

2019 PAEA Business Meeting

SUMMARY OF ACTIONS

The following actions were taken on motions at the 2019 PAEA Business Meeting.

2019-BOD 1. CORE COMPETENCIES FOR NEW PA GRADUATES

Background/Rationale: The [Core Competencies for New PA Graduates](#) were developed by a PAEA task force that was charged by the Board to develop a “set of competencies that all new PA graduates should be accountable for demonstrating by the end of their formal PA education.” Following a broad review of the competencies literature in the health professions, as well as in other disciplines, the task force developed a set of competencies that emphasize the profession’s roots in team-based and patient-centered practice, and acknowledge new healthcare realities such as population health, the increasing need for communication skills, and health systems and financing.

Motion: Be it resolved that the Core Competencies for New PA Graduates be adopted by PAEA.

President Jon Bowser invited Mary Jo Bondy, co-chair of the task force that developed the new graduate competencies, to speak to the motion. Dr. Bondy reviewed the history and rationale for establishing the task force and developing the competencies. She noted that the competencies would be iterative and that adopting them did not make them binding on PA programs; the competencies are simply a resource for programs to use to develop their own program outcomes as they see fit. Mr. Bowser stated that the membership would be voting to adopt only the competencies themselves, not the entire paper, and that Board’s preference was to hold an up-or-down vote on the competencies. There was no objection to holding the up-or-down vote. The motion to adopt the competencies passed.

2019-BOD 2. PAEA POSITION POLICIES

Background/Rationale: PAEA’s Policies and Procedures manual contains two classes of policies: operational policies, which are in the purview of the Board, and position policies, which must be approved by the membership. All policies sunset every five years. The position policies are chiefly used to guide the Association’s advocacy work, with government agencies or other organizations. PAEA’s Government Relations staff have reviewed and proposed revisions to these policies. Policies with no proposed revisions need to be reaffirmed to remain current.

Motion: Be it resolved that the following revisions to and reaffirmations of PAEA’s position policies be adopted.

Mr. Bowser stated that the PAEA position policies would be placed on a consent agenda, with the exception of position policy 14, regarding optimal team practice. He asked if

anyone wished to pull any other policies off the consent agenda. Mr. Miller asked to pull policy 11, Terminal Degree of the Profession.

Consent Agenda

1. Certification to Practice

PAEA supports the entry-level certification examination administered by the National Commission on Certification of Physician Assistants as the only examination requirement for PAs to obtain state licensure and to qualify for employment as a PA. (Adopted October 18, 2014)

2. Clinical Training

~~PAEA supports an expansion in the number of PA clinical training opportunities.~~ supports policy, **FEDERAL FINANCING**, ~~federal grant~~ and regulatory actions that ensure an adequate supply of high quality clinical training sites for all ~~health care professionals~~ **PA STUDENTS** and encourages the development of sites committed to educating interprofessional teams of health care providers. (Adopted October 18, 2014)

3. Expansion of Stafford Loan Program

PAEA supports **REFORM** ~~an expansion~~ of the **FEDERAL DIRECT** Stafford Loan Program to **ENSURE** ~~provide~~ **THAT BORROWING** ~~loan~~ limits for PA students that are sufficient to assist in the financing of their education and commensurate with other health care professions. (Adopted October 18, 2014)

4. Generalist Education

PAEA supports a generalist framework and comprehensive approach to entry-level PA education. PA education prepares graduates to meet the primary care workforce needs of the nation and provides the PA graduate with flexibility in career choices. (Adopted October 18, 2014)

5. Graduate Medical Education

PAEA supports the modernization of graduate medical education (GME) in a manner that promotes and funds PA-physician interprofessional educational experiences designed to prepare effective teams that provide **HIGH-QUALITY** safe health care. (Adopted October 18, 2014)

6. Health Reform

~~PAEA supports comprehensive health care reform that improves access and quality of care for all patients with PAs as an integral part of team-based delivery systems.~~ (Adopted October 18, 2014)

7. Loan Repayment for Faculty

PAEA supports an expansion of loan repayment programs for PA faculty, especially those designed to improve the recruitment and retention of a diverse PA education workforce. (Adopted October 18, 2014)

