



An Advocacy Agenda for PA Education

I am pleased to present my report to the American Academy of Physician Assistants' House of Delegates and Board of Directors. It has been an eventful first half of my term as president of the Physician Assistant Education Association (PAEA). I'd like to focus on three main issues.

Advocacy

This year represents a unique opportunity for the PA profession and especially the PA education community. With a new administration in Washington, DC, and health reform in the air, the health education community has been highlighted as a key to access, workforce shortages, and successful reform. As this report is being written, in mid-March, several bills are being drafted that could restore funding to the educational programs, and new funding streams are on the horizon.

PAEA is mobilizing to ensure that we are at forefront of reform efforts and toward that end we have

- Conducted a health care reform Webinar to educate PAEA members and students about reform activities under way and opportunities to influence the process
- Developed a set of reform principles
- Endorsed a joint health professions education letter to Congress
- Formulated short- and long-term goals for advocacy at the federal level
- Approved funding for a PAEA director of government relations, the first advocacy position within the Association

PAEA's new director of government relations will work closely with AAPA federal affairs staff, supplementing, not replacing, the tremendous advocacy efforts that PA programs have long enjoyed through the AAPA. We are hopeful that ramping up our advocacy efforts at this crucial time — what we consider a “stimulus approach” to reform — will pay big dividends to the profession and our patients.

The PA Clinical Doctorate Summit

In addition to our external advocacy agenda, there is work to be done within our own profession. PAEA partnered with AAPA in the fall of 2008 to bring the clinical doctorate dialogue to the forefront. Our profession needs to be proactive in shaping the dialogue on this issue; only through informed and wide-ranging discussion can we arrive at outcomes we can all support. As this report was drafted, final plans were taking shape for more than 40 stakeholders, thought leaders from within and outside the profession, to meet March 25-27 to develop informed recommendations on the best course for the PA profession relative to the clinical doctorate. A wide range of perspectives was solicited for the summit, including representatives from the fields of accreditation, legislation, and certification; the PA education community; clinical PAs; the profession's diversity

committees; and other health professions, the physician community. Information from the PA Clinical Doctorate Summit will be shared with the PA and related communities immediately following the meeting.

Throughout this process, it has been important that we heard from widest variety of interests. I would like to thank the more than 5,000 practicing PAs, educators, and students who took the time to share their opinions in the spring on-line survey developed by the doctorate summit sponsor group/planning committee.

Need for Preceptors

Finally, on behalf of our profession we are continuing to advocate for additional clinical training sites for current and future students. It is widely accepted that to meet the projected needs of patients across the United States the supply of providers must increase. With an estimated 700,000 physicians and two million nurses in practice, and only 70,000 PAs, we clearly have an obligation to step up our efforts to meet the projected shortages. However, our ability to grow is predicated on the availability of clinical training sites for our students. Our surveys show that shortage of preceptors is the most significant barrier to programs' ability to expand enrollments.

PAEA has been working with AAPA to develop a three-year plan to increase the number of preceptors and training sites. A key goal of the plan is encouraging recognition by the PA community that we all have a role to play in the profession's growth and success. I hope you will visit us at the PAEA booth (409), where board members and other volunteer educators will be available to discuss all aspects of clinical education. I encourage you to "Pay It Forward" to the profession by serving as a preceptor.

Finally, I am very excited about the way that our two organizations have come together on so many issues this year. The joint meeting of PAEA and AAPA boards and staff in February was highly productive and underlined the strong relationship that our two organizations enjoy. We look forward to building on this relationship and working together on many issues for the good of the profession and our patients.

Respectfully submitted,

Justine Strand, DrPH, PA-C