

Physician Assistant Regulations Commonwealth of Pennsylvania





Objectives:

1. Discuss the regulations for physician assistants under the Pennsylvania State Board of Medicine and Pennsylvania State Board of Osteopathic Medicine.
2. Understand the requirements for initial licensure and license renewal for physician assistants (PAs) in Pennsylvania.
3. Identify the requirements and responsibilities of the primary supervising physician and the substitute supervising physician(s) for physician assistants in Pennsylvania.
4. Understand the scope of practice of physician assistants in Pennsylvania.
5. Understand the prescriptive authority of physician assistants in Pennsylvania.

Relevant Laws and Regulations



State Board of Medicine

- ▶ Medical Practice Act of 1985
- ▶ Pennsylvania Code Title 49
- ▶ Chapter 18
- ▶ Subchapter 18.121 - 18.181

Act 79 of 2021 amended the Medical Practice Act.

- The State Board of Medicine approved changes to the regulations that were published in the Pennsylvania Bulletin as final on July 5, 2025

Act 78 of 2021 amended the Osteopathic Medical Practice Act.

- The State Board of Osteopathic Medicine released draft regulations, 16A-5339. A 2nd draft was sent out to stakeholders for comment. Comments are being reviewed by the board attorney.

State Board of Osteopathic Medicine

- ▶ Osteopathic Medical Practice Act
- ▶ Pennsylvania Code Title 49
- ▶ Chapter 25
- ▶ Subchapter 25.141 - 25.201



Initial Licensure Requirements for PAs

State Board of Medicine

- ▶ Graduated from accredited PA Program
- ▶ Passed the physician assistant examination
- ▶ BS or higher after Jan. 1, 2004*
- ▶ Not less than 60 hours of didactic instruction in pharmacology*
- ▶ Submitted a completed application with required fee
- ▶ Satisfies the requirement in §16.12 including 3 hours of approved training in child abuse recognition and reporting
- ▶ Act 124 of 2016: Requires 2 hours of CME in pain management or identification of addiction AND 2 hours in practices of prescribing opioids
 - ▶ This can be part of degree education program or as CME
 - ▶ It is verified on the Education Verification form as part of the application process
- ▶ *This is listed in statute but not regulation

Initial Licensure Requirements for PAs

State Board of Osteopathic Medicine



- ▶ Is of good moral character and reputation.
- ▶ Graduated from accredited PA Program
- ▶ Passed the physician assistant examination
- ▶ BS degree or higher after Jan. 1, 2004*
- ▶ Not less than 60 hours of didactic instruction in pharmacology*
- ▶ Submitted an application [detailing his education and work experience](#), together with the required fee
- ▶ Has completed 3 hours of approved training in child abuse recognition and reporting as per §25.417(b)
- ▶ Act 124 of 2016: Requires 2 hours of CME in pain management or identification of addiction AND 2 hours in practices of prescribing opioids
 - ▶ This can be part of degree education program or as CME
 - ▶ It is verified on the Education Verification form as part of the application process

*Noted in statute but not regulations

[Proposed regulation 16A-5339](#) would change the Osteopathic regulations to more closely mirror that of the State Board of Medicine regulations.



Graduate License

- ▶ State Board of Medicine
 - ▶ A graduate from a PA program can be registered with the board between the time of graduation and receipt of the results of their first examination
 - ▶ May practice under direct supervision
 - ▶ May NOT prescribe
 - ▶ If they fail, the registration is expired
 - ▶ Use the term GPA (graduate physician assistant)
 - ▶ Probably not worth utilizing this because results of the NCCPA PANCE are available within 2 weeks
- ▶ State Board of Osteopathic Medicine
 - ▶ NO provision for graduate registration



Licensure Renewal Requirements for PA

- ▶ Complete biennial renewal application/process and submit with the required fees
- ▶ Complete continuing medical education (CME) as required by the National Commission on Certification of Physician Assistants (NCCPA)
 - ▶ Including 2 hours of approved courses in child abuse recognition and reporting in accordance with §16.108(b) or §25.417(b)
 - ▶ Also required are 2 hours in pain management or opioid prescribing (although not listed in regulations for either Board)
- ▶ Maintain national certification by completing current recertification mechanisms available to the profession and recognized by the Board
- ▶ This is the same for both Boards

Recertification Requirements for the National Commission on Certification for Physician Assistants (NCCPA)



- ▶ Complete 100 CME credits every 2 years
 - ▶ At least 50 credits must be Category 1 (pre-approved)
 - ▶ The remaining 50 credits can be Category 1, Category 2, or a combination
 - ▶ Credits must be logged on the NCCPA site for each 2-year cycle with a certification maintenance fee
- ▶ Pass the Physician Assistant National Recertifying Exam (PANRE) or the Physician Assistant National Recertifying Exam—Longitudinal Assessment (PANRE-LA) by the end of the 10th year.

Primary Supervising Physician State Board of Medicine



Requirements

- ▶ Possess a current license
- ▶ File a completed registration form accompanied by the written agreement and registration fee
 - ▶ Registration requires detailed information about the physician's professional background and specialties
- ▶ Name and license number of at least 1 substitute supervising physician
 - ▶ As per Act 79 of 2021, only 1 substitute supervising physician needs to be listed for the Board
 - ▶ Other substitute supervising physicians can be kept at the practice level

Responsibilities

- ▶ Monitor compliance of all parties to the written agreement
- ▶ Advise any party to the written agreement of failure to confirm with the standards in the written agreement, the act, and this subchapter
- ▶ Arrange for a substitute supervising physician
- ▶ Provide access to the written agreement upon request
- ▶ Maintain oversight and responsibility for the medical services rendered by the physician assistant
- ▶ Maintain at the practice or facility a list of all substitute supervising physicians with whom the physician assistant will work
- ▶ Notify the Board of any change in primary practice address using a written agreement change form within 15 days.

Primary Supervising Physician State Board of Osteopathic Medicine



Requirements

- ▶ Possess a current license
- ▶ File a completed registration form accompanied by the registration fee
 - ▶ Registration requires detailed information about the physician's professional background and specialties
- ▶ Has submitted a statement that he will direct and exercise supervision over the physician assistant in accordance with this subchapter and recognizes that he retains full professional and legal responsibility for the performance of the physician assistant the care and treatment of his patients.
- ▶ Has submitted a written agreement

Responsibilities

- ▶ Responsibilities of the supervising physician are listed under the written agreement section of the regulations

In Section §25.173 Documentation and Protocols Required

- ▶ Shall monitor and supervise the activities of the physician assistant and review documentation
- ▶ Shall provide written protocols for the use of the physician assistant in the performance of delegated tasks
 - ▶ The established protocol shall be available for public inspection upon request and may be reviewed by the Board or its agents without prior notice.



