has a Standard of Practice for physicians when supervising the performance of a restricted act (CPSA 2010).

(4) A physician may supervise a regulated healthcare professional, an unregulated worker or a student performing a restricted activity only if the physician is satisfied that:

(a) it is safe and appropriate for the supervised person to perform the restricted activity on the particular patient,

(b) the equipment and resources available to perform the restricted activity are safe and appropriate, and

(c) the patient provides informed consent to the procedure being performed under supervision unless consent is not possible because of emergency.

(5) A physician who supervises a person performing a restricted activity must remain readily available for consultation during the performance of the restricted activity.

Restricted Activities

N/A

Entry to Practice Requirements (CPSA, 2011)

N/A since PAs are not regulated, however for voluntary registration, PAs must have:

- A) A graduate of a PA training program meeting one of the
 - i. provided through the Canadian Forces Medical Services School;
 - ii. accredited by the Canadian Medical Association Conjoint Accreditation Canada; or,
 - iii. Accredited by the Accreditation Review Commission on Education for Assistant (ARC PA) in the United States of America; **and**,

- B) A certified PA with one of the following credentials:
 - i. Canadian Certified Physician Assistant (CCPA), granted by the Canadian Association of Physician Assistants; or,
 - ii. Physician Assistant – Certified (PA-C), granted by the National Commission Certification of Physician Assistants in the United States of America.

Practice Settings

Section 24(6) of the by-law states that a PA shall only work under the supervision of a regulated member on the General Register or the Provisional Register Conditional Practice, and that regulated member will take responsibility for the clinical performance of the PA.

Jurisdiction

Manitoba

Current Status of the Profession

On July 14, 1999, the government of Manitoba passed the Clinical Assistant (CA) registration amendment under the Medical Act. This allowed for the licensing of registered clinical assistants. This was later amended in 2009 to permit practice under the title of Physician Assistant (PA) and all certified CAs under the amendment to the Medical Act were deemed to be registered on the PA register (non-certified CAs continue to be registered on the CA register).

Regulation 183/99, also known as "Clinical Assistants and Physician Assistants Regulation", was registered under the Manitoba Medical Act by the Council of the College of Physicians and Surgeons of Manitoba (CPSM) on December 23, 1999. This regulation allows for the registration of PAs on the PA Register (CAPA, 2011)

Complaints: The Complaints Committee is appointed by Council in accordance with Section 41 of The Medical Act.

Code of Ethics: Schedule G of by-law #1, December 1, 2008, provides the Code of Conduct and guide to the professional and ethical conduct of Members of the College.

Title: Regulation 183/99: Use of title: physician assistant

5(1) A person registered as a physician assistant is entitled to use the designation "Physician Assistant" and the initials "PA".

Use of title: clinical assistant

5(2) A person registered as a clinical assistant is entitled to use the designation "Clinical Assistant" and the initials "Cl. A.".

Total PAs: 26

Relevant Legislation, Regulations and Bylaws

Regulated Health Professions Act, 2009 (RHPA)

The Medical Act, 1999

Clinical Assistants and Physician Assistants Regulation (CAPAR), Regulation 183/99

Scope of Practice and Authorized Acts

Limit: duties delegated to clinical assistant or physician assistant

7(1) A supervising physician shall not delegate to a clinical assistant or a physician assistant a duty or responsibility for which the assistant is not adequately trained.

Practice only in accordance with practice description

14(1) A clinical assistant or physician assistant shall not perform medical services unless they are included in the practice description approved by the council.

"practice description" means a written description submitted by the supervising physician to the council setting out the duties and functions of the clinical assistant or physician assistant in relation to the physician's practice;

Changes approved by council

14(2) If the supervising physician wishes to add to the duties or responsibilities of a clinical assistant or physician assistant set out in the practice description, he or she must first obtain the council's written approval.

Supervision of physician assistants

As per Regulation 183/99, the supervising physician of a physician assistant shall provide the following type of supervision:

1. The physician shall be available to supervise, by telephone or otherwise, for at least the number of hours per week that the contract of supervision specifies. The physician's physical presence is not required for this weekly supervision of the physician assistant, who may be providing medical services in a location separate from the supervising physician's regular practice location.
2. The physician shall provide personal on-site supervision for at least the number of hours per month that the contract of supervision specifies.

Supervision of clinical assistants

6(3) The supervising physician of a clinical assistant shall provide daily on-site, personal supervision.

Limit on number of clinical assistants and physician assistants under supervision

8 A physician may not be the supervising physician for more than three clinical assistants and physician assistants at a time, except with the council's prior approval.

Prescriptions

16(1) A clinical assistant or a physician assistant may issue prescriptions only for medications which the supervising physician has determined the assistant is qualified to prescribe in accordance with the practice description approved by the council.

16(2) A prescription issued by a clinical assistant or a physician assistant must include the name of the supervising physician and the name and designation — either "PA" or "Cl. A" — of the assistant.

Restricted Activities

Limit: physician's area of competence

7(2) A supervising physician shall not delegate to a clinical assistant or a physician assistant a duty or responsibility the supervising physician is not competent to perform himself or herself.

Limit: physician's area of practice

7(3) A supervising physician shall not permit a clinical assistant or a physician assistant to provide medical services in an area of practice in which the supervising physician does not provide services.

Entry to Practice Requirements

Regulation 183/99

Required information

3(2) An application for registration as a clinical assistant or physician assistant must include the following:

1. A contract of supervision entered into between the clinical assistant or physician assistant and a supervising physician who is acceptable to the council. The contract must be signed by both parties and be in a form acceptable to the registrar.
2. A practice description that sets out detailed information about the medical services the clinical assistant or physician assistant will provide, the type of supervision to be provided by the supervising physician and the practice location where the services will be provided. The description must be signed by the supervising

physician and be in a form acceptable to the registrar.

Qualifications for physician assistant

4(2) An applicant for registration as a physician assistant must have completed clinical training acceptable to the council and must, in addition, have one of the following training program qualifications:

- (a) be a graduate of a physician assistant training program approved by the American Medical Association Committee on Allied Health Education and Accreditation or the Commission on Accreditation for Allied Health Education Programs, and have passed the examination set by the National Commission on Certification of Physician Assistants; or
- (b) be a graduate of another physician assistant training program acceptable to the council.

Practice Settings

Practice location(s), must be submitted and approved by the CPSM Council. A supervising physician shall not permit a clinical assistant or a physician assistant to provide medical services in an area of practice in which the supervising physician does not provides services.

Jurisdiction

New Brunswick

Current Status of the Profession

In 2009, the College of Physicians and Surgeons of New Brunswick (CPSNB) amended the New Brunswick Medical Act in order to include physician assistants in their health care model. Section 32.1 of the Act now allows PAs to be licensed, provided they register with the CPSNB. In addition, Regulation 14 was created in January 2010 in order to dictate the terms of practice for PAs in the province (CAPA, 2011).

Complaints: As per Regulation 14, "For greater certainty, as associate members of the College, Physician Assistants are subject to all such provisions of the Medical Act and Regulations as may be applicable." As an associate member¹³ of the CPSNB, PAs can be disciplined under the CPSNB's Complaints and Registration Committee.

Code of Ethics: One exists for Physicians and does not specify if it applies to associate members as well.

Title: 45(2) Except as provided in this Act and the regulations, no person, other than a Physician Assistant who holds a licence shall

- (a) publicly or privately, for hire, gain, or hope of reward, practise or offer to practise as a Physician Assistant;
- (b) hold himself out in any way to be entitled to practise as a Physician Assistant; or
- (c) use any title or description implying or designed to lead the public to believe that he is entitled to practise as a Physician Assistant.

Total PAs: 2

Relevant Legislation, Regulations and Bylaws

The Medical Act, 1981

Physician Assistants, Regulation 14, 2010

Scope of Practice and Authorized Acts

As per Regulation 14:

1. Physician Assistants shall only practise in the direct employment of a Regional Health Authority unless specifically authorized by Council.
2. A Physician Assistant shall only practise under the supervision of an identified physician or physicians in a structured format acceptable to Council.
3. A Physician Assistant shall only practise within the scope of their training and recent experience.
4. A supervising physician shall only delegate or authorize a Physician Assistant to practise within the scope of the physician's training or recent experience.
5. For greater certainty, as associate members of the College, Physician Assistants are subject to all such provisions

¹³ An "associate member" means a person who is registered on the Medical Education Register, the Corporations Register or the Physician Assistants Register and holds a licence (<http://www.cpsnb.org/english/MedicalAct/med-act-3.html>)

of the *Medical Act* and Regulations as may be applicable.

Restricted Activities

N/A

Entry to Practice Requirements

For all purposes under The Medical Act and Regulations an applicant is eligible for registration on the Physician Assistants Register and licensure to practise if:

- a) Certified by the Physician Assistants Certification Council of the Canadian Association of Physician Assistants;
- b) Certified by the National Commission on Certification of Physician Assistants; and,
- c) A graduate of another Physician Assistant training program acceptable to Council.

Practice Settings

It is intended that Physician Assistants will be employed by Regional Health Authorities to provide service in hospital Emergency Departments (personal communication, Aug. 10, 2011).

Jurisdiction

Ontario

Current Status of the Profession

The Physician Assistant (PA) role was announced in May 2006 with the launch of HealthForceOntario, the government's health human resources strategy. The goal of HealthForceOntario is to give the people of Ontario access to the right number and mix of qualified health providers, now and in the future.

The Physician Assistant Initiative is being co-led by the Ministry of Health and Long-Term Care (MOHLTC) and the Ontario Medical Association (OMA). A Physician Assistant Implementation Steering Committee made up of employers, educators, regulators, and health professionals has been guiding the development, implementation, and evaluation of all PA demonstration projects since January 2007 (HFO, 2009).

Complaints: N/A

Title: N/A

Total PAs: Approximately 80 currently employed in Ontario (HFO, 2011)

Relevant Legislation, Regulations and Bylaws

Regulated Health Professions Act (RHPA), 1991 (Delegation of Authority, PAs are not registered)

Scope of Practice and Authorized Acts (HFO, 2007)

Taken from *Defining the Physician Assistant Role in Ontario: Ontario Physician Assistant Scope of Practice Statement And Ontario Physician Assistant Competency Profile*.

PAs are highly skilled healthcare professionals educated in the medical model who work under the supervision of a registered physician in a variety of clinical team structures and settings. Understanding what PAs can and cannot do, or defining their scope of practice, is essential to establish their professional role in Ontario.

- The scope of practice of clinicians working as Physician Assistants in Ontario can be defined by:
- Their education and training;
- Regulations pertaining to their practice; and,
- The delegatory relationship with the supervising physician.

PA training is modeled on physician education. Didactic instruction typically includes basic medical sciences such as anatomy, the pathophysiology of disease across all major systems, and pharmacology. There is an emphasis on history taking, detailed physical exam, differential diagnosis and treatment planning for conditions commonly seen in primary and emergent care. Clinical instruction includes rotations in Family Practice, Internal Medicine, General Surgery, Psychiatry, Paediatrics, OB-GYN, Trauma and Emergency Medicine.

For the most part, it is the unique working relationship between the Physician and the PA that governs the PA scope of practice. Mutually agreed upon guidelines between the physician and PA, facility guidelines

regarding PA use, and physician delegatory style set the framework for how individual PAs are used in each clinical setting.

The PA scope of practice is consistent with practice requirements articulated by the Canadian Association of Physician Assistants (CAPA), the Canadian Forces and PA practice in other jurisdictions. The PA scope of practice is unique from that of other health care disciplines. In that the PA is not an autonomous practitioner; all tasks must be delegated to the PA by the supervising physician. The type of work delegated, and the extent of direct supervision provided to the PA, is dependent on the physician's assessment of the PA's individual competencies, skills and experience in that practice setting. Further, only work within the physician's own scope of practice can be delegated to a PA. For example, PAs are able to provide only those medications that the supervising physician would normally prescribe, and that the supervising physician has assessed the PA as competent to provide under delegation. Thus, the individual relationship between the PA and the supervising physician becomes the essential determinant of each PA's individual clinical role, within the context of the PA's competencies and the PA scope of practice.

Restricted Activities (CMA, 2010)

Taken from the CMA, *Physician Assistant Toolkit*.

Ontario's *Regulated Health Professions Act (RHPA), 1991* allows certain controlled medical procedures to be delegated to PAs by a physician through verbal or prewritten orders or by medical directive. When the clinical work assigned to a PA involves a controlled act, the process of delegation described in **The College of Physicians and Surgeons of Ontario's Policy on Delegation of Controlled Acts** must be followed.

The supervising physician is responsible for the medical care provided to the patient by the PA. The physician can only delegate medical acts that are within their own scope of clinical practice. The physician must ensure that the delegation is in the best interests of the patient, and that the PA is appropriately directed and supervised in delegation. The supervising physician must be constantly available for consultation to the PA.

