

CENTRAL DEBATE

How competent are PAs? This is the critical question asked by both physicians and patients. The primary debate within the medical field concerning PAs is how far the scope should extend. This is partly controlled by legislation, but it is mainly a question of the relationship between physician and PA. George White, Jr. reports that physician assistant students on average complete more than 2,000 hours of supervised clinical practice during their 2 year program (White). This is comparable to the time devoted to a medical student's residency. It is not uncommon for physician assistants and medical students to do rotations together. The PA program equips physician assistants to function in a primary care role, but as shown by the directives of PA programs, PAs are trained to work in conjunction with a supervising physician. Therefore, the scope of the PA practice depends on the physician; so, often it is not a question of the competency of the PA, but a question of comfort level, experience, and practice specifics. The comfort level restraint is directly connected to the physician. Even though a physician may or may not actually see a patient they are still accountable for the patient's care. In the words of one physician, "Independence is different from accountability" (Jacobson, 7). Jacobson also found that experience influences the scope of PA practice. PAs develop areas of expertise and show that they are competent in many areas (Jacobson, 8). The role of PAs now includes surgical practice and primary and specialty care. Many programs have a surgical or specialty focus that allows PAs to function within these areas under the supervision of a physician. Recent legislation has allowed PAs to prescribe medication for patients in 15 states. The third factor in the scope of PA practice is specific to the area of practice. Many offices are overloaded with patients, and PAs are well-equipped to treat standard

cases. The shortage of primary care physicians largely explains for the expanded use of PAs (Jacobson, 8). In these cases, the scope of practice depends on the relationship between the PA and physician is decided by a PAs ability and discretion to refer complex cases to a supervising physician.

While the fundamental rationale of the profession is the relationship between physician and PA, the fundamental trend has been increasing interactivity with patients based on accessibility and increasing responsibility based on experience and demand. Mark Moran notes that PA duties include performing diagnostic tests, prescribing medicine, developing treatment plans, and carrying them out (Moran, 1). Not only are PAs approachable, they are generally up-to-date on medical innovation. In order to retain certification, a physician assistant takes a national recertification exam and completes 100 hours of continuing medical education every two years (White, 3).