



# NCCPA

NATIONAL COMMISSION  
ON CERTIFICATION  
OF PHYSICIAN'S ASSISTANTS  
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ATLANTA, GEORGIA 30326

# NEWSLETTER

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## An Open Letter From the Executive Director

As I informed you in our last newsletter, NCCPA's major charge is to help assure the public of the entry level and continued competency of physician's assistants. This is accomplished through various mechanisms, including entry level examination, certificate registration based on acquisition of continuing medical education (CME), and ultimate recertification examinations. Individual states, of course, retain the authority concerning who may and may not practice as PA's.

This newsletter will summarize the major activities performed during the past year. In particular, NCCPA has been requested by a number of states to advise them concerning PA enabling legislation, rules, and regulations. From our contact with state agencies has come the realization that many people still are not aware of precisely what a PA is, what he/she can do, or how this profession interfaces with others in the health system. In fact, because of this identity crisis, many states have continued to group all health professionals otherwise uncategorized as "physician's assistants." Obviously, this does nothing to crystallize the professional identity of PA's.

NCCPA, by virtue of its fourteen member organizations and its independence from control by any single professional organization, is not viewed by states as representing a "vested interest." Rather, states have begun to see NCCPA as having a similar goal as their own—competency assurance in the public interest—and possessing an extremely reliable mechanism for measuring that competency.

In short, then, NCCPA's activity during the past year has directly accrued substantial benefit to the PA profession itself. You are obtaining a clearly defined, responsible professional identity by virtue of your NCCPA certification. Moreover, the existence of an independent Commission has assured the credibility of your certificate at the point of its origin. This assures you that all others who hold the title PA-C have demonstrated similar entry level competency. Efforts in the areas of reregistration and recertification will help to develop continued credibility of the PA profession. On behalf of NCCPA, I solicit your support, comments, and criticisms. By working for the public interest, we all, in fact, serve the interests of the profession as well.

—David L. Glazer, Executive Director

## 1975 CERTIFYING EXAMINATION

The 1975 Certifying Examination for Primary Care Physician's Assistants was successfully administered November 19-21 at 53 test centers located within the continental U.S. and one each in Honolulu, Hawaii; Seoul, Korea; and Heidelberg, Germany. One thousand, six-hundred-eighteen (1,618) people applied to take the exam, of whom one thousand, four-hundred-eleven (1,411) candidates actually sat for the examination, which was comprised of a one-day written portion and a Physical Assessment Skills examination conducted over a two-day period. Of the total examinee population, 1,034 candidates attended formal PA training programs, 151 were graduates of MEDEX programs, 74 attended nurse practitioner programs, and 152 were informally trained candidates.

Detailed statistical evaluation of the 1975 examination indicates that it was comparable in both difficulty and reliability to the examination administered in 1974, thus indicating that the examination has become consistent from year to year in its ability to differentiate competencies.

## COMMITTEE ACTIVITIES

Most of NCCPA policy arises from committee recommendations. Committee chairmen have carefully selected memberships to assure a cross-section of viewpoints. NCCPA standing 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 standing committees and their respective chairmen:

- I. Eligibility Committee (Frederic Schoen, M.D., Chairman): Determines the eligibility requirements to sit for the NCCPA Certifying Exam for Primary Care PA's, and reviews many of the applications submitted.
- II. Recertification Committee (Frank A. Riddick, Jr., M.D., Chairman): Establishes the procedures for assessing continued competency, including both reregistration and recertification. An added charge is to assure adherence to ethical standards.

III. State Board Liaison Committee (Harold Wilkins, M.D., Chairman): Establishes effective communication with states in reference to the development of appropriate PA legislation, rules, and regulations and provides educational materials to be utilized by state boards for informational purposes.

IV. By-Laws Committee (J. Rhodes Haverty, M.D., Chairman): Maintains a current set of By-Laws and periodically reviews necessity for changes and adherence to By-Laws.

V. Specialty PA Committee (Craig Ilk, PA-C, Chairman): Deals with the problems confronting Specialty PA's. The main thrust 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.

VI. Planning Committee (Robert Jewett, M.D., Chairman): Determines the feasibility, utility, and sequence of assessing core competency as well as primary care and other specialty competencies. Eventually, these competency lists will provide the basis for developing separate core and specialty add-on portions of the Certifying Examination, including primary care.

VII. Standard Setting Committee (Thomas Piemme, M.D., Chairman): Convenes annually to review examination results and determine equitable pass/fail levels.

VIII. Finance Committee (Walter Scott, Chairman): The purpose of this committee is to establish current and long-range budgets, review expenditures, and set appropriate fees.

