



May 4th, 2016

To: The National Commission for the Certification of Physician Assistants (NCCPA) - Board of Directors

From: The Minnesota Academy of PAs (MAPA)

Regarding: Proposed changes to recertification process

The leadership, practicing PAs, and PA students of the Minnesota Academy of PAs (MAPA), have taken considerable effort to understand the NCCPA's current recommendations to once again change the requirements of the recertification process. Our general membership, as well as non-member PAs in our state, have been contacted for discussion regarding this proposal. We have communicated via email, an open forum at our spring conference and had direct conversations with our constituents to understand the opinions of the PAs of Minnesota regarding the NCCPA's new recertification proposal. These conversations have brought forward the following concerns:

1. A large number of PAs have not yet completed the transition to the newly established 10 year cycle. In addition the components of the Process Improvement (PI) and self-assessment (SA) CME components are still not fully understood. **Proposing additional changes, when the current transition is not complete and still not fully understood, is poor planning and adds to the confusion and concerns regarding the new proposal.**
2. **The proposed take-home exam every 2-3 years, in addition to CME requirements, including PI and SA, as well as a 10 year proctored exam, does not streamline the recertification process, but rather complicates it.** The additional workload the proposed plan would impose upon practicing PAs creates complexity and additional time demands far beyond that of the current time needed to prepare for one proctored exam per 10 year cycle. The passing qualifications for the take home component are unclear, and how potential failure would affect recertification is not defined. The take home option was removed from the recertification process several years ago with the explanation that it was not a sufficient testing mechanism. How will the newly proposed take-home exam differ, and why is it now considered a more beneficial component to assess competency?
3. In Minnesota we have already seen the unintended consequences of the elective CAQ exams. Even with the extremely limited number of PAs who have taken these exams nationally, **we are seeing employers' list CAQ certification as a preferred requirement for new hires, as well as a large healthcare organization requiring PAs to obtain CAQ to maintain specialty clinical positions.** This is the slippery slope many PAs feared that is creating a required component of CAQ for consideration to change areas of practice, or to maintain employment after

recertification. While the NCCPA does not intend the specialty exam component in the new proposed plan to be public knowledge, the process will become public knowledge. The specialty exams will create a de facto requirement from employers with regards to which specialty exam a PA takes when the employer is covering the cost of the exam. As we have seen with the elective CAQ already, mandatory specialty testing will increase the likelihood that professional flexibility will be restricted, and change a core element of the PA profession.

4. There is a great deal of variety in clinical practice amongst PAs, and determining which specialty exam would best match a PA's work setting will be more challenging than this proposal suggests. Despite increased PA specialization, the core of the PA profession is based on general medical knowledge, which provides our profession with our unique practice opportunities. **Considering the vastness of clinical specialties this proposed plan will increase complexity for how a PA would prepare for the proctored exam component.**

Comments from MN PAs via our numerous outreach efforts have included:

"It also poses problems for those in sub-specialties, such as spine surgery. I don't fit exactly into neurosurgery or orthopedic surgery. Therefore, I'd actually have to do more studying to still study for the general medicine exams, as well as for the specialized test that doesn't completely fit into my current job."

A PA-C in specialty practice- recertified once

"I practice in office based cardiology, and have for many years. While general knowledge exam does require me to brush up on many areas of medicine I do not use on a daily basis, I value my general knowledge as a PA and it really is not that terrible to update myself on these components. My practice environment does not in any way cover the components for the cardiology CAQ, as that is surgically based. I would not be able to pass the cardiology specialty exam due to my lack of surgical practice and therefore would have to study as much, if not more, to take the cardiology specialty exam. This plan will not address specialty PAs desire for a more relevant test. Every PA should maintain a base of core knowledge of medicine regardless of their specialty. I would support adjusting the proctored exam to better assess core knowledge rather than the specialty format being offered."

A PA-C in specialty practice – completed 2 past recertification exams

"If we are required to complete a take-home general core knowledge test every 2 years and then select the family practice board exam, is that not significant redundancy in testing? This seems really excessive and costly to test the same core knowledge up to 4 times versus the single exam once every ten years."

A PA-C in primary care- competed 4 past recertification exams

"Although we realize that as students we are not currently recognized as NCCPA constituents, the fact that we are not PA-Cs yet should not have prevented NCCPA from asking our opinions. Instead, they polled thousands of current PA-Cs, many of whom will be retired before the changes ever take place. Why should those who are done recertifying have a say in our future profession, and we are not considered in the conversation? We deliberately chose to pursue the PA profession, in part for the flexibility. As students, we are reasonably concerned that due to the proposed

recertification changes we will never be able to take advantage of the mobility our soon-to-be profession has promised.

Our master's research project is looking at PA burn out, and flexibility in practice specialty is one of the main factors that reduces burn out. This proposed change to the recertification process with specialty exams would likely create a reduction of the flexibility that PAs value so much about our profession."

A PA student – working on research for a master's project on PA burn-out

The take home exam was my preferred method of recertification for most of my career, and I would support it again. However, every two years is excessive, and this proposal does not explain how the new version would be any different from the old one that was suspended several years ago.

A PA-C with over 30 years practice experience

5. **The time table for public comment was originally scheduled to close before the AAPA's HOD annual meeting, which the NCCPA is well aware of, as it is an annual meeting. The original time table gave the impression that NCCPA did not genuinely desire the input from the largest collective voice of the PA profession.** It is acknowledged that after a request from the AAPA, the NCCPA agreed to extend the period for public comment. However, the fact that a request was required to allow AAPA and the HOD to have the opportunity to convene and discuss this issue does not instill a sense of collaboration, nor trust, towards the NCCPA's intentions to genuinely consider public comment from the PAs who are subject to the recertification process.

In a response letter from the NCCPA sent via email on March 19th the NCCPA Board indicated that they *"welcome and encourage thoughtful and constructive perspectives and ideas on the potential changes."*

These are MAPA's *"thoughtful and constructive perspectives"*:

1. The NCCPA should not implement additional changes to the recertification process until the current 10 year cycle conversion has been completed for all PA-Cs, and the implications of the new PI and SA CME are fully understood and readily available.
2. The NCCPA should further examine the current, and potential, implications of specialty focused exams. Unintended consequences have become a reality by limiting mobility of PAs between specialties, as a result of the elective CAQ tests. Specialty focused testing for recertification will have a serious potential to worsen this situation.
3. More substantial evidence and literature review is needed to justify the changes being proposed, including how the public safety is being compromised by the current process, and how the public will be protected more by the additional proposed changes.
4. The NCCPA needs to put forward a more precise time table for any additional components, as well as a more defined cost requirement for any new proposed plans. The NCCPA plan also needs to better define the implications of passing or failing these additional components, specifically the take-home portions.

5. MAPA does not endorse, nor validate the NCCPA's recent survey, due to biased composition towards the NCCPA's plan with no legitimate options for disagreement. When polling the PAs that are subjected to the NCCPA's processes for professional certification, there should be greater care to create unbiased and genuine polling with non-biased response options

MAPA strongly opposes the proposed changes to the recertification process that NCCPA has offered, due to the concerns detailed in this letter. We respect the charge of the NCCPA to protect the public through the certification of skilled PAs, however, MAPA respectfully requests that the NCCPA hear the voice of our constituency and not implement this proposed plan.

Respectfully Submitted,

Leslie Milteer PA-C, MPAS, DFAAPA
President of the Minnesota Academy of Physician Assistants

On behalf of the Board of Directors and the constituents of MAPA