



PA Perspectives Regarding a Certificate of Added Qualifications (CAQ) in Oncology: A Needs Assessment

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Background

- Certificates of Added Qualifications (CAQs) are voluntary credentials that board certified PAs can earn to demonstrate advanced expertise in a specialty.
- By obtaining a CAQ, PAs gain recognition for their specialized experience, skills, and knowledge.
- The National Commission on Certification of Physician Assistants (NCCPA) currently offers CAQs in 11 specialties, but not oncology.
- NCCPA, in collaboration with the Association of PAs in Oncology (APAO), conducted a needs assessment to determine if there is a demand for this credential for PAs practicing in oncology, hematology, and related specialties.

Methods

- In August-September 2024, the NCCPA and APAO developed and launched a needs assessment survey targeting 3,844 board certified PAs practicing in oncology, hematology, and related specialties.
- A total of 868 PAs participated, resulting in a 22.6% response rate.
- The survey assessed current credentialing needs, interest in a new CAQ in oncology, the likelihood of pursuing one if available, perceived benefits/drawbacks, and the broader impact of making the CAQ in oncology available.

Email questions to Cory Edgar at Cory.Edgar@ahu.edu

Results

Does the PA-C credential sufficiently address the credentialing requirements for your current position?



Most PAs (86.5%) believe that the current PA-C credential adequately meets the credentialing requirements of their current position.

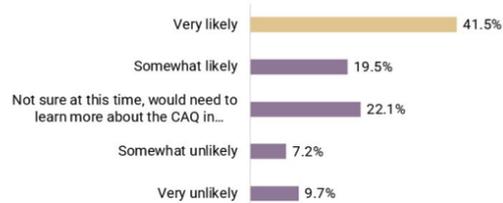
Are there any currently available specialty CAQs you would like to pursue?

CAQ	Percent*
None of the currently available CAQs	68.0%
Palliative medicine and hospice care	14.5%
Hospital medicine	6.8%
Pediatrics	2.3%
Obstetrics and gynecology	2.0%
Dermatology	0.9%
Psychiatry	0.9%
Emergency medicine	0.7%
Cardiovascular and vascular surgery	0.3%
Nephrology	0.3%
Occupational medicine	0.1%
Orthopaedic surgery	0.1%

*Percent of total respondents

When asked if they would pursue any existing CAQs, the majority (68.0%) responded no, while 14.5% expressed interest in the Palliative Medicine and Hospice Care CAQ.

If a CAQ in Oncology were available, how likely would you be to pursue one?



Regarding the likelihood of pursuing a CAQ in Oncology if available, 16.9% were unlikely, 22.1% were unsure and needed more information, and 61.0% indicated they would likely pursue it.

Which of the following benefits do you believe a CAQ in Oncology would help you achieve?

Benefit	Percent*
Professional development	82.7%
Personal satisfaction	81.3%
Improved patient care	60.7%
Recognition within the employment setting	58.5%
Increased marketability	56.6%
Greater recognition or regard from physicians or other health care professionals	50.1%
Increase in pay	43.2%
Expansion of role (e.g., new responsibilities, new supervisory duties, etc.)	37.7%
Greater respect or acceptance from patients	33.4%
Professional parity with other providers	26.5%
Useful in documenting qualifications required for external accreditation or evaluation (e.g., Joint Commission)	22.8%
Expansion of clinical privileges	19.6%
Promotion	13.9%
Recognition within the community (e.g., newspaper or newsletter article)	12.6%
One-time bonus or cash award	12.0%
New job	8.4%
Higher levels of reimbursement for services provided to patients	7.9%
Increase in non-cash compensation (e.g., additional time off)	4.5%
Malpractice insurance premium reduction	1.6%
Acceptance into residency or fellowship program	1.6%
Other**	1.4%
None	0.8%

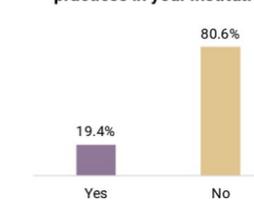
*Percentage of respondents who indicated they are "somewhat likely" or "very likely" to pursue a CAQ in Oncology
**Compete with NPs who can obtain an added qualification in oncology, more knowledge
Respondents could select multiple benefits.

