

Minutes

Specialty PA Committee Meeting
September 19, 1975, Atlanta, Georgia
National Commission on Certification of Physician's Assistants

Members present: C. Ilk, PA - Chairman
R. Deter, PA
G. Filardi, M.D.
D. Fisher, Ph.D.
P. Hummer, PA
R. Rosen, M.D.
G. Wheeling, PA
H. Zintel, M.D.

Staff: D. Glazer
H. Datelle
G. Thompson

The meeting began at 10:20 a.m. with a welcome and opening remarks from Mr. Glazer. The Committee was charged with presenting recommendations to the Board of Directors with regard to the Specialty Physician's Assistant. Mr. Glazer stressed the role of the Commission: to assure State Boards of Medical Examiners, employers, PA's themselves, and patients of the competency of the PA regardless of the setting in which he works. The dilemma confronting the SPA is that some states now require certification by the NCCPA before the PA can practice in the state; however, many SPA's are not eligible to sit for the exam. Mr. Glazer stressed the need for both long-term and short-term solutions to this problem. One proposed long-term solution would be a generic exam with appropriate specialty add-on's, including Primary Care. It was pointed out that everyone supported the development of generic certification; the question of how soon this could be accomplished was the subject of much discussion. Since the implementation of that solution may not occur soon enough, short-term solutions to the dilemma confronting the SPA must be addressed by this Committee in order to avoid disenfranchising PA's who are not currently eligible to sit for the examination.

Mr. Glazer indicated that the NCCPA had already begun addressing the SPA's problem prior to the Committee meeting. NCCPA and the American College of Surgeons had previously investigated the feasibility of developing a

of the latter group might not pass the current examination. Dr. Zintel suggested that the products of "approved" Surgeon's Assistants Programs represent the former group depicted by Mr. Glazer and these should be the only Surgeon's Assistants allowed to sit for the examination as it is currently constructed. Mr. Glazer commented that it would be necessary to seek legal counsel regarding the opening of the exam to the informally trained SA, and suggested that this might be unavoidable.

After much discussion, Mr. Ilk summarized the Committee's consensus opinion, that there should be generic certification by 1976. He also supported the recommendation for an experimental administration of the exam by the NCCPA.

After additional discussion, Dr. Rosen offered six summary recommendations:

1. generic certification should be the prime concern of the NCCPA;
2. the examination should be generic in nature;
3. specialty add-on's should be developed;
4. the 1976 exam should be open to at least some SPA's;
5. eligibility criteria to sit for the exam for the SPA's should be similar to that of the PA;
6. the examination should be divided into a generic core, with add-on's in 1976 available for the specialty of Primary Care.

Each of these recommendations were discussed in great detail and resulted in the final recommendations summarized in the next paragraph.

The Specialty PA Committee moved unanimously to recommend the following three alternatives in decreasing order of priority. Alternative selection will be on the basis of likelihood of accomplishing the recommended alternative by the time the 1976 examination is administered:

1. The National Commission on Certification of Physician's Assistants, jointly with the National Board of Medical Examiners, should develop a two part examination for administration in 1976, for generic certification of Physician's Assistants. Part I will be a core examination for all Physician's Assistants. There will be two options to Part II. All examinees will take either Primary Care (Part II) or Surgery (Part II). To be certified by NCCPA, all examinees must sit and successfully complete both Parts I and II of the examination. If feasible,

- examinees could sit for the Primary Care and/or Surgical components of the exam. Physician's Assistants would be generically certified with an "endorsement" in Primary Care and/or Surgery.
2. The National Commission on Certification of Physician's Assistants should develop a two part examination for administration in 1976, for generic certification of Physician's Assistants. Part I will be a core examination for all Physician's Assistants. Part II will be in Primary Care. At the time of examination administration (1976), Primary Care and Specialty Physician's Assistants (who meet appropriate eligibility criteria) could sit for the exam. Successful candidates would be generically certified with an endorsement in Primary Care. The National Commission on Certification of Physician's Assistants, jointly with the NBME, would develop additional specialty sections on the basis of priorities recommended by the Specialty PA Committee. Such sections would be administered in subsequent years.
 3. The NCCPA, jointly with NBME, should modify the current examination as necessary to provide a core examination to be taken by all Physician's Assistants who meet appropriate eligibility criteria in 1976. Successful completion would result in generic certification. Subsequently, specialty "endorsement" examinations would be developed with Primary Care the highest priority.

Eligibility criteria for each of the above alternatives for Specialty Physician's Assistants will be determined in the future by the NCCPA Eligibility Committee with the counsel of the Specialty Physician's Assistants Committee.

The NCCPA should establish a registry to include Physician's Assistants not eligible to sit for the National Certifying Examination. Criteria for inclusion in the registry will be developed and recommended in the future by the Specialty Physician's Assistant Committee. This registry will allow the NCCPA to attest to the nature and level of training of people functioning as Physician's Assistants in Specialty settings who are not currently eligible to sit for the certifying examination. NCCPA would provide the registry to State Boards and recommend temporary state certification until such time as appropriate examinations in said specialties are available.

Surgeon's Assistant Examination. The cost was estimated between \$130,000 and \$180,000 and ACS could not support such an effort. The NCCPA Board directed the staff to develop a registry for the SPA at its May meeting, with advocacy of temporary state registration until more appropriate performance measures could be developed.

Mr. Glazer summarized three proposed long and short-term alternatives for consideration and suggested that the Committee could discuss and recommend any additional approaches.

1. The development of a registry as an interim solution
2. Experimental administration of the 1974 or 1975 examination to a cross-section of SPA's to determine the appropriateness of specific test items
3. Development of a generic examination with Specialty add-on's as a long-term solution

A question was raised concerning the percentage of PA's who took the exam in the past and are working in a specialized field at the present time. Dr. Rosen indicated that there were no data that would prove reliable. Mr. Glazer confirmed that the NCCPA intends to reregister PA's every 2 years; in this way, it can be determined where the PA's are functioning and what they are doing. Dr. Fisher indicated two check/balances to determine data on graduates: registering their credits with AAPA and reregistering for certification with NCCPA.

Mr. Glazer also stated that in addition to deliberations by this Committee, it would be necessary to deal with the states, in order to represent the SPA. States are disenfranchising SPA's and need to be educated to the fact that the PA in a specialty setting is legitimate. To this end, NCCPA has formed a State Board Liaison Committee which must work closely with the SPA Committee.

Dr. Rosen recommended that there be an administration of the 1976 examination to graduates of SA Programs, and that subsequent certification be generic. Much discussion ensued. Dr. Zintel expressed an opinion that the current certifying examination is more generic than NBME would admit. Mr. Glazer pointed out that one can distinguish at least two levels of health professions currently functioning in Surgery under the rubric of PA, which he classified as the surgical physician assistant and the less highly trained individual who performs some of the functions of a PA. He felt that many

A tentative time, date, and place for the next meeting of the Specialty PA Committee is to be determined at a later date.

The meeting was adjourned at 3:15 p.m.

Prepared by: Ginger Thompson
Ginger Thompson

Approved by: Craig Ilk
Craig Ilk, P.A.
Chairman

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