It is with great pleasure that I assume the position of President of the UAPA. It was just about 8 years ago when I first met Wanda Hancock. I was at the annual AAPA conference in San Antonio. Wanda had arranged an informal gathering for Urology PAs in hopes of reviving the UAPA. I was intrigued by the variety of positions the PAs there had. Many were working at large institutions or in academia, and here I was, a general urology PA from rural New Hampshire. What was I doing there?

I soon found out that it didn’t really matter in what setting each of us worked. Everyone had something to offer to the group, a different point of view or experience, and that is what makes our organization so dynamic. Each of us loves Urology and is interested in providing quality patient care.

Needless to say, the “revival” sparked what has proven to be continued growth of the UAPA. During the next year I am planning to accomplish a variety of things which I am hopeful will continue to support the growth of our organization.

I would like to develop a network of urology PAs across the country who are willing to mentor a student. This would enable us to reach out to future physician assistants, expose them to our specialty and hopefully add to our membership. Along those same lines, I am hopeful to develop a program which would offer performance improvement CME for Urology PAs as well as other PAs. We have made plans to integrate self-assessment CME into our annual conference next April in Orlando. This would be a plus to those members who are now on a 10 year certificate maintenance cycle.

The future of the UAPA is bright. The changing healthcare atmosphere will continue to emphasize the importance of physician assistants as an integral part of the healthcare team. Our organization should be key to developing the role of physician assistants in Urology, and together I believe we can accomplish great things. We need all of you. Join a committee, reach out to your colleagues and support the growth of the UAPA. Hope to see you in Orlando.
Past President’s Message
Richard “Rico” Pasquarella, PA-C

I hope this note finds all is well with you and your families! This will be my departing message as UAPA President. First, I would like to congratulate and welcome Charlene Kreiensieck as your incoming president along with all the other new officers and board members. As some of you know, it’s been a long year at least for me with a cross country move, new practice in South Carolina, military commitments the conference, and boards while trying to be at least a decent leader and advocate of our profession and the UAPA. My incoming message was about relationships, mentoring and pursuit of opportunities in urology. Nothing has changed in my mind regarding these issues. Albeit, I would like to share a few of my successes and failures of the above ideas within my new practice. I would like to say that most of my move was worth the opportunity to lobby (with a bit of a struggle) for independently performed procedures such as; cystoscopy, stent placements and removal, biopsies, ESWL, PNE’s, along with robotic and open surgeries. I will say that performing some of these procedures did not come without some stiff resistance from a couple of the members of our group. My message here continues to be that of patience, and not to give up on those things you want, trained for, and like to do in urology! Again, in researching other practices across the country I still find that one needs to proceed slowly and educate as best as possible as there still are some practices that remain resistant to “territorial invasion” as some have put it.

In closing, I want to thank everyone for allowing me to serve as president, and to thank all the other officers and board members who have mentored me in the process. I do hope to continue serving the UAPA as best as I can into the future. Don’t forget to mark your calendars for next year’s conference in Orlando, Florida! Please press on, pursue and continue to advocate for our profession! “May the force be with you always” and God bless!

Treasurer’s Report
James R. Kovarik III, PA-C

Financially, the UAPA continues on a solid foundation. Year-to-date, we are operating with a surplus. The 2015 Annual Meeting in Austin was a success. Thank you again to all of our industry sponsors because without them we could not continue to provide a quality program. I would also like to thank WJ Weiser & Associates for their continued support and management.

I am pleased to report that our membership continues to increase, but this number is still quite small in comparison to the number of urologic PA’s in the field. Please continue to invite and encourage your colleagues to join and become involved and invite them to the annual conference next April in Orlando.

Overall, I expect that our organization will continue to grow with the continued support of our members.

Secretary’s Report
Jessica Nelson, MPAS, PA-C

It’s been very exciting to serve not only as your secretary but also as Education Committee Chair over the past year. It is with pleasure that I get to serve for another year. The UAPA has been an amazing organization that has allowed me to network with my urology colleagues and make many friends along the way.

I hope everyone who attended the annual UAPA conference in Austin found it informative, and that you were able to implement some of the things learned into your practice. Our Education Committee conference calls will center on organizing another great meeting in April 2016 in Orlando. We have started to sort through all the surveys that you completed after our Austin meeting, and we are now working diligently to put next year’s program together based on your wants and needs. I would like to take this opportunity to thank those on the Education Committee who helped me put together last year’s meeting and who will help this year: Todd Doran, Brad Homberger, Brooke Zilinskas, Tom McBride, Ken Mitchell, Paul O’Connell, Rick Ulstad, Mary Mathe and Charlene Kreiensieck.

