AAPA Board Spokesperson Remarks (as prepared for 5.15.16)

Resolution 2016-B-01-BOD: Elimination of High Stakes Recertification Testing of PAs

I appreciate this opportunity to represent the AAPA Board of Directors on this matter.

- The six components of the proposed resolution offered unanimously by the AAPA Board of Directors have been cast as general policy statements regarding initial certification and maintenance of certification requirements for PAs.

- However, the proposed policy statements were prompted by the flawed NCCPA proposal to change PA maintenance of certification requirements to include multiple take-at-home tests on general medical knowledge during each recertification cycle, as well as a closed-book proctored exam in one of 10-12 specialty areas during the last two years of each 10-year recertification cycle.

- It is the view of the Board that these proposed requirements, particularly when coupled with the CME requirements already in place for PAs, are unnecessary and potentially harmful to patients and PAs.

- If implemented, we believe this new exam regimen is likely to:
    - Place unreasonable burdens on PAs and employers;
    - Take PAs away from patient care and thereby reduce patient access to care;
    - Indirectly increase the cost of healthcare, when exam-related expenses are passed along by employers to patients and insurers.
    - And put PAs at a disadvantage relative to other health care providers who are not subject to such testing.
- In addition, we are already seeing evidence that specialty exams create a risk that PAs will have less flexibility to change the specialty or subspecialty area in which they practice.
    - Although NCCPA says that it will not reveal which specialty exam a PA has taken, employers cannot be prohibited from asking PAs for that information. And NCCPA cannot prevent employers from putting restrictions on PA practice based on liability and litigation concerns.
    - CAQs are a case in point. Even though less than 1 percent of PAs hold one, PA job boards already include employment postings limited to PAs who possess a particular CAQ. We also understand that in some locations, PAs are not permitted to practice in psychiatry unless they hold a pysch CAQ. If all PAs are required to pass a specialty exam, such requirements are likely to proliferate.
    - And, we have already seen the effects of such specialization on NPs, who are certified only in certain specialty areas. Like NPs, PAs may find it that their mobility is unnecessarily restricted.
    - Finally, this requirement also creates the risk that it will be more difficult for new graduates to enter specialty areas or to change specialties.

- With decreased PA mobility and flexibility, patient access to qualified providers will be reduced.

- In examining the documents produced by NCCPA related to their proposal, as well as the literature cited by NCCPA as proof that such testing is warranted, the Board found no evidence that periodic certification exams improve patient outcomes, patient safety or patient satisfaction. Indeed, the literature cited by NCCPA draws the following conclusions which contradict NCCPA's position:
    1. Many types of CME are effective in improving clinical care and patient health.
    2. That state legislatures should empower medical boards to recognize a variety of acceptable pathways by which medical providers can demonstrate their continuing competence. Among the pathways mentioned are utilizing qualifying competency evaluation programs at hospitals and other institutions that credential, privilege, and/or employ healthcare professionals.

- Further, as outline in the resolution's rationale, AAPA identified five published studies that found no significant differences in competency or patient care quality between practicing clinicians who take a recertification exam and those who do not.

- Although our literature review generally found that many types of CME are effective, we did not offer a specific alternative to testing, such as CME, for two reasons:
    - First, because we believe that coming up with a specific proposal requires substantial study and research. For example, how many hours are appropriate? Should some proportion of those hours be in a specialty area? Should there be a diagnostic test that helps a PA identify his or her own training needs? Frankly, the Board did not want to fall into the trap that NCCPA stepped into – which is to devise a plan without sufficient evidence to support it.
    - The second reason we did not specifically recommend CME as the recertification method is because the literature that we reviewed suggested that there may be other alternatives that are as good or better. Specifically mentioned in the literature was the option to accept passing qualifying competency evaluation programs at hospitals and other institutions that credential, privilege, and/or employ healthcare professionals as evidence of competency for recertification purposes.

- Instead, the board chose to leave the "policy" door open to the creation of multiple pathways to recertification.

- As a result of its research, consultation and discussion, the AAPA Board has recommended that AAPA policy reflect six principles. It is the Board's view that these principles will provide AAPA with the policy framework necessary to officially oppose the current NCCPA recertification exam changes, as well as any future proposals that are similarly non-evidence based.

- These principles are:
    1. AAPA supports assessing general medical knowledge for initial certification and licensing of PAs.

2. AAPA supports the use of evidence-based alternatives to testing for maintenance of certification.
3. AAPA opposes any requirement that PAs take a closed-book, proctored exam in a specialty area for maintenance of certification.
4. AAPA opposes any requirement that PAs take multiple examinations during a 10-year recertification cycle.
5. AAPA supports uncoupling maintenance of certification requirements from maintenance of license and prescribing privileges in state laws.
6. AAPA urges NCCPA and the NCCPA Foundation to undertake rigorous and replicable research to determine the relationship, if any, between taking the NCCPA recertification test and patient outcomes, safety and satisfaction

Mr. Chairman, the Board offers its appreciation to the Reference Committee for its consideration of this proposal. I am happy to respond to any questions the Committee may have.