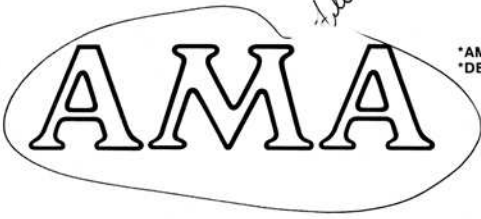

*AMERICAN MEDICAL ASSOCIATION
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National Certification of Physicians' Assistants by Uniform Examinations

Malcolm C. Todd, MD

The past few years have seen extensive activity by educational institutions in various parts of the United States in developing new physician-support occupations, generically termed "physicians' assistants." Within this subject area discussion has focused on several perplexing issues: How will PA's fit into the present medical care team; will they be accepted by the patient and by other members of the health team; how will the use of PA's affect the cost of medical care; what training should they receive; what will be their impact on the shortage of health services; what will be their effect on liability and malpractice definitions and coverage; and what professional recognition should be accorded them?

At the heart of all these issues has been the primary problem of identifying the appropriate role and functions for this new category of health manpower; specifically, what will the "physician's assistant" do on the job? The real work of finding the answers to this question has been the major activity of the AMA Council on Health Manpower and its Committee on Emerging Health Manpower since 1968.

In April 1971, the American Society of Internal Medicine, American Academy of Family Physicians, American Academy of Pediatrics, and American College of Physicians jointly provided the Council with a list of functions that could be delegated to assistants employed by primary-care physicians, especially internists and family physicians. The American Society of Internal Medicine and the American Academy of Family Physicians also have completed surveys to document the attitudes of their memberships toward employing the physician's assistant. Accordingly, the Council endorsed the occupational outline for primary physicians' assistants as identified by those groups and invited their specialists to work with the AMA Council on Medical Education in drafting educational standards.[1] Educational "essentials" for the assistant to the primary-care physician were approved by the AMA House of Delegates at the November 1971 Clinical Convention in New Orleans.

The importance of these efforts becomes clear in light of the national need for increased numbers of skilled allied health workers, the desire to use the acquired skill and experience of returned military medical corpsmen, and the need for nationally recognized standards for this new occupation, to assure quality.[2] As an additional mechanism to ensure uniformly high qualifications for such new physician-support personnel, the AMA House of Delegates at the November Convention adopted a proposal that directs the AMA, through its Council on Health Manpower and in cooperation with other appropriate organizations, to assume a leadership role in developing and sponsoring a national program for the certification of the assistant to the primary-care physician who functions at the highest level of responsibility, described by the National Academy of Sciences as a "Type A" assistant. In formulation of this proposal it was agreed that such a program, which would grant certification on the basis of nationally validated examinations to individuals of both traditional and unorthodox educational backgrounds, would help to ensure orderly development of the physician's assistant concept under medical guidance.

Need for Certification of Physicians' Assistants

The following specific reasons argue the need for some form of certification:

1. Programs for training physician-support personnel under the rubric of "physicians' assistants" are springing up everywhere. Few programs are alike—they range from 12 weeks to five years in duration. "Es-

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sentials for the Assistant to the Primary Care Physician" have been approved and adopted, but programs will continue to vary considerably as to curriculum and prerequisites for admission. Certification can serve as an important complement to accreditation, especially since a substantial number of qualified candidates, at least at the outset, will not be graduates of approved programs.

2. The National Center for Health Services Research and Development has already spent a substantial amount in support of Medex and expanded-role nursing programs. Additional funds are now available for training additional numbers of physicians' assistants through capitation and special-project grants.

3. There is presently no uniform mechanism for evaluating the competency of the individual physician's assistant to perform on the job.

4. Certification is helpful to the physician-employer in providing some evidence of potential competency other than that reported as education, experience, and background for each worker. Certification provides a basic assumption of competency and from the standpoint of the worker expedites his employment.

5. By definition, the "physician's assistant" functions under the direct supervision and guidance of a licensed physician and as such is considered an agent of his physician-employer.

6. National certification of physicians' assistants would tend to maintain high and uniform standards in the occupation, thereby protecting the public from unqualified persons.

7. A national program of certification would be in the best interest of the physician's assistant in that his geographic, vertical, and horizontal mobility would be served through the provision of national credentials and recognition which could enhance his employment opportunities.

8. The unrecognized status of the physician's assistant is a major obstacle to the delegation of tasks and threatens the very viability of the occupation.

9. There is a growing body of evidence that present licensing laws governing entrance to and practice in the allied health occupations do not adequately ensure the selection of competent health-care workers and the exclusion of incompetent ones. Moreover, the licensing of additional health-care occupations tends to fractionalize the provision of health services, impede job advancement, and hinder employers in utilizing new knowledge and technological advances. In other words, the licensing mechanism inhibits the use of allied health manpower in a safe yet flexible manner at a time when innovation is most desirable. Licensure for new or emerging health occupations would be particularly ill-advised at this point, in view of their developmental nature. Certification rather than licensure is the preferred mechanism; it recognizes competency to perform specific tasks, especially if the certification system permits flexibility in use of personnel.

