

LICENSURE AND CERTIFICATION

Fichandler BC. "Alternative pathways to recertification." *Physician Assist.* 16(4): 15, Apr 1992.

In a letter to the editor, Mr. Fichandler expresses support for the proposal of the AAPA Task Force on Recertification. The Task Force proposal would allow PAs a recertification pathway other than the sit-down examination every six year. The pathway would allow PAs to put together a variety of aspects of their learning endeavors, such as specialty CME, and couple this with a take-home examination.

"Victory in New Jersey... Physician Assistant Licensure Act." *Physician Assist.* 16(2): 175-6, Feb 1992.

A personal account of the passage of PA enabling legislation in New Jersey on January 10, 1992. The act was signed into law on January 15, 1992.

Fowler MA. "Recertification remonstrations." *Physician Assist.* 15(9): 12, Sep 1991.

In a letter to the editor, MA Fowler supports the need for an entry-level national certifying process and CME requirements for PAs but suggests that the recertification test is irrelevant to the specialty areas in which many PAs practice.

Maslanka MA, Leffert J, Thomas GP. "Recertification revisited... 'what is core knowledge'?" *J Am Acad Physician Assist.* 4(5): 447-8, Jul-Aug 1991.

In letters to the editor, Mr. Maslanka and Mr. Leffert respond to the editorial by Greg Thomas defending recertification testing. Both discuss issues of PA specialization and how it affects the evaluation of PA competence. Mr. Thomas responds to their letters.

"Final report of the AAPA's Task Force on Recertification... American Academy of Physician Assistants." *J Am Acad Physician Assist.* 4(5): 427-36, Jul-Aug 1991.

In 1990, a Recertification Task Force was asked to make recommendations to the AAPA House of Delegates on the significance of the current recertification process, the utility and credibility of alternative recertification methodologies and whether recertification should focus on general medical knowledge or specialties. The Task Force worked on the premise that the present recertification program does not meet the needs and expectations of all AAPA members. Describes the historical background of recertification and developments in the 1980s. Includes tables and a list of Task Force recommendations and their rationale. At press time, the report had not been presented to the AAPA House of Delegates.

Fichandler BC. "An alternative to the recertification exam — a dream come true." *J Am Acad Physician Assist.* 4(4): 23A-4A, Jun 1991.

AAPA President Bruce Fichandler applauds the efforts of the AAPA Task Force on Recertification and representatives of the NCCPA in creating an alternative pathway to the recertification examination. He urges the same efforts from PAs in addressing issues such as preventive health and health care for the underserved and AIDS patients.

Thomas GP. "What is core knowledge?" *J Am Acad Physician Assist.* 4(1): 3-4, Jan-Feb 1991.

Fichandler BC. "Recertification by examination — the impossible dream?" *J Am Acad Physician Assist.* 3(6): 23A-5A, Sep 1990.

Gilliam JW II, Staropoli CJ. "Clinical skills problems: a valid instrument for assessing competence?" *Physician Assist.* 14(4): 51-2, 55-8, 61-2, Apr 1990.

Journal abstract: Physician assistants are required to take the clinical skills problems (CSP) portion of the National Certifying Examination administered by the National Commission on Certification of Physician's Assistants (NCCPA). No comparable section exists in entry-level physician certification examinations because studies have shown that this type of examination is neither a valid nor a reliable indicator of clinical competence. A published account of the studies used to implement the CSP portion of the National Certifying Examination contained serious flaws, calling the research into question. Denial of certification based solely on failure on the CSP portion of the National Certifying Examination could be challenged legally. The CSP is invalid and unreliable, and should be eliminated.

Huntington CG. "Clinical skills problems, certification, and recertification." *Physician Assist.* 14(4): 11, 14, 16, Apr 1990.

