Rotation Shortages in Physician Assistant Education

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Purpose

•The U.S. Bureau of Labor Statistics projected that the growth of physician assistants (PAs) in clinical practice is expected to increase by 38 % from 2012 to 2022.[1]

•Currently there are 190 accredited PA programs and another 61 in development.[2,3]

•Clinical rotations are an integral part of PA education.

•The national accrediting organization for PA education (ARC-PA) states that programs are expected to provide students with supervised clinical practice experiences that "enable students to meet program expectations and acquire the competencies needed for clinical PA practice (Standard B3.02)." [4]

•There is an increasing concern among PA programs that it is becoming more difficult to find clinical rotation sites.

•According to a 2013 Physician Assistant Education Association (PAEA) Issue Brief, one of the approaches to addressing these shortages involves financial compensation.[5]

•The *29th Annual Report on PA Educational Programs in the United States, 2012-2013* reported that 21.7% of all PA programs paid for supervised clinical practice. [6]

•The objective of this study was to assess how many PA program directors think there is a shortage of clinical rotation sites for their program, to describe with whom they encounter competition, and whether they provide payment for clinical rotations.

Program Demographics (n=63)

	Mean/Med.	Range
Year of First Matriculation	1995	(1967-2014)
Length of Didactic Phase (months)	14.0 ± 3.56	(9-24)
Length of Clinical Phase (months)	13 ± 1.91	(9-21)
Faculty FTEs	7± 2.43	(3-14)
Class Size	41 ± 23.42	(0-93)

Methods

Sample:
- Physician assistant program directors

Instrument:
- 29-question online survey via Survey Monkey
- Pilot testing with 15 PA educators (PA and MD)

Procedure:
- Email was sent to PA program directors using email addresses obtained from the PAEA Program Faculty Directory in December, 2014
- Four days later a subsequent email was posted on the program directors' Listserv (pds@lists.paeaonline.org)
- One two-week follow-up reminder was emailed to the PA program directors
- This was followed by a reminder posting on the PAEA program directors' Listerv_

Analysis:
- Two programs were excluded as they did not meet the criteria requiring the responding programs have at least one year of students in matriculation
- Descriptive statistics were used to summarize the results (mean, median, frequency, percentage).

References

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3. Accreditation Review Commission on Education for the Physician Assistant. Applicant Programs. http://www.arc-pa.org/provisional_acc/applicant_programs.html. Accessed 3/1/2015.
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5. Physician Assistant Education Association. Issue Brief: Payment of Clinical Sites and Preceptors in PA Education. Alexandria, VA: 2013.
6. Physician Assistant Education Association. *29th Annual Report on Physician Assistant Educational Programs in the United States, 2012-2013*. Alexandria, VA: PAEA; 2014.
7. Physician Assistant Education Association. Recruiting and Maintaining U.S. Clinical Training Sites: Joint Report of the 2013 Multi-Discipline Clerkship/Clinical Training Site. http://www.paeonline.org/index.php?hr=d&pi/161260. Accessed 3/28/2015.

Institutional Descriptors (n=63)

Institution	Private: 60.3%	Public: 39.7%	
University Affiliation	Yes: 93.7%	No: 6.3%	
Med School Affiliation	Yes: 49.2%	No: 50.8%	
Academic Heath Center*	Yes: 50.8%	No: 49.2%	
Degree	Certificate: 1.6%	Baccalaureate: 4.8%	Master's: 93.6%
Geographic Location	Urbanized area: 76.2%	Urban cluster: 12.7%	Rural area: 11.1%

*Definition of AHC: According to the Association of Academic Health Centers, an AHC "consists of an allopathic or osteopathic medical school, one or more other health professional schools or programs (such as allied health, dentistry, graduate studies, nursing, pharmacy, public health, veterinary medicine), and one or more owned or affiliated teaching hospitals, health systems, or other organized health care services."

Percentage of programs that feel there is a 'shortage of clinical rotation sites'

How often programs 'struggle to place students in clinical rotations' (n=46)

Always	13.0%
Often	21.7%
Sometimes	56.5%
Rarely	8.7%

Rank of difficulty for programs to place students in core clinical rotations (from most to least)

Rank	Rotation
1	Women's Health
2	Pediatrics
3	Psych/Behavioral Health
4	Family Medicine
5	General Surgery
6	Internal Medicine
7	Emergency Medicine

Ranked level of competition that programs encounter with other academic programs (5-point Likert-scale)

Rank	Rotation	Mean
1	Women's Health	1.69
2	Pediatrics	1.83
3	Family Medicine	2.27
4	Psych/Behavioral Health	2.39
5	Internal Medicine	2.40
6	General Surgery	2.42
7	Emergency Medicine	2.50

1=Always, 2=Often, 3=Sometimes, 4=Rarely, 5=Never

Rank of competition with other institutions within a 60 mile radius of their program

Rank	Competitor
1	Medical Schools
2	Physician Assistant Schools
3	Nurse Practitioner Schools
4	Offshore Medical Schools

Potential barriers to placement of students

Percentage of programs that pay for supervised clinical rotations

Percentage of programs that pay the Site/ institution, Preceptor, and/or both (n=14)

Site/institution	35.7%
Preceptor	21.4%
Both	42.9%

Average amount programs paid per student per rotation (n=14)

Amount	Number of Programs
$500	4
$600	2
$750	1
$1000	4
$1250	1
$1850	1
$2000	1

Financing the expense of rotation payment

Reasons programs do not pay for supervised clinical rotations

Have the programs lost clinical sites over not paying

Discussion

Rotation Shortages
- The majority (80%) of the programs identified a current shortage of clinical rotation sites, yet they most often reported (56.5%) that it is only for some of the rotations.

