In the USA, Physician Assistants [PA] are health care professionals licensed, or in the case of those employed by the federal government they are credentialed, to practice medicine with physician supervision. As part of their comprehensive responsibilities, PAs conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, and write prescriptions. Within the physician-PA relationship, physician assistants exercise autonomy in medical decision making and provide a broad range of diagnostic and therapeutic services. A PA's practice may also include education, research, and administrative services. PAs are licensed professionals who practice medicine with physician supervision. Typical duties, depending on specialty, include evaluating and treating patients in the Emergency Room (ER); taking histories and carrying out physical examinations; admitting patients on behalf of physicians; providing surgical first assistant coverage for the daily and emergency operating schedules; conducting daily patient rounds; evaluating changes in patients' conditions; issuing orders for medications, treatments, and laboratory tests; and writing discharge summaries. PAs working with specialist and subspecialist physicians often have very specialized privileges particular to that field. Many hospitals hire PAs to function as house staff for surgical or medical departments, in emergency departments, or in intensive care units.

In the mid-1960s, physicians and educators recognized there was a shortage and uneven distribution of primary care physicians. To expand the delivery of quality medical care, Dr. Eugene Stead of the Duke University Medical Center in North Carolina put together the first class of PAs in 1965. He selected Navy corpsmen who received considerable medical training during their military service and during the war in Vietnam but who had no comparable civilian employment. He based the curriculum of the PA program in part on his knowledge of the fast-track training of doctors during World War II. On October 6, 1967, Duke University PA program graduated the first PA students who went on to start practicing as PAs. Today there are over 79,000 graduates of PA programs. Physician assistants who practice in hospitals are diverse and highly skilled professionals who are found in virtually every department, working with physicians of every medical and surgical specialty. They may be employed by the hospital (or system) or by medical practices or other outside organizations. Although PAs can be found working almost anywhere in a hospital, primarily they practice in emergency departments, operating rooms, outpatient units, critical care or intensive care units, and other inpatient units.

The level of physician supervision required is defined in state law and in hospital policy. All state laws allow the flexibility of off-site supervision by physicians as long as they are available to the PA via telecommunication. In developing their supervision policies, most hospitals choose to follow state law; however, they do have the option of being more stringent (but not less) than the requirements of law. (Federally employed PAs are governed by federal agency guidelines, rather than state law.)

Physician assistants are educated in intensive medical programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). The average PA program curriculum runs approximately 26 months. There are more than 140 Accredited programs in the United States. All PA programs must meet the same standards. Because of the close working relationship PAs have with physicians, PAs are educated in a medical model designed to complement physician training. PA students are taught, as are medical students, to diagnose and treat medical problems. The education consists of classroom and laboratory instruction in the basic medical and behavioural sciences (such as anatomy, pharmacology, pathophysiology, clinical medicine, and physical diagnosis), followed by clinical rotations in internal medicine, family medicine, surgery, paediatrics, obstetrics and
gynaecology, emergency medicine, and geriatric medicine. A PA’s education doesn’t stop after graduation, though. PAs are required to take ongoing continuing medical education classes and be retested on their clinical skills on a regular basis. A number of postgraduate PA programs have also been established to provide practicing PAs with advanced education in medical specialties. PA programs look for students who have a desire to study, work hard, and to be of service to their community. Most physician assistant programs require applicants to have previous health care experience and some college education. The typical applicant already has a bachelor’s degree and approximately four years of health care experience. Commonly, nurses, Emergency Medical Technicians [EMTs], and paramedics apply to PA programs.

Bylaws should stipulate that all clinical privileges granted to PAs be consistent with all applicable state laws and regulations and that a PA may provide medical services that are within the scope of practice of the supervising physician. Hospitals that wish to grant privileges to a PA should verify that the individual is properly licensed, certified, or registered by the state and has adequate liability insurance. Credentials verification should include queries of the National Practitioner Data Bank (NPDB) for malpractice information and the Federation of State Medical Boards (FSMB) for records of disciplinary actions taken against the PA.

The American Medical Association’s (AMA) Physician Profile Service also offers PA credentials verification. For a nominal fee, credentialing professionals can confirm a PA’s education program attendance and graduation date, national certification number and status, current and historical state licensure information, and AAPA membership status. Assistant programs do not accept everyone who applies for them. Most individuals applying for these programs have at least a bachelor’s degree along with extensive experience working in the health care field, and will already be employed as emergency medical technicians, nurses, or paramedics. Different programs in this field will have different prerequisites.

As a student studying to be an assistant, you will be instructed in both a classroom setting and a laboratory setting. Included among the courses you will need to pass in order to be accredited are human anatomy, biochemistry, medical ethics, pathology, human physiology, and pharmacology. Internships are also a necessary aspect of training to be one, which involves working in different specialized areas of medicine such as prenatal care, geriatrics and family medicine, either in a hospital or medical office setting. Working as an intern under a certain doctor may lead to permanent employment after graduation since doctors tend to hire excellent P.A.’s they have trained. All fifty states require physician assistants to pass the Physician Assistant National Certifying Examination, directed by the National Commission on Certification of Assistants (NCCPA). Those eligible to take this test must have graduated from an accredited assistant program, and only individuals who pass the NCCPA test are allowed to claim they are a certified physician assistant. In order to retain your status as a P.A. you must achieve at least one hundred hours of medical education every two years, and successfully pass a recertification test every six years to continue working as a certified physician assistant. Not everyone possesses the desire, empathy and emotional resiliency needed to be a good assistant. It is a difficult, stressful occupation but the rewards that come from eliminating the suffering of many people surpass that long, hard journey to becoming a physician assistant.

Challenges and Benefits of Such a Program in Nigeria
The challenges may be enormous and the tasks involved may appear herculean, but beginning somewhere someday, may get us there. First and foremost challenge would be one of ensuring that the MDCN buys this idea, makes rules and regulations as well as Bylaws (that would pass through Legislative Approval) governing Medical Institutions that would undertake such training program.
Encouraging other Paramedical Governing Bodies to cue into such programs and ensuring that such programs are run in some of our Colleges of Medicine evenly distributed in the country.
Some of the benefits of this program include:
Reduction of quackery in Medical Practice as individuals, who either dropped out from Medical School or could not get into one for lack of adequate admission prerequisites, would find this program a useful alternative, rather than going into their practices, especially in this situation of inefficient Medical Doctors.

References