Developing a Postgraduate PA Training Program

Cragin Greene MHS, PA-C

PA Fellowship Director

Department of Emergency Medicine

Immediate Past President APPAP

Objectives

- Review the history and evolution of Postgraduate PA training.
- Understand the national drivers for developing these programs.
- Evaluate the need at your institution and align key stakeholders.
- Recognize the applicable elements of a proposal
- Discuss potential barriers
- Examine the key building blocks of a program

Disclosures

- None

History of Postgraduate PA Training

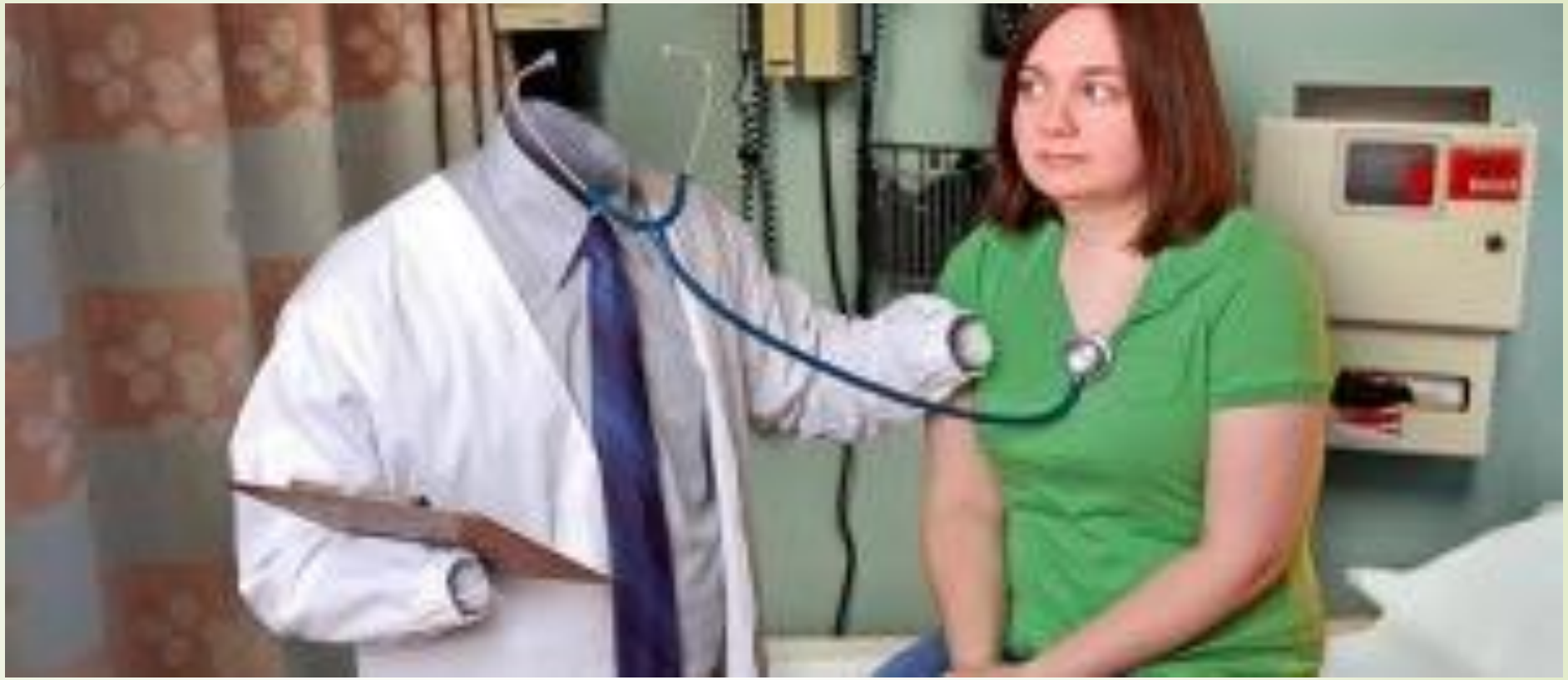
- 1967: First PAs graduate from Duke University
- 1971: Development of the first PA surgical residency program
- 1988: Association of Postgraduate PA Programs emerged
- Designed by 8 program directors as founding members with the goal to better define the role of PAs in specialty care, Assist in the development of new programs and serve as a point of reference for students, PA programs, healthcare institutions and the public.
- Currently 65 member programs with multiple institutional members (programs with multiple tracks imbedded under one member)
  - This number is not reflective of non APPAP members

Growth Over Time

- Continued slow steady growth in member programs
- APPAP continues to battle myths and negative reputation of post graduate training programs
- Creates extensive membership criteria embodying the true spirit of education for APPAP members
- Recognizes the ACGME resident work restrictions to be implemented in APPAP member programs.
- Requires that members offer compensation and benefits Fellow/Residents
- Works to garner support from the PAEA and AAPA
  - Acknowledges that despite putting best practices forward APPAP is not an accrediting body.

