

Survey Insights: Specialty Switching by Physician Assistants

Implications for patient safety and scope of practice policy

Introduction

Physician assistant advocacy groups often claim that expanding physician assistants' scope of practice is necessary to improve access to primary care. Data from the National Commission on Certification of Physician Assistants (NCCPA), however, show that only 22% of physician assistants are working in primary care¹ – a decline from previous years.² Rather, physician assistants are more likely to practice in specialties such as orthopaedic surgery, emergency medicine, dermatology, and cardiology. NCCPA also found that over half of physician assistants have changed specialties at some point during their career, noting “[t]his flexibility has long been a hallmark of the PA profession.”³

To better understand the extent of specialty switching, the AMA conducted a survey of 500 physician assistants. This survey provided key findings on the number of physician assistants who change specialties, whether those who switch into specialty care have any additional training or certifications in these specialties, the perceived ease of switching specialties, and reliance on physicians for on-the-job learning.

Findings from the survey revealed that the ability to change specialties is perceived as both common and easy among physician assistants. Of those surveyed, 42% reported changing specialties at least once during their career, typically without completing formal training in the specialty. Finally, the survey revealed that physician assistants frequently rely on physicians for on-the-job learning to practice in their current specialty. Taken together, these findings underscore the critical role of state laws that uphold physician-led care, including requirements for physician supervision of or collaboration with physician assistants. These laws are essential for ensuring patient access to safe, high-quality care.

Key Research Findings

1. A significant number of physician assistants change specialties during their career

- 42% of physician assistants have switched specialties at least once in their career (24% once, 8% twice, 10% 3 or more times).
- Physician assistants older than 40 were most likely to have switched specialties at some point during their career.
- Those who switched specialties spent about **3-4 years in their prior specialty before switching**.

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¹ Defined as family medicine/general practice, internal medicine-general, and pediatrics-general.

² NCCPA, *Statistical Profile of Board Certified Physician Assistants*, Annual Report (2024).

³ NCCPA, *Statistical Profile of Board Certified Physician Assistants*, Annual Report (2024). Found that 53.4% of physician assistants have changed specialties at least once; 23% once; 22.8% 2-3 times; 6% 4-5 times, 1.5% 6-10 times.

2. Respondents view switching specialties as common and easy

- 91% of physician assistants surveyed said it was common and 82% said it was easy to switch specialties

3. Formal training is rarely pursued

- 32% of physician assistants agreed that physician assistants should be required to complete additional certifications or training to practice in a new specialty
 - Yet, **89% said this training could be completed on the job** as opposed to before practicing in the specialty.
- When asked whether they **personally** would be willing to obtain additional training or certifications to practice in a new specialty, only 17% of physician assistants said they would be willing to go back to school, while 75% said they were only interested in learning on the job, and 8% said they did not feel any additional training was necessary to practice in a new specialty.

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4. Physician assistants overwhelmingly rely on physicians for on-the-job training

- **66% of physician assistants respondents received additional training from a physician** to practice in their current specialty, including learning how to:
 - assess, evaluate, and diagnose patients
 - interpret and order diagnostic tests
 - develop treatment plans
 - prescribe medications
 - perform in-office diagnostic or surgical procedures
- Optional Certificates of Added Qualification (CAQs) are available to physician assistants in various specialties, but most do not attain them—**83% said they did not have a CAQ.**

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Core Insights from Survey

- **42% of physician assistant respondents switched specialties at least once**
- **Specialty switching is perceived as easy to do and common in the profession**
- **When switching specialties, respondents preferred on-the-job training over formal education or training in the new specialty**
- **Physician assistants rely on physicians for on-the-job training in specialties**
- **Physician assistants rarely attain formal specialty training or Certificates of Added Qualification (CAQs) in a specialty**

Significance and Policy Implications: The Importance of Physician-led Care

Findings from the AMA survey build on existing evidence demonstrating the prevalence of specialty switching by physician assistants and continued shift of physician assistants from primary care to specialty care. The accreditation standards for physician assistant programs require that physician assistants be trained as generalists with little formal education or training in specialties, however these survey findings show that many physician assistants work in specialties—most without any formal preparation—raising important questions about their capacity to independently deliver safe and high-quality patient care in these settings.

Importantly, the AMA survey data also confirms that physician assistants depend on physicians for guidance, mentorship, and training, especially when transitioning to new specialties where they have limited or no formal preparation. **This underscores the importance of state laws that require physician supervision of or collaboration with physician assistants.** Removing physician supervision requirements of physician assistants from state laws risks undermining the quality of care and patient safety, especially as physician assistants move into specialties without formal preparation.

Altogether, these findings underscore the vital importance of maintaining physician-led care, particularly requirements for physician supervision of physician assistants.

We urge lawmakers to uphold the physician-led, team-based model of care. Ensuring physician supervision of physician assistants is critical to maintaining patient safety and delivering the high-quality care that patients expect and deserve.

Educational Snapshot: How does physician assistant education and training compare to that of physicians?

After completing four years of medical school and passing a series of rigorous national licensing examinations, physicians enter a highly competitive process to “match” into a 3-to-7-year residency program in a select surgical or medical specialty. These residency programs, which are accredited by the Accreditation Council for Graduate Medical Education, give physicians time and experience necessary to hone their skills and become trusted experts in their field. Only after demonstrating increasing competence while under the close supervision of experienced physicians do resident physicians gradually gain more responsibility and independence in patient care.

By contrast, physician assistant programs provide a generalist education with no specialty-specific path. Physician assistant programs are generally two years in length, including both didactic coursework and 2,000 hours of clinical training. During their clinical training, physician assistant students complete a series of rotations in specialties such as family medicine, emergency medicine, and surgery. The standards do not specify the length of these rotations—some of which are required and some elective—but rotations in many programs last just 4 weeks.

This is very different from the highly standardized 3-to-7-year residency programs that physicians must complete in their chosen specialty.

What does board-certification mean for physician assistants compared to physicians?

Following graduation, all physician assistants are eligible to sit for a certification examination which deems them as board-certified and is often required for state licensure. By contrast, board certification for physicians goes beyond the minimum requirements for licensure. Following completion of their residency program, physicians may obtain board certification which further demonstrates mastery of knowledge and expertise in their field of practice, such as family medicine, internal medicine, cardiology, or dermatology. To obtain board certification through the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA), physicians must complete a series of assessments and an examination in their respective medical specialty, as well as complete significant continuous learning requirements to maintain board certification.

Specialty-specific training and certifications available to physician assistants

Physician assistants have several options to obtain additional training or specialty certifications but rarely do so. For example, while post-graduate physician assistant programs (fellowship or residency) are available, only 5.7% of physician assistants complete these programs, and the likelihood that a physician assistant practices in the same specialty as their post-graduate program varies considerably. Certificates of Added Qualifications (CAQs) are also available in various specialties and can be earned by physician assistants after completing a certain number of hours working in a specialty and passing an examination. However, data from the AMA survey found that 83% of physician assistants did not have a current or active CAQ.