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The Physician's Assistant in the Patient Care Institution

Catholic Physicians' Guild

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To focus on current trends, the CHA conducted a survey in November, 1975, seeking information on the utilization of PA’s in member institutions. Based on the survey and the review of others’ attitudes about PA’s, the Association has developed guidelines for an institution’s use in preparing to employ this type person. It feels that if these guidelines are followed, an institution can be better assured that its PA’s will make a greater contribution to the quality of patient care.

Because of repeated questions about Physician’s Assistants (PA), The Catholic Hospital Association, in November, 1975, sent a questionnaire to its members to find what their current practice was.

From the answers to this questionnaire, it was evident that two sets of guidelines would be set forth. The first outlines institutional policy: what must be developed as soon as a decision is made to consider allowing PA’s to function within the institution*:

1) A Board policy, developed with the help of the medical staff and the chief executive officer, and with full cognizance of all applicable local and state laws, outlining the functions that a PA may perform within the institution and the functions the PA may not perform within the institution. This policy must be made available to all members of the medical staff and all personnel in the Patient Care areas of the institution;

2) The institution must establish a policy for careful review of the education and experience of each PA proposed to work in the institution in order to intelligently define each of the functions the PA will be permitted to do;
3) A specific approval mechanism must be established which shall be followed by each PA prior to that PA being permitted to function within the institution;
4) The institution must establish a policy requiring continual review of the activities of the PA, as well as establishing specific periods in which a more in-depth review will be required for all PA's approved to work in the institution.

After an institution's organizational policies have been developed, a written guideline must be prepared that outlines the processing of the individual PA's application for permission to function in a Patient Care area**. Each application must, as a minimum, contain information on all of the following points:

1) Adequate verified information on each PA's education and previous experience in this field;
2) A specific list from the sponsoring physician of the duties to be performed by the PA for which approval is being requested;
3) The identification of the physician who is responsible for all of the PA's activities within the institution;
4) A signed statement that the PA understands that he may not perform any functions within the institution not specifically approved by the institution's review mechanism.

After the institution has approved*** the application, the sponsoring physician and the PA should be notified, giving, as a minimum, the following information:

1) The duties the specific PA may perform;
2) The duties that the PA is prohibited from performing, either by Board policy or as the result of review of the qualifications of the specific PA;
3) The duration of the approval;
4) The name of the physician responsible for the PA's actions.

There are occasions when the review process will not approve a PA who has been proposed. To handle this contingency, an appropriate mechanism must be established; however, since PA's are not members (actual or proposed) of the medical staff, the formal "due process" allowed a physician rejected for the medical staff is not considered to be necessary.

*Such a decision should not be entered into lightly. Nineteen per cent of CHA members with PA's currently in the institution would reject them if the institution could reevaluate its decision now.

**These guidelines apply whether the PA is employed by a physician in private practice or by the institution itself.

***The approval of any PA must be the result of consideration of the elements outlined in this document by the medical staff's appropriate committee(s) and the office of the chief executive officer of the institution.

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