The supervising physician may incorporate frequently delegated acts that are performed competently by the PA into medical directives. Medical directives, which may be performed by the PA with varying degrees of physician supervision, serve to increase the efficiency of patient care and improve patient flow.

The PA is required to ensure that patients are aware of their status of PA when providing medical services. They are obligated to obtain informed patient consent, to keep a record of the delegated medical act, and to ensure that they have the necessary knowledge, skill, and judgment to perform any act that has been delegated.

Entry to Practice Requirements

Ontario has adopted the competency profile for Physician Assistants that has been articulated by The Canadian Association of Physician Assistants (CAPA) in its National Occupational Competency Profile, 2006 (CAPA, 2010).

Practice Settings (HFO, 2009)

The PA role was introduced to the Ontario health care system through demonstration projects launched in two phases: Emergency Department Demonstration Project; and Demonstration Projects in Hospitals, Primary Care Settings and Diabetes and Long-Term Care Settings. PAs have also been introduced to five Ontario primary care Community Health Centres.

Jurisdiction

Arizona

Current Status of the Profession

PAs are regulated by the Arizona Regulatory Board of Physician Assistants established under the Arizona Statutes.

Discipline:

32-2551. Grounds for disciplinary action; duty to report; immunity; proceedings; board action; notice; civil penalty

Title:

32-2554.

B. A person who is not licensed pursuant to this chapter shall not use the designation "P.A.", "P.A.-C." or "Physician assistant" or use any other words, initials or symbols in a way that leads the public to believe that the person is licensed pursuant to this chapter. A person who violates this subsection is guilty of a class 2 misdemeanor.

Total PAs: 1,662 (as of Sept. 2010)

Relevant Legislation, Regulations and Bylaws

Arizona Statutes, Title 32 – Professions and Occupations, Chapter 25 – Physician Assistants

Arizona Administrative Code Title 4. Professions and Occupations, Chapter 17. Arizona Regulatory Board of Physician Assistants

(The Board's rules governing physician assistants were last amended in 1998. The Board recognizes the need to update these rules and plans to do so as soon as possible. Although some inconsistencies exist between the rules and the Arizona Revised Statutes governing physician assistants, the Board complies with statute, particularly but not exclusively with regard to timeframes for appeals. Please refer to the PA Statutes, and call our office at 480-551-2700 if you have any questions.)

Scope of Practice and Authorized Acts

Arizona Statutes: 32-2531

A supervising physician may delegate health care tasks to a physician assistant.

C. The physician assistant may perform those duties and responsibilities, including the ordering, prescribing, dispensing and administration of drugs and medical devices that are delegated by the supervising physician.

D. The physician assistant may provide any medical service that is delegated by the supervising physician if the service is within the physician assistant's skills, is within the physician's scope of practice and is supervised by the physician.

E. The physician assistant may pronounce death and, if delegated, may authenticate by the physician assistant's signature any form that may be authenticated by a physician's signature.

F. The physician assistant is the agent of the physician assistant's supervising physician in the performance of all practice related activities, including the ordering of diagnostic, therapeutic and other medical services.

G. The physician assistant may perform health care tasks in any setting authorized by the supervising physician, including physician offices, clinics, hospitals, ambulatory surgical centers, patient homes, nursing homes and other health care institutions. These tasks may include:

1. Obtaining patient histories.
2. Performing physical examinations.

3. Ordering and performing diagnostic and therapeutic procedures.
4. Formulating a diagnostic impression.
5. Developing and implementing a treatment plan.
6. Monitoring the effectiveness of therapeutic interventions.
7. Assisting in surgery.
8. Offering counseling and education to meet patient needs.
9. Making appropriate referrals.
10. Prescribing schedule IV or V controlled substances as defined in the federal controlled substances act of 1970 (P.L. 91-513; 84 Stat. 1242; 21 United States Code section 802) and prescription-only medications.
11. Prescribing schedule II and III controlled substances as defined in the federal controlled substances act of 1970.
12. Performing minor surgery as defined in section 32-2501.
13. Performing other nonsurgical health care tasks that are normally taught in courses of training approved by the board, that are consistent with the training and experience of the physician assistant and that have been properly delegated by the supervising physician.

Supervision

H. The supervising physician shall:

1. Meet the requirements established by the board for supervising a physician assistant.
2. Accept responsibility for all tasks and duties the physician delegates to a physician assistant.
3. Notify the board and the physician assistant in writing if the physician assistant exceeds the scope of the delegated health care tasks.
4. Maintain a written agreement with the physician assistant. The agreement must state that the physician will exercise supervision over the physician assistant and retains professional and legal responsibility for the care rendered by the physician assistant. The agreement must be signed by the supervising 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 on request.

I. A physician's ability to supervise a physician assistant is not affected by restrictions imposed by the board on a physician assistant pursuant to disciplinary action taken by the board.

J. Supervision must be continuous but does not require the personal presence of the physician at the place where health care tasks are performed if the physician assistant is in contact with the supervising physician by telecommunication. If the physician assistant practices in a location where a supervising physician is not routinely present, the physician assistant must meet in person or by telecommunication with a supervising physician at least once each week to ensure ongoing direction and oversight of the physician assistant's work. The board by order may require the personal presence of a supervising physician when designated health care tasks are performed.

K. At all times while a physician assistant is on duty, the physician assistant shall wear a name tag with the designation "physician assistant" on it.

L. The board by rule may prescribe a civil penalty for a violation of this article. The penalty shall not exceed fifty dollars for each violation. The board shall deposit, pursuant to sections 35-146 and 35-147, all monies it receives from this penalty in the state general fund. A physician assistant and the supervising physician may contest the imposition of this penalty pursuant to board rule. The imposition of a civil penalty is public information, and the board may use this information in any future disciplinary actions.

32-2533. Supervising physician; responsibilities

A. A supervising physician is responsible for all aspects of the performance of a physician assistant, whether or not the supervising physician actually pays the physician assistant a salary. The supervising physician is responsible for supervising the physician assistant and ensuring that the health care tasks performed by a

physician assistant are within the physician assistant's scope of training and experience and have been properly delegated by the supervising physician.

B. Each physician-physician assistant team must ensure that:

1. The physician assistant's scope of practice is identified.
2. The delegation of medical tasks is appropriate to the physician assistant's level of competence.
3. The relationship of, and access to, the supervising physician is defined.
4. A process for evaluation of the physician assistant's performance is established.

C. A supervising physician shall not supervise more than four physician assistants who work at the same time.

D. A supervising physician shall develop a system for recordation and review of all instances in which the physician assistant prescribes schedule II or schedule III controlled substances.

32-2532. Prescribing, administering and dispensing drugs; limits and requirements; notice

A. Except as provided in subsection F of this section, a physician assistant shall not prescribe, dispense or administer:

1. A schedule II or schedule III controlled substance as defined in the federal controlled substances act of 1970 (P.L. 91-513; 84 Stat. 1242; 21 United States Code section 802) without delegation by the supervising physician, board approval and drug enforcement administration registration.
2. A schedule IV or schedule V controlled substance as defined in the federal controlled substances act of 1970 without drug enforcement administration registration and delegation by the supervising physician.
3. Prescription-only medication without delegation by the supervising physician.
4. Prescription medication intended to perform or induce an abortion.

B. All prescription orders issued by a physician assistant shall contain the name, address and telephone number of the supervising physician. A physician assistant shall issue prescription orders for controlled substances under the physician assistant's own drug enforcement administration registration number.

C. Unless certified for thirty day prescription privileges pursuant to section 32-2504, subsection A, a physician assistant shall not prescribe a schedule II or schedule III controlled substance for a period exceeding seventy-two hours. For each schedule IV or schedule V controlled substance, a physician assistant may not prescribe the controlled substance more than five times in a six month period for each patient.

D. A prescription for a schedule II or III controlled substance is not refillable without the written consent of the supervising physician.

E. Prescription-only drugs shall not be dispensed, prescribed or refillable for a period exceeding one year.

F. Except in an emergency, a physician assistant may dispense schedule II or schedule III controlled substances for a period of use of not to exceed seventy-two hours with board approval or any other controlled substance for a period of use of not to exceed thirty-four days and may administer controlled substances without board approval if it is medically indicated in an emergency dealing with potential loss of life or limb or major acute traumatic pain.

G. Except for samples provided by manufacturers, all drugs dispensed by a physician assistant shall be:

1. Prepackaged in a unit-of-use package by the supervising physician or a pharmacist acting on a written order of the supervising physician.
2. Labeled to show the name of the supervising physician and physician assistant.

H. A physician assistant shall not obtain a drug from any source other than the supervising physician or a pharmacist acting on a written order of the supervising physician. A physician assistant may receive manufacturers' samples if allowed to do so by the supervising physician.

I. If a physician assistant is approved by the board to prescribe, administer or dispense schedule II and

schedule III controlled substances, the physician assistant shall maintain an up-to-date and complete log of all schedule II and schedule III controlled substances he administers or dispenses.

J. The board shall advise the state board of pharmacy and the United States drug enforcement administration of all physician assistants who are authorized to prescribe or dispense drugs and any modification of their authority.

K. The state board of pharmacy shall notify all pharmacies at least quarterly of physician assistants who are authorized to prescribe or dispense drugs.

Restricted Activities

32-2531

B. A physician assistant shall not perform surgical abortions as defined in section 36-2151.

Entry to Practice Requirements

32-2521. Qualifications

A. An applicant for licensure shall:

1. Have graduated from a physician assistants educational program approved by the board.
2. Pass a certifying examination approved by the board.
3. Be physically and mentally able to safely perform health care tasks as a physician assistant.
4. Have a professional record that indicates that the applicant has not committed any act or engaged in any conduct that constitutes grounds for disciplinary action against a licensee pursuant to this chapter. This paragraph does not prevent the board from considering the application of an applicant who was the subject of disciplinary action in another jurisdiction if the applicant's act or conduct was subsequently corrected, monitored and resolved to the satisfaction of that jurisdiction's regulatory board.
5. Not have had a license to practice revoked by a regulatory board in another jurisdiction in the United States for an act that occurred in that jurisdiction that constitutes unprofessional conduct pursuant to this chapter.
6. Not be currently under investigation, suspension or restriction by a regulatory board in another jurisdiction in the United States for an act that occurred in that jurisdiction that constitutes unprofessional conduct pursuant to this chapter. If the applicant is under investigation by a regulatory board in another jurisdiction, the board shall suspend the application process and may not issue or deny a license to the applicant until the investigation is resolved.
7. Not have surrendered, relinquished or given up a license in lieu of disciplinary action by a regulatory board in another jurisdiction in the United States for an act that occurred in that jurisdiction that constitutes unprofessional conduct pursuant to this chapter. This paragraph does not prevent the board from considering the application of an applicant who surrendered, relinquished or gave up a license in lieu of disciplinary action by a regulatory board in another jurisdiction if that regulatory board subsequently reinstated the applicant's license.

32-2524. Exemption from licensure

This chapter does not require licensure of:

1. A student who is enrolled in a physician assistant education program approved by the board.
2. A physician assistant who is an employee of the United States government and who works on land or in facilities owned or operated by the United States government.
3. A physician assistant who is a member of the reserve components of the United States and who is on official orders or performing official duties as outlined in the appropriate regulation of that branch of military

service.

Practice Settings

N/A

Jurisdiction

California

Current Status of the Profession

Physician Assistants are regulated by the Physician Assistant Committee, a subsidiary of the Medical Board of California established by the *Business and Professions Code*

Discipline

California Code of Regulations 1399.523 - Disciplinary Guidelines:

In reaching a decision on a disciplinary action under the Administrative Procedures Act (Government Code Section 11400 et seq.), the Physician Assistant Committee shall consider the disciplinary guidelines entitled "Physician Assistant Committee Manual of Model Disciplinary Guidelines and Model Disciplinary Orders" 3rd Edition (2007) which are hereby incorporated by reference.

Title:

Business and Professions Code, Section 3503. Limitation

No person other than one who has been licensed to practice as a physician assistant or authorized to practice on interim approval under Section 3517 shall practice as a physician assistant or in a similar capacity to a physician and surgeon or podiatrist or hold himself or herself out as a "physician assistant," or shall use any other term indicating or implying that he or she is a physician assistant.

2274. Misuse of Titles

(a) The use by any licensee of any certificate, of any letter, letters, word, words, term, or terms either as a prefix, affix, or suffix indicating that he or she is entitled to engage in a medical practice for which he or she is not licensed constitutes unprofessional conduct.

(b) Nothing in this section shall be construed to prohibit a physician and surgeon from using the designations specified in this section if he or she has been issued a retired license under Section 2439.

