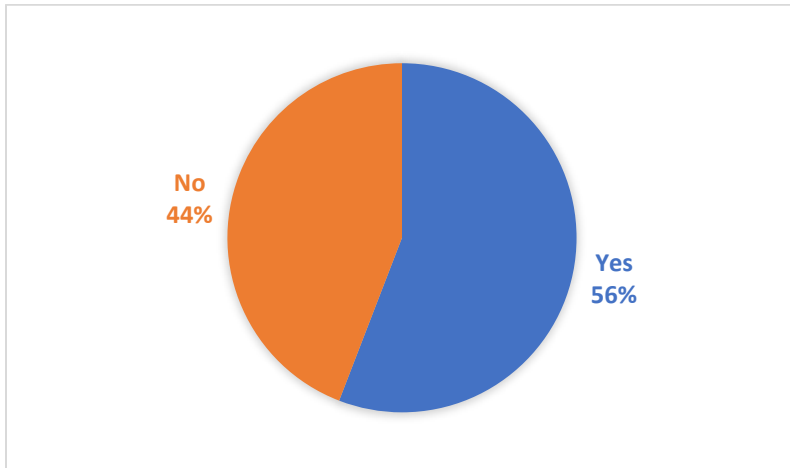


PA Title Change Survey Results

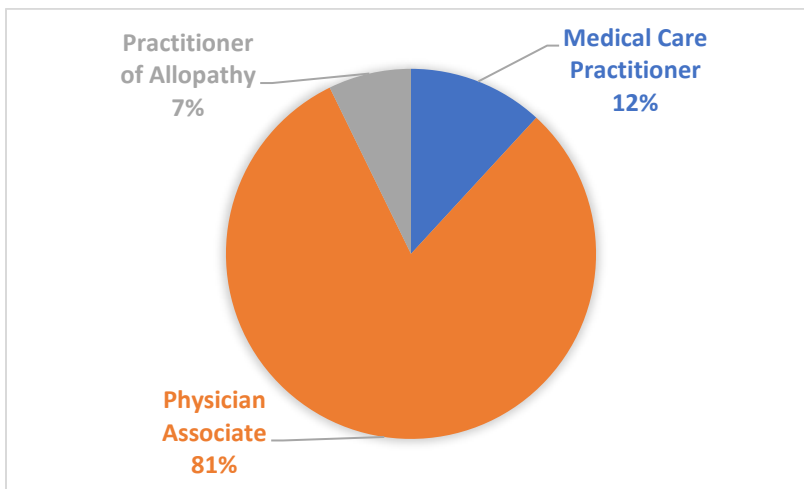
1. Should the AAPA proceed with the name change?

- **Yes = 162**
- **No = 128**



2. Which of the following names would you prefer?

- **Practitioner of Allopathy = 22**
- **Medical Care Practitioner = 36**
- **Physician Associate = 246**



