NCCPA
c/o Chair Denni J. Woodmansee, MS, PA-C
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Johns Creek, GA 30097-1409

To the NCCPA Board of Directors:

After reading the NCCPA's proposal to revamp the maintenance of certification process, I would like to offer my opinion on the matter. I do agree a change is needed, but I do not agree with your proposed changes nor do I agree with current models used for testing and re-certification. Allow me to explain my reasoning for not supporting the NCCPA's current and newly proposed process and give a list of my recommendations for change.

In 2015, after 6 years of practice in multiple subspecialties and adult primary care in Ohio, I spent countless hours studying and worrying about my livelihood as a PA, in addition to spending money to consult several study guide sources all to pass my first PANRE. But in my opinion, the time and resources could have been better utilized doing CME instead of memorizing factoids unrelated to my everyday practice. Which is why I agree a change is needed.

Also in my opinion, the CAQs or any other proposed form of specialty exam should *not* be offered. I believe the PAEA said it best when they said, "PA education is generalist and competency based, the stakeholders in our profession value this flexible approach, and we consider it a cornerstone to PA practice. By placing renewed and additional emphasis on specialty assessment, the proposal sends a strong message to employers that NCCPA considers these specialty certifications to be important for clinical practice. This, in turn, could encourage employers to require specialty certifications for specialty practice, undermining the PA profession's flexibility."

Case in point, I recently interviewed for 1 of 3 open positions specifically advertised for a Physician Assistant at an inpatient psychiatric facility in Lexington Kentucky, but was not offered a position. The employer did not see my general "PA-C" as professional parity with current providers even though I have spent the last 6 years prescribing psychiatric medications to treat multiple psychiatric diagnoses in a variety of outpatient settings in Ohio. The potential employer was under the impression that the CAQ was the terminal certificate for PAs in psychiatry in addition to being residency trained and expressed their desire for future PA employees to possess such certification and post graduate training. In other words, if any form of a specialty exam is offered by the NCCPA then the employer interprets that as a pre-requisite, which in turn limits professional mobility thereby causing barriers to access of care. This is another reason why I agree a change is needed, but to eliminate the CAQs from the current model. Also, it is one of the reasons I disagree with your proposal for specialty exams required as part and parcel for the new PANRE.

Also in my opinion, your proposed recertification model will cause confusion with regard to state laws and state medical boards. Unfortunately, there is not a streamlined national licensing system for PAs like there is for certification. Each state has different laws and not all state laws pertaining to PA practice and licensing are created equally. While some state PA licenses are *not* directly linked to their NCCPA certification, other states (like Kentucky) are. Furthermore, some states (again like Kentucky) are still struggling to educate legislators, hospital administrators, and even physicians on what exactly a PA is, in addition to, modernization of PA practice within the state.

For example, Kentucky's lack of mental health providers is a direct and proximate result of Kentucky state law prohibiting PAs from prescribing certain psychiatric medications, thereby deeming PAs undesirable candidates to fill positions treating the mentally ill, particularly in the inpatient setting. Kentucky's constituent organization, Kentucky Academy of Physician Assistants, is still struggling to change those state laws and alleviate the maldistribution of physicians in facilities such as inpatient psychiatry. Therefore, proceeding with your proposal of unwelcomed and

untimely convoluted changes to the recertification process directly affects the state licensing protocol for PAs and could negatively impact current initiatives for improving PA practice by causing further confusion.

In conclusion, although it may be easy for the NCCPA to understand their proposed changes in the recertification process, I believe said changes *will not* be easily translated by potential employers, physicians, credentialing specialists, medical boards, and MCOs. As for me, the seismic shift has already occurred when post-graduate PA residency programs started trending and the NCCPA started offering a limited number of CAQs for only 7 specialties. As for states like Kentucky (where I was born, raised, and graduated from PA school in 2009) they are still struggling to catch up with modernization of PA practice. Therefore, I ask that the NCCPA delay any proposed changes until a resolution can be made with opposing constituent organizations such as the AAPA. I support the AAPA on their case against the CAQs and against recent proposed changes to the NCCPA PANRE.

I propose that the new model preserve the process for new graduates to continue taking the PANCE, but to eliminate the PANRE and CAQs. I propose that the new recertification process be CME based, to be in line with most supervising physicians' recertification process. Also, if the NCCPA is unwilling to work with opposing PAs, constituent organizations, and the AAPA on reaching a resolution, I suggest the AAPA explore alternatives for recertification in lieu of utilizing the NCCPA. At the end of the day, shouldn't Physician Assistants be sine qua non for the NCCPA not vice versa?

Sincerely yours,

Hilary McCord PA-C

AAPA Fellow Member
OAPA Fellow Member
KAPA Dual Member