

SUMMARY MINUTES

MEETING TO DISCUSS  
NATIONAL COMMISSION  
on  
CERTIFICATION OF PHYSICIAN'S ASSISTANTS

At the above meeting, November 28, 1973 in Chicago, representatives of national organizations listed in att. 1 took the following actions:

1). Were informed of the current status of the proficiency examination for the assistant to the primary care physician being developed by the National Board of Medical Examiners under contract with the Bureau of Health Resources Evaluation Development, Health Resources Administration, with additional support from the Robert Wood Johnson Foundation and Kellogg Foundation, of the fact that over 900 individuals (62% physician's assistants, 29% Medex, and 9% nurse practitioners) had been registered for first administration of the examination December 12, and that intensive study and analysis would be made of results to determine validity, reliability and as a basis for determining passing levels of performance.

2). Reviewed in detail and suggested a number of changes in the draft "Proposal for a National Commission on Certification of Physician's Assistants", as follows:

a). Name

Approved the title "National Commission on Certification of Physician's Assistants"

b). Purpose

Agreed that recognition of those maintaining as well as those achieving competence should be a purpose of the Commission; made the changes in the section on "purpose" indicated in attachment 2 (additions underlined, deletions lined out) and approved that section as modified.

c). Administration

1. Were informed that, at the staff level, the American College of Obstetrics and Gynecology strongly supported the concept of such a Commission, but felt that the College should decline formal participation in the Commission because of its commitment to developing alternative manpower categories as physician extenders.
2. Were informed of the American Nurses' Association's support in principle and desire for participation in the Commission, contingent on the assumption that certification in this capacity will be available to nurses, but that no special promotional efforts will be directed to that professional group. ~~outlined-in-attachment-3.~~

3. Were informed of the American College of Surgeons support in principle and desire for participation in the Commission, with the proviso that individuals functioning as surgeons' assistants also be represented in the Commission's governing authority.
4. Was informed by ACS representatives that the day's agenda dealt exclusively with the assistant to the primary care physician, and did not address the problem of the surgeon's assistant. It was pointed out that although the AMA House of Delegates had approved essentials for the orthopaedic and urologic physician's assistant, representatives of these specialties were not present at the meeting. ACS representatives noted that, after two years of negotiation, the Council on Health Manpower did not believe that national need for surgeon's assistants had been documented, but that the College, recognizing that surgeon's assistants were being trained and hired, had unilaterally approved educational standards for these programs to ensure quality. The College, while supporting in principle the concept of a free-standing Commission felt that essentials for the surgeon's assistant should be approved by the AMA, and a suitable certifying examination be developed.
5. Agreed that the following 13 organizations would each appoint a representative to the Board of Directors of such a Commission: American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American College of Surgeons, American Hospital Association, American Nurses' Association, American Society of Internal Medicine, American Medical Association, Association of American Medical Colleges, Association of Physician's Assistant Programs, U. S. Department of Defense, Federation of State Medical Boards of the U. S., and National Board of Medical Examiners.

Agreed that the American Academy of Physician's Assistants would appoint 5 representatives to the Commission Board of Directors, and that, upon its formation, the Board of Directors would appoint three additional members-at-large, one of whom would be a physician knowledgeable about health manpower, and the others representing the public.

6. Agreed that the Commission Board itself should determine the most feasible and equitable method of staggering terms for Board members, so as to insure continuity in membership.
  - a. Made changes indicated in the section on "Administration" in att. 1 to reflect actions 1-5 above; approved this section as modified.

d. Functions

1. Agreed that establishment of pass-fail levels should be a joint responsibility of the Commission and the National Board of Medical Examiners, and the examination material would be the property of the National Board of Medical Examiners\* with a contractual agreement between NBME and the Commission protecting the security of the examination; also agreed that further details as to access to and ownership of the examination should be

\*Representatives of the Bureau of Health Resources Development noted that provisions as to ownership of the examination would require further clarification at the time contracts were drawn, in light of Bureau funding policies.

worked out in contractual arrangements between the Commission and the NBME.

