

Re-examining Recertification for the PA Profession

For 40 years, NCCPA has served as the profession's certification body, work underpinned by a passionate belief that certified PAs are essential members of the health care delivery team, providing millions of patients access to more affordable, high quality health care. As a certification organization, NCCPA exists to serve the interest of those patients and the public by providing a reliable indicator that those we certify *have* and *maintain* the knowledge and cognitive skills to practice safely and effectively. We take seriously our responsibility to safeguard the integrity of the credentials we confer, and we also embrace the obligation we bear to develop and administer exams and programs that are relevant, meaningful and affordable.

It is with that sense of purpose, passion and responsibility that NCCPA's Board and staff have undertaken the reconsideration of the recertification exam process described in this paper.

Why Consider a New Recertification Exam Model?

From the inception of the PA-C credential, the certification maintenance process has always included an examination for recertification. However, even from the very early years of the profession, questions have been voiced about the most appropriate method for recertification of professionals practicing in a wide range of clinical specialties. PAs enter clinical practice with the foundation of broad-based general medical education and clinical experiences. As PAs gain experience, frequently their clinical practice becomes more specialized or focused in a particular discipline. In fact, the latest data show that more than 73% of certified PAs practice outside of primary care specialties.¹ Yet the Physician Assistant National Recertifying Examination (PANRE) has remained a broad-based general exam, testing PAs on knowledge that reflects a wide range of medical and surgical conditions encountered across the spectrum of health care but that often has little relationship to individuals' day-to-day practice.

“...More than 73% of certified PAs practice outside of primary care specialties. Yet [PANRE] has remained a broad-based general exam... that often has little relationship to individuals' day-to-day practice.”

¹ See the [2014 Statistical Profile of Certified Physician Assistants: A Report of the National Commission on Certification of Physician Assistants](#).

Another line of questioning about PANRE has emerged in the last few years. While the psychometric quality of PANRE meets or exceeds industry best-practices, a growing number of PAs are reporting that the content covered on the examination seems harder than in previous years. While items are not explicitly written to be more difficult or selected to create a more onerous examination, it is important to create a test that confers a meaningful certification to those qualified to practice.² From the perspective of an examinee who may not be steeped in all aspects of the broad content included in PANRE, this may create an exam that does not appear to include enough questions reflecting “things every PA should know.” This perception certainly contributes to a growing concern about today’s PANRE, specifically that it seems more difficult than prior versions of the exam.

Given these factors – the clear movement toward specialization and questions about the difficulty of the current broad-based recertification exam – in August 2014 the NCCPA Board of Directors committed to the consideration of a redesign of the recertification exam process.

The work that followed was predicated on two key principles:

- 1 The first concern must be the public’s interest as we work to determine how we most effectively can deliver a recertification exam process that supports delivery of high quality, affordable, accessible health care; and
- 2 To support the flexibility PAs have to change specialties during their career span and to work in multiple specialties concurrently, it is important to maintain the generalist nature of the PA-C credential.

Informing the Decision

A variety of data was collected and analyzed to help inform the development of a new model for PA recertification. There were five main components of the data collection strategy: the 2015 PA practice analysis study, a multi-day PA focus group, two surveys developed based on discussions of the PA focus group (one survey for PAs and another for state medical boards), and an analysis of historical performance data from previous recertification examination administrations.

2015 PA Practice Analysis Study: What Are PAs Doing in Practice Today?

Data from practice analyses (often referred to as role delineation studies, job task analyses, audits of practice, task analyses, or job analyses) are used to develop and validate certification examinations and provide a basis for determining examination content. By

To ensure we incorporated feedback from PAs, over the course of 10 months, NCCPA engaged in an intensive research effort including:

- ▶ a profession-wide practice analysis,
- ▶ a multi-day PA focus group,
- ▶ two surveys,
- ▶ and more.

