

What is a PA?

Frequently Asked Questions



Q.

What are the advantages of seeing a PA for medical care?

A.

PA education and practice emphasize patient education, preventive care, and chronic care management. PAs' generalist medical training enables them to provide a wide spectrum of patient care and treat the "whole patient." For example, during an appointment with a PA working in cardiology, in addition to discussing the patient's heart issues, a PA might notice a skin condition and either treat it or refer that patient to a dermatology practice. PAs make it easier for patients to get the care they need when they need it. A 2014 Harris Poll found that 92 percent of Americans who have seen a PA or have a family member who has seen a PA said that having a PA makes it easier to get a medical appointment.*

Q.

What is a PA?

A.

PAs are medical professionals who diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient's principal healthcare provider. With thousands of hours of medical training, PAs are versatile and collaborative. PAs practice in every state and in every medical setting and specialty, improving healthcare access and quality.

Q.

What education does a PA have?

A.

PAs are educated at the master's degree level. There are more than 238 PA programs in the country and admission is highly competitive, requiring a bachelor's degree and completion of courses in basic and behavioral sciences as prerequisites. Incoming PA students bring with them an average of more than 3,000 hours of direct patient contact experience, having worked as paramedics, athletic trainers, or medical assistants, for example. PA programs are approximately 27 months (three academic years), and include classroom instruction and more than 2,000 hours of clinical rotations.

Q.

What is included in the PA school curriculum?

A.

A PA's medical education and training are rigorous. The PA school curriculum is modeled on the medical school curriculum that involves both didactic and clinical education training.

In the didactic phase, students take courses in basic medical sciences, behavioral sciences, and behavioral ethics.

In the clinical phase, students complete more than 2,000 hours of clinical rotations in medical and surgical disciplines, including family medicine, internal medicine, obstetrics and gynecology, pediatrics, general surgery, emergency medicine, and psychiatry.

Q.

What do PAs do?

A.

PAs' specific duties depend on the setting in which they work, their level of experience, their specialty, and state laws. Generally, PAs can:

- Take medical histories
- Diagnose and treat illness
- Develop treatment plans
- Counsel on preventive care
- Assist in surgery
- Do clinical research
- Conduct physical exams
- Order and interpret tests
- Prescribe medication
- Perform procedures
- Make rounds in hospitals and nursing homes

* "Attitudes Toward PAs: A 2014 Survey by the American Academy of PAs." The Harris online survey was conducted September 15–22, 2014 among 1,544 adults age 18 and older living in the US, including an oversample of 680 adults who have seen a PA and/or have accompanied a loved one to see a PA in the past 12 months. For full methodology visit aapa.org/media.

What is a PA? Frequently Asked Questions (Continued)

Q.
Where do PAs work?

A. There are more than 131,000 PAs who practice in every medical setting in all 50 states and the District of Columbia. They work in hospitals, medical offices, community health centers, nursing homes, retail clinics, educational facilities, workplace clinics, and correctional institutions. PAs also serve in the nation's uniformed services and work for other federal government agencies, such as the Department of Veterans Affairs.

Q.
How do PAs work with physicians?

A. PAs are committed to team practice with physicians and other healthcare providers. Currently, most state laws require PAs to have an agreement with a specific physician in order to practice. These agreements were included in early PA practice acts 50 years ago when the PA profession was new and untested.

Today, PAs are still held to these obsolete requirements despite the PA profession being well established, highly trusted, and essential to the U.S. healthcare workforce.

In 2017, the American Academy of PAs passed new policy called Optimal Team Practice (OTP). To support OTP, states should eliminate the legal requirement for a specific relationship between a PA, physician or any other health care provider in order for a PA to practice to the full extent of their education, training and experience; create a separate majority-PA board to regulate PAs, or add PAs and physicians who work with PAs to medical or healing arts boards; and, authorize PAs to be eligible for direct payment by all public and private insurers.

Q.
Is there a high demand for PAs?

A. Yes. The PA profession is one of the fastest growing in the country. The demand for PAs increased more than 300 percent from 2011 to 2014, according to the healthcare search firm Merritt Hawkins. The U.S. Bureau of Labor Statistics projects that the profession will increase 37 percent from 2016 to 2026, significantly faster than the average for all occupations. The demand for PAs is so high that three quarters of PAs receive multiple job offers upon graduation.

To learn more about becoming a PA, visit aapa.org/career-central.

Q.
How are PAs different from nurse practitioners (NPs)?

A. At the practice level, there are likely more similarities than differences between PAs and NPs. However, there are three key differences:

- PAs are **educated in general medicine**, which offers a comprehensive view of all aspects of medicine. NPs must choose a "population focus," e.g., pediatric nurse practitioner or women's health nurse practitioner.
- PAs are **trained to practice medicine** using a curriculum modeled on medical school education. NPs are trained in the advanced practice of nursing.

