

File PA

Minutes
Specialty PA Committee Meeting
October 21, 1975
Washington, D.C.

National Commission on Certification of Physician's Assistants

- Members Present: C. Ilk, PA - Chairman
- B. Andrew, Ph.D.
- R. Deter, PA
- G. Filardi, M.D.
- D. Fisher, Ph.D.
- G. Wheeling, PA
- H. Zintel, M.D.
- C. Vanderbilt (representing R. Rosen)

- Members Absent: R. Rosen, M.D.
- P. Hummer, PA

- Staff: D. Glazer
- H. Datelle

Mr. Ilk convened the second meeting of the Specialty PA Committee at 1:00 p.m., October 21, 1975. In order to minimize travel, the meeting was held in the executive offices of the American Academy of Physician's Assistants and the Association of Physician Assistant Programs.

The minutes of the previous meeting held in September in Atlanta, Georgia were reviewed by the Committee. After some discussion, it was moved that the minutes be accepted as read. The motion carried unanimously.

Dr. Zintel was asked to summarize the American College of Surgeons review of the preliminary recommendations of the Specialty PA Committee. Dr. Zintel indicated that the American College of Surgeons had recently met with members of the Joint Review Committee on Educational Programs for the Assistant to the Primary

Care Physician. The purpose of the meeting, among others, was to compare and evaluate the essentials for training programs for Assistants to the Primary Care Physician with the essentials for training programs for the Assistant to the Surgeon. The outcome of the meeting was that the Joint Review Committee has moved to abolish specialized program accreditation in favor of generic accreditation. Consequently, beginning in 1976, all programs accredited by the Joint Review Committee will be accredited as educational programs for physician's assistants, and will include those programs previously accredited as either primary care physician's assistants or surgeon's assistants programs.

Mr. Glazer inquired as to the status of urological and orthopedic assistant programs; would programs in these areas previously accredited now be generically accredited under the same Joint Review Committee rubric? Dr. Zintel indicated that these programs had not been discussed in the meeting, but offered the supposition that, should these programs so desire, it was likely that they could apply for generic certification. Dr. Zintel made it clear, however, that they would not be accredited as specialty (e.g. urological or orthopedic) programs, but rather generically as physician's assistant programs.

Dr. Zintel then described a number of the different agencies currently accrediting various allied health programs and professions. He also described the Commission on Post-secondary Education. He indicated that the American College of Surgeons had decided not

to support a national agency whose purpose would be accreditation of all allied health professions, but rather to continue to accredit training programs through the mechanism of the existing Joint Review Committee.

Dr. Fisher then described the proposed National Commission on Health Certifying Agencies, which is currently in the planning stages. He indicated that a meeting would be held in early 1976 to review the proposed Commission, and, on the basis of the reaction at that meeting, a decision would be made as to whether to pursue the formation of such a commission. This Commission would be charged with the standardization of certification activities within and across all of the major allied health professions.

Mr. Ilk then summarized the three alternative recommendations developed by the Specialty PA Committee at its last meeting (appended to these minutes). He reported on his meeting with the NCCPA Executive Committee on September 20, at which he presented the recommendations. The response of the Executive Committee was favorable and the Specialty PA Committee has been charged with the responsibility for pursuing each of the alternatives in greater detail. Mr. Ilk indicated that was the purpose of this meeting.

Mr. Ilk then asked Dr. Andrew to address the three alternatives from the point of view of the National Board of Medical Examiners

(NBME). Dr. Andrew began by indicating that alternative number one was preferred because it represents a holistic approach to the problems of generic certification through development of core and specialty add-on examinations. Conversely, alternatives numbers two and three present problems not only in examination development, but also in presenting what might appear to be a confused picture to state boards of medical examiners who have the ultimate responsibility for certifying the practice of PA's. After some discussion, Dr. Andrew proceeded to describe NBME activities in accomplishing alternative number one and the attendant costs. She alluded to the following steps:

1. There is a need to determine generic core competencies, and therefore a core planning committee composed of five to six people must be developed. This committee would be responsible for identifying generic core skills and knowledge and, further, test items necessary to measure competencies in core areas.
2. At least one test committee for the surgical component would also be necessary. This committee would be responsible for developing high priority items for the surgeon's assistants add-on specialty portion.
3. There would also need to be two test committees for the primary care portion of the examination. These committees would be responsible for establishing the multiple choice questions (MCQ) and the patient

management problems (PMP) (these two committees would have already been established in order to develop the 1976 National Certifying Examination, even if it remains unchanged.) It seems likely that the PMP committee could develop shared items which might better be included in the Core Section.

Dr. Andrew then provided the following cost breakdown for development, administration, and scoring of a generic core exam and specialty add-ons in the areas of surgery and primary care. These cost estimates are in addition to the estimated cost for developing, administering, and scoring the 1975 examination as it is currently constructed.

