

Doctorates For PA Education: Movement, Models, or Madness?

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PA Doctorates

- A controversial issue that invokes strong responses and passionate views from PAs
- It is recognized that many PAs are ambivalent at best with regard to the prospect of PA doctoral degrees
- Others, such as some non-PA educators, see the notion as an inevitability
- There has been preliminary discussion of this topic at PA national meetings
- Given the controversy, it seems reasonable to broach the topic for continuing discussion in an educational forum

Simon, AF. "PA or PhD: Do PAs Need to Be Doctors?" Presented to American Academy of Physician Assistants, Philadelphia, PA, May 26, 2007

Clinical Doctorates

- An obvious trend in health professions education.
- A sizable number of educational institutions have developed clinical doctorates in several health professions
- It seems only a matter of time before some educational institution sees a market for PAs doctoral degrees
- What would be the possible configurations of doctoral programs for the PA profession

Siler WL, Randolph DS. A clinical look at clinical doctorates. *Chron High Educ.* 2006;52(46):B12.

Professional Doctorates

- Medicine - MD and DO
- Law - JD
- Pharmacy - PharmD
- Nursing - DNS
- Advanced Practice Nursing - DNP
- Naturopathic Medicine - ND
- Audiology - AuD
- Physical Therapy - DPT & DScPT
- Optometry - OD
- Podiatry - DPM
- Chiropractic - DC
- Psychology - PsyD

On Professional Doctorates

- Institutions of higher education clearly have a vested interest in offering clinical doctorates, because they tend to increase enrollment and thus tuition and, since many use distance education technology, are low-overhead operations
- For these institutions, it is a good business
- "Professional organizations want to raise the status of their professions; universities want their enrollments to increase, or at least not to decline. Neither side can objectively evaluate clinical doctorates."
- In the final analysis, market forces drive this. Who predicts market forces most accurately, positions themselves, or their profession most favorably, becomes most valuable to society

Siler WL, Randolph DS. A clinical look at clinical doctorates. *Chron High Educ.* 2006;52(46):B12.

On Professional Doctorates

- Clinical doctorates in several of the health professions have emerged primarily from the professions' organizations and not from the rank and file. This certainly is the case in advanced practice nursing
- Practitioners in the field are unenthusiastic, and similar sentiments have been observed thus far in the PA profession
- The only study on the subject is from the U.S. Army showed that 66% of army PAs considered the availability of doctorate degrees a major factor in their decision to stay on active duty

Professional Doctorate

- ☞ Specialized knowledge of doctoral study produced in university setting with strict control by disciplines
- ☞ Professional knowledge primarily a product of experience gained in workplace
 - This is often repeated and is essentially true, but with one significant caveat; the knowledge gained through experience creates a much stronger practice when built upon the solid foundation learned during formal education
- ☞ Professional doctorate involves “research as action” in the workplace (Wildy and Holland, 2002)

Physical Therapy

- ☞ Moved to graduate entry requirement with the introduction of professional doctorate (DPT) after much controversy in the profession (Stohs, 2003)
- ☞ This move has seen change in professional practice with movement toward direct patient access (Hasson, 2003)
- ☞ Although the above has occurred at a significant increase in tuition (Redman-Bentley, 2004)

Simon, AF. *PA or PhD: Do PAs Need to Be "Doctors"? Presented to American Academy of Physician Assistants, Philadelphia, PA, May 26, 2007

Advanced Practice Nursing

- ☞ By 2012, there will be a new entry educational level for all advanced practice nurses [APNs] - (NPs, CNMs, and CRNAs)
- ☞ APN is moving to a practice-based doctoral degree - the DNP (doctorate of nursing practice) last count, 168 Universities have started or are considering to start
- ☞ In addition, PT, OT, and pharmacy among other health professions are now also on the doctoral level
- ☞ Implications for the PA profession



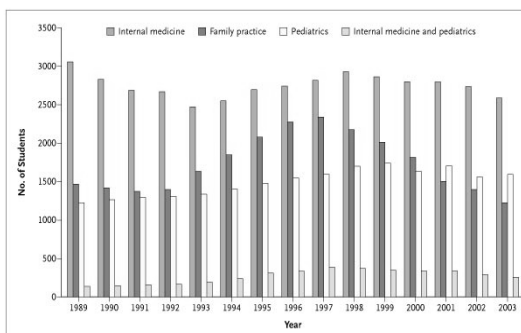
The DNP in APN

- ☞ The DNP is the terminal clinical degree in advanced practice nursing aimed to replace MS degrees of NPs and CNSs by 2015 (Dracup and Bryan-Brown, 2005)
- ☞ Proponents argue that the DNP helps provide “parity” and is needed to make sure nurses have a “seat at the table” in health policy and legislative decisions (Olshansky, 2005)
- ☞ The DNP is not specifically designed to significantly improve the clinical capability of the recipient but adds courses and requirements in other areas to justify the increase from a Master degree

A Crisis in Primary Care?

