Update from NCCPA:
Positive Changes to Certification Maintenance

Greg P. Thomas, PA-C Emeritus, MPH
Director of PA Relations
Faculty Disclosure

- Contractor with NCCPA
- No other financial relationships to disclose
• About NCCPA
• The Latest on PANRE
  - Transition to core medical knowledge
  - Piloting an alternative to PANRE
• The Certification Maintenance Process
• NCCPA and OTP
• Certificates of Added Qualifications (CAQ)
• NCCPA Celebrates the PA Profession
Overview of NCCPA
Our Mission is More than Creating Exams

NCCPA is committed to helping maximize the safe, productive, and competent practice of medicine by certified PAs.
It is critical to our mission to provide a certification/recertification program that is:

- Meaningful and relevant; and
- Provides assurance for patients, employers, state licensing boards, and others regarding PAs’ knowledge and skills.

To do this, we must continuously monitor and evolve the certification process because things change:

- Advances in technology
- Rapid changes in medicine
- Changes in the PA profession
The Growth of the PA Profession

Number of Certified PAs

- 1980: 9,431
- 1990: 21,194
- 2000: 45,847
- 2010: 92,049
- 2018: 131,152

Number of Accredited Programs

- 1980: 42
- 1990: 45
- 2000: 114
- 2010: 148
- 2018: 238
- 2021: 300
1. NCCPA’s primary focus must be to serve the public’s interest and ensure that the PA-C credential represents the profession’s commitment to high standards

2. We continually explore strategies to most effectively provide a relevant and meaningful recertification process

3. We remain committed to the flexibility that PAs have to change specialties during their career and to work in multiple specialties concurrently

4. We remain committed to finding ways to minimize the burden of certification maintenance
NCCPA is accredited by the National Commission for Certifying Agencies.

NCCPA’s processes must comply with certification industry standards and reflect “best practices” which includes:

- Communicating with all stakeholder groups (not just PAs)
- Conducting a periodic thorough practice analysis
- Remaining independent from other membership and advocacy organizations representing the profession (i.e. AAPA)

We have been able to recruit and retain a team of highly skilled and experienced psychometricians and test development staff to work on NCCPA’s exam programs.
Our Stakeholders

1. Public / Patients (Primary stakeholder)
2. PAs
3. PA Students
4. PA Programs & Faculty
5. Policy Makers
6. Third Party Payers
7. State Licensing Agencies
8. Credentialing Bodies
9. Employers
10. State PA Chapters

NCCPA
About NCCPA

- Only national certifying body for PAs
- Certifying PAs since 1975
- Passionate about PAs and the patients you serve
  - Rely on PA practice data to inform our certification programs
  - Publish statistical reports to inform employers, policy makers, the media, patients and others
  - Promote qualifications and roles of certified PAs to various audiences (physicians, employers, state medical boards, public, etc.)
  - Engage in significant communications/PR efforts on your behalf: www.PAsDoThat.net

Certified
#PAsDoThat!
11 PAs, 5 physicians and 2 public members

11 PA Members
- 7 PA Directors-at-Large
- 1 nominee from AAPA
- 1 nominee from PAEA
- 1 nominee from FSMB
- President/CEO

7 Physician & Public Members
- 1 nominee from AMA
- 1 nominee from AOA
- 1 nominee from ACP
- 2 physician Directors-at-Large
- 2 public members
PA Involvement With NCCPA

- PAs are involved throughout the exam development process
  - Clinically practicing
  - Diversity in a wide range of demographics
  - Reflective of the profession and population
  - Separation of responsibilities
PA Roles

Exam Development Cycle

- Exam Blueprint
- Practice Analysis
- Item Development
- Form Development
- Form Review
- Scoring and Reporting
- Key Validation
- Standard Setting
- Statistical Analysis
- Exam Administration
In 2018 ...

- 92 PA item writers served on item writing committees, writing questions that appear on PANCE, PANRE and the CAQ exams

- NCCPA hosted 24 PA team meetings to develop and validate exam questions, review exam forms, and explore advancements to the question generation process involving the efforts of 222 PAs

- 44 PAs participated in meetings for both PANCE and PANRE to set the passing standards for the new 2019 blueprints
Additionally...

