



Strategic Plan

(Revised January 28, 2008)

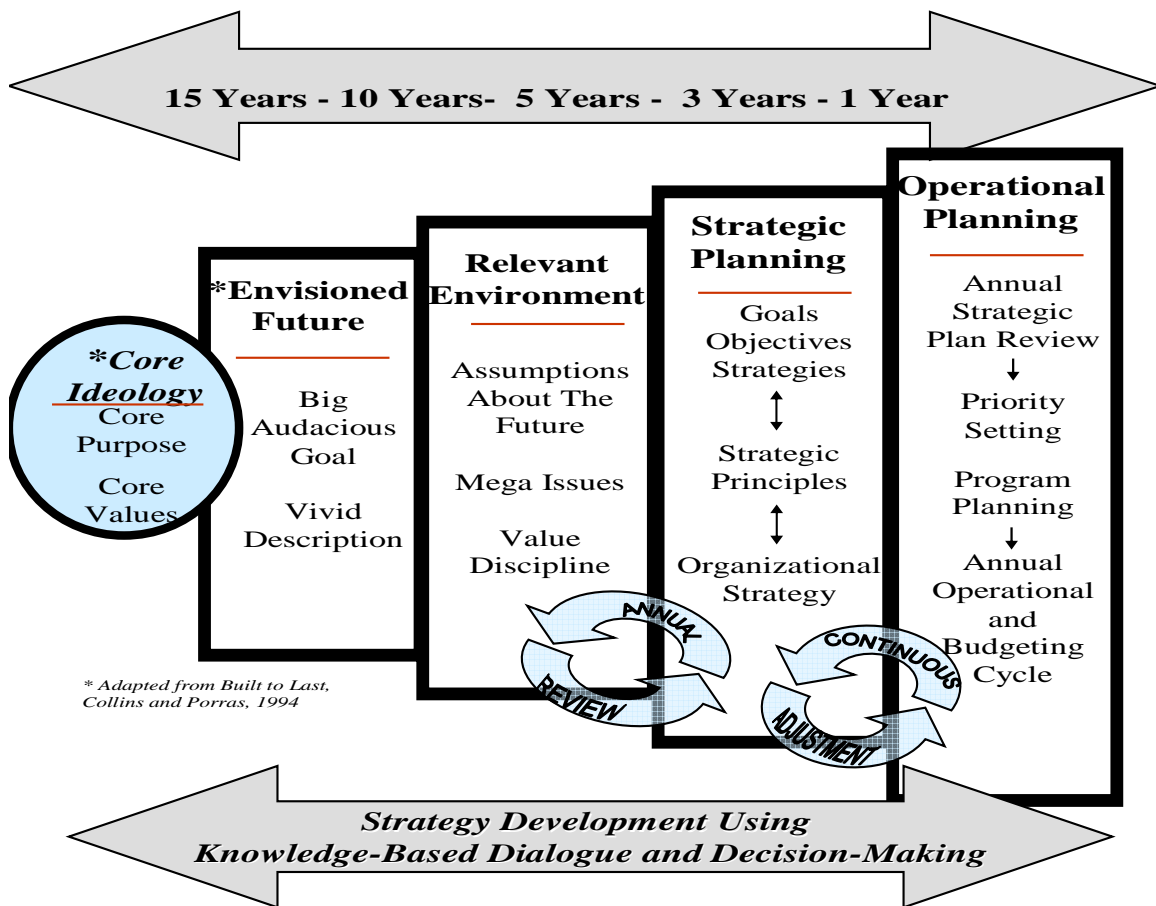
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OVERVIEW

The Physician Assistant Education Association (PAEA) engaged in an aggressive strategic planning initiative to create the Association's future strategic direction. The goal of this initiative was to create clarity and focus regarding how the Association should invest its valuable resources on the identified wants, preferences, and needs of its members and others in the medical education community. As envisioned, the resulting strategic plan will facilitate (a) PAEA's identification of the future needs of its members and other identified stakeholders; and (b) PAEA's options for satisfying those needs.