Total PAs: 6,247 (as of Sept. 2010)

Relevant Legislation, Regulations and Bylaws

California Business and Professions Code Sections 3500-3503.5 Article 1, 2005
Title 16 Division 13.8 of the California Code of Regulations

Scope of Practice and Authorized Acts

California Code of Regulations Title 16

1399.540. Limitation on Medical Services.

(a) A physician assistant may only provide those medical services which he or she is competent to perform and which are consistent with the physician assistant's education, training, and experience, and which are delegated in writing by a supervising physician who is responsible for the patients cared for by that physician assistant. (b) The writing which delegates the medical services shall be known as a delegation of services agreement. A **delegation of services agreement** shall be signed and dated by the physician assistant and

each supervising physician. A delegation of services agreement may be signed by more than one supervising physician only if the same medical services have been delegated by each supervising physician. A physician assistant may provide medical services pursuant to more than one delegation of services agreement. (c) The committee or division or their representative may require proof or demonstration of competence from any physician assistant for any tasks, procedures or management he or she is performing. (d) A physician assistant shall consult with a physician regarding any task, procedure or diagnostic problem which the physician assistant determines exceeds his or her level of competence or shall refer such cases to a physician.

1399.541. Medical Services Performable.

Because physician assistant practice is directed by a supervising physician, and a physician assistant acts as an agent for that physician, the orders given and tasks performed by a physician assistant shall be considered the same as if they had been given and performed by the supervising physician. Unless otherwise specified in these regulations or in the delegation or protocols, these orders may be initiated without the prior patient specific order of the supervising physician. In any setting, including for example, any licensed health facility, out-patient settings, patients' residences, residential facilities, and hospices, as applicable, a physician assistant may, pursuant to a delegation and protocols where present:

- (a) Take a patient history; perform a physical examination and make an assessment and diagnosis therefrom; initiate, review and revise treatment and therapy plans including plans for those services described in Section 1399.541(b) through Section 1399.541(i) inclusive; and record and present pertinent data in a manner meaningful to the physician.
- (b) Order or transmit an order for x-ray, other studies, therapeutic diets, physical therapy, occupational therapy, respiratory therapy, and nursing services.
- (c) Order, transmit an order for, perform, or assist in the performance of laboratory procedures, screening procedures and therapeutic procedures.
- (d) Recognize and evaluate situations which call for immediate attention of a physician and institute, when necessary, treatment procedures essential for the life of the patient.
- (e) Instruct and counsel patients regarding matters pertaining to their physical and mental health. Counseling may include topics such as medications, diets, social habits, family planning, normal growth and development, aging, and understanding of and long-term management of their diseases.
- (f) Initiate arrangements for admissions, complete forms and charts pertinent to the patient's medical record, and provide services to patients requiring continuing care, including patients at home.
- (g) Initiate and facilitate the referral of patients to the appropriate health facilities, agencies, and resources of the community.
- (h) Administer or provide medication to a patient, or issue or transmit drug orders orally or in writing in accordance with the provisions of subdivisions (a)-(f), inclusive, of Section 3502.1 of the Code.
- (i) (1) Perform surgical procedures without the personal presence of the supervising physician which are customarily performed under local anesthesia. Prior to delegating any such surgical procedures, the supervising physician shall review documentation which indicates that the physician assistant is trained to perform the surgical procedures. All other surgical procedures requiring other forms of anesthesia may be performed by a physician assistant only in the personal presence of an approved supervising physician.
(2) A physician assistant may also act as first or second assistant in surgery under the supervision of an approved supervising physician.

Supervision (regulation can be found in Section *1399.545 of the California Business and Professions Code*):

1399.545. Supervision Required.

(a) A supervising physician shall be available in person or by electronic communication at all times when the physician assistant is caring for patients.

(b) A supervising physician shall delegate to a physician assistant only those tasks and procedures consistent with the supervising physician's specialty or usual and customary practice and with the patient's health and condition.

(c) A supervising physician shall observe or review evidence of the physician assistant's performance of all tasks and procedures to be delegated to the physician assistant until assured of competency.

(d) The physician assistant and the supervising physician shall establish in writing transport and back-up procedures for the immediate care of patients who are in need of emergency care beyond the physician assistant's scope of practice for such times when a supervising physician is not on the premises.

(e) A physician assistant and his or her supervising physician shall establish in writing guidelines for the adequate supervision of the physician assistant which shall include one or more of the following mechanisms:

(1) Examination of the patient by a supervising physician the same day as care is given by the physician assistant;

(2) Countersignature and dating of all medical records written by the physician assistant within thirty (30) days that the care was given by the physician assistant;

(3) The supervising physician may adopt protocols to govern the performance of a physician assistant for some or all tasks. The minimum content for a protocol governing diagnosis and management as referred to in this section shall include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be given the patient. For protocols governing procedures, the protocol shall state the information to be given the patient, the nature of the consent to be obtained from the patient, the preparation and technique of the procedure, and the follow-up care. Protocols shall be developed by the physician, adopted from, or referenced to, texts or other sources. Protocols shall be signed and dated by the supervising physician and the physician assistant. The supervising physician shall review, countersign, and date a minimum of 10% sample of medical records of patients treated by the physician assistant functioning under these protocols within thirty (30) days. The physician shall select for review those cases which by diagnosis, problem, treatment or procedure represent, in his or her judgment, the most significant risk to the patient;

(4) Other mechanisms approved in advance by the committee.

(f) In the case of a physician assistant operating under interim approval, the supervising physician shall review, sign and date the medical record of all patients cared for by that physician assistant within seven (7) days if the physician was on the premises when the physician assistant diagnosed or treated the patient. If

the physician was not on the premises at that time, he or she shall review, sign and date such medical records within 48 hours of the time the medical services were provided.

(g) The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the physician assistant does not function autonomously. The supervising physician shall be responsible for all medical services provided by a physician assistant under his or her supervision.

Prescribing:

California Business and Professions Code: 3502.1. Prescription Transmittal Authority

(a) In addition to the services authorized in the regulations adopted by the board, and except as prohibited by Section 3502, while under the supervision of a licensed physician and surgeon or physicians and surgeons authorized by law to supervise a physician assistant, a physician assistant may administer or provide medication to a patient, or transmit orally, or in writing on a patient's record or in a drug order, an order to a person who may lawfully furnish the medication or medical device pursuant to subdivisions (c) and (d).

(1) A supervising physician and surgeon who delegates authority to issue a drug order to a physician assistant may limit this authority by specifying the manner in which the physician assistant may issue delegated prescriptions.

(2) Each supervising physician and surgeon who delegates the authority to issue a drug order to a physician assistant shall first prepare and adopt, or adopt, a written, practice specific, formulary and protocols that specify all criteria for the use of a particular drug or device, and any contraindications for the selection. Protocols for Schedule II controlled substances shall address the diagnosis of illness, injury, or condition for which the Schedule II controlled substance is being administered, provided, or issued. The drugs listed in the protocols shall constitute the formulary and shall include only drugs that are appropriate for use in the type of practice engaged in by the supervising physician and surgeon. When issuing a drug order, the physician assistant is acting on behalf of and as an agent for a supervising physician and surgeon.

(b) "Drug order" for purposes of this section means an order for medication that is dispensed to or for a patient, issued and signed by a physician assistant acting as an individual practitioner within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription or order of the supervising physician, (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by physician assistants pursuant to authority granted by their supervising physicians and surgeons, and (3) the signature of a physician assistant on a drug order shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

(c) A drug order for any patient cared for by the physician assistant that is issued by the physician assistant shall either be based on the protocols described in subdivision (a) or shall be approved by the supervising physician and surgeon before it is filled or carried out.

(1) A physician assistant shall not administer or provide a drug or issue a drug order for a drug other than for a drug listed in the formulary without advance approval from a supervising physician and surgeon for the

particular patient. At the direction and under the supervision of a physician and surgeon, a physician assistant may hand to a patient of the supervising physician and surgeon a properly labeled prescription drug prepackaged by a physician and surgeon, manufacturer as defined in the Pharmacy Law, or a pharmacist.

(2) A physician assistant may not administer, provide, or issue a drug order to a patient for Schedule II through Schedule V controlled substances without advance approval by a supervising physician and surgeon for that particular patient unless the physician assistant has completed an education course that covers controlled substances and that meets standards, including pharmacological content, approved by the committee. The education course shall be provided either by an accredited continuing education provider or by an approved physician assistant training program. If the physician assistant will administer, provide, or issue a drug order for Schedule II controlled substances, the course shall contain a minimum of three hours exclusively on Schedule II controlled substances. Completion of the requirements set forth in this paragraph shall be verified and documented in the manner established by the committee prior to the physician assistant's use of a registration number issued by the United States Drug Enforcement Administration to the physician assistant to administer, provide, or issue a drug order to a patient for a controlled substance without advance approval by a supervising physician and surgeon for that particular patient.

(3) Any drug order issued by a physician assistant shall be subject to a reasonable quantitative limitation consistent with customary medical practice in the supervising physician and surgeon's practice.

(d) A written drug order issued pursuant to subdivision (a), except a written drug order in a patient's medical record in a health facility or medical practice, shall contain the printed name, address, and phone number of the supervising physician and surgeon, the printed or stamped name and license number of the physician assistant, and the signature of the physician assistant. Further, a written drug order for a controlled substance, except a written drug order in a patient's medical record in a health facility or a medical practice, shall include the federal controlled substances registration number of the physician assistant and shall otherwise comply with the provisions of Section 11162.1 of the Health and Safety Code. Except as otherwise required for written drug orders for controlled substances under Section 11162.1 of the Health and Safety Code, the requirements of this subdivision may be met through stamping or otherwise imprinting on the supervising physician and surgeon's prescription blank to show the name, license number, and if applicable, the federal controlled substances number of the physician assistant, and shall be signed by the physician assistant. When using a drug order, the physician assistant is acting on behalf of and as the agent of a supervising physician and surgeon.

(e) The medical record of any patient cared for by a physician assistant for whom the physician assistant's Schedule II drug order has been issued or carried out shall be reviewed and countersigned and dated by a supervising physician and surgeon within seven days.

(f) All physician assistants who are authorized by their supervising physicians to issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration (DEA).

(g) The committee shall consult with the Medical Board of California and report during its sunset review required by Division 1.2 (commencing with Section 473) the impacts of exempting Schedule III and Schedule IV drug orders from the requirement for a physician and surgeon to review and countersign the affected medical record of a patient.

Restricted Activities

A PA may **not** perform any of the following medical services pursuant to Business and Professions Code section 3502 (c):

- The determination of the refractive states of the eye, or the fitting or adaptation of lenses or frames.
- The prescribing or directing the use of, or using any optical device in connection with ocular exercises, visual training or orthoptics.
- The prescribing, fitting or adaptation of contact lenses.
- The practice of dentistry or dental hygiene or the work of a dental auxiliary.

A PA may perform a routine visual screening defined pursuant to Business and Professions Code section 3501 (i) as an uninvasive nonpharmacological simple testing for visual acuity, visual field defects, color blindness, and depth perception.

Entry to Practice Requirements

California Business and Professions Code, Section 3519. Requirements for Licensure:

The committee shall issue under the name of the Medical Board of California a license to all physician assistant applicants who meet all of the following requirements:

- (a) Provide evidence of one of the following:
 - (1) Successful completion of an approved program.
 - (2) Successful completion in a medical school approved by the Division of Licensing of a resident course of professional instruction which meets the requirements of Sections 2088 and 2089.
- (b) Pass any examination required under Section 3517.
- (c) Not be subject to denial of licensure under Division 1.5 (commencing with Section 475) or Section 3527.
- (d) Pay all fees required under Section 3521.1.

Practice Settings (California Academy of Physician Assistants, 2010)

PAs are employed in many specialties. A partial listing includes general and family practice; emergency medicine; pediatrics; obstetrics and gynecology; surgery; orthopedics; geriatrics; women's health; occupational medicine; psychiatry and mental health; cardiology and internal medicine; oncology; and administrative and educational appointment.

California PAs practice in a variety of rural and urban settings, always under the supervision of a licensed physician. Typical practice settings include:

- Solo and group practices
- HMOs
- County facilities
- Clinics
- Hospitals
- Hospices
- Student health services
- Teaching institutions
- Military facilities
- Veterans Administration facilities

- Federal and State correctional institutions
- Nursing homes
- House calls/Home care

PAs may work in any medical setting in which their supervising physician(s) practice, including private offices, general acute care hospitals, acute psychiatric hospitals, special hospitals, nursing facilities, intermediate care facilities, and private homes.

Jurisdiction

Michigan

Current Status of the Profession

PAs in Michigan are licensed by the Michigan Task Force on PAs, established under the Public Health Code.

Public Health Code, Section 333.17060 Outlines the Duties of the Task Force on PAs

Discipline

333.16216 of the Public Health Code allows for the Task Force to create discipline subcommittees to impose disciplinary sanctions

Title:

333.16261 Health profession; prohibited use of insignia, title, letter, word, or phrase.

(1) An individual who is not licensed or registered under this article shall not use an insignia, title, or letter, or a word, letter, or phrase singly or in combination, with or without qualifying words, letters, or phrases, under a circumstance to induce the belief that the person is licensed or registered in this state, is lawfully entitled in this state to engage in the practice of a health profession regulated by this article, or is otherwise in compliance with this article.

