

Demand for physician assistants keeps college programs busy

Le Moyne in Syracuse and RIT both offer graduate degrees in the growing field

By SHEILA LIVADAS

Amid sweeping changes in the health care arena, physician assistant training programs at upstate colleges are faring well. The chance to perform many of the same services as doctors without having to shoulder medical school debt has kept the programs on solid ground, school administrators say.

Factors beyond dollars and cents also have boosted interest in the field of study.

“Given our licensure and given our continuing medical education requirements for licensure, we’re able to move around to different disciplines of medicine,” says Heidi Miller, director of the physician assistant program at Rochester Institute of Technology’s College of Health Sciences and Technology. The ability to pivot quickly to another specialty has appeal, she adds.

The broad scope of practice that New York state grants physician assistants helps make the profession attractive.

“We can do pretty much about 80 per-

cent of what a physician can do,” says Mary Springston, director of the physician assistant program at Syracuse-based Le Moyne College. “We can do histories, physicals...prescribe, so there’s a lot of responsibility with caring for our patients.”

The history of physician assistant education stretches back to the 1960s, when the chair of Duke University’s department of medicine admitted four Navy Hospital corpsmen to the country’s first PA training program. The curriculum hinged on methods that had been used for the fast-track training of doctors during World War II, and the overall concept was accepted by the 1970s as a solution to physician shortages.

Decades later, government research shows that physician assistants have robust job prospects and earning power.

The U.S. Department of Labor’s Bureau of Labor Statistics projects that employment of physician assistants will grow 30 percent from 2014 to 2024, much faster than the average for all occupations. Those working in primary care, rural communities and medically underserved areas will stand in particularly good stead.

Circumstances contributing to the rosy job outlook for physician assistants include the increase in the number of individuals who have access to health insurance due to health care reform, the ongoing prevalence of chronic diseases, and the medical attention baby boomers will need as they age.

The shift to team-based models of care and some willingness of state officials to expand physician assistants’ allowable scope of practice also bode well for the profession.

The national average annual wage for physician assistants was \$102,090 in May 2016, federal statistics show. Physician assistants in New York state made \$107,030, on average, and those in Central New York were the highest paid among nonmetropolitan areas nationwide.

Still, succeeding in the field takes stamina. Hospitals’ physician assistants often work nights, weekends or holidays and are on call frequently. Like surgeons and nurses, PAs working in operating rooms also spend long periods of time on their feet.

RIT is the only higher-education institution in the Rochester area that offers graduate-level physician assistant training. The program, which enables students to earn both a bachelor’s degree and a master’s degree in five years, currently has 175 students enrolled.

The program prepares students for stark realities in health care, including that hospital patients tend to be sicker and are on more medications than in years past, Miller says.

At Roberts Wesleyan College, which has a pre-physician assistant undergraduate program, one or two students per year go directly into a graduate-level PA program elsewhere. Those who do so have solid job prospects, says David Roll, director of preprofessional programs at Roberts Wesleyan.

“People are interested in cutting health care costs, and PAs don’t cost as much as an M.D. in order to provide health care,” Roll says. “So I think many clinics and medical satellite centers will hire PAs to work alongside the



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doctors — more so probably now than in the past.”

He adds: “There are even some (physician assistants) in the military.”

Each of the two classes now pursuing master of science degrees in Le Moyne’s physician assistant program has 75 students. Fifty-five percent plan to practice in primary-care settings, Springston says.

Current events and society’s needs drive the program’s curriculum to a certain extent, Springston adds. Le Moyne recently secured a federal grant that will help underwrite efforts to step up instruction on how to care for opioid addicts and prescribe pain medications responsibly.

New York’s broad scope of practice laws make the state a desirable place to work, Springston says. Unlike New York, Arkansas and Missouri do not allow physician assistants to prescribe most Schedule II drugs, a class of substances that includes fentanyl and methadone. Indiana and Pennsylvania do not allow a physician to supervise more than two physician assistants at any one time.

