

Perceptions of physician assistants regarding a specialty certification examination

Barbara S. Smith, Richard D. Muma, Cassandra L. Montoya, Amanda K. Pettijohn

ABSTRACT A national sample of physician assistants (PAs) responded to a survey about their perceptions of specialty certification. Fewer than one-third planned to certify. Of three factors, advantage of specialization was most related to awareness, plans to certify, and demographics. Respondents were unsure whether certification would increase PA salaries. Many felt specialty certification will be the undoing of the profession.

In response to the prevalence of PA specialization, in 2008 the National Commission on Certification of Physician Assistants (NCCPA) proposed specialty certification for PAs in certain fields.¹ To counter opposition, the NCCPA offered “certificates of added qualifications” (CAQs) instead.² This study analyzes the perceptions of practicing PAs regarding specialty certification as NCCPA originally proposed.

Methods

The Wichita State University Institutional Review Board approved an online survey of 2,687 PAs that collected demographics and asked two categorical questions about respondents’ knowledge of specialty certification and plans to certify if offered. Fourteen statements, based on issues raised by Danielsen,³ addressed perceptions about PA specialty certification. The answers to these statements, based on Likert-scale format, underwent factor analysis. Chi-square analyses determined whether relationships existed between demographic variables and between these variables and factor statements.

Results

The return rate was 11% (n = 293) (Table 1). Younger practitioners, males, and non primary care providers were more aware of certification than were their counterparts. However, most PAs did not intend to pursue certification (Table 2).

Significant relationships existed between three factors (Table 3) and demographic variables (Tables 4, 5, 6). An affirmative response to “I plan to work toward specialty certification” and awareness of certification influenced the most items representing advantages of certification (factor 1). Gender and other demographic variables had less influence.

Discussion

For these respondents, awareness did not equate to plans to sit for the specialty examination. Perhaps their specialty was not on the original list. Respondents may be aware of others’ problems encountered in becoming certified/recertified.⁴ Some specialty areas may never have certification based on constraints and expenses like those associated with some pharmacy specialties.⁵

The answer to the question of whether the PA was planning to work toward certification was related to most items in the factor *advantages of PA specialty certification*. However, almost 50% of those planning to work toward certification were neutral about whether certification would increase reimbursement. Two-thirds of PAs planning to work toward certification felt that physicians would support the concept and it would provide a competitive workforce advantage. These PAs may view certification as increasing promotion opportunities and collaborative practice options, providing additional reimbursement not attributed to third-party payers. Clearly, they consider certification a way to demonstrate expertise or competence to provide specialty care, as physicians do.⁶

Most PAs aware of certification disagreed that it would increase PA salaries. Many were neutral about specialty certification increasing reimbursement.

Analysis of the factor *disadvantages of specialty certification* showed few significant relationships. More non primary care PAs disagreed that certification would be the profession's undoing. Those not planning to work toward certification strongly agreed that certification will prevent movement between specialties.^{5,7}

Although the response rate was low, respondent demographics are similar to the national profile (Table 1). After CAQs are promulgated, a new, expanded survey may be helpful to compare newly specialty-certified to non specialty-certified PAs on the value of the new certification in monetary and professional terms.

Conclusion

PAs do not appear to support the specialty certification process even though the trend is toward specialty care in other professions. It will be the profession's responsibility to show that increased time for preparation and cost of certification is in the public's best interest through meaningful patient outcomes evaluations.

REFERENCES

1. Specialty certification: coming in 2011. National Commission on Certification of Physician Assistants Web site. <http://www.nccpa.net/NewsArticles/NewsArticlesSpecialtyCertification.aspx>. Accessed January 13, 2012.
2. Certificates of added qualification replace specialty certification. National Commission on Certification of Physician Assistants Website. <http://www.nccpa.net/NewsArticles/NewsArticlesCAQreplacesspecialtycertAug10.aspx>. Accessed January 13, 2012.
3. Danielsen RD. PA specialty certification, inside out. *Clinician Reviews*. 2009;9(1):9-10.
4. Bower EA, Choi D, Becker TM, Girard DE. Awareness of and participation in maintenance of professional certification: a prospective study. *J Contin Educ Health Prof*. 2007;27(3):164-172.
5. Blair MM, Freitag RT, Keller DL, et al. ACCP White Paper: Proposed revision to the existing specialty and specialist certification framework for pharmacy practitioners. *Pharmacotherapy*. 2009;29(2):3e-13e.
6. Weiss KB. Future of board certification in a new era of public accountability. *J Amer Board Fam Med*. 2010;23(suppl 1):S32-S39.

