

MILLARD FILLMORE SURGERY CENTER

Clinical Service _____

Name of Practitioner (Print)

SCOPE OF PRACTICE - PHYSICIAN ASSISTANT

Credentialing period effective for 2 years

Age Range of Patient Population:
(Please check)

____ Pediatric ____ Adult ____ Geriatric

PART I: TITLE

In the State of New York, the proper title for a Registered Physician Assistant is R.P.A. Only persons registered as a Physician assistant may use this title.

PART II: DEFINITION

A Physician assistant 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 stipulations of Section 6541 of the Education Law as to the requirements of education and training to become a Physician assistant.

PART III: PRACTICE RELATIONSHIPS (excerpt from Section 6541 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.**

Part IV: COMPETENCIES:

- 1) **Core Competencies** - (accorded to practitioners that have met the stipulations of Section 6541 of the Education Law as to the requirements of education and training to become a Physician Assistant)
 - Obtain comprehensive history.
 - Perform physical examination.
 - Record observations in the patient’s chart
 - Dictate summaries and consultations
 - Write routine patient care orders according to approved pre-established protocols under the supervision of the physician in charge.
 - Is first-assistant in the operating room.

Physician Assistant

Name: _____

2) **Specialty Related Cognitive Skills** – **THE SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION by checking one of the following:**

- _____ a) I, as supervising physician, have personally observed _____ (applicant’s name) in the clinical setting and can attest he/she has the cognitive skills appropriate to the Specialty/Subspecialty of _____.
- _____ b) I, as supervising 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.

3) **Specialty Related Procedural Competencies** - **The applicant must provide written documentation of current competence (as noted below) for all procedures requested:**

- a) **Recent graduate** – A list of requested procedures performed within the educational program, signed by a representative of the program, attesting to competence.
- b) **All Others** – A list of requested procedures performed within the previous 2 years.

OR

A signed statement from the supervising /collaborating physician confirming that he/she has personally observed the applicant successfully perform the procedure(s) and can attest to his/her competence.

- c) **If neither of the above requirements can be met**, the applicant may submit a separate written request for approval to perform the procedure(s) under direct supervision until such time as the above noted attestation can be submitted. This request must be co-signed by the supervising physician.

PLEASE NOTE: All subsequent reappointments will require a 2-year case list.

1 ST TWO COLUMNS TO BE COMPLETED BY APPLICANT		//COMPLETED BY CHIEF OF SERVICE		
I AM REQUESTING APPROVAL TO PERFORM THE FOLLOWING PROCEDURES - Must provide documentation of current competence as noted above. (PLEASE PRINT)	Requested	Approved	*Not Approved	With Direct Supervision

KEY *NOT APPROVED DUE TO: (Provide Details if necessary)
1) Lack of Documentation
2) Lack of Required Training/Experience
3) Lack of Current Competence

Physician Assistant

Name: _____

Practitioner's Signature

Date

Physician Supervisor's Signature

Date

Physician Supervisor's Name (Print)

Clinical Chief

Date