

NATIONAL PHYSICIAN ASSISTANT PROGRAM

PROFILE 1975-76

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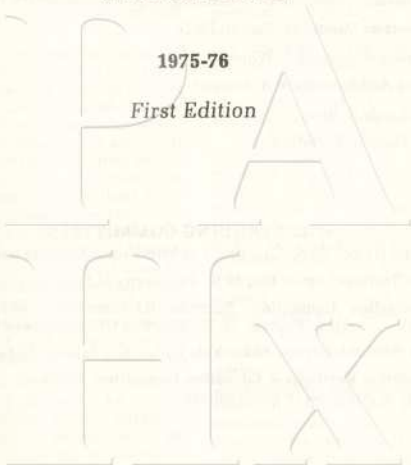


**ASSOCIATION OF
PHYSICIAN ASSISTANT PROGRAMS**

THE NATIONAL PHYSICIAN ASSISTANT PROGRAM PROFILE

1975-76

First Edition



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Association of Physician Assistant Programs

Holding the promise of providing substantial alleviation of the crisis in the provision of primary health care services in the United States, the physician assistant concept was derived from the belief of Dr. Eugene Stead at Duke University that much of the service provided by primary care practitioners could be rendered by persons less trained in bio-medical science and intensive pathophysiology of disease.

In 1966, the first training program was established at Duke University. By 1971, 14 programs were providing training for the assistant to the primary care physician. Parallel with this effort, the University of Washington and Dartmouth University began training senior military corpsmen in a manner that would allow them to adapt their skills to a civilian patient population. Although the approach was necessarily different, the end product, the Medex, was not dissimilar to the physician assistant graduate of the more traditional two year program. More recently, several schools have begun augmenting the skills of nurses with new skills that would allow them to function in an analogous role.

The year 1972 proved to be critical in the development of the physician assistant concept. It became apparent that mechanisms for the accreditation of physician assistant programs and certification of the physician assistant graduate must evolve. It was in late 1972 that The Association of Physician Assistant Programs was formed to assist in these responsibilities.

As the exclusive organization representing the educational programs for the assistant to the primary care physician, the phrase "physician assistant program" is necessarily generic. "Physician assistant program" embraces such curricular endeavors with titles of Physician Assistant, Physi-

cian's Associate, MEDEX, Child Health Associate, Community Health Medic, and Nurse Practitioner to name but a few.

Created solely for charitable and scientific purposes, the Association seeks to assure the public of competent physician assistants by contributing in program accreditation, certification, assisting with the development of program curricula by collaborating with organizations such as the American Academy of Physicians' Assistants in the establishment of continuing medical education for the new health practitioner, and by regularly evaluating educational programs.

The Association has assumed an influential position in defining the roles of physician assistants in the field of medicine so as to maximize the benefit of their services to the public. The Association recognizes the public's oft expressed concern for the maldistribution and probable lack of adequate numbers of health professionals and, therefore, as a link between programs, advises of employment opportunities available for graduates, especially in medically underserved areas. Involved with the development and implementation of research efforts, the Association is directing much effort in the evaluation of the functional performance of the physician assistant in the health system, learning which curriculum efforts are efficient and effective, and is studying the various settings and systems of health care delivery in which new health practitioners as physician assistants work.

Since its organization in 1972, the Association of Physician Assistant Programs has grown to encompass virtually all of the programs accredited by the American Medical Association. The Association is recognized nationally as the leader of the physician extender movement.

American Academy of Physicians' Assistants

The American Academy of Physicians' Assistants, a nonprofit organization, was formed by the Duke University physician's assistants in April, 1968. The organization was formed to facilitate the recognition of the physician assistant as described by the Board of Medicine of the National Academy of Sciences. Early objectives of the Academy included: the establishment of ethical and moral guidelines for the insurance of continuity in the quality of health care deliverance by its members; establishment of communications and formal liaisons with other health professional groups and agencies; development of continuing medical education for its graduate membership; and to provide benefits for the membership.

In 1973 the Academy changed its membership policies to include student and graduate Medex, child health associates, pediatric nurse practitioners, family nurse practitioners, physician assistants, physician's associates, surgical associates, and other formally trained assistants to physicians. In 1974 the membership policy was extended to include non-formally trained physician assistants who would have successfully completed the National Board Examination.

In April, 1971, the Academy published its first *Physician's Associate Journal*, which is now known as *The P.A. Journal* and is published on a quarterly basis.

The Academy, through its officers, board members, and members at large, has contributed toward the development of the National Board Examination for assistants to the primary care physician. With early cooperation in the American Medical Association's approval mechanism for programs, the Academy, in 1974, became an official collaborating organization on the Joint Review Committee which is now accrediting P.A. programs. The most recent events have been the appointment to five seats on the National Commission for Certification of Physician Assistants and as a new member addition to the Panel of Consultant's of the AMA's Advisory Committee on Education for the Allied Health Professions and Services. More important, however, is the fact that the American Academy of Physicians' Assistants has become recognized as the inclusive organization most representative of the physician extender movement in this country, and in May of 1974 established its National Executive Office in Washington, D.C.

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Preface

Since 1965 a variety of Physician Assistant Training Programs have evolved in the United States to serve as one alternative solution to the existing problems in health care delivery. Such problems include a shortage of physicians and/or a geographical maldistribution of physician services, and finally an inefficient use of physicians in the area of primary health care. With the advent of pre-paid health programs, Health Maintenance Organizations, and the imminent national health insurance, the service load in primary health care is expected to multiply. Although medical schools are expanding their programs, it is apparent that physicians will require the assistance of mid-level health care workers who can perform many of the tasks presently provided by physicians, but not actually requiring the educational background and unique skills of a physician. In this way traditional physician services in the area of primary health care can be made available to greater numbers of people.

The title of "physician assistant" is a generic term and refers to a health professional, qualified by academic and clinical training, who performs tasks ordinarily reserved for a physician and who works under the direction, supervision, and responsibility of a qualified licensed physician to extend the physician's capabilities in the diagnostic and therapeutic management of patients. To date there are approximately 60 programs training physician assistants who are also recognized by the title of Medex, Child Health Associate, Clinical Associate,

Physician Associate, Community Health Medic, and Primary Care Associate.

Forty-four educational programs for physician assistants appear in this booklet because these programs have received approval (accreditation) from the Association of Physician Assistant Programs and/or the Council on Medical Education of the American Medical Association, and the program is a member of the Association of Physician Assistant Programs.

Although curricula are fundamentally similar, the length of training for physician assistants may vary from program to program depending upon the program objectives and complementing student selection criteria. Although they are not restricted to this time frame, programs are commonly 24 months in length with principal, if not total, focus on clinical didactic and clinical practicum instruction. Programs range from 15-45 months in length.

It is estimated that some 1,400 graduate physician assistants are employed in the health system across the country. In general, patients have been receptive of this new member of the health team, and physicians are appreciative of the time saving services they offer. When utilizing an assistant in his practice a physician is able to spend more time with complex patient problems demanding his time and judgment, while patients with less complex health problems are cared for by the physician assistant under the physician's supervision. This denotes an improvement in the quantity as well as the quality of health care.