² The percentage correct required for certification, or *passing standard*, is established using a psychometric process called standard-setting, which is consistent with industry standards and best-practices. The standard-setting method NCCPA uses requires a diverse panel of practicing PAs to make expert judgements on the overall difficulty of actual exam materials. These judgments are aggregated to produce a recommended passing standard which is reviewed and approved by NCCPA’s board of directors. The standard-setting process used by NCCPA is the [modified Angoff process](#).

determining what PAs do in their practice and what they consider to be critical to patient safety, a practice analysis helps ensure the content specifications for NCCPA's exams are current and relevant.

In keeping with assessment industry standards, the practice analysis was conducted by developing a survey to rate knowledge and skills used in PA practice and the diseases and disorders that PAs encounter. Twelve groups of PAs working in primary care and non-primary care specialties served as subject matter experts to provide the clinical content for the survey development. The survey was pilot tested and then launched to all PAs who had been certified for at least one year (over 92,000 PAs). Respondents were asked to consider both *criticality* and *frequency* in evaluating the knowledge, skills and tasks used in their practice, as well as diseases and disorders that they encountered. *Criticality* focused on the effect on patient safety resulting from application of the knowledge or performance of the skill, ranging from "low" to "critical." The *frequency* rating related to how often the PA uses the knowledge, performs the skill, or encounters a specific disease/disorder.

The survey results were analyzed in an attempt to answer two questions relevant to the discussion of the recertification exam process. First, is there a difference in the ratings of the knowledge and skills used or the diseases/disorders encountered for PAs new to the profession compared to more experienced PAs? Second, are there differences in the ratings of the knowledge and skills used or the diseases/disorders encountered based on the specialty in which the PA practices?³

To answer the first question, data from the practice analysis survey was analyzed separately for PAs certified for six years or less and for those certified longer than six years. A comparison of these two data sets indicated that only slight differences exist between new PA practice and experienced PA practice regarding evaluations of criticality and frequency of knowledge, skills, and diseases/disorders of various organ systems. Where differences did appear, they were much more often in ratings of frequency than in ratings of criticality.

More notable differences were found when comparing the ratings of PAs in non-primary care specialties with ratings from PAs working in primary care specialties (family medicine, general internal medicine, and general pediatrics). Substantial differences were often seen here, usually in ways that seemed logical (e.g., PAs practicing in cardiology evaluated the criticality and frequency of knowledge and tasks related to vaccination schedules lower than did PAs working in primary care). Again, differences were more pronounced in the frequency ratings than in the criticality ratings.

In addition to the knowledge and skill statements rated by all respondents, specialty-specific knowledge and skill statements were developed for 11 specialty groups⁴. Survey respondents identified their specialty, and those selecting one of those 11 areas were also routed to an additional specialty-focused section of the survey. The PAs completing these specialty sections generally provided high frequency and criticality ratings for the specialty-specific knowledge and skills statements. Consideration of the highly rated specialty statements, along with the general PA statements that are highly rated by those

³ Overall, approximately 17% of PAs responded to the survey. When compared to the demographics collected through NCCPA's PA Professional Profile that has been completed by approximately 92% of certified PAs, the survey respondents were determined to be representative of the PA population as a whole with regard to such factors as principal specialty, years of experience, gender, geographic region, and race.

⁴ Specialties were selected largely based on the percentage of PAs practicing in those areas. They included cardiology, cardiovascular/thoracic surgery, dermatology, emergency medicine, general surgery, hospital medicine, nephrology, neurosurgery, orthopaedic surgery, pediatrics and psychiatry.

specialty PAs, provide an empirically supported picture of PA practice in the primary and non-primary care specialty areas.

Publication of a report on the practice analysis data is planned for 2016. For purposes of this discussion, it may be useful simply to note that this analysis addresses a longstanding question about PA practice: To what degree are PAs in specialty areas actually performing specialty-focused care versus providing more broad-based care within a specialty practice? These data suggest there are appreciable and measurable differences in the nature of practice from one specialty to another, which supports the concept of a greater degree of specialty-focused assessment.

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PANRE Focus Group: If PAs Could Design Recertification, What Would They Envision?

