



NCCPA

NATIONAL COMMISSION
ON CERTIFICATION
OF PHYSICIAN'S ASSISTANTS
3384 PEACHTREE ROAD, N. E.
ATLANTA, GEORGIA 30326

NEWSLETTER

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NEW NATIONAL COMMISSION OFFICE NOW OPEN

The new National Commission on Certification of Physician's Assistants opened its offices in early February. The office is located at 3384 Peachtree Road, N.E., in Atlanta, Georgia.

The Commission will review and process applications for certification of Primary Care Physician's Assistants, as well as determine eligibility requirements for applicants.

The inception of the Commission represents a major step in insuring quality health care by primary care PA's.

The initial activities of the Commission include preparing for the 1975 Certifying Examination. The exam is scheduled for November 1975, and further details will be forthcoming.

Previous to this year's scheduled exam, 1,858 PA's had successfully passed the 1973 and 1974 Certifying Exam. They are now eligible for certification by the National Commission. The certificates have been designed and are currently being issued.

The National Commission, in addition to certification, will assume the responsibility for recertification at a later date. This process will involve re-examination.

Also, the Commission will remain available to advise state and federal agencies concerning the utilization of the examination as a measure of entry level competency of PA's.

—Henry R. Datelle

ELIGIBILITY

The Eligibility Committee of the National Commission on Certification of Physician's Assistants met in April to make recommendations for the 1975 Certifying Examination for Primary Care Physician's Assistants. These recommendations were presented to the NCCPA Board of Directors meeting in May, and are substantively unchanged from last year's criteria.

The Committee did recommend that, for purposes of the brochure accompanying applications, primary care should be defined as General or Family Practice, General Internal Medicine and General Pediatrics.

It was also recommended that the application should include a statement that falsification of the application or supportive data is grounds for invalidation of the examination score.

The question was raised, "How often should people be eligible to re-



Left to right: Ginger Thompson, Connie Gibson, John Winburn, Hank Datelle, David Glazer, Jan Mathias.

take the examination, having failed it in previous years?" The Committee decided to table this issue for one year pending review of the 1975 examination results.

Dr. Barbara Andrew, National Board of Medical Examiners, discussed the study of PA performance in practice through medical record audit. The Committee agreed that continued evaluative field studies of practice performance of successful examination candidates should be endorsed to assure that the examination remains relevant to the PA role.

—Russell Manes

RECERTIFICATION

The NCCPA Committee on Recertification met April 4, 1975, in New Orleans, Louisiana.

It is necessary to establish measures of excellence for practicing PA's and assure competence at the entry level. Therefore, the committee recommended to the NCCPA's Board of Directors, at our May meeting, that in the future, PA's should attend CME programs aimed specifically at their own profession. A further recommendation is that certified PA's be re-registered every two years based on evidence of completion of 100 hours of approved continuing education. The approval and assignment of credit to various courses should rest with the physician's assistants' professional society (AAPA), who would then verify completion of CME requirements to NCCPA. The committee agreed that it should be the function of AAPA to validate the relevancy of CME necessary to assure current knowledge and skills of the PA. Additionally, it was felt that CME should be appropriate to the PA's working role; that the use of outreach and audiovisual programs should be con-

sidered as well as formal postgraduate courses, in order to permit CME at the PA's work center.

The committee decided to recommend the development and administration of a recertification test after six years, with eventual development of performance-based evaluations.

—Connie Gibson

CERTIFICATION

The National Commission on Certification of Physician's Assistants has compiled a mailing list of those people who have successfully passed the 1973 and 1974 Certifying Examination.

Our list of eligible candidates for certification as PA's totals 1,858. Your certificates have been designed and are now being distributed.

If you have not received your application for certification, please contact our office.

We do not have current addresses for the following people who are eligible for certification. If you know the current location of any of these "missing PA's," please let us know so that they may receive their certificates:

Terry N. Arthur	Dana C. Lakatos
James D. Bohl	Barbara A. Lani
Mary R. Boyle	Don C. Masse
Bennie L. Bradford	Robert W. McClellan
Carlos Ceballos	Grace B. McCormack
Timothy J. Cogdon	Vicki McKee
Cheryl C. Cummins	Allan M. Olson
George L. Doane	Ronald L. Parker
Emidio J. Felicione	William K. Putnam
David R. Gillis	Ann P. Pyles
Linda A. Grantom	Stephen J. Robidoux
Ronald D. Graves	Bruce A. Schalamon
Denise C. Guilanell	Clyde H. Springer
W. F. Hettinger, Jr.	Charles M. Spurgeon
Federico Hinojosa	Jack A. Stauffer
Thomas R. Johnson	Dianne D. Tesch
B. T. Jones	Ronald D. Weidenbach
Dennis R. Keifer	Richard W. Wells
Melvin E. Kirkpatrick	Ronald D. Wide
Patricia A. Krueger	Norma J. Yockel
Thomas H. Yongen	

Ginger Thompson

FUTURE COMMISSION NEWS

NATIONAL COMMISSION ON CERTIFICATION
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From the Executive Director . . .

