Draft

An Open Letter From The Executive Director

In the first year and one half of its existance, NCCPA published two newsletters. With publication of the second letter, it became clear that newsletters are not only expensive to produce, but that they become an end to themselves; that staff would spend time trying to find newsworthy articles to print. Moreover, communication with PA's about topics pertinent to the profession are more appropriately the responsibility of the professional society, thus limiting prospective NCCPA news items to those activities directly related to certification, reregistration and recertification of PA-C's. Since NCCPA has continued to deal with the same issues originally described in earlier newsletters, it was felt that it would be best to eliminate the newsletter and restrict our information dissemination to correspondence, presentations (such as at the annual conference) and periodic submittal of articles to relevant publications.

Admittedly, this has been an ill-advised decision. It was inaccurate to assume that knowledge concerning NCCPA activities three years ago, although unchanged, has necessarily filtered to PA's entering the profession each succeeding year. It is clear that many people are unaware of the NCCPA organization, functions, policies, relationships to AAPA, fees and future goals. It is equally clear that there is a wealth of misinformation concerning NCCPA that is circulating through the profession.

For these reasons, beginning with this issue, NCCPA will again publish a periodic newsletter. In the future, it may appear as a separate mailing or as a "fact sheet" or column in the new AAPA Newsletter. It may eventually be prepared on a regular schedule by either NCCPA staff or the leader of the AAPA delegation of Directors to NCCPA.

In this issue, you will find descriptive articles concerning NCCPA's organization and current policy and plans for critical areas of interest. You will also find a list of most frequently asked questions and responses.

Over the past four years, NCCPA has worked diligently to assure the public of the entry level and continued competence of PA's. The benefit to PA's has been immeasureable; state enabling agencies, organized medicine and other health professions now recognize the credibility and professional identity of the PA. I solicit your comments and questions and I hope future newsletters, whatever form they may take, will serve as an information forum for both you, the PA-C, and NCCPA.

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Historical Cost And Technical Considerations For The NCCPA Examination

NCCPA is often asked how the cost of the examination is derived, particularly in the light of recent fee increases. While it is true there are less expensive examinations in the allied health field, they are rarely as comprehensive as the PA exam, few if any include a clinical component, and most costs are averaged over a much larger annual test population, thus reducing the per capita cost. If one focuses on the most comparable exams and population sizes, one finds that the fees charged for most of the medical specialty boards, the Pediatric Nurse Practitioner Board, M.D. National Boards, and the Federation Licensure Examination are all roughly comparable in cost. None have a practical clinical component. One of the major reasons that state medical boards have been so quick to recognize the NCCPA exam as a state certification prerequisite and have been willing to extend professional recognition to PA's rests with the acknowledged comprehensiveness of the exam.

Examination development, administration and analysis is an expensive endeavor. NCCPA sub-contracts with the National Board of Medical Examiners (NBME) to provide these services. NBME also conducts various statistical studies to determine reliability, evaluate irregularities and to identify pass/fail levels. The examination fee also helps to cover other expenses incurred by NCCPA in preparing for each exam. These activities include application processing for formally and informally trained candidates, verification of training and/or employment, liaison with NBME, test center assignments, communication with training programs and individual applicants, and certificate preparation and mailing.

In addition to the above, various test committees are formed. The test committees are composed of a stratified mix of practicing and academic MD's, practicing and academic PA's, and nurse practitioners. Historically, the test committees have included an emphasis on primary care specialties, such as general and/or family practice, internal medicine, and pediatrics. This primary care mix varies according to the background of the various members (i.e., for one test committee, there may be an internist and a PA with a background in internal medicine, while for another committee, there may be two internists and the PA may have primary responsibilities in family care). Other specialties are also represented on each of the test committees because of their impact on primary care practice. These specialties include surgery, OB-GYN, and psychiatry. We look for a mix on the test committees in virtually equal parts of practicing and academic practitioners. The reasons for this should be clear: practitioners have an awareness of what physician's assistants and/or primary care practice is likely to confront; academicians generally are better trained in the development of test items and testing concepts.

