



May 24, 2016

Mr. Denni Woodmansee, MS, PA-C
Chair, Board of Directors
National Commission on Certification of Physician Assistants
12000 Findley Road, Suite 100
Johns Creek, GA 30097

Dear Mr. Woodmansee;

The North Carolina Academy of Physician Assistants (NCAPA) Board has given considerable thought and attention to the NCCPA proposed changes to the recertification process. We have surveyed our members and attendees at our Winter CME conference for their input. Peggy Robinson, PA-C, attended our April Board of Directors meeting to present NCCPA's proposal. We chose to submit our comments after the NCCPA presentation and Reference Committee hearing in the House of Delegates, as we want to be certain that our position reflects the best interests of our profession. We appreciate the work of the NCCPA board of trustees and recognize the long hours you have spent working to maintain the credibility of our profession. We have learned, as you have, that there are diverse opinions and degrees of understanding of the current process, as well as, the proposed changes.

The North Carolina delegation to the HOD actively participated in the debate of and unanimously voted for Resolution 2016-B-01 regarding PA licensing, certification and recertification and the six key components. NCAPA is confident this resolution accurately reflects the feelings of our members, represents the best course of action for the profession and we affirm the resolution passed by the House of Delegates.

NCAPA surveyed members and CME conference participants about the certification process and proposed changes. Respondents included a total of 434 PA students and practicing PAs who work in both specialty and primary care. After careful review of the survey responses and participation in the HOD debate, the NCAPA recommends the following:

- **Delay any changes at this time.** An additional change at this time, without data about the effectiveness of the most recent changes, will not be beneficial to the PA profession. We encourage you to work with AAPA to develop an alternate recertification model that is evidence based.
- **Consider cost, efficacy, efficiency, and necessity.** Many PAs have not started the new recertification and CME requirements that were initiated three years ago, and there has been no study to determine whether these changes accomplish the intended goals. The

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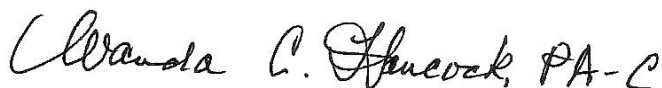
increased cost of the new SA/PI requirements has already been apparent to those PAs who are in the ten-year cycle, and the cost of additional testing would be a burden to many of our constituency.

- **Mitigate against loss of flexibility.** A hallmark of the PA profession, over its fifty-year history, has been mobility among the various areas of practice. With the expansion of specialties and the increasing needs in Primary Care, any testing that would limit this mobility will negatively impact the profession.
- **Maximize employment options for PAs.** Increasing the cost of recertification, at a time when the numbers of employers covering the cost or providing time off for recertification and continuing education is decreasing, may bias employers toward other providers. This not only transfers the cost to the individual but also reduces the likelihood that a PA will be hired over other providers that have easier access and less expense.

The NCAPA believes that a rigorous review of the comments from chapters and individuals, as well as, the HOD resolution should be carefully considered before imposing the proposed changes. There is still ample time before completion of the ten-year cycle to allow for detailed analysis of the current process to see if there is improvement in patient care and in the good of the public.

We appreciate your serious consideration of our input. We hope that the suggestions made here and during the House of Delegates will serve to find the best solution for the PA certification process.

Sincerely,



Wanda C. Hancock, MHSA, PA-C
President, 2016
NCAPA

CC: NCAPA membership and board of directors
NCCPA Board of Trustees