ASA NEWS
ASSOCIATION OF SURGICAL ASSISTANTS
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LOOKING TO THE FUTURE

DENNIS STOVER, CST, CSA, ASA PRESIDENT

It is an exciting time to be a surgical assistant. Much has been done in recent months within ASA to reshape itself, moving away from its historical committee methodology and transcending toward building an independent organization that represents the interests of all surgical assistants regardless of certification. ASA is focused on the representation and support of the CSFA, CSA and the SA-C.

I would like to briefly share with you the strategic vision of ASA. A strategic plan has been developed by the ASA Board of Directors. The plan will be explained in full detail and presented in subsequent articles. ASA is working with our primary funding partner, the Association of Surgical Technologists. ASA has crafted a document that states exactly what the structure and vision of the organization will be. It was presented to the AST Board of Directors at their fall meeting held October 8-9, 2010, in Littleton, Colorado.

This is not a radical reconstruction of the ASA, but it certainly is a shift that re-directs the focus of the organization, and drastically de-emphasizes some of its past modalities. The ASA has come to the realization that if we are to remain relevant, we must position ourselves as the leading organizational voice for the surgical assistant.

The ASA Board has carefully examined the current state of surgical assisting along with the short-term and long-term needs that will be faced by practicing surgical assistants. One of the first areas we examined was the current status of surgical assisting in order to give support for the "reason" behind developing a surgical assisting organization:

1. The role and responsibilities of the surgical technologist and surgical assistant are separate and clearly defined. The former is charged with the responsibilities of the sterile field, and the latter assists the surgeon directly with invasive responsibilities during the intraoperative phase.
2. Practitioners of these roles experience different educational models. It has been evident that surgical assistants are more inclined to seek higher-level, hands-on opportunities.
3. Surgical technologists and surgical assistants have distinct legislative agendas. Surgical technologists have been seeking legislative recognition of the credential and certification as a condition of employment. Surgical assistants have a much longer road ahead of them to gain the right to practice, and as such, must start prioritizing their legislative efforts, since the ultimate goal is modification of Medicare reimbursement policies.
4. Surgical assistants may bill independently and are increasingly interested in the issue of reimbursement.

In order to move forward with the plan, the ASA Board outlined what has already been accomplished within the past year:

- Dues structure established
- Malpractice insurance affiliation with CM&F
- Redesigned website
- Hands-on education opportunities
- Development of initial bylaws
- Election of interim board

- Maintenance of earned CE credits in separate database
- Quarterly publication of ASA News and publication of ASA Enews in intervening months
- Development of initial membership collateral
- Re-branding of *ASA Study Guide*
- Establishment of partnership with ABSA for communications with SA-Cs
- CE recognition by ABSA and NSAA of initial hands-on workshop

The ASA Board has identified the following short-term and long-term goals for the organization along with some specific objectives:

STRATEGIC GOALS

- Definition of organizational benchmarks
- Election of Board of Directors
- Adoption of *ASA Bylaws*
- Establishment of national committees
- Discounted online CE booklet targeted for surgical assistants
- Additional hands-on workshops
- Development of membership marketing structure, collateral and campaign
- Identify corporate sponsorships for annual meeting and exhibits
- Design of additional membership benefits
- State legislation mandating certification
- State legislation mandating insurance reimbursement
- Development of ASA independent annual conference
- Affiliate ACS organizational membership
- Establishment of surgical assistant state association structure

STRATEGIC OBJECTIVES

In order to meet the above short-term goals, the following objective goals will need to be developed. A one-year timeline has been determined for successful completion of all objectives. This plan will be reviewed in six month to ensure proper progress. Objectives are not listed in order of priority. Committee development would need to take immediate priority to reach many of these objectives.

