

The examination administered by NCCPA was developed in a unique way. NBME surveyed a large number of PA's and supervising physicians to delineate the PA role. This ultimately resulted in a series of functional task statements which were provided to the various test committees. Thus, the examination reflects what PA's "do" to a greater extent than many other competency assurance examinations.

In 1974, another innovative aspect was introduced: the Performance Assessment Skills (PAS) section. The PAS measures the candidate's ability to know and perform certain psycho-motor techniques essential to a physical examination. The candidate is rated by a trained observer according to a pre-tested checklist and is evaluated on the basis of the performance, and in some cases, sequence of steps. Reliability of this component has been consistently higher than for the traditional paper-and-pencil test components.

The certifying examination is administered each Fall. The most recent examination proved to be consistent with previous examinations in providing very supportive evidence of the effectiveness of this type of evaluation; the examination is highly reliable.

Approximately 90% of the previous test populations have been formally trained PA's, whose average failure rate was 17%. The approximate failure rate of informally trained candidates was 64%; the overall examination failure rate was about 20%, which includes repeaters. The examination clearly distinguishes competence.

By March, 1977, NCCPA certified 4,139 physician's assistants and awarded them the title "Physician's Assistant-Certified" (PA-C). This population will increase by approximately 1,300 annually.

The major charge of NCCPA is directed toward the specialty area of largest PA concentration—primary care. There is a group of unknown size working in non-primary care settings. Thus far, with the excep-

tion of graduates of accredited surgeon's assistants programs, these people have been ineligible to sit for the National Certifying Examination. Nonetheless, they do fit under the generic term "physician's assistant" by virtue of training and the functions they perform. NCCPA hopes to eventually develop appropriate specialty examinations.

National certification will soon be an essential for maintaining state certification. Over 25 states already require certification by NCCPA as a prerequisite for state certification and many others have requested lists of nationally certified PA's. PA's will eventually be able to move from state to state with greater ease, having demonstrated their competency as evaluated by NCCPA certification. The states will also require that this certification be kept current through a demonstration of continued competency. Consequently, NCCPA will require reregistration of the certificate every two years and recertification every six years. This reflects the need to continually maintain and demonstrate competence. Reregistration is based on demonstration of 100 hours of approved continuing medical education. Approval will be through the AAPA. Six-year recertification will be on the basis of competency retesting.

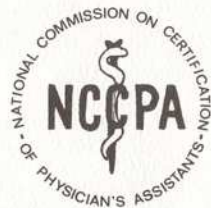
NCCPA will continue to assure PA's, potential employers, state boards, and patients of both entry-level and continued competency of physician's assistants, through the devices of testing, continuing medical education, and performance-based evaluation.

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National Commission on Certification of Physician's Assistants



THE TITLE, "Physician's Assistant" (PA), as interpreted by NCCPA, is a generic term referring to a class of mid-level health practitioners who perform tasks traditionally within the purview of physicians and legally under the supervision of a clearly identified physician. In many instances, those people who qualify as PA's for certification by NCCPA may actually perform under different names such as: physician's associate, child health associate, Medex, nurse practitioner, nurse clinician, etc.

Generally, PA's perform an evaluative function; they are capable of eliciting a complete history and performing routine physical examinations on all types and ages of patients and across all body systems. Additionally, PA's can order non-life-threatening diagnostic and test procedures, and can interpret results and isolate abnormalities. They are also trained to carry out specific management regimens under physician direction and to take necessary, immediate action to preserve life in emergency situations. They often perform minor surgical services (e.g., removal of foreign objects from eyes, minor sutures, etc.). It is important to emphasize that PA's are *not* independent; they must work under physician supervision, and the identified physician-supervisor is clearly responsible for the PA's professional activity.

With the proliferation of PA training programs during the early 1970's, it became clear that a mechanism and formal set of essentials was necessary to accredit programs in order to ensure the quality of the educational processes. The result evolved into the Joint Review Committee on Educational Programs for Physician's Assistants which functions in collaboration with the AMA Committee on Allied Health, Education, and Accreditation.

Such controls, however, only reviewed the educational process and not the product of the programs.

Simultaneously, PA graduates began to develop a professional identity which culminated in the formation of what are now the American Academy of Physicians' Assistants (AAPA) and the Association of Physician Assistant Programs (APAP).

The next step, under the auspices of the Federal Government and private foundations and with the blessing of the profession, was to develop a mechanism to evaluate the product of the training programs. Thus, the National Board of Medical Examiners (NBME) Certifying Examination for Primary Care Physician's Assistants was developed and first administered in December, 1973. At the same time, Nurse Practitioner, Nurse Clinician, and Child-Health Associate Programs were gaining momentum; graduates of these programs were also eligible to take the examination.

Additionally, there was an unknown number of people working as PA's who had not graduated from formal programs. It was decided that the 1974 examination would be open to informally trained PA's who met certain eligibility criteria determined by a committee of NBME. NBME also formed a Standard Setting Committee to determine pass/fail levels. These were new and uncomfortable roles for NBME, whose traditional charge had been confined to the developing, administering, and scoring of examinations for health professionals. NBME, together with representatives of 13 other professional groups, agreed in late 1973 to form a free-standing, independent Commission to assure the PA profession, the employers, state boards, and most importantly, the patients of the competency of this new class of health professional. In February, 1975, after being formally structured, organized, and funded by the Department of Health, Education, and Welfare Division of Associated Health Professions and the Robert Wood Johnson Foundation, NCCPA opened its national offices in Atlanta, Georgia. Specifically,

NCCPA has responsibility for the following functions:

1. Determine eligibility criteria for the National Certifying Examinations.
2. Review applications to take the examination and register candidates.
3. Administer the examination under subcontract to NBME.
4. Determine the standards for the certifying examination for PA's.
5. Issue and verify certificates.
6. Reregister certificates every two years.
7. Periodically recertify PA's through the continued demonstration of competency.
8. Publish lists by state of PA's certified each year.
9. Assist State Medical Boards in establishing, modifying, and/or interpreting PA-enabling legislation, rules, and regulations as they pertain to National Certification.

NCCPA is unique in the health field as a certifying agency since it represents no vested interest. It is not an arm of the profession, and it has, in fact, remained a separate and free-standing certifying body. 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 the Department of Defense. Participation by each director and representative organization is voluntary.