

REPORT TO THE
NATIONAL COMMISSION ON CERTIFICATION FOR PHYSICIAN ASSISTANTS

November 15, 1983

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In late July the five PA Commissioners to the NCCPA had an opportunity to meet and discuss the 1983 changes in the National Certification Examination. We recognized the changes were a result of the need to offer Surgeon's Assistants a fair opportunity to gain certain certification. We strongly support this intent.

Nonetheless, we are also seriously concerned (as are other NCCPA Commissioners) that the change in format could lead to a division in the PA profession between Primary Care PA's and Surgeon's Assistants. At a time when there only exists approximately 12,000 certified PA's in the United States, it is inappropriate to initiate or contribute to such a weakening of the PA political force.

A second serious concern is that the recent change will limit PA job opportunities. Sufficient surgery is taught in the basic curriculum of many educational programs to allow PA's to take surgical jobs upon graduation. If state boards of medical examiners or potential employers of PA's decide to limit specific jobs according to the "specialty" exam passed, a real disservice to PA's will result. Such limitations have already occurred in Alabama, Colorado, and Iowa.

As a result of our concerns and discussions, the PA Commissioners strongly make the following recommendations to the NCCPA Board of Directors:

1. Eliminate and actively avoid terminology which might contribute to the problems illustrated above.
 - a. Specifically, we would wish to avoid "specialty" and recommend usage of "extended core" or other appropriate phraseology as a substitute.
 - b. When there is a need to identify extended core, we would like these categories to be addressed as Surgery and something other than "Primary Care". Using "Primary Care" implies there is no primary care in the Surgeon's Assistant program. "Primary Care", a confusing and poorly defined phrase in the first place, would seem more appropriate a descriptor of the core. "General Medicine" might be a better term to use when referring to the extended core section.
2. Actually offer one examination to a PA-with the choice of which examination to be determined by the educational program from which that PA graduates. Thus, if the PA graduated from a primary care program, the examination offered should be the core plus the extended core in general medicine. Contrariwise, the Surgeon's Assistant

should be offered the examination incorporating the surgery extended core.

3. No seals should be distributed denoting which extended core was utilized in testing the PA. If number 2 is acceptable to the NCCPA Commissioners, seals would be extraneous to the PA and unnecessary cost to the Commission.
4. No PA would take both examinations. If PA's are allowed to take both they would be required to take both to demonstrate their overall competency and to preserve their job opportunities. Such a practice would lead to levels of PA's and would increase costs in a system which is already very costly.

The PA Commissioners hope the above proposals are acceptable to the Commissioners and expect that adoption of those proposals will minimize the problems associated with the changes in the Certification Examination format.

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