Background

Physician assistants (PA) in dermatology are licensed practitioners who practice under physician supervision. Before they can practice, PAs must complete an educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor organizations. PA educational programs are offered at medical schools, colleges and universities, and teaching hospitals. These programs average about 27 months in length.

Graduates of ARC-PA accredited programs must then pass a national certifying examination administered by the National Commission on Certification of Physician Assistants (NCCPA). Only a PA who has passed the national exam may use the title PA-C (physician assistant-certified).

All states and the District of Columbia have legislation governing PA qualifications or scope of practice. Before practicing, PAs must obtain authorization to practice from the appropriate regulatory board—in most states, this is the board of medical examiners. Almost all states permit delegated prescribing by PAs, and more than 75% of states include controlled substances as part of that authority. All PA programs include pharmacology courses. Most of the instruction is comparable or identical to that offered to medical students.

Before practicing in a hospital, PAs must seek clinical privileges. Privileges are granted based on education, training, experience, and competence. A PA’s delineation of privileges usually closely resembles the privileges of his or her supervising physician. Although nearly half of all PAs work in primary care, PAs can be found in every medical and surgical specialty, including dermatology.

According to the Society for Dermatology Physician Assistants (SDPA), the average PA student has completed more than four years of healthcare education and obtained a college degree before entering a PA program.

PAs are trained in dermatology in a variety of ways. According to the SDPA:

*Most dermatology PAs are trained by their supervising dermatologist and together the Physician/PA team will decide the practice style, supervision arrangements, and delegation of services which they find appropriate for their practice. Most PAs work independently within a dermatology office much like a staff dermatologist, seeing a wide range of medical, surgical,
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and cosmetic patients, but always under physician supervision. PAs get additional training through their required CME hours, attendance at [American Academy of Dermatology], SDPA, and other dermatology-based conferences, tumor boards, dermatology grand rounds, and self-study courses.

In 1998, the first dermatology PA residency program was established. (There are currently two such residency programs, according to the SDPA.)

For additional information about PAs, please see Clinical Privilege White Paper Practice area 165—Physician assistant.

Involved specialties

PAs

Positions of societies, academies, colleges, and associations

ARC-PA

The ARC-PA accredits education programs for PAs to work in any field, not just in dermatology.

The ARC-PA accredits entry-level PA programs—i.e., those preparing individuals for entry into the PA profession—as well as clinical postgraduate programs. Clinical postgraduate programs are formal educational programs that offer structured curricula, including didactic and clinical components, to educate NCCPA-eligible or certified PAs (PA-C) for a defined period of time in preparation for practice in a medical or surgical specialty. Programs typically involve full-time study of 12 to 24 months’ duration and follow several models, including fellowships, graduate degree programs, and residency programs.

The ARC-PA publishes the Accreditation Standards for Physician Assistant Education. The standards do not specifically address dermatology training for PAs.

AAD

The American Academy of Dermatology (AAD) was founded in 1938. It is the largest dermatology group in the United States. With a membership of more than 17,000, it represents virtually all practicing dermatologists in the United States, as well as a growing number of international dermatologists.

A 2012 AAD survey found that 40% of respondents employed at least one physician extender (PA or nurse practitioner) in their practices, which is up from 33% in 2009.

The AAD has issued a position statement, The Practice of Dermatology:
Protecting and Preserving Patient Safety and Quality Care. According to this position statement, physician assistants practicing in a dermatological setting, consistent with their training and experience, should be directly supervised by an on-site dermatologist and have timely review of their medical records. In rare instances, when a dermatologist is not available on-site, there should be written protocols outlining how a patient is to be seen by a nonphysician clinician. These patients should be presented to the supervising dermatologist, either in person or via teledermatology, within 24 hours. In addition, when direct supervision is not possible, a supervising dermatologist should always be available via phone or electronic communication.

The AAD does not provide guidelines for privileging PAs in dermatology.

AAPA

In the January 2010 Specialty Practice Issue Brief on PAs in dermatology issued by the American Academy of Physician Assistants (AAPA), the organization states that PAs’ generalist medical education provides a foundation to perform physical exams, diagnose conditions and develop treatment plans, provide health counseling, prescribe medications, and assist in surgery. PAs in dermatology often see patients with acne, eczema, and other common skin disorders, and can conduct biopsies, perform simple and complex excisions, and assist in major surgical procedures such as Mohs micrographic surgery. Typical new-patient visits encompass skin cancer screenings and preoperative consultations as well as cosmetic procedure consultations, including laser resurfacing, dermabrasion, and chemical peels.

