Report of Reference Committee B
Education, Certification, Credentialing, Constituencies

Sunday, May 27, 2012
1:00 p.m. – 4:00 p.m.
Sheraton Centre
Toronto, Canada

THIS REPORT IS NOT POLICY. THESE RESOLUTIONS WILL NOT BECOME ACADEMY POLICY UNTIL FORMALLY ACTED UPON BY THE HOUSE OF DELEGATES.

	Number:	Title:	Committee Recommendation:	Line:
	2012-B-01	Oppose Specialty Certification	Divide	7
	2012-B-01-A	Oppose Specialty Certification Policy	Amend by substitution	34
	2012-B-01-B	Oppose Specialty Certification Paper	Amend	510
	2012-B-02	Definition of Constituent Organization Officers	Amend by substitution	941
	2012-B-03	Federal Health Care Scholarship and Loan Repayment Programs	Amend by substitution	976
	2012-B-04	Establishing Constituent Organization Federal Legislative Liaisons	Adopt	1005
	2012-B-05	Statement on PA to MD/DO "Bridge Programs (Referred 2011-B-06)	Adopted on Consent Agenda	X
	2012-B-06	Guidelines for Updating Medical Staff Bylaws	Adopt	1018
	2012-B-07	MOC Pilot Program	Reject	1044

**Shaded resolutions were adopted on the General Consent Agenda and will not appear in this document.

Mister/Madame Speaker, the Reference Committee on Education, Certification, Credentialing and Constituencies has considered each of the resolutions referred to it and wishes to present the following report. The committee's recommendations on each extracted resolution will be submitted separately, and I respectfully suggest that each extracted item be dealt with before going on to the next. Mr. Speaker, please proceed with the extraction process.

The Committee considered testimony on 2012-B-01, the resolved portion of which reads:

2012-B-01 Resolved

Amend policy HP-3200.4.2 and the attached position paper Flexibility as a Hallmark of the PA Profession – (changes accepted version) as follows:

HP-3200.4.2
AAPA is opposed to specialty certification and to the use of specialty examinations that could reduce the profession's versatility and flexibility and drastically alter its value to society.

~~AAPA supports efforts by the NCCPA to explore focused, practice-specific modules, provided that recertification remains generic.~~

~~Every effort must be made to prevent regulators, employers, third-party payers, and others, including PAs – from misusing the exam results.~~

See: ***Flexibility as a Hallmark of the PA Profession: The Case Against Specialty Certification*** (PP tab 20)

Testimony provided to the Reference Committee indicated that it would be beneficial to divide the policy from the position paper to simplify the process of discussion.

Mister/Madame Speaker, the committee requests that Resolution 2012-B-01 be divided into two resolutions as follows:

2012-B-01-A Resolved

Amend policy HP-3200.4.2:

HP-3200.4.2
AAPA is opposed to specialty certification and to the use of specialty examinations that could reduce the profession's versatility and flexibility and drastically alter its value to society.

~~AAPA supports efforts by the NCCPA to explore focused, practice-specific modules, provided that recertification remains generic.~~

~~Every effort must be made to prevent regulators, employers, third-party payers, and others, including PAs – from misusing the exam results.~~

The following testimony was given:

There was no significant pro testimony given in the resolution's original form. The preponderance of the testimony provided was con to the original resolution. The following points were made:

- Concerns regarding the NPI, coding and billing and reimbursement.
- Insurance companies could and likely would restrict payment to PAs without a sub-specialty CAQ.
- It could limit mobility between specialties.
- It could influence changes in PA education like lengthening programs, increasing costs to students, and requiring additional specialty rotations.
- It was noted there is a need for AAPA to take a position on the issue.

Based on the testimony provided the committee revised the policy accordingly.

The committee proposes the following amendment by substitution:

HP-3200.4.2

AAPA is opposed to specialty certification, the use of specialty examinations and certificates of added qualification that could reduce the profession's versatility and flexibility, drastically altering its value to society.

Every effort must be made to prevent regulators, employers, third-party payers, and others, including PAs from misusing specialty certification, the use of specialty examinations and certificates of added qualification.

Mister/Madame Speaker, the committee moves that the divided resolution 2012-B-01A be amended by substitution.

The Committee next considered testimony on the divided 2012-B-01B resolution, the resolved portion of which reads:

Amend the attached position paper Flexibility as a Hallmark of the PA Profession as follows:

Flexibility as a Hallmark of the PA Profession:

The Case Against Specialty Certification

(Adopted 2002 and reaffirmed 2007)

Executive Summary of Policy Contained in this Paper

Summaries will lack rationale and background information, and may lose nuance of policy. You are highly encouraged to read the entire paper.

- AAPA is opposed to specialty certification and to the use of specialty examinations that could reduce the profession's versatility and flexibility, thus drastically altering its value to society.

- Regulators, third party payers, employers, credentialing offices and others could misuse such tests to create artificial barriers to practice, decrease flexibility, increase costs and fragment the profession. These potential consequences and their professional implications are astounding and contrary to the hallmarks of the profession.

Introduction

Physician assistants (PAs) have worked in specialty practice from the earliest days of the profession. Debate has been ongoing about WHETHER THERE SHOULD BE recognition of specialty PRACTICE OF physician assistants, ~~the lack of~~ formal specialty credentials, and the fairness of the generalist recertification examination. ~~From time to time,~~ OVER THE YEARS, specialty certification has been proposed as the solution. ~~With t~~This paper~~, the American Academy of Physician Assistants~~ states the arguments for and against specialty certification and concludes that such a system ~~would not be~~ IS NOT in the best interests of PAs, ~~their~~ physician colleagues, or the public. ~~The AAPA supports the efforts of the National Commission on Certification of Physician Assistants (NCCPA) to explore the use of practice-focused modules as part of the recertification process, provided that recertification remains generic.~~

Value of Physician Assistants

The creation of the PA profession was a significant accomplishment. After ~~conceiving the idea~~ REALIZING that the problem of physician shortage and maldistribution OF MEDICAL SERVICES could be resolved by using medically trained providers THAT work~~ing~~ with supervision, physicians developed educational curricula and programs, established accreditation and certification structures, and proposed a regulatory framework for physician assistant practice. The men and women involved in the founding of the profession, ~~–~~ not only physicians, but also public policy experts, researchers, educators, AND lawmakers~~, and others –~~ had an opportunity to take the best and most workable ideas and assemble a new model. By choice, they

designed a provider who could be educated relatively quickly and inexpensively, who had generalist medical training and the skills for life-long learning, and who was flexible enough to meet THE changing societal needs.

By virtually any standard, the experiment has been a RESOUNDING success. Physician assistants have become a valuable component of health care delivery. They possess a combination of attributes not found in ~~many~~ other professions. Among the unique attributes of PAs are the focus, content, and length of their education, their socialization, AND THEIR ~~flexibility, and~~ ADAPTABILITY IN THE delivery of medical services previously provided only by physicians. PAs are also distinguished by their commitment to practic~~ing~~E as part of physician-PA~~directed~~ teams.

PA Education

Physician assistant educational programs provide a broad-based generalist medical education with a focus on primary care.[1] PAs are trained to think like physicians and to be life-long learners. The educational process FREQUENTLY draws upon the prior experience of students, adds intense didactic and clinical instruction, and produces individuals who know how to practice MEDICINE as part of a team and value their role in the system. Their generalist training prepares PAs to work with physicians in any specialty. Similar in curriculum to the fast-track training of generalist physicians during World War II, PA programs average 27~~6~~ months in length AFTER COLLEGE PRE-REQUESITE COURSEWORK.[2] This is a relatively short production pipeline that can respond quickly to ~~changes in the size and composition~~ THE NEEDS of the health workforce.

Compared to medical school and residency training, PA education is less expensive and more quickly completed. It produces a medically-trained health care professional with significantly less educational debt. A physician assistant is available to join the health workforce and increase patient access to care in fewer years than it takes to produce other medical providers.

Unlike advanced practice nurses, who attend specialty ~~-~~specific nursing programs, PAs have a general~~, primary care,~~ medical background DESIGNED FOR THE PRIMARY CARE SETTING. By virtue of the broad foundation of PA education, future employment is not limited to one specialty. Graduates who wish to increase their skills and knowledge in a particular specialty may do so through a clinically ~~-~~based postgraduate program, ~~a less structured series of~~

workshops and continuing medical education sessions, additional clinical training in the practice setting, or a combination of these options. It is the PA's decision whether THEY WISH TO PURSUE THIS and how to obtain additional training.

PA Practice

By functioning as part of physician-directed teams, PAs have flexibility in practice. A supervising physician is ~~free,~~ ALLOWED within the boundaries of state law, to delegate to the PA any portion ~~of his services~~ OF THE PHYSICIAN'S PRACTICE that are within the PA's ability to perform.[3] New tasks and responsibilities can be taught and delegated as the PA's expertise expands and as the team members' understanding of one another grows. A physician assistant may choose to change specialties or may practice in more than one specialty simultaneously.

