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**Faculty Disclosure**

- Staff with NCCPA
- No other financial relationships to disclose

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**Presentation Outline**

- Overview of the Physician Assistant National Recertifying Examination Longitudinal Assessment (PANRE-LA)
- Certificates of Added Qualifications (CAQs)
- NCCPA Resources



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The process for designing an alternative to PANRE has ...

- been thoughtful and deliberate
- relied heavily on PA input
- included feedback from other stakeholders
- included environmental scanning for current/emerging trends
- included extensive qualitative and quantitative analysis of data gained through the Pilot administration

Where it all began...



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A paradigm shift ....

- Shift in assessment of learning to assessment for learning and that is both formative and summative
- Shift in thinking of recertification as a "point in time" assessment to determine if practitioners meet a standard to one that helps practitioners identify and close knowledge gaps so they can meet the standard
- Shift in the tone of the relationship between the certifying organization and certificants



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Longitudinal Assessments

- Shorter assessments spread over a longer period of time
- Recurring process versus "one and done"
- Purpose is to help identify and close knowledge gaps
- Supported by research
- Not a new concept, but relatively new to the certification arena
- Adopted in some form by the 24 ABMS member boards; also under consideration by others such as the NBCRNA



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**Key Takeaways From the Pilot (based on 18,000+ PAs) That Helped Inform Models**

- Every subgroup demonstrated knowledge growth over time overall, PAs performed very well with the mean score being two full standard deviations above the passing score.
- PAs valued the immediate feedback to know if they answered a question correctly and the critiques that provided explanations — especially on questions they missed.
- PAs appreciated the flexibility and convenience of the at-home format.
- Having the ability and time to use references make the exam feel more like “real life” and reduces the anxiety of the exam.

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**Key Takeaways From the PANRE-LA Participants**

- 93% said the assessment provides a learning experience.
- Positive findings:**

  - Convenience and flexibility
  - Reduced stress/anxiety
  - Ability to review past questions
  - Ability to use print or online resources
  - Easy to use exam delivery interface
- 83% said they had enough time to answer questions, with average time taken on each question being under 2 minutes.
- More than 84% felt it enhanced their skills as practitioners.

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**Foundational Elements of PANRE-LA**

- 25 items per quarter (10 weeks/quarter to complete)
- 8 scored quarters (12 available)
- Have up to 3 years to complete 8 quarters; flexibility to skip quarters
- Items administered one-by-one on any device
- Can log in/log out at their convenience
- 5 minutes per item with ability to use references (but not people)
- Answer “survey” questions before you know if they answered the item correctly (questions will be tweaked)
- Immediate feedback on whether item was answered correctly, critiques provided
- Remediation items (targeted questions) after Q1, opportunity to improve score/increase learning to pass if you don’t skip too many quarters
- Ability to “save for later” a set number of questions
- Approved for Category 1 Self-assessment CME credit by AAPA

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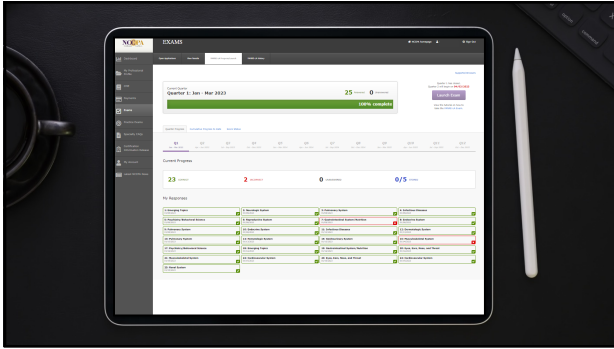
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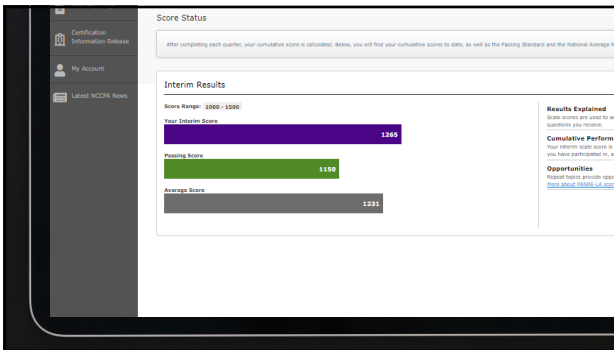
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**Years 1-6**

