

**PAEA Business Meeting**  
**October 23, 2020**  
**Washington, DC**

**PROPOSED MINUTES**

**Voting Members Present:** A. Garino, Yale University School of Medicine; A. Dereczyk, University of Detroit Mercy; A. Booth, Grand Valley State University; A. Hull, Milligan University; A. Kelley, Gannon University-Ruskin; A. Smith, Lock Haven University; A. Schempp, Shenandoah University; A. Walsh, Chapman University; A. Brenneman, University of Iowa; B. Buyea, Tufts University; B. Smolko, Frostburg State University; B. Childers, West Liberty University; B. Reeves, Trevecca Nazarene University; B. Peacock, Wake Forest University (Bowman Gray); C. Barry, Northeastern University; C. Garrubba, Dominican University of California; C. Beebout, Saint Francis University; C. Walker, University of Saint Joseph; C. Ruff, Rocky Vista University; C. Hendrix, University of Maryland Baltimore (Anne Arundel Community College); C. Dobbs, Red Rocks Community College; C. Hanson, Northwestern College; C. Robohm- Leavitt, Texas Tech University Health Sciences Center; C. Bruce, Penn State University; C. Forest, California State University, Monterey Bay; C. Sim, Oregon Health & Science University; C. Wolf, New York Institute of Technology; D. Millward, Colorado Mesa University; D. Weil, Wingate University; D. Kimball-Christie, Central Michigan University; D. Agnew, Salus University; E. Williams, University of Arkansas; E. Villarreal, Northern Arizona University; E. Schmidt, Butler University; E. Mandel, Johnson & Wales University; E. Murphy, University of Pittsburgh; E. Burns Kilduff, Misericordia University; F. Ambriz, University of Texas Rio Grande Valley; G. Poole, Charleston Southern University; G. Boles, Marshall University Joan C. Edwards School of Medicine; G. Landel, Touro University California; G. Mangione, University of South Carolina SOM; H. Martin, Medical University of South Carolina; H. Taylor, Des Moines University; J. Goble, Jr., South College - Nashville; J. Barnett, Duke University Division of PA Studies; J. Sivahop, University of Colorado; J. Gunn, Midwestern University (Downers Grove); J. Johnson, High Point University; J. Van Rhee, Yale University - Online Program; J. Papa, Idaho State University; J. Hrdina, University of North Carolina- Chapel Hill; J. Radke, Rosalind Franklin Univ of Medicine; J. Covino, Pace University - Lenox Hill Hospital, NYC; J. Mchugo, University of North Dakota; J. Midgley, Marist College; J. Rolfs, University of Lynchburg; J. Eames, Hardin-Simmons University; J. Momen, West Virginia University; J. Lewis, Case Western Reserve University; J. Mattingly, Mercer University; J. Zaweski, Valparaiso University; J. Bower, Pennsylvania College of Technology; J. Truscott, Chatham University; J. Kinzel, Drexel University; K. Wright, George Washington University; K. Erdman, Baylor College of Medicine; K. Ervie, University of Missouri-Kansas City; K. Young, St. Bonaventure University; K. Whitaker, AdventHealth University; K. Lohenry, University of Southern California (LA); K. Cavanagh, Gannon University; K. Stokes, East Carolina University; K. Dempsey, Eastern Virginia Medical School; K. Bonnin, Midwestern University (Glendale); K. D'Acunto, Duquesne University; K. Altongy-Magee, MCPHS University (Manchester/Worcester); L. Dobbs, University of North Texas HS Center Fort Worth; L. Walker, MGH Institute of Health Professions; L. Kibe, Charles R. Drew University; M. Lukaszewicz, Quinnipiac University; M.