2. Agreed that eligibility criteria for the examination would be the responsibility of the Commission, with the understanding that such criteria would be developed cooperatively with the National Board of Medical Examiners; also agreed that any physician signing a PA's application be endorsed by his state board of medical examiners. Agreed on the need to keep application, examination and certification fees as reasonable as possible commensurate with processing costs, and that admission to the examination should not be denied on the basis of the PA being employed by an institution as long as he worked under supervision and direction of a physician (whether M.D. or D.O.).

P  
A  
E  
X

3. Agreed that all examinees should be informed of their numerical test score, regardless of whether passing or failing. Noted that there were obvious problems with use of the designation "certified physician's assistant" (CPA) but that the term "certified" was more appropriate than "registered"; agreed that the Commission itself shall determine the designation and suggested "physician's certified assistant" as one alternative to be used for successful applicants.
4. Agreed that early renewal of certificates issued by the Commission might pose an administrative problem, and that emphasis might rather be directed to recertification based on competence at longer intervals; also agreed that such decisions should be made by the Commission itself, through a subcommittee if necessary.
5. Discussed some of the potential legal problems involved in the revoking or refusing renewal of certification by the Commission, including the possibility of legal action by PAs adversely affected, and agreed on the importance of a clearly defined appeal mechanism within the Commission for all decisions involving withdrawal of certification. Approved in principle the need for a revocation and appeal mechanism within the Commission, but agreed that details of such a mechanism should be developed by the Commission itself, and that the description of such a mechanism in the proposal should be presented only as an example.
6. Approved without change the paragraph calling for the Commission to investigate on request the eligibility of a certified physician's assistant for practice in a specific state.
7. Agreed that examination updating and review should be performed by a test committee of the NBME, which would include representation from the Commission.
8. Approved without change the remaining functions proposed for the Commission.

Made the changes indicated in the section on "Functions" in att. 1 to reflect actions 1-9 above and other suggestions; approved this section as modified.

e. Financing

1. Agreed that start-up funding should be sought from appropriate foundations as well as the Bureau of Health Resources Development. Also agreed that it would be desirable for each participating organization to pay travel and lodging expenses of ~~each~~ one representative to Commission meetings insofar as possible, at least during the formative period of the Commission.

*Change made  
by request of  
Academy.  
NBME will assume  
cost of one rep  
to commission  
meetings. The  
other 4 will be paid  
by commission  
PFM*

2. Agreed that the proposal and budget submitted to participating organizations and funding sources should be drafted on the basis of each participating organization paying the expenses of sending a representative to two Commission meetings a year. It was noted that the possibility of on-going financial assessments to participating organizations might be considered in the future should cost experience indicate.

f). Follow-up

The following steps were agreed upon to implement decisions reached at the meeting.

1. Circulation of minutes and the revised proposal by mail to each meeting participant for individual (not organizational) changes and approval. Concurrently, informal discussions would be initiated with funding sources to determine the general acceptability of and interest in the proposal, so as to identify any further changes which might be needed.
2. Appointment by the meeting chairman of an ad hoc finance committee to prepare (a) a detailed budget and (b) a funding proposal for submission to the Bureau of Health Resources Development and foundations.
3. Following incorporation of changes suggested by meeting participants and addition of the budget narrative developed by the finance committee, submission of the final proposal to each participating organization for individual approval by their governing bodies, and formal appointment of a representative to the Commission. At the same time, a formal request for funding would be submitted to the Bureau of Health Resources Development and foundation sources.
4. Following formal approval by the governing bodies of participating organizations, contracts would be signed with funding sources.
5. Upon awarding of the contract, a meeting of the Board would be convened to begin the business of establishing the Commission, securing staff, etc. Pending acquisition of office space, one of the participating organizations could host this and subsequent sessions, secretarial and staffing services would also be shared by participating groups pending recruitment of paid staff.