A New Way of Making Doctors

Distance Learning for Non-Traditional Students

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Throughout the country, colleges and universities are changing their traditional programs to meet the needs of "non-traditional" students. It is time for accredited medical schools to do the same. They should establish distance learning curricula that would allow experienced, community-bound health professionals—physician assistants (PAs) and nurse practitioners (NPs)—to take medical school courses from home or at work. This would allow us to build upon the talents of these "non-traditional" but seasoned clinical veterans. We could rapidly and relatively cheaply increase the number of practicing doctors in rural and medically underserved areas.

There will always be a need for traditional four-year, on-campus medical schools, but these programs bypass a wealth of highly qualified health professionals who have the potential to give their communities even better service. In the past, medical schools have accepted advanced-standing students based on prior knowledge and experience, and have awarded these students medical degrees whenever they were judged ready to take the medical practice qualifying examinations. About 35 years ago, before the age of space exploration, the market for PhD graduates collapsed while the market for MD graduates remained robust. A medical school in Florida decided that the first two years of a PhD program covered the science requirements for medical practice, and they began to accept PhD students into the third year class of medical school. As physician-in-chief of Duke Hospital, I appointed several of these "fast-tracked MDs" to the resident staff. They performed as well as, and in some instances better than, students who had spent four rather than two years in medical school.

What should be the admission requirements for community-bound, non-traditional students? I would suggest that the first pool of applicants be drawn from the ranks of physician assistants and nurse practitioners who are already working in collaboration with doctors in communities of great medical need. These applicants should be at least 27 years old and have master degrees from accredited educational programs that included one year of the sciences necessary for medical practice and one year of rotating clinical clerkships applicable to work in primary care specialties and settings. Most PA and NP schools meet these requirements. Finally, the candidates should have completed at least three years of practice under the supervision of or in collaboration with an MD or group of MDs who could write support letters and serve as mentors for the students once they are accepted into the distance learning program. Before acceptance, students would commit to careers as generalist physicians and to staying and working in their home communities (or similar settings) after graduation and residency training—the bulk of which would be completed in their home communities.

Having the student remain in the practice will strengthen the bond between student and mentor as the student learns more and becomes a significant contributing partner. Living in a rural or underserved community where their families have put down roots increases the likelihood that the students will remain in the community as physicians once their education is completed. As physicians, they will be more likely to employ PAs and NPs in their own practices, and to use the team approach to delivery cost effective health care services.

What about the curriculum—how should it be organized, presented and evaluated? I would start the on-line, distance learning program with 20 students who would spend one or two weeks on the medical school campus just before starting the on-line courses. This would give the faculty a chance to meet these students in person and get a practical sense of their depth and capabilities. The dean assigned to these students would have

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the help of the traditional medical school faculty to develop a set of written and oral examinations, clinical skill problems, and other evaluation methods to determine what courses or units of learning each of these 20 students needed to be able to pass the qualifying examinations for medical practice. The curriculum would be individualized, drawn from existing material, and delivered over the Internet to the students. Both on-campus and community-based mentors would assist students in the development of necessary additional skills. If this were done appropriately, I believe these students could take both the basic sciences and clinical qualifying examinations in the same week. The performance of these nontraditional students on these examinations could be compared with the traditional four-year medical students' performance; if their pass rates were the same as or higher than those of traditional students, then the program can be declared a success. Past experience shows that older students, eager to be in school and anxious to make up for lost time, perform better than younger students do. Because of their explicit commitment, we will be assured from day one that more of these nontraditional students will practice in rural or medically underserved communities.

As founder of the Duke University Physician Assistant Program and PA movement, I am well aware of the benefits of having a physician assistant share in my practice. As a practicing physician, I enjoyed the freedom given to me by my very capable assistant. If you need proof of the difference that the MD/PA alliance made in my professional and personal life, just ask my wife. To this day PAs are mostly recruited, educated and employed by physicians. They and their professional organizations are committed to strengthening the bonds that already exist between us. Most PAs are highly satisfied with their personal careers and don't want to be physicians. But those who are ready and willing to continue their education should be given the opportunity to do so. Especially those who are willing to continue working in primary care and in rural or other medically under served communities. We the medical profession owe them that much. By using modern technology, and giving them credit for prior knowledge and skills, we can save them from squandering seven years of precious time, and help them meet the need of so many of our citizens for appropriate health care services.

Which medical school will be the first to take the lead? Which has the courage to explore alternative pathways to becoming a physician? Some school will step forward because it makes good sense to do so. I would enjoy hearing from any who are interested in my proposal.