PAEA

The Physician Assistant Education Association (PAEA) is a national association that collects, publishes, and disseminates information for PA education programs. PAEA provides effective representation to affiliated organizations involved in health education, healthcare policy, and national certification of PA graduates.

The PAEA does not have requirements or guidelines regarding the privileges PAs should have in healthcare organizations.

SDPA

The SDPA is a nonprofit professional organization composed of members who provide dermatologic care or have an interest in the medical specialty of dermatology. Its fellow members provide medical services under the supervision of board-certified dermatologists. Founded in 1994, the SDPA currently has more than 2,500 members.
The SDPA’s mission is:
• To provide continuing medical education that enhances the skills, knowledge, and function of its members in the practice of dermatology
• To form a leadership structure that provides services and a forum for communication, builds collegial relationships, and acts as an advocate for its members
• To advance the utilization and team concept of PAs in the practice of dermatology in a supervised relationship with physicians
• To develop resources for evaluation, reimbursement processes, and hiring of PAs in dermatology

The SDPA does not provide guidelines for privileging PAs in dermatology.

Positions of other interested parties

National Commission on Certification of Physician Assistants
The NCCPA issues the PA-C credential as a mark of professional accomplishment, which indicates the achievement and maintenance of established levels of knowledge and clinical skills. Applicants for NCCPA certification are eligible to take the Physician Assistant National Certifying Examination if they satisfy one of the following conditions:
• Have graduated from a PA program accredited by the ARC-PA or its predecessors
• Have been awarded unrestricted eligibility and have previously taken the initial certification examination administered by the NCCPA

Beginning in 2014, the PA-C recertification process comprises a 10-year recertification cycle divided into five two-year increments, as well as new self-assessment/performance improvement CME requirements. The new requirements replace the NCCPA’s original six-year certification maintenance and retesting cycle.

Under the new process, certified PAs must obtain 50 Category 1 CME credits every two years, 20 of which must be earned through self-assessment CME and/or performance improvement CME. The new CME requirements affect the first four CME cycles in each 10-year certification maintenance cycle. During the fifth CME cycle, PAs may fulfill the 100-credit CME requirement any way they choose and take a recertification examination.

Certified PAs will finish their current six-year certification maintenance cycle before transitioning to the new process beginning in 2014, according to the NCCPA.

The NCCPA does not offer added qualifications for PC certification in dermatology.
Positions of accreditation bodies

**CMS**

CMS has no formal position concerning the delineation of privileges for PAs in dermatology. However, the *CMS Conditions of Participation (CoP)* define a requirement for a criteria-based privileging process in §482.22(c)(6) stating, “The bylaws must include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges.”

§482.12(a)(6) states, “The governing body must assure that the medical staff bylaws describe the privileging process. The process articulated in the bylaws, rules or regulations must include criteria for determining the privileges that may be granted to individual practitioners and a procedure for applying the criteria to individual practitioners that considers:

- Individual character
- Individual competence
- Individual training
- Individual experience
- Individual judgment

The governing body must ensure that the hospital’s bylaws governing medical staff membership or the granting of privileges apply equally to all practitioners in each professional category of practitioners.”

Specific privileges must reflect activities that the majority of practitioners in that category can perform competently and that the hospital can support. Privileges are not granted for tasks, procedures, or activities that are not conducted within the hospital, regardless of the practitioner’s ability to perform them.

Each practitioner must be individually evaluated for requested privileges. It cannot be assumed that every practitioner can perform every task, activity, or privilege specific to a specialty, nor can it be assumed that the practitioner should be automatically granted the full range of privileges. The individual practitioner’s ability to perform each task, activity, or privilege must be individually assessed.

CMS also requires that the organization have a process to ensure that practitioners granted privileges are working within the scope of those privileges.

CMS’ *CoPs* include the need for a periodic appraisal of practitioners appointed to the medical staff/granted medical staff privileges (§482.22[a][1]). In the absence of a state law that establishes a time frame for the periodic appraisal, CMS recommends that an appraisal be conducted at least every 24 months. The purpose of the periodic appraisal is to determine whether clinical privileges or membership should be continued, discontinued, revised, or otherwise changed.
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**The Joint Commission**

The Joint Commission has no formal position concerning the delineation of privileges for PAs in dermatology. However, in its *Comprehensive Accreditation Manual for Hospitals*, The Joint Commission states, “The hospital collects information regarding each practitioner’s current license status, training, experience, competence, and ability to perform the requested privilege” (MS.06.01.03).

In the introduction for MS.06.01.03, The Joint Commission states that there must be a reliable and consistent system in place to process applications and verify credentials. The organized medical staff must then review and evaluate the data collected. The resultant privilege recommendations to the governing body are based on the assessment of the data.

