Excerpts of an interview with Eugene Schneller, PhD, Arizona State University

What attributes do you associate uniquely to PAs?

The PA is a competency-based occupation. Different PAs do different work. It is based on a "negotiated" role between an individual physician and a PA. This makes it unique. It means PAs can do a very wide range of tasks- and can have roles that change and expand significantly over the course of a career.

PA is associated with medicine

The PA is a "dependent" occupation - that is PAs can not practice independently. Through this dependency - and delegation of tasks - PAs have tremendous opportunity

What attributes do you associate with the health professions generally, that may or may not include PAs?

Health professions have been overly concerned with autonomy - one occupation separating itself from others. PA autonomy derives from the physician - which, as suggested above, makes it unique.

There is frequently dissatisfaction with roles in many health occupations due to the inability to expand as one's knowledge base, competencies and capabilities expand. This is not the case for PAs.

How do you think those attributes could affect the PAs thinking relative to their consideration of the PA Clinical Doctorate?

If the PA perceives the clinical doctorate as conferring a greater degree of independence - it would essentially be destructive of the elegance associated with a competency-based occupation.

If the PA perceives autonomy - and utilizes the doctorate in the PAs identification to patients and others, it creates confusion in the marketplace.

How might discussion around the doctorate be framed in order to present the broadest consideration of the issue by the profession?

Key questions -

What is the added value of the doctorate for the patient?

What is the added value of the doctorate for the PA?

What is the added value of the doctorate for the physician with whom the PA is employed?

What will be the key new competencies and capabilities associated with doctorate trained PAs?

How does the doctorate lead to confusion in the eyes of the patient (i.e., if the PA identifies him or herself as a "doctor" - what does that mean to the patient)?

How has the clinical doctorate affected other fields in terms of number of applicants and quality of applicants?

What happens to those who have trained earlier (grandfathering, etc.)?

Are there any other challenges you see with regard to our consideration of the issue from the sociology perspective?

What conflicts arise between those with clinical doctorate in other fields (e.g., nursing)?

How will payers respond to the clinical doctorate?

What is the potential for shifting roles between PAs and physicians as a result of the clinical doctorate?

What are other unintended consequences? Animosity from physicians? Animosity from nursing in general?