

American College of Surgeons

INTER-OFFICE MEMORANDUM

TO: Those people who have been invited, and have accepted, to attend the September 21, 1981, special meeting on SA certification.

For Information Only: Copies are also being sent to board members of those organizations who are vitally concerned with this subject.

FROM: Harold A. Zintel, M.D., F.A.C.S.

DATE: September 14, 1981

RE: Background materials relevant to special meeting.

H. A. Zintel's letter to Robert Bruner of 6/18/81
David Glazer's letter to H. A. Zintel of 7/16/81
H. A. Zintel's letter to David Glazer of 9/11/81

Enclosed are copies of three pieces of correspondence relating to the subject of certification of Surgeon's Assistants.

The attached letter of September 11, 1981 addressed to David Glazer lists several explanations of areas which seem to be somewhat confused as well as to list some of the things which I thought should be on the agenda for the special meeting.

HAZ/jw

June 18, 1981

Robert B. Bruner
500 Blue Hills Avenue
Hartford, Connecticut 06112

Dear Mr. Bruner:

The American College of Surgeons wishes to urge the National Commission on Certification of Physician's Assistants and the American Academy of Physician Assistants to expedite the administration of a Surgeon's Assistant (SA) certifying examination without further delay.

I attach an account of the background for this urgent request, citing the history of efforts by our College and others to facilitate this development, and indicating the multiple events that have obstructed initiation of a specific examination for SAs.

The Regents of the American College of Surgeons are therefore asking that an SA certifying examination, unqualified in any manner, be made available in 1982. Your prompt comments on steps to be taken to ensure this development will be eagerly awaited.

Sincerely yours,

Harold A. Zintel, M.D., F.A.C.S.
Director, Department of Special
Educational Projects

HÄZ/pem

enclosure

cc: Edmund C. Casey, M.D.
David L. Glazer

Review of Events Related to Failure to Provide
A Surgeon's Assistant Certifying Examination

The American College of Surgeons urges strongly that a Surgeon's Assistant (SA) certifying examination be given without further delay. We are firm in the belief that "special recognition" is less appropriate than certification.

Ten years ago, more than 8,000 Fellows of the American College of Surgeons indicated they would be interested in hiring qualified assistants other than physicians to help with their surgical practice. At that time the College was aware of the increasing number of Physician Assistant (PA) schools and the number of PAs and other allied health personnel working for surgeons. The College recognized a responsibility to participate in the accreditation of PA schools and in the certification of PA's in order to assure patients of surgical care of the highest standard, in accord with a basic objective of the American College of Surgeons to improve the care of the surgical patient.

The College was one of the founding members of the National Commission on Certification of Physician's Assistants (NCCPA) and has participated in the accreditation process for PA schools for the past six years. It now believes, as it has always believed that SAs should be certified in surgery.

How many PAs are functioning as SAs today? No one really knows. However, at the recent sixth annual meeting of the American Association of Surgeon's Assistants (AASA), a panel of four experts agreed that the number of practicing SA's might be as low as 1,200 or as high as 5,000. These experts were individuals who have been practicing with SA's or have been active in PA accreditation and/or certification since these activities were established. The wide variation in estimated SA numbers is caused by the exclusion of many PAs with on-the-job training or training in non-accredited school programs from membership in the American Academy of Physician Assistants (AAPA). In addition, graduates of SA schools and even some from Primary Care Assistant schools were for some years not allowed to take the primary care certification examination as will be described below. These individuals do not appear on the current roster of the fellows of the AAPA or on the list of those certified by the NCCPA. Thus there is no satisfactory list of names and addresses of these trained but excluded individuals. No attempt has been made to estimate in addition, how many non-physicians function as first or second assistants at operative procedures with no experience or training in evaluation and care, either preoperatively or postoperatively, of patients outside the operating room.

A climate favorable to action on the SA certification examination has appeared to exist ever since representatives of the College, the AAPA, the NCCPA and the National Board of Medical Examiners (NBME) met at NBME headquarters in 1976. There was general consensus that a sum of \$80,000 to \$160,000 should suffice to construct and administer such an examination. Such funds were not then available.

Since then, not only was the SA certifying examination not available but those PA graduates of accredited schools who were working for surgeons were excluded from the PA Primary Care Certifying Examination (PACE) until 1977. Furthermore the graduates of accredited SA schools were not allowed to take the Primary Care examinations until 1978. In 1978 the College was informed that at a NCCPA meeting held in Las Vegas an integrated primary care and surgeons assistant certifying examination was agreed to by NCCPA.

