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American Academy of Physicians' Assistants2120 L STREET, N.W., SUITE 210
WASHINGTON, D.C. 20037
February 2, 1976DONALD W. FISHER, Ph.D.
EXECUTIVE DIRECTOR

Frank A. Riddick, Jr., M.D.
Medical Director
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1514 Jefferson Highway
New Orleans, Louisiana 70121

Dear Frank:

Thank you for the January 20, 1976 letter outlining the concerns of the committee on recertification of the NCCPA following the recent meeting held in New Orleans.

Interestingly, the Academy board of directors also recently reviewed its role in recertification and relationship with the National Commission at a quarterly board meeting held in Atlanta, Georgia on January 23-24, 1976. As usual, many individuals present serve on the Commission and/or its committees, including myself, Don Fisher, Craig Ilk, Fred Olenberger, Richard Rosen, and Harold Zintel. I reviewed for the board, as I will do for you now, previous decisions made by the board:

April, 1975: Resolved, the Academy endorses only those graduates of A.M.A. and NCCPA recognized programs as being eligible to sit for the National Certifying Examination...the Academy stands opposed to foreign medical graduates being able to sit for this certifying examination...the Academy will continue to develop a dialogue and work closely the National Commission, especially in the area of recertification;

July, 1975: Following a presentation by David Glazer, be it resolved, the board appoints a special committee chaired by Craig Ilk to study specialty certification and develop a position paper on the certification of surgical physician's assistants by NCCPA, to be transmitted by the President...the Academy accepts the Commission's requirements for recertification which will be 100 hours of continuing education credit every two years...the Academy accepts responsibility for accrediting all CME credits for new health practitioners and will report such credits to the National Commission as required...and the Academy accepts the National Commission as co-sponsor of the Annual Conference;

October, 1975: Following a presentation by Donald Fisher, be it resolved, the board endorses a schematic outline delineating the roles of the Continuing Medical Education Committee and the National Office staff in approving CME programs and logging and reporting CME credits

to the National Commission...the board approved, given anticipated costs, a \$30.00 charge for Academy members or non-members for registering and reporting CME credits to the National Commission... the Academy raised its annual dues for graduate members to \$60.00, anticipating an annual cost of \$30.00 per member to support the Academy's efforts in continuing medical education.

Following considerable debate and with modest counsel from our advisors, the board, at our recent meeting in Atlanta, reconfirmed its position relative to mandatory continuing medical education and recertification as follows:

- 1) Though the "state of the art" is far from sophisticated and the literature is replete with articles condemning mandatory continuing medical education, the Academy will continue -- as are other organizations like the American Academy of Family Physicians -- to require continuing education for membership;
- 2) The Academy re-endorsed its "Guidelines for Continuing Medical Education", utilizing the categories developed by the American Medical Association, including: Category I/Programs with Accredited Sponsorship, Category II/Programs with Non-Accredited Sponsorship, Category III/Medical Teaching, Category IV/Books, Papers, Publications, Presentations, and Exhibits, Category V/Non-Supervised Individual CME Activities, and Category VI/Other Meritorious Learning Experiences. The Academy will continue to utilize these guidelines in re-electing its membership to fellow status and in registering individual CME credits for recertification by the National Commission on Certification of Physician's Assistants;
- 3) The Academy will continue to accredit continuing medical education programs for physician's assistants as it has done in the past by reviewing conference plans, inclusive of behavioral objectives, etc., and will not, for obvious reasons, approve of programs through on-site visits (as done by the American Medical Association for its membership, the Pennsylvania State Medical Society for its membership, etc.). The Academy will continue to accept for credit in Category I programs recognized by the A.M.A. and state medical associations for physician continuing medical education credit, given the current development of the physician's assistant profession and the lack of specific continuing medical education programs for physician's assistants. The Academy's Continuing Medical Education Committee and the board itself, however, recognize that continuing medical education programs for physician's assistants are increasing and are available in more frequent numbers each year;
- 4) The Academy has established an appropriate mechanism for registering and reporting CME credits through the National Office and we should be able to meet the Academy's obligations to the National Commission;
- 5) The Academy's "Continuing Medical Education Proposal for Physician Extenders", as developed by the Continuing Medical Education Committee,

should be reviewed and refined by the National Office staff for submission to federal and foundation sources in an effort to seek support of our continuing education endeavors.