- Submit application for PANRE-LA
- No assessment activity, but must complete CME requirements (no changes)

**Years 7-9**

- 25 questions per quarter
- Remediation questions after Q1, if needed
- Score 8 of 12 quarters to determine pass/fail decision
- Potential exit after 8 quarters based on performance
- Continue to meet CME requirements

**Year 10**

- No assessment or 3 attempts to take PANRE, if needed
- Continue to meet CME requirements

## PANRE-LA Overview

Application process will open in July 2024 for recertification year 2028

Exam in progress for the cohorts due for recertification in 2024, 2025, 2026 and 2027

PANRE is still available as a recertification option

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### Examples of the PANRE-LA Timeline

		Year to Start the Process													
		2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036
Re-Certification Year	2024	X	X*	X*	PANRE*					X	X	X	PANRE		
	2025	X	X	X	PANRE*					X	X	X	PANRE		
	2026	X	X	X	PANRE						X	X	X	PANRE	

\*Requires an extension

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### Before We Leave PANRE

- Updated 2023 blueprint- assessment of **core** medical knowledge vs general medical knowledge (example on next slide)
- There is much more specificity provided about possible content on exam: <https://www.nccpa.net/wp-content/uploads/2022/06/PANRE-PANRE-LA-2023-2024-2025-Final.pdf>
- Practice PANRE questions: <https://www.nccpa.net/resources/sample-panre-questions/>
- PANRE-LA fact sheet: <https://www.nccpa.net/wp-content/uploads/2022/10/Updated-PANRE-LA-Fact-Sheet-Digital.pdf>
- Tutorial video and scoring videos found here: <https://www.nccpa.net/maintain-certification/#about-panre-la>



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### Content Blueprint

	Performance Expectation			
	History & Physical	Diagnosis	Intervention (Basic)	Intervention (Complex)
<b>Cardiovascular System – 12%</b>				
Abdominal aortic aneurysm		•	•	•
Acute myocardial infarction: non-ST-segment elevation myocardial infarction (NSTEMI)		•	•	•
Acute myocardial infarction: ST-segment elevation myocardial infarction (STEMI)		•	•	•
Acute myocarditis		•	•	
Acute pericarditis		•	•	
Angina pectoris (stable and unstable angina)		•	•	•
Aortic dissection		•	•	
Arterial embolism/thrombosis		•	•	
Atrial fibrillation		•	•	•




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## Presentation Outline

- Overview of PANRE-LA
- Certificates of Added Qualifications (CAQ)
- NCCPA Resources



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## CAQ Program


**CAQs Available**


- ✓ Cardiovascular & Thoracic Surgery
- ✓ Emergency Medicine
- ✓ Hospital Medicine
- ✓ Nephrology
- ✓ Orthopaedic Surgery
- ✓ Pediatrics
- ✓ Psychiatry
- ✓ Dermatology
- ✓ Palliative Medicine/Hospice Care


**New in 2024:**


- ✓ OB/GYN
- ✓ Occupational Medicine (Blueprint available)

 CAQ = Certificate of Added Qualifications

 Currently offered in 10 specialties; 1 new one underway

 First CAQs issued in 2011

 Developed in response to requests from specialty PA organizations and external market pressures



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 PA-C is the **primary credential** for all PAs, giving PAs the credibility and flexibility to change specialties.

 The CAQ program is **voluntary** and well suited for PAs committed to a particular specialty.

 The program has been developed to be **inclusive**, recognizing differences among and within specialties.

