



June 26, 1979.

Dear Mr. Glazer:

I am writing you this letter to communicate my feelings in regard to the direction the N.C.C.P.A. is currently taking. I speak directly to the issues listed below.

Firstly the cost of the 1979 certification exam is prohibitive. I seriously wonder how many students can afford the two hundred dollar fee.

Secondly I remain quite distressed over the opening up of the N.C.C.P.A. exam to graduates of 99 nurse practitioner programs. This will only lead to a dilution of the exam as well as the profession in general. I can not understand how a four month N.P. program has become a formal training program or how an OB/GYN nurse practitioner program graduate can sit for primary care boards. In view of the hard time given to the surgical assistants before they were allowed to sit for the boards, this is incomprehensible. I also have to point out that it will require many changes in state laws so that it allows only graduates of approved A.M.A. programs to call themselves P.A.'s. The grassroots P.A. is still asking our state society when the cutoff date for informally trained P.A.'s goes into effect. I find it hard to predict their reaction to this new move by the commission.

My last comment centers around the recertification exam. The A.A.P.A. house of delegates directed in April 1979 that a take home recertification examination be used as

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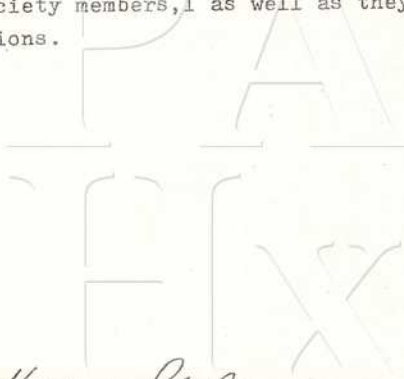
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the vehicle to test graduate competency (Pg.65, 1979 A.A.P.A. Policy Manual). At the last A.A.P.A. board meeting you announced the introduction of a "test" recertification exam to be given at the 1980 national conference. This exam as I understood it was to be a prototype of a formal rather than a take home exam. This is in direct opposition to the feelings of the general membership.

I can only hope that you react to these comments in a positive manner. As a P.A. who has to reflect the feelings of my state society members, I as well as they, need answers to these questions.



With thanks,

*David E. Mittman, P.A.-C.*

David Mittman, P.A.-C.  
President-Elect, N.Y.S.S.P.A.  
37 Fraser St. Staten Island N.Y. 10314.

cc: N.Y.S.S.P.A. B.O.D.  
A.A.P.A. B.O.D.  
Ms. C. Vanderbilt, P.A.-G.  
Mr. S.White, P.A.-C.

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NCCPA REG.  
BOOKLET 1979

All candidates must take both the written and practical components of the examination; failure to take all components of the examination is cause for invalidation of test scores, and results will not be provided. More detailed information regarding the examination, including specific reporting times and locations for testing, as well as sample test questions for review, will be provided with admission cards to be mailed approximately one month prior to the examination.

ELIGIBILITY REQUIREMENTS.

GRADUATES OR STUDENTS OF FORMAL EDUCATIONAL PROGRAMS

Individuals are eligible to register for this examination if their training has been completed or will be completed by February 1, 1980\* from:

1. A program that has been accredited or has received preliminary accreditation by the AMA Committee on Allied Health Education and Accreditation for the education of primary care physician's assistants or surgeon's assistants, or
2. A program of at least four months' duration within a nationally accredited school of medicine or nursing that trains pediatric or family nurse practitioners.

PHYSICIAN'S ASSISTANTS WHO HAVE NOT BEEN TRAINED IN FORMAL EDUCATIONAL PROGRAMS DESCRIBED ABOVE (INFORMALLY TRAINED)

Individuals are eligible to register for this examination if they meet *all* of the following requirements:

1. Have a high school diploma or a general equivalency certificate.
2. Have had four (4) years of full-time medical clinical experience as a physician's assistant or nurse practitioner since January 1, 1975. (Summary of Health Care Functions of the physician's assistant is listed on pages 9-10.) This

\*NOTE: Failure to graduate from an approved program by February 1, 1980, will result in the withholding of test scores. Examinees failing to graduate will not be certified. Graduation will be verified by appropriate program personnel.

experience must have been a United States or in the United States.

3. Provided Criteria 1 and 2 and details of an applicant's employment must and will be verified by contacting the employing physician then be evaluated in relation to criteria.

REGISTRATION PROCEDURES.