Membership

1. Increase ASA membership

- There are multiple groups that have surgical assistants for their specialty area. We may increase membership of ASA, if we have a better idea of who is out there doing the job, and we may at least increase the numbers for lobbying.
- Work with AST to identify other groups. Make contact with their leadership. Review education process needed to work in the surgical setting. Review number of practitioners.
- Contact every accredited surgical assistant program requesting mandatory membership for their students in order to lay a good foundation for the future of the ASA.
- Continue to solicit membership through the ASA Forum and Surgical Assistant Resource
- Our state assembly annual meetings should introduce ASA. Sponsor a vendor table to distribute applications and information about this all inclusive organization.
- Consider a free membership to one representative from the AST state assemblies (CSFA) to be a liaison between his/her state assembly and the ASA to promote ASA business and encourage membership
- Develop a membership committee to further increase membership benefits.

Education

- Develop an education committee.
- Two offerings should be available at conference and two should be available during the calendar year. They should be held in various areas of the country to allow attendance by both members and non-members, who would not otherwise attend because of logistical issues
- Develop strong and advanced level offerings at the annual conference to include preconference workshops
- The wound closure workshop scheduled prior to the AST conference is something that transitions to ASA sponsorship.
- An ASA mini conference (weekend Forum) should be re-established.
- Identify individual to immediately begin to develop online CE offerings (This should be tasked to the Education Committee.

This is an appropriate opportunity to thank each member of the Strategic Planning Committee of ASA and the AST Board of Directors for their support.

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2011 ASA CALL FOR CANDIDATES

At the ASA Annual Meeting that is scheduled to be held in San Francisco, June 2-4, 2011, the first elections will be held for ASA officers. In 2011, the offices of President, Vice President, Treasurer and three Board Positions (two for terms through 2013; and one with term ending 2012), will have vacancies.

According to the ASA Bylaws Article V

Section 1. Nominations

A. At least ninety days prior to the national meeting, the Credentials Committee shall present a list of candidates for each office to be filled at the national conference accompanied by a curriculum vitae and a written consent of the nominees to serve if elected. All nominees who meet the qualifications for office shall be placed on that list.

B. Nominations may be made from the floor provided written consent of the nominees has been obtained in advance and their credentials have been verified by the Credentials Committee.

Section 2. Elections

A. Elections shall be by ballot at the national conference, the date and hours to be determined by the ASA.

B. Election of officers shall be by a majority vote. In the event a second ballot is needed to establish a majority, the two candidates receiving the highest number of votes shall be placed on the second ballot.

C. Election of members of the Board of Directors shall be by plurality vote. In the case of a tie, a decision shall be by ballot of the tied candidates and plurality shall elect. In the event of a second tie, a decision shall be by lot.

A candidate must have been an ASA active member for one year immediately preceding nomination and maintain that active status, if elected.

According to the ASA Bylaws Article VI

Section 2. Eligibility of Officers

A. A candidate shall have been an active member for one year immediately preceding nomination and, if elected, shall maintain that active status.

Announced candidates who submit their Curriculum Vitae and Consent to Serve by February 1, 2011, will have their information published in the AST Journal and ASA News. The Consent to Serve and Curriculum Vitae forms are available for downloading at http://www.surgicalassistant.org/index.php/about-asa.

For publication, candidates must also submit a photograph and a personal statement of involvement (not to exceed 500 words). If you have previously submitted a Consent to Serve and Curriculum Vitae, you will not need to send in duplicate copies.

Please send all documents to:

Karen Ludwig
ASA 2011 Candidates for Office
Association of Surgical Assistants
6 West Dry Creek Circle, Littleton, CO 80120
kludwig@ast.org