There are benefits to society from having a well-educated, flexible, and cost effective medical provider as part of the workforce. PAs fill a role that CANNOT BE FILLED BY other providers ~~cannot fill~~. For example, community-based training, a broad set of primary care skills, and lower salary expectations enable PAs to meet patient needs in poor and underserved areas that cannot afford to support a physician full-time. PAs also add value to the public's investment in the education of physicians by freeing physicians from routine responsibilities, allowing them to ~~deal with~~TREAT patients whose complex medical conditions require their expertise and to expand the services offered by their practices. The synergy of physician-PA team practice benefits patients both individually and collectively.

Physicians have a depth and breadth of training that is unmatched by other medical professionals. PAs embrace the notion that physicians should lead the health care team. PAs do not seek to compete with physicians, but rather endorse their role and support the concept of physician-directed care.

The current system THAT CONSISTS OF education, NATIONAL certification, STATE licensure, and THE team practice CONCEPT has made this success possible. THE AAPA BELIEVES THAT Changes to the system should be made only if they are improvements that have benefits for the public as well as for PAs and their physician colleagues.

A System in Flux

DRAMATIC CHANGES ARE OCCURRING IN THE HEALTH CARE SYSTEM. ~~Managed care has drastically altered the health care marketplace. The growing role of~~

~~administrators and accountants, with their focus on the bottom line and the interests of investors, has led to decreased autonomy for physicians and other providers. The rising cost of health care has made it essential to institute money-saving measures, sometimes reflected in a reduction of nursing staff or other provider positions. The percentage of the Gross Domestic Product spent on health care continues to rise, reflecting growing demand for services. Competition among managed care organizations (MCOs) has increased, leading to mergers of large corporations and further elimination of duplicative positions. The aging of the population adds another set of pressures to the marketplace. These competing forces combine to create an atmosphere of change and uncertainty.~~ THE UNCONTROLLED RISES IN THE COST OF HEALTH CARE HAS MADE IT ESSENTIAL TO INSTITUTE COST-SAVING MEASURES. THE PERCENTAGE OF THE GROSS DOMESTIC PRODUCT SPENT ON HEALTH CARE CONTINUES TO RISE, REFLECTING NOT ONLY A GROWTH IN SERVICE DEMANDS, BUT ALSO EXEMPLIFYING A POOR HEALTHCARE DELIVERY SYSTEM. WITH THE PASSING OF HEALTHCARE REFORM, THERE WILL BE A CONTINUED PUSH TO REDUCE COSTS BY ELIMINATING DUPLICATIVE SERVICES, IMPROVING QUALITY AND EFFICIENCY OF THE DELIVERY OF CARE, AS WELL AS A NEW FOCUS ON INCREASING PRIMARY CARE PROVIDERS. ALTHOUGH THE PATIENT PROTECTION AND AFFORDABLE CARE ACT AIMS TO ENSURE THAT ALL AMERICANS HAVE ACCESS TO QUALITY, AFFORDABLE HEALTH CARE AND TO CREATE THE CHANGES WITHIN THE SYSTEM TO CONTAIN COSTS, THIS MUST BE BALANCED WITH A LARGE AGING POPULATION AND A CURRENT SHORTAGE OF PRIMARY CARE PROVIDERS. THESE COMPETING FORCES COMBINE TO CREATE AN ATMOSPHERE OF CHANGE AND UNCERTAINTY WITHIN HEALTHCARE.

~~The global shifts in the economy are beyond the control of any one group, but it is possible for PAs to make decisions that are specific to the profession, such as the means by which PAs affirm their continued proficiency or obtain recognition of achievements in specialty practice. It is critical to make these decisions within the context of the changing marketplace and with the public good in mind.~~ ALTHOUGH GLOBAL SHIFTS IN THE ECONOMY ARE BEYOND THE CONTROL OF ANY ONE GROUP, IT IS IMPORTANT TO REMEMBER THAT PAS ARE ABLE TO MAKE IMPACTFUL DECISION ABOUT THE PROFESSION WITHIN THESE SHIFTS. AN EXAMPLE OF THIS IS DETERMINING THE MEANS BY

WHICH PAS AFFIRM THEIR CONTINUED PROFICIENCY OR OBTAIN RECOGNITION OF ACHIEVEMENT WITHIN THEIR SPECIALTY PRACTICE. IT IS CRITICAL TO MAKE THESE DECISIONS WITH THE CONTEXT OF THE CHANGING MARKETPLACE AND WITH THE PUBLIC GOOD IN MIND. THE PA PROFESSION MUST REMAIN AS DYNAMICALLY FLUID AS THE HEALTHCARE SYSTEM IN WHICH PAS PRACTICE.

Specialty Practice

There have been PAs in specialty practice ~~from~~ SINCE the beginning of the profession. Two of the first four PA graduates from the original Duke University program chose non-primary care fields in which to practice and today approximately half of PAs are in specialty practices.[4] The growing number of specialty PA organizations attests to the interest and employment opportunities for PAs in specialties and to the interest of specialty physicians in PAs.

However, PAs in specialty practice have identified several issues of concern. When faced with employment opportunities in a particular specialty, some PAs with experience in that specialty have said THAT they need a credential other than THE ~~NCCPA~~ NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS (NCCPA) certification to demonstrate their expertise and ADVANCED SKILL LEVEL;~~,~~ a credential that C~~w~~ould make them more attractive than experienced PAs new to the specialty or new graduate PAs~~s willing to work for a lower salary~~. PAs employed by some government agencies and institutional employers point out that they need additional qualifications in order to move up the career ladder and obtain promotions or salary increases. LASTLY, THERE ARE Some PAs who have practiced in specialties for many years WHO have expressed a desire for recognition of their accomplishments.

One solution that has been discussed is specialty board certification, similar to that held by physicians.

The ~~idea~~ CONCEPT of specialty boards REQUIRES COLLABORATION WITH THE NCCPA. ~~naturally brings into the discussion the c~~CurrentLY THE NCCPA'S certification process~~, which~~ tests new graduates by means of an initial certifying examination, known as THE PANCE (Physician Assistant National Certifying Examination) and re-tests practicing PAs every six years by means of a generalist recertification examination KNOWN AS THE ~~(~~PANRE~~,~~ or (Physician Assistant National Recertification Examination) ~~or the alternative mechanism of~~

~~Pathway II~~. Since 1973 the PANCE has served as ~~a de facto licensing~~THE CERTIFICATION examination for ALL PAs. PASSAGE OF THE NCCPA'S PANCE EXAMINATION IS REQUIRED IN ALL STATES IN ORDER TO OBTAIN LICENSURE TO PRACTICE.

The current system is economical and efficient and enhances the flexibility and value of PAs to society, but the generalist recertification examination has troubled PAs whose practice is concentrated in a specialty or subspecialty area. ~~Because of~~DUE TO the close working relationship between PAs and physicians, it is reasonable to examine the physician certification model to see if it would be workable for PAs.

Both medical school and PA programs educate their students in general medicine. After graduation, physicians enter residency training programs in the specialty of their choice. Upon completion ~~of one or more years~~ of residency, physicians take A certif~~ying~~ICATION exam~~inations~~ produced by specialty boards. Although postgraduate training is a prerequisite for licensure, board certification CURRENTLY is not IN MOST JURISDICTIONS, nor is the absence of board certification an obstacle to practice once licensure has been obtained.

The physician assistant educational process does not include mandatory postgraduate residencies, nor does it include specialty certification examinations. A discussion of the advantages and disadvantages ~~of following the physician model~~ of specialty certification is presented below.

Advantages of Specialty Certification

There ~~may be many~~ ARE advantages to specialty certification. It implies added knowledge, qualifications, or skills. In American society, individuals with outstanding accomplishments frequently receive awards, prizes, honorary titles, ~~or~~ AND certificates. A document is awarded to providers who complete training courses in particular clinical skills, such as endoscopy or colposcopy. ~~Some a~~Advocates of specialty certification believe an additional credential attests to THEIR experience and achievement in a specialty field of practice.

To the public and employers, specialty certification may provide a sense of reassurance. ~~Given the general public's incomplete understanding~~ AS THE GENERAL PUBLIC MAY NOT UNDERSTAND THE EDUCATION of the PA ~~profession,~~ AND THEIR FLEXIBILITY, another credential may enhance the credibility of the PA. Employers, including physicians accustomed to the specialty boards of their own profession, may have an added sense of comfort.

The administrative personnel in large institutions, particularly those in charge of credentialing the medical staff, may also recognize specialty certification as something familiar, akin to the physician model.