 The CAQ is an **added credential** that does not replace the PA-C, hence the name.



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## CAQ Components

- Prerequisites
  - Unrestricted license from state(s) and/or unrestricted privileges to practice for a government agency
  - Current PA-C
- Specialty-related CME (not in addition to certification maintenance CME requirement)
- Experience
- Attestation re specific procedures and/or cases
- Specialty CAQ exam (resources available)



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## Number of CAQs Issued

Total CAQs awarded as of 12/23

CAQs	Total Issued through 2023
Cardiovascular and Thoracic Surgery	79
Dermatology	52
Emergency Medicine	1344
Hospital Medicine	271
Nephrology	43
Orthopedic Surgery	318
Palliative Medicine and Hospice Care	16
Pediatrics	101
Psychiatry	1002
<b>Total</b>	<b>3226</b>

Example of designation for earning a CAQ:  
Jane Doe, PA-C, CAQ-EM

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## Presentation Outline

- Overview of PANRE-LA (alternative to traditional PANRE)
- Certificates of Added Qualifications (CAQ)
- **NCCPA Resources**



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### NCCPA Guiding Principles

- NCCPA is dedicated to serving the interest of the public
- We remain committed to the flexibility that PAs have to change specialties during their career and to work in multiple specialties

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### You Can't Spell NCCPA Without PA

- PAs are involved in many important aspects of the NCCPA
- CEO/President and Board of Directors (11 of 18 are PAs)
- Exam development and advisory activities
- PA Ambassador program to increase awareness

NCCPA

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### Benefits to volunteering – [volunteer@NCCPA.net](mailto:volunteer@NCCPA.net)

- Expenses for travel/hotel accommodations covered
- Experience that can be included on a CV, and enhanced personal and professional development
- Volunteers play an important role – contributing to quality of the exams administered by NCCPA
- Honoraria (\$\$\$) issued after attendance at each meeting

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### NCCPA Communications to PAs

- Monthly electronic newsletter
- All platforms of social media
- PA Insights with NCCPA podcasts
- Live and virtual presentations like this
- Newly redesigned and updated website

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### www.PAsDoThat.net An Online Overview of the PA Profession

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### Need More Time To Meet a Deadline or Other Requirement?

Requests for exceptions to policy (ETP) which are extensions of certification for additional time to earn/log CME and/or take and pass an exam due to (requires documentation):

- military obligation
- death in the family
- personal or family medical issues
- other significant and severe extenuating circumstances

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PA-C Career Center | NCCPA Certification Excellence

Powered by Health eCareers

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

716 PHYSICIAN ASSISTANT JOBS | NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS

Click "Career Center" Link at [www.nccpa.net](http://www.nccpa.net)

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**PA-C Emeritus**  
A Recognition Program  
Benefiting the PA Foundation's  
*PA Student Scholarship Fund*

- **Recognition for PAs retiring from clinical practice –**  
NOTE: 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:**
  - Retired from clinical practice
  - Unable to practice due to permanent disability
  - Have been NCCPA-certified at least 20 cumulative years during the PA career
  - No reportable actions in NCCPA disciplinary history
- One-time \$50 application fee

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**NCCPA Research**

2023 Statistical Profile of Board Certified PA

The Influence of Patient Care, Shadowing, and Volunteer Experience on Diverse Applicant Matriculation Into...

Physician Assistant/Associate Burnout and Intention to Leave Principal Clinical Position: A National Cross-...

Enhancing Access to Mental Health Services: The Growing Use of Telemedicine Among PAs in Psychiatry

JAMA Dermatology – Evaluation of the Dermatology Physician Assistant Workforce in the US

SAGE – Journal of Patient Experience: What Factors Matter Most to Consumers and Patients?

Number of PAs by Year

Year	Number of PAs
2013	95,527
2014	109,717
2015	115,547
2016	122,058
2017	131,152
2018	139,648
2019	148,540
2020	158,378
2021	168,216
2022	178,054
2023	178,700

5.9% of the PA workforce indicated they have plans to retire in the next five years.