## STATE LEGISLATION

One of the major activities of NCCPA during the past year has been to advise state medical boards concerning PA enabling legislation, rules, and regulations. Many states are actively developing or modifying legislation, rules, and regulations concerned with physician's assistant activities. A recent study indicates that, partially through NCCPA efforts, over 20 states now require a valid certificate from NCCPA as a prerequisite to employment of primary care PA's in those states. Additional information indicates that by July 1, 1976, as many as twenty-five states may require certification at the national level.

NCCPA has played a vital role on behalf of both the public and PA's through

the formation of its "State Board Liaison Committee." A resolution was recently proposed and passed unanimously by the Federation of State Medical Boards of the United States (FSMBUS). The resolution reads as follows:

Whereas the Federation of State Medical Boards of the United States (FSMBUS) is a member organization of the National Commission on Certification of Physician's Assistants (NCCPA), and

Whereas the FSMBUS has endorsed the National Certifying Examination for Physician's Assistants developed by the National Board of Medical Examiners and administered by the NCCPA, and

Whereas it is the policy of the FSMBUS to promote state legislation that allows interstate mobility of physicians of the United States, and

Whereas similar problems have arisen concerning physician's assistants, and

Whereas approximately 80% of the states have enacted enabling physician's assistants legislation,

Therefore, be it resolved that the FSMBUS urge state medical boards to seek legislation and formulate rules and regulations which would permit acceptance of the examination of the NCCPA in the authorization of physician's assistants in their respective states.

The uniqueness of NCCPA's organization, including directors representing 14 diverse health organizations, has enabled it to serve the public and the PA population in this most important arena, because states do not view NCCPA as representing any special interest group. We will continue to serve, on request, as a resource for states, urging the acceptance of national certification and encouraging continued competency assurance in the best interest of the patients, and simultaneously assuring the acceptance by states of PA's as a useful and professional concept within the health field.

The State Board Liaison Committee is currently preparing an educational package for states which will be sent with a covering letter from the FSMBUS. Simultaneously, the committee will ask the FSMBUS to prepare a model legislation package, including recommendations for rules and regulations. We anticipate the FSMBUS will agree to do this with substantial input from NCCPA, American Academy of Physician's Assistants, and Association of Physician Assistant Programs.

Finally, although discussed elsewhere in this newsletter, NCCPA continues to represent the interests of PA's other than those in primary care. We continually suggest, as a part of our presentation to states, that they develop mechanisms for provisional state certification/registration of PA's not eligible for the Primary Care Examination until such time as appropriate competency measures are developed.

### CONSIDERATIONS FOR THE 1976 EXAMINATION

The responsibilities that encompass a rapidly growing profession ultimately lie with the individual members of that profession. There is, for every profession, a "cost" of doing business, and one of the most important of these costs is assuring peer competency, for without such assurance, professional status is impossible.

The actual expense involved in developing, administering, and scoring any vehicles for measuring competency are high. 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 DHEW and some foundations have carried the three-year lion's share financial burden of developing the PA examination. Actual cost to the candidate has 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. That time has arrived. The exam has been proven to be extraordinarily reliable, and now the financial burden of continued evolution, administration, and scoring must rest with the candidates for the examination.

The table below provides a comparison of the actual and estimated examination expenditures for 1975 and 1976. As can be seen, the total cost in 1975 was \$288,259 (\$199,259 borne by the Federal government), and the estimated cost in 1976 will be \$163,500, representing a reduction of nearly \$125,000. This reduction has been 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 must support the examination evolution, administration, and scoring in 1976, representing an increased cost (to be borne by the candidates) of \$74,500. Thus, we can anticipate a per capita increase in the examination fee from \$60.00 to \$115.00. Even with this increase, NCCPA will continue to carry a portion of the burden of the cost beyond that covered by candidate examination fees.

#### EXAMINATION COSTS

	1975	1976
Federal Government	\$199,259	
NCCPA	89,000	\$163,500
Total:	\$288,259	\$163,500

Examination development and administration is an expensive procedure. However, the examination offers the PA the unique opportunity of demonstrating to himself, his employing physician, and most important, the patient, a high level of both personal competency and competency associated with the professional category labelled Physician's Assistant. The Commission will continue to work toward the end of assuring that competency.

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### SPECIALTY PHYSICIAN'S ASSISTANTS

The rapid growth of the physician's assistant concept and resulting state rules and regulations enabling PA practice have created a dilemma for the PA who has graduated from or works in a specialty setting. In many states, a PA is not allowed to practice until he is certified by NCCPA. However, the current examination is designed to measure the competency only of those individuals trained in primary care; those individuals not trained in primary care have not been eligible to take the examination. NCCPA

recognized this dilemma early in its existence and began addressing it jointly with NBME and the American College of Surgeons.