NCCPA convened a focus group of certified PAs in August 2015 to solicit feedback regarding their perspectives on PANRE and NCCPA's current recertification exam process and to obtain their thoughts on potential improvements. The 29 participants included clinically-practicing PAs who were diverse in terms of race/ethnicity, gender, area of specialty practice, years of experience, geographical location, practice setting, and prior exam performance levels. None had significant prior experience as an NCCPA volunteer or consultant.

The meeting opened with informational presentations to ensure that participants were familiar with the mission and purpose of NCCPA and current certification maintenance requirements, which culminate with PANRE. Participants also were provided information on exam development and psychometric processes and explanations of exam-related terminology that would be referenced throughout the remainder of the meeting. Then participants engaged in small and large group conversations about the pros and cons of the current PANRE model and how multiple stakeholders might value different components of possible exam models.

On days two and three, participants worked in small groups to develop models they deemed to be relevant and appropriate for PA recertification. Each group designed its *ideal* recertification exam process and presented its vision to all participants with opportunity for discussion. The following commonalities relative to the recertification exam emerged from the work produced by those small groups:

Focus group participants supported:

- ▶ formal assessment
- ▶ general and specialty components
- ▶ formative and summative components
- ▶ some portion of tests in test centers, some portion of tests at home
- ▶ more actionable feedback to examinees

- All of the models contained elements of a formal assessment as part of the recertification exam process (as opposed to CME requirements only). The inclusion of the formal assessment component was aimed at maintaining a high standard for recertification.
- All of the models included a specialty component while maintaining a general medical knowledge component. The specialty component allows for the next iteration of PANRE to more fully

reflect the day-to-day practice of PAs, while the general component supports continued mobility within the profession.

- All of the models contained formative components to provide an opportunity for continuous learning and development of knowledge and skills and a summative component to maintain a high standard for recertification.
- All of the models included the possibility that some portion of testing could take place in locations other than testing centers. While each model did include some form of testing in a testing center, the participants agreed that scheduling an exam and traveling to test is burdensome. Each group tried to reduce this encumbrance by allowing portions of the exam to be completed at home. Also, if this portion of the exam were offered as an open-book exam, it would better reflect how PAs practice—with references and colleagues on hand. This may further reduce the burden of testing and test anxiety.
- All of the models included the possibility of more actionable feedback regarding candidate “challenge” areas. This would help PAs address areas of weakness in a more suitable way than is currently available with the performance feedback provided for PANRE.

The insights and preferences of the focus group provided a new body of qualitative evidence that was used to develop a survey for all PAs to help NCCPA make informed decisions about components of a recertification exam model that would meet the needs of all stakeholders. This survey is described next.

Profession-Wide Survey: How Do Other PAs View the Current Exam, and What Value Do They Place on Concepts Supported by the Focus Group Participants?

Based on the focus group’s work, NCCPA surveyed all certified PAs to gather their opinions about the current PANRE process and their perspectives on what they would consider to be an improved process. The survey was constructed to focus on the assessment components of recertification and was disseminated to certified PAs through a link provided in the September edition of *NCCPA News*.

Several key findings emerged from the responses of the roughly 10,000 PAs who participated in the survey, including the following:

- 92% favor an exam that provides learning opportunities with feedback for incorrect exam responses
- 88% prefer an exam with opportunities for remediation instead of retesting for those who do not meet the passing standard;
- 63% feel the exam questions on today’s PANRE are appropriate for an exam that covers a wide array of PA practice, but only 36% feel the questions are at an appropriate difficulty level for *their* current practice;
- only 39% believe today’s PANRE provides a meaningful experience;
- 55% indicate that PANRE helps promote patient safety;
- 71% prefer to test in one sitting instead of spreading the exam over multiple sessions; and
- 71% are in favor of an exam format that included both a general and specialty component;

“71% [of those responding to the PA survey] favor an exam format that includes both a general and specialty component.”

