Physician Assistant Education: Trends for the Future

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One doesn’t have to look very far in research to find that the supply of physicians, physician assistants, and nurse practitioners is going to be inadequate to meet patient demand over the next two decades.

An interesting study performed by Sargen, et. al., projected the demand for advanced clinical services by the year 2025 and estimated the supply of physicians, advanced practice nurses (APN), and physician assistants (PA).\(^1\) They opined that if training programs for APNs and PAs grow as currently projected but physician residency programs are not further expanded, the aggregate per capita supply of advanced clinicians will remain close to its current level, which will be 20 percent less than the demand in 2025. Increasing the numbers of entry-level (PGY1) residents by 500 annually will narrow the gap, but it will remain at more than 15 percent.

Simply put, we are going to need more providers. So are physician assistants ready to enter the workforce after graduation?

I recently discussed PA education with Kevin Lohenry, Ph.D., PA-C, director of the Keck School of Medicine, USC’s primary care PA program, and immediate past-president of the Physician Assistant Education Association (PAEA). He updated me on a number of trends that impact the supply of PAs in the training pipeline, and the quality of their education.

The first observation he made is that while the demographics of the PA student population are changing, the quality of the graduate PA remains solid.

There are trends in PA education that bear mentioning. Students entering PA education tend to be women, have one or two years of prior healthcare experience, competent with technology and didactic education, and less confident with clinical rotations (which reflects their lack of prior experience).

The pool of students interested in PA education is robust, with double-digit growth in this group every year for the past 10 years, according to Lohenry and figures from the American Academy of Physician Assistants.

This year, there were 17,000 applicants vying for 5,500 seats in PA programs. Lohenry says that the generally positive exposure of PAs to the public in the media as a highly desirable profession, the institutional momentum of 84,000-plus PAs, the expanding recognition of the contributions of the profession by health policy makers, and acceptance of the PA role in all healthcare settings, have driven a rising demand for PA education. About 90 percent of PA grads have job within 12 weeks of graduation.

To meet this demand, there is a two-fold response.

Existing programs, utilizing funds made available through Health Resources and Services Administration (HRSA) and the Affordable Care Act, have been able to expand class sizes, and 28 programs have taken advantage of these funds in expanding PA education. Secondly, there are currently 50 institutions exploring starting PA education programs. Historically, 50 percent will survive the accreditation process and begin training PAs within the next five years.

There are considerable forces that inhibit the capacity of both physician and PA education. The most significant challenge facing expansion of PA education is clinical training sites, according to Lohenry. Other challenges and opportunities present themselves to those training physicians, PAs, and APNs, given the evolution of the healthcare system according to Lohenry. A lack of diversity among students will create downstream challenges to healthcare disparities and equity. That is why the PAEA has partnered with the Association of American Medical Colleges (AAMC) to develop sustainable strategies to recruit a more diverse medical and PA student population.

Lohenry believes that another important trend in PA and medical education is more emphasis on inter-professional training among medicine, nursing, pharmacy, etc. The healthcare system is
transitioning to “team” practice, and the PA is well positioned to thrive in this environment. The PA profession was born as a team with our physician colleagues, which makes us well positioned to contribute our experience and expertise to further development and evolution of team practice in the US health care system.

The shortage of physicians, PAs, and other healthcare providers will provide many challenges and opportunities in the short and long term in adapting the health care system to the needs of the patients we serve. Together, we can eliminate the barriers to increasing the supply of providers, and this is good for everyone.

¹ Sargen M, Hooker RS, Cooper RA. J Am Coll Surg. 2011 Jun;212(6):991-9. Epub 2011 Apr 3. Find out more about Stephen Hanson and our other Practice Notes bloggers. This blog was provided in partnership with the American Academy of Physician Assistants. For more information, visit www.aapa.org.

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