Written Agreements

State Board of Medicine

- ▶ Identify and be signed by the primary supervising physician.
- ▶ Describe the physician assistant's scope of practice.
- ▶ Describe the nature and degree of supervision the supervising physician will provide.
- ▶ Be prepared and submitted by the primary supervising physician, the PA, or a delegate of the primary supervising physician and PA.
- ▶ Require that the supervising physician shall countersign the patient record as outlined in the written agreement and as provided for in this subsection.
- ▶ Identify the primary practice setting where the PA will serve.
- ▶ Name at least 1 substitute supervising physician if the physician assistant intends to practice if the primary supervising physician is permanently unable to supervise
- ▶ The written agreement shall be filed with the Board and shall be effective upon submission...
- ▶ Upon request, a PA or supervising physician shall provide access to the written agreement to confirm the scope of the PA's authority



Written Agreements

State Board of Osteopathic Medicine

- ▶ Identify and be signed by the primary supervising physician and **each physician the physician assistant will be assisting who will be acting as a supervising physician.**
- ▶ Describe in detail the manner in which the physician assistant will be assisting each named physician. **The description must list functions to be delegated to the physician assistant including the procedures enumerated in §25.171 and other delegated tasks.**
- ▶ Describe detailed instructions for the use of the physician assistant in the performance of delegated tasks
- ▶ Describe the time, place, and manner, method and frequency of supervision and direction each named physician will provide the PA, including the frequency of personal contact with the PA
- ▶ **Require that the supervising physician shall countersign the patient record within a reasonable time not to exceed 10 days.** (Changed with Act 78 of 2021 but regulations not yet finalized)
- ▶ Identify the locations and practice settings where the PA will serve
- ▶ **Provide at least two physicians who can substitute for the applicant when he is either absent or otherwise unavailable.**

Written Agreements

State Board of Osteopathic Medicine



► Per Act 78 of 2021:

A physician assistant shall provide medical services according to a written agreement which provides for all of the following:

1. Identifies and is signed by the primary supervising physician
2. Describes the physician assistant's scope of practice
3. Describes the nature and degree of supervision the primary supervising physician will provide the physician assistant.
4. Be prepared and submitted by the primary supervising physician, the PA, or a delegate of the primary supervising physician and PA.
5. The written agreement shall be filed with the Board and shall be effective upon submission...

Scope of Practice

State Board of Medicine



- ▶ The physician assistant practices medicine with physician supervision.
- ▶ A PA may perform those duties and responsibilities, including ordering, prescribing, dispensing, and administration of drugs and medical devices, as provided in the written agreement
- ▶ The PA may provide any medical service when the service is within the PA's scope of practice, is identified in the written agreement, and is consistent with the accepted standards of medical practice.
- ▶ The PA may authenticate with the PA's signature any form that may otherwise be authenticated by a physician's signature as permitted by the supervising physician, Federal or State law, and facility protocol.
- ▶ The PA shall be considered an agent of the supervising physician in the performance of all practice-related activities including the ordering of diagnostic, therapeutic, and other medical services.

Scope of Practice

State Board of Osteopathic Medicine



1. Screen patients to determine need for medical attention
2. Review patient records to determine health status
3. Take a patient history
4. Perform a physical examination
5. Perform a development screening examination on children
6. Record pertinent information data
7. Make decisions regarding data gathering and appropriate management and treatment of patients being seen for the initial evaluation of a problem or follow-up evaluation of a previously diagnosed and stabilized condition
8. Prepare patient summaries
9. Initiate request for initial laboratory studies
10. Collect specimens for and carry out commonly performed blood, urine, and stool analysis and cultures.
11. Identify normal and abnormal findings on history, physical exam, and laboratory studies
12. Initiate appropriate evaluation and management for emergency situations
13. Perform clinical procedures such as:
 - Venipuncture
 - Intradermal tests
 - Electrocardiogram
 - Care and suturing of minor lacerations
 - Casting and splinting
 - Control of external hemorrhage
 - Application of dressings and bandages
 - Administration of medications with the exception of controlled substances, whole blood, and blood components
 - Removal of superficial foreign bodies
 - Cardio-pulmonary resuscitation
 - Audiometry screening/Vision screening
 - Carrying out aseptic technique
14. Provide counseling and instruction regarding common patient problems



Scope of Practice

State Board of Osteopathic Medicine

- ▶ The tasks physician assistants may perform are those which require technical skills, execution of standing orders, routine patient care tasks and such diagnostic and therapeutic procedures as the supervising physician may wish to delegate to the PA after the supervising physician has satisfied himself as to the ability and competence of the PA.
- ▶ The supervising physician may delegate to the PA, subject to prior approval of the Board, such medical procedures and other tasks as are usually performed within the normal scope of practice of the supervising physician's practice and subject to the limitations set forth in this subchapter, the act, and the training and expertise of the PA

Prohibitions

State Board of Medicine



- ▶ A physician assistant may not:
 1. Provide medical services except as described in the written agreement
 2. Independently practice
 3. Independently delegate a task assigned to the PA by the supervising physician to another health care provider
 4. Intentionally advertise as an independent practitioner or hold oneself out as an independent practitioner
 5. Perform acupuncture except as permitted by section 13(k) of the act (63 P.S. §422.13(k))

Prohibitions

State Board of Osteopathic Medicine



► A physician assistant may not:

1. Maintain or manage an office separate and apart from the supervising physician's primary office for treating patients unless the Board has granted the supervising physician specific permission to establish a satellite operation under §25.175 (relating to physician assistants and satellite operations).
2. Independently bill patients for services provided.
3. Independently delegate a task assigned to him by his supervising physician to another individual.
4. List his name independently in a telephone directory or otherwise advertise, using the title "physician assistant" or "P.A." or another term in a manner which would indicate that he functions as an independent health care provider.
5. Perform acupuncture.
6. Pronounce a patient dead. (Never updated from Act 17 of 2017 which allows a PA to pronounce a patient dead)



Countersignature Requirements

- ▶ Acts 78 and 79 of 2021, made the following changes:
- ▶ The primary supervising physician shall determine countersignature requirements of patient records completed by the PA in a written agreement except:
 - ▶ The primary supervising physician shall countersign 100% of patient records completed by the physician assistant within a reasonable time, not to exceed 10 days, during the following periods:
 1. The first 12 months of the PA's practice post-graduation and after the PA has fulfilled the criteria for licensure
 2. The first 12 months of the PA's practice in a new specialty in which the PA is practicing
- ▶ The State Board of Medicine updated this in the regulations as of July 5, 2025.
- ▶ The State Board of Medicine has not updated this, however, Act 78 of 2021 took effect immediately upon signature by the Governor

Other Changes with Acts 78 and 79 of 2021

- ▶ Increased ratio of PAs that a supervising physician can supervise from 4:1 to 6:1
- ▶ Created a permanent seat on both the State Board of Medicine and the State Board of Osteopathic Medicine for a physician assistant
 - ▶ Previously 1 seat rotated between several other disciplines that were licensed by the prospective board



Prescribing and Dispensing

State Board of Medicine



- ▶ A supervising physician may delegate to the physician assistant the prescribing, dispensing, and administration of drugs and therapeutic devices
- ▶ A physician assistant may only prescribe or dispense a drug for a patient who is under the care of the physician responsible for the supervision of the physician assistant and only in accordance with the written agreement
- ▶ A physician assistant may request, receive, and sign for professional samples and may distribute professional samples to patients.
- ▶ Requirements for prescription blanks and electronic prescriptions:
 1. Must bear the license number of the PA and the name of the PA in printed format at the heading of the prescription.
 2. The supervising physician must also be identified as required in §16.91 (relating to identifying information on prescriptions and orders)
 3. The supervising physician is prohibited from pre-signing prescription blanks.
 4. The PA may use a prescription blank generated by a health care facility provide the information in #1 appears on the prescription blank.