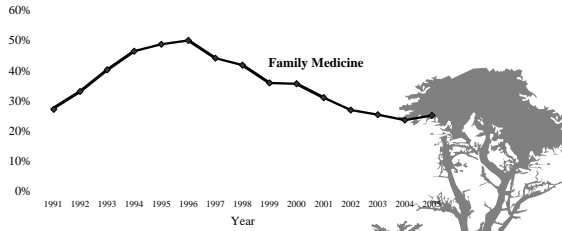
- ☞ Will NPs, armed with their new DNP degrees, seek to become the primary care providers of the future
- ☞ Trends in primary care continue to reveal that physicians are moving away from primary care roles
- ☞ Recent statement by the American College of Physicians that there is a crisis in primary care
- ☞ Major reasons are structural and financing systems of health care delivery - *“The Impending Crisis of Primary Care Medicine and Its Implications for the State of the Nation’s Health - ACP, January 30, 2006*

Match Results According to Primary Care Specialty, 1989 through 2003



Whitcomb, M. E. et al. N Engl J Med 2004;351:710-712

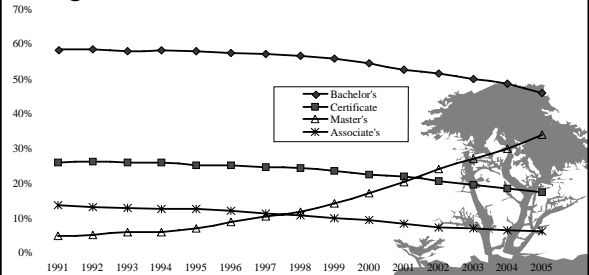
Percent of New PAs* Entering Family Medicine Each Year, 1991-2005



*PAs graduating in year immediately preceding the census reference year are considered New Graduates.

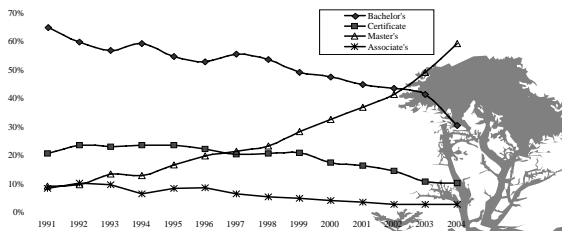
Sources: AAPA Membership Census Survey, 1991-1995; AAPA Physician Assistant Census Survey, 1996-2005.

Practicing PAs by Type of PA Degree Held, 1991-2005



Sources: AAPA Membership 11/1/2005; AAPA Membership Census Survey, 1991-1995; AAPA Physician Assistant Census Survey, 1996-2005.

New PA Graduates, by Degree



Models of Doctoral Education for PAs

- Doctoral degrees for PAs could take several configurations. The question is whether any of these programs would provide graduates with any more clinical capabilities than they can obtain now in non-doctoral education.
 - Doctoral degree awarded for entry-level PA education
 - Doctoral degree as an "add-on" option for PA education
 - Doctoral degree for completion of a PA postgraduate residency program

Model # 1 - Doctorate for Entry-level PA Education

- This model would likely be a 'conversion' of a masters degree to a doctoral program, similar to PT programs
- May require lengthening of the curriculum to 36 months. Brings us very close to the MD/DO training program and upsets the original training ratio of 2:1 years MD:PA
- Criticism that such programs are nothing more than "fluffed up" masters programs
- (Cawley, "More on Clinical Doctorates", Advance for PAs, 2007)

Model # 2 - "Completion" of Entry-level PA Education

- Based on a concept similar to the MPAS of the University of Nebraska where the degree is based on prior completion of a PA masters degree
- Includes both clinical as well as non-clinical content.
- Would be attractive to universities in that it could/would be structured mostly in a distance education format
- Resembles OJT in terms of clinical skills and probably would be less rigorous than formal training in a residency program

Model # 3 - Doctorate for PA Postgraduate Residency

- ☞ One advocate has proposed that doctorates be granted upon completion of a clinical PA postgraduate residency program (Gruppo, 2005)
- ☞ This model stems from an intense 18 month experience in emergency medicine based in a military medical facility

Gruppo, L.Q. Clinical Doctoral Degrees-Are We Ready? Perspective on Physician Assistant Education, 2005,16:5-7.