(2) An individual shall not announce or hold himself or herself out to the public as limiting his or her practice to, as being specially qualified in, or as giving particular attention to a health profession specialty field for which a board issues a specialty certification or a health profession specialty field license, without first having obtained a specialty certification or a health profession specialty field license.

Total PAs: 3,076 (as of Sept. 2010)

Relevant Legislation, Regulations and Bylaws

Public Health Code, Act 368 of 1978 Article 15 OCCUPATIONS, Section 333.17001...333.17088
General Rules R 338.6101 - 338.6401

Scope of Practice and Authorized Acts

Sec. 17048.

Supervision:

(1) Except as otherwise provided in this section and section 17049(5), a physician who is a sole practitioner or who practices in a group of physicians and treats patients on an outpatient basis shall not supervise more than 4 physician's assistants. If a physician described in this subsection supervises physician's assistants at more than 1 practice site, the physician shall not supervise more than 2 physician's assistants by a method other than the physician's actual physical presence at the practice site.

(2) A physician who is employed by, under contract or subcontract to, or has privileges at a health facility or agency licensed under article 17 or a state correctional facility may supervise more than 4 physician's assistants at the health facility or agency or state correctional facility.

(3) To the extent that a particular selected medical care service requires extensive medical training, education, or ability or poses serious risks to the health and safety of patients, the board may prohibit or

otherwise restrict the delegation of that medical care service or may require higher levels of supervision.

(4) A physician shall not delegate ultimate responsibility for the quality of medical care services, even if the medical care services are provided by a physician's assistant.

(5) The board may promulgate rules for the delegation by a supervising physician to a physician's assistant of the function of prescription of drugs. The rules may define the drugs or classes of drugs the prescription of which shall not be delegated and other procedures and protocols necessary to promote consistency with federal and state drug control and enforcement laws. Until the rules are promulgated, a supervising physician may delegate the prescription of drugs other than controlled substances as defined by article 7 or federal law. When delegated prescription occurs, both the physician's assistant's name and the supervising physician's name shall be used, recorded, or otherwise indicated in connection with each individual prescription.

(6) A supervising physician may delegate in writing to a physician's assistant the ordering, receipt, and dispensing of complimentary starter dose drugs other than controlled substances as defined by article 7 or federal law. When the delegated ordering, receipt, or dispensing of complimentary starter dose drugs occurs, both the physician's assistant's name and the supervising physician's name shall be used, recorded, or otherwise indicated in connection with each order, receipt, or dispensing. As used in this subsection, "complimentary starter dose" means that term as defined in section 17745. It is the intent of the legislature in enacting this subsection to allow a pharmaceutical manufacturer or wholesale distributor, as those terms are defined in part 177, to distribute complimentary starter dose drugs to a physician's assistant, as described in this subsection, in compliance with section 503(d) of the federal food, drug, and cosmetic act, 21 USC 353.

Sec. 17049.

(1) In addition to the other requirements of this section and subject to subsection (5), a physician who supervises a physician's assistant is responsible for all of the following:

(a) Verification of the physician's assistant's credentials.

(b) Evaluation of the physician's assistant's performance.

(c) Monitoring the physician's assistant's practice and provision of medical care services.

(2) Subject to section 17048, a physician who supervises a physician's assistant may delegate to the physician's assistant the performance of medical care services for a patient who is under the case management responsibility of the physician, if the delegation is consistent with the physician's assistant's training.

(3) A physician who supervises a physician's assistant is responsible for the clinical supervision of each physician's assistant to whom the physician delegates the performance of medical care service under subsection (2).

(4) Subject to subsection (5), a physician who supervises a physician's assistant shall keep on file in the physician's office or in the health facility or agency or correctional facility in which the physician supervises the physician's assistant a permanent, written record that includes the physician's name and license number and the name and license number of each physician's assistant supervised by the physician.

(5) A group of physicians practicing other than as sole practitioners may designate 1 or more physicians in the group to fulfill the requirements of subsections (1) and (4).

(6) Notwithstanding any law or rule to the contrary, a physician is not required to countersign orders written in a patient's clinical record by a physician's assistant to whom the physician has delegated the performance of medical care services for a patient.

Sec. 17076.

(1) Except in an emergency situation, a physician's assistant shall provide medical care services only under the supervision of a physician or properly designated alternative physician, and only if those medical care

services are within the scope of practice of the supervising physician and are delegated by the supervising physician.

Restricted Activities

Sec. 17074.

(1) A physician's assistant shall not undertake or represent that he or she is qualified to undertake provision of a medical care service that he or she knows or reasonably should know to be outside his or her competence or is prohibited by law.

(2) A physician's assistant shall not:

(a) Perform acts, tasks, or functions to determine the refractive state of a human eye or to treat refractive anomalies of the human eye, or both.

(b) Determine the spectacle or contact lens prescription specifications required to treat refractive anomalies of the human eye, or determine modification of spectacle or contact lens prescription specifications, or both.

(3) A physician's assistant may perform routine visual screening or testing, postoperative care, or assistance in the care of medical diseases of the eye under the supervision of a physician.

(4) A physician's assistant acting under the supervision of a podiatrist shall only perform those duties included within the scope of practice of that supervising podiatrist.

Entry to Practice Requirements

Sec. 17062.

An applicant for licensure as a physician's assistant shall meet the requirements of section 16174(a), (b), and (d) and be a graduate of a program for the training of physician's assistants approved by the task force or be a licensed, certified, registered, approved, or other legally recognized physician's assistant in another state with qualifications substantially equivalent to those established by the task force.

Sec. 17064.

(1) To determine whether an applicant for initial licensure has the appropriate level of skill and knowledge as required by this part, the task force shall require the applicant to submit to an examination which shall include those subjects the general knowledge of which is commonly and generally required of a graduate of an accredited physician's assistants' program in the United States. The task force may waive the examination requirement for a graduate of an approved program if the applicant has taken a national examination and achieved a score acceptable to the task force as demonstrating the level of skill and knowledge required by this part. The task force may waive the examination for an applicant who is licensed, certified, registered, approved, or otherwise legally recognized as a physician's assistant in another state, when the task force determines that the other state has qualifications, including completion of a national or state approved examination for physician's assistants that are substantially equivalent to those established by this part.

(2) The nature of an examination shall be determined by the task force and may include the use and acceptance of national examinations where appropriate. The use of examinations or the requirements for successful completion shall not permit discriminatory treatment of applicants.

(3) The task force shall provide for the recognition of the certification or experience consistent with this part acquired by physician's assistants in other states who wish to practice in this state.

(4) The task force may cause an investigation to be conducted when necessary to determine the

qualifications of an applicant for licensure. An applicant may be required to furnish additional documentation and information upon a determination by the task force that the documentation or information is necessary to evaluate the applicant's qualifications.

R 338.6301 Application for physician's assistant license by examination¹⁴.

Rule 301. An applicant for a physician's assistant license by examination shall submit a completed application on a form provided by the department, together with the requisite fee. In addition to meeting the requirements of the code and the administrative rules promulgated pursuant thereto, an applicant shall satisfy both of the following requirements:

(a) The applicant shall have satisfactorily completed a program for the training of physicians' assistants approved by the task force.

(b) The applicant shall have passed the certifying examination conducted and scored by the national commission on certification of physicians' assistants.

Practice Settings

Sec. 17076.

(2) A physician's assistant shall provide medical care services only in a medical care setting where the supervising physician regularly sees patients. However, a physician's assistant may make calls or go on rounds under the supervision of a physician in private homes, public institutions, emergency vehicles, ambulatory care clinics, hospitals, intermediate or extended care facilities, health maintenance organizations, nursing homes, or other health care facilities to the extent permitted by the bylaws, rules, or regulations of the governing facility or organization, if any.

¹⁴ Task Force of Physician Assistants, General Rules. Retrieved from http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&Admin_Num=33806101&Dpt=LG&RngHigh=

Jurisdiction

Minnesota

Current Status of the Profession

PAs are regulated and licensed by the Minnesota Board of Medical Practice.

Section 147A.27 of the Minnesota Statutes governing PAs, establishes a PA Advisory Council and lists their advisory duties including; licensure standards, enforcement of grounds for discipline and more

The Board may issue a permanent or temporary license to a PA. A temporary license is for applicants who meet the permanent licensure requirement but wish to practice before final approval has been granted by the Board.

Title

147A.03 PROTECTED TITLES AND RESTRICTIONS ON USE.

Subdivision 1. Protected titles.

No individual may use the titles "Minnesota Licensed Physician Assistant," "Licensed Physician Assistant," "Physician Assistant," or "PA" in connection with the individual's name, or any other words, letters, abbreviations, or insignia indicating or implying that the individual is licensed by the state unless they have been licensed according to this chapter.

Discipline

147A.13 GROUNDS FOR DISCIPLINARY ACTION.

Subdivision 1. Grounds listed.

This section states the conduct for which disciplinary action is carried out.

147A.16 FORMS OF DISCIPLINARY ACTION.

This section lists the forms of disciplinary action available to the Board when the board finds that a licensed physician assistant has violated a provision of this chapter.

Total PAs: 1,359 (as of Sept. 2010)

Relevant Legislation, Regulations and Bylaws

Minnesota Statutes, Chapter 147A, Physician Assistants, Registration (Physician Assistants Practice Act)

Scope of Practice and Authorized Acts

147A.09 SCOPE OF PRACTICE, DELEGATION.

Subdivision 1. **Scope of practice.**

Physician assistants shall practice medicine only with physician supervision. Physician assistants may perform those duties and responsibilities as delegated in the physician-physician assistant delegation agreement and delegation forms maintained at the address of record by the supervising physician and physician assistant, including the prescribing, administering, and dispensing of drugs, controlled substances, and medical devices, excluding anesthetics, other than local anesthetics, injected in connection with an operating room procedure, inhaled anesthesia and spinal anesthesia.

Patient service must be limited to:

- (1) services within the training and experience of the physician assistant;
- (2) services customary to the practice of the supervising physician or alternate supervising physician;
- (3) services delegated by the supervising physician or alternate supervising physician under the physician-physician assistant delegation agreement; and
- (4) services within the parameters of the laws, rules, and standards of the facilities in which the physician assistant practices.

Nothing in this chapter authorizes physician assistants to perform duties regulated by the boards listed in section 214.01, subdivision 2, other than the Board of Medical Practice, and except as provided in this section.

Subd. 2. Delegation.

Patient services may include, but are not limited to, the following, as delegated by the supervising physician and authorized in the delegation agreement:

- (1) taking patient histories and developing medical status reports;
- (2) performing physical examinations;
- (3) interpreting and evaluating patient data;
- (4) ordering or performing diagnostic procedures, including the use of radiographic imaging systems in compliance with Minnesota Rules 2007, chapter 4732;
- (5) ordering or performing therapeutic procedures including the use of ionizing radiation in compliance with Minnesota Rules 2007, chapter 4732;
- (6) providing instructions regarding patient care, disease prevention, and health promotion;
- (7) assisting the supervising physician in patient care in the home and in health care facilities;
- (8) creating and maintaining appropriate patient records;
- (9) transmitting or executing specific orders at the direction of the supervising physician;
- (10) prescribing, administering, and dispensing drugs, controlled substances, and medical devices if this function has been delegated by the supervising physician pursuant to and subject to the limitations of section 147A.18 and chapter 151. For physician assistants who have been delegated the authority to prescribe controlled substances, such delegation shall be included in the physician-physician assistant delegation agreement, and all schedules of controlled substances the physician assistant has the authority to prescribe shall be specified;
- (11) for physician assistants not delegated prescribing authority, administering legend drugs and medical devices following prospective review for each patient by and upon direction of the supervising physician;
- (12) functioning as an emergency medical technician with permission of the ambulance service and in compliance with section 144E.127, and ambulance service rules adopted by the commissioner of health;
- (13) initiating evaluation and treatment procedures essential to providing an appropriate response to emergency situations;
- (14) certifying a patient's eligibility for a disability parking certificate under section 169.345, subdivision 2;
- (15) assisting at surgery; and
- (16) providing medical authorization for admission for emergency care and treatment of a patient under section 253B.05, subdivision 2.

Orders of physician assistants shall be considered the orders of their supervising physicians in all practice-related activities, including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services.

147A.20 PHYSICIAN-PHYSICIAN ASSISTANT AGREEMENT DOCUMENTS.

Subdivision 1. Physician-physician assistant delegation agreement.

