

Licensure and Certification

Yturri K; DaVanzo JE; Asprey DP; Krueger J; Ruback TJ; Scott V; Stolberg S; Wheeler LK. Assessing professional competence within the PA profession – a white paper. *Perspective on Phys Assist Educ* Spring 1998;9(4):201-209.

This paper presents four dimensions of assessment while exploring the features of sample assessment methodologies. It is important to select an assessment method that matches the preferences of the profession along each dimension. The four dimensions are: time frame (cumulative or at a single point in time), fidelity (the degree to which the assessment approximates tasks performed in the workplace), cost (both money and time), and preparation time.

DaVanzo JE; Hicks SL; Ruback TJ. Ensuring the continuing competence of physician assistants [letter]. *Acad Med* 1997 Dec;72(12):1028-9.

The authors highlight the AAPA-APAP-PA Foundation research project to empirically identify the core competencies of practicing physician assistants. Identifying the core competencies of practicing PAs at various career stages is essential to measuring both initial and continuing competence.

Blessing JD; Hicks SL; Rahr RR; Rohrs R; Stephenson K; Yturri-Byrd K. The changing face of continuing medical education. *Phys Assist* 1996 Sept;20(9):65-72.

Forum participants discuss the merits of continuing medical education and continuing education in other professional or nonmedical areas. They also discuss maintaining certification, Category I CME, new AAPA Category I opportunities, and the future of CME.

Fowkes VK; Cawley JF; Herlihy N; Cuadrado RR. Evaluating the potential of international medical graduates as physician assistants in primary care. *Acad Med* 1996 Aug;71(8):886-92.

Abstract: The need to increase the nation's primary care workforce and the presence of large numbers of international medical graduates (IMGs) who encounter barriers to licensure as physicians, have led to consideration of ways that IMGs might practice as physician assistants. Several states have explored regulatory changes that would allow IMGs to obtain PA certification through equivalency mechanisms or accelerated educational programs. In California, surveys in 1980, 1993, and 1994 collected information about the interest and preparedness among IMGs seeking PA certification. These surveys revealed that few of the IMGs were interested in becoming PAs as a permanent career, and few could show a commitment to primary care of the underserved. Of the 50 IMGs accepted into California's PA programs in recent years, 62% had academic or personal difficulties. Only 34 IMGs became certified, and all accepted jobs in primary care specialties. Two preparatory programs in California have assessed the readiness of unlicensed IMGs to enter PA programs, and they have shown that the participants did not demonstrate knowledge or clinical skills equivalent to those expected of licensed PAs. Therefore, policymakers should not consider that IMGs are or can easily become the equivalent of PAs without additional professional training in accredited PA programs. Preparatory programs appear to lessen the barriers to PA training for a few IMGs. In times of scarce resources for training, however, these programs may not be the best use of public funds to increase the primary care workforce.

Howard LW; Garman KA; McCann RE. Another go at the experiment. *Public Health Rep* 1995 Nov-Dec;110(6):668-73. COMMENTS: Comment in: *Public Health Rep* 1995 Nov-Dec;110(6):667.

Abstract: A number of states have experimented with legislation that would allow unlicensed international medical graduates to become physician assistants. These attempts have failed. The authors conducted a pilot evaluation study in California in response to legislative efforts. They examined the medical knowledge of a group of unlicensed international medical graduates and compared their clinical skills with those of a control group of recent graduates from a physician assistant training program. The unlicensed international medical graduates were below standard in medical knowledge and clinical skills and failed to make critical diagnoses in the tests with standardized patients. The authors conclude that unlicensed international medical graduates need additional training to be incorporated into the U.S. health care system as physician assistants.

Mullan F. Beware of medical quick fixes [comment]. *Public Health Rep* 1995 Nov-Dec;110(6):667. COMMENTS: Comment on: *Public Health Rep* 1995 Nov-Dec;110(6):668-73.

Dr. Mullan reiterates that short cutting IMG training requirements to produce PAs will not generate quality health care providers. He states that local physician shortages can be alleviated by dedicated scholarship and loan repayment programs, practice incentives, and networks of providers where PAs play a prominent role.

Education Council of the American Academy of Physician Assistants. Continuing medical education and the physician assistant profession. *J Am Acad Phys Assist* 1993 Sept;6(8):527-530.

The Education Council of the AAPA recommends that the definition of CME be expanded to address the diversity of PA roles. ■