National Drivers for increase PA Fellowships

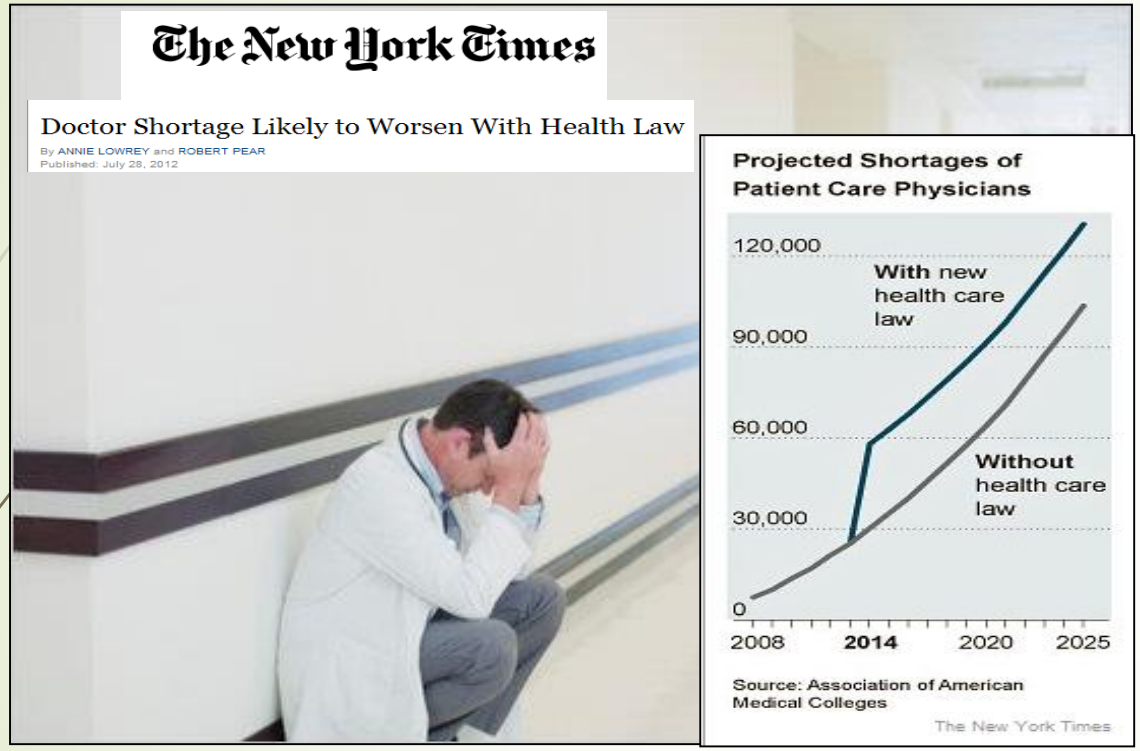
- Increase demand for specialty trained PAs
- Rapidity of advances within specialties far outpacing medical education
- Increase in medical complexity with an aging population of patients
- Hiring trends have altered historical OJT
- Physician shortage = decrease in access to care
- Cost of workforce
- Transition to value based care



Who will be at the bedside to provide the care we need

How can we make sure providers have the necessary skills

Physician Shortage



The 2017 AAMC report estimates a physician shortage of **40,800** - **104,900** by 2030

Physician Workforce Projections

- AAMC:
  - 40,800-104,900 total physicians by 2030
  - 19,800-29,000 surgical specialty physicians by 2030
- National Center for Health Workforce:
  - 20,340 surgical specialty physicians by 2025
  - 1,810 CT surgery physicians by 2026 (most prominent in the south and west)
- Journal of Thoracic and cardiovascular surgery
  - With only 3200 CT surgeons in practice in 2030 there will be a deficit of 2000 CT surgeons
- Conversely there will be a surplus of over 13,000 surgical PAs.

Why Start a Fellowship Program

Understand Your Institution

- What is the turn over rate in your specialty or service line
- What is the time to fill an open position
- Are the physicians satisfied with new hire PAs
- Are the PAs optimized in practice
- What is the PA engagement and satisfaction
- Are you meeting quality goals
- Is there a problem with patient access
- How long does it take to get a new hire up to speed and efficient

Getting Started

A stepwise approach

Step 1

Needs Assessment

- You will need to perform a needs assessment specific to your institution
- There are common themes across fellowship programs however each program fills specific needs within a system or service line. You will want to identify and use these in the pitch.
- Determine whether a fellowship is the best tool to fulfill the need or would a less intensive onboarding program meet the needs.

