Physician assistants in the emergency department

Background

Physician assistants (PA) in the emergency department (ED) are licensed practitioners who practice emergency care under physician supervision. To qualify for practice, they must first complete an educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor organizations. The educational programs are offered at medical schools, colleges and universities, and teaching hospitals and include courses and rotations in emergency medicine. In addition, there are currently three PA programs in the United States that educate students to practice specifically in emergency care settings.

Upon graduation from an accredited program, PAs must pass a national certifying examination administered by the National Commission on Certification of Physician Assistants (NCCPA). To maintain certification, which is required by many employers, PAs must complete 100 hours of continuing medical education every two years and take a recertification examination every six years.

All states and the District of Columbia have legislation governing the qualifications or practice of PAs. 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. More than three-fourths 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.

PAs may be involved in various aspects of emergency care, which include prehospital situations, patient triage, fast track, trauma, and selective administrative functions. Their work is not limited to hospital EDs. They also provide emergency care for patients in various settings, such as critical care units and ground or air transport of patients.

Before practicing in a hospital ED, 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.

For further information on PAs, see Clinical Privilege White Paper Physician assistant, Practice area 165.
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**Involved specialties**

Emergency medicine physicians, PAs, and nurse practitioners

**Positions of societies and academies**

The Society of Emergency Medicine Physician Assistants (SEMPA) represents PAs who work in emergency medicine and works closely with the American Academy of Physician Assistants (AAPA) and the American College of Emergency Physicians (ACEP) regarding issues pertaining to PAs. The society is formally recognized by both organizations.

SEMPA publishes the following answers to frequently asked questions about PAs who work in emergency medicine:

**Question:** Where can a PA get a copy of state PA law?

**Answer:** The state laws are generally available today through the licensing authorities’ Web sites. Typically, the state medical boards regulate PAs. The Federation of State Medical Boards’ Web site at [www.fsmb.org](http://www.fsmb.org) provides links to each of the state medical boards.

Not all states regulate PAs through the medical board. The most comprehensive list of state regulatory authorities is found at [www.aapa.org/gandp/statereg.html](http://www.aapa.org/gandp/statereg.html). This address provides links to PA state regulatory agencies and to state PA chapters.

**Question:** What can a PA do in the ED? Are there any restrictions?

**Answer:** PAs provide medical care with physician supervision. The scope of practice of a PA is defined by

- state law and regulation (or, in the case of federally employed PAs, by the federal employer)
- facility policy
- the education, experience, and expertise of the PA
- the determination of the supervising physician(s) about what will be delegated

PAs practice within the usual scope of practice of their supervising physician(s). In the case of a PA working in emergency medicine, the medical director of the ED, other supervising physicians, and the PAs typically reach decisions about delegation jointly. Because medical practice and physician/PA practice are dynamic, specific lists of approved tasks that can be applied...
to all facilities and to all physician/PA teams are not practical. There are no typical restrictions on what a PA does in the ED. The physician/PA team and hospital should be aware of any restrictions on the PA’s scope found within state law or hospital policy.

**Question:** How are PAs credentialed and privileged by hospitals?

**Answer:** The process of granting clinical privileges to PAs may vary considerably from hospital to hospital, but the process should generally be completed in a timely fashion. In addition, department chairs, if they exist, should make specific recommendations for clinical privileges, an appeal mechanism for adverse decisions should exist, and the governing board should have ultimate authority to grant clinical privileges.

The medical staff or a unit of the medical staff should bear responsibility for reviewing initial and renewal applications for clinical privileges and for making recommendations to the governing board. There are four basic methods of delineating clinical privileges: a list of procedures; categorization according to severity of illness, level of training, or degree of required supervision; self-description; or a combination of these approaches.

**Question:** What determines how PAs are utilized in the ED?

**Answer:** The following four parameters determine how PAs are utilized in the ED:

- **PA education and training.** A new graduate may have a somewhat basic scope of practice. This scope may expand as supervised practice and additional training in the clinical setting increase the PA’s experience and skill level.
- **Individual state laws define the PA’s scope of practice as those tasks a PA has been trained to do that are delegated and supervised by the physician. However, some state laws have specific restrictions or requirements.**
- **The hospital’s bylaws or policy regarding PA practice.**
- **In EDs, PAs work as members of physician-directed teams and derive their scope of practice from physician’s delegation. Supervising physicians determine PA utilization through their decisions on delegation and supervision.**

**Question:** What are the practice models for PA use in the ED?

**Answer:** PAs are utilized in all areas of the ED and in all set-
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tings, from being the solo provider in a rural ED to providing patient care at a Level I trauma center. When staffing the ED, PAs typically see the same patient acuity mix as the physicians with whom they work in the physician/PA team.