1. The deadline date for receipt of this certifying examination is February 1, 1979. (The official Application Form is available in this Announcement. Applications received after this date will not be considered.)
2. A passport-type photograph must be affixed to the form.
3. A fee of \$200.00 must be paid with the application. \$65.00 of this fee is refundable. The Application Fee will be refunded if the applicant is deemed ineligible to take the examination. A cancelled check or money order payable to NCCPA must accompany each application.
4. Applicants are advised to read the instructions thoroughly and answer all questions. Failure to complete the application will delay registration, and obtaining choice of test instructions for completing the examination is included in this Announcement. Applicants are advised to read the instructions before completing the application.
5. The mailing of eligibility certificates will begin during the week of September 18, 1979. Applicants who have not received their certificates by September 21 should contact the office.

# National Commission on Certification of Physician's Assistants, Inc.

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ATLANTA, GEORGIA 30326  
(404) 261-1261

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Executive Director  
David L. Glazer

July 3, 1979

David Mittman, PA-C  
President-Elect, NYSSPA  
37 Fraser Street  
Staten Island, NY 10314

Dear Mr. Mittman:

Thank you for your expression of items of concern in your letter of June 26, 1979. I shall attempt to answer your questions.

1 - The decision to raise the examination fee was not made capriciously and is a direct result of inflation, notably in our costs for examination development. This is the first exam increase in five years. Our staff has remained the same size and we have made concerted efforts to control costs in all areas. The increase over the five year period represents under 5% per year. It is unrealistic to assume that NCCPA is not a victim of the same economic vagaries that exist in society at large.

Incidentally, the cost of the NCCPA exam compares favorably with similar exams. For example the new Pediatric Nurse Practitioner Exam (also developed by NBME and endorsed by the American Academy of Pediatrics) costs each candidate \$200.00. That exam is one day long with no practical component and the cost is averaged over a larger population. I can cite many other examples.

2 - Your concerns about Nurse Practitioner eligibility appear ill-founded. The implication is that NP eligibility is a new concept for NCCPA. This is not the case. Since its first administration NP's have always been eligible to sit for this exam. The exam is designed to be a competence evaluation of the mid-level practitioner in Primary Care. To the extent that a NP elects to sit for this exam and identify herself with the PA profession, rather than nursing, she is and should be eligible. Your allusion to the dilemma of SA's in this context frankly escapes me, since no one should expect professionals in one specialty to be competent in another specialty.

There are currently 2 Nurse Practitioner programs that are accredited as PA programs. Graduates of those programs are NP's, but are eligible to sit for the exam. The maximum number of NP's that

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American Academy of Pediatrics • American College of Physicians • American College of Surgeons • American Hospital Association  
American Nurses' Association • American Society of Internal Medicine • Association of American Medical Colleges  
Association of Physician Assistant Programs • U.S. Department of Defense • Federation of State Medical Boards of the U.S.  
National Board of Medical Examiners

have taken the NCCPA Exam in any year is 75 (apparently 1/3 of those are graduates of these two programs). By and large, NP's are not interested in taking this exam, and ANA (as well as many state nursing societies) has formally stated that NP's should not sit for the NCCPA Exam.

The listing of approved NP programs is based on applications received and no other criteria. The list is published to avoid responding to potentially large numbers of phone calls.

For example, there is only one OB/GYN NP program in that list. The program is now closed. At the time this program inquired about graduate eligibility, the NCCPA eligibility committee reviewed the curricula and determined that it was clearly Primary Care in emphasis. Moreover, at that time AMA had recognized OB/GYN as a Primary Care Specialty (a decision since reversed).

In summary, the information I have provided you indicates that NP's have always been eligible for the NCCPA Exam, that very few actually sit, that a large percentage of those who do sit are indeed graduates of programs accredited as PA programs. There is no risk of professional or examination dilution. This is a non-issue.

Further questions regarding NP's perhaps are better directed to current and original NCCPA directors representing AAPA, since they participated in the eligibility decisions.

3 - Although NCCPA has stated that eventually eligibility will only be granted to formally trained candidates, no cut-off date has been established. To date, NCCPA has certified (over 6 years of examination) less than 225 informally trained PA's. The eligibility criteria are very stringent; the failure rate for this group is generally above 60% as compared to an overall failure rate around 20%. The exam clearly differentiates competency. In these days of FTC involvement, concerns about the relevance of accreditation and certification processes, the PA profession stands nearly alone in its ability to state that profession entry is based on demonstrations of competence. This is not a challenge exam, but there are undoubtedly capable people functioning as PA's who have obtained training through other than traditional means. Based on our examination statistical history, I find it very hard to defend preventing these people from working.

4 - While NCCPA has remained responsive to the desires of PA's, it must be remembered that we function in the public rather than the professions interest. We have an obligation to assure that the recertification process is as credible as the entry level process. While I recognize that a take-home process may be preferable to recertification candidates, there is no evidence that this is a viable way to assure competence. Let me add that there is no proof that a formal cognitive process is any better. Indeed, that is precisely what we are attempting to learn; what is the best method for assuring

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continued competence. The exam administration in April, 1980 is, in fact, not a prototype at all, but, rather a means to collect essential data on which to build alternate recertification methods for effectiveness study. I keep saying publically that NCCPA is opposed to using the entry level exam as a recertification device, but that our opposition requires supporting data. For some inexplicable reason some PA's continue to fail to hear me.