ASA
ASSOCIATION OF SURGICAL ASSISTANTS

SURGICAL ASSISTING CREDENTIALS—A COMPARISON OF FEES, ELIG

Title	Certified Surgical First Assistant (CSFA)	Certified Surgical
Organization	National Board of Surgical Technology and Surgical Assisting (NBSTSA): www.nbstsa.org	National Surgical A
Accreditation, Testing Agencies and Sponsorship	1. Accredited by the National Commission for Certifying Agencies (NCCA), the accreditation commission of the Institute for Credentialing Excellence (ICE) 2. Examination developed in conjunction with, and administered by, Applied Measurement Professionals (AMP) 3. Sponsored by the American College of Surgeons (ACS)	1. Not accredited b 2. Exam administe 3. Not sponsored b
Exam Fee	1. Graduate of CAAHEP-accredited surgical assisting program: Gold Package—$230 (includes examination—$160, membership—$35 and study guide—$35); or 2. ASA or AST member: $190; or 3. Nonmember: $290	1. Graduate of NSA military: $175 (i $25); or 2. NSAA member: application fee—
Eligibility and Length of Certification	1. Graduate of a CAAHEP-accredited surgical assisting program (includes nine CAAHEP programs); **or** 2. CST with 350 documented cases as a surgical assistant 3. Length of certification: four-year cycle	1. Graduate of an N (includes six CA programs; **or** 2. Physician (US or 2,250 document three years; **or** 3. Graduate of a mi Air Force 902X2 case log within t 4. Length of certifi
Recertification Fee and Requirements	1. $50 every 4 years and 2. 75 CE credits every four years	1. $300 every year recertification $ 2. 50 CE credits eve
Analysis	The options available to those pursuing the CSFA credential include: 1. Graduates of CAAHEP-accredited surgical assisting programs can test for $230 which includes the examination, one-year of ASA or AST membership, and the CSFA Study Guide. 2. Nonstudent members of ASA or AST can test for $190, requiring $80 membership for a total of $270. 3. Nonmembers can test for $290. For each option, there are no other required fees.	The options availab various membershi 1. For graduates of examination fee membership fee is maintained. In but then $300 ($ every year therea credential will co 2. For most others, $100 application will cost $1300 ($

IBILITY AND RECERTIFICATION CRITERIA

Assistant (CSA)	Surgical Assistant—Certified (SA-C)
Assistant Association (NSAA): www.nsaa.net	American Board of Surgical Assistants (ABSA): www.absa.net
by NCCA ered by Iso-Quality Testing (IQT) by ACS	1. Not accredited by NCCA 2. Exam self-administered by ABSA 3. Not sponsored by ACS
AA-approved surgical assisting program and active ncludes examination—$150 and application fee— $400 (includes examination—$300 and -$100)	1. All candidates: $365 2. New practical examination evaluates tying and suturing skills
NSAA-approved surgical assisting Program AHEP programs and three non-accredited r foreign trained), RN, CSFA, SA-C or PA with ed hours as a surgical assistant within the past ilitary surgical technologist program—Army 68D, 2, or Navy HM-8483—with six months to one-year he past three years cation: two-year cycle	1. Graduate of an ABSA-approved surgical assisting program (includes nine CAAHEP programs and two non-accredited programs) **and** an associate degree including the the following required courses: English Composition—1year; Human Anatomy—1 year; General Biology—1 semester, Microbiology—1 semester, Pathophysiology—1 semester, Pharmacology—1 semester, Verbal Communications or equivalent—1 semester, College Algebra or higher—1 semester. And the following recommended courses: Ethics—1 semester, Medical Terminology—1 semester, General Psychology—1 semester; **or** 2. Physician (US or foreign trained) with a minimum of two years primary or advanced surgical experience 3. Length of certification: two-year cycle
(includes required NSAA membership and 50); and ery two years	1. $95 every two years; 2. 400 cases every two years; and 3. 80 CE credits every two years
ble to those pursuing the CSA credential are tied to ip requirements: NSAA-approved programs and the military, the is $175 ($150 plus $25 application fee). The NSAA of $300 is required for every year the certification n this scenario, the $175 is paid the first year, 250 membership plus $50 recertification fee) for after. For a comparable four-year period, the CSA ost $1075 ($175+$300+$300+300). the cost is $400 for the first year ($300 exam +) and $300 a year after. For a four-year period, this $400+$300+$300+300).	There is only one option available to those pursuing the SA-C credential: 1. The examination fee is $365 for all. For a comparable four-year period, including the $95 recertification fee, after the first two years, the cost works out to a total of $460 ($365+$95).

