

POLICY STATEMENT

TENNESSEE BOARD OF MEDICAL EXAMINERS' COMMITTEE ON PHYSICIAN ASSISTANTS

STANDARDS TO EVALUATE ORTHOPEDIC PHYSICIAN ASSISTANT (OPA) PROGRAMS

To qualify for licensure as an orthopedic physician assistant, an applicant must be a graduate of an orthopedic physician assistant training program deemed “adequate” by the Committee on Physician Assistants (hereinafter “the Committee”) and the Board of Medical Examiners (hereinafter “the Board”).¹ To assess the adequacy of an OPA program, the Committee² has adopted the following criteria and standards by which OPA programs must be evaluated:

Location of the School or Program

The school or training program must be located in a US state or territory.

Accreditation

The Committee acknowledges that accreditation of OPA programs is not currently available; however, should accreditation be made available by any one of the following organizations, in order to be deemed adequate, the school or program must obtain accreditation, or should substantially meet the applicable standards for the same in the judgment of the Committee, in order to be Committee-approved.

1. The Council for Higher Education Accreditation (CHEA);
2. The Commission on Accreditation of Allied Health Education Programs (CAAHEP); or
3. The National Board for Certification of Orthopaedic Physician Assistants (NBCOPA).

The school or program must pursue and obtain all available institutional and regional accreditations. A school or program’s failure to obtain proper accreditation will be considered by the Committee.

Until accreditation from one of the aforementioned organizations becomes available to OPA programs, the Committee will determine the adequacy of a program on the basis of the following criteria:

Degree Awarded

The school or program must award an associate degree or higher degree³.

Program Director

The program director for an OPA program should be a medical professional licensed in a US jurisdiction as a medical doctor or osteopathic physician. Such license must not be subject to a current disciplinary order. He or she must be board certified by an ABMS or AOA board in an orthopedics-related specialty.

Length of Program

The school or program must include at least twenty-four (24) months of full-time instruction.

¹ TENN. CODE ANN. § 63-19-202(b)(1).

² Because this policy and actions taken pursuant to this policy require ratification by the Board of Medical Examiners, each reference to the Committee includes an implied reference to the Board.

³ For the purpose of this policy, the Committee intends that the term “higher degree” shall mean a bachelors or graduate degree.

Faculty Composition

At least fifty percent (50%) of the school or training program's faculty should be comprised of a combination of the following FTEs⁴: physicians⁵, pharmacists, physician assistants (PAs), advanced practice nurses (APNs) or orthopedic physician assistants (OPAs). All of these providers should hold an active license in a US jurisdiction which is not currently subject to a disciplinary order. There must be at least one full-time physician faculty member.

Curriculum

The curriculum of an adequate OPA training program must include a didactic phase and a clinical phase.

I. Didactic Phase

The didactic phase must consist of the following instruction:

Pharmacology

Students must obtain a minimum of thirty (30) contact hours⁶ in pharmacology instruction, including general pharmacology with an emphasis on orthopedic implications of each drug class. The instruction may be provided in-person or online.

Human Anatomy

Students must obtain a minimum of forty (40) contact hours in human anatomy instruction. The instruction must be provided in-person. At least ten (10) of the forty (40) total contact hours must be in an academic/clinic lab setting.

Medical Physiology

Students must obtain a minimum of forty (40) contact hours in normal physiology and pathophysiology instruction. At least ten (10) of the forty (40) total contact hours must be provided in-person.

Wellness

Students must obtain a minimum of twenty (20) contact hours in wellness instruction. Instruction may be in-person or online.

Physical Assessment

Students must obtain a minimum of thirty (30) contact hours in physical assessment instruction. The instruction must be provided in-person. At least ten (10) of the thirty (30) total contact hours must be in an academic/clinic lab setting.

Research

Students must complete a minimum of ten (10) contact hours of guided research. Such research must include research of evidence-based medicine topics.

Orthopedic Imaging

Students must obtain minimum of ten (10) in-person contact hours in orthopedic imaging instruction.

⁴ FTE means full time equivalent.

⁵ Physician refers to medical doctors and osteopathic physicians.

⁶ For the purpose of this policy, "contact hour" means the unit of measure that represents an hour of scheduled instruction given to students. Also referred to as "clock hour." National Center for Education Statistics, <http://nces.ed.gov/ipeds/glossary/?charindex=C>.

Orthopedic Diseases and Injuries

Students must obtain a minimum of one hundred (100) contact hours in orthopedic diseases and injuries instruction. The instruction should be divided into two courses with each course consisting of least fifty (50) contact hours each. At least thirty-five (35) hours of each fifty (50) hour course must be provided in-person. These courses should cover biomechanics and surgical treatment (both pre- and post-surgical treatment).

Clinical Medicine and Disease Process

Students must obtain a minimum of thirty (30) contact hours in clinical medicine and disease processes instruction to include health care provider basic life support instruction and certification. At least twenty (20) of the thirty (30) total contact hours must be provided in-person.

II. Clinical Phase

The school or training program's clinical phase must include at least twelve (12) months of instruction. The clinical phase of the school or program should include three separate four week, full-time clinical orthopedic rotations (clinical orthopedic rotation I, II and III). One of these rotations must address general orthopedics with surgery and include instruction in pediatrics and adult populations. One rotation must be a general medicine rotation.

Reconsideration of this Policy

The Committee directs that this policy and all recommendations contained herein be reconsidered by January 1, 2019. The Committee may act at that time, or at any time before, to revise or reaffirm the existing policy.

Reconsideration of the Program

If the substance of the program changes such that it is no longer compliant with the terms of this policy, the program must submit within fifteen (15) days of the change, a new request for program approval. To remain approved, the program must obtain Committee approval every two (2) years by submitting the information required pursuant to this policy. Program approval may be withdrawn for failure to timely submit the new request and/or changes that result in the program no longer meeting these requirements.

Program approval may be withdrawn if the Committee finds that the program is in violation of any requirement of this policy or if the Committee finds the program inadequate based upon random auditing of the program and/or its effectiveness in producing qualified graduates.

Adopted by the Board of Medical Examiners' Committee on Physician Assistants on the 2nd day of October, 2015.

Ratified by the Board of Medical Examiners on the 10th day of November, 2015.