• In 2019, NCCPA will host 37 in-house content development meetings involving 330 PAs and 11 virtual meetings with another 39 PA participants.

• In Q2 and Q4 of 2019, NCCPA will convene two focus group meetings of 30 pilot participants.

• Over 100,000 PAs have completed the PA Professional Profile.
Certification is a Community Process

• We could not do this without PA participation

• Volunteering can be as short as an ad hoc meeting (2-3 days) to as often as an item writing committee (ongoing, multiple meetings yearly)

• If you’re interested in volunteering, please email Lara at volunteer@nccpa.net
• More than 20% of core information guiding clinical practice changes within one year

• Performance on assessments of medical knowledge declines over time

• Assessment provides an important mechanism for identifying the small number of health care providers who are unable to demonstrate an adequate level of medical knowledge for safe practice
To make a well informed decision, NCCPA:

- Conducted research
- Held focus groups
- Elicited feedback from PAs and other key stakeholder groups
- Consulted with many physician certifying organizations and the American Board of Medical Specialties to tap into their similar lines of inquiry and research
What We’ve Heard

- PAs were very concerned about maintaining their ability to change specialties and did not want to see that threatened.
- PAs were very concerned about the cost and time required to maintain certification (CME and exam requirements).
- Exams matter to the public, employers and to state medical boards.
- Physician certifying boards are piloting alternative approaches to assessment.
PANRE content shifted from “General Medical Knowledge” to “Core Medical Knowledge” in 2019
Working Definition of Core Medical Knowledge

...the essential, foundational knowledge and cognitive skills required for PAs to provide safe and effective care for patients across the lifespan and across the spectrum of medicine, regardless of the specialty or area of practice.
The Process of Identifying “Core Medical Knowledge” for PANRE

• June 2016:
  - Rank all of the diseases, disorders and medical conditions from the PANRE content blueprint from *most* core to *least* core
  - Draw the dividing line: which of these should be covered on PANRE?

• Series of subsequent meetings:
  - Looking only at those “above the line,” what aspects of each topic are “core medical knowledge”

• October 2017:
  - Profession wide survey to validate or further refine the work above -- > 20,000 responses

• December 2017:
  - Core Content Review and Blueprint Identification meetings were conducted to review the survey results and make recommendations on the blueprint

• Early 2018: New blueprint was released for the Pilot & PANRE
New PANRE Blueprint Effective in 2019

- New look for the revised blueprint is used for both PANRE and the Pilot Alternative to PANRE!
- Slight modifications to the percentage allocations of organ systems (very similar to PANCE)
  - Most were 1% and a couple were 3%
  - Same change to split out Renal from the Genitourinary category
- Most significant change is the new assessment levels
- The new blueprint provides detailed information on the level at which each disease and disorder will be assessed
<table>
<thead>
<tr>
<th>Medical Content Categories</th>
<th>Percent Allocation</th>
<th>2018</th>
<th>Percent Allocation</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular System</td>
<td>16%</td>
<td></td>
<td>Cardiovascular System</td>
<td>13%</td>
</tr>
<tr>
<td>Dermatologic System</td>
<td>5%</td>
<td></td>
<td>Dermatologic System</td>
<td>6%</td>
</tr>
<tr>
<td>Endocrine System</td>
<td>6%</td>
<td></td>
<td>Endocrine System</td>
<td>6%</td>
</tr>
<tr>
<td>Eyes, Ears, Nose, and Throat</td>
<td>9%</td>
<td></td>
<td>Eyes, Ears, Nose, and Throat</td>
<td>8%</td>
</tr>
<tr>
<td>Gastrointestinal System/Nutrition</td>
<td>10%</td>
<td></td>
<td>Gastrointestinal System/Nutrition</td>
<td>11%</td>
</tr>
<tr>
<td>Genitourinary System</td>
<td>6%</td>
<td></td>
<td>Genitourinary System</td>
<td>5%</td>
</tr>
<tr>
<td>Hematologic System</td>
<td>3%</td>
<td></td>
<td>Hematologic System</td>
<td>4%</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>3%</td>
<td></td>
<td>Infectious Diseases</td>
<td>6%</td>
</tr>
<tr>
<td>Musculoskeletal System</td>
<td>10%</td>
<td></td>
<td>Musculoskeletal System</td>
<td>9%</td>
</tr>
<tr>
<td>Neurologic System</td>
<td>6%</td>
<td></td>
<td>Neurologic System</td>
<td>7%</td>
</tr>
<tr>
<td>Psychiatry/Behavioral Science</td>
<td>6%</td>
<td></td>
<td>Psychiatry/Behavioral Science</td>
<td>5%</td>
</tr>
<tr>
<td>Pulmonary System</td>
<td>12%</td>
<td></td>
<td>Pulmonary System</td>
<td>10%</td>
</tr>
<tr>
<td>Renal System</td>
<td>N/A</td>
<td></td>
<td>Renal System</td>
<td>3%</td>
</tr>
<tr>
<td>Reproductive System</td>
<td>8%</td>
<td></td>
<td>Reproductive System</td>
<td>7%</td>
</tr>
</tbody>
</table>
**Examples of Deleted Diseases and Disorders for the PANRE (151 Deleted)**

