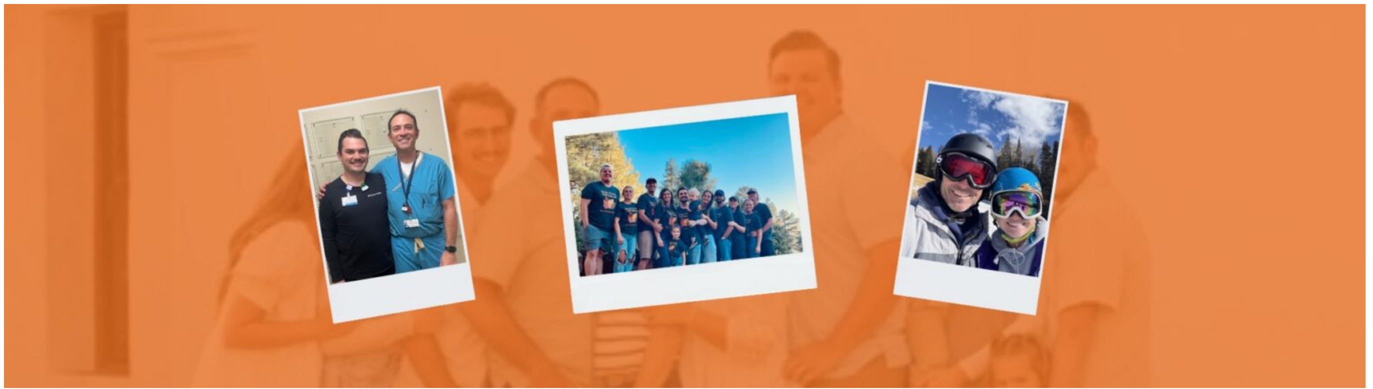

Why RP? A Q&A with Chris Davis, National Subspecialty Lead, Advanced Practice Providers

Chris Davis, National Subspecialty Lead for Advanced Practice Providers (APPs) at Radiology Partners (RP), discusses his journey and insights as a physician assistant (PA) specializing in interventional radiology, the unique roles and growth opportunities within the field and the support provided by RP.

Chris Davis, DMSc, PA-C, RT, is a PA in interventional radiology for RP Phoenix in Mesa, Arizona, where he also serves as adjunct faculty and preceptor for PA programs in the region. He is a fellow member of the American Academy of Physician Assistants and has served as a clinical associate member of the Society of Interventional Radiology, as well as past president of the Arizona State Association of Physician Assistants. He joined RP in 2007. Outside of work, he enjoys cycling, running and spending time with family.

We talked to Chris about his path to being a PA and how RP's nationwide network, local adaptability and strong support for APPs allow him to make meaningful clinical and educational impacts.

Tell us why you wanted to pursue a career as a physician assistant?

While finishing my bachelor's degree in biology at the University of Utah, I realized I didn't want to be a biology teacher and needed a career that could support a family. Medical school was in the back of my mind, but I also wanted kids, and balancing school with parenting was going to be challenging.

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That's when I discovered the PA profession. At the time, prior medical experience was strongly emphasized. We were living in Utah, and I found an affordable two-year X-ray tech program. I jumped in, gained hands-on experience and continued the PA path. After X-ray school, I worked for a couple years as an X-ray tech while applying to PA programs. Once I completed PA school, I found combining the medical knowledge from PA training with the imaging and positioning skills from RT school was the perfect blend. To me, it's the best of both worlds.

What drew you to interventional radiology?

The interventional radiology component is a natural pathway for PAs who want to practice in radiology. I found most PAs who want to practice in radiology are hands-on; they're the doers and the ones who get things done. And that's me. As a PA in interventional radiology, you get to interact with the patients and help solve the problem. For example, if they've got a swollen knee or fluid around their belly, you get to help be part of solving the issue.

What's fulfilling about working as an APP for RP?

Serving as National Subspecialty Lead for APPs at RP has been very fulfilling. It's incredibly rewarding to look across the practice and help identify where APPs can make a meaningful impact – not just in enhancing the patient care experience but also in supporting our physician colleagues so they can have better experiences.