Prescribing and Dispensing

State Board of Osteopathic Medicine



- ▶ A supervising physician may delegate to the physician assistant the prescribing, dispensing, and administration of drugs and therapeutic devices
- ▶ A physician assistant may only prescribe or dispense a drug for a patient who is under the care of the physician responsible for the supervision of the physician assistant and only in accordance with the written agreement
- ▶ A physician assistant may request, receive, and sign for professional samples and may distribute professional samples to patients.
- ▶ Requirements for prescription blanks and electronic prescriptions:
 1. Must bear the license number of the PA and the name of the PA in printed format at the heading of the prescription.
 2. The supervising physician's name and license number must also be printed on the prescription.
 3. The supervising physician is prohibited from pre-signing prescription blanks.
 4. The PA may use a prescription blank generated by a health care facility provide the information in #1 appears on the prescription blank.
- ▶ Shall report orally, or in writing, to the supervising physician within 36 hours, a drug prescribed or dispensed while the supervising physician is not present



Prescribing and Dispensing Scheduled Medications

State Board of Medicine

- ▶ A PA may not prescribe Schedule I controlled substances
- ▶ A PA may prescribe a Schedule II controlled substance for:
 - ▶ Initial therapy up to a 72-hour dose
 - ▶ Notify the physician in no event longer than 24 hours
 - ▶ Up to a 30-day supply if approved by the supervising physician for on-going therapy
 - ▶ Prescription must clearly state on its face that it is for initial or on-going therapy

State Board of Osteopathic Medicine

- ▶ A PA may not prescribe Schedule I controlled substances
- ▶ A PA may prescribe a Schedule II controlled substance for:
 - ▶ Initial therapy up to a 72-hour dose
 - ▶ Notify the physician in no event longer than 24 hours
 - ▶ Up to a 30-day supply if approved by the supervising physician for on-going therapy
 - ▶ Patient must be examined by the supervising physician
 - ▶ If for chronically ill patient, must be reviewed and approved by the physician every 30 days
 - ▶ If for a terminally ill patient, must be reviewed approved by the physician every 120 days.
 - ▶ Prescription must clearly state on its face that it is for initial or on-going therapy

Oral Orders

- ▶ Physician assistants are able to issue oral orders to the extent that are allowed by facility bylaws, rules, and regulations
 - ▶ This is noted on both the Medical Practice Act and the Osteopathic Medical Practice Act.





Executing and Relaying Medical Regimens

- ▶ A physician assistant may execute a written or oral order for a medical regimen or may relay a written order for a medical regimen to be executed by another health care practitioner
 - ▶ Must document on patient record at the time it is executed or relayed.
- ▶ There is no such verbiage in the Osteopathic regulations, however, there is no prohibitive language either.



Ordering and Administering Controlled Substances and Blood Products

- ▶ In a health care facility or office setting, the physician assistant may order or administer, or both, controlled substances and whole blood and blood components if expressly set forth in the written agreement.
- ▶ Must comply with the minimum standards for ordering and administering controlled substances specified in §16.92
- ▶ Osteopathic regulations restrict administration of controlled substances, whole blood, and blood components in §25.171(13)(viii) although other sections address PAs ability to execute standing orders or routine care tasks that a physician wishes to delegate to the PA.



Employed by Health Care Facilities

Board of Medicine

- ▶ A physician assistant may be employed by a health care facility.
- ▶ Must still have a primary supervising physician and at least 1 substitute supervising physician.
- ▶ Must comply with the policies and requirements of the health care facility.
- ▶ The attending physician of record for a patient shall act as the primary supervising physician for the physician assistant while the patient is under the care of the attending physician.

Board of Osteopathic Medicine

- ▶ Physician assistants employed directly by a medical care facility shall perform services only under the supervision of a clearly identified and registered supervising physician
- ▶ and the supervising physician shall not supervise more than two physician assistants (never update from 2 previous statutes—last was Act 78 of 2021 which increased the ration from 4:1 to 6:1)
- ▶ The medical staff of the facility should recommend to the facility's governing authority the establishment of a standing committee to develop standards and procedures for PAs



Emergency Medical Services

Board of Medicine

- ▶ A physician assistant may only provide service in an emergency medical care setting if
 - ▶ the physician assistant has training in emergency medicine and
 - ▶ is provided for in the written agreement.
- ▶ A physician assistant licensed in Pennsylvania or in any other state who is responding to a need for medical care created by a declared state of emergency or state of local disaster may render care consistent with the relevant standards of care.

Board of Osteopathic Medicine

- ▶ A physician assistant may provide medical care or services in an emergency department if
 - ▶ He has training in emergency medicine
 - ▶ Functions under specific protocols which govern his performance
 - ▶ Under the direct supervision of a physician with whom he has ready contact and is willing to take full responsibility
 - ▶ A physician assistant may not substitute for a physician who is “on call” in the emergency department
 - ▶ These regulations do not address services during a state of emergency!



Satellite Operations

Board of Medicine

- ▶ Removed all references to satellite offices/operations operations

Board of Osteopathic Medicine

- ▶ No PA may be utilized in an office separate and apart from the supervising physician's primary place for meeting patients unless approved by the Board
 - ▶ Needs to be in an area of medical need
 - ▶ Adequate provision for direct communication
 - ▶ Distance between the main office and satellite operation is not so great as inhibit or impede appropriate support services
 - ▶ Physician must see patients every 5th visit; every 3rd visit from infants to 2 years; every other visit from 2-18 years
 - ▶ Physician will visit the site at least weekly
 - ▶ PA needs to be employed in the supervising physician's office for at least 1 year



Identification

- ▶ A physician assistant may not render medical services to a patient unless the patient or the medical guardian has been informed:
 1. The physician assistant is not a physician.
 2. The patient has the right to be treated by the physician if the patient desires.
- ▶ In the office, a notice plainly visible to patients shall be posted explaining that a physician assistant is authorized to assist a physician in the provision of medical care and services.
 - ▶ The supervising physician shall display the registration to supervise in the office.
 - ▶ The PA's license shall be displayed at any location with the PA provides services.
- ▶ The physician assistant shall wear an identification tag which uses the term "Physician Assistant" in easily readable type. Must be conspicuously worn.
 - ▶ Board of Osteopathic Medicine states 16-point type or larger, otherwise the same for both boards.

