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Bryant University PA Program Statement regarding proposed AAPA Full Practice Authority and Responsibility

The Bryant University PA Program, faculty, staff, and students fully oppose the proposed AAPA policy regarding Full Practice Authority and Responsibility (FPAR) for PAs. We believe that all aspects of the proposed FPAR policy, with the exception of independent practice created by the proposed elimination of all legal ties to physicians, are already addressed by existing AAPA policy, specifically, the *AAPA Model State Legislation for PAs* and *Guidelines for State Regulation of PAs*.

Any current restrictions and limitations on PA Practice that are supposedly addressed by FPAR can be addressed and resolved at the practice level. Concerns regarding supervision, limitations of scope of practice, remuneration, job satisfaction, and providing excellent team-based patient care should not be dictated by law, and the AAPA Model State Legislation provides for such practice-level management.

We believe that FPAR is simply a clever means for remodeling the PA Profession to be one of independent practice and that the elimination of the long-standing, highly-valued partnership with physicians is detrimental to the profession, patient care, and the proven concept of team-based healthcare delivery. One of the most significant issues with FPAR is that since PAs practice medicine and our scope is ideally defined at the practice level, FPAR would leave PAs without any definable scope of practice at all. The legal basis for “practicing medicine” is defined for physicians. If all legal ties to physicians are severed, PAs will be left with no legal ability to practice. An entire new legal scope of practice for PAs would have to be forged in every state, passed through the rigorous legislative process, and adopted and accepted by patients, physicians, hospitals, healthcare systems, and medical practices. It is our belief that this move would set the profession backwards or eliminate it all together, as there would be no legal basis for a PA Profession without physicians.

Some PAs are concerned that APRNs or NPs (Nurse Practitioners) might have job placement advantages because in some states, APRNs are independent practitioners. However, even though PAs work alongside NPs in many healthcare settings and enjoy the PA/NP teamwork and relationships, NPs practice nursing and PAs practice medicine; this is not an equivalent comparison, and the training is markedly different. Physicians and healthcare organizations may perceive there to be an advantage in hiring an “independent” practitioner because of the inaccurate belief of not having to bear any responsibility for the actions of the NP while having to bear 100% of the responsibility of the PA’s actions. It is more accurate to say that each health care provider (physicians, PAs, and APRNs) are already responsible for actions they take in the course of providing patient care. In fact, there has been no objective evidence presented that NPs are hired preferentially over PAs. We believe that the AAPA Model Legislation which replaces “supervision” with the more accurate term “collaboration” more accurately describes the physician-PA team and individual liabilities. Better served efforts

would be to enact new AAPA Policy specifically addressing PA liability, physician responsibility, and fair tort reform.

Following the 2016 AAPA House of Delegates Meeting, the discussion of FPAR was referred to a task force, charged with further investigating the implications of FPAR on PAs and healthcare to bring to the 2017 AAPA House of Delegates Meeting in May 2017. At this time, The AAPA Joint Task Force on the Future of PA Practice Authority has not completed any such investigation and has instead put forth the same statements, backed only by anecdotes and individual PA statements and experiences. The Task Force has irresponsibly gone forth with very public messages that have been misconstrued by the public, patients, PAs, physicians, physician professional organizations, and others. Worse, these public discussions about FPAR have made it appear to anyone watching or reading that this is already AAPA Policy and the future of the PA Profession; it is not. Such statements only serve to alienate our physician partners, cause confusion within the PA Profession, and will only make it more difficult to progress the AAPA Model Legislation through the appropriate processes.

The year 2017 marks the 50th anniversary of the PA Profession. At this time, we should be seeking ways to strengthen the already excellent Physician-PA collaborative relationship. Unlike FPAR advocates have stated, there is no basis to believe that PAs have “earned the right” to suddenly become independent practitioners. Any PA practicing in a supportive state legal environment already enjoys the ability to practice autonomously, to the limit of their PA license and training, as part of a health care team. The singular goal of both PAs and physicians should be the delivery of outstanding healthcare to our patients.