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Members of the physician assistant (PA) profession have been debating a change in title for years.[1] Dissatisfaction with the name *physician assistant* dates back at least 3 decades and remains a polarizing issue.[2] The most recent examination of a PA title change began in 2018, when the American Academy of PAs (AAPA) Board of Directors selected a national branding firm, WPP, to conduct an independent investigation of a PA name change and possible alternative titles.[3] AAPA and its legal counsel contributed to the investigation, and in November 2020, a final report (authored by WPP and AAPA), was presented to a meeting of the AAPA House of Delegates (HOD). In the report, WPP recommended a change to the title *medical care practitioner* (MCP).[4] Members of the HOD will decide this month whether to proceed with adopting a new title. In this commentary, we offer our reaction to the MCP title proposal and discuss some of the potential consequences of a title change. We encourage PAs to read the final report on the Title Change Investigation (TCI, available to AAPA members at www.aapa.org/title-change-investigation) and to voice their opinions to their representatives in the AAPA HOD. Delegate listings can be found at www.aapa.org/about/aapa-governance-leadership/house-of-delegates. A title change would affect all PAs; therefore, all views must be considered.

WPP's research, conducted in order to inform its title recommendation, consisted of surveying and interviewing PAs, PA students, and other stakeholders. The initial phase of the research included responses from about 8,000 PAs (including students), 637 patients, 125 physicians, and 120 employers. For the final phase, which was specifically aimed at assessing views of the potential new titles, responses were obtained from about 21,000 PAs, 6,000 PA students, 400 patients, 100 physicians, and 200 employers.[4] Twenty-one thousand constitutes just 15% of all US PAs, and unfortunately the TCI report does not contain sufficient detail to understand the subject selection methodology. Survey respondents do not appear to represent random samples of PAs and other stakeholders, and nonresponse bias—which occurs when people who respond to a survey differ from those who do not—may have affected the findings. For example, people with strong feelings about the topic may have been more likely to participate in an interview or survey, particularly considering that one of the surveys was 45 minutes long.[4] Therefore, WPP's research results (which do not appear to have been evaluated through any sort of peer review process) may not accurately represent the views of many stakeholders. Additionally, although one WPP survey solicited opinions about potential new titles, it does not appear that respondents were asked for views about retaining the current one. Because of these significant methodologic limitations, it is unclear how many PAs actually wish to change the profession's title.

Nonetheless, based on its overall evaluation, WPP determined that "there is an urgent need to evolve the physician assistant *brand* to reflect its current and future positioning in the healthcare marketplace" (emphasis added).[4] Regarding the PA *title*, the term *assistant* appears to be the most troublesome component because it fails to accurately describe the PA role. Notably, WPP found that—in addition to a large majority of patients, physicians, and employers—nearly a quarter of PAs surveyed were unable to identify the correct standard AAPA definition of a PA: "Physician Assistants are medical providers who diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient's principal healthcare provider."[4] That the standard AAPA definition includes no reference to PAs working with physicians or in teams may be beside the point, considering that—when given the AAPA definition upfront—the vast majority of patients, physicians, and employers reported that it strongly aligned



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with their perception of PAs. Consequently, WPP concluded that these groups are "quite amenable to education and do see the explicit value of the profession when correctly pointed to its truer definition."[4]

WPP provides a sophisticated rationale for its recommendation that if the AAPA HOD votes to recommend a new title, MCP is the best choice. However, the firm itself suggests that MCP may seem generic and states that, "Any connotations to Medical Care Practitioner being a support role can be mitigated by messaging and through experience."[4] Thus, in addition to being generic and awkward, MCP is unlikely to provide a quick fix for the PA profession's perception problem. Regardless of title, a change alone (which AAPA deems a "heavy lift"), will almost certainly create additional confusion.[4] More importantly, the risks to pursuing a title change at all are potentially serious.

WPP and AAPA acknowledge there will likely be positive, negative, and unintended consequences to a name change attempt. For instance, in the TCI report, AAPA notes that although unlikely, the title change process has the potential to disrupt PA reimbursement through commercial insurers, who could possibly use a title change as an excuse to cut PAs from their networks.[4] In addition, based on the one interview conducted with a Centers for Medicare and Medicaid official, who considered dealing with a title change within Medicare "uncharted territory," "AAPA does not *think* the revision process should cause PAs to lose the ability to provide services to Medicare beneficiaries [emphasis added]."[4] Small healthcare systems may decide to let PAs go rather than undergo the effort to change the title in their regulations, bylaws, and forms. Legislators, regulators, and employers may wonder about the importance of changing the name of the profession in the middle of a global health crisis and question how changing the profession's title will benefit patients. In addition, spending political capital on a name change may impede progress toward optimal team practice (OTP) legislation.[4]

AAPA cautions that a title change process, if pursued, should be narrowly focused so as not to spark renewed debate about the PA role, and the $20 million price tag AAPA estimates to implement a title change does not include costs that other PA organizations, such as the National Commission on the Certification of Physician Assistants (NCCPA) and state chapters, would incur.[4] Consequently, before AAPA's HOD vote on the issue, it would be helpful for representatives from the other three major PA organizations (NCCPA, the Physician Assistant Education Association, and the Accreditation Review Commission on Education for the Physician Assistant) as well as from state organizations and regulatory bodies to weigh in on the effects they anticipate from a title change.

WPP found that 91% of patients are satisfied with PAs, and 91% of PAs are satisfied with their jobs.[4] Not discussed in the report is the profession's longstanding high ranking by *US News and World Report's* Best Jobs, and its ability to attract three times as many applicants as there are seats in PA programs.[5,6] And for those who think the profession cannot progress without a title change, consider the 115 PA-positive legislative and regulatory wins achieved across 45 states in 2019 alone.[7] Not bad for a young profession with a perception problem.

Overall, changing the PA title would require an enormous investment with serious risks and uncertain rewards. A change may threaten nascent PA professions in other countries who rely on the accepted title, identity, and literature that the PA profession in the United States has worked hard to establish over the past nearly 6 decades. Dutch PAs, for example, chose *physician assistant* (in English!) as their name in order to align themselves with the profession in other countries.

In our view, the TCI was instructive. We learned that there is no perfect title for our profession; that despite flaws in the current one, patients, physicians, and employers value what we do; and that messaging and experience are effective means of changing views. In our professional training we are taught to "first, do no harm." Rather than jumping into the unknown and risk damage to our current status, it may make better sense to *not* choose a new title. The PA profession faces significant professional challenges and may benefit from new strategies to rectify misperceptions. However, we believe building our current identity is a far better way forward and investment of resources than sacrificing it in pursuit of an untested brand. **JAAPA**

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