



PHYSICIAN ASSISTANT
CORE SCOPE OF PRACTICE

Name of Physician Assistant (Print)

Department

DEFINITION

A Physician assistant (PA) in the State of New York is defined by Education Law as someone who is registered in the New York State Education Department as a Physician assistant. That person must meet the stipulation of Article 131-5 of the Education Law as to the requirement of education and training to become a Physician Assistant.

Physician assistants practice medicine with supervision or direction by licensed physicians. As members of the healthcare team, PAs provide a wide range of medical services from basic primary care to high-technology specialty procedures according to the American Academy of Physician Assistants (AAPA).

PRACTICE RELATIONSHIPS (excerpted from Article 131-B Section 6542 of the NYS Education Law)

Physician assistants act solely on delegation from the supervising physician. The physician assistant is entitled to use his/her medical skills and knowledge in the performance of medical acts, functions, and services only on delegation from, and on behalf of the supervising physician. It is the responsibility of the supervising physician to assure that the physician assistant is competent to perform that which is delegated.

The New York State Education Law and related regulations provide that Physician Assistants may perform medical services only under the supervision of a physician. Supervision shall be continuous, but shall not necessarily require the physical presence of the physician at the time and place the services are provided. A physician may not supervise more than two physician assistants in a private practice or more than six physician assistants in the hospital setting.

The statute and implementing rules and regulations provide that medical acts, functions, and services delegated to the physician assistant must be within the scope of practice of the supervising physician and must be appropriate to the education, training, and experience of the physician assistant to whom they are assigned. **The scope of practice within a hospital setting is at the discretion of the hospital Board of Directors.**

COMPETENCIES:

PA’s care for patients of all ages, from the newborn to the elderly.

- A. Each Physician assistant must obtain certification by the National Commission on Certification of Physician Assistants (NCCPA) prior to becoming a member of the Kaleida Health Medical/Dental Staff. Certification must be maintained to remain on the Kaleida Health Medical/Dental Staff.

The scope of practice of a PA, according to the AAPA, includes but is not limited to taking medical histories, performing physical exams, ordering and interpreting laboratory tests, diagnosing illnesses, treating illnesses, counseling patients, promoting wellness, making hospital and nursing home rounds, and assisting in surgery.

Apply, remove, and change dressings and bandages	Carrying out or relaying the supervising physician’s orders for the administration of medication
Initial and ongoing assessment of patient’s medical, physical, and psychosocial status	Obtain a relevant health and medical history
Perform a physical examination based on age and history	Conduct non-invasive preventive screening procedures based on age and history
Identify medical and health risks and needs	Update and record changes in health status
Formulate the appropriate differential diagnosis based on the history, physical examination, and clinical findings.	Identify needs of the individual, family or community as a result of the evaluation of the collected data
Order and interpret appropriate diagnostic/laboratory tests	Develop and provide a relevant patient education plan
Make appropriate referrals to other health professionals and community agencies	Determine the effectiveness of the plan of care through documentation of client care outcomes
Reassess and modify the plan as necessary to achieve medical and health goals	Participate in quality assurance review on a quarterly basis, including systematic review of records and treatment plans
Insert and remove nasogastric tubes	May first or second assist on minor/major procedures under the supervision of the collaborating physician
Perform consultations	Perform incision and drainage of superficial abscesses
Perform urinary bladder catheterization (short-term and indwelling) (e.g., Robinson, Foley)	Perform venous punctures for blood sampling, cultures, and IV catheterization
Perform wound debridement and general care of superficial wounds and minor superficial surgical procedures	Limited admission privileges for patients in Ambulatory Surgery or Observation status.

LEVEL II PRIVILEGES - The applicant must provide written documentation of current competence as noted for all procedures requested:

LEVEL II Privileges	Requested	Approved	*Not Approved	With Direct Supervision
Signing of death certificate except in those cases where such a certificate is issued by the medical examiner/coroner. (The supervising physician must evaluate the PA’s education, training and experience and determine whether or not it is appropriate for the PA to complete death certificates. After an evaluation, the supervising physician must submit written documentation of the evaluation.)				

THE SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION by checking one of the following:

- _____ a) I, as collaborating physician, have personally observed _____ (applicant’s name) in the clinical setting and can attest he/she has the cognitive skills appropriate.
- _____ b) I, as collaborating physician, **have not** personally observed _____ (applicant’s name) in the clinical setting and recommend he/she be given a six (6) month provisional approval with direct supervision at the end of which an attestation as to competence will be required.
- _____ c) I, as collaborating physician, **have not** personally observed _____ (applicant’s name) in the clinical setting but will waive the six (6) month provisional approval period based on commensurate experience.

Practitioner’s Name (Print)	Practitioner’s Signature	Date
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Supervising Physician’s Name (Print)	Supervising Physician’s Signature	Date
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Chief of Service Name (Print)	Chief of Service Signature	Date
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Advanced Practice Provider Committee	Date
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SUBSPECIALTY FORMS ARE ATTACHED IF APPLICABLE

The exercise of these clinical privileges requires a designated supervising physician with clinical privileges at Kaleida Health in the same area of specialty practice. All practice is performed under the supervision of this physician and in accordance with written policies and protocols developed and approved by the relevant clinical department or service, the medical executive committee, nursing administration and the governing body.

SUBSPECIALTY PRIVILEGES	SUBSPECIALTY PRIVILEGES
1.) Acute/Critical Care Medicine	9.) Orthopedic Surgery
2.) Cardiology	10.) Pediatrics
3.) Cardiothoracic Surgery	11.) Surgical
4.) Dermatology	12.) Women’s Health
5.) Emergency Medicine	13.) Neurosurgery
6.) Neonatology	14.) Urology
7.) Nephrology	15.) Radiology
8.) Neurology	