Contact Information



- ▶ Pennsylvania Society of Physician Associates (PSPA)
 - ▶ <http://pspa.net>
 - ▶ pspa@pspa.net or executivedirector@pspa.net
- ▶ American Academy of Physician Associates (AAPA)
 - ▶ <http://aapa.org>
- ▶ National Commission on the Certification of Physician Assistants (NCCPA)
 - ▶ <http://nccpa.net>
- ▶ Pennsylvania State Board of Medicine
 - ▶ <https://www.pa.gov/agencies/dos/departments-and-offices/bpoa/boards-commissions/medicine>
- ▶ Pennsylvania State Board of Osteopathic Medicine
 - ▶ <https://www.pa.gov/agencies/dos/departments-and-offices/bpoa/boards-commissions/osteopathic-medicine>
- ▶ Pennsylvania Code and Bulletin
 - ▶ <https://www.pacodeandbulletin.gov/>



American Academy of
Physician Assistants

Sample Core and Specialty Privileges for PAs

CORE PRIVILEGES

- Obtain and perform histories and physical examinations
- Conduct daily rounds
- Order and perform referrals and consultations
- Order admissions, discharges, and transfers
- Formulate a diagnosis
- Develop and implement a treatment plan
- Prescribe and administer any medications not otherwise listed:
- Schedule 1
- Other: _____
- Order, perform, and interpret laboratory and diagnostic tests
- Order and administer blood and blood products, fluids, enteral and parenteral nutrition, oxygen, and other supportive therapies
- Order therapy (e.g. physical therapy/occupational therapy)
- Order restraint (chemical and physical) and seclusion; perform required face-to-face evaluation
- Order and administer local anesthetic
- Order moderate conscious sedation
- Evaluate and manage emergency situations (e.g. cardiac arrest, respiratory distress, trauma, hemorrhage, burns); including performing cardiopulmonary resuscitation and defibrillation
- Perform incision and drainage
- Fracture care with immobilization, splinting, and casting
- Perform venous puncture
- Perform wound closure; including suturing, stapling, and adhesives
- Perform a shave, punch, and excisional biopsy
- Perform a digital rectal examination
- Perform a pelvic examination and Pap smear
- Provide counselling, education, and instructions to patients and caregivers
- Pronounce death and the cause of death, and sign any form related to pronouncing death
- Record pertinent patient data
- Complete and sign forms
- Obtain informed consent
- Assist with surgery
- Privileges apply to all patients in all locations of the hospital/facility not otherwise listed:
- _____

- _____
- Privileges apply to all patient care modalities (e.g. in person and telehealth evaluation and management) unless otherwise listed:
- _____

ALLERGY & IMMUNOLOGY PRIVILEGES

- Allergen immunotherapy via all therapeutic routes
- Allergy testing; including blood (RAST), prick, and intradermal testing
- Bronchial provocation testing for hyper-reactive airways
- Delayed hypersensitivity skin testing
- Drug desensitization and challenge (e.g. venoms, biologicals, and medications)
- Exercise challenge testing
- Immediate hypersensitivity skin testing
- Methacholine challenge testing
- Oral/food challenge testing
- Patch testing
- Physical urticaria testing
- Rapid desensitization for hypersensitivity (e.g. allergens, venoms, biologicals, and medication)
- Rhinolaryngoscopy

ANESTHESIA PRIVILEGES

- Administer moderate conscious sedation
- Administer general anesthesia and adjuvant drugs
- Administer regional anesthesia
- Endotracheal intubation and extubation
- Insert and remove arterial lines
- Insert and remove central lines, with or without ultrasound guidance
- Insert and remove pulmonary artery catheters
- Insert, reposition, and remove indwelling epidural catheters
- Insert and manage invasive monitoring modalities
- Manage mechanical ventilation
- Monitor sedation and general anesthesia
- Titrate epidural infusions

CARDIOLOGY PRIVILEGES

- Cardioversion; chemical and electrical
- Chest tube insertion

CARDIOLOGY PRIVILEGES, (Continued)

- Insert and remove arterial lines
- Insert and remove central lines, with or without ultrasound guidance
- Insert implantable cardiac electronic devices (e.g. pacemakers and defibrillators)
- Insert, remove, and manage intra-aortic balloon pumps
- Insert, remove, and manage transvenous pacing wires
- Interrogate and program implantable cardiac electronic devices (e.g. pacemakers and defibrillators)
- Interpret electrocardiograms
- Interpret ambulatory rhythm monitors
- Manage ventricular assist devices
- Manage extracorporeal membrane oxygenation
- Manage mechanical ventilation
- Manage and remove percutaneous ventricular assist devices
- Perform and interpret cardiac stress testing; exercise and pharmacologic
- Pericardiocentesis
- Point of care ultrasound and doppler
- Remove arterial and venous sheaths
- Remove and manage epicardial pacing wires
- Tilt table testing

CARDIOTHORACIC SURGERY PRIVILEGES

- Administer moderate conscious sedation
- Chest tube insertion
- Endotracheal intubation and extubation
- Harvest radial arteries
- Harvest saphenous veins; including endoscopic and open
- Insert and remove arterial lines
- Insert and remove central lines, with or without ultrasound guidance
- Insert and remove surgical drains
- Insert, remove, and manage intra-aortic balloon pumps
- Insert, remove, and manage transvenous pacing wires
- Manage extracorporeal membrane oxygenation
- Manage mechanical ventilation
- Manage and remove percutaneous ventricular assist devices
- Needle thoracostomy
- Opening and closing of surgical incision
- Pericardiocentesis
- Point of care ultrasound and doppler
- Pulmonary artery catheterization

CARDIOTHORACIC SURGERY PRIVILEGES, (Continued)

- Remove arterial and venous sheaths
- Remove and manage epicardial pacing wires
- Sternotomy
- Thoracentesis
- Thoracotomy
- Surgical first assist
- Surgical site marking

COLORECTAL SURGERY PRIVILEGES

- Anal manometry
- Anal ultrasound
- Anoscopy
- Electric glavonic stimulation
- Flexible sigmoidoscopy
- Opening and closing of surgical incision
- Rigid Proctoscopy
- Surgical first assist
- Surgical site marking

CRITICAL CARE PRIVILEGES

- Administer moderate conscious sedation
- Arterial puncture
- Bronchoscopy and bronchoalveolar lavage
- Burn care and management
- Cricothyrotomy
- Endotracheal intubation and extubation
- Insert and remove arterial lines
- Insert and remove central lines, with or without ultrasound guidance; including vascath placement
- Insert and remove external ventricular drains
- Insert and remove gastrostomy/gastrojejunostomy/jejunostomy tubes
- Insert and remove nasogastric/feeding tubes
- Insert and remove peritoneal dialysis catheters
- Insert and remove surgical drains
- Insert and remove suprapubic cystostomy/catheter
- Insert, remove, and manage intra-aortic balloon pumps
- Insert, remove, and manage transvenous pacing wires
- Intraosseous needle insertion
- Lumbar puncture

CRITICAL CARE PRIVILEGES, (Continued)

- Needle thoracostomy
- Manage albumin dialysis (e.g. molecular absorbent recirculating system)
- Manage extracorporeal membrane oxygenation
- Manage lumbar CSF drains
- Manage mechanical ventilation
- Manage ventricular assist devices
- Manage and replace tracheostomy
- Paracentesis
- Pericardiocentesis
- Point of care ultrasound and doppler
- Pulmonary artery catheterization; including placement and management of pulmonary artery catheters
- Remove and manage epicardial pacing wires
- Remove arterial and venous sheaths
- Thoracostomy, with tube placement
- Thoracentesis
- Wound care and debridement

DERMATOLOGY PRIVILEGES

- Apply Unna boot
- Apply and manage negative pressure therapy (i.e. wound vacuum)
- Chemical peels
- Cryosurgery
- Dermoscopy
- Inject botulinum, fillers, and cosmetic agents
- Injection sclerotherapy
- Interpret pathology reports
- Electrodesiccation and curettage
- Microdermabrasion
- Perform bacterial/viral/fungal cultures
- Perform body contouring and tightening procedures
- Perform intralesional injections
- Perform laser procedures
- Perform microneedling
- Perform microscopy
- Perform narrow band UVB phototherapy
- Perform patch testing
- Perform photodynamic therapy
- Perform superficial radiation therapy