Consequently, the result for specialty certified PAs may be increased employment opportunities, greater job security, and enhanced compensation. Specialty certification also has the potential to simplify the process by which institutions ~~or managed care organizations~~ grant clinical privileges OR PAYERS REIMBURSE. ~~It could even provide PAs with a competitive edge over other non-physician providers, such as advanced practice nurses or surgical assistants.~~

For PAs who need additional qualifications in order to achieve advancement ~~in a bureaucratic institution~~, WITHIN AN INSTITUTION, specialty certification may provide one step up the career ladder. Past testimony in the AAPA House of Delegates indicates that PAs who desire concrete evidence of their accomplishments would find satisfaction in a framed certificate or some other visible sign of their specialty certification.

For many, specialty certification offers the potential to reform the recertification process. Recertification could be limited to testing only the skills and knowledge needed for the PA's specialty practice. For example, PAs who have worked in otolaryngology for 25 years would not be examined on their knowledge of obstetrics. Focusing recertification on knowledge limited to THE specialty practice ~~w~~Could reduce concerns about failure, particularly in light of the fact that PAs who do not successfully complete the current process lose their national certification.

Disadvantages of Specialty Certification

~~There are also numerous disadvantages to specialty certification. One of the most important is the limit it would place on PA flexibility, both professionally and in the delivery of care. It would no longer be easy to change from one specialty practice to another. It could affect a PA's ability to provide care in more than one specialty at a time or to hold part-time jobs. For example, a PA working in adult cardiology might not be able to moonlight in urgent care or a PA in general surgery might not be able to cover orthopedics on an as-needed basis without certification in that specialty.~~

~~The immediate result of specialty certification could be a multi-tiered job market in which PAs without the extra credentials would be at an economic and professional disadvantage. This could manifest itself in terms of employment opportunities, salaries, professional liability, and coverage of services by third party payers. To remedy the situation, PAs could undertake~~

~~additional education, but currently there are limited opportunities for formal specialty training. Pursuing postgraduate training in more than one specialty would be time-consuming and expensive.~~

~~There are many unanswered questions regarding maintenance of specialty credentials and the consequences of failing a specialty certification examination, including the impact on hospital privileges and professional liability insurance premiums.~~

~~Licensing boards and other regulatory authorities have frequently tried to manage the physician-PA team at an inappropriate level of detail. Given the opportunity to require specialty certification, it is likely that some states would make it a prerequisite for licensure or for approval of a specific delegated scope of practice. This could complicate the requirements for supervision. Regulators might decide that specialty certified PAs could only be supervised by board-certified physicians with matching credentials. This could adversely affect the day-to-day practice of PAs in large, multi-specialty groups and create a disincentive to employ them. The absence of certification for PAs in a particular specialty could prevent PAs from working in that field. Failure to maintain specialty certification could result in a restricted scope of practice or, in a worst case scenario, loss of licensure.~~

~~There are also questions about the timing of specialty certification. Would it be awarded soon after graduation or after a specific period of time? Would formal training be required? If not, what competencies would be evaluated, given the non-standardized variety of experiences to which PAs are subject? Unlike physicians, who move through a highly structured education and examination process at the beginning of their careers, PAs obtain their expertise in specialties through many different routes.~~

~~Educators would be wise to ask what impact specialty certification might have on entry-level PA education. It would be tempting for programs to revise their curricula and become specialty-oriented, or to increase their length, thus adding to the cost of training One should also look at the potential for a proliferation of postgraduate programs and, aside from the current lack of national standards and accreditation, ask if the capacity exists and whether more time spent in hospital-based training is what the profession should bring to the health care system.~~

~~Some of the other arguments in favor of specialty certification can also be debated. Another certificate on the office wall or another set of letters behind a PA's name may not reassure patients or help them better understand the role of a PA. Employers may not understand~~

~~and value specialty certification in a way that assures hiring preferences, higher pay, and automatic awarding of hospital privileges.~~

~~Questions that are raised now about the generalist recertification examination carry over to specialty recertification. What core knowledge would be tested? Practice activities can be as diverse within a specialty as they are across specialties. For example, a surgical PA may act as a first assistant, do hospital rounds, or see patients in an office setting. A PA working in cardiology may concentrate on patients in the ICU or manage outpatient care. Difficult decisions would have to be made regarding the spheres of specialty knowledge that would be encompassed in an examination in order to develop a specialty recertification instrument that did not draw criticism from sub-specialists.~~

~~All of these are valid concerns, but in truth the larger questions are these: If it takes longer and becomes more expensive to train PAs, is the benefit worth the cost to society? Will PAs remain flexible and responsive to changing patient and workforce needs? Will they retain their unique attributes?~~

~~One of the hallmarks of the PA profession is its flexibility. Specialty certification would undermine this flexibility, or at best make it extremely difficult to achieve. Locking PAs into specialty practice by means of certification would have an impact on all PAs, not only those in specialty practice. Specialty certification would cause a cultural shift for the profession, making specialization mandatory, rather than voluntary. Some of the dissatisfaction now experienced by specialty PAs would shift to the other half of the profession, those who embrace generalist primary care and chose the profession for its broad vision and practice possibilities. Resolving the employment and legal problems associated with initiation of specialty certification would require the expenditure of much time, money, and political capital.~~

~~Moreover, resources used to obtain additional training translate to additional costs for patients, since training costs and potentially higher salaries would be passed along to consumers. American health care expenditures already exceed those of other countries, making it difficult to justify increased costs to sustain a specialty certification system.~~

~~Although few could argue against making specialty care available in underserved areas, the deployment of PAs may become less economically feasible. Individuals who have incurred additional education-related debts, or who have become accustomed to tertiary care practice settings may be reluctant to work with fewer resources in rural or urban underserved~~

~~communities. Regulatory restrictions associated with a rigid specialty certification system may also hinder deployment.~~

~~The PA profession was created to increase access to care. In many cases, it has done so by extending primary care physician services to patients in underserved areas. It has also done so by filling niche markets as the health care system changes. PAs frequently change practice settings and specialties in response to these opportunities. Imposing a specialty certification system has the potential to eliminate many of the values that PAs bring to society.~~

~~Specialty certification would not be a panacea for PAs seeking to add qualifications in order to advance up a career ladder. It is presumably a step whose benefit can be realized only one time. Given the consequences to the profession as a whole, specialty certification is too drastic a solution to a problem faced only by PAs in certain employment settings, such as those working for the Department of Veterans Affairs, the military, or academic institutions.~~

~~An alternate approach to the problem is the one that many PAs currently pursue. It includes academic coursework, advanced degrees, and training workshops that enhance one's ability to perform certain procedures. These options may improve a PA's marketability. The Academy recognizes, however, that further work may need to be done to address this particular problem.~~

THERE ARE ALSO DISADVANTAGES TO SPECIALTY CERTIFICATION FOR PAS. THE MOST COMPELLING IS THE LOSS OF FLEXIBILITY OF THE PROFESSION. THIS WOULD IMPACT ON THE PA AND THE ABILITY TO WORK WITH THE PA'S PHYSICIAN COLLEAGUES AND PROVIDE THE COMPREHENSIVE DELIVERY OF HEALTH CARE NEEDED IN SOCIETY TODAY.

SHOULD THE PROFESSION EMBRACE SPECIALTY CERTIFICATION, THE IMPACT COULD BE A MULTI-TIERED PROFESSIONAL STRUCTURE. THOSE WITH SPECIALTY CERTIFICATION COULD BE AT AN ECONOMIC AND PROFESSIONAL ADVANTAGE. THOSE WITHOUT COULD MANIFEST ITSELF IN TERMS OF LOSS OF EMPLOYMENT OPPORTUNITIES, DECREASED SALARIES, INCREASED PROFESSIONAL LIABILITY AND A CHANGE IN THE COVERAGE OF SERVICES BY THE THIRD PARTY PAYER. IN SPITE OF THE FACT THAT MANY PAS WORK IN SPECIALTIES, SPECIALTY CERTIFICATION COULD PLACE THE MORE ECONOMICALLY DESIROUS OF SPECIALTIES AT THE FOREFRONT AND THE LEAST

ECONOMICALLY DESIRABLE, SUCH AS PRIMARY CARE, BEHIND. THIS COULD HAVE A GRAVE IMPACT ON THE LANDSCAPE OF THE DELIVERY OF HEALTH CARE.

IN ADDITION, SPECIALTY CERTIFICATION COULD CHANGE THE CULTURE OF THE PAS. THE HALLMARK OF THE PROFESSION HAS BEEN TO FILL THE GAP AND WORK WITH THE PHYSICIAN IN PROVIDING HEALTH CARE. THE PAS FLEXIBILITY AND ABILITY TO ADAPT TO THE NEEDS OF THE HEALTH CARE COMMUNITY HAS BEEN ONE OF THE ASSETS OF THE PROFESSION. THERE ARE SOME PAS WHO ELECT TO DO PRIMARY CARE AND NOT EMBRACE SPECIALTIES. THEY SHOULD NOT BE PENALIZED.

