



# PA's, NP's, and Podiatry

Scope of practice  
depends on  
degree, license,  
and state.

BY LAWRENCE F. KOBAK, DPM, JD

**B**y now, almost everyone has experienced being treated by, or worked with, a physician associate (assistant) or a nurse practitioner. Who are they? What can they do? What is their training? Most important to our readers, can they work for you in a podiatry setting?

## Physician Assistant aka Physician Associate

By 1964, or so, the medical field recognized a national shortage of primary care physicians. As a result of that, in 1965, Duke University Medical Center began a new program that involved navy corpsmen who had medical training by the U.S. Navy. The initial program was based on accelerated training of physicians during World War II. By 1971, the AMA recognized PAs as a profession. Six states made PAs a legal profession to treat patients. By 1973, there was a national PA certifying exam, given by the National Board of Medical Examiners. In 1977,

PAs were able to participate with Medicare in certain circumstances. In 1992, all branches of the US Armed Services used PAs in the care of our military.

By 1997, PAs were paid for patient care by Medicare everywhere. They also were recognized to provide medical services in all 50 states in

based upon the nursing school model. Both are trained in allopathic, evidence-based medicine.

Most PA programs require the candidate to have a bachelor's degree. The PA programs require at least two years of courses in the basic and behavioral sciences. This would include

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2000. The ability to write prescriptions in every state was obtained by 2007. By 2021, North Dakota and Utah allowed PAs to practice without physician supervision. In that same year, the profession changed its name from "physician assistant" to "physician associate." Currently, there are over 160,000 PAs in the United States. To generalize, the PAs' training uses the allopathic medical school model. Nurse practitioners'(NPs) schooling is

biology, psychology, organic chemistry, physiology, and statistics. Most applicants have about three years' experience in the healthcare field. This experience could consist of being a paramedic, EMT, a Medic in the military, a medical assistant, a surgical tech, or other jobs. PA schools, on average, take three academic years and award a master's degree. The school must be accredited by ARC—PA. The student PA

*Continued on page 44*

*Pas, Nps (from page 43)*

will obtain more than 2,000 hours of clinical rotations, emphasizing primary care. Once graduated, the PA becomes certified by passing the Physician Assistant National Certifying Exam (PANCE) examination.

To apply for a state license, each PA must graduate from an accredited program and pass the PANCE. To maintain the certification, the PA must take 100 hours of approved CME every two years and take a recertifying exam every 10 years. In some states, PAs can practice independently, and in some states require medical supervision. PAs can prescribe medications and treat patients. PAs may also obtain a Certificate of Added Qualification, including the areas of orthopedic surgery, dermatology, hospital medicine, and seven other fields, as of late 2023.

In five states, PAs may be supervised by a podiatrist. They are Virginia, West Virginia, Rhode Island, Ohio, and Michigan. In California, a PA may assist a podiatrist, but cannot be supervised by a podiatrist. Just because

many PAs are well-trained in wound care and assisting in surgery, they can be a wonderful addition to many podiatric practices if the law permits. PAs can generally work alongside podiatrists in hospital settings and offices where an MD or DO employs both a podiatrist and a PA.

### **Nurse Practitioner**

Like the PAs, in 1965, the na-

health, pediatric, family, gerontology, or acute care. Most NPs go into various primary care areas of practice. Adding up all the years, including becoming an RN, it takes about six to eight years after graduating high school to become an NP. It takes about another two years to become a DNP (Doctor of Nursing Practice). DNPs often go on to areas of leadership in hospitals and various large practices.

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tion's first NP program began. It began for the same reasons that the PA programs began—an acute shortage of primary care physicians. The University of Colorado was the first institution to issue an NP degree for nurses who were already RNs. In 1977, nurse practitioners had their first certification examination. In 1989, NPs were first reimbursed through the Medicare program. NPs can prescribe medicine, including an-

Most states will allow an NP to examine, diagnose, treat, and prescribe for podiatric patients. Like PAs, they are generally allowed to prescribe medications that require a DEA license. They are not generally allowed to perform any kind of foot or ankle surgery; but if appropriately trained, they should be able to assist in such surgery.

