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Doctoral degrees for PAs: What happens next?

The prospect of doctoral degrees for PAs is a controversial issue that invokes strong responses and passionate views. Most PAs are at best ambivalent and at worst downright contemptuous of the notion of doctoral degrees, particularly for entry-level PA education.

A **PA doctorate** would make us the latest of the health professions to introduce a clinical doctorate, an increasingly controversial trend in US higher education. Health professions recently moving to doctoral education include audiology, physical therapy, occupational therapy, and advanced practice nursing, with the DNP (doctorate of nursing practice) being the latest. Some in academe, such as deans of health professions schools, see PA doctorates as inevitable—given the competition among the health professions for status, it is only a matter of time before some institution begins an entry-level doctoral PA program or similar option. Others express doubts regarding professional doctorates in general, believing that such credentials are of inferior academic quality and do little to enhance practice capabilities.¹

Doctoral degrees for PAs could take several configurations, including a doctoral degree awarded (1) for entry-level PA education, (2) as an “add-on” option after the completion of standard PA education, and (3) for completion of a PA post-graduate residency program. This last has occurred,² resulting in a DScPA awarded through Baylor University being offered to graduates of the US Army Emergency Medicine Physician Assistant (EMPA) Residency. Whether this represents a trend that will spread or is an individualized program unique to its sponsoring organization is as yet uncertain.

Doctorates for entry-level education are clearly more controversial, however, and discussions and presentations at PA national meetings make that clear.^{3,4} In the past, I observed that “for a competency-based profession that clings to that structure and is still adjusting to the master’s as the entry-level degree, the introduction of a PA doctoral degree will unleash a stream of reactions likely to range from the annoying to the convulsive.”⁵ I think that remains an accurate assessment.

Concerns about a PA entry-level doctorate abound. One fear is that it would lengthen PA education and thus decrease the perceived advantage of the current short and efficient PA programs. Another concern is that doctoral education is unlikely to change the fundamental clinical role of the practicing PA. Yet another difficulty is the likely confusion related to the use of the title *doctor* by legally dependent practitioners in the practice setting. Finally, physician groups could read such a move as a step toward independent practice.

Advocates of the doctoral degree for PAs assert that it can better align PA training with marketplace realities, better prepare PAs to meet looming national challenges in certain specialties, and better enable PAs to compete with comparable health professions who have moved to this level.² In addition, educational institutions may be tempted to begin such a program merely to gain a marketplace advantage among PA programs. Institutions of higher education clearly have a vested interest in offering clinical doctorates because they increase enrollment (and thus tuition) and, since many institutions use distance education technology, such programs are low-overhead operations. For educational institutions, offering clinical doctorates is an advantageous business move.¹

The perspective of professional organizations is another consideration. In some professions (such as that of advanced practice nurses), these organizations have been in the vanguard of adopting the doctorate degree in an effort to raise the status of their profession. The approach of the major PA professional organizations—AAPA, NCCPA, ARC-PA, and PAEA—in dealing with the question of an entry-level doctoral degree will be critical. If the experience with the bachelor’s-to-master’s is any example, the likely reaction, unfortunately, will be little if any overt action. While the question of the master’s degree was intensely debated, PA professional organizations were officially silent until very late in the game, letting educational institutions essentially determine policy direction. These institutions made the decision to start or convert their programs to award the master’s with little regard for or direction from PA professional organizations. Thus far, on the doctoral degree issue, the attitude appears to be “ignore it and it will go away.” This time around, however, the profession and its organizations should be proactive. We should debate the matter, come to a decision, and set the policy such that the PA profession, not external parties with a vested self-interest, determines its future direction. **JAAPA**

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