**Question:** What is a “supervision agreement?”

**Answer:** Several types of documents can be used to describe how a physician and PA will work together. These documents are often referred to as “supervision agreements,” “delegation agreements,” “job descriptions,” “physician-PA practice agreements,” or “supervision protocols.”

Whatever it is called, the purposes of the document are the following:

- Describe how the supervising physician and PA will work together
- Outline any specific requirements the physician has for the PA (e.g., specific patient problems that are always referred to the supervising physician)
- How supervision will be documented
- General expectations for the physician and PA

Some state laws require that specific information be included in the practice agreement. The best supervision agreements are general one- or two-page documents that allow flexibility and do not have to be modified every time the PA learns a new procedure or takes on a new task.

**Question:** Who decides how supervision will be structured and documented?

**Answer:** Several parties may influence the level of supervision and the type of documentation required. These parties may include the following:

- State licensing authorities
- Hospital medical staffs
- Hospital risk managers
- Malpractice insurers
- Third-party payers
- ED medical directors
- Supervising physicians
- PAs
Some of the parties that influence supervision are likely to be more stringent than others, and some have more authority than others. All should be considered when developing ED policies for supervision. When requirements conflict, sometimes education about PA qualifications and the physician/PA team can go a long way toward changing minds about what is necessary.

**AAPA**

The AAPA publishes the issue brief *Physician Assistants in Emergency Medicine*. In the brief, the AAPA states the following about hospital privileges, the Emergency Medical Treatment and Active Labor Act (EMTALA) issues, and reimbursement:

**Hospital privileges**

To provide patient care in the hospital, PAs and their supervising physicians must seek delineation of their clinical privileges. The criteria for granting clinical privileges to PAs should be outlined in the medical staff bylaws. The bylaws should include a definition of a PA, which generally conforms to the definition used in state law and to the general definition of a PA used by the AAPA.

**EMTALA issues**

EMTALA touches on PA practice in the following three main areas:

- Performing medical screening exams (MSE), which is a common part of PA practice in an ED. The EMTALA law and regulations allow PAs to conduct MSEs as long as written hospital policy and medical staff bylaws specify that PAs are among the providers the hospital deems qualified to conduct them. Individual PAs must be granted authority through delineated privileges to conduct the exams.
- Authorizing patient transfers. Under EMTALA, a PA may decide that a transfer is appropriate and sign the transfer order sending a patient to another hospital, with two caveats. The PA must consult a supervising physician before the transfer is made, and the physician must countersign the PA’s order within a reasonable period of time, according to hospital policy.
- Taking call in EDs. The original EMTALA law and the regulations, produced by the (then) Health Care Financing Administration in June 1994, were silent on the question of whether physicians could delegate emergency room call to PAs. They said simply that hospitals must maintain on-call...
lists of physicians. In response to AAPA requests for clarification, the Centers for Medicare & Medicaid Services (CMS) clarified the authority of physicians to delegate call to PAs in the September 9, 2003, Federal Register (p. 53256).

In May 2004 interpretive guidelines, CMS further stated: “The decision as to whether the on-call physician responds in person or directs a nonphysician practitioner ([PA], nurse practitioner, orthopedic tech) as his or her representative to present to the dedicated ED is made by the responsible on-call physician, based on the individual’s medical need and the capabilities of the hospital and applicable state scope of practice laws, hospital bylaws, and rules and regulations. The on-call physician is ultimately responsible for the individual regardless of who responds to the call.”

Reimbursement
Medicare covers medical services provided by PAs at 85% of the physician fee schedule. Medicare makes no distinction among the hospital inpatient, outpatient, or ED settings and generally allows PAs to deliver the same services that physicians provide in the hospital setting (within the PA’s scope of practice as determined by state law) using the same Current Procedural Terminology (CPT) codes.