Which of the following relates to your views?

Views on CAQ	Percent*
I believe my current qualifications are sufficient.	71.6%
I do not believe it will benefit me financially.	67.4%
I do not have enough time to pursue additional qualifications.	43.3%
The program has little or no value to me.	34.8%
I believe the CAQ program will decrease PA flexibility to change specialties.	31.9%
I have no plans to change jobs.	26.2%
I have no interest in the program.	23.4%
I am philosophically opposed to the program.	19.1%
I am approaching retirement, so I do not need this added qualification.	17.0%
I do not have the financial resources to pursue additional qualifications.	17.0%
My employer would not support my pursuit of the CAQ.	11.3%
Other**	10.6%
I am pursuing higher education (e.g., doctoral degree).	2.8%
None	0.0%

*Percentage of respondents who indicated they are "somewhat unlikely" or "very unlikely" to pursue a CAQ in Oncology
**Could be too broad of a specialty to cover (very subspecialized), do not want to create a barrier to oncology PA being hired, no interest in having another certification, planning on changing specialties soon
Respondents could select multiple views.

Are you a decision-maker for hiring practices in your institution?



Among PAs who identified themselves as decision-makers in hiring practices (19.4%), a scenario was presented where they had to choose between two equally qualified candidates, the only difference being that one candidate held a CAQ in Oncology. Over half (54.0%) indicated they would likely hire the candidate with the CAQ; 19.3% stated that the CAQ would not influence their decision, 18.6% were unsure and felt they needed more information about the CAQ, and 8.1% said they would definitely hire the candidate with the CAQ.

Please indicate your level of agreement with each of the following statements about the potential broader impact of making a CAQ in Oncology available.

"The CAQ in Oncology would..."

Potential impact of making a CAQ in Oncology available	Percent*
Enhance competitive advantage.	77.9%
Be important for employment opportunities.	68.5%
Promote PA practice autonomy.	59.9%
Enhance patient confidence when they are being cared for by PAs with this credential.	57.1%
Enable parity with other professions.	57.0%
Advance public recognition.	55.8%
Enhance patient satisfaction with care provided by PAs with this credential.	50.3%
Make it more difficult to get hired for PAs without this credential.	40.0%
Limit the promotion opportunities of PAs who do not hold this credential.	38.6%
Make it more difficult for new PA graduates to enter the field of Oncology.	34.7%
Have a negative impact on salaries of PAs who do not hold this credential.	29.6%
Enhance billing and reimbursement opportunities.	29.1%
Decrease PA flexibility in changing specialties.	28.5%
Change practice patterns in this specialty.	21.6%
Limit practice abilities in this specialty.	12.3%
Increase costs to the healthcare system.	11.4%

*Percentage of respondents who indicated they "somewhat agree" or "strongly agree" with the above statements.

Imagine you are hiring an open position and have two equally qualified candidates with one exception. One candidate has a CAQ in the specialty for the open position, while the other does not.

Response	Percent
I would probably hire the candidate with the CAQ.	54.0%
The CAQ would not influence my decision.	19.3%
I am not sure at this time and would need to learn more about CAQs.	18.6%
I would definitely hire the candidate with the CAQ.	8.1%

Conclusion

- It is critically important for NCCPA and APAO to determine the interest and expected benefits of adding a CAQ in oncology to ensure that it aligns with PAs' professional needs.
- Findings from the needs assessment demonstrate that a moderate majority of PAs currently practicing in oncology and related specialties would likely seek a CAQ in oncology if available.
- Noted benefits included professional development, satisfaction, and improved patient care.

References

- Kozikowski A. The association of physician assistant/associate demographic and practice characteristics with perceptions of value of certification. BMC Medical Education. 2023 Apr 11;23(1):228.
- Kozikowski A, Goodman J, Dallas A, Jiang Y. Equity and Longitudinal Assessments: Perspectives from Physician Assistants/Associates (PAs) Participating in PANRE-LA. Medical Science Educator. 2025 Feb 27:1-2.