<table>
<thead>
<tr>
<th>Medical Content Categories</th>
<th>Percent Allocation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular System</td>
<td>Tetrology of Fallot, Mitral Stenosis, VSD, Coarctation of the Aorta, ASD</td>
</tr>
<tr>
<td>Dermatologic System</td>
<td>Melasma, LSC, Bullous Pemphigoid, Lichen Planus, Verrucae, Condyloma</td>
</tr>
<tr>
<td>Endocrine System</td>
<td>Acromegaly, Dwarfism, Pituitary Neoplasm, Adrenal Neoplastic Disease</td>
</tr>
<tr>
<td>Eyes, Ears, Nose, and Throat</td>
<td>Retinal Vascular Occlusion, Neoplasms Throat, Cholesteatoma, Dacryoadenitis</td>
</tr>
<tr>
<td>Gastrointestinal System/Nutrition</td>
<td>Strictures, Polyps, Rectal neoplasms, Nutritional Deficiencies, Motility Disorders</td>
</tr>
<tr>
<td>Genitourinary System</td>
<td>Cryptorchism, Wilms Tumor, Congenital Abnormalities</td>
</tr>
<tr>
<td>Hematologic System</td>
<td>Aplastic Anemia, G6PD, Thalassemia, Multiple Myeloma, AML/CML</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>Malaria, Cholera, Histoplasmosis, Salmonellosis, CMV infections, Diphtheria</td>
</tr>
<tr>
<td>Musculoskeletal System</td>
<td>Polymyalgia Rheumatica, Sjogren, Scleroderma, Juvenile Rheumatoid</td>
</tr>
<tr>
<td>Neurologic System</td>
<td>Myasthenia Gravis, CRPS, Cerebral Palsy, Huntington Disease, Tourette</td>
</tr>
<tr>
<td>Psychiatry/Behavioral Science</td>
<td>Personality Disorders, Conduct Disorder, Acute Stress Reaction, Autism</td>
</tr>
<tr>
<td>Pulmonary System</td>
<td>Carcinoid Tumors, Hyaline Membrane Disease, Idiopathic Pulmonary Fibrosis</td>
</tr>
<tr>
<td>Renal System</td>
<td>Hydronephrosis, Renal Cell Carcinoma, Polycystic Kidney Disease</td>
</tr>
<tr>
<td>Reproductive System (Male and Female)</td>
<td>Trophoblastic Disease, Multiple Gestation, Dystocia, Incompetent Cervix</td>
</tr>
</tbody>
</table>
The following diseases and disorders may be assessed at Level 1 on the PANRE and the Pilot Alternative to PANRE.

**Level 1 is defined as follows:** Recognize most likely diagnosis using signs, symptoms, and risks; refer appropriately.