THE EDUCATION OF PAS COULD ALSO BE AFFECTED. CURRENTLY, THE FOCUS OF THE EDUCATION OF PA STUDENTS IS TOWARDS PRIMARY CARE, THUS ALLOWING THE GRADUATE THE FREEDOM OF CHOICE TO CHOOSE WHERE THEY WANT TO WORK. THE LACK OF SPECIALTY TRAINING COULD LIMIT THEIR JOB OPPORTUNITIES AND THUS PLACE PRESSURE ON THE EDUCATIONAL INSTITUTION IN PROVIDING SPECIALTY EDUCATION TO THE STUDENTS. THE ACCREDITATION REVIEW COMMISSION ON PHYSICIAN ASSISTANT EDUCATION (ARC-PA) IS REPLETE IN ITS REQUIREMENTS THAT MUST BE INCLUDED IN THE CURRICULUM. ADDING A TRACK FOR SPECIALTY TRAINING COULD BE ARDUOUS AND MAY EXTEND THE TIME OF THE PROGRAM, AS WELL AS TUITION FEES. ONE OF THE ADVANTAGES OF ATTENDING PA SCHOOL IS THE TIME AND FINANCIAL COMMITMENT THAT IS LESS THAN ATTENDING MEDICAL SCHOOL. THIS COULD REQUIRE A COMPLETE RESTRUCTURING OF THE ARC-PA REQUIREMENTS FOR PA EDUCATION AND MAY HAVE ADMISSION CANDIDATES THINKING TWICE ABOUT APPLYING TO PA SCHOOL.

SPECIALTY TRAINING COULD ALSO HAVE AN IMPACT ON HOW THE LICENSING BOARDS LICENSE PAS. SHOULD THERE BE SPECIALTY CERTIFICATION, STATE STATUTES AND REGULATIONS COULD REQUIRE PAS TO ACHIEVE SPECIALTY TRAINING, WHETHER IT IS IN NEURO-SURGERY OR PRIMARY CARE. THIS COULD IMPACT THE PA WHO WISHES TO MOVE FROM

EMERGENCY MEDICINE TO PEDIATRICS. ADDITIONALLY, LEGISLATORS AND ADMINISTRATORS MAY CONFUSE SPECIALTY CERTIFICATION WITH OTHER CERTIFICATION EXAMINATIONS SUCH THE ORTHOPEDIC PHYSICIAN'S ASSISTANTS (OPA) AND ANESTHESIOLOGIST'S ASSISTANT (AA). REGULATORS, THIRD PARTY PAYERS, EMPLOYERS, CREDENTIALING OFFICES, AND OTHERS CAN MISUSE SUCH TESTS TO CREATE ARTIFICIAL BARRIERS TO PRACTICE, DECREASE FLEXIBILITY, INCREASE COSTS, AND FRAGMENT THE PROFESSION. THE PROFESSIONAL IMPLICATIONS ARE ASTOUNDING AND ARE CONTRARY TO HALLMARKS OF THE PROFESSION.

Specialty Examinations

~~The NCCPA president has said that the organization is committed to generalist certification and has no plans to develop specialty certification.[5] The Commission is investigating the feasibility of examining PAs in "focused areas of practice." [5] By this, the NCCPA means separate components, or mini-exams, on pediatrics, surgery, obstetrics, emergency medicine, cardiology, etc., a combination of which could be chosen by the person taking the recertification examination.~~ THE NCCPA HAS BEEN ACTIVE IN ADDRESSING THIS COMPLEX ISSUE. ALTHOUGH IT STILL EMBRACES THE PRIMARY CARE CONCEPT AS EVIDENCED IN THE PANCE AND PANRE, IT HAS, HOWEVER, IMPLEMENTED CERTIFICATES OF ADDED QUALIFICATION SPECIALTY EXAMINATIONS. THE SPECIALTIES CURRENTLY INCLUDED IN THE CAQ PROJECT ARE EMERGENCY MEDICINE, ORTHOPEDIC SURGERY, CARDIOVASCULAR AND THORACIC SURGERY, NEPHROLOGY AND PSYCHIATRY. SUCCESSFUL COMPLETION OF THE CAQ REQUIREMENTS ALLOWS THE PA TO OBTAIN AN ADDED CREDENTIAL OF EXPERTISE IN THE SPECIALTY.

PROMOTING SPECIALTY CERTIFICATION EXAMINATIONS ONLY ENHANCES THE CONCEPT OF SPECIALTY CERTIFICATION ANDDIMINISHES THE GENERALIST VALUE OF THE PA PROFESSION.

~~The American Board of Family Practice uses this model. As part of the recertification process, family physicians take a core examination and also may choose from a number of elective components. If successful, they retain their family practice diplomate status. No~~

~~information is released indicating which particular aspects of practice (obstetrics, pediatrics, behavioral medicine, etc.) were tested.~~

~~There is no question about the need to evaluate the knowledge of PAs in a broad range of medical areas. No one can say that pediatrics, surgery, geriatrics, and other topics should not be included in an initial certification examination or in a generalist recertification examination. But the knowledge tested in any new modules must be relevant to all PAs. And great care must be taken so that the modules are not extracted to become stand-alone specialty examinations. Care should also be taken to discourage or prevent the reporting of passage of these components in a fashion that could be misinterpreted or misused as a specialty credential. The objections raised to specialty certification also apply to specialty examinations. Regulators, third party payers, employers, credentialing offices, and others can misuse such tests to create artificial barriers to practice, decrease flexibility, increase costs, and fragment the profession. Specialty examinations also offer the potential for competition among professional testing organizations. Certification examinations are currently offered to orthopedic physician's assistants (OPAs) and to anesthesiologists' assistants (AAs) by testing organizations other than the NCCPA. Both OPAs and AAs have sought legal recognition as PAs, claiming their education and certification standards are equivalent to those of the PA profession. On occasion, and through ignorance, employers and regulators have been misled by these groups into believing that their training and qualifications are equivalent. The fact that PAs have one national set of standards for their generalist education and certification has been a strong, politically effective argument for acceptance and progress. The confusion that could arise by blurring the lines between PAs and other non-physicians would not be to the advantage of PAs or the public.~~

Conclusion

The American Academy of Physician Assistants HIGHLY values ~~highly~~ the contributions of physician assistants in all areas of practice. It believes strongly in the mission of the profession, which is to promote quality, cost effective, and accessible health care, and concludes that this mission can best be met if PAs have the flexibility to adapt to changes in the health care workforce and market. Therefore, the AAPA is opposed to specialty certification and to the use of specialty examinations that could reduce the profession's versatility and flexibility**,** ~~and~~ THUS drastically alterING its value to society. ~~The AAPA supports efforts by the NCCPA~~

~~to explore focused, practice-specific modules, provided that recertification remains generic. Every effort must be made to prevent regulators, employers, third party payers, and others including PAs—from misusing the exam results.~~

References

1. Accreditation Standards for Physician Assistant Education. ARC-PA. SEPTEMBER, 2010~~January 2001~~.

2. ~~16th~~ 24th Annual Report on Physician Assistant Educational Programs in the United States, 2007-2008 ~~1999-2000~~. PAEA. Alexandria, VA. 2008~~June 2000~~.

3. Physician Assistants: State Laws and Regulations. AAPA, Alexandria, VA. 2011~~00~~.

4. 2010 AAPA Physician Assistant Census Report. AAPA, Alexandria, VA. 2011~~October 2000~~.

The following testimony was given:

The majority of the testimony provided on the position paper was in favor of the originally suggested revisions. There was pro and con testimony given regarding the education section of the position paper. Additional testimony given by the Advocacy and Government Affairs Commission Chair proposed amendments to the position paper. The recommended changes reflect testimony provided by the delegates.

The committee would propose the following amendment by substitution:

2012-B-01B

See: ***Flexibility as a Hallmark of the PA Profession: The Case Against Specialty Certification*** (PP tab 20*)*

Flexibility as a Hallmark of the PA Profession:

The Case Against Specialty Certification

(Adopted 2002 and reaffirmed 2007)

Executive Summary of Policy Contained in this Paper

Summaries will lack rationale and background information, and may lose nuance of policy. You are highly encouraged to read the entire paper.

- ~~AAPA is opposed to specialty certification and to the use of specialty examinations that could reduce the profession's versatility and flexibility, thus drastically altering its value to society.~~
- AAPA IS OPPOSED TO SPECIALTY CERTIFICATION, THE USE OF SPECIALTY EXAMINATIONS AND CERTIFICATES OF ADDED QUALIFICATION THAT COULD REDUCE THE PROFESSION'S VERSATILITY AND FLEXIBILITY, DRASTICALLY ALTERING ITS VALUE TO SOCIETY.