In response to a question that asked the respondents to rank various factors in terms of overall importance for the recertification exam, the top three factors were: **relevance to practice, patient safety, and ongoing opportunity to learn.**⁵

Survey of State Medical Boards: What is Important to Keep or Change about PA Recertification from the Perspective of State Licensing Authorities?

Because all state medical boards require NCCPA certification for initial licensure, and boards in 23 states require current NCCPA certification for licensure renewal and/or prescriptive privileges, the state medical boards are an important stakeholder in the recertification exam process. Like the survey to certified PAs, NCCPA also developed a survey for state medical board staff and members based on discussions of the PA focus group. The survey included questions related to the various components of exam models (e.g., open book, specialty and/or general content, summative or formative assessments, etc.)

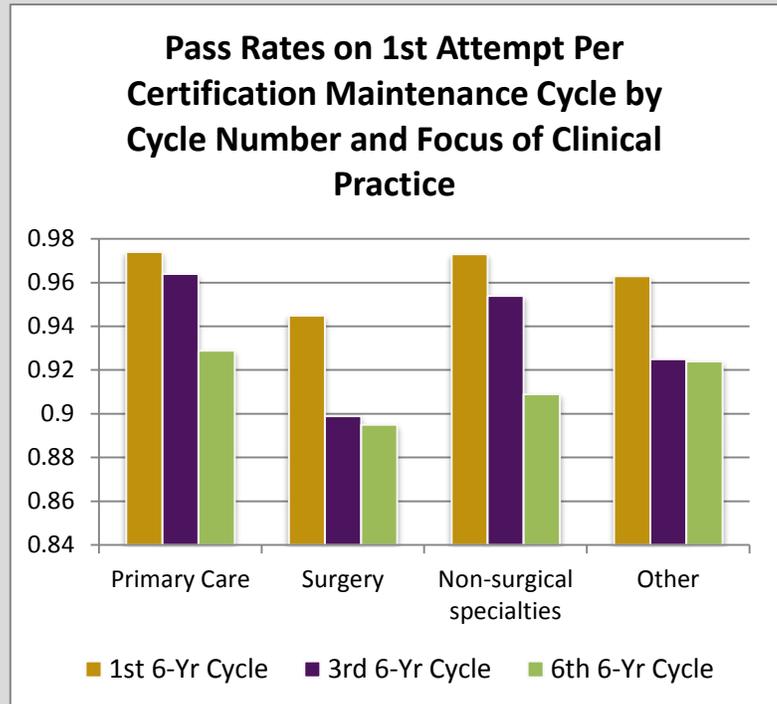
⁵ While cost ranked last in terms of importance to PAs, data from other questions within the survey indicated that recertification cost is still an important factor for many PAs, and NCCPA considered the cost of various models when weighing their relative merits.

Why Test at All?

New scientific findings, drug development and technological advances continually reshape standards of care and practice norms. It is critical that providers maintain currency of knowledge and skills. Standardized assessments offer an objective means to measure that knowledge while also encouraging its maintenance.

Some have petitioned for a model in which practicing PAs are retested only twice during their career, and then maintain certification through CME alone. Others suggest that retesting should never be required at all. Data does not support either approach; much has been documented about the degradation of cognitive skills over time and that repeated testing is beneficial for long-term retention of knowledge.

The graph below shows pass rates for those taking PANRE for the first time in their first, third and sixth certification maintenance cycles (for most that represents experience of approximately six years, 18 years and 36 years, respectively). Results are shown for those who report their practice is focused in primary care, surgery, non-surgical specialties and “other” (which would include those not in clinical practice).



Multiple factors likely influence that eventual decline in performance, but it suggests that exempting more experienced practitioners from a retesting requirement would not serve the public’s interest well.

