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## January Newsletter

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Message from the President/CEO: Considering the New Recertification Exam Model:

When NCCPA proposed a new recertification exam model in November, we did so with the belief that this model best balances the needs of PAs (those in primary care and in other specialties), the public, employers and other stakeholders. We invited your discussion and opinions as we entered the public comment period, currently scheduled to end in March

Since then, all of you have been busy with work, holidays and the many other aspects of your lives, and some of you have read or heard things about the model under consideration that simply are not accurate. We are now approaching the most critical point in our solicitation of PA feedback: a profession-wide survey. Here I want to provide an overview of what is under consideration so that as you head into next month's survey, you are equipped with accurate information.

## In The News

At NCCPA, we work to promote the role, impact and qualifications of PAs in many ways including through the media. Here are some recent results.

NCCPA President and CEO Dawn Morton-Rias publishes an Op Ed in Hospital Impact, asking that certified PAs be considered in policy and leadership discussions. Read "[New Year's resolution for healthcare: Bring PAs to the table.](#)"

Alicia Kelch, PA-C, writes about how [Certified PAs Detect What's Real in Worker's Comp Claims](#), which is of great interest to insurance companies, in this month's issue of Property/Casualty 360.

Want to get involved? If you have a great article idea or a story to share, contact PR manager, Mary Rittle, at [maryr@nccpa.net](mailto:maryr@nccpa.net).



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## The Challenge:

Maintain the generalist nature of the PA-C credential through a recertification model that better reflects the current state of PA practice in which greater than 73% of PAs are now practicing outside of primary care. Accomplish this in a way that:

- Improves the relevance and value of the assessment experience by addressing the content of the exam and the educational value of the recertification process; and
- Maintains the integrity and appropriate rigor that the public and other stakeholders to this process should reasonably expect.

## The Model:

1. Core medical knowledge would be assessed during every 10-year cycle through periodic take-at-home exams.
2. Specialty-related knowledge would be assessed through a secure, proctored, timed exam during the final years of every 10-year cycle. These exams would be shorter than today's PANRE and would assess knowledge needed to practice safely and effectively in that specialty area. These are exams that would assess what PAs actually do in practice. 10-12 specialty exam options would be offered, including family medicine (which would approximate the current PANRE in terms of breadth of content for those who prefer a general exam).

All PAs would continue to be certified as generalists with the PA-C credential, regardless of which specialty exam taken. The choice of specialty exam completed will be visible only to the PA on the exam score report.

Multiple performance levels will be identified so that those in a defined level of performance can remediate through CME rather than retesting.

For those scoring at an exceptional level, the specialty exam would also satisfy the exam requirement for the CAQ program for those who desire to pursue that optional, additional Certificate of Added Qualification.



Feedback and questions are always welcome. Send general inquiries and comments to [nccpa@nccpa.net](mailto:nccpa@nccpa.net) and messages about the new recertification exam model to [newpanre@nccpa.net](mailto:newpanre@nccpa.net). Or contact our [President/CEO](#).

## The Benefits:

The benefits of this new model include the following:

1. Preserves the generalist nature of PA certification and the flexibility that it facilitates;
2. Increases the degree to which PAs are assessed on content relevant to their current practice (with the opportunity to choose for themselves which of the specialty-focused exams best fit their experience and/or career plan);
3. Maintains an assessment process on which the public, state medical boards and other stakeholders can rely as a valid measure of knowledge and clinical reasoning skills;
4. Promotes ongoing learning and knowledge retention;
5. Encourages the consultation of resources on content outside of the PA's current area of practice, which better reflects how that is done in practice; and
6. For a large percentage of PAs, reduces the time and cost of preparing for a timed, proctored exam that for many covers content beyond their current scope of practice.

## Additional Information:

For the most complete published material on the model under consideration and the data that informed its development, please read "Re-examining Recertification for the PA Profession" at <http://www.nccpa.net/Uploads/docs/PANREModelWhitePaper.pdf>.

For a snapshot of the process of the model's development, view the timeline infographic published at <http://www.nccpa.net/Uploads/docs/TimelineInfographic.pdf>.

Both of those documents and a running Q&A list can be viewed at <http://www.nccpa.net/panre-model>.

Please do take time to participate in the survey next month. While we are also soliciting and appreciate the input from state and national PA organizations, when it comes to the PA perspective, your voice matters most.

Look for the  
survey in your  
inbox on Feb. 8!

One final thing: After you consider this model from your personal perspective, challenge yourself to consider it as well in the context of the broader PA profession of which you are a part. How does this model serve the profession as a whole? And how does it serve all of those who look at your PA-C credential as an important indicator of your qualifications and commitment to continuous learning?

I don't like to take tests any more than the next person. However, as I consider what the PA-C has meant to me in my career and what it means to my profession, I absolutely support the idea of ongoing assessment. I am proud to explain the rigor of PA education and certification. My commitment to you is to work to ensure the exams you take and the requirements you fulfill for NCCPA are as relevant and meaningful as we can make them. That's what this model is designed to do.

If we can elevate the dialogue about this beyond the personal circumstances of the individual, I believe we as a profession can lead in health care like never before. I look forward to hearing what you have to say on next month's survey.



