



PA Communications Guide

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A Guide for Writing and Talking About PAs

As the PA profession evolves, so does the language used to talk about it. The explosive growth of the profession, coupled with the continued modernization of PA laws, is rapidly changing the way PAs practice and the language we use to describe what they do. This is a reference guide for how to communicate about the profession in a way that reflects the realities of modern PA practice. If you have any questions, please contact Janette Rodrigues, Editorial Director, (571.319.4382, jrodrigues@aapa.org).

The PA Abbreviation

Use “PA” as the title of the profession in all copy, not “physician assistant.” We do not use “physician assistant” any longer to refer to the profession as the name does not adequately depict the medical services PAs provide to patients every day. If you must spell it out to aid in external audience awareness, only use “physician assistant” once in parentheses after the first PA reference, i.e., PA (physician assistant). Use PA for all subsequent references.

The PA Honorific

To promote uniformity of address in clinical and other settings, use PA as the honorific before the person’s name, i.e., PA Pam Smith or PA Smith. Encourage the adoption of PA [surname] as the recommended address for PAs among staff and external audiences, unless a more suitable formal address is appropriate, such as military rank or academic role.

Who are PAs?

PAs are nationally certified and state licensed to practice medicine and prescribe medication in every medical and surgical specialty and setting and in all 50 states, the District of Columbia and all U.S. territories, with the exception of Puerto Rico. PAs are educated at the graduate level, with most PAs receiving a master’s degree or higher. In order to maintain national certification, PAs are required to complete 100 hours of continuing medical education every two years and to recertify as medical generalists every 10 years.

What do PAs do?

- PAs practice medicine.
- PAs practice in every medical and surgical specialty and setting.
- PAs manage the full scope of patient care, often handling patients with multiple comorbidities.
- PAs conduct physical exams, diagnose and treat illnesses, order and interpret tests, assist in surgery, coordinate care, counsel on preventive healthcare, prescribe medications and more.



How do PAs work?

PAs' scope of practice is determined by their education and experience. Scope of practice is also subject to state laws and facility policy. In optimal settings, PAs practice at the top of their education, training and experience, and the scope is determined at the practice level.

- PAs practice medicine in teams with physicians and other healthcare professionals.

Why are PAs unique?

- PAs increase access to healthcare.
- PAs provide quality care and have been shown to positively impact patient outcomes.
- PAs are educated, to seamlessly work in a team-based model of care.
- PAs are educated as medical generalists and recertify as medical generalists.
- PAs are one of the most versatile healthcare providers; during the course of their career, most PAs will have worked in two to three specialties.
- PAs manage patient care coordination and provide clinical preventive services.
- Four out of five PAs report high job satisfaction.

Phrases to Avoid

- Inaccurate Terminology: *“PAs are mid-level providers, physician extenders, non-physician providers, advanced practice providers or advanced practice clinicians.”*
- These terms are often misunderstood by consumers and do not accurately portray or describe how PAs practice medicine to other providers or patients. Nor do they reflect their license or legal title. If PAs need to be referenced as part of a larger group, use “healthcare provider”, “healthcare practitioner,” or “clinician” but the preferred reference would include simply the title name of each profession (e.g., “PAs and NPs”).
- Inaccurate Terminology: *“PAs work on physician-led teams.” or “PAs are supervised by a physician.”*

It is no longer the case that physicians have to be at the helm of the care team. Today's PAs collaborate with physicians. Supervision should only be referenced when required by legal and regulatory documentation.

For example, patient-centered medical homes allow for various health professionals to function as leaders of care teams, including PAs. In practice, a PA's scope typically grows over time with clinical experience. It is common for a PA to serve as the lead on care coordination teams and see patients in all settings without a physician present. In fact, in many rural and underserved areas, a PA may be the only provider, with PA-physician collaboration occurring via telecommunication.