Others outside of assessment circles appreciate the value of recertification, as well. For example, the American Academy of PAs (AAPA) policy paper on *Professional Competence* “highly recommends” recertification as a means “to demonstrate a commitment to maintaining professional competence.” That policy reads in part: “Safeguarding the public begins with national certification, but initial certification does not ensure continued competence, only a demonstrated minimum level of entry knowledge and skills. For life-long learning, PAs must engage in continuing professional development, using a variety of modalities to continuously assess and improve their knowledge, skills and attitudes with the goal of improving patient care outcomes. Recertification represents part of a process that should encourage PAs to remain competent through periodic reassessment of strengths and deficiencies, as well as participation in professional development activities.”

and was disseminated to state board staff and members via a link in a newsletter published by the Federation of State Medical Boards. The number of responses was low, with 25 total respondents representing only 15 states. Therefore, NCCPA will solicit additional feedback from state medical boards during the public comment period and share the results of these inquiries.

Initial feedback, however, indicated broad agreement that CME and recertification exams are *both* important. When asked about characteristics of recertification examination programs, a majority of respondents indicated support for what ultimately became key aspects of this potential new model: feedback to support the learning process and a proctored examination. A majority also indicated that an exam with content focused entirely on general medical knowledge was undesirable, supporting the incorporation of specialty-related assessment.

“ A majority [of state board survey participants] indicated that an exam with content focused entirely on general medical knowledge was undesirable, supporting the incorporation of specialty-related assessment. ”

PA Recertification Exam Performance Data

The purpose of analyzing historical recertification exam performance data was to compare performance on PANRE and Pathway II (a take-at-home alternative to PANRE discontinued in 2010) and explore differences in exam performance among different populations of PAs. Data from recertification exams administered from 2006 to mid-2015 were analyzed to identify trends in performance and explore any differences in the populations that elected to take PANRE or the discontinued Pathway II.

Overall, PAs working in primary care and non-surgical specialties tend to perform better on the recertification examinations (PANRE and Pathway II), than those working in surgical specialties; this difference has increased slightly since 2012.

Potential New Recertification Exam Model

Many factors were involved in developing potential models for the NCCPA Board of Directors to consider during its November 2015 meeting, including:

- Approaches to inclusion of general and specialty content
- Open versus closed book format
- Formative assessment (with a focus on learning and low or no stakes) or summative assessment with a higher stakes requirement
- “Soft” performance hurdles with remediation or “hard” performance hurdles with required retesting or loss of certification
- Un-proctored exams or exams proctored at secure test centers or through technology-enabled remote proctoring
- Desired timeframes and frequency of the exam or exam components.
- Evidence from studies focused on factors that influence long term retention of factual information.

Decisions related to each of the components included consideration of pros and cons from the standpoints of different stakeholders and were carefully weighed to identify the model that would most effectively and appropriately meet the needs of all groups while maintaining the generalist nature of the PA-C credential. Ultimately, the NCCPA Board of Directors selected a new recertification exam model for further consideration.

Description of the New Model

In this new model, core medical knowledge would be assessed during every 10-year certification maintenance cycle using periodic, take-at-home exams that cover content across a broad range of organ systems and task and skill areas. There would be opportunities for remediation through CME for those whose performance is below the passing standard but within a defined performance range. These exams would be untimed, would allow PAs to use reference materials while answering questions, and could be completed over an extended period of time if desired.

Specialty-related knowledge would be assessed using a secure, proctored, timed exam during the final years of each 10-year cycle. These exams would be shorter than today's PANRE and would assess knowledge PAs need to practice safely and effectively in their chosen area of practice. As conceived, there would be approximately 10-12 specialty exam options, including family medicine, general surgery, and a number of others that will be selected after additional analysis of PA practice patterns and consideration of feedback received during the formal comment period. PAs would select the exam of their choice, likely based on which is most closely related to their current area of practice or to the area of practice in which they have the deepest experience. For those preferring to continue to take a generalist exam, the family medicine exam would be an option relatively similar to the current PANRE in terms of content.

