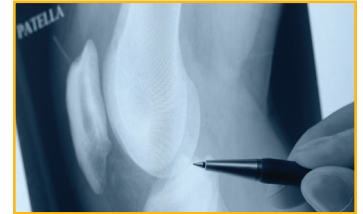


PROFESSIONAL ISSUES

ISSUE BRIEF



PHYSICIAN ASSISTANTS AND ORTHOPEDIC PHYSICIAN ASSISTANTS: THE DISTINCTIONS

Physician assistants (PAs) in orthopedics and “orthopedic physician assistants” (OPAs) are distinctly different professions. PAs have broad medical training at accredited programs and work with physicians in any specialty, including orthopedics. PAs are licensed in all states and are recognized Medicare and Medicaid providers. Most OPAs are trained on the job and work as orthopedic technologists or surgical assistants. They are certified, but few states regulate their practice. OPA services are not covered by Medicare.

Although the professional titles are similar, PAs and OPAs have significantly different training and responsibilities. Working with physicians in all medical and surgical specialties, PAs diagnose and treat patients, order tests and prescribe medications. There are no OPA programs available today and OPAs have a limited scope of practice within orthopedics.

PHYSICIAN ASSISTANTS

PAs practice medicine with physician supervision. They are trained in intensive educational programs accredited by the Accreditation Review

Commission on Education for the Physician Assistant. The programs are approximately 27 months long and are offered at medical schools, colleges and universities, and teaching hospitals.¹

PA education promotes the development of practical skills in clinical problem solving and decision making. The rigorous PA program curriculum consists of classroom and laboratory instruction in basic medical and behavioral sciences, including anatomy, pathophysiology, pharmacology and clinical diagnosis. Classroom work is followed by clinical rotations that include primary care specialties, surgery

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SAMPLE QUESTIONS FROM THE NCCPA EXAMINATION INDICATE THE BREADTH AND SCOPE OF PA TRAINING:

1. For the past two months, a 70-year-old man who smokes and has hypertension has had periodic weakness in the right arm that lasts several minutes. Physical examination reveals a loud left carotid bruit. Which of the following is the most appropriate next step?
 - (a) Carotid endarterectomy
 - (b) Cerebral arteriography
 - (c) Duplex ultrasonography of the carotid arteries
 - (d) Initiation of heparin therapy
 - (e) Transesophageal echocardiography
2. For the past five years, a 20-year-old woman has had intermittent bloody diarrhea, abdominal pain and fever. Results of stool cultures are negative. Barium enema x-ray study reveals loss of haustral markings (or “stovepipe” appearance) of the colon. Sigmoidoscopy shows erythematous and friable mucosa. Which of the following is the most likely diagnosis?
 - (a) Crohn’s disease
 - (b) Diverticulosis
 - (c) Peutz-Jeghers syndrome
 - (d) Shigellosis
 - (e) Ulcerative colitis
3. Which of the following is used to delineate coronary artery anatomy?
 - (a) Cardiac catheterization
 - (b) MUGA scan
 - (c) Positron emission tomography (PET scan)
 - (d) Thallium stress test
 - (e) Transesophageal echocardiography

and surgical subspecialties, psychiatry and emergency medicine. PA students complete, on average, 2,000 hours of supervised clinical practice prior to graduation.²

PA educational programs, first accredited by the American Medical Association (AMA) in 1972, are now accredited by the Accreditation Review Commission on Education for the Physician Assistant. There are currently more than 148 accredited programs.³ Most award baccalaureate degrees, and more than three-fourths offer master’s degrees.¹ Before they can be licensed, PAs take the national PA certifying examination administered by the National Commission on Certification of Physician Assistants (NCCPA).

This certifying exam also functions as a de facto licensing examination; all states require passage of the NCCPA exam as a

prerequisite for full licensure as a PA. To maintain national certification, PAs must complete 100 hours of continuing medical education every two years and pass a recertification examination every six years.

