Denni Woodmansee, MS, PA-C Remarks to the AAPA House of Delegates
Delivered 5/15/16

Speaker Curtis, President Katz, House officers and delegates:

Thank you for the opportunity to address you today on behalf of NCCPA.

I am here today to talk about potential changes to the recertification exam model under consideration by NCCPA. I will attempt to convey to you *why* this effort was undertaken, *how* it is has been informed, *who* has been involved, and *what* the published model is.

Before I get into the why, how, who and what, I want to begin with a *different* question.

Why do we, as certified PAs, do what we do?

Why do those of us in administrative positions fight for enabling policies and regulations? Why do those in clinical practice take the time to get to know patients, to counsel them on health promotion, to help connect them with community resources? Why do so many of us volunteer in free clinics and international medical missions? Why do those in the uniformed services put themselves in harm's way to provide care for our service men and women, for allies and even for our enemies? Why do we give so much of ourselves?

Each of us in this room might use different words to answer those questions, but I suspect the *meaning* of those words would be the same: **We are deeply committed to this profession and to patients.**

That same commitment – that same passion for this profession and for patients – is the answer to the "why" for NCCPA, as well.

Why do we work so hard to protect the integrity of the certification process? Why do we care about the quality and types of CME activities PAs pursue? Why do we re-evaluate the state of PA practice every few years to ensure our exams reflect what PAs are doing?

The answer to all of these questions is the same: Because we are passionate about the PA profession and truly believe in the positive impact certified PAs have on patients. Thus, the aim of NCCPA is to preserve the credibility of PA certification that has, for over 40 years, been a pillar of strength for the profession.

In pursuit of this goal, NCCPA strives to maintain a strong and valid certification program, to ensure that certified PAs are staying up-to-date in a world with rapid scientific and technological advances while serving the interest of the millions of patients who rely on PAs for care.

Why is NCCPA considering a new approach to the recertification exam?

Two issues prompted this effort. First, while the question about how best to assess PAs practicing in a wide range of disciplines has been an ongoing one, the profession has reached a critical tipping point. With over 70% of PAs practicing outside of primary care, many PAs – both within and outside of the NCCPA organization – asked whether the same broad-based, general PANRE is still the most appropriate, valid, and relevant way to assess maintenance of the knowledge needed for safe and effective practice. Second, and not unrelated to the first, PA concerns about the difficulty of PANRE seem to be growing.

Given those two factors, about 18 months ago, the NCCPA Board committed to reconsidering the design of the recertification exam process. We undertook that work with two key principles:

1. The first concern must be that of the public's interest as we work to determine how we most effectively can deliver a recertification exam process that supports delivery of high quality, affordable, accessible health care; and
2. The process must maintain the generalist nature of the PA-C credential and maintain the flexibility PAs have to work and move across different specialties.

How was this effort informed?

Last week we published the evidence base we used in informing our decision making process. It is available on the NCCPA website, and we have printed copies here today for members of Reference Committee B and anyone else who wants one.

The evidence base was gleaned from four PA surveys, data on PA practice patterns, PANRE performance data and an extensive body of peer-reviewed studies that document the positive impact of exams and that support the potential changes under consideration this year.

There isn't time enough for me to articulate all of those points of evidence here today, which is why we disseminated the references in advance. However, since so much has been made about what the "literature" says about the value and impact of exams, I *do* want to make these points.

The 48 peer-reviewed studies in the annotated bibliography NCCPA has published clearly demonstrate that:

1. Performance on assessments of medical knowledge decline the further one is away from training
2. People are not good at self-diagnosing areas of knowledge deficiency, and those with lower abilities are least able to identify knowledge gaps
3. When structured correctly, testing is a valuable learning tool that is more effective than study
4. Certification and recertification examinations are associated with improved practice
5. An effective recertification model is a comprehensive approach involving multiple aspects of continuous learning and assessment
6. The public has high expectations of health care providers and rely on regulatory and certifying bodies to establish policies to provide assurance of the quality of preparation and maintenance of knowledge and skills

It is just as important to note here that the data gathering effort is still underway. We are working now to survey other important stakeholders who rely on the PA-C credential. We are surveying credentialing specialists, health system administrators, physicians, state licensing board members, and the public. Our purpose is to determine how they view the recertification process today, what elements of the recertification process they think it important to maintain or to change, and how this proposed model – if it is enacted – might change their perceptions *about PAs* and what they require *of* them.

We care about the future of this profession as I'm sure you do. Rather than *speculate* about the potential ramifications of changes to recertification, we are working to gather data. We are surveying those who have the potential to affect unintended consequences of the process change, such as payers, credentialers, and employers. Please be assured that the results of these surveys will be given due consideration when making the final decision on any changes.

Also, I want to note that we are not undertaking these surveys alone. We are partnering with a non-profit called the Citizen Advocacy Center. This independent group is focused on enhancing the effectiveness and accountability of health professional oversight bodies, making them an ideal partner to help us gather informed, unbiased perspectives from these other stakeholders.

Who has been involved in this effort?

Beyond the scores of PAs who have participated in focus groups and survey design efforts and the tens of thousands who have responded to surveys …who has been involved?

The NCCPA staff is led by Dr. Dawn Morton-Rias, herself a certified PA for over three decades with clinical experience in primary care and in OB-GYN. More so than any who preceded her in that role, Dawn understands what NCCPA's certification and recertification process demands of PAs. Whatever this exam process turns out to be, she will be subject to it, as well.

The staff she leads includes an exam development, psychometric and research team with deep experience who are recognized as leaders in their fields. These are innovative teams supporting NCCPA's desire to be forward thinking and leaders in certification.