DERMATOLOGY PRIVILEGES, (Continued)

- Perform Wood's lamp evaluation
- Surgical first assist; including Moh's Surgery
- Surgical site marking
- Wound care and debridement

EMERGENCY MEDICINE PRIVILEGES

- Administer moderate conscious sedation
- Nasal packing and anterior cautery
- Arterial puncture
- Arthrocentesis and aspiration of fluid from joints, bursae, tenosynovial structures and other subcutaneous and musculoskeletal structures
- Compartment pressure measurement and management
- Cricothyrotomy
- Digital block and regional anesthesia
- Endotracheal intubation
- Insert and remove arterial lines
- Insert and remove central lines, with or without ultrasound guidance
- Insert and remove urinary catheters
- Interpret electrocardiograms
- Intraosseous needle insertion
- Laryngoscopy
- Lumbar puncture
- Manage and replace tracheostomy
- Nasopharyngoscopy
- Needle thoracostomy
- Paracentesis
- Point of care ultrasound and doppler
- Reduce fractures and joint dislocations
- Removal of foreign object
- Slit lamp examination and stain for abrasion
- Thoracentesis
- Thoracostomy, with tube placement
- Tonometry
- Trephination and removal of nail
- Wound care and debridement

ENDOCRINOLOGY PRIVILEGES

- Administer and monitor radionucleotide treatment
- Interpret hormone assays
- Radiologic measurement of bone density
- Perform fine needle aspiration of thyroid
- Perform and interpret radiologic, radionucleotide, and other imaging studies for diagnosis and treatment of endocrine and metabolic diseases
- Perform and interpret stimulation and suppression tests
- Ultrasonography of the soft tissues of the neck

GASTROENTEROLOGY PRIVILEGES

- Colostomy management
- Endoscopy
- Insert and remove gastrostomy/gastrojejunostomy/jejunostomy tubes
- Insert and remove nasogastric/feeding tubes
- Paracentesis
- Percutaneous liver biopsy
- Flexible sigmoidoscopy
- Rigid proctoscopy

HEMATOLOGY AND ONCOLOGY PRIVILEGES

- Access and manage intraventricular catheter system (e.g. Ommaya reservoir)
- Administer and supervise cellular therapy
- Prescribe and manage oncolytic agents and biological response modifiers via all therapeutic routes
- Prescribe and manage chemotherapeutic agents via all therapeutic routes; including intrathecal via lumbar puncture and intraventricular reservoir
- Bone marrow aspiration, biopsy, and harvest
- Fine needle aspiration
- Interpret pathology reports
- Lumbar puncture
- Manage and remove indwelling venous access catheters
- Paracentesis
- Supervise apheresis and plasmapheresis
- Therapeutic phlebotomy
- Thoracentesis

INFECTIOUS DISEASE PRIVILEGES

- Administer antimicrobial and biological products via all therapeutic routes
- Arthrocentesis and aspiration of fluid from joints, bursae, tenosynovial structures and other subcutaneous and musculoskeletal structures
- Insert and remove arterial lines
- Insert and remove central lines, with or without ultrasound guidance
- Lumbar puncture
- Manage and remove indwelling venous access catheters
- Wound care and debridement

NEPHROLOGY PRIVILEGES

- Evaluate dialysis access
- Insert and remove arterial lines
- Insert and remove central lines, with or without ultrasound guidance; including vascath placement
- Insert and remove peritoneal dialysis catheters
- Initiate and manage dialysis
- Initiate and manage continuous renal replacement therapy
- Peritoneal dialysis
- Point of care ultrasound and doppler

NEONATOLOGY PRIVILEGES

- Attendance at delivery to assume care of newborn
- Arterial puncture
- Chest tube insertion
- Endotracheal administration of surfactant
- Endotracheal intubation and extubation
- Insert and remove arterial lines
- Insert and remove central lines, with or without ultrasound guidance
- Insert and remove suprapubic cystostomy/catheter
- Insert and remove gastrostomy/gastrojejunostomy/jejunostomy tubes
- Insert and remove urethral catheter
- Intraosseous infusion
- Laryngoscopy and suctioning
- Lumbar puncture
- Pericardiocentesis
- Manage and supervise exchange transfusions
- Manage mechanical ventilation
- Newborn male circumcision
- Order and manage phototherapy

NEONATOLOGY PRIVILEGES, (Continued)

- Paracentesis
- Point of care ultrasound and doppler
- Umbilical vessel catheterization

NEUROLOGY PRIVILEGES

- Botulinum injection
- Deep brain stimulator programming
- Electroencephalogram interpretation
- Electromyography
- Inject trigger points
- Manage and interpret intracranial pressure monitors
- Perform and interpret tensilon tests
- Perform nerve blocks
- Vagus nerve stimulator management

NEUROSURGERY PRIVILEGES

- Access and manage intraventricular catheter system (e.g. Ommaya reservoir)
- Apply skull tongs and fixation pins
- Apply cervical halo
- Insert and manage intracranial pressure monitors
- Insert and remove external ventricular drains
- Lumbar puncture
- Manage lumbar CSF drains
- Myelography
- Opening and closing of the surgical incision
- Perform nerve blocks
- Ventriculostomy
- Shunt programming
- Surgical first assist
- Surgical site marking

OBSTETRICS AND GYNECOLOGY PRIVILEGES

- Amniotomy
- Amnioinfusion
- Artificial rupture of membranes
- Colposcopy
- Endometrial biopsy

OBSTETRICS AND GYNECOLOGY PRIVILEGES, (Continued)

- Episiotomy
- External fetal monitoring; including placement, evaluation, and management
- Fetal scalp electrode placement
- Hysterosalpingogram
- Induction of pregnancy
- Insert and remove contraceptive subcutaneous implants
- Insert and remove intrauterine device
- Interpret pathology reports
- Manage post-partum hemorrhage
- Manual removal of placenta
- Newborn male circumcision
- Labor evaluation, management, and delivery
- Opening and closing of the surgical incision
- Pelvic examination and Pap smear
- Pessary fitting
- Pudendal block
- Repair of cervical and peritoneal lacerations
- Surgical first assist
- Surgical site marking
- Ultrasound during pregnancy, labor, and delivery
- Vaginal and cervical cultures

OPHTHALMOLOGY PRIVILEGES

- A and B-mode ultrasound examination
- Excise lesions; including chalazions and styes
- Evaluate and manage corneal abrasions
- Inject intravitreal medications
- Removal of foreign object
- Slit lamp examination and stain for abrasion
- Temporal artery biopsy
- Tonomotry
- Visual field testing

ORTHOPAEDIC PRIVILEGES

- Apply and adjust traction
- Arthrocentesis and aspiration of fluid from joints, bursae, tenosynovial structures and other subcutaneous and musculoskeletal structures
- Compartment pressure measurement and management

ORTHOPAEDIC PRIVILEGES, (Continued)

- Digital block and regional anesthesia
- Excision of cysts
- Inject joints, bursae, tenosynovial structures and entheses, and other cutaneous, subcutaneous and musculoskeletal structures
- Insert and remove surgical drains
- Opening and closing of the surgical incision
- Percutaneous pinning of fractures
- Radiologic measurement of bone density
- Reduce fractures and joint dislocations
- Remove wires, pins, and hardware
- Surgical first assist
- Surgical site marking
- Tendon repair
- Wound care and debridement