Christiansen, University of the Pacific; M. Mcquillan, Rutgers University; M. Valdez, Saint Elizabeth University PA Program; M. Borger, Slippery Rock University; M. Heidtbrink, Union College; M. Ellis, Interservice (US Army Medical Center of Excellence); M. Bowlby, Ohio University; M. Yozzo, University of Oklahoma - Oklahoma City; M. Derosa, Samuel Merritt University; M. Maclean, Northwestern University; M. Roscoe, University of Evansville; M. DiBaise, Arizona School of Health Sciences; N. Weber, University of Dubuque; N. Gardner, Albany Medical College; N. Multak, University of Florida; P. Campbell, UW-La Crosse Gundersen-Mayo-Marshfield; P. Cafferty, Mount St. Joseph University; P. Pashkoff, Touro College Manhattan; R. Chappell, Louisiana State University ? New Orleans; R. Cooperman, Barry University; R. Rebman, Indiana University School of Health and Human Sciences Masters of PA Studies; R. Langstaff, Arcadia University; R. Brugna, CUNY York College; R. Hawkes, Florida Gulf Coast University; R. Duke, Mercyhurst University; R. Hanneman, Wichita State University; R. Guizado, Western University of Health Sciences; S. Kramer, Lake Erie College; S. Ijams, University of Oklahoma - Tulsa; S. Grammer, University of Nebraska Medical Center; S. Vandermeulen, Creighton University; S. Heffington, Lipscomb University; S. Martin, Mississippi College; S. Fernandes, Stanford University; T. Howell-Stampley, The University of Texas Southwestern Medical Center; T. Bigler, Louisiana State University Health Sciences Center Shreveport; T. Scott, University of Washington; T. Riethle, Bay Path University; T. Meehan, Franklin College; T. Moore, Alderson-Broadus University; T. Burgin, University of Texas- HS Center at San Antonio; T. Diesel, University of St. Francis; T. Gilford, University of Alabama at Birmingham; T. Cleveland, University of South Dakota; T. Jackson, Wagner College; V. Snyder, University of Wisconsin - Madison; W. Black, University of Kentucky; W. Boeve, Bethel University (MN); W. Stuart, DeSales University; W. Reid, Lenoir-Rhyne University

**Voting Members Not Present:** Augsburg University; Augusta University; Baldwin Wallace University; Bethel University (TN); Boston University School of Medicine PA Program; Bryant University; California Baptist University; Campbell University; Canisius College; Carroll University; Christian Brothers University; Clarkson University; College of Saint Mary; College of St. Scholastica; Concordia University; Concordia University Ann Arbor; Daemen College; Dominican University; D'Youville College; Eastern Michigan University; Elon University; Emory & Henry College; Emory University; Faulkner University; Florida International University Herbert Wertheim College of Medicine; Florida State University; Francis Marion University; Franciscan Missionaries of Our Lady University; Franklin Pierce University; Gardner-Webb University; Harding University; Heritage University; Hofstra University; Indiana State University; James Madison University; Keiser University; Kettering College; King's College; Le Moyne College; Le Moyne College; Lincoln Memorial University; Lincoln Memorial University - Knoxville; Loma Linda University; Long Island University; Marietta College; Marquette University; Marshall B. Ketchum University; Mary Baldwin University (Murphy Deming College of Health Sciences); Marywood University; Mayo Clinic PA Program; MCPHS University (Boston); Mercy College; Methodist University; Miami Dade College; Missouri State University; Monmouth University; Morehouse School of Medicine; North Greenville University; Northeastern State University; Nova Southeastern University - Fort Lauderdale; Nova Southeastern University - Fort Myers; Nova Southeastern University - Jacksonville; Nova Southeastern University - Orlando; Ohio Dominican University; Oklahoma City University; Pace University - Pleasantville; Pacific

University; Pfeiffer University; Philadelphia College of Osteopathic Medicine; Presbyterian College; Radford University; Rochester Institute of Technology; Rocky Mountain College; Rocky Mountain University of Health Professions; Rush University; Sacred Heart University; Saint Catherine University; Saint Louis University; Samford University; Seton Hall University; Seton Hill University; South College- Knoxville; South University in Savannah; South University -Tampa; South University, Richmond; Southern California University of Health Sciences; Southern Illinois University; Springfield College; St. Ambrose University; St. John's University; Stephens College; Stony Brook University; Sullivan University; SUNY Downstate Medical Center; SUNY Upstate Medical University; Temple University Lewis Katz School of Medicine; The CUNY School of Medicine; Thomas Jefferson University, Center City Campus; Thomas Jefferson University, East Falls Campus; Touro College (Bay Shore); Touro University Nevada; Towson University CCBC- Essex; Trine University; University of Bridgeport; University of California Davis; University of Charleston; University of Dayton; University of Findlay; University Of La Verne; University of Maryland Eastern Shore; University of Mount Union; University of Nevada, Reno; University of New England; University of New Mexico; University of Saint Francis - Fort Wayne; University of South Alabama; University of South Florida; University of Tampa; University of Tennessee Health Science Center; University of Texas- Medical Branch at Galveston; University of the Cumberlands; University of the Cumberlands, Northern Kentucky Campus; University of the Sciences; University of Toledo; University of Utah; Wayne State University; Weill Cornell Graduate School of Medical Sciences; Western Michigan University; Westfield State University; Xavier University of Louisiana

