



The Latest on PA Certification

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Director of External Relations

Presentation Outline

- About NCCPA
- The New Certification Maintenance Process
- Specialty Certificate of Added Qualifications (CAQ) Program
- Call for Preceptors for PA students

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About NCCPA

- Independent, not-for-profit organization
- Mission: To serve the public through exemplary programs that evaluate critical PA competencies and require the pursuit of life-long learning and improvement
- Committed to excellence in all we do
 - Received Georgia Oglethorpe Award in 2007
 - Accredited by the National Commission for Certifying Agencies
- Over 100,000 PAs have been certified since NCCPA was established in 1975



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Our Board of Directors

2 public representatives, 4 PA directors-at-large and nominees from...

- American **Hospital** Association
- American **Medical** Association
- American **Osteopathic** Association
- Assoc of Amer **Medical Colleges**
- Federation of State **Medical Boards**
- **PA Education** Association
- US Department of **Veterans Affairs**
- American Academies of:
 - **Family Physicians**
 - **Pediatrics**
 - **Physician Assistants**
- American Colleges of:
 - **Emergency Physicians**
 - **Physicians**
 - **Surgeons**

The Board currently includes 11 PAs, 8 physicians and 4 non-clinicians.

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Changes to the Certification Maintenance Process



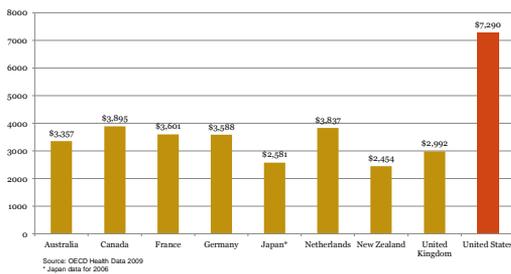
How It All Began

- Calls for greater accountability and higher quality in health care spurred major change in physician certification and certification maintenance programs with movement from CME to continuous professional development
- NCCPA felt it appropriate to consider whether similar changes were needed for PAs—with our commitment to the public's interest in mind.
- NCCPA committed first to defining PA competencies and using them as the basis for a holistic review of what we *are* and what we *should be* assessing.
- AAPA, PAEA and ARC-PA all participated in the development of PA competencies and the current revision process



Health Care Spending per Capita

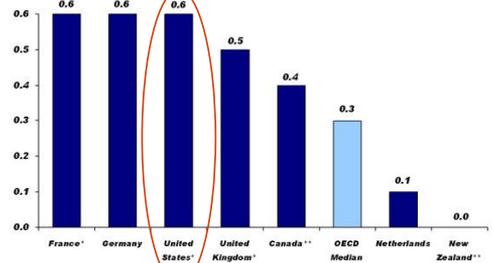
Adjusted for Differences in Cost of Living



Source: OECD Health Data 2009
*Japan data for 2008

Source: The Organisation for Economic Cooperation and Development

Deaths Due to Surgical or Medical Mishaps per 100,000 Population (2006)



* 2005
** 2004
Source: OECD Health Data 2008, "June 2008."

Source: The Commonwealth Fund

6 Areas of PA Competencies

Part of the rationale for change is incorporating more of these competencies into the process.

<ol style="list-style-type: none"> 1. Medical knowledge 2. Patient care 3. Interpersonal & communication skills 	<ol style="list-style-type: none"> 4. Professionalism 5. System-based practice 6. Practice-based learning and improvement
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New Process

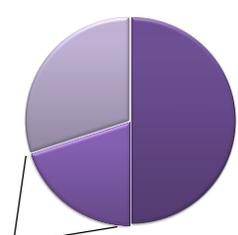
- 100 CME credits every two years
 - **Still 50 Category 1 credits**
 - **20 of the Category 1 credits must be designated as self-assessment and/or performance improvement**
- PANRE every ~~8~~¹⁰ years



Directed CME Defined

100 Credit CME Requirement (every 2 years)

Category 1
(50 credits)



Category 1
or 2
(50 credits)

20 Category 1 CME credits designated as **self-assessment** and/or **performance improvement**



Why Self-Assessment (SA)?

Self-assessment is the process of conducting a systematic review of one's own performance, knowledge base or skill set for the purpose of improving future performance, expanding knowledge, or honing skills.

