

Levels of Supervision Among Practicing Physician Assistants

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Objective

In the American system, state laws mandate that physician assistants (PAs) be supervised by a licensed physician though the terms and stipulations of supervision vary among state or federal statutes and regulations. Because supervision of PA practice by physicians is a dynamic process, task delegation patterns may evolve over time as PAs gain more experience working with physicians. This may result in less supervising time as the PA assumes greater responsibility in the performance of clinical activities.

The PA, in turn, consults with the physician when necessary. Consulting is defined as providing opinion, getting advice or counsel, and deliberating together on professional matters. The hypothesis was that supervising and consulting diminishes as experience is gained.

Design

Data were taken from a 2013 a cross-sectional survey by the American Academy of Physician Assistants.

The survey was sent to 87,907 PAs assumed to be in active clinical practice. Respondents who had not changed their employer were subanalyzed to estimate the amount of clinical time spent consulting with the physician. Time spent consulting with the physician was plotted against the length of time in clinical practice.

Results

In total, 17,924 PAs responded (RR = 20.3%). The results were similar to findings from other national survey reports on demographic characteristics, practice setting, and specialty. Overall more PA experience correlates with less physician consulting and less physician supervision. PAs with 15 or more years experience generally spent less than 10% of their time consulting with the physician compared with those with 0 to 14 years of experience ($P < 0.001$). A plot line of PAs who worked with the same physician over their careers increased with length of time in practice. Among all specialties, primary care stood out with the highest levels of self-reported practice autonomy. This trend held true in many specialties and was most apparent in the first decade of practice.

Conclusions

Levels of supervision are inversely related to length of time in clinical practice. The findings agree with the theory of negotiated performance autonomy – the greater familiarity with each other in a labor situation, the more tasks are transferred from the employer to the employee. Demonstration of this association holds important economic and clinical implications for practices employing PAs. How quickly this occurs remains to be investigated.