

## PHYSICIAN ASSISTANT COMMITTEE

### INITIAL STATEMENT OF REASONS

Hearing Date: 6 February 2012

Subject Matter of Proposed Regulations:

Section Affected: 1399.536

Specific Purpose of each adoption, amendment, or repeal:

Business and Professions Code Section 3509(a) authorizes the Physician Assistant Committee (Committee) to establish standards for the approval of programs for the education and training of physician assistants.

Existing regulations permit only physicians to act as preceptors for the training and education of physician assistant preceptees. This proposal would expand the type of licensed health care providers who may act as preceptors to include physician and surgeons, physician assistants, registered nurses who have been certified in advanced practice, certified nurse midwives, license clinical social workers, marriage and family therapists, licensed educational psychologists, and licensed psychologists.

The proposal would also require that the above-mentioned health care preceptors not have had the privilege to practice the profession for which they are licensed terminated, suspended, or otherwise restricted as a result of a final disciplinary action by any state healing arts licensing board or agency of the federal government within 5 years immediately preceding their participation in a preceptorship.

This proposal would require that the above-mentioned health care preceptors be sufficiently qualified to teach and supervise preceptees within the scope of their license.

This proposal would delete the requirement that a preceptor not be assigned to supervise more than one preceptee at a time.

This proposal would delete the requirement that the preceptor charge a fee for only those personal and identifiable services rendered. It would also delete the requirement that the services of the preceptee shall be considered as part of the global services provided and there shall be no separate billing for the services rendered by the preceptee.

## Factual Basis/Rationale

Amend Section 1399.536

Factual basis for determination that each proposed change is necessary:

Business and Professions Code Section 3509(a) authorizes the Physician Assistant Committee to establish standards for the approval of programs for the education and training of physician assistants.

California is unique in that the Physician Assistant Committee has legal authority to establish standards and approved physician assistant training programs. Other state physician assistant regulatory authorities do not approve training programs, but, rely on the Accreditation Review Commission on Education for the Physician Assistants (ARC-PA) to define national education standards and evaluate those programs to ensure compliance with the established national standards. ARC-PA is also responsible for accrediting new physician assistant training programs and reaccrediting existing programs.

Generally, the Committee attempts to conform the California physician assistant education standards to those of the national standards established by ARC-PA.

Because the Committee has not reviewed the educational standards in many years, two Physician Assistant Education and Training Subcommittee meetings took place on 19 January 2011 and 2 March 2011 to review the physician assistant educational standards to ensure that they are similar to the currently established national standards. The subcommittee members included a physician assistant educator committee member, a public committee member, and three California physician assistant training program directors and clinical training staff.

After review of the education and training regulations, it was determined by the Subcommittee that Section 1399.536, Requirements for Preceptors, was out-of-date and did not reflect current education standards with regard to instruction and oversight of students during their training in physician assistant training programs.

Therefore, based on recommendations from the subcommittee, the Physician Assistant Committee is proposing to amend Section 1399.536 to reflect current educational practices.

Specific Changes:

The existing regulation allows for only a physician to act as a preceptor. This proposal would expand the types of licensed health care providers that may act as preceptors to include, in addition to physicians, physician assistants, registered nurses who have been certified in advanced practices, certified nurse midwives, licensed clinical social

workers, marriage and family therapists, licensed educational psychologists, and licensed psychologists.

Initially, when the profession was first created, physician assistants were trained to provide primary care medical services. Today, physician assistants provide a broad range of medical services, in many specialties, and in many different practice settings.

The members of the subcommittee recognized that other health care licensees would have knowledge and experience in other health care areas thus exposing physician assistant students to a broader experience of training. For example, a certified midwife would be able to provide the preceptee Ob/gyn experience. Likewise, licensed clinical social workers and psychologists would provide valuable educational experiences in counseling and behavioral medicine. Often, a physician may not have such a broad knowledge base to share with students and expanding the category of preceptors would provide additional knowledge. Additionally, training programs currently expose their students to other health care licensees in their program. This change will conform to current training methods and also provide the student with a full range of educational experiences.

Ultimately, the supervising physician will be responsible for the care provided by the physician assistant, thus ensuring consumer protection.

Because this proposal would expand the number of health care providers that would act as preceptors many of these practitioners do not practice medicine. Therefore, this proposal would state that the health care provider shall be licensed to engage in the practice of the profession for which he or she is validly licensed and whose practice is sufficient to adequately expose the students to a full range of experience.

Again, since many of the health care providers that would act as preceptors do not practice medicine and are not licensed by a medical board, this proposal would be amended to state that preceptors shall not have the privilege to practice the profession to which he or she is licensed terminated, suspended, or otherwise restricted as a result of a final disciplinary action (excluding judicial review of that action) by any state healing art licensing board or any agency of the federal government, including the military, within 5 years immediately preceding his or her participation in a preceptorship.

This proposal would also delete medical education as a requirement for which the preceptor is qualified to teach and supervise preceptees. Again, this amendment would take into consideration that many health care preceptors do not practice medicine.

This proposal would also eliminate the requirement that the preceptor may not supervise more than one preceptee at a time.

This requirement is obsolete and no longer consistent with current training program practices. Additionally, the ARC-PA national accrediting standards do not require any

preceptor to preceptee ratio.

Currently, the training relationship between preceptors and preceptees is determined by each educational program. The training programs take into consideration, when determining a ratio, factors such as site resources, the number of students requiring preceptors, and the complexity of the specific clinical training required. Limiting the ratio may deprive the students of a broader training experience. The ultimate goal of the preceptor and preceptee relationship is to ensure that the student gains the knowledge and clinical experience to be able to safely practice as physician assistants.

This proposal would also eliminate the requirement that a preceptee charge a fee for only those personal services and identifiable services which are rendered by the preceptor. The proposal would also eliminate the requirement that there shall be no separate billing for the services rendered by the preceptee.

The members of the subcommittee determined that this requirement appeared to be historical in nature and not in place today with physician assistant training programs. Today, preceptors and preceptees have no control over billing for services as they are participating in a training program. Physician assistant training programs would not permit a preceptor to charge for their services.

Additionally, it was determined that Section 1399.536 addresses qualifications of the preceptor and not billing issues.

#### Underlying Data

Technical, theoretical or empirical studies or reports relied upon:

“Accreditation Standards for Physician Assistant Education” Fourth Edition, issued by the Accreditation Review Commission on Education for the Physician Assistant, Inc.

#### Business Impact

This regulation will not have a significant adverse economic impact on businesses. This proposal may create additional jobs in the training and education of physician assistants by expanding the categories of licensed health care providers that may act as preceptors of physician assistant students.

#### Specific Technologies or Equipment

This regulation does not mandate the use of specific technologies or equipment.

## Consideration of Alternatives

No reasonable alternative to the regulation would be either more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons than the proposed regulation.

Set forth below are the alternatives which were considered and the reasons each alternative was rejected:

1. Not adopt regulation. This alternative was rejected because Section 1399.536 is out of date and no longer reflects the current practice with regard to the utilization of preceptors in physician assistant training programs.
2. Adopt the regulation. The Committee determined that this alternative was the most feasible because it will update Section 1399.536 to reflect current physician assistant training program practices.