Market Forces

- ☞ Physician Shortages:
 - About 900,000 physicians practice in the US
 - About 150,000 PAs and NPs practice in the US
 - About 26% of practicing physicians were trained in a foreign country¹ (McGuire, 2001)
 - Predictions range from 85,000-200,000 additional shortages by 2015-2020²(Cauchon, 2005)³ (Cooper, 2004)
- ☞ Total Physician Shortages:
 - Current: 384,000 (42%)
 - Predicted: 469,000 (47.6%) to 584,000 (53.1%)

¹Phillips McGuire, "A coming shortage of foreign-trained doctors," *ACP/ASIM Observer*, September 2001

²Dennis Cauchon, "Medical Miscalculation Creates Doctor Shortage," *USA Today*, March 2, 2005.

³Cooper, "Weighing the Evidence for Expanding Physician Supply," *Annals of Internal Medicine*, 141, No. 9, (2004), 705-14

Market Forces

- ☞ Healthcare costs continue to outpace individual earnings and growth in GDP¹(Francis, 2006)² (Centers for MEDICARE)
 - Presently, 16% of GDP, Predicted, over 20% by 2020
- ☞ Increasing socialization of medicine.
- ☞ Increasing sophistication of practice

¹David R. Francis, "Healthcare Crisis Countdown," *The Christian Science Monitor*, November 6, 2006

²Centers for Medicare and Medicaid Services, "National Health Care Expenditures Projections: 2005-2015," February 22, 2006

Market Forces

- ☞ Greater PA autonomy requested by employers¹(Wilkerson, 2007),²(ACP, ASIM, 2000)
- ☞ MDs talking about malpractice exposure
 - As autonomy increases, supervision/control decreases, malpractice concern increases
- ☞ Competition is advancing¹(AACN, 2004),²(AACN, 2007)

¹Dean Wilkerson, "Action on 2004 Resolutions," *American College of Emergency Physicians*, January 7, 2007

²The American College of Physicians and the American Society of Internal Medicine, *Expanding Roles of Nurse Practitioners and Physician Assistants*, 2000

¹American Association of Colleges of Nursing, *AACN Position Statement on the Practice Doctorate in Nursing*, October 2004

²American Association of Colleges of Nursing, *Doctor of Nursing Practice Program*, <http://www.aacn.nacsc.edu/DNP/DNPProgramList.htm>

Market Forces

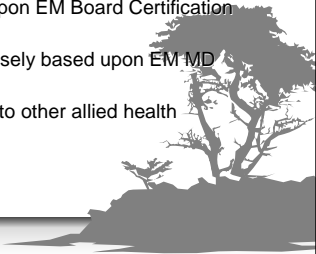
- ☞ Advanced training is the key
- ☞ Not simply a higher degree
- ☞ Substantial, reproducible, meaningful training, based closely on the MD training model
- ☞ Training must produce a much better clinician

DScPA, EM PA-C

- ☞ 18 month residency training in EM
- ☞ Closely follows ABEM, ACGME and RRC requirements for physician EM residents
- ☞ Formal training in teaching hospitals
- ☞ All training and instruction overseen by physicians
- ☞ Board Certified EM faculty physicians review and approve training

DScPA, EM PA-C

- ☞ Intensive training 50-100 hrs/week
- ☞ Vigorous reading and testing schedule
- ☞ Oral board exam based upon EM Board Certification Exam
- ☞ Research requirement closely based upon EM MD resident requirements
- ☞ Compares very favorably to other allied health doctorate degrees



Comparison Data

Program	Length	Didactic Hours	Clinical Hours	Lab hours	Research Hours	Total Hours
Creighton U. Pharm-D	4 yr	1545 hrs.	660 hrs.	None	None	2205 hrs.
UAB - PhD: Hth Ed	3 yr	1072 hrs.	None	None	400 hrs.	1472 hrs.
NYCPM - D.P.M.	4 yr	1537 hrs.	900 hrs.	240 hrs.	None	2677 hrs.
SUNY - O.D.	4 yr	1680 hrs.	800 hrs.	331 hrs.	None	2811 hrs.
U. of Iowa - Au. D.	4 yr	915 hrs.	810 hrs.	None	None	1725 hrs.
NSU - DHSc	DLO (up to 7 yrs)	540 hrs.	150 hrs.	None	270 hrs.	960 hrs.
NSU - Pay D.	4.5 yr	1027 hrs.	435 hrs.	165 hrs.	110 hrs.	1737 hrs.
Army Baylor University U.-D.P.T.	27 mths	1178 hrs.	2200 hrs.	700 hrs.	241 hrs.	4329 hrs.
Army Baylor University-DScPT	18 mths	1170 hrs.	1950 hrs.	950 hrs.	354 hrs.	4424 hrs.
DScPA, EM	18 mths	740 hrs.	4300 hrs.	70 hrs.	200 hrs.	5310 hrs.