7. Crane SC. Perspectives on the physician assistant specialty credentialing debate: "Mountains beyond Mountains." *JAAPA*. 2006;19(8):16,18-19.

Table 1. Characteristics of respondents			
	Percent	Mean (SD)	Nationally
Current age		40.22 y (11.63)	41.6 y
Years in specialty (n = 241) ^a		9.10 (8.0)	
Years in practice (n = 238) ^b		12.02 (9.3)	
Gender			
Male	35.8		34.8%
Female	64.2		65.2%
Specialty			
Primary care (internal medicine, family medicine, and pediatrics)	21.5		
Non-primary care (e.g., cardiology, surgery)	60.1		
Other (not in clinical practice, academic PA, or PA student)	18.4		
Race/ethnicity			
White		89.8	88.4%
All others		10.2	11.6%
Degree			
Undergraduate		40.3	77.4%
Graduate		59.7	22.6%
Aware of NCCPA specialty certification			
Yes		76.5	
No		23.5	
Plan to specialty certify			
Yes		32.8	
No		67.2	

Key: SD, standard deviation.
Note: Percent columns may not add up to 100% because of rounding and respondent omissions.
^aPa faculty, Pa students, and those not in clinical practice did not respond to this item.
^bPa faculty, Pa students, and those not in clinical practice did not respond to this item.

Table 2. Significant results of chi-square analyses ($P < .01$) of demographic variables and answers to categorical questions (n = 293)

	Yes (%)	No (%)	χ^2
Aware of specialty certification			
Age (y)			
22-38	66.4	33.6	15.59
39-67	33.5	66.5	
Gender			
Male	84.7	15.2	6.28
Female	71.8	28.2	
Practice setting			
Primary care	82.5	17.4	37.73
Non-primary care	84.1	15.9	df = 2
Other	44.4	55.5	
Plan to work toward certification			
Practice setting			
Primary care	15.9	84.1	10.75
Non-primary care	36.3	63.6	df = 2
Other	40.7	59.2	

Note: Percentages do not always add to 100% due to rounding. Df = degrees of freedom = 1 unless noted.

Table 3. Factor analysis of the 14 statements (n = 293), using principal component analysis with varimax rotation

Scale items	Factor loading
1. Advantages of PA specialty certification	
Will increase PA salaries	.793
Will help increase reimbursement of PA services	.775
Will provide a competitive advantage in the PA workforce	.729
Necessary to ensure highest standards	.714
Specialty process should be required for all specialty PAs	.629
Physicians will support PA specialty certification	.618
Should be expanded to all PA specialties	.566
Public expects PAs to be specialty certified	.482
2. Disadvantages of PA specialty certification	
May lead to the undoing of the PA profession	.807
May create further barriers to patient care	.774
May create a barrier to Pa licensing and practice	.749
Will prevent a Pa's ability to move between specialties	.700
3. Testing	
Should eventually replace the PANRE	.854
Should eventually replace the PANCE	.853

Note: Scale items retained had factor loadings of greater than 0.40.

Table 4. Significant results of chi-square analyses about perceptions of statements in factor 1 by demographic variable (percent) (n = 293)

