

## INCREASED OPPORTUNITY

Physician assistant programs are currently on the rise. The number of programs established increased 50% between 1992 and 1997, graduating double the number of PAs (ACP, 3). Simultaneously, the number of PAs specializing in fields such as pediatrics, surgery, and psychiatry continues to increase. Mark Moran discusses the growing need for PAs or “extenders” in specialty fields. In Moran’s article, Peggy Jacklich, a PA practicing in an outpatient psychiatry office, claims that because the office hired her the waiting list has decreased from an average of three to four months to approximately one to two weeks. Because in most states they can order standard tests, write prescriptions, diagnose, counsel on preventative health care, assist in surgery, and provide prolonged treatment, PAs greatly alleviate patient overload. (AAPA, 1) Fifteen states have passed statutes regarding PA authority to prescribe medicines. For example, Tennessee allows a supervising physician to give a PA the authority to issue and/or prescribe controlled substance and legend drugs in Schedules II, III, IV, and V (ACP, 4). According to the American Academy of Physician Assistants (AAPA, 2), the profession is becoming more widely recognized and the number of PAs is escalating as more doctors employ them (AAPA, 1). Most PAs describe their interaction with physicians as “collaborative and collegial.” One physician said that “PAs do everything I do. I consult with them as much as they consult with me. We see ourselves as colleagues” (Jacobson, 7). In 2003, the AAPA reported that the percentage of PAs practicing in a physician’s office rose from 40.3% in 2002 to 42.3%; in comparison, in 1998 only 35.3% of PAs reported working in a physician group practice (AAPA, 2). With the growth of the PA field, AAPA surveys indicate a trend towards specialty PAs. Programs train PAs in primary care; however,

approximately half serve in specialty roles (ACP, 2). Jacobson notes that PAs can competently perform between 50% to 90% of tasks performed in primary care practices (Jacobson, 2). Accessibility through teamwork has broken down many barriers between PAs and physicians in primary care and has invited PAs to help alleviate overload in more specialized areas. There are no conclusive results on the direction that the PA profession will take, but if the general trend continues, the demand for PAs will continue to increase and PAs and physicians will become increasingly interdependent.