3. Are there any concerns on any topic you want to address?

- The option to add one's practice specialty as a prefix such as "Emergency Medical Care Practitioner," "Pediatric Medical Care Practitioner," "Orthopedic Medical Care Practitioner," Or "Surgical Medical Care Practitioner," for example.
- The PA name has been around so long I do not feel making a major change in the name will help the profession. The title should of been reevaluated years ago. The PA profession has also been diminished by the nursing association with the title nurse practitioner because everyone has heard of nurses and their lobbying ability is huge. My degree says Physician Associate and I feel that is what the name should be for all PAs in the country.
- Most PAs from a practical standpoint practice independently, but we should maintain a close physician relationship
- I think it's a lot of money that could be used for a better purpose than this name change. Many hospitals are actually using the term "Advanced Practice Provider" which I actually like.
- This survey requires an answer to the second question, thus creating a bias towards selecting "yes" for the first question. If the taker of this survey selects "no" in the first question, the second question then becomes irrelevant. Please allow the second question to be optional, based on the participant's response to the first. This would create a less inherently biased survey and more accurate data.
- Physician Associate sounds much like an administrative assistant. It does not indicate any sort of medical practice and sounds as though one is still an assistant to a physician. Either of the titles indicating we actually practice medicine would be more appropriate, but my first pick is Medical Care Practitioner. Thank you for the hard work in making this profession more understood.
- This should not occur.
- The AAPA research company is HIDING data regarding name change. They (research company) report the 2 highest suggested name changes are Physician Associate and MCP, but do NOT provide data on actual numbers. The company 'suggests' MCP. Also, \$21M is a TON of money to spend with NO return on investment. Plus, that \$21M is only at the National level. They do not explain or detail what it will cost at the State Level, not including re-opening all legislation to change a name. MCP sounds DEGRADING to our profession.
- What would this do except spend a lot of money. If you want to make a change disengage from the MD/DO board oversight as the nursing board has done.
- I have been a PA since 1988. I remember the days of trying to explain to my patients what a Physician Assistant was. Although I have never really been a fan of this title, patients finally know what a PA is. Why are we going to go back to the days of trying to explain who we are? Patients really don't care what we are called, as long as they get good care and they have someone who will take time to listen to them.
- - cost - public confusion; already took a while for people to be ok with PAs as it is now keeping the initials consistent (physician associate) would prevent further confusion
- When I started as a PA almost 30 years ago, the public thought I was an MA at times. Now most everyone knows who we are and what we do. A name change now would bring back the confusion.
- The only name change I support is Physician Associate or Practitioner of Allopathy. MCP would be detrimental and truly a setback for the PA profession. Medical Care Practitioner is completely elusive and would gain PAs no further respect or perceived benefit in colleague's or patients' eyes. I hope AAPA does NOT change the title to anything that would remove the short hand title "PA."
- PA-delegating physician ratio-- I believe this should be an unlimited number. Additionally, repeated problems with the OSBMLS website and updating profiles. They have incorrect practice history listed as well as the wrong surgeons listed as primary and alternate with no way to change it. Their suggested way to make changes is to print the screen, one line the incorrect info and write the correct info then send that in to them. I have done this more than once with no changes being made.

- We need to come together as a profession locally and nationally in order to further advance PAs and not have our profession taken over with many NP online programs. PAs are nationally board-certified and are very skilled and PA education is very similar among many programs. There is a PA standard and it is difficult to get into these respected programs. It is not the same with every NP program/education. I feel PAs are not well understood of our training among physicians that some jobs are also preferring to hire some other professions for the same job as a "mid-level" because of supervision laws. We are competing for the same jobs alongside NP colleagues and it is getting saturated. I worked in a clinic as the only PA with 6 other NPs for 9 years. My hospital seemed to hire more NPs over PAs which concerns me for the future of the PA profession. I know of some excellent NP colleagues but the education is not the same across the board for many of these online NP programs. We are often times grouped together. I think changing the name to anything with "practitioner" would add to the confusion since there are also nurse practitioners. We need to work together to show what PAs are capable of and how we can be utilized as part of the medical team. Changing the name to physician associate I think would exemplify more of our skill and our part in working in the medical team rather than an "assistant". The term "assistant" also is confusing to patients. I think changing the letters of PA could be confusing and set us back instead of building on what was started many years ago.
- I don't think we should be named anything that does not have the initials of PA as that is what our patients know us as and the increase financial cost of changing it as well.
- I do not think that changing the title of Physician Assistant is money well spent. Medical Care Practitioner is too closely associated with Nurse practitioner. I was trained different that a Nurse Practitioner and the physicians I work with know it. Physician Associate implies that I am equal to a Physician which I am not. I may perform many of the same duties and procedures but I do not have all the completed education that earns the title of Doctor. Lastly, Practitioner of Allopathy? Really? Absolutely not. In closing, I have been a Physician Assistant for 19 years. I am proud of the title and my work reflects my capabilities. I don't need, or want, another title to try and describe my role in medicine.
- I do not feel a name change is needed.
- This issue is a waste of time, money, and resources. It will end up causing more confusion regarding our title.
- Rebranding is a big issue - with anything! This is going to be a VERY difficult task! We already have issues with people knowing what is a PA. Why are we going to complicate this?
- I don't prefer any of those choices.
- I signed up to become a physician assistant. I have no problem with that title. I realize there are political/legal ramifications and at times limitations by having the term "assistant" in our title for some in other states. However, for me, this title is nothing more than a title. I have the ability in my current position to practice at a high level of autonomy and don't feel constrained by my title. Furthermore, 21.6 million over the course of 5 years is no small sum of money. I realize that this may be a step in a bigger plan for advocacy for our profession, but I feel in our state our profession is well recognized by patients and is equally recognized as providing quality care.
- Changing the title is just plain stupid. Too many people need to get a life.
- I remember when "What is a PA?" was a pretty common question that I had to answer. I rarely have to answer that question now. People know what a PA is. They trust us with their care. Changing our title will only cause unnecessary confusion. Oh, your second question should have a "none of the above" choice. It is dishonest to force me to have to check a choice when I do not prefer any of them. I will choose the term used by the University of Oklahoma program which, incidentally, has never caught on in Oklahoma.
- Controlled meds. Any chance schedule II will ever change to 30 days for PAs?
- maybe physician assistant practitioner---physician assistant still has patients thinking we are assistants to physician and not medical care providers
- This name change has been talked about for years. It will not matter, recognition you seek will require changes beyond a name change. The AAPA has an annual budget of approximately \$33 million and a staff of roughly 77 people. That is not counting the NCCPA budget of \$17 million with a staff of roughly 33. Please ask yourself who is being served by these organizations with a combined budget of \$50 million and 100 employees.