OTOLARYNGOLOGY PRIVILEGES

- Nasal packing
- Anterior and posterior nasal cautery
- Foreign body removal of ear canal and nasal passage
- Laryngoscopy
- Nasopharyngoscopy
- Opening and closing of the surgical incision
- Remove extruded tympanostomy tubes
- Surgical first assist
- Surgical site marking
- Use of otological microscope to remove cerumen

PAIN MANAGEMENT PRIVILEGES

- Botulinum injection
- Inject joints, bursae, tenosynovial structures and entheses, and other cutaneous, subcutaneous and musculoskeletal structures
- Manage Intrathecal pumps
- Manage nerve stimulators
- Manage epidural and intrathecal medications
- Remove epidural and intrathecal catheters

PLASTIC AND RECONSTRUCTIVE SURGERY PRIVILEGES

- Apply Unna boot
- Apply and manage negative pressure therapy (i.e. wound vacuum)
- Aspiration of fluid collections
- Chemical peels
- Closed reduction of finger fractures and joint dislocations
- Cryosurgery
- Digital block and regional anesthesia
- Excision of skin lesions (e.g. cysts, nevi, skin cancers, keloids/scars)
- Inject botulinum, fillers, and cosmetic agents
- Insert and remove surgical drains
- Interpret pathology reports
- Manage and interpret flap monitoring instruments
- Microdermabrasion
- Micropigmentation
- Nailbed repair
- Opening and closing of the surgical incision
- Percutaneous pinning of fractures
- Perform bacterial/viral/fungal cultures
- Perform body contouring and tightening procedures
- Perform intralesional injections
- Perform laser procedures
- Perform microneedling
- Perform narrow band UVB phototherapy
- Perform photodynamic therapy
- Removal of foreign object
- Remove wires, pins, and hardware
- Steroid injection for scar treatment
- Surgical first assist
- Surgical site marking
- Wound care and debridement

PSYCHIATRY PRIVILEGES

- Administer psychological and neuropsychological tests
- Lead and manage treatment teams for in-patient, partial hospitalization, and outpatient behavioral health
- Order voluntary and involuntary hospital admissions
- Perform psychiatric clearance for voluntary and involuntary admission to psychiatric in-patient and partial hospitalization

PSYCHIATRY PRIVILEGES, (Continued)

- Perform biofeedback
- Perform psychiatric evaluations
- Perform suicide risk assessment
- Provide chemical dependency intervention and therapy
- Provide individual, family, and group psychotherapy
- Psychopharmacological management

PULMONARY PRIVILEGES

- Administer moderate conscious sedation
- Arterial puncture
- Bronchoscopy and bronchoalveolar lavage
- Chest tube insertion
- Endotracheal intubation and extubation
- Insert and remove arterial lines
- Insert and remove central lines, with or without ultrasound guidance
- Manage mechanical ventilation
- Manage and replace tracheostomy
- Methacholine challenge testing
- Needle thoracostomy
- Pleurodesis
- Pulmonary function testing and spirometry
- Pulmonary artery catheterization; including placement and management of pulmonary artery catheters
- Thoracentesis
- Thoracotomy

RADIOLOGY PRIVILEGES

- Administer contrast agents
- Administer intrathecal chemotherapy by lumbar puncture
- Administer moderate conscious sedation
- Administer and monitor radionuclide treatment
- Fistulogram
- Fluoroscopy
- Insert and remove arterial lines
- Insert and remove central lines, with or without ultrasound guidance; including vascath placement
- Therapeutic administration of nuclear medicine
- Ultrasound-guided biopsy

RHEUMATOLOGY PRIVILEGES

- Administer and monitor chemotherapeutic agents, immunosuppressive therapy, and biologics via all therapeutic routes
- Arthrocentesis and aspiration of fluid from joints, bursae, tenosynovial structures and other subcutaneous and musculoskeletal structures
- Inject joints, bursae, tenosynovial structures and entheses, and other cutaneous, subcutaneous and musculoskeletal structures
- Perform crystal identification via microscopic analysis
- Perform fine needle aspiration, with or without ultrasound guidance.
- Perform punch and needle biopsies

SURGERY PRIVILEGES

- Administer moderate conscious sedation
- Apply external fixation
- Apply and manage negative pressure therapy (i.e. wound vacuum)
- Burn care and management
- Bronchoscopy and bronchoalveolar lavage
- Endoscopy
- Endotracheal intubation and extubation
- Insert and remove arterial lines
- Insert and remove central lines, with or without ultrasound guidance; including vascath placement
- Insert and remove gastrostomy/gastrojejunostomy/jejunostomy tubes
- Insert and remove nasogastric/feeding tubes
- Insert and remove surgical drains
- Insert and remove suprapubic cystostomy/catheter
- Insert, manage, and remove transvenous pacing wires
- Manage mechanical ventilation
- Manage and replace tracheostomy
- Needle thoracostomy
- Opening and closing of the surgical incision
- Paracentesis
- Perform regional and nerve blocks
- Remove arterial and venous sheath
- Remove and manage epicardial pacing wires
- Pericardiocentesis
- Point of care ultrasound and doppler
- Surgical first assist
- Surgical site marking
- Thoracentesis

SURGERY PRIVILEGES, (Continued)

- Thoracostomy, with tube placement
- Thoracotomy
- Wound care and debridement

UROLOGY PRIVILEGES

- Flexible cystogram
- Insert and remove suprapubic cystostomy/catheter
- Paraphimosis reduction
- Penile doppler studies
- Urodynamic testing and interpretation

VASCULAR SURGERY PRIVILEGES

- Administer moderate conscious sedation
- Apply Unna boot
- Apply and manage negative pressure therapy (i.e. wound vacuum)
- Compartment pressure measurement and management
- Evaluate dialysis access
- Injection sclerotherapy
- Insert and remove arterial lines
- Insert and remove central lines, with or without ultrasound guidance
- Insert and remove peritoneal dialysis catheters
- Insert and remove surgical drains
- Opening and closing of the surgical incision
- Point of care ultrasound and doppler
- Remove arterial and venous sheath
- Surgical first assist
- Surgical site marking
- Thrombectomy
- Wound care and debridement

Privileges listed are examples and not all-inclusive of services PAs may perform if consistent with individual training, experience, and competency; state law; institutional policies; medical liability coverage; and other applicable rules and requirements.

Updated February 2026



PAs: Credentialing, Privileging, and Assessing Competency (FPPE & OPPE)

A Guide for regulators, hospitals, employers, and third-party payers

PAs (physician associates/physician assistants) are versatile members of the healthcare team, with broad, yet rigorous medical training. PAs practice in every medical and surgical specialty and all practice settings, providing a broad range of services that would otherwise be provided by physicians. They are graduates of accredited PA programs, licensed, and nationally certified.