The Joint Commission introduces MS.06.01.05 by stating, “The organized medical staff is responsible for planning and implementing a privileging process.” It goes on to state that this process typically includes:

- Developing and approving a procedures list
- Processing the application
- Evaluating applicant-specific information
- Submitting recommendations to the governing body for applicant-specific delineated privileges
- Notifying the applicant, relevant personnel, and, as required by law, external entities of the privileging decision
- Monitoring the use of privileges and quality-of-care issues

MS.06.01.05 further states, “The decision to grant or deny a privilege(s) and/or to renew an existing privilege(s) is an objective, evidence-based process.”

The EPs for standard MS.06.01.05 include several requirements as follows:

- The need for all licensed independent practitioners who provide care, treatment, and services to have a current license, certification, or registration, as required by law and regulation
- Established criteria as recommended by the organized medical staff and approved by the governing body with specific evaluation of current licensure and/or certification, specific relevant training, evidence of physical ability, professional practice review data from the applicant’s current organization, peer and/or faculty recommendation, and a review of the practitioner’s performance within the hospital (for renewal of privileges)
- Consistent application of criteria
- A clearly defined (documented) procedure for processing clinical privilege requests that is approved by the organized medical staff
- Documentation and confirmation of the applicant’s statement that no health problems exist that would affect his or her ability to perform privileges requested
- A query of the NPDB for initial privileges, renewal of privileges, and when a new privilege is requested
• Written peer recommendations that address the practitioner’s current medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism
• A list of specific challenges or concerns that the organized medical staff must evaluate prior to recommending privileges (MS.06.01.05, EP 9)
• A process to determine whether there is sufficient clinical performance information to make a decision related to privileges
• A decision (action) on the completed application for privileges that occurs within the time period specified in the organization’s medical staff bylaws
• Information regarding any changes to practitioners’ clinical privileges, updated as they occur

The Joint Commission further states, “The organized medical staff reviews and analyzes information regarding each requesting practitioner’s current licensure status, training, experience, current competence, and ability to perform the requested privilege” (MS.06.01.07).

In the EPs for standard MS.06.01.07, The Joint Commission states that the information review and analysis process is clearly defined and that the decision process must be timely. The organization, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a request for privileges. The criteria must be consistently applied and directly relate to the quality of care, treatment, and services. Ultimately, the governing body or delegated governing body has the final authority for granting, renewing, or denying clinical privileges. Privileges may not be granted for a period beyond two years.

Criteria that determine a practitioner’s ability to provide patient care, treatment, and services within the scope of the privilege(s) requested are consistently evaluated.

The Joint Commission further states, “Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal” (MS.08.01.03).

In the EPs for MS.08.01.03, The Joint Commission says there is a clearly defined process facilitating the evaluation of each practitioner’s professional practice, in which the type of information collected is determined by individual departments and approved by the organized medical staff. Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege.

**HFAP**

The Healthcare Facilities Accreditation Program (HFAP) has no formal position concerning the delineation of privileges for PAs in dermatology. The bylaws must
include the criteria for determining the privileges to be granted to the individual practitioners and the procedure for applying the criteria to individuals requesting privileges (03.01.09). Privileges are granted based on the medical staff’s review of an individual practitioner’s qualifications and its recommendation regarding that individual practitioner to the governing body.

It is also required that the organization have a process to ensure that practitioners granted privileges are working within the scope of those privileges.

Privileges must be granted within the capabilities of the facility. For example, if an organization is not capable of performing open-heart surgery, no physician should be granted that privilege.

In the explanation for standard 03.01.13 related to membership selection criteria, HFAP states, “Basic criteria listed in the bylaws, or the credentials manual, include the items listed in this standard. (Emphasis is placed on training and competence in the requested privileges.)”

The bylaws also define the mechanisms by which the clinical departments, if applicable, or the medical staff as a whole establish criteria for specific privilege delineation.

Periodic appraisals of the suitability for membership and clinical privileges is required to determine whether the individual practitioner’s clinical privileges should be approved, continued, discontinued, revised, or otherwise changed (03.00.04). The appraisals are to be conducted at least every 24 months.

The medical staff is accountable to the governing body for the quality of medical care provided, and quality assessment and performance improvement (03.02.01) information must be used in the process of evaluating and acting on re-privileging and reappointment requests from members and other credentialed staff.

**DNV**

DNV has no formal position concerning the delineation of privileges for PAs in dermatology. MS.12 Standard Requirement (SR) #1 states, “The medical staff bylaws shall include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to those individuals that request privileges.”