Step 1

Common Needs

- Work force generation
  - Expanding service line
  - Manage turnover
  - Extend services to new facilities
- Practice Enhancement
  - New therapies/services being offered
  - Optimize practice/improve “top of licensure”
  - Enhance efficiency
  - Improve quality
- System Based Mission
  - System based educational mission
  - Improve Reputation
  - Enhance brand/marketing to PAs.
- Fulfill community need or request
- Drive down variability in standards of care across system

Step 2

Key Stakeholders

- Identify **advocates** for postgraduate PA training
  - Physicians, PA/NPs, administrators, educators, institutional specific groups
  - Develop support, enthusiasm, political capital
- Identify **opponents** to the concept
  - Bring them to the table, understand opposition, allow them to be part of the process
  - Mitigate barriers before they form
- Involve the "**on the ground educators**" early on in the process
- **Steering Committee/task force**: complied from the resources above
  - Regular touch points during the exploration and early development phase

Step 3

Program Structure

- Determine size, breadth and length of program
  - CT? Just Cardiac? Just Thoracic, Vascular? Any additional services considered?
  - How many Fellows per year?
  - How many facilities involved?
  - Conjunction with Physician Fellowship?
  - Conjunction with PA program?
  - Institutional specific considerations
- Are there other fellowship that already exists?
- Are you considering additional fellowships

Step 4

Faculty Support

- Once you have identified the program structure you can propose a faculty design
- Considerations:
  - Paid vs non paid positions? *Earmark for budget*
  - Protected nonclinical time for positions? *Earmark for budget*
  - Delineation of roles for each position?
  - Additional fellowships beyond CT surgery down the road?
- Standard core faculty
  - Physician Medical Director
  - PA Program Director
  - Clinical Mentors
  - Support staff?

Step 5

Estimating Cost

- Fellow cost: # of Fellows per year x Fellowship stipend
  - Range $45k-$75k per year *(APPAP survey data)*
  - Malpractice and HR benefits: (will be the same as Staff PA) Ask your HR
  - Any CME, housing, meal account: CME Common, meal account and housing less common
- Stipend for medical director: Time or money
- Stipend for program director: Time or money
- Additional staff (admin support): Not common for small programs
- Usage fees?: Simulation Center, equipment training, outside courses (FCCS, ACLS)

Step 6

Defining Return on Investment

- ***Improved clinical outcomes*** with PAs obtaining the ***clinical knowledge and expertise*** needed to practice at ***top of license***,
- ***Increased*** physician & patient ***satisfaction***
- ***Higher PA satisfaction*** = leads to increased retention; decreased vacancies
- ***Lower turnover cost***, including recruitment, training/orientation, lost productivity, new hire costs
- ***Lower recruitment costs*** = due to fewer vacancies; enhanced pipeline shortens recruitment cycle
- ***Lower provider workforce cost*** = sufficient quality and quantity of providers allows you to shift the PA to MD ratio

Step 7

Making the Pitch

- Create a written proposal outlining the reasons for developing the fellowship program.
- Work performed by the steering/planning committee should be able to provide the justification necessary to draft the proposal
  - Common themes can be pulled from previous slides but will need to speak to the needs at your system
- Assign financial estimates where possible to show ROI

Program Design

- Standard Hours:
  - Estimate rough Baseline (Residency work hour restrictions)
  - Call requirements
  - Reading/research requirements beyond clinic hours
  - Classroom time
  - Assignments
- Didactics:
  - Lumped, scheduled, variable, informal
  - Style: flip classroom, round table, talking head, joint physician PA education
    - If physician fellowship/residency already exists, share didactics
    - consider off service lectures already in existence

Program Design Cont'd

- Simulation:
  - If available can be extremely beneficial
  - Design specific simulation content, learning objectives and evaluation
    - High fidelity scenario simulation
    - Procedural training
    - Surgical and robotics training
    - Simulated patient experience
  - Safe learning environment
  - Procedural repetition with close observation
  - Debriefing after high fidelity simulation reinforces learning points

Step 8

Curriculum Development

- Identify key objectives the fellowship will accomplish
  - Different for each specialty, institution, system.
- Gap Analysis:
- Core specialty content:
- Systems learning:
- EMR training:
- Billing education:
- System/state/national rules and regulations:

Curriculum Development

Gap Analysis

- Survey the group: Physicians, PAs, Nurses, *Consultants*
  - Major areas of knowledge deficit or weakness with new hire PAs
  - Strengths or common core knowledge already obtained PTA
  - Technical skills gaps
  - Professional skills deficits
  - Communication issues

