

January 7, 1971

Dr. Walter C. Bornemeier
AMA
535 North Dearbon Street
Chicago 60610

Dear Bornie:

Enclosed is a typical AMA staff
letter and my reply. There is nothing in this
communication which makes me optimistic.

Sincerely,

Eugene A. Stead, Jr., M.D.

Enclosures - 2

January 7, 1971

Dr. C. H. William Ruhe
American Medical Association
Chicago 60610

Dear Bill:

If the AMA were doing anything, you could say it in less than three pages of single-spaced type.

I am aware that the program is bogged down in the Council on Health Manpower. This Council is clearly not working day and night on the problem.

I hope you can, in the near future, write me a shorter letter indicating some progress.

Sincerely,

Eugene A. Stead, Jr., M.D.

cc - Dr. Bornemeier



AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 527-1500 • TWX 910-221-0300

DIVISION OF
MEDICAL EDUCATION

C. H. WILLIAM RUHE, M.D.,
Director

December 21, 1970

Eugene A. Stead, Jr., M.D.
Duke University Medical Center
Department of Medicine
Durham, North Carolina 27706

Dear Gene:

Your letter of December 10, 1970 which was addressed to Dr. Walter C. Bornemeier, AMA President, has been referred to me for reply since I serve as Secretary of the Council on Medical Education.

Perhaps it is fortunate that the letter was referred to me since I have never really had the opportunity to talk to you about this subject and there are certain things about our activities related to it which you ought to know. This is particularly important in view of your comment that "the Council must appreciate this and not drag its feet indefinitely." The implication that the Council has been dragging its feet is disturbing and unwarranted. To put it bluntly, this is simply not true; but in order to understand this you must first understand the way these matters are handled in the AMA structure.

Within AMA, relations with the allied health professions and services are the responsibility of two Councils, the Council on Health Manpower and the Council on Medical Education. (There is one exception to this statement in that relations with nursing are the responsibility of the Committee on Nursing which is a Committee of the Board of Trustees.) In the division of responsibility, the Council on Medical Education deals with the problems of education of various allied health occupations and as you are probably aware, now has accreditation responsibility for 15 different allied health occupations working in collaboration with 14 different professional associations.

However, at the time the Council on Health Manpower was established, it was clearly stated that that Council would have responsibility for all matters other than those directly related to education. Furthermore, in the case of a new or emerging health profession, it was clearly stated that the Council on Medical Education should not become involved in establishing and maintaining educational standards for the group until the Council on Health Manpower had first reviewed the proposed occupation and had in effect written a job description. In other words, the Council on Health Manpower is responsible for defining the nature of the occupation, the role and function of the allied health worker in this occupation, the specific duties which he would perform, his legal liability, his relationships with other allied health workers and with physicians, his socio-economic status, and other such matters. After this complete description

Eugene A. Stead, Jr., M.D.

December 21, 1970

Page 2

had been written and a formal determination had been made that such allied health workers were needed and should be produced, the matter would then be turned over to the Council on Medical Education to describe educational standards for the production of such persons and to prepare sets of essentials for educational programs and develop a mechanism for review and accreditation of institutions offering such a program.

Within the Council on Health Manpower there is a Committee on Emerging Health Professions which deals with this task. This Committee has been working on the general problem of the "Physician's Assistant" for the past two years. It has in no sense been dragging its feet, but it has been working very hard to attempt to bring all of these matters into some definable focus preparatory to requesting the Council on Medical Education to deal with educational programs and their accreditation. To the present date, they have not completed this task to their own satisfaction and have consequently not yet referred the matter to the Council on Medical Education. Consequently, the Council has never officially been asked to consider the problem of accreditation of the Physician's Assistant and if asked to do so would turn first to the Council on Health Manpower for assurance that the preliminary work had been done.

It seems to me that this is a perfectly logical approach because I am unable to conceive how anybody could design satisfactory educational programs for a new allied health worker until his complete role and function had been defined. In other words, I do not see how one can prepare educational programs to produce a worker until we know what that worker is going to do. I am well aware that you and your colleagues have made great strides in the development of an educational program at Duke and that some other institutions have followed your leadership in setting up similar programs. I am also well aware, however, that there are many other programs for the "Physician's Assistant" which resemble your program only rather distantly and which are obviously designed to produce a completely different kind of worker from the one which you are now turning out. All of these persons may be called "Physician's Assistant" but in other respects they may be quite different. To attempt to set up a single set of educational standards for all of them and then to set about accrediting educational programs designed to produce them would appear to be a futile gesture until there is general consensus on the role and function, the nature of duties, the limitation of responsibilities, the legal liability, the socio-economic posture etc. etc.

Eugene A. Stead, Jr., M.D.

December 21, 1970

Page 3

You may be aware that the AAMC, as a result of the work of its Committee on this subject, has referred the problem of the Physician's Assistant to the Liaison Committee on Medical Education and that the Liaison Committee in turn has appointed a Task Force on the Physician's Assistant which will hold its first meeting soon. The Chairman of the Task Force is Dr. Edmund Pellegrino, who is also Chairman of the Council on Medical Education's Advisory Committee on Education for the Allied Health Professions and Services. It is my understanding that the first meeting of this Task Force will be in January.

