

Dual Employment of Certified Physician Assistants

D. M. Morton-Rias¹

¹NCCPA, Johns Creek, GA;

Objective: Examine physician assistant (PA) dual employment patterns, specifically PAs working in more than one clinical position.

Population: Since 2012, the population of 100,000 NCCPA certified PAs is regularly invited to provide individual and practice survey data through a secure, online portal. The response rates range from 79.9% in 2013, 89% in 2014 to 93.6% in 2015. PAs that answered affirmative to having a secondary position were included in the secondary position analysis. Analysis of data is comprised of descriptive, univariate and multivariate statistics using SPSS and Excel software.

Findings: By the end of 2014, 10,845 (13.9%) of clinical PAs responded they held a secondary position. A slightly larger number of PAs reported holding a secondary position in 2015 (11,675), although that number represents a similar proportion of the growing PA profession. Two-thirds of the certified PA workforce in 2014 was female. Of the 10.6% of PAs who worked in a secondary clinical position in 2014, 55% were female. The median age of all PAs is 38 years and 41, for those with secondary employment. The median number of years working as a PA was 10. Half of certified PAs in dual positions worked more than 10 hours a week in their secondary position. Over 15% of PAs in dual positions reported seeing over 40 patients/week in their secondary clinical position; 5.7% of PAs saw over 60 patients/week in their secondary clinical position.

Over 43% of those who worked in two positions reported that the main reason for dual employment was to supplement their earnings. However, over 44% indicated that they did so to experience different aspects of clinical care or different clinical settings. The average number of hours worked by all certified PAs was 40.6 a week and the average number of patients seen per week was 76. Of the PAs that reported their principal specialty was primary care: 37.4% reported their secondary specialty in primary care and 62.6% worked their secondary specialty in non-primary care. Of the PAs whose principal specialty was in non-primary care: 12.4% reported their secondary specialty in primary care and 87.6% reported their secondary specialty in non-primary care.

Of those reporting specialty data, 83.2% worked in a medical specialty in their principal clinical position and 16.8 worked in a surgical specialty. Of the PAs that worked their principal position in a medical specialty: 97.0% worked their secondary specialty in a medical specialty and the remaining 3.0% reported a secondary specialty in a surgical specialty. Of the PAs that worked their principal specialty in a surgical specialty: 37.7% reported their secondary specialty in a medical specialty and 62.3% did their secondary specialty in a surgical specialty.

Conclusion: Enhanced data collection have resulted in greater understanding of PA vocational behavior. PAs working in secondary positions provide a notable contribution to overall access to care. Workforce shortages in primary care disciplines and settings continue to be evident. These findings help workforce analysts, policy maker, employers and payers in projecting future health workforce needs, marketing and planning.