

PAs Should Focus on Patient Care, Not Unnecessary Testing

Since the publication of Randy Danielsen's editorial on this topic (*Clinician Reviews*, 2016;26[2]:9-10, 12), the NCCPA has continued to explore changes to the PA (physician assistant) recertification model. AAPA, meanwhile, has voiced concerns on the part of its members as to the need for additional testing and its potential impact on PA practice and patient access to care. We asked AAPA President Josanne K. Pagel to provide an update from the Academy's perspective.



Josanne K. Pagel, MPAS, PA-C,
Karuna® RMT, DFAAPA

PAs are highly educated, trusted health care providers who lead patient-centered medical teams. Trained as experts in general medicine, we often pursue multiple specialties over the course of our careers—typically in three or four. PAs can decide to work in surgery, emergency care, orthopedics, oncology, pediatrics, dermatology, and many other areas. Moving among and between specialties is a hallmark of our profession. Unfortunately, a new proposal would alter how PAs are tested in order to maintain their certification—and, in 20 states, potentially jeopardize their license to practice.

The National Commission on Certification of PAs (NCCPA) has proposed significant changes to how PAs are recertified by requiring multiple exams, including a proctored, closed-book exam in a specialty area and two or three take-home exams during every 10-year recertification cycle. The proposal would in effect force PAs to choose a specialty and as a result

Josanne K. Pagel is President and Chair of the Board of the American Academy of PAs. She is also Executive Director of PAs at Cleveland Clinic Health System in North Ridgeville, Ohio.

undermine their ability to fill care gaps in hospitals, health systems, and communities.

The new requirements are cumbersome and unnecessary. PAs already undergo rigorous medical training and have initial licensing requirements that are similar to those of our physician, nurse practitioner, and pharmacist colleagues—none of whom are required to retest. PAs must graduate from an accredited program and take a test in general medicine in order to be licensed and certified in the first place. Throughout their careers, they have to complete extensive continuing medical education (CME). They also practice in clinical settings that continually inform and enhance their experience and base of knowledge.

Additional testing would take valuable time away from patients and could even discourage PAs from staying in a profession that is in high demand. More to the point, NCCPA has pursued its proposal even though studies have shown that recertification testing is not related to improvements in patient outcomes or safety.

AAPA recently received a message from longtime PA Peter

continued on page 53 >>

>> *continued from page 14*

Schuman, who is as passionate about patient care as he is leery of NCCPA's recertification plan. "[NCCPA has] no significant, scientifically valid evidence to support their claims. I can honestly say that their testing requirements have not helped me care for patients better or become more knowledgeable in my field of practice/expertise one bit," he wrote. "The PANRE is a waste of time and effort and is a source of great stress, taking time away from my patients, practice, and family. Enough is enough, NCCPA!"

The AAPA board has reached out to NCCPA and still hopes that it will engage in substantive discussions. Given the seriousness of our concerns, however, the AAPA Board voted recently to take steps toward the creation of an alterna-

tive certifying body for PAs. This vote came after careful deliberation and in response to the concerns of the thousands of professionals that AAPA represents. The decision was not made lightly and it reflects the priority of PAs to put patient care ahead of unnecessary testing.

AAPA is not alone in its opposition to recertification testing. A growing number of medical associations, including the American Medical Association (AMA), reject it as unnecessary and overly burdensome. AMA has rightly identified these exams as high-stakes tests because, it said, "failure to pass can result in a physician's loss of privileges or employment." Every PA would face similar consequences and, in 20 states, put their license at risk.

At least 19 state medical associations have adopted similar resolutions in opposition to unnecessary retesting.

To be clear, AAPA does not oppose initial testing for certification and licensing and embraces the value of an exam in the licensing process. AAPA also strongly supports extensive CME and the benefits it provides.

We have not yet decided whether to establish a new certification organization. But we do know that there is no reason PAs should be singled out for additional testing when the extra requirement does not help patients and when other medical professionals are not required to do the same. Let PAs focus on patient care, not unwarranted test-taking. **CR**