**Board Members Present:** Howard Straker, president elect; Michel Statler, president elect; Jon Bowser, past president; Carl Garrubba, treasurer; Janie McDaniel, secretary; Nicole Burwell, director at large; Reamer Bushardt, director at large; Dipu Patel, director at large; Miek Roscoe, director at large; Kevin Schuer, director at large; Linda Sekhon, director at large; Mary Ruggeri, student member at large.

**Senior Staff Present:** Mary Jo Bondy, CEO; Sara Fletcher, vice president; Olivia Ziegler, chief assessment officer; Dave Keahey, chief policy & research officer; Karen Hills, chief, educational development; Steven Lane, senior director, strategic communications; Lynn Heitzman, senior director, operations.

## **1. Approval of the Agenda**

***The agenda was approved.***

Dr. Straker announced that a quorum was present of 102 voting member programs.

## **2. Announcement of Board of Directors Election Results**

Dr. Straker announced the election results and congratulated new President Elect Kara Caruthers, Janie McDaniel, reelected as Secretary; and new directors at large Shalon Buchs, Shaun Grammer, and Robert Hadley.

**3. Approval of the Minutes.** There were no corrections to the minutes of the 2019 Business Meeting. *A motion to approve the minutes was seconded and carried.*

**4. President/CEO Report.** Mr. Straker indicated that he had no additions to the report in the book. *There was no objection to the report being accepted as written.*

#### **5. Financial Report — Treasurer’s FY20 4th Quarter Report**

*There were no objections to the report being accepted as written.*

#### **6. Liaison Reports**

##### **A) SAAAPA — A. Wildermuth**

*There were no objections to the report being accepted as written.*

#### **7. External Organization Reports**

**A) AAPA.** AAPA President Beth Smolko congratulated PAEA on transitioning to pulling members together in a compelling and informative virtual environment. She stated that the PA profession had risen up nobly to meet the challenges of the pandemic and that disruptions caused by COVID had shown the need to advocate for the profession, to make permanent regulatory changes put in place for the pandemic. She urged faculty and students to be active advocates for the PA profession. She noted that AAPA had redoubled its commitment to DEI work, through a new commission and new scholarships. Finally, she pointed to the need for an “evolved PA brand” – including but more than simply the title. She invited members to register for the 2020 virtual HOD, where members would see the final report of WPP’s work on title change that began in 2018. She reported that AAPA had just released a five-year strategic plan to help the profession rise to the challenges of an uncertain future.

**B) ARC-PA.** ARC-PA Chair Matt McQuillan reported that he was acutely aware of the challenges facing PA programs during the pandemic but appreciated the opportunity for PA educators to come together as they do every year and thanked PAEA for the virtual Forum. He cited the advice by keynote speaker Angela Duckworth to “lean on each other,” including each other, sponsoring institutions, and other PA organization.

**C) PA Foundation.** PA Foundation President Jacqueline Spiegel noted the need to change and grow this year, in response to the pandemic. She reported that scholarship applications had been rising over the past few years, including for the Barwick scholarship named for PAEA’s

former CEO. The Foundation had established a new scholarship named for the the first Black, female PA, Joyce Nichols. She noted that PA educator Daytheon Sturges had received the most recent Breitman-Dorn fellowship, for doctoral candidates. The Foundation has developed a five-step action plan to guide its work on diversity, equity, and inclusion.

**D) NCCPA.** NCCPA Chair Kendra Thomsen acknowledged the unprecedented year of COVID and the social justice movements and noted that flexibility and adaptability are hallmarks of the profession. She reported that the commission is on the home stretch of pilot program testing an alternative to PANRE and that findings would be shared next year and beyond. She highlighted the NCCPA's work with PAEA to provide technical assistance on End of Rotation and PACKRAT exams. She thanked PA educator Pat Kenney-Moore for her service on the NCCPA board.

