

Physician Assistant (PA) Clinical Training Site Shortage

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Fast Facts

- **94.8%** of PA educational program directors are **moderately or very concerned** about the availability of adequate clinical training sites.
- **35.4%** of PA education programs currently **pay for clinical training sites**, an increase from approximately **21%** four years ago.
- Paying for clinical training sites is estimated to raise annual costs by an average of **\$3,495 per student**.
- Clinical site shortages often require PA students to travel and live in locations remote from their education programs. The typical student paid **\$2,267 for housing at remote clinical training sites** in the 2014-2015 academic year.

What's the Issue?

In PA education programs, practical experience in a clinical environment constitutes a significant portion of the student's training. During clinical rotations, aspiring PAs gain valuable insight into both the common and uncommon conditions encountered in the clinical setting, contributing significantly to the quality of care delivered to patients once the student enters practice. While the value of clinical experience during a student's education is unquestionable, PA education programs are experiencing increasing difficulty in securing access to clinical training sites for students. Due to recent trends impacting practice settings and health system consolidation, students have had to travel farther to sites to undertake clinical rotations while programs are increasingly compelled to pay for clinical training sites. These costs are ultimately borne by students through increased tuition rates.

What's the Solution?

Policymakers can take immediate action to assist in mitigating the critical clinical training site shortage. H.R. 1605, the Physician Assistant Education Public Health Initiatives Act of 2017, introduced by Representative Karen Bass (D-CA), would designate serving as a clinical site preceptor as a practice improvement activity under the Merit-Based Incentive Payment System (MIPS). By allowing practices to earn MIPS credit toward Medicare reimbursement by serving as a clinical training site for students, PAEA believes that an effective incentive will be created for providers to serve as preceptors. This MIPS practice improvement credit would offset some of the decline in productivity experienced in practices and increase the quality of education provided to aspiring PAs.

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REFERENCES

- ¹ Physician Assistant Education Association, *By the Numbers: Program Report 31*. Washington, DC: PAEA, 2016. doi: 10.17538/PS31.2016. <http://paeaonline.org/research/program-report/>. Accessed June 9, 2017.
- ² Physician Assistant Education Association, *By the Numbers: Program Report 31*. Washington, DC: PAEA, 2016. doi: 10.17538/PS31.2016. <http://paeaonline.org/research/program-report/>. Accessed June 9, 2017.
- ³ Physician Assistant Education Association, *By the Numbers: Program Report 31*. Washington, DC: PAEA, 2016. doi: 10.17538/PS31.2016. <http://paeaonline.org/research/program-report/>. Accessed June 9, 2017.
- ⁴ Physician Assistant Education Association, *By the Numbers: Program Report 31*. Washington, DC: PAEA, 2016. doi: 10.17538/PS31.2016. <http://paeaonline.org/research/program-report/>. Accessed June 9, 2017.