DIFFERENTIATING REGISTRATION, LICENSURE AND CERTIFICATION

CATHY SPARKMAN, AST DIRECTOR OF GOVERNMENT AFFAIRS

Obtaining professional credentials, especially in the medical field, is one of the most credible ways to demonstrate acquired proficiency. Often, these credentials serve as the entryway into a particular career, or serve as validation for other goals such as reimbursement. The three most common types of credentials are: registration, certification and licensure. These professional credentials, and their effect, vary widely, and their meaning and import are blurred. For example, the terms "registered engineer" or "registered nurse" are, in fact, instances of licensure. A nurse cannot be called a RN unless he or she is licensed. A certified teacher is in actuality licensed, because he or she cannot teach in a public school without meeting licensing requirements. Licensure becomes confused, too, because often when a person is certified by a governmental agency they are "licensed" to use a certain term.

TRADITIONAL DEFINITIONS

Registration

Registration is a process by which a state or an association maintains a list of people, who have informed the governing body that they perform professional services for the public, in a particular field. A state may compel registration of certain individuals before they are eligible to perform services. Becoming registered usually involves notifying the state, or association, that the individual exists. Traditionally, registration does not contemplate an examination that must be passed to become registered; and often there are not any eligibility or proficiency requirements. Consequently, under a registration scheme, prospective employers or the public have no means of evaluating the proficiency of a registrant prior to hiring or work performance. Registration similarly does not guarantee continued job proficiency.

The Institute for Credentialing Excellence (ICE), formerly the National Organization for Competency Assurance (NOCA) defines registration in a three-fold description in its publication, *Basic Guide to Credentialing Terminology.*

1. The process by which a governmental agency grants a time-limited status on a registry, determined by specified knowledge-based requirements (eg experience, education, examinations), thereby authorizing those individuals to practice, similar to licensure. Its purpose is to maintain a continuous record of past and current occupational status of that individual, and to provide title protection.[1]
2. A listing of practitioners maintained by a governmental entity, without educational, experiential, or competency-based requirements; for example, maintaining a list of practitioners on a state 'registry.'[1]
3. A professional designation defined by a governmental entity in professional regulations or rules. However, the governmental regulatory body does not itself maintain a listing or registry of those who purport to meet registration requirements. Verification and authentication of such individuals are left to the employer of the individual claiming to be registered.[1]

Washington State requires all surgical technologists to be registered in order to practice; but the registration statute and regulations do not require any benchmarks of education, experience or examination as a precondition to employment or practice. Colorado similarly requires registration of both surgical technologists and surgical assistants (effective April 1, 2011), and also does not have any threshold requirements of competency, education or experience. Illinois provides for registration of both surgical technologists and surgical assistants, but the registry is voluntary.

Licensure

The concept of licensure generally describes situations where a state has enacted laws and regulations that specify who can provide

a particular service or can call himself or herself a member of a particular profession. Persons who cannot meet a particular state's requirements for licensure, which typically involve a prior level of attained education, experience and examination performance, cannot practice certain professions. Licensure programs often have protocols for continued education and reassessment. In effect, licensure guarantees that a designee has reached a desirable level of professional achievement. There are two basic kinds of licensure: title act and practice act. Title act laws require practitioners to meet certain qualifications, before they can call themselves a specific name or title. Practice act regulations deem that practitioners cannot perform certain things for the general public, or for employers in the state, unless they have met certain requirements that qualify them to do the work.

ICE defines licensure as "the mandatory process by which a governmental agency grants time-limited permission to an individual to engage in a given occupation after verifying that he/she has met predetermined and standardized criteria, and offers title protection for those who meet the criteria."[1]

An additional, and important, characteristic of licensure schemes is the concept of discipline: many licensure laws also include provisions to empower the regulatory authority to conduct investigations, address complaints, and deal with substandard, unprofessional and even criminal conduct of a licensee and to take appropriate disciplinary measures up to and including suspension or revocation of the license.

