

Physician assistant postgraduate education

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Postgraduate training for PAs began in the early 1970s with the development of the surgical residency program at Montefiore Hospital.¹ Postgraduate PA education, alternatively called fellowships or residencies, became a way for PAs to develop advanced skills in various disciplines of medicine. The extra training was believed to make PAs more marketable because many clinical practice opportunities preferred experienced PAs. Postgraduate PA programs offer added specialty training and may be appropriate for PAs entering a tight market for a specific discipline. This is explored in the article on page 46, “Perceived efficacy and utility of postgraduate physician assistant training programs,” by Kristen K. Will, MHPE, PA-C; Jennifer Williams, MMS, PA-C; Ginny Hilton, PA-C; Laurie Wilson, MPAS, PA-C; and Holly Geyer, MD.

PAs should consider several factors before enrolling in a residency training program. Residency programs can be valuable opportunities providing structured didactic and practical clinical training, including grand rounds, mortality and morbidity conferences, and the ability to be part of an experienced team; nevertheless, some residency programs may not be as rigorous in their curriculum. The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) must accredit all entry-level PA programs but does not accredit all residency programs. Of the 51 postgraduate PA programs, only eight are accredited.^{2,3} Accreditation adds standardization and oversight to the educational process. PAs interested in nonaccredited residencies should inquire about curricular requirements, educational outcomes, workload, and postcompletion employment opportunities.

As of July 2014, the ARC-PA placed accreditation of new programs in abeyance.⁴ The process is being reevaluated with the rationale that practicing clinical PAs and physicians may not have the time and institutional structure to develop the necessary documentation required for accreditation. This positive step will give

more postgraduate programs an opportunity to enter the accreditation pathway.

Compensation is another consideration for new graduates considering a postgraduate program. New graduates entering the job market without experience start with an average of \$80,000 to \$84,000 per year; a PA who enters a residency will make significantly less.⁵ This may not be an option for those who have high loan repayments. The first clinical position after graduation is an on-the-job residency, during which the graduate PA develops the skills of the discipline by working with experienced providers. Carefully choosing the first job after graduation is important to assure that the providers are enthusiastic about training a new graduate. Additionally, graduates of entry-level programs are trained as generalists. Delaying deployment into clinical practice with postgraduate training, and funneling some PAs into specialties, presents a barrier to meeting the primary care needs of the healthcare system.

PA education is at a crossroads. The provisions of the Affordable Care Act have created a need for a substantial number of new, well-prepared clinicians to care for the large number of patients entering the healthcare system. PAs are poised to respond to that need. PAs are needed in all aspects of medicine. Whether choosing a formal postgraduate residency or obtaining discipline-specific skills in clinical practice, PAs will make a significant contribution to the healthcare system. As PA education continues to evolve, educators must aim to provide training for PA students that best meets the needs of the healthcare system, while promoting the PA profession as a cornerstone of medical practice. **JAAPA**

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DOI: 10.1097/01.JAA.0000469274.01805.10

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