We look forward to seeing you all in Orlando! It is a fun city for families and friends with attractions such as Disney World, Universal Studios and the Kennedy Space Center. Please visit our website www.uapanet.org for updates on next year’s meeting details as they become available.

Report on the AUA
Timothy Irizarry, MS, NREMT-P, PA-C

In researching the report I am about to give you, one thing readily presented itself; my good friend and colleague, Ken Mitchell, finally has gotten to rest from the years of dedication and service that he has consistently given the UAPA. I know he is still carrying the torch of the UAPA and furthering the cause of PA’s in urology wherever he goes.

I appreciate the fact that you have chosen me to be your president in the past and that I can continue my dedication to Physician Assistants in Urology as your representative to the American Urological Association. I pray that I can prove deserving of the trust you have given me.

At the 2015 AUA meeting in New Orleans, 510 Advanced Practice Providers attended the five-day meeting. The actual number of PA’s vs. APRN’s was unknown, but I can tell you that we were very well represented as a profession at the meeting. I had many networking discussions with urologists from across the globe about the importance of PA’s in their urological practice and the benefits that can be obtained by hiring PA’s to function in even greater roles in urologic care. The APRN/PA Education Committee meeting proved to be a challenge in the fact that the UAPA needs to continue to make our voices heard and be a part of any research/policy that the AUA establishes in relation to us as Advanced Practice Providers. Also, we need to move forward with our APRN “brethren” as this is a race we both can win if we...
work together in the establishment of policies and procedures that govern us both.

There two days of sessions specifically for APP’s that covered topics from Urology Care by the APN/PA: Maximizing Patient Outcomes and Urologic Care for the Allied Health Professional. Other topics from the our colleagues in the Sexual Medicine Society of North America were also very informative regarding the latest cutting-edge medicine available and coming in urological care.

We had an information booth set up in the exhibit hall and many new contacts were made for new members. The support of our industry partners continues to be a large part of how we are able to pull off such successful conferences. Please remember this when you visit ANY exhibit hall at any conference you attend. A simple “thank you for your support” goes a long way with the reps and encouraging them to come back next year to provide support.

All in all, I believe we had a very successful 110th meeting of the AUA. Next year we will meet in San Diego. I look forward to attending to further the mission of the UAPA with the AUA. I can always use help spreading the word about what UAPA has to offer. Please contact me and volunteer your assistance as I CANNOT do this alone. The future is unlimited for us as PA’s and furthermore, members of UAPA.

Report on the AAPA
Wanda C. Hancock, MPAS, PA-C

There was a record 54 resolutions presented to the House of Delegates this year. This was rather daunting when I received the first rendition of the resolutions; however, the HOD went very well this year. The activities started with registration and credentialing on Friday night. I did not attend orientation sessions on Saturday. The first session was at 9:15 and included the schedule, standing Rules, reports from officers and new business. Following lunch the reference committee reports began, and continued throughout the day on Sunday. Voting was held on Monday. As always there was considerable discussion and debate. I was present at each session of the House of Delegates and voted on each resolution. In addition, I attended the opening session and the HOD reception.

Reference Committee A included 17 resolutions, half of which were approved on the consent agenda and mainly addressed streamlining and rewording of the bylaws. The Executive Vice President title was changed to CEO in the bylaws. One pertinent change to UAPA was that there will no longer be alternate delegates, only delegates who are elected. This should not change how we function other than there should be more than one delegate on the ballot, and the delegate getting the most votes will serve and defer to the other if needed. This means that if the “chief” delegate is unable to sit in the house, the second highest vote receiver would be seated unless you elected to take the chance of having no delegate that year. If for some reason, neither can be seated, you would have to have another election to identify the delegate or elect to have no delegate seated. Election for delegates must be by vote of Fellow members only. We need to send HOD delegate election ballots ONLY to Fellow
members of the UAPA. In the case of this year when the HOD candidate resigned due to health issues, in the future we will have to run the election again rather than selection by board appointment.

Reference Committee B addressed 12 of the 17 resolutions. Again a resolution brought forth a discussion of our title change from Physician Assistant to Physician Associate. This was discussed again, and again, but in the end the resolution failed. I guess is that it will continue to surface until changes are made. At this point, the AAPA is focusing on PA as the nomenclature used in branding. Some state statutes do not recognize this and will only allow use of Physician Assistant as the accepted title so I am not sure how those who identify themselves as an associate can do so. There is also a move to remove “supervisory” from references to the physician of record and use the term “collaborative”. An example of this is in B-01 that was adopted, “PAs practice medicine in teams with physicians and other health care professionals”. There were also resolutions approved on the consent agenda that state that all PAs should be credentialed with 3rd party payers and that they are listed as providers. All of this in my opinion is an effort to protect our position with regard to NPs. One passed resolution would protect the “older” PA who did not graduate from the MS degree program. There was also a resolution recommending a clinical doctorate for PAs since they work under a curriculum that is actually greater credit hours than that of a Master degree. This was defeated and reaffirmation of the Master of Physician Assistant Practice as the entry level degree for the profession. There was also discussion on the extension of the recertification cycle, and removing the need to recertify after so many recertifications. All of these failed. There was also a resolution approved that recommended to NCCPA that no specific time in practice be required of those applying to take a specialty examination.