The governing body shall ensure that under no circumstances is medical staff membership or professional privileges in the organization dependent solely upon certification, fellowship, or membership in a specialty body or society.
Regarding the Medical Staff Standards related to Clinical Privileges (MS.12), DNV requires specific provisions within the medical staff bylaws for:

- The consideration of automatic suspension of clinical privileges in the following circumstances: revocation/restriction of licensure; revocation, suspension, or probation of a DEA license; failure to maintain professional liability insurance as specified; and noncompliance with written medical record delinquency/deficiency requirements
- Immediate and automatic suspension of clinical privileges due to the termination or revocation of the practitioner’s Medicare/Medicaid status
- Fair hearing and appeal

The Interpretive Guidelines also state that core privileges for general surgery and surgical subspecialties are acceptable as long as the core is properly defined.

DNV also requires a mechanism (outlined in the bylaws) to ensure that all individuals provide services only within the scope of privileges granted (MS.12, SR.4).

Clinical privileges (and appointments or reappointments) are for a period as defined by state law or, if permitted by state law, not to exceed three years (MS.12, SR.2).

Individual practitioner performance data must be measured, utilized, and evaluated as a part of the decision-making for appointment and reappointment. Although not specifically stated, this would apply to the individual practitioner’s respective delineation of privilege requests.

**CRC draft criteria**

The following draft criteria are intended to serve solely as a starting point for the development of an institution’s policy for PAs in dermatology. The core privileges and accompanying procedure list are not meant to be all-encompassing. They define the types of activities, procedures, and privileges that the majority of practitioners in this practice area perform. Additionally, it cannot be expected or required that practitioners perform every procedure listed. Instruct practitioners that they may strikethrough or delete any procedures they do not wish to request.

**Minimum threshold criteria for requesting privileges for PAs in dermatology**

**Basic education:** Master’s or baccalaureate degree

**Minimal formal training:** Completion of an ARC-PA approved program (prior to January 2001: Commission on Accreditation of Allied Health Education Programs)

AND

Current certification by the NCCPA

AND
Current licensure to practice as a PA issued by the [state] board of medicine

AND

Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body

Required current experience: Demonstrated current competence and provision of care, treatment, or services for at least [n] patients in the past 12 months or completion of an ARC-PA approved program in the past 12 months. Experience must correlate to the privileges requested.

References

If the applicant is recently trained, a letter of reference should come from the director of the applicant’s training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

Core privileges for physician assistants in dermatology

Core privileges for PAs in dermatology include the ability to assess, diagnose, treat, promote health and protection from disease, and implement interventions consistent with dermatology practice, including the development of treatment plans, health counseling, and assisting in surgery for patients within the age group of patients seen by the PA’s supervising physician.

PAs [may/may not] admit patients to the hospital.

PAs may provide care to patients in the intensive care setting in conformance with unit policies.

The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Core procedures include:
• Perform history and physical
• Apply, remove, and change dressings and bandages
• Assist in major medical procedures such as Mohs micrographic surgery, if applicable
• Counsel and instruct patients, families, and caregivers as appropriate
• Initiate appropriate referrals
• Make daily rounds on hospitalized patients
• Make preoperative and postoperative teaching visits with patients
• Order and perform initial interpretation of diagnostic testing and therapeutic modalities, such as laboratory tests, medications, hemodynamic monitoring, treatments, x-rays, EKG, IV fluids and electrolytes, etc.
• Perform biopsies (e.g., shaving, snipping, curettage, punching) and simple and complex excisions
• Perform debridement, suturing, and general care for superficial wounds and minor superficial surgical procedures
• Perform field infiltrations of anesthetic solutions
• Perform incision and drainage of superficial abscesses
• Perform venous punctures for blood sampling, cultures, and IV catheterization
• Provide direct care as specified by medical staff–approved protocols
• Record progress notes
• Treat patients for common skin disorders (e.g., acne, eczema)
• Dictate discharge summaries

Special noncore privileges for physician assistants in dermatology

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Noncore privileges include:
• Administration of sedation and analgesia
• Cryosurgery
• Electrosurgery/electrodesiccation
• Use of laser—under direct supervision
• Prescriptive authority as delegated by a physician in a written agreement in accordance with state and federal law

Reappointment

Reappointment should be based on unbiased, objective results of care according to a hospital’s quality assurance mechanism. To be eligible to renew privileges as a PA in dermatology, the reapplicant must meet the following criteria:

An adequate volume of experience ([n] patients) in the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

In addition, current certification by the NCCPA is required.

In addition, continuing education related to dermatology should be required.
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For more information

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Centers for Medicare & Medicaid Services
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