In my opinion it would be a great tragedy if AAMC were to proceed unilaterally to set up a mechanism for accreditation of a certain kind of Physician's Assistant without regard to the many variable kinds of activities which are now underway in various parts of the country. Nobody is more anxious than I to see AAMC become involved in accreditation of allied health occupations. The AMA Council on Medical Education has, in fact, invited AAMC to participate jointly in such activities, but we would much prefer to see this begin with consideration of those for which we already have well defined responsibilities. To begin with the Physician's Assistant with all its doubts, uncertainties and variabilities would seem to me to be a mistake. However, this will be a matter for the Task Force to decide and it will make its recommendations to the Liaison Committee when it has concluded its deliberations.

I hope that you will understand our position on this, Gene. We are not trying to be repressive or restrictive, nor are we trying to delay the development of a progressive activity. We are genuinely concerned that we should not plunge ahead and do something inappropriate which will only lead to grief later on. I can think of nothing which would be more disastrous than to set about the production of large numbers of persons to perform certain kinds of tasks and then to learn later on that there was no market for their services or that we had been producing them at the wrong level or with the wrong kind of educational program for the nature of the tasks which they would perform. I am aware that there is strong public pressure to get on with the job and to rush into production with people who can help alleviate the manpower shortage, but it seems to me that we ought to move cautiously until we are sure that we are doing the right thing.

Eugene A. Stead, Jr., M.D.

December 21, 1970
Page 4

In any event, within the AMA, the ball is currently in the hands of the Council on Health Manpower and has not yet been passed to the Council on Medical Education. I can only assure you that a great many people have been spending a great deal of time and giving a great deal of effort to consideration of this problem. If we have not reached a final decision yet, it certainly has not been for lack of time spent on it.

Best regards.

Sincerely,

Bill

C. H. William Ruhe, M.D.

CHWR:bm

Dear Bill,

~~I'm suspicious of any communication
Any thing worth saying can certainly
be said in less than 3 pages of single spaced~~

If the AMA were doing any thing
you could say it in less than 3 pages of
single spaced type.

I'm aware that the program is
bogged down in the Council on Health
manpower, ~~that~~ this Council is
clearly not working day & night on
the problem.

I hope that you can in the near
future write me a shorter letter
indicating some progress.

December 10, 1970

Dr. Walter C. Bornemeier
American Medical Association
535 North Dearborn Street
Chicago 60610

Dear Dr. Bornemeier:

Enclosed is a draft of the proposal we would like to get before the Council on Education of the AMA. Dr. Estes, Dr. Howard or I, or any combination of the three, will be glad to appear before the Council at their convenience. As you know, the Council of Academic Societies of the Association of American Medical Colleges, at its annual meeting, recommended that the AAMC proceed with this type of accreditation either with or without the cooperation of the AMA. Naturally, all of us on the periphery would very much like to see this as a combined effort between the AMA and the AAMC, but time is important and the Council must appreciate this and not drag its feet indefinitely.

Please let me know if you wish further information.

Sincerely,

Eugene A. Stead, Jr., M.D.

*(from Howard)
"Proposed guidelines, etc"*

November 30, 1970

Dr. Walter C. Bornemeier
American Medical Association
535 North Dearborn Street
Chicago 60610

Dear Dr. Bornemeier:

I have been out of the city since the PA
Conference. I appreciate your warm and thoughtful letter.

Duke has sent a wealth of material to the
Council on Health Manpower. We will be glad to duplicate this
or prepare new material for the Council on Medical Education.

Harvey Estes, Bob Howard and I stand ready
to meet with the Council on Medical Education.

Please let me know how to proceed.

Sincerely,

Eugene A. Stead, Jr., M.D.



AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 527-1500 • TWX 910-221-0300

PRESIDENT

WALTER C. BORNEMEIER, M.D.
4665 West Peterson Avenue
Chicago, Illinois 60646

November 17, 1970

Eugene A. Stead, M.D.
Professor of Medicine
Duke Hospital
Durham, North Carolina 27706

Dear Doctor Stead:

I appreciate very much the opportunity to participate in your Third National Conference.

Even though I detect that you exaggerated for emphasis when you discussed AMA's failure to come up with guidelines for a physician's assistants program, I know the main thrust of your remarks was true.

I think AMA needs a lot of help. Our Council on Health Manpower must supply information and advice to the Council on Medical Education. Both strive for perfection.

As I said at the Conference, I think the basis of the program should be written at Duke. A responsive note was struck by my remark that I think you should write it and send it to me, and I'll take it to the Council on Medical Education and tell them that a friend of mine and I have developed the program. The more I think about it, the more I'm convinced you should do this. I'm sure I can get an audience for you with the Council.

Again, I thank you for the opportunity to appear on your program.

Sincerely,

Walter C. Bornemeier, M.D.
President, AMA

WCB/jb

Dear Dr. Bornemeier,

I have been out of the city since the P. A. conference. I appreciate your warm & thoughtful letter.

Duba has sent a wealth of material to the Council on Health Manpower. We will be glad to ~~not~~ duplicate this or prepare new material for the Council on Medical Education.

Harry Cole, Bob Howard & myself stand ready to meet with the Council on Medical Education.

Please let me know how to proceed.