Things you know

Things you know you don't know

Things you don't know you don't know

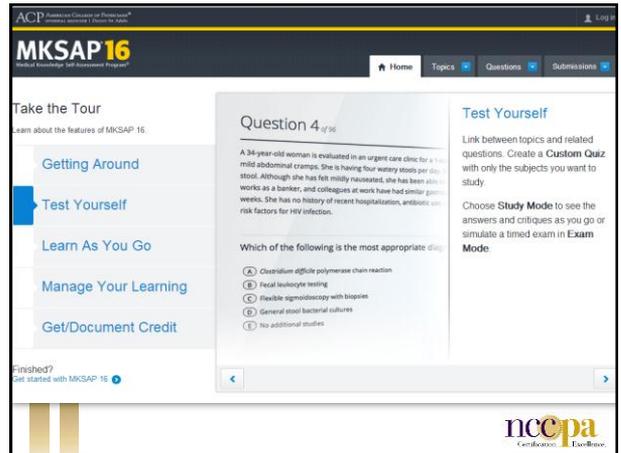


Why Self-Assessment (SA)?

- 2012 study concluded that more than 20% of core information guiding clinical practice is changed within one year based on new evidence or guidelines.

Access that study here: 

- Self-assessment makes CME more meaningful and practical to one's practice
- It requires active engagement in the learning process

ACP American College of Physicians
MKSAP 16 Medical Knowledge Self-Assessment Program

Home Topics Questions Submissions

Take the Tour
Learn about the features of MKSAP 16.

- Getting Around
- Test Yourself
- Learn As You Go
- Manage Your Learning
- Get/Document Credit

Finished?
Get started with MKSAP 16

Question 4 of 96

A 34-year-old woman is evaluated in an urgent care clinic for a 1-week history of mild abdominal cramps. She is having four watery stools per day. Although she has felt mildly nauseated, she has been able to eat and works as a banker, and colleagues at work have had similar symptoms over the past few weeks. She has no history of recent hospitalization, antibiotic use, or other risk factors for HIV infection.

Which of the following is the most appropriate diagnostic test?

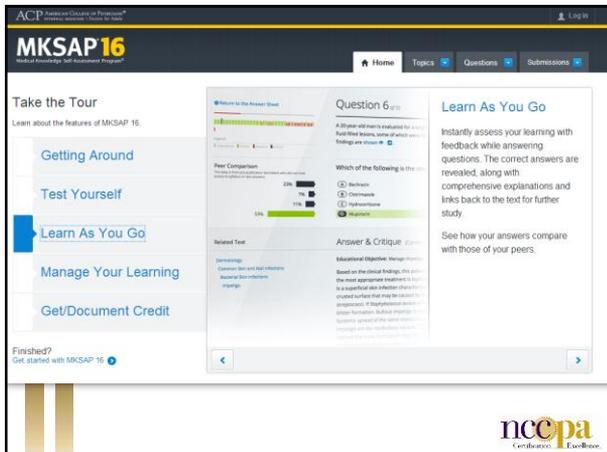
- (A) Clostridium difficile polymerase chain reaction
- (B) Fecal leukocyte testing
- (C) Flexible sigmoidoscopy with biopsies
- (D) General stool bacterial cultures
- (E) No additional studies

Test Yourself

Link between topics and related questions. Create a Custom Quiz with only the subjects you want to study.

Choose Study Mode to see the answers and critiques as you go or simulate a timed exam in Exam Mode.

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Question 6 of 96

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Learn As You Go

Instantly assess your learning with feedback while answering questions. The correct answers are revealed, along with comprehensive explanations and links back to the text for further study.

See how your answers compare with those of your peers.

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What is Performance Improvement (PI) CME?

- PI-CME is active learning and the application of learning to improve your practice.
- Three-step process:
 1. Compare some aspect of practice to national benchmarks, performance guidelines or other established evidence-based metric or standard.
 2. Based on the comparison, develop and implement a plan for improvement in that area.
 3. Evaluate the impact of the improvement effort by comparing the results of the original comparison with the new results or outcomes.



No, really... What is PI-CME?

- Real-life example
 - Family physician completed the METRIC module on diabetes
 - Completed an online questionnaire about her practice
 - Selected and entered clinical data from 10-15 of her diabetic patients
 - Received a report comparing her patients' results to national norms
 - And she discovered a change she needed to make in her practice! Why?



AAFP PI-CME Program

- METRIC is offered by the American Academy of Family Physicians
- Can be completed individually or as group
- Cost to PA non-members: \$25
- Each module = 20 PI-CME credits
- Modules available in
 - Diabetes
 - Asthma
 - Hypertension
 - Geriatrics
 - Childhood immunization
 - Adolescent immunization
 - High-risk adult immunization