Demographic variable	Strongly agree		Strongly disagree			x2
	1	2	3	4	5	
Aware of specialty certification						
Will increase PA salaries						
Yes	1.3	12.5	34.4	29.9	21.9	30.86 ^a
No	8.7	26.1	46.4	25.9	5.8	
Will help increase PA reimbursement						
Yes	1.8	14.7	40.2	23.7	19.6	13.49 ^a
No	2.9	30.4	43.5	10.1	13.0	
Specialty process required for all specialty PAs						
Yes	1.8	5.8	12.9	37.1	42.4	15.71 ^a
No	5.8	11.6	26.1	21.7	34.8	
MDs will support specialty certification						
Yes	5.4	30.4	40.6	16.1	7.6	12.34 ^b
No	8.7	47.8	34.8	4.3	4.3	
Should be expanded to all PA specialties						
Yes	8.9	15.6	16.5	28.1	30.8	12.07 ^b
No	4.3	26.1	27.5	14.5	27.5	
Plan to work toward specialty certification						
Will help increase PA reimbursement						
Yes	5.2	32.3	45.8	10.4	6.3	40.80 ^a
No	0.5	11.7	38.6	25.4	23.9	
Will provide competitive advantage to PA workforce						
Yes	11.5	56.3	25.0	4.2	3.1	54.45 ^a
No	3.0	23.4	32.0	24.4	17.3	
Necessary to insure highest standards						
Yes	7.3	28.1	28.1	27.1	9.4	50.44 ^a
No	1.5	5.6	21.8	35.5	35.5	
Specialty process required for all specialty PAs						
Yes	4.2	16.7	22.9	37.5	18.8	40.77 ^a
No	2.0	2.5	12.7	31.5	51.3	
MDs will support specialty certification						
Yes	11.5	49.0	28.1	8.3	3.1	25.28 ^a
No	3.6	27.4	44.7	15.7	8.6	
Should be expanded to all PA specialties						
Yes	16.7	34.4	26.0	13.5	9.4	66.37 ^a
No	3.6	10.2	15.7	30.5	40.1	
Public expects PAs to be specialty certified						
Yes	5.2	16.7	27.1	40.6	10.4	22.31 ^a
No	2.5	5.6	22.3	38.1	31.5	
Gender						
Will help increase reimbursement						
Male	1.0	12.4	37.1	23.8	25.7	10.97 ^a
Female	2.7	21.8	43.1	18.6	13.8	
Should be expanded to all specialties						

Table 4, continued						
Male	4.8	9.5	17.1	28.6	40.0	15.24 ^a
Female	9.6	22.9	20.2	22.9	24.5	
Practice setting						
Will increase PA salaries						
Primary care	1.6	17.5	47.6	25.4	7.9	28.69 ^{a,c}
Non-primary care	1.7	12.5	31.8	30.7	23.3	
Other						
Will help increase reimbursement						
Primary care	1.6	11.1	52.4	17.5	17.5	17.19 ^{b,c}
Non-primary care	2.3	17.6	34.7	24.4	21.0	
Other	1.9	29.6	48.1	11.1	9.3	
Years in specialty						
Necessary to ensure highest standards						
1-6 y	4.1	18.7	13.0	33.3	30.9	14.356 ^a
≥7 y	2.5	10.2	32.2	30.5	24.6	
Years in practice						
Should be required for all specialty Pas						
1-9 y	5.9	4.2	10.9	40.3	38.7	12.099 ^b
≥10 y	0.8	9.2	20.2	29.4	40.3	
Note: Not all percentages add to 100% due to rounding. Degrees of freedom (df) = 4 unless noted. ^a P ≤ .01; ^b P ≤ .05; ^c df = 8						

Table 5. Significant results of chi-square analyses about perceptions of statements in factor 2 by demographic variable (percent) (n = 293)						
Demographic variable	Strongly agree		Strongly disagree			x ²
	1	2	3	4	5	
Plan to work toward certification						
Prevent movement between specialties						
Yes	11.5	29.2	22.9	30.2	6.3	29.9 ^a
No	33.0	35.0	18.8	10.2	3.1	
Gender						
May lead to the undoing of the PA profession						
Male	22.9	12.4	24.8	22.9	17.1	16.81 ^b
Female	9.0	16.5	26.1	37.8	10.6	
Practice type						
May lead to the undoing of the Pa profession						
Primary care	14.3	20.6	30.2	23.8	11.1	23.25 ^c
Non-primary care	13.1	8.5	25.6	36.4	16.5	
Other	16.7	29.6	20.4	29.6	3.7	
Note: Not all percentages add to 100% due to rounding. Degrees of freedom (df) = 4 unless noted. ^a P ≤ .01; ^b P ≤ .05; ^c df = 8						

Table 6. Significant results of chi-square analyses ($P \leq .05$) about perceptions of statements in factor 3 by demographic variable (percent) (n = 293)

Demographic variable	Strongly agree		Strongly disagree			x ²
	1	2	3	4	5	
Years in specialty						
Should eventually replace the PANCE						
1-6 y	0.0	1.6	12.2	34.1	52.0	14.32
≥7 y	4.2	5.9	22.0	28.0	39.8	
Years in practice						
Should eventually replace the PANCE						
1-9 y	0.0	2.5	10.9	36.1	50.4	14.43
≥10 y	4.2	5.0	23.5	26.9	40.3	

Note: Not all percentages add to 100% due to rounding. Degrees of freedom = 4.