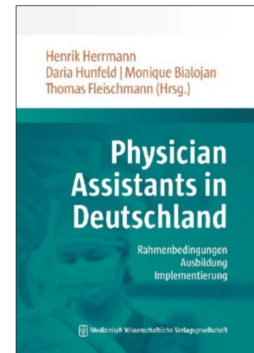
The PA History Society was asked to contribute a short chapter on the history of the PA profession in the U.S. for a book about the German healthcare system and how PAs are contributing to the improvement of care in Germany. PAHx Historian, Tricia Marriott, PA-C, MPAS, wrote the chapter which was published in *Physician Assistants in Deutschland.* A former PAHx Trustee who was born in Germany and moved to the U.S. as a young adult, Maha Lund, DHSc, PA-C, proofread the English to German translation for the Society. *Physician Assistants in Deutschland* is available for our German speaking PAs from the publisher at this link here.



Below please find the English translation of the one chapter written by Historian Marriott which is a brief history of PAs in the United States. The following English transcription and website posted is granted with permission of the textbook publisher, Medizinisch Wissenschaftliche Verlagsgesellschaft (July 2, 2025).

Part II: Physician Assistants Abroad
Chapter 3: Physician Assistants in the USA
by PAHx Historian Tricia Marriott, PA-C, MPAS, MJ, CHC, DFAAPA

The physician assistant/associate (PA) profession in the United States was borne out of necessity in the 1960s, due to a confluence of circumstances and societal changes. At a time when the U.S. population was rapidly expanding (U.S Bureau of the Census, 1962), medical education had contracted (Hiatt and Stockton, 2003)(Flexner, 1910), and funding for healthcare was extended to more of its citizens (*Medicare and Medicaid Act*), the United States had a classic workforce problem of supply and demand; insufficient medical practitioners were available to meet the growing demand for healthcare services.(Carter, 2022) Meanwhile, former military-trained medics and corpsmen returning to civilian life had no defined role in the healthcare workforce, and were perfect candidates for the social experiment that became the PA profession. (Hooker and Carter, 2022)

The concept of "training up" individuals to provide medical services to supplement the medical workforce is not unique to the United States, dating back many centuries to prototypes such as the 17th-century *feldsher*s in the former Soviet Union, or the 19th-century *officier de sante'* in France. (Ritsema et al., 2022) In 1961, Dr. Charles L Hudson presented the notion of training "nonprofessionals" to expand medical services, identifying the military trained workforce as ideal to perform routine medical tasks. (Hudson, 1961) In 1965, Dr. Eugene A. Stead, Jr. took up that charge, establishing the first formal education program for PAs at Duke University, where ex-military corpsmen were already helping out in hospital specialty units. ("Biography Eugene A. Stead, Jr., MD", 2001) In 1968, Dr. Richard A. Smith at the University of Washington created the first MEDEX PA program ("Biography Richard A. Smith, MD, MPH", 2001) and Dr. Hu Myers established the first baccalaureate degree program for PAs at Alderson-Broadus College in West Virginia. ("Biography Hu Crim Myers, MD", 2004) The PA candidate pool was initially bolstered by the return of military-trained medics and corpsmen from the conflict in Vietnam, helping establish proof-of concept and the PA prototype in the early 1970s. (Hooker and Carter, p.30) As the conflict ended, other individuals with healthcare experience entered PA educational programs.

Education & Accreditation

In 1971, organized medicine established standards for PA education, and created an accreditation body to evaluate and approve PA programs. Now known as the Accreditation Review Commission on the Education for the Physician Assistant (ARC-PA), the ARC-PA accredits “qualified PA programs offered by, or located within, institutions chartered by, and physically located within, the United States, and where students are geographically located within the United States for their education”. Currently, 309 entry-level programs are accredited by the ARC-PA. (ARC-PA, 2024) The rapid proliferation of PA education programs in the U.S. is not only a testament to the success and popularity of the profession, (“Best Health Care Jobs”, 2024) but also a concern for those committed to upholding the education standards for the practice of medicine as a PA.

Certification

Along with establishing standards for PA education, organized medicine sought validation of the PA program graduates’ qualification. The National Board of Medical Examiners developed an examination based on “the tasks and skills expected… in the management of common illness” (Piemme and Andrew, 2017), which was administered for the first time in 1973. In 1974, the National Commission on Certification of Physician Assistants (NCCPA) was formed to assume responsibility for “eligibility, the setting of passing standards, conditions for initial certification and other periodic recertification.” (“NCCPA”, 2024) Since 1975, over 205,000 PAs have earned board certification, with 178,708 currently certified at the end of 2023. (*2023 Statistical Profile of Board-Certified PAs, Annual Report,* 2024, p.4) To become certified, candidates must have graduated from an ARC-PA accredited PA program and achieve a passing score on the NCCPA’s Physician Assistant National Certifying Examination ®(PANCE). “In the United States, all 50 states, the District of Columbia, the U.S Territories, the U. S Military, and many employers rely on NCCPA certification as one of the criteria for employment, licensure, or regulation of PAs.” (“NCCPA”, 2024)

Legislation, Regulation & Scope of Practice

The practice of medicine is heavily regulated in the U.S. In 1970, the first legislation for PAs was enacted in California. (Davis et al., 2015) Now, all 50 states and US territories authorize PAs to evaluate, diagnose, prescribe medication and treatments, and provide medical care in a variety of practice settings. In the early days of the profession, the PA role and scope of practice was largely dictated by the physician with whom they worked, often in an employer-employee relationship. Tasks were delegated to the PA by a physician who “supervised” them. Over time, the physician would increasingly delegate responsibilities and/or more advanced complex care or procedures to the PA based on the concept of “negotiated performance autonomy”. (Schneller, 1978) The physician and PA worked as a team, leveraging individual strengths and experience to provide medical care.

The U.S. corporatization of medicine, meant to spur innovation and economy of scale, (Crowley et al., 2021) has virtually eliminated solo physician practices. As physicians become employees, the physician-PA relationship has changed, often with large numbers of physicians teaming up with a large number of PAs. While scope may be defined by state law, regulations and/or institutional policy, PAs and physicians nonetheless exercise “negotiated performance autonomy” at the practice level. Efforts are underway at the state level to eliminate some of the onerous restrictions that may limit the effective use of PAs. Recent research suggests that “removing restrictive laws and regulations to PA practice does not

increase overall risks to patients or increase rates of malpractice within US healthcare." (DePalma et al., 2023)

The Future

PAs in the U.S. have an established record of delivering high-quality medical care for over 57 years in the United States. Job growth for the PA profession is projected at 27%, "much faster than average". ("Occupational Outlook Handbook, Physician Assistants", 2024) PAs are increasingly practicing in medical and surgical subspecialties, opening access to specialty care. ("2023 Statistical Profile of Board-Certified PAs, Annual Report", 2024, p.18) A shortage of up to 86,000 physicians is projected by 2036 in the U.S. (Global Data, 2024) PAs will continue to meet patient needs by providing access to professional medical services and quality medical care.