In 1978 NCCPA requested a grant from the College for the development of experimental data to support the need of a SA certifying examination. NCCPA indicated by letter that it anticipated the net result to be a SA certifying examination by October of 1980. Acting in good faith on this assurance, the Regents of the American College of Surgeons approved the granting of a sum not to exceed \$30,000. Later the College forwarded to NCCPA \$21,481, the amount specifically requested by telephone after the Regents action became known to NCCPA. When the written detailed grant proposal was later received by the College it was referred to for the first time as a Special Proficiency Examination in Surgery. The significance of this change of words became apparent two years later after the issuance of the 1980 certificates of Primary Care certification which for the SA successful in the PA and SA examinations read: Physician's Assistant - Certified... with Special Proficiency in Surgery. The College had not expected this half-way measure; it had been led to believe that a certifying examination for the SA was being prepared.

Psychometric analysis with College funding of data from 450 individuals indicated that a special certification examination for SAs was justifiable. NCCPA then included with the 1980 Primary Care certifying examination an elective Special Proficiency Examination in Surgery which was taken by 506 individuals. Studies again supported the logic of a separate or a combined certifying examination recognizing certification in primary care and surgery. However results of these studies came too late to allow the administration of a surgical certification examination in 1981.

The AAPA has pushed vigorously for certification of PAs practicing in specialty areas as witnessed by five resolutions discussed by the AAPA House of Delegates in the past three years. The most frequently mentioned specialty was surgery.

Actually the resolution discussed by the AAPA House of Delegates in 1980, 79-D-M31, threatening to ignore NCCPA and its certifying process and to set up a new PA-SA certifying examination organization designated as the American Registry of Physician Assistants was referred back to the AAPA Professional Certification Committee when discussion indicated that a surgical certification examination and other features sought by AAPA were currently being given serious consideration by NCCPA. The two subjects most prominent in the discussion of the proposed action were the failure of NCCPA to develop a PA recertification examination

and failure to develop a surgical certification examination.

The College is in agreement with the idea discussed at a recent AAPA meeting that if NCCPA does not administer a SA examination in 1982 that one should be produced by an American Registry of Physician Assistants or by another organization.

The College has been reassured on a number of occasions that if the College were urgently pursuing the establishment of a SA certification examination it would be vigorously supported by AAPA and AASA.

The College is now asking that a specific SA certifying examination, undiminished or unqualified in any manner, be made available in 1982.

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National Commission on Certification of Physician's Assistants, Inc.

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Executive Committee

Robert B. Bruner, F.A.C.A.—President
Edmund C. Casey, M.D.—Vice President
Capt. David H. Gwinn, PA-C—Secretary
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July 16, 1981

Executive Director
David L. Glazer



Harold A. Zintel, M.D., F.A.C.S.
Director, Department of Special
Educational Projects
American College of Surgeons
55 East Erie Street
Chicago, Illinois 60611

Dear Harold:

I am in receipt of a copy of your letter to Bob Bruner dated June 18, 1981 in which you traced the history of events pertinent to the certification of surgeon's assistants. Since there are a number of points in your letter on which our recollection diverges, I made a rather thorough search of the NCCPA file to try to refresh my memory.

Throughout your review you allude to "certification in surgery for surgeon's assistants". In fact, you make the statement, "It now believes (ACS), as it always has believed that SA's should be certified in surgery". Since its original deliberations on the issue of specialty PA's, NCCPA has been committed to the concept of generic certification of physician's assistants. Our major goal has been, and continues to be, the identification of the core of information generic to all PA's, irrespective of specialty. Once that is accomplished, NCCPA hopes to develop a core examination with examination add-ons in specialties, including primary care and surgery. To date, NCCPA has not been able to identify that core. Both the administration of the surgical add-on examination and the recertification study are intended to provide a basis for identifying core. NCCPA has never supported a separate certification examination for surgeon's assistants. As you may recall, at the first meeting of the Specialty PA Committee, which you attended as a member on September 19, 1975, the first recommendation made and subsequently endorsed by the NCCPA Board was, "Generic certification should be the primary concern of NCCPA".