What are some unique features RP offers that are hard to find elsewhere?

It's the nationwide scope. I'm involved in a few PA and nurse practitioner groups online, and I see great questions being asked. But often, those folks are in smaller practices without the internal network to turn to and say, "Hey, how do I do this?" or "I'm having this challenge – how do I solve this concern?" At RP, we have a large network of APPs across the country, which means we've seen the full range of challenges faced by APPs working in radiology, whether it's fluoroscopy privileges or prescribing rights. We've already worked the problem, or we have other APPs in different states who have encountered it and can say "Here's what I did when I was having that issue." It's that nationwide strength within RP that really is impressive. And yet, we still know each other – it feels personal. Sitting on the national council and the Clinical Value Team, we're across the country and in different specialties, but in our monthly meetings, I'm just a regular guy. That's pretty awesome.

Tell us more about your role as an educator and how that relates to your role as a National Subspecialty Lead for RP?

What's interesting is when I started as a PA in radiology back in 2007, there were maybe seven or eight of us in the entire state of Arizona. Now I think we're up to around 20. We've seen the profession grow, but it's still pretty small. Because of that, we're frequently asked to take students –

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and when they rotate with us, they start to see that this is a viable career path. It's hands-on, and there's a little bit of autonomy, because when you're in the procedure, you're the one making decisions. They are really drawn to that idea. I've had the opportunity to spread the gospel of IR to PAs and nurse practitioners here in the Phoenix Valley through teaching. Watching students come in for their four- to six-week rotations –initially overwhelmed by the technology, the imaging, the ultrasound machines – and then seeing that shift by the end, when they realize, "Hey, I can do this," is incredibly gratifying. They go from intimidated to confident, hitting small lesions with precision. It's about growing the profession, mentoring the next generation and showing them what's possible in radiology. It's fulfilling to help shape that journey both locally and nationally.

You've worked as a PA in radiology for 18 years. How has the field evolved, and what does the future look like to you? How will RP contribute to that?

There are a couple of things. First, the scope of what APPs can do in radiology has broadened. We've seen procedures where, once an APP gets a hold of it and is confident and skilled, they can take on that responsibility and relieve some of the burden from radiologists. That leads to greater efficiency, which is a huge benefit for RP overall—especially as we face a narrowing pipeline for both interventional and general radiologists. APPs can absolutely help fill that role. I suspect we're going to see more APPs working in radiology, and that scope will continue to fulfill the needs of individual practices. What's interesting about RP is, because it's locally led, APPs can adapt to what the local practice needs. For example, here in the Phoenix area, our East Valley practice looks different from the West Valley—and that's okay, because we're able to adapt to the local needs of each group. This is similar in other places like North Carolina, Florida or Texas, where more clinical rounding is done. That's just what the practice needs, and APPs are stepping up to meet those demands. That flexibility and responsiveness are what make the APP role so valuable within RP.

What are some common misconceptions about your work as a PA?

Many people don't really understand what a PA is. The title "physician assistant" is starting to trend toward "physician associate." That's probably the biggest misconception. Another thing people don't realize is radiology is a specialty. It's a narrow one, but we touch every other specialty – neuro, ortho, you name it. Still, our touchpoints are limited, so when I say I'm a PA in radiology, people assume I work in a doctor's office or maybe an ER, or they think I'm a radiologist or an X-ray tech. And yes, I've been an X-ray tech, but that's not what I do every day. When people ask what I actually do, I give them this elevator pitch: I use an ultrasound machine, an X-ray machine or a CT machine to put a needle, a line or a tube somewhere in your body. And I always add: You never want to meet me professionally.

Chris Davis completed a radiologic technology (RT) program prior to completing a Master of Physician Assistant Studies (MPAS) at A.T. Still University, Arizona School of Health Science, in Mesa Arizona,

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where he also completed a Doctor of Medical Science (DMSc) with an emphasis in healthcare leadership.

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