Reference Committee C: Of the 15 resolutions, only 5 were extracted. The rest were approved on the consent agenda, and dealt with issues such as substance abuse, sexual behavior, promotion of PAs, chronic disease and health literacy. We addressed resolutions on human trafficking, improving children’s access to healthcare, and climate change.

Exhibit Hall booth

On arrival, I retrieved the booth materials from hotel storage. This all had to be transported to the convention center on Monday afternoon after closing of the HOD. The exhibit booth was set and ready for opening on Tuesday. We had a total of approximately 15 individuals come to visit the booth. Of those who visited, most were not aware of the existence of the UAPA. Charlene Kreiensieck came to help me with the booth for a couple of hours on Tuesday morning. All in all, the expense of shipping, me staying an extra 2 days, and the difficulty with coverage for 2 days, I am not sure that the UAPA gets the exposure it needs or gets its money’s worth out of the effort. We would likely be better served mailing out a nice membership brochure once a year to all urology offices or email blasts to surgical and urological PAs through AAPA. This would likely get us more members to join and continue to renew. I would encourage the BOD to consider the benefits vs expenses of 3 extra days at conference for the HOD representative when making a plan for exhibiting next year.

Thank you for the opportunity to serve the UAPA in this capacity. The participation in the HOD is a great experience and offers our organization the ability to maintain our link to the national organization and other PA groups.

Recommendations:
The UAPA may wish to consider submitting a resolution for 2016 that digital rectal examination be considered a part of the annual examination for primary care since the PSA is being used less now. I would be willing to help with the writing if this is something the UAPA would like to do and the selected delegate wishes help. Consider cost/benefit of having an exhibit booth at the AAPA annual conference and schedule more than one person to man the booth. I would also recommend sending the booth and materials to the convention center rather than the hotel.

Q: What first sparked your interest in becoming a urology PA?
A: To be honest, I did not seek out urology, it came to me. I had started in Emergency Medicine in 1993 and after 15 years, I began ExpressCare in town and after 4 years decided to call it quits. The private local urology group heard I was closing ExpressCare and offered me a position when one of their partners left. I was offered a great salary, much better hours and no weekends. It was hard to say no. I have since come to really appreciate this specialty. I see a wide variety of patients with very bothersome problems that we typically can offer very successful treatment options.

Q: What is your biggest accomplishment since you have become a PA?
A: I’m new to urology since 2012. I feel my biggest accomplishment was finally feeling comfortable seeing my own pt’s and not having to look something up every 5 minutes.

Q: How has the field changed since you first entered it?
A: The field has not changed much in the 3 years I’ve been practicing, but I do see that the landscape for PAs in Urology is rapidly expanding. With a shortage of Urologists, PAs are perfectly suited to take on this role. Mine is a perfect example to the unique abilities of PAs, being very well trained in all aspects of medicine, to cross specialties and venture in to new medical opportunities.

Q: How do you see the role of the PA in urology changing in the future?
A: I hear of PAs in urology doing their own diagnostic cystos and performing more autonomous procedures such a prostate needle biopsies. I think as urologists become more informed and...
realize the expertise the PA can bring to the table, it will only benefit the urologist and ultimately the patient to expand the role of the PA.

Q: What is the most satisfying part of your job?
A: Seeing a patient with very bothersome urologic problems, such as incontinence, kidney stones or impotence, greatly improve and leave the office truly grateful for the service I could provide.

Q: What is the background and history of your practice?
A: Our practice is currently a private urology group consisting of two urologists and myself. One urologist had left the group the year I started and became employed with the regional hospital nearby. The practice was recently bought out by the regional hospital and we will all be hospital employees as of October 1. Unfortunately, for me, that means no more half days on Fridays and a large salary decrease. It is very much in flux as we don’t even have a practice manager as I write this. The urologists will all have a four day week, but not me. I’m hoping to change this.

Q: When did you start at your current practice?
A: I started in June 2012 after 4 years owning ExpressCare and 15 years of emergency medicine.

Q: What do you like most about your practice?
A: My father passed away in 2014 and I see a lot of him in the elderly patients I see. I am so grateful that I can provide some relief for them. We’re very lucky in medicine to be in this position.