Test committees each meet a minimum of two times. The first meeting is to review a matrix of body systems and various specialty areas, along with other pertinent data that may be available, such as the Academy's role delineation study. On the basis of such data, the test committee determines the emphasis of the examination in specific combinations of body systems and clinical areas. In addition to the clinical areas, there are also other special considerations for test items, such as in the areas of diagnostic procedures and patient counselling. A portion of the first meeting for any annual examination is usually devoted to review of the previous examination, and evaluation of specific test items. This meeting usually precedes the Standard Setting Committee meeting (more about this later).

As mentioned above, an original matrix is prepared to determine the emphasis of the examination in any given year. Obviously, the emphasis is on those specialty areas and body systems that are most likely to be encountered in the primary care

setting. There is a formula for assigning the percentage of questions to specific combinations of body system and specialty area. This formula is utilized at the outset by the test committees, may not be tightly adhered to in the final examination.

Once the matrix responsibilities are assigned to people on the basis of their given areas of expertise, the committee members return home and prepare a set number of questions. These questions are returned to NBME by a specific deadline. NBME reviews them very carefully and edits them completely. The first editing is to establish any duplication or near-duplication of test items across given areas. The review also includes an examination of the efficacy and lack of ambiguity of the correct answer and the quality of the distractors. Not one, but several test writing specialists are involved in this particular phase of the activity. Often two test items with similar emphasis may be combined, thus destroying the "purity" if not the intent of the original matrix.

There is a very involved review process that occurs for the examination. P values (measures of difficulty) and R values (measures of discrimination) are computed for each specific test item on the examination, using standard, acceptable formulae. These values are reviewed at a test committee meeting. Those items with values outside specifically delineated tolerances are reviewed in great detail. If, for example, a test item is proven to be quite difficult for most of the examinees, it is reviewed to determine its inclusion for scoring purposes and continued utilization in the examination. The test committee may decide that, based on the data, the item is not a reasonable test of the skills and knowledge attendant with the role of the physician's assistant, and they may drop the item. They may decide, on the other hand, that, irrespective of performance, the test item measures rather well an area of expertise that the PA should possess. Each of the two written test committees (PMP and MCQ) review all of the test items in this manner.

As you can see, the development of each examination is a very involved process. But the process is worth the effort; overall exam reliability has consistently exceeded .90, making the PA exam one of the most reliable in the health field.

Without outside support, the PA Certifying Examination would never have been developed, and states would continue to classify as PA's all those health workers otherwise uncategorized. The Division of Associated Health Professions of the Department of Health, Education, and Welfare (DAHP) and some foundations carried the three-year lion's share financial burden of developing the PA examination. Actual cost to the early exam candidate represented less than 1/3 of the total per capita expenditure. It was felt that the initial exam developmental costs should not be borne by the PA's and, moreover, that total responsibility for the exam by the profession should only occur when the exam had been proven to be a reliable competency measure. Beginning in 1976, the financial burden of continued evolution, administration, and scoring became the responsibility of the candidates for the examination. Federal and foundation support of the exam terminated.

The table below provides a comparison of the examination expenditures for 1975 and 1976.

EXAMINATION COSTS

	1975	1976
Federal Government	$ 199,259	
NCCPA	89,000	$ 163,500
TOTAL	$ 288,259	$ 163,500

As can be seen, the total cost in 1975 was $288,259 ($199,259 borne by the Federal government), and the cost in 1976 was $163,500 representing a reduction of nearly $125,000. This reduction was accomplished largely by the availability of developed "pool" questions and, to a lesser extent, by the merging of four test committees into two. The table indicates the extent to which NCCPA supported the examination evolution, administration, and scoring in 1976, representing an increased cost (to be borne by the candidates) of $74,000. Thus, NCCPA implemented a per capita increase in the examination fee from $60.00 to $115.00

The cost for administering the 1977 and 1978 exams increased consistent with inflation. However, NCCPA continued to carry the burden of this increase and maintained a per capita examination fee of $115.00.