**E) nccPA Health Foundation.** NCCPA President Dr. Morton-Rias noted that the foundation had been created to advance the role of certified PAs in improving health and now funded more than \$160,000 in PA-led grant programs, many led by educators and students, which also provides opportunities to improve grant writing skills.

**F) Physician Assistant History Society.** Dr. Morton-Rias thanked PAEA for allowing the history society to put its historian toolkit and other materials on the Digital Learning Hub. She encouraged members to donate materials to PAHx as they go through boxes of PA memorabilia old materials and also to make donations to PAHx as they are able.

Dr. Straker thanked all the speaker for their organizations' work on racism and diversity, equity, and inclusion issues.

## **8. Continuing Business**

**A) Journal of Physician Assistant Education Report.** Journal Editor in Chief Dave Asprey – thanked the Board and managing editor Libby Alesbury for their support. He reported that the journal had launched a new feature on compliance strategies, of which Jackie Sivahop would be the feature editor. He noted openings for other feature editor positions and encouraged members to serve as reviewers. He reported that his term as editor would end in 2021 and that there would be a call to apply to be editor in chief.

## **9. New Business/Other Items Motions Received by the Deadline**

President Straker noted that the first nine motions, BOD-1 through BOD-9, had been placed on a consent agenda, and asked if any member wished to pull any motion from the consent agenda. No member requested pulling a motion. ***BOD-1 through BOD-9 were approved by consent.***

## **2020-BOD 1. BYLAWS AMENDMENT, ARTICLE 3.03, NONVOTING MEMBER CATEGORIES**

**Background/Rationale:** This amendment updates the article with additional membership categories that have recently been developed by PAEA, and moves the establishment of membership criteria and benefits exclusively to the Policies and Procedures Manual, where these will be clearly in the purview of the Board to adjust as needed in response to member needs.

**Motion:** Be it resolved that the following amendment be made to the PAEA Bylaws.

### Article 3.03 NONVOTING MEMBER CATEGORIES

The Board may establish additional categories of nonvoting membership at its discretion. Such additional categories may include (by way of example, not limitation) Institutional Colleague, Individual Colleague, **INTERNATIONAL COLLEAGUE, AFFILIATE ORGANIZATION COLLEAGUE**, and such other categories as approved by the Board and set forth ~~in these Bylaws or in the~~ **PAEA Policies and Procedures Manual. THE CRITERIA AND BENEFITS OF EACH CATEGORY OF NONVOTING MEMBERSHIP SHALL BE ESTABLISHED BY THE BOARD AND SET FORTH IN THE PAEA POLICIES AND PROCEDURES MANUAL, AS AMENDED FROM TIME TO TIME.** Such additional members are nonvoting unless voting rights are specifically approved by two-thirds of the PAEA Member Programs.

***This motion was approved as part of the consent agenda.***

## **2020-BOD 2. BYLAWS AMENDMENT, ARTICLE 3.06, DUES AND FEES**

**Background/Rationale:** This amendment clarifies that Member Programs and nonvoting members may be required to pay additional fees for some PAEA services, such as workshops and the Education Forum. The amendment further states that failure to pay these dues and fees in a timely way may subject Member Programs to certain procedures, outlined in more detail in the PAEA Policies and Procedures Manual.

**Motion:** Be it resolved that the following amendment be made to the PAEA Bylaws.

Article 3.06 DUES AND FEES

Member Programs are assessed annual membership dues and a separate fee for the initial application for membership. **MEMBER PROGRAMS MAY ALSO BE REQUIRED TO PAY ADDITIONAL FEES FOR SOME PAEA SERVICES. NONVOTING MEMBERS MUST PAY ANNUAL MEMBERSHIP DUES AND MAY BE REQUIRED TO PAY ADDITIONAL FEES RELATED TO MEMBERSHIP AND/OR PAEA SERVICES.** All dues and fees are set by the Board. Failure of a **NY MEMBER** Member Program to **TIMELY** pay **APPLICABLE** dues and/or fees constitutes a failure to meet membership criteria, subjecting the **MEMBER** Program to procedures for such failure contained in these Bylaws and the **PAEA** Policies and Procedures Manual.