- Regulators, third party payers, employers, credentialing offices and others could misuse such SPECIALTY CERTIFICATION, THE USE OF SPECIALTY EXAMINATIONS AND CERTIFICATES OF ADDED QUALIFICATION to create artificial barriers to practice, decrease flexibility, increase costs and fragment the profession. These potential consequences and their professional implications are astounding and contrary to the hallmarks of the profession.

Introduction

Physician assistants (PAs) have worked in specialty practice from the earliest days of the profession. Debate has been ongoing about WHETHER THERE SHOULD BE recognition of specialty PRACTICE OF physician assistants, ~~the lack of~~ formal specialty credentials, and the fairness of the generalist recertification examination. ~~From time to time,~~ OVER THE YEARS, specialty certification has been proposed as the solution. ~~With t~~This paper~~, the American Academy of Physician Assistants~~ states the arguments for and against specialty certification and concludes that such a system ~~would not be~~ IS NOT in the best interests of PAs, ~~their~~ physician**S**, or the public. ~~The AAPA supports the efforts of the National Commission on Certification of Physician Assistants (NCCPA) to explore the use of practice-focused modules as part of the recertification process, provided that recertification remains generic.~~

Value of Physician Assistants

The creation of the PA profession was a significant accomplishment. After ~~conceiving the idea~~ REALIZING that the problem of physician shortage and maldistribution OF MEDICAL SERVICES could be resolved by using medically trained providers THAT work~~ing~~ with supervision, physicians developed educational curricula and programs, established accreditation and certification structures, and proposed a regulatory framework for physician assistant practice. The men and women involved in the founding of the profession, not only physicians,

but also public policy experts, researchers, educators, AND lawmakers~~, and others –~~ had an opportunity to take the best and most workable ideas and assemble a new model. By choice, they designed a provider who could be educated relatively quickly and inexpensively, who had generalist medical training and the skills for life-long learning, and who was flexible enough to meet THE changing societal needs.

By virtually any standard, the experiment has been a RESOUNDING success. Physician assistants have become a valuable component of health care delivery. They possess a combination of attributes not found in ~~many~~ other professions. Among the unique attributes of PAs are the focus, content, and length of their education, their socialization, AND THEIR ~~flexibility, and~~ ADAPTABILITY IN THE delivery of medical services previously provided only by physicians. PAs are also distinguished by their commitment to practic~~ing~~E as part of physician-PA ~~directed~~ teams.

PA Education

Physician assistant educational programs provide a broad-based generalist medical education with a focus on primary care.[1] PAs are trained to think like physicians and to be life-long learners. The educational process FREQUENTLY draws upon the prior experience of students, adds intense didactic and clinical instruction, and produces individuals who know how to practice MEDICINE as part of a team and value their role in the system. Their generalist training prepares PAs to work with physicians in any specialty. Similar in curriculum to the fast-track training of generalist physicians during World War II, PA programs average 27~~6~~ months in length AFTER COLLEGE PRE-REQUESITE COURSEWORK.[2] This is a relatively short production pipeline that can respond quickly to ~~changes in the size and composition~~ THE NEEDS of the health workforce.

Compared to medical school and residency training, PA education is less expensive and more quickly completed. It produces a medically-trained health care professional with significantly less educational debt. A physician assistant is available to join the health workforce and increase patient access to care in fewer years than it takes to produce other medical providers.

Unlike advanced practice nurses, who attend specialty ~~-~~specific nursing programs, PAs have a general~~, primary care,~~ medical background DESIGNED FOR THE PRIMARY CARE SETTING. By virtue of the broad foundation of PA education, future employment is not limited

to one specialty. Graduates who wish to increase their skills and knowledge in a particular specialty may do so through a clinically based postgraduate program, ~~a less structured series of~~ workshops and continuing medical education sessions, additional clinical training in the practice setting, or a combination of these options. It is the PA's decision whether THEY WISH TO PURSUE THIS and how to obtain additional training.

PA Practice

By functioning as part of physician-directed teams, PAs have flexibility in practice. A supervising physician is ~~free, ALLOWED~~ AUTHORIZED within the boundaries of state law OR FEDERAL REGULATIONS, to delegate to the PA any portion ~~of his services~~ OF THE PHYSICIAN'S PRACTICE that are within the PA's ability to perform.[3] New tasks and responsibilities can be taught and delegated as the PA's expertise expands and as the team members' understanding of one another grows. A physician assistant may choose to change specialties or may practice in more than one specialty simultaneously.

There are benefits to society from having a well-educated, flexible, and cost effective medical provider as part of the workforce. PAs fill a role that CANNOT BE FILLED BY other providers ~~cannot fill~~. For example, community-based training, a broad set of primary care skills, and lower salary expectations enable PAs to meet patient needs in poor and underserved areas that cannot afford to support a physician full-time. PAs also add value to the public's investment in the education of physicians by freeing physicians from routine responsibilities, allowing them to ~~deal with~~ TREAT patients whose complex medical conditions require their expertise and to expand the services offered by their practices. The synergy of physician-PA team practice benefits patients both individually and collectively.

Physicians have a depth and breadth of training that is unmatched by other medical professionals. PAs embrace the notion that physicians should lead the health care team. PAs do not seek to compete with physicians, but rather endorse their role and support the concept of physician-directed care.

The current system THAT CONSISTS OF education, NATIONAL certification, STATE licensure, FEDERAL REGULATIONS and THE team practice CONCEPT has made this success possible. THE AAPA BELIEVES THAT Changes to the system should be made only if they are improvements that have benefits for the public as well as for PAs and their physician colleagues.

A System in Flux

DRAMATIC CHANGES ARE OCCURRING IN THE HEALTH CARE SYSTEM. ~~Managed care has drastically altered the health care marketplace. The growing role of administrators and accountants, with their focus on the bottom line and the interests of investors, has led to decreased autonomy for physicians and other providers. The rising cost of health care has made it essential to institute money-saving measures, sometimes reflected in a reduction of nursing staff or other provider positions. The percentage of the Gross Domestic Product spent on health care continues to rise, reflecting growing demand for services. Competition among managed care organizations (MCOs) has increased, leading to mergers of large corporations and further elimination of duplicative positions. The aging of the population adds another set of pressures to the marketplace. These competing forces combine to create an atmosphere of change and uncertainty.~~ THE UNCONTROLLED RISES IN THE COST OF HEALTH CARE HAS MADE IT ESSENTIAL TO INSTITUTE COST-SAVING MEASURES. THE PERCENTAGE OF THE GROSS DOMESTIC PRODUCT SPENT ON HEALTH CARE CONTINUES TO RISE, REFLECTING NOT ONLY A GROWTH IN SERVICE DEMANDS, BUT ALSO EXEMPLIFYING A POOR HEALTHCARE DELIVERY SYSTEM. WITH THE PASSING OF HEALTHCARE REFORM, THERE WILL BE A CONTINUED PUSH TO REDUCE COSTS BY ELIMINATING DUPLICATIVE SERVICES, IMPROVING QUALITY AND EFFICIENCY OF THE DELIVERY OF CARE, AS WELL AS A NEW FOCUS ON INCREASING PRIMARY CARE PROVIDERS. ALTHOUGH THE PATIENT PROTECTION AND AFFORDABLE CARE ACT AIMS TO ENSURE THAT ALL AMERICANS HAVE ACCESS TO QUALITY, AFFORDABLE HEALTH CARE AND TO CREATE THE CHANGES WITHIN THE SYSTEM TO CONTAIN COSTS, THIS MUST BE BALANCED WITH A LARGE AGING POPULATION AND A CURRENT SHORTAGE OF PRIMARY CARE PROVIDERS. THESE COMPETING FORCES COMBINE TO CREATE AN ATMOSPHERE OF CHANGE AND UNCERTAINTY WITHIN HEALTHCARE.

~~The global shifts in the economy are beyond the control of any one group, but it is possible for PAs to make decisions that are specific to the profession, such as the means by which PAs affirm their continued proficiency or obtain recognition of achievements in specialty practice. It is critical to make these decisions within the context of the changing marketplace and with the public good in mind.~~ ALTHOUGH GLOBAL SHIFTS IN THE ECONOMY ARE

BEYOND THE CONTROL OF ANY ONE GROUP, IT IS IMPORTANT TO REMEMBER THAT PAS ARE ABLE TO MAKE IMPACTFUL DECISION ABOUT THE PROFESSION WITHIN THESE SHIFTS. AN EXAMPLE OF THIS IS DETERMINING THE MEANS BY WHICH PAS AFFIRM THEIR CONTINUED PROFICIENCY OR OBTAIN RECOGNITION OF ACHIEVEMENT WITHIN THEIR SPECIALTY PRACTICE. IT IS CRITICAL TO MAKE THESE DECISIONS WITH THE CONTEXT OF THE CHANGING MARKETPLACE AND WITH THE PUBLIC GOOD IN MIND. THE PA PROFESSION MUST REMAIN AS DYNAMICALLY FLUID AS THE HEALTHCARE SYSTEM IN WHICH PAS PRACTICE.