The estimated inflationary costs of developing and administering the 1979 exam mandated that NCCPA re-assess its long-range budget. It became apparent that the previous per capita exam fee of $115.00 would no longer provide NCCPA with the financial base necessary for continued development and administration of subsequent certifying examinations. The NCCPA Finance Committee recommended an increase in per capita exam cost of $20.00 and an increase in the application fee of $15.00. The Finance Committee also pointed out to the NCCPA Board of Directors that this increase represents only a 5% increase per year since 1975. This is significantly less than the prevailing rate of inflation for the period.

The examination offers the PA the unique opportunity of demonstrating to himself, state enabling agencies, his employing physician, and most important, the patient, a high level of competency associated with the professional category labelled Physician's Assistant. The Commission will continue to work, in a cost conscientious manner, toward the end of assuring that competency.

Reregistration

The NCCPA's major charge is to assure both entry level and continued competency of physician's assistants. Part of that continuing effort is the requirement that all PA-C's engage in CME activities in order for their certificate to remain valid. The actual requirements are 100 hours of CME every two years, which is verified, approved, and logged by the American Academy of Physician Assistants (AAPA). A PA need not be a member of AAPA to utilize that agency's resources in the logging and accreditation of CME. For additional procedural information, contact AAPA, 2341 Jefferson Davis Highway, Suite 700, Arlington, Virginia 22202.

Reregistration is proving to be one of the most important aspects of NCCPA's ongoing certification process. As the PA profession expands its credibility and acceptance, the maintenance of a valid certificate becomes increasingly important. More and more states are looking to national agencies to assist in the determination of continued competence.

The PA profession is unique in health care. It has experienced a meteoric development in the past few years. These developments include formation of effective professional societies (AAPA and APAP), formulation of clear training standards and a viable accrediting procedure, an effective and highly reliable competency examination, and large-scale acceptance by patients, employers and legislative bodies. The profession has been in the vanguard of innovation as evidenced by the unique examination based on actual PA roles and including new attempts at measuring some aspects of clinical competency, the development of an

effective, independent Commission, and an apparent major impact on primary care health delivery.

Reregistration of the certificate demonstrates a commitment to continued learning, a professional committment to stay abreast of state-of-the-art informational and technological developments. Virtually all of the medical specialty organizations now require periodic CME and certificate revalidation. It is incumbent on each PA-C to maintain his/her certificate not only because the states may soon mandate it (many already do; check your state law, rules and regulations), but to demonstrate to both employers and patients that you are as good and as current a practitioner as you can possibly be. The maintenance of a currently valid certificate will also enhance normalization of state laws, reciprocity and your ability to transport certification across state lines.

Recertification: Current Plans

One of the most potentially threatening prospects for all health professionals is the requirement to maintain the "right to work" as a function of passing an examination. The practitioner feels that as long as he/she has been in the work force for some period of time, then competence is assured. Licensing bodies, on the other hand, feel that performance must be measured if continued competence is to be assured. Certainly, it is to the advantage of any profession that recertification mechanisms are developed by agencies conversant with the role of that professional.

NCCPA is committed to developing an equitable and fair approach to recertification that assures the public of continued PA competence and is acceptable to the PA practitioner. There are a variety of precedents existing for establishing a recertification policy. Unfortunately, none of these have ever been studied comparatively for their relative effectiveness. This is precisely what NCCPA intends to do, if funding becomes available. In the final analyses, we hope to empirically determine the best method for assuring continued competence on the basis of scientific study. We hope all PA-C's will participate in the program in order to ultimately develop the optimum recertification process.

NCCPA has begun researching what other organizations in the health field are currently doing or planning in the area of recertification. This investigation, although not complete, has indicated that recertification efforts run the gamut from mandatory CME to reexamination at entry-level to selected subspecialty evaluations (3). The only consistency that seems to exist is that once an organization commits substantial money, time, and effort to a given approach, it expends energy in defending that approach in the absence of conclusive supporting data, apparently in order to protect its investment. This occurs in spite of the fact that educational research suggests that, just as people learn in different ways, they also may test in different ways.

