NATIONAL COMMISSION ON CERTIFICATION
OF PHYSICIAN'S ASSISTANTS

SPECIALTY PA COMMITTEE
MINUTES

February 10, 1977
Atlanta, Georgia

Members Present:

Craig Ilk, PA-C (Chairman)
Kenneth J. Printen, M.D.
Henry L. Laws, M.D.
Richard Rosen, M.D.
Ethel Weinberg, M.D.
Jack Ott, M.D.
Glen Wheeling, SA
Gerald A. Filardi, M.D.

Members Absent:

Beau Davis, PA-C
J. Rhodes Haverty, M.D.
Don Fisher, Ph.D.
Harold Zintel, M.D.
Mary Kay Willian, R.N.

Staff:

David L. Glazer, Executive Director
Henry R. Datelle, Assistant Director
Claire P. Adams, Recording Secretary

The meeting of the Specialty PA Committee began at 10:00 a.m. with the introduction and welcome given by Mr. Glazer.

He stated that the major issue would be to establish policy for developing measures of competency for specialty PA's. This policy would not be developed specifically for surgeon's assistants (SA's), but the approach implemented for SA's could serve as a model for other specialties. He stressed the need for a consistent approach

Mr. Glazer continued by reporting on NCCPA activities to date regarding SA's, and made reference to a letter he had sent to Dr. Zintel concerning steps being taken to develop a surgical track. He pointed out, as statedin the letter, that the American College of Surgeons had not indicated any interest in providing financial support for this endeavor until recently when it expressed dissatisfaction with NCCPA's progress. Mr. Glazer then emphasized the Commission's

stand on representing all PA's, not just those in primary care. He continued by summarizing the history and current status of specialty PA's and gave a breakdown of two tables showing data on examination registration and examinee performance. He reported that the nine surgeon's assistants who sat for the 1976 exam had performed equally to graduates of two year primary care programs. Dr. Rosen commented that the nine SA's discussed were not the only SA's who took the exam; others, not specifically identified as SA's have applied, and have sat for the exam, by virtue of having graduated from primary care programs with surgical tracks. He took this opportunity to express his view that the American College of Surgeons (ACS) has shown an interest in supporting an SA exam long before last Fall. It was pointed out that that interest had not, however, included provision of financial support.

In answer to Dr. Rosen's statement concerning the number of SA's applying to sit for the exam, Mr. Glazer stated that it was true we did not have a figure on how many PA's were actually working in surgery. He remarked how a graduate of a PA program could possibly receive 7 out of 12 months training in surgery and still graduate from a primary care program. Dr. Rosen felt that a high percentage of PA graduates did fall into this category.

Mr. Glazer went on to discuss two problems being faced by SA's: They were not eligible to sit for the exam prior to 1976, although some states may require NCCPA certification; and two, we possess no measure to attest to the competency of SA's. He stated that in order to develop an adequate certifying exam, the SA role must be determined. Dr. Rosen expressed his view that the only legitimate body that speaks for surgeons is the American College of Surgeons.

At this point, Mr. Glazer asked Mr. Datelle to report on the activities of the Planning Committee. Mr. Datelle stated that the charge of the Planning Committee was to attempt to identify the difference between core and primary care. He made reference to the report entitled Summary of Health Care Functions and informed the Committee that the majority of people who responded to the questionnaire indicated the difficulty they had in differentiating between core and primary care. Mr. Glazer pointed out that the respondents believed that 70% of the listed health care functions were generic to all PA's. Discussion among members of the committee continued concerning the nature of core information. Dr. Ott stated his opinion that the test would not preclude a well trained SA from passing. He believes there is enough overlap between primary care and surgery to enable a knowledgeable SA to sit for and pass the primary care exam. Dr. Weinberg informed the Committee that 10% more surgery questions had been added to the exam. The number of surgery questions included on the exam was now 15% as opposed to 5% in previous years, but added that the additions are in the nature of trauma, and should be answerable by Primary Care PA's.

At this point, a suggestion came from Dr. Laws that SA's not be tested in certain areas, that an exam be designed that is more specific for SA's since the questions now were not multi-appropriate.

In answer to Dr. Laws' suggestion, Dr. Weinberg pointed out that an exam with national scope would not be appropriate for each special group, but that if he were to take a look at the exam, indications were that he would find the exam appropriate for SA's, and that it does test their competency in other than specialized areas. Mr. Glazer added that the data suggest that graduates of SA programs should be able to pass the primary care exam.

Dr. Laws suggested that the exam might be too broad and not detailed enough for anyone. Dr. Rosen expressed his feeling that there was a difference in quantity and emphasis between what an SA and a primary care exam should test. He went on to say that if the exam is adequate for SA's, it may be inadequate for primary care PA's or vice versa.