Journal abstract: In this month's Special Report, Gilliam and Staropoli raise important concerns about the reliability and validity of the clinical skills problems portion of the National Certifying Examination. These concerns need to be addressed. The discussion renews broader questions about the validity and reliability of the entire certification and recertification processes. Resolution of these issues must focus on diversification of PA practice and on developing testing processes that accurately measure clinical competence in a way that is relevant to the clinical setting.

Sinback MF Jr. "President's message... physician assistants recertification." *J Am Acad Physician Assist.* 2(2): 82-3, Mar-Apr 1989.

AAPA President Marshall Sinback discusses current methods of recertification by the NCCPA and its response to the AAPA challenge to prove that the current practice is a valid method of determining continued clinical competence. In 1987, the NCCPA developed a recertification research proposal and contracted with Michigan State University to study Chart Stimulated Recall. He discusses his duties and opportunities as President to work with the NCCPA and the Academy to bring the project to a successful conclusion.

Gara N. "Physician assistants' participation in professional regulation." *J Am Acad Physician Assist.* 1(1): 48-52, Jan-Feb 1988.

Discusses the regulation of the PA profession by state licensing laws and PA membership on advisory committees or regulatory boards. Discusses specific states as examples of different arrangements.

Vetrosky DT, Heinrich JJ, Hendrix PC, Jarski RW, May FL, Richter JE, Schmidt BA. "Recertification. Panel discussion." *Physician Assist.* 12(1): 95-6, 98, 102-4, Jan 1988.

Glazer DL. "The NCCPA position on recertification. National Commission on Certification of Physician's Assistants." *Physician Assist.* 11(11): 21-2, Nov 1987.

Yackeren T. "Specialty PAs lost to the recertification exam." *Physician Assist.* 11(7): 14, Jul 1987.

Bottom WD. "Benefits of political activism: sunset revision of the Florida Medical Practice Act." *Physician Assist.* 10(12): 13-4, Dec 1986.

Journal abstract: Physician assistants need to recognize their ability to influence state legislators, to vigilantly review all legislation affecting the PA profession, and to lobby lawmakers whenever possible. Recent experience in Florida provides a good example of how PAs can effect change. The author retraces legislative and regulatory history of the PA profession in Florida, explaining why change in the Medical Practice Act was needed and how Florida's PAs took advantage of this political opportunity. Legislative response to the recommendations made by the Florida Academy of Physician Assistants is discussed, exploring effectiveness of the FAPA's strategy and providing a model for other states faced with similar legislative battles.

Carrato T. "The PA credentialing process—the Bureau of Health Professions' role." *Physician Assist.* 9(3): 83-4, 89, Mar 1985.

Journal abstract: The widespread use of credentialing mechanisms has been an important trend among health professions in recent years. The PA profession is one of several that has undergone a multi-stage credentialing process designed to promote individual competence and relevance of the field. The goal was to establish a national credentialing program involving clearly delineated roles, competency requirements, and criterion-referenced examinations. Several organizations participated in the process to produce a variety of assessment tools and continuing competence models. The article discusses the role of these organizations (including that of the Bureau of Health Professions), examines the initial development of the credentialing process, and outlines the four major phases of the program. The author states that while the entry-level competence of PAs can be assured through the credentialing process, the profession's continuing competency program remains the subject of controversy, partially because of the newness of the profession and its recertification program. The author feels, however, that the experience gained in the initial credentialing process will assist in the resolution of this matter.

Campbell AB, Glazer DL. "Recertification: toward the development of standards for assuring continued competence." *J Allied Health.* 13(4): 252-62, Nov 1984.

Journal abstract: NCCPA, in collaboration with NBME, has begun an investigation that may lead to the development of standards for measuring continued competence. In 1981, the 1980 Primary Care Physician's Assistants Certification Examination was administered as a recertification examination to 1,166 PAs who were originally certified in 1975. The scores were standardized by using the standardization constants for the 1980 Certification Examination reference group. There was a difference between the performance of the certification examinees and the performance of the recertification examinees, with recertification examinees doing less well on all sections than the certification examinees. Correlations calculated between recertificants' performance on their original certification examination and their performance on the recertification examination showed a positive relationship between the two examinations. Their performance on a variety of biographical variables was also analyzed, and the only variable that significantly changed their performance was their current employment status. The validity of the test for making judgments about the competence of experienced practitioners was not addressed by the current study and is a crucial question in evaluating the test as a recertification instrument.