Below is the strategic planning model outlining the four planning horizons used by the PAEA leadership and staff to formulate its strategic plan.



* Adapted from *Built to Last*, Collins and Porras, 1994

Using the model above as a framework for group dialogue and deliberation as the information source, PAEA leaders created the following:

- A set of assumptions about the future of the profession they represent and the professionals who work in it
- A list of relevant factors in the long-range horizon (10-15 years into the future), core purpose, core values, a Big Audacious Goal (BAG), and a vivid description of future success
- Six goal areas that identify where PAEA will direct its energy in the next five years. The goal areas focus on outcomes beneficial to PAEA and its members.
- A set of objectives in each goal area, setting measurable direction on how the Association will achieve its goals
- A set of strategies that identify the actions the organization will undertake in the next one to three years in order to achieve each goal area

PAEA's leadership views the process of strategic planning as ongoing. This plan does not represent a completed "strategic planning project." Adoption of a plan is an affirmation of the general intent and direction articulated by the vision, goals, and objectives. Progress toward achieving the plan's strategic objectives will be assessed annually, and the plan will be updated based on tasks accomplished and changes in the needs of the stakeholders served.

5-10 Year Planning Horizon

ASSUMPTIONS ABOUT THE RELEVANT FUTURE

In order to make progress against the 10- to 15-year “envisioned future,” an association must constantly anticipate the strategic factors likely to affect its ability to succeed and assess the implications of those factors. These factors are presented here as assumptions about the future. This process of building foresight will help PAEA to constantly recalibrate its view of the relevant future and provide a basis on which to annually update the strategic plan. The assumptions represent a snapshot of the board’s thinking about the future and will be reviewed annually to ensure that they continue to provide a relevant basis for the outcome-oriented goals that form the basis of the strategic plan.

Assumptions

GLOBAL BUSINESS AND ECONOMIC FACTORS

1. Consumer demand will increasingly drive economic decisions.
2. Medical care decisions will be increasingly driven by outcomes and accountability.
3. Third-party reimbursement of medical services will continue to significantly affect decision making.
4. There is “degree creep.”
5. There will be more competition from for-profit education.
6. There will be pressure to create new mechanisms for IMGs to receive training in the U.S. medical system.
7. There will be increasing interest in the international transferability of medical education and credentialing.
8. Access to information/data by patients will increasingly affect decision-making.
9. There will be greater need for PAs to measure outcomes of their services.
10. Aging of the population will impact prioritization of funding factors and educational priorities.
11. Disparities in health care delivery will increase.
12. Fragmentation and inefficiency will drive reorganization of health care service delivery.
13. New models of service delivery (e.g., retail clinics) will drive workforce patterns.
14. Collaboration across organizations and professions will increase.

SOCIAL VALUES AND DEMOGRAPHICS

1. Student values may become increasingly different from those of the faculty.
2. Costs for education will continue to outpace inflation.
3. It will become more difficult to recruit new faculty.
4. Graduates will change jobs and careers more frequently than in the past.
5. Students and graduates will desire balance between work and personal life.
6. Workplace flexibility will increase.
7. There will be a predominance of females in the profession.
8. People will expect immediate access to information.
9. Shifting trends in the applicant pool will drive program adaptation.
10. Patients will continue to have higher expectations about medical outcomes.
11. Educational communities will continue to seek the richness that diversity brings to learning and service.
12. There will be an increase in military personnel entering the PA profession.
13. There will be continuing demand for alternative and complementary medicine.
14. Patient views, values, and expectations regarding health and service delivery will change.
15. The PA profession will continue to be challenged in the area of diversity.