In spite of the absence of supporting data, the arguments both for and against alternate approaches are persuasive. Proponents of reexaminations at entry-level argue that what recertification should do is assure the maintenance of requisite skills necessary to perform in any setting, and that a practitioner, once in practice, finely hones capabilities within the limits of that practice, discarding unused skills and knowledge. The argument follows that recertification should not test irrelevant content areas. The dilemmas, of course, are that what is relevant for one practitioner is irrelevant for another, and that the performance standards on entry-level examinations might be lower for experienced practitioners than for

those examined at entry-level. The added requirement enforced by the Federal Trade Commission to assure relevancy in certification and recertification examination has encouraged the debate.

NCCPA proposes to compare a variety of different methods of recertification across a sample of PA's stratified according to work setting, historical and experiential characteristics, and performance on the entry-level examination. The output of the study will provide data comparisons across the above stratifications and recertification measurement techniques. Additionally, performance on the various devices will be compared both totally and by stratifications with performance on the original entry-level examination to determine if experience obtained subsequent to career entry influences performance on different types of recertification measures as compared to performance at entry-level.

Six alternate and comparable techniques have been identified for study as possible Recertification devices. These are: entry-level exam, relevant portions of the entry-level exam, a new recertification exam, a new core/specialty recertification exam, the AAPA self-assessment, and employer assessment. Each PA-C scheduled for recertification in the first year will undergo examination by one of three primary methods: entry-level exam, recertification exam, or core/specialty exam. Data from these administrations will be compared with performance on selected portions of the entry-level exam, results of the AAPA self-assessment exam and possibly selected employer evaluation.

While the primary purpose of this proposed approach is to investigate various alternatives to measuring continued competence, NCCPA retains the responsibility to state certification agencies, PA-C 's, employers, and patients to recertify candidates.

Because the best method (or methods) of assuring continued competence has yet to be determined, NCCPA feels that the setting of standards for the various devices under study requires different considerations than exams administered at entry-level. Where a clearly defined, norm-referenced pass/fail score can be set for entry-level, such a precise score is not nearly as defensible for continued competence measurement devices since neither the format nor the content of the devices is unassailably representative of competence in the diverse work settings.

These problems are magnified when the recertification program has a potential foundation in law; where loss of professional certification may be tantamount to loss of "right to work." Moreover, for a recertification program to work it must be acceptable to the profession; a device that threatens one's livelihood rarely meets this condition.

If the major goal of recertification is to assure continued competency, then it is mandatory to develop devices that help the practitioner identify and rectify individual weaknesses. The intent is not to remove people from the work force, but to assure maximum proficiency for each practitioner evaluated. Thus, minimum and, if possible, comparable standards of performance will be developed for each of the three devices. Those who meet standards will be recertified for the next six-year interval; those who do not meet standards will be recertified for a one-year interval during which time they must retake the recertifying examination items they missed until they reach minimally acceptable standards.

In order to recertify the maximum number of people with sufficient confidence that all those recertified are minimally competent, feedback of results will be provided. For each of the test items "key words" will be assigned. Candidates will be informed of individual key word deficiencies so that additional relevant

study to correct deficiencies can be accomplished prior to repeating the exam.

The key word deficiencies can also be grouped and analyzed for trends and possibly provide indices for new test items, direction for development of subsequent measurement devices, and subject areas for future CME offerings.

Specialty Physician's Assistants

NCCPA has struggled with the Specialty PA issue for four years, and has actively pursued meeting the needs of this population, notably the largest group, Surgeon's Assistants (SA). During this period, many recommended solutions have evolved. First, the Specialty PA and Eligibility Committees have allowed graduates of AMA-approved SA programs to sit for the Primary Care Certifying Examination beginning in 1976. It was decided that, although this examination is decidedly not a measure of the surgical competencies required of an SA, eligibility offered a reasonable short term solution to the dilemma of possible disenfranchising. This approach does not solve the basic problem. It requires SA's to possess what may be irrelevant knowledge and skills and does not measure competency specific to surgery.

