



# 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.Edgear@ahu.edu](mailto:Cory.Edgear@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.

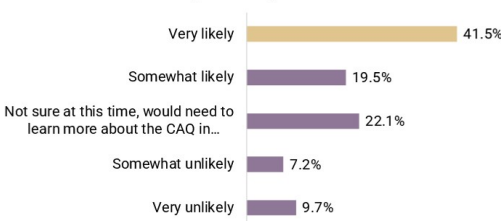
Are there any currently available specialty CAQs you would like to pursue?

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%

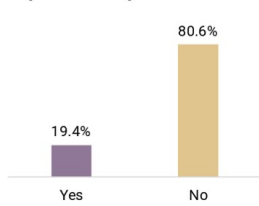
\*Percentage of respondents who indicated they are "somewhat likely" or "very likely" to pursue a CAQ in Oncology  
\*\*Compete with NPs who can obtain an added qualification in oncology, more knowledge  
Respondents could select multiple benefits.

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.

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%

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

## 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.