***This motion was approved as part of the consent agenda.***

**2020-BOD 3. BYLAWS AMENDMENT, ARTICLE 3.07, MEMBERSHIP CRITERIA**

**Background/Rationale:** This amendment affirms that setting criteria for all PAEA membership categories lies in the purview of the Board, and that these criteria, member eligibility requirements, and member obligations will be set out in detail in the Policies and Procedures Manual.

**Motion:** Be it resolved that the following amendment be made to the PAEA Bylaws.

Article 3.07 **MEMBERSHIP** CRITERIA

Membership is open to individuals and entities ~~interested~~ **THAT MEET THE ASSOCIATION'S CRITERIA FOR MEMBERSHIP ESTABLISHED IN THESE BYLAWS AND ARTICULATED IN GREATER DETAIL IN THE PAEA POLICIES AND PROCEDURES MANUAL** and supportive of the Association and its purposes, that timely remit dues within classes of membership as established by the Board.

All categories of membership **VOTING AND NONVOTING MEMBERS OF THE ASSOCIATION** must:

- **MEET ALL MEMBERSHIP CRITERIA SET FORTH IN THESE BYLAWS AND THE PAEA POLICIES AND PROCEDURES MANUAL.**
- **COMPLY WITH THESE BYLAWS, THE PAEA POLICIES AND PROCEDURES MANUAL, AND ALL TERMS AND CONDITIONS FOR ACCESS TO AND USE OF PAEA SERVICES.**
- **TIMELY REMIT PAYMENT OF MEMBERSHIP FEES AND DUES FOR THE APPLICABLE MEMBERSHIP CATEGORY IN ACCORDANCE WITH THE AMOUNTS ESTABLISHED BY THE BOARD.**

satisfy the following criteria:

- Provide PAEA information and data on program operation and characteristics as specified in the PAEA Policies and Procedures Manual.
- Comply with the PAEA Policies and Procedures Manual

**IN ADDITION, TO BECOME AND REMAIN VOTING MEMBERS OF THE ASSOCIATION AS DEFINED IN ARTICLE 3.01, ALL MEMBER PROGRAMS MUST:**

- Be accredited through the Accreditation Review Commission on Education for the Physician Assistant (“ARC-PA”).
- **TIMELY** Provide annual data for the program survey and curriculum survey upon PAEA request.

***This motion was approved as part of the consent agenda.***

**2020-BOD 4. BYLAWS AMENDMENT, ARTICLE 3.08, PROGRAM REPRESENTATIVES**

**Background/Rationale:** The major substantive addition to this bylaw is the phrase “employed by the member program,” which clarifies the intent regarding who can be named a Program Representative. This would not include preceptors, for example.

**Motion:** Be it resolved that the following amendment be made to the PAEA Bylaws.

Article 3.08. PROGRAM REPRESENTATIVES

**A PROGRAM REPRESENTATIVE IS AN INDIVIDUAL EMPLOYED BY THE MEMBER PROGRAM WHO IS INTEGRAL TO THE TEACHING OR ADMINISTRATION OF A MEMBER PROGRAM.** PROGRAM

REPRESENTATIVES MUST BE APPROVED BY THE PROGRAM DIRECTOR OR DESIGNEE. A program representative is an individual employed by the member program who is integral to the teaching or administration of a member program.

***This motion was approved as part of the consent agenda.***



## **2020-BOD 5. BYLAWS AMENDMENT, ARTICLE 3.09 ELIGIBILITY FOR SERVICE**

**Background/Rationale:** This amendment resolves a potential discrepancy between the statement in Article 3.09 that “individuals in nonvoting member categories are *not eligible to serve* on the Board,” and language in Article 4.05, which states that “A Board member who is no longer a faculty member at a Member Program or whose program loses its PAEA membership for any reason remains eligible to serve in the Board position for up to one year, provided the Board member joins the Association as an Individual Colleague or a faculty member at an Institutional Colleague program within 90 days of change in status.” The proposed amendment clarifies that individuals in nonvoting member categories may not *run for* the Board but may continue to serve for up to one year should their membership status change once on the Board.

