

Perceptions of U.S. Physician Assistants (PAs) Regarding Implementation of a Specialty Certification

Cassandra L. Montoya & Amanda K. Pettijohn*
Faculty: Richard D. Muma

Department of Physician Assistant

Abstract. The purpose of this study was to obtain opinions from practicing PAs concerning their knowledge about specialty certification and perceptions about its impact on their practice. This cross-sectional study involved a survey sent to a randomized sample of 3,000 U.S. PAs. Results were analyzed using descriptive and chi-square statistics. The response rate was 11% (n=293). The survey collected respondent demographic information, asked two categorical questions regarding knowledge of specialty certification, and several questions regarding perceptions about certification based on a 5-point Likert scale. Results suggest that although PAs are knowledgeable about the specialty certification issue, the majority do not plan to obtain the certification if offered and view it as a potential barrier to movement between specialties.

1. Introduction

Although many health care professions have implemented a program for specialty certification within their field, physician assistants (PAs) have yet to do so. The National Commission on the Certification of Physician Assistants (NCCPA) recently proposed a new specialty certification available to PAs practicing in a limited number of specialties [1]. In response to opposition by the organized physician assistant profession, however, the NCCPA has now decided to offer “certificates of added qualifications” (CAQ) in place of specialty certification [2,3]. The CAQ will consist of a process by which a PA wishing to switch to a new specialty could voluntarily demonstrate additional knowledge in a new area [4]. The goal of the CAQ is to recognize a specialty PA’s competence while preserving the ability of PAs to move between specialties [4]. This study was conducted prior to the announcement by the NCCPA to offer CAQs rather than specialty certification. Its purpose was to obtain opinions from practicing PAs concerning their level of knowledge about specialty certification and their perceptions about how it might impact their practice

2. Experiment, Results, Discussion, and Significance

Experiment: The survey was conducted online using email addresses obtained from the American Academy of Physician Assistants (AAPA) database; 2,687 PAs were surveyed to ensure a sample size of

400. The survey collected respondent characteristics including: sex, age, race, gender, education level, practice type, years in practice, and years in specialty. Respondents were also asked two categorical questions about their knowledge of specialty certification and their plans to certify if offered. The remaining survey questions (based on a 5-point Likert scale with options ranging from “strongly agree” to “strongly disagree”) addressed perceptions of the PA specialty examination. These questions were based on issues raised in an editorial in *Clinician Reviews* [1].

Results: The survey return rate was 11% (n=293). Frequency counts were conducted to determine age, practice setting, and perceptions about the specialty examination. Chi-square analysis was performed to determine possible significant relationships in regard to perceptions about the specialty examination. The mean age of respondents was 40.22 years (+/- 11.63). Most of the respondents held a PA graduate degree (59.7%). Non-primary care was the most common practice setting (48.1%). When asked about specialty certification for PAs, a majority of respondents (76.5%) indicated they were aware of the concept of PA specialty certification, while a minority (32.8%) indicated they planned to obtain specialty certification if offered. According to the questions based on a 5-point Likert scale [Table 1], overall agreement was noted toward the following statements in regards to specialty certification: I am knowledgeable about specialty certification; will provide a competitive advantage; physicians will support certification; will prevent a PA’s ability to move between specialties; will create a barrier to licensing and practice; will create barriers to patient care. Overall disagreement was noted toward the remaining statements: should be required for all specialty PAs; will increase PA salaries; is necessary to ensure highest standards of care; should be expanded to all specialties; should eventually replace the national certification exam; will help to increase reimbursement; the public expects PAs to be specialty certified; may lead to the undoing of the PA profession; and I am ready to be specialty certified. To further analyze the perceptions of PA specialty certification, demographic variables were evaluated

for relationships among the specialty certification statements (i.e., age, gender, practice type, degree, number of years in practice, and number of years in specialty). Race was not evaluated as 90% of the respondents were white. Respondents were also given the opportunity to provide feedback in the comments section of the survey regarding anything they felt was relevant.