8. Loan Repayment for Students

PAEA supports an expansion of student loan repayment programs for PA graduates linked to service in medically underserved populations and **RURAL** communities. (Adopted October 18, 2014)

9. Pathway to Practice

PAEA supports graduation from ARC-PA–accredited programs and certification by the National Commission on Certification of Physician Assistants as the sole pathway to practice as a PA in the nation. (Adopted October 18, 2014)

10. Technology

PAEA supports the increased utilization of technology within PA programs, to include electronic health records, patient simulators, and other innovations, that prepares graduates for entry into the health care system and supports patient safety. (Adopted October 18, 2014)

12. Title VII Reauthorization and Updating

PAEA supports the reauthorization and expansion of Title VII as a vital source of federal funding for PA programs. (Adopted November 7, 2009; Reaffirmed October 18, 2014)

13. DIVERSE Workforce

PAEA supports policies that ensure a diverse PA health care workforce sufficient to meet the current and projected healthcare needs of the nation and reflect the population it serves. (Adopted October 18, 2014)

The motion to approve the consent agenda (position policies 1-10, 12, 13) passed.

14. OPTIMAL TEAM PRACTICE

PAEA SUPPORTS THE GOAL OF OPTIMAL TEAM PRACTICE TO REDUCE ADMINISTRATIVE BURDENS ON PAS BY ESTABLISHING PHYSICIAN COLLABORATION AT THE PRACTICE LEVEL.

Dr. Smolko moved to amend the OTP motion by striking the word “physician”:

PAEA SUPPORTS THE GOAL OF OPTIMAL TEAM PRACTICE TO REDUCE ADMINISTRATIVE BURDENS ON PAS BY ESTABLISHING PHYSICIAN COLLABORATION AT THE PRACTICE LEVEL.

There was no discussion. The amendment passed. There was no discussion of the amended motion. The amended motion passed.

11. Terminal Degree of the Profession

Despite the adoption of clinical doctoral degrees by other health professions, PAEA is confident in the preparation of PA graduates at the master’s degree level to meet the competencies necessary for quality and cost-effective PA practice. PAEA reaffirms its

endorsement of the master's degree as the sole recognized entry-level and terminal degree of the profession. (Adopted October 18, 2014)

Mr. Miller moved to amend this position policy. This was seconded. The amended policy read:

Terminal Degree of the Profession

~~Despite the adoption of clinical doctoral degrees by other health professions, PAEA is confident in the preparation of PA graduates at the master's degree level to meet the competencies necessary for quality and cost-effective **CLINICAL** PA practice. PAEA reaffirms its endorsement of the master's degree as the sole recognized entry level and terminal degree of the profession. (Adopted October 18, 2014)~~ **HOWEVER, BECAUSE OF THE INCREASING COMPLEXITY OF MEDICINE AND HEALTH CARE SYSTEMS AND THE NEED FOR PAS TO HAVE EXPANDED KNOWLEDGE AND SKILLS IN A TEAM-BASED PRACTICE ENVIRONMENT, CLINICAL KNOWLEDGE AND SKILLS ALONE MAY BE INSUFFICIENT FOR SUCCESSFUL PA PRACTICE IN SOME SETTINGS. THEREFORE, PAEA ENDORSES THE CLINICAL DOCTORATE AS AN OPTION FOR ENTRY-LEVEL EDUCATION.**

Speaking to his amendment, Mr. Miller noted that many health professions have moved to the clinical doctorate degree in recent years, and that "add-on" doctorates for PAs have proliferated. He stated that these additional degrees are expensive and this cost could be reduced by allowing PA programs to offer an entry-level doctorate degree. Other testimony included the benefit of additional curriculum on health care systems when physical therapy moved to the DPT and the statement that it is a myth that moving to the doctorate will increase the length and cost of PA programs.

Dr. Multak moved that the motion be referred to a task force, which was seconded. Immediate past president Stephane VanderMeulen moved to "refer the motion to the Board to determine the most appropriate mechanism for further investigation of this issue."

This motion passed and the amended main motion was referred to the Board as amended.