Frank, I can assure you the Academy is also rightly concerned regarding its assumption of responsibilities on behalf of the National Commission, given the fact that we are working in an area in which even the best of medical educators disagree: recertification by examination and mandatory continuing education! We sincerely hope the National Commission and its various committees have found the Academy sensitive and responsive to their requests. As noted above, we resolved to work with the National Commission last April; in July, 1975 we changed our continuing medical education criteria to meet those established by the National Commission and agreed at that time to register and report CME credits to the Commission; in October, 1975, following a cost analysis, we established a fee for providing these services; and since October we have established an appropriate division of labor between our Continuing Medical Education Committee and the National Office staff and have defined an appropriate system for registering and reporting CME credits to the National Commission. In fact, we will soon be transferring all of the Academy's continuing medical education records from Durham, North Carolina to the National Office.

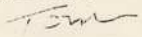
As President of the Academy, I have seen some problems develop, but these are problems which I think can be overcome. The most obvious became evident recently when the chairman of our Continuing Medical Education Committee could not attend a planned meeting of the Committee on Recertification of the National Commission. We hope to soon resolve this issue by appointing an associate chairman of the Committee so that in the chairman's absence we will not be at fault for missing important meetings. I also believe we have a problem in communication -- evidenced by the flurry of correspondence between Dave and me last summer, and more recently, by individuals who seem to be waiting for "the other" to call, and should have been initiating the communication/correspondence. This is a hard problem for me to put a finger on, but I think we must improve communications between the Academy's Continuing Medical Education Committee, the Commission's Committee on Recertification, the Presidents of each organization, and our national office staffs. I have recently been in contact with Dave Glazer by phone, had a nice conversation with Dave, and understand that he will soon be getting together with our National Office staff and the chairman of our Continuing Medical Education Committee to review the mechanisms we have established and map out strategies for the future. In an attempt to further resolve this issue, I would suggest that a real attempt be made to schedule meetings of the American Academy of Physicians' Assistants, the National Commission, and the Association of Physician Assistant Programs together on a regular basis and at convenient times. Finally, and an item which was expressed by the board of directors at our recent meeting in Atlanta, we are concerned that the National Commission may not have emphasized enough and delineated guidelines (CME) for recertification to those it has certified. We realize the National Commission has published a newsletter and, needless to say, we have well publicized recertification in our newsletters. We feel it would be appropriate -- indeed timely -- for the National Commission to write its certificate holders a letter

outlining the Commission's and the Academy's responsibilities in recertification, provide the certificate holders with a pamphlet defining our guidelines for continuing medical education/recertification (introduction, categories, etc.) and supply them also with an application form (developed in conjunction with the Academy's CME Committee) seeking approval of CME credit for recertification.

Before closing, I would like to mention one more issue which has been of concern to me personally and which Dave Glazer and I recently discussed by phone. The issue: making certain that we charge certificate holders a reasonable and nominal fee for every service that our respective organizations render. Currently, a physician's assistant will be charged for the initial administration of the examination, charged for registration (which includes the award of a certificate), and every two years thereafter, charged a fee by the Academy for logging and reporting their CME credits and charged a fee by the National Commission for registration. I am afraid the certificate holder will eventually feel "nickel-and-dimed" to death, and perhaps some thought should be given to charging one fee as opposed to many. One could consider charging a "six-year fee" which would encompass the administration of the initial examination, the Academy's efforts at approving CME programs and reporting CME credits, and re-registration every two years by the National Commission. At the very least, it would seem reasonable to give thought to combining the Academy's charges for reporting CME credits and the Commission's charges for re-registration between examinations. If this were done, the National Commission would charge for the fees and simply sub-contract to the National Board of Medical Examiners and the American Academy of Physician's Assistants for our services. The board of directors has taken no position on this issue -- though it is concerned that certificate holders be charged nominal fees -- and I want you to understand that these are my personal views.

I apologize for the dissertation but I did want to spell out to you and the committee in a very clear way the position of the Academy. We are sympathetic to your concerns and sincerely hope you are to ours. We must exercise sound judgment in making our initial decisions, avoiding carelessness, and "Brownian Movement". We shall share our successful accomplishments as well as our failures. I hope this letter has clarified some of the issues of concern to the Committee on Recertification.

Sincerely,


Thomas R. Godkins, President
American Academy of Physicians' Assistants

TRG/dm

cc: David Glazer, M.A., Executive Director, NCCPA
Thomas Piemme, M.D., President, NCCPA
Donald Fisher, Ph.D., Executive Director, AAPA
AAPA Board of Directors
Paul Toth, Chairman, CME Committee, AAPA
P.A. Members, NCCPA Board