At the Board level, we have 18 members who share our passion for this profession. The majority of us are PAs, all certified, and will be subject to PANRE process in its final form. Two Board members are public members, who bring the patient's perspective, and the other six are physicians who have extensive experience *working with* PAs. All of us serve on this Board as unpaid volunteers and are strongly in support of the PA profession and the patients we serve. Do we understand the challenges faced by the clinically practicing PA? I would say, yes we do. Earlier this year we calculated that this Board has more than 300 years of collective clinical experience among us.

That said, the purpose of this public comment period was to give *all certified PAs* and other key stakeholders a voice in this process, as well.

What is the model under consideration?
We have certainly written much about the model that is under consideration, but we have seen considerable misinformation circulating about it, too. My hope is that as you go on to discuss the proposal under consideration by NCCPA in the context of the resolutions that will be soon be debated that there will be an accurate understanding of what that proposed PANRE model *is*.

The proposed PANRE model is a two-part process that will result in the *same generalist PA-C* NCCPA has awarded for over 40 years. I'll say that again: This will result in the same generalist PA-C credential. This is *not* specialty certification, nor is it a step *toward* specialty certification.

The first part of the proposed PANRE model is what we have been calling a take-at-home exam. We are endeavoring to find a more suitable name for this exam as it is too prone to be confused with the old Pathway II exam. This online assessment, if you will, will be designed to assess core medical knowledge. This core assessment would be very different from the Pathway II exam in context, content, and administration.

These core knowledge assessments would be developed to reflect essential, foundational knowledge and cognitive skills. This core knowledge is what any PA should know to recognize and initiate treatment for life-threatening situations and conditions and to evaluate and manage the most common

conditions and disorders encountered in any medical specialty. This assessment of core or generalist base knowledge is what would allow for continued flexibility for PAs to move into other areas of practice.

These assessments would *not* be designed to *require* research. However, if you needed to look something up during the test, you would be allowed to do so – which would be consistent with how PAs practice today.

What happens if you miss a question? In this proposed model, an incorrect response would result in receiving a link to an article related to the topic to review. In this way, the assessment isn't simply *checking to see* if your knowledge is current, it is *helping you stay* current.

PAs who perform marginally on this online exam would be required to obtain a specific amount of CME in the areas where a knowledge deficit was found. That CME would *not* be *additional* CME. These would be CME credits you would already need to complete for the next two-year CME cycle.

We have not been specific about how many of these take-at-home, online assessments PAs would have to complete in a 10-year cycle because we wanted to receive feedback from PAs before making a decision. Based on what we've heard so far, there would likely be *two* of these core medical knowledge exams every 10 years.

The second part of the proposed PANRE model is the proctored exam PAs would take at the end of each 10-year cycle. In the

model under consideration, PAs will have more *choice* and *flexibility* than we have today. Rather than taking the existing PANRE, a broad-based, generalist exam with options for a Primary Care, Adult Medicine, or Surgery focus, PAs would be able to choose from a much more extensive menu of practice-focused exams. This would give each of us the opportunity to select the content area *we* know best. This is NCCPA's response to concerns raised by PAs about the cost, time, and stress of preparing for and taking a proctored exam that covers a broad-base of knowledge that does not reflect what they do.

Also, this aspect of the model fulfills our obligation as an accredited, certifying body to deliver assessments that are *relevant to* and *reflective of* the current state of practice. It makes the exam *more relevant to PAs* and *more meaningful* to those who look to the PA-C as an indicator of the knowledge needed for practice.

Like the online exams, there would be multiple performance levels. PAs who score well below the passing standard would – like today – need to study and retest. Those who come closer to but fall short of that mark would be required to obtain CME in the identified areas of knowledge gaps. Again, that CME would be earned in the next two-year cycle, as part of the existing 100-credit CME requirement.

One of the more controversial aspects of this model from the beginning was its connection to our CAQ program. NCCPA has reconsidered the CAQ connection with the proposed PANRE process and has determined that it is not central to the proposed

model. The NCCPA Board has made the decision to separate any consideration of implications for the CAQ program from the proposed PANRE model. I would encourage you to do the same here today during your deliberations.

I also want to reiterate: we initiated this public comment period because we *wanted* others' perspectives on the PANRE model. We are *open* to change and in fact have already had preliminary discussions about ways we might adapt this model based on the feedback we have received so far. We are open to considering other ways to maintain the rigor of the recertification exam process while making it more relevant to PA practice today. We continue to invite your feedback in that regard.

In closing, I want to return to one last "why" – the question I asked after reading the resolutions you will soon consider.

Why would this body – populated by PAs who love this profession – risk our credibility?

Because exams have no value, no positive impact on practice? The research actually shows the opposite.

Is it because advanced practice nurses are not held to such standards? This may not true in the future. Nurse anesthetists will soon recertify by exam beginning this year.

Is it because your patients don't care about certification? *Your* patients might not care about *your* certification because they know and trust you. But, this isn't about *you* or me as

individuals. It is about the profession of which we each a part. In this world of quality report cards and documentation of credentials, the public's trust and perception of the PA profession can often influence the ease with which individual PA-patient relationships are developed.

Detractors of the changes under consideration have used a lot of hypotheticals to argue against it, predictions about what they think might happen in the future if these changes are made. At NCCPA, we are doing our best to proactively survey the landscape to determine the implications of these changes.

Yesterday we heard that AAPA wants to be certain that the certification process is evidence-based and is what is best for the patient. NCCPA fully agrees. Those very precepts have driven our discussions on this issue. We vehemently disagree, however, that the courtroom is the place to resolve our differences on this. That would have tremendous negative consequences for our profession.

My challenge to you today is this: As you consider the many resolutions before you that would substantially change what it means to maintain certification as a PA, also consider this: What price might the profession ultimately pay for lowering the standards to which we have always held ourselves?

Thank you very much.