- If we elect to change our name, Physician Associate is the more appropriate. It is less likely to be mistakenly used in the plural, Physicians' Assistants.
- Medical Care Practitioner is a job description, it is not a name. It diminishes who we are and what we do. Physician Assistant is an accurate name for us.
- It's too confusing to the general population to change names at this point.
- Yuck! They are all rather strange titles. Surely there is something better
- We finally have patients understanding what a PA is and now you want to change the name. It fixes a problem that doesn't exist. Don't change things ... improve them.
- Controlled meds. Any chance schedule II will ever change to 30 days for PAs?
- I think keeping PA will be much less confusing for patients and might cut down on the cost of changing things. MCP is too long of a name in my opinion
- No pressing need to change the name. I do not prefer any of the provided options for the name change.
- It has taken this long for people to even start to grasp what a PA or Physician Assistant is and does. This will only take our profession many, many steps back and at a huge cost. If anything at least keeping the initials the same so people aren't completely confused by this costly transition.
- Physician Associate is what I graduated with from OUHSC
- We do not need to change the name. Just need to market it better. If we change the name, we are back to square one.
- MCP seems like it would get confused with PCP as a title. Then we would have to explain that an MCP is actually a PA. Physician Associate would be subtle since we would still be called PA's
- I said I didn't want the name change but I had to pick a name that I would prefer. Is Physician Assistant an option?
- Loosening restrictions on CII prescriptive authority for PAs, particularly psychostimulants.
- Concerns about the public being more concerned.
- None. This is a colossal waste of time. When you applied to and were accepted to a PHYSICIAN ASSISTANT program were you excited, appreciative, grateful or were you extremely disappointed that you were going to be known as an assistant. The PHYSICIAN ASSISTANT has been around for decades and now we need a name change. People, the Public and our Patients know us for our ability, caring and skill. Not that we are ANYONES ASSISTANT. Many of our patients call us Doctor. Many of our patients prefer us to the DOCTORS because of our ability to act like we care and we listen to a greater degree. If you are so DISAPPOINTED with being a PHYSICIAN ASSISTANT then I suggest you go back to med school and finish what you started. Become a DOCTOR where you are more comfortable with your TITLE and PRESTIGUE. Get Over It. The names suggested above are just dumb and confusing to the profession. I DON'T LIKE ANY OF THEM but unless I check one, I can't let my opinion be known. So let's just start over. Spend more money in promoting a new name than expanding our scope of practice. Dumb, Dumb, Dumb.
- I think it will confuse patients to change the title
- I said I didn't want the name change but I had to pick a name that I would prefer. Is Physician Assistant an option?
- No reason in my opinion of changing (especially drastically) of the name we have worked hard to build up
- I feel that medical care practitioner will just confuse the public into thinking that we are medical assistants. The general public doesn't know what allopathy is and they may think that it's some sort of non-traditional medicine
- No sounds good
- A title change is not needed
- This debate reeks of insecurity. The general public is understanding, albeit slowly, the title of Physician Assistant and duties that can be performed by their PA. The reason the NP lobby dominates our field is not just due to

money; rather, their focus is not unnecessarily wasted on insecurities such as this. The depth at which this conversation has reached is an embarrassment to our profession. This will only generate more confusion amongst both the general public as well as the healthcare community.

