



Roderick S. Hooker, PhD, PA, is Director of Rheumatology Research, Medical Services, Department of Veterans Affairs, Dallas, Texas.

Pale sunlight through a dusty lens: Physician assistant research

By many standards, a remarkable achievement in health care delivery has occurred. The number of graduating physician assistants (PAs) has reached approximately one-third of the number of US medical school graduates.¹ PAs and nurse practitioners (NPs) manage approximately 11% of all outpatient visits; a percentage on the rise.² The expansion of the profession overseas demonstrates that PAs are a global phenomenon.³ Yet the body of literature that defines the PA profession remains underdeveloped.⁴ So many questions, so few answers.

Why so few scholars of the PA profession? What has the PA profession achieved, and where is the evidence demonstrating that PAs are what they think they are? While many proclaim that the sheer number of PAs demonstrates their importance, this is not the sunlight of objective research but dusty views about head count. The literature coming out of more than 140 accredited programs pales compared to what it should be. If PA programs function at graduate levels of education where “research is the coin of the realm,” why don’t more PA educators contribute to the body of social knowledge that characterizes their trade? Critical knowledge that defines the profession and permits society and policy makers to view it objectively and decisively is needed for the profession to be judged nationally and internationally. Instead, letters are written about how NP-favored research is flawed.⁵ If PA research measured up to one-tenth of the research that physicians produce or even one-half of what NPs produce about their contributions to society, PAs could say that they have demonstrated their value. Even one scholarly paper per program every 2 years would be enlightening.

Research and development are the underpinnings of sustainability and growth. For more than a century, medicine has embraced the sciences and focused on improving health care by looking within. Professional medical societies developed databases to understand their memberships as well as to hold a lens to the demographics of physicians. While these databases tend to provide information that is complimentary to their owners, they are essential foundations for more critical research. Much of PA research tends to stop at the descriptive stage.

Sometimes editorials are calls to action, and this is no exception. PA leaders and educators could articulate important policy and scientific questions. Questions foremost in society’s best interest could be raised, whether the answers favor PAs or not. Research summits convened by the AAPA

might define the holes in its knowledge base. Such summits telegraph a message that self-examination is under way. A blueprint is needed to outline where research should go, assess the value of PA databases, and determine the assets and blind spots of the four principal PA organizations: AAPA, PAEA, ARC-PA, and NCCPA. Perhaps an institute of medical workforce research would be fashioned by this group—one hopefully interested in looking into (as well as beyond) the PA profession.

Inadequate funding may be used more than any other excuse for the lack of progress in PA research. While funding has rarely hampered true scientists who see critical questions that need answering, it does slow down intent under the best of circumstances. Ironically, the United States probably has more opportunities per capita for funding science than does any other country.⁶ And, America is probably awash with more available data to answer socially complex questions than any other country.

The collective PA organizations could fund research at 10% of their operating budget and advocate for rigorous, theoretically based studies, knowing that hypothesis-driven research often reveals unanticipated information. Sponsoring institutions of PA programs (and their alumni) could endow chairs of medical workforce studies devoted to understanding labor economics and social behavior. The PA Foundation could examine the utility of scholarships versus research underwriting. PA-focused publishers could finance small research studies.

When historians look back on the development of the physician assistant profession in America, one reaction may well be amazement. Why, they may ask, didn’t the profession blossom as much as it could have? Why was the body of PA research so pallid? Perhaps no one wanted to clean the lens. **JAAPA**

REFERENCES

1. Colwill JM, Cultice JM, Kruse RL. Will generalist physician supply meet demands of an increasing and aging population? *Health Aff (Millwood)*. 2008;27(3):232-241.
2. Burt CW, McCaig LF, Rechtsteiner EA. Ambulatory medical care utilization estimates for 2005. Advance data from vital and health statistics, no 388. Hyattsville, MD: National Center for Health Statistics; 2007.
3. Hooker RS, Hogan K, Leeker E. The globalization of the physician assistant profession. *J Physician Assist Educ*. 2007;18(3):76-85.
4. Jolly R. *Health workforce: a case for physician assistants?* Canberra, Australia: Parliamentary Library; 2008;24:1-36.
5. Mittman D. Both are good [letter]. *Ann Fam Med*. January 17, 2008. <http://www.annfammed.org/cgi/eletters/6/1/14#7611>. Accessed October 22, 2008.
6. Kintisch E. Panel calls for more science funding to preserve US prestige. *Science*. 2005; 310(5747):423.