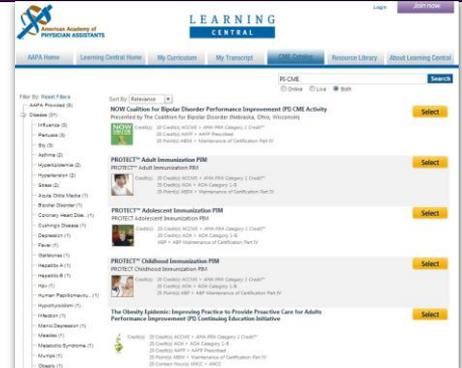


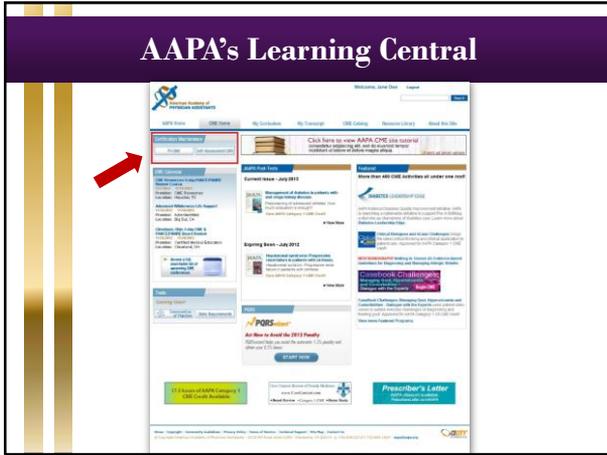
More on Performance Improvement (PI) CME

- Can be done in partnership with your supervising physician and others in practice
 - Board-certified physicians also have this requirement
- This concept has evolved since NCCPA first announced it was being considered.
 - Asked for and listened to feedback
 - Identified ways to make this less burdensome without sacrificing its effectiveness
- Can take different forms
 - An established PI CME activity (like METRIC or EQIPP)
 - A quality improvement project that is developed individually by a PA or institution



PI-CME Opportunities Through AAFP





Certification Maintenance Illustrated

1st CME Cycle	<p>By the end of the 4th CME cycle, you must have 40 Category 1 CME credits through SA activities and 40 Category 1 CME credits through PI activities.</p>
2nd CME Cycle	
3rd CME Cycle	
4th CME Cycle	
5th CME Cycle	<p>Earn 100 CME credits including 50 Category 1 and pass PANRE</p>

Transition Timeline

- New PAs and those regaining certification after a lapse who become certified in 2014 will start the new 10-year cycle.
- Beginning in 2014, certified PAs will transition to the new 10-year cycle at the end of their current 6-year cycle.
- Sign in to your record at www.nccpa.net to find out when you transition.
- Here's what that looks like...

Transition Timeline

The screenshot shows the 'Continuing Medical Education' page on the NCCPA website. The 'Recertification Exam' section is highlighted with a red circle, showing that certified PAs can take the exam in their 5th or 6th year of certification. Another red circle highlights the 'Transition to the New Certification Maintenance Process' section, which states that the first 10-year certification maintenance cycle will begin with the 2013-2017 cycle.

Positive Implications for PAs

- Proactively addresses elevated expectations
 - FSMB has recommended that states implement a “maintenance of licensure” process for physicians that requires just this sort of activity
 - Follows ABMS MOC process for physicians
- Elevates the relevance of CME activities
- Focus more on performance as related to patient and community health
- PI-CME aligns with Pay for Reporting (P4R) and Pay for Performance (P4P)
- Fewer exams



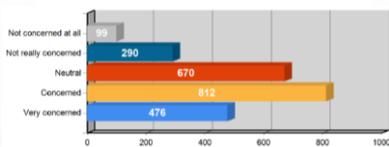
Next Steps for Certification Maintenance Changes

- Identification of multiple SA and PI options in many specialties
- Identification of SA and PI options for non-practicing PAs
 - Focus on public health
 - PAEA Workgroup
- Development of application process through AAPA for self-directed PI activities



Certification Maintenance Changes Survey Highlights

55% are either **Very Concerned (20.8%)** or **Concerned (34.4%)** that the new CM requirements will be difficult to complete



Certification Maintenance Changes Survey Highlights

The biggest perceived barrier is that the process will require more time (60%)



A Few Words about the PA National Recertifying Examination (PANRE)



Recertification Decisions

1. Year 5 or year 6 (soon to be 9 or 10)?
 - 2 opportunities in both years to pass the PANRE
 - Taking the exam in year 5/9 gives you more opportunities to pass and doesn't change your overall cycle
2. Which version of PANRE to take?
 - Surgery
 - Primary care
 - Adult medicine



Quick Plug for Practice Exams

Available online for both PANRE and PANRE

- 3 exams available
- 120 questions taken from NCCPA test question bank
- Just \$35!
- Great way to see how you should focus your preparation
- Get more details and register online at www.nccpa.net

Knowledge is Power.
Sometimes it's also a way to save **time, money & peace of mind.**