- (a) A physician assistant and supervising physician must sign a physician-physician assistant delegation

agreement which specifies scope of practice and manner of supervision as required by the board. The agreement must contain:

- (1) a description of the practice setting;
 - (2) a listing of categories of delegated duties;
 - (3) a description of supervision type; and
 - (4) a description of the process and schedule for review of prescribing, dispensing, and administering legend and controlled drugs and medical devices by the physician assistant authorized to prescribe.
- (b) The agreement must be maintained by the supervising physician and physician assistant and made available to the board upon request. If there is a delegation of prescribing, administering, and dispensing of legend drugs, controlled substances, and medical devices, the agreement shall include a description of the prescriptive authority delegated to the physician assistant. Physician assistants shall have a separate agreement for each place of employment. Agreements must be reviewed and updated on an annual basis. The supervising physician and physician assistant must maintain the physician-physician assistant delegation agreement at the address of record.
- (c) Physician assistants must provide written notification to the board within 30 days of the following:
- (1) name change;
 - (2) address of record change; and
 - (3) telephone number of record change.
- (d) Any alternate supervising physicians must be identified in the physician-physician assistant delegation agreement, or a supplemental listing, and must sign the agreement attesting that they shall provide the physician assistant with supervision in compliance with this chapter, the delegation agreement, and board rules.

Subd. 2. Notification of intent to practice.

A licensed physician assistant shall submit a notification of intent to practice to the board prior to beginning practice. The notification shall include the name, business address, and telephone number of the supervising physician and the physician assistant. Individuals who practice without submitting a notification of intent to practice shall be subject to disciplinary action under section 147A.13 for practicing without a license, unless the care is provided in response to a disaster or emergency situation pursuant to section 147A.23.

Restricted Activities

N/A

Entry to Practice Requirements

The law provides the following requirements for licensure: 1) current certification from National Commission on Certification of Physician Assistants; and 2) is not under current discipline as a physician assistant unless Board considers the condition for licensure¹⁵.

Practice Settings

147A.10 SATELLITE SETTINGS.

Physician assistants may render services in a setting geographically remote from the supervising physician.

¹⁵ Ibid.

Jurisdiction

North Dakota

Current Status of the Profession

PA's are regulated under the North Dakota State Board of Medical Examiners by the Medical Practice Act of North Dakota and the Board Administrative Rules.

The board issues the following categories of licenses:

1. Permanent licensure - which will continue in effect so long as the physician assistant meets all requirements of the board.
2. Locum tenens permit - which may be issued for a period not to exceed three months.

Title:

Medical Practice Act 43-17-02.2

The terms "physician assistant" and "certified physician assistant" and the initials "PA-C" may only be used to identify a person who has been issued a certificate of qualification by the board of medical examiners. A person who uses those terms or initials as identification without having received a certificate of qualification is engaging in the practice of medicine without a license.

Complaints:

Medical Practice Act 43-17.1-05

Discipline:

50-03-01-10.1 and 50-03-01-11 outline the disciplinary actions the board may take and the grounds on which they may take them.

Total PAs: 229 (as of Sept. 2010)

Relevant Legislation, Regulations and Bylaws

Medical Practice Act of North Dakota Chapter 43-17
North Dakota Administrative Code, Chapter 50-03-01

Scope of Practice and Authorized Acts

50-03-01-04.

Supervision:

For the purpose of this section, "supervision" means overseeing the activities of, and accepting the responsibility for, the medical services rendered by a physician assistant. Supervision shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician at the time and place that the services are rendered. It is the responsibility of the supervising physician to direct and review the work, records, and practice of the physician assistant on a continuous basis to ensure that appropriate and safe treatment is rendered. The supervising physician must be available continuously for contact personally or by telephone or other electronic means. It is the obligation of each team of physicians and physician assistants to ensure that the physician assistant's scope of practice is identified; that

delegation of medical tasks is appropriate to the physician assistant's level of competence; that the relationship of, and access to, the supervising physician is defined; and that a process for evaluation of the physician assistant's performance is established.

50-03-01-06, Assistant's functions limited

Physician assistants may perform only those duties and responsibilities that are delegated by their supervising physicians. No supervising physician may delegate to a physician assistant any duty or responsibility for which the physician assistant has not been adequately trained. Physician assistants are the agents of their supervising physicians in the performance of all practice-related activities. A physician assistant may provide patient care only in those areas of medical practice where the supervising physician provides patient care.

50-03-01-07.1. Medication dispensation

A physician assistant may dispense medications which the physician assistant is authorized to prescribe in the following circumstances:

1. The dispensation is in compliance with all applicable federal and state regulations;
2. Pharmacy services are not reasonably available, or an emergency requires the immediate dispensation of medication for the appropriate medical care of a patient; and
3. Dispensation of medications by the physician assistant is within the guidelines of the supervising physician.

Medical Practice Act 43-17-02.1

A physician assistant may prescribe medications as delegated to do so by a supervising physician. This may include schedule II through V controlled substances. A physician assistant who is a delegated prescriber of controlled substances must register with the federal drug enforcement administration.

Restricted Activities

N/A

Entry to Practice Requirements

50-03-01-02

No physician assistant may be employed in the state until the assistant has passed the certifying examination of the national commission on certification of physician assistants or other certifying examinations approved by the North Dakota state board of medical examiners.

To become eligible to practice as a physician assistant in North Dakota, the PA:

1. Must have passed the certifying examination of the National Commission on Certification of Physician Assistants;
2. Must provide evidence of current "good standing" with the National Commission on Certification of Physician Assistants, and;
3. Must secure a contract to provide patient services under the supervision of a doctor of medicine or osteopathy who practices medicine in North Dakota and who is responsible for the performance of the physician assistant.

Practice Settings

N/A

Jurisdiction

New York

Current Status of the Profession

PAs (and specialist assistants) are regulated by the New York State Board of Medicine appointed by the Board of Regents on recommendation of the commissioner for the purpose of assisting the board of regents and the department on matters of professional licensing in accordance with section sixty-five hundred eight of this title (Education Law Article 131 Section 6523) .

6540- Definitions. The term "specialist assistant" means a person who is registered pursuant to this article as a specialist assistant for a particular medical specialty as defined by regulations promulgated by the commissioner of health pursuant to section thirty-seven hundred one of the public health law.

Physician Assistants are legislated under the New York Education Law, §6523, §6530, §6532, §6540 et seq.; New York Public Health Law, §3700 et seq.

Complaints: PAs and physicians are disciplined by the NYS Department of Health's Office (DHO) of Professional Medical Conduct (OPMC). If a complaint is made, the OPMC does a preliminary investigation to see if the accusations have merit or are within the DOH's jurisdiction. At that time the issue may be dismissed or brought to representative physicians, PAs or lay members of the Board of Professional Medical Conduct. This group decides whether the case goes to a formal hearing process or not.

Code of Ethics: The New York State Society of Physician Assistants (NNSSPA) has a code of ethics for PAs (http://www.nysspa.org/download/code_of_ethics.pdf).

Title:

§6545. Construction.

1. Only a person registered as a physician assistant by the department may use the title "registered physician assistant" or the letters "R.P.A." after his name.
2. Only a person registered as a specialist assistant by the department may use the title "registered specialist assistant" or the letters "R.S.A." after his name.

Total PAs: 7,723 (as of Sept. 2010)

Relevant Legislation, Regulations and Bylaws

Education Law, Article 131-B, Physician Assistants and Specialist Assistants
Regulations of the Commissioner- Part 60 Medicine, Physician Assistant, Specialist Assistant and Acupuncture
Public Health Code § 3700- 3704
New York Codes, Rules and Regulations (NYCRR), Title 10, Section 94.2.

Scope of Practice and Authorized Acts

[Article 131-B Education Law](#)

§6542. Performance of medical services.

1. Notwithstanding any other provision of law, a physician assistant may perform medical services, but only when under the supervision of a physician and only when such acts and duties as are assigned to him are within the scope of practice of such supervising physician.
2. Notwithstanding any other provision of law, a specialist assistant may perform medical services, but only when under the supervision of a physician and only when such acts and duties as are assigned to him are related to the designated medical specialty for which he is registered and are within the scope of practice of his supervising physician.
3. Supervision shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician at the time and place where such services are performed.
4. No physician shall employ or supervise more than two physician assistants and two specialist assistants in his private practice.
5. Nothing in this article shall prohibit a hospital from employing physician assistants or specialist assistants provided they work under the supervision of a physician designated by the hospital and not beyond the scope of practice of such physician. The numerical limitation of subdivision four of this section shall not apply to services performed in a hospital.
6. Notwithstanding any other provision of this article, nothing shall prohibit a physician employed by or rendering services to the department of correctional services under contract from supervising no more than four physician assistants or specialist assistants in his practice for the department of correctional services.
7. Notwithstanding any other provision of law, a trainee in an approved program may perform medical services when such services are performed within the scope of such program.
8. Nothing in this article, or in article thirty-seven of the public health law, shall be construed to authorize physician assistants or specialist assistants to perform those specific functions and duties specifically delegated by law to those persons licensed as allied health professionals under the public health law or the education law.

§ 3703. Public Health Code

Special provisions.

1. Inpatient medical orders. A registered physician's assistant employed or extended privileges by a hospital may, if permissible under the bylaws, rules and regulations of the hospital, write medical orders, including those for controlled substances, for inpatients under the care of the physician responsible for his or her supervision. Countersignature of such orders may be required if deemed necessary and appropriate by the supervising physician or the hospital, but in no event shall countersignature be required prior to execution.
2. Withdrawing blood. A registered physician's assistant or certified nurse practitioner acting within his or her lawful scope of practice may supervise and direct the withdrawal of blood for the purpose of determining the alcoholic or drug content therein under subparagraph one of paragraph (a) of subdivision four of section eleven hundred ninety-four of the vehicle and traffic law, notwithstanding any provision to the contrary in clause (ii) of such subparagraph.
3. Prescriptions for controlled substances. A registered physician assistant, in good faith and acting within his or her lawful scope of practice, and to the extent assigned by his or her supervising physician, may prescribe controlled substances as a practitioner under article thirty-three of this chapter, to patients under the care of such physician responsible for his or her supervision. The commissioner, in consultation with the commissioner of education, may promulgate such regulations as are necessary to carry out the purposes of this section.

Section 94.2 of Title 10-NYCRR - Supervision and scope of duties:

(a) A registered physician's assistant or a registered specialist's assistant may perform medical services but only when under the supervision of a physician. Such supervision shall be continuous but shall not necessarily require the physical presence of the supervising physician at the time and place where the services are performed.

(b) Medical acts, duties and responsibilities performed by a registered physician's assistant or registered specialist's assistant must:

(1) be assigned to him by the supervising physician;

(2) be within the scope of practice of the supervising physician; and

(3) be appropriate to the education, training and experience of the registered physician's assistant or registered specialist's assistant.

(c) No physician may employ or supervise more than two registered physician's assistants and two specialist's assistants in his private practice.

(d) No physician may supervise more than six registered physician's assistants or registered specialist's assistants or any combination thereof employed by a hospital.

(e) Prescriptions and medical orders may be written by a registered physician's assistant as provided in this subdivision when assigned by the supervising physician.

(1) A registered physician's assistant may write prescriptions for a patient who is under the care of the physician responsible for the supervision of the registered physician's assistant. The prescription shall be written on the blank form of the supervising physician and shall include the name, address and telephone number of the physician. The prescription shall also bear the name, the address, the age of the patient and the date on which the prescription was written.

(2) Prescriptions for controlled substances not listed under section 80.67 of this Part shall be written on the blank form of the supervising physician and shall include all other information required by Article 28 of the Public Health Law and Part 80 of this Title.

(3) Registered physician's assistants may write prescriptions for those controlled substances listed under section 80.67 of this Part which are not classified as Schedule II controlled substances, provided that such prescriptions shall be written on official New York State forms issued to the physician's assistant.

(4) The registered physician's assistant shall sign all such prescriptions by printing the name of the supervising physician, printing his/her own name and additionally signing his/her own name followed by the letters R.P.A. and his/her State Education Department registration number.

(5) Registered physician's assistants may not write prescriptions for controlled substances listed under section 3306 of the Public Health Law as Schedule II controlled substances.

(6) A registered physician's assistant employed or extended privileges by a hospital may, if permissible under the bylaws, rules and regulations of the hospital, write medical orders, including those for controlled substances, for inpatients under the care of the physician responsible for his supervision. Countersignature of such orders may be required if deemed necessary and appropriate by the supervising physician or the hospital, but in no event shall countersignature be required prior to execution.

(f) A physician supervising or employing a registered physician's assistant or registered specialist's assistant shall remain medically responsible for the medical services performed by the registered physician's assistant or registered specialist's assistant whom such physician supervises or employs.