Barriers
- The top two rotations where there is the most difficulty with finding placement are Women's Health (57.8%) and Pediatrics (53.3%). Due to the fact that this is in agreement with the recent Joint Report of the 2013 Multi-Discipline Clerkship/Clinical Training Site Survey[7], one recommendation would be to start at the accreditation level and work with local hospital networks and university administration. They could create a strategy to develop future clinical sites and/or preceptors that would satisfy the competencies required for the profession.
- Competition (which is primarily with other PA programs and also medical schools) is perceived to be the greatest barrier to placement of students (95.7%). This reportedly occurs more often than a shortage of preceptors (89.1%).

Payment
- 24.1% of programs reportedly pay for supervised clinical rotations. Due to recent publications and discussions with PA educators, we anticipated that more programs would offer payments to preceptors.
- The most often reported reason for not paying for rotations was that it was 'against the programs philosophy' (77.3%).
- Surprisingly, the majority of programs reported that they have lost clinical sites over not paying the site/institution and/or preceptor (70.7%).

Conclusion

1. As the number of PA programs expands, the relative shortage of preceptors and training sites, as well as competition for these sites, will undoubtedly intensify.
2. Programs that use non-monetary incentives to recruit new sites may be pressured to provide financial compensation, despite philosophical objection. This may add an additional element in competing for securing clinical sites.
3. Additional steps at the program, university, and accreditation level may need to be developed in order to address this growing problem.
4. Further collaboration on an organizational level with the Physician Assistant Education Association (PAEA) and the Association of American Medical Colleges (AAMC) may help improve access to supervised clinical rotations and reduce competition.

Individual Respondent Comments

1. I would include DO schools in the mix, we have been told they pay to have rotations in various non-rural areas. It will get worse before it gets better. I think we're all a bit nervous about what the future will bring with regard to this. Can we join forces somehow to minimize this impact?

2. We need to do a better job of convincing local hospitals that our graduates are there pool of PA providers and so they have a stake in training them.

3. Payment many times goes to the institution and not the provider and the provider is not compensated in any way
(still sees the same amount of patients, and if not takes a reduction in pay).

4. ARC is aware but the issue of clinical assessment needs to change especially since we cannot find clinical sites, the standards need to be more flexible and focus more on outcomes thus allowing programs to find clinical sites that are out of the box we are currently in, the goals and objectives can still be meet but the venue might be very different

5. With the future expansion of the physician assistant programs in our state, it will become increasingly more difficult to secure clinical sites.

6. The situation will get worse.....

7. PA program growth in the area will increase competition for sites in the near future. Programs may be forced to pay for sites.

8. Many of the required rotations are not primary care and are very specific. Believe that core rotations should be grounded in primary care and then the programs can select (without penalty) additional rotations and ways to meet competency.

9. We have heard of the bidding wars that lead to even higher costs passed on to students. As a private institution, our tuition/fees are already higher than many of our competitors, and we simply cannot increase our students' debt after school. There simply must be some type of consortium to control the ever rising costs of payment to preceptors before it becomes unmanageable. In addition, the rapid increase of programs is causing tension in our area as we all attempt to shore up our clinical sites in preparation. The expansion of the profession is exciting but at the same time, there needs to be more support offered to programs to help with clinical site retention.

10. Although the nurse practitioner program and PA program facilities are not within 60 miles of our campus, they place their clinical students within the 60 miles.

11. We utilize 6 main medical clerkships through the medical school so it significantly decreases the community sites required.

12. The PA schools from more than 60 mi away come and take or dilute our sites. This was not a problem 10 years ago. A PA school planning to open locally plans to use our sites too. I cannot expand my own program b/c everyone else is taking my sites. I wish ARC PA would not let more open or expand w this current known national shortage!

13. The increased number of programs and the non-adherence to state laws requiring state authorization for clinical practice by out of state institutions is a significant concern moving forward.

14. Two new medical schools in area may make site acquisition more difficult. Obviously, new PA programs in area also will make this difficult. Have not had local issue as yet with paying for sites.

15. Competition is the greatest barrier to finding clinical rotations. Who ever has the strongest/fastest affiliation agreement ends up getting exclusivity thus keeping other universities out of that practice.

16. ARC needs to consider capping the number of new programs. There are another 60 programs in the pipeline. Existing programs are starting to compete heavily for clinical sites. The long term effects are going to be devastating as program compete within the PA profession. We need the accreditation body to recognize they are doing a disservice to the profession if they keep accepting new applications for programs.

17. Medical Education consortiums are evolving and we are not part of their academic medical network as a partner; for example - Grand Rapids medical education partnership (GRMEPs).

Limitations

- Response rate
- Self-report bias
- Self-selection bias
- Initial email to the PA program directors was undeliverable prompting a different procedure using the PAEA program directors listserv, which might not have reached every program director