LEGISLATIVE/REGULATORY ENVIRONMENT

1. Regulatory oversight of medical practice will increase.
2. Fear of litigation will drive change.
3. Vocal factions may advocate for independent practice.
4. Accreditation of postgraduate clinical experiences such as residencies may affect state licensure.
5. Roles of different medical professions will overlap.
6. Changes in degrees and credentialing of health professionals may affect the regulatory environment.
7. Federal funding will continue to affect the profession.
8. The PA certifying and recertifying exams will remain generalist.
9. There will be changes to regulations protecting patient confidentiality.
10. Regulatory agencies may become more prescriptive, affecting flexibility and innovation in training models.

SCIENCE AND TECHNOLOGY

1. Genomics will transform health care.
2. The electronic medical record will affect systems-based practice.
3. Electronic social and community networks will play an increasing role in educational practice.
4. There will be a greater variety of learning environments and options.
5. The immediate availability of open source information and collaborative technologies will create challenges relating to validity, authorship, and scholarship.
6. The rapid proliferation of translational research will challenge educators to integrate emerging concepts into curricula.

COMPETITION/STRUCTURE

1. The focus on return on investment (ROI) will increasingly affect academic decision-making.
2. The competition for qualified applicants will increase.
3. There will be increased competition for clinical training sites.

10-15 Year Planning Horizon

CORE IDEOLOGY AND ENVISIONED FUTURE

Core ideology describes an association's consistent identity that transcends all changes related to its relevant environment. It consists of two elements: **core purpose** — the association's reason for being, and **values** — essential and enduring principles that guide an association. **Envisioned future** conveys a concrete yet unrealized vision for the association. It consists of a **big audacious goal (BAG)** — a clear and compelling catalyst that serves as a focal point for effort, and a **vivid description** — vibrant and engaging descriptions of what it will be like to achieve the BAG.

Core Ideology

Core Purpose:

To improve the quality of health care for all people by fostering excellence in physician assistant education.

Value Statement:

We provide visionary leadership and uphold the values of scholarship, excellence, service, collegiality, diversity, ethical behavior, integrity, and respect.

Envisioned Future

Big Audacious Goal (BAG):

To be a leader in medical education.

Vivid Description of the Desired Future:

The Association

- In collaboration with organized medicine, PAEA is instrumental in creating a flexible model of medical education with multiple entry and exit points that are responsive to the dynamic health care environment.
- The Association's name is synonymous with all PA education.
- Policies are developed to advance and promote PA education.
- PAEA is collaborating with other medical education partners.
- PAEA's resources and infrastructure support its strategic direction.
- Students are actively involved in PAEA.
- PAEA is promoting scholarship/innovation in PA education (faculty development, journal, e-services, etc.).
- PAEA will meet the needs of an increasingly diverse faculty, staff, and student population.

- PAEA has an established advocacy program influencing PA education, medical education, and other issues within health care.
- PAEA is known as a data-driven organization.
- PAEA is communicating effectively to its important stakeholder groups.
- PAEA has the technology structure to encourage and support community building.

The Members

- Members are utilizing data and research supplied by PAEA for educational decision making.
- PAEA supports PA program innovation.
- PAEA is fostering communication between members and the Association.
- Members are accessing expanded and reliable resources, initiatives, and models available through PAEA.
- Members are beginning to develop more flexible education models.
- Members are leaders in the educational communities.
- The reputation of PA programs is enhanced within their own communities.

The Environment

- There is a PA in every clinical office and PAs are universally recognized and accepted.
- Legislators and their aides are consulting PAs on health provider and workforce issues.
- Credentialing enhances access to care.
- Academic institutions have created flexible models with multiple entry points.
- PA faculty are leaders in their educational communities.
- PAs will be viewed as preferred providers for medical services.

1-5 Year Planning Horizon

OUTCOME-ORIENTED GOALS, OBJECTIVES, AND STRATEGIES

The following section outlines PAEA's goals for the next three to five years. This includes explicit statements of the conditions or attributes that PAEA wants to achieve. These outcome statements define "what will constitute future success." The achievement of each goal will move the organization toward realization of its vision. The six goal areas are not in priority order.

