

AAPA Task Force on the Current and Future State of PA Surgical and Procedural Practice (PA-FSPP) Report to HOD 2021

In pursuing the fulfillment of its charges, this task force successfully identified several significant barriers to achieving a maximum level of PA practice in surgical and procedural settings. Unfortunately, the vast differences in state laws and regulations prevent a cohesive national strategy specific to expansion of PA surgical techniques and procedures from being implemented. Additionally, we discovered distinctions between various hospitals and other surgical practice settings in terms of how practice-level decisions are made and implemented which would complicate a national effort.

PA education and training provides a broad and versatile medical backbone for the profession by design; unlike other professions that choose to narrowly focus on specific procedures. Many PAs choose to seek additional training or formal procedural and/or surgical fellowships, based on their desired practice setting and clinical experience, however the task force was cautious about outlining specific additional requirements as not all PAs will need the same degree of training to successfully master these skills.

The task force believes AAPA's existing policies address the goal of eliminating barriers to PA practice in all settings, including surgical settings. For example, AAPA's Guidelines for State Regulation of PAs includes Optimal Team Practice, which occurs when PAs, physicians, and other healthcare professionals work together to provide quality care without burdensome administrative constraints. AAPA's 2020-2021 policy manual also offers guidance for "Medical Staff Bylaws" that aligns with Optimal Team Practice. AAPA's advocacy and government relations department in addition to constituent organizations, are all focused on maximizing PA delivered care and minimizing unnecessary barriers.

Every hospital, hospital affiliate, or ambulatory surgery center often has its own specific medical staff bylaws, policies, and procedures. This makes it difficult to develop specific guidelines for every surgical or procedural skill that could be performed autonomously. However, PAs and PA leaders can use these existing resources to help achieve these goals and update medical staff bylaws that allow PAs to practice to the fullest extent of their education and training.

Ultimately, the task force has chosen to disband as creating a uniform national surgical and procedural strategy proved to be unrealistic at this time.