(g) Qualified individuals may be registered as specialist's assistants in the following categories:

(1) Orthopedic assistant. A specialist's assistant registered in this category is an individual:

(i) who satisfactorily completed a program for the training of orthopedic assistants approved by the New York State Department of Education; or

(ii) who possesses equivalent education, training and experience. Training and experience while in military service which led to an orthopedic specialist, orthopedic cast room technician, or orthopedic clinic technician rating and two years of satisfactory experience as an orthopedic assistant working under the supervision of an orthopedic surgeon within the past five years; or completion of medical corps school and five years of satisfactory experience as an orthopedic assistant working under the supervision of an orthopedic surgeon within the past eight years may be considered equivalent education, training and experience for the purpose of registration in this category.

(2) Urologic assistant. A specialist's assistant registered in this category is an individual:

(i) who satisfactorily completed a program for the training of urologic assistants approved by the New York State Department of Education; or

(ii) who possesses equivalent education, training and experience. Training and experience while in military service which led to an urology surgical technician or urological technician or clinical specialist rating and two years of satisfactory experience as an urologic assistant working under the supervision of an urologist within the past five years; or completion of medical corps school and five years of satisfactory experience as an urologic assistant working under the supervision of an urologist within the past eight years may be considered equivalent education, training and experience for the purpose of registration in this category.

(3) Acupuncture. A specialist's assistant registered in this category shall be employed or supervised only by a physician authorized to administer acupuncture in accordance with the rules and regulations of the New York State Department of Education and is an individual:

(i) who satisfactorily completed a program of training in acupuncture approved by the New York State Department of Education; or

(ii) who possesses equivalent education and training acceptable to the New York State Department of Education; and

(iii) in addition to satisfying the requirements of subparagraphs (i) and (ii) of this paragraph has completed at least five years of experience in the use of acupuncture acceptable to the New York State Department of Education.

(4) Radiologic assistant. A specialist's assistant in this category is an individual:

(i) who is licensed as a radiologic technologist by the New York State Department of Health; and

(ii) who satisfactorily completed a program for the training of radiologic assistants approved by the New York State Education Department.

Restricted Activities

Physician assistants are prohibited from performing certain tasks for specific allied health professions, such as the practice of radiologic technology and the practice of optometry.

Physician assistants may not sign a death certificate; only a licensed physician, duly designated coroner, or medical examiner can sign a death certificate. However, a PA may make a death pronouncement in lieu of the supervising physician.

Entry to Practice Requirements

§6541. Registration.

1. To qualify for registration as a physician assistant or specialist assistant, each person shall pay a fee of one hundred fifteen dollars to the department for admission to a department conducted examination, a fee of forty-five dollars for each reexamination and a fee of seventy dollars for persons not requiring admission to a department conducted examination and shall also submit satisfactory evidence, verified by oath or affirmation, that he or she:
 - a. at the time of application is at least twenty-one years of age;
 - b. is of good moral character;
 - c. has successfully completed a four-year course of study in a secondary school approved by the board of regents or has passed an equivalency test;
 - d. has satisfactorily completed an approved program for the training of physician assistants or specialist assistants. The approved program for the training of physician assistants shall include not less than forty weeks of supervised clinical training and thirty-two credit hours of classroom work. The commissioner is empowered to determine whether an applicant possesses equivalent education and training, such as experience as a nurse or military corpsman, which may be accepted in lieu of all or part of an approved program; and
 - e. in the case of an applicant for registration as a physician assistant, has obtained a passing score on an examination acceptable to the department.
2. The department shall furnish to each person applying for registration hereunder an application form calling for such information as the department deems necessary and shall issue to each applicant who satisfies the requirements of subdivision one of this section a certificate of registration as a physician assistant or specialist assistant in a particular medical specialty for the period expiring December thirtyfirst of the first odd-numbered year terminating subsequent to such registration.
3. Every registrant shall apply to the department for a certificate of registration. The department shall

mail to every registered physician assistant and specialist assistant an application form for registration, addressed to the registrant's post office address on file with the department. Upon receipt of such application properly executed, together with evidence of satisfactory completion of such continuing education requirements as may be established by the commissioner of health pursuant to section thirty-seven hundred one of the public health law, the department shall issue a certificate of registration. Registration periods shall be triennial and the registration fee shall be forty-five dollars.

Infection Control and Barrier Precautions:

Every practicing PA must complete approved coursework or training appropriate to the professional's practice in infection control and barrier precautions, including engineering and work practice controls, to prevent the transmission of the human immunodeficiency virus (HIV) and the hepatitis B virus (HBV) in the course of professional practice.

Infection Control and Barrier Precautions:

Every practicing specialist assistant must complete approved coursework or training appropriate to the professional's practice in infection control and barrier precautions, including engineering and work practice controls, to prevent the transmission of the human immunodeficiency virus (HIV) and the hepatitis B virus (HBV) in the course of professional practice. See [additional information and a list of approved providers](#) for this training.

Applicants Licensed in Another State:

If a PA is or has been licensed/certified in another jurisdiction(s), they must request the licensing authority of the jurisdiction(s) to provide verification of their licensure/certification and must meet all requirements for licensure in New York State.

Limited Permit:

A limited permit allows an individual who has satisfied all requirements for licensure as a registered physician assistant except the examination requirement to practice as a registered physician assistant under appropriate supervision while meeting the requirement. Appropriate supervision is the direct supervision of a currently registered New York State licensed physician.

A limited permit is valid for one year or until notification by the New York State Education Department of denial of the application for licensure. Permits may be extended for one year. ¹⁶

Practice Settings

Public Health Code

§ 3704. Statutory construction. A physician assistant may perform any function in conjunction with a medical service lawfully performed by the physician assistant, in any health care setting, that a statute authorizes or directs a physician to perform and that is appropriate to the education, training and experience of the registered physician assistant and within the ordinary practice of the supervising physician. This section shall not be construed to increase or decrease the lawful scope of practice of a

physician assistant under the education law.

Jurisdiction

Texas

Current Status of the Profession

Physician Assistants are licensed through the Texas Physician Assistant Board, an advisory board to the Texas State board of Medical Examiners, which is established by the Occupations Code, Physician Assistant Licensing Act (see section 204.051).

Complaints and Investigations:

Subchapter F. Complaints and Investigative Information, describes the complaints and investigation processes of the Physician Assistant Board.

Chapters 178-179 of the Texas Administrative Code Rules for Physician Assistants

Title: Occupations Code §204.352

A person not holding license as a PA who holds himself out as a PA, uses PA title or acts as a PA is guilty of a third degree felony.

Total PAs: 4,937 (as of Sept. 2010)

Relevant Legislation, Regulations and Bylaws

Occupations Code, Title 3, Health Professions, Chapter 204, cited as the "Physician Assistant Licensing Act"

Occupations Code, Title 3, Health Professions, Subtitle B. Physicians, Chapter 157. Authority of Physician to Delegate Certain Medical Acts.

Texas Administrative Code, Title 22, Part 9 Chapter 185, Physician Assistants.

Scope of Practice and Authorized Acts

Texas Occupations Code - Section 204.202. Scope Of Practice

(a) The practice of a physician assistant includes providing medical services delegated by a supervising physician that are within the education, training, and experience of the physician assistant.

(b) Medical services provided by a physician assistant may include:

- (1) obtaining patient histories and performing physical examinations;
- (2) ordering or performing diagnostic and therapeutic procedures;
- (3) formulating a working diagnosis;
- (4) developing and implementing a treatment plan;
- (5) monitoring the effectiveness of therapeutic interventions;
- (6) assisting at surgery;
- (7) offering counseling and education to meet patient needs;
- (8) requesting, receiving, and signing for the receipt of pharmaceutical sample prescription medications and distributing the samples to patients in a specific practice setting in which the physician assistant is authorized to prescribe pharmaceutical medications and sign prescription drug orders as provided by

Section 157.052, 157.053, 157.054, 157.0541, or 157.0542 or as otherwise authorized by physician assistant board rule;

(9) signing or completing a prescription as provided by Subchapter B, Chapter 157; and

(10) making appropriate referrals.

(c) The activities listed by Subsection (b) may be performed in any place authorized by a supervising physician, including a clinic, hospital, ambulatory surgical center, patient home, nursing home, or other institutional setting.

(d) A physician assistant's signature attesting to the provision of a service the physician assistant is legally authorized to provide satisfies any documentation requirement for that service established by a state agency.

(e) A physician assistant is the agent of the physician assistant's supervising physician for any medical services that are delegated by that physician and that:

(1) are within the physician assistant's scope of practice; and

(2) are delineated by protocols, practice guidelines, or practice directives established by the supervising physician.

Supervision:

Sec.A204.204.AASUPERVISION REQUIREMENTS. (a) A physician assistant shall be supervised by a supervising physician. A physician assistant may have more than one supervising physician.

The supervising physician oversees the activities of, and accepts responsibility for, medical services provided by the physician assistant.

(b) Supervision of a physician assistant by a supervising physician must be continuous. The supervision does not require the constant physical presence of the supervising physician where physician assistant services are being performed, but, if a supervising physician is not present, the supervising physician and the physician assistant must be, or must be able to easily be, in contact with one another by radio, telephone, or another telecommunication device.

Chapter 185.14-185.15 of the Board Rules details physician supervision.

Sec. 157.0511. PRESCRIPTION DRUG ORDERS. (a) A physician's authority to delegate the carrying out or signing of a prescription drug order under this subchapter is limited to:

(1) dangerous drugs; and

(2) controlled substances to the extent provided by Subsection (b).

(b) A physician may delegate the carrying out or signing of a prescription drug order for a controlled substance only if:

(1) the prescription is for a controlled substance listed in Schedule III, IV, or V as established by the commissioner of public health under Chapter 481, Health and Safety Code;

(2) the prescription, including a refill of the prescription, is for a period not to exceed 90 days;

(3) with regard to the refill of a prescription, the refill is authorized after consultation with the delegating physician and the consultation is noted in the patient's chart; and

(4) with regard to a prescription for a child less than two years of age, the prescription is made after consultation with the delegating physician and the consultation is noted in the patient's chart.

(b-1) The board shall adopt rules that require a physician who delegates the carrying out or signing of a prescription drug order under this subchapter to register with the board the name and license number of the physician assistant or advanced practice nurse to whom a delegation is made. The board may develop and use an electronic online delegation registration process for registration under this subsection.

(c) This subchapter does not modify the authority granted by law for a licensed registered nurse or physician assistant to administer or provide a medication, including a controlled substance listed in Schedule II as established by the commissioner of public health under Chapter 481, Health and Safety Code, that is authorized by a physician under a physician's order, standing medical order, standing delegation order, or protocol.

Restricted Activities

N/A

Entry to Practice Requirements

Occupations Code: SUBCHAPTER D. LICENSE REQUIREMENTS, EXEMPTIONS, AND RENEWAL

Sec. 204.151. LICENSE REQUIRED. A person may not practice as a physician assistant in this state unless the person holds a physician assistant license issued under this chapter.

Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.

Sec. 204.152. ISSUANCE OF LICENSE.

(a) The physician assistant board shall issue a license to an applicant who:

- (1) meets the eligibility requirements of Section 204.153;
 - (2) submits an application on a form prescribed by the board;
 - (3) pays the required application fee;
 - (4) certifies that the applicant is mentally and physically able to function safely as a physician assistant;
- and
- (5) submits to the board any other information the board considers necessary to evaluate the applicant's qualifications.

(b) The physician assistant board may delegate authority to medical board employees to issue licenses under this chapter to applicants who clearly meet all licensing requirements. If the medical board employees determine that the applicant does not clearly meet all licensing requirements, the application shall be returned to the physician assistant board. A license issued under this subsection does not require formal physician assistant board approval.

Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.

Amended by:

Acts 2005, 79th Leg., Ch. 269, Sec. 2.16, eff. September 1, 2005.

Sec. 204.153. ELIGIBILITY REQUIREMENTS.

(a) To be eligible for a license under this chapter, an applicant must:

- (1) successfully complete an educational program for physician assistants or surgeon assistants accredited by the Committee on Allied Health Education and Accreditation or by that committee's predecessor or successor entities;
- (2) pass the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants;
- (3) hold a certificate issued by the National Commission on Certification of Physician Assistants;
- (4) be of good moral character;
- (5) meet any other requirement established by board rule; and
- (6) pass a jurisprudence examination approved by the physician assistant board as provided by Subsection (a-1).

(a-1) The jurisprudence examination shall be conducted on the licensing requirements and other laws,

rules, or regulations applicable to the physician assistant profession in this state. The physician assistant board shall establish rules for the jurisprudence examination under Subsection (a)(6) regarding:

- (1) the development of the examination;
- (2) applicable fees;
- (3) administration of the examination;
- (4) reexamination procedures;
- (5) grading procedures; and
- (6) notice of results.

(b) In addition to the requirements of Subsection (a), an applicant is not eligible for a license, unless the physician assistant board takes the fact into consideration in determining whether to issue the license, if the applicant:

- (1) has been issued a license, certificate, or registration as a physician assistant in this state or from a licensing authority in another state that is revoked or suspended; or
- (2) is subject to probation or other disciplinary action for cause resulting from the applicant's acts as a physician assistant.

Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.

Amended by: Acts 2005, 79th Leg., Ch. 269, Sec. 2.17, eff. September 1, 2005.

Sec. 204.154. EXEMPTIONS FROM LICENSING REQUIREMENT FOR CERTAIN PHYSICIAN ASSISTANTS.

A person is not required to hold a license issued under this chapter to practice as:

- (1) a physician assistant student enrolled in a physician assistant or surgeon assistant educational program accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association or by successor entities as approved and designated by physician assistant board rule; or
- (2) a physician assistant employed in the service of the federal government while performing duties related to that employment.

Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.

Practice Settings

The activities listed above in the Scope of Practice section under Subsection (b) may be performed in any place authorized by a supervising physician, including a clinic, hospital, ambulatory surgical center, patient home, nursing home, or other institutional setting.

Jurisdiction

Washington

Current Status of the Profession

PAs are regulated by the Washington Medical Quality Assurance Commission under the Revised Code of Washington (RCW).

Three levels of PAs include: Certified Physician Assistant, Physician Assistant and Physician Assistant-Surgical Assistant.

Definitions: WAC 246-918-005

(1) "Certified physician assistant" means an individual who has successfully completed an accredited and commission approved physician assistant program and has passed the initial national boards examination administered by the National Commission on Certification of Physician Assistants (NCCPA).

(2) "Physician assistant" means an individual who either:

(a) Successfully completed an accredited and commission approved physician assistant program, is eligible for the NCCPA examination and was licensed in Washington state prior to July 1, 1999;

(b) Qualified based on work experience and education and was licensed prior to July 1, 1989;

(c) Graduated from an international medical school and was licensed prior to July 1, 1989; or

(d) Holds an interim permit issued pursuant to RCW 18.71A.020(1).

(3) "Physician assistant-surgical assistant" means an individual who was licensed as a physician assistant between September 30, 1989, and December 31, 1989, to function in a limited extent as authorized in WAC 246-918-230.

Discipline: PAs are subject to discipline under 18.130 RCW (Uniform Disciplinary Act). (§18.71A.025)

Title: N/A

Total PAs: 1,976 (as of Sept. 2010)

Relevant Legislation, Regulations and Bylaws

Revised Code of Washington RCW 18.71A

Washington Administrative Code, Chapter 246-918 WAC

Scope of Practice and Authorized Acts

WAC 246-918-095- Scope

The physician assistant licensed under chapter 18.71A RCW practices under the practice plan and prescriptive authority approved by the commission whether the alternate sponsoring physician or alternate supervising physician is licensed under chapter 18.57 or [18.71](#) RCW.

WAC 246-918-130- Scope- PA

1) A physician assistant may perform only those services as outlined in the standardized procedures reference and guidelines established by the commission. If said assistant is being trained to perform additional procedures beyond those established by the commission, the training must be carried out under the direct, personal supervision of the supervising physician or a qualified person mutually agreed upon by the supervising physician and the physician assistant. Requests for approval of newly acquired skills shall be submitted to the commission and may be granted by a reviewing commission member or at any regular meeting of the commission.

(2) The physician assistant may not practice in a remote site, or prescribe controlled substances unless specifically approved by the commission or its designee.

(3) A physician assistant may sign and attest to any document that might ordinarily be signed by a licensed physician, to include but not limited to such things as birth and death certificates.

(4) A physician assistant and supervising physician shall ensure that, with respect to each patient, all activities, functions, services and treatment measures are immediately and properly documented in written form by the physician assistant. Every written entry shall be reviewed and countersigned by the supervising physician within two working days unless a different time period is authorized by the commission.

(5) It shall be the responsibility of the physician assistant and the supervising physician to ensure that adequate supervision and review of the work of the physician assistant are provided.

(6) In the temporary absence of the supervising physician, the supervisory and review mechanisms shall be provided by a designated alternate supervisor(s).

(7) The physician assistant, at all times when meeting or treating patients, must wear a badge identifying him or her as a physician assistant.

(8) No physician assistant may be presented in any manner which would tend to mislead the public as to his or her title.

Scope- CPA- WAC 246-918-140

(1) A certified physician assistant may perform only those services as outlined in the standardized procedures reference and guidelines established by the commission. If said assistant is being trained to perform additional procedures beyond those established by the commission, the training must be carried out under the direct, personal supervision of the sponsoring physician or a qualified person mutually agreed upon by the sponsoring physician and the certified physician assistant. Requests for approval of newly acquired skills shall be submitted to the commission and may be granted by a reviewing commission member or at any regular meeting of the commission.

(2) A certified physician assistant may sign and attest to any document that might ordinarily be signed by a licensed physician, to include, but not limited to such things as birth and death certificates.

(3) It shall be the responsibility of the certified physician assistant and the sponsoring physician to ensure

that appropriate consultation and review of work are provided.

(4) In the temporary absence of the sponsoring physician, the consultation and review of work shall be provided by a designated alternate sponsor(s).

(5) The certified physician assistant must, at all times when meeting or treating patients, wear a badge identifying him or her as a certified physician assistant.

(6) No certified physician assistant may be presented in any manner which would tend to mislead the public as to his or her title.

Scope- PA-SA- WAC 246-918-250

The physician assistant-surgical assistant who is not eligible to take the NCCPA certifying exam shall:

(1) Function only in the operating room as approved by the commission;

(2) Only be allowed to close skin and subcutaneous tissue, placing suture ligatures, clamping, tying and clipping of blood vessels, use of cautery for hemostasis under direct supervision;

(3) Not be allowed to perform any independent surgical procedures, even under direct supervision, and will be allowed to only assist the operating surgeon;

(4) Have no prescriptive authority; and

(5) Not write any progress notes or order(s) on hospitalized patients, except operative notes.

Prescriptions- PA

WAC 246-918-030

A physician assistant may issue written or oral prescriptions as provided herein when approved by the commission and assigned by the supervising physician(s).

(1) A physician assistant may not prescribe controlled substances unless specifically approved by the commission or its designee. A physician assistant may issue prescriptions for legend drugs for a patient who is under the care of the physician(s) responsible for the supervision of the physician assistant.

(a) Written prescriptions shall include the name, address, and telephone number of the physician or medical group; the name and address of the patient and the date on which the prescription was written.

(b) The physician assistant shall sign such a prescription using his or her own name followed by the letters "P.A."

(c) Written prescriptions for schedule two through five must include the physician assistant's D.E.A. registration number, or, if none, the supervising physician's D.E.A. registration number, followed by the letters "P.A." and the physician assistant's license number.

(2) A physician assistant employed or extended privileges by a hospital, nursing home or other health care institution may, if permissible under the bylaws, rules and regulations of the institution, order

pharmaceutical agents for inpatients under the care of the physician(s) responsible for his or her supervision.

(3) The license of a physician assistant who issues a prescription in violation of these provisions shall be subject to revocation or suspension.

(4) Physician assistants may dispense medications the physician assistant has prescribed from office supplies. The physician assistant shall comply with the state laws concerning prescription labeling requirements.

WAC 246-918-035
Prescription of CPAs

WAC 246-918-125- outlines the requirements a PA must meet to use laser, light, radiofrequency, and plasma devices (hereafter LLRP devices) and delegate the use of LLRP devices to properly trained technicians

RCW 18.71A.100
Pain management rules — Criteria for new rules.

Supervision: WAC 246-918-120

(1) No licensee shall be utilized in a remote site without approval by the commission or its designee. A remote site is defined as a setting physically separate from the sponsoring or supervising physician's primary place for meeting patients or a setting where the physician is present less than twenty-five percent of the practice time of the licensee.

(2) Approval by the commission or its designee may be granted to utilize a licensee in a remote site if:

(a) There is a demonstrated need for such utilization;

(b) Adequate provision for timely communication between the primary or alternate physician and the licensee exists;

(c) The responsible sponsoring or supervising physician spends at least ten percent of the practice time of the licensee in the remote site. In the case of part time or unique practice settings, the physician may petition the commission to modify the on-site requirement providing the sponsoring physician demonstrates that adequate supervision is being maintained by an alternate method. The commission will consider each request on an individual basis;

(d) The names of the sponsoring or supervising physician and the licensee shall be prominently displayed at the entrance to the clinic or in the reception area.

(3) No physician assistant holding an interim permit shall be utilized in a remote site setting.

WAC 246-918-090- No more than 3 licensees supervised per physician

WAC 246-918-150- Working with other non-sponsor physicians

(1) Physician sponsor. A physician assistant may assist or consult with a physician other than his or her sponsor or alternate concerning the care or treatment of the sponsor's patients, provided it is done with the knowledge and concurrence of the sponsor. The sponsor must maintain on file a written statement which instructs the physician assistant as to who may be assisted or consulted and under what circumstances or if no list is possible, then the method to be used in determining who may be consulted or assisted. The sponsor retains primary responsibility for the performance of his or her physician assistant.

(2) Responsibility of a nonsponsoring physician. A nonsponsoring physician utilizing or advising a physician assistant as indicated in section (1) of this rule, shall assume responsibility for patient services provided by a physician assistant if the physician:

(a) Knowingly requests that patient services be rendered by the physician assistant; or

(b) Knowingly consults with the physician assistant concerning the rendering of patient services.

Restricted Activities

RCW 18.71A.060

No health care services may be performed under this chapter in any of the following areas:

(1) The measurement of the powers or range of human vision, or the determination of the accommodation and refractive state of the human eye or the scope of its functions in general, or the fitting or adaptation of lenses or frames for the aid thereof.

(2) The prescribing or directing the use of, or using, any optical device in connection with ocular exercises, visual training, vision training, or orthoptics.

(3) The prescribing of contact lenses for, or the fitting or adaptation of contact lenses to, the human eye.

(4) Nothing in this section shall preclude the performance of routine visual screening.

(5) The practice of dentistry or dental hygiene as defined in chapters 18.32 and [18.29](#) RCW respectively. The exemptions set forth in RCW 18.32.030 (1) and (8), shall not apply to a physician assistant.

(6) The practice of chiropractic as defined in chapter 18.25 RCW including the adjustment or manipulation of the articulations of the spine.

(7) The practice of podiatric medicine and surgery as defined in chapter 18.22 RCW.

Entry to Practice Requirements

RCW 18.71A.020

(1) The commission shall adopt rules fixing the qualifications and the educational and training requirements for licensure as a physician assistant or for those enrolled in any physician assistant training program. The requirements shall include completion of an accredited physician assistant training program approved by the commission and within one year successfully take and pass an examination approved by the commission, if the examination tests subjects substantially equivalent to the curriculum of an accredited physician assistant training program. An interim permit may be granted by the department of health for one year provided the

applicant meets all other requirements. Physician assistants licensed by the board of medical examiners, or the medical quality assurance commission as of July 1, 1999, shall continue to be licensed.

(3) Applicants for licensure shall file an application with the commission on a form prepared by the secretary with the approval of the commission, detailing the education, training, and experience of the physician assistant and such other information as the commission may require. The application shall be accompanied by a fee determined by the secretary as provided in RCW 43.70.250 and 43.70.280. A surcharge of fifty dollars per year shall be charged on each license renewal or issuance of a new license to be collected by the department and deposited into the impaired physician account for physician assistant participation in the impaired physician program. Each applicant shall furnish proof satisfactory to the commission of the following:

(a) That the applicant has completed an accredited physician assistant program approved by the commission and is eligible to take the examination approved by the commission;

(b) That the applicant is of good moral character; and

(c) That the applicant is physically and mentally capable of practicing medicine as a physician assistant with reasonable skill and safety. The commission may require an applicant to submit to such examination or examinations as it deems necessary to determine an applicant's physical or mental capability, or both, to safely practice as a physician assistant.

(4) The commission may approve, deny, or take other disciplinary action upon the application for license as provided in the Uniform Disciplinary Act, chapter 18.130 RCW. The license shall be renewed as determined under RCW 43.70.250 and 43.70.280. The commission may authorize the use of alternative supervisors who are licensed either under chapter 18.57 or 18.71 RCW.

(5) All funds in the impaired physician account shall be paid to the contract entity within sixty days of deposit.

Practice Settings

N/A

Jurisdiction

Australia

Current Status of the Profession

PAs in Australia are not regulated.

In 2009, Queensland Health, initiated a pilot project to introduce 10 PAs into its medical services as part of a demonstration project to study their feasibility. The South Australia government also recruited a handful of American PAs as part of a pilot project (Hooker, et al., 2010).

“Since the completion of the Queensland and South Australian Physician Assistant trials, there has been little talk about Physician Assistants in Australia (The Australian Society of Physician Assistants Incorporated, 2011).”