Recently, those Physician's Assistants (PA's) who successfully completed the 1973 or 1974 National Certifying Examination were contacted by NCCPA regarding application for their certificate. We have since discovered that, despite the publicity accorded NCCPA recently, for one reason or another, many PA's are not aware of the history, existence or function of this Commission, or what benefit accrues from being nationally certified.

With the proliferation of PA training programs during the early '70's, it became clear that a mechanism and formal set of essentials was necessary to accredit programs in order to assure the quality of the educational processes. The result was the advent of the Joint Review Commission on Accreditation of Training Programs for the Assistant to the Primary Care Physician (JRC). But such controls only reviewed the process and not the product.

Simultaneously, PA graduates began to develop a professional identity which culminated in the formation of what are now the American Academy of Physician's Assistants (AAPA) and the Association of Physician Assistant Programs (APAP).

The next step, under the auspices of the Federal Government, AMA, and private foundations and with the blessings of AAPA and APAP, was to develop a mechanism to evaluate the product of the training programs. Thus, the National Board of Medical Examiners (NBME) certifying examination was developed and first administered in December, 1973. At the same time, the Nurse Practitioner, Nurse Clinician, and Child Health Associate Programs were gaining momentum; graduates of these programs were also deemed eligible to take the examination.

Along with the formally trained people, there were also people working as PA's who had not graduated from formal programs. It was decided that, in addition to the generic "Physician Assistant" group, the 1974 examination would be opened to informally trained PA's who met certain eligibility criteria to be determined by a committee of NBME. NBME would also form a Standard Setting Committee to determine pass/fail levels. These were new and uncomfortable roles for NBME, whose traditional charge had always been confined to the developing, administering and scoring of examinations for health professionals. With this in mind, AMA and NBME, together with representatives of 12 other professional groups, agreed in late 1973 to form a free-standing, independent

Commission to assure the PA profession, the employers, state boards, and most important, the patients of the competency of this new class of health deliverer. In February, 1975, after being formally structured and organized, NCCPA opened its national offices in Atlanta, Georgia. Specifically, NCCPA has responsibility to perform the following functions:

1. Determine eligibility criteria for the 1975 and subsequent certifying exams.
2. Review applications to take the examination.
3. Determine, in concert with the National Board of Medical Examiners, the standards for the certifying examination for Physician's Assistants.
4. Issue and verify certificates.
5. Periodically recertify PA's through the continued demonstration of competency.
6. Publish lists by state of PA's certified each year.

A legitimate question is, "What does national certification do for me as a PA?" It provides you, your employer, and your patients with a number of advantages including a frameable certificate attesting to the fact that you are indeed currently certified, assurance that others who hold similar certificates have demonstrated their competency, and conversely, that you are distinguished from those people who have not taken and/or passed the proficiency examination. You can also expect that national certification will soon be an essential for maintaining state certification. This is discussed elsewhere in this newsletter, but briefly, we anticipate that state boards of medical examiners, in the interest of standardization, will soon recognize national certification as a prerequisite for state certification. Indeed, eight states have already done so, and many others have requested lists of nationally certified PA's. You will eventually be able to move from state to state with greater ease, having demonstrated that you are certified nationally. But the states are likely to require that this certification be kept current. So, you can see that this Commission serves your interests.

The application that you received indicated that the certificate is good for two years from date of issuance. This reflects the need to continually maintain and demonstrate competence. The proposed methods and scheduling for periodic re-registration and recertification are detailed elsewhere in this newsletter.

The two-year re-registration fee will probably remain at approximately

\$15.00 to cover printing, mailing and administrative costs involved in providing you with the certificate. The reason the re-registration and recertification processes were not delineated with the certificate application was that final approval of these proposals did not occur until our Board of Directors met in mid-May. Applications were sent out prior to this meeting in response to several hundred requests for certification from PA's who successfully completed the 1973 and 1974 examination.

Finally, we understand that many people who passed the 1973/1974 examinations have only recently received their application for the certificate, although they were bulk-mailed in early April. Consequently, the late fee is obviously waived. However, if you agree with NCCPA and the 14 member organizations, including AAPA, APAP, and NBME, that certification is in your best interest, we request that you send your application in as soon as possible, in order to keep printing costs at a minimum.

Remember, this Commission is intended to maintain the PA's status as a qualified health professional. We welcome your support, suggestions and active committee participation. We will continue to detail our activities periodically, in the APAP Newsletter, and would welcome a visit if you are in Atlanta, or a phone call to answer any questions.

—David L. Glazer

LEGISLATIVE ACTION

The National Commission has surveyed State Medical Boards to determine current legislation, rules and regulations governing or enabling PA activity. All 50 states have responded to this request, and many states have requested advice from NCCPA in structuring rules that would include national certification as a prerequisite to state certification.

It is the intention of the Commission to maintain contact with each of these states in order to familiarize each State Board of Medical Examiners with the nature, function and activities of the Commission, and to provide advisory services whenever requested.

It has been suggested that eventually most states will recognize the certificate issued by the Commission as a requirement for all primary care physician's assistants. This standardization will greatly facilitate the PA's ability to move from one state to another and be certified at the state level.

—Henry R. Datelle