### Cardiovascular System – Level 1

- Abdominal aortic aneurysm
- Acute/subacute bacterial endocarditis
- Aortic stenosis
- Atrioventricular block
- Bundle branch block
- Cardiogenic shock
- Diastolic heart failure
- Hypertrophic cardiomyopathy
- Iliac artery occlusion
- Mitral regurgitation
- Mitral valve prolapse
- Pericardial effusion
- Prinzmetal variant angina
- Sick sinus syndrome
- Thoracic aortic aneurysm
The following diseases and disorders may be assessed at Level 2 on the PANRE and the Pilot Alternative to PANRE.

**Level 2 is defined as follows:** Make appropriate diagnosis by recognizing signs, symptoms, risks and/or interpreting results of diagnostic studies and have knowledge of first-line treatment.

- Acute myocardial infarction: non-ST-segment elevation myocardial infarction (NSTEMI)
- Acute myocardial infarction: ST-segment elevation myocardial infarction (STEMI)
- Acute pericarditis
- Aortic dissection
- Arterial embolism/thrombosis
- Atrial flutter
- Cardiac tamponade
- Hypertensive emergency
- Orthostatic hypotension
- Paroxysmal supraventricular tachycardia
- Peripheral artery disease
- Phlebitis/thrombophlebitis
- Premature atrial/ventricular contractions
- Secondary hypertension
- Systolic heart failure
- Temporal arteritis
- Torsades de pointes
- Unstable angina
- Varicose veins
- Venous insufficiency
- Ventricular fibrillation
- Ventricular tachycardia
The following diseases and disorders may be assessed at Level 3 on the PANRE and the Pilot Alternative to PANRE.

Level 3 is defined as follows: Make appropriate diagnosis by recognizing signs, symptoms, risks and/or interpreting results of diagnostic studies and have knowledge of first-line treatment. In addition, have knowledge required to manage well known comorbid conditions, contraindications, and complications.

- Angina pectoris (stable angina)
- Atrial fibrillation
- Coronary artery disease
- Deep Venous Thrombosis
- Essential hypertension (in adults)
- Hypercholesterolemia
- Hypertriglyceridemia

NOTE: No level 3 content for:
- Genitourinary System
- Hematologic System
- Musculoskeletal System
- Psychiatry
- Renal System
- Reproductive System
<table>
<thead>
<tr>
<th>Diseases and Disorders</th>
<th>40%</th>
<th>50%</th>
<th>10%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal aortic aneurysm</td>
<td></td>
<td></td>
<td>⬤</td>
</tr>
<tr>
<td>Acute myocardial infarction: non–ST-segment elevation myocardial infarction (NSTEMI)</td>
<td>⬤</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute myocardial infarction: ST-segment elevation myocardial infarction (STEMI)</td>
<td>⬤</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute pericarditis</td>
<td></td>
<td>⬤</td>
<td></td>
</tr>
<tr>
<td>Acute/subacute bacterial endocarditis</td>
<td></td>
<td></td>
<td>⬤</td>
</tr>
<tr>
<td>Angina pectoris (stable angina)</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
</tr>
<tr>
<td>Aortic dissection</td>
<td></td>
<td>⬤</td>
<td></td>
</tr>
<tr>
<td>Aortic stenosis</td>
<td></td>
<td></td>
<td>⬤</td>
</tr>
<tr>
<td>Arterial embolism/thrombosis</td>
<td></td>
<td>⬤</td>
<td></td>
</tr>
<tr>
<td>Atrial fibrillation</td>
<td></td>
<td>⬤</td>
<td>⬤</td>
</tr>
<tr>
<td>Atrial flutter</td>
<td></td>
<td>⬤</td>
<td></td>
</tr>
<tr>
<td>Atrioventricular block</td>
<td></td>
<td></td>
<td>⬤</td>
</tr>
</tbody>
</table>
Decision #2: Pilot Alternative to PANRE Came Sooner Than Expected

- **Decided in May 2017,** NCCPA will pilot alternatives to the high stakes recertification exam no later than 2020
- **Announced October 2017,** pilot active 2019-2020
- All PAs due to take PANRE in 2018 or 2019 were eligible
- Current certification has been extended through the pilot for those PAs who participate
- Sign-up window was through June 2018
Pilot Design