Second, in 1977 NCCPA's Eligibility Committee recommended re-evaluating the eligibility criteria for the informally trained PA. It was decided that an individual who was performing primary care functions in other than a primary care setting would be allowed to sit for the examination. This decision allowed some additional Specialty PA's, performing primary care functions, to sit for the examination beginning in 1978. The issue of eligibility was again examined in 1979. It was decided that further changes be made which would allow an informally trained PA to sit for the Certifying Exam if he had accumulated the appropriate four years experience as a PA without any restriction to his practice setting.

Third, NCCPA has looked at different alternatives for assessing the competence of the Specialty PA. One alternative considered was to develop a separate examination for each specialty. This method would examine a highly specific knowledge base, a very favorable quality. However, it would be a very costly method. It might also create artificial market imbalances, making it difficult for some PA's to find work. This method would also confuse the already muddy legal issue of state regulations for Specialty PA's.

A second alternative considered was to administer a core/primary care examination with specialty add-ons. This would be an easy examination to administer, but the Specialty PA would be required to be knowledgeable in some areas that may not be relevant to his specialty role. Also, this method leaves one with the impression that primary care does not require special expertise.

A final alternative would require the separation of primary care from core (an activity that NCCPA has already attempted once, without success). While this type of an examination might be easy to administer, it is very difficult to develop.

At a recent NCCPA Board of Directors meeting, a decision was reached which places NCCPA in the position of accepting the responsibility for the certification of all PA's regardless of their specialty training. In concert with this, the decision was made that examinations would be developed as soon as appropriate participating organizations requested such development and funding is arranged to support such examinations.

The major goal of NCCPA is to provide a generic core examination that all PA's would have to pass. This core examination would be supplemented by additional specialty sub-parts that would be optional choices for examination candidates. NCCPA may use an interim SA examination as an initial step toward this ultimate goal. The results of this examination could be studied with the intent of identifying those items most appropriate for measuring competency of SA's, as well as identifying those items most appropriate for developing the "core" examination.

If NCCPA pursues this option, it anticipates gaining knowledge that will enable it to develop future examinations that will not only evaluate core knowledge and skills, but will also provide a mechanism for evaluating specialty areas that an individual PA may choose. We anticipate that three to five years of experience will be needed to achieve the ultimate objective.

NCCPA has a unique responsibility as a national certifying body with its diverse representation from the health professions and the public. At this time, the Commission is uncertain about the immediacy for development of any specialty examination beyond that for Surgeon's Assistants. However, looking toward the future, NCCPA will seek to address the needs of both the public and the PA professions. To achieve this end, the Commission will periodically review professional realities and adjust its positions as circumstances warrant.

1978/79 Examination

The 1979 Certifying Examination for Assistants to the Primary Care Physician was administered on October 3, 4, 5, & 6. The applicant pool this year totalled 1,773 compared to 1,789 for 1978. This year's total of 1,773 provided 1,710 eligible candidates for the 1979 exam. This included 197 informally trained candidates and 1,576 formally trained candidates. The formally trained population included 32 Surgeon's Assistants, 113 Nurse Practitioners, and 1,431 Physician's Assistants. The 1978 examination was administered on October 4, 5, 6, & 7; 1,649 applicants sat for the exam.

NCCPA Organization

The NCCPA Board of Directors is composed of 21 individuals representing 14 different organizations and three directors-at-large representing the public. AAPA provides five directors to NCCPA. The remaining 13 organizations each provide one director to the Board. Those organizations are: American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American College of Surgeons, American Hospital Association, American Medical Association, American Nurses' Association, American Society of Internal Medicine, Association of American Medical Colleges, Association of Physician Assistant Programs, Federation of State Medical Boards of the U.S., National Board of Medical Examiners, and Department of Defense. Participation by each director and representative organization is voluntary.