One of the major considerations in those early meetings of the SPA Committee was to find a way to extend eligibility to surgeon's assistants to take the Primary Care Examination. A review by the SPA Committee members of the Primary Care Exam suggested, by your own estimate, that at least 70% of the examination was applicable to surgeon's assistants, and ultimately, graduates of accredited SA programs were and are admitted to the exam.

The request for funds submitted to ACS in May of 1978 was not, as you state, a proposal to develop a certifying examination for surgeon's assistants. I quote from that proposal: "NCCPA is in the process of developing a strategy

Member Organizations

American Academy of Physician Assistants • American Medical Association • 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 • Association of American Medical Colleges
Association of Physician Assistant Programs • U.S. Department of Defense • Federation of State Medical Boards of the U.S.
National Board of Medical Examiners

to permit all PA's to be certified by competency measurement. That strategy must assure generic certification while maintaining the integrity of competency measurement within the specialties, including primary care. After much study, and as an initial step in the evolution of specialty examinations, NCCPA proposes to develop a surgical component to be administered in conjunction with the 1978 Primary Care Examination in order to provide some assessment of the competency of PA's in the practice specialty of general surgery". Later in that proposal it states, "The next most expedient and valuable approach in the evolution toward core specialty examinations, and that proposed in this document, is to develop a surgical addition to the current Primary Care Examination. This component would be composed of a number of multiple choice questions specifically dealing with knowledge and skills necessary to perform as an SA. Each candidate who becomes eligible for this surgical examination component would also sit for the Primary Care Examination".

In the second proposal submitted to ACS (and the one ultimately funded) for administration, scoring, and analysis of the existing surgeon's assistant examination, it states, "The NCCPA will administer the examination in order to gather data which can be used to determine if there should be a special mechanism for certifying competence of surgeon's assistants, and if an add-on to the Primary Care Exam is sufficient for that purpose".

As you can see, both of the proposals were tailored specifically to a multiple choice question add-on examination to be given in concert with the Primary Care Examination. The results of that pilot administration indicated insufficient justification to deny the need for a surgical add-on exam. Consequently, in 1980, NCCPA administered a voluntary Special Proficiency Examination in Surgery to eligible candidates who have either already passed the Primary Care Examination or were currently eligible candidates for that exam.

NCCPA remains on target with its planned evolution to determine the need for core/specialty examinations. Our activities are consistent with the calendar established by the Specialty PA Committee which includes members representing both the American Association of Surgeon's Assistants and the American College of Surgeons. I frankly do not understand your comment that, "The College had not expected this half-way measure, it had been led to believe that a certifying examination for the SA was being prepared". In none of the documentation do I see any reference to a certification exam for surgeon's assistants. Moreover, this has never been a specific goal of NCCPA. NCCPA as well as CAHEA and the PA's professional society, AAPA, have always been committed to generic accreditation and certification of physician assistants irrespective of the practice specialty setting. As you point out, the AAPA has indeed pushed vigorously for certification of PA's in specialty practice, but that push has been for generic certification. The current NCCPA certification approach is entirely consistent with the position of the American Academy of Physician Assistants. A mechanism for certifying qualified SA's as well as a mechanism to measure surgical competence does currently exist.

You indicate that the panel of four experts at the recent meeting of the American Association of Surgeon's Assistants estimated that the number of practicing SA's was between 1,200 and 5,000 people. Since I was a member of

that panel, I must state again that my recollection is somewhat different. While there may be a number of people who work for surgeons or indeed work in surgery, the American Association of Surgeon's Assistants has only been able to identify approximately 600-700 of these people. The NCCPA and AAPA have only been able to identify 500 people working in surgery. It seems likely that there are a great deal more PA's working for surgeons, but their activity may be confined to the delivery of primary care. You state that the wide variation in estimated SA numbers is due to the exclusion of informally trained PA's from the membership in the Academy coupled with the lack recognition of those PA's who have graduated from non-accredited training programs. The Academy only recently moved to deny membership to informally trained PA's. Prior to the most recent AAPA House of Delegates meeting, any PA informally trained and certified by NCCPA was eligible for membership in the Academy.

Not only did NCCPA open the exam to graduates of accredited surgeon's assistants programs in 1977, the criteria for eligibility for the examination for informally trained was expanded. Prior to 1977, only those informally trained PA's who worked in primary care settings were eligible for the examination. Since that time, anyone functioning as a PA, irrespective of the specialty setting, is eligible for the examination. Thus, informally trained people functioning as PA's in a surgical setting are eligible.