Percent of PA Workforce by Specialty

Specialty	Percent
Primary Care	34.7%
Family medicine/general practice	17.3%
Emergency medicine	11.3%
Orthopedics/orthopedic	10.7%
Internal medicine	6.1%
Internal medicine/general practice	6.1%
Neurology	5.2%
Cardiovascular medicine	4.8%
General surgery	4.1%
Cardiology	3.9%
Psychiatry	2.2%
Neurology	2.2%
Obstetrics/gynecology	2.0%
Psychiatry	1.9%
Neurology	1.4%

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### DEI Initiatives and Media/Public Relations



- **Increase awareness of the profession:** It's important for youth to know what a PA is, as they will likely see a PA for their medical care at some point.
- **Introduce the profession** as an achievable career choice to students at an early age, allowing them to plan and prepare.
- **Increase diversity of the profession.** NCCPA is committed to increasing diversity in the PA profession. A more diverse health care workforce improves patient satisfaction and outcomes.

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## REPRESENT! NCCPA SUMMIT®

# WHEN THEY SEE US



**REPRESENT! NCCPA Summit**

**September 16<sup>th</sup>-17<sup>th</sup>, 2024**

OUR KEYNOTE SPEAKER FOR THE EVENT WILL BE **DR. DAVID ACOSTA, AAMC CHIEF DIVERSITY AND INCLUSION OFFICER.**



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## History of the PA Licensure Compact

The PA Compact is a joint initiative started in 2019 to improve licensure portability for PAs.

The initiative is made possible through the partnership with the following organizations:

- Federation of State Medical Boards (FSMB)
- American Academy of Physician Associates (AAPA)
- National Commission on Certification of Physician Assistants (NCCPA)

*This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of funding for grant #H1MRH24097. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.*

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### PA Licensure Compact Purpose

- Facilitates PA licensure portability
- Ensures PAs meet acceptable standards of practice
- Expands the availability of PA services
- **Supports military families**
- Promotes cooperation among PA member states in the areas of licensure and regulation
- Offers a high degree of patient protection across state lines

Created with DataMapper

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### Individual Requirements to Obtain Compact Privileges

**To obtain the compact privilege, a licensee must:**

- Have graduated from an accredited PA program
- **Hold current NCCPA certification**
- Have no felony or misdemeanor convictions
- Have never had a controlled substance license or permit suspended or revoked
- Have a unique identifier as determined by the compact commission

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### Additional Resources

[Compact Toolkit](#)

- Model Legislation
- Section by Section Summary
- Reference Sheet for Legislative Testimony
- FAQ

<https://www.pacompact.org/>

[pacompact@csg.org](mailto:pacompact@csg.org)

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### Board Certification and Title Change Updates

- In 2022, NCCPA's Board of Directors approved the use of the term **Board Certification** when referring to PANCE, PANRE, the PA-C credential, and NCCPA Certification
- **Board Certification** better communicates the rigorous process PAs engage in to demonstrate medical knowledge, clinical skills and competencies, and the generalist credential earned by all PAs upon entry to the profession and maintained throughout their careers.
- **Title Change:** NCCPA has adopted policies that treat the titles "physician assistant," "physician associate," and "PA" as equivalent and synonymous and is updating its policies, published guidance, and publications to reflect that.
  - **Oregon** is the first state change the title and to adopt the term **physician associate** in their legislation.



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### There's an App For That!

- Keep track of your certification status
- Log CME as you earn it
- Update your professional profile



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### More About NCCPA

#### 2 Supporting Organizations:

- PA History Society



- nccPA Health Foundation



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# Thank you!!

**Any questions:**

- Phone at **678-417-8100**
- Text at **678-417-8101**
- E-mail at **[nccpa@nccpa.net](mailto:nccpa@nccpa.net)**
- Direct: **[aliciaq@nccpa.net](mailto:aliciaq@nccpa.net)**



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