Most of NCCPA policy arises from committee recommendations. Committee chairmen have carefully selected memberships to assure a cross-section of viewpoints. NCCPA committees address issues, alternatives, and potential solutions and make recommendations for consideration by the Board of Directors. The NCCPA Board reviews

committee recommendations and establishes policy on the basis of consideration of the committee reports. PA's are actively involved on all NCCPA committees.

Because the committee activities are so fundamental to NCCPA, the following summary reviews the purposes of all NCCPA committees:

1 - The By-Laws Committee maintains a current set of By-Laws and periodically reviews necessity for changes and adherence to By-Laws.

2 - The State Board Liaison Committee is responsible for recommending ways to establish effective communication between NCCPA and State Boards of Medical Examiners. This communication is necessary to support the development of appropriate PA legislation, rules and regulations which will enhance reciprocity or normalization and, therefore, mobility. The Committee establishes the need for various educational materials to be utilized by state agencies for informational purposes.

This Committee has also served as the major technical contact point between NCCPA and the Federation of State Medical Boards of the United States.

3 - The Standard Setting Committee convenes annually to review examination results and determine equitable pass/fail levels.

4 - The Specialty PA Committee deals with the problems confronting Specialty PA's. The responsibility of this Committee is to identify appropriate and feasible methods for assessing the competency of Specialty PA's otherwise not eligible to take the National Certifying Examination. The Committee then makes recommendations to the Board for approval.

5 - The Recertification Committee makes recommendations that deal with the activities involved in the maintenance of a valid certificate. This includes such things as CME, periodic reregistration of all PA-C's, and the continued evaluation of competency. Included in the competency evaluation would be the development of a recertification examination.

An additional responsibility of this Committee is to assure the adherence to ethical standards.

6 - The Research and Development Committee is responsible for recommendations in the identification of NCCPA research needs/problems, and the establishment of NCCPA research and development policy. The research emphasis would be attendant with continued evolution of both entry-level and recertifying examinations. Some examples of developmental research are the implementation of an equating study to assure exam comparability from year to year, and the development of an SA competency assessment pilot program.

7 - The Eligibility Committee has the ultimate responsibility for recommending the eligibility requirements to sit for the NCCPA Certifying Exam and reviewing applications materials and procedures. This involves the establishment of a set of regulations that govern applicants from a population of both formally trained PA's and informally trained PA's. Policy is also established to meet the needs of other applicants not so clearly defined. The Committee meets annually to review eligibility criteria and specific requests from unaccredited programs or candidates requesting individual Committee considerations.

This Committee has the added responsibility of reviewing complex applications that require more extensive evaluation.

8 - The Finance Committee is responsibile for recommendations concerning the estimation of expenditures, evaluation of appropriate fees, and development of current and long range budgets. Expenditures include NCCPA operating costs, and

the development and administrations of certifying/recertifying examinations. Fees are assessed to applicants who apply and sit for the entry level Certifying Exam, for the maintenance of a valid certificate, and for recertifying examinations.

The Finance Committee meets twice annually and will review any unanticipated and unusual expenditures. Budgets are developed for year to year operations and for long range financial planning.

9 - The Audit Committee is responsible for reviewing the annual audit conducted by an outside auditor and reporting back to the Board of Directors.

Most Commonly Asked Questions

1. Why is the examination open to other than graduates of accredited PA programs? Will the eligibility requirements be changed to exclude informally trained PA's in the future?

The certification activity for Primary Care Physician's Assistants was originally funded by the Division of Associated Health Professions/Department of Health, Education, and Welfare, and also by the Robert Wood Johnson and Kellogg Foundations. DAHP required that eligibility criteria include a mechanism for the informally trained PA. Subsequent funding also included the same mandate.

NCCPA's Eligibility Committee has recommended to the Board of Directors that the exam be eventually closed to informally trained PA's. The Board of Directors has not identified a closing date as of yet, and the exam continues to remain open to this population. When a closing date is determined, ample notification will be provided through national publication.