Specialty Practice

There have been PAs in specialty practice ~~from~~ SINCE the beginning of the profession. Two of the first four PA graduates from the original Duke University program chose non-primary care fields in which to practice and today approximately half of PAs are in specialty practices.[4] The growing number of specialty PA organizations attests to the interest and employment opportunities for PAs in specialties and to the interest of specialty physicians in PAs.

However, PAs in specialty practice have identified several issues of concern. When faced with employment opportunities in a particular specialty, some PAs with experience in that specialty have said THAT they need a credential other than THE ~~NCCPA~~ NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS (NCCPA) certification to demonstrate their expertise and ADVANCED SKILL LEVEL;~~,~~ a credential that C~~w~~ould make them more attractive than experienced PAs new to the specialty or new graduate PAs~~s willing to work for a lower salary~~. PAs employed by some government agencies and institutional employers point out that they need additional qualifications in order to move up the career ladder and obtain promotions or salary increases. LASTLY, THERE ARE Some PAs who have practiced in specialties for many years WHO have expressed a desire for recognition of their accomplishments.

One solution that has been discussed is specialty board certification, similar to that held by physicians.

The ~~idea~~ CONCEPT of specialty boards REQUIRES COLLABORATION WITH THE NCCPA. ~~naturally brings into the discussion the c~~CurrentLY THE NCCPA'S certification process~~, which~~ tests new graduates by means of an initial certifying examination, known as THE

PANCE (Physician Assistant National Certifying Examination) and re-tests practicing PAs every six years by means of a generalist recertification examination KNOWN AS THE ~~(~~PANRE~~,~~ or (Physician Assistant National Recertification Examination) ~~or the alternative mechanism of Pathway II~~. Since 1973 the PANCE has served as ~~a de facto licensing~~THE CERTIFICATION examination for ALL PAs. PASSAGE OF THE NCCPA'S PANCE EXAMINATION IS REQUIRED IN ALL STATES IN ORDER TO OBTAIN LICENSURE TO PRACTICE.

The current system is economical and efficient and enhances the flexibility and value of PAs to society, but the generalist recertification examination has troubled PAs whose practice is concentrated in a specialty or subspecialty area. ~~Because of~~DUE TO the close working relationship between PAs and physicians, it is reasonable to examine the physician certification model to see if it would be workable for PAs.

Both medical school and PA programs educate their students in general medicine. After graduation, physicians enter residency training programs in the specialty of their choice. Upon completion ~~of one or more years~~ of residency, physicians take A certif~~ying~~ICATION exam~~inations~~ produced by specialty boards. Although postgraduate training is a prerequisite for licensure, board certification CURRENTLY is not IN MOST JURISDICTIONS, nor is the absence of board certification an obstacle to practice once licensure has been obtained.

The physician assistant educational process does not include mandatory postgraduate residencies, nor does it include specialty certification examinations. A discussion of the advantages and disadvantages ~~of following the physician model~~ of specialty certification is presented below.

Advantages of Specialty Certification

There ~~may be many~~ ARE advantages to specialty certification. It implies added knowledge, qualifications, or skills. In American society, individuals with outstanding accomplishments frequently receive awards, prizes, honorary titles, ~~or~~ AND certificates. A document is awarded to providers who complete training courses in particular clinical skills, such as endoscopy or colposcopy. ~~Some a~~Advocates of specialty certification believe an additional credential attests to THEIR experience and achievement in a specialty field of practice.

To the public and employers, specialty certification may provide a sense of reassurance. ~~Given the general public's incomplete understanding~~ AS THE GENERAL PUBLIC MAY NOT

UNDERSTAND THE EDUCATION of the PA ~~profession,~~ AND THEIR FLEXIBILITY, another credential may enhance the credibility of the PA. Employers, including physicians accustomed to the specialty boards of their own profession, may have an added sense of comfort. The administrative personnel in large institutions, particularly those in charge of credentialing the medical staff, may also recognize specialty certification as something familiar, akin to the physician model.

Consequently, the result for specialty certified PAs may be increased employment opportunities, greater job security, and enhanced compensation. Specialty certification also has the potential to simplify the process by which institutions ~~or managed care organizations~~ grant clinical privileges OR PAYERS REIMBURSE. ~~It could even provide PAs with a competitive edge over other non-physician providers, such as advanced practice nurses or surgical assistants.~~

For PAs who need additional qualifications in order to achieve advancement ~~in a bureaucratic institution~~, WITHIN AN INSTITUTION, specialty certification may provide one step up the career ladder. Past testimony in the AAPA House of Delegates indicates that PAs who desire concrete evidence of their accomplishments would find satisfaction in a framed certificate or some other visible sign of their specialty certification.

For many, specialty certification offers the potential to reform the recertification process. Recertification could be limited to testing only the skills and knowledge needed for the PA's specialty practice. For example, PAs who have worked in otolaryngology for 25 years would not be examined on their knowledge of obstetrics. Focusing recertification on knowledge limited to THE specialty practice ~~w~~could reduce concerns about failure, particularly in light of the fact that PAs who do not successfully complete the current process lose their national certification.

Disadvantages of Specialty Certification

~~There are also numerous disadvantages to specialty certification. One of the most important is the limit it would place on PA flexibility, both professionally and in the delivery of care. It would no longer be easy to change from one specialty practice to another. It could affect a PA's ability to provide care in more than one specialty at a time or to hold part-time jobs. For example, a PA working in adult cardiology might not be able to moonlight in urgent care or a PA in general surgery might not be able to cover orthopedics on an as-needed basis without certification in that specialty.~~

~~The immediate result of specialty certification could be a multi-tiered job market in which PAs without the extra credentials would be at an economic and professional disadvantage. This could manifest itself in terms of employment opportunities, salaries, professional liability, and coverage of services by third party payers. To remedy the situation, PAs could undertake additional education, but currently there are limited opportunities for formal specialty training. Pursuing postgraduate training in more than one specialty would be time-consuming and expensive.~~

~~There are many unanswered questions regarding maintenance of specialty credentials and the consequences of failing a specialty certification examination, including the impact on hospital privileges and professional liability insurance premiums.~~

~~Licensing boards and other regulatory authorities have frequently tried to manage the physician-PA team at an inappropriate level of detail. Given the opportunity to require specialty certification, it is likely that some states would make it a prerequisite for licensure or for approval of a specific delegated scope of practice. This could complicate the requirements for supervision. Regulators might decide that specialty certified PAs could only be supervised by board-certified physicians with matching credentials. This could adversely affect the day-to-day practice of PAs in large, multi-specialty groups and create a disincentive to employ them. The absence of certification for PAs in a particular specialty could prevent PAs from working in that field. Failure to maintain specialty certification could result in a restricted scope of practice or, in a worst case scenario, loss of licensure.~~

~~There are also questions about the timing of specialty certification. Would it be awarded soon after graduation or after a specific period of time? Would formal training be required? If not, what competencies would be evaluated, given the non-standardized variety of experiences to which PAs are subject? Unlike physicians, who move through a highly structured education and examination process at the beginning of their careers, PAs obtain their expertise in specialties through many different routes.~~

~~Educators would be wise to ask what impact specialty certification might have on entry-level PA education. It would be tempting for programs to revise their curricula and become specialty-oriented, or to increase their length, thus adding to the cost of training One should also look at the potential for a proliferation of postgraduate programs and, aside from the current lack~~

~~of national standards and accreditation, ask if the capacity exists and whether more time spent in hospital-based training is what the profession should bring to the health care system.~~

~~Some of the other arguments in favor of specialty certification can also be debated. Another certificate on the office wall or another set of letters behind a PA's name may not reassure patients or help them better understand the role of a PA. Employers may not understand and value specialty certification in a way that assures hiring preferences, higher pay, and automatic awarding of hospital privileges.~~

~~Questions that are raised now about the generalist recertification examination carry over to specialty recertification. What core knowledge would be tested? Practice activities can be as diverse within a specialty as they are across specialties. For example, a surgical PA may act as a first assistant, do hospital rounds, or see patients in an office setting. A PA working in cardiology may concentrate on patients in the ICU or manage outpatient care. Difficult decisions would have to be made regarding the spheres of specialty knowledge that would be encompassed in an examination in order to develop a specialty recertification instrument that did not draw criticism from sub-specialists.~~

~~All of these are valid concerns, but in truth the larger questions are these: If it takes longer and becomes more expensive to train PAs, is the benefit worth the cost to society? Will PAs remain flexible and responsive to changing patient and workforce needs? Will they retain their unique attributes?~~