Dawn Morton-Rias, Ed.D, PA-C

President/CEO

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New from NCCPA:

- Our first [state-by-state report on certified PAs](#) was just published and announced in the following national press release - [Certified Physician Assistants Increase Access to Care for Large Number of Bilingual and Medicaid/Medicare Patients](#).
- The personalized reports we first told you about last month are now live in your online record. If you have completed your PA Professional Profile, there you can now compare your Profile response to those of all certified PAs, to PAs in your state, to PAs in your specialty, and to PAs who are in your state and specialty. They'll show you comparisons in the areas of salary, years in practice, hours practiced per week, and more, giving you greater insight into where you fit on the PA practice spectrum. Haven't completed your Profile yet? It's always available to complete or update in your online record.
- NCCPA's Board has approved the development of a new PA-C Emeritus credential that will be launched later this year to honor qualified PAs who have retired from clinical practice. We will share more details about that in next month's NCCPA News.
- Our Android app was launched last month. Now Apple and Android users can access CME logging and certification maintenance details anywhere, any time. Search for NCCPA in your app store to download the free NCCPA app.

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#### Introducing New Board Officers:

On January 1, Denni Woodmansee, MS, PA-C, took office as chair of the NCCPA Board of Directors. He has served on NCCPA's Board since 2007, serving three years as chair of our Research & Test Development Committee.

In 2014, he was honored with AAPA's PARagon President's Award for significant strides he made in improving the visibility and professional autonomy of PAs in the Department of Veterans Affairs, where he works as Director of PA Services.

Reflecting on that experience, he says: "I have always believed that it is up to each of us, as members of the PA profession, to work to

build awareness of the critical role PAs fill within our health care system. I hope to leverage my new role as NCCPA chair to continue to advance the dialogue about the many ways certified PAs can improve the health and wellbeing of the patients we serve.”

NCCPA's other 2016 Board officers include:

- Chair elect, Mary Warner, MMSc, PA-C
- Immediate past chair, Viki Kaprielian, MD, FAAFP
- Secretary, Robin Hunter Buskey, DHSc, PA-C
- Treasurer, John Stuemky, MD, FAAP

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Updated Code of Conduct, Other Policies Posted Online:

NCCPA's [Code of Conduct for Certified and Certifying PAs and PAs with the PA-C Emeritus Designation](#) (newly retitled) has been updated and is available for review online. Failure to abide by that Code of Conduct may trigger disciplinary review in accordance with NCCPA's [Policies and Procedures for PA Disciplinary Matters](#) (also newly revised).

Links to policies and procedures can be found in the [Resources](#) section of the NCCPA website.

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Congratulations to the 2015 CAQ Recipients!

In December, 220 certified PAs became the most recent additions to a growing list of PAs who have earned a Certificate of Added Qualifications (CAQs) by meeting licensure, education and experience requirements and passing a specialty exam. To see the complete list of PAs who have earned a CAQ, [click here](#).

[Read our national press release](#) recognizing the achievement. We are working now with CAQ recipients on local press releases in their honor.

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Keeping up with the PA History Society!

Check out the latest edition of [Historical Happenings](#) and learn more about the Society's three new Trustees, the first international PA conference in India, a step back in time with a review of the first conference to host an exhibit of promoting the "new PA profession," and other historical PA news.

The Society's illustrated history book is an excellent way to learn about incredible PA profession, along with some of the people, places and events that have shaped the history of this growing profession...and it also makes a terrific gift! [Order forms](#) are available online.

If you haven't already done so, be sure to "like" PA History on [Facebook](#) to receive updates, and to try your hand with PA history trivia!

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#### Oral Health Delivery Framework Perfect Fit for PAs:

Qualis Health developed a new Oral Health Delivery Framework that consists of five actionable steps PAs can take to integrate oral health during the patient encounter. Learn more in this 2-minute [video](#).

The five steps include

- ASK about oral health risk factors and symptoms of oral disease when completing the health history
- LOOK for signs in the physical exam that indicate oral health risk or active oral disease
- DECIDE on the most appropriate response
- ACT by providing primary care preventative interventions and/or referral for dental treatment
- DOCUMENT findings in the electronic health records as structured data for decision support and population management

"The framework's five steps perfectly fit within the scope of PA practice and help PAs seamlessly integrate care of the mouth into care of the patient," said Cynthia B. Lord, MHS, PA-C, nccPA Health

Foundation Board Chair. “Integrating oral health into PA practice is more critical than ever with over 48.8 million people living in HRSA-designed dental health shortage areas, where it is difficult to access dental care. PAs are poised to help close that system gap with these five steps.”

The 2015 report, now endorsed by nearly 20 PA, physician, nursing, and other health profession organizations, including the American Academy of PAs and the PA Education Association, was developed with broad participation; and that national consensus is growing. Read the American Academy of Family Physicians announcement of their support for the new model [here](#). In 2016, the framework is being field tested at 19 community health centers and private practices in five states.

Don't feel ready to integrate oral health in your practice? Complete Smiles for Life, the nation's only comprehensive oral health curriculum specifically designed for primary care clinicians and offers 8.5 free Category I CME credits. Learn more at [www.smilesforlifeoralhealth.org](http://www.smilesforlifeoralhealth.org).

Read the full white paper, Oral Health: An Essential Component of Primary Care, [here](#); development of this white paper was conducted by Qualis Health, one of the nation's leading population healthcare management organizations and sponsored by the National Interprofessional Initiative on Oral Health (NIIOH) and its funders.

*The National Commission on Certification of Physician Assistants is dedicated to serving the interest of the public. We do so with a passionate belief that certified physician assistants are essential members of the health care delivery team who provide millions access to more affordable, high quality health care.*

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