**Motion:** Be it resolved that the following amendment be made to the PAEA Bylaws.

Article 3.09. ELIGIBILITY FOR SERVICE

A Program Representative may serve on and chair PAEA advisory bodies, hold a Board position, or otherwise participate in PAEA activities. Individuals in nonvoting member categories are not eligible to ~~serve on~~ **RUN FOR ELECTION TO** the Board but may **CONTINUE TO SERVE UP TO ONE YEAR FOLLOWING A CHANGE IN MEMBERSHIP CATEGORY AS SPECIFIED IN ARTICLE 4.05. INDIVIDUALS IN NONVOTING MEMBERSHIP CATEGORIES MAY** be appointed to chair or serve on advisory bodies and participate in PAEA activities. An advisory body is defined as a volunteer group at least one non-Board member.

***This motion was approved as part of the consent agenda.***

## **2020-BOD 6. BYLAWS AMENDMENT, ARTICLE 9.04, PAEA POLICIES AND PROCEDURES MANUAL**

**Background/Rationale:** This amendment clarifies the roles of the Board and the membership regarding Association policy, confirming that only the Board may revise the Association's operational policies.

**Motion:** Be it resolved that the following amendment be made to the PAEA Bylaws.

Article 9.04. PAEA POLICIES AND PROCEDURES MANUAL

The provisions of the PAEA Policies and Procedures Manual may refine and augment, but not supersede or contradict provisions contained in either the PAEA Articles of Incorporation or these Bylaws, which take priority in such order. **THE BOARD HAS THE EXCLUSIVE AUTHORITY TO AMEND THE**

## **PAEA POLICIES AND PROCEDURES MANUAL IN ACCORDANCE WITH THE PROCEDURES SET FORTH THEREIN.**

***This motion was approved as part of the consent agenda.***

### **2020-BOD 7. COMPETENCIES FOR THE PA PROFESSION**

**Background/Rationale:** The [Competencies for the PA Profession document](#) is intended to define “the specific knowledge, skills, and attitudes that physician assistants (PA) in all clinical specialties and settings in the United States should be able to demonstrate throughout their careers.” The competencies were originally developed in 2005, through a collaborative effort among four national PA organizations, in response to the growing demand for accountability and assessment in clinical practice and reflecting similar efforts conducted by other health care professions. The same four organizations updated and approved this document in 2012.

In 2018, PAEA led the establishment of a task force to review and refine the professional competencies, as well as to “ensure alignment with the Core Competencies for New PA Graduates,” which PAEA had developed to provide a framework for accredited PA programs to standardize the practice readiness for new graduates.

The proposed 2020 competencies were drawn largely from three sources: the previous Competencies for the Physician Assistant Profession, PAEA’s Core Competencies for New PA Graduates, and the Englander et al article Toward a Common Taxonomy of Competency Domains for the Health Professions and Competencies for Physicians, which drew from the competencies of several health professions.

**Motion:** Be it resolved that the revised Competencies for the PA Profession be adopted by PAEA as a position policy:

#### **COMPETENCIES FOR THE PA PROFESSION**

PAEA adopts the [Competencies for the PA Profession](#), developed by a Cross-Org task force, as a guiding document for the knowledge, skills, and attitudes that PAs in all clinical settings and specialties should be able to demonstrate throughout their careers.

***This motion was approved as part of the consent agenda.***

### **2020-BOD 8. PA PROGRAM DIVERSITY, EQUITY, AND INCLUSION**

**Background/Rationale:** PAEA position policy #11, PA Program Diversity, is scheduled to sunset in 2020. It was referred to the Diversity and Inclusion Mission Advancement Commission for review and drafting of new language. The new wording incorporates “equity” and “inclusion”; strengthens PAEA’s commitment to diversity,

equity, and inclusion; and makes more explicit the link between PA program diversity and reducing health care disparities in society.

**Motion:** Be it resolved that PAEA position policy #11, PA Program Diversity, be amended to the following:

**11. PA Program Diversity, Equity and Inclusion**

Diversity, equity, and inclusion are fundamental elements of PAEA’s mission, practice, and strategy. PAEA is unequivocally committed to diversity, equity, and inclusion to the fullest capacity of PA education, in order to instill inclusive educational excellence, facilitate workforce-population parity, and to reduce our society’s health disparities.

