

# The Proposed PANRE Model

## *Issues and Answers*

**Potential Issue:** By testing PAs in specialty areas, this proposed model would reduce PAs' ability to change specialties if employers hire or credential PAs only in areas where they have successfully passed the specialty-related exam.

We appreciate the importance of protecting PAs' flexibility to change specialties or to work in multiple specialties. We believe that by maintaining the PA-C as a generalist credential – on the strength of the core medical knowledge exams – this model would preserve that flexibility, and those who base hiring or credentialing decisions on the generalist PA-C would continue to do so. Remember: this is not a specialty certification program, just a new way to maintain the same generalist PA-C credential you already have. NCCPA continues to seek data and other factual information related to this question or concern.

**Potential Issue:** Even with 10–12 specialty-related exams to choose from, some PAs will still be left taking an exam not directly related to their practice.

That's true; it would not be feasible to develop exams in *every* specialty and sub-specialty in which PAs practice. However, depending on the array of specialties ultimately selected if this proposal goes forward, we expect that the options would cover 70% or more of PAs' *primary* practice area (as reported by PAs through the NCCPA PA Professional Profile) and a higher percentage if you factor in *secondary* practice areas for those who work in multiple specialties. In the proposal, *all* PAs would have a much broader array of options to choose from, with the opportunity to pick from a menu of exam options the one that aligns *best* with their current practice, with another area of experience and expertise, or the one that most closely approximates the content of today's PANRE (the family medicine option). In any case, **this approach would give PAs the choice** to focus their exam preparation on a narrower range of content than they must prepare for today. We anticipate expanding the menu of exam options over time.

**Potential Issue:** NCCPA has already decided to do this and will not actually consider PA feedback.

PAs were involved in the development of this model (by the tens of thousands, including those who participated in the two profession-wide surveys NCCPA conducted last year), and NCCPA remains committed to obtaining PAs' perspectives as it is being considered by the Board of Directors. The primary reason for launching and extending a public comment period is to inform the NCCPA Board's decision about whether to make these or other changes to the recertification process. We have invited feedback at [newpanre@nccpa.net](mailto:newpanre@nccpa.net) since December and launched a profession-wide survey on February 10. We recently extended the public comment period for three more months to June 15 to ensure all PAs have the opportunity to provide input into the proposed model. We trust that this demonstrates our commitment to an honest dialogue where all PAs have the opportunity to provide constructive feedback and better inform consideration of the *proposal* to change the existing PANRE process.

**Potential Issue: There is no evidence to support this model.**

This is simply not true. As a certification body, our duty is to provide assessments that are relevant, meaningful and valid. Central to the ability of any certification body to do that is regular and ongoing study of the current state of professional practice. With data showing that almost 75% of PAs now practice outside of primary care, NCCPA conducted a profession-wide study in 2015 that probed deeply into the nature of practice across and within primary care and other specialties. Over 70 PAs across a breadth of specialties, including those in primary care, contributed to the development of the survey instrument, and over 16,000 PAs participated in the survey (thank you for doing that).

That study showed that PAs practicing in specialty areas are providing *specialty* care, doing different things than those in primary care or in other specialties. That is a key evidence base used to inform the development of this proposal.

There is also a considerable body of research (search “testing effect”) that supports the value of testing as a means of enriching the learning process and improving knowledge retention. There is also a sizeable body of literature (search “spaced education”) that supports the value of testing more often in smaller increments for better accuracy and long-term retention. That research informed the design of the core medical knowledge, take-at-home component of the proposed model. We have more on this topic on our website.

As in medicine, new findings and technology also change the practices of education and assessment. We will continue to study those findings, conduct research of our own, and look for ways to improve the certification process for PAs over time and ensure that it continues to keep pace with changes in PA practice.