~~One of the hallmarks of the PA profession is its flexibility. Specialty certification would undermine this flexibility, or at best make it extremely difficult to achieve. Locking PAs into specialty practice by means of certification would have an impact on all PAs, not only those in specialty practice. Specialty certification would cause a cultural shift for the profession, making specialization mandatory, rather than voluntary. Some of the dissatisfaction now experienced by specialty PAs would shift to the other half of the profession, those who embrace generalist primary care and chose the profession for its broad vision and practice possibilities. Resolving the employment and legal problems associated with initiation of specialty certification would require the expenditure of much time, money, and political capital.~~

~~Moreover, resources used to obtain additional training translate to additional costs for patients, since training costs and potentially higher salaries would be passed along to consumers.~~

~~American health care expenditures already exceed those of other countries, making it difficult to justify increased costs to sustain a specialty certification system.~~

~~Although few could argue against making specialty care available in underserved areas, the deployment of PAs may become less economically feasible. Individuals who have incurred additional education-related debts, or who have become accustomed to tertiary care practice settings may be reluctant to work with fewer resources in rural or urban underserved communities. Regulatory restrictions associated with a rigid specialty certification system may also hinder deployment.~~

~~The PA profession was created to increase access to care. In many cases, it has done so by extending primary care physician services to patients in underserved areas. It has also done so by filling niche markets as the health care system changes. PAs frequently change practice settings and specialties in response to these opportunities. Imposing a specialty certification system has the potential to eliminate many of the values that PAs bring to society.~~

~~Specialty certification would not be a panacea for PAs seeking to add qualifications in order to advance up a career ladder. It is presumably a step whose benefit can be realized only one time. Given the consequences to the profession as a whole, specialty certification is too drastic a solution to a problem faced only by PAs in certain employment settings, such as those working for the Department of Veterans Affairs, the military, or academic institutions.~~

~~An alternate approach to the problem is the one that many PAs currently pursue. It includes academic coursework, advanced degrees, and training workshops that enhance one's ability to perform certain procedures. These options may improve a PA's marketability. The Academy recognizes, however, that further work may need to be done to address this particular problem.~~

THERE ARE ALSO DISADVANTAGES TO SPECIALTY CERTIFICATION FOR PAS. THE MOST COMPELLING IS THE LOSS OF FLEXIBILITY OF THE PROFESSION. THIS WOULD IMPACT ON THE PA AND THE ABILITY TO WORK WITH THE PA'S PHYSICIAN COLLEAGUES AND PROVIDE THE COMPREHENSIVE DELIVERY OF HEALTH CARE NEEDED IN SOCIETY TODAY.

SHOULD THE PROFESSION EMBRACE SPECIALTY CERTIFICATION, THE IMPACT COULD BE A MULTI-TIERED PROFESSIONAL STRUCTURE. THOSE WITH SPECIALTY CERTIFICATION COULD BE AT AN ECONOMIC AND PROFESSIONAL

ADVANTAGE. THOSE WITHOUT COULD MANIFEST ITSELF IN TERMS OF LOSS OF EMPLOYMENT OPPORTUNITIES, DECREASED SALARIES, INCREASED PROFESSIONAL LIABILITY AND A CHANGE IN THE COVERAGE OF SERVICES BY THE THIRD PARTY PAYER. IN SPITE OF THE FACT THAT MANY PAS WORK IN SPECIALTIES, SPECIALTY CERTIFICATION COULD PLACE THE MORE ECONOMICALLY DESIROUS OF SPECIALTIES AT THE FOREFRONT AND THE LEAST ECONOMICALLY DESIRABLE, SUCH AS PRIMARY CARE, BEHIND. THIS COULD HAVE A GRAVE IMPACT ON THE LANDSCAPE OF THE DELIVERY OF HEALTH CARE.

IN ADDITION, SPECIALTY CERTIFICATION COULD CHANGE THE CULTURE OF THE PAS. THE HALLMARK OF THE PROFESSION HAS BEEN TO FILL THE GAP AND WORK WITH THE PHYSICIAN IN PROVIDING HEALTH CARE. THE PAS FLEXIBILITY AND ABILITY TO ADAPT TO THE NEEDS OF THE HEALTH CARE COMMUNITY HAS BEEN ONE OF THE ASSETS OF THE PROFESSION. THERE ARE SOME PAS WHO ELECT TO DO PRIMARY CARE AND NOT EMBRACE SPECIALTIES. THEY SHOULD NOT BE PENALIZED.

THE EDUCATION OF PAS COULD ALSO BE AFFECTED. CURRENTLY, THE FOCUS OF THE EDUCATION OF PA STUDENTS IS TOWARDS PRIMARY CARE, THUS ALLOWING THE GRADUATE THE FREEDOM OF CHOICE TO CHOOSE WHERE THEY WANT TO WORK. THE LACK OF SPECIALTY TRAINING COULD LIMIT THEIR JOB OPPORTUNITIES AND THUS PLACE PRESSURE ON THE EDUCATIONAL INSTITUTION IN PROVIDING SPECIALTY EDUCATION TO THE STUDENTS. THE ACCREDITATION REVIEW COMMISSION ON PHYSICIAN ASSISTANT EDUCATION (ARC-PA) IS REPLETE IN ITS REQUIREMENTS THAT MUST BE INCLUDED IN THE CURRICULUM. ADDING A TRACK FOR SPECIALTY TRAINING COULD BE ARDUOUS AND MAY EXTEND THE TIME OF THE PROGRAM, AS WELL AS TUITION FEES. ONE OF THE ADVANTAGES OF ATTENDING PA SCHOOL IS THE TIME AND FINANCIAL COMMITMENT THAT IS LESS THAN ATTENDING MEDICAL SCHOOL. THIS COULD REQUIRE A COMPLETE RESTRUCTURING OF THE ARC-PA REQUIREMENTS FOR PA EDUCATION AND MAY HAVE ADMISSION CANDIDATES THINKING TWICE ABOUT APPLYING TO PA SCHOOL.

SPECIALTY TRAINING COULD ALSO HAVE AN IMPACT ON HOW THE LICENSING BOARDS LICENSE PAS. SHOULD THERE BE SPECIALTY CERTIFICATION, STATE STATUTES AND REGULATIONS COULD REQUIRE PAS TO ACHIEVE SPECIALTY TRAINING, WHETHER IT IS IN NEURO-SURGERY OR PRIMARY CARE. THIS COULD IMPACT THE PA WHO WISHES TO MOVE FROM EMERGENCY MEDICINE TO PEDIATRICS. ADDITIONALLY, LEGISLATORS AND ADMINISTRATORS MAY CONFUSE SPECIALTY CERTIFICATION WITH OTHER CERTIFICATION EXAMINATIONS SUCH THE ORTHOPEDIC PHYSICIAN'S ASSISTANTS (OPA) AND ANESTHESIOLOGIST'S ASSISTANT (AA). REGULATORS, THIRD PARTY PAYERS, EMPLOYERS, CREDENTIALING OFFICES, AND OTHERS CAN MISUSE SUCH TESTS TO CREATE ARTIFICIAL BARRIERS TO PRACTICE, DECREASE FLEXIBILITY, INCREASE COSTS, AND FRAGMENT THE PROFESSION. THE PROFESSIONAL IMPLICATIONS ARE ASTOUNDING AND ARE CONTRARY TO HALLMARKS OF THE PROFESSION.

Specialty Examinations

~~The NCCPA president has said that the organization is committed to generalist certification and has no plans to develop specialty certification.[5] The Commission is investigating the feasibility of examining PAs in "focused areas of practice." [5] By this, the NCCPA means separate components, or mini-exams, on pediatrics, surgery, obstetrics, emergency medicine, cardiology, etc., a combination of which could be chosen by the person taking the recertification examination.~~ THE NCCPA HAS BEEN **~~ACTIVE IN~~** ADDRESSING THIS COMPLEX ISSUE. ALTHOUGH IT STILL EMBRACES THE PRIMARY CARE CONCEPT AS EVIDENCED IN THE PANCE AND PANRE, IT HAS, HOWEVER, IMPLEMENTED CERTIFICATES OF ADDED QUALIFICATION **(CAQ),** SPECIALTY EXAMINATIONS. THE SPECIALTIES CURRENTLY INCLUDED IN THE CAQ PROJECT ARE EMERGENCY MEDICINE, ORTHOPEDIC SURGERY, CARDIOVASCULAR AND THORACIC SURGERY, NEPHROLOGY AND PSYCHIATRY. SUCCESSFUL COMPLETION OF THE CAQ REQUIREMENTS ALLOWS THE PA TO OBTAIN AN ADDED CREDENTIAL **~~OF EXPERTISE~~** IN THE SPECIALTY.

