



February 29, 2016

Denni J. Woodmansee, MS, PA-C, Chair
NCCPA Board of Directors
12000 Findley Road, Suite 100
Johns Creek, GA 30097

Dear Ms. Woodmansee:

The Ohio Association of Physician Assistants would like to request a few minutes of your time to help weigh in on the recent proposed changes to the recertification process. OAPA often refers to the NCCPA recertification process to demonstrate PA maintenance of competency and quality to justify expanding our scope of practice. We appreciate your consideration of our comments and thank you for delaying your decision process until after the AAPA HOD so further discussion can take place regarding the proposed changes.

While we respect your intentions of public protection, we feel these proposed changes are poorly timed and do not fall in line with the direction of our profession. We recently started implementing the new cycle of changes two years ago with the addition of self assessment and PI CME into our recertification cycle. Many PAs have yet to finish their first cycle or even enter into the new 10 year plan. It is really premature to state that the current changes are failing and in need of a major revamp when we have a limited data set to use to evaluate the new cycle changes and its current measure of a PA's competency.

There is also a concern about the direction of our profession steered by these proposed changes. While we do see the need for NCCPA to standardize the PAs entering the field with a broad base of medical knowledge upon graduation, its periodic recertifying exams are no longer meeting the needs of PAs. We have yet to see supporting data that ongoing testing is a significant measure of competency. Many PAs do not feel the current sit-down generalist medicine exam reflects how they practice and is not a true reflection of competency in their chosen specialty. Many other PAs that do list a specialty as their practice also do not feel any specialty exam at the end of a cycle would be a true representation of their practices either. While we appreciate the thought of testing focused on the specialty areas, in reality it would be very difficult to only test on the duties in our actual daily practices because we are actually working in sub-specialties. We believe that any further changes need to have the focus off the exams and have the PA's competency determined at the employer level. The protection of the public and patients comes from the lengthy credentialing process. Many employers go further with extra required CME specific to a specialty on a regular basis and we feel the employer or credentialing body would be the best source to determine competency over any recertifying test, whether it be proctored or take home.

The most disheartening part of this new proposal is the limited information that the PAs have received on your new proposed changes. There are still many questions that have been left unanswered. For instance, the number of take home tests per cycle, will PI CME or SA CME continue, and what are the specialty exams offered with the new plan? We are expected to give our patients all of the information on any possible treatment options to help them make the best informed decision for their care, but yet the NCCPA will not treat those PAs they are representing with the same respect we treat our patients. We feel if clear expectations of all current and proposed options were presented up front, this would have been better received. We have received limited almost encrypted information and feel this is short of the respect we deserve.

OAPA is hopeful you take our concerns to heart and help develop a process that works for everyone. We hope that you also take into consideration the added stress and time commitment your proposal is taking away from actually providing care to patients. We would like to propose we align our future recertifying model after that of our physician collaborators. Many physician specialties have recently adopted elimination of written exams at the end of their board recertification cycle and have replaced it with requirements of CME specific to their specialty as well as addition of SA/PI CME and patient safety modules. We recommend adopting a similar model having CME that is specific to your practice but also a required percentage of general medicine CME to maintain the flexibility that our profession needs. We feel you can improve the current model with some minor changes by applying less emphasis on written examinations and instead, focusing on how we continue to improve our practice and patient safety while delivering quality patient care.

Sincerely,



Scott Cackler, PA-C
President of OAPA

Cc: Dawn Morton-Rias, Executive Director