I know I have not provided the answers you wanted, but I hope I have clarified some of the issues and non-issues for you. I appreciate your desire to seek out facts and I suggest that, if the answers in this letter are not sufficient that you convey your concerns to the NCCPA Directors representing AAPA.

Yours Truly,

*David L. Glazer/kg*

David L. Glazer

DLG/kg

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David L. Glazer

August 2, 1979

David E. Mittman, PA-C  
37 Fraser Street  
Staten Island, New York 10314

Dear Mr. Mittman:

As I mentioned in my letter dated July 3, 1979, I suspected that my answers would not satisfy your original inquiries. My suspicions were correct, and I don't think this current correspondence will satisfy you either. Nonetheless, I will attempt, once again, to answer your questions.

- 1- I have enclosed copies of the examination announcements for the past four years. In each of them you will see that I have noted item #4, under "Eligibility Requirements". As you can see, nurse practitioners have always been eligible to take the NCCPA examination. The fact that this was not clearly understood by you does not mean that the situation has not existed historically, nor does it mean that it has not been public information.

You may choose to disagree with my statement concerning who the examination was designed to test, but my statement is nonetheless true. The examination tests the competency of mid-level practitioners in primary care. Each year approximately 70 nurse practitioners sit for the exam, as mentioned to you before. This is a very small number, representing under 5% of the total test population each year. To the extent that nurse practitioners are trained clinically by physicians, and to the extent that their programs are accredited, there is not a tremendous amount of difference in the "technical" aspect of training between NP's and PA's. The fact that NP's may argue for independent practice (a situation not endorsed by NCCPA) does not obviate the efficacy of the NCCPA exam to measure mid-level primary care competence.

- 2- I can give you no other factual information than I have already given you concerning informally trained PA's. While you may think that the time has come for the examination to be closed, a large number of your colleagues think the examination should remain open. I mentioned this as a non-issue because of the stringent criteria that the informally trained candidate must meet in order to be eligible for the exam, the high failure rate experienced by informally trained candidates, and the very small number of informally trained PA's who are ultimately certified by this Commission.

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Association of Physician Assistant Programs • U.S. Department of Defense • Federation of State Medical Boards of the U.S.  
National Board of Medical Examiners

David E. Mittman, PA-C

August 2, 1979

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- 3- I thought I answered your concerns about the resolutions from the AAPA House of Delegates adequately. Apparently I did not, so let me reiterate. While NCCPA is genuinely interested in the concerns of PA's and always responsive to inquiries, ultimately, the Commission operates in the public interest. Consequently, since the constituency of the Commission is the public, resolutions from the House of Delegates are in no way a mandate to the Commission. The Commission, which is composed of 21 Directors, operates conscientiously in what they believe to be the public interest. The only "mandate" that the Commission has is to assure the public of the entry level and continuing competency of PA's. NCCPA will continue to do what it believes is best in the public interest, AAPA resolutions notwithstanding. It is this independent functioning of NCCPA that has, more than any other single organizational issue, contributed to the professional identity of PA's.
- 4- I don't understand the comments you have provided in your paragraph 4. I have already indicated that the small numbers of nurse practitioners and informally trained candidates certified by this Commission do indeed represent a non-issue. I cannot possibly conceive of the statement concerning "right to work" of any professional group as being a subjective one. I can also assure you that, over the years, NCCPA has deliberated and debated many of the issues you have raised, including eligibility of nurse practitioners and informally trained candidates. Each of the Directors on the NCCPA Board, including those representing the Academy, has played a part in that decision-making process and each possesses copies of all pertinent minutes. Moreover, copies of our agenda books are routinely sent to the AAPA national office. I suggest you contact your representatives to the Commission to discuss some of your concerns and to review NCCPA past actions.

One final note. The comments I have made to you represent the official position of NCCPA and not my own personal opinion. While I understand that as an officer of a state PA society you are concerned with what your constituency feels is "truly important", NCCPA is equally responsive to its constituency, the public.

Please rest assured that I continue to be interested, as does NCCPA, in the concerns of the PA profession. While I understand there are many issues that PA's feel are important, it has also been our experience that PA's often realize that issues really aren't issues at all when confronted with the facts.

Thank you again for your letter.

Sincerely,

*David L. Glazer /ca*

David L. Glazer

DLG/cpa

cc: NYSSPA B.O.D.

AAPA B.O.D.

Ms. Clara Vanderbilt, PA-C

Mr. S. White, PA-C