10. The standards for certification are generally higher than those for licensure.

11. Many state legislatures are currently wrestling with the problem of how legally to accommodate the "physician's assistant" within the health-care system. More than 30 states have enacted or proposed legislation to regulate the activities of "physicians' assistants." Most of the legislative proposals are of two basic types: (*a*) an exception to the medical practice act to codify the physician's legally recognized right to delegate tasks to competent allied health personnel; (*b*) a broadening of the powers given to the state boards of medical examiners so that the boards may approve training programs, certify graduates of approved programs, or approve applications submitted by physicians for use of one or two certified graduates. Current evidence suggests that national leadership in the development of a certification program would be welcomed by most states at this time, especially a program which would satisfy state requirements.

12. Several allied health occupations certify their own workers at the assistant level, such as the occupational therapists and the medical record librarians. Consequently, it would seem wholly appropriate that physicians exercise the same prerogative with respect to their assistants.

Rationale for AMA Involvement

With respect to certification of the physician's assistant, it would seem that the AMA really has no choice but to become an active participant in the shaping of events that will inevitably determine the place this occupation will occupy on the health team. At the moment, physicians' assistants are the subject of attention and discussion totally disproportionate to their relative impact on the provision of health services. Moreover, no one can say what their impact on the health-delivery system may be in the future. Nonetheless, the AMA has a responsibility to the public and to the medical profession to assume this leadership role.

The certification of individuals can be viewed as a necessary complement to the accreditation of educational programs, especially since the proposed essentials for such programs allow for considerable flexibility and variety. The subcommittee responsible for drafting Essentials of an Approved Educational Program for Physicians' Assistants recognized the need for some type of a certification program for such assistants and agreed to support the development of an appropriate mechanism or procedure within the AMA for certification.

The precedent for AMA serving as a catalyst in bringing together the appropriate groups to establish a certification mechanism and providing advice and direction is well established in the development of the Registry of Emergency Medical Technicians-Ambulance and the Certifying Board of the American Association of Medical Assistants. In the case of the physician's assistant, however, there is presently no organization at the national level that would seem to have the resources and capacity to develop a national certification program. It is estimated that to date there are no more than 400 graduates, exclusive of nurses, from all physician's assistant programs combined.

One finds it very difficult to think of reasons why organized medicine should not influence the development of this occupation. The circumstances associated with the physician's assistant differ from those with other health-related personnel in that PAs are selected by physicians, trained by physicians, and report administratively directly to physicians. They

serve to extend the arms and legs of the physician and interact at the physician-patient interface. It follows logically that virtually all of the professional activities of the physician's assistant are ones delegated to him by the physician–a principle in conformity with law and custom.

The purposes for development of a registry or other policy-making body include encouragement of study and elevation of the standards of physicians' assistants, as well as supervision of the examination and certification of eligible candidates. An annual listing of certified physicians' assistants would be published and made available to physicians and other interested parties.

Suggested Blueprint for a National Certification Program

Basic to the concept of career mobility is the need to evaluate each individual's abilities, regardless of the route he traveled to attain them. The goal of such evaluation is to encourage the advancement of personnel up the career ladder to levels of responsibility commensurate with their knowledge and skills. Proficiency and equivalency examination programs can serve as a basis for this evaluation. It is worth noting that many of the proposed state approval mechanisms for physicians' assistants contain a provision for making extensive use of equivalency and proficiency mechanisms.

Proficiency examinations assess an individual's knowledge and skills related to the actual demands of an occupational specialty or a specific job. Equivalency examinations equate knowledge gained outside of formal training programs with the requirements of courses that constitute recognized formal training programs.

Most licensure and certification mechanisms recognize educational qualifications, such as graduation from a school or program which has the approval of the professional association, with little allowance for knowledge and skills gained outside of accredited institutions. In the absence of uniform curricula for assistants, the major emphasis of any certification process should be placed on actual job proficiency. If the examination is to be primarily a measure of proficiency, applications should also be accepted from persons who are not graduates of approved programs but who have gained their knowledge and skill through experience and other nontraditional ways. In the past most written certification examinations have tested "book knowledge" instead of measuring the proficiency required for the delivery of services, and this limitation is a major criticism of professional certification. Whatever certification mechanism is established at this time must be designed to obviate such criticism.

Each of the following elements is thought to be essential and deserving of consideration in establishing a national certification program:

1. *National Examinations.*–The basis for evaluating the competency of individual workers to function as physicians' assistants should be a national standardized examination. Since this is a new occupation and licensure is not being proposed, there would be no need to provide for "grandfathering."

2. *Involvement of Specialty Groups.*–Collaboration should take place from the outset with the four specialty societies directly involved (ASIM, ACP, AAFP, AAP). Professional and technical input into examination construction and administration would be an important responsibility of these specialty groups.

3. *Medical Society Participation.*–The cooperation of state and local medical societies should be solicited in the beginning of the project, as physicians will need to be informed of the value of certification in order for such a program to be successful. Provision of information will necessitate an educational activity, the byproduct of which will be the increased use of physicians' assistants.