PA education is a master's-level program modeled on physician education. Upon graduation from an accredited program, PAs must pass the Physician Assistant National Certifying Examination (PANCE), the initial certifying exam administered by the National Commission on Certification of Physician Assistants (NCCPA). To maintain certification, PAs must pass a recertifying exam every 10 years and obtain 100 credits of continuing medical education (CME) every two years.¹ While all states require initial certification for licensure, and most PAs maintain certification, many but not all states require maintenance of current certification.²

PA education programs average 27 months in length, equivalent to 3 academic years, and are accredited by the Accreditation Review Commission on Education for the Physician Assistant.³⁻⁴ PA students complete an average of more than 3,000 hours of education, including 2,000 hours of supervised clinical practice prior to graduation.⁵ PA students receive hands-on clinical training through rotations that include family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, , emergency medicine, behavioral and mental health, and other specialties.³ The first year of PA school provides a broad foundation in medical principles and instruction in the classroom and lab. Education consists of medical science courses, including anatomy, physiology, biochemistry, pharmacology, physical diagnosis, pathophysiology, microbiology, clinical laboratory sciences, behavioral sciences and medical ethics.

Prior to admission to a PA program, most applicants complete a bachelor's degree and have at least two years of college courses in life, physical, and behavioral sciences as prerequisites. Nearly 90% of applicants have prior healthcare experience with an average of more than 2,800 hours of direct patient care; more commonly as emergency medical technicians, paramedics, nursing and medical assistants, medical technicians, and scribes.^{3,6}



Scope of Practice

A PA's scope of practice is determined by several factors: education and experience, state and federal laws and regulations, policies of employers and facilities, and the needs of patients. In a hospital or facility setting, a PA's scope of practice is also delineated by clinical privileges that have been granted.

Credentialing PAs

Credentialing is the process of verifying and assessing the qualifications of a practitioner to provide care or services. Organizations credential healthcare professionals to ensure that patients receive high-quality medical care. Hospitals, healthcare organizations, practices, and third-party payers use various systems for credentialing healthcare professionals. Many organizations adopt physician forms and criteria to create a parallel process for PAs.

Credentialing usually requires primary sources verification from an original source or an approved agency. Examples of primary credentialing sources for PAs include:

- State licensing board to confirm that the applicant is licensed
- Accredited PA program for graduation information
- NCCPA to confirm initial and ongoing national certification
- National Practitioner Data Bank (NPDB) for malpractice and adverse actions history

The American Medical Association (AMA) offers credentialing verification services to confirm a PA's education, training, certification, and state license data. The Federation of State Medical Boards (FSMB) offers the Federation Credentials Verification Service, which provides a repository of verified credentials. Both AMA and FSMB verification are recognized by the Joint Commission as a *designated equivalent source*, and is deemed comparable to a primary source.⁷

Secondary sources, such as copies of diplomas or certificates, are generally not acceptable.

PAs are graduate-trained, nationally certified, and state licensed to practice in every medical and surgical specialty and all practice settings.

A PA's scope of practice is determined by education and experience, state and federal statutory and regulatory policy, policies of employers and facilities, and the needs of patients.

Privileging PAs in Hospitals

PAs who provide care in a hospital or healthcare facility must be granted clinical privileges through a medical staff process that assesses qualifications and competencies.⁷⁻⁸ The privileging process ensures a practitioner has the appropriate skills to perform specific duties and work in certain healthcare environments or with specific patient populations. Because of the extensiveness and rigor of PA education, PAs graduate with fundamental skills essential to every medical and surgical specialty, practice environment, and patient population. PAs have diverse medical knowledge; the ability to provide age-appropriate patient assessment, evaluation, and management; understanding of social and behavioral determinants of health; knowledge of disease prevention and health promotion; interpersonal and communication skills; and professionalism.

While there are different methodologies for delineating privileges, it may be helpful to classify privileges into core and specialty privileges for PAs. Core privileges are those activities that most PAs at an organization or within a department are expected to be able to perform. Specialty privileges are the procedures a PA within a specialty or subspecialty might perform.

Core Privileges

Core privileges are those activities that most PAs at an organization or within a department are expected to be able to perform. They may include, but are not limited to, performing histories and physical examinations, consultations, follow-up encounters, and discharges; formulating a diagnosis; developing, implementing, and managing treatment plans; ordering and interpreting diagnostic tests; ordering medications, blood products, and other therapies; writing admission, discharge, and transfer orders; evaluating and managing emergency situations, performing suturing, fracture care, biopsies, foreign body removal, and incision and drainage of abscesses; administering local anesthetics; and assisting with surgery. This list of PA core privileges is not meant to be exhaustive and could include other core privileges, depending on the institution and department.

While there are different methodologies for delineating privileges, it may be helpful to classify privileges into core and specialty privileges for PAs.

Specialty Privileges

PAs demonstrate proficiency and competency through several methods. Although PAs practice in every medical and surgical specialty, unlike physicians, they do not have specialty board



examinations. Instead, PAs may be evaluated for specialty privileges through a variety of means, which may include one or more of the following:

- Attestation of competence by a peer (e.g., PA), physician, or employer
- Procedure logs or a professional portfolio
- Simulation lab experience
- CME relevant to the specialty
- Data collected for initiatives such as the Quality Payment Program, clinical registries, or other metrics
- Pertinent certifications such as BLS, ACLS, and/or PALS

When a PA is a recent graduate or is changing specialties, it may be necessary to facilitate proctoring by a physician or experienced PA until the PA requesting privileges can demonstrate competence.

For examples of PA privileges, see [Sample Core and Specialty Privileges for PAs](#).

Similar FPPE and OPPE criteria can be used for PAs and physicians

FPPE and OPPE

The medical staff of a hospital or facility is responsible for ensuring the initial and ongoing competence of the clinicians providing medical services.⁸ Confirming initial and ongoing competency is critical to ensure safe, high-quality healthcare. Joint Commission accredited hospitals are required to include PAs in their focused professional practice evaluations (FPPE) and ongoing professional practice evaluations (OPPE), which are intended to provide objective assessments of competency.⁷ The Joint Commission does not specify the type of data or information that must be used for FPPE and OPPE, but similar criteria can be used for physicians and PAs.

FPPE

FPPE is used for initial privileging or when a performance issue arises. The medical staff is responsible for defining the method and criteria for performing evaluations, triggers that would indicate a need for an FPPE of existing privileges, and the duration of evaluation.⁷ Methods of assessing performance during FPPE could include direct observation, chart review, demonstration of competency during simulations, and peer review. Ideally, peer review should be done by a person within the same profession as the reviewee. When it is not feasible to obtain a peer review from another PA, a review by a physician of allopathic or osteopathic medicine is accepted by the Joint Commission.⁷ The duration



American Academy of
Physician Associates

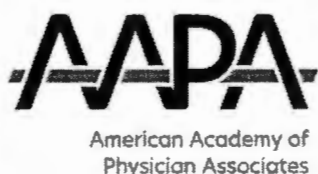
of FPPE will vary based on the volume of privileges a practitioner performs, a practitioner's training and experience, and the risk level of a privilege.⁷ When FPPE is completed, OPPE begins.