***This motion was approved as part of the consent agenda.***

**2020-BOD 9. CULTURAL COMPETENCIES FOR PA STUDENTS**

**Background/Rationale:** This position policy (Cultural Competencies for PA Students) was passed by the membership in 2018 as a placeholder, because the [Core Competencies for New PA Graduates](#), which had been on the agenda for approval, were pulled shortly before the business meeting, due to a potential conflict with the proposed Standards of Accreditation, 5th edition, which were released shortly before the Forum. The intent was for the relevant sections of the new graduate competencies, including particularly the cross-cutting domain of Cultural Humility, to replace PAEA’s cultural competencies for PA students. Now that the Core Competencies for New PA Graduates have been adopted, there is no further need for the Cultural Competencies for PA students.

**Motion:** Be it resolved that PAEA position policy 4. Cultural Competencies for PA Students be deleted.

4. Cultural Competencies for PA Students

PAEA adopts the Committee on Diversity & Inclusion’s “Cultural Competencies for Physician Assistant Students” as the Association’s model for domains for PA cultural competency education. (Revised October 27, 2018)

***This motion was approved as part of the consent agenda.***

**2020-BOD 10. TERMINAL AND ENTRY-LEVEL DEGREE OF THE PROFESSION**

**Background/Rationale:** The PAEA position policy related to the entry-level and terminal degree was due to sunset in 2019. An amendment was proposed on the floor of the 2019 business meeting to allow a doctoral option as an entry-level degree. Following discussion, this amendment was referred to the PAEA Board of Directors to investigate the issue and determine how to proceed.

The Board elected to seek input into this complex issue through several steps: (1) funding original research on an “alternative entry-level doctoral degree for PAs,” (2) hosting a virtual “town hall” discussion to which all members were invited, (3) establishing a discussion group, the “Entry-Level Doctoral Degree Discussion,” on the professional learning community within the PAEA Digital Learning Hub, and (4) engaging in discussion with the four national PA organizations at the September Cross-Org Meeting.

The PAEA Board is dedicated to making data-informed decisions and recommendations. Further, the Board must consider the optimal timing of decision-making and recommendations related to the entry-level and terminal degree. In particular, the Board acknowledges a number of ongoing discussions impacting the PA profession and the greater health professions community, including the potential renaming of the PA profession, the clinical doctoral degree, educational outcomes for other health professions, standards and specialty accreditation. The Board also believes characterizing the perspectives related to an entry-level doctoral degree among PA faculty, administrators, clinical practicing PAs and students, and peer health professions that have undergone such a transition is prudent. The PAEA Board is establishing an “advisory committee” to further investigate and expand upon the current research related to clinical doctoral-level education to inform future policy decisions. As a result, the Board recommends the position policy stated below.

**Motion:** Be it resolved that PAEA adopts the following revised position policy 15, Terminal Degree of the Profession:

**TERMINAL AND ENTRY-LEVEL DEGREE OF THE PROFESSION**

PAEA is confident in the preparation of PA graduates at the master’s degree level to meet the competencies necessary for quality and cost-effective clinical PA practice.

PAEA supports the master’s degree as the terminal and entry-level degree for the PA profession. The Association supports all PAs in their educational advancement throughout their careers, including pursuing postgraduate doctorate-level education.

President Straker invited President Elect Michel Statler to speak to this motion, since it had been referred to the Board at the 2019 Business Meeting. Ms. Statler described the Board’s actions related to the policy, stating that the Board had adopted an evidence-informed approach to this work from the beginning, including funding five research teams, holding a dedicated town hall meeting, and establishing a professional learning community. She noted that the Board had added “and entry-level” to the name of the policy, and that it would establish an advisory council to inform future policy decisions on this important issue.

President Straker then explained the parliamentary procedure for a series of votes on PAEA’s terminal (and entry-level) degree policy: The first vote would be taken on the amendment that Mr. Miller had proposed in 2019 and that had been referred to the Board. Whether that

amendment was approved or not, the body would then move to a vote on the new BOD-10 motion, which, if passed would amend by substitution PAEA's Terminal Degree of the Profession policy. Finally, the body would vote on the amended main motion.