Benefits

- ☞ Aligns training with marketplace realities
- ☞ Prepares to meet looming national challenges
- ☞ Competing and comparable health professions have moved to this level
- ☞ More closely follows the MD training model
 - Med School – Residency - Fellowship
- ☞ Recognition of level of training and expertise
 - No other way to do so

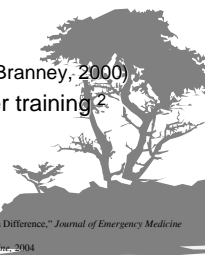


Benefits

- ☞ Strengthens corporate appeal by
 - Improving flexibility in utilization
 - Improving cost effectiveness
 - Autonomous credentialing
 - Reduced morbidity and mortality¹ (Branney, 2000)
- ☞ Mitigate MD shortages with better training?² (Cooper, 2004)
- ☞ Improved patient care

¹Branney, "Malpractice Occurrence in Emergency Medicine: Does Residency Training Make a Difference," *Journal of Emergency Medicine* 2000

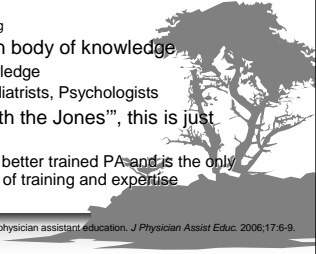
²Cooper, "Weighing the Evidence for Expanding Physician Supply," *Annals of Internal Medicine*, 2004



Concerns

- ☞ We already have a doctorate - MD and DO
 - This proposal follows the tiered MD training model
 - Physicians remain gold standard
 - Trained to postdoctoral level
 - At least twice as much training
- ☞ We don't possess our own body of knowledge
 - No one owns medical knowledge
 - Consider Optometrists, Podiatrists, Psychologists
- ☞ We're just "Keeping up with the Jones'", this is just "Degree Creep"
 - This model creates a much better trained PA and is the only way to recognize their level of training and expertise

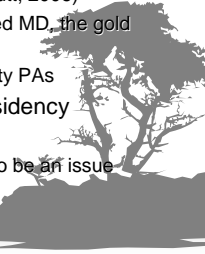
¹Orcutt VL, Hildebrand A, Jones PE. The doctoral pipeline in physician assistant education. *J Physician Assist Educ.* 2006;17:6-9.



Concerns

- ☞ There are too few doctorally prepared PA faculty
 - "...minimal growth in the number of doctorally prepared faculty beyond 2010."¹ (Orcutt, 2006)
 - Training overseen by Board Certified MD, the gold standard
 - In time, there will be sufficient faculty PAs
- ☞ I am not able/willing to attend residency
 - Will never have to
 - Will retire before enough DScPAs to be an issue

¹Orcutt VL, Hildebrand A, Jones PE. The doctoral pipeline in physician assistant education. *J Physician Assist Educ.* 2006;17:6-9.



Concerns

- ☞ I'll be pushed out of my job
 - Decades required for critical mass DScPAs
 - Plenty of time to adjust (retire, grandfather, retrain)
- ☞ Insurance companies will demand residency training
 - They don't for physicians in most circumstances
 - Can't even consider until critical mass reached decades from now

Concerns

- ☞ I won't be able to switch jobs
 - MDs can switch jobs with retraining
 - Medicine increasingly more sophisticated
 - Commitment required for future practice in many areas
 - Generalists will always be needed
- ☞ This presents legal, regulatory, and public relations challenges for a dependent profession
 - Work with MD organizations to address legal and regulatory issues
 - Communications and close cooperation with MDs critical to a smooth transition

Concerns

- ☞ More "Doctors" will confuse patients
 - Will not refer to as "Doctor" in a patient care setting
 - Respect for Physicians, avoid confusing patients
- ☞ We will be seen as seeking independent practice
 - Must effectively communicate with MD organizations and the public our intent to remain dependant

Concerns

- ☞ It is too expensive to start new residencies
 - Effective business model exists
 - Creative thinking required
 - Partnership between Universities, Industry and appropriate hospitals
- ☞ We'll price ourselves out of a job
 - The market decides what someone is worth
 - Studies ref PharmD and DPT may not apply
 - Better trained and more capable = more valuable to employer
 - Only time will tell

Conclusions

- ☞ Virtually all allied health professions have/are transitioning to an entry level doctorate
- ☞ Postgraduate residency training model most closely follows MD training model
- ☞ Market Forces may require the evolution of PA education
- ☞ Target date for decisions 2015-2020, the peak of MD shortages
- ☞ The PA educational sector should examine emerging models and assess strategies for educational policy

Discussion