Objectives and strategies provide direction and actions on how the Association will accomplish its articulated goals. Objectives are considered in the three- to five-year planning horizon while strategies are considered within the one- to three-year planning horizon. Strategies are reviewed annually by the PAEA leadership.

Priority Key:

H = Begin in FY08 (July 1, 2007 – June 30, 2008)

M = Begin, if possible, in FY08

L = Begin in subsequent fiscal year

Goals, Objectives, and Strategies

Goal Area 1: Leadership

Goal Statement: PAEA will be recognized for its expert leadership in medical education.

Objective (1): Increase collaborations with external organizations of strategic importance.

Objective (2): Increase PAEA brand recognition as a leader in medical education.

Objective (3): Improve PAEA's governance structures to achieve an equitable, transparent, and effective process as a foundation for decision making.

Goal Area 2: Advocacy

Goal Statement: Through the Association's advocacy efforts, physician assistant education issues will be effectively addressed on the national, state, and local levels.

Objective (1): Increase active participation at the national, state, and local levels on issues related to PA education.

Objective (2): Maintain current and build new partnerships with medical education organizations.

Objective (3): Increase the level of political involvement among PA educators.

Objective (4): Become increasingly known as key participants in the debate on emerging medical education issues.

Goal Area 3: Faculty Development

Goal Statement: PAEA's services are innovative and assist members in responding to a dynamic health care and educational environment.

Objective (1): Expand and enhance faculty development services.

Objective (2): Develop a formal mentoring program between new and senior faculty members.

Objective (3): Serve as an information clearinghouse for the membership and the PA education profession.

Goal Area 4: Communications

Goal Statement: Communications between the Association and its members and among its members are effective and seamless.

Objective (1): Expand and enhance the Association's Web site to become a comprehensive resource for all stakeholders.

Objective (2): Foster greater sense of community among members.

Goal Area 5: Finance

Goal Statement: PAEA will have sufficient resources to achieve the association's strategic goals.

Objective (1): Increase PAEA's non-dues revenue.

Objective (2): Improve PAEA's long-term investment strategy.

Objective (3): Enhance oversight capabilities of the Finance Committee.

Goal Area 6: Research

Goal Statement: As the primary source of PA education information, PAEA will advance medical education.

Objective (1): Prioritize PAEA's developing research plan for a comprehensive data collection, analysis, and dissemination strategy.

Objective (2): Enhance resources to design, implement, and support PAEA's data analysis processes and research agenda.

5-10 Year Planning Horizon

MEGA ISSUES

Mega issues are issues of strategic importance, which represent choices the organization will need to make in defining the ultimate direction of its long-range plan. These issues represent potential impediments to achievement of the envisioned future and form a basis for dialogue about the choices facing the organization. These questions can serve as an ongoing “menu” of strategic issues that, using a knowledge-based approach to gather insights relative to PAEA’s strategic position and directional choices for each of the issues, can be used by the Board to create regular opportunities for strategic dialogue about the issues facing the profession.

Mega Issue Questions

1. How will PAEA fund its strategic plan?
2. How should PAEA address the “degree creep” of related professions (especially DNP) and potential move toward a clinical doctorate in PA?
3. How should PAEA partner with APPAP?
4. How can PAEA define and effectively advocate for its role among other PA organizations?
5. How involved should the association be in the formation of new PA programs?
6. Does PAEA have a humanitarian role?
7. How does PAEA support educational, cultural, and institutional diversity in PA programs?
8. How will PAEA respond to the graying of the population and the decreasing age of students?
9. How can PAEA effectively contribute to efforts to reduce health care disparities?
10. How will PAEA respond to specialty credentialing?
11. How will PAEA address the need for forward-thinking innovation in the profession while addressing stakeholders across the continuum?