



Update from NCCPA: Focus on PANRE Alternative

Greg P. Thomas, PA-C Emeritus, MPH
Director of PA Relations





Faculty Disclosure

- Contractor with NCCPA
- No other financial relationships to disclose

Learning Objectives

- Describe the options available for PANRE beginning in 2023
- Describe the CAQ program
- Describe the disciplinary policy and role of NCCPA
- Recognize the many ways NCCPA communicates with PAs and the other services provided

Presentation Outline

- Overview of PANRE-LA
(alternative to traditional PANRE)
- Certificates of Added
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NCCPA
- About NCCPA





Where it all began...

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

- been thoughtful and deliberate
- relied heavily on PA input
- included feedback from other stakeholders
- included environmental scanning for current/emerging trends
- included research on knowledge retention, spaced education, test-enhanced learning, adult learning, etc.
- included extensive qualitative and quantitative analysis of data gained through the Pilot administration

A paradigm shift



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



Longitudinal Assessments

- Incorporates principles of spaced education, test-enhanced learning, knowledge retention, interleaving, adult learning
- Shorter assessments spread over a longer period of time
- Recurring process versus “one and done”
- Purpose is to help identify and close knowledge gaps
- Supported by research
- Not a new concept, but relatively new to the certification arena
- Adopted in some form by 22 of the 24 ABMS member boards; also under consideration by others such as the NBCRNA

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



1

Every subgroup demonstrated knowledge growth over time.

3

PAs are deadline driven. Most of them completed questions within a 24-hour timeframe near the end of the quarter.

2

Overall, PAs performed very well on the Pilot, with the mean score being two full standard deviations above the passing score.

4

PAs valued the immediate feedback to know if they answered a question correctly and the critiques that provided explanations – especially on questions they missed.

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



5

Two years of questions each quarter without a break felt burdensome to some PAs.

7

PAs appreciate the flexibility and convenience of the at-home format.

6

PAs found it difficult to prepare for a longitudinal assessment and wanted advanced notice of topics that would be coming up.

8

Having the ability and time to use references make the exam feel more like “real life” and reduces the anxiety of the exam.

Comparison with the Pilot

Similarities to the Pilot

- Same number of items per quarter
- Same number of scored quarters (8)
- Items administered one-by-one on any device
- Can log in/log out at their convenience
- Ability to use references (but not people)
- Answer “survey” questions before they know if they answered the item correctly (questions will be tweaked)
- Immediate feedback on whether item was answered correctly, critiques provided
- Remediation items (targeted questions) after Q1

Differences from the Pilot

- Have up to 3 years to complete 8 quarters; flexibility to skip quarters
- Same time per item throughout (5 minutes)
- Ability to “pocket” a set number of items
- Opportunity to improve score/increase learning to pass if they don’t skip too many quarters
- Approved for Category 1 Self-Assessment CME credit by AAPA (2 credits per quarter)

Years
1-6

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

Years
7-9

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

Year
10

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

PANRE-LA Overview

- Application process launches in July 2022
- Exam launches in January 2023 and is open to PAs due to recertify in 2024, 2025 and 2026
- Same price as PANRE
- PANRE will still be available as a recertification option

Big Picture View of Participation by Year

CR Year	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
2024	X	X	X*	PANRE*					X	X	X	PANRE
2025	X	X	X	PANRE*						X	X	X
2026	X	X	X	PANRE							X	X
2027		X	X	X	PANRE							X
2028			X	X	X	PANRE						
2029				X	X	X	PANRE					
2030					X	X	X	PANRE				
2031						X	X	X	PANRE			
*Requires an extension												

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Key Principles Of The 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 it can not become a requirement for licensure
- The program has been developed to be ***as inclusive as possible***, recognizing the individual differences among and within specialties.



Which Specialties ?

- Cardiovascular & Thoracic Surgery
- Emergency Medicine
- Hospital Medicine
- Nephrology
- Orthopaedic Surgery
- Pediatrics
- Psychiatry

Coming soon:

- Dermatology
- Palliative Medicine and Hospice Care



CAQ Components

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



CAQ By the Numbers (2011 –2021)

Total = 2,400

- 1,142 in emergency medicine
- 615 in psychiatry
- 259 in orthopaedic surgery
- 200 in hospital medicine
- 79 in pediatrics
- 68 in CVT surgery
- 37 in nephrology



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Disciplinary Policy & Code Of Conduct

- Outlines principles that all certified or certifying PAs are expected to uphold
- Requires that certified or certifying PAs shall:
 - Protect the integrity of the certification & recertification process
 - Comply with laws, regulations & standards governing professional practice



Review and Appeals Process

Considers cases involving:

1. Requests for exceptions to policy (ETP) which are extensions of certification for additional time to earn/log CME and/or take and pass an exam due to (requires documentation):
 - military obligation
 - death in the family
 - personal or family medical issues
 - other significant and severe extenuating circumstances
2. Disciplinary actions



Disciplinary Case Origination

1. Self-reports from PAs during exam application and/or certification maintenance process; answering in the affirmative to questions on:
 - Adverse licensure actions
 - Misdemeanors and felonies
 - Adjudication of mental incompetence
2. Reports on state board actions provided by the FSMB, individual State Medical Boards (SMB) and/or federal entities
3. Individual complaints – these generally occur for irregular behavior (cheating/fraudulent credentials)

Disciplinary Review Process

- Staff gathers appropriate documentation (e.g. medical board proceedings, licensure status)
- If there is potential for disciplinary sanction, the PA is sent a Notice of Disciplinary Proceeding requesting a written response
- Staff reviews that response and other documentation and issues a Letter of Recommended Decision to the PA regarding the sanction and the appeals process