- Longitudinal assessment of core medical knowledge (assessing for learning)
- During each quarter, questions can be answered over time, from any device, anywhere
- Over 18,500 PAs signed up for pilot (almost 60% of those eligible)

<table>
<thead>
<tr>
<th>2019</th>
<th>Jan - Mar</th>
<th>25 questions</th>
<th>Apr - Jun</th>
<th>25 questions</th>
<th>Jul - Sep</th>
<th>25 questions</th>
<th>Oct - Dec</th>
<th>25 questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>Jan - Mar</td>
<td>25 questions</td>
<td>Apr - Jun</td>
<td>25 questions</td>
<td>Jul - Sep</td>
<td>25 questions</td>
<td>Oct - Dec</td>
<td>25 questions</td>
</tr>
</tbody>
</table>

2 Years, 200 Questions
Latest Update on Pilot Alternative to PANRE

- Completion of all 25 questions:
  - Q1 = 99%
  - Q2 = 99%
  - Q3 = 99%

- Completion of all 25 questions within 1 day of answering the 1st question:
  - Q1 = 73%
  - Q2 = 77%
  - Q3 = 79%

- To date, only 43 (0.23%) PAs have voluntarily withdrawn from the longitudinal assessment and <2% have been dis-enrolled for failing to answer the questions within the allotted time
  - Top two reasons include: (1) retirement from practice; and (2) prefer not to answer questions over extended period of time

- Most PAs are completing the questions during “business hours”

- > 36% of PAs participating in the pilot have never taken the “usual” PANRE, i.e. this is their first full recertification cycle
Certification Maintenance Process
• 100 CME credits every two years
  - 50 Category 1 credits
  - Self-assessment CME and PI-CME are now optional
• PANRE (or other assessment) every 10 years
NCCPA heard concerns from PAs about the burdens of the certification maintenance process

- Conducted an in-depth review of existing SA/PI activities with particular emphasis on the gaps in availability of practice-relevant options for so many PAs
  - Found inadequate coverage of self-assessment in 31 specialty areas and of PI-CME in 13 specialty areas.
  - That means we ran the risk of PAs pursuing CME activities with little or no relevance for them just to meet this NCCPA requirement – never what we intended.
The Specifics

- All approved self-assessment CME activities will be awarded 50% bonus credits by NCCPA.
- In each 2-year CME cycle, the first 20 PI-CME credits logged will be doubled.
- **The weighting is applied by NCCPA.**
- Weighting will apply to all PAs – whether on the 6-year cycle or the 10-year cycle.
Finding Self-Assessment and PI-CME

- Lists of approved self-assessment and PI-CME activities now available on our website.
  - Organized by specialty with details on the number of credits offered and cost
- To access that list: http://www.nccpa.net/finding-sa-and-pi-cme
- Navigate there through the “Maintain Certification” link at the top of our home page
NCCPA’s Position

• NCCPA is dedicated to serving the interest of the public and does so with the passionate belief that certified PAs are essential members of the health care team

• NCCPA supports the modernization of PA practice acts to allow PAs to practice to the full extent of their education and licensure

• NCCPA believes that opinions regarding the specific elements of OTP are best left to AAPA and its constituent organizations

• NCCPA remains committed to certification maintenance and does not support the unlinking of current certification to license renewal in states that require it
Certificates of Added Qualifications (CAQ)
Key Principles of the Specialty CAQ Program

- NCCPA (and many stakeholders) agree that the PA-C must maintain its position as the primary credential for all PAs.
- NCCPA has remained committed to developing a voluntary specialty program.
  - A CAQ is not required to maintain NCCPA certification, and we require licensure as a condition of earning a CAQ so that table can’t be turned.
- The program has been developed to be as inclusive as possible, recognizing the individual differences among and within specialties.
What Specialties?

- Cardiovascular & Thoracic Surgery
- Emergency Medicine
- Hospital Medicine
- Nephrology
- Orthopaedic Surgery
- Pediatrics
- Psychiatry
CAQ Process

Prerequisites:
- License
- PA-C

- Specialty-related CME
- Experience

Pass Specialty Exam

Physician Attestation re: Cases/Procedures

New flexibility!

