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Summarizing 50 Years of PA Education

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As the first PA programs began in the 1960's, they were designed to solve specific problems. President Lyndon Johnson's Civil Rights and Medicare laws promised health care to people who had never been able to access or pay for it. With a recognition of possible physician shortages, Americans were enthusiastic about the idea of utilizing returning military corpsmen to help meet America's health care needs.

Looking back on 50 years of PA education, we can see important features and principles that can be applied in new environments:

1. Initially trainees were individuals with prior health care experience. This was helpful in the promoting the acceptance of the first physician assistants. Later, the "doors" to the PA career were opened to a broader range of students. Maturity played a big part in selling the career to doctors.
2. PA training is not "mini-medical school." Instead there are differing premises about medical education which were based on "competency based training." This educational approach—often used in the military—starts with deciding what the "new professionals" need to do in order to "make health care work better." Having decided that, curriculum design moves backward to provide education/training on what the clinician "needs to know"—not what is "nice to know" or "good to know."
3. Competency-based training includes, efficient and integrated course content, frequent assessment, lots of "hands-on" learning experiences, and an emphasis on critical thinking and communication skills.
4. PA Education programs demonstrate the relationships that PAs have with their supervising physicians. All PA program directors work with a medical director—who reports to the Program Director—but provides teaching and leads training for doctors and PAs on working together.
5. While a PA program's clinical rotations are designed to provide intense clinical opportunities, they are also designed to match students up with potential employers in a process of PA job development.
6. As compared to admissions processes in medical school, PA admissions processes often use unique group processes to select individuals who will relate to patients and physicians, but also serve as leaders and advocates for the new profession.

A strength of the PA career—and PA education-- is its adaptability in many settings. U.S. experiences with PA education prove that PA programs can be housed in many different types of institutional settings including medical schools and academic institutions with existent health professions programs. Teaching hospitals-- with attached training programs-- can also serve as appropriate locations if there are appropriate academic certificates and degrees available. In all of these settings, the highest levels of institutional leadership are required to develop and support PA programs. Institutions with histories of "innovation" or "commitment to specific underserved populations" have been enthusiastic

sponsors of PA programs. In addition, institutions that serve geographically remote populations and communities have creatively developed PA programs as a strategy for providing PA education to “place-bound” individuals who are not easily able to leave home in order to receive PA education.

Throughout the last 20 years, the major controversy for PA education has been the movement away from the original “certificate” model of training to degree based educational models. The first move was to bachelor’s degrees; however by 2021, all PA programs will be required to confer master’s degrees on their graduates. The support for these advanced degrees has arisen both internally and externally with concerns about “credibility” as compared to other health professions with advanced degree models. Opposition has arisen out of concerns for increased costs, and decreased student body diversity as a result of advanced degrees requirements.

What ties all PA programs together—regardless of their curriculum design or their academic home-- is an accreditation process that assures the quality of PA programs and their graduates. It is important that there be some “distance” between the programs and the accrediting body itself. In the U.S., the free-standing Accreditation Review Commission on the Education of Physician Assistants (ARC-PA) sets and applies broad standards for PA education and grants program accreditation through structured site visits and regular reports. A strength of the ARC—PA is the structure of the Commission itself which includes representatives of physician and physician assistant groups.

Following graduation from an accredited PA program, the final assurance of the quality of individual graduates rests with the National Commission on Certification of Physician Assistants (NCCPA) which administers both an entry-level exam (the P.A.N.C.E.) and a recertification exam (the P.A.N.R.E.) . The NCCPA is also a free-standing independent regulatory body with commissioners representing physician, physician assistants, other health care organizations and consumer. PAs are also required to provide ongoing information documenting continuing medical education (CME). Certification by the NCCPA is required for entry into practice in every US state.