



American Academy of Physicians' Assistants

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*File
A.A.A.A.
Goals & Priorities
Committee
minutes*

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REPORT Goals and Priorities Committee American Academy of Physician's Assistants

November 1973

- Sally Laughlin
Charleston, South Carolina
- John McElligott
Student Representative
Durham, North Carolina

I. The September 1973 proposal made by the American Medical Association to establish a National Commission on Certification of Physician's Assistants was reviewed. Strengths and weaknesses of the report were discussed.

- Ronald Peterson
Houston, Texas
- Alan Sams
Greenville, South Carolina

Strengths of the proposal were concluded to be:

- David Terry
Student Representative
Birmingham, Alabama
- Paul Toth
Durham, North Carolina
- Steve Turnipspeed
Stony Brook, New York
- Clara Vanderbilt
Bronx, New York

- A. The establishment of such an independent commission would fulfill a "SASHEP" Commission recommendation;
- B. The broad representation seen in the Commission's composition is appropriate and healthy;
- C. Such a Commission would communicate well with other organizations and adequately educate lay and professional individuals and/or organizations regarding the physician's assistant concept.

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- Richard G. Rosen, M.D.
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- Eugene A. Stead, Jr., M.D.
Duke University

Weaknesses were felt to lie in the following facts:

- A. "Voting" representation on the Commission is counter to the "SASHEP" Commission report;
- B. The proposed representation might promote unhealthy collaboration and "block voting";
- C. The investigation of individual Physician's Assistants regarding ethical and moral issues would be best performed by State Boards of Medical Examiners;
- D. The cost of the Commission would be high;
- E. There is no precedent for the "registration" of one health professional (through the professional organization) by another; and most importantly,
- F. Precedent has been set for many of the functions outlined in the proposal being performed by the National Board of Medical Examiners.

LIAISON ADVISORS

- Thomas Bowles, M.D.
Association of American Medical Colleges
- Robert Farrer, M.D.
American Hospital Association
- Alfred Sadler, Jr., M.D.
Association of Physician Assistant Programs
- Frederic L. Schoen, M.D.
The American Academy of Family Physicians
- William B. Young, M.D.
American Society of Internal Medicine

The P. A. Journal

- Don E. Detmer, M.D.
Editor

RECOMMENDATIONS:

1. The concept of the proposed independent Commission has great merit.
2. Certain tasks outlined in the proposal should be performed by the National Board of Medical Examiners. In the opinion of the committee, those functions should be: processing applications, determining eligibility for the examination, establishing pass/fail criteria, notifying candidates of performance, and the awarding of certificates.
3. "Voting composition" on the proposed commission is untenable with 14 organizations represented, 19 votes possible, and potentially only one vote for Physician's Assistants and/or the Academy. A substantial increase in voting representation must be given the Academy.
4. The Academy is already responsible for a registry of Physician's Assistants and it would seem appropriate for the "registration" of the Physician's Assistants to be performed by this organization.

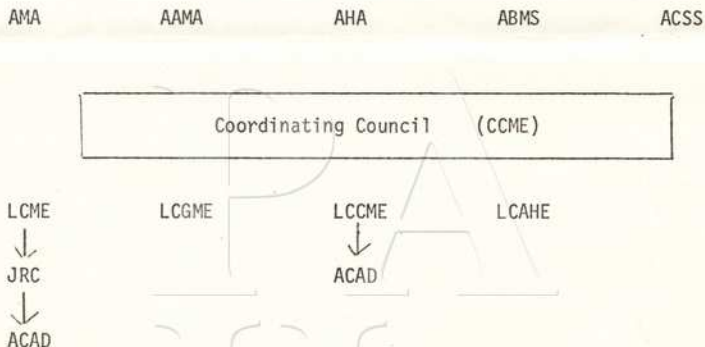
II. The American Medical Association "approval" process (in essence, accreditation process) was reviewed. It was concluded that the Academy should serve as a collaborating member of the Joint Review Committee to review and approve programs. However, objection was raised to the approval process. The Joint Review Committee is still not ultimately responsible for the approval of programs. Currently, the Joint Review Committee reports to the Council on Medical Education who, in turn, is accountable to the American Medical Association Board of Trustees and House of Delegates. Therefore, the House of Delegates could reverse any decision made by the Joint Review Committee and/or the Council on Medical Education (including the revision of the essentials of an approved program) and this was felt to be inappropriate.

RECOMMENDATIONS:

1. The Academy should continue to seek representation on the AMA Joint Review Committee as a collaborating organization.
2. If invited, the Academy should accept a position on the Joint Review Committee as a collaborating organization and be responsible for its "fair share" of expenses.
3. The Academy should restate its objection to the approval process, especially if the Academy is invited to participate in the Joint Review Committee. Specific objections to the approval process of the American Medical Association are:
 - 1) The fact that the Joint Review Committee is not ultimately responsible for the approval of programs, and

2) That consideration should be given to representation on the Joint Review Committee to the American Association of Medical Colleges and the Association of Physician's Assistants Programs.

4. The Academy recommend to the American Medical Association that the collaborating organizations of the Joint Review Committee be ultimately responsible to the established Liaison Committee on Medical Education under the Coordinating Council. The schemata is as follows:



5. The Academy notify the Office of Education of the American Medical Association's intent to invite the Academy to participate in the Joint Review Committee following approval by the appropriate medical specialty societies. However, it should be stated that the Academy feels the "approval process", itself, is still inappropriate and that the Academy feels the Joint Review Committee should be ultimately responsible to the Liaison Committee on Medical Education rather than the House of Delegates of the American Medical Association through the Council on Medical Education.

III. The Academy's efforts in continuing medical education were presented by Mr. Paul Toth, Chairman of the Committee on Continuing Medical Education.

RECOMMENDATIONS:

1. The Committee feels that the membership should be notified of CME guidelines, where to obtain appropriate continuing medical education, and be sent the appropriate forms to confirm their educational endeavors.

2. Continuing medical education should be enforced and those Academy members who do not meet the guidelines should not be recertified as Academy members.

3. A proposal should be developed to study the memberships' needs in the area of continuing medical education. Also incorporated in the proposal would be support for implementation of special projects in CME, as well as the evaluation of "behavioral change" as a result of the CME program.

4. The Committee felt that an advisory committee on CME should be established composed of experts in the field of continuing medical education.

5. Official representation be sought through the American Medical Association for input on the Liaison Committee on Continuing Medical Education which is proposed by the Coordinating Council on Medical Education.

IV. The Academy's organizational structure was reviewed and problems in "communication" discussed. It was felt that the officers of the Academy should spend more time educating other individual Board members regarding their action. It was also emphasized that, through the Secretary's newsletter and the journal, communication with the Academy membership must be maintained and encouraged.