6 years to complete if needed
CAQ Exams

- 120 questions targeted to certified PAs working in the specialty
- 2-hour exam
- Specialty exams are administered annually nationwide during 2 time windows at Pearson VUE testing centers
- Cost $250 plus a $100 administrative fee paid when you start the CAQ process
CAQ Exams

- Content blueprints developed using data from practice analysis
  - Identifies set of knowledge, skills and abilities used by PAs in the specialty
  - Available online
- Test committees include PAs and physicians working in the specialty
- Other resources available online
  - Disease and disorder lists
  - Sample test items
  - Practice exam

To view the content blueprint, disease and disorder list, sample items and practice exam, visit [www.nccpa.net](http://www.nccpa.net)
1,464 CAQs have been awarded 2011 - 2018

- 783 in emergency medicine
- 271 in psychiatry
- 164 in orthopaedic surgery
- 110 in hospital medicine
- 51 in CVT surgery
- 57 in pediatrics
- 28 in nephrology
NCCPA Celebrates the PA Profession
Telling the World about Certified PAs

• Ongoing effort to publish articles and garner positive media attention for Certified PAs
• Online hub: www.PAsDoThat.net
Telling the World about Certified PAs

• Ongoing effort to publish articles and garner positive media attention for Certified PAs
• Working to get the word out about PAs nationally and in individual states
• Looking for stories focusing on:
  – Compelling patient experiences
  – Patient outcomes
  – PAs in leadership positions
• If interested, contact NCCPA
Help Spread the Word!

• **Share articles** on social media with #PAsDoThat
• **Share and retweet** ours and others’ posts with #PAsDoThat
• Use tools available in the **Resources** section of the NCCPA website
  - Presentations
  - Press releases
  - Fliers
  - Videos
  - Articles
Connecting with Employers

- Search hundreds of jobs for Certified PAs
- Upload your résumé
- Set up alerts for new jobs

Click “Career Center” Link at www.nccpa.net
PA-C Emeritus

• New recognition for PAs retiring from clinical practice
  • The PA-C Emeritus designation is not the equivalent of PA-C certification. Those designated as PA-C Emeritus are not considered certified by NCCPA and may not hold themselves out as such.

• Eligibility requirements:
  - Unable to practice due to permanent disability
  - Retired from clinical practice
  - Have been NCCPA-certified at least 20 cumulative years during the PA career
  - No reportable actions in NCCPA disciplinary history

• Proceeds from the one-time $50 application fee will benefit the PA Foundation to expand the NCCPA Endowed Scholarship awarded to PA students
• Mission: to advance the role of certified PAs to improve health
• Focuses on equitable care, oral health and mental health
• Grants are available for PAs making a difference in their community
Kathy Pedersen grantee Marquette University is fostering health literacy at urban clinics, striving to address a modifiable barrier to high-quality care.

UC Davis found that student-faculty partnerships and service learning are effective at improving oral health competencies.

Wichita State PA students increased access in a rural community by providing oral health training to primary care providers.

At The Memorial Hospital, a PA-led team provided diabetes management classes, educating over 100 community members.

Quinnipiac PA students operate a foot clinic at a local men’s shelter, assessing chronic conditions and providing foot care.

NSU Orlando PA students provided education and care to more than 600 patients in Guatemala.

Elon PA students taught healthy habits to 120 fifth-graders at an interactive health fair.
The PA History Society shares the history of the development of the PA profession and illustrates how PAs continue to make a difference in our society.

For all things related to PA History, visit www.pahx.org
Veterans Memorial Garden

The only Veterans Memorial Garden dedicated strictly to the honoring of uniformed services PAs. It is located at the Stead Center in Durham, NC.

https://pahx.org/pa-veterans-garden/
For More Information from NCCPA

• Read NCCPA News, our monthly e-newsletter
• Visit www.nccpa.net
• Follow us on social media

Copyright © 2019 NCCPA. All Rights Reserved
Thank you!

Contact: gregt@nccpa.net