**Vote 1. Terminal Degree of the Profession policy with proposed amendment from Mr. Miller:**

Despite the adoption of clinical doctoral degrees by other health professions, PAEA is confident in the preparation of PA graduates at the master's degree level to meet the competencies necessary for quality and cost-effective **CLINICAL** PA practice. PAEA reaffirms its endorsement of the master's degree as the sole recognized entry-level and terminal degree of the profession. **HOWEVER, BECAUSE OF THE INCREASING COMPLEXITY OF MEDICINE AND HEALTH CARE SYSTEMS AND THE NEED FOR PAS TO HAVE EXPANDED KNOWLEDGE AND SKILLS IN A TEAM-BASED PRACTICE ENVIRONMENT, CLINICAL KNOWLEDGE AND SKILLS ALONE MAY BE INSUFFICIENT FOR SUCCESSFUL PA PRACTICE IN SOME SETTINGS. THEREFORE, PAEA ENDORSES THE CLINICAL DOCTORATE AS AN OPTION FOR ENTRY-LEVEL EDUCATION.**

Mr. Miller spoke to his amendment, stating that "the train has left the station," and that there are already at least 10 postgraduate PA doctoral programs that are not accredited by ARC-PA. He stated that the increased tuition for an entry-level PA program followed by a postgraduate doctoral program would be less than for an entry-level PA doctoral program alone. He also noted that he was advocating for an entry-level doctorate option, not a mandate for all programs, and stated that "without PAEA endorsement of the optional entry-level doctorate, ARC-PA will not pursue an application to CHEA in order to accredit doctoral level PA programs."

There was no additional discussion.

***The vote was taken and the amendment failed.***

**Vote 2. BOD-10: Terminal and Entry-Level Degree of the Profession**

President Straker opened discussion on BOD-1, as presented in the business meeting book. Ms. Schempp, Shenandoah University, proposed an amendment, which was seconded:

**TERMINAL AND ENTRY-LEVEL DEGREE OF THE PROFESSION**  
PAEA is confident in the preparation of PA graduates at the master's degree level to meet the competencies necessary for quality and cost-effective clinical PA practice. PAEA supports the master's degree as the terminal **CLINICAL** and entry-level degree for the PA profession, **BUT RECOGNIZES THAT THERE IS INTEREST BY HIGHER EDUCATION INSTITUTIONS AND PA STUDENT CANDIDATES IN AN ENTRY-LEVEL DOCTORATE AS AN OPTION FOR A VALUE-ADDED EDUCATION. TO CHART A DIRECTION, THE BOARD OF DIRECTORS SHOULD ESTABLISH A TASK FORCE TO**

**PROVIDE RECOMMENDATIONS FOR ENTRY-LEVEL PA DOCTORATE EDUCATION AND TO REPORT THEIR FINDINGS WITHIN ONE YEAR.**

~~The Association supports all PAs in their educational advancement throughout their careers, including pursuing postgraduate doctorate-level education.~~

Speaking to her amendment, Ms. Schempp stated that a move toward entry-level PA doctorate degrees is “inevitable,” and that since this potential exists the PA education community must lead the way. She stated that if further study is needed it should be done now, “in a timely way.”

Kevin Loheny, University of Southern California, stated his belief that the doctorate degree “is not going to make a big difference this year and will distract us from what is most important” — enhancing the diversity, equity, and inclusion of the PA profession.

Jennifer Eames, University of Lynchburg, stated that the 43% of the membership voting pro to Mr. Miller’s amendment showed it is an important issue and worthy of further study. There was no additional discussion.

The vote was taken and the amendment failed.

President Straker then called for a vote on the original BOD-10 motion. ***The motion carried.***

**Vote 3. BOD-10: Amended Main Motion**

President Straker opened the floor for discussion on the amended main motion (the referred 2019 motion, as amended by substitution by BOD-10).

Mr. Miller testified that the advisory group that was mentioned in the motion rationale was not in the actual motion language, to which Dr. Straker agreed and stated that it was the intent of the Board to continue investigation of this topic and bring additional information back to the membership.

Mr. Villareal requested clarification on the previous vote; Dr. Straker stated that that vote had been to amend the language of the main motion.

Dr. Straker called for a vote on the amended main motion. ***The motion carried.***