OVERVIEW:
Nurse Practitioners (NPs) and Physician Assistants (PAs) play an increasingly vital role as front-line healthcare providers. Although there are some significant differences in education and training, the similarities between NPs and PAs far outweigh the differences.

Nurse Practitioners are advanced practice registered nurses who provide care to patients throughout the lifespan, from premature newborns to the elderly. Two out of three NPs provide primary care. Those primary care providers often specialize in family care, women's health, pediatrics, or adult/geriatric care. Nurse practitioners can prescribe medications, including controlled substances, in all 50 states. In 26 states, NPs have authority to practice independently.

Physician Assistants are healthcare professionals licensed 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 prescribe medication. PAs often serve as a patient’s principal healthcare provider. PAs practice in every state and in every medical setting and specialty, improving healthcare access and quality.

KEY SIMILARITIES:
- NPs and PAs are among the most advanced healthcare professions available without becoming a physician and, as a result, require a considerable amount of education. Both PAs and NPs perform several of the same day-to-day duties as physicians, and typically work in collaboration with a physician.
- NP and PA programs are graduate-level and first require completion of an undergraduate degree, as well as specific pre-requisite courses and a general admissions exam (usually the GRE). Completion of a certain number of clinical/patient-care hours is also typically expected to be eligible for admission. After completion of their respective graduate programs, PA and NP graduates must pursue licensure and pass national certification exams before they can practice professionally.
- NPs and PAs find work in similar types of settings, including physician's offices, hospitals, and clinics.

KEY DIFFERENCES:
Educational Model
- NP programs can be either Master's-level (Master of Science in Nursing; MSN) or Doctoral-level (Doctor of Nursing Practice; DNP); however, in recent years DNP programs are becoming the established standard. NP programs are also based on a nursing education model that takes a holistic approach to providing care and is based on healthcare outcomes. This type of comprehensive care focuses on the patient’s physical, as well as their mental, emotional, and spiritual needs. While addressing physical symptoms is an essential part of the care provided, NPs focus on promoting health instead of reacting to patient symptoms and disease state.
- PA programs are Master's-level and are based on a medical education model that emphasizes disease pathology and “curing” the problem. This model approaches healthcare by examining the anatomy of the patient, including observation of the physiological systems included in the human body and how they function under optimal conditions when compared to the patient's status. The medical model breaks the patient into fundamental systems and treats each problem accordingly.

Specializations:
- NPs must choose an area of specialization before starting an NP program and train within that specific area. Specializations are focused on a specific patient population: family, pediatrics, geriatrics, or women’s health.
- PAs are trained as generalists and, therefore, can work in any area of medicine after graduation, with the option for further specialized training if desired. As such, PA specializations focus on an area of medicine, such as dermatology, surgery, obstetrics and gynecology, internal medicine, or emergency medicine.

Scope of Practice:
- NPs can practice and prescribe medication independently in many states, while most current state laws (including those in Texas) require PAs to have an agreement with a specific physician to practice.