Discussion: Overall, our study found that PAs were knowledgeable about specialty certification as originally proposed by the NCCPA, with 76.5% being aware of certification. Although respondents were knowledgeable about the topic, the majority (67.2%) were not planning to obtain specialty certification if offered. Quantitatively, there was a lot of disagreement toward Likert scale statements aimed at determining whether or not this would be a positive step for the PA profession. Common concerns about specialty certification included limited mobility among specialties; additional requirements, time, and cost of certification; and loss of the original PA/physician model. In terms of gender, males tended to view specialty certification less favorably than females. This may also be attributable to the fact that 64% of the respondents were female. Younger PAs were less knowledgeable about specialty certification; this may simply be because older PAs have more experience in the profession and may be more likely to anticipate how specialty certification may impact the profession. Likewise, in evaluating the number of years the respondents spent in their respective area of practice, more experienced PAs may be more aware of how specialty certification may impact practice. In terms of practice type, non-primary-care PAs did not think specialty certification would increase their salary or affect the PA profession, but were more likely to be ready to become specialty certified. The latter issue is not surprising, as primary care PAs would not be eligible to be specialty certified as originally proposed by the NCCPA. It is interesting, however, that although primary care PAs tended to believe that certification may increase salaries, they also perceived that it would lead to the undoing of the PA profession. This may be the case because some primary care PAs may have chosen the generalist path because they believed it was the foundation of the PA profession and should be preserved as such, even at the cost of a lesser salary.

3. Conclusions

The study results describe a group of PAs in the United States, the majority of whom were aware and knowledgeable about specialty certification as originally proposed by the NCCPA. Although most were aware of certification, a minority planned to obtain the certification if offered, and many viewed it as a potential barrier to moving among PA specialties.

Table: 1
Likert Scale Responses Regarding Certification(percent)(n=293)

	Responses				
	Disagree	Strongly	Agree	Strongly	
		1	2	3	4 5
1. Know about certification		15.4	35.8	17.7	17.4 13.7
2. Should be required for PAs		2.7	7.2	16.0	33.4 40.6
3. Will increase PA salaries		3.1	15.7	37.2	25.9 18.1
4. Will prevent movement between specialties		25.9	33.1	20.1	16.7 4.1
5. Gives competitive advantage		5.8	34.1	29.7	17.7 12.6
6. Necessary for high standards		3.4	13.0	23.9	32.8 27.0
7. Should expand to all specialties		7.8	18.1	19.1	24.9 30.0
8. Should replace PANCE		2.0	3.4	18.8	29.0 47.4
9. Should replace PANRE		5.8	7.5	25.9	23.5 37.2
10. Will increase reimbursement		2.0	18.4	41.0	20.5 18.1
11. Create barrier to practice		17.7	33.4	27.0	16.0 5.8
12. Public expects certification		3.4	9.2	23.9	38.9 24.6
13. Physicians support certification		6.1	34.5	39.2	13.3 6.8
14. Create barriers to patient care		13.7	23.2	30.0	26.3 6.8
15. May lead to undoing of profession		14.0	15.0	25.6	32.4 13.0
16. I am ready to be certifie		10.2	13.3	20.1	25.6 30.7

*Percent columns may not add up to 100% due to rounding and respondent omissions

References

- [1] Danielson RD. PA specialty certification, inside out. *Clinician Reviews*. 2009;9(1):9-10.
- [2] American Academy of Physician Assistants Website Available at: <http://www.aapa.org/education-and-certification>. Accessed February 21, 2011.
- [3] National Commission on Certification of Physician Assistants Website Available at: <http://www.nccpa.net/NewsArticles/NewsArticlesCAQreplacespecialtycert.Aug10.aspx>. Accessed February 21, 2011.
- [4] Crane SC. Perspectives on the physician assistant specialty credentialing debate: "Mountains beyond mountains." *JAAPA* 2006 Aug;19(8):16,18-19.