NCCPA is aware of the possible disenfranchisement of the specialty PA as a result of state legislation, rules, and regulations which require national certification as a prerequisite to state certification. During the past year, NCCPA has been working toward identifying alternative solutions to this problem. An immediate, although perhaps not the best solution under consideration (which would accommodate the largest segment of the estimated specialty PA population—formally trained surgeon's assistants) would be to allow graduates of accredited SA programs to sit for the 1976 administration of the Primary Care Examination. A final decision concerning this alternative will be made at NCCPA's spring Board Meeting, to be held in Atlanta.

NCCPA will continue to attempt to develop a generic core exam and specialty add-ons (including primary care) depending on the cost-effectiveness and availability of funding for such activities.

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### REREGISTRATION and RECERTIFICATION

The NCCPA's major effort to date has been to insure both entry level and continued competency of physician's assistants. Part of that continuing effort will be the requirement of all PA-C's to engage in CME activities in order for their certificate to remain valid. The actual requirements are 100 hours of CME every 2 years, which will be verified and approved by the American Academy of Physician's Assistants. A PA need not be a member of the Academy to utilize that agency's resources in the logging and accreditation of CME. For additional procedural information, contact AAPA, 2120 L Street, N.W., Washington, D.C. 20037.

Also, NCCPA plans to develop recertification examinations, the first of which is expected to be administered in 1981 to those physician's assistants whose certificate has been valid for the previous six years.

Although examination development has not begun, efforts are being directed toward the implementation of unique measurement devices that will consider PA deployment and role evolution, and will utilize performance-based techniques. We are confident of the ultimate development of an examination(s) that will be both a learning experience and an evaluative tool. Future examination emphasis will be on the identification of weaknesses in order that a physician's assistant can remedy those weaknesses, pass the recertification examination, and assure himself, his employing physician, and his patients of the highest level of competency. The thrust is to allow people who may fail the initial recertification examination to study specific areas and retake the examination without losing certification during the interim.

PA deployment and role evolution will be determined on the basis of various research studies, review of CME topics, and reregistration application forms. NCCPA is committed to developing recertification examinations which are as relevant to PA practice as the entry level exam is to primary care PA training and utilization. If, for example, we discover that by 1981, 80% of the PA-C's are functioning only in adult medicine, then the recertification examination will necessarily address requisite knowledge and skills attendant with such practice.

As indicated elsewhere in this newsletter, there is a cost associated with doing business, a cost required if PA's choose to be identified as a profession rather than as an amorphous group. The

NCCPA Finance Committee includes representatives from the practicing PA world and the AAPA staff. The NCCPA Board of Directors includes five PA's representing the AAPA. Decisions concerning expenditures and fees are not made capriciously. We recognize our obligation to keep costs at a barebone minimum.

We have reviewed a number of cost proposals for continued financing of NCCPA activities including initial one-time charges at the point of certification, fees every six years, annual fees, etc. What must be kept in mind is that costs are currently amortized over a population of about 3,000 PA's and that we can anticipate growth of about 1,200 PA-C's per year.

Two choices are available to the profession: One is to delay activities until the population becomes larger and suffer the potential consequences of additional expense and attendant risks to the PA's professional status. The other alternative is to continue to move slowly and steadily in the direction of assuring very early the competency and professional status of PA's. The lessons from other professions are clear. Older health professions are currently agonizing over the logistics and costs involved in assuring continued competency of an existing profession with large numbers of constituent members.

The PA profession is unique in health care. It has experienced a meteoric development in the past few years, in spite of relatively small numbers. These developments include formation of effective professional societies (AAPA and APAP), formation of clear training standards and a viable accrediting procedure, a stunningly effective 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. In the course of this development of the profession of PA, many earlier fears of encroachment and overutilization have been allayed largely through the activities of individual PA's who have demonstrated their competency both at entry level and through job performance. Many skeptics and nonbelievers have become convinced of the efficacy of the PA concept. To relax now is to destroy all the credibility that has been developed in an extraordinarily short time. The responsibility clearly rests with PA's themselves to again take the initiative in the health field by demonstrating a commitment to continued competency assurance.

With these thoughts in mind, the Finance Committee reviewed the various alternatives and decided that, at this stage of development, it was impossible to estimate the level of one-time fees. Consequently, they will recommend to the NCCPA Board of Directors that, at least initially, a \$30.00 registration fee be levied every two years. That is your cost of "doing business," and covers all NCCPA costs involved in the reregistration process, including provision of a valid, reregistered certificate. Obviously, any dramatic changes in the PA population will affect the fees. If the PA concept should flourish and the number of graduates increase, then per capita costs will be reduced. If the population of PA's remains constant, then costs will remain constant or may rise slightly after three years to the point where they will begin to level off or decrease as a function of the total number of PA-C's being reregistered.

NCCPA is soundly behind the PA concept. Continued professional growth will be a function of the combined but separate efforts by NCCPA in the public interest and by AAPA in the profession's interest, as well as through demonstrations of impact of the profession on health care delivery.