I recently attended my first American Urological Association (AUA) annual meeting. It was a tremendously “eye-opening” experience. There were urologists from all around the world attending. I saw a number of urologists with whom I have been acquainted over the years. It was fun seeing people greeting each other whom they haven’t seen for some time. There were hugs and smiles everywhere. It was an amazing scene for me to see the dedication and passion of these dedicated medical professionals. I also spent a fair amount of time at the UAPA booth greeting physicians, practice managers and fellow PAs regarding the role of the PA in urology. Throughout my encounters with everyone, it was clearly evident that there is a tremendous amount of concern regarding the manpower shortage in urology. Undoubtedly, the consensus is that physician assistants are highly recognized as a vital solution to this increasingly growing problem. I was encouraged to see the vast interest in our profession and the recognition that we are crucial to meeting the needs of urology in the United States. It is interesting to me that historically the call for closing the gap in health care once again will be answered by the PA profession. Our very origins were based upon the premise of alleviating manpower shortages in health care in the US. As our profession has grown and additional healthcare needs have arisen, we have helped meet these needs with professionalism, competency and a sense of duty that has preserved our legacy in healthcare in the United States.

Plan to attend the inaugural UAPA Annual meeting in Las Vegas! Click here for the complete program and registration information.
I am both excited, and yes, nervous, about this latest challenge before us. The need for recognition of the representative skills and training by our physicians, and the development of accepted training and development is paramount to building the sound Physician PA teams we have known to be so successful. As we go through this “getting-to-know-each-other” period I am confident that our historical journey will act as a foundation to help us steer the waters confidently and precisely to again achieve the goal of meeting these healthcare needs.

**UAPA Building Relationships**

One goal that is paramount to the success of any professional organization is the building of relationships. We at UAPA are working hard to strengthen the relationship between the UAPA and the AUA. We are doing so by our representation on various committees within the AUA and with our participation in conducting courses designed for the Non-Physician Provider (NPP). The AAPA is also working with UAPA to draft an issue brief that defines the PA profession and illustrates our roles in urology. As a recognized constituent organization of the AAPA, this is a big step to have the support and recognition of the AAPA in our current and future endeavors. As the AUA represents the interests of the majority of urologists in the US, developing this relationship is certainly paramount to a successful PA-urologist team. As we continue to grow as an organization, it will be a key component to building a sound foundation with the AUA and the AAPA to remain an integral part of urology that will continue to make positive contributions to the delivery of urologic care.

**UAPA Annual Conference**

In an effort to help us achieve our goals, it is with great pride that I will have the opportunity to preside over the first UAPA conference for physician assistants who practice urology. The culmination of this event was through the hard work and dedication of a number of UAPA board members both past and present. This event will provide a tremendous opportunity for all physician assistants working in urology to share our collective knowledge and passion in the field of urology. It is also a unique opportunity to network with many physician assistants from all over the country who have dedicated their careers to urology. Many of us will see old friends and make new ones and further bring the urological physician assistant community closer together. So if you haven’t made plans to join us, I invite you today to participate in this inaugural event January 20 – 22, 2012 at Caesars Palace in exciting Las Vegas! For more information, or to register, [click here](#).

Kenneth A. Mitchell, MPAS, PA-C
President, UAPA
Q: One of the PAs that works at our clinic was able to get a specialty certification (via an exam) about 5 years ago through an organization called SUNA (Society of Urologic Nurses and Associates). She is considered a PA-C CUPA (certified urology PA). As part of my contract I was supposed to go through the same certification. However, I discovered that SUNA no longer certifies PAs. I was wondering if your organization had any testing or certification programs to become a CUPA certified urology PA?

A: NPs have many different specialty certifications due to the many organizations, boards, etc. that recognize APN practice; whereas, PAs hold only one certification through NCCPA even though there is a specialty recognition “Certificate of Added Qualification (CAQ)” available for a few specialties (not urology), which are offered as part of a pilot program through NCCPA. There also are postgraduate programs offered through APPAP that offer some sort of certificate of participation, but there isn’t a standard. When SUNA started their “certification” program it was offered to PAs and NPs who met the entrance criteria. I think that only five PAs ever completed the process and none of them renewed because they found little or no practice advantage in doing so. I hadn’t realized that SUNA had stopped allowing PAs to sit for the exam but heard they were considering it a few years back due to a lack of PA interest and the UAPA found little value in pursuing the issue with SUNA. It was never a collaborative exam and we decided that we would approach the NCCPA at the opportune time to pursue a “CAQ,” which is not a priority to the membership at the present time, but the board reserves the right to pursue the issue in the future when conditions present themselves. Now, I would be willing to write a letter to your employer if they feel that having a CBUNA certification serve as a condition of employment, continued employment, condition of practice privileges, etc. This is not a standard (CBUNA certification) that the AAPA, NCCPA, UAPA or AUA would support privately or publicly and, honestly, this certification doesn’t hold up as an industry standard or model that your practice should or would want to emulate. Your current NCCPA certification qualifies you for licensure and is THE standard for necessary credentials to practice. Privileges are another issue and there are other ways to document competency than a “certification.”

DO YOU HAVE A QUESTION for the UAPA Board of Directors? Please submit any questions to Lauren Shaffer at lauren@wjweiser.com for inclusion in the UAPA Newsletter.

It is not too late to begin thinking about the AAPA’s next Annual Conference in Toronto, Ontario. Registration and housing has now opened. More information can be found at www.aapa.org/events/annual_conference.aspx.

The UAPA leadership continues to work with AAPA staff on mutually beneficial projects. For example, the AAPA will soon be publishing an “AAPA Issue Brief” about urology PAs. Many of your board members have worked with AAPA staff to develop this informational piece. It will soon be on the AAPA’s website.

If you have issues or concerns that you feel need to be addressed please feel free to contact me or any of your board members.
Q: What first sparked your interest in becoming a urology PA?
A: I actually just fell into the job! I never expected I’d be working in urology, but I love it. I enjoy that it’s part-internal med, part-surgery, part-geriatrics, part-pediatrics and part-oncology. People think it’s very specialized, but it really encompasses so much that the day is never boring.

Q: What is your biggest accomplishment since you have become a PA?
A: My biggest accomplishment has been writing patient education items for my practice, including a comprehensive prostate cancer booklet that is used for all our new prostate cancer consults. Also, I have started a sexual health program for our post-prostatectomy patients that addresses post-surgical issues and ways to help return to baseline sexual function.

Q: How has the field changed since you first entered it?
A: At least for my office, more of the docs (12 total with very different ideas on mid-levels) are comfortable with me seeing their patients.

Q: How do you see the role of the PA in urology changing in the future?
A: I think that depends on the practice and the docs in that practice. Some docs in my practice want a one-on-one PA who is with them the entire day: clinic, surgery, rounds, etc. Others want a PA to be in clinic with their own schedule. And others want a hospital-based PA who assists in surgery and does rounds/consults. However, I do think that most will end up going to a one-on-one relationship.

Q: What is the most satisfying part of your job?
A: The most satisfying part of my job is being able to help people (clique, I know)! But really, when I get a patient who truly appreciates what I’ve done for them, it makes all the hours and frustrations worth it.

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Save the Date!
Urological Association of Physician Assistants
1st Annual Meeting
January 20 - 22, 2012
Caesars Palace
Las Vegas, Nevada

American Urological Association
2012 Annual Meeting
May 19 - 23, 2012
Atlanta, Georgia

American Academy of Physician Assistants
40th Annual Physician Assistant Conference
May 26 - 31, 2012
Toronto, Ontario