Disciplinary Review Process

- Review Committee – a committee of the NCCPA Board of Directors considers appeals arising from disciplinary decisions
 - Majority are PAs; includes one or more physicians and a public representative
- The Review Committee may affirm or modify the staff’s recommended decision
- Generally, Review Committee decisions are final
 - A second level of appeal to the Board is only allowed if a procedural violation occurred or if the initial decision appears to have been “arbitrary or capricious”



Potential Disciplinary Actions

- No Action
- Not Reportable
 - Letter of Concern – communiqué between NCCPA and the PA; not reported to anyone else
- Reportable – to interested parties (licensing boards, federal entities, employers)
 - Letter of Censure
 - Revocation of Certification
 - Revocation of Eligibility

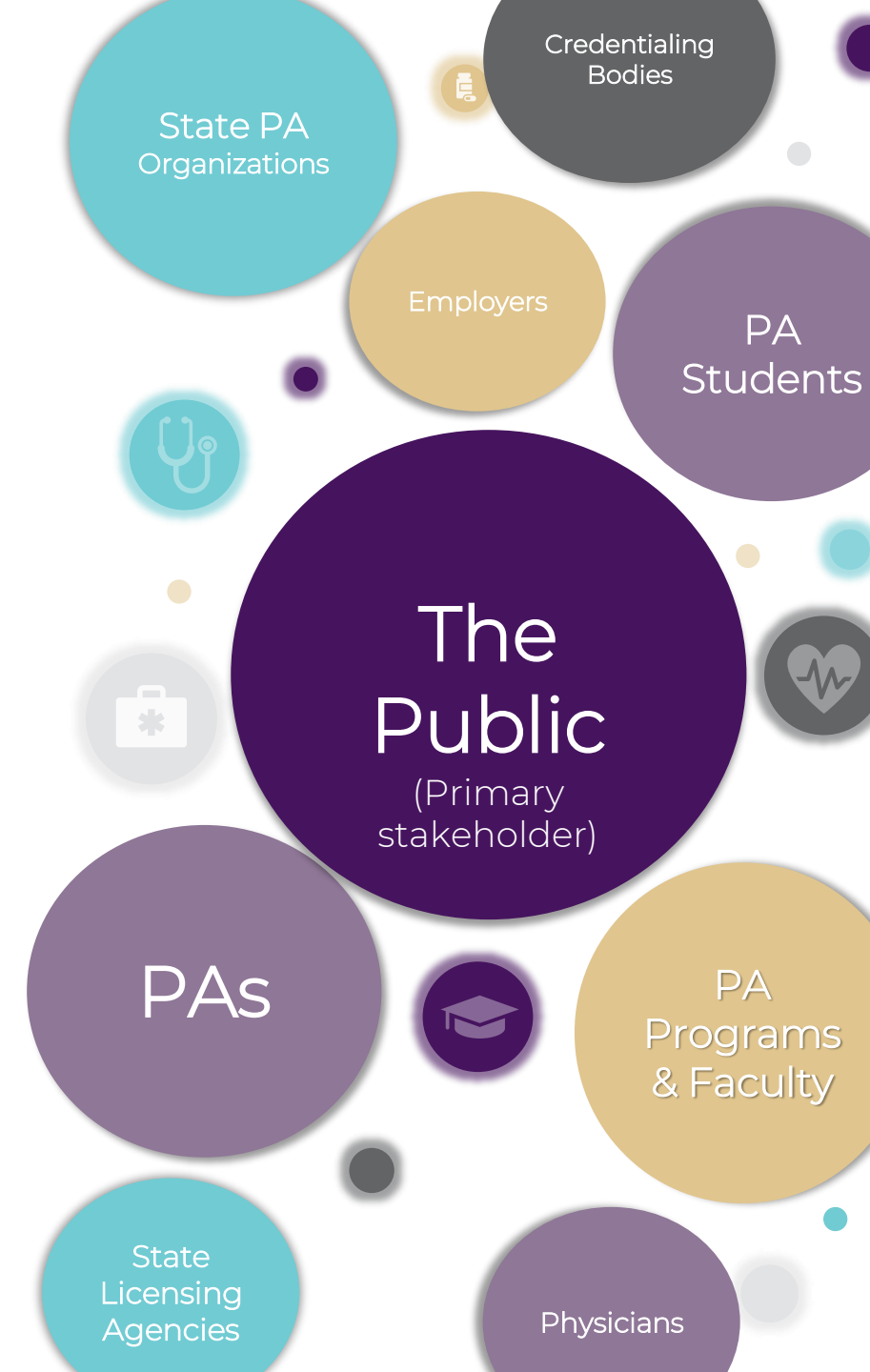
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NCCPA Guiding Principles

- NCCPA is dedicated to serving the interest of the public
 - We do so with a passionate belief that certified PAs are essential members of the health care delivery team who provide millions access to more affordable, high quality health care
- We remain committed to the flexibility that PAs have to change specialties during their career and to work in multiple specialties



You Can't Spell NCCPA Without PA



PAs are involved in many important aspects of the NCCPA

- Board of Directors (11 of 18)
- Exam development and advisory activities
- Ambassadors to increase awareness

NCCPA Communications to PAs

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



More About NCCPA

- PA-C Career Center
- PA-C Emeritus designation
- NCCPA statistical reports
- Media/public relations (PA Week, annual campaign, etc)
- DEI initiatives (Back to School program, Represent Summit)
- Improved NCCPA App
- Alexa option to share PA facts
- Supporting organizations:
 - PA History Society
 - nccPA Health Foundation
- Contact us:
 - By phone at 678-417-8100
 - By text at 678-417-8101
 - By e-mail at nccpa@nccpa.net



Thank you!!

Any questions: gregt@nccpa.net