



QUESTIONS AND ISSUES RAISED BY ATTENDEES

**Questions and concerns shared by Constituent Organization leaders and participants
during the 2016 LAS forum
February 5, 2016**

Evidence Supporting the NCCPA Proposal

- There is no evidence/data that suggests that PAs are a public health hazard or endangering the safety of the public. NCCPA's message is that PAs are not "safe" providers.
- If what NCCPA says about CME being worthless is true, why does this proposal allow for remediation with CME?
- There are no published studies that show that PANRE changes medical care or patient outcomes. The published articles on testing concern testing of medical students during a course, with very short follow-up periods.
- For a list of published articles that show that CME changes medical care, please see the HUDDLE conversation of October 27/28, 2015.
- Today, hospitals and third parties determine whether PAs are competent and should be credentialed and privileged, and they require demonstration of each skill. Written tests have no relevance anymore.
- We are supposed to be practicing evidence-based medicine. How do recertification tests affect outcomes and patient care? There is no evidence that they do.

Frequency of Tests and Frequency of Changes

- What does "periodic" take-home exams really mean? How often will PAs have to take these exams? Once a month? Once a year?
- NCCPA just put PAs through big changes, going to 10 year cycle, requiring new types of CME. Why do we need these huge changes just two years later?
- This is just another example of over-testing. It costs PAs, employers, and patients too much in money and stress.

Cost of PA Recertification Tests

- How much does NCCPA plan to charge PAs for all of these "periodic" take-home exams and proctored specialty exams?
- The cost to PAs is not just the charge for the exam, it is the money and time spent on exam prep, as well. Some estimate that it costs every PA \$800 to \$1000 to prep for the exam; others say even that is too low an estimate.
- The real cost of all of the NCCPA requirements is the amount of time that exam preparation takes away from patient care. Estimates of current requirements run as high as a half-million hours of lost access to care, as PAs prep for exams.

High Stakes Exams

- Why do you have to threaten people with loss of their license to practice if they do not pass all of these recertification exams?
- No other medical provider is threatened with the loss of their license if they do not pass recertification exams.

“Only the PA Will Know What Specialty Exam was Taken”

- This is not realistic. Employers will ask. It will be known.
- NCCPA says its mission is to “protect the public”. How does NCCPA’s planned absence of transparency about which specialty exam is taken protect the public?
- Once a specialty exam is available/required, hospital credentialing bodies will require it.
- Nothing is private if a lawsuit is involved.

Specialty Exams/PA Flexibility

- This proposal puts PAs on the path of NPs, who cannot practice outside the scope of their specialty. And that creates huge operational issues for employers.
- NPs who practice outside their specialty (to assist hospitals in filling gaps) get sued, and so do their hospitals. This will put PAs in the same position: if you haven’t taken an exam in the specialty, the PA and hospital will be subjecting themselves to liability.
- As a licensed attorney, witnessed the discussion about whether attorneys should be required to take bar exams in specialty areas. The attorneys decided that specialty exams would harm practitioners by limiting their ability to practice, and it would harm clients because it would limit access to legal counsel. PA specialty exams will similarly limit patient access to care.
- PAs’ national identity is tied to our flexibility in the workplace.
- PAs are served well by their generalist training and credentialing, which allows employers to fill gaps with PAs. Specialty exams will become known and will limit our flexibility. Every PA will be required to practice within the scope of the specialty exam they took.
- Future PAs will not be able to change practice areas...and that has been one of the wonderful things about being in this profession. Despite NCCPA’s protests that they will never tell, employers will require that a specialty exam be passed before they will hire.
- What will new PAs do? Will they be limited to general practice until they take a specialty exam? Will they be allowed to take one before their first 10-year cycle is up? Will they be required to?

Tailoring Exams to a PA’s Practice

- NCCPA says it will have 10-12 specialty exams. But most PAs practice in narrow subspecialties. Examples provided include:
 - A PA who works in neurology, but specializes in headaches. Why do they have to become an expert in every aspect of neurology? Yet, if the exam is out there, they will be expected/required by employers to take it?
 - An PA who works in orthopaedics, but only deals with hand injuries or joint problems.

NCCPA: “It’s not about CAQs”

- The reality is that this is about CAQs. “Score high enough” and you meet test qualification for CAQ. CAQs are a failed product (very few PAs take them), and this is the way NCCPA is trying to push it out. This is like Ford saying the Pinto is still a great product.

NCCPA’s Survey of PAs

- Will the actual results of the NCCPA survey of PAs be made publicly available, or will we only see NCCPA’s interpretation of those results?
- Is NCCPA actually going to listen to what PAs say? Will our voice matter, or has NCCPA already made up its mind?
- What about PA students? Does NCCPA care what they think?

NCCPA Input from Specialty Organizations

- Did NCCPA get any input from PA specialty organizations before putting forth this proposal?
 - The Urologists have not been contacted by NCCPA.
- Is NCCPA asking PA specialty organizations what they think?

History of PA Certification/Recertification

- When NCCPA was created, it was to give PAs initial certification for licensing. That still works. PANCE is fine.
- The MDs on the original NCCPA board wanted PAs to be generalists.
- Physicians’ license is not tied to their specialty certification.
- Today, physicians are rebelling against repeated specialty exams for recertification. Some are even starting new specialty boards that do not require recertification exams. Some are moving toward an annual online “open book” test.
- We need to be careful that we don’t jump on the “specialty” recertification bandwagon just when the healthcare trend is going in the opposite direction.
- We are currently in a “demand” market. But that may change. What will all these certifications mean when we are in a “supply” market? It will make it even harder to get a job.