NCCPA, as a certification agency, is content to recognize that the agencies involved in the creditation process are much better equipped to assess the value of training programs. Since the American College of Surgeons participates in that accreditation process, and, indeed, has developed the essentials for training programs for surgical PA's, I cannot conceive that membership in the AAPA or certification by NCCPA of graduates of non-accredited programs could be endorsed by ACS.

You suggest that the reason the AAPA resolution to establish an American Registry of Physician Assistants was referred back to committee was because positions of the House of Delegates were currently being given serious consideration by NCCPA. The fact is, that NCCPA has continued to operate in the best interest of the public and has not modified its position on any of these issues. Rather, it is my impression that the decision to table was largely based on better communications between NCCPA and AAPA. It also is my impression that the Academy feels much more comfortable with what the Commission is currently doing, particularly in the area of recertification, simply because the Academy is now much better informed than they have been in the past. There have been no shifts in NCCPA policy. Should AAPA, or any other agency which represents physician's assistants, choose to establish an independent registry and certifying process for physician's assistants to compete with NCCPA, that would have to be the decision of that agency. I think it would be terribly ill-advised for the future of the PA profession.

You state that, "The College is now asking that a specific SA certifying examination, undiminished or unqualified in any manner, be made available for 1982". That, it appears to me is a shift from the previous position of the College as expressed in our Specialty PA Committee meetings and at our Board meetings. If that is now the request of the College, then I think NCCPA would

Harold A. Zintel, M.D., F.A.C.S.
July 16, 1981
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be perfectly willing to embark on the development of a separate specialty examination for surgeon's assistants, provided that appropriate funding is made available for the development of such an examination. This is where we were in 1975. As we have discussed in the past, the development of a separate examination is terribly expensive, and data suggest, duplicative.

Yours truly,

David L. Glazer

David L. Glazer
Executive Director

DLG/11c

cc: Peter Rosenstein
Jarrett M. Wise
Kenneth J. Printen, M.D.
Henry L. Laws, M.D.
Clara E. Vanderbilt, PA-C
NCCPA Executive Committee

PA
HX



American College of Surgeons

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September 14, 1981

Mr. David Glazer
National Commission on Certification
of Physician's Assistants
3384 Peachtree Rd., N.W., Suite 560
Atlanta, Georgia 40426

Dear David:

This letter will acknowledge receipt of yours of July 16 which arrived just after I left for vacation. We look forward to the meeting of September 21 toward more meaningful communication and understanding. Our discussion undoubtedly will be of great benefit to all concerned.

On several occasions in the past eight years certification of Surgeon's Assistants seemed imminent but for financial support. On several occasions it was noted in writing "that development of the examination failed because of the lack of interest and financial support of the College". The College has never in the past nine years flagged in interest in this subject as the records will show. Also the College will not become involved either directly or indirectly in financing examinations for certification.

It should be recognized that the College is an organization whose primary function, perhaps 90% of its activities, is that of education and as such is not responsible for activities involving examination and certification, although it does on request provide representatives to organizations which do. Consistently, the College has refused to give or lend monies for certification to the American Board of Surgery or other certifying agencies.

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It is possible the Regents might consider helping NCCPA to raise monies from outside agencies. Along these lines it would be helpful to the College if it could have copies of grant proposals that have been made by NCCPA to funding agencies in an attempt to raise support for development of the SA examination.

Failure of the American Association of Surgeon's Assistants (AASA) and others to identify more than 600-700 SA's may reflect deficiencies of the types of searches utilized. Recently published studies by Perry et. al report 775 SAs working in 552 hospitals which if extrapolated by using hospital admissions to all of the short term hospitals would suggest that there might now be 3,400 SAs working in hospitals.

Using the figures of 15.1% reported by Light in 1976 or the figures of 11.7% of the 1978 National Survey of the PA profession would indicate respectively that there might now be 2,265 or 1,755 SAs. These figures would not necessarily reflect all informally trained SAs or PAs who work for primary care physicians who do surgery. Only a little over half of the surgery performed is done by trained surgeons and not all trained surgeons are certified.

For the past several years approximately one third of the "Positions Available" listed in the publication News of AAPA under positions available have been for assistants to work in surgery. The last issue, September 1981, is a good example. Of the 12 notices in which the type of medical practice is mentioned seven are for positions which are surgical. These listings would suggest that there is considerable need for and traffic in Surgeon's Assistants.

