

program. Students entering the PA program at Fooyin University benefit from formal partnerships with personnel associated with these hospitals; clinical teaching resources, such as senior physicians; classrooms; and plenty of modern equipment. At this beginning stage, 105 and 94 students, respectively, have enrolled in the first and second semesters of the PA classes.

Shortly after the start of the credit class, a PA bachelor's degree program was established in the fall semester of 2004. Despite significant effort at the time, the proposal for PA educational programs was refused by the ministry of education, and PA legislation has not yet been passed. As a result, PA students are being recruited by the Department of Nursing. In the first year, 57 students passed the entrance exam. All of them were female, had an associate degree in nursing, had more than 3 years of clinical experience, and

worked full-time. Of the 57 students, 40 transferred from the credit classes. They entered the program as sophomores and will graduate in June 2006. Upon completion, graduates from the PA bachelor's degree program will be granted a BSN degree with a PA certificate.

Many surveys show that the health industry strongly agrees on the need for PAs in Taiwan. Joint efforts between Fooyin University and various partners are bearing fruit, and the infrastructure necessary to create a robust PA profession is being developed. In the near future, once legislation has passed, Fooyin University plans on recruiting full-time students to BS or MS/PA programs. Further efforts to pass PA legislation and for the establishment of PA educational programs will be consistent. Hopefully, the development of PA profession will be successful in Taiwan.

The Development of Physician Assistant Education in the Netherlands

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The primary reason for the development of physician assistant (PA) educational programs in the Netherlands was the discrepancy between supply and demand for health care providers. The need for health care workers was increasing while the supply of (para)medical and nursing practitioners stagnated. Although medical schools have expanded the numbers of students they are training, it is still not enough to overcome the problem of a shortage of physicians.

There is also a growing understanding that a reorganization of tasks among health care professions is very necessary. The delegation of tasks from the highly educated and expensive doctors to other health care workers should help prevent waiting lists for patients and make health care more efficient. Less complex medical tasks can be taken over by PAs and nurse practitioners (NPs) so that physicians have more time for complex tasks. These new professions also offer a second career for nurses and other health care providers.

The social recognition of the need for reorganization of tasks in health care, combined with effective lobbying of the medical profession and educational world, as well as political and financial support, made a flying start possible for the PA profession in the Netherlands. Beginning in 2001, the first PA students were educated through the initiative of the depart-

ment of Cardiothoracic Surgery in the University Medical Centre of Utrecht. This first program was developed based on the educational experiences of PAs in the United States and was the precursor of the current Dutch PA graduate program. In 2002, a second, more general PA program began, based at the University Medical Centre in Leiden. During 2002-03, Health Academy Utrecht, together with the University of Professional Education in Nijmegen, and with consultation from US experts and dedicated physicians, worked together to develop a national PA curriculum. This process was subsidized by the Ministry of Healthcare. In October 2003 the PA program curriculum was accredited by the Dutch Flemish Accreditation Institute.

The program performance is also heavily subsidized by the Ministry of Healthcare and the Ministry of Education. In this way the government stimulates but also controls the growth of the labor market for PAs. After starting with four students in 2001, there are now approximately 200 PA students at four programs and 14 students have graduated. In addition, a large number of health care institutions in primary and secondary care are involved in educating PAs. The students are working in the following departments: primary care, cardiothoracic surgery, orthopedics, general surgery, anesthesia, pediatrics,

rheumatology, gynecology, dermatology, gastroenterology, geriatrics, neurosurgery, ophthalmology, pathology, cardiology, nephrology, and oncology. We expect that in the future PAs will be trained in every possible medical discipline.

The admissions criteria for PA students include a bachelor's degree in health care and at least 2 years of prior health care experience. Alternatively, aspiring students must prove they have the equivalent education and experience through an assessment process. The didactic concept of the PA program is based on the theory of social constructivism, which means that the acquiring and developing of competencies must take place in rich learning environments. To put appropriate knowledge into practice (patient care) is central in the curriculum. Working and learning are integrated; there is coopera-

tion between program makers and preceptors concerning the coaching of students.

Last year the graduate PAs founded their own professional PA academy, called the Nederlandse Associatie Physician Assistants (NAPA). This big step will be helpful in the professionalization of the new profession. At this moment, the new professions of PA and NP are not protected by law. A special committee of the Ministry of Healthcare has recently formulated an official recommendation to the Secretary of Healthcare that proposes an extension of the law by admitting an "experimental article." On a temporary basis, this experimental article will regulate the practice of PAs and NPs, based on their competencies. It is expected that the Secretary will follow this advice.