Physician Assistants Michael A. Rackover, PA-C, M.S.

DR. McGRATH: Next is Michael Rackover, who is representing physicians assistants. Thank you.

MR. RACKOVER: Thank you so much for being able to present today. Help is on the way. You have heard that before.

I represent the four physician assistant organizations: the American Academy of Physician Assistants; the Accreditation Review Commission on the Education for the Physician Assistant, which is the accreditation body; the NCCPA, the National Commission of Certification of Physician Assistants, certification and testing; and the Physician Assistant Education Association, which are the educators.

The last year has been a phenomenal year, which we can talk about our organizational model of success and how to integrate genetics into clinical practice. We met at the NIH with the Human Genome Research Institute. All the organizations came to this meeting. It was a top-down model. It had to be the executive directors, it had to be the presidents of the organizations, and the movers and shakers of the individual organizations to help understand the challenge that we have in providing the clinical services in genetics.

I can give you a short breakdown. I'm going to talk about each organization quickly to give you a sense of who we are and what we can do. Currently, there are about 64,000 physician assistants in clinical practice. Our average age is about 43 years. Gender is 38 percent male and 62 percent female. With minorities in practice, 12 percent of the PAs are in minorities. New grads are at 17 percent. In education right now, the classroom is 23 percent minorities.

Our hope over the next 10 years is that by 2010 we will have about 90,000 practitioners. When we look more to the future, we have to be at 115- to 130,000 practitioners by the year 2020.

The American Academy of Physician Assistants basically provides a survey. We know where we are working. We basically are working all over, in any medical specialty that you can see: HMOs, group practices, hospitals. Eighty-four percent of PAs see outpatients. Fifty-two percent of these PAs also see inpatients. One percent of PAs see patients in nursing homes.

As you can see by the various different charts I have up here, our graph is all over. Wherever you are seeing healthcare providers, physician assistants are part of that team.

Now, at our recent annual meeting, we are giving CMEs specifically in providing genetics education. We also were given a grant by HRSA to work with the NCHPEG in genetics in the physician assistance practice. We now are up on this website. This is continuing medical education for graduate physician assistants.

Now, when you talk about the educational model, we currently have about 139 PA programs across the United States. The number of recent graduates. In the year 2006, we were graduating over 4,800 students. We currently have models for competencies. We have written an article about physician assistant clinical competency guidelines for genetics and genomics on the educational front.

We also were able in the last year to do a survey of genetics education and a needs assessment of the majority of physician assistant programs across the country. This survey represented a 75 percent response rate, and we were looking at how to determine how genetics is taught in physician assistant programs. We also wanted to determine what genetics content is covered, and we also needed to assess faculty needs for supporting a genetics curriculum.

This is the conglomerate of the slides. The challenge we have is how do you restructure an existing over-packed curriculum, but we were able to get the information in. We also realized that it is not seen as a priority by our colleagues. That is part of the marketing that we have been able to do over the last year. You will see shortly when I talk about it, we now have a standard for all physician assistant education that we have to teach molecular and clinical genetics.

Certainly the problem is lack of time. Eighty-one percent of the programs that were surveyed perceive the need to enhance their genetics curriculum. Sixty-two percent of the programs plan to change their approach to teaching genetics in the near future.

Our hope, and my hope, is to position PA educators as leaders in the teaching of genetics in medical education. What I hope to be able to provide with our physician assistant colleagues is how we are going to monitor and report innovations in genetics education, develop a curriculum, resources, and best practices, create faculty development opportunities, develop assessment tools for students and faculty, and develop a database to track genetics activities and outcomes in PA education.

The standards area, and I talked about the Accreditation Review Commission on Education. In September of 2006, we included in B2.02 the instruction on the professional phase of the program must include instruction in the genetic and molecular mechanisms of health and disease. So we are now seeing that medical genetics for patient care is now taught throughout the whole curriculum, not just the didactic phase but in the clinical education phase.

The National Commission on Certification of Physician Assistants is the NCCPA. They were at the table. We are looking at exam content and we are beginning to code new items on the exam with the genetics code when applicable. They are hiring a new exam writer with experience in genomics that will be added in 2008. During this year, they are promoting their board of directors about medical genetics.

To quickly share with you, the AAPA is the profession, which takes care of the whole organization. We have a major commitment to provide medical genetics education to our graduates. The Physician Assistant Education Association is the educators. We are all now working together to make sure that we have a methodology to train the trainers, get more continuing education for educators in genetics, and we have a commitment to make sure that it is seen in the classroom and it is seen in the clinical education component.

The NCCPA, the certification model, and the accreditation areas are all working together, and we consider this to be an organizational model of success.

I thank you for the five minutes of time. Thank you.

[Applause.]

DR. McGRATH: That was perfect. Thank you.