

LIAISON COMMITTEE ON MEDICAL EDUCATION

Council on Medical Education
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

Executive Council
Association of American Medical Colleges
One Dupont Circle, N.W.
Washington, D.C. 20036

Report of the Second Meeting of the Liaison Committee on
Medical Education Task Force on Physician's Assistant Programs.

April 28, 1971
Regency Hyatt House
Chicago, Illinois

Present:

Thomas D. Kinney, Sr., M. D.
(Chairman - Pro tempore)
E. Harvey Estes, M. D.
John B. Dillon, M. D.
H. Robert Cathcart

Absent:

Edmund D. Pellegrino, M. D.
(Chairman)
Earle M. Chapman, M. D.

Staff:

C. H. William Ruhe, M. D.
T. F. Zimmerman, Ph.D.
John J. Fauser, Ph.D.
Marjorie P. Wilson, M. D.
Joseph A. Keyes

After considerable discussion of the implications of their deliberations, the committee approved the minutes of the previous meeting and authorized their release to interested persons.

The committee then adopted the following recommendations to the Liaison Committee on Medical Education:

1. Because of the close association of the physician's assistant to the physician and the nature of their professional relationship (being one of subordinate to responsible professional) there should be a close relationship between the education of a physician and that of a physician's assistant. A physician's assistant must be trained in a program under the auspices of a faculty of physicians. Any setting for such a program must provide a concentration of teaching physicians and clinical facilities organized with sufficient supporting resources to meet the standards set out below.

2. The Liaison Committee on Medical Education should take responsibility for the accreditation of the Type A Physician's Assistant programs.
3. The Liaison Committee on Medical Education should work in concert with the AMA in the project currently underway to develop essentials and guidelines for such educational programs.

(The Task Force was pleased to note the invitation extended to the AAMC by the AMA to join in this effort.)

4. The (attached) requirements, (taken from the proposed regulations to be adopted by the North Carolina Board of Medical Examiners pursuant to the hoped for enactment of legislation regarding the practice status of physician's assistants) were noted as the type of standards referred to in recommendations 1. above and were urged as a possible model for items to be included in the essentials.

RULE V

Requirements for Recognition
of Training Programs

5. The Types B & C Physician's Assistant programs were viewed as requiring further study with respect to the appropriate LCME involvement. The resolution of this question was not viewed as requiring the same urgency as the Type A programs because of the substantial progress of the CME in handling these programs, and the nature of the ongoing efforts now underway.

It was the sense of the committee that the accreditation of Type A programs would shape up along the following lines:

- Each program would be reviewed initially by a team sent specifically for that purpose.
- Subsequent reviews would be accomplished as an aspect of the institutional site visit as this procedure is further developed.
- In line with the "Superseal" proposed by Dr. Ruhe, an institution might be entitled to initiate such a program without a prior visit after it had received the "Superseal" of the LCME pursuant to an institutional survey.

--A standing committee of the LCME might be established and charged with primary cognizance over the Physician's Assistant program accreditation, with final approval reserved to the LCME on recommendation from this committee.

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RULE V
Requirements for Recognition of Training Programs

Section 1. Application for recognition of a training program by the Board shall be made by letter and supporting documents from the director of the program and must demonstrate to the satisfaction of the Board that such program fulfills the requirements set forth in Sections 2 through 8 of this Rule.

Section 2. The training program must be sponsored by a college or university with appropriate arrangements for the clinical training of its students, such as a hospital maintaining a teaching program. There must be evidence that the program has education as its primary orientation and objective.

Section 3. The program must be under the supervision of a qualified director, who has at his disposal the resources of competent personnel adequately trained in the administration and operation of educational programs.

Section 4. Adequate space, light, and modern equipment must be provided for all necessary teaching functions. A library, containing up-to-date textbooks, scientific periodicals, and reference material pertaining to clinical medicine, its underlying scientific disciplines, and its specialties, shall be readily accessible to students and faculty.

Section 5. The curriculum must provide adequate instruction in the basic sciences underlying medical practice to provide the trainee with an understanding of the nature of disease processes and symptoms, abnormal laboratory tests, drug actions, etc. This must be combined with instruction, observation and participation in history taking, physical examination, therapeutic procedures, etc. This should be in sufficient depth to enable the graduate to integrate and organize historical and physical findings. The didactic instruction shall follow a planned and progressive outline and shall include an appropriate mixture of classroom lectures, textbook assignments, discussions, demonstrations, and

similar activities. Instruction shall include practical instruction and clinical experience under qualified supervision sufficient to provide understanding of and skill in performing those clinical functions which the assistant may be asked to perform. There must be sufficient evaluative procedures to assure adequate evidence of competence. Although the student may concentrate his effort and his interest in a particular specialty of medicine, the program must insure that he possesses a broad general understanding of medical practice and therapeutic techniques.

Section 6. Although some variation may be possible for the individual student, dependent on aptitude, previous education, and experience, the curriculum shall be designed to require two or more academic years for completion.

Section 7. The program must have a faculty competent to teach the didactic and clinical material which comprises the curriculum. The faculty shall include at least one instructor who is a graduate of medicine, licensed to practice in the location of the school, and whose training and experience enable him to properly supervise progress and teaching in clinical subjects. He shall be in attendance for sufficient time to insure proper exposure of the student to clinical teaching and practice. The program may utilize instructors other than physicians, but sufficient exposure to clinical medicine must be provided to insure understanding of the patient, his problem, and the diagnostic and therapeutic responses to this problem.

Section 8. The program must through appropriate entrance requirements insure that candidates accepted for training possess: (1) an ability to use written and spoken language in effective communication with physicians, patients, and others; (2) quantification skills to insure proper calculation and interpretation of tests; (3) behavioral characteristics of honesty and dependability; and (4) high ethical and moral standards, in order to safeguard the interests of patients and others.

Section 9. To retain its recognition by the Board, a recognized program shall:

- (a) make available to the Board yearly summaries of case loads and educational activities done by clinical affiliates, including volume of outpatient visits, number of inpatients, and the operating budget;
- (b) maintain a satisfactory record of the entrance qualifications and evaluations of all work done by each student, which shall be available to the Board; and
- (c) notify the Board in writing of any major changes in the curriculum or a change in the directorship of the program.

Section 10. Recognition of a program may be withdrawn when, in the opinion of the Board, the program fails to maintain the educational standards described above. When a program has not been in operation for a period of two consecutive years, recognition will automatically be withdrawn. Withdrawal of recognition from a program will in no way affect the status of an assistant who graduated from such program while it was recognized and who has been approved by the Board.