Exceptional – For those desiring a CAQ, satisfies CAQ exam requirement

Intermediate to high – Passing

Remedial – Additional CME required

Low -- Retesting required to maintain or regain certification

As shown at left for illustrative purposes, for those specialty exams, multiple performance levels would be established: a minimum level below which examinees would be required to retest; a remedial -range in which examinees whose performance is around the cusp of the passing standard would have the opportunity to complete CME activities related to areas of suggested knowledge deficiency rather than retest; an intermediate-high level at which no remediation is required; and an exceptional level of performance at which examinees would be eligible for a Certificate of Added Qualification (CAQ) in that specialty, if desired and provided they meet related CME and experience requirements.

Each performance level would be determined for each exam through proven scientific methods by PAs selected as representative of those taking that exam.

To Be Determined...

Pursuing this or any new recertification model that represents a significant change from the current process will require significant time spent on design and development. If NCCPA decides to establish a new recertification exam model, that design and development work will take place over the course of the next several years. Only then will we have definitive answers to questions such as...

- How long will these exams be? (We anticipate they will be shorter than today's PANRE, but determining exact length can only be done after content specifications are developed for each of the exams.)
- What will be the passing standard?
- Exactly what type of feedback will be given, and how quickly will it be delivered?
- When will the exams be offered?
- How much will the exams cost?

If this work is pursued, NCCPA's aim will be to develop this process in a way that accomplishes the broader purpose of recertification while maximizing the benefit to PAs and minimizing cost.

Like today, all PAs who successfully complete the recertification exam process would be awarded the same generalist PA-C credential, and those who desire an optional specialty credential would pursue that through the CAQ program.

Rationale for the New Model

Consideration was given to balancing the needs of the public, PAs and other stakeholders; industry standards for assessment; test development principles for high-stakes certification exams; and trends in PA practice.

Ultimately, this model was selected for further exploration because it most effectively accomplishes the following important aims:

- Preserving the generalist nature of PA certification and the flexibility that it facilitates;
- Increasing 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);
- Maintaining an assessment process on which the public, state medical boards and other stakeholders can rely as a valid measure of knowledge and cognitive skills;
- Promoting ongoing learning and knowledge retention;
- Permitting 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
- For a large percentage of PAs, reducing the time and cost of preparing for a timed, proctored exam that covers a breadth of general medical knowledge and skills that fall outside the scope of many PAs' current practice.

The tables below provide more details for the rationale of this model.

For the Assessment of General or Core Knowledge	
Model Attribute	Rationale and Sources of Supporting Data
At-home, remote administration	<p><i>Contribution to Patient Safety or Practice Relevance:</i> Enables PA to maintain a general fund of broad based medical knowledge valuable in managing common conditions across the health care spectrum.</p> <p><i>Additional Benefit to PA:</i> Convenience, no travel costs, no time away from work, less stressful testing environment</p> <p><i>Source of Supporting Data:</i> PA Focus Group, PA Survey</p>
Untimed, open book	<p><i>Contribution to Patient Safety or Practice Relevance:</i> Better reflects the reality that, in practice, PAs consult with other resources.</p> <p><i>Additional Benefit to PA:</i> Less stressful knowing that resources can be consulted and time</p>

	<p>constraints are relaxed</p> <p>Source of Supporting Data: PA Focus Group, PA Survey</p>
More frequent assessments	<p>Contribution to Patient Safety or Practice Relevance: Better supports long term retention of factual information and better reflects the rapid rate of change of medical practice and standards.</p> <p>Additional Benefit to PA: Helps PA to stay current on content instead of intensive study for a broad-based exam every 10 years</p> <p>Source of Supporting Data: PA Focus Group, Literature Review</p>
More meaningful feedback on exam performance	<p>Contribution to Patient Safety or Practice Relevance: PAs would receive higher quality information regarding their exam performance that could be used to better target their professional development activities which should increase effectiveness in patient care</p> <p>Additional Benefit to PA: Facilitates the learning process PAs prefer</p> <p>Source of Supporting Data: PA Focus Group, PA Survey, Literature Review</p>
Performance standards that require directed CME instead of retesting	<p>Contribution to Patient Safety or Practice Relevance: Having an assessment that helps practitioners better target their own CME aligns with modern continuing competence literature (targeted CE is more effective, and practitioners are usually poor at self-assessment of learning needs). PAs would be better informed regarding their performance and would have opportunities to improve their clinical knowledge, which should increase effectiveness in patient care</p> <p>Additional Benefit to PA: Same as above; facilitates the learning process PAs prefer; provides more flexibility for PAs to maintain certification while completing the directed CME</p> <p>Source of Supporting Data: PA Focus Group, PA Survey, Literature Review</p>