Each PA’s scope of practice is defined by delegation decisions of the supervising physician, consistent with the PA’s education and experience, facility policy and state laws. Because of their generalist education, PAs are free to choose any medical or surgical specialty after graduation. Due to the supervised nature of their practice, it is not uncommon for PAs to move among specialties — something that is facilitated by the scope of their licenses. Some PAs work in the specialty of orthopedics and are supervised by physicians who are orthopedic surgeons. These professionals are referred to as PAs in orthopedics.

ORTHOPEDIC PHYSICIAN ASSISTANTS

In 1973, eight OPA educational programs were accredited by the American Medical Association (AMA). However, in 1974, the American Academy of Orthopedic Surgeons (AAOS) announced its intent to withdraw sponsorship from the accreditation process. Allied health accreditation was not sponsored by the AMA unless there was involvement by the medical society or societies most closely associated with the occupation. Without AAOS, therefore, there could be no further accreditation of OPA programs. AMA announced a moratorium on the accreditation of any additional OPA programs and, in the fall of 1974, accreditation was discontinued.

OPA programs were never accredited as PA programs. OPAs were trained as assistants to orthopedic surgeons, with an emphasis on orthopedic disease and injury, management of equipment and supplies, operating room techniques, cast application and removal, office procedures, and an orientation to prosthetics and orthotics.

Graduates of OPA programs were never eligible to take the exam given by the NCCPA. OPAs established a National Board for Certification of Orthopedic Physician Assistants (NBCOPA) and developed an exam that is administered by the Professional Testing Corporation. According to the American Society of Orthopaedic Physician's Assistants, to be eligible to take the exam, candidates must "have a solid background with a minimum of five years [on-the-job training] in orthopaedic medicine..."⁴ Passage of the exam allows an OPA to use the initials "OPA-C" after his or her name.

THE DISTINCTIONS

OPAs are not PAs. OPAs were trained at separate programs with a different curriculum, are accredited by different standards and take a separate certification examination. The only similarity is that both OPAs and PAs are supervised by physicians and have similar titles. Such similarities do not make an OPA a PA. Unfortunately, AAPA and the NCCPA cannot prohibit the use of "OPA-C" by OPAs, even though the

Most OPAs are trained on the job and they have a limited scope of practice within orthopedics.

THE FOLLOWING ARE SAMPLE QUESTIONS FOR OPAs FROM THE NBCOPA EXAMINATION:

1. The skeleton of the adult hand consists of how many bones?
(a) 8 (c) 19
(b) 10 (d) 27
2. What is the best method of treatment for a 13-year-old who presents with a slipped capital epiphysis?
(a) Braces (c) Traction
(b) Surgery (d) Crutches with partial weight bearing
3. A deficiency of Vitamin D may cause which of the following bone problems?
(a) Rickets (c) Dwarfism
(b) Pellagra (d) Osteoporosis

similarity to PA credentials is confusing to patients. The NCCPA only controls the use of the letters “PA-C.”

With very few exceptions, OPA practice is unregulated. Only Tennessee has an OPA practice act. New York allows OPAs to register as specialist assistants. California allows a limited number of OPAs (those who completed their education between 1971 and 1974 and who do not meet the requirements for licensure as PAs) to provide services to orthopedic physicians. However, California did not create a new licensing category for OPAs.⁵ From 1983 to 1985, a handful of OPAs were permitted to register as PAs under Minnesota’s first set of PA regulations, administered by the Department of Health. In subsequent actions by the Minnesota Legislature and medical licensing board, PAs have been granted a broader scope of practice, including prescriptive privileges. No new OPA applications have been accepted. No state allows OPAs to prescribe.

Further, the differences between PAs and OPAs have long been recognized

by the federal government. Medicare covers services provided by PAs who are state-licensed and have passed the NCCPA certification examination. Additionally, state recognition of OPAs as PAs would not make their employers eligible to receive Medicare reimbursement for OPA services.

For additional information about PA education, PA scope of practice and PA practice areas, visit AAPA’s Resources page at www.aapa.org/advocacy-and-practice-resources/issue-briefs.



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