Bell AI, Glazer DL. "Recertification: toward the development of standards for assuring continued competence." Association of Physician Assistant Programs. Proceedings of the Paper Presentation Session. Tenth Annual Physician Assistant Conference. May 30-Jun 3, 1982. Washington, DC. p. 23-28.

It can be argued that the current entry-level examination adequately does what most other existing recertification examinations do: it provides peer comparison. While the entry-level examination is by no means a proven valid measure of continued competence, the data from this study indicate that possible entry-level examinations cannot be dismissed as useful recertification devices. This conclusion is further supported by the fact that people employed in their chosen profession seem to have performed better than those unemployed. On the other hand, it may be difficult to ultimately accept a measurement tool for recertification on which performance standards are actually lower for the experienced practitioner than for the entering practitioner. The next activity is to continue administration of the entry-level examination to subsequent recertification populations in order to expand the data base and incorporate people with possibly more diverse deployment patterns, to collect and analyze more meaningful specialty distribution data, and, most importantly, to ultimately compare performance on entry-level examinations for recertification with other, promising candidate measurement techniques.

Greenwood J, Hill R, Godkins T, Stanhope W. "Physician assistants: job descriptions and practice." *Inquiry*. 17(2): 137-144, Summer 1980.

Journal summary:....It has been argued convincingly by medicolegal experts that flexibility in certification procedures for new, developing paramedical personnel is necessary for effective utilization and, subsequently, social good. The authors suggest that flexibility now be looked at from both temporal and experiential perspectives, as well as from a theoretical one. Beyond simply allowing for diversity in PA practice, the current need in the certification procedure, based on the experience of one state, appears to follow for natural role development within the bounds of legal defensibility. Presumably, certification procedures meeting this need would allow PAs greater geographical and career mobility. This, in turn, would potentially expand distribution of PAs in areas of need where job opportunities exist, and would promote greater accountability of the individual PA in role performance....

National Board of Medical Examiners. *National program for the evaluation of primary care physician's assistants: final report, July 1976*. Submitted to the Department of Health, Education, and Welfare, Health Resources Administration, Bureau of Health Manpower, Division of Associated Health Professions, by the National Board of Medical Examiners. Philadelphia: National Board of Medical Examiners, 1976. 138 p. illus.

Dowaliby F, Andrew B. "Relationships between clinical competence ratings and examination performance." *J Med Educ*. 51(3): 181-188, Mar 1976.

Journal abstract: Relationships between faculty ratings and performance on components of the National Board of Medical Examiners Certifying Examination for Primary Care Physicians' Assistants were investigated. A factor analysis of the clinical competence rating form yielded three discrete factors. Results of tests of simple relationships between each rating factor and examination component indicated that four of the six examination components correlated significantly though modestly with at least one of the rating scale factors. The results of multiple regression analyses indicated complex relationships between each of two examination components and the set of rating factors. One implication is that faculty members are able to make discrete judgments about students on more than one dimension.

Barkin R. "Directions for statutory change—the physician extender." *Am J Public Health*. 64(12): 1132-1137, Dec 1974.

Licensure of new health manpower must protect the public, maintain quality health care and allow innovation in the use of personnel. Statutory legitimization may be an exception to the stated Medical and Nurse Practice Acts. This article delineates some of the alternate exception clauses.

Andrew B. "First national certifying examination for primary care physician's assistants." *PA J*. 4(2): 21-23, Summer 1974.

Report on the first national certifying exam given in 1973 to 880 candidates—physician assistants, Medex and nurse practitioners—in test sites across the country. Proficiency levels, clinical experience and composition of examinee group were analyzed. The examination is analyzed statistically for mean difficulty level and intercorrelation of the various components.