PROMOTING SPECIALTY CERTIFICATION EXAMINATIONS ONLY ENHANCES THE CONCEPT OF SPECIALTY CERTIFICATION ANDDIMINISHES THE GENERALIST VALUE OF THE PA PROFESSION.

~~The American Board of Family Practice uses this model. As part of the recertification process, family physicians take a core examination and also may choose from a number of elective components. If successful, they retain their family practice diplomate status. No information is released indicating which particular aspects of practice (obstetrics, pediatrics, behavioral medicine, etc.) were tested.~~

~~There is no question about the need to evaluate the knowledge of PAs in a broad range of medical areas. No one can say that pediatrics, surgery, geriatrics, and other topics should not be included in an initial certification examination or in a generalist recertification examination. But the knowledge tested in any new modules must be relevant to all PAs. And great care must be taken so that the modules are not extracted to become stand-alone specialty examinations. Care should also be taken to discourage or prevent the reporting of passage of these components in a fashion that could be misinterpreted or misused as a specialty credential. The objections raised to specialty certification also apply to specialty examinations. Regulators, third party payers, employers, credentialing offices, and others can misuse such tests to create artificial barriers to practice, decrease flexibility, increase costs, and fragment the profession. Specialty examinations also offer the potential for competition among professional testing organizations. Certification examinations are currently offered to orthopedic physician's assistants (OPAs) and to anesthesiologists' assistants (AAs) by testing organizations other than the NCCPA. Both OPAs and AAs have sought legal recognition as PAs, claiming their education and certification standards are equivalent to those of the PA profession. On occasion, and through ignorance, employers and regulators have been misled by these groups into believing that their training and qualifications are equivalent. The fact that PAs have one national set of standards for their generalist education and certification has been a strong, politically effective argument for acceptance and progress. The confusion that could arise by blurring the lines between PAs and other non-physicians would not be to the advantage of PAs or the public.~~

Conclusion

The American Academy of Physician Assistants HIGHLY values ~~highly~~ the contributions of physician assistants in all areas of practice. It believes strongly in the mission of the profession, which is to promote quality, cost effective, and accessible healthcare, and concludes that this mission can best be met if PAs have the flexibility to adapt to changes in the health care workforce and market. Therefore, the AAPA is opposed to specialty certification and to the use of specialty examinations that could reduce the profession's versatility and flexibility**,** ~~and~~ THUS drastically alterING its value to society. ~~The AAPA supports efforts by the NCCPA to explore focused, practice-specific modules, provided that recertification remains generic. Every effort must be made to prevent regulators, employers, third party payers, and others including PAs from misusing the exam results.~~

References

1. Accreditation Standards for Physician Assistant Education. ARC-PA. SEPTEMBER, 2010~~January 2001~~.

2. ~~16th~~ 24th Annual Report on Physician Assistant Educational Programs in the United States, 2007-2008 ~~1999-2000~~. PAEA. Alexandria, VA. 2008~~June 2000~~.

3. Physician Assistants: State Laws and Regulations. AAPA, Alexandria, VA. 2011~~00~~.

4. 2010 AAPA Physician Assistant Census Report. AAPA, Alexandria, VA. 2011~~October 2000~~.

Mister/Madame Speaker, the committee moves that the divided policy 2012-B-01B be so amended.

The Committee next considered testimony on 2012-B-02, the resolved portion of which reads:

2012-B-02 Resolved

Officers of Constituent Organizations shall be defined as the President, President-elect, Vice President, Secretary and Treasurer.

The following testimony was given:

There was concern expressed by delegates that the listed positions would be required. Clarification was provided that the resolution does not mandate Constituent Organizations to have each of these officers.

After further investigation, the committee referred to the AAPA Policy Manual and modeled the language to be consistent. AAPA Bylaws read:

ARTICLE VII Board of Directors and Officers of the Corporation.

Section 3: Officers of the Corporation. The Officers of the Corporation shall be a President, a President-elect, a Vice President, a Secretary-Treasurer, and the Immediate Past President ("Academy Officers"). The Academy Officers are voting members of the Board of Directors by virtue of position.

The committee proposes the following amendment by substitution:

AAPA defines the following positions as officers of a Constituent Organization: President, President-elect, Vice President, Secretary and Treasurer, and/or Secretary-Treasurer.

This definition is for AAPA policy purposes and does not require any organization to have a particular office.

Mister/Madame Speaker the committee moves that 2012-B-02 be so amended by substitution.

The Committee next considered testimony on 2012-B-03, the resolved portion of which reads:

2012-B-03 Resolved

Amend policy HX-4600.3.4 as follows:

AAPA urges the National Health Services Corps AND ALL OTHER FEDERALLY FUNDED PROGRAMS TO INCLUDE PHYSICIAN ASSISTANTS IN ALL HEALTH CARE SCHOLARSHIP AND LOAN REPAYMENT PROGRAMS. AAPA URGES THE NATIONAL HEALTH SERVICE CORPS AND ADMINISTRATORS OF ALL OTHER REPAYMENT OPPORTUNITIES to actively recruit physician assistants into viable placement sites within the ~~corps~~ PROGRAMS.

The following testimony was given:

The student delegation recommended including state funded programs. Another delegate recommended including locally funded programs.

The committee recognizes that the National Health Service Corps is a federally funded program and the committee felt it does not need to be identified independently.

The committee proposes the following amendment by substitution:

AAPA urges all federal, state, local and privately funded programs to include and recruit physician assistants in all healthcare scholarship and loan repayment programs.

Mister/Madame Speaker, the committee moves that Resolution 2012-B-03 be so amended by substitution.

The Committee next considered testimony on 2012-B-04, the resolved portion of which reads:

2012-B-04 Resolved

The AAPA recommends that every Constituent Organization include a federal liaison position on their Government Affairs Committee or comparable body to coordinate national PA legislative efforts.

No testimony was provided.

Mister/Madame Speaker, the committee recommends you adopt Resolution 2012-B-04 by voting "aye."

The Committee next considered testimony on 2012-B-06, the resolved portion of which reads:

2012-B-06 Resolved

Amend by substitution policies HP-3500.3.3, Guidelines for Amending Medical Staff Bylaws, and HP-3500.3.5, Guidelines for Privileging Physician Assistants with the position paper entitled "Guidelines for Updating Medical Staff Bylaws: Credentialing and Privileging Physician Assistants." See position paper.

The following testimony was given:

It was suggested that the language in the policy paper be edited to read "reflect state and/or federal requirements for…" rather than "require" in lines 26, 237 and 289.

The chair of Professional Practice Commission stated in the hearing she was willing to accept this change. The PPC chair subsequently consulted with the commission, and while willing to accept the change, they prefer to keep the language as currently written.

The purpose of the document is to present general guidelines.

Policy Manual Section HP-3200 supports AAPA's position on continuing education, professional development and life-long learning.

Mister/Madame Speaker, the committee recommends you adopt Resolution 2012-B-06 by voting "aye."

The Committee next considered testimony on 2012-B-07, the resolved portion of which reads:

2012-B-07 Resolved

AAPA endorses a ten year Maintenance of Certification (MOC- Recertification) 'Pilot Program' to start in 2013. The HOD charges the speaker to communicate this to the NCCPA (National Commission for Certification of PAs) BOD including all PAs.

The following testimony was given:

The policy will be irrelevant in one year.

According to the management perspective report shared with delegates, initiatives to address the 10 year MOC requirements are already under way, including:

- AAPA is currently working with NCCPA to ensure that the new Certification Maintenance CME requirements are practical, meaningful and practice relevant to PAs
- AAPA plans to conduct pilot PI-CME and self-assessment programs in 2013
- These pilot programs will provide the opportunity for PAs to participate in activities similar to those that will be required by the new NCCPA certification maintenance requirements
- Participation in the pilot PI-CME and self-assessment programs will satisfy current Category 1 CME requirements, but will not otherwise affect the certification cycle of the participating PAs
- Participation in the 2013 pilot programs will not satisfy the future PI-CME and self-assessment requirements
- The AAPA will ask that the NCCPA Certification Committee consider whether there are any benefits to the NCCPA conducting a parallel pilot program to address the 10 year certification maintenance cycle specifically, as opposed to the educational/CME aspects

According to testimony, NCCPA already completed a MOC pilot-program.

Mister/Madame Speaker, the committee recommends you reject Resolution 2012-B-07 by voting "nay."

Mister/Madame Speaker, that concludes the report of Reference Committee B. I would like to thank the House Officers Alan Hull, Gail Curtis, and David Jackson for their support and guidance. I would further extend gratitude and thanks to the hard work of AAPA staff Kodi Blue Erb. I would like to thank the committee members for their hard work and being well prepared for this committee.

Respectfully submitted,

SIGNATURES ON FILE

John Trimbath, Chair

Nicole Manning

Jeremy Nelson

Linda Sekhon

James Williamson

Anthony Marlon, Student Member

Jennifer Feirstein, Alternate