For the Assessment of Specialty-Related Knowledge

Model Attribute	Rationale and Supporting Data
Timed administration in a secure test center	<p>Contribution to Patient Safety or Practice Relevance: Aligns with industry standard for high stakes certification/licensure exams; provides the ability to verify identity of test taker; validates that the test taker can demonstrate minimal required level of knowledge for safe practice without using external resources</p> <p>Additional Benefit to PA: Facilitates ensuring that PAs maintain current knowledge in what they do every day; brings sense of professional pride and accomplishment; maintains rigorous standard for PA certification.</p> <p>Source of Supporting Data: PANRE Focus Group, Assessment Industry Standard</p>

Specialty-focused assessment	<p>Contribution to Patient Safety or Practice Relevance: Provides periodic assurance of demonstration of knowledge more relevant to the PA's current practice</p> <p>Additional Benefit to PA: Should require less preparation since PAs are testing in a narrower range of content more relevant to their area of practice.</p> <p>Source of Supporting Data: PANRE Focus Group, PA Survey, NCCPA PA Profile</p>
4 testing opportunities	<p>Contribution to Patient Safety or Practice Relevance: Provides adequate opportunities for PAs to pass, which prevents reductions in access to care</p> <p>Additional Benefit to PA: Helps reduce anxiety with multiple opportunities</p> <p>Source of Supporting Data: PANRE Focus Group, PA Survey</p>
More meaningful feedback on exam performance	<p>Contribution to Patient Safety or Practice Relevance: PAs would receive higher quality information regarding their exam performance that could be used to better target their professional development activities which should increase effectiveness in patient care</p> <p>Additional Benefit to PA: Facilitates the learning process PAs prefer</p> <p>Source of Supporting Data: PANRE Focus Group, PA Survey, Literature Review</p>
Performance standards that require directed CME instead of retesting as well as additional recognition of advanced specialty knowledge	<p>Contribution to Patient Safety or Practice Relevance: Having an assessment that helps practitioners better target their own CME aligns with modern continuing competence literature (targeted CE is more effective, and practitioners are usually poor at self-assessment of learning needs). PAs would be better informed regarding their performance and would have opportunities to improve their clinical knowledge, which should increase effectiveness in patient care</p> <p>Additional Benefit to PA: Facilitates the learning process PAs prefer; provides remediation by CME for those in a defined performance band; allows PAs who score at a high level the opportunity to earn an additional specialty credential (CAQ) if desired without passing a separate, additional specialty exam</p> <p>Source of Supporting Data: PANRE Focus Group, PA Survey, Literature Review</p>

Solicitation of Feedback: Comment Period Open through March 2016

To inform the NCCPA's Board of Directors decision regarding whether to adopt, adapt or abandon this new model for the recertification exam, NCCPA is inviting comments from certified PAs, PA societies and associations, patient interest groups, state medical boards and employers through the end of March 2016.

NCCPA has already begun outreach to some of the groups mentioned above, and that work will continue throughout the comment period.

The principal vehicle for the collection of feedback from individual PAs will be a profession-wide survey launched on February 1 and open throughout that month. That survey will elicit reaction to the model and its various aspects, gauge likely exam selection decisions given various sets of specialty exam options, and invite open-ended comments. Because NCCPA is committed to providing PAs and other stakeholders ample time to be adequately informed about the model under consideration, prior to that survey we will conduct a number of communication initiatives.

New information as available will be published online at www.nccpa.net/panre-model.

Questions or comments?

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