Don't Question My (Practice) Authority

As expected, there is more to be said about full practice authority (FPA) for PAs—and, in relation, about how NPs' pursuit of FPA has changed the game for the entire health care team.

YOU'RE A PA? SORRY, NOT ELIGIBLE FOR THIS JOB

Thank you for your thoughtful commentary on the pertinent topic of full practice authority for PAs (2017;27[2]:12-14). In more than 30 years as a PA, I have rarely regretted my career choice. In 1982, when I was planning my career path, I chose to become a PA instead of an NP because I didn't want to further my nursing training (I was already an LPN) to advance my practice, and my impression was that PAs and NPs were equivalent in the workforce. This perception held true until the past few years; I have lost job opportunities specifically because the employer didn't want to deal with the administrative details of PA supervisory requirements here in Colorado. I find this frustrating, as well as perplexing.

Although I've become more comfortable with autonomy throughout my years of practice, I've always reserved the right to consult when necessary and appropriate, based on my own judgment and comfort level. I certainly wouldn't mind more relaxed supervision, but I wouldn't want to be cut entirely loose, either. On the other hand, I resent being ineligible for job opportunities simply for administrative reasons. While this is surely misguided on the part of the employers, it is a reality that practitioners encounter.

I learned recently—to my astonishment—that my NP colleagues pay about a tenth of what I do for malpractice insurance. Apparently the underwriters (and/or the plaintiffs) haven't caught up with the nuances of responsibility and autonomy! From my perspective, PAs and NPs have more in common in the practice setting than NPs and RNs do. The fact that NPs are governed by nursing boards and insured as nurses is more an antiquated accident than a reflection of function in the workforce.

Ideally, there should be a governing body dedicated to the entire spectrum of nonphysician providers who are qualified to diagnose, treat, and prescribe. Since that is not likely to happen, it is our responsibility as PAs to match NPs in the marketplace while maintaining our integrity as providers.

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DEGREES OF DISTINCTION

Thank you for stating that ARNPs "do not need physician endorsement for the advanced component" of their practice. ARNPs need to be responsible for themselves. In California, NPs are given a certificate, not a license, and operate under the rules of the state board of nursing *and* the board of business and professional codes. We must act in a prudent and competent manner. I think this has been demonstrated where full practice authority is in force.

As a PA, I resent being ineligible for job opportunities simply because the employer doesn't want to deal with the administrative details of PA supervisory requirements.

The American Medical Association (AMA) and American Academy of Family Physicians (AAFP), which still want "supervision, collaboration, or participating" designations for PAs and NPs, have tripped on their own stethoscopes on this issue. In trying to suppress advanced practice pro-

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viders, they have helped create a provider shortage. Many NPs will not work in a state that has practice limitations.

In Humboldt County, California, family practice doctors are so overworked due to provider shortages that they are leaving the area. Enter locum tenens to fill the gap. But at a point, there is no benefit to being in such demand. The cost of health care has risen, and patients are unhappy with the care they receive. New patients cannot see doctors in a timely manner; when they are finally seen, they have a few minutes to share their concerns with the provider, who rarely sits down or looks away from the computer screen to make eye contact with them.

➤ In trying to suppress advanced practice providers, organized medicine has helped to create provider shortages; many NPs won't work in states with practice limitations.

We are already seeing the push for advanced education for our NPs and PAs. We have witnessed the changeover to NP programs that culminate in a doctorate (not a master's) degree. By 2021, PA programs will be required to be master's level; although the process has started, there are still a few holdouts. But I consider Washington State to be a front-runner in this area.

This, for me, is the area we need to address: degree designation and equivalency. Rather than give "diplomat" or similar status to someone whose base degree is an associate's, a better idea—and one more palatable to AMA and AAFP—might be to bring everyone to at least a master's level. For example, the Academy of Integrative Pain Management (AIPM) gives "Fellow" designation to those with master's preparation who successfully pass AIPM's examination, and "Diplomat" status to doctorate-prepared practitioners who have also passed the exam.

At the end of the day, many patients prefer to see a PA or NP rather than a medical doctor. Yes, patients care about credentials—but they care more about their provider being respectful, listening, remembering their history, connecting the history from their previous provider, and offering the proper treatment for the correct diagnosis. **CR**

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