OPPE

OPPE is designed to provide an ongoing assessment of a clinician's competence and skill in order to identify clinicians delivering an unacceptable quality of care. The frequency of OPPEs is defined by the medical staff but must occur more frequently than every 12 months.⁷ The medical staff is also responsible for defining the method and criteria for performing OPPE. While not required to do so, many hospitals use core competencies in the OPPE process. Sample competencies and corresponding examples of performance measures that may be used for PA assessment include:

- Person-Centered Care
 - Compliance with evidence-based recommendations (e.g., preventive screenings, etc.) or guideline-directed medical therapies
 - Assessment of (including an absence of) adverse event reporting
 - Subjective chart review
 - Peer attestation
- Knowledge for Practice
 - Completion of CME
 - Maintenance of licensure and NCCPA certification
 - Maintenance of applicable certifications (e.g., BLS, ACLS, PALS, etc.)
 - Performance on simulation
 - Subjective chart review
 - Peer attestation
- Interpersonal and Communication Skills
 - Patient satisfaction scores
 - Use of health information technology
 - Interaction with patients via portals
 - Legible and complete medical records

- Timely responses to patient and practitioner enquiries
 - Subjective assessment by peers
- Professionalism and Ethics
 - Assessment of (including an absence of) documented complaints or deficiencies
 - Assessment of (including an absence of) restrictions on license or privileges
 - Timely completion of medical record documentation
 - Compliance with employer and facility policies
 - Meeting attendance or committee participation
 - Professional contribution (e.g., publications or presentations)
 - Completion of compliance training
 - Peer attestation
- Practice-Based Learning and Quality Improvement
 - Completion of self-assessment or performance improvement CME
 - Attendance at journal clubs or morbidity and mortality conferences
 - Participation in improvement activities through committees, the Medicare Merit-based Incentive Payment System, or other methods
 - Education and training of students and health professionals through mentoring, precepting, or other methods
 - Completion of training, education, or certification in healthcare improvement, management, or delivery
- Society and Population Health
 - Assessment of costs of care or resource utilization
 - Use of diagnostic tests consistent with Appropriate Use Criteria
 - Use of certified electronic health record technology, computerized order entry, or other electronic information technology
 - Completion of safety and compliance training



- Completion of diversity and equity training
 - Participation in activities to improve healthcare access or equity
 - Participation in patient or professional advocacy
- Interprofessional Collaboration
 - Appropriate referrals and collaboration with other healthcare professionals
 - Attendance at, and participation in, interdisciplinary committees and teams
 - Peer attestation

References

1. National Commission on Certification of Physician Assistants. <https://www.nccpa.net/CertificationProcess>. Accessed February 10, 2023
2. American Academy of Physician Associates. Statutory and Regulatory Requirements for Initial Licensure and Licensure Renewal. January 2021. <https://www.aapa.org/download/19739/>
3. Physician Assistant Education Association. By the Numbers: Program Report 33: Data from the 2017 Program Survey, Washington, DC: PAEA; 2018. doi: 10.17538/PR33.2018
4. Accreditation Review Commission on Education for the Physician Assistant. <http://www.arc-pa.org/about/>. Accessed February 10, 2023
5. Physician Assistant Education Association. Nineteenth Annual Report on Physician Assistant Educational Programs in the United States, 2002-2003. Alexandria, VA; 2003.
6. Physician Assistant Education Association. By the Numbers: Student Report 2: Data from the 2017 Matriculating Student and End of Program Surveys, Washington, DC: PAEA; 2018. doi: 10.17538/SR2018.0002
7. Joint Commission Resources. Medical Staff Essentials: Your Go-To Guide. 2017.
8. Centers for Medicare and Medicaid Services. Revised Guidance Related to New & Revised Hospital Governing Body and Medical Staff Regulations. 2014.

Additional Resources

[Guide to PA Regulations and Compliance](#)

Updated February 2026



PENNSYLVANIA

PA PRACTICE PROFILE



What is a PA?

Physician associates / physician assistants (PAs) are licensed clinicians who practice medicine in every specialty and setting. Trusted, rigorously educated and trained healthcare professionals, PAs are dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice.

PA profession
established in

1967



Approximately

190,000

PAs in the U.S.

NCCPA 2025



PAs have more than

590 Million

patient interactions per year

*NCCPA 2025. All data based on
clinically practicing PAs in the U.S.*

- **315+** PA Programs in the U.S.
- **2,000** hours of clinical rotations
- Programs are **27 months or 3 academic years**
(bachelor's degree is required for acceptance)
- Educated at **Master's Degree level**

Education by the numbers



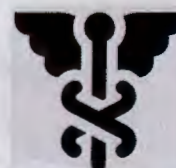
To obtain a license, PAs must:

- Graduate from an accredited PA program
- Pass a certification exam
- Possess a **Master's Degree**

To maintain their certification, PAs must complete:

- **100 hours** of continuing medical education (CME every two years)
- A **recertification exam** every ten years

Certification & Licensing





PENNSYLVANIA

PA PRACTICE PROFILE



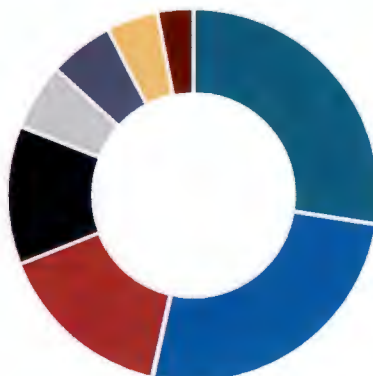
Number of PAs
in Pennsylvania:

12,100+

Number of PAs
in the United States:

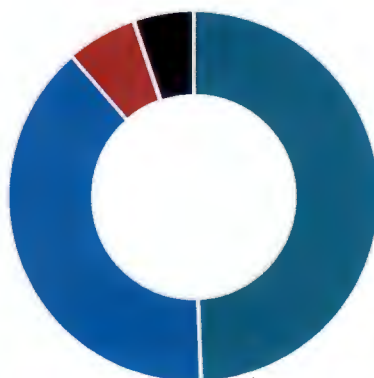
~190,000

Percent of PAs by Specialty in Pennsylvania



- 27.5% Surgical subspecialties
- 26% All other specialties
- 15.5% Internal medicine subspecialties
- 12% Family medicine
- 5.8% Urgent care
- 5.6% Emergency medicine
- 4.5% General peds, general IM
- 3.1% No medical specialty

Percent of PAs by Setting in Pennsylvania



- 49.4% Physician office or clinic
- 39.3% Hospital settings
- 6.2% Other settings
- 5.2% Urgent care center



PENNSYLVANIA

PA PRACTICE PROFILE



2026 U.S. News & World Report: PA Profession in the News

Best 100 Jobs List

#5

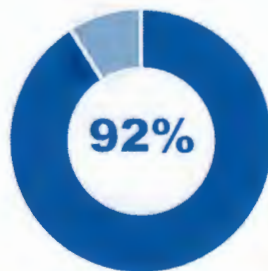
Best Healthcare Jobs List

#2

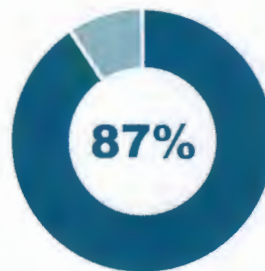
Best STEM Jobs List

#4

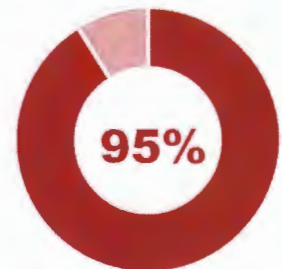
What Pennsylvania Patients Say About PAs



Agree PAs are part of the
solution to healthcare
workforce shortages



Improve health
outcomes for
patients



PAs add value
to healthcare
teams



**The research was conducted online in the U.S. by The Harris Poll on behalf of AAPA among 2,519 adults age 18+. The survey was conducted from February 23 – March 9, 2023. Interviews were conducted in English and Spanish.*