The generic concept as it relates to Physician's Assistants, Assistants to the Primary Care Physicians, Surgeon's Assistants and others should be agreed upon.

In the surgical community "special proficiency in surgery", "special competency in surgery", or "special recognition in surgery" are not to be equated with an unqualified or full "certification in surgery".

Some Physician's Assistants do not want to be classified or categorized as Assistants to the Primary Care Physician whether

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this be the sole categorization or one associated with a secondary categorization in surgery. The Yale-Norwalk Surgical Postgraduate PA school did not approve of the SA examination of 1980. Some associated with this school and some not associated with the school campaigned actively advising others not to participate in the 1980 SA exam.

Agreement should also be obtained as to the meaning of the word competency and whether it has any practical, measurable element or elements which NCCPA can utilize economically at the present time. Are the facilities and capabilities of NCCPA and the National Board of Medical Examiners (NBME) limited to determination of factual knowledge and statistics derived thereof?

All present should be aware of the fact that a primary requirement of the National Commission of Health Certifying Agencies (NCHCA) is that member agencies should have examinations open to non-formally trained individuals and that the type of NCHCA membership of an organization depends in part on whether or not the member has an open examination. Recently the Committee on Allied Health Education and Accreditation (CAHEA) of the American Medical Association (A.M.A.) approved of this type of restriction of membership. I understand that NCCPA is a type A member because it does have an open examination while AAPA which does not endorse this principle has a lesser membership.

Intentionally or unintentionally NCCPA misled the College to believe that recent activities would lead to unqualified certification of Surgeon's Assistants. Your letter to me dated December 4, 1979, contained an enclosure the "Proposal for Administration, Scoring and Analysis of the Surgeon's Assistant Examination". The last paragraph contains the following:

"The results of these analyses will provide information which will allow the NBME to advise the NCCPA Advisory Committee on the desirability of a surgical examination and/or differential scoring for the primary care examination for the certification of those persons who are trained as surgeon's assistants".

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Henry R. Datelle's letter to me dated February 26, 1980, includes the following:

"It is anticipated that the net result of this process would be a certifying examination for surgeon's assistants by October, 1980".

It was not until the meeting of the Board of Directors in San Diego in April of 1981 that I became aware that the sample certificate read "The Proficiency Examination in Surgery for Physician's Assistants". This is not what the College was promised and this action has led to the calling of this meeting.

Since the generic concept starts with acknowledgement that both the APCP and the SA have many educational similarities, why not build the certification instruments in similar manner starting with the many educational similarities? Why not have two examinations, one for APCPs and one for SAs which could be administered simultaneously in the same examining room(s)? Probably part of the scoring could be done "collectively" since 70% of the examinations would be identical. If possible to construct and all are agreed, the concept could lead to much in the way of savings in time, labor, room rental, scoring, etc., etc. This may be in keeping with the thought in paragraph "b" expressed by the Executive Committee in the Position Paper concerning "Special Proficiency Examination in Surgery" of "a possible scheme to identify areas tested by the PCE that may be irrelevant for SAs and they established a separate but generically equal certification for SAs based on a scoring scheme that combines the performance on the pertinent PCE items and the SA exam".

According to the College's records the generic concept of the SA and Assistant to the Primary Care Physician (APCP) classification was first suggested by John Profit of the Office of Education in 1972 when the College was first engaged in discussions regarding the establishment of NCCPA. He suggested also that the generic relationship would be natural because possibly 70% of the basic educational requirements for qualification would be identical. In 1973 this concept was also advised by Ernest B. Howard, Executive Vice President of the American Medical Association during similar discussions and in similar correspondence.

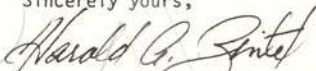
The generic concept was approved by the Joint Review Committee on Educational Programs for Physicians Assistants (JRC/PA) when the College became part of that organization. A few months later NCCPA also approved of the generic concept.

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David, I also want to thank you for the copy of the minutes of the April 1981 San Diego meeting of the Board of Directors of NCCPA. I had hoped that the completed financial report would have been enclosed. I realize that such reports are probably not made available except at an annual meeting. On inquiry I find that neither Ken nor Henry have such reports available at the present time. Would it be possible for you to provide me with copies of several of the Annual Financial Statements including the budget and audit?

I look forward to meeting with the group in a few days.

Sincerely yours,



Harold A. Zintel, M.D., F.A.C.S.
Director, Department of Special
Educational Projects

HAZ/jw