2. Will the NCCPA examination ever be administered twice a year?

The cost to NCCPA for the 1978 Certifying Examination was approximately $180,000. A major portion of this cost goes toward examination development, administration, and security. In order to administer a Certifying Examination twice a year and still maintain security, NCCPA would have to develop two separate examinations. This would be an extremely expensive endeavor, requiring a fee structure that would be prohibitive because of such a small examination population (approximately 1,500).

3. How is NCCPA supported financially? How much of the support comes through exam fees?

NCCPA is supported by application and examination fees, reregistration fees, contracts to provide certain services, and miscellaneous income. In FY-79, income and percent of total budget has been projected from the following resources:

-application and examination fees	59.0 %
-reregistration fees	18.0 %
-contracts	22.4 %
-miscellaneous	0.6 %

4. Is NCCPA planning to publish a pretest review book?

There are no immediate plans to publish a pretest review book. NCCPA needs more experience with the examination before a book can be developed. However, this possibility has been discussed and it is very likely that NCCPA will eventually

develop a pretest review booklet.

5. How is on-the-job training evaluated for the informally trained PA?

The NCCPA Board accepted the recommendation of its Eligibility Committee that four years of full time experience as a PA as verified in detail by both current, and, where applicable, previous physician supervisors was equivalent to a two-year PA program in terms of training duration. In order to assure that training is current, NCCPA insists that those four years of experience be obtained in the five years immediately preceding the examination administration.

Before determining one's eligibility, NCCPA requires the completion of employment verification forms by the applicant's past and present employing/supervising physician(s). There are approximately 20 items on this form which are designed to show in detail the responsibilities and capabilities of the physician's assistant in that practice, thereby assisting in NCCPA's determination of eligibility. The employment verification form must be completed in full by the physician and notarized.

6. With regard to reregistration, why does NCCPA require that all CME must be logged and approved by the American Academy of Physician Assistants?

NCCPA has felt that CME is best accredited by the profession. AAPA, as the accepted professional society, has had the requisite expertise to assess what is or is not valid CME for PA's. Also, AAPA's CME requirements are the same as NCCPA's. Since the majority of PA's maintain membership in AAPA, it would be an unnecessary duplication of effort (and cost to PA's) for NCCPA to also log CME.

7. What affects the length of time between examination and notification of results?

Post-examination administrative activities include:

-return of all test materials from domestic and overseas test sites; logging in of all test books
-scoring of 1,650 examinations; development of comparative statistical performance data
-meeting of Test Committees to review items
-rescoring on the basis of Test Committee review
-meeting of Standard Setting Committee to set pass/fail level
-translating individual raw scores into pass/fail scores; preparation of score report cards and shipping to Atlanta
-preparation and verification of certificates
-preparing scores and certificates for mailing

Director-Committee Members Effort Report

All NCCPA Directors and Committee Members volunteer their services on an unpaid basis (47 individuals - 336 days/year). NCCPA reimburses travel expenses incurred by Commission Directors and Committee Members for attendance at meetings. Based on Director and Committee Member estimates, 2,688 hours of professional time are donated to NCCPA each year. This includes 1,216 hours of NCCPA Directors time and 1,472 hours of Committee Members time. Average consulting costs per man hour was also estimated to be $31.00. NCCPA is therefore realizing a contribution of $83,328.00 worth of consulting time per year. Many of the Directors, by virtue of

the NCCPA organization, and Committee Members are not PA's.

In addition to the above, there are three Test Committees with a total of 22 members. Although these Test Committee members are paid an honorarium for their time spent at meetings, they provide an additional four days per year at no cost to NCCPA. This volunteer time results in an additional 704 man hours and $21,824.00 worth of effort contributed to NCCPA and, ultimately, PA's.

The total man hour contribution to NCCPA is estimated to be 3,392. Converted to dollars at $31.00 per man hour, the total is $105,152.00.