4. *Test Development.*–The actual construction and development of the examination ideally should be the responsibility of a specialized testing organization nationally recognized for its psychometric competence and experience in development of proficiency examinations. Some examples are the Educational Testing Service, Professional Examinations Service, Psychological Corporation, Federation of State Medical Boards of the United States, Inc. (FLEX), and National Board of Medical Examiners.

5. *Financing.*–Alternative funding sources for test construction and development should be explored following initial discussions with the various testing organizations. A private foundation has already expressed interest, and the Department of Health, Education, and Welfare might also be interested in supporting the project, perhaps through its expanded special-project grant authority if it is determined that the program meets federal requirements.

6. *Administration of Tests.*–Some mechanism for administering the examination such as a registry or overall policy-making body should be established. Applications from candidates for certification would be processed by that body. This would involve preliminary screening of applications to determine eligibility to take the examination. Another activity to be performed would involve the notification of candidates concerning their performance on the examination and of the awarding of credentials.

Most of the larger testing organizations are equipped to administer examinations. Location of examination sites could be determined at a later date based on number of applications and convenience for candidates.

Scoring and grading of examinations generally should be the responsibility of the testing organization. However, establishing a cut-off point or absolute for passing or failing candidates is usually the prerogative of the sponsoring organization or registry.

The question of fees will require early resolution. Since financial benefits will accrue to those who become certified, it would seem reasonable for candidates to be assessed a fee for taking the examination. An application fee might also be considered. Such fees could be used to offset the administrative costs incurred in continuing administration of the examinations and also provide funds to support periodic updating of the examination.

7. *Examination Prerequisites.*–It would seem appropriate that candidates for certification meet some established requirements as a basis for taking the examination–this obligation is accepted practice in most certification programs. However, the pre-

requisites should be sufficiently flexible to allow for judgmental decisions on an individual basis. These could provide for (*a*) completion or graduation from an AMA-approved special training program; (*b*) experience as a military medical corpsman (the duration and type of such experience could also be specified); (*c*) experience in a recognized civilian health occupation of a specified length; or (*d*) experience as a physician's assistant for a specified period. Applicants could be considered qualified to take the certification examination on the basis of meeting *any one or combination* of these prerequisites.

The registry should be charged with the responsibility of verifying and evaluating the qualifications of applicants for the certification examination, following preliminary screening. Because of the diversity in educational approaches being used to train physicians' assistants, it is envisioned that graduates of such programs as Medex, Duke, Alderson-Broaddus, and Bowman Gray would be eligible to take the certification examination. Nurses functioning in an expanded role as physicians' assistants might also be considered eligible should they desire to obtain such certification.

8. *Promotion of Certification Program.*—Overall responsibility for promotion and public acceptance of national certification for the assistant to the primary-care physician could rest with the Council on Health Manpower at the outset and later with the registry. This responsibility will necessitate working through state and local medical societies to explain and secure support from the medical community. It will also require much communication and liaison with appropriate government agencies at the federal and state levels, major national organizations, and educational institutions.

9. *Credentialing.*—Successful candidates would be certified as assistants to the primary-care physician by the established registry. Ideally, states would accept such certification in their legislative attempts to identify and recognize competency.

To ensure ongoing validation of the examination as a useful measure of performance competency, it may be appropriate to build into the certification process the element of performance evaluation. Most physicians will be reluctant to delegate high-level tasks and responsibility to physicians' assistants merely because they have passed a paper-and-pencil-type examination. Physician-employers will no doubt wish to observe and evaluate an individual physician's assistant over a period to assure themselves of the competency of the physician's assistant.

The registry might facilitate this evaluative mechanism by providing those who successfully pass the paper-and-pencil examination with some type of provisional certification. After a period of observation during paid employment (perhaps six or nine months), the physician-employer would communicate his evaluation and recommendation for final certification to the registry.

The possibility of developing certification programs for other types of physicians' assistants, especially those functioning as specialists (B level), may need to be considered at a later date. A special membership category within the AMA is perhaps another issue worthy of exploration, depending, of course, on the structure of the registry established. This special category could provide the device for a program of annual or periodic recertification or a mechanism for recognizing the acquisition of additional stages or levels of proficiency by the physician's assistant.

10. *Recertification.*—Discussion of an appropriate mechanism for recertification is probably premature at this point, but such a device could be based on any one or a combination of the following: (*a*) participation in continuing education; (*b*) substantiation of performance and experience; and (*c*) reexamination.

Progress to Date

The AMA Department of Health Manpower is now in the process of discussing the feasibility of developing a proficiency examination for the assistant to the primary-care physician with several competent testing organizations. The next step will be to seek financial resources to support the construction of such an examination. At the same time the Department expects to involve the concerned groups in the actual structure and composition of the registry. Initially the registry will be involved with the problem of determining specific eligibility requirements for taking the examination, which requirements should not screen out those who might otherwise be qualified and competent. I believe that a reasonable target date for an operational certification program might be sometime in 1973.

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