- Any other acronym than PA would increase confusion hurting the reputation PAs have built up.
- No sounds good
- Medical Care Practitioner could apply to just about anyone. Doctors and NPs definitely fall into this category. It's about as vague and all-encompassing as healthcare provider, which is used to describe almost everyone involved in healthcare at this point. And the financial rebranding only accounts for national level changes. If we stuck with something that kept the PA initials, at least programs and current PAs would not incur as extreme costs in rebranding as they would with MCP.
- I don't think Practitioner of Allopathy is appropriate. Some of us work for Osteopathic Physicians.
- Prefer just ' medical practitioner' Medical care practitioner sounds close to a patient care technician. And associate still links us under the physicians.
- If the AAPA should proceed, Physician Associate would be most appropriate, in my opinion. It most closely/accurately describes what role we fill. Practitioner of Allopathy ventures into M.D. territory and Medical Care Practitioner is too general and can be confused with a Medical Assistant. Both are cumbersome as introductions of oneself.
- If a PA wants to pause working to stay home and raise kids, take extended business break etc. can a license status be created with the OK medical board to allow for limited practice in volunteer clinics and RXs therein? I think the current "Active" or "Inactive" designations limit the valuable capability for PAs who may not want to/cannot be "active" but do want to volunteer their medical skills in the community. Do physicians in OK have such a designation? If so could we mirror it?
- I believe this title has the possibility to separate us, as a profession, from a provider who only "assists" a physician to a provider capable of treating patients. It may very well help to level the playing field with Nurse Practitioners.
- My degree from the OU PA Program reads Physician Associate.
- I don't think we should be named anything that does not have the initials of PA as that is what our patients know us as and the increase financial cost of changing it as well.
- I do not think a title change is needed. What is needed is better education of the public and physicians on what PAs do and how they are used in the medical field.
- The named price for a title change seems very large for a small change
- I don't think there needs to be a change at all but if I have to pick one I guess physician associate. I'm not sure why a title change is even a topic of concern.
- The cost of NOT proceeding with name change will be great. Legislative efforts are impeded presumptive judgements about the PA role based on our title alone. I have great concern about the future of the profession if we don't seek OTP. What many PA advocates in other states have experienced is that the Assistant title is a barrier to their efforts. The current title is no longer representative of our contribution to healthcare.
- I don't like any of these names. Why not just practitioner or advanced practice provider PA
- Changing our title is a waste of time and money.
- I think changing from Physician Assistant to Physician Associate still keeps the PA nomenclature that clinicians and patients have come to be familiar with, however Associate better describes our roll than keeping Assistant as we often practice on our own for the majority of our working hours. Medical Care Practitioner is cumbersome, completely changes the nomenclature which could be confusing.
- I do not believe this is a necessary change. The need for this is not established and all it would do would further confuse patients regarding our function and complicate our current practice guidelines and capabilities, opening the door to limiting specializations and regulations for PAs
- Medical practitioner says it all. Don't need the "care"

- It is ridiculous to spend this amount of time and money on a name change.
- It seems the underlying objective is to seek full practice authority. If that's the plan I feel it needs to be stated. Then decide on a name. Otherwise, there's no need or benefit of changing the name. Most people call and know me by my first name, not PA ____
- We have worked hard to be recognized in the medical field. I believe a name change at this time would be a huge mistake.
- I feel like the entire process will be confusing for patients and stakeholders as we have been PA's for over 50 years and they know who we are. I feel like we would have to start over again explaining everything. I think the money could be spent in better ways to promote us and to help us achieve the goal of practicing to the full extent of our training.
- It's a sad day for the PA profession if the name is changed so they can lump us in with NPs.
- I do not have a problem with the term Physician Assistant and therefore do not feel like it needs to be changed. I work very closely with my physicians and so I feel that is an accurate description of what I do -- I assist them. However, I recognize that others feel that terminology has negative connotations that limit the independent practice of PAs, and so if it is deemed to pursue a name change, I would prefer Physician Associate since that name has both better connotations, still recognizing our association with physician practice, and maintains the PA initials.