



4582 S. Ulster Street, #201
Denver, CO 80237
303-770-6048
303-771-2550 (fax)

COLORADO ACADEMY OF PHYSICIAN ASSISTANTS

June 11, 2016

NCCPA Board of Directors
c/o Denni J. Woodmansee, MS, PA-C
12000 Findley Road, Suite 100
Johns Creek, GA 30097

NCCPA Board of Directors,

On behalf of Colorado PAs and the Colorado Academy of PAs, we thank you for this opportunity to comment and reflect on the proposed NCCPA recertification changes. We also thank you for extending the comment period as this gave us ample time to survey our members and digest the proceedings of this years' AAPA House of Delegates.

In a survey of our members, only 55% were aware of and understood the proposed NCCPA certification changes, showing a huge lack of education regarding the proposal. This is disappointing since certification is something that all PAs should understand. Many of our members expressed concerns with the current certification process and felt it was not implemented properly, is overly burdensome, and feel there is a lack of resources to attain the new CME requirements. In fact, only about 10% of survey respondents thought it was manageable to obtain SA and PI CME. Adding to this confusion and difficulty to obtain required CME, the NCCPA has proposed new changes which a dismal 13% felt would be improved over the current recertification process. Colorado PAs were evenly split on the idea of periodic take home exams as a way to assess knowledge. Of those that disagreed, the major concerns were about the amount of time the exam would take and that it would not add to their existing knowledge.

There are also concerns regarding the addition of the CAQ to the recertification exam. Only 20% of Colorado PAs felt the CAQ added benefit to their practice and only 1 survey respondent had taken a CAQ exam, but as they stated "I received no benefit whatsoever with the exception of personal gratification". Many respondents were concerned since there is not a CAQ relevant to their practice and question how the NCCPA can include this on all recertification exams. CAPA agrees with this concern. The addition of a specialty focused exam was concerning for 60% of respondents as it would take away from the generalist nature of the PA profession. Yet, 45% of Colorado PAs were in favor of the option of choosing a specialty-focused exam versus a generalist exam.

In addition, CAPA would like to share direct comments from our constituents.

"The recert process is burdensome, largely irrelevant to most specialty PA's, costly and does very little to improve my personal quality of care. I, like a large group of PA's are seriously considering leaving the field in the next 5yrs if these bureaucratic CME requirements are pushed through."

"It is impossible to assess everyone's specialty knowledge because PAs have jobs in so many different clinical settings, even within the same "specialty"."

"The beauty of the PA profession is that we are able to switch jobs between different specialties, WITHOUT additional or specialized certification"

"The PANRE does not prove competence. It shows you can take a test."

"I just worry about diluting our profession. We should all be very knowledgeable about general med."

"The new recertification process is cumbersome and would do nothing to influence better or safer PA practice."

"My competency to practice should be evaluated at the state and practice level"

"How should those PAs choose just one specialty for their recertification track that would make them more specialized?"

"Please simplify the process"

"Concern about how this all works for PAs who are in academia or are currently out of clinical practice but who are intending to return to practice."

With that, we ask the NCCPA, how will you address these concerns? How will you be able to make the added CAQ component relevant to all of the varied PA practice? Will this not limit PA practice? If you think not, how can you assure Colorado PAs that it won't? How can you expect PAs to burden more direct costs and time away from practice and patients in the veil of improving patient care?

Along with the House of Delegates recently passed policy, which CAPA is in full support, we urge you to reconsider your position and work with PAs in developing a certification process that is based on quality data and PA input so the "-C" can become something PAs are proud to have behind their name instead of something they resent maintaining.

Thank you for your time and continued efforts.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Meg Townsend". The signature is fluid and cursive, with a large loop at the end.

Meg Townsend, PA-C
President, Colorado Academy of Physician Assistants