Mr. Glazer stated that in 1975, a group met, which included Dr. Zintel representing the ACS, to review the 1975 exam. It was the contention of this group, that although the exam measured primary care competency 70% of that exam would test knowledge that a SA should possess. Mr. Glazer went on to say that the PA exam is an entry level exam and does indeed measure primary care competency; but that primary care is a specialty characterized by breadth, rather than depth of knowledge. He then made a suggestion that each member of the Committee review the 1976 examination and reach a conclusion about the test items. He suggested that by reviewing the questions, they could possibly reach agreement on the applicability to SA's and then proceed with alternatives.

Dr. Rosen proposed that, if the exam is indeed applicable, an add-on exam to measure competency in surgery be developed. Also, if the exam were not deemed applicable, he suggested modifying it to make it so, with an add-on in primary care. He went on to discuss the problems of developing many sub-specialties and the fact that by doing this primary care could become non-existent. He stressed the need to keep up the status of the primary care PA and to focus on his importance.

Mr. Glazer commented at this point that the impact of what primary care does should not be diluted. He questioned where core ends and primary care begins and pointed out that the functional data analysis as presented earlier by Mr. Datelle suggests difficulty in making this determination.

After a lunch break, Mr. Glazer proceeded with the meeting by restating his suggestion to send copies of the exam to committee members and asked that they look at the questions and make an item by item analysis whether they consider it to be applicable to SA's or not. He then proposed to reconvene to discuss the results of the review. Mr. Glazer asked Dr. Weinberg to explain what was involved in developing a SA add-on and in what perspective the exam would be judged. Dr. Weinberg answered by saying there were two ways to analyze an exam's validity: predictive validity, content validity. She informed the committee of the pressure coming from the FTC concerning certifying exams, and that statistical validation must

be properly documented. She also commented that in order for any exam to hold up under scrutiny, they must have documentation that what is on the exam is relevant to the professional role. She added that the best way to get this content validity is by survey to determine:

1. what is being taught
2. what SA's do, from both SA's and employers
3. what do surgeons want SA's to do

Much discussion ensued on how to survey different populations in order to identify different groups. Dr. Laws suggested having two mailings; one for the programs and one for PA's and surgeons, but use the same instrument to survey both.

He then discussed sources of funding and the cost of developing the exam. Mr. Glazer once again stated that the Commission does not have the funds for the development of the exam, even though the priority is high for this project, and that not until recently had the ACS indicated any willingness to support such an activity. He said that copies of the exam could be mailed within two weeks with a covering letter. Then the questionnaire would be mailed back to the Commission for collating of the information and committee members would be informed of the results of the response. A cost proposal would then be developed on the basis of the results. He suggested that the aim would be, assuming applicability of the primary care exam, to develop appropriate limited add-ons. Mr. Glazer then made a formal motion: To aim for a basic core exam with only major specialty add-ons at this time. It was suggested that NCCPA should only be concerned with major specialty areas. The motion was seconded and passed unanimously. Dr. Laws asked that the minutes reflect his continued desire for a separate SA exam although he recognizes the constraints.

Dr. Weinberg then presented a tentative time-line of 15 weeks which would allow for sending out the questionnaire, having the members review it and send it back to the Commission for collating, developing and printing the results, and scheduling a meeting to make up the content of the exam. She added that it would take 11 months for the National Board of Medical Examiners to have the exam completed so they must be ready to go with money in hand by June in order to be ready for the 1978 exam.

Mr. Glazer expressed his concern with opening the exam the first year to informally trained SA's and said that he would prefer at least one year's experience with formally trained candidates. Dr. Laws' feeling on this idea was that the ACS would strongly like to consider a mechanism to examine informally trained SA's since the regents have to answer to all people. He offered to give his guidance in deciding on a mechanism that would allow them to sit. He also felt that surgical people should compose the test committee(s) Dr. Weinberg agreed, but added that the test committee should also include testing expertise, a combination of both surgical and testing expertise.

After some discussion, Mr. Glazer summarized both viewpoints by stating that the impact would come from surgeons. The construction of the test committee would be included in the proposal and bids from testing agencies other than NBME would be included.

Mr. Ilk pointed out that there may be need of having another meeting after reviewing the exam and questionnaire results.

Before adjourning the meeting, it was reemphasized that the Commission is committed to dealing with the problem of Specialty PA's and that the lack of action taken by the Commission was due to the lack of funds. Mr. Glazer took this opportunity to say that a recertification exam for Specialty PA's would be proposed and funded separately.

The meeting adjourned at 4:00 p.m.

Prepared by: _____
Recording Secretary

Submitted by: _____
Chairman, Specialty PA Committee