

Doctoral Degrees for PAs: Questions and Issues

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The notion of doctoral degrees in the physician assistant (PA) profession is emerging as a controversial and polarizing subject. This topic has surfaced in part due to health professions seeking greater levels of status and acceptance and in part due to changing conceptualizations of doctoral-level education. As an indication of the growing interest surrounding this issue, Maj. Leonard Gruppo, PA-C, in this issue of *Perspective*, calls for the award of a clinical doctoral degree to PAs who complete postgraduate specialty training programs. While some in the profession may regard such a degree as a marker of academic and professional advancement, there are a number of significant questions related to doctoral education in the PA profession that should be addressed. (Clinically oriented professional doctorate degrees for PAs should be distinguished in these discussions from the more traditional academically oriented doctoral degrees obtained by PA educators. Such degrees, and the need for faculty to be prepared with them, are discussed elsewhere in this journal.)

The emerging discussion about doctoral degrees for PAs stems from the inflationary spiral of credentials, diplomas, and certificates that health professions have pursued over the past century.¹ Medicine was the leader in the development of professional degrees in the early part of the 20th century, followed by law and several other professions. These professions sought to establish themselves among others by setting the doctoral degree as the entry-level credential awarded. Most of these doctoral degrees were typically regarded as “professional” doctorates, as opposed to the traditional academic type, which typically required production of a thesis that represented an original inquiry into a topic in the field. By tradition, receipt of a doctoral degree “implies recognition of the candidate as an equal by the university faculty under which he or she has studied.”² In the dependent clinician role that is the cornerstone of PA practice, the physician-PA team relationship may be undermined if clinical PAs perceive their doctoral degrees to be equal to the MD or DO degree. In some sense, a clinical doctorate already exists for PAs—it is called an MD or a DO.

But, it may be argued, most of the health professions have opted to select a professional doctorate, one based on the

ability to provide clinical services, as the preferred type of entry-level credential. Often such degrees include a substantial portion of clinical courses and experiences and do not require a thesis. Most, if not all, of the health care professions that are regarded as equivalent in status to the PA profession have now established their entry-level credential on the doctoral level: over the years, podiatry, audiology, physical therapy, optometry, and pharmacy have moved to award a professional practice-based doctorate. Nursing has announced that it will now move toward requiring the doctor of nursing practice (DNP) for all advanced practice nurses, with an implementation deadline date of 2015.³

It is important, however, to note that a component of this step with these professions was the identification of a unique body of knowledge upon which doctoral study could be established. A key question that emerges on consideration of a doctoral degree for PAs centers on the fact that PAs do not have their own unique body of knowledge but instead share a body of knowledge with several other professions, ie, MDs and DOs.

There are also immediate practical considerations. In considering the award of a clinical doctoral degree for PAs, Gruppo suggests that such education be conducted on the postgraduate level and that postgraduate PA educational programs award such degrees. This is a naïve notion based on unfounded assumptions regarding postgraduate PA specialty training and their current capacities. Given the relatively recent development of many such programs, the fact that most are clinical educational experiences not in any way academically oriented, and that their accreditation status is as yet uncertain, it is unlikely that postgraduate PA specialty programs would have interest in or the capacity to award a doctoral degree. Most such programs lack the appropriate infrastructure to achieve doctoral degree-granting status. Most member programs of the Association of Postgraduate Physician Assistant Programs (APPAP) operate on tight budgets using a part-time administrative model, with no more than two designated part-time faculty (program director and medical director) being the typical staffing arrangement. To ask such operations to meet the curriculum requirements of

regional academic accrediting agencies and sponsoring institutions for awarding legitimate doctoral degrees is unrealistic. Only half of all APPAP member programs exist within university settings, and only four of 28 sponsors (14.3%) offer an optional master's degree upon completion of the training.⁴ There is little likelihood of private clinic-based postgraduate programs attaining eligibility to award doctoral degrees.

While the call for the award of a clinical doctorate to PAs who complete postgraduate specialty training programs seems problematic enough, a more likely but perhaps even more controversial notion will be the awarding of a clinical doctorate upon completion of an entry-level PA program. Given the nature of competition among the health professions, particularly that between PAs and NPs, it would not be surprising to see institutions develop entry-level doctoral programs for PA education. Such programs are likely to resemble those seen in, for example, the physical therapy profession, where existing master's-degree curricula are extended in length and supplemented by advanced courses to be "converted" to the doctoral level.⁵

Will the PA profession eventually succumb to degree creep and the "me too" pressure to offer a clinical doctoral degree? This outcome may be inevitable, given the trend seen in other nonphysician health professions. But additional research is needed to clarify and define the PA practice role to determine whether PA clinical activities differ enough from those of physicians to encompass a body of knowledge unique to PAs. With a paucity of PA educators holding doctorate degrees and current PA role delineation research amounting to no more

than a trickle, the profession is far from prepared to offer clinical doctorates on a widespread basis. It may, however, be time for the profession, particularly the PA educational community, to seek consensus on the development of clinical doctorates for PAs. Yet achieving such consensus in a profession that has cherished the competency-based educational model will be difficult. The PA educational community has just barely gotten over the wrenching debate related to the award of master's degrees for entry-level PA education, and the mere suggestion of doctoral degrees causes many to cringe. There is also a complex set of regulatory and practice issues that would need to be addressed. It is likely that many of the PA rank and file, as has been observed in other health professions,⁵ would be skeptical of such a move.

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