Total PAs: N/A

Relevant Legislation, Regulations and Bylaws

N/A

Scope of Practice and Authorized Acts

N/A

Restricted Activities

N/A

Entry to Practice Requirements

N/A

A PA program at the University of Queensland began in 2009 and another at James Cook University is expected to begin in 2011. In May 2011, the program at the University of Queensland closed (University of Queensland website, May 11, 2011).

Practice Settings

N/A

Jurisdiction

South Africa

Current Status of the Profession

Clinical Associates must be registered with the Medical and Dental Board of the Health Professions Council of South Africa.

Unprofessional Conduct/Discipline

The Professional Board sets, maintains and applies fair standards of professional conduct and practice in order to effectively protect the interests of the public.

We thus have the power to institute disciplinary proceedings regarding any complaint, charge or allegation of unprofessional conduct against any person registered with Council. If a registered practitioner transgresses the rules as laid down by the Board, the practitioner will be subjected to a disciplinary process in terms of the regulations.

Categories of registration for graduates holding foreign qualifications include;

1. Public Service (Clinical Associate)
2. Education
3. Medical Practitioner/Dentist in Military Service
4. Medical Practitioner/Dentist in Volunteer Services

Total PAs: 9¹⁷ (as of Nov. 2010)

Relevant Legislation, Regulations and Bylaws

Health Professions Act 56 of 1974

No. R. 1206 (2007) Regulations Relating to the Qualifications for Registration of Clinical Associates

Scope of Practice and Authorized Acts (HPSCA, 2011)

Taken from the *Standards Generating Document* (obtained through personal communication):

The Clinical Associate will work under direct and indirect supervision of a qualified medical practitioner by consulting patients and carrying out clinical procedures primarily in the District Health System (DHS) in South Africa. Supervision must be continuous but should not to be construed as necessarily requiring the physical presence of the supervising doctor at the time and place that the services are rendered. This will serve to improve communication with and education of the patient and enable medical practitioners to provide comprehensive medical services. Teamwork and communication skills are critical to the functioning of the Clinical Associate.

Medical services provided by the clinical associate may include, but are not limited to:

1. Obtaining patient histories and performing physical examinations
2. Ordering and/or performing diagnostic and therapeutic procedures
3. Interpreting findings and formulating a diagnosis for common and emergency conditions

¹⁷ As of Nov. 2010, there were 207 Student Clinical Associates (HPCSA, 2010).

4. Initiate emergency management in emergency conditions, developing and implementing a treatment plan in common conditions and assisting the medical practitioner in the assessment and management of conditions of the rest of the conditions.
5. Monitoring the effectiveness of therapeutic interventions
6. Assisting at surgery
7. Offering counselling and education to meet patient needs
8. Making appropriate referrals

The Clinical Associate's scope of practice is defined by the context and requirements of district hospitals with particular focus on:

1. Emergency Care
2. Skilled Procedures
3. Inpatient Care

Restricted Activities

N/A

Entry to Practice Requirements

No. R. 1206 (2007) Regulations Relating to the Qualifications for Registration of Clinical Associates

Qualifications for registration.

2. The qualifications required for registration as a clinical associate under the Act, shall be:

Examining Authority and Qualification Abbreviation for Registration

University of Cape Town

Bachelor of Medical Clinical Practice

University of the Free State

Bachelor of Medical Clinical Practice

University of Kwa-Zulu Natal

Bachelor of Medical Clinical Practice

University of Limpopo (Medunsa)

Bachelor of Medical Clinical Practice

University of Pretoria

Bachelor of Medical Clinical Practice

University of Stellenbosch

Bachelor of Medical Clinical Practice

University of Witwatersrand

Bachelor of Medical Clinical Practice

Walter Sisulu University

Bachelor of Medical Clinical Practice

Registration as clinical associate

3.

(1) The registrar may register a person as a clinical associate if such a person has obtained a qualification contemplated by regulation 2.

(2) In the case of an application for registration as a clinical associate based on a qualification not contemplated in these regulations, the applicant must furnish the board with documentary proof of the

contents, duration and evaluation of the education and training which was undergone for such qualification.
(3) If the standard of such education and training is considered satisfactory by the board, such qualification may, in terms of section 15B (l)(e) of the Act, be approved by the board.

(4) The board may, in terms of section 15B(l)(b) of the Act, require an applicant contemplated in sub regulation (2) to pass an examination in clinical associate before he or she can be registered as a clinical associate.

(5) The registrar may register an applicant contemplated in sub-regulation (2) as a clinical associate, if such applicant's qualification has been approved by the board and, where required, also passed the examination referred to in sub-regulation (3).

Conditions of practice

4. A person registered as a clinical associate in terms of these regulations shall be limited to practice the profession under supervised practice.

Practice Settings

N/A

Jurisdiction

United Kingdom (U.K.)

Current Status of the Profession (UKAPA, 2011)

PAs are not regulated in the U.K. The United Kingdom Association of Physician Assistants (UKAPA) is the body representing and promoting the PA profession in the U.K.

"As was posted on the website, the HPC are no longer accepting applications for aspirant groups for statutory regulation as a result of the current bill going through parliament to look at other ways of regulating profession healthcare groups. As a result, Dr Patricia O'Connor (chair of the PAMVRC), Professor Jim Parle (Chair of the Universities Board) and I wrote to Anne Milton, our local MPs and Andrew Lansley highlighting the issues that lack of statutory regulation for the PA profession would create. As a result, we have a meeting with Anne Milton's officials in Leeds mid-June to discuss this matter and how we can move forward. We will keep you updated with the outcome of this meeting. This is a very positive step in a changing economic and NHS environment.

We have also been in discussion with the Council for Healthcare and Regulatory Excellence (CHRE) who, if the bill goes through parliament regarding statutory regulation, will be responsible for looking at processes and ways to accredit managed voluntary registers for healthcare professions and will also be compiling a process to risk assess professional groups if they feel they need to be statutory regulated. We have commented on their proposed processes and will again update you on the outcomes of our consultations with them."

A Physician Assistant Managed Voluntary Register (PA MVR) has been established for PAs in the UK. This register is a requirement prior to Statutory Regulation of the profession. The UK Association for Physician Assistants (UKAPA) is the professional body for PAs and is responsible for the PA MVR which is currently held at and administered by St George's University of London.

Code of Conduct: A Code of Conduct created by the PAMVR may be found on PAMVR website.

Total PAs (managed voluntary registry): 34

Relevant Legislation, Regulations and Bylaws

N/A

Scope of Practice and Authorized Acts (UKAPA, 2011)

American PAs are able to practice in the UK as a result of a clause within the British General Medical Council's guidance on *Good Medical Practice*.

Delegation is discussed within paragraph 54 as follows:

Delegation involves asking a colleague to provide treatment or care on your behalf. Although you will not be accountable for the decisions and actions of those to whom you delegate, you will still be responsible for the overall management of the patient, and accountable for your decision to delegate. When you delegate care or treatment you must be satisfied that the person to whom you delegate has the qualifications, experience, knowledge and skills to provide the care or treatment involved. You must always pass on enough information about the patient and the treatment they need.

PAs are *currently unable* to prescribe medications in the UK.

In the hospital setting, consultants are able to delegate abilities to the PAs they supervise. For instance, PAs

working in the A & E might have the ability to sign for medications administered in the hospital. These would be for those medications required in the context of the patient's A & E visit (IV fluids, analgesia, etc.). These delegated tasks are customised to the individual PA as their supervising physician deems appropriate. For medications to be taken home or in house hospital drug charts, a co-signature might be obtained by a registrar or consultant. These delegated tasks are customised to the individual PA as their supervising physician deems appropriate.

Scope of Practice (PAMVR)

PAs are educated in the medical model and work as members of the healthcare and more specifically the medical team.

Education and Experience

PAs will complete a degree-level academic programme of no less than 90 weeks, preferably followed by a period of internship in an approved clinical training setting. This foundation will enable Physician Assistants to practise as part of the clinical team, within a range of primary and secondary healthcare settings.

A PA can;

- Formulate and document a detailed differential diagnosis, having taken a history and completed a physical examination
- Develop a comprehensive patient management plan in light of the individual characteristics, background and circumstances of the patient; maintain and deliver the clinical management of the patient on behalf of the supervising physician while the patient travels through a complete episode of care;
- Perform diagnostic and therapeutic procedures and prescribe medications (subject to the necessary legislation); and
- Request and interpret diagnostic studies and undertake patient education, counselling and health promotion.

It is essential to the medical model, to which the PA works, that their consultations and interventions are responsive to the individual patient and their situation, rather than mechanistic – that is, they should apply their knowledge and skills in a patient-centred way rather than sticking closely to predetermined protocols.

Restricted Activities

N/A

Entry to Practice Requirements (PAMVR, 2011)

Requirements for entry into the PAMVR:

UK Applicants

Physician Assistants must meet the core competencies and skills as detailed in the Competence and Curriculum Framework for the Physician Assistant (Department of Health, 2006). This will be demonstrated through **proof of graduation** from a recognised UK PA programme and **proof of passing the UK National PA Exam**.

Copies of original certificates must be submitted with the application. After graduation, PAs are expected to maintain and log 40 hours of Continuing Professional Development (CPD) per year.

UK PAs applying to the register must include:

- Photocopies of certificates showing proof of graduation AND proof of passing the National Exam
- Self-disclosure of past and present criminal activity, and/or actions taken by competent authority for the restriction or prohibition of ability to practice in a medical setting
- Self-disclosure of health status (A)

- Self-disclosure of 25 hours of CPD activity in the past 3 years (recent graduates exempt) (B)

EU Applicants

Physician Assistants must meet the core competencies and skills as detailed in the Competence and Curriculum Framework for the Physician Assistant (Department of Health, 2006). This will be demonstrated through proof of graduation from a recognized PA Programme. Original certificates must be submitted. Copies will not be accepted.

EU PAs applying to the register must include:

- Photocopies of certificates showing proof of graduation from a recognized PA programme
- Proof of an English language capability in both the spoken and written form consistent with understanding and conveying complex medical terms and concepts (IELTS) if English is not your first language. Please contact the PA register administrator for further information.
- Self-disclosure of past and present criminal activity, and/or actions taken by competent authority for the restriction or prohibition of ability to practice in a medical setting
- Self-disclosure of health status (A)
- Self-disclosure of 25 hours of CPD activity in the past 3 years (B)

Non-EU/International Applicants

Physician Assistants must meet the core competencies and skills as detailed in the Competence and Curriculum Framework for the Physician Assistant (Department of Health, 2006). This will be demonstrated through proof of graduation from a recognized PA Programme. Original certificates are required. Copies will not be accepted.

Non-EU / International PAs applying to the register must include:

- Photocopies of certificates showing proof of graduation from a recognized PA programme
- Proof of an English language capability in both the spoken and written form consistent with understanding and conveying complex medical terms and concepts (IELTS) if English is not your first language. Please contact PA register administrator for further information.
- Evidence of a valid work permit / Certificate of Sponsorship or Indefinite Leave to Remain
- Self-disclosure of past and present criminal activity, and/or actions taken by competent authority for the restriction or prohibition of ability to practice in a medical setting
- Self-disclosure of health status (A)
- Self-disclosure of 25 hours of CPD activity in the past 3 years (B)

Grandparenting

This is a **transitional category** and will cease upon implementation of a statutory registration. Physician Assistants must meet the core competencies and skills as detailed in the Competence and Curriculum Framework for the Physician Assistant (Department of Health, 2006).

Requirements for the Grandparenting category applicant are:

- Current listing on the UK Association of Physician Assistants voluntary list
- Any certificates that may be required (in the event they were not transferred over with the UKAPA voluntary list) must be original certificates
- Complete historical record of employment as a PA in the UK
- Evidence of a valid work permit, Certificate of Sponsorship or Indefinite Leave to Remain (copies acceptable)
- Self-disclosure of past and present criminal activity, and/or actions taken by competent authority for the restriction or prohibition of ability to practice in a medical setting

- Self-disclosure of health status (A)
- Self-disclosure of 25 hours of CPD activity in the past 3 years (B)

There are currently three University programs in the UK training PAs: Birmingham, St. George's of London and Wolverhampton. Graduates receive a Post-Graduate Diploma.

PA programs in the U.K. are 2 years in length and in the third year PAs are working in a clinical environment, termed a "probationary year". Each program is competency based in accordance with the National Health Service (NHS) Competence and Curriculum Framework

(http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139317).

A National Examination Board also exists to administer a single national assessment of clinical competence to be completed prior to the 12-month "probationary period".

Practice Settings (UKAPA, 2011)

PAs work in a wide variety of practice settings, including:

- GP Surgery
- Inpatient Ward of Hospital
- Medical Assessment Unit
- Accident and Emergency
- Intensive Care Unit (adult and paediatric)
- Outpatient Department of Hospital
- Walk in Centre / Out of Hours care
- Specialty Outpatient Surgery
- Psychiatry Clinic

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