The scope of practice of an NP varies from state to state. Some states, such as Tennessee, allow a podiatrist to supervise a nurse practitioner, but only in the areas of medicine legally practiced by the supervising doctor. For instance, a podiatrist could not legally act in a supervisory capacity in Tennessee for a patient for treatment of elbow pain. The actual presence of the supervisory practitioner may not be required. It might only involve ready availability, such that the NP or PA can contact their supervising doctor.

The answer may differ as to if an NP or PA can work for a podiatrist, be a business partner in a medical practice with a podiatrist, or be supervised by a podiatrist. The legalities vary from state to state. Since there can be 50 different answers for each of these three issues, the answer for any individual state is necessarily beyond the scope of this article. Additionally, what is currently allowed is changing on a regular basis. For example, in New York, a law is currently being considered that may change what is allowed with mid-level practitioners and podiatrists. It is highly recommended that you consult a health law attorney to help

*Continued on page 46*

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a podiatrist can supervise a PA does not necessarily mean that they can become partners in podiatric or medical practice. It depends upon the terms of the corporate practice of medicine in each state. Some states only allow MDs and DOs to be partners. Dentists can only be partners with dentists, and podiatrists with podiatrists. The reason for this is that other combinations could allow various physicians without a plenary license (e.g., MDs and DOs do have that license), to in effect, expand the scope of the practice in which they have ownership. The same reason is given as to why in most states, a PA may not be employed by a podiatrist. A PA is not limited to treating the lower extremity, even though there may be other limitations, such as being supervised. As

tibiotics and narcotics, in every state. Supervision requirements vary with the state. There are over 355,000 NPs currently in the United States. That is more than twice the number of PAs.

Both professions have very effective national organizations that represent them. NPs have the AANP, the American Association of Nurse Practitioners. PAs have the AAPA, the American Academy of Physician Associates.

To become a nurse practitioner, one must first be a registered nurse, attain a Bachelor of Science in Nursing degree, complete a nurse practitioner graduate master's or doctoral degree, and pass a nationally-given NP board certification examination. A prospective NP chooses from a selection of a particular patient population, such as psychiatric mental health, women's

*Pas, Nps (from page 44)*

you with these issues. A phone call to your state's nursing board and podiatry board can be helpful. Not only do levels of required supervision for PAs and NPs vary from state to state, they will also vary with hours of experience and advanced degrees, such as a DNP.

Another question that comes up often: can PAs and NPs practice independently from any supervisory agreement? NPs, in most states, may practice independently. PAs generally cannot practice independently, meaning without some kind of supervisory physician. Again, that does not usually mean that the supervising doctor is physically on the premises at the time the patient is being seen.

### The Need

You must decide what need either an NP or an PA could serve in your practice. Do you need a surgical assistant? Are you overwhelmed by

patients requiring various types of debridement and wound care? Does your patient volume warrant help with follow-up care of patients?

If all of this has you fairly dizzy by now, there are a few takeaway issues from this article.

1. Both PAs and NPs can be a very capable addition, in certain states, to your podiatry practice.

2. It is imperative to know your state law concerning:

a. Can a podiatrist and an NP be business partners in the practice of podiatry?

b. Can a podiatrist and a PA be business partners in a practice of podiatry?

c. Can an NP be employed by a podiatrist?

d. Can a PA be employed by a podiatrist?

e. Can a podiatrist supervise a PA?

f. In a state that still requires some level of supervision for an NP,

can a podiatrist supervise an NP?

3. With this range of potential issues, it is imperative that the podiatrist interested in working with a mid-level medical practitioner seeks advice from a competent health law attorney so as not to run afoul of the law. What is allowed will vary from state to state. **PM**



**Dr. Kobak** is Senior Counsel in Frier Levitt's Healthcare Department in New York. Larry has extensive experience representing physicians in connection with licensure issues, as well as successfully defending physicians before Medical Boards, OPMC, OPD investigations, as well as Medicare Fraud, Fraud & Abuse, Hospital Actions, RAC Audits, Medicare Audits, OIG Fraud, Healthcare Fraud, Medical Audits, and Health Plan Billing Audits. As a licensed podiatrist prior to becoming an attorney, he served as the international president of the Academy of Ambulatory Foot and Ankle Surgery.