**Potential Issue: The PA certification maintenance process (current and/or proposed) is too complicated and time-consuming – especially compared to what NPs are required to do.**

As part of consideration of this proposed model for recertification, the NCCPA Board will also consider all other requirements for certification maintenance. That’s why we included questions related to CME requirements on the PA survey being conducted in February-March 2016. Ultimately, the goal is to arrive at a certification maintenance process that includes activities and exams that support and provide an externally validated measure of maintenance of a relevant body of knowledge, skills and abilities while minimizing the amount of time PAs will need to put into demonstrating they have the competencies necessary to provide high quality and safe patient care. Our ultimate goal is to help ensure that every PA has demonstrated the current, relevant knowledge to provide the care patients need and deserve. In terms of the current MD and NP processes, we have the utmost respect for our physician and NP colleagues, but our focus is on providing a valid and reliable certification process for the PA profession, PAs and their patients, not just now but in the future. In addition, it is our hope to lead in the area of recertification, not to follow, which is what the PA profession has done since its inception as the first group of professionals to practice medicine other than our physician colleagues. In this era of greater transparency and accountability, the need for some form of external validation of abilities is not likely to diminish; we are working to make it as relevant and meaningful as we can while balancing issues of time and cost.

We appreciate that the amount of time required to fulfill certification maintenance requirements is an important factor. The take-at-home exams would be educational in nature, providing not just an assessment but a learning opportunity. They would be taken over a matter of months and would not be designed to require research. In addition, directed (but not additional) CME would allow PAs to remediate without retesting. As for the specialty exams, they would also be shorter than the current PANRE and would allow many PAs to focus exam preparation on the practice area with which they are already most familiar. This should reduce the time and cost of preparation for that exam.

**Potential Issue: The public and my employers don't care whether I'm certified.**

In an era of enhanced transparency and accountability, it is counterintuitive to believe that constituents prefer *less* external validation of any profession's knowledge and skills. We may debate how and when to recertify, but we very much believe that recertification is critical to the integrity of our profession and therefore to patients, regulators, legislators and employers. For example, a 2013 survey of 1,000 patients conducted by Morpace Research on behalf of NCCPA showed that over 78% of respondents are more likely to trust providers with certification and credentials than those who do not have them. Other studies demonstrate that patients prefer certified health care providers over non-certified providers, that they believe regular retesting is important, and often believe certification programs are or should be more rigorous than they actually are.<sup>1</sup> In terms of employers, perhaps for individual PAs there is less concern, but for the profession as a whole – employers, payers and regulators tell us that certification is important and in many cases required. Consider this: If certification doesn't evolve to reflect the current state of PA practice, the profession is at risk of criticism and attack from competitors and detractors.

**Potential Issue: The survey is biased in favor of the proposal.**

The Board of Directors considered six potential recertification models (all of which were influenced by earlier PA input), including the current PANRE. This survey is focused on the one selected for further exploration because its purpose is to elicit feedback *on this model*. Some seem to have expected a simple vote up or down on the proposed model. That would not give us insight into the preferred and less favored elements in this proposal, nor would it give us the additional PA input we need to finalize some of the details of what this new model would entail, if approved. (For example, the frequency/length of the take-at-home exams is something we are soliciting PA input on through this survey. We are also looking for insight into what exam option PAs would select, not presuming that everyone would necessarily choose to test in their current practice area.) The last section of the survey *does* include the question: "Given the description of the proposed model for recertification, which recertification process do you prefer? PANRE in its current form, proposed model, or no preference."

We also included an open-ended comment box at the end for free expression of opinions and other ideas.

<sup>1</sup> For an example of one such patient survey, read "[Perspectives and Preferences among the General Public Regarding Physician Selection and Board Certification.](#)"

We trust that most certified PAs understand NCCPA's duty and the intent of the survey and will provide meaningful responses.

We will publish a report on the survey results.

**Potential Issue:** The tone of dialogue in this debate is increasingly negative and reflects poorly on the profession.

We couldn't agree more, and it concerns us. Our approach has been – and continues to be – to work to inform collegial dialogue about this issue. We encourage those who disagree to channel their effort and energy into proposing alternative solutions to the challenge of (1) updating the recertification exam process to reflect PAs' clear movement outside of primary care while (2) maintaining the generalist nature of the PA-C credential. We believe this proposed model accomplishes that in a way that offers many other benefits to certified PAs while also serving the public's interest well. We encourage those with other ideas that achieve those ends to share them with us during this public comment period.