Miike L. "Institutional licensure: an experimental model, not a solution." *Med Care*. 12(3): 214-220, Mar 1974.

Journal abstract: Regulation of health personnel through individual licensure has been subject to increasing criticism on two bases: 1) its present inability to assure that the individuals regulated are competent, and 2) the restrictions such regulation imposes on the flexibility needed at this time of rapid change in individual and organizational responsibilities. The concept of institutional licensure was proposed because of its reflection of the organizational setting of much of health services delivery today, as well as its potential as a regulatory mechanism which would answer the criticisms levelled at the individual licensing structure.... Judgments on the validity of institutional licensure as an alternative to or supplement of individual licensing should not be made without experiments testing such a proposal.

Cohen H. "Professional licensure, organizational behavior, and the public interest." *Milbank Mem Fund Q*. 51(1): 73-88, Winter 1973.

Journal abstract: This paper analyzes the close nexus between professional associations and the process of state licensure. Licensure is viewed as an extension of the concern for self-regulation that characterizes professionalism.... Several recent proposals that may have far-reaching impact on the natural insularity of licensing boards are critically discussed. These include public representation, reorganizations of boards, institutional licensure, and jointly promulgated regulations....

Riddick F. "Educational essentials for physician's assistants development and implications." *Physician's Associate*. 2(4): 118-124, Oct 1972.

Traces accreditation process for physician assistants from its initial development to the final approval of a set of criteria by the American Medical Association (AMA). Includes, as an appendix, a description of the role, projected activities and scope of duties which were prepared by a special task force working under the auspices of the AMA.

Todd M. "National certification of physicians' assistants by uniform examinations." *J Am Med Soc.* 222(5): 563-566, Oct 30, 1972.

The need for nationally-recognized standards for defining qualifications and functions for PAs employed by primary care physicians resulted in the formation of a special committee working under the authority of the American Medical Association. Out of this committee a suggested blueprint for a National Certification Program based on an equivalency and proficiency examination to individuals regardless of educational background was developed. The guidelines recommended for the development of this program are given.

Roemer R. "Legal regulation of health manpower in the 1970's." *HSMHA Health Rep.* 86(12): 1053-1063, Dec 1971.

A number of options for types of licensure which will accommodate new health personnel and the changing functions of existing personnel. Two main types of licensure emerge: individual licensing laws or a new approach of institutional/team licensure with national standards set under a system of national health insurance. The various options are discussed within a framework of an analysis of the needs, objectives and existing constraints in the regulatory system.

Ballenger M. "Legal considerations—the physician's assistant." *Hospitals, J.A.H.A.* 45: 58-61, Jun 1, 1971.

Examines possible forms of licensure for new types of health professionals: traditional licensure, special licensure of the supervising physician, creation of a new administrative agency to coordinate and regulate all new types of allied health personnel, and enactment of a general statute clearly authorizing supervised delegation by tasks by the physician. Because of its flexibility, the last was judged most appealing. Study is based on a model legislative proposal developed by Duke University in 1969.

Ballenger M, Estes E. "Licensure or responsible delegation?" *New Engl J Med.* 284(6): 330-332, Feb 11, 1971.

Some disadvantages to licensure (i.e., limited flexibility in task delegation, reliance on medical profession itself to determine standards, thereby reducing objectivity) are discussed. Alternatives to licensing are listed. Most states are moving in the direction of a general delegation statute and the authors support this approach.

Roemer R. "Licensing and regulation of medical and medical-related practitioners in health service teams." *Med Care.* 9(1): 42-54, Jan-Feb 1971.

Licensure laws and regulatory mechanisms are examined in relation to current and emerging patterns of health care delivery. Legislative changes to meet the problems of supply, quality, geographic distribution, and use of personnel are discussed. Regulation of health *teams* is suggested as an approach to permit flexible use of personnel and also safeguard the quality of medical care.