Item #1 - Personnel	\$25,955
Item #2 - Planning Committee Meeting (two 2-day meetings)	7,000
Item #3 - Surgical Test Committee Meeting (two 2-day meetings)	8,000
Item #4 - Printing and Production	13,000
Item #5 - Scoring and Analysis	<u>2,000</u>
TOTAL	\$55,955

Mr. Glazer than spoke to cost of the 1975 Certifying Examination and current methods of reimbursement to NBME. He indicated that NCCPA has not yet experienced a complete examination cycle, and therefore is unable to do more than estimate the cost of the 1975 examination. It is, of course, even more difficult to estimate the 1976 examination cost at this time. He also indicated there is likely to be an increase in NCCPA cost for registering and administering a two-part examination, particularly if candidates are

permitted to take more than one specialty add-on.

Mr. Glazer also provided some statistics concerning the number of examinees and applicants for the 1975 examination. Based on those numbers, the additional cost of alternative number one, anticipated numbers of SA's who might be eligible in 1976, and the projected cost of the 1976 examination to be borne by NCCPA, it was determined that the per capita increase in examination fee (\$60.00) would be around \$40.00. These costs were broken down as follows:

Item #1 - Predicted eligible candidates (based on 1975 data); 1450 at \$65.00 per candidate	\$94,250
Item #2 - NBME estimate for Alternative #1	55,955
Item #3 - 200 additional eligible candidates (surgeon's assistants) at \$65.00 per candidate	13,000
Item #4 - Additional cost for 2-day written examination (allowing candidates the option to take two specialty parts)	<u>6,000</u>
TOTAL	\$169,205

Per capita cost = $\$169,205 \div 1650$ applicants = \$102.55

Mr. Glazer asked the committee to carefully consider the increase for the following reasons: in order to support the activities of NCCPA, the cost to the examinee has risen from \$55 in 1974 to \$100 in 1975; the PA's membership dues in AAPA have increased; there will be an added cost for CME registration; there will be a reregistration fee charged every two years; there will be a recertification examination fee charged every six years. Recognizing that any health

profession must eventually assume the responsibility for maintaining competency within that profession, Mr. Glazer nonetheless felt that it might be premature to increase the fee so drastically at this time. Dr. Fisher concurred on the basis of his concern that such increase in mandatory cost might reduce the probability of practicing PA's joining their professional society, AAPA. In the face of accomplishments of AAPA over its short life, everyone agreed that this would be a disastrous prospect for the PA movement.

Much discussion ensued, with various people expressing opinions as to the willingness of PA's to assume the burden of the added cost. It was recommended that NCCPA deal with program directors to obtain their cooperation and enlist their aid in convincing PA's of the utility for such cost increase. Mr. Glazer also pointed out that cost increase may occur even if the examination remains unchanged, reiterating that current contractual costs are based on estimates alone. It was decided that outside funding should be sought and the decision to increase the application fee be tabled until some indication of possible funding is available.

Dr. Andrew then proceeded to discuss the cost of alternative number two. She indicated that the total additional cost would be \$10,600, to cover primarily convening of a planning committee to generate core competencies and items necessary to test those competencies, as well as primary care competencies. It was felt by the committee that such an investment was not worth the return

since the examination would not be materially different than it currently is in the absence of a surgery specialty portion.

The discussion then turned to the question of whether or not the primary care exam is an appropriate examination for those people who are functioning as surgeon's assistants. Ms. Vanderbilt indicated her confidence that graduates of accredited surgeon's assistant programs would do well on the examination. Each of the committee members agreed that this was indeed possible and perhaps probable, however, concern was expressed that if this were not the case, surgeon's assistants might lose their state certification on the basis of an examination that was not an appropriate measure of their skills. Furthermore, it was pointed out that the examination as it is currently constructed in no way measures the special competencies required of the surgeon's assistant.

Mr. Glazer then outlined a sequence of events for consideration by the committee. He suggested that a time line be developed which depicted key target dates for accomplishing alternative number one. Along with each of those target dates should be a cumulative figure indicating the amount of dollars necessary to reach that point. Given this information, NCCPA might be able to support the initial stages of development of a generic core examination, and specialty primary care and surgery add-ons to some given expenditure point. Simultaneously, NCCPA could pursue outside funding. If it became apparent that funding was not available in time for

the 1976 examination, then the examination could either remain the same or alternative number two could be pursued.

Much discussion followed this suggestion and culminated in the following recommendations of the committee which were unanimously approved:

1. Recommend that a planning committee be appointed and convened as soon as possible to define what is meant by "core competency." This committee should identify those clinical skills and basic science data that should be considered "core."
2. Recommend that funding for an examination (to include parts one and two as described in the minutes of the Specialty PA Committee Meeting of September 19, 1975) be sought simultaneously.
3. Recommend that if funding is available, NCCPA and NBME proceed with alternative number one to be effective for the 1976 certifying examination.
4. Recommend that, if funding is not available, eligibility criteria for the 1976 examination be expanded to include graduates of generically accredited physician's assistant programs (which in 1976 will include graduates of programs formerly accredited as surgeon's assistants programs) and graduates of programs previously accredited as surgeon's assistant programs. Efforts to gain outside

funding for implementation of alternative number one
in 1977 should continue.

The meeting was adjourned at 4:30 p.m.

Prepared by:


Henry R. Datelle

Approved by:

Craig Ilk, PA

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