The District of Columbia, Texas and Kentucky have licensure laws regulating surgical assistants. Illinois's registration act is often considered a "licensure law," but it is actually voluntary. All licensure regulations contain provisions regarding discipline of licensees. Colorado's registration law, though not a licensure law, does authorize the director of the Colorado Office of Regulatory Agencies (DORA) to conduct investigation of registrants and take disciplinary action against them, including suspension or revocation of the registration.

Certification

Certification can be both a public and a private regulation. Typically, the state or federal government does not have laws or regulations that cover the profession. In absence of a government-mandated regulation, a trade association or an independent certifying body develops standards for certification, including experience, education and examination, the last of which is often independently verified and validated. Certification requires that individuals meet basic eligibility requirements before sitting for any examination. Private certification requirements are not geographically restricted, allowing more freedom and marketability for credential holders. The National Competency and Credentialing Association (NCCA), which establishes standards for the accreditation of certification programs, defines certification as, "the process, often voluntary, by which individuals who have demonstrated the level of knowledge and skill required in the profession, occupation, role, or skill are identified to the public and other stakeholders."[2] The National Board for Surgical Technology and Surgical Assisting (NBSTSA) is the only nationally accredited (by NCCA) certifying organization in the US.

Some certification standards have been enacted into positive law by various states. For example, several states require allied health and other medical practitioners to be certified as a condition of employment in the state. While some states adopt their own certifying criteria, most states that recognize certification defer to and adopt private professional certification organizations' credentials as the benchmark for entry to practice. This can most aptly be described as quasi-public certification. Several states have adopted certification by the NBSTSA as the only credential to support practice as a surgical technologist. AST has adopted this paradigm as its single public policy initiative to achieve professional recognition of the CST in all states.

REFERENCES

1. Institute for Credentialing Excellence. Basic guide to credentialing excellence. *http://www.credentialingexcellence.org/PublicationsandResources/Publications/TerminologyDocuments/tabid/389/Default.aspx*. Accessed November 30, 2010
2. Institute for Credentialing Excellence. NCCA standards for the accreditation of certification programs. *http://www.credentialingexcellence.org/NCCAAccreditation/StandardsInterpretations/tabid/93/Default.aspx*. Accessed November 30, 2010.

Association of Surgical Technologists

6 West Dry Creek Circle, Suite 200
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2011 ASA Preconference Events

June 1, 2011

ASA Advanced Suturing/Surgical Skills	8–11 am
ASA/ArthroCare Cadaver Lab	1–5 pm
ASA Endovein Harvesting Worskhop	1–5 pm

Limited Capacity. Full conference registration required to attend workshops. ASA paid members received discounted registration fee. Registration opens on January 5. Sign up early!

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During the last few months of deliberations, the plan was entitled "The ASA Strategic Plan," and our aim was to develop and share the organization's vision to ensure the future of a connected, committed group of surgical assistants with a strong ASA organization at its center. This is a foundation for shaping a renewed mission for surgical assistants, one that is aligned with today's realities, exigencies and challenges facing us.

This lengthy and arduous process required honest and frank discussion about the ASA, its unique role, its programs, goals, directions, and performance. Input was required from all of the ASA major stakeholder groups and leaders and involved analysis of not just the ASA Board, but also of the larger stakeholder groups represented.

The result, we believe, is a fair representation of the challenges we face, a sensible framework for approaching them, and a pragmatic outline of what must be done within the ASA's capabilities. I am sure as we roll out the specific details of this plan in future articles, you will be excited and encouraged with the direction the ASA is taking. I welcome your feedback and ideas as we work together to develop the Association of Surgical Assistants as the premier organization for all surgical assistants.

ASA/Arthrex Cadaver Lab in Naples