LEARN MORE ABOUT NCCPA'S PRACTICE EXAMS



Format of Practice Exam Feedback

Content Area	Low	Proficiency	Threshold	High
Overall				
ORGAN SYSTEMS				
Cardiovascular				
Dermatology				
Endocrine				
ENT				
Gastrointestinal / Nutrition				
Genitourinary				
Immunology				
Infectious Diseases				
Neurological				
Psychiatry / Behavioral				
Renal				
Rheumatology				
Thoracic				
Urology				
TASKS				
History Taking and Physical/Physical Exams				
Immunology and Diagnostic Studies				
Formulating and Implementing Care Plans				
Health Maintenance				
Clinical Intervention				
Pharmacological Therapeutics				
Quality Improvement				
Professionalism				
Communication				
System Concepts				

Print Results Close Window

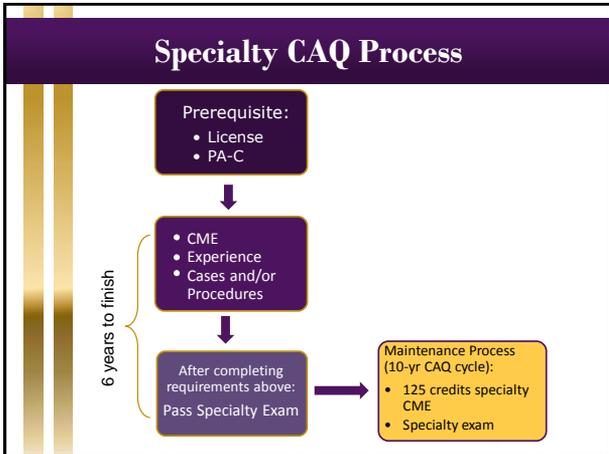


Specialty Certificate of Added Qualifications (CAQ) Program



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

- ### What Specialties?
- Emergency Medicine
 - Cardiovascular & Thoracic Surgery
 - Orthopaedic Surgery
 - Nephrology
 - Psychiatry
- Exam Debuting in 2014:**
- Pediatrics
 - Hospital Medicine
- 
- 



Basic Prerequisites

- Current PA-C certification
- Unrestricted license(s):
 - Addresses the area of professionalism (one of the six core competencies as defined in *Competencies for the Physician Assistant Profession*)
 - Pre-empts state boards from requiring our CAQ for PA licensure



Variations Among Specialties in the Areas of...

- CME requirements
- Experience (ranges from 1 year to 2 years of full-time practice equivalence)
- Specific procedures/cases that PAs should have experience with or knowledge of

Details by specialty available at www.nccpa.net/SpecialtyCAQs.aspx.



CAQ Exams

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

To view content blueprints, disease and disorder lists, and sample items, visit:
www.nccpa.net/SpecialtyCAQs.aspx.



CAQ Exams

- 120 questions
 - Targeted to certified PAs working in the specialty
 - All questions available for scoring if they meet our performance standards
- 2-hour exam – no breaks
- Specialty exams are administered nationwide once a year at Pearson VUE testing centers.
- Cost \$250 plus a \$100 administrative fee paid when you start the CAQ process



CAQ Recipients

- 413 PAs have been awarded the CAQs
 - **256 in emergency medicine**
 - **73 in psychiatry**
 - **54 in orthopaedic surgery**
 - **24 in CVTS**
 - **8 in nephrology**

(That totals 415 CAQs issued; two PAs earned CAQs in two specialties.)
- Pass rates among the five specialties ranged from 80% to 97%.



Call for Preceptors: Collaboration with PAEA and AAPA



Information on Being a Preceptor

- PAEA Clinical Education Committee administered a preceptor survey to all clinically-practicing PAs in 2011
 - Top benefits include: giving back to the profession, teaching is rewarding, and keeping up to date
- Distribution of Preceptor Volunteers
 - Linking volunteers to programs within 60 mile radius
- Preceptor Handbook – available through PAEA; compilation of best practices; designed as a template to be individualized by programs



Benefits of Being a Preceptor

- AAPA Paragon Award for Preceptor of the Year
 - Public recognition to reinforce the importance of precepting to the profession
- Category 1 CME credit for precepting
 - Process being finalized, but plans to award up to 20 hours of category 1 CME per 2 year cycle
 - Anticipated launch mid - late 2013
- Preceptor Recognition
 - Self nominated process designed to reward clinical preceptors



How Do I Sign Up?

- Contact PAEA:

Danielle Di Silvestro
 Manager, Applicant and Student Services
 (703) 548-5538 ext. 300
 (703) 548-5539 FAX
ddisilvestro@paeaonline.org



Final Takeaway Points

1. Certification Maintenance Changes
 - CME requirements will include 20 credits of **specifically designated CME**
 - Change from 6 to 10-year cycle
 - Rolling implementation will begin in 2014
2. Specialty CAQs
 - Voluntary recognition program
 - Available in 7 specialties




Thank You

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