Medicare follows the PA regulations established in each state regarding the degree of physician supervision required in hospitals. Under Medicare’s guidelines, the physician supervisor need not be physically present with the PA in the hospital when a service is being performed unless specifically required by state law or by the hospital’s regulations.

It should be noted that “incident to” billing was never intended for use in hospitals or EDs.

ACEP
The ACEP publishes the policy statement Guidelines on the Role of Physician Assistants in the Emergency Department. In the statement, the ACEP says that PAs provide services in various roles in EDs, including out-of-hospital patient care, patient triage, patient care in the ED, and selective administrative functions. The ACEP endorses the following guidelines for EDs that use PAs:

- PAs working in EDs should
  - acquire specific experience or specialty training in emer-
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- participate in a supervised orientation program
- receive appropriate training and continuing education in providing emergency care
- possess knowledge of specific ED policies and procedures
- be aware of and participate in the performance improvement activities of the ED

- PAs may be placed in clinical and administrative situations in which they supplement and assist emergency physicians. They do not replace the medical expertise and patient care provided by emergency physicians.
- PAs work clinically with the supervision of an emergency physician. The physician evaluates the care that each patient receives and assumes ultimate responsibility for the patient. The supervising physician for each PA encounter should be specifically identified. ED medical directors should define the number of PAs whose clinical work can be simultaneously supervised by one emergency physician.
- The medical director of the ED or a designee has the responsibility of providing the overall direction of activities of the PA in the ED.
- The PA’s scope of practice must be clearly delineated and consistent with state PA regulations. This delineation should include a list of symptom complexes that may be evaluated and initially addressed by PAs. The delineation also should include a list of the medical procedures that PAs may perform
  - before consultation with the emergency physician
  - only after consultation with supervising emergency physicians
  - only under the direct supervision of an emergency physician

In addition, credentialing procedures must be specifically stated and similar to those required of other mid-level providers.

- PAs working in the ED must meet the requirements of the state or federal jurisdiction in which they practice and should be appropriately certified.

Positions of other interested parties

The NCCPA issues the Physician Assistant–Certified (PA-C) credential as a mark of professional accomplishment, which indi-
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cates the achievement and maintenance of established levels of knowledge and clinical skills. The PA-C credential is widely recognized within the medical professions and beyond. All 50 states, the District of Columbia, and the American territories require the mark for licensure or regulation of PAs.

Applicants for NCCPA certification are eligible to take the Physician Assistant National Certifying Examination if they have satisfied one of the following requirements:

- Graduated from a PA program accredited by the ARC-PA or its predecessors
- Completed a program between July 1, 1994, and December 31, 2000, that was accredited by the Commission on Accreditation of Allied Health Education Programs as a Physician Assistant or a Surgeon Assistant Program
- Completed a program between January 1, 1986, and June 30, 1994, that was accredited by the American Medical Association Committee on Allied Health Education and Accreditation as a Physician Assistant Program or a Surgeon Assistant Program
- Completed a program between January 1, 1977, and December 31, 1985, that was accredited by the American Medical Association Committee on Allied Health Education and Accreditation as either a Program to Educate and Train Assistants to the Primary Care Physician or a Surgeon Assistant Program
- Completed a program before December 31, 1976, that was accredited by the American Medical Association Council on Medical Education as either a Program to Educate and Train Assistants to the Primary Care Physician or a Surgeon Assistant Program
- Have been awarded unrestricted eligibility and have previously taken the initial certification examination administered by the NCCPA

**CRC draft criteria**

A hospital should not wait until it receives a request for an application for clinical privileges from a PA in the ED to consider whether it wishes to grant privileges to this type of practitioner.

The policy governing PAs in the ED should be drafted ahead of time by the board and should consider state laws, the needs of the community, the needs of the medical staff, and the hospital’s mission and strategic plan. Criteria should be in place that
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Basic education: Master’s, baccalaureate, or associate’s degree

Minimum formal training: Applicants must be able to demonstrate completion of an accredited PA program. In addition, a PA should meet the following requirements:

- Successful completion of an accredited postgraduate PA program in emergency medicine or completion of training in the ED procedures for which privileges are sought.
- Successful completion of the national certifying examination given by the NCCPA.
- A current license, certification, or registration in the state of practice.
- Evidence of adequate professional liability insurance secured either through the PA’s employer or held by the PA.
- No physical and mental health problem preventing him or her from exercising the privileges granted. For more information concerning this issue, refer to the Americans with Disabilities Act of 1990.
- Satisfies any queries made to the National Practitioner Data Bank regarding medical liability history.
- Employment by or agreement with a physician(s) currently appointed to the medical staff of the hospital to supervise the PA’s practice in the hospital. According to a written agreement, the physician must

  - assume responsibility for supervision or monitoring of the PA’s practice as stated in the appropriate hospital or medical staff policy governing PAs
  - be continuously available or provide an alternate to provide consultation when requested and to intervene when necessary
  - assume total responsibility for the care of any patient when requested by the PA or required by this policy or in the interest of patient care
  - cosign all orders entered by the PA on the medical records of all patients seen or treated by the PA

cover qualifications, scope of practice, physician supervision, and privileging. The criteria and process for granting clinical privileges to PAs in the ED should be outlined in an appropriate document.

The following draft criteria are intended to serve solely as a starting point for the development of an institution’s policy regarding this practice area.
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- Holds current advanced cardiac life support certification.

**Required previous experience:** Applicants must be able to demonstrate that they have provided ED services for at least 50 patients in the past 12 months.

**References**
A letter of reference must come from the director of the applicant’s emergency care training program(s). Alternatively, a letter of reference regarding competence should come from the chief of the ED at the institution where the applicant most recently practiced.

**Core privileges for PAs in the ED**
Core privileges for PAs in the ED include but are not limited to the following:

- Take patient histories and perform physical examinations, including MSEs
- Record or dictate the information into the patient chart
- Perform or assist in the performance of laboratory and patient screening procedures
- Perform diagnostic and therapeutic studies
- Order and interpret diagnostic laboratory tests and radiological studies
- Order medications and other therapies
- Perform procedures that include but are not limited to the following:
  - Suturing
  - Wound care
  - Splinting of extremity fractures
  - Reduction of joint dislocations
  - I & D (incision and drainage) of abscesses
  - Foreign body removal
  - Lumbar punctures

**Physician oversight**
A physician oversight policy should be created by the organization, which is in accord with the organization’s overall policies and with appropriate state law and regulation. The policy should define when the PA in the ED can work with limited oversight or when the PA would be required to work under the direct supervision of an ED physician (e.g., for patients with chest pain or severe trauma).

The policy should also define such areas as
- general expectations for the physician and the PA
- how the supervising physician and PA work together, which would include decisions about delegation that are determined jointly
- requirements the physician has for the PA (e.g., specific patient problems that are always referred to the supervising physician)
- how supervision will be documented
- specific lists of approved tasks

Note: State practice acts and licensure regulations must be utilized to define the physician to supervised PA maximum ratio.

Special requests for PAs in the ED

For each special request, threshold criteria must be established. Special requests for PAs in the ED include any procedures that were not a part of the applicant’s training program or were not a part of the applicant’s continuing medical education program(s).

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization’s existing quality assurance mechanisms.

Applicants must be able to demonstrate that they have maintained competence by showing evidence that they have provided ED services for at least 50 patients annually over the reappointment cycle.

In addition, continuing education related to PA practice and emergency medicine should be required.

For more information

For more information regarding this practice area, contact

American Academy of Physician Assistants
950 North Washington Street
Alexandria, VA 22314-1552
Telephone: 703/836-2272
Fax: 703/684-1924
Web site: www.aapa.org
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American College of Emergency Physicians
1125 Executive Circle
Irving, TX 75038-2522
Telephone: 972/550-0911
Fax: 972/580-2816
Web site: www.acep.org

National Commission on Certification of Physician Assistants
12000 Findley Road, Suite 200
Duluth, GA 30097-1409
Telephone: 678/417-8100
Fax: 678/417-8135
Web site: www.nccpa.net

Society of Emergency Medicine Physician Assistants
950 North Washington Street
Alexandria, VA 22314-1552
Telephone: 703/519-7334
Web site: www.sempa.org
Privilege request form

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To be eligible to request clinical privileges for PAs in the ED, an applicant must meet the following minimum threshold criteria:

- **Basic education:** Master’s, baccalaureate, or associate’s degree

- **Minimum formal training:** Applicants must be able to demonstrate completion of an accredited PA program. In addition, a PA should meet the following requirements:
  - Successful completion of an accredited postgraduate PA program in emergency medicine or completion of training in the ED procedures for which privileges are sought
  - Successful completion of the national certifying examination given by the NCCPA
  - A current license, certification, or registration in the state of practice.
  - Evidence of adequate professional liability insurance secured either through the PA’s employer or held by the PA.
  - No physical and mental health problem preventing him or her from exercising the privileges granted. For more information concerning this issue, refer to the Americans with Disabilities Act of 1990.
  - Satisfies any queries made to the National Practitioner Data Bank regarding medical liability history.
  - Employment by or agreement with a physician(s) currently appointed to the medical staff of the hospital to supervise the PA’s practice in the hospital. According to a written agreement, the physician must
    - assume responsibility for supervision or monitoring of the PA’s practice as stated in the appropriate hospital or medical staff policy governing PAs
    - be continuously available or provide an alternate to provide consultation when requested and to intervene when necessary
    - assume total responsibility for the care of any patient when requested by the PA or required by this policy or in the interest of patient care
    - cosign all orders entered by the PA on the medical records of all patients seen or treated by the PA
    - Holds current advanced cardiac life support certification.

- **Required previous experience:** Applicants must be able to demonstrate that they have provided ED services for at least 50 patients in the past 12 months.

- **References:** A letter of reference must come from the director of the applicant’s emergency care training program(s). Alternatively, a letter of reference regarding competence should come from the chief of the ED at the institution where the applicant most recently practiced.

- **Core privileges:** Core privileges for PAs in the ED include but are not limited to the following:
  - Take patient histories and perform physical examinations, including medical screening exams (MSE)
  - Record or dictate the information into the patient chart
  - Perform or assist in the performance of laboratory and patient screening procedures
  - Perform diagnostic and therapeutic studies
  - Order and interpret diagnostic laboratory tests and radiological studies
  - Order medications and other therapies
- Perform procedures that include but are not limited to the following:
  - Take patient histories and perform physical examinations, including MSEs
  - Record or dictate the information into the patient chart
  - Perform or assist in the performance of laboratory and patient screening procedures
  - Perform diagnostic and therapeutic studies
  - Order and interpret diagnostic laboratory tests and radiological studies
  - Order medications and other therapies
  - Perform procedures that include but are not limited to the following:
    - Suturing
    - Splinting of extremity fractures
  - I & D (incision and drainage) of abscesses
  - Lumbar punctures
  - Wound care
  - Reduction of joint dislocations
  - Foreign body removal

- **Physician oversight:** A physician oversight policy should be created by the organization, which is in accord with the organization’s overall policies and with appropriate state law and regulation. The policy should define when the PA in the ED can work with limited oversight or when the PA would be required to work under the direct supervision of an ED physician (e.g., for patients with chest pain or severe trauma).

The policy should also define such areas as
- general expectations for the physician and the PA
- how the supervising physician and PA work together, which would include decisions about delegation that are determined jointly
- requirements the physician has for the PA (e.g., specific patient problems that are always referred to the supervising physician)
- how supervision will be documented
- specific lists of approved tasks

Note: State practice acts and licensure regulations must be utilized to define the physician to supervised PA maximum ratio.

- **Reappointment:** Reappointment should be based on unbiased, objective results of care according to the organization’s existing quality assurance mechanisms.

  Applicants must be able to demonstrate that they have maintained competence by showing evidence that they have provided ED services for at least 50 patients annually over the reappointment cycle.

  **In addition,** continuing education related to PA practice and emergency medicine should be required.

I understand that by making this request I am bound by the applicable bylaws or policies of the hospital and hereby stipulate that I meet the minimum threshold criteria for this request.

Applicant’s signature: ____________________________________________

Typed or printed name: ___________________________________________

Date: ___________________________________________________________
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The information contained in this document is general. It has been designed and is intended for use by hospitals and their credentials committees in developing their own local approaches and policies for various credentialing issues. This information, including the materials, opinions, and draft criteria set forth herein, should not be adopted for use without careful consideration, discussion, additional research by physicians and counsel in local settings, and adaptation to local needs. The Credentialing Resource Center does not provide legal or clinical advice; for such advice, the counsel of competent individuals in these fields must be obtained.

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