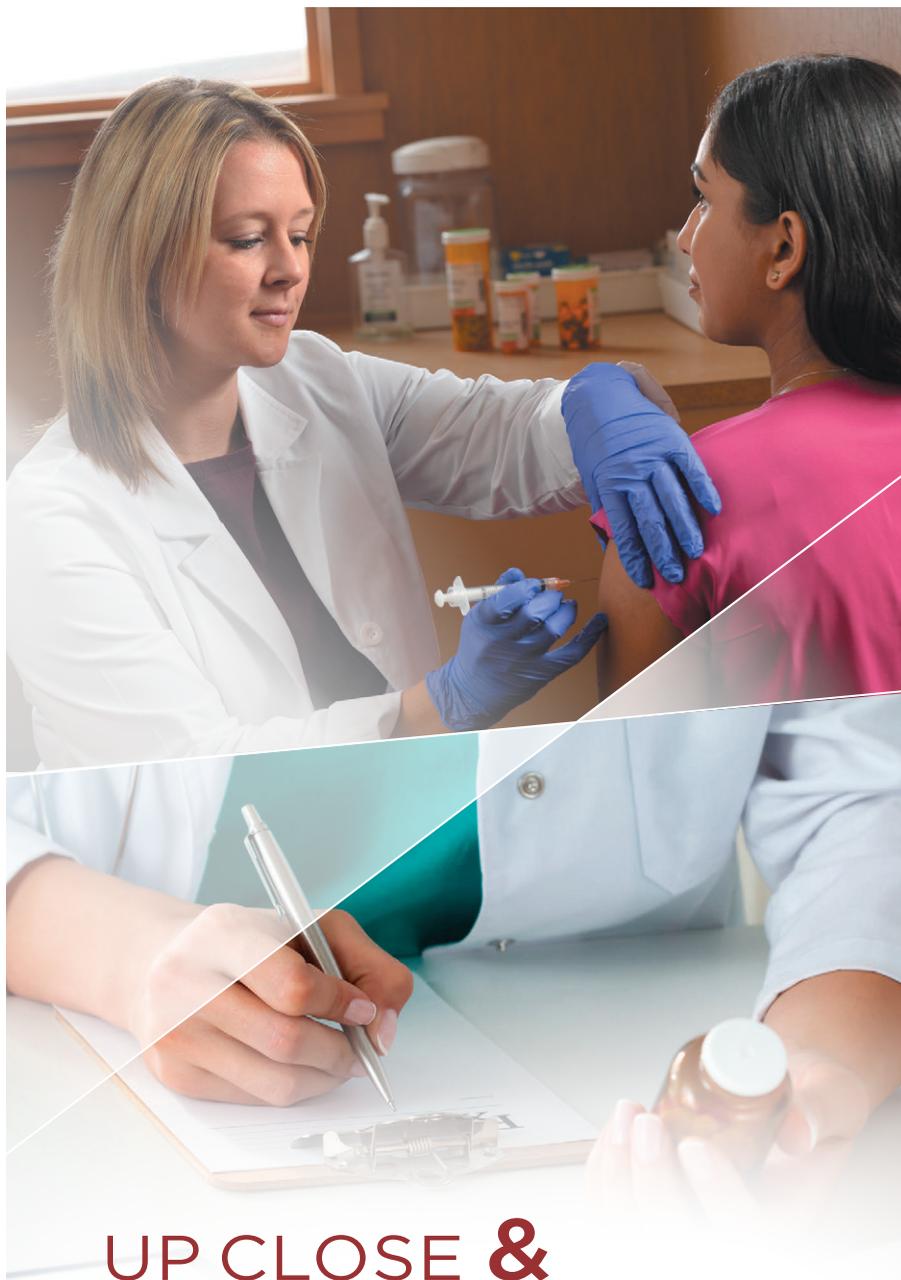
“We have it really good in New York state, and we can really care for patients in a meaningful way,” Springston says.

Many myths about physician assistants have faded over the years, including the notion that not seeing a “real doctor” irritates patients. In a 2014 poll conducted by Rochester-based Harris Insights & Analytics on behalf of the American Academy of Physician Assistants, 93 percent of those surveyed agreed that physician assistants are trusted health care providers.

The myth that physician assistants ended up in the field because they lacked the smarts to finish medical school also has been debunked.

“I think that most folks recognize that people that move into the physician assistant profession are doing that clearly out of choice,” Miller says. “...And people are making very conscious and very thoughtful decisions about career choices in health care.”

Sheila Livadas is a Rochester-area freelance writer.



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