Curriculum Development

Core Specialty Content

- Identify what is core and fundamental for PAs in CT surgery across the country
  - If Fellow leaves they will have a transportable training experience
- Identify what is core and fundamental for PAs in your institution
  - This will be comprised of the goals and expectation of the PAs in you specialty at your hospital/system
- Acknowledge that there is no way to cram a 5-7+ year physician residency/fellowship into a 1-2 year program
  - Be smart about what you expect to be able to reasonably train in the designated timeframe

Ancillary Curricular Elements

- Systems based learning: Every system is unique, make sure to develop content to address system specific knowledge
  - Protocols, referral patterns, consultants, HR, MSS/DOP etc.
- EMR and billing education: Time to efficiency with EMR is a significant complaint across programs. PAs receive very little billing education
- Communication: Common pitfalls
  - Presentation skills: Major weakness of new grads
  - Rounds: how to communicate on multidisciplinary rounds
  - Consultant conversations

Ancillary Curricular Elements

- Consider Interprofessional Education (IPE):
  - Short rotation with allied health professionals in the practice arena
    - RT, PT, scrub tech, pharmacy, blood bank/lab, chaplain etc.
  - Allows Fellow to better understand intricate roles of everyone on the team
  - Better integration and flow on team improving efficiency
- Off service or intra-service rotations:
  - Off Service: Medical or surgical disciplines that would enhance performance on primary service
  - Intra-service: Experience all aspect within the primary service line to augment overall understanding

Ancillary Curricular Elements

- Assignments
  - Reading assignments and lecture prep
  - Case write ups
  - Case presentation
  - Journal club
  - Fellowship project
  - Benchmark testing
- Professional development: Leadership, advocacy, precepting,
  - Less than 0.1% of PAs will have this opportunity, develop tomorrow's leaders!

Documentation to Consider
Handbook

- Mission, Vision, Goals of the fellowship
- Program Structure and Important contact info
- Fellowship specific policies
- Overview of the program
- What equates to Successful completion of the program
- Fellowship expectations
- Summary of assignments and deliverables
- Reimbursement policy
- PTO Policy
- System resources available
- Withdrawal form fellowship process
- **Academic probation policy**
- System based HR policies

Documentation to Consider
Job Descriptions

- HR Job Descriptions: Outline responsibilities of each role
  - Medical Director
  - Program Director
  - Clinical mentor
  - *Project manager: If applicable*
  - *Staff assistant: If applicable*
- Position expectations document:
  - Additional document additional details of the expectations to review with each candidate. Most HR job descriptions are fairly generic and do not go into the detail required.

Additional Considerations
Evaluations

- Evaluations and competency assessment:
  - Clearly outline the methods of evaluation
    - Direct observation
    - Peer review
    - End of rotation evaluations
    - Written/oral exams
    - Self evaluations/journals
    - 360 Milestone evaluations
    - Evaluations of the fellowship from Fellows

Additional Considerations
Onboarding

- Extremely cumbersome and time consuming
  - Understand typical timeframes in your state and system for:
    - Time from application to acquisition of state license
    - Time from application of privileges to approval through medical staff
    - Time from application for payer credentialing to approval to bill
  - Set appropriate timeframes between application deadline to program and program start date to accomplish all the above.
  - Know state and system rules and regs regarding supervision and mandatory documentation

Additional Considerations

Oversight Requirements

- Connecticut is the only state with a PA training license
- PA Fellows are consider to be full practicing PAs by the state medical boards and payers
  - Must follow all state and payer rules during fellowship training
- Special consideration
  - Off service rotations: can they function on CT surgeons license if performing a rotation with *general surgery* (state and system dependent)
  - Can a PA supervisor sign off on a PA Fellow chart (check with your legal dept)
    - They are not students so rules may be different
  - Privileging process for procedures, know your systems take on this.

Accreditation

- 2007: ARC-PA launches a voluntary accreditation process for postgrad PA training (APPAP members largely in support of an accreditation option)
- Designed to ensure quality and equity across programs
- Similar model of accreditation that is applied to graduate level programs
- AAPA on record in opposition to this process
- 2014: Accreditation process placed in abeyance.
  - Only 8 programs completed the process in 7 years.
  - APPAP creates task force with ARC-PA to work on improving the process
- New Accreditation process to be coming soon *(likely 2019)*

References

- J Thorac Cardiovasc Surg. 2010 Apr;139(4):835-40; discussion 840-1. doi: 10.1016/j.jtcvs.2009.12.004. Epub 2010 Feb 1.
- U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2016. National and Regional Projections of Supply and Demand for Surgical Specialty Practitioners: 2013-2025. Rockville, Maryland.
- IHS Markit, *The Complexities of Physician Supply and Demand 2017 Update: Projections from 2015 to 2030.* Prepared for the Association of American Medical Colleges. Washington, DC: Association of American Medical Colleges.