

Physician Assistant Profession

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Physician assistants (PAs) are health care professionals who, in some countries, are authorized to practice medicine as part of a team that includes physicians. PAs deliver a broad range of medical and surgical services that are typically performed by physicians, including conducting physical examinations, obtaining medical histories, diagnosing and treating illnesses, ordering and interpreting laboratory tests, providing counseling on preventive health care, assisting in surgery, and prescribing medications (AAPA n.d.). PAs work in hospitals, clinics, and a variety of other health facilities, and exercise autonomy in medical decision-making as directed by their supervising physician. A period of intense classroom and clinical training precedes the granting of a license to practice as a PA. PAs are educated according to a medical model designed to complement physician training, rather than the nursing model, according to which nurse practitioners are trained. Physician assistants are not to be confused with medical assistants, who, with limited post-secondary education, perform administrative and simple clinical tasks under the direct supervision of physicians and other health professionals.

HISTORY

The PA profession was created to improve and expand health care in the mid-1960s, as physicians and educators in the United States recognized the shortage of primary care physicians. To remedy this, selected Navy corpsmen who had received advanced medical training during their military service were brought together in the first class of PAs in 1965. The training was based on the fast-track training of doctors during World War II. The first PA class graduated from the Duke University PA program in October 1967. The PA concept was lauded and gained federal acceptance and backing as early as the 1970s as a creative solution to physician shortages. Since then PAs have been increasingly employed and are now found worldwide. The PA was introduced to the Netherlands in 2001, the United Kingdom in 2004, Canada in 2004, and Australia in 2007. In addition to these countries, where they are formally trained and recognized, PAs also work in other countries worldwide as employees and volunteers with international corporations, non-governmental relief organizations, and military forces (Ballweg 2008).

EMPLOYMENT

As of January 2013 in the United States there were an estimated 86,500 PAs in clinical practice, in the Netherlands 900, in Canada 300, in the United Kingdom 150, and in Australia 35. In the United States the profession is represented by the American Academy of Physician Assistants (www.aapa.org), in the

Netherlands by the Netherlands Association of Physician Assistants (<http://napa.artsennet.nl/home.htm>), in Canada by the Canadian Association of Physician Assistants (www.capa-acam.ca), in the United Kingdom by the UK Association of Physician Assistants (www.ukapa.co.uk), and in Australia by the Australian Society of Physician Assistants (www.aspa-australianpas.org).

PAs practice in a variety of settings in every medical and surgical specialty area. They can be found in every primary care area including family practice, general pediatrics, and women's health. Other common practice areas are general surgery, many surgery specialties, internal medicine, cardiology, anesthesiology, critical care, rehabilitation, and emergency medicine. PAs practice in outpatient and inpatient settings. In addition, they can be found in academic medical centers as part of the graduate medical education team.

REGULATION OF THE PROFESSION

In the United States, a graduate from an accredited PA program must pass the National Commission on Certification of Physician Assistants before he or she can become a certified PA; this certification is required for licensing in the United States. In the Netherlands, legislation on the licensing of PAs came into force on January 1, 2012. Licensing gives PAs in the Netherlands the authority to practice according to the Order in Council; for example, they can prescribe medication, have consulting hours, and perform common surgical procedures. Their scope of practice will be re-evaluated in 2017. There is as yet no formal licensing of PAs in other countries, where they practice under supervision agreements.

US law requires PAs to practice under a supervising doctor, who does not necessarily have to be onsite at the same location as the PA. This also applies to the other countries,

except the Netherlands, where PAs are authorized to practice without supervision.

EDUCATION

In 2013 there were 170 accredited PA programs in the United States, five in the Netherlands, four in Canada, four in the United Kingdom, and one in Australia. Program growth per capita remains highest in the United States, followed by the Netherlands and Canada. The shortest program length was 24 months and the longest 36 months. One-third of PA programs in the United States take place in academic health centers (AHCs), that is, a medical university, a teaching hospital, or a nursing or allied health school, while almost all programs in the other countries are based in AHCs. Many American programs are private and depend on tuition for funding, while all non-US programs receive public and/or government funding. The majority of the courses are graduate programs that lead to a master's degree. A bachelor's degree is generally required to enter a PA program. In some academic institutions health care experience is also required. In all countries except the Netherlands, PA programs consist of a didactic phase and a clinical phase (clinical rotations). In the Netherlands, each program incorporates a dual work–education model, which means that students are employed within a particular medical specialty while enrolled in the master's PA program (Harbert et al. 2004; Hooker and Kuilman 2011).

THE EFFECTS OF PAS ON HEALTH CARE

PAs have a wide range of responsibilities when performing medical procedures within their medical specialty (AAPA n.d.). An insight

into how PAs work in daily practice is important to health care policy. International research has shown that employing PAs has various effects on the efficiency and quality of care. With respect to efficiency, studies show that PAs contribute to cost savings as they can perform some of the tasks of medical specialists (Ballweg 2008; Kleinpell, Ely, and Grabenkort 2008). The cost of a PA's education is lower than that of a physician or a specialist, and a PA receives a lower salary. With respect to quality of care, qualitative studies show that patients cannot distinguish between care provided by PAs and care provided by physicians, and are willing to be seen by a PA instead of a physician. Studies comparing the quality of care by PAs and by physicians using medical outcomes found no differences between the two. On the basis of the studies, which relate mainly to the United States and are low in methodological quality, we can cautiously conclude that the employment of PAs in the United States is efficient with an equal or higher quality of care compared to models where only physicians are employed (Ballweg 2008; Kleinpell, Ely, and Grabenkort 2008).

The introduction of a new professional into an existing professional system means that a balance has to be found. Experience has shown that there are few problems with PAs being accepted. For PAs to be successfully implemented in the system, it is crucial that the government and medical institutes are convinced of their usefulness and that they create the right conditions for them (Ballweg 2008; van Vught, van den Brink, and Wobbes 2013). Several studies in the United States and the

Netherlands are currently investigating the efficiency and effectiveness of employing PAs.

SEE ALSO: Health Policy; Health Professions and Organization; Interprofessional Boundaries; Interprofessional Conflict; Nurse Practitioners

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