

Denni Woodmansee, MS, PA-C

ON BEHALF OF



Potential Changes to the Recertification Exam Model

- ▶ Why was this effort undertaken?
- ▶ How has it been informed?
- ▶ Who has been involved?
- ▶ What is the model under consideration?

A bigger question...

Why do certified PAs
do what we do?

PAs are

...deeply committed to this
profession and to patients.

NCCPA is also

...deeply committed to this
profession and to patients.

We Believe...

Preserving the credibility of PA certification and recertification processes serves the profession and the public.

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

1. We think we can do better, with over 70% of PAs practicing outside of primary care.
2. We want to address PAs' concerns about the cost, time and stress of preparing for today's PANRE and about the difficulty of that exam.

Two Key Principles Underpinning this Effort

1. The first concern must be 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.
2. To support the flexibility PAs have to change specialties during their career span and to work in multiple specialties concurrently, it is important to maintain the generalist nature of the PA-C credential.

How was this effort informed?

4 PA surveys:

- ▶ Survey of all PAs who recertified in 2014 about their experience with the exam and how much time and money they invested in exam preparation
- ▶ 2015 profession-wide PA practice analysis survey
- ▶ Fall 2015 profession-wide survey about attitudes towards the current recertification exam and the many ways in which that exam process could be changed
- ▶ Winter 2016 profession-wide survey to solicit feedback on the model under consideration

How was this effort informed? (continued)

- ▶ Analysis of PA practice patterns
- ▶ PANRE performance data
- ▶ Extensive body of peer-reviewed studies and research

Clear evidence in the literature 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

Clear evidence in the literature that:

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 certification agencies to put policies in place to provide assurance of the quality of preparation and maintenance of knowledge and skills

Additional Work in Progress

Surveys of:

- ▶ Credentialing specialists
- ▶ Health system administrators
- ▶ Physicians
- ▶ State licensing boards

Focus groups and survey of:

- ▶ The public

Focus of inquiry:

- ▶ Their view of the current process
- ▶ What elements of the current process they think should be kept or changed
- ▶ How this proposed model – if enacted – might change their perceptions about or requirements of PAs

The Citizen Advocacy Center



www.cacenter.org

- ▶ Non-profit established in 1987
- ▶ **Mission:** To increase the accountability and effectiveness of health care regulatory, credentialing, oversight and governing boards

Who has been
involved in this
effort?

Who has been involved?

PA Board Members:

- ▶ Robin Hunter Buskey, DHSc, PA-C
- ▶ Kaesa Footracer, MS, PA-C
- ▶ Kevin Loheny, PhD, PA-C
- ▶ Paul Lombardo, MPS, PA-C
- ▶ Jennifer Madonia, MS, PA-C
- ▶ Varnell McDonald-Fletcher, EdD, PA-C
- ▶ Peggy Robinson, MS, MHS, PA-C
- ▶ Mary Warner, MMSc, PA-C, Chair Elect
- ▶ Denni Woodmansee, MS, PA-C, Chair
- ▶ Dawn Morton-Rias, EdD, PA-C, President/CEO

Public Board Members:

- ▶ Cynthia Fournoy, FACHE, RHIA, MBA
- ▶ Tiffany Kindratt, MPH

Physician Board Members:

- ▶ Claudette Dalton, MD
- ▶ Tim Evans, MD, PhD, FACP
- ▶ Wanda Gonsalves, MD
- ▶ Viki Kaprielian, MD, FAAFP
- ▶ Joel Kase, DO, MPH
- ▶ John Stuemky, MD, FAAP

What is the model under consideration?

Part 1: Core Medical Knowledge

- ▶ Take-at-home, online assessment
- ▶ Content reflecting essential, foundational knowledge and cognitive skills
- ▶ Opportunity to consult resources
- ▶ Feedback on missed items
- ▶ Remediation through CME targeted in areas of knowledge deficiency – not additional CME
- ▶ Likely two assessments during each 10-year cycle

Part 2: Specialty-Related Knowledge

- ▶ Proctored, secure exam during the last two years of the 10-year cycle
- ▶ PAs choose from 12 options the one whose content they know best
- ▶ Multiple performance levels, including remediation through CME (like Part 1) – not additional CME